

**Uganda HIV/AIDS Control Project
Project Management Report January –March 2003**

**Output Monitoring Report–Unit of Measure–Project Monitoring Indicators and Key
Interventions outputs**

1 Project Summary

1.1 Introduction

The Uganda HIV/AIDS Control Project is designed to support the goals of the National Strategic Framework for HIV/AIDS, which aim at:

- i) Reducing the spread of HIV infection;
- ii) Mitigating the health and social economic impact of individual, household and community levels; and
- iii) Strengthen the national capacity to respond to the epidemic

The project seeks to:

- Scaling up activities and coverage,
- Mainstreaming HIV/AIDS into all sector in the government and civil society,
- Empowering the communities in fighting against the epidemic, and
- Offering safety net for orphans, female, child and elderly headed households, due to death of husband, parents or guardians.

The project supports efforts to scale up the response to HIV/AIDS, by financing activities of central level line ministries and district level initiatives, by empowering communities to take the fight against HIV/AIDS into their own hands and by supporting efforts of Civil Society and Faith Based Organisations.

1.2 Project Components

The project has three components as described below:

1.2.1 National level Component

Under this component, the project supports the scaling up and mainstreaming of HIV/AIDS in sector ministries and national level NGOs, through the financing of their annual HIV/AIDS work plan. The focus of support under this component are national level activities that promote HIV/AIDS education and prevention interventions to reduce the rate of HIV transmission, treatment, care and support interventions to mitigate the impact of HIV/AIDS and research, surveillance monitoring, evaluation and programme management to strengthen national capacity to respond to the epidemic. The national level support is mainly for policy, planning, surveillance, research, monitoring and evolution, quality control, training and technical back stopping.

1.2.2 District level Components

Under this component the project supports integrated, multi-sector HIV/AIDS service delivery interventions, which are planned and implemented at the district level by the district departments, civil society organisations and other implementing partners operating at the district level. The support at this level is mainly for service delivery interventions within the framework of the three project objectives. The interventions are mainly preventive behavioural advocacy, services delivery and institutional capacity building at district and community levels.

1.2.3 Community -Led HIV/AIDS Component

Under this component the project supports enhancement of community competence to develop and manage subprojects within their means. This is done through: organization (preparation) and mobilization (joining up) of communities to react to their HIV/AIDS needs; development of HIV/AIDS interventions relevant to community needs; and implementation and management of community HIV/AIDS plans.

1.3 Institutional Arrangements

The project support is based on an agreed annual work plan with the implementing partner. At the central level, each of the ministries develops a work plan, which is funded by the project. National level NGOs are also funded directly based on an agreed proposal. At the district level, all funding for the district initiative is based on an approved work-plan, for all implementing partners including CSOs. Once approved, funds are disbursed to the district account from where they are disbursed to the different implementers. The District HIV/AIDS Committee (DHAC) oversees the implementation of HIV/AIDS activities in the district.

For the community- led initiative, the DHAC or contracted CSO mobilise communities to respond to their HIV/AIDS needs. Once the communities have developed their subproject, the DHAC appraises and approves the proposals for funding. Funding of the approved sub projects is at any time of financial year and is done through the districts, while the communities led by the Community Project Committee members do the implementation. I

Introduction

The Uganda HIV/AIDS Control Project commenced on 14th May 2001. Implementation started in July 2001 after the project launch and has now gone on for 20 months. By March 31st 2003, implementation was on going in 12 sector ministries, 28 national level NGOs, and 30 districts from which a cumulative total of 616 community subprojects have been approved and funded by PCT. The report presents progress made during the reporting period January – March 2003, as well as the cumulative implementation status since implementation started. The report focuses on the progress made towards achieving the project performance indicators and key interventions under each of the components. The project objectives and budget by component remain unchanged.

2 National level Component

At the national level, the project supports the scaling up and mainstreaming of HIV/AIDS in sector ministries and national level NGOs, through the financing of their annual HIV/AIDS work plan. For the national level component, the project spent a total of shs 1.347bn during the quarter, against the planned shs 1.337bn. The supported during the quarter, have largely focused on coordination at national and district levels, advocacy, policy development on HIV/AIDS and development of policy guidelines. In addition the project also supported training at national and district level, technical support supervision, distribution of medical supplies, materials development, surveillance of HIV/AIDS and STDs and service delivery in the security sectors. The section that follows outlines the key outputs and achievements made by the sector ministries.

2.1 Key outputs and achievements

This section outlines the progress made to achieve the project performance indicators and outputs that have been realised on key interventions in the Project Appraisal Document. These are presented by component and by sector. In addition key implementation issues that impact on project implementation are also presented.

2.1.1 Health Sector

The project supports the Ministry of Health to scale up implementation of public health HIV/AIDS interventions, to provide technical support to other sectors, districts and NGOs, and to carry out surveillance of HIV/AIDS. During the quarter following achievements have been realised with support from the project

i) Policy Guidelines

- a) Policy guidelines for prophylaxis (Post Exposure) infection have been developed. The guidelines will be used by the health workers as remedies when exposed to infections during management of patients.
- b) Training guidelines for clinical management of HIV/AIDS among children have been developed. The guidelines are going to be used to train health workers in the management of HIV/AIDS among children.
- c) Quality assurance tools for counselling have been developed to improving the quality of counselling services being offered at the different levels.

ii) Strengthening of Service Delivery at District Levels

The ministry strengthened service delivery in 10 districts by training of 60 health workers as trainers in the clinical management of HIV/AIDS and STD. This will strengthen service delivery at the district level, once the trainers start training at the lower level health workers

iii) Provision of Technical Support

Provision of technical support has been provided to the different ministries and to districts mainly through supervision.

iv) Progress under the health sector

a) Distribution condoms.

Under this component, the project supports procurement and distribution of condoms countrywide. During the quarter a total of 20 million condoms were procured and distributed. The condoms so far procured by the project are being distributed through the public health system, until when the ministry finalises the policy and strategy on condom promotion and distribution. The attainment of the project target of distributing 50% of the condoms through social marketing by 2006 will be determined when the policy and strategy are finalised.

b) Implementation of TB DOTS

For this quarter, the project spent shs 458.561 million to procure and distribute TB drugs and training health workers in DOTs. The number of Districts implementing DOTs has increased from 13 in 2001 to 27 in 2002. This is 50 % of the planned project target, and the

implementation of this performance indicator is on course. The target is to implement TB DOTS in all the 56 districts.

c) Provision of Mother to Child Transmission Services

UACP support to PMTCT this quarter has been training of health workers and mobilisation of mothers for PMTCT (shs 5.398 million) and the supply of VCT test kits for HIV testing to 30 centres in 14 districts. The number of sites providing PMTCT services over the years is as in the table below:

	2001	2002	2003
Number of PMTCT Sites	4	11	35
Number of Districts	1	4	28

The 35 sites represent 50% of the hospitals (Public and NGO) with PMTCT services in the country against the set target of 30% by the 2006. The implementation of PMTCT has been accelerated more than it had been planned. It is estimated that by the end of the year 2004 all hospitals will be providing PMTCT services.

d) Provision of Essential Drugs for STIs and TB

The project supports procurement and distribution of STI drugs to all districts in the country every quarter. The drugs have been procured and the first round of distribution was made in the October-December 2000. During the quarter, there were no drugs distributed. This was mainly due to the communication gap between the Ministry of Health and National Medical Stores (NMS) as to what quantities should be distributed.

Based on the reports from 30 districts supported by UACP, the proportion district hospitals reporting no stock out for STI drugs is 6.6%. This performance is very low compared to the project target of at least 80% of the district hospitals reporting no stock out of STI drugs. The stock-out of the essential drugs is partly a result of the inability of the system to estimate the STI/ STD drug needs. The cycle for drug distribution is three months, yet the stocks that are distributed last for about two months. To improve on the distribution of available stocks of drugs, the Project has instituted three monthly meeting between MOH and NMS to regularly review and ensure timely distribution of available stocks of drugs.

With regard to TB, the project supports procurement and distribution of drugs as already reported. The reports from 30 districts show that there was no stock out for TB drugs. The distribution of TB drugs is well managed and drugs are regularly distributed to the TB treatment centres. This has been greatly facilitated by the ability of the NTLN to estimate the TB drug needs at all levels.

e) Expansion of HIV/AIDS Voluntary Counselling and Testing Centres

During the quarter, the project spent shs. 88.787 million on procurement of VCT test kits, that were supplied to 30 VCT centres in 14 districts. UACP has also supported setting up of 2 VCT centres in Mukono District. In addition, UACP is going to support construction of 20 VCT centres and during the quarter, preparations for construction progressed and the scope of work was determined.

As of 30th March 2003, there were 103 VCT Centres in 50 of the 106 Counties country- wide. This represents 30 % of the counties with VCT centres, against the project target of 80% by 2006.

v) Key Issues in the Health Sector

a) Focus of UACP support

There is need to agree with the MOH on what the UACP support should focus on given that there are other partners supporting the ministry. UACP should support a package of specific interventions whose contribution can easily be assessed.

b) Strengthening of care and support services

The current care and support interventions at the district level are very limited and yet the demand is increasing given the maturity of the HIV/AIDS epidemic. The MOH needs to develop strategy to strengthen care and support services at the district level.

c) Distribution of drugs and other medical supplies

The distribution of drugs is one of the major factors responsible for the stock out of STD drugs at district hospitals. Distribution of available stocks with NMS needs to be improved. Every effort should be made to ensure that the districts receive drugs every three months to ensure regular availability in the districts and at health unit level.

d) Provision of VCT services

The provision of VCT services is greatly constrained by the irregular distribution and availability of test kits at the testing centres. The distribution mechanism for VCT kits requires be reviewed and strengthened to ensure their regular availability at the VCT centres. There is need for an assessment of the demand for kits at the district level and develop a regular schedule for their distribution.

In addition, the scaling up of VCT services at the district level requires training of counsellors. Feasible funding arrangements need to be agreed upon to speed the training of counsellors at the district level.

e) Workplace HIV/AIDS interventions

The ministry has not yet put in place a programme on HIV/AIDS at the workplace. The STD/ACP should provide leadership and initiate interventions for the workplace.

f) HIV/AIDS Mainstreaming

The mainstreaming of HIV/AIDS into the programmes and activities of the ministry departments is yet to take root. The STD/ACP should provide leadership and support other departments to mainstream HIV/AIDS into their programmes and activities

2.1.2 Ministry of Education

The project support to the ministry focuses on implementing HIV/AIDS activities in schools, promotion of schools and students led HIV/AIDS initiatives, provision of relevant materials on HIV/AIDS to schools, as well as monitoring and evaluation of the impact of HIV/AIDS prevention and control activities in the sector.

i) Incorporating HIV/AIDS in the Secondary School Curriculum

The Process of revising the secondary school curriculum has also been initiated. During the quarter, the MOES developed terms of reference for the consultant to identify the HIV/AIDS issues to be incorporated in the curriculum. UACP is supporting the process and will finance the consultant.

ii) Provision materials on HIV/AIDS

During the quarter, UACP supported the development of a communication manual on HIV/AIDS (Presidential Initiative on AIDS for Youth in School manual) that will guide primary school teachers in the sensitisation and education of primary school pupils on HIV/AIDS. The manual has been finalised and launched. In addition, the project has together with the ministry identified reading materials on HIV/AIDS that are going to be printed and distributed to schools

iii) Promotion of school- student clubs or associations on HIV/AIDS

During the quarter, the project supported the ministry to form 200 HIV/AIDS clubs in secondary school, bringing the total number of clubs to 600. It hoped that by the end of the year 2003, all the 800 secondary schools the country would have HIV/AIDS clubs. The project will soon support to produce guidelines for the running and management of the clubs.

iv) Monitoring and evaluation of HIV/AIDS prevention activities

UACP supported the monitoring and evaluation exercise of HIV/AIDS education activities in 19 secondary schools in Mukono district, to inform planning and implementation of HIV/AIDS activities. The findings in phase one showed that there are programme to address HIV/AIDS. However many of these were found less effective as they were under funded, time-restricted, had little materials for reading, and were run by untrained personnel.

v) Key issues in the education sector.

a) Capacity of the Ministry to Respond to the HIV/AIDS epidemic

The capacity of the ministry to effectively respond to the epidemic is still limited. There is limited human resource to be able to plan and design effective responses and interventions for the sector. The ministry is recruiting a technical advisor on HIV/AIDS with the support Ireland Aid. The technical advisor will mainly focus overall policy and strategic planning for the sector. However, given the challenges posed by the epidemic, further technical support may still be required to each of the sub-sectors – i.e primary, secondary and tertiary levels. Each of these sub- sectors requires specific technical support, to be able to intensify and scale up the sector's response to the epidemic. This issue needs to be discussed with the MOES, and other development partners especially Ireland Aid, USAID, MOH (Global Fund) and DFID.

b) School / Student centred initiatives

Currently the interventions at the school level are one-time events, which are implemented by people from outside the schools. The ministry needs to come up with a strategic approach, which empowers the schools and students to regularly implement actions on HIV/AIDS by themselves.

c) HIV/AIDS Workplace interventions

There are no workplace interventions on HIV/AIDS in the education sector. The ministry has not yet put in place a programme on HIV/AIDS at the workplace. Given the capacity of the

ministry, a local consultant should be hired to help the ministry develop a workplace programme and interventions to be implemented at the different levels in the sector.

d) Flexibility of the School Curricular

There is limited flexibility of the school curricular to allow adequate time to cover HIV/AIDS interventions. The curricular is heavily loaded with academic work and there is very little or no room left for non-examinable programmes such as HIV/AIDS. It is therefore important for the Ministry of Education to promote and encourage having school programmes, which spare time for non-examinable interventions.

2.1.3 Ministry of Gender, Labour and Social Development

The support of the project to the ministry as outlined in the PAD focuses on Legislation revising women rights, widow inheritance rights and discrimination against PLWHA at the work place. In addition the project supports company and union –led initiatives on HIV/AIDS. In addition, the project also supports promotion of community led initiatives, as wells as sensitisation and advocacy campaign for HIV/AIDS in the sector.

i) Advocacy and sensitisation of sector staff on HIV/AIDS

During the quarter, the project supported the ministry to implement advocacy and sensitisation campaign in the sector. The advocacy in the sector is beginning to yield positive results and the ministry is taking on initiatives for prevention and mitigation of the impact of HIV/AIDS in the sector.

ii) Development of guidelines

During the quarter, UACP supported the development of sensitisation guidelines on HIV/AIDS for the national level training, district level and women Councils. Draft guidelines are in place.

iii) Mainstreaming of HIV/AIDS in sector activities and programmes

During the quarter the project supported the process of contracting consultants to under take the following tasks:

- Integration of HIV/AIDS concerns into functional and adult literacy training modules.
- Mainstreaming of HIV/AIDS in sub-county training manual targeting Community Development Workers (CDW) by Nsamizi Institute of Social Development.
- Integrate HIV/AIDS in the training curriculum for Nsamizi Institute of Social Development

iv) Key issues in the MGLSD Sector

The activities supported by the project are more of advocacy and awareness raising nature. The support to the Ministry need to be more focused to result into more policy and action oriented interventions in some of the following areas:

- Promotion of company and union led HIV/AIDS interventions
- The rights and protection of vulnerable groups from the adverse impact of HIV/AIDS. Such groups include OVCs, Widows, and Widowers, Disabled Persons, Plantation Workers and CSW.
- Review of cultural practices in relation to HIV/AIDS
- Intensification of workplace interventions on HIV/AIDS.

The above issues need to get on the agenda of the ministry.

2.1.4 Agriculture, Animal Industry and Fisheries (MAAIF)

UACP has supported the sector to implemented its annual work plan on HIV/AIDS and the following achievements have been realised:

i) Training of extension workers in HIV/AIDS

During the quarter, the project supported the development of a training guide on mainstreaming of HIV/AIDS in the sector. The districts will use the guide to train extension workers in HIV/AIDS and the role of the agricultural sector.

ii) Policy Development

The project has supported the Ministry to develop a policy on HIV/AIDS in the Agricultural Sector. A draft policy is now in place.

iii) Development of Guidelines

During the quarter, with support from the project, the ministry produced the 2nd edition of the Nutrition and HIV/AIDS Handbook. The handbook is a guide to the improvement of nutritional status of house holds affected by HIV/AIDS and will be used by extension workers in the prevention and control of HIV/AIDS. The handbook is ready for printing.

iv) Workplace HIV/AIDS Interventions

During the quarter, the project supported the workplace programme of the ministry and major intervention was sensitisation on HIV/AIDS, which covered 200 staff members. Many them have realised the need for the sector to respond to the epidemic and the interest to respond to the HIV/AIDS epidemic has now been generated in the ministry.

v) Key issues in the Agricultural Sector

Currently, the activities supported in the sector have focused on HIV/AIDS awareness raising mainly through sensitisation. It is important that the support to the sector now focus on the strategic interventions that will mitigate the impact of HIV/AIDS in agriculture. In addition, there is need for strong coordination of HIV/AIDS activities being implemented in the sector, and ensure that there is a strategic plan and focus on HIV/AIDS.

2.1.5 Ministry of Local Government

During the quarter, the ministry has achieved the following with support from the project:

i) Advocacy and sensitisation

The ministry has appreciated the problem and effects of HIV/AIDS on development as a result of the advocacy campaign supported by the project. The ministry has established an HIV/AIDS Committee to spear head its campaign and actions on the epidemic; developed an advocacy campaign the roles of Local Governments in HIV/AIDS prevention and control; and has conducted training and sensitisation of Mayors and Town Clerks from 20 urban authorities, on prevention, control and mitigation of HIV/AIDS. The ministry further integrated HIV/AIDS in induction programme of 19,726 Councillors, 785 members of statutory bodies, 4350 Women Council Executives and 510 Heads of Departments.

ii) Workplace HIV/AIDS Interventions

The project supported the workplace programme of the ministry and a total of 150 ministry staff have been trained and sensitised in prevention, control and mitigation of the HIV/AIDS.

iii) Policy review

The project supported a review of the Local Government Act of 1997 in relation to HIV/AIDS. The Act was found to have incorporated the HIV/AIDS concern and supportive the campaign against the epidemic.

2.1.6 Ministry of Public Service

The project supports the Ministry of Public Service to mitigate the impact of HIV/AIDS on human resource in the public sector. During the quarter, the following achievements were realised:

i) Policy review

During the quarter, the ministry was supported the project to review the human resource management policies in the public services to incorporate the HIV/AIDS concerns. A draft policy has been produced and circulated to stakeholders.

ii) Workplace HIV/AIDS Interventions

The workplace programme of the ministry was supported by the project and a total of 178 staff members were educated and sensitised on HIV/AIDS.

2.1.7 Ministry of Works, Housing, Transport and Communication

The project support to the ministry is intended to ensure that HIV/AIDS is action plans are developed and implemented for the personnel and parastatal under the ministry. In addition, support should ensure that HIV/AIDS is mainstreamed in all construction contracts of the ministry. The support to the ministry has resulted into the following:

The Ministry of Works is one of the sectors where mainstreaming is beginning to take root, as reflected by the following:

- i) The Sector Committee on HIV/AIDS has been established to coordinate and spearhead HIV/AIDS interventions of the Ministry.
- ii) HIV/AIDS is now an agenda item in all meetings at different levels
- iii) HIV/AIDS issues are being included and covered in the ministry's newsletter
- iv) HIV/AIDS has been integrated in all training programmes
- v) The land line telephone system of the ministry has HIV/AIDS messages
- vi) The Parliamentary Sectoral Committee on Works, Housing, Transport and Communication was sensitised on HIV/AIDS and also briefed on the HIV/AIDS work of the Ministry during the policy review of programmes of the Ministry by Parliament.
- vii) HIV/AIDS education and condom distribution were carried out to road construction workers
- viii) The Ministry has a comprehensive workplace HIV/AIDS interventions being implemented: As a result staff members have started opening up to seek for HIV/AIDS related information and services.

Key Issues, for the Ministry of Works, Housing, Transport and Communication

While commendable progress has been made by the sector, there are still policy gaps in the following areas that need to be tackled:

- i) Policy that makes it mandatory for all contractors in the sector to integrate HIV/AIDS as part of the contractual obligation, just as it is the case with environmental impact assessment.
- ii) A policy that mandates transport companies (e.g UTODA, UBOA, etc.) to have programmes on HIV/AIDS for their members or operators and the travelling passengers

- iii) Initiation of the HIV/AIDS AIDS programmes in Parastatal affiliated to the ministry
- iv) The need to strengthen the capacity of the ministry to implement behavioural change, communication strategies, IEC message and materials development. This will enable the sector to employ other effective strategies like peer education and life skills development which are useful in achieving behavioural change.

3 District Level Component

During the quarter the project extended support to 30 districts and spent to shs 733.477 million against the planned expenditure of shs 578.592 million. The planned expenditure were not met because of capacity, disbursement and accountability constraints. For medical goods, these have been supplied to all the 56 districts. The funding has supported implementation of integrated, multi –sectoral work plans at the district level. The focus of the support was mainly on preventive behavioural advocacy, services delivery and institutional capacity building at district and community levels. The 30 districts currently being supported constitute 53.6 % of the 56 districts in the country. The project target is to provide financial support to the implantation of work plans in all districts. This target is unlikely to be met due to capacity constrains of the project particularly the heavy demands of the CHAI component.

3.1 Key outputs and achievements

i) Provision of STD services

The project has supported provision of STD services at the district level, and this has been mainly through health units. The activities for provision of STD services were mainly training of health workers in STD management, supply or distribution of STD drugs and the clinical diagnosis and management of STDs among clients. During the quarter, a total of 4,296 syphilis screening laboratory tests were carried out in the districts that reported, and of these 859 were positive. In addition, a total of 27,401 STD cases were diagnosed out of which 23,357 were managed in the 6 districts that reported. The high number of STD case is major concern and could be due to increased STD care seeking behaviour or due to the under funding of the HIV/AIDS activities that districts had been experiencing before UACP support. Before UACP support, districts had very minimal operation funds for implementation of STD/ HIV/AIDS activities.

ii) Provision of VCT Services

The project contributed to the service delivery of VCT services and a total of 21,557 people accessed the services from the 11 districts that reported. Of those who tested, 4,439 (20.6%) were positive. It should be noted that these are people who in most cases suspect their sero-status, and may represent a biased sample. The high number of HIV positive people implies increased needs for care and support services for PLWHA. Therefore care and support services should be a major focus of districts HIV/AIDS work plans that UACP will support.

iii) Provision of PMTCT Services

The UACP support to PMTCT has contributed to a total of 4,005 women being tested for HIV. This constituted 15.4 % of those who were counselled for PMTCT in the 10 districts that reported. Of those who tested a total of 347 (8.7%) women tested positive and of these a total of 174 women were recruited for PMTCT services. This constituted 50.1% of those who tested positive in 9 districts that reported. This implies that 50% HIV positive pregnant

women do not take advantage of this service. This calls for intensified counselling services to help women access the available service.

iii) School HIV/AIDS Activities

The project supported HIV/AIDS activities in schools. The activities were mainly training of teachers in HIV/AIDS and sensitisations through film show, music, dance and drama as well as seminars on HIV/AIDS. The support of shs 11.684 million covered a total of 441 schools during the quarter, against the planned output of 706 for both primary and secondary. The planned target was not met because of the limited capacity of district education managers to implement HIV/AIDS activities. For most of the schools the activities carried out were not regular and the approaches used require strengthening as already discussed under education sector in the national level component.

iv) Condom Distribution

Out of the planned distribution of 5.25 million condoms 1,398,160 pieces were distributed in the 30 districts. The small number of reported condoms that were distributed is mainly due to poor record keeping of condom distributed the district level, which requires strengthening. The reported figures therefore is an under reporting.

v) Workplace interventions

The programme supported the HIV/AIDS workplace interventions at the district level and a total of 633 district staff were sensitised on HIV/AIDS during the quarter.

vi) Home care and support to PLWHA

Project funding enabled home care and support services to be extended to 659 homes that have been affected by HIV/AIDS. The support mainly included counselling, which is provided during home visiting, nutrition education, medical advice and referral of PLWHA.

vii) Support to NGO

A total of 114 NGOs and 10 Faith Based Organisations (FBOs) were supported by the project during the quarter to implement HIV/AIDS activities in the 30 districts. NGOs shs 167.1 million against the planned 277.3.m while the FBOs spent shs 17.2m during the quarter. The support to both NGOs and FBOs constituted 27% of the funding to the district level.

Key implementation Issues under the District Component

i) Planning and implementation

The planning and implementation of HIV/AIDS activities needs to be strengthened to focus on outputs and identified needs. The current planning at the district is largely driven by what the implementers think other than district needs.

ii) Mainstreaming at district level

Mainstreaming at the district level is still limited. Activities being carried out are mainly training and sensitisation on HIV/AIDS. HIV/AIDS is yet to be fully integrated in the work of departments at the district level. There is therefore need to develop guidelines to support and facilitate mainstreaming of HIV/AIDS activities in the different departments at the district level.

iii) Workplace interventions

Workplace HIV/AIDS interventions are yet to be adequately implemented. The interventions carried out, are just one-time events, not regular and may not have an impact. Guidelines on HIV/AIDS interventions at the workplace are required to support implementation at the district level.

iv) Workload for the Focal Person and Accounts Assistants

The implementation of the project has increased the workload of the District Focal Person and the Accounts Assistant. The demands for coordination, planning, implementation, accountability and reporting for both the district and community components require a full time staff in districts. This will greatly improve the implementation rate of HIV/AIDS activities.

v) Leadership /Management Changes

There have been leadership changes of District HIV/AIDS Focal Persons in the districts of Masindi, Mbale, Kampala, Mukono, Lira, Kayunga, Wakiso and Sironko. This slows down implementation, as the new person requires time for orientation to understand the implementation and reporting requirements.

4 Community-Led HIV/AIDS Initiatives (CHAI) Component

The project support under this component aims at enhancing community competence to develop and manage subprojects within their means. This is done through: organization (preparation) and mobilization (joining up) of communities to react to their HIV/AIDS needs; development of HIV/AIDS interventions relevant to community needs; and implementation and management of community HIV/AIDS plans. Implementation of this component is ongoing in the 30 districts as indicated in Table 1 below.

4.1 Key outputs and Achievements

The quarter under review has recorded a number of outputs as outlined below:

4.1.1 Geographical Coverage

A total of 19 districts out of 30, were able to mobilize new community subprojects resulting to a cumulative total of 616 subprojects approved for funding by March 30, 2003. In addition PCT trained HIV/AIDS Committees of all phase-two districts. The project also recruited and trained 204 people from 134 CSOs to strengthen CHAI mobilization, implementation and supervision.

4.1.2 Number of new funded CHAIs

The period under review has recorded 384 new subprojects indicating a drastic increase in number of new subprojects compared to the previous period (see Table 1). This has been due to improved CHAI mobilization especially in the new districts. On the other hand changes of district focal persons slowed CHAI mobilization and appraisals in the districts of Kayunga, Lira, Sironko and Masindi.

Table 1: CHAI Status as of March 31, 2003

	Subprojects Approved	Funding as at March 31, 2003
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	Districts	Cumulative by Dec 31, 2002	Jan - March 2003	Cumulative by March 31, 2003 ¹	Approved (cumulative)	Released (cumulative) ²
1	Kabale	20	33	53	270,647,700	181,102,900
2	Kampala	25	9	34	150,583,100	64,606,050
3	Kayunga	12	24	36	99,341,560	33,373,200
4	Lira	20	0	20	108,373,500	108,373,250
5	Masaka	61	0	61	184,903,750	186,524,700
6	Masindi	23	0	23	102,720,835	77,802,360
7	Mbale	19	52	71	432,235,400	118,046,900
8	Mukono	23	48	71	332,863,915	107,883,732
9	Sironko	19	0	19	77,255,700	57,582,625
10	Bushenyi	10	17	27	80,307,820	65,711,437
11	Rakai	0	51	51	129,711,000	58,968,700
12	Mbarara	0	13	13	43,692,250	21,846,125
13	Arua	0	8	8	36,596,000	0
14	Jinja	0	22	22	97,439,690	0
15	Kamuli	0	26	26	131,868,750	0
16	Iganga	0	20	20	87,477,050	43,738,525
17	Soroti	0	0	0	0	0
18	Tororo	0	0	0	0	0
19	Hoima	0	33	33	120,320,715	0
20	Kaberamaido	0	10	10	37,089,218	0
21	Mayuge	0	18	18	220,082,510	0
22	Wakiso	0	0	0	0	0
23	Kitgum	0	0	0	0	0
24	Kalangala	0	0	0	0	0
25	Apac	0	0	0	0	0
26	Nakapiripit	0	0	0	0	0
27	Moyo	0	0	0	0	0
28	Kamwenge	0	0	0	0	0
29	Kyenjojo	0	0	0	0	0
30	Kabarole	0	0	0	0	0
	TOTAL	232	384	616	2,743,510,463	1,125,560,504

4.1.3 Proportion of Beneficiaries Covered

The major interventions supported have been education for orphans, home care and material assistance for PLWHA, household food production, community AIDS education and awareness creation, and condom promotion. The target populations include Orphans, PLWHA, widows/widowers, parents/guardians, afflicted persons, community leaders, Barmaids, persons with disabilities, commercial sex workers, traditional healers including birth attendants, youth, women, condom distributors and the community members. To date out of 31,673 orphans identified by 589 CHAs, 6,898 (22%) were covered by the 86 CHAs. This is based on the 86 progress reports, which had been input into the projects' MIS.

4.1.4 CPC Management Competence

During the quarter under review, PCT assessed the management competence of community project committees (CPCs) between March 1 – 31, 2003 and compared results with that

¹ During April 1 – 30, 2003 a total of 367 subprojects have already been approved for funding and will be reported on in the April – June quarter.

² Release of funds to community subprojects is done in two installments of 50%. The second installment is released after the community has utilized and accounted for at least half of the first installment.

generated in the first assessment, which was done in June 2002. The two assessments focused on competencies regarding subproject operations and compliance with guidelines for management of finances, procurements and stock management. Results indicate improvement especially in financial, procurement, stock and records management. Detailed results of the two assessments are available in the CHAI implementation progress report at the PCT.

4.1.5 Disbursements under CHAI

By the end of the quarter under review, the amount disbursed under CHAI was US \$ 608,411 (Ug. Shs 1,125,560,504/=), which is 41% of the approved funds and 18% of the overall project projections in the project appraisal document (PAD), which amounts to US \$ 3.36m (Ug shs 6.22bn). The disbursement targets have been inadequate because of the prolonged CHAI approval process ranging 3-6 months primarily caused by districts' inability to quickly mobilise, facilitate and appraise community subprojects. In addition, the long turnaround period of 3 – 6 months delays disbursements of the second instalments. Engagement of CSO will greatly improve CHAI mobilisation, supervision and reporting.

4.2 Key Issues

The following challenges have been observed during the quarter under review:

4.2.1 Backlog in number of Un-approved subprojects

There is huge backlog in the number of unapproved subprojects due to: low quality proposals associated with inadequate CHAI promotion and facilitation of communities during planning; noncompliant with CHAI principles; inadequate district resources to move forward the CHAI processes and delays in convening DHAC appraisal meetings.

4.2.2 Political interference

There has been unnecessary political interference and changes into the district institutional machinery for implementation and management of CHAIs especially in Kampala district. This has slow down the CHAI processes.

4.2.3 Feedback

There is inadequate feedback mechanism between the district and CPCs concerning approved activities and budget as well as deferred or rejected subprojects, which often results to delays in revision and resubmission of proposals.

4.2.4 Long turn around time

The turnaround time of 3 – 6 months from disbursement to receipt of accountability is long due to implementation and reporting constraints at district and CPC level. This has caused delays in disbursements and update of the MIS for CHAI.

4.2.5 Delayed Training of Community Facilitators

Slow movement on consultancy for design of training modules and facilitation of training for master trainers has delayed availability community facilitators at parish level. These would compliment efforts of identified CSOs.