Uganda

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

Uganda is a landlocked, low-income country ranked 157 out of 182 countries on the UNDP's Human Development Index for 2007. The mid-2010 population of Uganda was estimated to be 33.8 million, growing at an annual rate of 3.4%. At this rate, more than 1 million people are added to the population each year. This high growth rate is driven by high fertility; women in Uganda have an average of 6.5 children during their lifetimes. This high fertility and the increasing number of females in reproductive years will strain all aspects of health services.

Uganda has a mature and generalized HIV/AIDS epidemic with a prevalence of 6-7% and 120,000 new infections every year. Although prevalence has decreased markedly since the early 1990s, due to rapid population growth the same number of individuals, 1.1 million, are infected with HIV. Transmission is predominately heterosexual with about 35% of new infections occurring to monogamous individuals and a further 45% through riskier heterosexual networks. The remaining transmissions are largely due to mother-to-child HIV transmission. Very few are attributed to homosexuality, injection drug use or medical transmission.

HIV/AIDS has been linked to poverty and has been prioritized as one of the key pillars under the Uganda's new National Development Plan (NDP). The National HIV & AIDS Strategic Plan 2007/8 - 2011/12 (NSP) was developed using a multi-sectoral approach with participation of all key partners. The same applies to the Health Sector Strategic and Investment Plan 2010/11-2014/15 and the Health Sector HIV/AIDS Strategic Plan. These national plans help to define the agenda, identify priorities and highlight areas of strategic importance for all stakeholders.

Health services in Uganda are delivered through public health centers, general, regional and national referral hospitals, and private for-profit (PFP) and private not-for-profit (PNFP) clinics and hospitals and community-based organizations. Health Center IIs (HC II) serve 15,000 people, HC IIIs 85,000, and HC IVs 190,000. Although 72% of households in Uganda live within five kilometers of a health facility (public or PNFP), utilization is limited by poor infrastructure, lack of medicines and other health supplies, and a shortage of staff. Eighty-eight percent of Ugandans reside in rural areas, contributing to the difficulty of delivering health services.

The private sector plays an important role in the delivery of health services in Uganda covering about 50% of the reported outputs. PNFPs, primarily faith-based, account for 41% of the hospitals and 22% of the lower level facilities, complementing government facilities especially in rural areas. PNFPs also operate 70% of health training institutions. The non-facility based PNFP sub-sector is diverse and less structured, made up of hundreds of NGOs and Community Based Organizations (CBOs) that mainly provide preventive health services.

Sustainability and Country Ownership

Parliament created the Uganda AIDS Commission (UAC) to coordinate the multi-sectoral HIV/AIDS response, which includes all programs carried out by line ministries, other public agencies, local governments, faith and community based organizations, networks of People Living with HIV and AIDS (PLWHA), and private agencies. To ensure effective coordination of responses implemented by a

diversity of public, development partner and civil society actors, each group has established mechanisms through which they coordinate HIV/AIDS responses under their jurisdiction. There is also a national network for civil society organizations (CSOs) and a national forum for PLWHA networks involved in the delivery of AIDS services.

The Government of Uganda (GOU) has included a line in its national budget for antiretroviral (ARV) HIV drugs as well as malaria and TB drugs of about $30 million in the last two financial years. This is in addition to the recurrent budget for the UAC and the MOH's AIDS Control Program (MOH-ACP). With the growth in population, however, real expenditure on health has fallen per capita and as a percent of GDP. With an expenditure of $10 per person per year, the national resources cannot meet even the primary health care needs of the population and must rely on external funding to meet the gap. PEPFAR accounted for at least 80% of the total national resource envelope for the HIV/AIDS response in Uganda during FY 2009 and FY 2010.

In line with global universal access initiatives, Uganda has revised HIV scale-up plans in PMTCT, pediatric care and treatment, and adult treatment. The country is working towards universal access by 2016 and the virtual elimination of MTCT by 2015 and has made PEPFAR and Global Fund support key components of the response to meet these very aggressive targets. The development of a new national five-year prevention strategy and two year operational plan is being informed by the PEPFAR interagency HIV transmission review.

The USG has a three pronged approach for achieving its planned results: 1) align with national strategic plans, policies and technical guidelines to better support health care provision at service sites; 2) support the expansion of district-based comprehensive programming in order to strengthen partnership with districts and increase their accountability; and 3) undertake an aggressive public diplomacy dialogue with all national and international stakeholders in order to engender better national leadership and support the diversification of HIV/AIDS funding.

District-based PEPFAR programming has been developing for a number of years but in FY 2011 most of Uganda will be covered by regional projects providing a core package of services in the health facilities in the districts in that region. This programming has been made possible by the significant capacity building in the past which was provided by vertical thematic partners and which has left clinic staff and implementing partners (IPs) more able to provide quality HIV/AIDS services with only generalized technical assistance. Systematic and structural weaknesses in the health care system continue to be addressed by targeted programs in areas such as logistics and human resource systems.

Following the visits from Ambassador Goosby and Dr. Daulaire, PEPFAR's public diplomacy dialogue is highlighting the purposeful USG engagement with GOU and civil society emphasizing their central role in leading the national response. The USG will continue that dialogue through bilateral discussions, multilateral fora and public discourse, laying out a shared strategic vision and joint responsibilities, developing a road map towards a joint strategic framework for cooperation, or Partnership Framework. The PEPFAR program remains cognizant of the IHP+ and GHI initiatives that are also ongoing.

Integration across the USG

PEPFAR Uganda is working with all USG agencies to ensure maximum integration of all health programs. The Embassy has taken a strong lead in convening an Interagency Health Team to serve as a forum to map all interventions, identify possible synergies and complementarities, and improve coordination.

Uganda has both PEPFAR and PMI programs. Activities are integrated in several jointly funded implementing partners and projects. For example, PEPFAR partners obtain free bed nets for pregnant mothers, children under five and other vulnerable groups including PLWHAs. Other projects integrate

malaria treatment during pregnancy and bed net distribution into PMTCT activities in private and public sector antenatal clinics.

The Feed the Future (FTF) initiative is part of a multi-donor effort to curb food insecurity, working with recipients and within country-owned investment plans that reflect their needs, priorities and development strategies. Uganda, because of its potential for agriculture-led growth and strong country commitment, will receive over $35 million through the initiative this year. USG staff and PEPFAR partners working in nutrition and HIV will integrate nutrition assessment, counseling and support interventions with broader FTF goals.

In addition to HIV/AIDS activities, the USG laboratory staff are working with USAID's Emerging Pandemic Threat (EPT) program, the DOD's Defense Threat Reduction Agency (DTRA), various CDC national centers, and several GOU Ministries towards the GHI transition to a broader platform of infectious diseases diagnoses that currently includes anthrax, hepatitis viruses, special pathogens and influenza.

Health Systems Strengthening and Human Resources for Health

PEPFAR funds for interventions in Health Systems Strengthening (HSS) are largely focused in the areas of human resources, health information systems, leadership and governance, supply chain management, and the laboratory system, with less emphasis on health finance. Both leadership and governance and health finance receive support through other USG and non-USG donors. For example, in FY 2011 the UAC, with support from UNAIDS and UNDP, will conduct a National AIDS Spending Assessment with USG participation but not funding.

The largest barrier to HSS and sustainability efforts has been weak GOU leadership and commitment at the central level, and inefficient administrative and financial mechanisms. As a result, HSS efforts have increasingly focused on building line ministry and district level management and administrative capacity to better own their programs, integrating service delivery and associated health systems.

In FY 2010, PEPFAR Uganda developed an HSS strategy for implementation in FY 2011 in line with the Uganda Health Sector Strategic and Investment Plan. The strategy is not limited to the HSS portfolio but extends to all activities conducted as part of the PEPFAR program.

Health Information Systems (HIS): Performance monitoring and information management has remained weak across the national, district, facility and community levels in both the public and private sectors. The national information system is largely a paper-based system of data capture and reporting. The small workforce has been burdened by multiple reports due to poorly coordinated and overlapping vertical programs. In FY 2011 regional projects will engage in the district planning process, help improve HMIS and M&E, and support the use of data for decision making. At the national level PEPFAR will continue to support health information systems within existing health systems and strengthen national coordination and integration of these systems.

Human Resources for Health (HRH): Vacancy levels of health workers are high: a recent audit reported an overall vacancy rate of 50 percent. The vacancy rates are much higher among the faith-based network of health facilities and at HC IIs and HC IIIs. There are also high turnover rates within both government and NGO sectors. In FY 2011 regional projects will work to coordinate and align training activities with district needs and assist districts improve work environments and their performance management. At the national level, PEPFAR will support improvements in workforce policy and planning (e.g., task shifting, norms of service, supportive supervision, retention, and productivity) and pre-service training to fill gaps in crucial cadres.

Supply Chain Management (SCM): Several studies have documented the inadequate capacity for

logistics functions such as uncoordinated and slow procurements, weak internal logistics management, inadequate distribution of commodities and an inadequate Logistics Management Information System, leading to persistent shortages of ARV drugs, HIV test-kits, and other HIV supplies. End-user capacity to monitor drugs stock and supplies is weak and based on manual stock-cards. In FY 2011 PEPFAR will work with the National Medical Stores (NMS) to implement its new "strategic direction" by improving the efficiency and transparency of its procurement, distribution, and performance monitoring systems. The USG will also assist the National Drug Authority, MOH divisions, and the private sector's Joint Medical Stores as they interact with NMS.

Strengthening the Laboratory System: The limited laboratory capacity adversely affects PMTCT and ART interventions. Inadequate HIV test kits and other basic laboratory commodities remain a major problem for PMTCT and other services, especially at lower levels. PEPFAR and UNITAID have supported early infant diagnosis (EID) and provided some facilities with CD4 machines and laboratory commodities. The gap in pediatric HIV diagnosis may widen after 2011 when support from UNITAID ends. Funding in these areas was included in the Round 10 application to the Global Fund. Transport is needed for EID samples and results between facilities and the reference laboratories. In FY 2011 PEPFAR support for the lab sector will focus on continued support to the Central Public Health Laboratory; supporting MOH laboratory systems nationwide; supporting District Health Offices; laboratory commodity procurement; undertaking GIS mapping to rationalize the provision of laboratory services; and continuing support to the Uganda Virus Research Institute's quality assurance activities.

Coordination with Other Donors and the Private Sector

The Local Development Partners' Group (LDPG) is the apex development partner group on development issues in Uganda. Under the LDPG there are 15 sector groups, including the AIDS Development Partners (ADP) and the Health Development Partners. The ADP group is made up of multilateral agencies (e.g., UNAIDS, UNICEF, WHO, UNFPA) and bilateral donors (e.g., USG, DFID, Irish Aid, DANIDA, SIDA). It meets monthly, shares information, and works to coordinate a common, integrated response to the HIV/AIDS epidemic. Its major activity is to coordinate those donors working in HIV/AIDS to provide harmonized technical and financial support for the implementation of the National Strategic Plan.

Relations between Uganda and the Global Fund (GF) have improved recently. After a very slow start by Uganda in investigating fraud against GF programs, the Inspector General's most recent report to the GF Board noted, "the marked progress made over the past 12 months on the investigation and prosecution of cases, along with the significant recoveries is considered to be a very positive outcome." This, and improved GOU communications with the GF Secretariat, have resulted in the release of significant Round 7 funds for ARV procurement. There was a good multi-sectoral effort in drafting Uganda's Round 10 proposal, including substantial USG involvement. Good cooperation between PEPFAR, the MOH, UAC, and other donors is ensuring the complementarities of USG and GF funding, especially for ARV procurement.

The private sector is part of the national HIV/AIDS partnership and implements national policies such as the HIV/AIDS workplace policy. The private sector, both for-profit and not-for-profit, also provides HIV care and treatment as well as maternal and child health programs. The MOH encourages public-private partnerships and several private facilities have received training support and accreditation to provide HIV services. A PEPFAR-funded project provides capacity building to support delivery of HIV services in the private sector.

Programmatic Focus

PEPFAR funding for FY 2011 will be focused on the following programmatic areas to achieve the 3-12-12

goals:

1. Prevention:

Sexual prevention: The Ugandan NSP prioritizes prevention and has a goal of reducing new infections by 40% by 2012. In FY 2010, the GOU requested the USG to prioritize prevention during the national COP review process. In response, the USG conducted a review of all programs targeting the reduction of transmission and now has a prevention framework in place to better focus prevention activities according to risk categories and package of interventions.

In FY 2011, the USG will continue to support comprehensive and evidence-based prevention programming, with appropriate emphasis on adults, youth, at risk groups, risky behaviors and norms. We will also develop quality standards for all HIV prevention interventions. Specific high-risk target groups will include sero-discordant couples, unmarried youth aged 15-24, "mobile men with money" (e.g., fishermen, long distance truck drivers, uniformed services personnel), commercial sex workers and their partners, and prisoners. A special analysis will be conducted to determine the size and geographic location of these groups so that they can be targeted better. USG partners will strengthen behavior change approaches among these high-risk groups, focusing on interpersonal communication. USG partners will continue to heighten self-perception of risk among the key target groups. Correct and consistent condom use will be promoted among sexually active populations and social marketing programs will ensure distribution and availability of both male and female condoms. Behavior change efforts will aim at increasing the uptake of key biomedical interventions.

Behavior change communication and social mobilization will address risk behaviors at both the individual and social levels. At the social level, efforts will be made to address key risky sexual behaviors and social and gender norms. Such norms include social tolerance of multiple or concurrent partnerships, unequal power dynamics between men and women and harmful traditional practices such as widow inheritance. Behavioral interventions will be bolstered by a national crosscutting communication campaigns. Despite the complex relationship between structural factors and risk of HIV infection, deliberate efforts will be made to address the structural barriers that make communities and individuals vulnerable to HIV infection.

Preventing mother-to-child HIV transmission (PMTCT): The overall goal of the national PMTCT program is to achieve the virtual elimination of mother-to child-transmission of HIV by 2015. In FY 2011, the USG will continue to support districts to address PMTCT challenges and the MOH to roll out of the new WHO guidelines addressing adult ARV treatment, PMTCT and infant feeding. The MOH has adopted WHO Option A (maternal ARV prophylaxis) for the country and Option B (maternal triple ARV prophylaxis) in operation research and in regional referral hospitals. It plans to progress to Option B nationally as resources become available.

The USG will support the implementation of these guidelines by improving the coverage of HIV counseling and testing for pregnant women, improving follow-up of HIV-positive pregnant women during antenatal, intra-partum, and postnatal periods; providing ARV prophylaxis to the mother and baby; and full ART to women in need of it for their own health. USG partners will also improve service provider skills to implement these guidelines and extend services to functioning Health Center IIs, make infrastructure improvements, and improve infection control.

The PEPFAR target for FY 2011 is to counsel and test 1.2 million pregnant women and provide ARV prophylaxis to 80,000 HIV-positive women.

Medical male circumcision (MMC): In FY 2010 the USG's transmission review identified MMC as a priority intervention and allocated additional funds to this area. In FY 2011 the USG will continue to scale

up MMC among HIV-negative men aged 15 and above. The National MMC Policy and Communications Strategy were launched by the GOU in September 2010, providing a supportive environment for MMC. The USG partners will work towards increasing the accessibility and availability of male circumcision for all individuals who seek the service. USG partners will support the GOU to popularize the policy, train health workers, equip health units with relevant equipment and supplies, and roll out a harmonized and structured social mobilization campaign. The PEPFAR target for FY 2011 is to circumcise 40,000 men.

Injection safety, infection control and occupational and non-occupational PEP: Although medical transmission is not a primary driver of the HIV/AIDS epidemic in Uganda, medical transmission deserves continued attention because of its potential for spreading HIV and other infections, especially to health care personnel. Main strategies in FY 2011 include working with the MOH, Uganda People's Defense Force (UPDF), and district-based IPs to: a) improve service provider skills; b) reduce unnecessary injections; c) ensure full supply of injection commodities; and d) improving health care waste management. All USG IPs and the MOH will be involved in supporting injection safety, infection control, and the provision of occupational and non-occupational post-exposure prophylaxis (PEP) across all health areas.

Blood safety: USG funding will support the MOH's Uganda Blood Transfusion Service (UBTS) and the Uganda Red Cross Society implement the national policy of 100% blood transfusion safety. This will not only reduce HIV transmission but also provide blood products needed reduce maternal and malaria-related mortality. Key goals in FY 2011 include: a) retention of low-risk, voluntary, non-remunerated repeat blood donors; b) referrals to care and treatment for HIV-positive donors; c) collection, testing, storage and distribution of blood products; d) staff training, including appropriate clinical use; e) provision of adequate and appropriate infrastructure, transport, supplies and equipment; f) quality assurance; and g) monitoring and evaluation. REDACTED

HIV Counseling and Testing (HCT): In FY 2011, 3 million individuals will be targeted for counseling and testing, emphasizing pregnant women and their spouses, HIV-exposed infants, TB patients, couples, males opting for MMC, family members of PLWHAs, and most at-risk populations (MARPs). Provider-initiated counseling and testing (PICT) will be rolled out to more health facilities, while client-initiated counseling and testing will be targeted to high HIV prevalence communities and MARPs. In FY 2011, HCT programs will continue to utilize rapid testing algorithms approved by the MOH, and strengthen the supply chain system for purchase of HIV test kits through a harmonized procurement system. HCT programs will be strengthened through district-based programming and rationalization, optimizing human resources for HCT, enhanced supervision, quality assurance, and monitoring and evaluation. The program will place particular emphasis on improving linkages to prevention, care, and treatment for newly diagnosed HIV-infected individuals through the establishment of innovative tracking systems. The USG will also support the scale-up of PICT to HC IIIs, expand HCT to work places and support HCT policy implementation. Home-based HCT will be continued in several districts with low rates of knowledge of serostatus, providing a good opportunity to identify discordant couples and to communicate prevention messages to large numbers of HIV-negative people.

2. Care and Support:

Adult care and support: Care and support for people living with HIV/AIDS (PLWHA) remains an essential component of the Uganda HIV/AIDS response. Since FY 2004, USG-supported care and support services have expanded substantially, currently reaching 450,000 individuals, about 45% of those in need, through 348 sites. The FY 2011 target is to reach 875,000 individuals with care and support services. Expansion to new sites is not anticipated but a modest increase in clients will be achieved through improved efficiencies in programming.

The primary care and support objective is to improve the quality of life for HIV infected individuals and

their immediate families through timely identification of those in need and improved access to services that reduce morbidity, enhance positive living and minimize the risk of further HIV transmission. Interventions in FY 2011 will focus on delivery of comprehensive services tailored to the needs of clients. The comprehensive care package includes services to prevent opportunistic infections, provide palliative care and prevention-with-positives as key priorities. Increased focus will be placed on adopting evidence-based successful approaches used in improving quality of life for PLWHAs and retention in care programs. Improvements in care services will include consistent provision of co-trimoxazole prophylaxis, diagnosis and treatment of opportunistic infections, safe water interventions, nutritional assessments and support, cancer screening, effective TB/HIV screening and treatment, and malaria prevention through use of insecticide-treated bednets.

Prevention-with-positives initiatives will continue to be strengthened. All PLWHAs in care will receive PwP counseling at each contact with a health provider. These contacts will stress 'positive health, dignity, and prevention' and will include counseling for basic care and prevention, including correct and consistent condom use, partner reduction, and support for disclosure.

Psychosocial care will be prioritized not only to enhance positive and healthy living but also to enhance adherence to HIV and TB treatment. Preliminary findings from the on-going palliative care public health evaluation indicate a high prevalence of pain among PLWHA including those on ART. Pain assessment will consequently be adopted and integrated as a routine component of care and support services. This will entail provision of the needed training as well as development and dissemination of standard assessment protocols, tools and guidelines.

Both facility and community approaches to care will continue to be supported and linkages between facility and family and community-based support groups will be strengthened to enhance management of HIV. The quality and range of care and support services provided will be standardized with a clear monitoring and evaluation framework. This will improve retention, adherence and create incentives for access to care.

Pediatric care and support: National efforts have been made to improve pediatric HIV/AIDS care but the following challenges still exist: poor linkages and referrals with other HIV/AIDS service delivery points; limited coverage of pediatric care and support and weak referral systems for early infant diagnosis (EID), especially among lower-level health facilities; inadequate provider skills for pediatric care; low follow-up of mother and baby pairs which limits early entrance into care; and poor integration with maternal and child health services.

The MOH is developing a plan to scale up pediatric HIV/AIDS care and treatment to ensure these challenges are addressed. Uganda has adopted the revised WHO 2010 guidelines for pediatric HIV/AIDS, which recommend treatment for all HIV-positive children 2 years and below. In FY 2011, the USG will support the MOH scale-up plan, emphasizing: early identification of HIV-exposed and HIV-infected children and linking them to care, support and treatment services using innovative models such as "family centered care".

Key priorities for FY 2011 include: strengthening PMTCT linkages with maternal and child health services; strengthening PMTCT linkages with adult care and treatment for primary prevention of pediatric HIV; nutritional assessment and support improved infant feeding practices; young child clinics (YCC); immunization; and outreach services to identify HIV infected and exposed children in the community. The national EID strategy will be promoted to lower level health facilities (down to HC IIs) to increase access and utilization of services.

Tuberculosis: At a case detection rate of 59% and treatment success rate of 74%, Uganda's TB program indicators still lag behind the global STOP TB targets of 70% and 85% respectively. TB incidence and

prevalence are estimated at 330/100,000 and 426/100,000. High TB/HIV co- infection rates result in high morbidity and mortality, a challenge to the country's control efforts.

Challenges faced in FY 2010 were mainly the delay in endorsement of TB/HIV guidelines by the MOH and slow dissemination of integrated TB/HIV M&E tools. Therefore in FY 2011, PEPFAR will leverage other donor resources, especially Global Fund Round 6 and 7 funds, to consolidate prior achievements and prioritize: ART for HIV TB co-infected patients; intensified TB case finding (ICF) within HIV clinical settings; adoption of ICF tools for contact tracing and community TB screening; and follow up and use of MOH data tools. Activities to support prevention and management of multidrug resistant TB will include support for the directly observed treatment strategy (DOTS) for all TB patients, TB infection control activities, adoption of quality improvement for TB and supportive supervision. The USG will support the adoption of the new WHO isoniazid preventive therapy (IPT) guidelines and promote piloting of IPT in care and treatment settings.

During FY 2011, PEPFAR's target is to screen 90% of all people in HIV care and treatment for TB, counsel and test 80% TB patients for HIV, provide co-trimoxazole prophylaxis to 95% patients co-infected with TB and HIV, and provide ART to 70% of these TB/HIV patients

Orphans and other vulnerable children (OVC): A 2009 Situation Analysis estimates that of the 17.1 million children in Uganda, 14% (2.4 million) were orphans and 1.4 million were critically vulnerable and in immediate need of care and support. The National Strategic Program Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in Uganda provides the national framework for activities in this area.

PEPFAR has supported a number of partners to scale up OVC interventions within the HIV/AIDS response. These interventions have focused on supporting a strong family and community response and improving service delivery systems and institutions. They reached over 260,000 OVCs by the end of FY 2009. Despite these interventions, coverage is still low, coordination is inadequate at all levels, M&E support is limited, and quality improvement remains a challenge. REDACTED

In FY 2011, through partnerships with UNICEF and the International HIV/AIDS Alliance, PEPFAR will continue to support the Ministry of Gender Labor and Social Development (MGLSD) to strengthen national and district systems. At the national level, MGLSD's capacity will be enhanced to coordinate a functional multi-sectoral national OVC response, routinely utilize data from the OVC management information system to inform central planning and to develop evidence-based advocacy strategies to increase the GOU budget. At the district level, in addition to actual OVC support there will be evidence-based strategic planning, efforts to harmonize and operationalize the coordination structures, to establish referral and follow-up mechanisms to ensure comprehensive quality services, and to promote measurements of outcomes in child and household wellbeing. The USG will also bolster community structures for OVC care and support and support best practices for regulation of and transition from institutional care. The USG will also carry out further analysis of the data from the 2009 Situation Analysis to establish factors that improve OVC outcomes. A mini situation analysis on street children using qualitative methods in major urban towns will be conducted to assess factors causing children to live on the street and how best to reach them. The USG will exploit the opportunity of working with district and regional based comprehensive programs to ensure that effective referral mechanisms are established.

3. Treatment:

With PEPFAR support, Uganda is making progress towards achieving the national antiretroviral therapy (ART) targets. The national response to HIV/AIDS is guided by the National HIV and AIDS Strategic Plan 2007/8 - 2011/12 (NSP) which aims to increase access to ART to 240,000 HIV-positive patients by 2012,

67% of all treatment-eligible patients at a CD4 eligibility threshold of 250 cells/mm3. The MOH-ACP reported 218,359 active clients receiving ART at the end of March 2010, including 18,079 children below age 15.

There is a national desire to adopt the 2009 WHO ART guidelines, which would increase the CD4 eligibility threshold from 250 to 350 cells/mm3. Had these guidelines been implemented in December 2009 the number eligible for ART would have increased from 440,000 to 540,000. Eligibility based on a CD4 threshold of 350 is expected to be implemented in country over the next two years but will make the goal of achieving universal access for those in need by 2016 more difficult.

PEPFAR will continue to support the MOH-ACP in rolling-out the new WHO guidelines. In order to sustain access to quality treatment services for current clients while enrolling new patients in need of treatment, the PEPFAR Uganda program will continue to utilize cost modeling activities as well as seek programmatic efficiencies for improved program planning. PEPFAR will continue to seek program efficiencies through an ongoing rationalization exercise, much of which will be realized with the startup of new programs and successful transition of existing ones. A treatment scale-up plan for FY 2011 and FY 2012, based upon data from ARV quantification and a costing model, was completed in August 2010. This has informed treatment scale-up planning and decision-making for FY 2011. Despite PEPFAR's scale-up plan, there still remains a significant gap in meeting national goals, particularly in regard to reaching PMTCT targets of enrolling all HIV-positive women on HAART or prophylaxis.

Linkages with other clinic-based care services as well as community ART programs will remain a priority as ART clinics reach their patient load capacity. The referral mechanisms developed by implementing partners for referring clinically stable clients to lower levels of care will be further strengthened and supportive supervision provided. Strengthening linkages with PMTCT and early infant diagnosis programs will also be a major focus in FY 2011. Implementing partners will be encouraged to ensure linkages with the laboratory services needed to diagnose and monitor HIV status, opportunistic disease, and ARV drug toxicity.

The PEPFAR FY 2010 annual target was to provide direct ART to 195,246 clients (although this number will probably be exceeded). The target for FY 2011 is to scale-up treatment to 260,000 people, although this remains under discussion as part of the consensus target setting process.

ARVs: FY 2011 funds will be used to procure ARV drugs for 160,000 existing and 40,000 new patients. Eighty percent of the targeted new patients will be HIV-positive pregnant women, pediatric patients, or TB/HIV co-infected patients, following the new national MOH treatment policies, based on WHO ART guidelines. The remaining 20% will be reserved for clinically eligible patients who do not fit under the above priority categories.

One of the biggest challenges in FY 2011 will be to decide upon and implement a distribution model whereby each ART site has only one ARV supplier, either PEPFAR or the MOH, not both as many of them currently do. Technical assistance will provided to National Medical Stores and the two PEPFAR-supported PNFP warehouses, Joint Medical Stores and Medical Access, to conduct detailed studies on distribution options and build capacity where necessary. There is strong consensus between MOH and PEPFAR that a rationalized distribution system be implemented this year if possible.

4. Woman and Girl-Centered Approaches: In 2009 the World Health Organization reported that HIV/AIDS is the leading cause of death among women aged 15-44 in middle- and low-income countries. The Uganda HIV/AIDS Sero-behavioral Survey 2004-2005 found HIV prevalence to be higher among women than men, 7.5% versus 5%. The Uganda Demographic and Health Survey 2006 found that 62% of married women and 60% of all women reported ever experiencing physical violence. PEPFAR recognizes that gender inequity is a key determinant of negative health outcomes among women, their

children, and their sex partners. The Ministry of Gender, Labor, and Social Development has demonstrated its commitment to improving gender equity through its National Gender Policy (2007), which established a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality and women's empowerment in Uganda. Similarly, the Ugandan AIDS Commission and the MOH recognize the importance of an increased focus on gender in their programs.

The award of a PEPFAR Gender Challenge Fund grant to Uganda in 2010 will provide an opportunity to our increase gender-programming focus, coordination, scale, and integration with reproductive health and family planning services. PEPFAR-supported programs that offer these services are an ideal platform upon which to deliver gender-based programming to improve women's health, the health of their children, and sex partners. Comprehensive district-based programs will focus on identified high prevalence areas and groups, will address the social and gender norms that underlie risky sexual behavior, as well as increasing access to reproductive health education and services.

5. Other Programs:

Strategic Information (SI): The PEPFAR SI technical working group has developed a 5-year strategic plan based on: a) improved integration of HMIS, surveillance and M&E; b) greater support to national capacity building to collect, manage, analyze and use data at all levels, especially at source; c) improved partnership with other technical programs; and d) increased coordination with other international donors. This will contribute to integrated, sustainable and country-owned SI systems to align SI and programmatic objectives. In FY 2011 support will be provided to the MOH and IPs to make data relevant for, and used by, people at the point of collection and at community, health facility, district, and national levels.

Nutrition: Integrated nutrition support is implemented as a core component of comprehensive HIV/AIDS care, treatment and support services for OVCs, for HIV-positive pregnant and lactating women, and for HIV-positive adults and children to ensure that they receive high-energy, nutrient dense foods.

During FY 2011 the PEPFAR program will support the GOU to implement targeted nutrition program in four core areas: a) nutrition assessments, counseling and support (NACS) for adults and children within existing care and treatment programs; b) preventing MTCT and increasing HIV-free survival through strengthening of maternal nutrition and provision of appropriate infant feeding; c) food security and livelihood assessments and support to mainly OVC households who will receive food support; and d) capacity building of service providers within HIV/AIDS, MCH, and OVC service outlets to implement integrated nutrition services.

Management and Staffing: Management and operations funds will support the in-country personnel needed for Department of Defense, Department of State, HHS/Centers for Disease Control, Peace Corps, and the U.S. Agency for International Development. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership within the Uganda national response, and cover compensation, logistics, and office and administrative costs.

New Procurements
REDACTED

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Time Frame: October 2011 to September 2012

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	100,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	07	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	150,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	64,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	1,445,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV	88,000	2009	Towards Universal Access. Scaling			

needing ART for PMTCT			up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	520,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	610,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Becton Dickinson (BD)		Becton Dickinson			To implement quality improvements in the lab system, managers are needed at all levels. In line with national plans, BD will train central managers & “preceptor resident mentors”. Aside from improved training skills, mentors require the ability to influence & manage change, plan training & lab projects & utilize communication & teamwork skills. Quality management skills will also improve their ability to coach lab techs & managers. We will extend Project Management training to include leadership, training

					& coaching skills, communication, & team-building skills for CPHL leaders & national mentors in support of SLMTA. As part of lab Quality Systems Management improvement, BD will teach quality management concepts based upon ISO 15189 standards for building lab systems, including but not limited to internal auditing for compliance, EQA development, & management oversight. We propose to extend this training through a training-of-trainers course to national mentors who will support national implementation of SLMTA.
HHS/CDC/Becton Dickinson (Oct 07-Sept 08)		TBD			Delete
HHS/CDC/Becton Dickinson (Oct 08 - Sept 09)		TBD			Delete

HHS/CDC/Becton Dickinson (Oct 09-Jun 10)		TBD			Delete
OGAC-BD Laboratory Strengthening					Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Africa Affordable Medicines(AAM)	7188:HIPS (Health Initiatives in the Private Sector)	Africa Affordable Medicines			Africa Affordable Medicines is a privately owned entity in Uganda whose main goal is to bring affordable, quality, essential medicines and medical supplies closer to the end users wherever they may be in Uganda. AAM operates a franchise pharmacy model and currently has 5 pharmacies distributed in the various regions of the country. These pharmacies provide both retail and wholesale services. In 2011, HIPS has partnered with AAM to support the scale up of franchise pharmacies in the country. This is aimed at expanding this model that is valuable for the

					private health sector. HIPS partner clinics and other clinics can benefit from AAMs network of pharmacies that are in all regions of the country, through access to high quality essential health commodities in a timely and cost effective manner. So far, 2 HIPS partners namely McLeod Russell Uganda and Kinyara are benefiting from this partnership.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Airtel Uganda	7188:HIPS (Health Initiatives in the Private Sector)	Airtel Uganda			Airtel Uganda is one of the major Telecommunications company in Uganda and in the East African region. In August 2011, HIPS signed a Memorandum of Understanding with Airtel to implement a mobile phone referral network program that will facilitate referrals and information seeking in selected HIPS partner

					communities. Having been successfully piloted in 3 HIPS partner companies in 2010, this program is now being expanded to 9 HIPS partners i.e. Tullow Oil, Hima Cement, Kinyara Sugar, Kakira, Wagagai, Mpanga Tea, Mabale, New Forests company and Rwenzori commodities. HIPS and Airtel cost shared purchase of 332 mobile handsets, which have been handed to selected peer educators and company clinics. 1 mobile handset has been given to the Aids Treatment Information Center (ATIC) in Mulago – the national referral center. The medical personnel call this center when they are faced with challenges on HIV/AIDS treatment and care. Airtel has

					enabled a Closed User Group platform (CUG) and zero rated calls for these handsets. The program will be running for 12 months. This partnership demonstrates the value that cellular phone technology can bring to the health sector.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Ankole Coffee Processors		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Bead for Life	7188:HIPS (Health Initiatives in the Private Sector)	Bead for Life	19,994	47,329	Bead for Life is an organization that improves the livelihoods of vulnerable women by engaging them in various entrepreneurship activities and helping them find markets for their products. Bead for Life is currently working with over 800 women who care for over 1000 OVC in Lira & Otuke

					districts and are involved in the production of Shea butter oil. The organization provides the women with technical assistance to improve the quality of their oil products and then link them to markets where they can sell their products. HIPS has been working with Bead for Life since 2009 to provide OVC care and support services in Lira and Otuke through a matching grants program. This comprehensive program includes support in education, health, child protection, economic strengthening and psychosocial support for OVC and OVC households. In 2011, 467 OVC have been served, four of these OVC are HIV positive and

					are receiving care and treatment.
USAID/Health Initiatives for the Private Sector Project (HIPS)/BM Group of companies	7188:HIPS (Health Initiatives in the Private Sector)	BM Group of Companies			BM Group of Companies Services is an established private limited company engaged in the manufacture of quality steel products with its operations currently located in South Western Uganda. The company has 300 employees and another 26,600 people in its catchment area. In FY 2011, HIPS together with its local partner Federation of Uganda Employers (FUE) signed an MOU with BM Steel to cosponsor activities that include developing an HIV/AIDS workplace policy, construction of company clinic, training the company's employees as peer educators, carrying

					out community health fair events and support integrated health services at the company clinic once its construction is complete. BM Steel has already started construction of the company clinic. BM Steel will recruit the necessary personnel while HIPS will provide basic start up equipment and supplies to the clinic. HIPS will also sponsor medical personnel for trainings. Peer education trainings for the company employees have been scheduled for September this year.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Buikwe Dairy Development Cooperative Society	7188:HIPS (Health Initiatives in the Private Sector)	Buikwe Dairy Development Cooperative Society			Buikwe Diary Development Cooperative Society/International Needs Network is an organization that Provides support to the neglected children and

					addresses cases of child labor on Buvuma Islands, Kiyindi landing sites, sugar plantations, tea estates and other hard to reach areas in Buikwe district. In 2011, HIPS partnered with Buikwe Dairy Development Cooperative society to implement an OVC program. HIPS has built the capacity of 40 OVC caretakers for the company in OVC care and support. The trained caretakers provide the psychosocial support, conduct home and school visits to assess children's needs at the home and at school and conduct referrals. So far, 165 OVC have been served, including18 who are HIV positive. The HIV positive are receiving treatment care & support.

USAID/Health Initiatives for the Private Sector Project (HIPS)/Caring Hands	7188:HIPS (Health Initiatives in the Private Sector)	Caring Hands	21,079	26,940	Caring Hands is an organization made up of volunteers who assist neighborhoods of Kampala families living in poverty, giving them new hope for the future. Their goal is to break the cycle of poverty in families in the community. HIPS has been working with Caring Hands since 2009 to implement an OVC matching grants program. Caring Hands & HIPS have been delivering comprehensive care and support services to OVC in the Nakawa division through socio-economic activities using a family centered approach. This comprehensive OVC program includes support in education, child protection, nutrition, economic strengthening and psychosocial

					support for OVC and OVC households. Through this program, 171 OVC have so far been supported. Thirteen of these OVC are HIV positive and are receiving care and treatment. Caring Hands has also started a large sports and recreation program for these OVC.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Centenary Bank Limited (CERUDEB)		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Cornerstone Foundation	7188:HIPS (Health Initiatives in the Private Sector)	Cornerstone Foundation	16,091	23,030	Cornerstone Development is an NGO that is directed towards helping underprivileged children with a special focus on youth leadership development. The organization was established in Uganda in 1988 to help in the rebuilding and

					development of the nation as it was emerging from a very turbulent past. HIPS has partnered with Cornerstone Development since 2009 to implement an OVC matching grants program. This program intends to reach out to 600 OVC. This comprehensive OVC program includes support in education, child protection, health, nutrition, economic strengthening and psychosocial support for OVC and OVC households. In 2011, HIPS has continued to put a lot of emphasis on economic strengthening of OVC households. HIPS and Cornerstone have built the capacity of OVC caregivers by supporting socio-economic strengthening in

					OVC households. The self sustaining Village Savings Loan Associations (VSLAs) is one of the programs that HIPS has facilitated to enhance OVC Caregivers' capacity to provide care and support to OVCs. Members are able to save and borrow money from these associations so as to set up income generating activities. At Cornerstone, 7 VSLAs have been formed. This program has so far benefited 592 OVC; Two of these are HIV positive and are receiving care & support. HIPS and Cornerstone are also implementing the schools program and through this program, 1,122 students have been reached with abstinence messages.
USAID/Health Initiatives for the	7188:HIPS (Health	Dominion Uganda	9,124	9,164	Dominion Petroleum is an Oil exploring

Private Sector Project (HIPS)/Dominion Uganda Limited (DUL)	Initiatives in the Private Sector)	Limited (DUL)			company operating in Rukungiri. Dominion Uganda Limited signed a Production Sharing Agreement with the Government of the Republic of Uganda which grants it exclusive rights to explore for petroleum in the south-west of Uganda. HIPS together with its local partner Federation of Uganda Employers (FUE) and Dominion signed an MOU in 2010 to implement health programs for community members in Bwambara sub county, Dominions' area of operation. These activities include training of community volunteers as peer educators, conducting community health fairs, distributing IEC materials & health commodities

					and working with a nearby private clinic to enable surrounding community members access treatment services. Bwambara comprises mainly fishing communities – a high risk group. FUE leads in implementation of activities at Dominion. To date, more than 4,000 ITN's have been distributed to community members &1 community health fair event in which 215 people accessed VCT services has been conducted. All those that turned out positive were referred to the nearby government health facility, Bwambara health unit for care and treatment. 70 Community members have also been trained as

					peer educators. Furthermore, a policy has been drafted for Dominions employees. Also, Dominion has provided basic equipment and supplies to the health facility.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Eskom	7188:HIPS (Health Initiatives in the Private Sector)	Eskom	8,212	18,095	Eskom Limited is the electricity generating company in the country. The company is located in Njeru town with a catchment population of 35,000. In 2009, HIPS together with its local partner Uganda Manufacturers association (UMA) partnered with Eskom to increase utilization of health services by Eskom's

					employees, dependants and the surrounding community members. HIPS and UMA assisted Eskom to develop their HIV/AIDS workplace policy. This policy was disseminated through a policy launch/health fair event. In 2011, HIPS, UMA and Eskom have continued to strengthen these programs. HIPS together with UMA have conducted 2 employee health fair events. Refresher trainings have also been conducted for all the 28 peer educators. HIPS and Eskom are also implementing the Text to Change SMS messaging program. Furthermore, HIPS is assisting Eskom to come up with tailor made information

					education communication materials that will be distributed to the company employees and community members. HIPS has further supported medical trainings for IAA Jinja. Eskom staff access their treatment services from this clinic. This clinic currently takes care of 12 clients on ART and 15 on palliative care.
USAID/Health Initiatives for the Private Sector Project (HIPS)/EVOKCOM	7188:HIPS (Health Initiatives in the Private Sector)	EVOCKOM/Ngora Development Association			EVOKCOM Limited is a company that is registered to promote socio-economic empowerment of youth in Uganda through hire purchase business to build the capacity of youth in business enterprises, trading in general merchandise, hire purchase, conduct microfinance & research and training in business skills. EVOKCOM

					works in the districts of Gulu, Kampala, Mukono, Kumi and Ngora. HIPS partnered with EVOKCOM to support OVC interventions among child headed households and vulnerable children in Teso region. The program aims to provide education, socio-economic strengthening, health care and psychosocial support to 200 OVC.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Farmers Center (U) Limited (FACE)	7188:HIPS (Health Initiatives in the Private Sector)	Farmers Center Uganda Limited			Farmers Center (U) Ltd (FACE) is a registered limited liability company in operation since 2005 with its main office in Lira district. FACE is motivated to work with rural communities and low income e earners to uplift and enhance sustainable agricultural practices and other integrated rural development

					initiatives that build on farmers' knowledge and general livelihood. HIPS and FACE have been partnering since 2009 to provide comprehensive service delivery and support services to OVC selected from among farming groups in 12 sub counties in lango sub region. The program encompasses support in education, health, socio-economic strengthening, nutrition, child protection and care & support. This partnership has so far benefited 246 OVC. 14 of these OVC are HIV positive and are in care and treatment. HIPS and FACE have built the capacity of OVC caregivers by supporting socio-economic

					strengthening in OVC households. The self sustaining Village Savings Loan Associations (VSLAs) is one of the programs that HIPS has facilitated to enhance OVC Caregivers' capacity to provide care and support to OVCs. Members are able to save and borrow money from these associations so as to set up income generating activities. At FACE, 11 VSLAs have been formed.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Fiduga Flowers	7188:HIPS (Health Initiatives in the Private Sector)	Fiduga Ltd.			HIPS together with local partner association Federation of Uganda Employers (FUE) approached Fiduga in 2010 to scale up the company's prevention and treatment programs. A Memorandum of Understanding (MOU) was signed between Fiduga, HIPS and FUE. Activities in the

					MOU included developing & launching an HIV/AIDS workplace policy, training employees & community members as peer educators, conducting health fair events, and partitioning the clinic. In 2011, HIPS & FUE have assisted Fiduga to develop and launch the company's HIV/AIDS workplace policy. HIPS & FUE have also conducted peer education trainings for 33 employees. In addition Fiduga and HIPS have co-sponsored a health fair event in which 476 community members accessed VCT services. All those that were HIV positive were referred to the company clinic. This clinic currently supports 6 clients on ART and

					palliative care. Also, 372, people have accessed VCT from the clinic this year. HIPS has further supported the clinic with basic medical supplies and commodities as well as medical trainings for the medical staff. The clinic has also been supported to conduct Long Term Family Planning (LTFP) methods.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Group 4 Security		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Hima Cement	7188:HIPS (Health Initiatives in the Private Sector)	Hima Cement	32,535	117,927	Hima Cement is owned by the French multinational Lafarge & is located in Kasese district, south west of Uganda. Hima has 1,042 employees and is in a catchment of 40,000 people. HIPS has partnered with Hima since 2007 to expand the range of health services at

					the company to include HIV/AIDS, TB, malaria & RH/FP. In 2011, HIPS has transitioned management of prevention activities at the company to its local partner Federation of Uganda Employers (FUE). HIPS/FUE and Hima have cosponsored 2 trainings for 41 Peer educators and oriented these Peer educators into small discussion groups. The company now has 119 peer educators. Also, 1 health fair targeted towards the most at risk group, the truck drivers has been conducted. Through the Good Life at School (GLAS) program, student peer educators in selected schools have been trained. HIPS has also engaged Hima to provide to students

					treatment for Sexually Transmitted Infections (STIs). HIPS has further boosted Safe Male Circumcision (SMC) and Reproductive Health/Family Planning (RH/FP) services through provision of basic equipment and supplies & on the job mentorship for clinic staff. Also, 1 Integrated community outreach has been conducted. HIPS and Hima Cement are also sponsoring the mobile phone referral network program to facilitate referrals and information sharing in Hima's community. HIPS & Hima are implementing the PMI-funded IPT malaria program in which 202 pregnant women have benefited. The Hima clinic which HIPS

					supports currently takes care of 227 patients on ART and 351 on palliative care. Hima & HIPS have also supported 782 people access VCT services this year. Also, 4 TB patients are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Hima. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care.
USAID/Health Initiatives for the Private Sector Project (HIPS)/HIPS and Ugarose Flowers Limited		TBD			Delete
USAID/Health Initiatives for the Private Sector	7188:HIPS (Health Initiatives in	McLeod Russel (U)Ltd	30,052	81,716	Since 2007, HIPS has partnered with McLeod Russell

Project (HIPS)/James Finlay (Uganda) Limited	the Private Sector)				Uganda (MRU) - formerly James Finlay's to implement workplace and community health programs for its 5,000 employees and over 60,000 community members in the company's 6 tea estates. In 2011, HIPS together with its local partner Federation of Uganda Employers (FUE) & MRU have co-sponsored refresher trainings for 278 peer educators & new trainings for 32 peer educators - bringing the total number of peer educators at the company to 310. Also, MRU & HIPS/FUE have conducted 5 health fairs in which over 1,439 people have accessed VCT and 2,603 have been sensitized. Furthermore, HIPS has facilitated

					accreditation of 1 more company clinic for ART, bringing the total of accredited company clinics to 6. As a result of these clinics' accreditation, 345 people are currently receiving palliative care and 285 are on ART. MRU & HIPS have also scaled up Safe Male Circumcision (SMC) services amongst its predominantly male population to include SMC camps. HIPS has further sponsored medical staff for trainings in SMC and Long-Term Family Planning (LTFP). HIPS has also provided basic SMC & LTFP equipment and supplies to MRU. HIPS & MRU are implementing the PMI-funded IPT malaria program in which over 800 pregnant women

					have so far benefited.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Jomo fruit company	7188:HIPS (Health Initiatives in the Private Sector)	Jomo Fruit Processing Company			Jomo Fruit Company is a local fruit processing company established and registered in 2007 by Kumi organic farmers. Jomo works with 60 farmers' groups comprised of widows and vulnerable women households as well as child headed households. Jomo provides training and technical support to the fruit farmers while at the same time buys the fruits from these farmers for re-sell and juice processing. Jomo sells its juice on the local market in Tororo, Kumi, Malaba, Soroti and Kampala. Jomo works with Action for Behavioral Change, a local NGO that provides HIV/AIDS, and OVC

					care and support services in the regions of Tororo, Kumi, Ngora and Atutur. Since 2010, HIPS has been working with Jomo Fruit Company to implement an OVC program targeting OVC care takers in Kumi, Tororo and Ngora region. This comprehensive program includes support in education, child protection, nutrition, economic strengthening and psychosocial support for OVC and OVC households. So far, 162 OVC have been served, 13 of whom are HIV positive. Also, HIPS has built the capacity of 40 OVC caretakers to provide support to these OVC.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Kakira Sugar	7188:HIPS (Health Initiatives in the Private Sector)	Kakira Sugar Works	39,392	69,813	Kakira Sugar Works is one of the companies under the "Madhvani Group of

Works					Companies" umbrella. Since 2008, HIPS has engaged Kakira to carry out a comprehensive health program that includes HIV/AIDS, TB & malaria prevention & treatment, and promotion of Reproductive Health/Family Planning services amongst Kakira's 7,500 employees & 25,000 community members. In 2011, HIPS has continued to work with Kakira in expanding the health programs; Long Term Family Planning (LTFP) and Safe Male Circumcision (SMC) services received a boost with basic equipment & supplies being provided to facilitate the two services, clinic staffs have also been trained. The community prevention

					programs such as community outreaches, schools program, men only seminars, and pre recorded community radio discussions have also been scaled up. The Kakira health facility currently supports 250 patients on ART and 255 on palliative care. Also, 5 TB patients are currently receiving TB treatment through Directly Observed Therapy (DOT). Another 1,735 people have accessed VCT services this year. HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Kakira. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care.

					Kakira re-launched the “Text to Change” SMS massaging program among the employees and community members & this time around, the program was extended to the out growers. Kakira & HIPS have also continued to support the OVC & PMI IPT2 malaria program and 549 OVC & 406 pregnant women have been served respectively. In addition, Kakira’s trainers of trainers conducted refresher trainings for the 129 already trained peer educators, demonstrating that this program will be sustained beyond HIPS. HIPS has transitioned management of prevention activities of Kakira to its local partner Uganda Manufacturers Association to

					further enhance the sustainability of the programs.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Kasese Cobalt Company Limited (KCCL)/International Medical Foundation	7188:HIPS (Health Initiatives in the Private Sector)	Kasese Cobalt Company Limited	23,662	38,183	Kasese Cobalt Company Limited (KCCL) is a cobalt mining company in south western Uganda owned by a European private equity group. KCCL has 275 employees and a catchment population of 8,500. In 2007, HIPS engaged KCCL to expand the KCCL/IMF (International Medical Foundation) implemented HIV/AIDS workplace program beyond the company to cater for the health needs of 3 neighboring fishing communities of Hamukungu, Kahendero & Muhokya. In 2011, HIPS has expanded the programs at KCCL to include Integrated outreaches in which Safe Male Circumcision (SMC)

					& Long Term Family Planning (LTFP) services are offered to the community. 1 SMC camp has been done in which 68 men have been circumcised and 6 integrated outreaches have been done in which 274 people have accessed FP methods for the first time. Also, HIPS has strengthened KCCL's capacity to provide these services at the company clinic. Medical staffs have been trained and basic equipment & supplies have been provided. The KCCL clinic currently has 143 people on ART & 201 on palliative care. Another 555 people have accessed VCT services this year. Also, 7 people are currently receiving TB treatment through Directly Observed Therapy

					(DOT). HIPS is also working with National TB and Leprosy program (NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS & NTLP. KCCL is also implementing the PMI IPT malaria program in which 383 women have benefited. KCCL has also continued to support other prevention programs such as the community radio discussions, men only seminars & the Good Life At School (GLAS) program. Also, KCCL's trainers of trainers conducted refresher trainings for peer educators, an affirmation that this program will be sustained after HIPS. HIPS together with local partner Federation of Uganda Employers (FUE),

					IMF& KCCL also revised the expired partnership Memorandum of Understanding & agreed to extend it for another 12 months.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Kinyara Sugar Works	7188:HIPS (Health Initiatives in the Private Sector)	Kinyara Sugar Works	48,316	64,077	Kinyara Sugar is a sugar cane processing factory based in Masindi, western Uganda. HIPS has been working with Kinyara since 2007 to augment Kinyara's existing HIV/AIDS workplace program to include TB, Malaria and RH/FP services among its 6,000 employees and 50,000 community members. In 2011, HIPS has expanded the community health programs at Kinyara to include Integrated outreach events in which Safe Male Circumcision (SMC) and Long Term Family Planning(LTFP)

					services are offered to community members. 5 events have been conducted this year. Also, HIPS has strengthened Kinyara's capacity to provide these services at the company clinic. Medical staffs have been sponsored for trainings in SMC & LTFP and basic equipment and supplies have been provided to facilitate initial procedures. The Kinyara clinic that HIPS supports is currently providing 95 people with ART while 133 are on palliative care. Another 3,717 people accessed VCT services this year. Also, 8 TB patients are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and

					Leprosy program(NTLP) to improve case follow up for TB patients in the community of Kinyara. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care. Furthermore, HIPS & Kinyara have revised the OVC matching grants program in which 248 OVC have been served, 17 of these are HIV positive and are receiving care & treatment. In addition, the “Text to Change” SMS messaging program was renewed for another 12 months. HIPS and Kinyara are also sponsoring the mobile phone referral network program to facilitate referrals and information sharing in Kinyara’s communities. Kinyara is also implementing the

					PMI IPT malaria program in which 850 pregnant women have benefited. Furthermore, HIPS has transitioned management of the prevention activities at Kinyara to its local partner Uganda Manufacturers Association (UMA). This is reflected in the revised MOU that was signed between Kinyara, HIPS and UMA.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Liberty Development Trust clinic	7188:HIPS (Health Initiatives in the Private Sector)	Liberty Development Trust clinic	9,719	9,932	Liberty Development is a local NGO that was started up in 1996 to support former employees of the national Internal Security Organization (ISO) with health services. It is surrounded by a community of more than 66,000 people. HIPS has partnered with Liberty since 2008 to extend health services for this community.

					Liberty works closely with the Kitante Medical Center, a Kampala based clinic which HIPS has supported. Basic equipment, supplies and commodities have been provided to this clinic. Also, medical staff have been sponsored for various medical trainings. The clinic currently manages 362 clients on ART & 597 on palliative care. Another 989 people have accessed VCT services this year. Six people are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with the National TB & Leprosy program (NTLP) to improve case follow up for TB patients. Two follow up visits have been conducted by HIPS & NTLP. HIPS

					and Liberty also support the PMI IPT malaria program in which 300 pregnant women within the Kitante community have been served. The clinic has also been supported by HIPS to provide integrated health services to include TB and Reproductive Health/Family Planning (RH/FP).
USAID/Health Initiatives for the Private Sector Project (HIPS)/Luwero Industries Limited	7188:HIPS (Health Initiatives in the Private Sector)	Luwero Industries Ltd.			Luwero Industries Limited is a Manufacturing medium sized company based in Nakasongola district with 400 employees. The company is surrounded by a predominantly fishing community of about 6,700 people. HIPS has partnered with Luwero industries since 2007 to augment the company's workplace health program that was only focused on HIV/AIDS to include

					TB, Malaria and RH/FP services. To date, 29 Peer educators have been trained and retrained to sensitize their peers in these key areas. HIPS has also assisted Luwero Industries to develop the HIV/AIDS policy for its employees. The company has a clinic which is open to the community & both employees and community members access free treatment from this clinic. This clinic is currently supporting 69 clients on ART and 22 on palliative care. Another 108 people have accessed VCT this year. The company clinic has been supported to receive basic equipment and supplies such as family planning products. Furthermore, HIPS

					has also supported medical staff from this clinic to receive various medical trainings to enable them provide quality services.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Mpanga Tea Estate	7188:HIPS (Health Initiatives in the Private Sector)	Mpanga Tea Estate	10,653	12,500	Mpanga tea factory is located 12kms from Fort portal town in Kabarole district. The factory was licensed to start operations in 1971 as a government entity however; the government offered it to the local community in 1995. The company has1,927 employees & a catchment of 28,700 people. HIPS together with its local partner Uganda Manufacturers Association (UMA) started to work with Mpanga in 2010 to implement work place programs for employees & community members. Mpanga has been assisted

					to develop an HIV/AIDS work place. This policy was launched through a health fair event in which 406 accessed VCT services. HIPS has also trained 33 community members as peer educators. HIPS has further supported upgrading of the company clinic to provide integrated health services. The company refurbished the clinic and hired more medical staff while HIPS provided basic laboratory equipment & supplies and sponsored the new clinic staff for various trainings at Mildmay. This clinic now offers free integrated health services to employees and community members. HIPS has further facilitated

					accreditation of this facility for ART services. 299 people have accessed VCT services this year. The clinic is currently supporting 10 patients on palliative care. HIPS and Mpanga are also implementing the mobile referral network program that will facilitate critical information access and referrals in the community. Mpanga is also implementing the IPT program and so far, more than 60 mothers have benefited.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Mpongo Fisheries Limited	7188:HIPS (Health Initiatives in the Private Sector)	Mpongo Fisheries Limited	32,000	32,683	Mpongo Limited is a fish processing company located in Masaka. It is a subsidiary of the "Four Ways Group" of companies. The company has a catchment population of 16,000 people. Mpongo completes a value chain that entails

					buying fish from local fishermen, processing it and then transporting it to various distribution centers across the country for export. HIPS has been partnering with Mpongo since 2009. The company supports Lambu Health Center in the community. HIPS facilitated Ministry of health accreditation of this health facility to enable it provide ART services. Currently, the clinic is serving 19 patients on ART and 27 on palliative care. Another 205 people have accessed VCT services this year. In addition, Mpongo & HIPS are sponsoring the PMI IPT malaria program and so far, 356 pregnant mothers have benefited. HIPS & Mpongo are also implementing the OVC matching

					grants program in which 256 OVC have been supported in the areas of health, education, social economic strengthening and psychosocial support. Among these are 18 HIV positive OVC who are being provided with care and support. OVC care givers have also been assissted to form Village Savings Loan Associations(VSLAs) from which they make savings & borrow and can be able to start up income generating activities. HIPS has also continued to support Safe Male Circumcision(SMC) & Long Term Family Planning(LTFP), basic equipment and supplies have been provided to the clinic to facilitate these procedures.
USAID/Health	7188:HIPS	Music, Life			Music Life Skills and

Initiatives for the Private Sector Project (HIPS)/Music Life Skills and Destitute Alleviation(MLISADA)	(Health Initiatives in the Private Sector)	Skills, and Destitution Alleviation			Destitute Alleviation (MLISADA) is largely a self supportive organization that is being directed by former street children. For the last 15 years, MLISADA uses music, dance and football to lure children off the streets and places them in a reception center at the MLISADA home. HIPS has partnered with MLISADA since 2009 to lure off the streets these OVC through music and life skills including soccer and provide them with comprehensive care and support services. This comprehensive program includes support in health, education, nutrition, socio-economic strengthening and psychosocial support for OVC. So far, HIPS and MLISADA have

					supported 179 OVC, 2 of these are HIV positive and are receiving care & treatment.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Nile Breweries	7188:HIPS (Health Initiatives in the Private Sector)	Nile Breweries	54,615	66,247	Nile Breweries Limited (NBL) is located in Jinja, Eastern Uganda. It is a subsidiary of the South African Breweries Miller Group (SABMiller). NBL has 400 employees and 35,000 people in its catchment. HIPS has been working with NBL since 2007 to extend its work place health program to its supply chain that includes 10,000 small scale sorghum farmers, 300 long distance truck drivers and 1,000 hospitality workers. In 2011, HIPS and NBL concluded the Home Based counseling and testing program that was piloted in 2010. The 12 month program has seen

					4,400 people receive HCT services; all 175 who tested positive are on Septrin prophylaxis, 32 of the 175 HIV positive are receiving ART. HIPS & NBL also support another 41 clients on ART through two NBL supported clinics. In addition, another 225 people have received HCT services in these clinics this year. Furthermore, HIPS & NBL support the palliative care program at St. Francis, a community health facility that provides HIV/AIDS treatment to community members. HIPS has sponsored NBL medical staff for various medical trainings & has provided basic supplies to the clinics. HIPS & NBL are also implementing the

					PMI-funded IPT malaria program in which 1,995 pregnant women have benefited. At NBL, HIPS has facilitated transition of prevention activities to its local partners Federation of Uganda Employers (FUE) and Uganda Manufactures Association (UMA). UMA manages the community activities while FUE manages the employees' activities. FUE has so far conducted 1 health fair event while UMA has scheduled peer education trainings for September.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Rakai Community Health Development (RCHD) Project	7188:HIPS (Health Initiatives in the Private Sector)	Rakai Community Health Development Project	6,276	6,348	Rakai Community Development Health (RCDH) project was established in 1999 to respond to the alarming health crisis and high HIV/AIDS prevalence within Rakai district. The project is operating

					in a community of 5,600 people. HIPS partnered with RCHD in 2008 to implement the PMI IPT malaria program to mitigate the impact of malaria amongst pregnant women in the district. Through this partnership, more than 688 pregnant women have been supported to receive Intermittent Presumptive Treatment for malaria. HIPS has further assisted one of the private clinics' within the project's community to acquire ART accreditation to enable community members access ART services. This clinic currently provides ART to 19 clients & palliative care to 40 clients. Another 273 people have accessed VCT services this year. HIPS has trained clinic staff from this

					clinic in various training programs at Mildmay. In addition to this, HIPS has supported integration of services in this clinic, for example the clinic now offers safe male circumcision services and long term family planning services. HIPS has supported the clinic with basic equipment and supplies to facilitate these services.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Regional Lorry Drivers and Transporters Association (RLDTA)	7188:HIPS (Health Initiatives in the Private Sector)	Regional Lorry Drivers & Transporters Association			Regional Lorry Drivers and Transporters Association (RLDTA) is an association for lorry/truck drivers and transporters that started operations in February 2010. RLDTA works with over 10,000 lorry drivers, 443 of whom are direct association members. In 2011, HIPS/FUE and

					RLDTA signed an MOU to implement health programs geared towards improving the lives of these Lorry drivers. So far, 20 lorry drivers have been trained as peer educators to reach out to their peers with behavior change information. HIPS has also assisted the association to draft an HIV/AIDS policy. HIPS has further negotiated an arrangement with Touch Namuwongo to assist the lorry drivers access highly subsidized safe male circumcision services at the hospital.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Roofings Limited		TBD			Delete
USAID/Health Initiatives for the Private Sector	7188:HIPS (Health Initiatives in	Royal Van Zanten Flowers	6,377	11,783	RVZ is a flower exporting medium sized company

Project (HIPS)/Royal Van Zanten Flowers (RVZ)/International Medical Foundation	the Private Sector)				based in Mukono district with 500 employees, surrounded by a community of about 7,000 people. HIPS has been partnering with RVZ since 2008 to expand RVZ's employee HIV/AIDS program to cover dependants and surrounding community members under a Memorandum of Understanding between RVZ, IMF (International Medical Foundation) and HIPS. In 2011, HIPS has continued to consolidate the programs at RVZ. HIPS has provided various trainings to the company clinic medical personnel so they continue providing quality services to company employees and community members. HIPS has also provided equipment & supplies to this

					clinic. Currently the clinic supports 185 community clients on palliative care and 35 on ART. Another 413 people have accessed VCT services this year. The clinic also offers Long Term Family Planning (LTFP) methods. In addition, HIPS & RVZ implement a community based palliative care program in Kyetume for those that are HIV positive. Also, HIPS has transitioned management of prevention activities of RVZ to its local partner Federation of Uganda Employers to enhance the sustainability of programs; 30 peer educators have been trained & a health fair event in which 238 community members accessed HCT has been

					conducted.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Rwenzori Commodities	7188:HIPS (Health Initiatives in the Private Sector)	Rwenzori Commodities	6,921	10,289	Rwenzori Commodities is a tea exporting company located in western Uganda. It is one of the many companies owned by 'Mukwano Group of Companies'. Rwenzori spans 4 tea estates that have a total catchment population of over 29,000 people. HIPS has been partnering with Rwenzori Commodities since 2009 to implement prevention and treatment programs for its 5,822 employees and community members. In 2011, HIPS has continued to strengthen the programs at Rwenzori commodities. HIPS has provided basic equipment and medical supplies to the 3 company clinics. Also medical

					personnel in these clinics have been sponsored for various medical trainings so that they continue providing quality and integrated health services to employees and community members. The clinics currently support 102 HIV positive clients on palliative care and those that require treatment are referred to the nearby government health facility. Also, 315 people have accessed VCT services this year. Services at the clinics have been integrated to include Long Term Family Planning (LTFP). Two people are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and

					Leprosy program (NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS & NTLP. HIPS together with its local partner Federation of Ugandan Employers have trained 33 new peer educators, bringing the total number of trained peer educators to 106. HIPS and Rwenzori Commodities are also implementing the mobile phone referral network program in Buzirasagama estate; this program will facilitate communication and timely referrals in the community of Buzirasagama.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Shell Uganda Limited		TBD			Delete
USAID/Health Initiatives for the	7188:HIPS (Health	Southern Range Nyanza	5,591	9,582	Southern Range Nyanza Limited

Private Sector Project (HIPS)/Southern Range Nyanza Limited (SRNL)	Initiatives in the Private Sector)	Limited			(SRNL), formerly NYTIL Uganda, is a textile processing and paper milling company located in Jinja district. HIPS together with its local partner Uganda Manufacturing Association (UMA) approached SRNL in 2009 to carry out a comprehensive health program for the company's 1,500 employees & 35,000 community members in its catchment area. A Memorandum of Understanding to implement both prevention and treatment programs was signed between UMA, HIPS and SRNL. The company refurbished its clinic; HIPS provided basic equipment and sponsored medical personnel for various training programs. In 2011, SRNL and

					HIPS/UMA have strengthened the current programs at the company. Refresher trainings for 26 peer educators have been conducted. A community health fair event has been planned for September. The company clinic currently takes care of 11 patients on palliative care and 1 patient on ART. Another 130 people have accessed VCT services this year. In addition, HIPS & UMA have worked with SRNL to integrate more health services like Reproductive Health/Family Planning (RH/FP) for the predominantly female staff. HIPS has trained clinical staff in long-term family planning services and has provided basic FP commodities and

					supplies.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Sugar Corporation of Uganda	7188:HIPS (Health Initiatives in the Private Sector)	Sugar Corporation of Uganda			Sugar Corporation of Uganda (SCOUL) is a sugar cane processing factory based in Buikwe District, Central Uganda. HIPS started working with SCOUL in early 2008 to expand SCOUL's existing HIV/AIDS workplace program to include TB, Malaria and RH/FP services and extend these services to SCOUL's 6,000 employees and 30,000 community members and dependants. In 2011, Having realized the benefits of partnering with HIPS, SCOUL accepted to increase their contribution towards health programs & formalize the partnership through signing of an MOU & a costed menu of services. HIPS has provided basic

					equipment and supplies to SCOUL including Safe Male Circumcision (SMC) & Long Term Family Planning (LTFP) equipment; medical personnel from the clinic have also been sponsored for training in SMC & LTFP. SCOUL is also engaged in the PMI IPT2 malaria program in which 200 pregnant women have benefited. The SCOUL health facility is currently providing ARVs to 27 clients while 58 clients are on palliative care. Another 546 people have accessed VCT services this year. Also, 150 community volunteers have been trained as peer educators. HIPS has transitioned management of prevention activities at SCOUL to its

					local partner Uganda Manufacturers Association (UMA).
USAID/Health Initiatives for the Private Sector Project (HIPS)/TBD 1	7188:HIPS (Health Initiatives in the Private Sector)	TBD			TBD
USAID/Health Initiatives for the Private Sector Project (HIPS)/TBD 2	7188:HIPS (Health Initiatives in the Private Sector)	TBD			TBD
USAID/Health Initiatives for the Private Sector Project (HIPS)/TBD 3	7188:HIPS (Health Initiatives in the Private Sector)	TBD			TBD
USAID/Health Initiatives for the Private Sector Project (HIPS)/The New Forests Company (NFC)	7188:HIPS (Health Initiatives in the Private Sector)	The New Forests Company	32,135	82,148	The New Forests Company is involved with promoting tree planting in 4 districts in Uganda. The company buys tree seedlings from over 700 out growers in the rural districts of Kiboga, Mubende, Mityana and Bugiri. These 4 communities comprise a catchment population of more

					than 10,000 people. HIPS together with its local partner Federation of Uganda Employers(FUE), has partnered with NFC since 2009 to ensure that the out growers working with the company have access to health services in the areas of HIV/AIDS, TB, Malaria and RH/FP. HIPS & FUE have assisted NFC draft an HIV/AIDS workplace policy. In 2011, NFC completed construction of three company/community clinics. HIPS provided basic equipment to each of these facilities and sponsored medical personnel from these clinics for various training programs to enable them provide quality services. HIPS has also facilitated the Ministry of Health to

					accredit these clinics. During this year, 156 people have accessed VCT services from the clinics. All the HIV positives are currently being referred to the nearby government health facilities until the company is administratively ready to start treating these patients at their facilities. In addition, 106 community members have trained by HIPS/FUS as peer educators. HIPS and NFC are also implementing the Mobile Referral network program to facilitate critical information access and referrals within the communities of NFC.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Toro And Mityana Tea Company(TAMTEC	7188:HIPS (Health Initiatives in the Private Sector)	Toro and Mityana Tea Company			Toro And Mityana Tea Company (TAMTECO) is a tea growing and exporting company with 7,000

O)					employees and 25,700 people in its catchment area. HIPS has been working with TAMTECO since 2008 to implement work place programs for the company's employees and community members. In 2011, TAMTECO agreed to increase their contribution towards the health programs and as a result, the partnership was formalized through an MOU and a costed menu of services which was signed between TAMTECO & HIPS together with its local partner Uganda Manufacturers Association (UMA). HIPS has assisted TAMTECO in developing an HIV/AIDS workplace policy for its employees, this was followed by peer

					education trainings for 129 company employees and community volunteers. HIPS has also provided support to the 2 company clinics that includes provision of basic health supplies, facilitating accreditation of the clinics for ART and sponsoring medical personnel for various training programs. The 2 TAMTECO clinics currently provide ART to 130 clients and palliative care to 135 clients. Another 292 people have received VCT services this year. HIPS has also facilitated one of the clinics to receive TB accreditation. Currently 4 TB patients are receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with

					National TB and Leprosy program (NTLP) to improve case follow up for TB patients. 2 follow up visits have been conducted by HIPS and NTLP The clinics' services have further been expanded to include Long Term Family Planning services.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Tororo Cement Industries	7188:HIPS (Health Initiatives in the Private Sector)	Tororo Cement Industries	9,302	10,825	Tororo Cement is a company based in Eastern Uganda with 500 employees & a catchment population of 42,100. HIPS together with its local partner Uganda Manufacturers Association (UMA), has partnered with Tororo Cement since 2009, to expand the scope of the company's HIV/AIDS workplace program to include TB, Malaria & RH/FP services. HIPS and UMA helped Tororo develop an

					HIV/AIDS workplace policy and train peer educators on HIV/AIDS, TB, Malaria & RH/FP. HIPS has further worked with Tororo Cement to extend this comprehensive workplace health program along the company's supply chain that comprises the quarry workers, the truck drivers who ferry limestone to the factory & the distribution centers where the cement is sold. In 2011, HIPS has continued to engage Tororo Cement in the PMI IPT malaria program which has served 304 Pregnant women. Through the company clinic, 57 people have accessed VCT services and all those who test HIV positive are referred to the nearby government health facility for care and

					treatment. Tororo Cement financially supports this government health facility. Tororo has also cost shared with HIPS to distribute 1,047 long lasting insecticide treated mosquito nets. HIPS has engaged the District in discussions to strengthen referral mechanisms of HIV positive and TB patients from the Tororo Cement company clinic.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Tullow Oil	7188:HIPS (Health Initiatives in the Private Sector)	Tullow Oil	40,000	283,440	Tullow Oil is an oil exploration company based in Hoima & Bullisa districts. HIPS has partnered with Tullow since 2008 to extend health services among Tullow's 200 employees and 60,000 community members. HIPS has assisted Tullow set up 4 VCT & FP service centers and 1 maternity clinic that has been

					expanded to provide primary care services. HIPS facilitated Ministry of Health accreditation for ART and TB of the clinic. To date, more than 40 clients are receiving ARVs and 69 are receiving palliative care through this clinic. Also, HIPS & Tullow are implementing the PMI-funded IPT malaria program in which 927 pregnant women have so far benefited. HIPS and Tullow have sponsored training of 339 volunteers as peer educators; these reach out to their peers with health messages. Also, 6 health fair events have been conducted in which 6,229 people have been sensitized & 2,803 accessed VCT. HIPS has expanded the programs at Tullow to include men only seminars,

					community dramas & pre-recorded community radio discussions. HIPS & Tullow are utilizing technology to facilitate referrals and promote communication through the mobile phone referral network program. As part of sustainability efforts, HIPS has shifted management of prevention activities at Tullow to Uganda Manufacturers Association.
USAID/Health Initiatives for the Private Sector Project (HIPS)/UGACOF Coffee		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Baati	7188:HIPS (Health Initiatives in the Private Sector)	Uganda Baati	10,040	15,000	Uganda Baati is building material manufacturing company located in Kampala. It is part of a larger group of companies that produces iron sheets and steel products for the whole East Africa

					region. The company has 400 employees and over 14,000 people within its catchment area. HIPS together with its local partner Uganda Manufacturers Association (UMA) have been working with Uganda Baati since 2009 to co-sponsor activities that include developing an HIV/AIDS workplace policy, supporting the health facility receive accreditation for HIV/AIDS & TB, train peer educators & carry out health fair events. Uganda Baati has a clinic that is open to the community. In 2011, HIPS & UMA have continued to work with Uganda Baati to strengthen and expand the current programs; HIPS has provided basic equipment & has trained the medical

					personnel in various programs. HIPS, UMA & Uganda Baati have co-sponsored training of 24 peer educators. 1 health fair event has also been conducted in which the company HIV/AIDS work place policy that HIPS & UMA assisted in developing was launched. During the health fair, 227 community members accessed free HCT. The clinic provides care and support to 10 HIV positive people who receive their ARVs from the nearby government health facility. Another 61 people Have accessed VCT services this year. Uganda Baati has also procured health commodities such as bed nets, family planning supplies etc that it distributes to its employees.

					HIPS & Uganda Baati have recently implemented the PMI IPT malaria program in which 20 mothers have so far benefited.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Clays		TBD			Delete - duplicate
USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Clays/Uganda Clays	7188:HIPS (Health Initiatives in the Private Sector)	Uganda Clays	6,500	6,559	Uganda Clays is the leading producer of roofing tiles in the country. The company is located in Kajjansi town, Wakiso District and has a catchment population of 19,000 people. HIPS together with its local partner Uganda Manufactures Association (UMA) has partnered with Uganda Clays since 2008 to increase utilization of health services by Uganda Clays' employees & surrounding community members. HIPS &

					UMA have assisted Clays to draft their HIV/AIDS workplace policy & disseminate it through a policy launch/health fair event. Uganda Clays & HIPS have replicated the comprehensive health programs established at Kajjansi in their new branch in Mbale. This new branch was commissioned through a health fair event which was attended by H.E The President of Uganda. So far, 104 employees have been trained as peer educators & 2 Health Fair events have been conducted. Uganda Clays has also purchased more than 1500 bed nets that have been distributed to company employees. HIPS has also facilitated various trainings for the clinics medical

					staff to enable them ably handle the expanded range of services. The clinic provides integrated services and is currently providing palliative care services to 39 clients. The HIV positive patients that need ARVs are referred to Mildmay, an HIV/AIDS treatment center. Another 130 people have accessed VCT services this year.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Crane Creameries Cooperative Union (UCCU)	7188:HIPS (Health Initiatives in the Private Sector)	Uganda Crane Creameries Cooperative Union (UCCCU)	5,640	9,013	Uganda Crane Creameries Cooperative Union (UCCCU) is an association that brings together dairy farmers in western Uganda. The Association has a presence in 10 districts i.e. Mbarara, Ibanda, Kamwenge, Kiruhura, Isingiro, Bushenyi, Ntungamo, Rukungiri, Kanungu and Kabale. UCCCU has 88

					direct employees and 13,600 Dairy farmers across the 10 districts. HIPS together with its local partner Uganda Manufacturers Association (UMA) has partnered with UCCCU since 2010. A Memorandum of Understanding was signed to implement both prevention and treatment programs among the dairy farmers; some of the activities agreed upon include carrying out peer education training, workplace policy development, conducting health fairs and setting up a clinic. The workplace policy has been developed & launched. 2 health fair events have also been held during which 300 people received VCT services. All those that turned out positive were

					referred to the nearby government facility which the company has a working arrangement with to access care & treatment. UCCCU is finalizing setting up of the clinic which will provide treatment services to its members and the community. The treatment activities are hinged on completion of the clinic which is anticipated for early 2012.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Uganda Telecom Limited (UTL)		TBD			Delete
USAID/Health Initiatives for the Private Sector Project (HIPS)/Wagagai Flowers Limited	7188:HIPS (Health Initiatives in the Private Sector)	Wagagai Flowers	27,972	32,795	Wagagai Limited is a flower exporting company with a work force of 1,700 employees and 15,700 people in its catchment area. In 2008, HIPS partnered with Wagagai to expand

					the health programs the company was providing to its employees to include community members. The company set up a clinic which provides integrated health services and is open to community members. In 2011, HIPS has continued to work with Wagagai to support both prevention & treatment programs at the company. Long Term Family Planning (LTFP) & Safe Medical Circumcision (SMC) services received a boost with basic equipment and supplies being provided to facilitate the two services, clinic staffs have also been trained. So far, 50 SMC and 47 LTFP procedures have been done at the clinic. The Wagagai clinic is currently taking care of 104 patients on

					ARVS & another 155 on palliative care. Another 1,063 people have accessed VCT services this year. Also, 8 patients are currently receiving TB treatment through Directly Observed Therapy (DOT). HIPS is also working with National TB and Leprosy program(NTLP) to improve case follow up for TB patients in the community of Wagagai. 2 follow up visits have been conducted by HIPS and NTLP to ensure treatment success and quality of care. Furthermore, HIPS & Wagagai are implementing the mobile phone referral network program to facilitate referrals and communication. HIPS has also transitioned management of prevention activities

					at Wagagai to its local partner, Federation of Uganda Employers (FUE). FUE has so far conducted refresher trainings for the peer educators. A health fair event for Wagagai has been scheduled.
USAID/Health Initiatives for the Private Sector Project (HIPS)/Xclusive Cuttings Flowers	7188:HIPS (Health Initiatives in the Private Sector)	Xclusive Cuttings Flowers	9,099	9,411	Xclusive Cuttings is a Dutch owned flower farm located in Gayaza, Wakiso district. Xclusive has over 200 employees and 10,000 people living within its catchment area. In FY 2009, HIPS & its local partner Federation of Uganda Employers (FUE) signed an MOU with Xclusive to co-sponsor integrated health activities within their community. These activities include; developing & launching an HIV/AIDS workplace policy, training employees as peer

					educators, conducting community health fair events, and constructing a new clinic to enable the employees & community members access treatment services. In 2011, HIPS has facilitated MOH accreditation of this clinic to provide ART and TB treatment services. In total, 84 People have received VCT services this year. The clinic is in the process of recalling all the 7 HIV positives who were previously referred to Mulago before the clinic was accredited. HIPS is also supporting the clinic to expand on the range of services at the clinic to include Long Term Family Planning & Safe Male Circumcision services. Basic equipment and

					supplies have been given to the facility and medical staff have been trained. Besides this, HIPS & Xclusive Cuttings are implementing the PMI IPT malaria program among the predominantly female staff. In addition, the company clinic now conducts community outreach events; these take place at least once a week. HIPS, FUE & Xclusive Cuttings further renewed the partnership MOU that had expired. Other activities such as refresher trainings for peer educators and a health fair event are slated to take place in late September 2011.
Wellness Center for Health Care Workers		Becton Dickinson, International Council of Nurses (ICN)			Project ending

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ANC Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Implementation
Cohort-based HIV drug resistance surveillance	HIV Drug Resistance	Other	Planning
Early warning indicator survey	HIV Drug Resistance	Other	Implementation
Epsilon estimation study	Recent HIV Infections	Other	Planning
Estimating MARP sizes	Population size estimates	Other	Development
Fishing community HIV survey	Population-based Behavioral Surveys	Mobile Populations	Planning
Global Health Survey	Other	General Population	Planning
HMIS based MCH surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Other	Planning
Piloting PMTCT-based HIV surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Development
Prison survey	Sentinel Surveillance (e.g. ANC Surveys)	Other	Development
TB drug resistance survey	Other	Other	Implementation
The Crane Survey - bio-behavioral HIV-related surveillance in Uganda	Population-based Behavioral Surveys	Other	Implementation
Uganda AIDS Indicator Survey	Population-based Behavioral Surveys	General Population	Data Review
Uganda Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Data Review
VCT-based surveillance of HIV acquisition	Recent HIV Infections	General Population	Implementation

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			6,450,728		**6,450,728**
HHS/CDC		8,040,000	120,356,884		**128,396,884**
HHS/HRSA	6,264,675		2,797,233		**9,061,908**
HHS/NIH			500,000		**500,000**
PC			1,362,400		**1,362,400**
State			389,580		**389,580**
State/AF			2,927,000		**2,927,000**
State/PRM			283,345		**283,345**
USAID			149,016,527		**149,016,527**
Total	**6,264,675**	**8,040,000**	**284,083,697**	**0**	**298,388,372**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	PC	State/AF	USAID	AllOther	
CIRC	1,881,400	3,592,443					3,068,982		**8,542,825**
HBHC	540,000	7,978,800				175,000	12,835,616		**21,529,416**
HKID	350,000	1,722,625				226,000	22,400,778	52,191	**24,751,594**
HLAB	400,000	9,621,939				2,526,000	3,608,020		**16,155,959**
HMBL		3,000,000							**3,000,000**
HMIN	50,000	200,000					382,500		**632,500**
HTXD		32,997,973	876,792				15,653,000		**49,527,765**
HTXS	1,001,195	12,666,816	7,211,434				17,431,194		**38,310,639**
HVAB	188,000	605,000					11,409,846	29,949	**12,232,795**
HVCT	427,000	9,506,960					6,425,310	47,408	**16,406,678**

HVMS	377,866	13,144,870			1,362,400		8,096,610	389,580	**23,371,326**
HVOP	315,000	1,977,904					13,355,657	24,506	**15,673,067**
HVSI	273,000	3,689,228		500,000			8,073,682		**12,535,910**
HVTB	98,987	4,576,888					4,440,686	69,291	**9,185,852**
MTCT	100,000	8,732,467					6,223,604	60,000	**15,116,071**
OHSS		6,271,653					6,842,341		**13,113,994**
PDCS	222,200	2,752,961					3,218,653		**6,193,814**
PDTX	226,080	5,358,357	973,682				5,550,048		**12,108,167**
	6,450,728	**128,396,884**	**9,061,908**	**500,000**	**1,362,400**	**2,927,000**	**149,016,527**	**672,925**	**298,388,372**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	21,529,416	
HTXS	38,310,639	
Total Technical Area Planned Funding:	**59,840,055**	**0**

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	49,527,765	
Total Technical Area Planned Funding:	**49,527,765**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	8,542,825	
HMBL	3,000,000	
HMIN	632,500	
Total Technical Area Planned Funding:	**12,175,325**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount

HVCT	16,406,678	
Total Technical Area Planned Funding:	**16,406,678**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	13,113,994	
Total Technical Area Planned Funding:	**13,113,994**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	16,155,959	
Total Technical Area Planned Funding:	**16,155,959**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	23,371,326	
Total Technical Area Planned Funding:	**23,371,326**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	24,751,594	
Total Technical Area Planned	**24,751,594**	**0**

Funding:		

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	6,193,814	
PDTX	12,108,167	
Total Technical Area Planned Funding:	**18,301,981**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	15,116,071	
Total Technical Area Planned Funding:	**15,116,071**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	12,232,795	
HVOP	15,673,067	
Total Technical Area Planned Funding:	**27,905,862**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	12,535,910	

Total Technical Area Planned Funding:	**12,535,910**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	9,185,852	
Total Technical Area Planned Funding:	**9,185,852**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7176	Chemonics International	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,000,000
7181	Inter-Religious Council of Uganda	FBO	U.S. Agency for International Development	GHCS (State)	5,937,352
7183	Commodity Security Logistics	NGO	U.S. Agency for International Development	GHCS (State)	2,000,000
7185	Deloitte & Touche, Uganda	Implementing Agency	U.S. Agency for International Development	GHCS (State)	7,752,091
7188	Cardno Emerging Markets	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,707,219
7193	Macro International	Private Contractor	U.S. Agency for International Development	GHCS (State)	750,000
7197	The Mitchell Group	NGO	U.S. Agency for International Development	GHCS (State)	1,000,000
7199	Chemonics International	Private Contractor	U.S. Agency for International Development	GHCS (State)	2,000,000
7308	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	15,653,000

7331	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,305,100
9043	Henry Jackson Foundation	Implementing Agency	U.S. Department of Defense	GHCS (State)	4,303,275
9046	Baylor College of Medicine Children's Foundation/Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,133,311
9165	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State), Central GHCS (State)	8,611,908
9167	Kalangala District Health Office	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,245,440
9183	The AIDS Support Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	18,641,207
9236	Integrated Community Based Initiatives	NGO	U.S. Department of Health and Human	GHCS (State)	695,102

			Services/Centers for Disease Control and Prevention		
9238	Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	695,116
9239	The AIDS Support Organization	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	695,000
9240	Uganda Prisons Services	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	497,360
9246	Makerere University School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,914,135
9247	Ministry of Health, Uganda	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GHCS (State)	4,816,824

			for Disease Control and Prevention		
9300	Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP)	Implementing Agency	U.S. Agency for International Development	GHCS (State)	3,949,263
9301	John Snow Research and Training Institute	NGO	U.S. Agency for International Development	GHCS (State)	6,344,511
9303	DOD - UPDF	Implementing Agency	U.S. Department of Defense	GHCS (State)	1,769,587
9325	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	1,681,977
9335	HOSPICE AFRICA, Uganda	NGO	U.S. Agency for International Development	GHCS (State)	1,386,000
9338	The AIDS Support Organization	NGO	U.S. Agency for International Development	GHCS (State)	3,261,000
9347	World Vision	FBO	U.S. Agency for International Development	GHCS (State)	1,503,302
9483	Infectious Disease Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,300,443
9541	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Agency for International Development	GHCS (State)	6,058,875

9542	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	Implementing Agency	U.S. Agency for International Development	GHCS (State)	2,738,157
9879	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	5,715,796
10280	Integrated Community Based Initiatives	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,062,231
10281	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,263,217
10326	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	7,290,062
11479	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	401,000
12476	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	3,204,865
12477	Baylor College of Medicine Children's Foundation/Ugan	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	3,174,261

	da		for Disease Control and Prevention		
12482	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12485	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12488	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12496	Social and Scientific Systems	Private Contractor	U.S. Agency for International Development	GHCS (State)	3,043,052
12507	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12801	Cardno Emerging Markets	Implementing Agency	U.S. Agency for International Development	GHCS (State)	4,768,288
12935	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	Implementing Agency	U.S. Agency for International Development	GHCS (State)	4,809,604
12964	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12972	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12981	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
12993	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13001	International HIV/AIDS Alliance	NGO	U.S. Agency for International Development	GHCS (State)	4,000,000
13002	United Nations High Commission for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHCS (State)	283,345
13026	National Medical Stores	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,550,013
13029	Regional Procurement Support Office	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	2,526,000
13047	Makerere University School of Medicine	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	12,469,636
13051	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

13058	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	450,000
13081	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13093	PACE	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,087,800
13102	Uganda Blood Transfusion Services	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,000,000
13104	Baylor College of Medicine Children's Foundation/Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,202,336
13135	THE JOHN E. FOGARTY INTERNATIONAL CENTER	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of	GHCS (State)	500,000

			Health		
13136	Infectious Disease Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,367,975
13138	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13161	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13170	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13219	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

13226	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13311	Reproductive Health Uganda (RHU)	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,306,000
13317	Joint Clinical Research Center, Uganda	NGO	U.S. Agency for International Development	GHCS (State)	4,220,865
13325	REACH OUT MBUYA PARISH, HIV/AIDS INITIATIVE (ROM)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,297,389
13383	AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF) IN UGANDA	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,026,686
13416	Mildmay International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	10,344,786
13433	UNITED NATIONAL	Implementing Agency	U.S. Agency for International	GHCS (State)	600,000

	CHILDREN'S FUND (UNICEF)		Development		
13466	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13486	Protecting Families from AIDS, Uganda	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	5,005,183
13503	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7176	**Mechanism Name: Monitoring and Evaluation Agent/Civil Society Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7176**
Mechanism Name:	**Monitoring and Evaluation Agent/Civil Society Fund**

Prime Partner Name:	Chemonics International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	225,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	75,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7181	**Mechanism Name: HIV/AIDS Service Delivery Through FBOs/IRCU Follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Inter-Religious Council of Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,937,352	
Funding Source	**Funding Amount**
GHCS (State)	5,937,352

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	250,000
Education	150,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Gender: Reducing Violence and Coercion	50,000
Water	100,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Malaria (PMI)

TB

Family Planning

Budget Code Information

Mechanism ID:	**7181**

Mechanism Name:	HIV/AIDS Service Delivery Through FBOs/IRCU Follow-on		
Prime Partner Name:	Inter-Religious Council of Uganda		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	960,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	600,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,408,134	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	590,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	240,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	294,283	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	350,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	494,935	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7183	**Mechanism Name: Commodity Security Logistics (CSL)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Commodity Security Logistics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7183**		
Mechanism Name:	**Commodity Security Logistics (CSL)**		
Prime Partner Name:	**Commodity Security Logistics**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	2,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7185	**Mechanism Name: Financial Management Agent/ Civil Society Fund (FMA/CSF)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: Deloitte & Touche, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,752,091	
Funding Source	**Funding Amount**
GHCS (State)	7,752,091

Sub Partner Name(s)

STRAIGHT TALK		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Human Resources for Health	700,000
Water	200,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7185**		
Mechanism Name:	**Financial Management Agent/ Civil Society Fund (FMA/CSF)**		
Prime Partner Name:	**Deloitte & Touche, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	5,675,787	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	485,199	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	822,347	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	768,758	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7188	**Mechanism Name: HIPS (Health Initiatives in the Private Sector)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Cardno Emerging Markets	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,707,219	
Funding Source	**Funding Amount**
GHCS (State)	2,707,219

Sub Partner Name(s)

Africa Affordable Medicines	Beads for Life	Buikwa Association
Caring Hands	Corenerstone	Farmers Center
Federation of Uganda Employers	Johns Hopkins University	Kakira Outgrowers Rural Development Organisation
Kaseese Colbalt	Kinyara Sugar	Kyortora Medical Center
Lambu Health Center	Makonge	McLord Russel
Mpongo Company	Nile Breweries	O'BRIEN AND ASSOCIATES INTERNATIONAL
St. Francis Health Care Services	Striaght Talk Foundation	THE MILDMAY CENTER
Tullow Oil	Uganda Manufactureres Assoiation	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	100,000
Education	30,000
Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	150,000
Water	25,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Malaria (PMI)

Child Survival Activities

Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**7188**		
Mechanism Name:	**HIPS (Health Initiatives in the Private Sector)**		
Prime Partner Name:	**Cardno Emerging Markets**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	650,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	861,500	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	191,139	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	354,580	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7193	**Mechanism Name: AIDS Indicator Survey Final Activities- MACRO**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Macro International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 750,000	
Funding Source	**Funding Amount**
GHCS (State)	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7193**		
Mechanism Name:	**AIDS Indicator Survey Final Activities- MACRO**		
Prime Partner Name:	**Macro International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	750,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7197	**Mechanism Name: Mid-term and End of Program Evaluations/UMEMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: The Mitchell Group	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7197**		
Mechanism Name:	**Mid-term and End of Program Evaluations/UMEMS**		
Prime Partner Name:	**The Mitchell Group**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	1,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7199	**Mechanism Name: Technical Management Agent / Civil Society Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHCS (State)	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7199**		
Mechanism Name:	**Technical Management Agent / Civil Society Fund**		
Prime Partner Name:	**Chemonics International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	1,577,466	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	349,215	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	73,319	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7308	**Mechanism Name: Partnership for Supply Chain Management Systems (SCMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 15,653,000	
Funding Source	**Funding Amount**
GHCS (State)	15,653,000

Sub Partner Name(s)

Euro Health Group	Fuel PHD	Infectious Disease Institute

Makerere University		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7308**		
Mechanism Name:	**Partnership for Supply Chain Management Systems (SCMS)**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	15,653,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7331	**Mechanism Name: Health Care Improvement Project (HCI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,305,100	
Funding Source	**Funding Amount**
GHCS (State)	1,305,100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7331**		
Mechanism Name:	**Health Care Improvement Project (HCI)**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	784,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	521,100	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9043	**Mechanism Name: Makerere University Walter Reed Project (MUWRP)**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: Henry Jackson Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,303,275	
Funding Source	**Funding Amount**
GHCS (State)	4,303,275

Sub Partner Name(s)

Makerere University Walter Reed Project		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	67,000
Education	27,000
Food and Nutrition: Commodities	4,000
Food and Nutrition: Policy, Tools, and Service Delivery	75,000

Gender: Reducing Violence and Coercion	6,000
Human Resources for Health	180,000
Water	18,000

Key Issues

Family Planning

Budget Code Information

Mechanism ID:	**9043**		
Mechanism Name:	**Makerere University Walter Reed Project (MUWRP)**		
Prime Partner Name:	**Henry Jackson Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	500,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	757,320	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	297,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	107,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	149,955	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	173,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,481,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	138,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	400,000	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9046	**Mechanism Name: Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation/Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,133,311	
Funding Source	**Funding Amount**
GHCS (State)	7,133,311

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Commodities	3,000
Food and Nutrition: Policy, Tools, and Service Delivery	40,000

Human Resources for Health	251,115
Water	55,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9046		
Mechanism Name:	Expansion of National Pediatric HIV/AIDS Prevention, Care and Treatment Services and Training of Service Providers		
Prime Partner Name:	Baylor College of Medicine Children's Foundation/Uganda		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	120,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	344,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	592,576	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	250,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDCS	630,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	2,173,144	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	450,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	1,976,630	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	296,961	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9165	Mechanism Name: AIDSRelief
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,611,908	
Funding Source	**Funding Amount**
Central GHCS (State)	6,264,675
GHCS (State)	2,347,233

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	323,729

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9165		
Mechanism Name:	AIDSRelief		
Prime Partner Name:	Catholic Relief Services		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HTXS	6,851,434	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	883,682	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	876,792	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9167	**Mechanism Name: Provision of Full Access Home-Based Confidential HIV Counseling andTesting and Basic Care Services in Kalangala District and the surrounding fishing communities**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kalangala District Health Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,245,440	
Funding Source	**Funding Amount**
GHCS (State)	1,245,440

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	30,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9167**		
Mechanism Name:	**Provision of Full Access Home-Based Confidential HIV Counseling andTesting and Basic Care Services in Kalangala District and the surrounding fishing communities**		
Prime Partner Name:	**Kalangala District Health Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	80,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	80,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	80,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	70,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	156,250	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	79,190	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9183	**Mechanism Name: Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 18,641,207	
Funding Source	**Funding Amount**
GHCS (State)	18,641,207

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9183**		
Mechanism Name:	**Provision of Comprehensive Integrated HIV/AIDS/TB Prevention, Care and Treatment Services among People Living with HIV/AIDS**		
Prime Partner Name:	**The AIDS Support Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,280,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	3,681,745	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	986,475	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	320,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	920,437	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	395,064	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	612,320	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	9,761,389	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	683,777	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9236	**Mechanism Name: Expanding Uptake for Interventions to Prevent the Transmission of HIV from Mother to their Children (PMTCT) by using Community-Based Strategies**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Integrated Community Based Initiatives	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 695,102

Funding Source	Funding Amount
GHCS (State)	695,102

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
Water	30,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9236**		
Mechanism Name:	**Expanding Uptake for Interventions to Prevent the Transmission of HIV from Mother to their Children (PMTCT) by using Community-Based Strategies**		
Prime Partner Name:	**Integrated Community Based Initiatives**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	120,102	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	575,000	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9238	**Mechanism Name: Traditional & Modern Health Practitioners**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 695,116	
Funding Source	**Funding Amount**
GHCS (State)	695,116

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000
Water	30,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9238		
Mechanism Name:	Traditional & Modern Health Practitioners		
Prime Partner Name:	Traditional and Modern Health Practitioners Together against AIDS and other diseases, Uganda		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	120,116	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	575,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9239	**Mechanism Name: PEPFAR/PMI Collaboration**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 695,000	
Funding Source	**Funding Amount**
GHCS (State)	695,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	10,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9239**		
Mechanism Name:	**PEPFAR/PMI Collaboration**		
Prime Partner Name:	**The AIDS Support Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	120,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	270,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	30,000	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	275,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9240	**Mechanism Name: HIV/AIDS Prison Survey**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Prisons Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 497,360	
Funding Source	**Funding Amount**
GHCS (State)	497,360

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	11,520

Human Resources for Health	88,224

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9240**		
Mechanism Name:	**HIV/AIDS Prison Survey**		
Prime Partner Name:	**Uganda Prisons Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	17,257	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	4,315	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	50,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	25,788	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9246	**Mechanism Name: Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,914,135	
Funding Source	**Funding Amount**
GHCS (State)	3,914,135

Sub Partner Name(s)

Global Health Education	Johns Hopkins University Center for Clinical	Rakai Health Sciences Program

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	800,000
Water	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9246**		
Mechanism Name:	**Developing National Capacity for Management of HIV /AIDS Programs and Support for the Delivery of HIV Prevention, Care and Treatment Services in Rakai District**		
Prime Partner Name:	**Makerere University School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	70,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	347,659	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	80,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	99,415	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	354,150	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,176,994	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	715,023	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	40,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	716,046	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	14,848	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9247	**Mechanism Name: Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,816,824	
Funding Source	**Funding Amount**
GHCS (State)	4,816,824

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9247**		
Mechanism Name:	**Support for National HIV/AIDS/STD/TB Prevention, Care, Treatment, Laboratory Services, Strategic Information and Policy Development**		
Prime Partner Name:	**Ministry of Health, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	99,565	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	958,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	OHSS	529,259	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	2,130,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9300	**Mechanism Name: TBD - HCT/AIC Follow on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP)	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,949,263	
Funding Source	**Funding Amount**
GHCS (State)	3,949,263

Sub Partner Name(s)

AIDS Information Center	Infectious Disease Institute	Mayanja Memorial Hospital Foundation
The AIDS Support Organization		

Overview Narrative

The Realizing Expanded Access to Counseling and Testing for HIV in Uganda (REACH-U) project is a USAID - funded five-year cooperative agreement that was awarded to Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) on August 20th, 2009. The goal of the program is to scale up access to and coverage and utilization of quality HIV counseling and testing (HCT) services to populations at risk of HIV infection. The project has four objectives: 1) To increase the number of people accessing and utilizing HIV counseling and testing (HCT) services in Uganda; 2) improve the quality and efficiency of HCT services in Uganda by strengthening the appropriate support systems; 3) strengthen the referral network between the community and health facilities to allow expansion of HCT services and HCT linkage to HIV prevention, care, treatment and support; and 4) increase the demand for HCT services. The project is implemented in 22 districts namely, Arua, Nebbi, Maracha, Koboko, Moyo, Yumbe, Adjumani, Mbale, Soroti, Amuria, Jinja, Mukono, Wakiso, Kampala, Mbarara, Lyantonde, Rakai, Abim, Kotido, Moroto, Kaabong, Nakapiriprit, Amudat, Napak, Dokolo, Buikwe, Buvuma, and Serere which were curved out of some of the original districts cited above.

The project's strategic approaches to scale up HCT services include: a) Enhancing the capacity of the districts health services delivery system to manage HCT services; b) developing partnerships to facilitate capacity building and provision of HCT services to the private sector and community-based organizations; c) expanding a mix of approaches to increase access to HCT including VCT (facility-based and VCT outreaches), RCT for health facilities, and HBHCT (using index HIV infected individuals to test families and their surrounding communities); and d) enhancing human resource capacity for HCT service delivery through multiple approaches i.e. task shifting approaches to PLHIV, volunteers and other lay providers to alleviate the staffing constraints and creatively bridge human resource gaps.

REACH-U Project works with and through the existing structures at district, Sub -county and community levels to improve access to, coverage and utilization of HCT services at government HC IIIs, IIs and respective communities and, in the private sector facilities. The project will continue to use the same structures to increase demand and awareness to address the barriers to HIV testing and promote HIV prevention to reduce new infections. Through collaborations and partnerships with existing institutions at national, district, sub-county and community levels, REACH-U will further strengthen referral systems to ensure effective linkage of persons tested to prevention, care, treatment and support services as appropriate. Program year one focused on the start-up activities, GIS mapping of existing community structures, provision of community HTC services in 4 sub-counties and training of PITC service providers in 250 health units. FY 2011 activities will focus on five priority areas: 1) demand creation for HCT services by addressing the barriers to testing and raising awareness in 70% of the sub counties in the REACH-U districts; 2) provide HCT services to 780,000 individuals including couples; 3) provide a package of HIV prevention services to targeted populations including MARPs; 4) strengthen the national and district systems with a focus at the sub county level to improve the quality and efficiency of HCT services in all 22 districts; and 5) reinforce referrals for effective linkages for persons tested to prevention, care, support and treatment services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9300**		
Mechanism Name:	**TBD - HCT/AIC Follow on**		
Prime Partner Name:	**Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	535,410	
Narrative:			
REACH-U will strengthen capacity of HC IIIs to provide a package of care services that will include			

provision of Cotrimoxazole, TB screening and treatment, provision of FP services, malaria diagnosis and treatment, syphilis screening and treatment, counseling on positive living and continuous clinical evaluation and HIV testing among TB patients. Other services will include; Condom promotion for HIV positive and discordant couples, partner notification, testing and disclosure will be encouraged. HIV positive clients will be encouraged to join posttest clubs for support. Individuals who test negative will be counseled about prevention, offered and/or linked to other service providers for safe medical male circumcision, enrollment into posttest clubs and encouraged to blood donation. The project will put in place mechanisms to have blood samples of children below 18 months transported and tested at regional hospitals and other centres with PCR-DNA machines and ensure that results are rapidly reported to the sites so that appropriate care can be provided. The aim is to quickly initiate referral/linkage of exposed/ infected infant to care and treatment facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	2,940,000	

Narrative:

The REACH-U project will offer HCT services to 780,000 individuals including couples at both community and health facility levels in the 22 target districts. REACH-U will scale up PITC and CITC from 300 to 1000 health facilities out of 1700 health facilities (private and public HC IIIs and IIs) in the 22 districts. access to HCT services will be expanded through , mass campaigns, community camping, and home based CT (HBHCT) and targeted testing for MARPS and testing at national/district events e.g. World AIDS day celebrations, Philly Lutaaya Memorial celebrations, etc. The project will establish couple testing days will be introduced at designated HC IIIs and HCT couple counseling and testing campaigns. A total of 30,000 MARPs, 4,000 pregnant women and couples (12% of the total HCT target) will be tested.

REACH-U project will continue to create demand for HCT using multi-pronged approaches that will be customized to the specific barriers to testing. Health worker related barriers such as lack of appropriate knowledge and skills and the negative attitudes will be addressed through trainings (on PITC, CITC, and couple and pediatric counseling), intensive on-job support, provision of HCT guidelines and protocols, mentoring and support supervision. The project will continue to explore task shifting approaches such as use of Integrated Community Counselors, VHTs and PLWHA to perform HCT non-technical tasks in order to address the issues of staff shortages.

National level support will entail technical support in the revision of the national HCT policy, printing and dissemination, coordination of the national CT 17 and the HCT quality assurance sub-committee. District level support will be cascaded to the sub county and community levels and will encompass hands-on

training for sub-county officials in strategic planning, monitoring, reporting, support supervision, logistics management, waste management as well as other technical aspects required to succeessfully scale up quality HCT. External and Internal Quality Assurance (QA) and Quality Control (QC) for HIV testing will be implemented in collaboration with the Central Public Health Laboratory and the Uganda Virus Research Institute.

Community barriers to testing such as stigma and discrimination, low male involvement, domestic violence, negative attitudes, misconceptions and myths, low HIV risk perception, lack of awareness of availability and benefits of HCT will also be addressed through advocacy with opinion leaders, peer to peer education, sharing of testimonies, community dialogues, mass media, and drama performances. Other mobilization approaches will be through the media across the following themes: know your HIV status; circumcision; partner testing and disclosure; male involvement in HCT; couple testing and counseling; HIV associated stigma; condom use; HIV prevention; safe medical male circumcision; and the drivers of the HIV epidemic.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	133,853	

Narrative:

HIV counseling and testing services will be provided to children and adolescents as an entry point for identification of HIV positive children to access care and treatment services. The program will target children aged 18months and above through multiple models i.e. PICT at health centre IIIs and IIs; and through community outreaches. Newly diagnosed HIV positive children will be referred for care and support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	

Narrative:

The Abstinence and Be faithful interventions that the REACH-U project will implement are closely related to the HIV counseling and testing services that will be provided to youths in school and couples. Age-specific behavioral change messages on abstinence, and be faithful will be given as appropriate with the goal of promoting positive behavior change through sexual abstinence, delayed sexual debut, and addressing gender and its effect on HIV transmission. Disclosure, partner testing will be encouraged so as to promote mutual knowledge of HIV status, mutual fidelity, STI prevention, and partner support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	140,000	

Narrative:

REACH-U will provide targeted prevention services to discordant couples, CSWs and related persons, truckers, fisher folks, persons with multiple concurrent partners, pregnant women, institutionalized populations, PLWHAs and sexually active youth.

Newly diagnosed HIV positive individuals will receive counseling on partner testing and disclosure, condom use, referral for PMTCT, TB assessment and referral. The project will build the capacity of HC IIIs to be referral sites for the above services including family planning services, laboratory services, and post-test clubs for peer support.

The prevention service package for HIV negative clients will include counseling and referral of HIV negative males for safe medical male circumcision (MMC), age specific behavioral change messages such as abstinence, be faithful, consistent and correct condom use will be given as appropriate. Disclosure, partner testing will be encouraged.

Targeted HIV prevention interventions for this performance period include:

i. Discordant couples; BCC, STI screening and treatment, Couple clubs, Family planning, distribution and promotion of consistent condom use

ii. Commercial sex workers(CSWs); HCT, BCC, distribution and promotion of consistent condom use, life skills empowerment (for negotiation of safer sex), STI screening and treatment and family planning

iii. Mobile men with money(Truckers, cyclists, construction workers, business men); BCC, HCT, distribution and promotion of consistent condom use, STI Screening and/or referral for treatment, Specifically for this group we shall emphasize reduction in the number of partners during BCC message dissemination.

iv. Persons with multiple concurrent sexual partners; HCT, distribution and promotion of consistent condom use, STI Screening and/or referral for treatment, specifically for this group we shall also emphasize reduction in the number of partners during BCC message dissemination.

v. Institutionalized populations (Army, Police, Prisons, returnees-Karamoja region); BCC, STI screening and treatment, HCT, community mobilization, empowerment education on reduction of harmful practices that increase the risk of HIV infection such as anal sex, and MSM

vi. Sexually active youth never married (15-24); Appropriate A, B and C messages, BCC, HCT, STI screening and treatment, life skills empowerment, promotion of awareness on the relationship between alcohol and drug use and increased HIV risk behaviors especially in urban areas of Kampala, and in west Nile region where drug abuse is common.

vii. Pregnant women; HCT, appropriate BCC messages, STI screening and treatment, distribution and promotion of appropriate condom use, referral for PMTCT

viii. Persons Living With HIV/AIDS (PLWHA); BCC, with the aim of reducing further transmission, TB screening and treatment, distribution and promotion of consistent condom use community empowerment

to support PHLWA, including empowering religious, VHTs and civic leaders and other opinion leaders in the communities through training with appropriate knowledge and skills to support PLWHA, other OIs and referral for PMTCT and other PWP interventions ix. Safe male medical circumcision: REACH-U project will pilot safe medical male circumcision in three regions of West Nile, Western and Eastern at static and out reaches through mobile surgical camps.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9301	**Mechanism Name: STAR-EC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow Research and Training Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,344,511	
Funding Source	**Funding Amount**
GHCS (State)	6,344,511

Sub Partner Name(s)

Communication for Development Foundation Uganda	mothers2mothers (m2m)	Uganda Cares
World Education 's Batwana Initiative		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9301**		
Mechanism Name:	**STAR-EC**		
Prime Partner Name:	**John Snow Research and Training Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	544,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,978,455	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	136,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	448,676	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	147,030	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	650,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	238,888	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	316,666	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	851,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	153,333	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	280,463	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9303	**Mechanism Name:**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: DOD - UPDF	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,769,587	
Funding Source	**Funding Amount**
GHCS (State)	1,769,587

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9303		
Mechanism Name:			
Prime Partner Name:	DOD - UPDF		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	40,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	243,875	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	130,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	115,200	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDTX	76,125	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	100,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	400,400	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	50,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	215,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	100,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	98,987	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9325	**Mechanism Name: The Capacity Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,681,977	
Funding Source	**Funding Amount**
GHCS (State)	1,681,977

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9325		
Mechanism Name:	The Capacity Project		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	1,681,977	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9335	**Mechanism Name: HOSPICE**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: HOSPICE AFRICA, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,386,000	
Funding Source	**Funding Amount**
GHCS (State)	1,386,000

Sub Partner Name(s)

Palliative Care Association in Uganda		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Human Resources for Health	500,000
Water	40,000

Key Issues

Impact/End-of-Program Evaluation

Malaria (PMI)

TB

Budget Code Information

Mechanism ID:	**9335**		
Mechanism Name:	**HOSPICE**		
Prime Partner Name:	**HOSPICE AFRICA, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,386,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9338	**Mechanism Name: Community-based Care and Support/TASO Follow on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The AIDS Support Organization	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,261,000	
Funding Source	**Funding Amount**
GHCS (State)	3,261,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	80,000
Education	50,000
Gender: Reducing Violence and Coercion	30,000
Water	40,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Mobile Population

Family Planning

Budget Code Information

Mechanism ID:	**9338**

Mechanism Name:	Community-based Care and Support/TASO Follow on		
Prime Partner Name:	The AIDS Support Organization		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,571,200	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	375,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	582,800	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	197,319	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	434,681	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9347	**Mechanism Name: SPEAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,503,302	
Funding Source	**Funding Amount**
GHCS (State)	1,503,302

Sub Partner Name(s)

Research Triangle International		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Gender: Reducing Violence and Coercion	50,000
Water	30,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	9347		
Mechanism Name:	SPEAR		
Prime Partner Name:	World Vision		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	353,302	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9483	**Mechanism Name: Expansion of Routine HCT and Provision of Basic Care in Clinics, Hospitals & HC IV**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Infectious Disease Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,300,443	
Funding Source	**Funding Amount**
GHCS (State)	2,300,443

Sub Partner Name(s)

Buliisa District	Hoima District	HOSPICE AFRICA, Uganda
Kibaale District	Kiboga District	Masindi District
Strengthening HIV Counselor Training in Uganda	The AIDS Support Organization	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	30,000

Key Issues

Malaria (PMI)

Budget Code Information

Mechanism ID:	**9483**		
Mechanism Name:	**Expansion of Routine HCT and Provision of Basic Care in Clinics, Hospitals & HC IV**		
Prime Partner Name:	**Infectious Disease Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	190,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	331,196	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	380,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	60,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	222,066	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	100,000	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	337,065	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	251,433	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	128,683	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9541	**Mechanism Name: Strengthening the Tuberculosis and HIV/AIDS Response in the South Western Region of Uganda (STAR-SW)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,058,875	
Funding Source	**Funding Amount**
GHCS (State)	6,058,875

Sub Partner Name(s)

John Snow, Inc.	Makerere University Joint AIDS Program	Mayanja Memorial Hospital Foundation
Uganda Health Marketing Group		

Overview Narrative

1. Overall goals and objectives

STAR-SW will support the Uganda National AIDS Control Program to increase utilization of, access to, and coverage of quality comprehensive HIV/AIDS and TB services. This district-based project aims to: improve uptake and strengthen decentralized HIV and TB service delivery systems; improve quality and efficiency of HIV and TB services; strengthen networks and referrals systems to improve access to, coverage and utilization of HIV and TB services; and intensify demand generation activities for HIV and TB prevention, care and treatment services.

2. Target populations and geographic coverage

STAR-SW will target an estimated population of 3.5 million people of the following 13 south western districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale.

20 ART sites, 179 PMTCT and TB treatment sites plus 130 sites with TB diagnostic services will be supported.

3. Enhancing cost effectiveness and sustainability

The STAR-SW team will play a technical supportive role while service implementation will remain the responsibility of the District Health Offices and health facilities. From the outset of program implementation, STAR-SW will seek program efficiencies and document results. Evidence-based innovative and cost efficient approaches will be applied during project implementation.

4. Health Systems Strengthening

STAR-SW will implement health systems strengthening activities in close collaboration with USG programs, SDS, HCI and SURE. Activities will focus on supply chain management, strengthening the

technical and management capacity of the District Health Teams, support national scale-up plans and revision of policies, in-service training of health facility staff as well as support to health management information systems.

5. Cross-Cutting Budget Attributions

a. Human Resources for Health

Training in various aspects of service provision will be supported by STAR- SW and will target both health workers as well as community resource persons including VHTs.

b. Construction/Renovation

REDACTED

c1. Food and Nutrition: Policy, Tools, and Service Delivery

Training and job aides will be provided to support the routine nutritional assessment of HIV-positive pregnant and lactating women with special attention paid to health care worker skill development in carrying out nutritional assessment using weight, height and mid-upper arm circumference (MUAC) measurements.

c2. Food and Nutrition: Commodities

Nutrition education and therapeutic feeding including micronutrient supplementation will be provided to eligible HIV-positive pregnant women and post natal mothers.

d. Economic Strengthening

n/a

e. Education

Health education campaigns for behavior change will be conducted in collaboration with schools and institutions of higher learning.

f. Water

Through collaboration with PACE, PLHIV will be provided with safe water supplies.

g. Gender: Reducing Violence and Coercion

Support and screening for gender-based violence will be integrated into facility and community based HIV /AIDS services.

6. Key issues:

a. Health-Related Wraparounds

• Child survival activities will be addressed through integrating HIV treatment and care into child health services for example early infant diagnosis, growth monitoring for HIV-exposed and infected infants as well as in-service training of health workers in IMCI if needed.
• Family planning will be addressed through capacity building for RH-HIV integration and through PMTCT services.
• Malaria (PMI) will be addressed through the distribution of long lasting insecticide treated bed nets for pregnant mothers and children and provision of Intermittent Presumptive Treatment of malaria for pregnant mothers.

b. Gender
The STAR-SW team will provide equal opportunities for men and women under project implementation so as to mitigate service inequities between men and women in HIV/AIDS programming, and to increase male involvement and support for women and children's health. Couple HCT and reduction of multiple concurrent partners will be promoted through community HIV prevention activities.

c. End-of-Program Evaluation
N/A

d. Mobile Population
Long distance truck drivers, commuter bus drivers and boda boda cyclists will be targeted for HIV prevention services.

f. Military Population
Military and other uniformed services will be targeted for HIV prevention services.

g. Workplace Programs
Both formal and informal workers will be targeted for HIV prevention services including post exposure prophylaxis for health workers.

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
(No data provided.)

Budget Code Information

Mechanism ID:	**9541**		
Mechanism Name:	**Strengthening the Tuberculosis and HIV/AIDS Response in the South Western Region of Uganda (STAR-SW)**		
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	544,000	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. 20 ART sites will be supported with a comprehensive HIV/AIDS care package, quality improvement, community engagement through strengthened referral networks, and demand generation. STAR-SW will fully take over support for 11 HIV care and treatment clinics that were previously supported by the TREAT project, 6 sites formerly supported by Baylor-Uganda and 3 sites formerly supported by the former EGPAF CTA project. Emphasis will be placed on the establishment of HIV care clinics at the HC IV level facilities and PMTCT implementing sites. This will facilitate the follow up of patients and retention of patients in ART programs.

2. Description of service delivery or other activity carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services and to minimize the loss to follow-up of pre-ART clients. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed. Planned activities will encompass preventive care services, palliative services and prevention with positives. Priority will be given to the following: development and implementation of establishment of specialized psychosocial support packages to address both the non-clinical and clinical needs of patients and family members; rolling-out of home-based care; establishment collaborative linkages with Hospice and PACE for the provision of complementary technical and commodity support for HBC services; strengthen role of PLHIV networks/groups to generate demand for, and uptake of services by household members.

3. Integration with other health activities.
The main focus for integration will be support for timely enrollments of ART eligible HIV positive women and children from the MCH and Post natal care clinics onto HIV care programs. STAR-SW will aim to improve coordination, referral and linkages of patients with other facility service points like TB clinics, wards and other facility service points.

4. Relation to the national program
Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of HIV care and treatment. Support to the MOH technical working groups will be provided during the first project year when major revisions to the national guidelines for PMTCT and ART are anticipated. The STAR-SW partners will participate in national technical committees for adult and pediatric care and treatment as well as in EGPAF global special initiatives.

5. Health Systems Strengthening and Human Resources for Health
STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and promote sustainability of project interventions: over 180 health workers will be trained during the first year of implementation. The training strategy will primarily target health workers providing key services supported by STAR-SW, program management staff and community resource persons. Training activities will reflect new approaches for ART in line with the recent revision to international and national guidelines for service delivery. 180 peer educators/expert clients and VHTs will be trained to support community mobilization, sensitization and home visits. Continuing Professional Development (CPD) approach will be used to offer training courses as modules at the health facility. Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level by utilizing established MoH registers to ensure efficiency of district-level data collection and reporting, including the flow of information up to national-level HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,835,590	

Narrative:

1. Target populations and coverage of target population or geographic area.
STAR SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. 20 ART sites will be supported, with comprehensive HIV/AIDS and TB services, systems strengthening, quality

improvement, community engagement through strengthened referral networks, and demand generation. STAR-SW will fully take over support for 11 HIV care and treatment clinics that were previously supported by the TREAT project, 6 sites formerly supported by Baylor-Uganda and 3 sites formerly supported by the former EGPAF CTA project. Subject to the ability of the national programme to expand, STAR-SW plans to scale up ART services to more 5 sites during the year.

2. Description of service delivery or other activity carried out.
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. STAR SW will address quality in terms of both 1) the process for quality improvement through the development of a quality management program, and 2) ART services targeted interventions. Capacity will be developed and district health teams supported to integrate HIV care and treatment into the routine district health service delivery. The establishment and maintenance of CD4 count assessment opportunities for all the districts through the existing laboratory infrastructure will be supported and basic capacity for hematology, clinical chemistry and CD4 count measurement in each of the supported districts maintained. Sample transportation system for CD4, DNA PCR, and clinical chemistry and viral load assessments in support of ART and PMTCT services in the STAR-SW area will be reviewed and strengthened. A quality management plan for adult treatment services will be introduced in all implementing sites.
3. Integration with other health activities
Support for the integration of ART services provision in the MCH and Post natal care clinics will be provided, including support for timely enrollments of ART eligible HIV positive women onto ART. Integration process will also be geared to improving coordination and referral of patients from the other facility service points like TB clinics, wards and health facility service points.

4. Relation to the national program
Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of HIV care and treatment. Support to the MOH technical working groups will be provided during the first project year when major revisions to the national guidelines for PMTCT and ART are anticipated. The STAR-SW partners will participate in national technical committees for adult and pediatric care and treatment as well as in EGPAF global special initiatives.

5. Health Systems Strengthening and Human Resources for Health

STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and

promote sustainability of project interventions: over 180 health workers will be trained during the first year of implementation. The training strategy will primarily target health workers providing key services supported by STAR-SW, program management staff and community resource persons. Training activities will reflect new approaches for ART in line with the recent revision to international and national guidelines for service delivery. 180 peer educators/expert clients and VHTs will be trained to support community mobilization, sensitization and home visits. Continuing Professional Development (CPD) approach will be used to offer training courses as modules at the health facility. Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level by utilizing established MoH registers to ensure efficiency of district-level data collection and reporting, including the flow of information up to national-level HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will provide services targeting the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. 179 HCT sites will be supported, with a particular focus on increasing the number of individuals (children and adults) who know their HIV status and are linked to care and treatment. A total of 180,000 clients will be counseled, tested and given test results at the supported sites.

2. Description of service delivery or other activities carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed.
Planned activities will cover the following program service areas:
• The project will provide technical support and on site mentorship for HCT at the implementing health facilities.
• Establish HCT outreaches with a focus on most at risk populations (MARP) and referral of HIV-positive individuals for appropriate care. The most at risk populations to be targeted will include the fishing communities, armed forces and the communities in the refugee camps.
• Support will be provided to promote couple counseling through couple conferences, working with faith based organizations/ Inter Religious Council of Uganda (IRCU), VHT and other CSOs to mobilize, identify

and test couples and couple counseling advocacy activities.

3. Integration with other health activities
• The project will support TB/HIV collaborative activities through capacity building of health workers to screen for TB during the provision of HCT.
• The integration of HCT services into other health services like Out-Patient, In-patient, special clinics like MCH, dental clinics, nutrition departments will be strengthened in all the HCT implementing facilities. HCT services will be extended to family members caring for the HIV tested patient at the health facility.
• HCT will be integrated in community HIV/AIDS activities like home visits, home-based care, community outreaches and community dialogues for targeted populations. All the newly diagnosed HIV clients will be referred and linked to care and treatment services.

4. Relation to the national program
The STAR-SW partners will serve on national technical committees for HCT, the CT 17.
Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level by utilizing established MoH registers to ensure efficiency of district-level data collection and reporting, including the flow of information up to national-level HMIS, and data for decision-making.

5. Health Systems Strengthening and Human Resources for Health
STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and promote sustainability of project interventions: 450 health workers will be trained in Provider Initiated Testing and Counseling (PITC), couple counseling skills during the first year of implementation. The training strategy will primarily target health workers providing HCT services at the implementing sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	136,000	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR-SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. 20 ART sites will be supported with comprehensive HIV/AIDS care package, systems strengthening, quality improvement, community engagement through strengthened referral networks, and demand generation. STAR-SW will

fully take over support for 11 HIV care and treatment clinics that were previously supported by the USAID TREAT project under JCRC, 6 by Baylor and 3 by the former EGPAF CTA project. The program intends to reach 950 HIV exposed children with PCR services and 650 children will be started on septrin prophylaxis in line with the national guidelines. All HC IV facilities will be supported to initiate all exposed babies into care clinics in line with the EID strengthening programme.

2. Description of service delivery or other activity carried out

In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. STAR-SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed. Planned activities will cover the following program service areas: strengthen integration of routine care in well-child clinics as a component of the EID process and establish regular visit schedules for HIV-exposed infants; establish referral system for testing and follow up at EID care points, community outreaches and treatment at ART clinic; introduce new MOH EID registers to improve longitudinal tracking for follow up of infants; provide therapeutic feeding including micronutrient supplementation to eligible HIV-exposed and infected children; support retention of children into care through training of health workers, teachers, caretakers and CSOs in the implementation of psychosocial services for children; and develop and roll-out a communication campaign to advocate for community support for the testing of children and enrollment of those identified as HIV-positive into care programme.

3. Integration with other health activities
HIV care and treatment services will be integrated into child health services through the provision of early infant diagnosis and the strengthening of infant and young child feeding counseling and maternal nutrition. Malaria prevention through IPT for pregnant women and distribution of long lasting insecticide treated bed nets will complement PMTCT as part of antenatal and post-natal care.

4. Relation to the national program
Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of pediatric care and treatment. Continued support to the MOH technical working groups will be most critical during the first project year, when it is anticipated that there will be major revisions to the national guidelines for pediatric ART. The STAR-SW partners will continue to serve on national technical committees for pediatric care and treatment and will benefit from inclusion in EGPAF global special initiatives and capacity building

activities. Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level by utilizing established MoH registers to ensure efficiency of district-level data collection and reporting, including the flow of information up to the national-level HMIS.

5. Health Systems Strengthening and Human Resources for Health
STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and promote sustainability of project interventions: over 180 health workers will be trained during the first year of implementation on comprehensive HIV/AID care with a particular emphasis on pediatric care. The training strategy will primarily target health workers providing key services supported by STAR-SW, program management staff and community resource persons. Training activities will reflect new approaches for Pediatric care and treatment in line with the recent revision to international and national guidelines for service delivery. 180 peer educators/expert clients and VHTs will also be trained to support community mobilization, sensitization with a plan to promote pediatric care and treatment. Continuing Professional Development (CPD) approach will be used to offer training courses as modules at the health facility. In order to support the ongoing care and roll out of children, on job mentorships will be used to train more health workers on job in comprehensive pediatric care. Special emphasis will also be put in the strengthening of data management for pediatric care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	611,396	

Narrative:

1. Target populations and coverage of target population or geographic area

STAR-SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. 179 PMTCT and 20 ART sites will be supported with comprehensive HIV/AIDS and TB services, systems strengthening, quality improvement, community engagement through strengthened referral networks, and demand generation. STAR-SW will fully take over support for 11 HIV care and treatment clinics that were previously supported by the USAID TREAT project under JCRC, 6 by Baylor and 3 by the former EGPAF CTA project. In total, STAR-SW will continue to support the treatment of 745 children from TREAT and 107 children transitioned from Baylor-supported sites. STAR-SW also plans to enroll an additional 320 pediatric patients on ART at all the implementing sites, subject to availability of funds.

2. Description of service delivery or other activity carried out

In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. Strengthening quality improvement interventions at health district and health facility levels will increase program coverage. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed. Planned activities will cover, but not limited to, the following areas:

• Support MOH in the dissemination and roll out of new WHO recommendations for pediatric ART including the development of SOPs and other job aides.

• Support the scale up of pediatric ART services in the STAR-SW districts to all ART sites and as per the MOH National Pediatric ART Scale up Plan.

• Support the training of health workers on PMTCT – EID Strengthening programme and support the MOH roll out plan for "strengthening EID" and early initiation of care and treatment.

• Strengthen integration of routine care in well child clinics as a component of the EID process and establish regular visit schedule for HIV-exposed infants according to the national Visit schedules.

• Introduce a quality management plan for pediatric care and treatment at all implementing sites

3. Integration with other health activities

The integration of pediatric care services into main stream HIV care at the facilities will largely focus on integration of pediatric care specific trainings into the comprehensive HIV related trainings. Efforts will also be focused on strengthening of supply chain for pediatric ARVs and EID supplies. Community activities will also aim to increase awareness of pediatric service availability at the sites in order to generate demand for and increase uptake of services.

4. Relation to the national program

Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of pediatric care and treatment. Continued support to the MOH technical working groups will be most critical during the first project year, when it is anticipated that there will be major revisions to the national guidelines for pediatric ART. The STAR-SW partners will continue to serve on national technical committees for pediatric care and treatment and will benefit from inclusion in EGPAF global special initiatives and capacity building activities. Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level by utilizing established MoH registers to ensure efficiency of district-level data collection and reporting, including the flow of information up to the national-level HMIS.

5. Health Systems Strengthening and Human Resources for Health

STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and promote sustainability of project interventions: over 180 health workers will be trained during the first year of implementation on comprehensive HIV/AID care with a particular emphasis on pediatric care. The training strategy will primarily target health workers providing key services supported by STAR-SW, program management staff and community resource persons. Training activities will reflect new approaches for Pediatric care and treatment in line with the recent revision to international and national guidelines for service delivery. 180 peer educators/expert clients and VHTs will also be trained to support community mobilization, sensitization with a plan to promote pediatric care and treatment. Continuing Professional Development (CPD) approach will be used to offer training courses as modules at the health facility. In order to support the ongoing care and roll out of children, on job mentorships will be used to train more health workers on job in comprehensive pediatric care. Special emphasis will also be put in the strengthening of data management for pediatric care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Strategic information support will be provided to all the 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda and Kabale.
The following district health office staff will be targeted:
• Biostatistician and HMIS officer in each district health office
• HMIS officers/Records assistants/midwives/nurses at Health sub-districts and health facilities
At facility level contact persons in charge of data entry in ART clinics, HIV/TB care clinics, in-patient and out-patient departments, HCT, PMTCT and Laboratory technician/assistants will be targeted.
A total of 13 hospitals, 31 HCIVs and 139 HCIII will be target for year 1.

2. Description of service delivery or other activity carried out
In order to address the gaps in information management, STAR-SW will support training of HMIS officers, provision of data management equipment and provide technical support. STAR-SW will also support training and dissemination of new MoH reporting tools as well as provide and maintain internet connectivity services for all district health offices.

3. Integration with other health activities
STAR-SW will focus on improving the health management information system that captures data for the different health services. Emphasis will be directed to strengthening district and health sub-district teams

to manage and utilize data for different programmes design and project planning.

4. Relation to the national program
STAR-SW will support MoH SI technical working groups during the first project year, when it is anticipated that there will be major revisions to the national guidelines for managing HIV patients.

5. Health Systems Strengthening and Human Resources for Health
STAR-SW partners will focus on building capacity of health workers in strategic information management through streamlining the data collection coordination structures at the districts and health sub-districts and training of the HMIS officers in strategic information management with initial emphasis on district and health sub-district HMIS .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	147,030	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will provide services targeting the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale.
The total number of service sites to be supported are: 147 PMTCT sites, 20 ART sites and 130 functional laboratory sites for TB diagnosis.

2. Description of service delivery or other activity carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed.
STAR-SW health system strengthening approach will be consistent with the objectives, strategies and planning cycles of existing government health sector policies and frameworks. Star-SW efforts will complement current or planned efforts to strengthen the health system by government, civil society and health sector partners like STAR-E, SDS and SURE. Barriers to service delivery will be identified in the baseline survey and LQAS and strategies to address these bottlenecks will be developed and implemented through a continuous quality improvement model. Capacity will be developed in the different service areas like supply chain management and data management including data utilization for program improvement.

Health Work force

STAR-SW will undertake capacity development of health workers in the different the following areas

o Data Quality Management/HMIS targeting 120 medical officers, clinical, nurses/midwives, Biostatisticians/HMIS officers and records assistants in all districts.

o Logistics management training for 180 health facility staff. Participants will include laboratory technicians/assistants, nurses/midwives/clinical officers/medical officers.

o Continuing Professional Development for 750 target medical officers, clinical officers, nurses/midwives, laboratory assistants/technicians.

o Quality improvement model training targeting 70 medical officers, laboratory assistants/technicians, nurses/midwives and clinical officers.

The capacity development activities will initially be carried out for all ART/PMTCT/laboratory services implementing sites; 20/147/130 sites respectively; and those destined for scale-up in all the 13 districts of focus.

• A mentorship program will be established to support implementation in the different service areas using the trainers' base that will have been developed in each district.

• Re-establish Continuing Professional Development (CDP) as a key approach for providing technical updates to health workers.

Health information system

• In collaboration with STAR E LQAS, STAR-SW will support the 13 districts in the implementation and institutionalization Lot Quality Assurance Sampling (LQAS) as a means of collecting information for monitoring and evaluation purposes. The LQAS for the community, health facility assessment and service delivery performance will be conducted in each district twice in a year. There will be district capacity building by conducting training and providing supportive supervision to the district staff during sampling, data collection and data compilation.

• Technical assistance for strategic information will focus on supporting and strengthening decentralized M&E systems at the district level, utilizing established MoH registers to ensure efficiency of district-level data collection and reporting including the flow of information up to national-level HMIS.

Procurement and supply chain management system:

• Health workers capacity to perform logistics functions at their respective health units will be strengthened the through mentoring on supplies records management, supplies quantification and ordering during the support supervision visits.

• Districts will be supported in the formation of district logistics coordination teams with clearly defined roles and responsibilities. Suggested composition will include the ACAO- Health, Assistant DHO, District Laboratory Focal person, HIV/AIDS/PMTCT focal person, District Assistant Drug Inspector, Stores Officer and Biostatistician/HMIS focal person.

• Training of logistics coordination team members at both district level and sub-district that will form the

logistics mentorship team to provide support supervision health workers in the lower level health units.

Service delivery:
• Dissemination of existing and new policy guidelines and educational material on Maternal and child health, HIV/AIDS prevention, treatment, care and support and TB/HIV integrated care.
• Improve referral systems through: sensitizing stakeholders on referral guidelines; improving communication capacity of health facilities by introducing the internet and covering internet expenses at health sub-districts and support the VHT support system in the districts.

3. Integration with other health activities
The intervention for the health system strengthening will cut across the whole sector focusing on the different components of the health system. The interventions are linked to the national health sector strategic plan, national health policy, district development plan and plans for particular health system components to address constraints within the system.

4. Relation to the national program
STAR-SW will work with the MOH pharmacy division, National Medical Stores and SURE to continue strengthening the supply chain management system for antiretroviral drugs, HIV test kits and essential medicines.

5. Health Systems Strengthening and Human Resources for Health
As stated above for different components

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	238,888	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. Specific focus will be on married and co-habiting couples, young people, mobile populations of long distance truck

drivers, bus drivers and boda boda cyclists, HIV negative pregnant women, military populations, plantation/tea estate workers, fishing communities, and the general public at large. Activities will focus on behavior change communication and community engagement through CSOs, VHTs and peer groups of PLHIV and demand generation.

2. Description of service delivery or other activity carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. Strengthening quality improvement interventions at health district and health facility levels will increase program coverage. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed.
Planned activities will cover the following services: orient and train health workers to strengthen AB counseling in HCT activities; develop and execute a targeted communication campaign for most at risk populations; promoting the use of information and communication technologies (ICT) such as community chat rooms and text messaging to enhance community dialogue and participation in AB services; establish collaborative partnerships with CSOs, village health teams (VHTs) and special interest groups (e.g. PLHIV and cultural institutions) as key implementers of AB services in the community. Prevention with positives will also be a focus area.

3. Integration with other health activities
AB services will be integrated in Health education and counseling offered in the different departments like ANC, PNC, TB, OPD, In-Patient and ART clinics. It will also be integrated in all community HIV/AIDS and TB services supported by STAR-SW. Capacity building for integration of AB services in other health services will include training of health workers, VHTs, community volunteers and CSOs. The project will also support the development of SOPs and job aides.

4. Relation to the national program
Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of HIV prevention. Support will be provided to the MOH technical working group on HCT (CT 17) and the Health promotion and Education department of MOH.

5. Health Systems Strengthening and Human Resources for Health
In-service training will be provided as well as other capacity building activities. 450 health workers and community volunteers will be trained in the provider initiated HIV counseling and testing and HIV

prevention strategies during the first year of implementation. The training strategy will primarily target health workers providing key services supported by STAR-SW, program management staff and community resource persons. Decentralized M&E systems at the district level will be supported to collect strategic information using established MoH registers in order to more efficiently track trends in the HIV epidemic. Training support in collaboration with the SURE project will strengthen logistics management at the district.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will target the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. Specific focus will be on married and co-habiting couples, young people, mobile populations of long distance truck drivers, bus drivers and boda boda cyclists, HIV negative pregnant women, military populations, plantation/tea estate workers, fishing communities, and the general public at large. Activities will focus on behavior change communication and community engagement through CSOs, VHTs and peer groups of PLHIV and demand generation.

2. Description of service delivery or other activity carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. Strengthening quality improvement interventions at health district and health facility levels will increase program coverage. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed.
Planned activities will cover the following program service areas: collaborate with MOH to develop messages aimed at reducing the number of casual sex and multiple partners; coordinate with USG partners, HCP and UHMG to disseminate standardized prevention messages; support activities aimed at discrimination reduction, gender based violence and combat stigma through working with the district leadership (probation officers, those in charge of human rights) to enable male involvement and increase women participation in seeking services; address cultural norms and beliefs i.e. promote male circumcision, address issues concerning the marriage age, gender and education; and create and strengthen links between prevention, sexual and reproductive health. STAR-SW also plans to collect

baseline data on prevention as well as undertake operational research that would inform STAR-SW long-term prevention strategy.

3. Integration with other health activities
The integration of other sexual prevention services into HIV will focus on developing a Comprehensive Behavior Change Based Strategy, of sensitizing and involving not only health personnel, traditional healers and traditional birth attendants, but also high-level political commitment and a diverse spectrum of Community Based Participation (PLHIV groups, CBOs, FBOs, local and religious leaders). The integration of OP in all heath services at the health facility and community levels will be supported. This will help facilitate individual behavior change as well as changes in community norms.

4. Relation to the national program
Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of HIV prevention, care and treatment. Continued support to the MOH technical working groups will be most critical during the first project year. The STAR-SW partners will continue to serve on national technical committees for Health Promotion and Education department of the MOH.

5. Health Systems Strengthening and Human Resources for Health
In-service training provided as well as other capacity building activities. STAR-SW partners will implement the following activities related to training in order to build health care provider capacity, improve program quality and uptake, strengthen community facility linkages and promote sustainability of project interventions: 120 community volunteers /VHT and 180 peer educators will be trained during the first year of implementation. Build capacity of service providers, e.g. HWs, DHTs, VHTs, CBOs, since they will be the supervisors of activities implemented. STAR-SW will build the capacity of service providers in areas such as male circumcision, female condom use and demonstration, effective communication for single partner interventions, abstinence and sex education, Routine Counseling and Testing for pregnant women and effective referral mechanisms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,112,154	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will provide services targeting the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. Approximately 162,000 women will be targeted for PMTCT services in 179 PMTCT sites, with a

particular focus on the integration of new program activities for PMTCT, EID and community engagement through strengthened referral network from the community to the sites. 1960 HIV positive pregnant women will be targeted to receive ART (20% of total HIV positive) while the rest (7,840) will receive other more efficacious combination regimens. Particular emphasis will be placed on scale up of services to lower level health facilities in accordance with the national PMTCT scale up plan with particular emphasis to the MOH PMTCT – EID strengthening processes. Major effort will be placed on the support toward adoption of the national revised PMTCT guidelines by all the PMTCT implementing sites.

2. Description of service delivery or other activity carried out

In order to address the gaps in service coverage, and meet the required changes in the national PMTCT guidelines, a multidisciplinary approach of training, infrastructure development, and technical support will be employed. Efforts to increase service uptake will be closely linked to improving the quality of services and community targeted activities geared at improving mothers' health seeking behavior. Strengthening quality improvement interventions at and district levels will increase program coverage. STAR SW will support districts to develop a PMTCT quality management program and assist sites to adopt and use the MOH developed PMTCT Quality improvement indicators. Support will be through specific and targeted quality improvement trainings and set up of quality improvement support teams at the district and health sub-district levels. STAR-SW will support the national "Scale up Plan for PMTCT and Care of HIV-Exposed Infants 2010-2015", which aims at "Virtual Elimination" of MTCT.

3. Integration with other health activities

STAR-SW will ensure integration of reproductive health services into HIV services. Focus will be placed on technical support for family planning, and strengthening of supply chain for infection control materials, including "Mama Kits" and assorted delivery equipment to boost utilization of health facility-based labor and delivery services. HIV will also be integrated into child health services through the provision of early infant diagnosis and the strengthening of infant and young child feeding counseling and maternal nutrition. Malaria prevention through IPT for pregnant women and distribution of long lasting insecticide treated bed nets will complement PMTCT as part of goal oriented antenatal care. Special attention will be paid to development of skills for routine nutritional education and for carrying out nutritional assessment using weight, height and mid-upper arm circumference (MUAC) measurements. In collaboration with the NuLife project therapeutic feeding including micronutrient supplementation will be provided to eligible HIV-positive pregnant women and post natal mothers.

4. Relation to the national program

Technical support will be provided to the Uganda MOH AIDS Control program with an emphasis on advocating for the introduction of identified best practices in the field of PMTCT. Continued support to the MOH technical working groups will be most critical during the first project year, when it is anticipated that

there will be major revisions to the national guidelines for PMTCT. The STAR-SW partners will continue to serve on national technical committees for PMTCT and will benefit from inclusion in EGPAF global special initiatives and capacity building activities.
STAR SW will support MOH efforts to introduce revised job aides for PMTCT and a longitudinal client register to improve client tracking and follow up in line with the revised implementation guidelines for PMTCT.

5. Health Systems Strengthening and Human Resources for Health
In-service training will be provided: 180 health workers will be trained during the first year of implementation. Training activities will reflect new approaches for PMTCT as seen in the recent revision to international and national guidelines for service delivery. Special emphasis will be placed on linking/integrating services of the preventive and treatment. 180 peer educators/expert clients and VHTs will also be trained to support community mobilization, sensitization and home visits. Continuing Professional Development (CPD) approach will be used to offer training courses as modules at the health facility.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	153,354	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR-SW project will support the provision laboratory services in the 13 Districts of Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale.
REDACTED

2. Description of service delivery or other activity carried out
STAR-SW will contribute to the development of an effective laboratory infrastructure to ensure that patients' conditions are accurately diagnosed, staged, and monitored. This will be effected through the strategic approaches, including the following: adequately training the laboratory personnel at participating sites, provision of laboratory equipment and ensuring the optimal functioning of laboratory equipment; establishing a plan for service and preventive maintenance of laboratory equipment through the use of in-country service contracts where available; and strengthening the supply systems to ensure availability of laboratory commodities at all health units with laboratory facilities.

3. Integration with other health activities
STAR SW will support the integration of EID services in Child days Plus and immunization outreaches.

Support will also be geared to integration of HCT in community outreaches, maternity services and home based care, TB wards and clinic. Linkage of identified patients to care services will also be strengthened.

4. Relation to the national program
STAR SW will work in close collaboration with the national TB leprosy control programme and the MOH ACP logistics team in streamlining laboratory services in the region. STAR SW will focus on provision of regional performance updates to the MOH in areas of laboratory logistics, quality assurance and identified service provision gaps/lessons learnt.

5. Health Systems Strengthening and Human Resources for Health
STAR SW will support the building of health worker's capacity in HCT, EID and TB screening to other cadres of staff like midwives. Support will also be offered to institutionalize quality improvement within the routine laboratory service provision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	280,463	

Narrative:

1. Target populations and coverage of target population or geographic area
STAR SW will provide services targeting the population of the following 13 districts: Ntungamo, Kiruhura, Kisoro, Rukungiri, Bushenyi, Sheema, Mitooma, Buhweju, Rubirizi, Kanungu, Isingiro, Ibanda, and Kabale. The program will implement a comprehensive approach to TB and HIV/AIDS services targeting a population of 3,450,500 people and estimates to support about 2,400 TB cases and screen them for HIV. Sites implementing TB diagnostic services are 130 while 179 sites are offering TB treatment services.
2. Description of service delivery or other activity carried out
In order to address the gaps in service coverage, activities will be implemented through a multidisciplinary program of training, infrastructure development, and technical support. Efforts to increase uptake will be closely linked to improving the quality of services. Strengthening quality improvement interventions at health district and health facility levels will increase program coverage. STAR SW will address quality in terms of both 1) the process for quality improvement through the development a quality management program, and 2) targeted interventions tailored for the technical area being addressed.

Planned activities will cover the following program service areas:

TB

• The zonal TB office will be supported to strengthen TB and TB/HIV technical working groups at the zonal level and in each of the STAR-SW districts.
a) Support will be offered for quarterly zonal TB and TB/HIV meetings to review activities of the last quarter and plan for the following quarter.
b) The ZTLS will be supported to conduct support supervision to the district, HSD, H/CIII and community levels to make sure that treatment is given according to the national treatment guidelines and support the health workers on recoding of TB activities.
• Scale up of CB - DOTS in the selected communities through integration of activities into the VHT structure and the home based care teams.
a) Support the sub county health workers to distribute drugs to the treatment supporters (VHT and family members) and supervise the activities done by the treatment supporters.
b) Support the HSD TB focal person to conduct support supervision of TB activities to sub county health workers at the H/CIII level and treatment supporters at the community level
• Intensify case finding through screening patients in congregate populations such as medical wards, antenatal care (ANC) clinics, outpatient departments (OPD), and HIV clinics to increase case detection and improve infection control for TB.
• Peers will be facilitated to support TB contact tracing.
• The health units will be supported to establish infection control committees who will develop and support the implementation of the infection control plans.

TB/HIV collaborative activities
• Support the TB/HIV coordination teams at district level and work with the SDS project to facilitate TB and Leprosy program structures at the sub-county, district and zonal levels (support supervision, drugs and supplies, planning).
• Introduce TB screening for HIV-positive mothers identified through PMTCT and support the provision of INH prophylaxis to TB-exposed infants and young children as per the revised WHO and national guidelines. This will target hospitals and HC IVs with the capacity to exclude active TB disease.
• Conduct monitoring and evaluation of TB, TB/HIV activities and the referral network within and between facilities and the community. This will be through use of existing MOH monitoring tools and the project will work with the MOH to develop quality improvement indicators to monitor the referral network.
• In collaboration with MOH, SUSTAIN project and MJAP follow on, a multi-drug resistant (MDR) TB management centre at Mbarara University Teaching Hospital will be established.

3. Integration with other health activities
TB services will be integrated in the Out Patient, MCH, ART clinics and In-patient departments of health facilities through capacity building, provision of job aides and SOPs to equip the health workers with knowledge and skills to screen and refer TB suspects for appropriate care.

Health facilities will be supported to provide nutritional assessment to all TB patients and refer them for appropriate care and support. 4. Relation to the national program Technical support will be provided to the National TB and Leprosy Program (NTLP) in TB and TB/HIV collaborative activities such as policy revision, guideline dissemination, SOPs and IEC materials. Participation and support to the NTLP advocacy activities. 5. Health Systems Strengthening and Human Resources for Health • Pre- and in-service training will be provided: Over 180 health workers will be trained on TB and TB/HIV during the first year of implementation. The training strategy will primarily target health workers providing TB and TB/HIV services supported by STAR-SW, program management staff and community resource persons. Orientation trainings for health workers will be conducted for infection control, TB/HIV collaborative activities, CB DOTs and TB case management. • The DTLS and the District Laboratory focal person (DLFP) will be supported to conduct external quality assurance (EQA) at all the TB diagnostic centers. • Support the TB data collection, analysis and reporting whereby all the HSD TB FPs/HMIS officer will be supported to collect TB data from the treatment and diagnostic centers to the HSD level. Data analysis and presentations will be made during the coordination and planning meetings to support evidence based planning and program improvement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9542	**Mechanism Name: Health Communication Partnership (HCP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,738,157	
Funding Source	**Funding Amount**

GHCS (State)	2,738,157

Sub Partner Name(s)

AIDS Information Center	Communication for Development Foundation Uganda	Makerere University School of Public Health
Media for Development International	Regional Center for Quality of Health Care	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**9542** **Health Communication Partnership (HCP)** **Johns Hopkins Bloomberg School of Public Health Center for Communication Programs**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	486,570	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	385,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	516,587	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	800,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	550,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9879	**Mechanism Name: Eastern Region - HIV/AIDS & TB Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,715,796	
Funding Source	**Funding Amount**
GHCS (State)	5,715,796

Sub Partner Name(s)

Inter Religious Council of Uganda	Joint Clinical Research Center	Liverpool Associates in Tropical Health
National Association of Communities of Women Living with HIV/AIDS		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	550,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9879**		
Mechanism Name:	**Eastern Region - HIV/AIDS & TB Program**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	544,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,835,933	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	300,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	136,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	448,483	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	400,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	147,030	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	238,888	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	316,666	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	765,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	153,333	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	280,463	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10280	**Mechanism Name: Provision of Full Access Home-Based Confidential HIV Counseling and Testing and Basic Care Services in High HIV Prevalence Central Region Districts**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Integrated Community Based Initiatives	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,062,231	
Funding Source	**Funding Amount**
GHCS (State)	1,062,231

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	20,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10280**
Mechanism Name:	**Provision of Full Access Home-Based Confidential HIV Counseling and Testing and Basic Care Services in High HIV Prevalence Central Region Districts**
Prime Partner Name:	**Integrated Community Based Initiatives**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	240,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	533,041	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	60,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	150,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	79,190	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10281	**Mechanism Name: Teachnical Assistance for data use/M&E systems strengthening for Implementing Partners**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,263,217	
Funding Source	**Funding Amount**
GHCS (State)	1,263,217

Sub Partner Name(s)

Makerere University School of Public Health	Uganda Ministry of Health	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	530,772
Water	18,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10281**		
Mechanism Name:	**Teachnical Assistance for data use/M&E systems strengthening for Implementing Partners**		
Prime Partner Name:	**University of California at San Francisco**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	120,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	HVSI	752,078	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	391,139	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10326	**Mechanism Name: Strengthening Uganda"s Systems for Treating AIDS Nationally (SUSTAIN)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,290,062	
Funding Source	**Funding Amount**
GHCS (State)	7,290,062

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The goal of Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) is to provide quality HIV/AIDS care and treatment and laboratory services at regional and district hospitals in Uganda and build the capacity of the public and private sector to provide care and treatment.

The program will focus on maintaining coverage levels achieved at supported health care facilities during the TREAT program as well as building the capacity of the Uganda Ministry of Health (MoH) and private sector to build sustainable systems for achieving access. Specific objectives include: Ensuring the provision of HIV/AIDS care and treatment, laboratory, PMTCT, and TB/HIV services within public regional referral hospitals and district hospitals; Enhancing the quality of HIV/AIDS care and treatment, laboratory, PMTCT, and TB/HIV services within public regional referral hospitals and district hospitals; and increasing stewardship by the MoH to provide sustainable quality HIV/AIDS care and treatment, laboratory, PMTCT, and TB/HIV services within the public health system.

During the year, SUSTAIN will support delivery of care and treatment services in 34 health care facilities previously supported by the JCRC TREAT program. The program will initiate the process of institutional capacity building in target facilities in pursuit of the broad objectives of building stewardship by the MoH in the provision of sustainable and quality HIV/AIDS care and treatment services. This will entail strengthening of governance and supportive systems including laboratory infrastructure assisting facilities to build and internalize mechanisms for quantification, storage and dispensing of HIV commodities, that are customized to their unique conditions and resources. The program will also work to improve the quality of care provided at SUSTAIN-supported sitesby training of staff in approaches of service delivery that address the contemporary challenges of HIV/AIDS and are client centered, strengthen facility-community linkages to enhance shared care and treatment, and expand the scope and quality of services to create incentives for service utilization and retention of clients.

SUSTAIN will also closely work with the MoH, managers and leaders of various health care facilities and district health officers to develop and begin implementing plans for improving human resources for efficient service delivery to the high number of patients, as well as strengthen capacity for facility, district health offices and central MOH/ACP staff to assume more responsibility and accountability for HIV/AIDS service delivery in public health facilities.

2. Target populations and geographic coverage

The project will provide support to 34 health public health care facilities: 11 regional referral hospitals, 10 general hospitals and 11 smaller facilities (that include primary health centres and other clinics) that were previously supported by the TREAT program; and 2 regional referral hospitals currently being supported by other partners. All these facilities are spread across all regions of the country. During the year, SUSTAIN will support delivery of clinical services to 103,588 HIV-positive individuals, including 24,315 who are on ART.

3. Enhancing cost effectiveness and sustainability
The following strategies will be employed to increase cost-effectiveness and efficiencies: Focusing on improving quality and measuring results at all levels; Building and managing partnerships through joint planning and implementation; integrating all activities into, and leveraging existing public health structures and systems to avoid duplication, through effective and deliberate coordination.

4. Health Systems Strengthening
The program will closely work with the MOH/ACP and individual facilities to assess, document and analyze the different human resource strengths and gaps; develop and begin implementing plans for addressing the gaps and building on the strengths, as per priorities identified. Areas to be covered include clinical and laboratory services, HMIS, leadership and management, governance and logistics management. SUSTAIN will also identify and implement mechanisms for supporting additional critically required clinical and laboratory staff in the facilities. Both approaches will ensure continued quality HIV service delivery at the supported facilities.

5. Cross-Cutting Budget Attributions
a. Human Resources for Health
The program will support in-service training activities for clinical, and laboratory service staff in supported facilities, aiming at enhancing both technical and quality improvement skills for comprehensive HIV service delivery $(500,000)

b. Construction/Renovation
REDACTED
c1. Food and Nutrition: Policy, Tools, and Service Delivery
SUSTAIN will further strengthen capacity of health care service providers to implement the newly revised infant and young child feeding MOH guidelines ($50,000)

c2. Food and Nutrition: Commodities
The project will engage, collaborate with, and leverage support from Nulife and other partners implementing food and nutrition programs, to ensure clients in SUSTAIN-supported facilities receive appropriate supplementation, including ready-to-use therapeutic foods ($ 0)

d. Water
Use of safe water will be promoted as part of the basic care package through client education and communication, both within facilities and using community approaches $(50,000)

6. Key issues:

a. Health-Related Wraparounds

o Child Survival Activities:

Will include training and mentoring of service providers to effectively provide PITC to HIV exposed infants, enrolling infected children on treatment as per revised guidelines and following infants and children in care and those on treatment. PMTCT services will also be strengthened through supporting implementation of revised guidelines as per the Uganda MOH 2010 strategy for PMTCT.

o Family Planning

Family planning services will further be strengthened by ensuring integration in routine MCH and PMTCT services through the family-centred approach, as per the MOH guidelines and policy.

o Malaria (PMI)

Prevention of malaria in pregnant mothers will be one of the focused-ANC service components in supported facilities. Insecticide treated nets will be obtained from other partners implementing the PMI program, and distributed to all clients receiving services from SUSTAIN-supported facilities, including communities reached through community linkages.

o Safe Motherhood

Safe Motherhood approaches will be promoted as routine components of PMTCT services. Safety measures during pregnancy and peri-natal periods will be promoted through client education and ensuring availability of safe delivery kits and safe delivery environment in health care facilities.

o TB

The program will further strengthen the MOH TB/HIV collaborative activities in the supported regional and general hospitals through further training, coaching and support supervision carried out in collaboration with MOH/ACP and the National TB/Leprosy Program.

b. Gender

(Including: increasing women's legal rights and protection; increasing gender equity in HIV/AIDS activities and services; addressing male norms and behaviors; increasing women's access to income and productive resources)

Through community mobilization and engagement activities, SUSTAIN will work closely with relevant community based organizations and to promote couple counseling, testing and disclosure activities, gender-sensitive HIV prevention innovations that cater for interests of both men and women who are HIV infected or un-infected.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Policy, Tools, and Service	500,000

Delivery	
Human Resources for Health	500,000
Water	50,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**10326** **Strengthening Uganda"s Systems for Treating AIDS Nationally (SUSTAIN)** **University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	690,000	

Narrative:

1. Target populations and coverage of target population or geographic area
SUSTAIN will support provision of adult HIV care clinical services in 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities). The target population for the support includes adults, adolescents and MARPs (men and women) accessing health care services at the facilities and /or from the respective facility catchment areas. 79,273 adults previously under the TREAT program will be supported.

2. Description of service delivery or other activity carried out
Activities will include supporting early identification of HIV-infected persons through provider initiated

testing approaches within facilities, together with effective linkages, and mechanisms for retention in care to maximize benefits of the care program. Reduction in HIV-related morbidity and mortality will be achieved by ensuring provision of cotrimoxazole prophylaxis in accordance with MOH guidelines; identification and treatment of opportunistic infections, including TB; prevention of malaria; education and promotion of good hygiene and health practices like use of safe water and hygiene, food and nutrition. Institutionalization of the assessment and management of pain and other symptoms and provision of appropriate psychological, social, and spiritual support will be promoted as routine practices that contribute to improved quality of life for clients. Prevention with positives (PwP) activities will include short term and ongoing behavioral counseling within facilities and through community approaches to reduce high-risk behaviors, and in-turn reduce the risk of ongoing HIV transmission. HIV-positive individuals will be closely and regularly monitored using clinical and laboratory methods (CD4 counts), and appropriately linked to treatment when they do become eligible as per the MOH national guidelines.

3. Integration with other health activities
SUSTAIN will also support functional linkages with other facility based health care service components within outpatients and inpatients departments to facilitate bi-directional referrals. Linkages between facility-based and community/home-based services will be enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care. Clients will be involved in their own care through innovative approaches, including a chronic care model. Linkages ad activities with Village Health Team (VHT) networks will be purposely established and strengthened.
4. Relation to the national program
SUSTAIN will support adult care services within the framework of the national HIV care and treatment program, adhering to the national guidelines.

5. Health Systems Strengthening and Human Resources for Health
During the year 2011, SUSTAIN will work with the MOH and individual facilities to asses and determine human resource strengthening needs for HIV service delivery generally. The program will then support critically needed positions as well as address staff skills gaps at facilities through training and mentoring, and appropriate continuing medical education activities, following guidance from the MOH. Specific skills strengthening in quality improvement will be achieved through appropriate learning and coaching sessions, building upon and working with the MOH Quality of Care Initiative (QoC).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,009,942	

Narrative:

1. Target populations and coverage of target population or geographic area
SUSTAIN will support provision of adult HIV care clinical services in 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities). The target population for the support includes adults, adolescents and MARPs (men and women) accessing health care services at the facilities and /or from the respective facility catchment areas. 21,634 clients will be maintained on ART.

2. Description of service delivery or other activity carried out
To ensure quality of ART services, facilities will be supported to implement the Uganda national treatment guidelines and protocols to initiate, monitor, follow up and support patients on ART. SUSTAIN will strengthen capacity of facility staff to efficiently manage commodities and eliminated occurrences of stick-outs of ARVs. Clinical staff will be supported to, at all times, rationalize use of laboratory monitoring of patients within the confines of national protocols. Capacity for providing adherence support services, and therefore promoting patient retention on treatment, will be enhanced through training and retraining of staff, as well as supporting positions where needed. Data collection, documentation and reporting will be another focus area where sites will be supported to have capacity for using the newly introduced MOH HMIS tools.

3. Integration with other health activities

Close linkages with other health care delivery points in the hospitals will be promoted to facilitate bi-directional referrals. Prevention with positives activities will be integrated into all care and treatment clinics. All ART and antenatal services provide PMTCT and have referral mechanisms to ensure HIV-infected women and HIV-exposed children have follow-up in the HIV clinic after delivery, preferably in a family context. Linkages with PMTCT and MNCH services will be promoted to ease identification of other family members for testing and access to appropriate interventions. SUSTAIN will also support functional linkages with other facility based health care service components within outpatients and inpatients departments to facilitate bi-directional referrals. Linkages between facility-based and community/home-based services will be enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care. Clients will be involved in their own care through innovative approaches, including a chronic care model. Linkages ad activities with Village Health Team (VHT) networks will be purposely established and strengthened.

4. Relation to the national program
SUSTAIN will support adult ART services within the framework of the national HIV care and treatment program, adhering to the national guidelines.

5. Health Systems Strengthening and Human Resources for Health
During the year 2011, SUSTAIN will work with the MOH and individual facilities to asses and determine human resource strengthening needs for HIV service delivery generally. The program will then support critically needed positions as well as address staff skills gaps at facilities through training, re-training and mentoring, and appropriate continuing medical education activities, following guidance from the MOH. Specific skills strengthening in quality improvement will be achieved through appropriate learning and coaching sessions, building upon and working with the MOH Quality of Care Initiative (QoC).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	436,000	

Narrative:

1. Target populations and coverage of target population or geographic area
SUSTAIN will support provision of paediatric care services in 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities). The target population for the support includes children and infants accessing health care services at the supported facilities and /or from the respective facility catchment areas. All children in care under the previous TREAT program will be supported to remain in care. The RRHs are a critical part of the national scale up strategy for paediatric services, and are some of the high-volume sites.

2. Description of service delivery or other activity carried out
Activities to be carried out are: facility-based approaches for identifying HIV infected children/infants through provider initiated testing and counseling (PITC) at all points of entry, including early infant diagnosis; prevention, diagnosis and treatment of OIs (excluding TB) and other HIV-related complications including malaria and diarrhea (anti-malarial drugs, insecticide treated nets, safe water interventions and related laboratory services); pain and symptom relief; and nutritional assessment and support including food supplementation. All supported facilities will be strengthened to provide child-related psychological and counseling services. Clients will be appropriately linked to social and spiritual services. Other routine child health services include immunization, growth monitoring, de-worming, vitamin A supplementation and nutrition counseling, assessment, education and support as per national guidelines. Clear and functional mechanisms for linking HIV infected children below 2 years of age, and the older eligible children to treatment, will be put in place or strengthened and monitored.

3. Integration with other health activities
Paediatric care services will be provided within the context of general maternal, newborn and child health services, as on component of general child health services. The program will purposely support

strengthening of the early infant diagnosis (EID) referral system to ensure efficiency, specifically reduce turn-around times for test results and loss to follow-up for mother-infant pairs. Linking of those who test positive to treatment will be a top priority. Both these approaches will ensure optimization of the various interventions listed above. SUSTAIN will also support functional linkages with other facility based health care service components within outpatients and inpatients departments to facilitate bi-directional referrals. Linkages between facility-based and community/home-based services will be enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care.

4. Relation to the national program

SUSTAIN will strengthen technical and laboratory capacity for the regional referral hospitals to function as regional knowledge and training hubs for paediatric HIV services. The hospitals will be critical points for the national scale up plan for paediatric HIV services

5. Health Systems Strengthening and Human Resources for Health

The project will support critically needed positions as well as address staff skills gaps at facilities through training and mentoring, and appropriate continuing medical education activities for paediatric HIV services, using the newly developed national training curricula. Specific skills strengthening in quality improvement will be achieved through appropriate learning and coaching sessions, building upon and working with the MOH Quality of Care Initiative (QoC). Service provider skills for taking testing specimens from infants (Dry Blood Samples) will be strengthened through training and coaching.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,207,706	

Narrative:

1. Target populations and coverage of target population or geographic area

SUSTAIN will support provision of paediatric ART services in 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities). The target population for the support includes children and infants accessing ART services at the supported facilities. A total of 2,681 children on ART under the previous TREAT program (from all regions of the country) will be supported to remain on treatment.

2. Description of service delivery or other activity carried out

Activities

Activities will include: strengthening follow-up services for HIV-exposed infants and their mothers; diagnosis of HIV in infants and children using antibody and virologic tests as per the national guidelines; ensuring early initiation of ART for all confirmed HIV-infected infants and children below 2 years of age, and eligible older children, as per the newly revised national guidelines; using MOH and facility specific

tools and promote retention of children and their families in care; monitor response to treatment and identifying treatment failures using clinical and laboratory methods (CD4 counts at regular intervals, and viral load where absolutely necessary); promoting and monitoring adherence to ART using facility based and community based innovations.
SUSTAIN will support strengthening of laboratory capacity to support pediatric ART activities at each of the facilities: emphasis will be put on improving efficiency of DBS testing systems (specimen collection, transport, and delivery procedures and result turn-around times). QA systems for early infant diagnosis (EID) will be ensured. Further laboratory strengthening activities to support paediatric ART will focus on ensuring availability of capacity for HIV antibody testing, hematology and biochemistry tests and tests for common childhood illnesses (malaria, bacterial infections and HIV-associated opportunistic infections.

3. Integration with other health activities
Paediatric ART services will be provided within the context of general maternal, newborn and child health services, as a component of general child health services. The integrated approach will include the folliwng activities: using the modified child health card to identify HIV-exposure status and PMTCT services received; provision of EID services and cotrimoxazole prophylaxis at child health clinics (immunization, well-baby and out-patient) and inpatient wards; institutionalization of PITC, preventive care, and OI treatment into routine MNCH services; collaborative planning and communication among pediatric, PMTCT and MNCH programs to ensure integration of HIV services at all levels of the health care system; screening, diagnosis and treatment of children and families with TB; and coordination with home-based care and OVC programs including identification of HIV infected or exposed children, care and treatment adherence support and follow-up, educational, psychological and nutritional support, economic strengthening, shelter, legal protection, and food security.

Linkages between facility-based and community/home-based services will be enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care.
4. Relation to the national program
SUSTAIN will strengthen technical and laboratory capacity for the regional referral hospitals to function as regional referral, knowledge and training hubs for paediatric ART services. Capacity for regional and general hospitals to support lower level facilities through referrals and counter-referrals, training, support supervision and mentoring, will be enhanced.

5. Health Systems Strengthening and Human Resources for Health
The project will support critically needed positions as well as address staff skills gaps at facilities through training and mentoring, and appropriate continuing medical education activities for paediatric HIV/ART

services, using the newly developed national training curricula. Specific skills strengthening in quality improvement will be achieved through appropriate learning and coaching sessions, building upon and working with the MOH Quality of Care Initiative (QoC). Service provider skills for evaluating children for ART; initialing and monitoring children on ART; and providing psychological care and support to children and their families will be strengthened through training and coaching activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	836,950	

Narrative:

1. Target populations and coverage of target population or geographic area
SUSTAIN will support 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities) to provide PMTCT services. The target population for the support includes pregnant women and their spouses (HIV-infected and un-infected), and HIV-exposed infants in the catchment areas served by each of the hospitals. The project will aim at reaching 100% of clients who seek antenatal and delivery services in these facilities.

2. Description of service delivery or other activity carried out
The SUSTAIN PMTCT program will focus on improving PMTCT uptake through provision of routine testing and counseling for all mothers attending for antenatal, maternity (delivery) and postnatal/child immunization services. All regional referral and general hospitals will be supported to implement the newly (2010) revised MOH strategic approach for PMTCT: option B or A for maternal and infant ARV prophylaxis as may be feasible at different timeframes and health care facility level, within the framework of all the four prongs for PMTCT. Service providers will be supported to develop skills for proving the various prophylaxis options, including evaluating and starting eligible mothers on HAART, as per the national guidelines. Laboratories in public facilities will be strengthened to perform CD4 tests. Referral systems for infant virologic tests and mothers' CD counts where needed, will be strengthened to ensure efficiency and short turn-around times for results.

3. Integration with other health activities
The program will focus on ensuring integration of PMTCT services within routine maternal (antenatal, post-natal and family planning), newborn and child health services by promoting co-localization of these services and functional linkages within facilities and between facilities and community based programs. Linkages to other HIV care and treatment and TB services within the facilities will be promoted and improved at all times. Safe delivery kits and long lasting insecticide treated nets will be distributed to ensure a clean delivery environment, and prevention of malaria in pregnancy, respectively. community mobilization and sensitization aiming at fostering behavior change and creating demand for maternal and

PMTCT services through community dialogue meetings and targeted home visiting will be carried out.
4. Relation to the national program
Delivery of PMTCT services at each facility will be closely planned and carried out with the MOH guidance, with regard to the strategic approach, guidelines implementation, training curricula and training activities, supervision and mentoring as well quality improvement. SUSTAIN will also support facilities to report to the national program using the newly developed reporting tools.

5. Health Systems Strengthening and Human Resources for Health
During the year 2011, SUSTAIN will work with the MOH and individual facilities to asses and determine human resource strengthening needs. The program will then support critically needed positions as well as address staff skills gaps through training and mentoring. Areas of focus will include capacity to implement the new guidelines for PMTCT, including infant and young child feeding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	709,464	

Narrative:

1. Target populations and coverage of target population or geographic area
Laboratory strengthening start-up activities will be carried out in 11 public health care facilities across the country (11 regional referral hospitals).

2. Description of service delivery or other activity carried out
SUSTAIN will conduct a laboratory capacity assessment exercise for 24 public health facilities, focusing at staff technical capacity to efficiently carry out HIV-related tests; equipment available/needed and physical infrastructure. REDACTED. Training in both technical and quality improvement aspects will be give to laboratory staff for all the 24 facilities. Equipment for HIV-related tests will be procured and availed to the 5 RRH laboratories, following an equipment rationalization exercise conducted jointly with MOH/CPHL and the facilities.

3. Integration with other health activities
All laboratory strengthening activities supported by SUSTAIN will be carried out in, and with the purpose of, integrating HIV laboratory services within routine health care laboratory services
4. Relation to the national program
SUSTAIN-supported laboratory service strengthening activities will be planned with the MOH/ACP and CPHL, to ensure alignment with the national laboratory strengthening program, and avoid duplication.

5. Health Systems Strengthening and Human Resources for Health

Appropriate competency needs-based training and support supervision activities will be conducted to build capacity for laboratory staff in technical and quality improvement areas. Critical positions will be supported, following a staff/tasks rationalization exercise with individual facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	400,000	

Narrative:

1. Target populations and coverage of target population or geographic area
SUSTAIN will support provision of collaborative TB/HIV services in 32 public health care facilities across the country (11 regional referral hospitals, 10 general hospitals and 11 smaller facilities). The target population includes adults and children accessing health care services at the supported facilities, and those resident in the respective catchment areas of the facilities

2. Description of service delivery or other activity carried out
Activities will include: pro-active, purposeful identification of HIV infected individuals through provider-initiated HIV testing and counseling (PITC) for all TB patients and ensuring functional linkages/referrals of HIV-infected TB patients to HIV prevention, care and treatment. TB service providers will continue to be trained and supported to perform HIV testing and counseling of TB patients (and TB suspects), including children, using rapid HIV tests in TB clinics. Screening all PLHIV for TB will continue to be prmoted as a routine clinical practice approach in supported facilities, to contribute to intensified TB case-finding. SUSTAIN will support strengthening of on-site laboratory diagnostic services for TB (i.e. smear microscopy, TB culture, chest radiography), and monitoring and documentation of TB screening, TB status, and TB treatment of PLHIV.

3. Integration with other health activities
TB/HIV activities will be made available in all service delivery points at each facility, including services for children and mothers MNCH/PMTCT settings. Other related activities will include implementation of infection control (IC) measures to prevent TB transmission within the clinical care settings, and promotion of close coordination between TB and HIV programs at all levels to ensure continuum of care for HIV-infected TB patients (through supervision, linkages, training, and strategic information).
Linkages between facility-based and community/home-based services will be enhanced through partnerships with other community and facility based providers in respective geographical areas to ensure a continuum of care.
4. Relation to the national program
SUSTAIN will ensure that all approaches and activities supported are in alignment with Uganda MOH's policies and strategic plans for TB and HIV. The RRHs will be further strengthened in terms of clinical

and laboratory capacity to function more efficiently as referral sites for respective geographical regions of the country. 5. Health Systems Strengthening and Human Resources for Health The project will support critically needed positions as well as address clinical and laboratory staff skills gaps at facilities through training and mentoring, and appropriate continuing medical education activities for TB/HIV activities. Specific skills strengthening in quality improvement will be achieved through appropriate learning and coaching sessions, building upon and working with the MOH Quality of Care Initiative (QoC).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11479	**Mechanism Name: State Department**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 401,000	
Funding Source	**Funding Amount**
GHCS (State)	401,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Economic Strengthening	40,000
Food and Nutrition: Commodities	2,000
Water	40,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11479**		
Mechanism Name:	**State Department**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	175,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	226,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12476	**Mechanism Name: Securing Ugandans" Right to Essential Medicines (SURE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,204,865	
Funding Source	**Funding Amount**
GHCS (State)	3,204,865

Sub Partner Name(s)

Euro Health Group	Fuel PHD	Makerere University/IDI

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12476**		
Mechanism Name:	**Securing Ugandans'' Right to Essential Medicines (SURE)**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	3,204,865	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12477	Mechanism Name: Comprehensive Training
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation/Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,174,261	
Funding Source	**Funding Amount**
GHCS (State)	3,174,261

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

Baylor College of Medicine Children's Foundation-Uganda (Baylor-Uganda) is a national not-for-profit child health and development organization providing family centered pediatric HIV/AIDS prevention, care and treatment services, health professional training and clinical research in Uganda. Baylor-Uganda is affiliated with Baylor International Pediatric AIDS Initiative (BIPAI), a global partnership established in 1996 by Baylor College of Medicine in Houston, Texas USA. BIPAI is working to expand access to pediatric HIV/AIDS services and currently operates in 11 countries within Africa, North America and Eastern Europe.

On May 17, 2006, Baylor-Uganda was registered as indigenous not-for- profit Non-Governmental Organization (NGO) and was legalized in Uganda (see Attachment 1). Baylor-Uganda operates from Mulago National Referral Hospital's Baylor College of Medicine Bristol Myers Squibb Children's Clinical Centre of Excellence (Children's Clinical COE) and doubles as the hospital's Pediatric Infectious Diseases Clinic (PIDC). Baylor-Uganda is a national leader in provision of family centered pediatric HIV/AIDS in Uganda and supports 78 health facilities in 36 districts across the country. To date, Baylor-Uganda supports comprehensive family centered HIV care and treatment to over 65,439 HIV infected persons, close to 12,000 of them being children under fifteen years of age. In addition, 4,700 health professionals have been trained in various aspects of HIV including; Pediatric HIV/AIDS management, Pediatric HIV counseling, Prevention of Mother to Child Transmission (PMTCT), Infant feeding in the context of HIV,

Positive Prevention(PP), Early Infant Diagnosis (EID) and Routine HIV Counseling and Testing (HCT) among others.

In September 2010, Baylor Uganda received a new CDC grant in the amount 2.9 million to MOH and partners to strengthening system for training health care providers to respond appropriate to the challenges of the HIV epidemic and other health problems. The goal of the project goal is to strengthen the capacity of the Government of Uganda to plan and implement high quality training programs for health care workers in order the meet the increasing need for health care services due to the HIV/AIDS epidemic and other causes. This project aims to 1) Strengthen national systems for planning, coordination, standardization, certification, accreditation and supervision of both pre- and in-service HIV/AIDS training; 2) Support in-service training institutions for health workers and other relevant institutions and integrate standardized HIV/AIDS content in their training programs, and 3) Support pre-service training institutions for health workers, teachers and other relevant professionals to integrate standardized HIV/AIDS content into the curricula.

2. Target populations and geographic coverage

The project will build on existing efforts and innovations in the MOH to strengthen HRH planning and implementation. The project will work hand in hand with the Capacity Project (another PEPFAR supported project through USAID) to support MOH and partners to implement the HRH plan. Capacity Project has already supported MOH to conduct HR assessments in a number of areas. The new project will as much as possible be implemented through existing structures at the districts and national levels. Institutional capacity building support will be extended to both pre- service and In-service training institutions to increase the quality and quantity of training outputs, especially for key cadres like midwives, laboratory scientists, pharmacists where critical shortages have been reported. In addition to supporting training of health care workers, the project will work closely with the relevant organs in the districts and MOH to develop strategies for recruiting and retaining skilled and motivated personnel in the work force.

3. Enhancing cost effectiveness and sustainability

The project will work closely with the Ministry of Health (MOH), Ministry of Education and Sports (MoES), and other ministries as relevant to support implementation of the national HRH plan and strategies. At the national level, the project will support MOH to strengthen systems for planning and implementation mutually agreed priority areas of the HRH plan. The project will support elected training providers (pre service and in service) working at national and sub national to develop/ update training content and rolling out service providers training. Support with be extended to districts especially those in rural area to

develop mechanisms for attracting and retaining skilled personnel

Health Systems Strengthening

The project was designed to strengthen the Health Sector response to challenges health workforce challenged related to training and retained of skilled personnel the service. All the proposed activities are in line PEPFAR Uganda's HSS strategic objectives for the human resources building block

5. Cross-Cutting Budget Attributions

a. Human Resources for Health
All project activities will make a contribution to the national HRH plan

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,500,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12477**		
Mechanism Name:	**Comprehensive Training**		
Prime Partner Name:	**Baylor College of Medicine Children's Foundation/Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	3,174,261	
Narrative:			
1. Target populations and coverage of target population or geographic area The project will target all districts in Uganda. At the national level the project will be coordinated by the			

by MOH working in close collaboration with the Ministry of education and Sports (MOES), Ministry of Gender, Lour ad Social development (MoLGS), relevant Professional bodies and re preventatives of training institutions.

2. Description of service delivery or other activity carried out

Baylor Uganda received the grant in September 2010 and is currently working closely with MOH to establish a project secretariat, hire staff and put in place structures for implementing the program. In FY 11, the project will support a wide range of priority activities in the HRH plan including; training of health care workers at pre service and in service levels, updating training curricula, strengthening Human Resource Information systems as well as supporting monitoring and evaluation of HRH activities.

3. Integration with other health activities

Planning and implementation of project activities is in line with National HRH plan. The steering committee for the project is chaired by MOH and has representatives various HRH stakeholders

4. Relation to the national program

The project will support implementation of priority components of the national HRH plan at the national level and in districts related to: training to pre service and in service levels, human resource information systems and policies for recruiting and retaining trained personnel in the rural districts.

5. Health Systems Strengthening and Human Resources for Health
Based on national HRH priorities, the project will support pre service and in service training institutions to increase the quality and quantity of their training output through provision of training scholarships, equipment and related supplies.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12482	**Mechanism Name: Demographic & Health Survey 2011**

Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12482**		
Mechanism Name:	**Demographic & Health Survey 2011**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12485	**Mechanism Name: Expanding the role of PHA networks in Uganda**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
Education	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Gender: Reducing Violence and Coercion	REDACTED
Human Resources for Health	REDACTED

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12485**		
Mechanism Name:	**Expanding the role of PHA networks in Uganda**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12488	**Mechanism Name: TBCAP follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12488 Mechanism Name: TBCAP follow-on Prime Partner Name: TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12496	**Mechanism Name: Monitoring and Evaluation of Emergency Plan Progress (MEEPP II)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Social and Scientific Systems	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,043,052	
Funding Source	**Funding Amount**
GHCS (State)	3,043,052

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12496		
Mechanism Name:	Monitoring and Evaluation of Emergency Plan Progress (MEEPP II)		
Prime Partner Name:	Social and Scientific Systems		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	3,043,052	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12507	**Mechanism Name: Prevention Track one follow on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12507**		
Mechanism Name:	**Prevention Track one follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12801	**Mechanism Name: Strengthening Decentralization for Sustainability (SDS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Cardno Emerging Markets	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,768,288	
Funding Source	**Funding Amount**
GHCS (State)	4,768,288

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The overall goal of SDS Project is to improve social sector and HIV/AIDS and health services by providing Uganda's local governments (LGs) with appropriate tools and financial support so that they may properly manage these services. The purpose of the SDS program is to improve the results and sustainability of decentralized service delivery, with initial emphasis on health and HIV/AIDS services, at the local government level in Uganda.

2. Target populations and geographic coverage

The project will target 45 districts. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and

Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

3. Enhancing cost effectiveness and sustainability

A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services.

4. Health Systems Strengthening

The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5.

5. Cross-Cutting Budget Attributions

a. Human Resources for Health

The project will support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities. ($1,100,000)

b. Education

Education will be promoted through working with the school system to carry out HIV prevention campaigns and behavior change interventions among children and youth. ($580,000)

g. Gender: Reducing Violence and Coercion

Prevention of gender-based violence will be supported by training and conducting support supervision of the district partners to conduct action oriented community discourses on issues of gender power relations. ($1,200,000)

6. Key issues:

Briefly (one sentence) identify activities in each key issue that this mechanism will address.

a. Health-Related Wraparounds
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

b. Gender
Gender issues will be addressed through district and CSOs conducting community mobilization activities to promote positive behaviors such as: gender equity; couple dialogue; partner counseling and testing , reducing violence and coercion and disclosure.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12801**		
Mechanism Name:	**Strengthening Decentralization for Sustainability (SDS)**		
Prime Partner Name:	**Cardno Emerging Markets**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	544,000	
Narrative:			
1. Target populations and coverage of target population or geographic area The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda,			

Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	1,646,933	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health

The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	300,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination

among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	136,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.

o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	411,733	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to

come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	300,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola,

Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out

SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities

Other health activities that will addressed by this mechanism include:

o Upgrading supervisory system for HIV/AIDS and MCH programs.

o Strengthen service delivery points in their management functions and team work organization.

o Support and improve HMIS at all level of the health district.

o Strengthen and support changes in the organization of primary health care services.

o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program

A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	63,713	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	183,334	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	316,667	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:

o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,500	

Narrative:

1. Target populations and coverage of target population or geographic area
The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out
SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities
Other health activities that will addressed by this mechanism include:
o Upgrading supervisory system for HIV/AIDS and MCH programs.
o Strengthen service delivery points in their management functions and team work organization.
o Support and improve HMIS at all level of the health district.
o Strengthen and support changes in the organization of primary health care services.
o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program
A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health
The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	265,408	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will target 45 district residents. These will include twelve districts in the Central region (Bugiri, Iganga, Kaliro, Kamuli, Mayuge, Namutumba, Kayunga, Mpigi, Mityana, Luwero, Nakasongola, Sembabule and Kalangala), nine districts in the Eastern region (Bukwo, Kapchorwa, Sironko, Pallisa, Kumi, Budaka, Busia, Butaleja and Bududa), nine districts in the Western region (Kiruhura, Ibanda, Bushenyi, Rukungiri, Kanungu, Kabale, Kisoro, Ntungamo and Isingiro) and nine districts in the Northern region (Gulu, Amuru, Kitgum, Pader, Lira, Dokolo, Amolatar, Apac and Oyam.)

2. Description of service delivery or other activity carried out

SDS is currently working in partnership with recipient districts and other USG district based projects to come up with a work plan describing the set of activities that will be supported to improve service delivery.

3. Integration with other health activities

Other health activities that will addressed by this mechanism include:

o Upgrading supervisory system for HIV/AIDS and MCH programs.

o Strengthen service delivery points in their management functions and team work organization.

o Support and improve HMIS at all level of the health district.

o Strengthen and support changes in the organization of primary health care services.

o The project will facilitate district HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to HIV and health.

4. Relation to the national program

A key priority will be to support the existing national decentralization process by i) Improving coordination among all USAID supported partners at the district level, ii) Strengthening the capacity of districts and sub-counties to plan, budget, implement, coordinate, monitor and evaluate decentralized services by efficiently utilizing the GOU's administrative and fiscal decentralization framework, iii) Provision of grants to districts to complement resources needed for effective and efficient management of programs and services, and iv) Facilitating strategic innovations to improve district leadership and sustainable financing of health, HIV/AIDS and other social sector services

5. Health Systems Strengthening and Human Resources for Health

The project will improve the functionality of District AIDS Committees (DACs), District AIDS Teams (DATs), Health Sub Districts (HSDs) and other district leadership and management structures as well as the overall District structure from LC1 to LC5. The project will also support refreshing and on-the job

training for district and CSO staff across all the technical and administrative areas and promoting the involvement of community-based human resources in planning and implementation of activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12935	**Mechanism Name: AFFORD Health Marketing Initiative**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,809,604	
Funding Source	**Funding Amount**
GHCS (State)	4,809,604

Sub Partner Name(s)

Uganda Health Marketing Group		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	15,000
Water	40,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**12935** **AFFORD Health Marketing Initiative** **Johns Hopkins Bloomberg School of Public Health Center for Communication Programs**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	971,704	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	324,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	800,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,713,900	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12964	**Mechanism Name: Leadership, Management and Sustainability (LMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED

Gender: Reducing Violence and Coercion	REDACTED
Water	REDACTED

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12964**		
Mechanism Name:	**Leadership, Management and Sustainability (LMS)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12972	**Mechanism Name: NUMAT follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

To provide a comprehensive health service delivery to the people of northern Uganda and integration between HIV/AIDS, TB, Malaria, Maternal Child health, Sexual reproductive health and Water and sanitation activities. Specific objectives include: Increase accessibility of HIVIAIDS, Malaria, TB, Sexual Reproductive health, Nutrition, child survival and malaria services for Ugandans using integrated approaches, Strengthen coordinated and integrated health service delivery systems and increased utilization of quality HIV&AIDS, SRH, Nutrition, tuberculosis and malaria prevention, care and treatment services

2. Target populations and geographic coverage

The project will target all district residents in Acholi and Lango region. The 15 districts in the Northern Uganda region (Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar) will be served.

3. Enhancing cost effectiveness and sustainability

A key priority will be to support the existing national Health system and working within district hospitals and lower health facilities for purposes of building sustainability.

4. Health Systems Strengthening

The project will improve the functionality of District Health Team (DHT), District AIDS Committees (DACs), District AIDS Teams (DATs), and Health Sub Districts (HSDs), DLTFP and other district leadership and management structures. Strengthening of Health Management Information system (HMIS) and capacity building of district staff in key technical areas will be undertaken as well as supplies for

HMIS

5. Cross-Cutting Budget Attributions

a. Human Resources for Health

The project will support pre-service and in-service training for district health staff and CSO staff in all the technical areas and encourage the task shifting both within facilities and at community level for tasks such as community-based client follow-up to ensure adherence for TB and ART, children on ARVs and community PMTCT (REDACTED)

b. Construction/Renovation

REDACTED

c1. Food and Nutrition: Policy, Tools, and Service Delivery

• The project will train service providers in nutritional supplementation and promotion of household food security and nutritional status of the people especially children, pregnant and lactating mothers. (REDACTED)

e. Education

Education will be promoted through working with institutions of higher learning to carry out HIV prevention campaigns and behavior change interventions. (REDACTED)

f. Water

Clean and safe water will be provided as part of a Basic Care Package to PLWHA. It is important to integrate WASH approaches into programs through implementation of hygiene and sanitation programmes, treatment and safe storage of drinking water, hand washing with soap, and sanitation promotion, behavior change activities and reinforcement, enhancing access to safe water sources, improved sanitation facilities in households, hygiene promotion and building the capacity of community members to effectively and in a sustainable manner, manage the installed water and sanitation facilities. (REDACTED)

g. Gender: Reducing Violence and Coercion

Prevention of gender-based violence will be supported by responding to sexual violence as well as address other forms of GBV including rape, defilement, early marriage and domestic violence that may be more common. In addition, adequate drugs and equipment will be provided as well as structures where the redress of victims of SGBV can be availed. Training and conducting support supervision of the partner CSOs to conduct action oriented community discourses on issues of gender power relations.

(REDACTED)

6. Key issues:
Briefly (one sentence) identify activities in each key issue that this mechanism will address.
a. Health-Related Wraparounds
o Child survival will be addressed through training of health workers in pediatric care using the Integrated Management of Childhood Illnesses approach.
o Family planning will be integrated in PMTCT through routine delivery of goal oriented antenatal care.
o Prevention of malaria in pregnancy will be integrated in PMTCT through routine delivery of goal oriented antenatal care, and the program will obtain long lasting insecticide treated nets from President's Malaria Initiative and distribute them to pregnant mothers.
o Safe motherhood will be integrated in PMTCT through routine delivery of goal oriented antenatal care and safe delivery kits will be distributed to ensure a clean delivery environment.
o The project will facilitate district and sub-district joint TB and HIV/AIDS coordination and review meetings, district planning workshops, and fund M&E activities related to TB/HIV.
o TB/HIV collaboration activities will be strengthened through screening of all HIV positive suspected TB cases.
o Adult care and treatment will be another central activity of the program to ensure all patients are enrolled for care and treatment.
o Safe male circumcision will also for part of HIV prevention strategy.
o Counselling and testing at both static and outreach sites will be part of the program.
o Pediatric care and support will be provided to on-going care and support for the Pre-ART children. A comprehensive care package will be provided which will include preventive care, palliative care and prevention with positives.
o Pediatric treatment to current ART pediatric clients and enrollment of new clients will be undertaken.
o Laboratory support will be extended to ART clinics and for TB diagnosis.
o Strategic information will be a component of the program to strengthen HMIS and use of project information for decision making

b. Gender
Gender issues will be addressed through integrating gender issues into district workplans and other CSOs working in the project to promote positive behaviors such as: gender equity; couple dialogue; couple visits to ANC; partner counseling and testing and disclosure.(REDACTED)

d. Mobile Population
Uniform forces, Fishing communities, migrant workers, boda boda cyclists and long distance truck drivers

will be targeted with prevention activities.

f. Workplace Programs
Uniform forces, Fishing communities, migrant workers, boda boda cyclists and long distance truck drivers will be targeted with prevention activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Education	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Gender: Reducing Violence and Coercion	REDACTED
Human Resources for Health	REDACTED
Water	REDACTED

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12972**		
Mechanism Name:	**NUMAT follow-on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support public health units up to HC IIs]in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide Adult care and support services. Integrated HIV/AIDS care and support services will be implemented at both facility and community levels. Clinical care interventions will include diagnosis and treatment of opportunistic infection, medical prophylaxis using Cotrimoxazole for OIs and Fluconazole for prevention of Cryptococcal meningitis will be provided as part of routine care. Pain and symptom management integrated in to supported health facilities including HC3's. Other services include psychosocial support, spiritual support, bereavement counseling and end-of-life care. The program will strengthen the provision of laboratory tests for diagnosis of HIV and other opportunistic infections; including TB. Target beneficiaries for this program are adolescents, adults, women, MARPs, People Living with HIV/AIDS, their families and communities.

2. Description of service delivery or other activity carried out
There will be improvement to care and support services for the HIV+ population. This will be achieved through training for health workers in various aspects of palliative care and treatment as well as support the mobilization and training of PHA volunteers to work as Network support agents (NSA) in the health facilities aiming at linking fellow PHA to other services. Home based care will additionally be strengthened with the training of home based care providers from the 15 districts

3. Integration with other health activities
The project will support best practices and proven interventions and approaches that would improve access to the continuum of HIV/AIDS services. Quality assurance/ Quality improvement in care and support services will be emphasized as its key in addressing client retention. The program will establish facility-base quality improvement teams. Program monitoring will occur through Lot quality Assurance surveys, integrated support and supervision to strengthen data collection, utilization and reporting.

4. Relation to the national program
The project will implement national guidelines for adult HIV/AIDS care and treatment. The MoH l tools for data collection and reporting will be used. Focus will also be made to ensure that key changes in the national policy and strategy are implemented in the project.

5. Health Systems Strengthening and Human Resources for Health
Health workers will be trained to provide ARV prophylactic regimen according to the Ministry of Health (MoH) The project will support support in-service/refresher training for clinic staff at the target facilities on

the comprehensive HIV care package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support public health units in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide Adult HIV treatment services.
The project will increase access and availability of antiretroviral therapy to adult populations in need. ART will be part of comprehensive HIV/TB activities.

2. Description of service delivery or other activity carried out
Public health facilities in the region will be supported to attain accreditation for ART and those already accredited will be supported to maintain the standards of offering quality ART services. Adult PHLWAs will be screened for ART eligibility using WHO Staging and CD4 monitoring. PLWHAs currently accessing treatment from the NUMAT supported health centre IVs in the target districts will be transitioned to this program. The program will establish and/or strengthen adherence to ART at both facility and community level through adherence counseling, community follow-up, and active management of side effects in order to reduce drug resistance. Public health laboratories will be strengthened to conduct clinical monitoring tests for ART toxicity e.g. Full blood counts, renal and liver function tests according to national guidelines. Samples for viral load will be collected and transferred to regional labs to monitor response to treatment and ART drug resistance. The program will explore and implement cost effective models for providing quality services at lower unit cost which will include but not limited to task shifting, increased local ownership and commitment (increased staffing and other resources), networking and linkages, triage, and reduced patient waiting time.

3. Integration with other health activities
The ART program will be integrated with PMTCT, TB, and family planning. The project will support best practices and proven interventions and approaches that would improve access to the continuum of HIV/AIDS services. Quality assurance/ Quality improvement in care and support services will be emphasized as its key in addressing client retention. The program will establish facility-base quality improvement teams. Program monitoring will occur through Lot quality Assurance surveys, integrated support and supervision to strengthen data collection, utilization and reporting.

4. Relation to the national program

The project will implement national guidelines for adult HIV/AIDS care and treatment.

5. Health Systems Strengthening and Human Resources for Health
Health Systems will be strengthened to facilitate improved delivery and uptake of ART services i.e. health management information systems (HMIS), supply chain management, strategic information, and laboratories. Health workers will be trained to provide ART service through in-service training, mentoring, and continuing medical education. Monitoring and evaluation will involve integrated support and supervision, and data quality assessments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support HCT in all health units [up to HC IIs] in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide Counselling and testing services. Target beneficiaries are individuals most at risk populations, pregnant women as an initial step to PMTCT access, HIV exposed children, TB patients, discordant couples, presence of clinical signs and symptoms which indicate increased risk of HIV infection i.e. STDs, opportunistic infections, and during occupational and non-occupational exposure and prophylaxis.

2. Description of service delivery or other activity carried out
The project will strengthen access to HIV counseling and testing to promote early knowledge of HIV status, enhance positive behavior change through HIV prevention counseling for both the HIV-negatives and positives and support effective referral of HIV positive clients to HIV treatment and care services. HVCT will be done at both static and outreach sites. Service outlets will be created to provide testing and counseling services. Focus will also be made in creating Youth friendly environment for services to the Youth. HCT services will be provided at all health units up to health centre II as well as community level through outreaches, HCT camps, and HCT moonlighting. The program will engage in the implementation of the National HCT campaigns in the targeted districts. Provider – initiated HIV counseling and testing will be provided to all patients as part of routine health care services within public and private health units in the target districts. Specific prevention counseling will be offered based on the HIV status and risk assessment.

3. Integration with other health activities
SMC will be integrated in HCT through HCT counseling. This will further be linked to PMTCT and ART clinics for care and treatment

4. Relation to the national program
The project will be aligned to the MoH guidelines on HCT

5. Health Systems Strengthening and Human Resources for Health
Health workers will be trained to provide HCT at both static and outreaches according to the Ministry of Health (MoH) HCT guidelines. Outreaches to reach the communities at HC IIs will be conducted by health workers. The PHAs will be trained to mobilize community for HCT as well as to ensure adherence to ARVs. The STAR-SW program will strengthen access to HIV counseling and testing to promote early knowledge of HIV status, enhance positive behavior change through HIV prevention counseling for both the HIV-negatives and positives and support effective referral of HIV positive clients to HIV treatment and care services. HCT services will be provided at all health units up to health centre II as well as community level through outreaches, HCT camps, and HCT moonlighting. HCT services will be provided at all health units from hospital level up to health centre II. The program will engage in the implementation of the National HCT campaigns in the targeted districts. Provider – initiated HIV counseling and testing will be provided to all patients as part of routine health care services within public and private health units in the target districts. Specific prevention counseling will be offered based on the HIV status and risk assessment. Target beneficiaries are individuals most at risk populations, pregnant women as an initial step to PMTCT access, HIV exposed children, TB patients, discordant couples, presence of clinical signs and symptoms which indicate increased risk of HIV infection i.e. STDs, opportunistic infections, and during occupational and non-occupational exposure and prophylaxis. The program will provide in-service training of health workers to strengthen skills for HCT. REDACTED. The program will update and/or develop QA/QI protocols that will be distributed to the service providers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support public health units in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide pediatric care and support. Target beneficiaries are HIV-exposed, infected or affected children, their guardians/parents, families and communities.

2. Description of service delivery or other activity carried out
The project will scale up and strengthen pediatric care and support services at all facility levels. HIV exposed children identified through the PMTCT program will be linked to care and support services. The

comprehensive pediatric care and support service package that will be supported include scaling up early infant HIV diagnosis with DNA/PCR starting at six weeks of age, Cotrimoxazole prophylaxis, treatment of opportunistic infections, immunization, deforming, treatment of all HIV infected infants regardless of CD4+ count, screening older children for ART eligibility according to national policy guidelines, pediatric HIV counseling, growth and development monitoring, pain and symptom management, nutritional assessment, nutrition counseling and promotion of infant and young child feeding according to national and WHO guidelines. Pediatric care and support services will be provided as an integral component of routine Pediatric in- and out patient services; maternal, child health, nutrition and community outreach activities. Capacity of providing pediatric care and support services will be strengthened through in-service didactic training of health workers, mentoring, continuing medical education and regular support supervision. The program will establish networks and referral systems within and between facilities and communities in order to strengthen follow-up, retention in care and adherence to treatment.

3. Integration with other health activities
The project will integrate with PMTCT, TB/HIV, nutrition, and child survival activities. It will also linked to other wrap around services like access to insecticide treated nets, hygiene, sanitation, food security and OVC services

4. Relation to the national program
The project will implement the revised MoH guidelines for pediatric care and treatment.

5. Health Systems Strengthening and Human Resources for Health
The project will support pre-service and in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care and treatment package. Quality assurance as well as institution of support supervision mechanism will be emphasized to ensure compliance with MOH guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support public health units in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide pediatric treatment. The project will support ART pediatric clients who were previously supported under NUMAT program and enroll new pediatric clients in line with the USG scale-up plan.

2. Description of service delivery or other activity carried out

The project will scale up Early infant diagnosis in all support health units up to health center III and strengthen linkage of HIV exposed infants identified through the PMTCT program to care and treatment, and follow-up for ART adherence. The program will support the increased access and uptake of Pediatric ART according to national guideline. Infant and young child feeding services will entail counseling on appropriate feeding practices according to national policy guidelines, maternal nutrition counseling, nutrition assessments, and referral of malnourished children to the therapeutic and supplemental feeding programs. Pediatric ART services will be provided as an integral component of routine pediatric care, nutrition and MCH. The program will further support the supply chain management, and monitoring of pediatric ART outcomes in the target districts. The project will implement proved interventions for increasing pediatric adherence to ART. It will closely work with key pediatric ART providers like Baylor, Joint Clinical Research center and the Regional Center for Quality Health Care to build technical capacity at lower level. It will support districts and facilities to roll out the new MoH guidelines for pediatric care and treatment.

3. Integration with other health activities
The project will integrate key activities like early infant diagnosis within services like immunization, postnatal care, nutrition programs, child survival interventions and MCH at supported facilities.

4. Relation to the national program
The project will implement the revised MoH guidelines for pediatric care and treatment.

5. Health Systems Strengthening and Human Resources for Health
The project will support pre-service and in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care and treatment package. Quality assurance as well as institution of support supervision mechanism will be emphasized to ensure compliance with MOH guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support the use of strategic information in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts for decision making and promote evidence based planning.The activity will also support the key national HIV/AIDS data use (including reporting) processes and activities taking place at the districts in order to build sustainability.

2. Description of service delivery or other activity carried out

Evidence-based planning and decision making will be achieved through regular measurement of program performance and progress at the districts and lower levels. This will be achieved through the use of LQAS as a methodology to measure performance. Regular and timely feedback to the supported local governments, non-governmental organizations ad civil service organizations will be provided through coordination systems based at the districts.

3. Integration with other health activities
The strategic information program will be integrated with all the sectors

4. Relation to the national program
TBD

5. Health Systems Strengthening and Human Resources for Health
Health Systems will be strengthened to facilitate district-level monitoring and reporting systems including HMIS and PMMP. This will support the existing national data collection, collation, use, and reporting systems at the district and lower levels for purposes of building sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support HSS in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts. The target population includes will be the district staff involved in the health service delivery. Support to HSS will enhance the delivery of effective, safe, and quality health services to the communities. The program will support the dissemination of national policy and implementation guidelines to the direct service providers and establish facility based quality improvement programs to monitor health outcomes of the beneficiaries. The program will create institutional networks and improved referral systems at facility and community level to ensure continuum of care.

2. Description of service delivery or other activity carried out
HSS will focus on supported services and strengthening services in peripheral areas beyond towns and municipalities with emphasis to strengthen services at lower level facilities, which will go a long way in supporting the health system in the districts. This will include advocacy, limited infrastructural development, capacity building, provision of resources and technical assistance to the districts. The project will work with districts to ensure that all the five health system blocks are addressed. The project

will support logistics management, laboratories, human resources and information. It will also support districts to recruit and retain critical human resources like Clinical and laboratory personnel. The project will ensure electronic monitoring of patients in high volume sites.

3. Integration with other health activities
HSS will be integrated in all the technical areas within the health system

4. Relation to the national program
TBD

5. Health Systems Strengthening and Human Resources for Health
Key HSS interventions for this new program include supporting institutional capacity building at district level in supply chain or procurement systems, strategic information, human resources for health, service delivery, leadership and governance, and financing. Health workers capacities will be strengthened to support the health service deliveries in all the supported districts. The program will build the capacity for effective data collection, analysis and timely reporting to the district and national level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support HSS in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts. The target population includes will be the district staff involved in the health service delivery.

2. Description of service delivery or other activity carried out
Safe male circumcision is an effective biomedical prevention strategy that will contribute to reducing the occurrence of new infections amongst the people of the region. Priorities will therefore be on circumcision, planning for equipping of health facilities with the basic theatre equipment, drugs and supplies for the SMC to become operational. There will be need to invest in community sensitization and mobilization to increase uptake of the service. , health teams from facilities will help in handling post care for the SMC cases and for sustainability. Radio talk shows will be conducted to sensitize the community and create awareness on the benefits of SMC, change people's perception on the practice and where eligible males can access the service. SMC will be promoted as a package with HCT, risk reduction counseling partner reduction and condom use

3. Integration with other health activities
SMC will be integrated in Family planning and ANC

4. Relation to the national program
The project will be aligned to the national policy for Safe Male Circumcision.

5. Health Systems Strengthening and Human Resources for Health
Health workers capacities will be strengthened to support SMC sensitization and performing operation at the facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support sexual and other behavioral risk prevention based on Abstinence and Be faithful (AB) in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide prevention services. The target population includes sexually active individuals which include youths, adults and most at risks population.

2. Description of service delivery or other activity carried out
The project will support districts to reach people with HIV prevention interventions that are based on abstinence or being faithful to reduce risk of HIV and increase protective behaviors. Strengthen prevention messages among people in discordant monogamous relationships, mobilize mothers and women for PMTCT services and reach to groups of people involved in multiple relationships and casual sex. Scale up prevention activities in adult populations through activities such as seminars and workshops in order to gain knowledge and skills for HIV prevention and increase risk perception and also trained Behaviour change agents to help disseminate prevention messages.
Provision of support to increase comprehensive knowledge and risk perception of HIV/AIDS through advocacy interventions that promote positive behavior change for risk reduction and risk avoidance among populations at high risk of HIV infection, and promotion of protective social norms for both women and girls will be carried. Behavior change approaches among youth, including educational counseling

and communication efforts will be strengthened.Linkages to other service provides such as social marketing programs to ensure distribution and availability of condoms and the use of abstinence programs among young people 10-14 years old will be emphasized. Prevention counseling and messages targeting discordant couples and concurrent sexual relations will emphasize faithfulness as well as correct and consistent condom use within discordant relationships. Couples will be encouraged to receive HIV counseling and testing and disclosing their Sero-status to their sexual partners.

The project will provide prevention programming for targeted high risk, vulnerable and mobile populations, as they remain sources of new infections e.g. commercial sex workers, internally displaced persons (IDPs), truck drivers and fishermen. They are more prone to have many sexual partners, to use condoms inconsistently, and consequently increase the risk of acquiring and/or transmitting HIV to several partners, including their cohabiting spouses.

3. Integration with other health activities
Sexual prevention will be integrated in HCT and PMTCT through HCT counseling. This will be further strengthened through the use of IEC and BCC comprehensive strategies.

4. Relation to the national program
The project will be implemented in line with the National Prevention guideline.

5. Health Systems Strengthening and Human Resources for Health
Health workers will be trained to provide Sexual prevention activities at both static and outreaches according to the Ministry of Health (MoH) Sexual prevention guidelines. At the community level the use of VHTs trained as Behaviour Change Agents (BCA) will be effective in information dissemination and mobilization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support Sexual prevention in Gulu, Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide prevention services. The target population includes all adults and youth.

2. Description of service delivery or other activity carried out

The project will support districts to reach people with HIV prevention interventions that are evidence based and consistent with epidemiologic context of individual district and target population. Project will prioritize high-risk populations like discordant couples, people in multiple concurrent partnership, migrant populations, trackers, and commercial sex workers. Based on abstinence or being faithful to reduce risk of HIV and increase protective behaviors. The project will implement combination prevention including consistent use of condom, reduction in multiple concurrent partnerships, address structural issues, address male norms and gender based violence.

3. Integration with other health activities
Prevention activities will be integrated with HIV counseling and testing, PMTCT, prevention with positive, HIV care and treatment and other community outreach activities.

4. Relation to the national program
The project will implement the national prevention guidelines

5. Health Systems Strengthening and Human Resources for Health
The project will implement prevention in communities and also within the health care systems. The project will work with the SURE project to ensure that the health system is able to quantify, procure and distributes key supplies like condoms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The NUMAT follow-on project will support the Ministry of Health to provide comprehensive PMTCT services in all hospitals, health centre IVs, IIIs and functional health centre IIs in the targeted districts in the Lango sub-region. The Acholi sub-region PMTCT services will be provided by UNICEF. The target population includes pregnant and lactating women and their spouses, infants of HIV positive women, heath workers and community volunteers providing PMTCT services at facility and community level.

2. Description of service delivery or other activity carried out
Routine opt-out HIV testing and counseling will be provided in the antenatal, maternity, postnatal, and young child clinics, in addition to community immunization outreaches with the goal of identifying HIV positive pregnant and lactating women, and enrolling them for the PMTCT service package. HIV positive pregnant and lactating women will be screened for ART eligibility using WHO clinical staging and/or CD4 testing and will be provided with HAART or ARV prophylaxis according to the new national

PMTCT revised policy guidelines that promote option A or B and infant ARV prophylaxis. Family support Group network will also be use for follow up as well as support supervisory visits. PMTCT target beneficiaries will be provided with cotrimoxazole preventive therapy and TB screening and management and actively linked to care and treatment services for on-going long-term HIV/AIDS services. Post-natal transmission will be prevented through the implementation of age-appropriate infant and young child feeding services according to national guidelines. The program will link mothers and babies to nutrition programs at community level through the networks.

3. Integration with other health activities
Sexual Reproductive health/Family planning and prevention of malaria in pregnancy will be integrated in PMTCT through routine delivery of goal oriented antenatal care. HIV positive women will be counseled on and provided family planning services to reduce unwanted pregnancies. Safe delivery kits will be distributed to ensure a clean delivery environment. The program will obtain long lasting insecticide treated nets from President's Malaria Initiative and distribute them to pregnant mothers. SMC for new born babies will be promoted.

4. Relation to the national program
The project will be aligned to the national policy for PMTCT.

5. Health Systems Strengthening and Human Resources for Health
Health workers will be trained to provide ARV prophylactic regimen according to the Ministry of Health (MoH) new PMTCT guidelines up to HC III. Outreaches to reach the communities at HC IIs will be conducted by health workers. The family support groups will be trained to counsel mothers, trace defaulters; to ensure adherence to therapy and the chosen method of Infant and Young Child Feeding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support public health units in Gulu,Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide laboratory services. The program will focus on public health unit laboratories at health centre IV and III where the majority of the target population for this program can easily access health services. The program will establish linkages/coordination structures and referral systems with National Public Health Laboratory and other laboratories at district and regional referral hospital for external quality assurance, and handling of tests that are not offered in the lower health units i.e. biochemistry tests, CD4+ tests, DNA/PCR, Serum Crag,

etc.

2. Description of service delivery or other activity carried out
Key program interventions will be the improvement of laboratory infrastructure for improved ventilation, waste management, and water supply in order to ensure safety. Laboratories will be renovated to conform to national standards and guidelines for space and safety. The program will support laboratories at each level of health care to provide the recommended tests for that level according to the national MOH guidelines. These include complete blood counts, Hemoglobin tests, malaria tests, TB diagnosis, and HIV diagnosis at District hospitals, health centre IVs, and health centre IIIs. In addition, the program will support provision of CD4, liver function tests, renal function test, pregnancy tests and serum glucose tests at the districts hospitals. The project will – support districts to implement the National Laboratory Strategy, and strengthen the capacity of laboratory personnel to conduct quality laboratory tests as recommended by the national laboratory policy guidelines. The project will also coordinate with the new PEPFAR mechanism for pre-service training of lab personnel to ensure that candidates from conflict affected north are prioritized for enrollment into the program. The project will work with MoH and districts to ensure that graduates are recruited by districts and facilities in northern Uganda. As part of the project laboratory logistics management systems will coordinate with the project for Securing Ugandans' Right to Essential Medicines (SURE) to ensure an effective supply chain management system for supplies. A system for equipment maintenance and servicing will be established utilizing MOH Regional/Central maintenance units. The program will establish a system of quality assurance for laboratory tests including internal quality control, external quality assurance and quality improvement. Regular support and supervision will be done to monitor efficiency and effectiveness of laboratory services.

3. Integration with other health activities
Laboratory services will be supportive of the ART and other diagnostic functions within the facilities.

4. Relation to the national program
The project will implement national guidelines for laboratories.

5. Health Systems Strengthening and Human Resources for Health
Laboratory personnel will be trained through pre-service training, in-service training to ensure adherence to standards and offering quality services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area
The project will support HIV/TB care in Gulu, Amuru, Nwoya, Kitgum, Pader, Lamwo, Agago, Oyam, Kole, Lira, Otuke, Alebtong, Dokolo and Amolatar districts to provide HIV/TB collaborative services. The target population includes all HIV clients and those screened for TB.

2. Description of service delivery or other activity carried out
The project will support districts to integrate HIV/TB activities. All TB patients will be screened for HIV and positives enrolled on ART. Others will include: Rapid expansion of quality directly observed short course (DOTS), strengthen TB/HIV collaborative activities at health facility and community level, joint HIV and TB planning at district, health sub district and facility level, Training of health workers to recognize Tuberculosis and HIV as co infection, drug logistics management, improved laboratory support leading to more efficient Tuberculosis screening and CD4 laboratory monitoring and capacity building of health workers handling HIV programs with emphasis on HIV commodity logistics within the context of strengthening the existing health delivery system. The project will leverage USAID TB infectious disease resources to expand facility and community based for TB DOTS.

3. Integration with other health activities
HIV/TB will be integrated in PMTCT and ANC. This will further be linked to ART clinics for care and treatment of HIV positive clients.

4. Relation to the national program
TBD

5. Health Systems Strengthening and Human Resources for Health
Health workers will be trained to provide HCT/TB collaboration activities according to the Ministry of Health (MoH) guidelines.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12981	**Mechanism Name: Lab QA CoAg - Follow on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The 2nd National Health Policy (NHP II, 2011 – 2020) includes language addressing the need to provide and maintain functional, safe, environment friendly and sustainable health infrastructure including laboratories and waste management facilities. As part of the MOH structural reform, health laboratory services appear for the first time as a Division within the Department of Diagnostic Services emphasizing the importance MOH places on ensuring comprehensive, high-quality laboratory services throughout the country.

PEPFAR has supported the establishment of an HIV Reference Laboratory at the Uganda Virus Research Institute (UVRI) and the maintenance of a national quality assurance (QA) program focused specifically on HIV-related testing. In order to continue supporting and strengthening this activity in government, private and non-government organizations, funding to continue and expand this service will be competed in 2011. Specific activities will include; quality control testing of a representative number of serum samples from newly enrolled field sites; distribution of proficiency testing (PT) panels to participating sites, GIS mapping of all static, participating sites in the country and documentation of human and other available resources at the sites as well as performance in QA activities. Working closely with the MOH Quality Assurance Unit, the Central Public Health Laboratory, the African Field Epidemiology Network (AFENET) and other partners, the successful grantee will provide, technical assistance, quality assurance/control to blood banks, national HIV surveys, VCT, PMTCT, RCT and other programs in both the public and private sectors. REDACTED. There will also be funding to validate new HIV tests and testing algorithms, to prepare proficiency testing panels and to establish and maintain a specimen repository. Staff at the HIV Reference Laboratory will be given both management and technical training as well as training in bio-safety/security. Once trained, staff will be facilitated to provide training to staff at health laboratories across the country following the WHO/CDC Training Manual.

PEPFAR has also supported the creation and maintenance of the National HIV Drug-Resistance

Secretariat at UVRI. This unit is responsible for preventing and monitoring the emergence of drug-resistance to the ARV regimes in current use in the country. There are a number of laboratories in the country, including the national HIVDR laboratory at UVRI, with the capacity to conduct molecular analysis of drug-resistance strains arising in the country and the Secretariat coordinates this activity. Prevention of drug-resistance is achieved by continuous monitoring of the practices around ART and this is monitored by periodic assessment of early warning indicators (EWIs) as well as surveys of transmitted drug-resistance in newly-infected people. Where practices fall short of national standards for ART delivery, corrective actions are taken. HIVDR activities complement those of the national HIV QA testing program ensuring that newly-arising drug-resistant strains of HIV can still be detected by the national HIV serologic testing algorithm.

2. Target populations and geographic coverage

This program provides national support for QA activities and reaches all districts

3. Enhancing cost effectiveness and sustainability

Evidence of the cost-effectiveness of the national HIV testing program is obtained through continuous monitoring of the performance of facilities and organizations conducting HIV serologic testing. In addition, evaluation of new HIV tests and testing algorithms and subsequent adoption by ACP/MOH ensure that the overall national HIV testing program remains cost-effective and is able to detect all variants of HIV in circulation. Sustainability will be achieved as government progressively takes on more financial responsibility for procurement of commodities – the human resource to make this activity sustainable is being developed

4. Health Systems Strengthening

The project will support the development of a small, effective QA unit for HIV serologic testing. Over time, QA activities for other HIV/AIDS-related laboratory services will be introduced. Through the PT program, capacity will be built in the districts that will ensure high-quality HIV testing services are available to all.

5. Cross-Cutting Budget Attributions

HIV serologic testing is the foundation on which the PEPFAR response to HIV/AIDS is built. Thematic

areas include SI, CT and laboratory. No budget attributions can be allocated at this time

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12981**		
Mechanism Name:	**Lab QA CoAg - Follow on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
1. Target populations and coverage of target population or geographic area This program provides national support for QA activities and reaches all districts 2. Description of service delivery or other activity carried out			

The 2nd National Health Policy (NHP II, 2011 – 2020) includes language addressing the need to provide and maintain functional, safe, environment friendly and sustainable health infrastructure including laboratories and waste management facilities. As part of the MOH structural reform, health laboratory services appear for the first time as a Division within the Department of Diagnostic Services emphasizing the importance MOH places on ensuring comprehensive, high-quality laboratory services throughout the country.

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PEPFAR has also supported the creation and maintenance of the National HIV Drug-Resistance Secretariat at UVRI. This unit is responsible for preventing and monitoring the emergence of drug-resistance to the ARV regimes in current use in the country. There are a number of laboratories in the country, including the national HIVDR laboratory at UVRI, with the capacity to conduct molecular analysis of drug-resistance strains arising in the country and the Secretariat coordinates this activity. Prevention of drug-resistance is achieved by continuous monitoring of the practices around ART and this is monitored by periodic assessment of early warning indicators (EWIs) as well as surveys of transmitted drug-resistance in newly-infected people. Where practices fall short of national standards for ART delivery, corrective actions are taken. HIVDR activities complement those of the national HIV QA testing program ensuring that newly-arising drug-resistant strains of HIV can still be detected by the national HIV serologic testing algorithm.

3. Integration with other health activities

Participation in the HIV QA scheme promotes good laboratory practice for all laboratory activities 4. Relation to the national program This is the national program 5. Health Systems Strengthening and Human Resources for Health The project will support the development of a small, effective QA unit for HIV serologic testing. Over time, QA activities for other HIV/AIDS-related laboratory services will be introduced. Through the PT program, capacity will be built in the districts that will ensure high-quality HIV testing services are available to all.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12993	**Mechanism Name: Sexual Prevention in the Education Sector, UNITY/PIASCY follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) is the main program for reaching out to young people in primary and post primary schools with age-appropriate messages to empower them with knowledge and life skills that influence positive behavior change and, as a result, help them stay safe from HIV and AIDS. In order to consolidate the gains made under Creative Associates

International Inc. UNITY project, USAID will continue to support the Ministry of Education's central and decentralized structures to implement a nation program aimed at strengthening and expanding the implementation of (PIASCY), and strengthen Guidance & Counseling (G&C).

The follow on program will continue to focus on reaching teachers, and learners both at primary schools and post primary education and training (PPET) institutions through provision of reading materials, through teacher training to better handle the challenges faced in dealing with the effects of HIV and AIDS, scale up of learner participation in school-based prevention activities, and strengthen monitoring and evaluation of program implementation for sustained impact

A total of 1,602,790 learners will be reached through in depth small group discussions. In addition, 10,000 teachers and school administrators will be oriented to new and updated HIV information.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12993**		
Mechanism Name:	**Sexual Prevention in the Education Sector, UNITY/PIASCY follow-on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13001	**Mechanism Name: Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,000,000	
Funding Source	**Funding Amount**
GHCS (State)	4,000,000

Sub Partner Name(s)

Management Sciences for Health	UWESO	

Overview Narrative

1. Overall goals and objectives

The goal of the project is to strengthen sustainable local government and community systems that will improve access, utilization, coverage and quality of comprehensive services for vulnerable children. Specific objectives include: Strengthening capacity of local governments to initiate, lead, manage and consolidate partnerships across sectors, institutions and with civil society at parish, sub county and district levels to implement district OVC plans; Increasing demand and use of evidence based data for decision making at local government level for a coordinated, comprehensive and cost effective OVC response; Strengthening capacity of local governments and civil society to provide and monitor quality of services to

OVC and their households; and improving capacity of local governments and civil society to advocate for and mobilize resources for OVC services. The project will work in partnership with SDS and civil society funding mechanism to provide grants such that districts will be supported to implement social protection activities for OVC stipulated within their OVC plans as an integral part of the implementation of the district development plans.

2. Target populations and geographic coverage

SUNRISE-OVC will focus on building district systems to be able to support quality and comprehensive OVC service delivery. This will be achieved through facilitating, training and equipping local government personnel and community service providers in 80 districts to assess provide and manage social protection services for vulnerable children and households. Capacity building activities will target local government personnel across social and management sectors particularly community based services department at district and sub county levels, education and health personnel, planning and production department staff as well as political leaders. At community level, members of the parish development committees, civil society groups and faith based organizations will be trained and facilitated with knowledge, tools and standards on identification of vulnerable children and households, support mechanisms and monitoring and evaluation of social protection interventions. The probation office will be support to provide direct services to 50,000 Vulnerable Children in areas of child protection and legal support. An estimated 2400 LG and civil society organization personnel will be provided with technical assistance in social protection interventions.

3. Enhancing cost effectiveness and sustainability

The project focuses on improving systems and capacity of LG staff and community resource persons in planning, management, reporting and coordinating social protection services for vulnerable children and households. The project will work with and through sectoral LG departments with a focus on community based services department staff that will in turn provide technical support to lower LGs and civil society for identification, analysis, targeting and quality holistic service provision. At national level, the project will work with staff of the national OVC implementation unit for joint implementation through MGLD's zonal technical services organizations that will provide decentralized and manageable technical support to all 80 LGs.

4. Health Systems Strengthening

The project will strengthen referral networks and linkages between community-based care and health facilities to ensure that the health care needs of OVC are addressed. The project will facilitate and equip

community OVC service delivery points including health facilities and outreaches with tools, guidelines, skills and standards for identification, targeting, analysis and approaches for improving access to holistic services for vulnerable children and households. The project will facilitate establishment of Community Based Learning Networks comprised of Community based OVC service providers including CSOs, opinion leaders, health workers and other community structures for replication and institutionalization of effective social protection practices for children and households. These networks will create effective partnerships for advocating and lobbying for improvement of community systems and structures for delivery of holistic services for OVC including health.

5. Cross-Cutting Budget Attributions

a. Human Resources for Health
The project will train and equip health personnel at district and health facilities, community based OVC service providers including Village Health Teams in identification, targeting, standards and approaches for social protection in order to increase access and utilization of health services for vulnerable children and households ($100,000)

b. Construction/Renovation
REDACTED

c. Food and Nutrition: Policy, Tools, and Service Delivery

The project will roll out OVC quality standards at district and community level. The OVC quality standards include food and nutrition support. In addition, assessment of gaps in food and nutrition policies and programs particularly NAADs and micro finance services in reaching and benefiting vulnerable households equitably will lead to identification of areas and strategies for systems strengthening and policy change. Community based OVC service providers of socio economic and food and nutrition services will be equipped with tools, guidelines, standards and skills to target and measure quality of services for vulnerable children and households ($200,000).

e. Education

Education will be promoted through strengthening the referral networks, mechanisms and linkages between community structures particularly local councils, parish development committees, youth and women councils, PHA networks, civil society groups, faith based organizations and other communities on one hand, schools and other public institutions on the other to ensure vulnerable households gain holistic capabilities such as household incomes, gender equity, good health and adult education essential for

accessing children's schooling (ie early entry into schools, retention and completion). The project will mobilize, train, facilitate and equip technical and political resource persons working with local structures, public service facilities particularly primary and secondary schools and civil society organizations to foster capabilities for vulnerable households to access children's education. Gaps analysis in policy and programs for education in reaching and benefiting vulnerable children as well as household and individual barriers for children's access to education will be analyzed and strategies for improvement devised ($200,000)

f. Water

No attributions

g. Gender: Reducing Violence and Coercion

The project will roll out universal birth registration systems aimed at fostering protection of children's rights and prevention of vulnerability including protection against defilement for the girl child, promotion of the right to education and property rights for girls and boys. The project will strengthen the capacity of LG community based services department to address social protection issues and child rights abuses affecting especially the vulnerable girls including defilement, early marriage, and child prostitution. Referral networks and linkages between health, legal, law enforcement, and judicial services and programs to prevent and mitigate gender-based violence will be facilitated ($50,000)

6. Key issues:

a. Health-Related Wraparounds

The project will facilitate, train and equip community and facility based health service providers with knowledge, tools and standards for social protection of vulnerable children and households. This will be achieved through linkages of project activities with other health interventions particularly HIV/AIDS care, health outreaches and human resources development for health.

b. Gender

The project areas for technical skills building include gender and child rights and protection. The project will roll out the national OVC MIS that will generate gender disaggregated data.

d. Mobile Population

The project will target strengthening systems and capacities for LGs and communities to mitigate and prevent vulnerability of children including children living on the streets and children and households affected by conflict in Karamoja and Northern Uganda.

f. Workplace Programs

LG personnel, community resource persons and service providers will be trained in social protection measures and rights promotion for vulnerable children.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13001**		
Mechanism Name:	**Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC)**		
Prime Partner Name:	**International HIV/AIDS Alliance**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	4,000,000	

Narrative:

1. Target populations and coverage of target population or geographic area

SUNRISE-OVC will focus on building district systems to be able to support quality and comprehensive OVC service delivery. This will be achieved through facilitating, training and equipping local government personnel and community service providers in 80 districts to assess provide and manage social protection services for vulnerable children and households. Capacity building activities will target local

government personnel across social and management sectors particularly community based services department at district and sub county levels, education and health personnel, planning and production department staff as well as political leaders. At community level, members of the parish development committees, civil society groups and faith based organizations will be trained and facilitated with knowledge, tools and standards on identification of vulnerable children and households, support mechanisms and monitoring and evaluation of social protection interventions. The probation office will be support to provide direct services to 50,000 Vulnerable Children in areas of child protection and legal support. An estimated 2400 LG and civil society organization personnel will be provided with technical assistance in social protection interventions.

2. Description of service delivery or other activity carried out

FY11 planned activities for LG and community OVC management systems strengthening include: assessment of functionality and gaps of systems in promoting social protection for children and households, development and roll out of a tailor made social protection systems strengthening plan including strengthening integration and linkages for holistic service provision, tools development, facilitating cluster based learning networks and facilitating full functionality of community OVC service delivery points. Planned activities for OVC management information systems (MIS) strengthening include: identification of OVC data needs at community and LG levels, rolling out the national OVC MIS at community and LG levels and development of a strategy for management of LG based OVC strategic information. Activities for increasing access and monitoring of quality services for OVC include: continuous quality assessment and improvement of services at delivery points, dissemination of national OVC quality standards and related guidelines and regular supportive supervision for LGs and service providers. Finally, activities for advocacy and resource mobilization will include social mobilization, rolling out the universal birth registration, establishing referral networks and linkages for social and economic services for vulnerable children and households, rolling out community OVC mapping guidelines, partnerships and strategic alliances for social protection at community, LG and national levels, and capacity building for advocacy and resource management. The project will work in partnership with SDS and civil society funding mechanism to provide grants such that districts will be supported to implement social protection activities for OVC stipulated within their OVC plans as an integral part of the implementation of the district development plans.

3. Integration with other health activities

Through strengthening the referral networks and linkages with district and community based OVC service providers, the project will support vulnerable children and households to access comprehensive services including health care especially for children with HIV. Health personnel will be equipped with

guidelines and tools for social protection of vulnerable children and households in health programs.

4. Relation to the national program

The project's purpose is to strengthen sustainable capacity of LGs to lead, manage and coordinate implementation of the national OVC policy, strategic plan and guidelines including national OVC quality standards, OVC management information system, advocacy strategy, universal birth registration, support supervision guidelines and technical resources and tools for social protection of vulnerable children and households. The project will utilize the MGLSD structures, policies and expertise in the delivery of the project. Information from the field outlining key issues, concerns and challenges will be fed back to the ministry through the National OVC Steering Committee.

5. Health Systems Strengthening and Human Resources for Health

The project will strengthen referral networks and linkages between community-based care and health facilities to ensure that the health care needs of OVC are addressed. In addition, the project will facilitate establishment of Community Based Learning Networks comprised of Community based OVC service providers including CSOs, political leaders, children, and other community structures. These networks will create effective partnerships for advocating and lobbying for improvement of community systems and structures for delivery of comprehensive services for OVC including health.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13002	**Mechanism Name: Supporting the Continuity of HIV/AIDS prevention and care programs for refugees in Uganda**
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations High Commission for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 283,345	
Funding Source	**Funding Amount**

GHCS (State)	283,345

Sub Partner Name(s)

German Technical Coorperation		

Overview Narrative

1. Overall goals and objectives

The overall goal of UNHCR in Uganda is to seeking lasting and dignified solutions for refugees and IDPs by safeguarding their rights and ensuring a favourable protection climate

2. Target populations and geographic coverage

The project will be implemented in Kyaka II refugee settlement in Kyegegwa district (formally part of Kyenjojo district) located 270km west from Kampala. The settlement is surrounded by three sub-counties of Mpara, Kyegegwa and Kasule of Kyaka constituency (HSD) and covers a ground area of about 11.75 sq km.

The HSD together with other development partners like UNCHR/GTZ, private not for profits health units and private for profit health facilities play important role in the health service delivery, disease prevention, promotion and support supervision, coordination and planning and direct curative health service delivery.

The settlement is multi-ethnic, with Congolese and Rwandese being majority and other minority groups include; Rwandese, Burundians, Kenyans and Sudanese. The number refugee has more than tripled since late 2005 to the current figure of 18,230 due to the Congolese influx from Eastern DRC.

Approximately 10,000 national live in the vicinity of the settlement and benefit from the social services provided for refugees.

The health services system comprises of preventive, curative and health reproductive services. Both out-patient services and In-patient services at Health Centers are provided. The health system is implemented according the health policy by Ministry of Health. The minimum healthcare package of Uganda is adhered too and this includes immunization, malaria control, ANC, nutrition, TB control and maternal and child health.

2. Enhancing cost effectiveness and sustainability

The project will use community-owned resource during planning, implementation, and monitoring of activities to ensure that the knowledge stays within the community at the end of the project. A lot of capacity will be built for the local community (including certified trainings) to effectively implement the project activities. The multi-sectoral activities implemented will be linked to the respective national sector activities to ensure sustainability in the event of closure of the project.

Where livelihood or income generating activities apply, they will be revolving in nature to ensure sustainability with a multiplier effect.

4. Health Systems Strengthening
REDACTED. The project will support the recruitment of additional 4 health workers, and refresher training of the existing health workers as well as community based workers and persons living with HIV/AIDS. The recruited staff will provide other medical functions to support the refugee health system. Supplementary drugs and medical supplies will be procured to support the current ruptures in the drugs and medical supplies, thus improve the quality of care.

5. Cross-Cutting Budget Attributions
Although all the activities have multi-sectoral components, areas highlighted below have received the corresponding allocations:
Human Resources for Health ($25,000): – Additional staff will be recruited and certified refresher trainings for the others
Construction/Renovation & Equipping REDACTED
Food and Nutrition ($15,288): – nutrition support for PMTCT mothers, OVCs and food security support.
Economic Strengthening ($8,500): – Income generation opportunities for persons living with HIV and OVC foster families.
Education ($14,000) – Education support for orphans and vulnerable children as a measure to keep them in school and deter them from risky transactional sex activities with its Health and HIV consequences
Gender-based Violence ($16,000) – The project will support police to response to cases, improve community awareness about the referral pathways, and working with men and boys to prevent SGBV. The project will support the procurement of post-exposure prophylaxis for the victims of rape.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13002** **Supporting the Continuity of HIV/AIDS prevention and care programs for refugees in Uganda** **United Nations High Commission for Refugees**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	52,191	

Narrative:

1. Target populations and coverage of target population or geographic area

This will target orphans, unaccompanied minors, separated children, children infected and affected by HIV/AIDS, and foster families.

2. Description of service delivery or other activity carried out

The project will support the training of caregivers in comprehensive HIV management, as well as identification and documentation of the OVCs. Most vulnerable children will be support with scholastic materials so that they can stay in school; it is anticipated that the scholastic materials will have age-appropriate HIV/AIDS messages. The foster families and older children headed households will be supported with revolving income generating activities. Health workers will benefit from the Community management of acute malnutrition training to provide nutrition support.

3. Integration with other health activities
The livelihood and the nutrition training will directly contributed to food security and nutrition as a component of health services.

4. Relation to the national program
The support will be in line with the national policy on OVC

5. Health Systems Strengthening and Human Resources for Health
The nutrition capacity building for health workers will directly contribute to the strengthening of the health system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	47,408	

Narrative:

1. Target populations and coverage of target population or geographic area
This will target the entire population including heath workers in the health facilities

2. Description of service delivery or other activity carried out

The project will support recruitment of a laboratory technician and a counselor to support the HIV counseling and testing services. The provider initiated testing and counseling, home-based, routine, and voluntary counseling and testing will be scaled up in Kyaka II refugee settlements to ensure that the majority of the people know their status. A motorcycle will be procured to support the outreach team. To ensure consistence, HCT consumables and outreach tents will be procured to avoid stock outs; while couple counseling and testing will be fostered through motivational packages. The national HIV reference laboratory will be facilitated to do routine quality control activities for HIV testing. Demand for the services will be created through behaviour change communication – IEC materials, drama, songs, etc.

3. Integration with other health activities
This will be part of an integrated health outreach.

4. Relation to the national program
The HIV counseling and testing commodities will be obtained from the national supply system, but supplementary procurement will be made in cases of pipeline breaks in the national supply system. The HIV counseling and testing guidelines will be inline with the Policy and the national HIV strategic plan.

5. Health Systems Strengthening and Human Resources for Health
Additional staffs recruitment, procurement of medical supplies and logistical support that directly strengthens the health care system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	29,949	

Narrative:

1. Target populations and coverage of target population or geographic area

The activity will target young and older adolescents in & out of school; and older age groups in relationships living in Kyaka II refugee settlements and the surround host population.

2. Description of service delivery or other activity carried out

This multi-sectoral activity will be implemented by health, education, teachers, community services, religious leaders, traditional leaders, and political leaders. It will focus on using the community or school peer educator networks, use of sports to disseminate information, information, education and communication materials, use of puppetry to disseminate information on abstinence and being faithful. Power relations in marriage being one of the underlying cause of GBV and subsequently HIV, the project will SGBV prevention and response activities in the community focusing on community policing, rolling out the management referral pathway, and working with men and boys (who are mostly the perpetuators). The Police will be support with a motorcycle to follow-up reported cases of SGBV. The project will work with commercial sex workers to disseminate information to their peers, community, and their clients.

Aggressive behaviour change communication campaigns will be carried out through trigger video shows, music, dance, and drama both in school and out of schools. An HIV/AIDS stall will be installed in the local markets where services will be made accessible to busy business community. PLHIV will be trained as expert clients to disseminate the information as well as through IEC materials.

3. Integration with other health activities
The health team will be accompanying the BCC team to provide factual health information but also to provide HIV counseling and testing.

4. Relation to the national program
The activities are in line with the national school health policy, the PIASCY programme, the National HIV strategic plan, and National HIV priority action plan.

5. Health Systems Strengthening and Human Resources for Health
The activity will strengthen the community component of the refugee health care system because of the integrated outreaches with other services like immunizations, de-worming, growth monitoring and antenatal care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	24,506	

Narrative:

1. Target populations and coverage of target population or geographic area
This will target the entire population including heath workers in the health facilities

2. Description of service delivery or other activity carried out

Other prevention will focus on training health workers on universal precautions as well as procurement of universal precaution commodities. Health workers will receive an on off site training in safe male circumcision which skill will be used in the SMC theatre that will be constructed and equipped. The demand for same male circumcision will be created in the community though behaviour change communication.

All discordant couples will be followed-up with regular support to avert the infections. Condoms will be promoted in the community through condom dispensers, dialogues with religious leaders, and putting them in bars and other social places.

3. Integration with other health activities
The activities are part of the health activities

4. Relation to the national program
The activities are line with the ministry of health same male circumcision policy, guidelines on injection safety, National HIV strategic plan, and the minimum health care package of the national health policy

5. Health Systems Strengthening and Human Resources for Health
Medical commodities will be procured, health workers trained, health facility renovated, and community based health care system strengthened.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	60,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The target will be women of reproductive age-group 5391 refugees and their sexual partners living in Kyaka II refugee settlement and the surrounding host population.

2. Description of service delivery or other activity carried out

Although there will be a lot of interaction between this service delivery area and AB and OP, activities will focus on provision quality adolescent sexual and reproductive health services for those in and out of school using a network of peer educators, provision of quality user-friendly family planning methods to women of reproductive age-group including those who are HIV-positive, provision of ART to HIV positive pregnant mothers and their babies as well as cotrimoxazole prophylaxis. Nutrition support will be provided to the pregnant mothers after adequate counseling on infant feeding options (to ensure the AFASS principle applies). For community ownership and sustainability, mother-to-mother support groups will be formed in the communities to foster social support and learning, the presence of services will be publicized using IEC materials.

The maternity ward will be extended that will also house a well equipped safe male circumcision theatre, and a reproductive health clinic. HIV Sentinel surveillance activities will also be supported in the settlement in line and alongside MoH sentinel surveillance.

3. Integration with other health activities

PMTCT services will part and parcel of the reproductive health services that will be provided at the health facilities, and the community activities will be part of the integrated health outreaches. The behaviors change communication will part of school health programme.

4. Relation to the national program
The clinical guidelines, supervision, drugs and medical supplies primarily come from the national supply system although the project will procure supplementary commodities during the periods of raptures in the national system.

5. Health Systems Strengthening and Human Resources for Health
Two staff will be recruited to support the project, health facility will be improved.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	69,291	

Narrative:

1. Target populations and coverage of target population or geographic area

This will target TB patients, all HIV positive clients and the general community in Kyaka II refugee settlement and the surround host population.

2. Description of service delivery or other activity carried out

This will involve provision of minimum package for HIV positive clients, procurement of supplementary drugs for opportunistic infections, a CD+ machine to monitor patients on treatment, as well as quality control for TB testing. Health workers will be trained on TB/HIV co-infection, support activities to roll out CB-DOTS in the community, and procure TB drugs during periods of shortages. Laboratory supplies will be procured to support the laboratory services in the refugee settlement.

Post-test clubs will be supported to conceptualize the new Positive Health, Dignity, and Prevention (PHDP) principle as a means of keeping health but also prevent infection transmission. Dry blood spots for early infant diagnosis will be strengthened, including procurement of pediatric formulations of the drugs

3. Integration with other health activities
The laboratory services will serve other health activities in the settlement

4. Relation to the national program
TB reagents and supplied by the national programme, but the project will support where there are shortages.

5. Health Systems Strengthening and Human Resources for Health
Support the quality of medical services, and human resources skills and knowledge, as well as commodities for health services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13026	**Mechanism Name: Purchase, Distribution and Tracking of Cotrimoxazole, HIV/AIDS Related Laboratory Commodities and Supplies in the Republic of Uganda under the Presidents" Emergency Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Medical Stores	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,550,013	
Funding Source	**Funding Amount**
GHCS (State)	8,550,013

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

This project implemented by the National Medical Stores will contribute to the national supply of Cotrimoxazole, HIV-related laboratory commodities and supplies in order to meet the care and diagnostic needs at Health Center (III) facilities and above in the country. Through this project, commodities will be purchased to meet the needs of public, NGO and faith-based health facilities throughout the country. The laboratory commodities and supplies which will be availed will include, but not limited to Cotrimoxazole, HIV test kits, laboratory reagents and supplies for opportunistic Infections (OI) diagnosis, Kits/reagents for performing routine sexual and reproductive health tests e.g. Syphilis, HB, Urinalysis; supplies for Early Infant Diagnosis (EID), reagents for CD4 and viral load tests. Overall, this project will support the functioning of prevention, basic care and support and treatment programs by ensuring the availability of commodities necessary to enhance services provision and uptake. Therefore the main objectives of this project are;

a. Develop a sustainable and consistent supply of Cotrimoxazole, HIV related laboratory commodities and supplies to contribute to the projected national requirements in order to support HIV prevention, basic

care and treatment services in health facilities throughout the country.
b. Strengthen the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities.

2. Target populations and geographic coverage
HIV/AIDS commodities will be availed to all accredited government, FBO and NGOs facilities providing HIV/AIDS services throughout the country. Working in tandem with the "pull' system established in 2002 where districts are expected to plan and quantify their drugs and medical supply needs and using the credit line to draw down funds allocated to them. Funding allocations will be aligned to the statutory requirement that states that 20% of funds be allocated to JMS for faith-based PNFP health facilities while NMS retains 80% of the funding for public facilities. This will be the guiding principle for the sub partner relationship between NMS and JMS and through a Memorandum of Understanding, roles and responsibilities for each party in the sub partner agreement shall be elaborated.

3. Enhancing cost effectiveness and sustainability
NMS was established in 1993 by the NMS Act (Cap 207 Laws of Uganda), to ensure equitable access by the population of Uganda to high quality efficacious and cost effective essential medicines. It is an autonomous not-for–profit organization designed to operate on sound commercial principles while maintaining equity of access to medicines. This project will utilize the already established systems of National Medical Stores for planning, forecasting and quantification of HIV/AIDS commodities as well as procurement, storage and distribution. To the extent possible, this project will be implemented through the existing human, material and financial systems available at NMS and JMS.
Further, the project will leverage on initiatives that are ongoing or planned by the government and donor partners. For example, funded by the World Health Organization (WHO), The 3-Year Rolling Procurement Plan for Essential Medicines and Health Supplies, implemented through the MoH Pharmacy Division; The USG-funded upgrade of NMS's enterprise resource planning software - MACS and Sage provides opportunities for synergy with the capacity building efforts to improve LMIS. The project will also leverage SURE program which is harmonizing USAID's support relating to EMHS through technical interventions to identify options to correct policy and finance deficits, strengthen the supply chain systems at central and district levels, and develop human capacity to manage the reformed supply chain systems.

4. Health Systems Strengthening
Project implementation will be through the existing government and faith based structures from national to the district level. NMS will advocate for Government of Uganda commitment for incremental direct budgetary allocation to medical commodities including HIV-related laboratory supplies. District health systems will be strengthened by addressing training for service providers in logistic and supplies management; improvement of the HIV-related laboratory requisition and reporting systems; supporting

the functioning of Logistics Management Information System (LMIS) and streamlining lines of logistics/commodities responsibilities and accountability. NMS will pilot the "last mile distribution" ie delivery of health commodities to end users at health facilities and implementation sites in a few districts to determine the feasibility of this approach as astrategy for health commodities distribution for the whole country.

5. Key issue
The new mandate of NMS to directly manage all medicines and supplies' budget of the MOH may overwhelm existing capacity at NMS and directly impact the successful implementation of this program. An independent end-of-program evaluation will be conducted in year five to assess project achievements against set targets and objectives.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13026**		
Mechanism Name:	**Purchase, Distribution and Tracking of Cotrimoxazole, HIV/AIDS Related Laboratory Commodities and Supplies in the Republic of Uganda under the Presidents" Emergency Plan for AIDS Relief**		
Prime Partner Name:	**National Medical Stores**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	560,000	
Narrative:			
1. Target populations and coverage of target population or geographic area This project will contribute to the Uganda national supply of cotrimoxazole supplies needed to increase demand and availability of HIV care and support services for adults testing positive for HIV. The procurement under this project is to fulfill commodities and supplies requirements at government and			

faith based health facilities and few accredited NGO facilities. HIV/AIDS commodities and supplies to enhance services delivery are the central focus of this project. National Medical Stores (NMS) will have a sub partner relationship with Joint Medical Stores (JMS) that have product availability responsibilities for the faith based system. The partnership is guided by the national system for the procurement and distribution of essential health commodities of the Ministry of health.

2. Description of service delivery or other activity carried out

The core mandate under this project is the development of sustainable and consistent supply of cotrimoxazole for adult care and the main activities for NMS and JMS include planning, forecast and quantification of cotrimoxazole commodities needs, procurement, storage and distribution of the same and strengthening the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities. All the cotrimoxazole and other essential drugs supplies from the government system will be distributed in an integrated manner and following the national guidelines on the distributions of essential medicines and credit line commodities of the Ministry of Health.

3. Integration with other health activities

The drug supply system in Uganda operates within a framework defined by the National Health Policy (NHP) and reflected in the Health Sector Strategic Plan (HSSP). The delivery of Essential Medicines and Health Supplies (EMHS) on which the PEPFAR commodities is tagged is dependent on a broad network of interdependent institutional entities which include NMS.

4. Relation to the national program

NMS operates within a statutory and legal framework defined by the laws of the GoU and within a policy and procedural framework defined by the Ministry of Health and codified in the National Drug Policy and Authority Act (NDPAA) and other related Acts. NMS supports the core functions of the Ministry of Health of ensuring attainment of the goals and objectives of the NHP and that the population of Uganda has access to the Minimum Health Care Package (MHCP) as defined in HSSP II of 2005/06-2009/10. The MHCP defines the basic services at the various levels of the health care system. The delivery of this package is in part dependent on the availability of essential drugs for which NMS is charged with procurement and distribution.

5. Health Systems Strengthening and Human Resources for Health

Project implementation is highly integrated in the management structures of NMS. All the staff at NMS are involved in the implementation of this project to variable extent, with the Project Director, Coordinator, Finance Controller, M&E and Laboratory Specialists exercising higher levels of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	4,153,523	

Narrative:

1. Target populations and coverage of target population or geographic area

This project will contribute to the Uganda national supply of HIV/AIDS test kits and related laboratory supplies needed to increase demand and availability of HIV Counseling and Testing services Country wide, but with special focus to commodities and supplies needed at government and faith based health facilities and few accredited NGO facilities. HIV/AIDS commodities and supplies to enhance services delivery are the central focus of this project. National Medical Stores (NMS) will have a sub partner relationship with Joint Medical Stores (JMS) that have product availability responsibilities for the faith based system. The partnership is guided by the national system for the procurement and distribution of essential health commodities of the Ministry of health.

2. Description of service delivery or other activity carried out

The core mandate under this project is the development of sustainable and consistent supply of HIV test kits and related commodities and the main activities for NMS and JMS include planning, forecast and quantification of HIV test kits and related commodities needs, procurement, storage and distribution of the same and strengthening the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities. All the HCT commodities and other essential drugs supplies from the government system will be distributed in an integrated manner and following the national guidelines on the distributions of essential medicines and credit line commodities of the Ministry of Health.

3. Integration with other health activities

The drug supply system in Uganda operates with in a framework defined by the National Health Policy (NHP) and reflected in the Health Sector Strategic Plan (HSSP). The delivery of Essential Medicines and Health Supplies (EMHS) on which the PEPFAR commodities is tagged is dependent on a broad network of interdependent institutional entities which include NMS.

4. Relation to the national program

NMS operates within a statutory and legal framework defined by the laws of the GoU and within a policy and procedural framework defined by the Ministry of Health and codified in the National Drug Policy and Authority Act (NDPAA) and other related Acts. NMS supports the core functions of the Ministry of Health of ensuring attainment of the goals and objectives of the NHP and that the population of Uganda has access to the Minimum Health Care Package (MHCP) as defined in HSSP II of 2005/06-2009/10. The MHCP defines the basic services at the various levels of the health care system. The delivery of this package is in part dependent on the availability of essential drugs for which NMS is charged with procurement and distribution.

5. Health Systems Strengthening and Human Resources for Health

Project implementation is highly integrated in the management structures of NMS. All the staff at NMS are involved in the implementation of this project to variable extent, with the Project Director, Coordinator, Finance Controller, M&E and Laboratory Specialists exercising higher levels of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	140,000	

Narrative:

1. Target populations and coverage of target population or geographic area

This project will contribute to the Uganda national supply of cotrimoxazole supplies needed to increase demand and availability of HIV care and support services for children testing positive for HIV Country wide, but with special focus to commodities and supplies needed at government and faith based health facilities and few accredited NGO facilities. HIV/AIDS commodities and supplies to enhance services delivery are the central focus of this project. National Medical Stores (NMS) will have a sub partner relationship with Joint Medical Stores (JMS) that have product availability responsibilities for the faith based system. The partnership is guided by the national system for the procurement and distribution of essential health commodities of the Ministry of health.

2. Description of service delivery or other activity carried out

The core mandate under this project is the development of sustainable and consistent supply of cotrimoxazole for pediatric care and the main activities for NMS and JMS include planning, forecast and quantification of PMTCT commodities needs, procurement, storage and distribution of the same and strengthening the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities. All the cotrimoxazole supplies and other essential drugs commodities from the government system will be distributed in an integrated manner and following the national guidelines on the distributions of essential medicines and credit line commodities of the Ministry of Health.

3. Integration with other health activities

The drug supply system in Uganda operates with in a framework defined by the National Health Policy (NHP) and reflected in the Health Sector Strategic Plan (HSSP). The delivery of Essential Medicines and Health Supplies (EMHS) on which the PEPFAR commodities is tagged is dependent on a broad network of interdependent institutional entities which include NMS.

4. Relation to the national program

NMS operates within a statutory and legal framework defined by the laws of the GoU and within a policy and procedural framework defined by the Ministry of Health and codified in the National Drug Policy and Authority Act (NDPAA) and other related Acts. NMS supports the core functions of the Ministry of Health of ensuring attainment of the goals and objectives of the NHP and that the population of Uganda has access to the Minimum Health Care Package (MHCP) as defined in HSSP II of 2005/06-2009/10. The MHCP defines the basic services at the various levels of the health care system. The delivery of this package is in part dependent on the availability of essential drugs for which NMS is charged with procurement and distribution.

5. Health Systems Strengthening and Human Resources for Health

Project implementation is highly integrated in the management structures of NMS. All the staff at NMS are involved in the implementation of this project to variable extent, with the Project Director, Coordinator, Finance Controller, M&E and Laboratory Specialists exercising higher levels of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	603,936	

Narrative:

1. Target populations and coverage of target population or geographic area

This project will contribute to the Uganda national supply of HIV/AIDS test kits and related laboratory supplies needed to increase demand and availability of PMTCT services Country wide, but with special focus to commodities and supplies needed at government and faith based health facilities and few accredited NGO facilities. HIV/AIDS commodities and supplies to enhance services delivery are the central focus of this project. National Medical Stores (NMS) will have a sub partner relationship with Joint Medical Stores (JMS) that have product availability responsibilities for the faith based system. The partnership is guided by the national system for the procurement and distribution of essential health commodities of the Ministry of health.

2. Description of service delivery or other activity carried out

The core mandate under this project is the development of sustainable and consistent supply of PMTCT commodities and the main activities for NMS and JMS include planning, forecast and quantification of PMTCT commodities needs, procurement, storage and distribution of the same and strengthening the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities. All the PMTCT commodities and other essential drugs supplies from the government system will be distributed in an integrated manner and following the national guidelines on the distributions of essential medicines and credit line commodities of the Ministry of Health.

3. Integration with other health activities

The drug supply system in Uganda operates within a framework defined by the National Health Policy (NHP) and reflected in the Health Sector Strategic Plan (HSSP). The delivery of Essential Medicines and Health Supplies (EMHS) on which the PEPFAR commodities is tagged is dependent on a broad network of interdependent institutional entities which include NMS.

4. Relation to the national program

NMS operates within a statutory and legal framework defined by the laws of the GoU and within a policy and procedural framework defined by the Ministry of Health and codified in the National Drug Policy and Authority Act (NDPAA) and other related Acts. NMS supports the core functions of the Ministry of Health of ensuring attainment of the goals and objectives of the NHP and that the population of Uganda has access to the Minimum Health Care Package (MHCP) as defined in HSSP II of 2005/06-2009/10. The MHCP defines the basic services at the various levels of the health care system. The delivery of this package is in part dependent on the availability of essential drugs for which NMS is charged with procurement and distribution.

5. Health Systems Strengthening and Human Resources for Health

Project implementation is highly integrated in the management structures of NMS. All the staff at NMS

are involved in the implementation of this project to variable extent, with the Project Director, Coordinator, Finance Controller, M&E and Laboratory Specialists exercising higher levels of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	3,092,554	

Narrative:

1. Target populations and coverage of target population or geographic area
This project will contribute to the Uganda national supply of HIV/AIDS laboratory supplies and reagents necessary to increase demand and availability of Laboratory services that provide support functions for the various HIV program areas, but with special focus to commodities and supplies needed at government and faith based health facilities and few accredited NGO facilities. HIV/AIDS commodities and supplies to enhance services delivery are the central focus of this project. National Medical Stores (NMS) will have a sub partner relationship with Joint Medical Stores (JMS) that have product availability responsibilities for the faith based system. The partnership is guided by the national system for the procurement and distribution of essential health commodities of the Ministry of health.
2. Description of service delivery or other activity carried out
The core mandate under this project is the development of sustainable and consistent supply of laboratory reagents and related commodities and the main activities for NMS and JMS include planning, forecast and quantification of laboratory commodities needs, procurement, storage and distribution of the same and strengthening the capacity of the health systems at district and national levels to adequately forecast and utilize available commodities. All the laboratory commodities and other essential drugs supplies from the government system will be distributed in an integrated manner and following the national guidelines on the distributions of essential medicines and credit line commodities of the Ministry of Health.
3. Integration with other health activities
The drug supply system in Uganda operates within a framework defined by the National Health Policy (NHP) and reflected in the Health Sector Strategic Plan (HSSP). The delivery of Essential Medicines and Health Supplies (EMHS) on which the PEPFAR commodities is tagged is dependent on a broad network of interdependent institutional entities which include NMS.
4. Relation to the national program
NMS operates within a statutory and legal framework defined by the laws of the GoU and within a policy and procedural framework defined by the Ministry of Health and codified in the National Drug Policy and Authority Act (NDPAA) and other related Acts. NMS supports the core functions of the Ministry of Health of ensuring attainment of the goals and objectives of the NHP and that the population of Uganda has access to the Minimum Health Care Package (MHCP) as defined in HSSP II of 2005/06-2009/10. The MHCP defines the basic services at the various levels of the health care system. The delivery of this

package is in part dependent on the availability of essential drugs for which NMS is charged with procurement and distribution. 5. Health Systems Strengthening and Human Resources for Health Project implementation is highly integrated in the management structures of NMS. All the staff at NMS are involved in the implementation of this project to variable extent, with the Project Director, Coordinator, Finance Controller, M&E and Laboratory Specialists exercising higher levels of efforts.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13029	**Mechanism Name: National Lab Infrastruture Initiative**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: Regional Procurement Support Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,526,000	
Funding Source	**Funding Amount**
GHCS (State)	2,526,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

REDACTED

There is only one TB reference lab in Uganda. Ideally there should be a network of regional TB reference labs to ease the pressure on NTRL, to shorten specimen turn-around times and to form part of a wider network of TB laboratories in the East African Community (EAC). Under the World Bank TB Laboratory

Strengthening Program for East Africa (Uganda, Kenya, Tanzania and Rwanda) and as part of a 'two for one' funding arrangement with the Uganda Government ($10M in total), regional TB reference labs will be established in Arua, Fort Portal, Mbale and Mbarara – AISPO will fund a further lab at Lacor Hospital in Gulu and CDC will build a new NTRL in Port Bell, Kampala, allowing the existing lab at Wandegeya, Kampala to assume reference responsibilities for the central region. The existing NTRL is more than 50 years old and is inadequate to meet the expanded needs of a national reference lab in the 21st century. These initiatives together will put in place a network of seven TB reference labs across the country with the new NTRL assuming the responsibilities of a supra-national lab for the EAC and will also provide office space.

REDACTED

2. Target populations and geographic coverage
National
Provides reference facilities for the whole country and as a WHO supra-national lab, for the whole EAC.

Provide demographic information on the target population(s) and total numbers planned to reach.
Name districts in which the IP will implement activities

3. Enhancing cost effectiveness and sustainability
Oversees 6 national TB reference labs
Partnership with WB and AISPO
Co-location with Central Public Health Laboratory

4. Health Systems Strengthening
New NTRL to coordinate activities of 6 TB reference labs
Rapid determination of TBDR enabling fast response
De-centralized QA for TB smear microscopy building regional capacity

5. Cross-Cutting Budget Attributions
a. Human Resources for Health
b. Construction/Renovation – REDACTED
c1. Food and Nutrition: Policy, Tools, and Service Delivery
c2. Food and Nutrition: Commodities

d. Economic Strengthening
e. Education
f. Water
g. Gender: Reducing Violence and Coercion

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13029**		
Mechanism Name:	**National Lab Infrastruture Initiative**		
Prime Partner Name:	**Regional Procurement Support Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	2,526,000	

Narrative:

1. Target populations and coverage of target population or geographic area
National
Provides reference facilities for the whole country and as a WHO supra-national lab, for the whole EAC.

2. Description of service delivery or other activity carried out

REDACTED

3. Integration with other health activities

Under the World Bank TB Laboratory Strengthening Program for East Africa (Uganda, Kenya, Tanzania

and Rwanda) and as part of a 'two for one' funding arrangement with the Uganda Government ($10M in total), regional TB reference labs will be established in Arua, Fort Portal, Mbale and Mbarara – AISPO will fund a further lab at Lacor Hospital in Gulu and CDC will build a new NTRL in Port Bell, Kampala, allowing the existing lab at Wandegeya, Kampala to assume reference responsibilities for the central region.

4. Relation to the national program
There is a growing realization on the part of Ministries of Health that laboratories are one of the weakest links in health systems in a country (2008 Maputo Declaration on Strengthening of Laboratory Systems). An efficient national public health laboratory system is critical for: supporting integrated disease surveillance; complying with International Health Regulations and conducting clinical diagnosis, guiding treatment, and managing the spread of drug resistance. The existing NTRL is more than 50 years old and is inadequate to meet the expanded needs of a national reference lab in the 21st century

5. Health Systems Strengthening and Human Resources for Health

New NTRL to coordinate activities of 6 TB reference labs
Rapid determination of TBDR enabling fast response
De-centralized QA for TB smear microscopy building regional capacity

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13047	**Mechanism Name: Scaling up comprehensive HIV/AIDS Services at Mulago and Mbarara University Teaching Hospitals**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makerere University School of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,469,636	
Funding Source	**Funding Amount**

GHCS (State)	12,469,636

Sub Partner Name(s)

Butabika Teaching Hospital	Central Public Health Laboratories	Makerere University John Hopkins University Collaboration
Mbarara District Health Office	Mbarara University of Science and Technology (MUST)	Most At Risk Populations Initiative (MARPI)
National TB Reference Laboratory (NTRL)		

Overview Narrative

1. Overall goals and objectives

Goals

1. To contribute to primary prevention of HIV
2. To improve the quality of life of HIV-infected persons
3. To strengthen the health systems in the partner institutions

Objectives

1. To support scaling up of PITC services and actively link at least 80% of the identified HIV positive patients to HIV care and treatment services
2. To support primary prevention interventions including ABC and medical male circumcision
3. To support provision of PMTCT, strengthen EID and linkages to pediatric care & treatment
4. To support provision of OVC services
5. To support provision of HIV/AIDS basic care and support including TB management
6. To support provision of ART to existing clients and new clients, including SGBV clients
7. To strengthen systems: M&E, laboratory, logistics and supplies, human resource, leadership and management

The MJAP program will serve both children and adults in mulago and Mbarara Teaching Hospitals. Over the last five years, MJAP has been supporting comprehensive HIV/AIDS/TB services in Mulago & Mbarara Teaching hospitals, seven Regional Referral hospitals (RRH) and several clinics in Kampala and Mbarara districts. The package of services included provider-initiated HIV counseling and testing; basic HIV care, antiretroviral therapy; integrated TB/HIV activities, OVC services for children born to HIV infected patients; ABC activities, prevention for positives, services for the Most at Risk Populations (MARPI) including clients who come to the STD unit, commercial sex workers and their communities, and sexual and gender-based violence medical services (SGBV) for survivors of rape and sexual violence.

For FY 2011, MJAP will continue supporting the services in Mulago and Mbarara hospitals, and in a third teaching hospital, Butabika. MJAP will no longer support services in the RRH under this program. In addition, MJAP will support provision of the full package of PMTCT services in Mulago hospital through a sub grant to the Makerere University-John Hopkins Collaboration (MUJHU) but provide PMTCT services directly in Mbarara hospital.

2. Target populations and geographic coverage

This program will be implemented in two districts Kampala and Mbarara through the teaching hospitals of Mulago, Mbarara and Butabika. It will provide comprehensive HIV/AIDS care through all the clinics of mulago and Butabika hospitals. In addition, it will support district wide and comprehensive HIV/AIDS care in mbarara districts through all the accredited public health facilities from Hospitals to HC III.

3. Enhancing cost effectiveness and sustainability
Describe strategies that will increase effectiveness and efficiencies and make activities more sustainable.

• The program will leverage drugs and other supplies from other sources when available eg NTLP for TB drugs , CHAI for pediatric and 2nd line ARVs, Pfizer for Fluconazole, MJAP also hopes to support additional clients on ART by leveraging GF and MOH ARVs
• Move to generic FDA approved drugs: the program will use cheaper approved generic combinations approved by the MoH
• The program will use FDC as opposed to single formulations to reduce drug costs
• Innovative clinic models to reduce on staffing requirements / pressures e.g. family model, task shifting efforts, nurse only / pharmacy only etc will be used
• MJAP will build the capacity of Districts and health facilities to discuss exit plans, and will support them in writing proposals to mobilize their own resources.

4. Health Systems Strengthening

Human resources for health:

Based on results of thorough needs assessments, MJAP will support the following areas: Training/ re training for service providers in HIV/ TB prevention and care; salary support for additional staff recruited o fill critical gaps in the supported facilities; continuous medical education; regular technical support supervision, together with MOH officials; and orientation of facility-based supervisors to manage the services

Lab strengthening: Based on actual needs, activities will include training, equipment provision and maintenance, technical assistance to ensure timely and accurate reporting to MOH, provision of buffers to minimize stock-outs and strengthening quality assurance.

Infrastructure: MJAP will support minor but essential refurbishments/ remodeling of some facilities to improve quality of HCT and care.

Strengthening logistics management systems:
• Training of staff in logistics management
• Following a comprehensive needs assessment staff gaps will be filled as appropriate
• Introduce dispensing software to track logistics data; consumption/dispensing data, stock on hand as well as losses and adjustments
• Support staff in preparing end of cycle reports to NMS to ensure accuracy and correctness of reports
• Ensuring timely submission of reports to NMS through the use of program email and fax services as well as hand delivery
• Transporting of commodities from NMS to the sites in case of transport challenges to avert the frequent stock outs at the facilities
• All clients will be gradually moved to the MoH ARVS to ensure sustainability and we will maintain a 4months buffer stock to ensure uninterrupted supply of commodities to the clinics.
• The pharmacy infrastructure will be improved as appropriate to foster good pharmacy practice
Monitoring and evaluation

MJAP has supported partner health units to gradually phase out its tools and instead use MOH tools. This process will continue to ensure that all facilities collect, manage and report on data using MOH tools and policies. Needed equipment like computers will be provided. Challenges will be shared with MOH and CDC to develop strategies to ensure that PEPFAR, MOH and MJAP reporting requirements are met without over-burdening the facilities. Monitoring/ technical support visits to facilities will continue and reports will be submitted as required.

Leadership and Management

In order to ensure sustainability of these services, MJAP will work very closely with the managers of partner health units to ensure that they totally own the services. Regular meetings to share progress reports and experiences will be fully supported.

5. Cross-Cutting Budget Attributions-

a. Human Resources for Health- this will include training, re-training, and hiring to fill critical staffing gaps in partner health facilities
b. Construction/Renovation: REDACTED

g. Gender: Reducing Violence and Coercion- Services to be supported are the medical aspects of SGBV including PEP, STI treatment, EC, and treatment of injuries. Referrals will be made to police and other service providers for legal and other support

6. Key issues:
a. Health-Related Wraparounds
o Child Survival Activities- MJAP will support OVC activities including education, vocational training, nutrition, etc
o Family Planning- MJAP will provide information, counseling and services to patients who need them; with referrals for other services not provided by MJAP
o Malaria (PMI) - MJAP will fully integrated malaria prevention and treatment in the HIV services. Insecticide treated nets a well as anti- malarial drugs will be provided to the patients
o Safe Motherhood- counseling and services will be provided to patients attending the HIV clinics, with appropriate referrals to other sites.
o TB- MJAP will continue to support integrated TB/HIV diagnosis and treatment in all the sites; through training, technical assistance and logistical support

b. Gender –Medical SGBV services will be offered and referrals will be made from our SGBV program to police and other service centres for services we do not offer

c. End- of-Program Evaluation-MJAP will conduct an end of program evaluation in the final year of the program.

f. Workplace Programs-MJAP will strengthen its own workplace HIV programming through increasing access to essential information and services for all staff and immediate family members

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,890
Water	100,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13047**		
Mechanism Name:	**Scaling up comprehensive HIV/AIDS Services at Mulago and Mbarara University Teaching Hospitals**		
Prime Partner Name:	**Makerere University School of Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	650,000	

Narrative:

1. Target populations and coverage of target population or geographic area
MJAP will provide ART treatment (facility based) to adult men and women aged 18+ years in the following nine clinics: Infectious Diseases Clinic (IDC) at Mulago Hospital, Mulago Hospital ISS, Mulago Hospital TB-HIV, Mulago Communicable Disease, Bwizibwera, Municipal Council, Mbarara ISS clinic, Mbarara TB/HIV clinic and Butabika hospital. The project will target all adult men and women with confirmed and documented HIV positive results attending the above clinics. Patients will be identified from the facility-based Provider Initiated Testing and Counseling for HIV (PITC) and others will come from other testing sites.
2. Description of service delivery or other activity carried out
MJAP will provide basic care and support including TB management, Septrin /Dapsone prophylaxis, screening and treatment for opportunistic infections including TB, Cryptococcal meningitis, and Kaposi's sarcomas. The clients will receive basic care supplies including health educational materials, safer water vessel, mosquito nets and condoms. We shall implement Prevention with Positives including ongoing counseling of all HIV positive clients, partner testing, disclosure, discordant couple forum and family planning to reduce the risk of HIV transmission to the partner and unborn child. Palliative care and nutritional counseling with referral for the severally malnourished clients will also be provided. To further increase clinic efficiency we shall increasingly strengthen nurses only and pharmacy only visits so that clients with no or minor complains are attended to by nurses and pharmacy staff and only patients with major/severe complaints are seen by the doctors. These will ensure that more clients will be attended to with equal or less human resource. Routine CD4 monitoring will be done to identify patients who need ART.
3. Integration with other health activities

All the HIV services will be integrated into the existing facility services. Existing facility staff will provide the services and the facilities will be supported to fill only major identified human resource gaps. Where a client requires any other non HIV related service linkages and consultations at each facility will be done to utilize the existing services.

4. Relation to the national program

All the services will be provided together with MOH and host facilities with total alignment to MOH policies, guidelines and M&E systems for HIV care and support. We shall continue to collect and report data using MOH HMIS data tools and introduce them in clinics were they are not yet fully operational.

5. Health Systems strengthening and Human Resources for Health

We shall offer in service training for all new host facility staff and on job training for the existing staff in HIV care and management including TB, data management/ use and logistics management. Based on needs, MJAP will enhance the capacity of partner health facilities for HIV and TB diagnosis and care and improve the necessary infrastructure to offer quality services. Together with MOH and host facilities we shall increasingly strengthen the existing logistic systems for delivery of drugs, reagents and other supplies.

MJAP will support the development and maintenance of a robust program Monitoring and Evaluation system based on MOH guidelines. , and use the results for ongoing improvement of program performance. This will include strengthening M&E capacity at the district and service delivery sites by training staff at the DHOs office and the partner institutions to: a) Plan and conduct program evaluations, b) Coordinate and perform data collection, c) Manage and clean data, d) Analyze data, e) Develop data systems and f) Interpret, disseminate and use data for program implementation and policy formulation. The M&E system will also enable them to identify clients lost to follow-up and transferred. The program will support home visitors and organized PLHA groups and networks to track patients within a radius of 30 kms of the partner health facilities. We shall identify CBOs offering complementary HIV care and support services and where appropriate support linkages to ensure bi-directional referral between the communities and health facilities.

MJAP will facilitate and work with the DHO's Office to form strategic partnerships with USG and non USG implementing partners, Civil Society Organizations (CSOs), Community Based Organizations (CBOs), People Living with HIVAIDS (PHA) networks and Village Health Teams (VHTs). This will facilitate further integration of project activities, leveraging of resources, and reduction of duplication and overlaps in service provision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	200,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The target population will be children attending Mbarara hospital, Bwizibwera and Mbarara Municipality HC IVs who are orphans and/or vulnerable. About 55 % of the Mbarara district populations (500,000 people) are children below 18 years, and the estimated pediatric HIV prevalence rate is 2%.
2. Service delivery and other activities
MJAP will support care and support for orphans and vulnerable children in all three health units, in FY 2011. In order to scale up these services, more children need to be identified, linked to these services and followed up; more children will be identified by asking index clients to bring their children for HCT and integration of HCT in child health day's activities. Also others will be identified during immunization and postnatal visits, among others. MJAP will continue conducting home visit to consenting adult patients; more children will be identified and supported during these visits. MJAP will provide services in all the prescribed core program areas. groups.
Integration with other health activities
MJAP will support mechanisms for active and effective linkages and integration between community, OVC and Paediatric HIV/AIDS care, ART, nutrition, MCH and other services for proper management of infected and affected children.
Health systems strengthening and HRH
MJAP will work with the relevant district offices and structures to partner with these health facilities to jointly plan, implement, coordinate and monitor OVC services. The project will also support sensitization of care providers, local leaders and community members in child health related issues, food security and proper child nutrition.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,011,196	

Narrative:

Target populations and coverage of target population or geographic area
The target population is adults 15 years and above attending Mbarara hospital, Bwizibwera and Mbarara Municipality HC IVs. About 45 % of the Mbarara district populations (400,000 people) are adults above 18 years and will be the target under this program area.
Service delivery and other activities
MJAP has been supporting adult care, support and treatment in all three health units, and will continue to do so in FY 2011. In order to scale up these services, more patients need to be identified, linked to these services and followed up. MJAP will continue conducting home visit to consenting adult patients; more children will be identified and supported during these visits. MJAP will scale up adult treatment in health

facilities in line with current MoH guidelines. MJAP will procure OI medicines and ARVs to supplement those from MOH. The program shall support tracking of patients lost to follow up by strengthening community follow-up of patients using Community based PHA networks, VHTs and Peer to Peer support groups.

Integration with other health activities

MJAP will support mechanisms for active and effective linkages and integration between PMTCT and, ART, nutrition, MCH and OVC services for proper management of those infected.

Health systems strengthening and HRH

MJAP will work with the DHO"s office and partner health facilities to jointly plan, implement, coordinate and monitor pediatric HIV care. MJAP will support the partner health facilities to strengthen MoH supply chain systems for essential drugs and medical commodities for children and support training and supervision of health workers in pediatric care, IMCI and IMAI using the MoH in-service training policy and materials. The project will also support sensitization of care providers, local leaders and community members in child health related issues, food security and proper child nutrition. MJAP will support training of staff in Logistics and supplies management and Good Laboratory Practice. We shall also support equipping the labs with the necessary equipment to perform HIV basic care and monitoring tests (CD4+ monitoring, DBS, LFTs and RFTs, liquid culture for TB), and support performance of EQA/PT in collaboration with UVRI

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	561,452	

Narrative:

1. Target populations and coverage of target population or geographic area

HIV couselling and testing will be done in Mulago, Mbarara ad Butabika hospital

2. Description of service delivery or other activity carried out:

PITC will be offered to consenting persons seeking care at the facilities, and their family members. The MOH testing algorithm (Determine for screening, STAT-PAK for confirmatory testing and Uni-Gold as the tie-breaker test) will be used. Couple-testing will be encouraged both in the testing facilities and in the care clinics. VCT will also be done in the homes of index clients who accept to be visited. During the HIV prevention outreaches to the schools and universities in Mbarara and Makerere/ Mulago, VCT will be offered. Promotional activities to reach the target population will be undertaken on days like the World AIDS day, scientific week and other special events during which HCT will also be offered. The project will support IEC activities including media campaigns, social events e.g. World AIDS Day, Community Meetings and using community support groups. The project will promote the strengthening of networks and linkages between health facilities and community programs like VHTs, PHA networks, FBOs, CSOs

and CBOs to promote HCT activities
Mulago and Butabika hospitals will scale up HIV counseling and testing (HCT) services to target 75,000 persons. This will include consenting persons seeking care at the two hospitals and their family members. We will train and re-train health care workers, students, as well as residents in the hospitals in the different HCT approaches (client-initiated, provider-initiated, couple-testing, home based HIV testing and counseling), using the national curriculum. Promotional activities to reach the target population will be undertaken on days like the World AIDS day, scientific week and other special days as designated by different Schools under the College of Health Sciences.

3. Integration with other health activities:

We shall support the DHOs office to coordinate all the partners involved in provision of HCT and care, treatment and prevention programs through regular meetings to share information.. In partnership with the hospital, DHO's Office and the MoH, MJAP will conduct support supervision to ensure adherence to national HTC guidelines and protocols. We shall support performance of both internal quality control and external quality control for HIV tests at the Uganda Virus Research Institute (UVRI).
4. Relation to the national program:
We shall support the DHOs office to coordinate all the partners involved in provision of HCT and care, treatment and prevention programs through regular meetings to share information.. In partnership with the hospital, DHO's Office and the MoH, MJAP will conduct support supervision to ensure adherence to national HTC guidelines and protocols. We shall support performance of both internal quality control and external quality control for HIV tests at the Uganda Virus Research Institute (UVRI).
HIV testing will be performed with rapid tests using the sequential rapid testing algorithm; Determine for screening, STAT-PAK for confirmatory testing and Uni-Gold as the tie-breaker test. In partnership with the hospital management and MOH, support supervision will be provided to ensure adherence to the national HCT guidelines and protocols, improve data management and linkage to the MOH HMIS. Both internal and external quality control for HIV tests will be performed at regular intervals in order to ensure quality test results at all testing sites.
5. Health Systems Strengthening and Human Resources for Health
MJAP will conduct detailed needs assessments to determine the HCT related capacity needs of these facilities and then implement remedial activities. These may include training/ re-training of health care workers, students, as well as residents in the hospitals in the different HCT approaches. MJAP will support efforts to establish and maintain a comprehensive and robust M&E system in line with the MoH. The support will include establishment of electronic databases, computers and training in electronic data processing Using this system, the project will strengthen bi-directional referral networks and feedback mechanisms on linkages between HCT and care, treatment and preventive programs. Patients referred from HCT to care, treatment and preventive will be tracked using unique identifiers which are printed as

serial numbers on HCT forms. Services providers will be sensitized and trained on the need to offer referral cards/notes to clients, indicating the service for which the referral is indicated. Client registration at the service point will include an indicator on where the Client is referred from. Regular monitoring and evaluation will be done to assess and document the effectiveness of referrals using registration data tools at service points within health facilities.

In order to ensure effective referrals, services providers will be sensitized and trained on the need to offer referral cards/notes to clients, indicating the service for which the referral is indicated. This will apply for the within and between health facilities referrals. Client registration at the service point will include an indicator on where the Client is referred from. Regular monitoring and evaluation will be done to assess and document the effectiveness of referrals using registration data tools at service points within health facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The target population will be children attending Mbarara hospital, Bwizibwera and Mbarara Municipality HC IVs. About 55 % of the Mbarara district populations (500,000 people) are children below 18 years, and the estimated pediatric HIV prevalence rate is 2%. The estimated pediatric population in need of HIV care in the district is 8,250 children.

2. Service delivery and other activities

MJAP has been supporting pediatric care, support and treatment in all three health units, and will continue to do so in FY 2011. In order to scale up these services, more children need to be identified, linked to these services and followed up. Activities aimed at identifying more children will include asking index clients to bring their children for HCT, integration of HCT in child health days activities, identification of exposed children during immunization and postnatal visits, among others. MJAP will continue conducting home visit to consenting adult patients; more children will be identified and supported during these visits. In order to shorten the turnaround time and improve EID, MJAP will work with other Partners and ACP to strengthen EID (collection of DBS, delivery to processing laboratories, provide results to caregivers and referral to HIV care and treatment services).MJAP will strengthen pediatric care in health facilities in line with current MoH guidelines including provision of ART for all confirmed HIV positive infants. MJAP will procure OI medicines and snacks will be provided for children as they wait to be served in the clinics. MJAP will partner with NuLife for the provision of ready-to-use foods and referrals for children in need of food and other commodities will be made as appropriate. We shall support tracking of pediatric patients lost to follow up by strengthening community follow-up of patients using Community based PHA networks, VHTs and Peer to Peer support groups.

Integration with other health activities
MJAP will support mechanisms for active and effective linkages and integration between PMTCT and Paediatric HIV/AIDS care, ART, nutrition, MCH and OVC services for proper management of infected and affected children.
Health systems strengthening and HRH
MJAP will work with the DHO's office and partner health facilities to jointly plan, implement, coordinate and monitor pediatric HIV care. MJAP will support the partner health facilities to strengthen MoH supply chain systems for essential drugs and medical commodities for children and support training and supervision of health workers in pediatric care, IMCI and IMAI using the MoH in-service training policy and materials. The project will also support sensitization of care providers, local leaders and community members in child health related issues, food security and proper child nutrition. MJAP will support training of staff in Logistics and supplies management and Good Laboratory Practice. We shall also support equipping the labs with the necessary equipment to perform HIV basic care and monitoring tests (CD4+ monitoring, DBS, LFTs and RFTs, liquid culture for TB), and support performance of EQA/PT in collaboration with UVRI

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	372,393	

Narrative:

Target populations and coverage of target population or geographic area
The target population is children attending Mbarara hospital, Bwizibwera and Mbarara Municipality HC IVs. About 55 % of the Mbarara district populations (500,000 people) are children below 18 years, and the estimated pediatric HIV prevalence rate is 2%. The estimated pediatric population in need of HIV care in the district is 8,250 children.
Service delivery and other activities
MJAP has been supporting pediatric care, support and treatment in all three health units, and will continue to do so in FY 2011. In order to scale up these services, more children need to be identified, linked to these services and followed up. Activities aimed at identifying more children will include asking index clients to bring their children for HCT, integration of HCT in child health days activities, identification of exposed children during immunization and postnatal visits, among others. MJAP will continue conducting home visit to consenting adult patients; more children will be identified and supported during these visits. In order to shorten the turnaround time and improve EID, MJAP will work with other Partners and ACP to strengthen EID (collection of DBS, delivery to processing laboratories, provide results to caregivers and referral to HIV care and treatment services).MJAP will strengthen pediatric care in health facilities in line with current MoH guidelines including provision of ART for all confirmed HIV positive infants. MJAP will procure OI medicines and ARVs to supplement those from MOH. Paediatric MoH ART

regimens that can be sustained by the MoH will be used. MJAP will provide ART to 300 children up to 14 years in the first year as we prepare to transition them to MoH in the subsequent years. Snacks will be provided for children as they wait to be served in the clinics. MJAP will partner with NuLife for the provision of ready-to-use foods and referrals for children in need of food and other commodities will be made as appropriate. We shall support tracking of pediatric patients lost to follow up by strengthening community follow-up of patients using Community based PHA networks, VHTs and Peer to Peer support groups.

Integration with other health activities

MJAP will support mechanisms for active and effective linkages and integration between PMTCT and Paediatric HIV/AIDS care, ART, nutrition, MCH and OVC services for proper management of infected and affected children.

Health systems strengthening and HRH

MJAP will work with the DHO"s office and partner health facilities to jointly plan, implement, coordinate and monitor pediatric HIV care. MJAP will support the partner health facilities to strengthen MoH supply chain systems for essential drugs and medical commodities for children and support training and supervision of health workers in pediatric care, IMCI and IMAI using the MoH in-service training policy and materials. The project will also support sensitization of care providers, local leaders and community members in child health related issues, food security and proper child nutrition. MJAP will support training of staff in Logistics and supplies management and Good Laboratory Practice. We shall also support equipping the labs with the necessary equipment to perform HIV basic care and monitoring tests (CD4+ monitoring, DBS, LFTs and RFTs, liquid culture for TB), and support performance of EQA/PT in collaboration with UVRI

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Mulago, Mbarara and butabika hospitals. In addition Health facilities HC IV-III within Mbarara district will be supported to strengthen their health systems.

2. Description of service delivery or other activity carried out

REDACTED. Staff recruitment under MOH structures to fill HR gaps will be done.

3. Integration with other health activities

The program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available and are implemented in a sustainable manner. A health systems strengthening approach to program implementation will be adopted across all program

areas.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the MJAP program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process, human resources for health, finance and accountability at the units. The project will ensure that clinics are collecting data related to health systems strengthening to effectively monitor program performance. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding this process in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. The MJAP project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	498,420	

Narrative:

1. Target populations and coverage of target population or geographic area

MJAP will support MMC in Mulago and Mbarara hospitals

2. Description of service delivery or other activity carried out

MJAP will support MMC services as part of its package for HIV prevention services. In order to increase awareness and uptake of services, MJAP will support communication activities which address negative perceptions towards MMC. These will include printing of flyers, News Paper prints, radio and television talk shows. MMC will be provided after patient education and consent and delivered in the context of comprehensive HIV prevention messages/services that include: on-site offer of pre-operative HIV counselling and testing; active exclusion of symptomatic STIs and syndromic treatment when indicated; post-operative wound care and abstinence instructions; age-appropriate counselling on risk reduction, reducing number and concurrency of sexual partners, and delaying/abstaining from sex; and provision and promotion of correct and consistent use of male and/or female condoms.

3. Integration with other services

MJAP will explore mechanisms to increase access to MMC services beyond Mulago & Mbarara hospitals. Such mechanisms will include use of mobile facilities through the use of tents or temporary

structures in schools and churches. Experiences from these explorations will be documented to inform future scale up strategies in the subsequent years. REDACTED

4. Relation to national program

MJAP will support the MoH to finalise and disseminate implementation guidelines and policies for MMC. MJAP MMC services will be done in accordance with standard guidelines such as the "WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anaesthesia." MJAP will support design of data tools for MMC such as; Male circumcision Register, Adverse Events Register and other tools. These will be used to monitor the safety and quality of the MMC services provided.

5. Health Systems Strengthening and Human Resources for Health

Pre- and in-service training provided, other capacity building activities, number of healthcare workers supported. MJAP will support training of staff to perform MMC; support establishment of minor theatres for MMC, and provide the necessary logistics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	495,000	

Narrative:

1. Target populations and coverage of target population or geographic area

Over the last about five years, MJAP has supported Other HIV prevention (OP) interventions in Mulago and Mbarara teaching hospitals, seven regional referral hospitals and several satellite clinics in Mbarara and Kampala districts. In FY 2011, MJAP will support these services in Mulago, Mbarara and Butabika teaching hospitals, as well as Bwizibwera and Mbarara municipality HC IVs. Target groups will include both the students and health workers in those institutions, as well as their family members.

2. Description of service delivery or other activity carried out

Previously, MJAP has been supporting OP interventions by addressing some of the key drivers of the epidemic in the above target populations namely; lack of consistent and correct condom use, STIs. These include promotion and provision of condom use, family planning services to HIV positive women to avoid unwanted pregnancies; management of STIs, support to discordant couples, prevention with positives and services to survivors of sexual and gender-based violence (SGBV). These services are integrated into the HIV counseling and testing (HCT), and care, support and treatment interventions. Discordant couples identified have been supported with counseling on how to protect the HIV negative partner; care for the HIV positive partner; condoms are provided and referrals made to the discordant couple clubs supported by MJAP where they meet regularly for further care, peer support and repeat

testing for the HIV negative partner. Since July, 2008, MJAP has been offering comprehensive medical services to survivors of sexual and gender based violence (SGBV) in Mulago Hospital in collaboration with the Department of Obstetrics and Gynecology. The package of services includes; counseling; HIV counseling and testing (to survivor and perpetrator, if available); Provision of Post-Exposure Prophylaxis for HIV (PEP);Pregnancy tests and provision of emergency contraceptives (females of reproductive age); Screening, prevention and/or treatment of STI's/STDs; Treatment of concurrent injuries; laboratory services and referral to police and other organizations for legal and psychosocial support.
Through the Most at Risk populations (MARPI) project, and in collaboration with the Mulago National STD Unit, MJAP has been supporting HIV prevention services for the Most at Risk populations (including commercial sex workers) and other vulnerable populations like the youth in tertiary institutions in Kampala and Wakiso districts.

In FY2011, MJAP will continue supporting all these OP services. SGBV services will be scaled up to Mbarara hospital, which will serve as a referral site for the HC IVs. To increase awareness of the services, stake holders' meetings, Radio talk shows, Posters, Notices and Memos will be made available in all sites MJAP will support. More service providers will be trained in SGBV service delivery as needed. In order, to increase the effectiveness of the HIV/STI prevention efforts, meetings of about 20-25 people will be held to encourage dialogue and information sharing on HIV/ AIDS issues. More condom outlets will be operationalized and condom distribution scaled up in hostels, hotels, bars, entertainment points and other places for people who need them. Discordant couples will continue to be supported with supportive counseling, condom education and referral for care services. The concordant positives will continue to be linked to care and positive prevention reinforced.

3. Integration with other health activities

These OP services are integrated with other HIV/AIDS and health activities. Referral mechanisms and linkages with Hope after Rape, the police, MOH, Ministry of Labor, Gender and Social Development and Ministry of Education will be further strengthened.

4. Relation to the national program

All efforts will be made to align/ harmonize planning, monitoring, evaluation, quality assurance and reporting with MOH standards and guidelines.

5. Health Systems Strengthening and Human Resources for Health

Training for students and staff will be conducted based on identified needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	682,896	

Narrative:

1. Target populations and coverage of target population or geographic area and cross cutting system/activity that contributes to PMTCT scale-up.

MJAP will support PMTCT services in Mbarara, Mulago and Butabika hospitals, as well as Mbarara Municipality. MU-JHU Care and the OB Dept oversee and support all PMTCT activities at Mulago Hospital and will continue doing so as a sub-partner to MJAP effective October 2010. Through the Mulago PMTCT program MTCT has been reduced to less than 5%, with postnatal linkage to treatment and care for HIV + mothers and infants. The program encourages male participation with about 15% of partners of HIV+ pregnant women (3300) now receiving RCT services with their partners.

2. Description of service delivery or other activity carried out:

Mothers and their spouses coming for ANC, PNC, immunization and other services will be targeted. MJAP will support facilities to conduct routine rapid same-day HIV testing for ANC & PNC participants and late presenters at labor/delivery wards; provide comprehensive reproductive health services to existing female HIV-infected clients of reproductive age (partner HCT, family planning, STI diagnosis and treatment); support provision of ARVs for PMTCT to both the mothers and babies; delivery of intra-partum interventions to reduce MTCT of HIV and other infections, support provision of care and follow up of HIV exposed infants including infant feeding counseling and EID; support VHTs, and PLHA support groups to follow up HIV exposed infants in communities; strengthen family-centered approaches to care to ease follow up of HIV exposed infants and their mothers; support activities of peer mothers to enhance uptake of PMTCT services; and increase Men's Access activities, both in ANC and PNC

3. Integration with other health activities:

The PMTCT postnatal follow up clinic staff provide linkages to follow up HIV care & treatment, early infant diagnosis and counseling on infant feeding. The PMTCT staff will also assess the use of peers as a task shifting approach to support EBF and reproductive health services. In Mulago, a demonstration kitchen where PMTCT staff will show mothers how to prepare nutritious meals for their families using locally available foods will be set up. Linkages to OVC services for the most vulnerable will also be addressed. PMTCT activities will also be integrated with screening for Human papilloma virus (HPV).

4. Relation to the national program:

All activities will be done I n line with MOH guidelines. As Uganda's National Referral Hospital, the Mulago PMTCT program serves both as a proving ground and a national showcase for the MOH National

PMTCT policies. The Mulago PMTCT program follows the MOH national guidelines for both PMTCT and infant feeding Guidance; and is a lead implementer of new PMTCT, HIV and infant feeding policies.

5. Health Systems Strengthening and Human Resources for Health:

Based on identified needs, training/re training will be done. Lab capacity for HIV diagnosis and treatment monitoring will be done. MJAP will support joint planning meetings, support supervision, support the provision of resources (ARVs, OI medicines, lab reagents, etc) for implementation of PMTCT services, and carry out joint monitoring and evaluation for PMTCT services. The project will also support the DHOs office to hold PMTCT coordination activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The target population will be patients attending to; Mulago, Butabika and Mbarara Hospitals, and the satellite clinics of Mbarara municipality and Bwizibwera Health centre. The program will support laboratory services in these facilities. MJAP will also support national level activities including rolling out and strengthening lab quality assurance systems country-wide.

2. Description of service delivery or other activity carried out

MJAP will support laboratory services in; HIV and TB screening, ART laboratory monitoring, physical infrastructure improvement, maintenance of equipment, laboratory records management, Quality Assurance and training. In logistics, the program will provide a buffer stock, however other supplies will be got from National Medical Stores.Substancial efforts will also be made towards medical waste management in these facilities, emphasis will be put on waste segregation at the point of waste generation; essential supplies such as sharps containers, pedal bins and waste liners will be provided. The program is already working closely with AIDSTAR [USAID funded Project] in training health workers in managing medical waste.

3. Integration with other health activities

MJAP will work with MOH institutions like Central Public Health laboratories [CPHL] to coordinate a CD4 proficiency scheme with UKNEQAS; the program together with CPHL will work to enable these facilities access samples and result by shipping specimens and training laboratory personnel in these facilities in laboratory accreditation activities which is being initiated by CPHL. The program will work with other institutions such as, the HIV Reference laboratory at Uganda Virus research Institute to expand the external quality assurance program for HIV rapid test by providing testing panels and tools to monitor quality of rapid HIV testing. The program will support Quality Assurance and training activities together NTRL and increase the number of laboratories with satisfactory performance in external quality assurance testing program for AFB smear microscopy. MJAP will work closely with all stakeholders

including, NMS, JMS and MSH who are involved in various aspects of logistics management.

4. Relation to the national program

The program will work closely with all stakeholders especially MOH institutions such as; CPHL, NTRL, UVRI and NMS. This is to ensure that these activities are implemented in line with the national laboratory policy.

5. Health Systems Strengthening and Human Resources for Health

In-service training will be conducted for laboratory personnel in these sites using training guidelines from CPHL. The MJAP team will work very closely with the CPHL team to conduct regular follow up, mentoring and on-site support of all trained personnel. Other in-service trainings will be done through continuous medical education. The program together with CPHL will set up a training database to track trainings and support supervision activities. For all trainings conducted; emphasis will be placed on targeted post-training support to consolidate knowledge and skills. In addition, MJAP will support student attachments to laboratories within its sites for industrial trainings and provision of training materials to tertiary institutions that are training medical laboratory students.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	5,258,598	

Narrative:

1. Target populations and coverage of target population or geographic area

MJAP procured and distributed ARV drugs for 15 service outlets; Mulago ISS clinic, AIDC, Mulago TB/HIV

2. Service delivery and other activities

Between October 1, 2010 and September 30th 2011, MJAP plans to procure and distribute ARVs for a total of 16222 patients distributed at 8 treatment centers; Mulago ISS clinic, Mulago CDC clinic, Mulago TB/HIV clinic, Mbarara ISS clinic, Mbarara Municipal council clinic, Bwizibwera HC4, Mbarara TB-HIV clinic and Butabika hospital ISS clinic. The distribution of the treatment slots shall be based on capacity (human and infrastructure), demand for ART and available space. MJAP will strengthen the uptake of children onto ART in Mbarara Municipal council clinic and Bwizibwera Health centre and linkage of children identified in the other clinics to Baylor Uganda. The program expects to have at least 350 children on ART at these sites with continued support from the Clinton Foundation HIV/AIDS initiative which will provide both the 1st and 2nd line ARVs. We shall continue to give priority to initiate antiretroviral therapy to pregnant women, children and all eligible clients; CD4<250. We estimate that over 200 health care workers and 200 women of sexual and gender based violence shall be provided with post-exposure prophylaxis.

3. Integration with other health activities

MJAP will continue to procure FDA approved generic ARV medicines at competitive prices through

Medical Access Uganda limited (MAUL), a UNAIDS drugs access initiative program locally based in Uganda. In addition to the switch to generic medicines, the program will continue to promote the increased use of fixed-dose combination medicines in order to improve patients' adherence to therapy. CHAI will provide the paediatric formulations based on latest listing with preference being given to fixed-dose formulations and dispersible tablets and capsules. However the program will pay for the handling charges for the CHAI donations. MJAP will procure all the adult 1st line ARV regimen formulations and obtain 2nd line from CHAI for delivery period of up to September 30th 2011. The single medicine formulations to be procured by the program include Nevirapine and Efavirenz. The fixed-dose formulations to be procured include Tenofovir/Lamivudine/Efavirenz, Tenofovir/Lamivudine, Tenofovir/Emtricitabine, Zidovudine/Lamivudine, Zidovudine/Lamivudine/Nevirapine, Stavudine/Lamivudine and Stavudine/Lamivudine/Nevirapine.

Health systems strengthening and HRH

Procured ARV medicines shall be received and inspected by a pharmacist of the program together with the procurement officer and stores assistant. A goods received note shall be filled on receipt as well as other inventory management records. The ARV medicines shall all be centrally procured and distributed through the pull logistics system. Stock-tacking or physical counts shall be done at monthly intervals for all centers and quarterly for the central stores n Kampala and routine reports made. MJAP will continue to further rationalise the supply management system with key approaches such as reducing buffer stock levels while improving physical distribution, strengthening of reverse logistics, shifting to fixed-dose combinations where applicable, strengthening effective medicines selection and moving to just-in-time delivery.

In order to improve service delivery and build capacity MJAP will use both task-shifting and pre-service training to build capacity for HIV/AIDS management and treatment at the university teaching hospitals. MJAP will negotiate with other partners with similar mandate to conduct training of newly qualified professionals from the medical schools of Makerere and Mbarara universities, and the Mulago paramedical schools. In addition, MJAP will continue to strengthen local capacity of the health facilities to take over the provision of ART by conducting refresher trainings, support supervision, mentorship and continuing medical education on key areas of supply management. MJAP will continue to strengthen the current logistics and supply-chain management system working with facilities to strengthen reporting systems and with both MoH and the facilities to respectively avail and pull supplies from NMS. We shall continue to stock ARV formulations and distribute regimens as recommended by the Uganda national standard treatment guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,239,681	

Narrative:

1. Target populations and coverage of target population or geographic area
The target population will be patients attending to; Mulago, Butabika and Mbarara Hospitals, and the satellite clinics of Mbarara municipality and Bwizibwera Health centre
2. Service delivery and other activities
MJAP pioneered implementation of integrated TB/HIV services in Uganda, in 2005. Since that time an estimated 11,700 TB/HIV patients have been served by the program in Mulago, Mbarara and 5 regional referral hospitals, through the various TB/HIV clinics that were established in these hospitals. Patients co-infected with TB and HIV receive a "one stop service" for the two medical conditions in these clinics. MJAP collaborated with the National AIDS Control Programme (NACP) and the National TB program (NTLP) of the Ministry of Health (MoH), during the scale up of these services. The program actively contributed to the development of the existing MoH TB/HIV policies and guidelines such as the i) TB/HIV co-management training manuals, ii) TB infection control guidelines and iii) TB/HIV data collection tools and support supervision checklists

MJAP will support the host health facilities to develop and implement health plans which are aligned with the national framework for TB/HIV collaborative activities. Priority areas in the plan will include; i) provision of TB/HIV co-treatment, ii)TB infection control, iii) intensified TB case finding, iv)Training of health staff in TB/HIV co-management, v)MDR surveillance, vi) External quality assurance for TB microscopy, and vii) strengthening of recording and reporting of TB/HIV services using MoH tools. MJAP will continue to support the laboratory infrastructure in the host institutions to ensure that the relevant laboratory and diagnostic services for TB/HIV services are provided.
3. Integration with other health activities

MJAP will support the NTLP to improve weak aspects of CBDOTS by providing support to structures such as the DTLS and DLFPs. The specific aspects to improve will include performance smear microscopy for TB treatment monitoring and recording and reporting of the TB treatment outcomes. The program will collaborate with the NTRL, CPHL and other exiting laboratory partners to improve diagnosis of TB among HIV+ smear negative patients in order to ensure prompt TB/ART co-treatment.
REDACTED
4. Health Systems Strengthening and Human Resources for Health
Pre- and in-service training provided, other capacity building activities, number of healthcare workers supported
MJAP support will include: recruitment and deployment of required staff in line with the MOH staffing norms and salary rates, we will negotiate with the host facilities to subsequently absorb these staff onto their payroll; support to volunteers who will not fit in the previous category. Training/ re-training with subsequent technical support supervision will be done according to needs identified.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13051	**Mechanism Name: Research - Sexual Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As part of the PEPFAR prevention portfolio review, it was noted that a number of the sexual prevention implementing partners, were not basing their programming on evidence. In order to generate strategic information that will enhance our prevention programming, there is need to undertake operation research. Possible areas for research will focus on Male Medical Circumcision, for example examining the potential for and impact of task-shifting including an evaluation of the ability of nurses or other non-physician clinicians to perform the procedure; sero discordant couples, understanding their social and behavioral dynamics including how to program for them.

The detailed research agenda will be developed further in conjunction with the SI team and implementing partners. The research results will be used to influence Sexual prevention related policies and program implementation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13051		
Mechanism Name:	Research - Sexual Prevention		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13058	**Mechanism Name: Continuous Quality Improvement**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	**Funding Amount**
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

Goal: Improve the care and treatment of individuals with HIV/AIDS by building capacity and capabilities for quality management activities at the national, regional, district and facility level

Objectives 1: Provide Technical Assistance in the development of a national quality management program.

The development of a national framework for quality will help systematize activities across the entire health system infrastructure. The program will provide technical assistance in the development of a national quality management plan and a strategic plan which will guide the activities and the integration of quality improvement into the existing national health system infrastructure. To accomplish this, the program will continue to work closely with senior MOH leadership to assure the quality program reflects the vision of the MOH. Strategies for implementation will be developed and implemented, with communication of plans to all levels of the health system. A Quality Steering Committee, begun in 2008 will continue to provide oversight of these activities and will help to provide harmonization of multiple QI programs currently supporting the country. This group meets monthly and technical assistance will be

provided as needed. A key stakeholders meeting to guide the process and provide regular input and analysis will meet at least annually to review and update performance measures and help establish improvement priorities. An annual national assessment will be performed to assess the nation's progress in developing a sustainable quality management infrastructure. A technical assistance plan will be targeted to specific components needing improvement. System indicators will be implemented.

Objective 2: Promote sustainable quality improvement activities in 127 community and hospital based clinics across all regions in the country.
A total of 127 clinics will receive coaching and mentoring from core team and district health supervisors through regular visits. Trained district coaches will receive ongoing training and technical assistance and peer learning opportunities provided. During biannual regional learning networks participating clinics will report on their QI activities to promote peer learning and to identify successful strategies. Assistance will be provided for sites to develop story boards demonstrating successful QI projects. Benchmarking data reports will be provided to allow sites to compare themselves to others in their region.

HIVQUAL will continue to collaborate with implementing partners to identify technical assistance needed to support QI activities in facilities they support. Regular meetings will be held with implementing partner leadership to identify technical assistance needs. Implementing partners will be included in key stakeholders meeting to provide input on indicators and in regional learning networks to share best practices. This will help to leverage resources across programs and to reduce redundancy in QI efforts. Partners will are also invited to attend monthly Quality Steering Committee.

Objective 3: Develop and implement performance measurements to assess the quality of care provided at approximately 127 community- and hospital-based clinics.
Indicators will continue to be utilized during biannual data collection periods. Indicators will include adult, pediatric, and, PMTCT in FY 2011. Key stakeholders will provide feedback on an annual basis to assure indicators are aligned with national priorities and national treatment guidelines.

Bi-annual national reports will be compiled and generated. Reports will be stratified by region and by district. Reports will be reviewed by the Quality Steering Committee and the key stakeholders group to help set national priorities and benchmarking reports will provided to attendees of regional groups.

2. Target population and geographic coverage
HIVQUAL targets healthcare staff at 127 community and hospital-based clinics throughout Uganda. All regions within the country have some HIVQUAL participating clinics. Additional targeted clinics will include those facilities with no current support for QI activities from HIVQUAL or other implementing partners, in particular HCI.

3. Enhancing cost effectiveness and sustainability
Cost savings will continue to be accomplished through the training and deployment of MOH officials at the district level. These individuals will provide local coaching and mentoring, whereby the central team will be able to reduce significant travel costs.

Collaboration with other implementing partners to assure that national coverage is met without duplication of partner activities. HIVQUAL and HCI have already assured that only program is functioning in each site.

4. Health system strengthening
HIVQUAL continues to support the development of a national quality plan and a strategic plan to help integrate QI into the national health system structure and assess Ministry restructuring that occurred in 2010

5. Cross-cutting budget attributions
As HIVQUAL is a quality improvement capacity building program for MOH and clinic based staff at the national, regional, and local level in Uganda, as well as aiding in the development of a national quality management plan for HIV care, cross-cutting budget attributions are indirect through healthcare and MOH staff development in the area of quality improvement and improving care and treatment provided to HIV-infected patients.

6. Key issues:
Depending upon the quality improvement activities chosen by the participating clinics during the COP 11 timeframe, any of the key issues may be addressed through the program. End of program monitoring includes the analysis of clinical indicator performance measure results, national and organizational assessments and the number of health care workers trained will be used to monitor and evaluate the program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13058**		
Mechanism Name:	**Continuous Quality Improvement**		
Prime Partner Name:	**New York AIDS Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	360,000	

Narrative:

1. Target populations and coverage of target population or geographic area
HIVQUAL targets healthcare staff at all HIV service outlets particularly for those without partner support (community and hospital-based clinics) throughout the country. All regions within the country have some HIVQUAL participating clinics. Additional targeted clinics will include those facilities with no current support for QI activities from HIVQUAL or other implementing partners.

2. Description of service delivery or other activity carried out
A total of 127 clinics will receive coaching and mentoring from core team and district health supervisors through regular onsite visits, telephone calls and email (when available). District coaches will receive ongoing training, technical assistance and peer learning opportunities. During biannual regional learning networks participating clinics will report on their QI activities to promote peer learning and to identify successful strategies. Assistance will be provided for sites to develop story boards demonstrating successful QI projects. Benchmarking data reports will be provided to allow sites to compare themselves to others in their region.

Collaborate with implementing partners to identify technical assistance needed to support QI activities in facilities they support. Regular meetings will be held with implementing partner leadership to identify technical assistance needs. Implementing partners will be included in key stakeholders meeting to provide input on indicators and in regional learning networks to share successful strategies. This will help to leverage resources across programs and to reduce redundancy in QI efforts.

Indicators will continue to be utilized during biannual data collection periods. Key stakeholders will provide feedback on an annual basis to assure indicators are aligned with national priorities and national treatment guidelines.

Bi-annual national reports will be prepared and reviewed at the national, regional, district and facility

level. Reports will be stratified by region and district. Reports will be reviewed by the Quality Steering Committee and the key stakeholders group to help set national priorities.

3. Integration with other health activities
Cost savings will continue to be accomplished through the training and deployment of MOH officials at the district level. These individuals will provide local coaching and mentoring, whereby the central team will be able to significantly reduce travel costs.

HIVQUAL will continue to collaboration with other implementing partners to assure that national coverage is met without duplication of partner activities. HIVQUAL and HCI have already assured that only one program is functioning in each site.

As HIVQUAL is a quality improvement capacity building program for MOH and clinic based staff at the national, regional, and local level in Uganda, as well as aiding in the development of a national quality management plan for HIV care, cross-cutting budget attributions are indirect through healthcare and MOH staff development in the area of quality improvement and improving care and treatment provided to HIV-infected patients.

4. Relation to the national program
The development of a national framework for quality will help systematize activities across the entire health system infrastructure. The program will continue to provide technical assistance in the development of a national quality management plan and a strategic plan to guide the activities and the integration of quality improvement into the existing national health system infrastructure. To accomplish this, the program will continue to work closely with senior MOH leadership to assure the quality program reflects the MOH vision and organizational structure. Strategies for implementation will be harmonized with other QI activities and reflected in a workplan. A Quality Steering Committee, begun in 2008 will continue to provide oversight of these activities. This group meets quarterly. A core team, comprised of technical officers from ACP, clinical services, and quality assurance department, meets monthly. Technical assistance will be provided as needed. A key stakeholders meeting to guide the process and provide regular input and analysis will meet at least annually to review and update performance measures and help establish improvement priorities. An annual national assessment will be performed to assess the nation's progress in developing a sustainable quality management infrastructure. A technical assistance plan will be targeted to specific components needing improvement. System indicators will be finalized and implemented.

5. Health Systems Strengthening and Human Resources for Health
HIVQUAL continues to support the development of a national quality plan and a strategic plan to help

integrate QI into the national health system structure and assess Ministry restructuring that occurred in 2010. Capturing of QI interventions and strategies for improvement will be prioritized during FY 2011 with analysis and dissemination of successful strategies regularly conducted. Systems issues and barriers of improvement will be addressed at the national level and discussed at the Steering committee. Program monitoring includes the analysis of clinical indicator performance measure results, national and organizational assessments, and the number of health care workers trained and clinics initiated in QI. The program will target harmonizing QI training package for health workers and health managers and harmonizing of measures based on national indicators the will allow for national bench marking.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	90,000	

Narrative:

a. Target population and geographic coverage
HIVQUAL targets healthcare staff implementing QI activities at all community and hospital-based clinics throughout the country. Pediatric facilities in all regions of the country will be addressed in 2011. Additional targeted clinics will include those facilities with no current support for QI activities from HIVQUAL or other implementing partners.

b. Service delivery
A total of 127 clinics will receive coaching and mentoring from core team and district health supervisors through regular onsite visits, telephone calls and email (when available). District coaches will receive ongoing training, technical assistance and peer learning opportunities. Implementing partners focused on pediatrics (Baylor Uganda, Mildmay Uganda) will continue to be engaged and supported in the development of organizational QM programs. During biannual regional learning networks participating clinics will report on their QI activities to promote peer learning and to identify successful strategies. Assistance will be provided for sites to develop story boards demonstrating successful QI projects. Benchmarking data reports will be provided to allow sites to compare themselves to others in their region.

HIVQUAL will continue to collaborate with implementing partners to identify technical assistance needed to support QI activities in facilities they support. Regular meetings will be held with implementing partner leadership to identify technical assistance needs. Implementing partners will be included in key stakeholders meeting to provide input on indicators and in regional learning networks to share successful strategies. This will help to leverage resources across programs and to reduce redundancy in QI efforts.

Indicators will continue to be utilized during biannual data collection periods. Key stakeholders will provide feedback on an annual basis to assure indicators are aligned with national priorities and national

treatment guidelines.

Bi-annual national reports will be prepared and reviewed at the national, regional, district and facility level. Reports will be stratified by region and district. Reports will be reviewed by the Quality Steering Committee and the key stakeholders group to help set national priorities.

c. Integration with other health activities
Cost savings will continue to be accomplished through the training and deployment of MOH officials at the region and district level and individuals in local NGO's focusing on pediatrics. These individuals will provide local coaching and mentoring, whereby the central team will be able to significantly reduce travel costs.

Collaboration with other implementing partners to assure that national coverage is met without duplication of partner activities. HIVQUAL and HCI have already assured that only one program is functioning in each site.

As HIVQUAL is a quality improvement capacity building program for MOH and clinic based staff at the national, regional, and local level in Uganda, as well as aiding in the development of a national quality management plan for HIV care, cross-cutting budget attributions are indirect through healthcare and MOH staff development in the area of quality improvement and improving care and treatment provided to HIV-infected children.

d. Relation to the national program
The development of a national framework for quality will help systematize activities across the entire health system infrastructure. The program will continue to provide technical assistance in the development of a national quality management plan and a strategic plan to guide the activities and the integration of quality improvement into the existing national health system infrastructure. To accomplish this, the program will continue to work closely with senior MOH leadership to assure the quality program reflects the MOH vision and organizational structure. Strategies for implementation will be harmonized with other QI activities and reflected in a workplan. A Quality Steering Committee, begun in 2008 will continue to provide oversight of these activities. This group meets quarterly. A core team, comprised of technical officers from ACP, clinical services, and quality assurance department, meets monthly, Technical assistance will be provided as needed. A key stakeholders meeting to guide the process and provide regular input and analysis will meet at least annually to review and update performance measures and help establish improvement priorities. An annual national assessment will be performed to assess the nation's progress in developing a sustainable quality management infrastructure. A technical assistance plan will be targeted to specific components needing improvement. System indicators will be

finalized and implemented.

e. Health systems strengthening and human resources for health
HIVQUAL continues to support the development of a national quality plan and a strategic plan to help integrate QI into the national health system structure and assess Ministry restructuring that occurred in 2010. Pediatric HIV/AIDS is included in this plan and QI interventions and strategies for improvement prioritized during FY 2011 with analysis and dissemination of successful strategies regularly conducted. Systems issues and barriers of improvement will be addressed at the national level and discussed at the Steering committee. Program monitoring includes the analysis of clinical indicator performance measure results, national and organizational assessments, and the number of health care workers trained and clinics initiated into QI.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13081	**Mechanism Name: NuLife Program Follow-on**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Food and Nutrition Interventions for Uganda (NuLife) Follow-on is a new USAID/Uganda project that will provide technical support to the MOH and USG care and treatment partners to implement integrated nutrition interventions to people living with HIV/AIDS with the goal of improving their health outcomes and efficacy of antiretrovirals (ARVs). The program builds on the achievements of the NuLife program at

national and district level i.e. at 54 health units across 51 districts through the Ministry of Health and USG partners. The program will be aligned to the national food and nutrition polity and the National Nutrition and HIV and TB Strategy (2009-2014) that advocate for the scale up nutrition assessments, counseling and support as an integral component of HIV/AIDS and TB care and support services.

The primary beneficiaries for the program are: PLHIV including adults and children (aged below 18 years) in ART and care programs; HIV-positive pregnant & lactating women/mothers with children less than six months; and Orphans and Vulnerable Children (OVC)

The program will strengthen the capacity of Redo Industries to produce the locally produced the locally produced ready-to-use therapeutic food (RuTF) and build on the achievements of the NuLife program in strengthening the economic livelihoods of individuals exiting the NACS program through farmer groups who are growing the ground nuts for the factory.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13081**

Mechanism Name:	NuLife Program Follow-on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

The NuLife follow-on program focus on building the capacity of health care workers to provide sustain the management of acute malnutrition for people living with and affected by HIV by providing nutrition assessments and counseling to clients attending HIV/AIDS care and treatment services, pregnant and lactating women attending maternal and child health clinics and to OVC programs that are supported by USG partners. Targeted nutrition support will be provided in form of supplementary, supplemental and therapeutic feeding (using RuTF) to that target beneficiaries. Community and facility linkages will be strengthened for active case finding; referral and follow-up care for adherence support; reduction of loss to follow up; and, improve the cure rates for individuals receiving treatment for acute malnutrition.

The NuLife follow-on project will continue to use the quality improvement (QI) approach to expand the provision of comprehensive nutrition care for PLHIV to additional high volume health facilities and their catchment areas in the current 51 districts. Anthropometric equipment, job aides, MUAC tapes and nutrition IEC materials will be provided. National and regional technical teams will be availed to prove on-going support and supervision to the health units and the districts.

HIV positive adults who will exit the nutrition assessment, counseling and support (NACS) programs will be linked to food security and livelihoods programs within their catchment areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

In FY2011, the program will support targeted food and nutritional support services to HIV negative clinically malnourished OVC aged 0-17 years identified at both the facility and community level. In most cases, these OVCs will be identified at other clinics other than the HIV clinic which the outpatient department, Young Child Clinic, the MCH clinics and acute care clinics. The nutrition related services to be provided to the OVCs will include nutritional assessment, counseling, Infant and Young Child Feeding, and treatment for acute malnutrition. The malnourished children and their care takers will be counseled on eating well, relationship between HIV and nutrition, increasing their energy and nutrient intake, dealing with symptoms and signs of opportunistic infections, food and drug interactions, infant and young child feeding practices, dealing with loss of appetite, preventing infections, encouraging positive leaving and

seeking early treatment. In addition to counseling, the malnourished will be treated using RUTF so as to improve on their nutritional status.

This new activity will provide technical support to USG OVC to integrate nutrition into their OVC programs. Technical support will range from training service providers in partner facilities, training of partner staff as trainers, provision of a minimum technical package required to integrate nutrition, regular one on one meetings, and organized workshops to update partners on the minimum package and new developments in the area of nutrition, support to integrate nutrition indicators into data collection tools and reporting system, provision of training manuals and job aides developed.

Regional coaching teams will make monthly visits to the facilities to mentor facility quality improvement (QI) teams to systematically integrate nutrition into OVC services at the facility level using the seven steps developed from the training manual to simplify activity implementation at the facility. The first step is nutrition assessment for all OVCs; the second is categorization into normal moderate and severe acute malnutrition based on the colors of the MUAC tape; the third is nutrition counseling of malnourished OVC; the fourth is RUTF prescription using the recommended dosing charts; client follow up for those receiving RUTF; the sixth is general nutrition education for all OVC and their caretakers at the clinics; and the seventh being community mobilization at the community level for identification and follow up of malnourished OVC. To augment the coaching team, the NuLife technical team will provide quarterly technical support visits to support and follow up on technical issues raised through the coaching and mentoring visits.

As a strategy for strengthening the facility-community linkages for increased accessibility for nutrition care and support services for OVC, the program will train and equip new community volunteers using the community training cascade model and the revised set of training manuals. Training topics include adult learning and effective facilitation skills, effective communication skills, basic nutrition care and support for OVCs, the role of the community in integrated management of acute malnutrition, counseling materials for nutrition care and support, management of HIV related symptoms, and management of malnutrition at community level. The community volunteers are drawn from USG partner organizations and their primary role will be to identify, refer and follow up malnourished OVC to health facilities providing nutrition care and support.

Based on lessons from FY2010, it will be critical that the program strengthens and develops new linkages with partners implementing livelihood and food security programs in the targeted districts to take on graduates from the outpatient therapeutic care. The goal is to reduce the number of malnutrition relapses and allow for continuity of nutrition care and support when OVCs graduate from the OTC program. The program will develop a comprehensive "graduation and continuum of care strategy" that involves the

provision of (or graduation to) supplemental foods for PLHIV suffering from moderate acute malnutrition and livelihood support for PLHIV and their families. The program will establish collaboration and linkages with food security and economic growth program e.g. the USG Title II MYAP program; Feed the Future (FTF) Program; and World Food Program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

The NuLife follow-on program focus on building the capacity of health care workers to provide sustain the management of acute malnutrition for people living with and affected by HIV by providing nutrition assessments and counseling to clients attending HIV/AIDS care and treatment services, pregnant and lactating women attending maternal and child health clinics and to OVC programs that are supported by USG partners. Targeted nutrition support will be provided in form of supplementary, supplemental and therapeutic feeding (using RuTF) to that target beneficiaries. Community and facility linkages will be strengthened for active case finding; referral and follow-up care for adherence support; reduction of loss to follow up; and, improve the cure rates for individuals receiving treatment for acute malnutrition.

The NuLife follow-on project will continue to use the quality improvement (QI) approach to expand the provision of comprehensive nutrition care for PLHIV to additional high volume health facilities and their catchment areas in the current 51 districts. Anthropometric equipment, job aides, MUAC tapes and nutrition IEC materials will be provided. National and regional technical teams will be availed to prove on-going support and supervision to the health units and the districts.

HIV positive adults who will exit the nutrition assessment, counseling and support (NACS) programs will be linked to food security and livelihoods programs within their catchment areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

Nutrition services to HIV exposed and infected children will be provided as a component of reducing vertical transmission through breast feeding and improving the health and wellbeing of the children. The NuLife follow-on award will utilize the national infant and young child feeding (IYCF) and the upcoming national guidelines of the Integrated Management of Acute Malnutrition (IMAM) to provide comprehensive NACS services at facility and community level.

The program will promote good infant feeding practices through exclusive breastfeeding for infants below

6 months and utilize the new WHO infant feeding guidance for the HIV exposed child that advocate that HIV positive mothers should breastfeed for a minimum of 12 months and beyond until safe and adequate replacement feeding is available, coupled with HAART or ARV prophylaxis for the mother (option A or option B) and/or the infant. Postnatal infant feeding counseling and food demonstrations on preparation of appropriate weaning local foods will be provided in collaboration with the PMTCT USG partners.

Malnourished children will receive appropriate supplementary and therapeutic food using Ready-to-use therapeutic foods (RuTF).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

Nutrition services to HIV exposed and infected children will be provided as a component of reducing vertical transmission through breast feeding and improving the health and wellbeing of the children. The NuLife follow-on award will utilize the national infant and young child feeding (IYCF) and the upcoming national guidelines of the Integrated Management of Acute Malnutrition (IMAM) to provide comprehensive NACS services at facility and community level.

The program will promote good infant feeding practices through exclusive breastfeeding for infants below 6 months and utilize the new WHO infant feeding guidance for the HIV exposed child that advocate that HIV positive mothers should breastfeed for a minimum of 12 months and beyond until safe and adequate replacement feeding is available, coupled with HAART or ARV prophylaxis for the mother (option A or option B) and/or the infant. Postnatal infant feeding counseling and food demonstrations on preparation of appropriate weaning local foods will be provided in collaboration with the PMTCT USG partners.

Malnourished children will receive appropriate supplementary and therapeutic food using Ready-to-use therapeutic foods (RuTF).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Nutrition services to HIV exposed and infected children will be provided as a component of reducing vertical transmission through breast feeding and improving the health and wellbeing of the children. The NuLife follow-on award will utilize the national infant and young child feeding (IYCF) and the upcoming national guidelines of the Integrated Management of Acute Malnutrition (IMAM) to provide comprehensive NACS services at facility and community level.

The program will promote good infant feeding practices through exclusive breastfeeding for infants below 6 months and utilize the new WHO infant feeding guidance for the HIV exposed child that advocate that HIV positive mothers should breastfeed for a minimum of 12 months and beyond until safe and adequate replacement feeding is available, coupled with HAART or ARV prophylaxis for the mother (option A or option B) and/or the infant. Postnatal infant feeding counseling and food demonstrations on preparation of appropriate weaning local foods will be provided in collaboration with the PMTCT USG partners. Malnourished children will receive appropriate supplementary and therapeutic food using Ready-to-use therapeutic foods (RuTF).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13093	**Mechanism Name: Provision of the Basic Care Package in the Republic of Uganda under the President''s Emmergency Plan for AIDS Relief**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: PACE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,087,800	
Funding Source	**Funding Amount**
GHCS (State)	3,087,800

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

In 2004 CDC with PSI developed a basic preventive package to reduce morbidity and mortality among PHAs. The national HIV/AIDS strategic plan recommends 60% BCP coverage by 2011/2012. The goals of this program include
-Integration of the BCP activities into national health systems
-Expanding partnerships to extend coverage
-Enhancement and expansion of up BCP uptake
-Capacity building for sustainable implementation of the BCP program

Activities under this program include: maintaining BCP support for all PEPFAR supported patients with refills and starter BCP kits, Providing IEC materials that are compressive along with the BCP and social marketing to improve up-take of BCP and positive living

2. Target populations and geographic coverage

The target population for this program is the national PEPFAR patients under all care and support programs in Uganda. The program will be implemented in all districts of Uganda where there is PEPFAR support for HIV/AIDS care and support services. About 250,000 patients will be reached with refills of BCP commodities and 60,000 new patients will receive starter kits.

3. Enhancing cost effectiveness and sustainability

PACE will work with each health facility to develop a capacity building plan focusing on key areas including management, administration, human resource planning, health management, information systems and continuous learning. Attainment of these key aspects will result in transitioning all management and financial responsibility to the districts, MOH and GoU.

4. Health Systems Strengthening

In additional to supporting capacity building along the key areas above, PACE will facilitate DHO's to hold quarterly coordination meetings with BCP implementing facilities to forecast commodity needs and share the projections with NMS. Additional the program will provide Performance Based Grants to districts to facilitate capacity building and competence at the level to implement the BCP program. Health workers and peer educator will be trained and the program will lobby for basic care training to be included in pre-service training of health care workers.

5. Cross-Cutting Budget Attributions
a. Human Resources for Health: The program will support the training and retraining of health care

workers to provide basic preventive care

f. Water: one of the critical components of the Basic care kit is the safe water system. This will improve access to safe and clean water. About $ 1,000,000 will go towards procurement of water vessels and water treatment solution/tablets

6. Key issues:

a. Health-Related Wraparounds
o Malaria (PMI),: the program will distribute long lasting insecticide treated mosquito nets to reduce malaria
c. End-of-Program Evaluation: the program will carry out a mid and end term program evaluation to determine program performance

Cross-Cutting Budget Attribution(s)

Water	500,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13093** **Provision of the Basic Care Package in the Republic of Uganda under the President''s Emmergency Plan for AIDS Relief** **PACE**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,367,800	
Narrative:			
1-HBHC Care: Adult Care and Support 1. Target populations and coverage of target population or geographic area			

The PACE program will work through all the PEPFAR funded care and support providers to distribute a basic preventive package BCP and also supply refills for commodities. Beneficiaries of these services will include adult men and women aged 18+ years through out the country. Both government and non-government health units will have access to these services.

2. Description of service delivery or other activity carried out

The program will provide procurement and logistics management of the BCP and related commodities which include: bed nets, safe water systems, cotrimoxazole prophylaxis and condoms. Along with these commodities; IEC materials that promote their correct and consistent use will be provided to beneficiaries in addition to positive living and dignity messages. This will be done through regional offices that will work directly through the districts trickling down to health facilities. The program will not pprocure or distribute cotrimoxazole but it will ensure that systems are in place to ensure it's available at the health units where the Kits will be supplied.

3. Integration with other health activities

All the BCP services will be integrated into the existing facility services. Existing facility staff will provide the services and the facilities will be supported to fill only major identified human resource gaps through training peer educators and VHTs in basic care. Social marketing of the BCP will be done to improve awareness and up-take through the private sector as well. PACE will also ensure steady production of materials with un-interrupted flow to end users.

4. Relation to the national program

All the services will be provided together with MOH and host facilities with total alignment to MOH policies, guidelines and M&E systems for HIV care and support. We shall continue to collect and report data using MOH HMIS data tools and introduce them in clinics were they are not yet fully operational.

5. Health Systems strengthening and Human Resources for Health

We shall offer in service training for all new host facility staff and on job training for the existing staff in HIV basic care and BCP logistics management. The program will support data management/ use and logistics tracking to improve program tracking. District capacity to store and distribute the BCP kits and commodities will be supported to ensure un-interrupted flow of supplies. The Districts together with MOH and host facilities we shall increasingly strengthen the existing logistic systems for delivery of basic care supplies

PACE has a robust program Monitoring and Evaluation system that will use the results for ongoing improvement of program performance. This will include strengthening M&E capacity at the district and service delivery sites by training staff at the DHOs office and the partner institutions to: a) Plan and conduct program evaluations, b) Coordinate and perform data collection, c) Manage and clean data, d)

Analyze data, e) Develop data systems and f) Interpret, disseminate and use data for program implementation and policy formulation. The M&E system will also enable them to uniquely identify clients who have received BCP supplie and determine actual need for refills.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	720,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The PACE program will work through all the PEPFAR funded care and support providers to distribute a basic preventive package BCP and also supply refills for commodities. Beneficiaries of these services will be HIV-infected children below 18 years through out the country. Both government and non-government health units will have access to these services.
2. Description of service delivery or other activity carried out
The program will provide procurement and logistics management of the BCP and related commodities which include: bed nets, safe water systems, cotrimoxazole prophylaxis and condoms for the older children who are sexually active. Along with these commodities; IEC materials that promote their correct and consistent use will be provided to beneficiaries in addition to positive living and dignity messages. This will be done through regional offices that will work directly through the districts trickling down to health facilities. The program will not procure or distribute cotrimoxazole but it will ensure that systems are in place to ensure it's available at the health units where the Kits will be supplied.
3. Integration with other health activities
All the BCP services will be integrated into the existing facility services. Existing facility staff will provide the services and the facilities will be supported to fill only major identified human resource gaps through training peer educators and VHTs in basic care. Social marketing of the BCP will be done to improve awareness and up-take through the private sector as well. PACE will also ensure steady production of materials with un-interrupted flow to end users.

4. Relation to the national program

All the services will be provided together with MOH and host facilities with total alignment to MOH policies, guidelines and M&E systems for HIV care and support. We shall continue to collect and report data using MOH HMIS data tools and introduce them in clinics were they are not yet fully operational.

5. Health Systems strengthening and Human Resources for Health

We shall offer in service training for all new host facility staff and on job training for the existing staff in

HIV basic care and BCP logistics management. The program will support data management/ use and logistics tracking to improve program tracking. District capacity to store and distribute the BCP kits and commodities will be supported to ensure un-interrupted flow of supplies. The Districts together with MOH and host facilities we shall increasingly strengthen the existing logistic systems for delivery of basic care supplies. PACE has a robust program Monitoring and Evaluation system that will use the results for ongoing improvement of program performance. This will include strengthening M&E capacity at the district and service delivery sites by training staff at the DHOs office and the partner institutions to: a) Plan and conduct program evaluations, b) Coordinate and perform data collection, c) Manage and clean data, d) Analyze data, e) Develop data systems and f) Interpret, disseminate and use data for program implementation and policy formulation. The M&E system will also enable them to uniquely identify clients who have received BCP supplies and determine actual need for refills.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13102	**Mechanism Name: Supporting the National Blood Transfusion Service (NBTS) in the Implementation and Strengthening of Blood Safety Activities in the Republic of Uganda under the President''s Emergency Plan for AIDS Relief (PEPFAR)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Uganda Blood Transfusion Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,000,000	
Funding Source	**Funding Amount**
GHCS (State)	3,000,000

Sub Partner Name(s)

Uganda Red Cross Society		

Overview Narrative

1. Overall goals and objectives

The main goal of the program is to reduce the transmission of HIV through provision of safe blood and blood products for treatment of patients. Specific objectives are to prevent the spread of HIV to children and women of child bearing age by way of increasing supply of safe blood; to increase the number of blood donors who are counseled, tested and notified of their HIV test results each year; to identify and notify blood donors of their HIV sero-status so as to facilitate referral to appropriate treatment and care for the HIV positives; and to increase awareness of HIV/AIDS under the Blood Safety activities, blood donor mobilization, education and motivation through improved, innovative information, education and communication (IEC) with the blood donor community and the general public.

2. Target populations and geographic coverage

The project will target all Regions of Uganda through a network of seven Regional Blood Banks which include: Arua, Gulu, Fort-Portal, Mbale, Nakasero, Kitovu and Mbarara; and six Blood collection centers in Hoima, Jinja, Kabale, Rukungiri, Lira and Soroti. The program will target to collect 200,000 units of blood countrywide that will be issued to 227 health care facilities in Uganda.

3. Enhancing cost effectiveness and sustainability

UBTS will employ a variety of strategies that will increase effectiveness and efficiency to make the program more sustainable. These will include improving recruitment strategies and selection of low risk donors; strengthened strategic framework for collaboration and coordination with MoH and other stakeholders in the wider health programs; improving efficient handling, distribution, and tracking of blood; build an effective M&E framework; and introduce sustainability planning at inception of the program.

4. Health Systems Strengthening

A comprehensive training plan will be developed to ensure all cadres of staff are continually trained in relevant areas. UBTS will roll out the Management Information System (MIS) that has been developed by CDC Uganda to cover all regional blood banks to improve data collection and record keeping. This will contribute to effective monitoring and evaluation of performance indicators and targets.

5. Cross-Cutting Budget Attributions

a. Human Resources for Health

The project will support in-service training and mentoring of both new and continuing staff in the field of Blood Transfusion Medicine. ($200,000)

b. Education

HIV prevention and behavior change messages will be disseminated to communities, schools, and institutions of higher learning by our staff through the educational talks that are given before blood is collected. Primary schools will have educational talks on the need for blood so as to prepare them for blood donation when they reach the donating age. ($50,000)

6. Key issues:

UBTS will to contribute to the achievement of the MDGs 4, 5, and 6 which relate to reduction of child mortality; improvement of maternal health, combating HIV/AIDS, Malaria and other communicable diseases.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13102** **Supporting the National Blood Transfusion Service (NBTS) in the Implementation and Strengthening of Blood Safety Activities in the Republic of Uganda under the President''s Emergency Plan for AIDS Relief (PEPFAR)** **Uganda Blood Transfusion Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	3,000,000	
Narrative:			
1. Target population and geographical coverage The project will target all Regions of Uganda through a network of seven Regional Blood Banks which include: Arua, Gulu, Fort-Portal, Mbale, Nakasero, Kitovu and Mbarara; six Blood collection centers in Hoima, Jinja, Kabale, Rukungiri, Lira and Soroti. The program will target to collect 200,000 units of blood			

countrywide that will be issued to 227 health care facilities in Uganda.

2. Description of service delivery carried out.
UBTS will mobilize voluntary non-remunerated blood donors country wide and collect an estimated 200,000 units of blood. All blood donors will receive HIV prevention messages and be offered an opportunity to know their HIV sero-status. All blood collected will be tested for transfusion transmissible infections, and processed into blood products as required by clinicians. Robust quality assurance and M&E systems will be put in place to enhance effectiveness of the UBTS and track performance.

3. Integration with other health activities
UBTS will link health education activities with Reproductive Health; Malaria Control and Road Safety programs.

4. Relation to the national program
UBTS is an integral sector in the provision of equitable, affordable and quality health care services in public and private facilities. Its role is captured in the Health Investment and Strategic Plan of the Ministry of Health and other relevant guidelines. UBTS has its own strategic plan which espouses autonomy, systems strengthening, and sustainability.

6. Health Systems Strengthening and Human Resources for Health
WHO HSS building blocks approach will be used to review and strengthen systems at UBTS. In-service training of service providers in the following areas will be conducted: leadership/management; SOP development; donor recruitment; blood collection; testing; equipment operation/maintenance; component preparation; storage and transportation of blood; transfusion practices; monitoring and evaluation and quality management.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13104	**Mechanism Name: Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and ART for Adults and children in Eastern and West Nile regions in Uganda under the PEPFAR**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Baylor College of Medicine Children's Foundation/Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,202,336	
Funding Source	**Funding Amount**
GHCS (State)	4,202,336

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The overall project Goal is to contribute to Ministry of Health's efforts to reduce the incidence of HIV infection and HIV/AIDS related morbidity and mortality among children and adults in the Eastern and West Nile regions of Uganda. The project purpose is to support the target districts, health facilities and Civil Society Organizations (CSO) to provide quality and sustainable comprehensive HIV/AIDS services. In FY 2010/2011 Baylor Uganda will implement the project through existing District health structures focusing on but not limited to the following specific objectives:

I. To strengthen organizational and technical capacities of target districts to plan and manage a sustainable programme for comprehensive HIV/AIDS services

II. To support provision and utilization of prevention services to reduce sexual transmission of HIV

III. To support implementing health facilities strengthen medical waste management activities through waste management and related committees

IV. To increase coverage and utilization of PITC services within health facilities in target districts

V. To Expand coverage and utilization of PMTCT services in target districts

VI. To Increase coverage and utilization of comprehensive TB/HIV/AIDS care and treatment services within the target districts

VII. To Scale up access to comprehensive OVC services to OVCs and their households

07-CIRC Biomedical Prevention: Male Circumcision

Baylor-Uganda will support safe medical male circumcision to children and adults as part of prevention in 51 Health facilities in the two regions. The range of safe male medical circumcision support services will include: Training of health workers in safe male medical circumcision, procurement and distribution of pharmaceuticals (anesthetics, antibiotics and pain relievers), mobilization of communities through local radio programs and targeted circumcision campaigns through conducting surgical camps and development of IEC materials. Technical support to health facilities through on site mentorship and support supervision will be provided to develop systems, and competencies of staff in SMC management.
08-HBHC Care: Adult Care and Support

Baylor will support care in the context of family clinic or family centered HIV/AIDS services in the two regions. The types of HIV care and support services will include: prevention and management of opportunistic infections, palliative care including pain and symptom relief. Psychosocial care will be prioritized to enhance adherence to anti-TB treatment and ART, as well as improving positive and healthy living.. Technical support to health facilities through on site mentorship and support supervision will be provided to develop systems, and competencies of staff in HIV/AIDS management. Community volunteers who are part of the village team will be identified and trained to support both care to ensure client retention and adherence to treatment. Effort will be made to link HIV adult clients to support groups and PHA networks to help them access income generating activities. There will be focus on fostering partnerships to link clients for complementary services including food support and security. Reproductive health services including family planning and cervical cancer screening will be provided to all sexually active females. Procurement and distribution of pharmaceuticals (non ARVs) to supported sites. Health workers will be mentored and supported in data collection, storage, simple analysis, utilization and dissemination.

09-HTXS Treatment: Adult Treatment
The Baylor support for comprehensive package will include ART provision, cotrimoxazole prophylaxis and tuberculosis screening and treatment to adult patients on ART. In order to provide quality treatment to the clients, Baylor will offer support to the districts to conduct various trainings, mentorships and support supervision in Logistic management for HIV/AIDS commodities; records management, data management, data utilization and reporting; comprehensive HIV management; HIV counseling and positive prevention. Health care providers will be trained in ARV logistics management and forecasting. Installation of drug storage cabinets for proper storage of ARV stock and provision of technical support (mentorship, support supervision, tools and systems development) will be done.
10-HVTB Care: TB/HIV
Baylor will collaborate with the National TB/Leprosy Programme and National TB/HIV coordination committee to implement TB activities in supported sites. Implementation will be based on the National TB/HIV policy guidelines including strengthening coordination mechanisms at District and Health facility

levels, contributing to reduction in TB among HIV positive individuals and advocacy, communication and social mobilization for TB/HIV. In order to maintain the district TB/HIV services delivery mechanisms in place, the programme will utilize the available health facility staff and will work in regular consultation with the District TB/Leprosy Supervisor. Support to health facilities and districts will be based on quantified unmet needs identified by the health facility and/or district. Baylor's approach will be to strengthen the capacity of the health workers at the facilities to diagnose and manage TB/HIV patients. Monitoring and Support Supervision teams will be formed mainly using local capacity, with Baylor-Uganda staff offering support only in areas not covered by district capacity.

13-PDTX Treatment: Pediatric Treatment

Baylor in partnership with MOH, will work with district health offices and management of the health facilities to strengthen pediatric HIV treatment services by capacity building through training of health providers, procurement of equipment and commodities, support CBC/CD4 patient monitoring tests, distribution of appropriate IEC materials, conducting drugs audits and local radio programs.

14-PDCS Care: Pediatric Care and Support

In partnership with MOH, will continue to work with district health offices and management of the health facilities to strengthen pediatric HIV care and support services that were initiated in the previous fiscal year in the eastern districts and initiate in all the 8 west Nile districts. The activities will include training of health care providers in paediatric HIV/AIDS management and paediatric and adolescent counseling, infrastructure improvement, procurement of equipment and commodities and sustenance of human resources for health; community mobilization for pediatric HIV testing, care and support through "know your child HIV status" campaigns and local radio programs; service delivery through provision of integrated comprehensive HIV/AIDS care and functional referral between HIV testing and care. Baylor will establish/strengthen early infant diagnosis (EID) services and referral especially among lower level health facilities and improve feedback to mother-baby pair for timely care and treatment.

15-HTXD ARV Drugs

To ensure continued enrollment of patients into care, Baylor-Uganda will continue to procure and provide ARVs buffer stock for the 600 clients in the supported sites to avoid stock outs. Recommended 1st line & 2nd line regimens for children and 1st line regimens for adults and children will be procured. Funding for this program area will be ring fenced to procure ARV drugs.

11-HKID Care: OVC

Baylor will define and strengthen collaboration between District Health Offices (DHO) and Community Development Offices (CDO) for coordinated provision of care and support of OVC in the districts. Districts

will develop formal partnerships with CBOs/FBOs and locally operating CSOs to form a consorted effort to delivery of OVC services. The DHO and CDO will work jointly develop schemes for livelihood and IGA that will be funded by the consortium. Caretakers of the OVC will form groups that will be funded through the district system. To promote self reliance and sustainability, the groups will operate a revolving fund scheme from the initial funding support. Each group will be provided technical support for management of the revolving fund by the CDO and the DHO. Linkages between CBOs/ FBOs and facilities will be established for effective referral for continuum of care and support.

12-HVCT Care: Counseling and Testing
Baylor plans to carry out the following activities: Support health facilities conduct know your family status campaigns; Support districts to carry out internal and external quality control for HIV tests; Support home based HCT outreaches; Offer PITC in all units including OPD and inpatient wards; Support district health facilities to offer PITC; Train health care providers in HIV counseling and testing; Support sensitization of persons in testing points to link identified HIV positive children and adults to ART clinics for care

2. Target populations and geographic coverage

The project will be implemented in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo.

From projections of 2010, the population of the target districts is estimated at 5,890,800 and with an estimated prevalence of HIV in the region being 5.0%, 293,702 PLWHA are expected. These PLWHA in the target districts are the primary beneficiaries of the project. The secondary beneficiaries are family members and to a lesser extend the residents of neighboring districts and the border areas of DRC and Sudan. The strategic beneficiaries are the district Local Governments and the MoH.

In FY 2010/2011 Baylor plans to reach 140,000 clients with HIV counseling and testing services; 29,650 with HIV/AIDS/TB care and support services; 11,680 (40% of those in care) with ART services and 24,400 with OVC services

3. Enhancing cost effectiveness and sustainability
The strategies for increasing effectiveness and efficiencies include the following: The first strategy entails working within existing health system of MoH and District Local Governments, to institutionalize planning and M&E, and building technical and institutional support capacity for leadership and management of comprehensive HIV/AIDS services. These will be affected through training, technical supportive supervision, rigorous M&E system, developing and strengthening clinic-based and family-based care

systems, strengthening referral networks and supplying stocks of HIV/AIDS commodities to complement government stock. The second concerns building strategic partnerships to coordinate and complement joint efforts and improve effectiveness and efficiency of implementation, and address the comprehensive HIV/AIDS services needs in the population of the targeted districts. The third focuses on performance-based sub-granting for funding district-based plans. Regular feedbacks, performance ranking and recognition certification will stimulate motivation and innovativeness in planning, implementing and performance monitoring. A performance management system, based on results, will be adopted to guide objective measurement of achievements and ranking of performance on which basis funding will be disbursed to districts.

4. Health Systems Strengthening

Baylor will work with the MOH and districts to address gaps in human resources through didactic training, on-job mentorship and supporting district health teams to conduct support supervision. In addition Baylor will support laboratory services through provision of buffer stocks, transportation of samples and results between health facilities and referral labs, as well as infrastructural improvement to make the facilities more client friendly.
Support supervision will help strengthen the entire health service delivery and management areas other than HIV/AIDS e.g. malaria control, management of childhood illnesses, improvement in records and data management and use for facility and district activities. Infrastructural and logistical improvements will also benefit other areas. Baylor will enter strategic partnerships with donors, other PEPFAR implementing partners and Civil Society Organizations (CSVs) to create functional linkages for better service delivery and leveraging of resources. All the above efforts are aimed at improving quality and capacity of health care delivery.

5. Cross-Cutting Budget Attributions
a. Human Resources for Health - Baylor will work with the MOH and districts to address gaps in human resources through didactic training, on-job mentorship and supporting district health teams to conduct support supervision ($180,321)
Construction/Renovation – REDACTED
b. Food and Nutrition: Policy, Tools, and Service Delivery - None

c. Economic Strengthening - Train OVC caregivers in agro-business skills and other income generating activities, and providing grants to CBOs - $106,140

6. Key issues:

o Child Survival Activities – Routine immunization, EID, provision of HIV care and treatment, referral to child protection services
o Family Planning - Reproductive health services including family planning and cancer cervix screening will be provided to all sexually active females
o Malaria (PMI) – provision of ITNs and safe water vessels.
o Safe Motherhood – provision of ARVs to pregnant HIV infected women
o TB – strengthen TB screening by training Health care providers and providing appropriate guideline and job aids; TB diagnosis by facilitating access to CXR services and sputum samples referral and; TB treatment thought provision of buffer stocks for TB drugs
o
b. Gender - conduct campaigns for increasing male access to HIV/AIDS services and support women groups for IGA
(Including: increasing women's legal rights and protection; increasing gender equity in HIV/AIDS activities and services; addressing male norms and behaviors; increasing women's access to income and productive resources)

C. End-of-Program Evaluation - Conduct End of Project Evaluation

d. Mobile Population – provide condoms, HCT and HIV prevention messages to truck drivers along the highway towns in Eastern Uganda and West Nile

Cross-Cutting Budget Attribution(s)

Water	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13104**
Mechanism Name:	**Scaling up Comprehensive HIV/AIDS Services including provider initiated Testing and Counseling, TB/HIV, OVC, Care and ART for Adults and children in Eastern and West Nile regions in Uganda under the**
Prime Partner Name:	

	PEPFAR Baylor College of Medicine Children's Foundation/Uganda		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	240,000	

Narrative:

. Target populations and coverage of target population or geographic area
The project will be implemented in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. The target adult population of PLWHA in these regions is 264,332 (based on projected 2010 population of 5,890,800, 5.0% HIV prevalence and assuming 90% of PLWHA are adults). It is estimated that up-to 29,650 individuals will be provided with a minimum of two care services by Baylor – Uganda during FY 10/11 in 51 health facilities.
2. Description of service delivery or other activity carried out
The types of HIV care and support services will include: training of health care workers in palliative care including pain and symptom relief, prevention and management of opportunistic infections and procurement and distribution of pharmaceuticals (non ARVs). Technical support to health facilities through on site mentorship and support supervision will be done. VHT will be supported to ensure client retention and adherence to treatment. PHA peer support groups will be formed and supported to access auxiliary services like IGA and nutrition support. Reproductive health services including family planning and cancer cervix screening will be provided to all sexually active females. Health workers will be mentored and supported in data collection, storage, simple analysis, utilization and dissemination. Psychosocial care will be prioritized to enhance adherence to anti-TB treatment and ART, as well as improving positive and healthy living.
3. Integration with other health activities
Facilities will be supported to integrate HIV/AIDS activities into routine care points and vice versa to facilities appropriate inter care referrals. Availability of reproductive health services including cancer cervix screening will be supported in the HIV clinic while HIV screening at each care point within the facility.
4. Relation to the national program Baylor will support care in the context of family clinic or family centered HIV/AIDS services in 51 Health facilities in the two regions. This model of care fits into the Ministry of Health strategy of caring for families together as this improves efficiency and quality of care given to clients. It will support district-led efforts in planning, implementation and coordination of the HIV/AIDS response thus supporting the 3 – ones framework of the national HIV/AIDS strategic plan.
5. Health Systems Strengthening and Human Resources for Health Baylor will work with the MOH and districts to address gaps in human resources through didactic training (pre and in-service), on-job

mentorship and supporting district health teams to conduct support supervision. This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 100 train health care workers in provision of adult care and support services. In addition Baylor will support laboratory services through provision of buffer stocks, transportation of samples and results between health facilities and referral labs, as well as infrastructural improvement to make the facilities more clients friendly. Baylor will enter strategic partnerships with other donors, other PEPFAR implementing partners and Civil Society Organizations (CSVs) to create functional linkages for better service delivery and leveraging of resources. All the above efforts are aimed at improving quality and capacity of health care delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	

Narrative:

1. Target populations and coverage of target population or geographic area
The total target for all our OVC interventions is 24,400 children to be reached. These will be provided by at least one Core program area (CPA). Most of these OVCs will be reached through working with CBO's. About 1500 children are targeted to be provided with at least 3 CPA's.
2. Description of service delivery or other activity carried out
The following OVC activities will be carried out in collaboration with districts health and social care departments: Conduct capacity assessment of CBO; Jointly develop capacity building plans for CBO; Conduct bi-annual planning and review meetings with CBO; Support capacity building workshops and planning for CBOs; Conduct support supervision to CBO; Train caregivers in agro-business skills and other income generating activities; Support community mobilization for HCT to OVC households; Provide grants to CBOs to support OVC ; Link caregivers and OVC with other services; Provide life planning skills training (including making of hand crafts); Conduct Know Your Child HIC Status campaigns; Conduct nutrition education to OVC families; Provide basic treatment and care services for OVC at Baylor-Uganda supported facilities; Establish networks and build alliances with other stakeholders and social groups with an aim to provide holistic; and comprehensive services and mobilize resources to support OVC's
3. Integration with other health activities
Baylor will establish networks and build alliances with other stakeholders and social groups with an aim to provide holistic comprehensive services and mobilize resources to support OVC's. VHTs will be trained to identify, refer, manage and follow-up OVCs in their respective communities.
4. Relation to the national program Baylor will define and strengthen collaboration between District Health Offices (DHO) and Community Development Offices (CDO) for coordinated provision of care and support of OVC in the districts. Districts will develop formal partnerships with CBOs/FBOs and locally operating CSOs to form a consorted effort to delivery of OVC services. Caretakers of the OVC will form groups that

will be funded through the district system.
5. Health Systems Strengthening and Human Resources for Health
100 care givers will be trained in comprehensive OVC Management. To promote self reliance and sustainability, OVC groups will operate a revolving fund scheme from the initial funding support. Each group will be provided technical support for management of the revolving fund by the CDO and the DHO. Linkages between CBOs/ FBOs and facilities will be established for effective referral for continuum of care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	972,534	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor will support adult treatment in the context of family clinic or family centered HIV/AIDS services in 51 health facilities in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. The target adult population of PLWHA in need of adult treatment services is 132,166 (Assuming 50% of adult PLWHA require being on ART). It is estimated that up-to 11,680 individuals will be supported on ART services.
2. Description of service delivery or other activity carried out
The comprehensive package for adult treatment services will include treatment and management of OIs through provision of cotrimoxazole, tuberculosis treatment and basic diagnostic equipment; training of health workers in adult treatment, logistics management, counseling and positive prevention; support the collection and transfer of data from the health facilities to the districts; and support follow-up of patients on treatment by VHT and community volunteers. District health teams will be supported to conduct support supervision to ensure sustainability of standards of care.
3. Integration with other health activities Facilities will be supported to integrate HIV/AIDS activities into routine care points and vice versa to facilities appropriate inter care referrals. Availability of reproductive health services including cancer cervix screening will be supported in the HIV clinic while HIV screening at each care point within the facility.
4. Relation to the national program Baylor will support adult treatment in the context of family clinic or family centered HIV/AIDS services in 51 Health facilities in the two regions. This model of care fits into the Ministry of Health strategy of caring for families together as this improves efficiency and quality of care given to clients. It will support district-led efforts in planning, implementation and coordination of the HIV/AIDS response thus supporting the 3 – ones framework of the national HIV/AIDS strategic plan.
5. Health Systems Strengthening and Human Resources for Health
Baylor will work with the MOH and districts to address gaps in human resources through didactic training

(pre and in-service), on-job mentorship and supporting district health teams to conduct support supervision. This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 100 train health care workers in provision of adult treatment services. In addition Baylor will support laboratory services through provision of buffer stocks, transportation of samples and results between health facilities and referral labs, as well as infrastructural improvement to make the facilities more clients friendly. Baylor will enter strategic partnerships with other donors, other PEPFAR implementing partners and Civil Society Organizations (CSVs) to create functional linkages for better service delivery and leveraging of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	561,452	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor-Uganda plans to reach 140,000 clients with HIV counseling and testing services supporting 51 health facilities in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo and through outreach activities.2. Description of service delivery or other activity carried out
The counseling and testing process will be based on the approved Ministry of Health testing algorithm. Internal and external quality control measures will be instituted. The facilities will send samples to UVRI for QA/QC. HCT services will be provided through Voluntary counseling and testing (VCT), Home based HCT (HBHCT) and provider-initiated routine HCT in clinical settings. Baylor- will continue to support transportation of DBS samples to JCRC and later CPHL laboratories to facilitate early infant diagnosis (EID). The main client mobilization strategies will include 'Know Your Child HIV Status' (KYCS) campaigns, RCT, couple testing and VCT. Baylorin partnership with MoH will continue to build capacity for EID and disseminate the guidelines and necessary monitoring tools.
3. Integration with other health activities
• Support health facilities conduct 'know your family status' campaigns
• Offer PITC in all units including OPD and inpatient wards
• Train health care providers in HIV counseling and testing
4. Relation to the national program
Baylor-Uganda will support provision of HCT services according to the National HCT guidelines that recommend various approaches including Voluntary counseling and testing (VCT), Home based HCT (HBHCT) and provider-initiated routine HCT in clinical settings. For the diagnosis of HIV among infants, DNA-PCR is essential. 5. Health Systems Strengthening and Human Resources for Health
This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and

the Capacity project in the MOH to train health care workers in HCT, EID and DBS sample collection. Up to 200 health care providers will be trained. Baylor will also work with the districts and UVRI on a system to accredit HIV testing and a system for appropriate QC/QA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	180,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor will provide pediatric HIV/AIDS care and support 51 health facilities in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. Our target population will be children and adolescents up to 18 years of age. About 2,965 children and adolescents will be provided with Pediatric Care and Support.
2. Description of service delivery or other activity carried out
The strategies will include capacity building through training of health providers in pediatric HIV/AIDS management and pediatric HIV/AIDS counseling; infrastructure improvement, procurement of equipment and commodities and sustenance of human resources for health; procurement and distribution of basic care package, pediatric supplies including weighing scales, stadiometers and pediatric stethoscopes; community mobilization for pediatric HIV testing through mass media and "know your child HIV status" campaigns; conduct radio talk shows addressing pediatric HIV/AIDS issues; provision of therapeutic food interventions for malnourished children; and establishing and strengthening existing MOH mechanisms for supervision, monitoring and evaluation. The strategies will be coordinated through district structures to ensure continuous quality services provision and sustainability of operations.
3. Integration with other health activities Facilities will be supported to integrate HIV/AIDS activities into routine care points and vice versa to facilities appropriate inter care referrals. Integration of paediatric HIV care and support services with routine pediatric care, nutrition services and maternal health will be supported. Availability of HCT in young child clinics and immunization in HIV chronic care clinics will be supported.
4. Relation to the national program Baylor will support care in the context of family clinic or family centered HIV/AIDS services in 51 Health facilities in the two regions. This model of care fits into the Ministry of Health strategy of caring for families together as this improves efficiency and quality of care given to clients. It will support district-led efforts in planning, implementation and coordination of the HIV/AIDS response thus supporting the 3 – ones framework of the national HIV/AIDS strategic plan.
5. Health Systems Strengthening and Human Resources for Health
Baylor will work with the MOH and districts to address gaps in human resources through didactic training (pre and in-service), on-job mentorship and supporting district health teams to conduct support

supervision. This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 100 train health care workers in provision of paediatric treatment services. In addition Baylor will support laboratory services through provision of buffer stocks, transportation of samples and results between health facilities and referral labs, as well as infrastructural improvement to make the facilities more clients friendly. Baylor will enter strategic partnerships with other donors, other PEPFAR implementing partners and Civil Society Organizations (CSVs) to create functional linkages for better service delivery and leveraging of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	309,323	

Narrative:

1. Target populations and coverage of target population or geographic area

Baylor will support provision of pediatric HIV/AIDS treatment in 51 rural health facilities in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. Our target population will be children and adolescents up to 14 years of age. 1400 children and adolescents will benefit from this life saving treatment with ARVs.

2. Description of service delivery or other activity carried out

The strategies for provision of paediatric treatment services will include capacity building through training of health providers in paediatric HIV/AIDS treatment, logistics managements of HIV commodities, EID; procurement of equipment and commodities and sustenance of human resources for health; community mobilization for pediatric HIV testing, care and support through "know your child HIV status" campaigns and local radio programs; service delivery through provision of integrated comprehensive HIV/AIDS care and functional referral between HIV testing and care; establishing and strengthening existing MOH mechanisms for supervision, monitoring and evaluation; training VHTs in home based care; procurement and distribution of IEC materials. The strategies will be coordinated through district structures to ensure continuous quality services provision and sustainability of operations and programmes.

3. Integration with other health activities

Facilities will be supported to integrate HIV/AIDS activities into routine care points and vice versa to facilities appropriate inter care referrals. Integration of HIV treatment services with routine pediatric care, nutrition services and maternal health will be supported. Availability of HCT in young child clinics and immunization in HIV chronic care clinics will be supported.

4. Relation to the national program

Baylor will support care in the context of family clinic or family centered HIV/AIDS services in 51 Health facilities in the two regions. This model of care fits into the Ministry of Health strategy of caring for families together as this improves efficiency and quality of care given to clients. It will support district-led

efforts in planning, implementation and coordination of the HIV/AIDS response thus supporting the 3 – ones framework of the national HIV/AIDS strategic plan.

5. Health Systems Strengthening and Human Resources for Health

Baylor will work with the MOH and districts to address gaps in human resources through didactic training (pre and in-service), on-job mentorship and supporting district health teams to conduct support supervision. This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 100 train health care workers in provision of paediatric treatment services. In addition Baylor will support laboratory services through provision of buffer stocks, transportation of samples and results between health facilities and referral labs, as well as infrastructural improvement to make the facilities more clients friendly. Baylor will enter strategic partnerships with other donors, other PEPFAR implementing partners and Civil Society Organizations (CSVs) to create functional linkages for better service delivery and leveraging of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

Baylor will support target districts in Eastern and West Nile regions to provide and improve utilization of quality, comprehensive HIV/AIDS services. These include: Eastern districts of Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido and Amuria. West Nile districts of Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. The mechanism will work to provide technical assistance and build the capacity of these districts in the 6 key health systems strengthening functions including: 1) Service delivery; 2) Leadership and governance; 3) Finance; 4) Medical products, vaccines and technologies; 5) Information systems for M&E; and 6) Human Resources for Health.

Baylor will work with the PEPFAR team, Ministry of Health/ AIDS Control Program (MOH/ACP) and district health teams to address gaps in human resources through didactic training, on-job mentorship and supporting district health teams to recruit staff and conduct support supervision. Baylor will enter strategic partnerships with donors, other PEPFAR implementing partners and Civil Society Organizations (CSOs) to create functional linkages for better service delivery and leveraging of resources. In the health facilities, HIV/AIDS services will be integrated in all service delivery points; and an internal and external patient referral system will be established. Through training, on-site mentorship and support supervision, Baylor-Uganda will build the capacity of district and facility staff in logistics and supply chain management systems of the MOH. Baylor-Uganda will work with districts to support accreditation of facility laboratories to provide services commensurate to their level.

Baylor Uganda will sub-grant to the districts and Community Based Organizations (CBO) through a performance based model and follow the official funding procedures. Through joint planning and reviews,

Baylor Uganda will support districts and health facilities to develop district HIV/AIDS plans, M&E plans and Performance Measurement Plans (PMP) that address their information needs, and the indicators of the program, PEPFAR II and MOH. Reporting will be through established MOH channels to enhance facility, district and MOH ownership of the information.
To improve coordination and leadership for implementation and management, district and health facility leadership and coordination structures such as District AIDS Committees and others will be activated and supported. Program planning will be harmonized with the MOH planning cycle.
Baylor will work under the guidance of MOH/ACP, district HIV/AIDS and PEPFAR policy guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	500,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor – Uganda will support safe medical male circumcision activities in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. The target population will comprise of all male infants, children and adults. It is estimated that up-to 1,024 males will benefit from these services.

2. Description of service delivery or other activity carried out
Baylor will support safe medical male circumcision to children and adults as part of prevention. The range of safe male medical circumcision support services will include training of health workers (a team compromising of Nurses, Clinical Officers, and Counselors from each facility) in collaboration with Walter Reed and Rakai projects, procurement and distribution of basic supplies, pharmaceuticals and equipment, communities mobilization using local radio programs, Conducting Safe MMC surgical camps as well as distribution of IEC materials.
3. Integration with other health activities
MMC counseling and education will be integrated into routine care points within the facility including young child clinic. Through technical and logistical support, facilities will be supported to have required supplies and equipment for safe male medical circumcision and other surgeries. VHT will be trained and supported to link and support clients for safe male circumcision at the family level.
4. Relation to the national program
Baylor will work with the ministry of Health to finalize the guidelines relating to safe male medical circumcision and will fully participate in the implementation of the recent MMC policy. To improve coordination and leadership for implementation and management, district and health facility leadership and coordination structures such as DAC and SAC will be activated and supported.

5. Health Systems Strengthening and Human Resources for Health
72 health workers will be trained in conducting safe MMC and facilities will be supported with necessary equipment and supplies for safe MMC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	554,585	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor – Uganda will continue to secure ARV drugs from Clinton foundation till December 2011. Most of ARVs drugs procured by Baylor-Uganda will be accessed through Medical Access. To ensure continued enrollment of children and adults into care, Baylor-Uganda will continue to procure and provide ARVs buffer stock for the 600 clients on ARV's in the supported sites to avoid stock outs. Recommended 1st line & 2nd line regimens for children and 1st line regimens for adults and children will be procured.
2. Description of service delivery or other activity carried out
Baylor will continue to secure ARV drugs from Clinton foundation till December 2011. Most of ARVs drugs procured by Baylor will be accessed through Medical Access. The target is to have 80% of all the supported facilities without ARV stock outs in 2010/11 and 100% in 2012. Strategies will focus on improving health workers skills in logistics chain management systems and close stock monitoring and drug audits. Other activities will include installation of drug storage cabinets for proper storage of ARV stocks, procurement of drugs for PEP and supporting regular and consistent supply of MOH ARV stock cards and registers.
3. Integration with other health activities
Facilities will be supported to integrate ARV service activities into routine care points and vice versa to facilities appropriate inter care referrals. ARV drugs for PEP will be provided to all facility staff who will require them While Health care workers will be trained in logistics and supplies management which cover all supplies even outside the ARV services scope.
4. Relation to the national program The project will support the MoH supply chain as the main source of commodities. Staff will be trained in logistics management to enhance timely forecasting, ordering and accounting (using MoH tools) to minimize wastage, expiry and stock outs. The project will support procurement of buffer stocks. It will ensure proper storage through refurbishing and supporting installation of cabinets. Periodic audits and support supervision will be conducted to continuously strengthen logistics management and accountability systems.
5. Health Systems Strengthening and Human Resources for Health
Baylor will work with the MOH and districts to address gaps in human resources through didactic training (pre and in-service), on-job mentorship and supporting district health teams to conduct support

supervision. This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 51 train health care workers in logistics management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	584,442	

Narrative:

1. Target populations and coverage of target population or geographic area
Baylor will collaborate with the National TB/Leprosy Programme and National TB/HIV coordination committee to implement TB activities in all the 51 sites in 19 districts in Eastern and West Nile regions of Uganda: Jinja, Tororo, Manafwa, Bukedea, Kumi, Ngora, Soroti, Serere, Katakwi, Kaberamaido, Amuria, Nebbi, Zombo, Arua, Maracha, Adjumani, Koboko, Yumbe and Moyo. The target of 29,650 PLWHA will be provided with HIV/AIDS/TB screening, care and support services. It is estimated that up-to 593 individuals will be treated for active TB as a result.

2. Description of service delivery or other activity carried out
Baylor's approach will be to strengthen the capacity of the health workers at the facilities to diagnose and manage TB/HIV patients; train health care workers to plan, manage and forecast anti TB drugs and diagnostic supplies; and health management Information systems support. Health facilities will be supported to collect, analyze and utilize data for TB/HIV services using existing MOH data collection tools. Facilities will also be supported to provide HCT at TB care points, to refer or do CXRs and samples, IEC materials, job aides, patient management tools and registers and TB infection control measures at HIV care clinics.

3. Integration with other health activities
Facilities will be supported to integrate HIV/AIDS activities like HCT into TB care points and vice versa to facilities appropriate inter care referrals. TB screening will be integrated all service points for facilities with X-ray equipment support will be given to maintain them which will serve the entire health facility X-ray need. Screening for TB in HIV clinics will also be intensified with appropriate training of health care workers. The project will also promote cross referrals between HF and community referrals by DOTS volunteers. Referral of specimens for anti mycobacterial culture and Drug Susceptibility testing (DST) will be supported.
4. Relation to the national program
This project will adopt the WHO strategy for TB/HIV co-infection, by: i) working through the National TB Leprosy Program of the MoH and its structures at regional, district and health facility level; ii) focusing on the three I's for decreasing the burden of TB in PLHA (Intensified TB case finding-ICF, Isoniazid

prevention therapy, and Infection control) and; iii) implementing interventions to decrease the burden of HIV in TB patients e.g. PITC, co-trimoxazole prophylaxis and ART. The project will work through and support the VHT and DOTS structures to enhance community, family and patient roles in TB care and treatment. 5. Health Systems Strengthening and Human Resources for Health This project will liaise with the Strengthening of National HIV/AIDS training systems (SNATS) project and the Capacity project in the MOH to 100 train health care workers in provision of TB/HIV services. Emphasis will be placed on diagnosis and treatment of pediatric TB through supporting tuberculin skin tests, contributing towards the maintenance of X-ray machines, and building the skills of health workers in TB screening, PPD placement and reading.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13135	**Mechanism Name: Fogarty**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: THE JOHN E. FOGARTY INTERNATIONAL CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13135		
Mechanism Name:	Fogarty		
Prime Partner Name:	THE JOHN E. FOGARTY INTERNATIONAL CENTER		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13136	**Mechanism Name: Scaling up comprehensive HIV/ Aids Services Including Provider Initiated Testing and Counseling (PITC), MARPI, SGBV at KCC Clinics**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Infectious Disease Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,367,975	
Funding Source	**Funding Amount**

GHCS (State)	4,367,975

Sub Partner Name(s)

Kampala District Health Office		

Overview Narrative

1. Overall goals and objectives

IDI is a Uganda NGO, owned by Makerere University, which focuses on building capacity of health systems for the delivery of sustainable, high quality services for the prevention, care and treatment of HIV/AIDS and related infectious diseases. The major IDI programs include; training, research, advanced clinical services, laboratory services and community or facility outreach services.

HIV/AIDS care services in the KCC clinics have previously been provided by multiple partners who include; IDI, Baylor, MJAP and PREFA. This project will be implemented solely by IDI in partnership with the Kampala District Health office
IDI will offer an "integrated comprehensive package" with a "one command center" composed of IDI, the Kampala district health office and any other implementing partners within the targeted ten KCC health facilities. The project will establish a family based model of care that offers all available services including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system. IDI will support KCC to play its mid-level supervisory and service delivery role as per MoH guidelines and will actively support KCC management to harmonize active partners in the 10 KCC clinics. IDI will support KCC to lead a "greater network" of KCC service providers and enhance active KCC leadership in HIV care services within in Kampala City Council. The project will sponsor the development and continuous review of a district wide HIV/AIDS services sustainability plan for the KCC DHO and support a monitoring and evaluation framework of the plan

2. Target populations and geographic coverage

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda. It has a day time population of 2.3M and is divided into 5 administrative divisions: Central, Nakawa, Makindye, Kawempe and Rubaga Divisions.

KCC is responsible for the social services in the city including health service delivery through over 67 health facilities that include KCC clinics, other specialized government clinics, PNFP units PFP units and large company clinics all of which provide ART to about 50,660 patients. KCC management is directly responsible for 10 health units (3 HC IVs, 5 HC IIIs and 2 HC IIs)

3. Enhancing cost effectiveness and sustainability

Capacity building of KCC is at the core of this program and it will be an ongoing process throughout the life of the project. KCC capacity building activities will be informed by the "capacity building pyramid"; IDI's nontraditional approach to capacity building which recognizes the various types of inter-related levels that need to be built in a systematic manner if the efficiency and effectiveness of the health system is to be enhanced. It will be based on sound understanding of the local context and grounded in the local context to facilitate local ownership and long lasting benefits from the project

4. Health Systems Strengthening

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

5. Cross-Cutting Budget Attributions
a. Human Resources for Health

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff. $ 302,996 will go towards this

b. Construction/Renovation
REDACTED

6. Key issues:

a. Health-Related Wraparounds
o Child Survival Activities: Improved pediatric care and OVC services among children attending KCC clinics
o Family Planning: Improved linkages for maternal and child health including reproductive health services
o Safe Motherhood: improvement of antenatal and PMT CT services in all the KCC clinics
o TB: Intensified TB case finding and TB treatment completion, and TB infection control activities in the clinics in addition to improved HIV counseling and testing in TB settings

b. Gender: The program will employee a MARP/SGBV/PICT specialist to lead activities that target MARP like sex workers and MSM; gender based violence program interventions like care/counseling for those sexually assaulted including PEP and referral/support for legal services

c. End-of-Program Evaluation: The program will have a mid- term and end of program evaluation in addition to regular program reviews annually

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Gender: Reducing Violence and Coercion	2,000
Human Resources for Health	227,350
Water	60,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13136**		
Mechanism Name:	**Scaling up comprehensive HIV/ Aids Services Including Provider Initiated Testing and Counseling (PITC), MARPI, SGBV at KCC Clinics**		
Prime Partner Name:	**Infectious Disease Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	150,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda. It has a day time population of 2.3M and an HIV prevalence of 8.5% with an estimated 180,000 HIV positive individuals in need of care. Kampala, the project area is divided into 5 administrative divisions: Central, Nakawa, Makindye, Kawempe and Rubaga Divisions. KCC is responsible for social services in the city including health service delivery provided through over 67 health facilities that include KCC clinics, other specialized government clinics, PNFP units PFP units and large company clinics all of which provide ART to a combined figure of about 50,660 patients. KCC management is directly responsible for 10 health units (3 HC IVs, 5 HC IIIs and 2 HC IIs) through which care to 22,000 individuals will be provided through 2015.

2. Description of service delivery or other activity carried out

Mulago hospital being the Kampala district hospital bears the brunt of the burden of care for HIV infection due to little capacity at the lower level KCC health units. From 2009, the scope and magnitude of HIV/AIDS services in Kampala has greatly improved through the efforts of multiple partners that include IDI, Baylor Uganda, MJAP and PREFA.
The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services like family planning, Livelihoods etc and partnerships with nutritional programs like Nulife will be strengthened.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	719,289	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda with a day time population of 2.3M. With an HIV prevalence of 8.5%; there's an estimated 180,000 HIV positive individuals in need of care. KCC is responsible for the social services in the city including health service delivery through over 67 health facilities that include KCC clinics, however through these 10 KCC clinics (3 HC IVs, 5 HC IIIs and 2 HC IIs) this program will provide ARV treatment to about 10,000 individuals by 2015.

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services like family planning, Livelihoods etc and partnerships with nutritional programs like Nulife will be strengthened.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a

comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	230,726	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala city council has a day time population of 2.3M; with an HIV prevalence of 8.5%, there is approximately 180,000 HIV positive individuals in need of care. These will be identified through counseling and testing. PITC will be offered to consenting persons seeking care at the facilities, and their family members. The MOH testing algorithm (Determine for screening, STAT-PAK for confirmatory testing and Uni-Gold as the tie-breaker test) will be used. Couple-testing will be encouraged both in the testing facilities and in the home family setting.

2. Description of service delivery or other activity carried out

Mulago hospital being the Kampala district hospital bears the brunt of the burden of care for HIV infection due to little capacity at the lower level KCC health units. From 2009, the scope and magnitude of HIV/AIDS services in Kampala has greatly improved through the efforts of multiple partners that include IDI, Baylor Uganda, MJAP and PREFA. Patients referred from HCT to care, treatment and preventive will be tracked using unique identifiers which are printed as serial numbers on HCT forms. Services providers will be sensitized and trained on the need to offer referral cards/notes to clients, indicating the service for which the referral is indicated

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services like family planning, Livelihoods etc and partnerships with nutritional programs like Nulife will be strengthened.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing, short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	98,961	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in all the 5 divisions of Central, Nakawa, Makindye, Kawempe and Rubaga Divisions. Pediatric care and support services will be provided through all the 10 KCC health units (3 HC IVs, 5 HC IIIs and 2 HC IIs)

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system. Pediatric friendly services will be developed with child play areas and snaps provided for children while they wait to receive care.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and care provided to the whole family on the same day. Linkages/referrals both internal and external will be strengthened for other services like nutritional programs for instance Nulife.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding pediatric care providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to pediatric Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products,

vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT/EID, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	195,502	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda with a day time population of 2.3M. With an HIV prevalence of 8.5%; there's an estimated 180,000 HIV positive individuals in need of care. KCC is responsible for the social services in the city including health service delivery through over 67 health facilities that include KCC clinics, however through these 10 KCC clinics (3 HC IVs, 5 HC IIIs and 2 HC IIs) this program will provide ARV treatment to about 10,000 individuals, 10% (1,000) of whom will be children below 15 years.

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system. Child- friendly services like refreshments and play areas will be provided in addition to special services for adolescents.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services like family planning, Livelihoods etc and partnerships with nutritional programs like Nulife will be strengthened.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. KCC is responsible for the social services in the city including health service delivery through over 67 health facilities that include KCC clinics, however through these 10 KCC clinics (3 HC IVs, 5 HC IIIs and 2 HC IIs) this program will provide the full range of comprehensive HIV/AIDS services.

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services in a comprehensive manner including: care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. REDACTED. Short term technical assistance from an IDI core team will be provided to health units and staff recruitment under the KCC structure will be supported to fill identified gaps.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available and are implemented in a sustainable manner. A health systems strengthening approach to program implementation will be adopted across all program areas.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process, human resources for health, finance and accountability at the units. The project will ensure that clinics are collecting data related to health systems strengthening to effectively monitor program performance. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing, short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	375,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics in the 5 divisions of Central, Nakawa, Makindye, Kawempe and Rubaga Divisions. The safe male circumcision program will be implemented initially in the three Health center IVs including Naguru and Kawempe Hospitals when construction is completed. This program will prioritize adult HIV negative men living in discordant relationships, adolescents and men with multiple sexual partners; extending to neonates in the later phase of the program.

2. Description of service delivery or other activity carried out

The entry point for SMC will mainly be Counseling and testing including PICT. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit (internal referrals) and an organized external referral system for those units not providing SMC services.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, safe male circumcision adult

care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, SMC, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting, short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	45,000	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda with a day time population of 2.3M. With an HIV prevalence of 8.5%; there's an estimated 180,000 HIV positive individuals in need of care. KCC is responsible for the social services in the city including health service delivery through over 67 health

facilities that include KCC clinics, however through these 10 KCC clinics (3 HC IVs, 5 HC IIIs and 2 HC IIs) this program will provide laboratory support for patients on ARV treatment and those care.

2. Description of service delivery or other activity carried out

The project will enable all the 10 KCC facilities improve their capacity to perform clinical laboratory test according to national standards. Two (2) of the KCC clinic laboratories will be accredited to perform CD4 monitoring. A QA/QC system will be established covering all the 10 KCC clinic laboratories in conjunction with the national reference laboratories. An integrated model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services will be implemented. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages for samples transfer and laboratory services at the health units (internal referrals and external referral system) The program will procure a high volume CD4 machine that will complement the present CD4 machine at Kiswa HC IV. REDACTED

3. Integration with other health activities

The IDI program will offer an integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and linkages/referrals both internal and external will be strengthened for other services like reference laboratories (UVRI) and reference laboratories like CPHL and NTRL

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding laboratory services, laboratory supply chain management, and laboratory information and management systems to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to laboratory services and effective patient monitoring. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products,

vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS laboratory services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing, short term technical assistance and training of staff

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,326,290	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. KCC is responsible for the social services in the city including health service delivery through over 67 health facilities that include KCC clinics; however ARV services will be provided through these 10 KCC clinics (3 HC IVs, 5 HC IIIs and 2 HC IIs). This program will provide direct ARV treatment support to about 10,000 individuals by 2015 and support buffer stock for the other patients

2. Description of service delivery or other activity carried out

The project will establish an efficient ARV logistics and management system that ensures un-interrupted supply of ARVS and other supplies. This will be developed for each health facility through training and hiring the necessary staff adequate stock management and requisition.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services and therefore all supply systems in addition to the ARV supply chain system will be strengthened. Linkages/referrals both

internal and external will be strengthened for ARV stocks status validation to contribute to a harmonized national procurement plan.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding ARV supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to ARVS and ART delivery to effectively monitor patients and the program. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to ARV quantification and logistics management. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	127,207	

Narrative:

1. Target populations and coverage of target population or geographic area

The project will be implemented in Kampala district through all the ten Kampala City Council clinics extending in future to all the PNFP or PFP HIV/AIDS care health facilities under the KCC jurisdiction. Kampala is both the commercial and political capital of Uganda. It has a day time population of 2.3M and an HIV prevalence of 8.5% with an estimated 180,000 HIV positive individuals in need of care. Kampala, the project area is divided into 5 administrative divisions: Central, Nakawa, Makindye, Kawempe and

Rubaga Divisions. KCC is responsible for social services in the city including health service delivery provided through over 67 health facilities that include KCC clinics, other specialized government clinics, PNFP units PFP units and large company clinics all of which provide ART to a combined figure of about 50,660 patients. KCC management is directly responsible for 10 health units (3 HC IVs, 5 HC IIIs and 2 HC IIs) through which care to 22,000 individuals will be provided through 2015.

2. Description of service delivery or other activity carried out

Mulago hospital being the Kampala district hospital bears the brunt of the burden of care for HIV infection due to little capacity at the lower level KCC health units. From 2009, the scope and magnitude of HIV/AIDS services in Kampala has greatly improved through the efforts of multiple partners that include IDI, Baylor Uganda, MJAP and PREFA.
The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. All patients; approximately 22,000 will be screened for TB symptoms at contact with health care providers and all TB patients will be counseled and tested for HIV. This will ensure intensified case finding. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages with the TB clinic at the health unit (internal referrals) and an organized external referral system and community follow up or support mechanism.

3. Integration with other health activities

The IDI program will offer and integrated comprehensive package of services. The family based model of care will ensure that all services available including counseling and testing, adult care and support, laboratory services, PMTCT, TB services are available on the same day and. Linkages/referrals both internal and external will be strengthened for other services like family planning, Livelihoods etc and partnerships with nutritional programs like Nulife will be strengthened.

4. Relation to the national program

Leveraging resources from the GoU, MoH will enhance the KCC health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. The project will ensure that clinics are collecting data related to PICT, Pre-ART and ART delivery to effectively monitor patients. IDI will upgrade all patient information systems in line with MoH HMIS to ensure a standardized, sustainable and efficient system for data collection, collation, monitoring and feedback

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of KCC health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period. In "service delivery" building block, IDI will pay special attention to quality care focusing on improvements in HIV/AIDS care and treatment, laboratory, PMTCT, TB/HIV and pediatric services. The twin concepts of the WHO system building blocks and the IDI capacity building pyramid will be fused to ensure that the project takes a comprehensive balanced and logical approach to maximize out-puts

The IDI project will support multiple strategies that include supporting the district service commission to hire any outstanding staff positions, implement task shifting/sharing (nurse/pharmacy visits), short term technical assistance and training of staff

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13138	**Mechanism Name: Informatics Development and Support**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

In FY2011, this new program will support PEPFAR's informatics activities in developing and supporting health information systems in the Republic of Uganda. This program is to build the capacity of organizations to operate optimally and to promote health systems strengthening by developing and implementing systems and strategies that are in alignment with the Ministry of Health and can help reduce and/or eliminate the burden of parallel systems. The health system strengthening activities shall fall in two categories, namely Category A and Category B. Activities in category A shall be Database Development activities aimed at strengthening national surveillance programs. Activities in category B shall be Technical Assistance activities aimed at strengthening organizational capacity to use and manage surveillance data especially the Ministry of Health and CDC implementing partners in Uganda.

REDACTED. There is growing realization on the part of Ministries of Health that parallel systems pose one of the greatest challenges in health information systems in a country. An efficient national information system of necessity must be based on development of national databases with the appropriate technical assistance to guide both development and implementation across all stakeholders. This process requires complying with International Informatics Regulations, guidelines and policies to accurately report on progress of programs and surveillance activities in a country in a timely fashion.

CDC has supported the Ministry of Health and CDC Implementing Partners during the emergency-response phase of PEPFAR through development of several databases, provision of technical assistance in automated reporting systems in order to support the role of the Ministry of Health to support District Health Information Systems (DHIS) of weekly surveillance reports and routine monthly reports from health facilities, through the district to the central government as well as supporting documentation and recording of individual patient data at health facilities particularly through CDC implementing partners.

There are several databases that have been developed to support the DHIS and program specific data including Anti-retroviral therapy (ART) patients, HIV Testing and Counseling (HTC), the Blood Transfusion Management System, among others. These systems have been developed through disjointed efforts with individual implementing partners leading to multiple systems in the same program area. The systems largely fall short of meeting the needs of national information systems, among other deficiencies.

This new program will be financed with PEPFAR funds from FY2011 that will be programmed for this purpose as a contribution to PEPFAR goals to build capacity and sustainability over the next funding

period. The Prime Partner (s) and/or sub-partner(s) will carry out the activities in line with national guidelines and priorities with technical supervision from CDC. The government has shown commitment and resolve toward building of a national health information system to support both reporting and service delivery functions of the country.

2. Target populations and geographic coverage
National
Develops databases and provides technical assistance on national health information systems for the whole country.

3. Enhancing cost effectiveness and sustainability

In Uganda, Health Management Information systems have been developed through disjointed efforts with individual implementing partners leading to multiple systems in the same program area. The systems largely fall short of meeting the needs of national health information systems, among other deficiencies. Through this mechanism, suggested activities will enhance cost effectiveness and sustainability by reducing on duplication

4. Health Systems Strengthening

Promote health systems strengthening by developing and implementing systems and strategies that are in alignment with the Ministry of Health and can help reduce and/or eliminate the burden of parallel systems. The health system strengthening activities shall fall in two categories, namely Database Development activities aimed at strengthening national surveillance programs and technical assistance/ support and reporting activities aimed at strengthening organizational capacity to use and manage surveillance data especially the Ministry of Health and CDC implementing partners in Uganda
Provides training in Health Informatics to CDC implementing partners and the MOH

5. Cross-Cutting Budget Attributions

There are several databases that have been developed to support the District Health Information Systems (DHIS) and program specific data including Anti-retroviral therapy (ART) patients, HIV Testing and Counseling (HTC), the Blood Transfusion Management System, among others. These systems have been developed through disjointed efforts with individual implementing partners leading to multiple systems in the same program area. The systems tend to have crosscutting budget attributions associated with the mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13138**		
Mechanism Name:	**Informatics Development and Support**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

National, Health Management information systems in the Republic of Uganda

2. Description of service delivery or other activity carried out

To support PEPFAR's informatics activities in developing and supporting health information systems.

To build the capacity of organizations to operate optimally and to promote health systems strengthening by developing and implementing systems and strategies that are in alignment with the Ministry of Health and can help reduce and/or eliminate the burden of parallel systems.

The health system strengthening will include database development activities aimed at strengthening national surveillance programs and technical assistance activities aimed at strengthening organizational capacity to use and manage surveillance data especially the Ministry of Health and CDC implementing partners in Uganda.

3. Integration with other health activities

There are several databases that have been developed to support the District Health Information Systems (DHIS) and program specific data including Anti-retroviral therapy (ART) patients, HIV Testing and Counseling (HTC), the Blood Transfusion Management System, among others. These systems have been developed through disjointed efforts with individual implementing partners leading to multiple systems in the same program area. The systems largely fall short of meeting the needs of national health information systems, among other deficiencies.

4. Relation to the national program

The Prime Partner (s) and/or sub-partner(s) will carry out the activities in line with national guidelines and priorities with technical supervision from CDC. The government has shown commitment and resolve toward building of a national health information system to support both reporting and service delivery functions of the country

There is growing realization on the part of Ministries of Health that parallel systems pose one of the greatest challenges in health information systems in a country. An efficient national information system of necessity must be based on development of national databases with the appropriate technical assistance to guide both development and implementation across all stakeholders. This process requires complying with International Informatics Regulations, guidelines and policies to accurately report on progress of programs and surveillance activities in a country in a timely fashion.

CDC has supported the Ministry of Health and CDC Implementing Partners during the emergency-response phase of PEPFAR through development of several databases, provision of technical assistance in automated reporting systems in order to support the role of the Ministry of Health to support District Health Information Systems (DHIS) of weekly surveillance reports and routine monthly reports from health facilities, through the district to the central government as well as supporting documentation and recording of individual patient data at health facilities particularly through CDC implementing partners.

5. Health Systems Strengthening and Human Resources for Health

Promote health systems strengthening by developing and implementing systems and strategies that are in alignment with the Ministry of Health and can help reduce and/or eliminate the burden of parallel

systems. The health system strengthening activities shall fall in two categories, namely Database Development activities aimed at strengthening national surveillance programs and technical assistance activities aimed at strengthening organizational capacity to use and manage surveillance data especially the Ministry of Health and CDC implementing partners in Uganda

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13161	**Mechanism Name: Enhanced Prevention**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Purpose

To support an enhanced focus on integrated HIV prevention programming to improve prevention targeting by maximizing the use of HIV prevalence and incidence data, intervention delivery, referral, program-specific monitoring and evaluation, and effectiveness.

Specifically

Theoretical Basis for Intervention Design, Delivery, and Evaluation - To incorporate and strengthen theoretically grounded, evidence-based components of prevention interventions and to increase the likelihood that programs will develop, adopt, and deliver evidence-based prevention interventions with sufficient fidelity to influence mediators, outcomes, and impacts.

Multi-level, Integrated, and Combination Prevention - Interventions supported by this FOA should have a

multi-level design to optimize risk reduction. For example, the intervention may include a combination of individual-level, dyadic, family, peer group/network, institutional or community level approaches.
Monitoring and Evaluation
• To specify outcomes and impacts for a specific prevention intervention and to develop measures for these outcomes and impacts.
• To develop "intermediate-level," theoretically-based indicators that can inform programs as to the need for intervention program modifications and enhancements prior to longer-term measurement and evaluation of outcome or impact indicators.
• To incorporate intermediate-level indicators in standard program data collection operating procedures and systems and to develop new tools and systems for collecting prevention intervention program data.
• Time-dependent organizational network data, collected and used in multi-level analyses to evaluate the extent to which service delivery fragmentation is related to HIV incidence above and beyond individual-level indicators suggested by behavioral health and cognitive behavioral theory.
• Enhanced Intervention Program data should be gathered, analyzed, and reported in a timely manner so as to inform program delivery, indicator development, and to mobilize communities. These data would include process indicators as well as baseline and follow-up measurements of moderators, mediators, outcomes, and impacts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13161**		
Mechanism Name:	**Enhanced Prevention**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13170	**Mechanism Name: Surveillance - Epi**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

This mechanism will facilitate a cooperative agreement to allow for the implementation for various strategic information activities, such as surveys, surveillance activities, program evaluations, or other activities that may be deemed research by the CDC Science Office but are not funded as Public Health Evaluations. The prime partner and any sub-partners are yet to be determined. Through its prime or sub-partners, this mechanism will allow the hiring of staff, facilitate appropriate training, organizing meetings or workshops, procurement, protocol development, obtaining corresponding IRB and related approvals, implementing activities and disseminating SI findings through workshops or facilitating travel to relevant meetings.

2. Target populations and geographic coverage

This funding opportunity will facilitate implementation of strategic information activities such as survey and surveillance in Uganda targeting the Most At-Risk Populations and other key groups that are not covered by other surveillance systems.

3. Enhancing cost effectiveness and sustainability

Provide information how cost effectiveness and sustainability will be achieved

4. Health Systems Strengthening

Will facilitate building national capacity in conducting epidemiologic research, surveillance and evaluation, and dissemination.

Budget: REDACTED. 50% will be spent on implementation of surveys, surveillance activities, program evaluations while and the remaining 50% will be spent Human resources for health under the following categories:

• Workforce Planning
• Human Resource Information Systems (HRIS)
• In-Service Training
• Task shifting
• Performance Assessment/Quality Improvement
• Retention
• Management and Leadership Development
• Salary Support

5. Cross-Cutting Budget Attributions

Identify and quantify the crosscutting budget attributions associated with the mechanism

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13170**		
Mechanism Name:	**Surveillance - Epi**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			

1.Target populations and coverage of target population or geographic area
This funding opportunity will facilitate implementation of strategic information activities such as survey and surveillance in Uganda targeting the Most At-Risk Populations and other key groups that are not covered by other surveillance systems.

2. Description of service delivery or other activity carried out
This new activity will develop or enhance the capacity to carry out SI activities addressing the evaluation or information needs of Most At-Risk Populations and other key groups.

3. Integration with other health activities
The general health surveys serves as an opportunity to address the health and assessments to integrate survey and surveillance of maternal and child health, HIV, and other Global health initiative activities

4. Relation to the national program
The funding opportunity will support the use and integration of SI findings and data into the existing M&E system and other data warehouses, thus facilitating informing policy and HIV/AIDS program implementation.

5. Health Systems Strengthening and Human Resources for Health
Will facilitate building national capacity in conducting epidemiologic research, surveillance and evaluation, and dissemination.

Budget: REDACTED. 50% will be spent on implementation of surveys, surveillance activities, program evaluations while and the remaining 50% will be spent Human resources for health under the following categories:

• Workforce Planning
• Human Resource Information Systems (HRIS)
• In-Service Training
• Task shifting

• Performance Assessment/Quality Improvement • Retention • Management and Leadership Development • Salary Support

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13219	**Mechanism Name: Supporting Serobehavioral and Clinical Care MARPS Surveillance in the Republic of Uganda under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The purpose of this program is to support serobehavioral and clinical care surveillance activities related to potential most at-risk populations (MARPS) that have been under-observed or not yet evaluated in Uganda.

Serobehavioral and clinical care surveillance are critical tools for understanding HIV transmission dynamics and for developing specific, responsive, and effective prevention and treatment programming.

The OGAC 2010 Uganda COP review of MARPS activities observed that there were several target groups identified in the National Strategic Plan that were not addressed in the COP (e.g., injecting drug users, IDPs). Furthermore, interactions with various stakeholders in Uganda reveal that there is a need for increased serobehavioral and clinical care information among some recognized MARPS to increase efficiencies in prevention, care, and treatment programming (e.g., Uganda Police Force, IDPs, security personnel), as well as a need for initial serobehavioral and clinical care information among groups that potentially have high HIV sero-prevalence. However, select MARPs have been overlooked in previous efforts to identify potential target groups (e.g., individuals treated for mental health problems on an inpatient or outpatient basis).

Additionally, while HIV prevalence rates have been projected for MARPs groups, less is known about behavioral and social aspects of these target groups, which clearly impacts the rate of HIV prevalence in these communities. Therefore behavioral surveillance data is useful in highlighting high risk behaviors in various populations and demographic groups. Behavioral data can indicate where continued focus is needed for interventions as well as mapping and explaining HIV infection levels among special groups per region. Thus, the objective of this FOA is to support increased or novel serobehavioral surveillance activities among different groups.

2. Target populations and geographic coverage
Provide demographic information on the target population(s) and total numbers planned to reach.
Name districts in which the IP will implement activities

1. Individuals treated for mental health problems on an inpatient or outpatient bases and their families.
2. Individuals presenting to hospital emergency rooms for drug or alcohol related reasons.
3. Internally displaced people in conflict areas.
4. Uniformed services such as Uganda Police Force, security personnel, etc.
5. Fishermen & fishing communities.
6. Released prisoners and their families

The districts where the IP will implement activities are as follows:
Central and Eastern Regions
Kampala
Mpigi
Wakiso -(including Ggaba and surrounding)
Jinja
Mbale

Kamuli
Mukono
Iganga
Mayuge
Northern Region
Gulu
Lira
Kitgum
Apac
Pader
Arua
South western region
Masaka
Mbarara
Bushenyi
Kasese
Fort portal
Masindi (Kirandongo)

3. Enhancing cost effectiveness and sustainability

Cost effectiveness will be achieved through the methodology used for establishing surveillance activities.
1. A cross-sectional probability sampling design or other valid and cost-effect probability-based sampling methods will appropriately be used per target group to design the data collection of the serobehavioral surveillance activities. Among specific target groups participants will be consecutively recruited. This will allow the implementing partner to quickly and effectively determine the scope and breadth of the issues faced by MARPs.
2. Efforts will be made to decrease participant attrition/loss to follow up. Doing so will ensure that the return on investment is high for surveillance activities and maximum amount of data is obtained with respect to resource investments.
3. Evidence/data gathered will be used to inform interventions in a dynamic and timely manner. An active effort will be made to reduce the lag time between data collected from surveillance activities and its application to interventions.
4. Comprehensive data collection and management systems will be established to maintain input, store, transmit, analyze, and report data in a timely and cost-effective manner.
Sustainability will be addressed through the engagement of an indigenous organization (civil or non-civil) with expertise to handle target groups and able to facilitate the establishment of a surveillance system,

using existing infrastructure in the districts of operation. CDC will work closely with the implementing partner to provide guidance and technical assistance (as appropriate) to ensure the creation of a robust surveillance system. Through close guidance and technical assistance, CDC will help to build capacity within the indigenous organization and subunits within the districts of operation, thus helping to build internal capacity and ensure sustainability.

From a local/district level capacity perspective, the collection of data from multiple sites and target populations, as well as engagement from multiple stakeholders (e.g., hospitals, district health centers, other district offices) will build the surveillance system from the "ground up" with substantial community/district involvement. This will allow key stakeholders to become aware of surveillance activities and become engaged in actively monitoring the key populations for trends in infection rates and behavioral/social covariates. The FOA will demonstrate to district/local organizations a model of how surveillance activities can be dynamically used to inform interventions.

4. Health Systems Strengthening

This FOA will directly strengthen the capacity of Uganda to collect and use surveillance data to manage national HIV/AIDS programs for most-at-risk populations. The FOA will require the establishment of a surveillance system of behaviors and co-infections related to HIV/AIDS. Collected data will be used to focus on delivering target-appropriate interventions as well as mapping and explaining HIV infection levels among special groups across regions. The FOA will demonstrate to district/local health organizations a model of how surveillance activities can be dynamically used to inform interventions and improve health care service delivery and HIV/AIDS treatment of key populations.

5. Cross-Cutting Budget Attributions

Care & Treatment, Prevention, SI

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13219**		
Mechanism Name:	**Supporting Serobehavioral and Clinical Care MARPS Surveillance in the Republic of Uganda under PEPFAR**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13226	**Mechanism Name: Procurement and Logistics Management of Health-related Commodities for HHS/CDC funded HIV/AIDS Programs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The objective of this program is to provide procurement and logistics management services for Health-related commodities including Antiretroviral (ARV), opportunistic infection (OI) drugs and any other products as may be required for all HIV/AIDS programs funded by HHS/CDC in the Republic of Uganda.

This is a new activity that seeks to provide a centralized procurement and logistics management for all

CDC funded programs. The program will plan, forecast order and deliver health commodities for all CDC programs to meet their demand and need for health-related supplies.

2. Target populations and geographic coverage

This program will not provide direct services to HIV-infected persons but will ensure that logistics are available for all the programs to function smoothly with an un-interrupted supply of commodities
For instance the program will ensure that ARVs are available for the current 118,000 patients on ART through all the care and treatment programs in Uganda

3. Enhancing cost effectiveness and sustainability

Strategies that will improve efficiency include, centralized bulk procurement facilitating negotiation for the best prices. One centralized buffer stock and a harmonized procurement plan both within the USG PEPFAR program and in the GoU procurement plan
Furthermore procurement of low cost FDA approved generics and FDCs will facilitate acquisition of more commodities with fewer resources.
4. Health Systems Strengthening.

This program will contribute directly to strengthening the supplies and logistics management of the PEPFAR programs in Uganda through improved systems to ensure availability of health supplies and a logistics management system that is functional and helps track supplies to avoid waste and stock outs.

5. Cross-Cutting Budget Attributions

a. Human Resources for Health: The program will provide training of IP staff and health unit staff in logistics management

c2. Food and Nutrition: The program may provide procurement and logistics management for food and nutritional supplements if required
f. Water: The program may provide procurement services for water related supplies like treatment solutions/tablets and safe water vessels

6. Key issues:

c. End-of-Program Evaluation: The program will have regular program evaluations to review performance and adjust accordingly.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13226		
Mechanism Name:	Procurement and Logistics Management of Health-related Commodities for HHS/CDC funded HIV/AIDS Programs		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will indirectly support a national program for procurement and management of supplies for over 118,000 patients on ART and 275,000 individuals in chronic care.

2. Description of service delivery or other activity carried out

Activities under this program will be done in conjunction with implementing partners and will include activities like forecasting need, quantification using unit cost data, procuring, warehousing and distribution of health related commodities

3. Integration with other health activities

The activities of this program will be consistent with the USG and GoU procurement plan and vision. Therefore it will work collaboratively with existing procurement and logistics providers like NMS, SCMS and the Pharmacy division of MoH to facilitate joint planning. The program will have close relationships

and linkage with CDC programs providing service delivery to HIV infected individuals

4. Relation to the national program

The program will function within the limits of the national supplies procurement and management framework and will be actively involved in joint planning activities with the national procurement agencies and the MoH. Additionally the provider will be duly licensed and will deploy a LMIS that is vetted and approved by the relevant national bodies

5. Health Systems Strengthening and Human Resources for Health

This program will support in-service training of logistics staff for both IP's and health outlets in addition to improving their procurement and logistics management practices

Budget code: OHSS Health Systems Strengthening

1. Target populations and coverage of target population or geographic area

This program will indirectly support a national program for procurement and management of supplies for over 118,000 patients on ART and 275,000 individuals in chronic care.

2. Description of service delivery or other activity carried out

Activities under this program will be done in conjunction with implementing partners and will include logistics management activities like forecasting need, quantification using unit cost data, procuring, warehousing and distribution of health related commodities

3. Integration with other health activities

The activities of this program will be consistent with the USG and GoU procurement plan and vision. Therefore it will work collaboratively with existing procurement and logistics providers like NMS, SCMS and the Pharmacy division of MoH to facilitate joint planning. The program will have close relationships and linkage with CDC programs providing service delivery to HIV infected individuals

4. Relation to the national program

The program will function within the limits of the national supplies procurement and management

framework and will be actively involved in joint planning activities with the national procurement agencies and the MoH. Additionally the provider will be duly licensed and will deploy a LMIS that is vetted and approved by the relevant national bodies 5. Health Systems Strengthening and Human Resources for Health This program will support in-service training of logistics staff for both IP's and health outlets in addition to improving their procurement and logistics management practices

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13311	**Mechanism Name: Comprehensive Community Based HIV/AIDS Prevention Care & Support (RHU)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Reproductive Health Uganda (RHU)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,306,000	
Funding Source	**Funding Amount**
GHCS (State)	1,306,000

Sub Partner Name(s)

Action For Children (AFC)	Capacity Systems Link (CSL)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	40,000
Education	70,000
Gender: Reducing Violence and Coercion	20,000
Water	10,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13311** **Comprehensive Community Based HIV/AIDS Prevention Care & Support (RHU)** **Reproductive Health Uganda (RHU)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	660,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	200,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	100,000	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	146,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13317	**Mechanism Name: Targeted HIV/AIDS and Laboratory Services (THALAS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Joint Clinical Research Center, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,220,865	
Funding Source	**Funding Amount**
GHCS (State)	4,220,865

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The main goal of the program is to ensure the provision of HIV/AIDS care, treatment, and laboratory services within public regional referral and district hospitals, JCRC Kampala, JCRC Regional Centers of Excellence (RCEs) and their respective communities.
The focus of THALAS during this period is to ensure smooth transition of patients and services from six RCEs to respective regional referral hospitals supported by SUSTIAN.
THALAS will continue to provide specialized laboratory services through seven RCEs in Kampala, Gulu, Mbale, Kakira, Fort Portal, Mbarara and Kabale. The RCEs will also be used as lab training centers and will provide external quality control services.

2. Target populations and geographic coverage
The project will cover JCRC Kampala, and six Regional Centres of Excellence (RCEs) located in Kakira, Mbale, Gulu, Fort Portal, Kabale and Mbarara. The residents in the Central region (Kampala, Wakiso) and neighboring districts will be served through JCRC Kampala.

3. Enhancing cost effectiveness and sustainability
THALAS program will continue to apply cost saving approaches such as task shifting. THALAS will also develop a sustainability/exit strategy for continued provision of integrated TB/HIV/AIDS services at the JCRC Kampala site.

4. Health Systems Strengthening
The JCRC network of laboratories will continue to provide advanced lab services (CD4, Vial load, chemistry, hematology, and DNA PCR services). Under THALAS, JCRC DNA PCR testing for early infant diagnosis will continue to support the entire country through an MOU with MOH and PMTCT partners. JCRC will also support MoH labs with external quality control systems.
Lessons learnt from JCRC's extensive experience have formed the basis for a more efficient and cost effective second generation referral system and an SMS printer system that returns results electronically and has been successfully piloted in 13 district hospitals. THALAS will coordinate with MoH, CHAI, USAID and other key stakeholders to scale-up the use of this technology so as to ensure timely return of results to health facilities so that infected children are promptly linked to care.

5. Cross-Cutting Budget Attributions
a. Human Resources for Health
THALAS will ensure availability of trained and qualified lab, clinical and non-clinical services personnel in the RCEs and JCRC Kampala.

b. Construction/Renovation
REDACTED

c1. Food and Nutrition: Policy, Tools, and Service Delivery
The project will collaborate with CHAI and the NuLife project to train service providers in nutritional supplementation with ready-to-use therapeutic feeds.

e. Education
NA

f. Water
In partnership with PACE Clean and safe water will be provided as part of a Basic Care Package to PLWHA.

6. Key issues:
Briefly (one sentence) identify activities in each key issue that this mechanism will address.
a. Health-Related Wraparounds
o Child survival will be addressed through early infant diagnosis by ensuring early diagnosis and treatment of exposed and infected infants and young children.

b. Gender
Gender issues will be addressed through Community Liaison volunteers and CSOs conducting community mobilization activities to promote positive behaviors such as: gender equity; couple dialogue; partner counseling and testing and disclosure.

d. Mobile Population
NA

f. Workplace Programs
NA

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13317**		
Mechanism Name:	**Targeted HIV/AIDS and Laboratory Services (THALAS)**		
Prime Partner Name:	**Joint Clinical Research Center, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	350,000	

Narrative:

1. Target populations and coverage of target population or geographic area
THALAS will support the 9,000 Pre-ART clients inherited from TREAT at JCRC Kampala and another 15,000 pre-ART clients at the RCEs at Kakira, Mbale, Gulu, Fort- Portal, Kabale, Mubende and Mbarara as well as clients being recruited since end of TREAT, with on-going care including psycho-social support.

2. Description of service delivery or other activity carried out
THALAS will provide financial support to JCRC Kampala and the 7 Regional Centres of Excellence (RCEs) located in Kakira, Mbale, Gulu, Fort Portal, Kabale, Mubende and Mbarara to enable them provide on-going care and support for the Pre-ART clients. A comprehensive care package will be provided which will include preventive care, palliative care and prevention with positives.
Through the collaborations with other partners at the implementation levels, including NuLife project, THALAS will network to ensure clients receive complementary services from other agencies. THALAS will continue to contribute financially and/or technically to such coordination mechanisms.

3. Integration with other health activities
THALAS will work closely with MOH/ RRHs, Strengthening Uganda's System for Treating AIDS Nationally (SUSTAIN), and other implementing partners to ensure clients in chronic care and ART are linked to other health services such as reproductive health/family planning, nutrition services, malaria prevention and treatment.

4. Relation to the national program
THALAS will implement national guidelines for adult HIV/AIDS care and treatment. The project will use national tools for data collection and reporting. The project will ensure that key changes in the national

policy and strategy are implemented in the project.

5. Health Systems Strengthening and Human Resources for Health
In collaboration with MOH-NTLP, MOH-ACP, NuLife and SUSTAIN project, THALAS will support in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care package. THALAS will also ensure that qualified and trained THALAS personnel eventually transition to MoH when the project handover key activities to MoH by September 2012.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,276,137	

Narrative:

1. Target populations and coverage of target population or geographic area
THALAS will support the following number of ART clients who were previously supported under TREAT program: about 6,000 ART clients at JCRC Kampala; about 20,000 ART clients in the Regional Centers of Excellence (RCEs) at Kakira, Mbale, Gulu, Fort- Portal, Kabale, Mubende and Mbarara; and ART clients from JCRC satellites. THALAS plan to enroll new clients in line with the USG scale-up plan, subject to availability of funds.

2. Description of service delivery or other activity carried out
THALAS will maintain current ART client base with essential ART and laboratory services as required throughout the transition process of TREAT clients to SUSTAIN and USG supported district-based partners. THALAS will source ARVs and OI medications from NMS and SCMS for the clients. Laboratory reagents will be accessed through the lab credit line system in Central Public Health Laboratory (CPHL). THALAS will also ensure that ART patients receive comprehensive services by collaborating and linking with other service providers such as NuLife project for nutrition and Hospice for palliative care. Adherence support will be provided and patient follow-up mechanisms will be strengthened. THALAS will also implement early warning HIV drug resistance monitoring activities and document findings.

3. Integration with other health activities
A major focus area for integration will be with TB services.

4. Relation to the national program
THALAS will operate within the existing policy documents and guidelines and tools developed by the MOH and ACP.

5. Health Systems Strengthening and Human Resources for Health

In collaboration with MOH-NTLP, MOH-ACP, NuLife and SUSTAIN project, THALAS will support in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care and treatment package.
The staffing levels at the target sites will be revised/agreed upon with the partners mentioned above to ensure quality treatment and adherence support. The support supervision mechanism for the targeted facilities will also be strengthened to ensure compliance with MoH guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	250,000	

Narrative:

1. Target populations and coverage of target population or geographic area
THALAS will support 6,807 Pre-ART children/adolescents inherited from TREAT at JCRC Kampala and another 16,053 pre-ART children and adolescents at the RCEs at Kakira, Mbale, Gulu, Fort- Portal, Kabale, Mubende and Mbarara as well as children/adolescents being recruited since end of TREAT, with on-going care including psycho-social support .

2. Description of service delivery or other activity carried out
THALAS will provide financial support to JCRC Kampala and the 7 Regional Centres of Excellence (RCEs) located in Kakira, Mbale, Gulu, Fort Portal, Kabale, Mubende and Mbarara to enable them provide on-going care and support for the Pre-ART children/adolescents. A comprehensive care package will be provided which will include preventive care, palliative care and prevention with positives.
Through the collaborations with other partners at the implementation levels, including NuLife project, Clinton foundation HIV/AIDS Iniative (CHAI), Uganda Women's Effort to save Orphans (UWESO), Compassion International, A-Z children's charity, THALAS will network to ensure children/adolescents receive complementary services from other agencies. THALAS will continue to contribute financially and/or technically to such coordination mechanisms.

3. Integration with other health activities
THALAS will work closely with MOH/ RRHs, SUSTAIN , and other implementing partners to ensure children/adolescents in chronic care in the targeted health facilities are linked to other health services such as nutrition services, malaria prevention and treatment.

4. Relation to the national program
THALAS will use the existing policy documents, training materials, guidelines and tools developed by the MOH and ACP.

5. Health Systems Strengthening and Human Resources for Health
In collaboration with MOH-NTLP, MOH-ACP, NuLife and SUSTAIN project, THALAS will support in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	336,921	

Narrative:

1. Target populations and coverage of target population or geographic area
THALAS will support the following number of ART pediatric clients who were previously supported under TREAT program: 1440 children/adolescents below 15yrs in JCRC Kampala; 1983 children/adolescents below 15yrs in the Regional Centers of Excellence (RCEs) at Kakira, Mbale, Gulu, Fort- Portal, Kabale, Mubende and Mbarara; and ART pediatric clients from JCRC satellites. THALAS plan to enroll new pediatric clients in line with the USG scale-up plan, subject to availability of funds.

2. Description of service delivery or other activity carried out
THALAS will implement the revised MoH guidelines for pediatric care and treatment.

3. Integration with other health activities
THALAS will integrate key activities like early infant diagnosis within services like immunization, postnatal care, nutrition programs and MCH clinics.

4. Relation to the national program
JCRC is lead provider in pediatric HIV/AIDS. THALAS team will continue to work with the national pediatric ART committee. THALAS will operate in line with the existing policy documents and guidelines and tools developed by the MOH and ACP.

5. Health Systems Strengthening and Human Resources for Health
In collaboration with MOH-NTLP, MOH-ACP, NuLife and SUSTAIN project, THALAS will support pre-service and in-service/refresher training for clinic staff at the target facilities on the comprehensive HIV care and treatment package.
The staffing levels at the target sites will be revised/agreed upon with the partners mentioned above to ensure quality treatment and adherence support. The support supervision mechanism for the targeted facilities will also be strengthened to ensure compliance with MOH guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,688,536	

Narrative:

1. Target populations and coverage of target population or geographic area
THALAS will provide laboratory services to 7 ART sites in Kampala, Kakira, Mbale, Gulu, Fort Portal, Kabale, Mbarara districts. The priority target population includes current and new patients supported by THALAS and the Strengthening Uganda's System for Treating AIDS Nationally (SUSTAIN) program in 11 regional referral hospitals and 13 district hospitals. THALAS will also target 32,000 infants born to HIV positive mothers nationwide for DNA PCR tests.

2. Description of service delivery or other activity carried out
THALAS aims to contribute to strengthening of the national laboratory systems, provide laboratory backstop and referral services. The JCRC network of laboratories in Kampala and the Regional Centers of Excellence (RCEs) located in Gulu, Mbale, Fort Portal, Kabale, Mbarara and Kakira will assume the role of reference laboratories for essential and specialized laboratory services. These reference laboratories will support majority of HIV care and treatment programs in Uganda, including MOH. THALAS will also provide laboratory support for HIV disease monitoring tests including 90,000 CD4 tests, 10,000 Viral load tests and 32,0000, DNA PCR tests. THALAS will provide DNA PCR services for the whole country, and support PMTCT partners. Lessons learnt from JCRC's laboratory experience has formed the basis for a more efficient and cost effective second-generation specimen referral system and an SMS printer system that has been successfully piloted in 13 health facilities. THALAS will support dissemination and scale-up of this successful approach in order to improve result turn-around time to facilities and facilitate improved linkage of infants to care.

3. Integration with other health activities
Lab is a cross cutting portfolio. THALAS support on lab training, lab management and lab quality assurance will benefit other health activities.

4. Relation to the national program
This activity directly support the national ARV program in HIV diagnosis and disease monitoring.

5. Health Systems Strengthening and Human Resources for Health
In collaboration with MOH, CPHL and SUSTAIN project, THALAS will provide in-service training for laboratory staff. THALAS will conduct a training needs assessment, develop and implement refresher training curricula and training plan for laboratory staff in targeted ART sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	319,271	

Narrative:
1. Target populations and coverage of target population or geographic area THALAS will support 8 sites to integrate TB/HIV collaborative services: JCRC Kampala and 7 JCRC Regional Centers of Excellence (RCEs) at Kakira, Mbale, Gulu, Fort- Portal, Kabale, Mubende and Mbarara. The target population includes care providers and patients attending the different clinics at these sites. 2. Description of service delivery or other activity carried out THALAS will provide staff in the targeted sites with refresher training, coaching and mentorship on TB-HIV collaborative activities package. TB infection control assessment will be undertaken to inform a baseline need for infrastructure modifications to improve airflow at busy HIV/AIDS care and treatment centers. The THALAS team will print TB intensive case finding (ICF) forms, and other tools for use at the facilities and will ensure clients attending these facilities will be routinely screened for TB at each visit. Collaboration to refer HIV patients diagnosed with TB for DOTS already exists with TB clinics in the Regional Referral Hospitals (RRHs) where the RCEs are located. Where feasible, TB drugs will be made available within the RCE clinics. 3. Integration with other health activities THALAS will work closely with MOH/ RRHs, SUSTAIN, and other implementing partners to ensure integration of TB-HIV services in the targeted health facilities. 4. Relation to the national program The existing NTLP data collection, collation, use, and reporting systems at the district and lower levels will be used in the implementing sites (RCEs and Kampala) for purposes of sustainability. THALAS will continue to tap into the NTLP supply chain for TB diagnostics, including reagents and other supplies. 5. Health Systems Strengthening and Human Resources for Health In collaboration with MOH-NTLP, MOH-ACP and SUSTAIN project, THALAS will support in-service/refresher training for clinic staff on the TB-HIV collaborative package. Other mechanisms like task shifting will be employed where appropriate.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13325	**Mechanism Name: Provision of comprehensive,**

	community-based HIV/AIDS services and Capacity Building of Indigenous Organizations in the Republic Of Uganda
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: REACH OUT MBUYA PARISH, HIV/AIDS INITIATIVE (ROM)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,297,389	
Funding Source	**Funding Amount**
GHCS (State)	2,297,389

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overall Goals and Objectives

ROM's goal is to contribute to universal access to treatment, care, prevention, and social support in the communities served through the provision of comprehensive, community-based HIV and AIDS services. The main objective of the project is to provide comprehensive, community-based HIV/AIDS Services and Capacity Building of Indigenous Organizations within the catchment area. Specific objectives: To scale up HIV Counseling and Testing (HCT) in the communities served from its current figure of 27,000 to 50,000 by 2015; to reduce the transmission of HIV from mother to child by 50% by 2015; to increase access to quality HIV/AIDS Care, Treatment and Support services, including TB; to strengthen laboratory capacity to provide quality laboratory services; to scale up and intensify HIV prevention activities; to provide child protection, psychosocial, educational and support to OVC in the catchment area; to strengthen health systems for delivery of quality, equitable and timely services; to support capacity building of other indigenous organizations to scale up Community-Based Interventions in HIV care; and to enhance the livelihoods and economically empower individuals and households.

Target Populations and geographic coverage

Reach Out Mbuya provides services within Mbuya parish and Kasaala in Luwero District. The project plans to scale up care to 3,630 clients at ROM and 1,000 at ROK.

Within Mbuya parish, Banda, Kinawataka, Giza Giza, Nakawa and Acholi quarters, are the defined area for operations of ROM. Although the villages are within the radius of the capital city, they are

characterised by high levels of poverty and lack of basic social services including health care. Furthermore, Kinawataka is a central point for long distance truck drivers and is in close proximity to a military barracks, potentially fuelling prostitution and HIV transmission. Acholi quarters are a harbour for persons displaced by the Northern Uganda war with poverty and unemployment as potential drivers of the HIV epidemic. The clients served by ROM are highly mobile, many having migrated into the urban community from various parts of the country in search of work or health care.

Enhancing cost effectiveness and sustainability

The project will foster active community participation to promote community ownership and ensure sustainability. Cost effective strategies such as task shifting using nurse led approach to provide the comprehensive HIV/AIDS care with support from a few medical doctors; and job merging. ROM will continue leveraging support and funding from other partners to ensure delivery of the full package of holistic services. Integration also allows flexibility in the utilization of various resources. In order to discourage over dependence on the organization for support resulting from the economic effects of HIV/AIDS and as a phase out strategy, clients will be engaged in income generation activities. They will be trained in entrepreneurship and business skills, trained clients will train other clients to form a cascade of community managed and initiated trainings.

Health systems strengthening

ROM will set up and institutionalize Quality Assurance (QA) in all its services and projects. Collaborative efforts will be enhanced with National QA systems. ROM will ensure a sufficient and competent workforce through recruitment and continuous training of facility and community health workers, school teachers and community leaders. It will also support four indigenous community-based organizations (CBOs) to build their capacity to provide comprehensive HIV/AIDS care and successful community-based interventions. In addition ROM will align its Monitoring and evaluation activities to the National HIV and AIDS Strategic Plan and the National Performance Measurement and Management Plan. ROM will submit monthly, quarterly and annual progress reports to the MoH and Uganda Catholic Medical Bureau (UCMB) using the national HMIS tools. Train the lead personnel in the basics of supplies management and ensure the guidelines are followed and availability of supplies at all the four outlets.

Cross cutting Budget attribution

1. Human Resources for health; ROM will continue using task shifting approaches and capacity building including utilizing partnerships. ($30,000)
2. Food and Nutrition; Policy, Tools and service delivery; ROM will partner with Ministry of Health to align its tools and policies in respect to nutrition. ($85,000)
3. Food and Nutrition: Commodities. ROM will provide 300 Clients with nutrition support amounting to ($46,000).
4. Economic Strengthening; ROM will partner with Care Uganda through the Village Savings Loan Association (VSLA) to improve client livelihoods however, CDC will support vulnerable women and

children through skills building and IGAs amounting to USD 11,000.
5. Education; ROM has partnered with several individual donors such as ROSE,SIDECOLE,AVIS among others that are contributing to supporting 400 children with education support while CDC will support Children with education including scholastic materials at a cost of USD using USD 121,502
6. Water; Through partnership with PACE will provide clean water through provision of water guard to purify the water
Key issues
a) Health related wrap around
1) Child survival activities; ROM will integrate PHC including immunization and early linkage of those diagnosed with HIV into care
2) Family Planning; ROM will sensitization all clients about family planning during clinic visits and during PMTCT and eligible clients will be referred to Kiswa health center , a government supported health center
3) Malaria (PMI); ROM will provide mosquito nets to all clients with support from PACE while those who are diseased will receive antimalarials.
4) Safe Motherhood; Reproductive health and maternal health have been integrated into our activities including strong referral linkages with the community and other service providers.
5) TB; ROM will partner with National TB and Leprosy program to carry out TB infection control sensitizations

Cross-Cutting Budget Attribution(s)

Economic Strengthening	11,000
Food and Nutrition: Commodities	46,000
Food and Nutrition: Policy, Tools, and Service Delivery	85,000
Gender: Reducing Violence and Coercion	5,000
Human Resources for Health	30,000
Water	20,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13325** **Provision of comprehensive, community-based HIV/AIDS services and Capacity Building of Indigenous Organizations in the Republic Of Uganda** **REACH OUT MBUYA PARISH, HIV/AIDS INITIATIVE (ROM)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	240,000	

Narrative:

1. Target populations and coverage of target population or geographic area
ROM will provide care and support services to 4260 adult clients in the catchment area of Mbuya, Kinawataka, Banda and Kasaala by the end of FY 2011.

2. Description of services delivery or other activity carried out
The overall objectives of the HIV care, treatment and support interventions will be to improve the quality of life of those enrolled into care by decreasing the health effects of HIV/AIDS and mitigating the social, cultural and economic effects of HIV/AIDS at individual, Household and community level. ROM is currently providing HIV care and support to 3,516 adult Clients (Quarter Two report 2010) and planning to scale up this number to 4260 adult clients in FY 2011. Averages of 740 adult clients are newly enrolled into care yearly. The care and support activities will include; provision of laboratory and radiological investigations along with other diagnostic services, clinic consultations to the enrolled clients to treat opportunistic infections provide cotrimoxazole (septrin) prophylaxis and antiretroviral drugs. Clients will be provided with the basic care package and home based care to include palliative care as well. The bed ridden will be visited at home and hospital and supported physically and spiritually. Clients needing specialized treatment will be referred to hospitals or other facilities where the services are provided.

3. Integration with other health activities
Through a developed protocol the most food insecure /malnourished adult clients will be provided with food items. To ensure self sustainability clients will be engaged in IGAs to reduce on the dependence on the program. Community hygiene and sanitation campaigns will be strengthened to improve the living conditions and reduce on the occurrence of hygiene related diseases. The community network of care activities shall be strengthened to ensure adherence to treatments, client follow up and community rehabilitation.

4. Relation to the national program
The management of opportunistic infections, and various health related assessments will be guided by

the national and international policies and guidelines.

5. Health systems strengthening and Human Resources for Health
The community workers will be trained in adherence monitoring and basic palliative care. The primary care givers will be equipped with practical caring skills to enable them care for their sick at home effectively.
09-HTXS Treatment: Adult treatment

1. Target populations and coverage of target population or geographic area
ROM will continue providing antiretroviral drugs to its adult clients with an expected target of 2486 adults by the end of FY 2011.

2. Description of service delivery or other activity carried out
Currently ROM offers treatment to 3516 adults at its 4 sites (Mbuya, Kinawataka, Banda and Kasaala).It is expected that 740 adults will be newly enrolled into care yearly with 442 newly enrolled on ART annually. Currently 2,044 clients are on ART and this number is expected to reach 2486 adults by the end of FY 2011. Based on current ROM statistics it is estimated that about 40% (1704) of the clients in care will not be eligible for ART. For all adult clients ROM will continue providing clinical services guided by the national policies and guidelines. These services include two CD4 counts to monitor ART treatment response and assess for ART eligibility for those not yet on ART, screening services for and treating opportunistic infections including TB and STIs, pain management and symptom relief, cotrimoxazole prophylaxis and linkages to hospitals or other facilities for specialized services (cancer management, in-patient services, family planning and others beyond the ROM's ability to manage).
3. Integration with other health activities
ROM will carry out targeted home visits for clients who are bed ridden as one of the home based care strategies. As one of the strategies to promote community involvement
4. Relation to the national program
All treatment activities will be in line with the National treatment guidelines. Ministry of health HMIS tools will be used and copies of monthly and quarterly reports submitted to MoH and other stakeholders.
5. Health Systems strengthening and Human Resources for health
ROM will provide trainings to health workers and community workers to refresh their treatment skills. These will be informing of continuous medical education sessions on site and out of the sites and placements at various partner organizations such as Mildmay Uganda and the Infectious Diseases Institute. In addition they will participate in various trainings and workshops organized by MoH and other implementing partners/stakeholders. ROM will empower its community volunteers with the skills to carry

out drug adherence monitoring, client follow ups to monitor treatment responses, home based care and community based rehabilitation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	278,625	

Narrative:

1. Target populations and coverage of the target population or geographic area
ROM will support Orphan and vulnerable children (OVC) and their families/communities in Mbuya, Kinawataka, Banda (Kampala) and Kasaala in Luwero district. The target population includes 1,200 children in households of adult clients of ROM and children who are infected with HIV.

2. Description of service delivery or other activity carried out
• Education support for OVC (Tuition/fees, scholastic materials, foot wear and uniforms, school monitoring, Alternative non-formal education for children not in school) will continue to be strengthened.
• Psychosocial support (life skills training, peer to peer support, community-based child friendly recreational activities, emotional, social, mental and spiritual support, all of which are considered essential elements in the development of children) will be provided to OVC to ensure that the children's emotional related issues are handled.
• ROM will continue working to ensure we provide children (OVC) under our care with a safe and structured environment (identify and refer child abuse cases)

3. Integration with other health activities
ROM will integrate other OVC core service areas with in the prevention, medical and existing community structures and they include:
• Health (Palliative care, home-based care, preventive and curative care and training in pediatric HIV care)
• Food and nutrition (Food assistance) with emphasis to sustainable food security
• Shelter (Grants in form of house rent will be given to Households in dare need)
• Livelihoods and economically empowers OVC and their household (facilitate acquisition of skills, support access to vocational training and microfinance)

4. Relation to the national program
Reach Out Mbuya (ROM) serves the Orphan and vulnerable children (OVC) according to the National Strategic Program Plan for Interventions for Orphans and Vulnerable Children (NSPPI) guidelines and addresses the seven core service areas in OVC programming as stated in the NSPPI.

5. Health systems strengthening and Human Resources for Health
Staff and volunteers who directly work with the children will be trained to enable them identify, support and mentor our community workers and peers in the provision of appropriate OVC related services according to the NSPPI guidelines

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	462,174	

Narrative:

1. Target populations and coverage of target population or geographic area
ROM will continue providing antiretroviral drugs to its adult clients with an expected target of 2486 adults by the end of FY 2011.

2. Description of service delivery or other activity carried out
Currently ROM offers treatment to 3516 adults at its 4 sites (Mbuya, Kinawataka, Banda and Kasaala).It is expected that 740 adults will be newly enrolled into care yearly with 442 newly enrolled on ART annually. Currently 2,044 clients are on ART and this number is expected to reach 2486 adults by the end of FY 2011. Based on current ROM statistics it is estimated that about 40% (1704) of the clients in care will not be eligible for ART. For all adult clients ROM will continue providing clinical services guided by the national policies and guidelines. These services include two CD4 counts to monitor ART treatment response and assess for ART eligibility for those not yet on ART, screening services for and treating opportunistic infections including TB and STIs, pain management and symptom relief, cotrimoxazole prophylaxis and linkages to hospitals or other facilities for specialized services (cancer management, in-patient services, family planning and others beyond the ROM's ability to manage).
3. Integration with other health activities
ROM will carry out targeted home visits for clients who are bed ridden as one of the home based care strategies. As one of the strategies to promote community involvement
4. Relation to the national program
All treatment activities will be in line with the National treatment guidelines. Ministry of health HMIS tools will be used and copies of monthly and quarterly reports submitted to MoH and other stakeholders.
5. Health Systems strengthening and Human Resources for health
ROM will provide trainings to health workers and community workers to refresh their treatment skills. These will be informing of continuous medical education sessions on site and out of the sites and placements at various partner organizations such as Mildmay Uganda and the Infectious Diseases Institute. In addition they will participate in various trainings and workshops organized by MoH and other implementing partners/stakeholders. ROM will empower its community volunteers with the skills to carry

out drug adherence monitoring, client follow ups to monitor treatment responses, home based care and community based rehabilitation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	60,000	

Narrative:

1. Target populations and coverage of target population or geographic area
ROM targets 367 children at all the 4 sites for care and support services by the end of the FY 2011. ROM is currently offering care and support to 303 Children at all four sites within the catchment area of Mbuya and Kasaala representing 8.4% of the active patient pool. In FY 2011 ROM is planning to provide these services to 64 additional children.

2. Description of service delivery or other activity carried
ROM shall continue providing treatment and prevention services for opportunistic infections including TB and malaria, and management of common childhood illnesses. Maternal and child Health services will also be provided to these children and these will include growth and development monitoring, child immunization, nutritional assessment and provision of therapeutic feeds, deworming and vitamin A supplementation. Psychosocial support will also be provided to the children through the children clubs, sports, exposure tours and child counseling. The follow up of these children will be strengthened through the CNC, peer supporters (mother to mother, adolescent and teenage supporters) to ensure proper adherence to treatment and will include home and hospital visits.

3. Integration with other health activities
OVC support services shall be integrated into the care and support services.

4. Relation to the national program
The implementation of the care and support services will be in line with the national child survival guidelines and the Maternal and Child Health policies.

5. Health systems Strengthening and Human Resources for health
Training in pediatric HIV/AIDS care and treatment will be provided to all health workers through different partnerships with MoH, Mildmay and Baylor Uganda and will involve mentorship and placements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	128,044	

Narrative:

1. Target population and coverage of target population or geographic area
ROM will provide 367 children in its catchment area with various HIV treatments by the end of FY 2011. Out Of these, antiretroviral drugs will be provided to an estimated 159 children.
2. Description of services delivery or other activity carried out
Currently ROM has 121 children on ART and this number is expected to reach 159 children by the end of FY 2011 with an addition of 38 newly enrolled on ART annually. For all children ROM will continue providing clinical services which include two CD4 counts yearly to monitor ART treatment responses and assess for ART eligibility for those not yet on ART, screening services for opportunistic infections including TB and STIs, treatment of the various opportunistic infections including TB, pain management and symptom relief. Cotrimoxazole prophylaxis will also be provided and children needing hospitalization or specialized services will be linked to hospitals.
3. Integration with other health activities
Children requiring nutritional and other support services shall be linked to the nutritional and social support sections respectively.
4. Relation to the national program
All pediatric treatments will be guided by the national pediatric treatment guidelines and policies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

Reach Out Mbuya will identify, mentor and build the capacity of at least 3 identified HIV/AIDS community based organizations in the catchment area in the 6 key health systems strengthening functions including: 1) Service delivery; 2) Leadership and governance; 3) Finance; 4) Medical products, vaccines and technologies; 5) Information systems for M&E; and 6) Human Resources for Health.
ROM will work under the guidance of Ministry of Health/AIDS Control Program (MOH/ACP), district health teams and PEPFAR Uganda to empower the catchment communities and identified CBOs to stimulate problem-solving and leadership. In addition, this mechanism will provide comprehensive HIV/AIDS prevention, care, social support and treatment services to at least 4,000 adult and children with HIV/AIDS in 4 health facilities in urban (Kampala) and rural (Luweero) districts in Uganda.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	

Narrative:

1. Target Populations and coverage of target population or geographic area

ROM will provide PMTCT services to its clients in Mbuya, Kinawataka and Banda in Kampala and

Kasaala in Luwero district with the objective of reducing the transmission of HIV from mother to child. The target population includes 500 HIV positive women screened for pregnancy, 270 HIV positive pregnant women, 100 HIV exposed infants, 108 couples involved in PMTCT and 80 health care providers and peer supporters.

2. Description of services delivery or other activity carried out

ROM will under take different activities which include early diagnosis of pregnancy among the HIV clients already in care through screening for pregnancy. Screening for HIV among the ANC mothers so that early preventive methods can be instituted, sensitization of mothers on safe delivery and infant feeding options, provision of ARVS for prophylaxis or treatment to HIV positive pregnant women and ARV prophylaxis to the 100 newborns. ROM will also continue using community PMTCT peer supporters (mother-to-mother supporters) to encourage pregnant women to attend ANC, seek safe delivery options, and provide psychological support on the preferred feeding options. Through small groups educative information about MTCT will be provided to communities and couples. Mothers will be supported with milk and other feeds depending on the age of the child and the economic status of the family. Referral linkages will be strengthened to support use of ANC and delivery at health facilities. The capacity of Kasaala outlet to carry out deliveries will be strengthened. Screening of babies for HIV using the DNA PCR technique following the EID guidelines and protocols will be used. The exposed infants will be followed up until their final status is confirmed and either discharged from or enrolled into the HIV program.

3. Integration with other activities

Maama Kits will be distributed to ensure a clean delivery environment. Insecticide treated nets will be obtained through PACE and distributed to pregnant women.

4. Relation to the National Program

All the PMTCT activities will be implemented in line with the National PMTCT guidelines and Ministry of Health tools will be utilized to capture PMTCT information and monthly and quarterly reports submitted to Kampala city council and the Ministry of Health.

5. Health Systems strengthening and Human resources for health

Eighty health care providers and community peer supporters will be trained to provide PMTCT services at the facilities and community respectively. The peer supporters will be trained to provide counseling, treatment adherence monitoring and follow up of mothers to ensure safe delivery and adherence to the chosen infant feeding option. Support supervision to the implementing sites will be conducted in collaboration with teams from the PMTCT/EID program of the Ministry of Health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXD	678,546	

Narrative:

1. Target population and coverage of target population or geographic area
The target populations for ARV drugs include HIV positive, ART eligible clients enrolled into ROM (2156 on the PEPFAR arm and 559 on the MoH/ global fund arm by FY 2011), 80 pregnant women enrolled onto the ROM PMTCT program, 80 exposed infants and 10 Health workers and community members needing occupational or non occupational PEP.
In FY 2010/2011 ROM will enroll 480 new clients onto ART and maintain 2235 on ART.

2. Description of service delivery or other activity carried out
ROM will continue providing ART to eligible clients using a nurse-based model under the supervision of medical doctors. Adherence to treatment and retention in the program shall be ensured through pre-ART education, the on-going counseling, adherence monitoring at home and adherence workshops. Adherence to treatment shall be monitored by the health workers at the facility and the CNC at household level. ART for post exposure prophylaxis shall be provided for occupational and non-occupational exposures to HIV. In addition ART for PMTCT shall be provided to pregnant women and their exposed infants.

3. Integration with other health activities
ROM will continue providing an integrated PHC/HIV model at the Kasaala outlet so as to improve uptake of both services.

4. Relation to the national program
ROM will use the Ministry of Health guidelines in the provision of ART and will continue leveraging for funds for ARVs from the MoH/Global fund arm and the Clinton foundation. In addition, ROM will continue to procure only nationally and internationally approved Drugs. To avoid stock-outs ROM will continue to work with suppliers following the Supply Chain Management guidelines including forecasting and quantification of requirements for a year with quarterly reviews. ROM has changed its drug formulary, adapting an FDA-approved generic medicine policy as a cost cutting strategy which allows more patients to be served using the same level of funding.

5. Health systems strengthening and Human Resources for health
ROM will ensure availability of drugs and supplies at the supported sites through training of staff in LMIS, followed by regular monitoring of adherence to guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HVTB	200,000	

Narrative:

1. Target populations and coverage of target populations or geographic area
ROM will continue screening persons for TB/HIV co-infection. All clients (4630) will be routinely screened for TB during their clinic visits and it is estimated that 280 will be diagnosed with TB and treated in FY 2011. In addition patients diagnosed with TB (100 per year) whose HIV status is not yet known will be counseled and tested for HIV at the Kasaala site.

2. Description of service delivery or other activity carried out
An integrated TB/HIV approach will be used. All clients diagnosed with TB will be screened for HIV and vice Versa. TB screening will be integrated at the point of VCT and will involve clinical, radiological and laboratory (sputum analysis, Sputum cultures, mantoux test or any other TB screening method depending on the clinical picture) investigations. TB Contact tracing will be implemented and Isoniazid prophylaxis availed to those with latent TB after excluding active TB. Interventions for TB infection control for both staff and clients will be established.

3. Integration with other health activities
TB screening will be integrated into the VCT activities. The monitoring for adherence to treatment using the DOTS strategy shall be integrated into the Community Network of Care (CNC) activities.
4. Relation to the national program
All clients found with TB will be treated according to the national guidelines from the National TB and Leprosy programme (NTLP). TB drugs and reagents for sputum analysis will be obtained from support from the NTLP/Global fund. However we have included a 3 months buffer from the PEPFAR funds in case of stock outs. ROM will also continue utilizing Ministry of Health tools to capture patient information. Monthly and quarterly reports will be submitted to the National TB and Leprosy programme.
5. Health Systems strengthening and Human resources for health
Health workers will be trained in TB screening, diagnosis, treatment and infection control in collaboration with MoH/NTLP. And ROM will continue utilizing the Tuberculosis Assistance Program (TB CAP) for technical assistance in form of trainings and support supervisions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13383	**Mechanism Name: Supporting the Scale-up of Comprehensive HIV/AIDS Prevention Services in**

	the Republic of Uganda under the Presidents Emergency Plan for AIDS Relief
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF) IN UGANDA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,026,686	
Funding Source	**Funding Amount**
GHCS (State)	2,026,686

Sub Partner Name(s)

Apac Local Government	Kalangala Local Government	Luwero Local Government
Makerere University School of Public Health/ Rakai Health Sciences Program	Mityana Local Government	Mubende Local Government
Nakaseke Local Government	Nakasongola Local Government	Wakiso Local Government

Overview Narrative

1. Overall goals and objectives

AMREF will scale up comprehensive, evidence-based HIV-prevention interventions for populations in 8 high-prevalence districts in Central and Northern Uganda, with special focus on most-at-risk populations (commercial sex workers, fishing communities, police and the military), over a five-year period.

Working with district health authorities, the Rakai Health Sciences Program (RHSP), the CDC, and other project partners, AMREF will implement several evidence-based, best practice HIV prevention activities, including: supporting training of district health workers in safe male circumcision (SMC); applying the AMREF Tanzanian Angaza Model of community mobilization and taking services close to communities to scale up HIV Counseling and Testing (HCT, including for couples); establishing Sexuality Knowledge for Youth (SKY) Clubs to promote HIV prevention among in- and out-of-school youth; and forming support groups for people living with HIV (PLHIV), HIV sero-discordant couples, and HIV-positive pregnant women and new mothers.

Targeted ABC behavior change strategies, HCT, and SMC will be promoted using community outreaches, trained peer educators, billboards, posters, leaflets and radio messages in local languages, condom distribution, and linking people at risk to sexually transmitted infection (STI) services. HIV prevention interventions will be linked to other health services to the greatest extent possible. District health systems will be strengthened by addressing: human resources; health facility equipment; training health workers and managers; providing support with annual and financial planning; and strengthening health management information systems (HMIS) by providing training in monitoring and evaluation (M&E).

The project will contribute to attaining the Uganda PEPFAR goal of preventing 165,000 new infections by 2015. The project will also contribute to attaining the PEPFAR HIV treatment and care goals by linking HIV-positive individuals through referrals to treatment and care services, and providing group support to promote positive living.

2. Target populations and geographic coverage
The project will target all district residents, including MARPs, in 8 districts in the Central and Northern Regions of Uganda.

Central Districts: Kalangala, Wakiso, Mubende, Mityana, Luwero, Nakaseke, Nakasongola
Northern Districts: Apac

3. Enhancing cost effectiveness and sustainability
A rapid appraisal will be carried out in each project district prior to implementing interventions. Appraisals will document existing HIV prevention initiatives in the district; other HIV-related services; and agencies (including CBOs, FBOs, NGOs, and PNFPs) already providing HIV prevention interventions and services. Appraisals will be used to identify partners, opportunities for integration with existing programs, and to prioritize interventions. In districts where AMREF already has a presence (Luwero, Nakasongola) the project team will draw on existing partnerships and knowledge of the district to encourage sustainability of interventions. The project team will actively look for opportunities to integrate HIV prevention activities with other HIV prevention, treatment, care and support interventions, and with programs such as PMTCT, MCH, and SRH. Existing district structures will be accessed to ensure ownership of interventions, and a detailed project implementation plan will be drawn up in partnership with each district. Project staff will work closely with CDC, district health structures, and other implementation partners in each district to support cost-sharing of activities and collectively build capacity of local stakeholders to own and manage interventions.

4. Health Systems Strengthening

The project team will work closely with government structures from the national level to the village level to provide sustainable systems strengthening of district health services. District health systems will be strengthened by addressing:
(i) Human Resources: Providing health workers with training in SMC, and HTC
(ii) Infrastructure: Providing training in laboratory tests to ensure capacity for accurate HIV diagnosis; providing autoclaves, surgical instruments, and surgical kits for SMC, and extra HIV test kits if needed;
(iii) Training: Providing training in management skills to members of District Health Management Committees (DHMCs) and Health Unit Management Committees (HUMCs) and project updates by means of 5-day workshops twice a year in each district;
(iv) Financial Planning: Working with DHMCs and HUMCs to ensure they take over costs of project HIV prevention initiatives in a staged manner over the course of the project, and assisting them to develop budgets that incorporate these costs into strategic and annual plans;
(v) Monitoring and Evaluation (M&E): Project M&E Officers will provide M&E training in order to strengthen the District Health Management Information Systems (HMIS) and Community-Based Health Management Information Systems (CB-HMIS).

5. Cross-Cutting Budget Attributions
a. Human Resources for Health
The project will support in-service training for counselors, laboratory assistants, Village Health Teams, peer educators, teachers, doctors, nurses, clinical officers, district staff, and selected MARPS across all relevant technical areas for their identified activities. ($174,980 in Year One)

b. Construction/Renovation
REDACTED

c1. Food and Nutrition: Policy, Tools, and Service Delivery
The project does not have this component.

c2. Food and Nutrition: Commodities
The project does not have this component.

d. Economic Strengthening
The project will support Sexuality Knowledge for Youth (SKY) Clubs with income-generating activities and provide commercial sex workers targeted under the project with alternative income-generating projects to encourage them to leave the profession. ($48,600 in Year One)

e. Education

Education will be promoted through working with district officials, health workers, peer educators, and community members to carry out HIV prevention campaigns and behavior change interventions. ($231,574 in Year One)

f. Water
The project does not have this component.

g. Gender: Reducing Violence and Coercion
Prevention of gender-based violence will be supported by training and peer-led outreaches in communities and among targeted MARPS populations to conduct action-oriented community education on issues of gender power relations in regard to HIV prevention and transmission. The cost for this line is incorporated under Education.

6. Key issues:
a. Health-Related Wraparounds
o Child Survival Activities will be supported through development of Sexuality Knowledge for Youth (SKY) Clubs for youth in and out of school, with a special focus on OVCs. SKY Clubs will conduct outreach and education activities in their communities to promote child survival and prevention of HIV transmission to vulnerable youth.
o Family Planning will be integrated with existing SRH and MCH activities in target districts and prevention of HIV infection activities among positives, discordant couples, and MARPS during community HCT outreaches and at health units offering antenatal care and PMTCT programs for mothers.
o Prevention of malaria in pregnancy will be integrated with existing MCH and PMTCT programs in target districts through routine delivery of goal-oriented antenatal care services.
o Safe Motherhood will be integrated in PMTCT through routine delivery of goal oriented antenatal care; linkages with existing SRH and MCH campaigns in target districts will also support Safe Motherhood activities.
o The project will facilitate integrated HCT outreaches in communities under Uganda's collaborative management of TB/HIV policy. Trainings for health unit staff will also focus on joint testing and treatment for TB and HIV, and funding for M&E activities will include data collection and analysis for TB/HIV services.

b. Gender
Gender issues will be addressed through community mobilization, education, and outreach activities to promote positive behaviors such as: gender equity; couple dialogue; partner counseling and testing and disclosure, and support groups for people living with HIV (PLHIV), HIV sero-discordant couples, and HIV-positive pregnant women and new mothers. SKY Clubs will also promote awareness of gender issues

through community level outreaches. Female CSWs will receive income-generating support to reduce their vulnerability and provide alternatives to the CSW profession.

c. End-of-Program Evaluation
An independent end-of-program evaluation will be conducted in year five to assess project achievements against set targets and objectives.

d. Mobile Population
Fishing communities, migrant workers, commercial sex workers, boda boda cyclists, and long distance truck drivers will be targeted with HIV prevention, education, and testing activities and outreaches using a trainer-of-trainer and peer educator model for delivering services.

e. Military Population
The project will work with the Ministry of Defense, the Ministry of Internal Affairs, Police, and army barracks commanders. Peer educators (members of the service) will be used to gain access to the target population (given that uniformed forces sometimes work in environments that are out of bounds to civilians) for HIV prevention, education, and testing activities and outreaches.

f. Workplace Programs
Fishing communities, migrant workers, commercial sex workers, boda boda cyclists, and long distance truck drivers will be targeted with HIV prevention, education, and testing activities and outreaches using a trainer-of-trainer and peer educator model for delivering services in their areas of work. Health unit staff benefiting from training will also receive education on HIV in the workplace during their workshops.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	50,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: Mechanism Name: Prime Partner Name:	13383 Supporting the Scale-up of Comprehensive HIV/AIDS Prevention Services in the Republic of Uganda under the Presidents Emergency Plan for AIDS Relief AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF) IN UGANDA		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	100,000	

Narrative:

1. Target populations and coverage of target population or geographic area
All District Health Teams, health facility staff, and community level health workers in the 8 target districts will benefit from health systems strengthening activities.

2. Description of service delivery or other activity carried out
The first activity in each district will be to make contact with the District Health Officer (DHO) and District Health Management Committee (DHMC) to describe the project and initiate a partnership. The next activity will be a rapid appraisal/needs assessment to document service availability, location of health facilities, physical health facility infrastructure, staffing levels, and staff capacity development needs. The appraisal will also identify organizations already providing HIV-related services in each district, and will identify locales where MARPs congregate. A detailed project implementation plan will be drawn up for each district. Project staff will work closely with CDC, district health structures, and other implementation partners in each district.

The project team will work closely with government structures from the national level to the village level to provide sustainable systems strengthening of district health services. District health systems will be strengthened by addressing:

(vi) Human Resources: Motivating with the Ministry of Public Service to take over HIV counselor supervisor and HIV counselor posts created by the project; providing health workers with training in SMC, HCT, and laboratory skills;
(vii) Infrastructure: Providing training in laboratory tests to ensure capacity for accurate HIV diagnosis; providing autoclaves, surgical instruments, and surgical kits for SMC, and extra HIV test kits if needed;
(viii) Training: Providing training in management skills to members of District Health Management Committees (DHMCs) and Health Unit Management Committees (HUMCs) and project updates by means of 5-day workshops twice a year in each district;

(ix) Financial Planning: Working with DHMCs and HUMCs to ensure they take over costs of project HIV prevention initiatives in a staged manner over the course of the project, and assisting them to develop budgets that incorporate these costs into strategic and annual plans;
(x) Monitoring and Evaluation (M&E): Project M&E Officers will provide M&E training in order to strengthen the District Health Management Information Systems (HMIS) and Community-Based Health Management Information Systems (CB-HMIS).

3. Integration with other health activities
Activities will be linked to existing health system strengthening activities currently undertaken at district, health sub-district, and health facility level by AMREF and other development partners.

4. Relation to the national program
All health system strengthening activities will be aligned to national priorities to ensure systems are strengthened from district to community level to improve health outcomes for target populations.

5. Health Systems Strengthening and Human Resources for Health
Capacity-building for critical district staff, skilled health workers, and community level health workers will be accomplished under training and review meetings implemented by the project, as indicated above.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,004,000	

Narrative:

1. Target populations and coverage of target population or geographic area
All males of reproductive age in the 8 districts of focus will benefit from safe male circumcision (SMC) activities, with a special focus on MARPS (mobile populations, fishermen, military personnel, boda boda cyclists, and long distance truck drivers) and vulnerable populations (in and out-of-school youth and OVCs). The project will target 4,000 males in year one for circumcision as part of the minimum package of SMC for HIV prevention.

2. Description of service delivery or other activity carried out
AMREF will work in partnership with Rakai Health Science Program (RHSP) to implement a phased roll-out of SMC in project districts. Using a training of trainer (TOT) approach, clinicians (doctors and clinical officers) from the project districts will be trained in SMC. This initial group will train additional clinicians in SMC on return to their districts. Nurses will be trained on sterilization procedures and proper waste disposal so that they are able to support clinicians during SMC operations. Outreaches to promote SMC will target specific groups most at risk such as fishing communities, uniformed services, and male youth.

Implementation will be supported through community mobilization, working with community leaders, individual and small-group sensitization by VHTs in villages and using peer education in institutional settings and among the fishing communities. SMC will be promoted as part of a comprehensive HIV prevention package (not a stand-alone intervention) with education through the mass media (radio and billboards, and IEC pamphlets) campaigns, community outreach, and providing information during pre- and post-test counseling as part of HCT.

The project team will implement SMC by partnering with RHSP to provide training to teams of clinicians and nurses from District Hospitals and HC IV facilities. The safety of circumcisions provided by district SMC teams will be monitored. Any adverse events (AEs) or Serious Adverse Events (SAEs) will be reported promptly to the AMREF SMC Technical Advisor to ensure that high levels of safety are maintained.

In accordance with national policy and WHO/UNAIDS guidelines, SMC will be promoted as part of an integrated HIV prevention package and not as a stand-alone intervention. SMC will be supported through proper community entry, working with local leaders, individual and small-group sensitization by VHTs in rural villages and peer educators in institutional settings and among the fishing communities. These will be coupled with education through the mass media (radio and billboards), IEC (pamphlets with relevant information), community campaigns.

Youth and men will be strongly encouraged to have HCT prior to undergoing circumcision and will be given risk-reduction counseling and advice about post-surgical precautions (watching for signs of infection, an initial period of abstinence, and the need for continuing use of condoms after circumcision) as a standard accompaniment to the circumcision procedure. The parents of children under the age of 14 years will be asked to assent to the procedure and will be given an explanation about the reason for it; the child will receive a simple age-appropriate explanation.

Initially, priority will be given to providing SMC to groups most at risk such as: fishing communities, uniformed services, and male students in schools, colleges and universities. As capacity to perform circumcision increases in a district, linkages will be formed with obstetric and infant health services to expand circumcision services and to encourage the circumcision of baby boys in the first month after birth.

3. Integration with other health activities
Activities will be linked to existing HCT, family planning, SRH, STI, school-based ABC programs (PIACSY), and ART. The project team will actively look for opportunities to integrate HIV prevention activities with other HIV prevention, treatment, care and support interventions, and with programs such

as PMTCT, MCH, and SRH.

4. Relation to the national program
All activities, key behavior change messages, IEC materials, and training workshops will be aligned to national policy, and guidelines, and strategy documents produced by the MOH and the Uganda AIDS Commission. Interventions will be carried out at several different levels, including mass media behavioral change communication (BCC), community outreaches, small groups, couple, and individual level. Interventions at different levels will be harmonized in order to convey a consistent message across all levels of intervention in accordance with government guidelines. The government's new SMC policy will be rolled out at health units in target districts to ensure application of the policy against all health unit SMC activities under the project.

5. Health Systems Strengthening and Human Resources for Health
In-service training on SMC service delivery against national guidelines will be provided for nurses and doctors (number TBD). Training for 8 District Health Teams, and CSW, fishermen and military personnel TOTs (numbers TBD) will be conducted to support mobilization of men in target districts for SMC. Further capacity-building on M&E, HMIS, and operationalization of government policies on SMC will be conducted with 8 District Health Teams

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	375,000	

Narrative:

1. Target populations and coverage of target population or geographic area
All populations in the 8 districts of focus (Mubende, Mityana, Wakiso, Luwero, Nakaseke, Nakasongola, Kalangala, and Apac with a population of 6,823,100 people) will benefit from AB education and outreach activities to prevent sexual transmission of HIV, with a special focus on MARPS (CSWs, mobile populations, fishing communities, military personnel, boda boda cyclists, and long distance truck drivers) and vulnerable populations (in and out-of-school youth and OVCs).

2. Description of service delivery or other activity carried out
HIV education and awareness-raising outreaches regarding prevention of transmission using the AB approach will be held in communities, homes, health units, and ANC clinics in target districts. Services provided include HCT, HIV education, risk-reduction counseling, addressing vulnerability, disclosure counseling, post-test clubs, peer education, and SKY Clubs. Peer Educators will be used for HIV prevention among youth, HIV-positive new mothers, CSWs, and uniformed services. These peers will be trained in behavior change communication (BCC) to promote AB strategies, and to advocate for HCT

(knowing one's HIV status) and SMC. Former CSWs will be trained to promote HIV prevention among women still active in the sex trade. HIV-positive persons, including HIV-positive mothers, will be trained to facilitate support groups. Post-test clubs for HIV-positive individuals will focus on disclosure, promoting safer sex (correct and consistent condom use), developing skills for coping with stigma and discrimination, and accessing and adhering to treatment. Groups for discordant couples and concordant HIV-positive couples will include a focus on sexual relationships and SRH issues. Groups will be established for HIV-positive mothers and pregnant women to strengthen PMTCT programs.

3. Integration with other health activities
Activities focusing on sexual prevention of HIV through the AB approach will be linked to existing family planning, SRH, STI, school-based ABC programs (PIACSY), PMTCT, ANC, ART, and post-natal services. The project team will actively look for opportunities to integrate HIV prevention activities with other HIV prevention, treatment, care and support interventions, and with programs such as PMTCT, MCH, and SRH. HCT will be promoted in family planning clinics so that sexually-active women of child-bearing age will know their HIV status before becoming pregnant. At antenatal clinics, partner testing will be encouraged in addition to the HIV testing of pregnant women as part of PMTCT programs. Peer-led support groups, linked to PMTCT services, will be established for HIV positive pregnant women and new mothers.

4. Relation to the national program
All activities, key behavior change messages, IEC materials, and training workshops will be aligned to national policy, guideline, and strategy documents produced by the MOH and the Uganda AIDS Commission. Interventions will be carried out at several different levels, including mass media behavioral change communication (BCC), community outreaches, small groups, couple, and individual level. Interventions at different levels will be harmonized to in order to convey a consistent message across all levels of intervention in accordance with government guidelines.

5. Health Systems Strengthening and Human Resources for Health
In-service training on HIV prevention, education, and service delivery for 40 counselors, 26 laboratory assistants, 1,000 Village Health Teams, peer educators (number TBD), teachers (number TBD), SKY Clubs (number TBD), nurses and doctors (number TBD), 8 District Health Teams, and CSW, fishermen and military personnel TOTs (numbers TBD) will be conducted. Further capacity-building on M&E, public health planning, HMIS, and operationalisation of government policies on HIV will be conducted with 15 District Health Teams.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	547,686	

Narrative:

1. Target populations and coverage of target population or geographic area
All populations in the 8 districts of focus (6,823,100 people) will benefit from education and outreach activities to prevent sexual transmission of HIV, with a special focus on MARPS (CSWs, mobile populations, fishing communities, military personnel, boda boda cyclists, and long distance truck drivers) and vulnerable populations (in and out-of-school youth and OVCs).

2. Description of service delivery or other activity carried out
Activities include risk-reduction counseling, disclosure counseling, post-test clubs, peer education, addressing vulnerability, and SKY Clubs. Project interventions will combine promotion of Abstinence, Be faithful, use Condoms (ABC) with promoting knowledge of one's own HIV status (+) and one's partner's HIV status (++). The emphasis of ABC++ messages will be tailored to the target population. Among married and cohabiting couples the emphasis will be on being faithful and on knowing both one's own HIV status and ones partner's HIV status. Among MARPs there will be greater emphasis on condom distribution and promoting correct and consistent condom use. Among HIV-positive individuals, the emphasis will be on disclosure, encouraging partners to be tested, and using condoms. Among youth, age-appropriate ABC+ strategies will be used.

3. Integration with other health activities
Activities will be linked to existing HCT, family planning, SRH, STI, school-based ABC programs (PIACSY), PMTCT, ANC, ART, and post-natal services. The project team will actively look for opportunities to integrate HIV prevention activities with other HIV prevention, treatment, care and support interventions, and with programs such as PMTCT, MCH, and SRH. HCT will be promoted in family planning clinics so that sexually-active women of child-bearing age will know their HIV status before becoming pregnant. At antenatal clinics, partner testing will be encouraged in addition to the HIV testing of pregnant women as part of PMTCT programs. Peer-led support groups, linked to PMTCT services, will be established for HIV-positive pregnant women and new mothers.

4. Relation to the national program
All activities, key behavior change messages, IEC materials, and training workshops will be aligned to national policy, guideline, and strategy documents produced by the MOH and the Uganda AIDS Commission. Interventions will be carried out at several different levels, including mass media behavioral change communication (BCC), community outreaches, small groups, couple, and individual level. Interventions at different levels will be harmonized to in order to convey a consistent message across all levels of intervention in accordance with government guidelines.

5. Health Systems Strengthening and Human Resources for Health

In-service training on preventing sexual transmission of HIV and HIV service delivery for 40 counselors, 26 laboratory assistants, 1,000 Village Health Teams, peer educators (number TBD), teachers (number TBD), SKY Clubs (number TBD), nurses and doctors (number TBD), 8 District Health Teams, and CSW, fishermen and military personnel TOTs (numbers TBD) will be conducted.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13416	**Mechanism Name: Scaling up comprehensive HIV/AIDS services including PICT,TB/HIV,OVC,ART (including pregnant women)&children through public university teaching hospitals, regional referral hospitals& public& private-not-for-profit health facilities in Uganda under PEPFAR.**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mildmay International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 10,344,786	
Funding Source	**Funding Amount**
GHCS (State)	10,344,786

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The Overall goal is to Support the Government of Uganda to provide and scale-up comprehensive HIV/AIDS care, treatment and prevention services through the integration and strengthening of the District Health Service (DHS). The programme goal will be achieved through three objectives including: 1: To

increase access to family-centred, comprehensive HIV and AIDS prevention, care and treatment services through integration of these services into the (DHS) in 13 districts of the Central Region of Uganda by September 2015. 2: Build human resource capacity for sustainable delivery of comprehensive HIV and AIDS services in 13 districts of Central Region of Uganda by September 2015 and 3: Strengthen DHS planning, administration, Monitoring & Evaluation, logistics and supply chain management mechanisms for effective and efficient delivery of comprehensive HIV/AIDS services in 13 districts of the Central Region of Uganda by September 2015.

2. Target populations and geographic coverage
The target population will include People Living with HIV (PLHIV) and their affected families and HIV/AIDS service providers in 13 districts of the Central region of Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Ssembabule and Kalangala.

3. Enhancing cost effectiveness and sustainability
To improve both efficiency and effectiveness while increasing sustainability of service delivery, Mildmay Uganda will adopt a model that emphasizes technical support in areas with identified capacity gaps, while encouraging ownership and more responsibility of the implementing sites in the day-to-day running of the clinics.

4. Health Systems Strengthening
As a strategy for health systems strengthening and sustainability of access to good quality HIV and AIDS care in rural areas DHTs will be mentored in planning, budgeting, resource mobilization, monitoring and supervision of health services. The project will set up local systems to provide performance-based conditional grants to target districts

5. Cross-Cutting Budget Attributions
Human Resources for Health: All HC will be supported to implement a functional task shifting model. Tailor-made skills-building will be done for district and HC III & IV key staff, in leadership and HRM to enhance capacity for managing health systems.

a. REDACTED

c1. The capacity of the HC shall be built through coaching and mentoring to provide continuous nutritional assessment and counselling using national Food and Nutrition policies and guidelines

g. Mildmay will work with district and partners in the catchment area to reduce on gender based violence

6. Key issues:
Mildmay Uganda will provide technical assistance and collaborate with the targeted districts to link the HCs to existing Child survival program interventions in the central region.

Family planning (FP) services will be integrated within the HCs or HCs will be linked to other HCs providing FP services or family planning projects in the central region of Uganda; the HCs providing FP services will receive FP logistics through the national health system

Malaria cases shall be managed using MOH guidelines. ITN s will be provided through basic care package by PACE.

Safe Motherhood: In partnership with DHS in the central districts Mildmay will link the HCs in the spheres to other implementing partners providing PMTCT and Maternal health services.

TB activities shall be integrated in services provided at the implementing sites. Anti TB drugs will be provided through MOH/ Global fund.

b. Gender
Working closely with the district health Office (DHO), Community Development Office and the HCs in the central region, Mildmay will provide technical assistance to ensure that there is gender equity in provision of HIV/AIDS services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13416**
Mechanism Name:	**Scaling up comprehensive HIV/AIDS services including PICT,TB/HIV,OVC,ART (including pregnant women)&children through public university teaching hospitals, regional referral hospitals& public&**
Prime Partner Name:	

	private-not-for-profit health facilities in Uganda under PEPFAR. Mildmay International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	980,000	

Narrative:

Target populations and coverage of target population or geographic area
Mildmay Uganda will support District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver comprehensive, sustainable services and scale up access to quality adult HIV and AIDS care and support. Such technical assistance will be carried out in spheres and each sphere will comprise 1 Health Centre (HC) IV/district hospital and 6 other lower level HCs within the same Health Sub District (HSD) (2 HC III & 4 HC II). There will be 18 spheres each with seven HC bringing the number of HC served to a total of 126. Mildmay Uganda main site at Lweza will be part of the HC in Central Uganda and will therefore provide care and support to some of the patients. 74,000 eligible individual within the context of families will be provided with a minimum of two care services, one clinical & one non-clinical. Within the spheres, through the DHS 66,000 HIV-positive individuals will be provided with Cotrimoxazole prophylaxis and all clients will be monitored for adherence. 15,000 eligible HIV-positive clinically malnourished clients disaggregated by (age, sex, pregnant/lactating women & type of nutrition support; therapeutic food, supplementary food, nutrition counselling), will be provided with food &/or nutrition services.

Description of service delivery or other activity carried out
Major activities for this program include; Provision of basic care and support, PITC, treatment and prevention of Opportunistic Infections (OIs) including malaria and TB, management of common infections like UTI, RTI and skin infections, pain management and symptom control, functional rehabilitation, nutrition and food security interventions. The program will ensure availability of PEP services for occupational and non- occupational exposure, prevention with positives interventions like partner testing, condom use, contraceptive use.

Integration with other health activities

Mildmay Uganda will promote and support the integration of HIV care into other health services which include cervical and breast cancer screening, PMTCT, mental health, Integrated Management of Acute Malnutrition, waste management, Sexual and Reproductive Health: (family planning, treatment of STIs, adolescent sexual and reproductive health), maternal and child health (MCH). To avoid duplication,

Mildmay Uganda will collaborate with other partners supporting PMTCT, sexual and reproductive health, and door-to-door HCT in the 13 districts.

Relation to the national program
Mildmay Uganda will support the functionalisation of the national HMIS data management systems and other national guidelines and policies on TB, ART, PMTCT, counseling and waste management in the spheres. Alignment and adherence to these policies and guidelines will be part of the continuous technical assistance and supervision as well as evaluation of the HC in the spheres.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Mildmay Uganda will support the 13 districts (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) within the central region of Uganda to reach 7,500 OVC and their families with care and a comprehensive OVC package as guided by NSPPI. The programme will target at least 420 OVC and their families per 'sphere'
2. Description of service delivery or other activity carried out
Mildmay Uganda will address the needs of OVC and their families in eight Core Program Areas: socio-economic security; food security and nutrition; care and support; education; health; child protection; and capacity building to care givers. All the served OVC and their families will receive psychosocial support. The OVC and their families will be provided with at least 3 Core Programme Areas beyond psychosocial/spiritual support. Using the existing CSF structures, Mildmay will support the districts in mapping out OVC service providers in the central region and updating the district OVC service provider directories. The specific activities will include: Updating the district OVC service provider directories; Facilitating the formation of 'circles' of service providers at HC level; Functionalizing submission of regular reports at all levels of DHS.

4. Relation to the national program
Mildmay Uganda will support the functionalisation of the national HMIS data management systems, MGLSD MIS and other national guidelines and policies on OVC.

5. Health Systems Strengthening and Human Resources for Health
Mildmay Uganda will focus on strengthening the already existing structures to help improve the OVC service delivery by: Working with the districts to functionalise existing data management systems to meet the current national reporting requirements of the HMIS; Working with the district to strengthen linkages

and networks with other public and private sector OVC service providers, following the Mildmay OVC model and other existing models; Strengthening linkages with other implementing partners to increase awareness to the priority needs of the most vulnerable HIV positive children and their households through;

• Supporting the districts to strengthen existing linkages and establish new linkages

• Supporting the district to strengthen the existing referral systems

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,001,989	

Narrative:

Target populations and coverage of target population or geographic area

Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver sustainable services and scale up access to quality adult HIV and AIDS care and support. 36,125 individuals (85% adults) will be maintained on HAART, an additional 3150 (85% adults) individuals initiated on HAART.

Description of service delivery or other activity carried out

Mildmay Uganda will offer technical support to Ministry of Health (MOH) facilities within the 13 districts to develop their capacity to provide and scale-up adult ART services according to national guidelines. Follow-up of clients to track clinical outcomes is done through routine reviews at the facility or community clinics during which a number of clinical parameters including weight, CD4, occurrence of Opportunistic Infections (OIs), etc are assessed. The program will implement strategies to promote adherence to ART to minimize the likelihood of developing ARV drug resistance.

Health Systems Strengthening and Human Resources for Health

Mildmay Uganda will build human resource capacity for sustainable delivery of ART services in the 13 districts through in-service training, placements, mentoring and coaching.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	280,726	

Narrative:

1. Target populations and coverage of target population or geographic area

Provide demographic information on the target population(s) in the area and coverage and scope of planned activities (e.g., percent of population at risk, sub-counties, or health facilities covered). Note that

some projects will have a national-level geographic area.

Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver sustainable services and scale up access to quality HCT services. In FY11, Mildmay will provide technical support to the HC in the spheres to reach at least 75,000 individuals with HCT, 35,000 of whom will be family members. 80% of all clients attending OPD will receive HCT. Mildmay Uganda will link the HC to HIV/DNA PCR services for at least 80% of HIV exposed infants.

2. Description of service delivery or other activity carried out

Mildmay Uganda has been carrying out HCT at 10 service outlets in 6 districts of Wakiso, Luweero, Mpigi, Mukono, Kamwenge and Mityana. The HCT services are free and open to all. Clients are encouraged to bring all family/household members (Family Approach) for testing. Community HCT is conducted in partnership with Faith Based Organisations (FBO), surrounding community clinics and private companies as requested. Mildmay has been carrying out HBHCT targeting household members of TB patients during TB contact tracing and Home Care for other patients. Mildmay has a facility to do DNA-PCR and supports all its sites for early infant diagnosis. Currently an average of 9,000 HIV antibody tests and 500 DNA-PCR tests are done per quarter.

All HCT services will be delivered using the National HCT guidelines and Mildmay Uganda will provide support supervision to the HC within the spheres for quality assurance and capacity development.

Mildmay will support the districts to strengthen the existing strategies for RCT, VCT and HBCT through; Baseline HC Capacity Assessments to deliver quality HCT services; mentoring and coaching health workers in the HC to offer Provider Initiated Testing & Counselling (PITC) in all units (OPD, inpatient wards, TB clinics, EID for all HIV exposed infants, & HCT) for household members of index clients with effective tracking of repeat testing; technical assistance and support supervision. All clients that test positive will be enrolled for care and support.

In partnership with Uganda Virus Research Institute, Mildmay will work with the districts to establish Quality Assurance mechanisms for HIV counselling and testing at all levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	120,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver sustainable services and scale up access to quality paediatric HIV and AIDS care and support.
Within the spheres, through the DHS 66,000 HIV-positive individuals (15% children) will be provided with Cotrimoxazole prophylaxis and all clients will be monitored for adherence. 15,000 eligible HIV-positive clinically malnourished clients (15% children) will be provided with nutritional services while 74,000 eligible individuals within the context of families will be provided with a minimum of two care services (one clinical & one non-clinical).

2. Description of service delivery or other activity carried out
Services offered at Mildmay Uganda will be delivered through a Family Centered Approach with special emphasis for access to children. The program will endeavor to create child friendly clinics at health facilities and also address the special adolescent sexual and reproductive health needs. All children in care will receive basic care and support including: HCT, prevention and treatment of OIs including TB and malaria. Management of other common infections like UTI, RTI and skin infections will be offered in addition to pain and other symptom management, nutrition and food security interventions. Follow-up of clients to track clinical outcomes is done through routine reviews at the facility or community clinics during which a number of clinical parameters including weight, CD4, occurrence of Opportunistic Infections (OIs), etc are assessed according to national and international guidelines.

The capacity of the HC will be built to enable them provide psychosocial support and these in turn will support VHT to address challenges of coping with HIV and adherence to long term treatment for children in the community. Specialized services for mental health, eye care and dental care and functional rehabilitation will also be provided for children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	532,668	

Narrative:

1. Target populations and coverage of target population or geographic area

Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to

effectively deliver sustainable services and scale up access to quality paediatric HIV and AIDS treatment. The ART services will target eligible children; 7225 children will be maintained on HAART, an additional 472 children initiated on HAART.

2. Description of service delivery or other activity carried out

Mildmay Uganda will offer technical support to Ministry of Health (MOH) facilities within the 13 districts to develop their capacity to provide and scale-up paediatric ART services according to national guidelines. Mildmay Uganda will provide technical and logistical support to the districts and other service providers in the districts to support the HC in the spheres to integrate Early Infant Diagnosis (EID) into Maternal and Child Health Services (MCH).

Health Systems Strengthening and Human Resources for Health
Mildmay Uganda will build human resource capacity for sustainable delivery of paediatric ART services in the 13 districts through in-service training, placements, mentoring and coaching.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

The proposed project seeks to build the capacity of 13 districts in the Central region (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to respond effectively to the identified challenges for sustainable service delivery and scale up access to quality care. This project will work with the districts to implement district-specific interventions targeting the six building blocks defined by WHO as critical to Health Systems Strengthening; governance/leadership, health financing, Human Resources, Information and Knowledge, Technology and Infrastructure, Service Delivery.
The project will provide performance-based conditional grants to 5 target districts (Mpigi, Luweero, Mukono, Wakiso and Mityana) in the first year to a tune of 61,301 USD. Although only these 5 districts (where Mildmay is currently supporting activities) will receive sub-grants in Year 1, the first project year will largely involve the setting up of effective frameworks for grants management in the other districts. Grants amounts will increase in subsequent years depending on the need, coverage and capacity to manage them and granting will be rolled out to all the target districts. Individual district performance in setting up sustainable systems for continuity of project interventions, including incremental district budgetary allocations to project activities will determine subsequent funds disbursement. From the onset and throughout project life MU staff will continually engage DHTs, Planning/Finance departments and Political staff to detail, document and implement sustainability plans. Project will provide regular feedback

to all stakeholders on implementation of these sustainability plans to ensure a smooth MU exit.
The project will initially support the DHO to integrate Inter-Disciplinary Team meetings (IDT) within existing district or HSD meetings quarterly for each sphere targeting, focal persons, committee members and other staff as appropriate. IDT meetings will be hosted on a rotational basis at different HCs within each sphere to encourage regular support supervision from the DHO and higher level facilities to lower level facilities. These meetings will facilitate the leadership role of focal persons, create a forum for inter-facility experiential sharing/learning and provide opportunities to jointly address system challenges, while enhancing accountability of one HC to another. Districts will be assisted to develop and implement locally appropriate in-service training plans that link to other USG and non-USG funded training systems, based on MoH policy. All HCs will be supported to have CMEs within 'spheres' linked to the quarterly district/HSD meetings. The Central Coordination Centre (CCC) at MU in Lweza, will provide specialist support for CMEs as necessary. This will expand knowledge and skills at the lower facility level and allow the burden of care to be spread more evenly over the DHS. Professional growth gained from this intervention will be an incentive for sustainability.
To scale-up access to care especially for children - by promoting a family-centred approach – VHTs/PLHIV networks will be identified/strengthened and linked to HC II for logistical and technical support, monitoring and motivation in accordance to MoH guidelines. HC II will provide day-to-day mentoring/supervision but VHTs will also be linked to other established formal training USG or non-USG funded mechanisms.
Tailor-made skills-building will be done for district and HC III & IV key staff, in governance/leadership and HRM to enhance capacity for managing health systems. To strengthen active generation and use of information for decision-making, the DHOs, district HMIS focal persons, procurement personnel and HSD in-charges, will be targeted for skills acquisition in areas including reporting using the HMIS,(including feedback), forecasting, quantification and procurement of logistics and EMHS as appropriate.. District and HC supervisory visits, IDT meetings and CMEs will be used to cascade acquired skills to lower level HC and avail HMIS tools as necessary to all HC.
HC will be supported to accurately forecast, submit timely drug and supplies requisitions regularly to MoH procurement system and maintain local buffer stock.
All clients 'newly' enrolled into care will be registered under MoH system. Using findings from HC capacity assessments, project will engage district political and technical staff and assist them to develop staff retention schemes targeting cadres critically lacking at the different levels in the DHS. Staff retention schemes will include; mechanisms to track/reward performance, equal opportunities for career growth and formal in-service training linked to subsequent bonding as guided by MoH/Public Service policies. Improved functionality of the DHS will be added incentive for staff retention.
The project will support districts to identify and take advantage of resources available through MoH and other USG/non-USG-funded partners by strengthening the DHO coordination role. Partners will include PREFA for PMTCT, NULIFE for nutritional support, TBCAP and NTLP for external quality assurance for

TB microscopy and TB drug resistance surveillance, UVRI for quality assurance in HIV diagnosis and Community-based Organizations. In addition to the main laboratory at CCC, MU (with PEPFAR funds) has built laboratory capacity at 5 HC in the target districts. MU will work with MoH to initiate the WHO stepwise Laboratory accreditation for all laboratories attached to supported health facilities. Training of laboratory personnel will be done mainly through placements with established laboratories and support supervision. For capacity building in laboratory management MU will work with Central Public Health Laboratory (CPHL) to link personnel from target districts for training in clinical laboratory management. Mildmay Uganda will work with MoH and CDC to ensure that standards for Good Clinical and Laboratory Practice are clearly defined, documented and operationalised. Through inter-facility and inter-district linkages, the project will also expand access to this enhanced laboratory capacity for HIV disease diagnosis and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,380,000	

Narrative:

1. Target populations and coverage of target population or geographic area
Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver laboratory services. The program target to conduct 75000 antibody HIV tests, 4000 DNA PCR tests and 30,000 TB smears in FY 2011.

2. Description of service delivery or other activity carried out

Mildmay Uganda is currently working in all the target districts (except Kayunga) to scale-up access to HIV care either through establishing satellite clinics, supporting community outreaches and/or strengthening linkages. Mildmay Uganda (with PEPFAR funds), has built laboratory capacity at five HC within the central region.
In FY 11, Mildmay Uganda will strengthen inter-facility and inter-district linkages to the Mildmay laboratory for HIV disease diagnosis and monitoring. All tests currently carried out at the district or other facilities will continue to be done there while Mildmay will play a technical supporting and quality assurance role. Functional central sample collection/results disbursement networks will be established within the spheres for tests that cannot be done locally e.g. EID. These collecting centres will be linked to Mildmay where the tests will be done through an effective inter-facility courier system.

Mildmay Uganda will provide technical assistance through appropriate training, coaching and mentoring

to DHS to strengthen laboratory supply chain systems management. Mildmay will work to identify other stakeholders to partner with in this effort.

WHO Regional Office for Africa (WHO AFRO) has designed a Stepwise Laboratory Accreditation Scheme aimed at improving laboratory services in Africa. It has a grading system of 1 to 5 stars based on an assessment of the laboratory that uses the 12 elements of Quality Management System Essentials. Laboratories have to make continuous improvements with government help to gain points which add up to a star. Uganda is one of the countries with plans to implement the scheme. Mildmay Uganda will collaborate with MoH to initiate the accreditation for laboratory facilities and offer technical assistance to the facilities especially in the form of placement and support supervision.

Mildmay Uganda will work with MoH and CDC to ensure that standards for Good Clinical and Laboratory Practice are clearly defined and documented. Through its training, support supervision and mentoring activities, Mildmay Uganda will support the operationalisation of these standards in the districts.

The program's focus will be technical assistance mainly in the form of strengthening overall district leadership and coordinating role, aiding facility and district staff to assess current services and supporting them to formulate, implement and monitor solutions. These solutions will be formulated in line with national policies and will link into national logistics and supply management systems. To accomplish all these effectively, Mildmay Uganda will work with the districts to identify and forge linkages with other stakeholders, to ensure sustainability and reduce duplication and wastage.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	3,605,481	

Narrative:

1. Target populations and coverage of target population or geographic area
Mildmay Uganda will procure drugs for an existing pool of Provide ARV for 36,125 individuals currently on HAART and Provide ARV for initiation of an additional 9,000 ART eligible clients in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala). The program targets to provide ARV for PMTCT to at least 80% of HIV-infected pregnant women and 80% of the HIV exposed newborns; link 18 spheres to existing national frameworks and other partner organisations for drugs & other logistics management; train 26 district staff (DHO plus procurement focal persons) and 126 HC in-charges on forecasting, quantification, procurement and supply practices for medicines and other health supplies based on the HMIS data.

Description of service delivery or other activity carried out
In FY 11 Mildmay Uganda will maintain a 4-month buffer stock of drugs for all existing 36,125 ART clients in the 13 districts to allow time for the district supply and procurement systems to become more effective. Technical support to DHS will be provided to forecast, quantify, procure & maintain buffer stocks of key items (e.g. ARV, TB drugs, septrin) to prevent stock outs.

Relation to the national program
Mildmay Uganda will build the capacity of the DHS to procure nationally and internationally approved and cheaper ARV. To avoid stock-outs, Mildmay will support the DHS to forge functional linkages with the NMS. Mildmay will join the DHT for mentorship in planning, budgeting, resource mobilization, monitoring and supervision of health services. HC will be supported to accurately forecast, submit timely ARV drugs and supplies requisitions regularly to MoH procurement system and maintain local buffer stock.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	943,922	

Narrative:

1. Target populations and coverage of target population or geographic area
Mildmay Uganda will offer technical assistance to develop the capacity of the District Health Services (DHS) in 13 districts of the Central region of Uganda (Wakiso, Mukono, Luwero, Nakaseke, Nakasongola, Mityana, Mubende, Mpigi, Masaka, Lyantonde, Kayunga, Sembabule and Kalangala) to effectively deliver integrated TB/HIV activities. In FY 2011, the project targets to screen 71070 HIV positive clients for TB and start 3554 on TB treatment.

2. Description of service delivery or other activity carried out
The strategies that will be implemented include TB Infection Control and Intensified Case Finding.
In TB infection control the measures include isolation of coughing patients and giving them priority in the clinic to reduce long waiting hours; provision of personal protective gear to patients to reduce air contamination from coughing patients; good infrastructural designs of the patient waiting areas and consultation rooms which aid in ensuring good natural air circulation and ventilation. For intensified case finding, districts will be supported to ensure early screening and diagnosis of TB amongst all clients during HCT, clinic visits and home visits (for contact tracing amongst household members of index TB patients); and early initiation of treatment for those diagnosed with TB. TB treatment and follow up using the DOTS strategy will be supported. A field TB focal person working together with the district TB officer will coordinate TB activities in the spheres. Support will be provided for Provider Initiated Counseling and testing in TB clinics and linkage to care and treatment. Directly Observed Treatment Short course for TB/HIV co infected clients will be supported.

3. Integration with other health activities
Mildmay Uganda will promote and support the integration of TB/HIV care into other health services.

4. Relation to the national program
Programs will be aligned to the national TB and TB/HIV policies and guidelines. All supported laboratories will participate in the National External Quality Assurance for sputum smear microscopy.

5. Health Systems Strengthening and Human Resources for Health
Support will be provide to existing district health systems in provision of M&E, supervision, training and logistics for TB/HIV supplies and drugs

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13433	**Mechanism Name: Strengthening Ministry of Gender's Management of the OVC Response (SMMORE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: UNITED NATIONAL CHILDREN'S FUND (UNICEF)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHCS (State)	600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13433** **Strengthening Ministry of Gender's Management of the OVC Response (SMMORE)** **UNITED NATIONAL CHILDREN'S FUND (UNICEF)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	600,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13466	**Mechanism Name: Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The objective of the grantee will be to provide a package of comprehensive HIV/AIDS services in some of the health facilities previously under the Track 1.0 care and treatment program

Activities under this program will include; HIV counseling and testing, HIV care and support, PMTCT, Abstinence and be faithful activities, Care and support activities for both adults and children in addition to ART and ARV services, Laboratory support activities, Biomedical prevention activities like safe male circumcision and injection safety, support for strategic information and health systems s strengthening

2. Target populations and geographic coverage

This will be a national program covering health facilities formerly under the Track 1.0 care and treatment program and will reach about 40,000 HIV infected individuals with a comprehensive package of care with about 25,000 receiving ART

3. Enhancing cost effectiveness and sustainability

This program will provide a comprehensive package of services and will avoid duplication of efforts with other providers in service delivery. It will apply best practices in HIV care and provide the best unit costs for services. It will have an integrated health service model and will integrate HIV/AIDS care into broader health.

4. Health Systems Strengthening

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The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability.

Strengthening activities will occur in all six building blocks during the project period.

5. Cross-Cutting Budget Attributions
Provide a brief (one sentence) description and budget amount for the cross-cutting areas this mechanism is working in.
a. Human Resources for Health: the program will support recruitment and retention of staff through innovative and acceptable ways. REDACTED
b. Construction/Renovation: REDACTED
c1. Food and Nutrition: The program will support nutrition and sustainable livelihoods activities
c2. Food and Nutrition: The program will provide food and nutritional assessment and supplements
d. Economic Strengthening: Community house hold strengthening activities like IGA's will be implemented
e. Education: The programs will s support education for orphans and vulnerable children
f. Water: Provision of safe water by availing safe water systems and water treatment options will be done
g. Gender: Reducing Violence and Coercion: prevention programs will include activities that promote positive gender norms and address SGBV issues.

6. Key issues:
Briefly (one sentence) identify activities in each key issue that this mechanism will address.
a. Health-Related Wraparounds
o Child Survival Activities: Maternal and child health activities will be strengthened
o Malaria (PMI), Provision of insecticide treated mosquito nets, malaria screening and treatment will be one of the program activities
o Safe Motherhood: Improvement of Maternal health services both antenatal and post-natal will be done
o TB: Intensified T B finding, TB treatment completion and Infection control will also be an area of focus in this program
b. Gender: The programs will also f focus on mainstreaming Sexual and gender related issues
c. End-of-Program Evaluation: Midterm and end of program reviews and evaluations will be done
d. Mobile Population: For facilities close to mobile populations like armed forces, fisher folks, truckers; prevention and care programs that target these populations will be implemented.

Cross-Cutting Budget Attribution(s)

Water	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13466		
Mechanism Name:	Provision of Comprehensive HIV/AIDS Care, Treatment and Prevention services in Track 1.0 Health Facilities in Uganda		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda. Approximately 35,000 HIV positive adults will be served.

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory and Care/support will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health

program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda. Children 18 years and below who are orphans or vulnerable will be supported through all the service outlets

2. Description of service delivery or other activity carried out

This program will support the 4-pillar approach to PMTCT which includes 1)Keeping mothers HIV-negative 2)Traditional PMTCT-ARVS to mothers during pregnancy, labor and child post delivery 3) Family planning and availability of Reproductive health services 4) Provision of ART and care package to keep mothers alive. As well, the program will integrate sexual and reproductive health, maternal and child health into all HIV/AIDS services.

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda. About 23,000 individuals will be served

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

HIV positive individuals will be identified through counseling and testing as this is the main port of entry. PITC will be offered all persons seeking care at the facilities, and their family members. The MOH testing algorithm (Determine for screening, STAT-PAK for confirmatory testing and Uni-Gold as the tie-breaker test) will be used. Couple-testing will be encouraged both in the testing facilities and in the home family setting.

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between HCT and other programs like PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda. Approximately 5,000 children will receive care and support

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support.

Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda. Approximately 2,000 children will be served

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages at the health unit

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care

will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

This program will implement safe male circumcision and support infrastructure support to avail circumcision services. The target will be HIV negative men in discordant relationships, Men with multiple sexual partners, other HIV negative men and adolescents and later neonates and lastly all other men

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support.

Linkages between SMC and AB, OP, and community/peer support programs will be strengthened to keep them negative

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

This program will support abstinence and be faithful programs to implement a faithful house and value of life treatment both at facility and community levels

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between AB and other community support mechanisms will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

This program will support the 4-pillar approach to PMTCT which includes 1)Keeping mothers HIV-negative 2)Traditional PMTCT-ARVS to mothers during pregnancy, labor and child post delivery 3) Family planning and availability of Reproductive health services 4) Provision of ART and care package to keep mothers alive. As well, the program will integrate sexual and reproductive health, maternal and child health into all HIV/AIDS services.

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support.

Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

This program will support laboratory infrastructure development and diagnostics for chronic HIV care in addition to ART monitoring

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened

4. Relation to the national program

The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process.

5. Health Systems Strengthening and Human Resources for Health

The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

This program will support Track 1.0 health facilities and community based organizations to provide comprehensive HIV care and treatment. These facilities are among poor, rural, underserved communities spread in the Northern, Western and central regions of Uganda

2. Description of service delivery or other activity carried out

The project will establish a family based model of care that offers all available services beyond care and support including Testing and Counseling, Laboratory services, adult and pediatric care and treatment, PMTCT and TB/HIV integration. All patients; approximately 40,000 will be screened for TB symptoms at contact with health care providers and all TB patients will be counseled and tested for HIV. This will ensure intensified case finding. The patient flow system will be developed for each health facility so that there is emphasis on inter-linkages with the TB clinic at the health unit (internal referrals) and an organized external referral system and community follow up or support mechanism with improved infection control practices

3. Integration with other health activities

This program will offer an integrated comprehensive package of services. A family based model of care will ensure that all services available including PMTCT, counseling and testing, adult care and support. Linkages between PMTCT/EID and care/treatment and laboratory CD4 monitoring will be strengthened 4. Relation to the national program The program will leverage resources from the GoU, MoH and NTLP to enhance the Track 1.0 health program. The program will work closely with MoH to implement MoH guidelines regarding supply chain management, providing information to feed into the planning and monitoring process. 5. Health Systems Strengthening and Human Resources for Health The six WHO building blocks for HSS (service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership/governance) provide a useful framework to guiding the strengthening of the Track 1.0 health systems in order to improve quality, access, coverage and safety of health services that in turn lead to improved health, efficiency responsiveness and sustainability. Strengthening activities will occur in all six building blocks during the project period

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13486	**Mechanism Name: Supporting scaling integrated, effective and sustainable services for PMTCT in 31 Districts of Uganda**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Protecting Families from AIDS, Uganda	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,005,183	
Funding Source	**Funding Amount**
GHCS (State)	5,005,183

Sub Partner Name(s)

Kibuli Hospital	Nsambya Hospital	Rubaga Hospital

Overview Narrative

1) Overall goals and objectives:

Protecting Families Against HIV/AIDS (PREFA) is currently the largest Ugandan indigenous Non-Government Organization (NGO) supporting the Ministry of Health (MOH) in the provision of Prevention of Mother to Child Transmission (PMTCT) of HIV services since 2004. PREFA proposes to Scale up Integrated, Effective, and Sustainable Services for the prevention of Mother to Child HIV Transmission (PMTCT) in the 31 districts of Uganda with a goal of contributing to the reduction of MTCT through support to PMTCT programmes in 31 Districts of Uganda under the following objectives:

a) Increase service coverage of comprehensive, high quality, integrated, PMTCT services up to all HC III and functional HC II in the 31 districts. Under this objective, PREFA in collaboration with MOH intend to equip health facilities in all the 31 Districts to provide quality, comprehensive and effective PMTCT services on site. PREFA will also support the Districts to bridge PMTCT service gaps caused by stock out of essential PMTCT supplies through procurement and distribution of PMTCT test kits, ARVs and Cotrimaxazole tablets. The programmed will also ensure that there is timely transportation of CD4 and DBS samples from and to the 628 Health facilities. PREFA will also assist the Districts to hire and train additional human resource for PMTCT service provision in IMAI / IMPAC, IYCF, EID/rapid test training and CCA refresher training.

b) Increase uptake of comprehensive PMTCT services from 65% to 80% of all pregnant women. Activities under this the programme will increase demand for high quality, comprehensive PMTCT services through increasing awareness of availability of comprehensive, integrated PMTCT services by conducting radio talk shows, community education sessions, facilitation of PHA and male peer groups activities. PREFA and its partners will also increase the proportion of HIV infected pregnant women and their babies who receive comprehensive PMTCT services by ensuring that pregnant women are tested for HIV in all the 628 sites, ensuring that HIV positive women and their babies receive PMTCT and other basic PMTCT interventions, and increase referrals of PMTCT clients for care and support

c) Provide early infant HIV testing to 80% of HIV exposed babies. Through this more HIV exposed babies will receive appropriate care and treatment. This will increase the proportion of HIV infected babies that are identified among all HIV exposed babies. HIV exposed babies will also be guided to the point of care through referrals to treatment sites for chronic care and support.

d) Promote integration of PMTCT with Reproductive Health (RH), nutrition, and HIV care and treatment services. This will increase access to quality PMTCT, ART, RH and nutrition services at PMTCT sites which will result into integrated planning and management of PMTCT/RH/PHC programmes at District level. PREFA and its partners will also make available integrated PMTCT/ART/RH/nutrition services at

facility and community level by establishing demonstration kitchens among others at Health sub district and community level.

e) Strengthen Administration, management and information systems at all levels of the project. Under this object, the programme will hire, build capacity and equip key project staff where there are gaps. This team will also provide Performance based grants (PBGs) to the 31 Districts for service delivery. PREFA will also support Districts to establish PMTCT Workplans and budgets. Linkages will also be done between MOH, SURE and NMS and Districts to procure all laboratory supplies, ARVs and Cotrimaxazole from NMS, districts and lower level health facilities. We will also facilitate coordination meetings with existing PEPFAR and non PEPFAR implementing partners at district level in order to avoid duplication of programme implementation. PREFA will also build capacity for monitoring and evaluation in addition to routine data collection and management through upgrading of the data systems at PREFA.

2) Target populations and geographical coverage:

PREFA shall support up to 628 health facilities (59 hospitals, 65 HCs IV, 424 HCs III and 80 HCs II) in the 31 districts of Kampala, Kalangala, Mityana, Mubende, Kayunga, Wakiso, Nakaseke, Nakasongola, Luwero, Mukono, Mpigi, Masaka, Sembabule, Rakai and Lyantonde in Central Uganda; Soroti, Kumi, Katakwi, Jinja, Bukedea, Amuria, Tororo and Manafwa in Eastern Uganda; and Arua, Moyo, Yumbe, Nebbi, Maracha-Terego, Adjumani and Koboko in West Nile, to provide quality comprehensive PMTCT services. The target population includes 620,642 pregnant women and their male partners. 607,387 pregnant women and their male partners shall be tested and given their HIV test results and the expected 40,335 HIV positive pregnant women identified shall be assessed for eligibility for ART using CD4 testing and/or WHO staging. All the identified HIV positive pregnant women shall be offered ARVs/HAART for prophylaxis according to the new Ministry of Health guidelines while those eligible will be offered lifelong HAART through linkage to ART centers. 32,268 HIV positive pregnant women are expected to deliver under skilled supervision at the supported facilities. All the 32,268 HIV exposed infants shall be given ARV prophylaxis and linked to chronic HIV/AIDS care services through the early infant HIV diagnosis and care points (EID care points) in the respective PREFA supported health facilities. HIV exposed infants shall be tracked and identified in post-natal, immunization and out-patient clinics for PCR testing. 27,405 HIV exposed infants (including the 19,693 who will be referred from the community by CCAs) shall be identified and DBS samples shall be taken off them for PVCR testing

3) Enhancing cost effectiveness and sustainability:

The PREFA-led project will place emphasis on ownership and cost effectiveness as local ownership is one key to sustainability. Our project strategy is focused on sustaining region-wide delivery of PMTCT services at all levels through:

• Involvement of leadership at district, and HSD, as well as HUMC at the facility levels in planning, management, M&E, and supervision of health services.

• Training and mentoring of managers at district, HSD and facility levels in program management concepts such as planning, organizing work plans around results, implementation, and M&E.

• Performance based grants (PBGs) that allow service providers and managers to achieve results quickly, thus showing them what is achievable in the long run and motivating them to continue services.
• Collaboration with the MOH and districts ensures implementation by the providers within the local government establishment who will be available even when the project ends.
• Linkages with other PEPFAR partners, universities, and hospitals that will integrate the different levels of the referral system and permit sharing of resources and training;
• Community participation and mobilization of the extensive network of volunteers (VHTs and CCAs) ensures continuity even with dwindling resources, and is key to bridging resource gaps.
4) Health systems strengthening:
In the first one year, PREFA will support the Districts to hire 31 staff (Midwives, laboratory assistants and peer counsellors). Also 330 Health workers will be trained comprehensive HIV/AIDS care using IMAI/IMPAC approach. Additionally 150 will be trained in infant and young child feeding, 90 in training of trainers in comprehensive PMTCT counselling, IYCF and RH/FP, 930 CCAs will be oriented in PMTCT service delivery including provision of modern FP services, 90 District PMTCT trainers will be refreshed on PMTCT counselling, IYCF,EID and RH/FP, 210 family support group members will also be trained as peer mentors and a post training follow up will done on the 180 health workers who have been trained in 3 months.
5) Cross cutting budget attributions:
a) Human resources for health: PREFA will assist the Districts to recruit 31 health workers (Midwives, laboratory assistants and peer counsellors) with a view that they will be integrated into the district payroll within 2 years. About 95,082 USD will be spent on this activity.
b) Construction / renovation:
REDACTED
c) Food and nutrition commodities: PREFA as part of the integrated implementation in districts will procure buffer stocks of RUTFs worth 31,238 USD.
d) Gender: reducing violence and coercion:
This will be taken care of in a separate application.
6) Key issues:
a) Health related wraparounds:
• Child survival activities: PREFA will collaborate with other implementing partners working in the 31 districts in this area to implement this activity.
• Family planning: PREFA will emphasize provision of FP services at MCH settings as well as to families at community level and will also procure a buffer stock of selected FP commodities for the districts.
• Safe motherhood: PREFA will collaborate with other implementing partners in this area.
• TB: PREFA will train Health workers in techniques of screening mothers for TB and then link them to care.
b) Gender: PREFA will collaborate with other implementing partners in this area.

c) End of programme evaluation: PREFA will conduct internal and external evaluation of the programme at the end of 2 year (process) and 5 year (terminal).
d) Mobile population: PREFA will collaborate with other implementing partners in this area.
e) Military population: PREFA will collaborate with other implementing partners in this area.
f) Workplace programmes: PREFA will collaborate with other implementing partners in this area.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Gender: Reducing Violence and Coercion	700,000
Human Resources for Health	10,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13486**		
Mechanism Name:	**Supporting scaling integrated, effective and sustainable services for PMTCT in 31 Districts of Uganda**		
Prime Partner Name:	**Protecting Families from AIDS, Uganda**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	300,000	
Narrative:			
PREFA will work with districts to strengthen health systems in all areas related to PREFA's work -- human resources for health, commodities, information systems, leadership and financial systems). In addition, in two districts, PREFA will actively support integration of health services beyond HIV. This will include examining the different causes of morbidity and mortality, supporting corresponding surveillance or health information systems, working with District local governments and other partners to systematically coordinate priority interventions and measuring population impact.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	4,705,183	

Narrative:

1) Target populations and programme targets.

PREFA shall support up to 628 health facilities (59 hospitals, 65 HCs IV, 424 HCs III and 80 HCs II) in the 31 districts of Kampala, Kalangala, Mityana, Mubende, Kayunga, Wakiso, Nakaseke, Nakasongola, Luwero, Mukono, Mpigi, Masaka, Sembabule, Rakai and Lyantonde in Central Uganda; Soroti, Kumi, Katakwi, Jinja, Bukedea, Amuria, Tororo and Manafwa in Eastern Uganda; and Arua, Moyo, Yumbe, Nebbi, Maracha-Terego, Adjumani and Koboko in West Nile, to provide quality comprehensive PMTCT services.

The target population includes 620,642 pregnant women and their male partners. 607,387 pregnant women and their male partners shall be tested and given their HIV test results and the expected 40,335 HIV positive pregnant women identified shall be assessed for eligibility for ART using CD4 testing and/or WHO staging. All the identified HIV positive pregnant women shall be offered ARVs/HAART for prophylaxis according to the new Ministry of Health guidelines while those eligible will be offered lifelong HAART through linkage to ART centers. 32,268 HIV positive pregnant women are expected to deliver under skilled supervision at the supported facilities. All the 32,268 HIV exposed infants shall be given ARV prophylaxis and linked to chronic HIV/AIDS care services through the early infant HIV diagnosis and care points (EID care points) in the respective PREFA supported health facilities. HIV exposed infants shall be tracked and identified in post-natal, immunization and out-patient clinics for PCR testing. 27,405 HIV exposed infants (including the 19,693 who will be referred from the community by CCAs) shall be identified and DBS samples shall be taken off them for PVCR testing

2) Description of service delivery or other activity to be carried out.

PREFA together with her partners will test all pregnant women and their partners for HIV and given their results. Those found to be HIV positive will be assessed for ART eligibility using WHO clinical and or CD4 testing with those with CD4 count = 350 will be referred for ART. They will also be offered ARVs for prophylaxis according to WHO / MOH guidelines. For those who deliver, ARV prophylaxis will be appropriately given to their infants and linked to care through HIV exposed infants care points where DBS will be done. Tracking of lost to follow infants will also be carried out under this programme. The DHT will also be facilitated to do quarterly support supervision. Each district will dedicate specific staff to transport and deliver CD4 and DBS from to the health facilities. PREFA will also procure selected commodities in order to mitigate stock outs hence avoid interruption of services. Appropriate skills and training will be provided to the health workers in line with approved MOH trainings. PREFA will also strengthen administration, management and information systems at all levels of the project.

3) Integration with other health activities.

A variety of approaches to enhance integration of PMTCT, RH, PHC and other HIV activities in the health

care setting will be done. Provision of Family planning will be emphasized as well as routine cervical cancer screening. Also nutrition counselling and screening will also be integrated into PMTCT/MCH programmes. 4) Relation to the national programme. PREFA will collaborate with MOH, SURE, and NMS with districts to procure all necessary medical supplies. We will also continue with regular participation in national PMTCT coordination committees that oversee the PMTCT and paediatric programmes. PREFA will also continue to support the STD/ACP in the development of a health sector HIV M&E framework and plan including PMTCT and paediatric care and also orient the various DHT on its content. 5) Health systems strengthening and human resources for health. PREFA will support the Districts to hire 31 staff (Midwives, laboratory assistants and peer counsellors). Also 330 Health workers will be trained comprehensive HIV/AIDS care using IMAI/IMPAC approach. Additionally 150 will be trained in infant and young child feeding, 90 in training of trainers in comprehensive PMTCT counselling, IYCF and RH/FP, 930 CCAs will be oriented in PMTCT service delivery including provision of modern FP services, 90 District PMTCT trainers will be refreshed on PMTCT counselling, IYCF,EID and RH/FP, 210 family support group members will also be trained as peer mentors and a post training follow up will done on the 180 health workers who have been trained in 3 months.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13503	**Mechanism Name: Strengthening Community Based OVC Response (SCORE)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Overall goals and objectives

The main goal of the program is to decrease the vulnerability of children currently classified as critically and moderately vulnerable within families and communities. This program will provide direct services in four of the eight core areas namely: socio-economic strengthening, food security and nutrition, child protection and legal support as articulated in the National Strategic Programme Plan of Interventions for Vulnerable Children. Specific objectives include: improve the socio-economic status of Vulnerable Children (VC) households with a comprehensive and family focused package of services; improve the food security and nutrition status of VC households; promote and provide child protection and legal services to VC and their households and strengthen delivery of integrated, quality social services to VC and their households through community based response systems.

2. Target populations and geographic coverage

SCORE will target 15,000 Vulnerable Children households or roughly 80,000 persons with a comprehensive package over 5 years. The program will operate in 21 districts namely: Bushenyi, Rukungiri, Ntungamo, Isingiro, Kamuli, Iganga, Mayuge, Bugiri, Busia, Butaleja, Budaka, Bududa, Sironko, Lira, Gulu, Amuru, Kitgum, Luwero, Kampala, Wakiso and Mukono. REDACTED.

3. Enhancing cost effectiveness and sustainability

SCORE intends to strengthen the community capacity to identify, design, implement and monitor their programs for sustainability

4. Health Systems Strengthening

Capacity building of community structures like PHA Networks and Village Health Teams will be strengthened to support referral and linkages between the community and health facilities.

5. Cross-Cutting Budget Attributions (Costs TBD)

c2. Food and Nutrition: Commodities

This project will offer direct services to its target populations with food and nutrition commodities.

d. Economic Strengthening

This project will offer support to its target beneficiaries with direct economic empowerment interventions.

e. Education

This project will support community structures to ensure referral of OVC for education support.

f. Water
This project will link up with other partners to ensure OVC households' access clean water and promote hygiene and sanitation.

g. Gender: Reducing Violence and Coercion
This program will support OVC households with protection and legal services against violence.

6. Key issues:
a. Health-Related Wraparounds
o Child Survival Activities,
o Family Planning,
o Malaria (PMI),
o Safe Motherhood
o TB
For all the above mentioned health related wraparounds, this program will create meaningful linkages with existing USG district based programs to provide comprehensive services to the OVC.

b. Gender
The program will consider issues of gender and age to ensure the differing needs of boys and girls at various developmental stages are addressed

c. End-of-Program Evaluation
An end of project evaluation will be conducted to assess the outcome of the intervention and to identify promising practices that are worth replication.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	REDACTED
Education	REDACTED
Food and Nutrition: Commodities	REDACTED
Gender: Reducing Violence and Coercion	REDACTED
Water	REDACTED

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13503**		
Mechanism Name:	**Strengthening Community Based OVC Response (SCORE)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted

Narrative:

1. Target populations and coverage of target population or geographic area

SCORE will target 15,000 Vulnerable Children households or roughly 80,000 persons with a comprehensive package of OVC services over 5 years. The program will operate in 21 districts namely: Bushenyi, Rukungiri, Ntungamo, Isingiro, Kamuli, Iganga, Mayuge, Bugiri, Busia, Butaleja, Budaka, Bududa, Sironko, Lira, Gulu, Amuru, Kitgum, Luwero, Kampala, Wakiso and Mukono.

2. Description of service delivery or other activity carried out
This program will support community structures and OVC households to:
1. Identify beneficiaries, conduct assessments on their needs, and together identify economic strengthening interventions.
2. Identify, prevent and respond to children in need of protection from violence, abuse and exploitation.

3. Address food and nutrition through strategies that will assist vulnerable families to restore food security.

3. Integration with other health activities
This program will work with existing community structures including the Village Health Teams for linkages to existing USG and public health service providers. The community structures will be equipped with coordination and referral guidelines to facilitate linkages for health programs.

4. Relation to the national program
This program is aligned with and support effective implementation of the following policies: The National OVC Policy (NOP) and the revised National Strategic Program Plan of Interventions (NSPPI II), The National Youth Policy, The National Child Labor Policy, The National Policy on Elimination of Child Labor and The National Policy on Disability in Uganda. Its implementation will ensure adherence to the OVC service level standards and will feed into the national OVC MIS system

5. Health Systems Strengthening and Human Resources for Health
Capacity building of community structures like Local Councils, PHA Networks and Village Health Teams, will be strengthened to support referral and linkages between the community and health facilities.

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business
U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				258,010		258,010
ICASS				780,000		780,000
Institutional Contractors				471,528		471,528
Management Meetings/Professional Developement				115,050		115,050
Non-ICASS Administrative Costs				529,600		529,600
Staff Program Travel				717,720		717,720
USG Staff Salaries and Benefits				5,224,702		5,224,702

Total	**0**	**0**	**0**	**8,096,610**	**0**	**8,096,610**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		258,010
ICASS		GHCS (State)		780,000
Management Meetings/Professional Developement		GHCS (State)		115,050
Non-ICASS Administrative Costs		GHCS (State)		529,600

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				95,000		95,000
ICASS				31,780		31,780
Management Meetings/Professional Developement				70,724		70,724
Non-ICASS Administrative Costs				17,838		17,838
Peace Corps Volunteer Costs				16,000		16,000
Staff Program Travel				97,724		97,724
USG Staff				48,800		48,800

Salaries and Benefits						
Total	**0**	**0**	**0**	**377,866**	**0**	**377,866**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		95,000
ICASS		GHCS (State)		31,780
Management Meetings/Professional Developement		GHCS (State)		70,724
Non-ICASS Administrative Costs		GHCS (State)		17,838

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				330,000		330,000
Computers/IT Services				710,000		710,000
ICASS				1,200,000		1,200,000
Institutional Contractors			718,227	150,000		868,227
Management Meetings/Professional Developement			190,380	120,000		310,380
Non-ICASS			954,745	1,662,672		2,617,417

Administrative Costs						
Staff Program Travel			820,752	182,198		1,002,950
USG Renovation			REDACTED			REDACTED
USG Staff Salaries and Benefits			5,165,896	750,000		5,915,896
Total	**0**	**0**	**8,040,000**	**5,104,870**	**0**	**13,144,870**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		330,000
Computers/IT Services		GHCS (State)		710,000
ICASS		GHCS (State)		1,200,000
Management Meetings/Professional Developement		GAP		190,380
Management Meetings/Professional Developement		GHCS (State)		120,000
Non-ICASS Administrative Costs		GAP		954,745
Non-ICASS Administrative Costs		GHCS (State)		1,662,672
USG Renovation		GAP		REDACTED

U.S. Department of State

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of

of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
Computers/IT Services				10,000		10,000
ICASS				29,997		29,997
Management Meetings/Professional Developement				234,458		234,458
Non-ICASS Administrative Costs				10,000		10,000
Staff Program Travel				15,000		15,000
USG Staff Salaries and Benefits				90,125		90,125
Total	**0**	**0**	**0**	**389,580**	**0**	**389,580**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		10,000
ICASS		GHCS (State)		29,997
Management Meetings/Professional Developement		GHCS (State)		234,458
Non-ICASS Administrative Costs		GHCS (State)		10,000

U.S. Peace Corps

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of

of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
Computers/IT Services				1,900		1,900
Non-ICASS Administrative Costs				31,600		31,600
Peace Corps Volunteer Costs				983,100		983,100
Staff Program Travel				24,000		24,000
USG Staff Salaries and Benefits				321,800		321,800
Total	**0**	**0**	**0**	**1,362,400**	**0**	**1,362,400**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		1,900
Non-ICASS Administrative Costs		GHCS (State)		31,600