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# Strengthening TB and HIV & AIDS Responses in East Central Uganda (STAR-EC)

**PROGRAM YEAR II QUARTER ONE PROGRESS REPORT**  
**October - December, 2009**



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## List of Acronyms

|         |   |
|---------|---|
| AB      | Abstinence and Being Faithful   |
| ABC     | Abstinence, Being Faithful and Condoms  |
| AIC     | AIDS Information Centre   |
| AIDS    | Acquired Immuno-deficiency Syndrome   |
| AMCAALL | Alliance of Mayors and Municipal leaders Initiative Against HIV&AIDS at Local level |
| ARRM    | AIDS Risk Reduction Model   |
| ART     | Antiretroviral therapy  |
| AZT     | Zidovudine  |
| BCC     | Behaviour Change Communication  |
| BCPs    | Behavioral Change Communication Programs  |
| CBDOTS  | Community Based Directly Observed Therapy – Short course                            |
| CBOs    | Community Based Organizations   |
| CD4     | Cluster of Differentiation 4  |
| CDFU    | Communication for Development Foundation Uganda                                     |
| CHAI    | Clinton HIV&AIDS Function Initiative  |
| CME     | Continuous Medical Education  |
| CORPs   | Community Owned Resource Persons  |
| CPHL    | Central Public Health Laboratory  |
| CSAs    | Community Support Agents  |
| CSO     | Civil Society Organization  |
| CSWs    | Commercial Sex Workers  |
| DAC     | District HIV&AIDS Committees  |
| DHMTs   | District Health Management Team   |
| DTLS    | District Tuberculosis and Leprosy Supervisor  |
| EFV     | Efavirenz   |
| EGPAF   | Elizabeth Glaser Pediatric AIDS Foundation  |
| EID     | Early Infant Diagnosis  |
| FLEP    | Family Life Education Program   |
| FSG     | Family Support Group  |
| GBV     | Gender Based Violence   |
| GoU     | Government of Uganda  |
| HBC     | Home based care   |
| HC      | Health Centre   |
| HCP     | Health Communication Partnerships   |
| HTC     | HIV Testing and Counseling  |
| HIV     | Human Immuno-deficiency Virus   |
| HMIS    | Health Management Information Systems   |
| HTC     | HIV Testing and Counseling  |
| ICF     | Intensified Case Finding  |
| ICYF    | Infant and Young Child Feeding  |
| IEC     | Information, Education and Communication  |

|         |   |
|---------|---|
| IMAI    | Integrated Management of Adult Illnesses                    |
| IMCI    | Integrated Management of Childhood Illnesses                |
| IMPAC   | Integrated Management of Pregnancy and Childbirth           |
| JCRC    | Joint Clinical Research Centre                              |
| JMS     | Joint Medical Store   |
| JSI     | JSI Research & Training Institute, Inc.                     |
| LFTs    | Liver function tests  |
| LG      | Local Government  |
| LLINs   | Long lasting insecticide treated nets                       |
| LMIS    | Logistics Management Information System                     |
| LQAS    | Lot Quality Assurance Sampling                              |
| m2m     | mothers2mothers   |
| MARPs   | Most-at-risk population                                     |
| MCPs    | Multiple Concurrent Partnerships                            |
| MDD     | Music, Dance and Drama                                      |
| MMC     | Male Medical Circumcision                                   |
| MoH     | Ministry of Health  |
| MoU     | Memorandum of Understanding                                 |
| MUWARP  | Makerere Walter Reed Project                                |
| NACWOLA | National Community of Women Living with HIV&AIDS            |
| NMS     | National Medical Stores                                     |
| NTLP    | National Tuberculosis and Leprosy Program                   |
| NTLRL   | National Tuberculosis and Leprosy Reference Laboratory      |
| NSAs    | Network Support Agents                                      |
| NVP     | Nevirapine  |
| OIs     | Opportunistic Infections                                    |
| OVC     | Orphans and other Vulnerable Children                       |
| PC      | Palliative Care   |
| PCR     | Polymerase Chain Reaction                                   |
| PEPFAR  | President's Emergency Plan for AIDS Relief                  |
| PICT    | Provider Initiated Counseling and Testing                   |
| PLHIV   | Persons Living with HIV&AIDS                                |
| PMTCT   | Prevention of mother-to-child transmission of HIV           |
| PTC     | Post-Test Club  |
| PACE    | Programme for Accessible Health Communication and Education |
| PWDs    | People with Disabilities                                    |
| PY      | Program Year  |
| QI      | Quality Improvement   |
| QoC     | Quality of Care   |
| RCT     | Routine Counseling and Testing                              |
| RFts    | Renal function tests  |
| RHSP    | Rakai Health Science Project                                |
| SCMS    | Supply Chain Management System                              |

|           |   |
|-----------|---|
| SI        | Strategic Information   |
| SoPs      | Standard Operating Procedures                                       |
| STAR      | Strengthening TB and HIV&AIDS Responses (at district level)         |
| STAR-E    | Strengthening TB and HIV&AIDS Responses in Eastern Uganda           |
| STAR-EC   | Strengthening TB and HIV&AIDS Responses in East Central Uganda      |
| STIs      | Sexually Transmitted Infections                                     |
| SURE      | Securing Uganda's Right to Essential Medicines project              |
| TASO      | The AIDS Support Organization                                       |
| TB        | Tuberculosis  |
| TB CAP    | Tuberculosis Control Assistance Program                             |
| TB-CBDOTS | Tuberculosis Community Based Directly Observed Therapy Short-course |
| ToT       | Trainers of Trainers  |
| UAC       | Uganda AIDS Commission  |
| UACP      | Uganda AIDS Control Programme                                       |
| UDHS      | Uganda Demographic and Health Survey                                |
| UHMG      | Uganda Health Marketing Group                                       |
| UHSP      | Uganda HIV&AIDS Services Project                                    |
| UPHOLD    | Uganda Program for Human and Holistic Development                   |
| URHB      | Uganda Reproductive Health Bureau                                   |
| USAID     | United States Agency for International Development                  |
| USG       | United States Government  |
| UVRI      | Uganda Virus Research Institute                                     |
| VHTs      | Village Health Teams  |
| WBC       | White Blood Count   |
| WHO       | World Health Organization   |
| YA        | Youth Alive   |
| ZTLS      | Zonal Tuberculosis and Leprosy Supervisor                           |
| 3TC       | Lamivudine  |

| Partner   | Collaborations/Support received by STAR-EC working with various partners   |
|---|--|
| Makerere University Walter Reed Project (MUWRP)               | Oriented STAR-EC staff on male medical circumcision (MMC)  |
| Rakai Health Services Project (RHSP)                          | Oriented STAR-EC staff on male medical circumcision (MMC)  |
| Uganda Health Marketing Group (UHMG)                          | Assisted in the provision of condoms at subsidized prices  |
| Futures Group   | Oriented STAR-EC staff on their clinical based electronic database and a memorandum of understanding for its free utilization was prepared for signing   |
| Strengthening TB and HIV Responses in Eastern Uganda (STAR-E) | Harmonized both the STAR-EC and STAR-E program PMPs. The two programs also agreed to share program names and STAR-E took the lead role in developing a shared program logo.  |
| STAR-E LQAS   | Continued collaboration on the institutionalization of LQAS related activities. The STAR-EC Chief of Party was selected as the chairperson to the National LQAS Technical Advisory Group (LTAG) that is composed of 12 national stakeholder members and headquartered at the STAR-E LQAS offices |

Source: STAR-EC Program records, 2009

By the close of the quarter, dialogue with other partners such as the Uganda Capacity Program, the Roads project, NuLIFE and PACE had reached advanced stages with a view of defining details for implementing the agreed upon terms of collaboration during the next quarter.

During this reporting period, a total of 30,350 individuals (60% female and 40% male) were counseled, tested and received their HIV test results from 51 STAR-EC supported static sites including 87 parish level outreaches. Of all the individuals who tested for HIV, 5.3% were found to be HIV positive. Additionally, 107 health workers (22 male and 85 female) from the districts of Mayuge, Iganga, Bugiri and Kamuli received training in HIV rapid testing in collaboration with Central Public Health Laboratory (CPHL) and the Ministry of Health (MoH).

Transitioning of the health units in Iganga, Mayuge and Namutumba districts from EGPAF to STAR-EC support was finalized during this quarter. STAR-EC provided HIV test kits and related accessories to 35 PMTCT sites and supported all the six district HIV focal persons to undertake regular support supervision in PMTCT implementing facilities. Reports from 50 PMTCT sites indicated that overall, 13,017 pregnant mothers were either tested and received results for HIV or reported at health facilities with documented evidence of HIV infection. Only 2.5% of those pregnant women who tested and received their results tested HIV positive. During the quarter, 234 women received prophylactic antiretroviral therapy (ART). The planned training of service providers in PMTCT did not take place as PMTCT national guidelines and reporting tools were still undergoing review by the MoH.

In connection with care services, STAR-EC extended support to 34 health units in all the six districts. As part of clinical care, a total of 34 health facilities provided 1,493 PLHIVs (959 female and 534 male) with a minimum of one clinical care service that included cotrimoxazole prophylaxis. Of those served: a total of 74 were children under 5 years old; 52 were aged 5-14 years; 10 aged 15-17 years; and 1,357 were adults 18 years and above.

During this quarter, a total of 584 TB patients were recorded in the TB register and of these only 358 (61%) tested for HIV and received their results while 228 of these were male and 130 female. Of the TB clients who tested for HIV, only 140 (39%) tested HIV positive and 59 of these were female and 81 male. Related to treatment, 24 co-infected TB/HIV clients were treated with ART, 18 with both ART and cotrimoxazole and 93 received cotrimoxazole only.

STAR-EC supported the provision of antiretroviral therapy (ART) in 19 health units thus expanding coverage from four sites (at the end of PY1) to 19 sites by the end of this quarter. Following the training needs exercise that was conducted, STAR-EC worked with the Ministry of Health AIDS Control Programme and Uganda Cares and trained 15 ART clinical teams including 45 health workers plus 15 peer educators/expert patients, on comprehensive HIV&AIDS care/treatment including ART using the Integrated Management of Adult & Adolescent Illnesses (IMAI) approach. Additionally, a total of 351 PLHIVs (236 female and 115 male) were newly started on ART during the quarter. Of the new clients, 22 (6%) were children less than 15 years while the rest were adults 15 years and above.

Support by the program to laboratory services for HIV&AIDS monitoring was scaled up to 24 health units in all the six districts. This was through supporting health facilities with transport refunds to refer blood samples for CD4 cell counts at JCRC Kakira hospital laboratory, Jinja. Through this arrangement, a cumulative total of 1,312 baseline and follow-up CD4 tests were conducted during this reporting period. In addition, STAR-EC procured 10,000 Vacutainer tubes and 50 cooler boxes for safe transportation of referral samples. The program located space in Iganga and Bugiri Hospitals and held discussions with the district leaders, MoH-CPHL and the Ministry of Health infrastructure department related to the refurbishments required before the CD4 machines and Chemistry machines can be procured and installed.

With technical support from AIDSTAR One, STAR-EC initiated efforts aimed at improving health care waste management practices in all the six districts. Initial activities involved orienting STAR-EC technical personnel in health care waste management and subsequently health care waste management assessments in 25 health facilities. The findings from these assessments will inform health care waste management planning that will later on be implemented at each facility. Quality of assurance activities included training of district health care improvement teams for the districts of Iganga, Mayuge and Namutumba and support supervision visits that comprised STAR-EC and MoH staff.

Over this reporting period, STAR-EC delivered sexual and other behavioral risk prevention services through its CSO partners including FLEP, URHB, NACWOLA and Youth Alive. Abstinence and be-faithful messages targeted out-of-school youth aged 15-24; while be faithful and partner reduction messages targeted couples, spouses and persons in cohabiting relationships through couple dialogue sessions and home-to-home visits by model couples. Other prevention messages targeted most-at-risk populations including fishing communities, out-of-school youth, commercial sex workers, migrant plantation workers, bodaboda cyclists transporters, long distance truck drivers and HIV positive and discordant couples. AB programming and implementation for CSOs was improved by training of 24 Trainers of trainers (ToTs). Owing to the three aforementioned CSO's efforts, a total of 23,494 individuals (48% females and 52% males) were reached with individual and/or small group level HIV prevention interventions (including 20,140 for AB and 3,084 for 'other prevention' respectively) that are based on evidence and/or meet the minimum required standards. Using the 'model couple' approach that mainly targets adults aged 25 years and above, a total of 2,746 individuals were reached with AB messages by 'model couples' through conducting home-to-home visits, fidelity seminars and couple dialogue sessions.

STAR-EC made visits to the Rakai Health Sciences Project (RHSP) and the Makerere Walter Reed Project (MUWRP) Kayunga site to learn from their progress on male medical circumcision (MMC) interventions. The two programs educated STAR-EC staff on MMC related best practices and further discussions on extending training, technical assistance, BCC and IEC on MMC interventions were held.

The Strategic Information and Dissemination Department of STAR-EC carried out its project support functions to

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<sup>1</sup> The minimum standards dictate that HIV prevention messages should not be extended to a group of more than 25 individuals

improve the quality of data collection among various implementing partners. This included initial data quality trainings that were carried out at the FLEP boardroom where eight CSO and twelve district and health sub-district Health Management Information System (HMIS) personnel from all the six districts were trained. The training involved extending technical assistance to HMIS focal persons in upholding data quality standards related to HMIS registers from where most of the PEPFAR and other data are obtained. Additionally, 51 data clerks from 51 health facilities were given support and further training in the collection of quality data and its interpretation at their individual health facility locations. Further, STAR-EC program achievements were documented through various means that included success stories. In December 2009, district specific reports for the 2009 Lot Quality Assurance Sampling survey were finalized and disseminated with the participation of all top district decision makers. In each district, dissemination meetings and the discussion of results were chaired by either the Resident District Commissioner, the Chief Administrative Officer, LC V chairperson or the District Health Officer. At the end of each session, an action plan in relation to the identified gaps would be developed by the district participants themselves together with technical support from STAR-EC. Additionally, an assessment exercise was conducted for all the district AIDS committees and findings from this activity will inform the way forward regarding capacity strengthening of HIV&AIDS coordination at district and sub-county levels.

**Table 2: STAR-EC PY2 Targets VS Achievements during the 1<sup>st</sup> quarter of PY2 (Oct –Dec 2009) by Technical Area**

| Intervention                                      | Priority Areas   | 12 months Targets for PY2 | Achievement during Q1 (Oct-Dec 2009)                            | % of annual target achieved during Q1 | Comments   |
|---|--|---------------------------|---|---------------------------------------|--|
| HIV Testing and Counselling                       | <ul style="list-style-type: none"> <li>Individuals received testing and counseling (T&amp;C) services for HIV and received results</li> <li>Individuals trained in T&amp;C according to national and international standards</li> <li>Outlets providing T&amp;C according to national and international standards</li> </ul> | 70,000                    | 30,350  | 43%                                   | <ul style="list-style-type: none"> <li>- 60% were females and 40% were males. (5.3% were found HIV positive).</li> <li>- Almost a third of (32%) of HTC clients was served during the World AIDS Day activities, underlining the importance of mass mobilization during such well known days</li> </ul>  |
|   |  | 200                       | 107   | 54%                                   |  |
|   |  | 80                        | -51 static sites<br>-87 parishes reached with outreach services | 64% (of the static target)            |  |
| Prevention of mother-to-child transmission of HIV | <ul style="list-style-type: none"> <li>Number of pregnant women with known HIV status</li> <li>No. of HIV+ pregnant women who received antiretrovirals to reduce risk of mother to child transmission</li> <li>Individuals trained in PMTCT</li> <li>Outlets providing PMTCT services</li> </ul>                             | 7,000                     | 13,017  | 186%                                  | <ul style="list-style-type: none"> <li>- The overall program life target for pregnant women with known HIV status will be revised upwards to reflect reality. On implementing PMTCT activities it was realised that our initial assumptions in deriving targets were unrealistic -STAR-EC has delayed to commence training in PMTCT pending the finalization of the new IMAI/IMPAC methodology.</li> </ul> |
|   |  | 3,000                     | 234   | 8%                                    |  |
|   |  | 160                       | 0   | 0%                                    |  |
|   |  | 35                        | 49  | 140%                                  |  |

| Intervention  | Priority Areas   | 12 months Targets for PY2         | Achievement during Q1 (Oct-Dec 2009)   | % of annual target achieved during Q1 | Comments   |
|---|--|-----------------------------------|--|---------------------------------------|--|
| Care: Umbrella and Clinical Care                                  | <ul style="list-style-type: none"> <li>Number of HIV positive adults and children receiving a minimum of one clinical service</li> <li>Individuals trained to provide HIV-related palliative care (excluding TB)</li> <li>Service outlets providing HIV-related palliative care (excluding TB)</li> </ul>  | 2,000<br>200<br>80                | 1,493  | 75%                                   | Training is scheduled during Q3 of PY2   |
| Clinical/ Preventive Services –Additional TB/HIV                  | <ul style="list-style-type: none"> <li>Number of TB patients who had an HIV test result recorded in the TB register</li> <li>Number of HIV positive incident TB cases that received treatment for TB and HIV during the reporting period</li> <li>Individuals trained to provide HIV/TB related palliative care</li> <li>Service outlets providing HIV/TB related palliative care</li> </ul>   | 500<br>400<br>180<br>80           | 358<br>135<br>20   | 72%<br>34%<br>11%                     | 130 were female and 228 male<br><br>8 female and 12 male from Bugiri District            |
| Antiretroviral therapy services                                   | <ul style="list-style-type: none"> <li>Number of adults and children with advanced HIV infection newly enrolled on ART</li> <li>Number of individuals trained to provide ART services</li> <li>Number of health facilities that offer ART</li> </ul>   | 1,500<br>100<br>19                | 351<br>60 (45 health workers plus 15 peer educators)<br>19   | 23%<br>60%<br>100%                    | 236 were females and 115 males   |
| Sexual and Other Behavioural Risk Prevention (General Population) | <ul style="list-style-type: none"> <li>Number of targeted population with individual and/or small group level HIV prevention interventions that are based on evidence</li> <li>Number of targeted population reached with individual and /or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required</li> <li>Number of MARPs reached with individual and /or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required</li> <li>Service providers trained to provide abstinence and/or being faithful and MARPs</li> </ul> | 76,000<br>50,000<br>10,000<br>400 | 23,494 (48% female and 52% male)<br>20,410 (10,314 female and 10,096 male)<br>3,084 (925 female and 2,159 male)<br>237 (207 on AB and 30 on MARPs interventions) | 31%<br>41%<br>31%<br>59%              | Activities implemented by 3 prequalified CSOs (FLEP, URHB and YA) in different districts |

| Intervention                              | Priority Areas  | 12 months Targets for PY2  | Achievement during Q1 (Oct-Dec 2009) | % of annual target achieved during Q1 | Comments  |
|---|---|----------------------------|--------------------------------------|---------------------------------------|---|
| Strategic Information                     | <ul style="list-style-type: none"> <li>Local organizations provided with technical assistance for strategic information activities</li> <li>Individuals trained in strategic information (including M&amp;E, surveillance and/or HMIS)</li> </ul> | 12 (2 per district)<br>65  |                                      | 100%                                  | -FLEP, YA, NACWOLA and URHB<br><br>-Activity will be implemented in the 3rd quarter |
| Policy Analysis and Systems Strengthening | <ul style="list-style-type: none"> <li>Individuals oriented/trained on the new/revised HIV&amp;AIDS-related policies and guidelines</li> </ul>  | 100                        |                                      |                                       | Planned to be implemented by the end of Q3 PY2                                      |
| Institutional Capacity Building           | <ul style="list-style-type: none"> <li>Individuals trained in HIV-related institutional capacity building</li> <li>Local organizations provided with technical assistance for HIV-related institutional capacity building</li> </ul>              | 100<br>12 (2 per district) |                                      |                                       | Planned to be implemented by the end of Q3 PY2                                      |

Source: STAR-EC program Reords, 2009

## 1.0 INTRODUCTION

### 1.1 Background

The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) program is a five-year district-based initiative aimed at increasing access to, coverage of, and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities in six districts of East Central Uganda. STAR-EC is implemented by a consortium of five partners that include: JSI Research & Training Institute Inc., (JSI) as the prime partner; World Education's Bantwana Initiative; Communication for Development Foundation Uganda (CDFU); mothers2mothers (m2m); and Uganda Cares; all as sub-partners responsible for various technical aspects of the program.

STAR-EC also has four pre-qualified grantees as local implementing partners and these include the Family Life Education Program (FLEP), the National Community of Women Living with HIV&AIDS in Uganda (NACWOLA), the Uganda Reproductive Health Bureau (URHB) and Youth Alive (YA). An additional ten civil society organization grantees will be identified during PY2 through a competitive granting mechanism and provided with support to implement some of the interventions that form part of STAR-EC's scope of work.

Currently, the six districts covered by STAR-EC include Bugiri, Iganga, Kaliro, Kamuli, Mayuge and Namutumba. However, following Parliament of Uganda approval, it is expected that during PY2 an additional three new districts of Buyende (curved out of Kamuli), Luuka (curved out of Iganga) and Namayingo (curved out of Bugiri) may become operational in the program's geographical area of coverage as from July 1st 2010.

The East Central region of Uganda where we operate has some unique characteristics that include:

- A high fertility rate of approximately 7.5
- High HIV prevalence of 6.5% , which coupled with a high population in the region results in a significantly higher number of adults estimated to be living with HIV&AIDS in the region (estimated at 74,000 in 2009)
- High level of multiple concurrent sexual relationships including polygyny
- High level of transactional sexual activity at some truck stops on the Northern Transport corridor
- Significant population of migrant labour (from various regions of Uganda and working in mainly the sugar cane plantations and the rice scheme) and fishing communities. Both these groups can be characterized as being at high risk of contracting HIV infection

### 1.2 Major objectives of STAR-EC

STAR-EC has five major objectives that include:

1. Increasing access to, coverage of and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities;
2. Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on health centers (HCs) IV and III and community outreach;
3. Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and community service organizations;
4. Strengthening networks and referrals systems to improve access to, coverage of and utilization of HIV&AIDS and TB services; and
5. Intensifying demand generation activities for HIV&AIDS and TB prevention, care and treatment services.

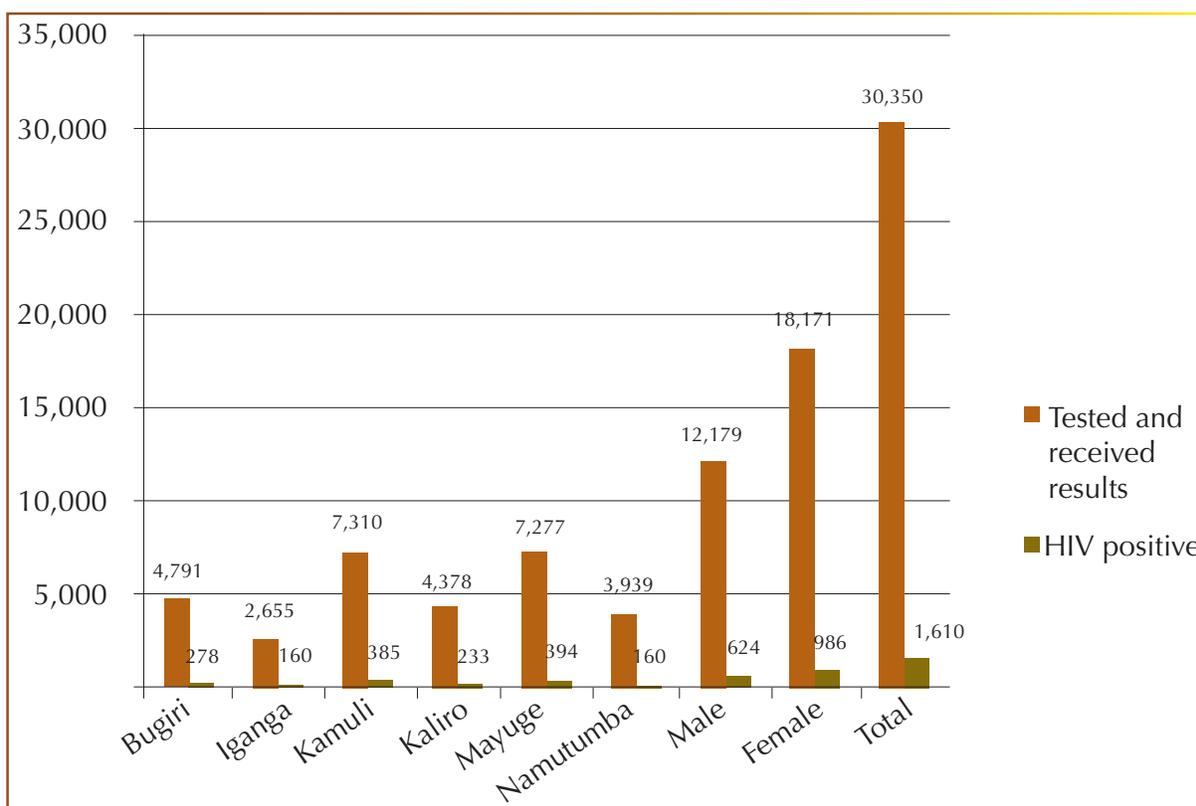
## 2.0 MAJOR RESULT AREAS AND PROGRESS DURING Q1

### 2.1 Result 1: Increasing access to, coverage of and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities within the six supported districts

#### 2.1.1 Increasing access to and uptake of HIV testing and counseling (HTC) services

Overall, during this quarter, STAR-EC supported HTC services in all the six districts through the utilization of 51 static sites and 87 parish level outreaches. As a result of the combined strategies highlighted below, a total of 30,350 people (12,179 males and 18,171 females) were tested for HIV and received their results during the three months covering October to December 2009. Of the total number of people that received their results, 1,610 (5.3%) were found HIV positive and later all the HIV positive clients were referred to the relevant health facilities for ongoing care and support.

Figure 1: Number of individuals who were counseled, tested and received their HIV results in different districts



Source: STAR-EC Program records, 2009

Among some of the strategies employed by STAR-EC and its implementing partners in order to achieve the above results included home based HIV testing and counseling (HBTC), the World AIDS Day five-day intensive HTC activities that took place between December 1<sup>st</sup> to 5<sup>th</sup> 2009 as well as the utilization of static and outreach sites. Only 1,210 individuals (605 couples) of the total HTC clients tested and received their results as couples (33

couples were discordant, 108 HIV concordant positives while the rest were concordant negatives). Of those who tested and received their results for HIV: 866 were children aged less than 5 years; 1,248 children aged 5-14 years; 2,099 children aged 15-17 years and 26,137 adults aged 18 or more years. Among districts, the highest scores on HTC were received from Kamuli (7,310) and Mayuge (7,277) while the lowest were reported from Iganga at 2,655 individuals. Additionally, the highest proportion of those who tested HIV positive was registered from Iganga and Bugiri Districts at 6.0% and 5.8% respectively while the lowest was registered from Namutumba District at 4.1%. The first two aforementioned districts have a higher concentration of MARPs when compared to Namutumba District - and this could be one of the reasons to explain these findings.



*Health workers in a practical session during a recent HIV rapid test training in Kamuli District*



*FLEP personnel conducting an HIV rapid test on an HIV exposed child during an HTC outreach in Namasagali, Kamuli district*



*URHB counsellor offering TB/HIV messages during an HTC outreach in Bugiri District*

Lubira Parish (Simase landing site); Buchimo and Bumeru landing sites in Buchimo Parish, Bugiri District; as well as Nawampiti and Nawaikoke landing sites, in Nawaikoke Parish, Kaliro District. During these outreaches URHB mainly targeted fisher folk. Others included sex workers and boda boda riders especially in and around Bugiri Town Council. In total, URHB conducted HTC services among 4,024 individuals (2,066 female and 1,958 male) this quarter.

During the Q1, STAR-EC supported the two pre-qualified CSOs (namely URHB and FLEP) in addition to 51 health facilities (RTI International supported health facilities not inclusive) in the six districts to implement HIV testing and counseling activities.

During this reporting period, a total of 107 (22 males and 85 females) health workers from public health facilities in Mayuge, Iganga, Bugiri and Kamuli Districts received training in HIV rapid testing in collaboration with the Central Public Health Laboratory (CPHL) and MoH using STAR-EC support. Additionally, 10 health workers (3 male and 7 female) from URHB and FLEP received training in HIV rapid testing. During the next quarter, STAR-EC plans to train the remaining quota of health workers in rapid testing and pediatric HTC.

HTC was offered through static, outreaches, home-based HTC, 'community camps' and community gatherings such as the World AIDS Day event. Hard-to-reach populations were reached with HTC services through community-based approaches such as home-based HTC. FLEP mainly utilized 'community camping' as an innovation to ensure a wider community reach since it enabled counselors to meet community members at anytime they returned to their homes. In this approach, service providers stay for over up to five days in a given community offering HTC services during times convenient to residents. Using such approaches as described above, URHB and FLEP were able to concentrate their effort on reaching MARPs and hard-to-reach communities within their catchment area.

During Q1 FLEP undertook outreaches targeting hard-to-reach communities and MARPs at landing sites in Namadhi and Bukatabira parishes in Mayuge district as well as Kisaikye, Namasagali (where FLEP mainly targeted boda boda cyclists), Kidera, Buyanja and Bukungu parishes in Kamuli District. Fisher folk were targeted by outreaches conducted in all the aforementioned parishes. In total, FLEP was able to conduct HTC among 4,401 people (2,100 male and 2,301 female) during this reporting period.

This quarter, URHB undertook HTC activities targeting hard-to-reach communities and MARPs in islands and/or landing sites namely: Sigulu Islands (Lorwe East, Lorwe West and Singila landing sites);



*HIV rapid testing at Namutumba Sub County during WAD December 2009*

An analysis of HIV prevalence among MARPs (taken from HTC activities implemented by URHB) shows a rate of 4.7%. However, results from HTC activities conducted by FLEP on the general population show a lower rate of 1.6%.

Through the Uganda Cares partnership, STAR-EC managed to access 12,500 Determiner tests and associated accessories (gloves, savlon, cotton, vacutainer tubes, chase buffer, capillary tubes) which were utilized during the World AIDS Day (WAD) testing millions program (from 1<sup>st</sup> – 5<sup>th</sup> December 2009). A total of 9,634 individuals (4,248 males and 5,386 females) were tested during the WAD-related outreaches. These results were realized through an intensive five day HTC campaign launched by the STAR-EC program working through

FLEP and URHB as well as 43 health facilities in all the six districts.

Additionally, in PY2, STAR-EC has prioritized the extension of HIV prevention services (including HTC) to institutions of higher learning, road side truck stops, boda boda stages, islands, landing sites, lodges and bars to counter the issue of multiple concurrent sexual relationships.

### Lessons learned

- The community camping approach was an effective way of reaching more clients especially the MARPs and hard-to-reach populations
- Tailored community HTC outreach interventions meant for places often frequented by commercial sex workers and their partners ensured better results
- Provision of HTC services in homes served as a good strategy for reaching couples especially the males who otherwise would not have turned up at community outreach sites or health facilities
- Collaboration between CSOs especially yielded synergies where community support agents (CSAs) complimented HTC during outreaches by providing education on HIV&AIDS, TB, HIV/TB and other care and support services needed by community members
- World AIDS day HTC activities undertaken from 1st to 5th December 2009 helped to boost uptake of HIV testing and counseling in the six districts. There is need to borrow a leaf from the mobilization strategies that were utilised during this period and take advantage of such events to extend HIV&AIDS/TB services closer to the people
- STAR-EC needs to procure a buffer stock of HTC test kits and related accessories in order to ensure the continued flow of HTC services in the 6 districts
- Partnerships with other stakeholders were found to be very effective in extending HTC services closer to the people. This was demonstrated by the support offered to STAR-EC through the testing millions program that Uganda Cares helped to support

### Challenges and way forward

- At the end of the quarter, there were only two CSOs providing HTC services. This means that more scores of individuals and couples could be reached if more CSOs get on board. The program is in the process of bringing on board more CSOs through a competitive grants mechanism to be implemented during the 2nd quarter
- CSOs that offered HCT without other complementary care and support services such as cotrimoxazole for clients diagnosed with HIV had to refer clients to health facilities and a big number of these clients did not follow through with the referrals. STAR-EC in partnership with NACWOLA is improving community and health facility networks and linkages which will eventually help to strengthen such referrals
- Stock-out of HTC test kits and other related commodities at the National Medical Store (NMS) during the quarter was a challenge since the program had limited buffer during this period

### 2.1.2 Prevention of mother-to-child transmission of HIV (PMTCT)

During this quarter, transitioning of the health units in Iganga, Mayuge and Namutumba Districts from EGPAF to STAR-EC support was finalized. A total of 50 health facilities across the six districts were supported by the program to offer PMTCT following the existing PMTCT national guidelines. The units include 4 hospitals, 12 HC IVs and 34 HC IIIs. Support in this regard included technical assistance and support supervision to 19 health facilities offering both PMTCT and ART by the district LG staff working together with the STAR-EC technical team. Additional support included the provision of HIV test kits and related accessories that were given to all the 50 PMTCT implementing health facilities as well as the support that was given to the district HIV/PMTCT focal persons in extending regular support supervision to PMTCT implementing health facilities across the 6 districts.

During the quarter, STAR-EC participated in a series of key meetings organized by the Ministry of Health (MoH)/AIDS Control Program (ACP) in collaboration with other stakeholders aimed at reviewing/redesigning the existing PMTCT national guidelines and reporting tools. MoH has also overhauled the existing PMTCT training modules in favour of the Integrated Management of Adolescent and adult Illness (IMAI)/ Integrated Management of Pregnancy and Child birth (IMPAC) training with support from WHO, CDC and UNICEF. The main difference between the two is that in the IMAI/IMPAC training skills stations and expert clients have been included in order to mirror the ART training methodology. The need to review the existing PMTCT guidelines caused a delay in the commencement of PMTCT training for health workers using the new IMAI/IMPAC PMTCT training methodology. Similarly, the early infant diagnosis (EID) training methodology has been revised from being an 'in class' training to 'an on-the-job' training where by the trainers will be able to move from one health unit to the other training health workers on-job for a period of three days. Thereafter, they are expected to supply each health unit with key requirements before moving on to the next. With this arrangement, training costs are expected to fall thus allowing more health workers to be trained when compared to those targeted earlier in the STAR-EC PY2 work plan. The training is now scheduled to commence in the second quarter of PY2 in collaboration with MoH and ACP.

During the quarter, m2m finalized the recruitment of the PMTCT Project Coordinator who at the time of writing this report had already reported on duty. Through the m2m model, STAR-EC hopes to bridge the gap between the numbers of women identified HIV positive during antenatal care and those who finally deliver after a full course of prophylactic ARVs/HAART. The m2m model puts emphasis on the utilization of trained mentor mothers (based at health facilities) in interlinking a pregnant HIV positive woman with the health facility. One mentor mother (who is herself an HIV positive that has undergone a successful PMTCT process) can only serve not more than 10 HIV positive women in the community.

STAR-EC in collaboration with Kakira JCRC Centre of Excellence laboratory has during Q1 enabled HIV positive clients and their children to access CD4 and PCR testing services at health facilities in the six districts. STAR-EC has made this possible by shouldering all the costs related to these key services that would otherwise have been borne by the clients. Previously, clients in the East Central Ugandan districts who were in need of CD4 and PCR testing could only access these services at Mbale JCRC Centre of Excellence that is quite distant from these districts. Thus, through this collaboration with JCRC Kakira, STAR-EC has ensured that these key laboratory services are now both geographically and financially accessible to clients served by health facilities within the STAR-EC program area.

In collaboration with MoH/ACP, STAR-EC distributed PMTCT-related IEC materials (including Posters and Job aides) to all the 50 health facilities. These materials contain messages that focus on improved client flow through the health facility. They also aim at promoting maximum access of PMTCT services among pregnant mothers and their spouses, improved PMTCT counseling techniques for health workers, benefits of attending PMTCT services to the mother and her spouse, drug regimens and their timing for a PMTCT mother, referral cascade for the PMTCT mother and her spouse within the facility and to other facilities offering specialized HIV care services. The Ministry of Health envisions that with the use of these reference materials by health workers at health facilities, the quality

of PMTCT services will be standardized nationwide. Additionally, these materials other than serving as reference materials, are supposed to create demand within the clients to seek for PMTCT services at the earliest opportunity. At the time of writing this report, distribution of these materials was still on going across the six districts.

During Q1, in a similar spirit of collaboration with the Clinton HIV&AIDS Foundation Initiative (CHAI), STAR-EC received both adult and pediatric ARV drug formulations through the Joint Medical Stores. These served as a buffer to the national supply that the health facilities usually access from the National Medical Stores (NMS). Health facilities in all the six STAR-EC supported districts have benefitted from these buffer stocks (especially single dose Nevirapine) following the stock outs that were experienced by NMS during the quarter. Contacts were also established with the Uganda Health Marketing Group (UHMG) and PACE on the issue of long lasting insecticide treated nets support to the 50 PMTCT supported sites in six STAR-EC supported districts. These discussions are expected to be finalised during Q2.

As a result of implementing the above mentioned activities, a total of 17,330 new mothers attended ANC in the 49 health facilities while 18,354 pregnant women were counseled to take an HIV test (the latter number includes ANC mothers who were counseled during their second or subsequent visits). Among districts, the highest attendance was reported from Iganga at 4,655 pregnant women while the lowest was reported from Namutumba at 1,489 pregnant mothers.

Overall, 13,017 pregnant women were either tested and received their HIV results at STAR-EC supported health facilities or had 'a known and documented HIV infection at entry'. This result translates to 186% achievement of STAR-EC's planned PY2 annual target in just one quarter and therefore calls for an upward revision of STAR-EC's overall program life target to cater for some of the factors that may not have been envisaged while developing initial targets.

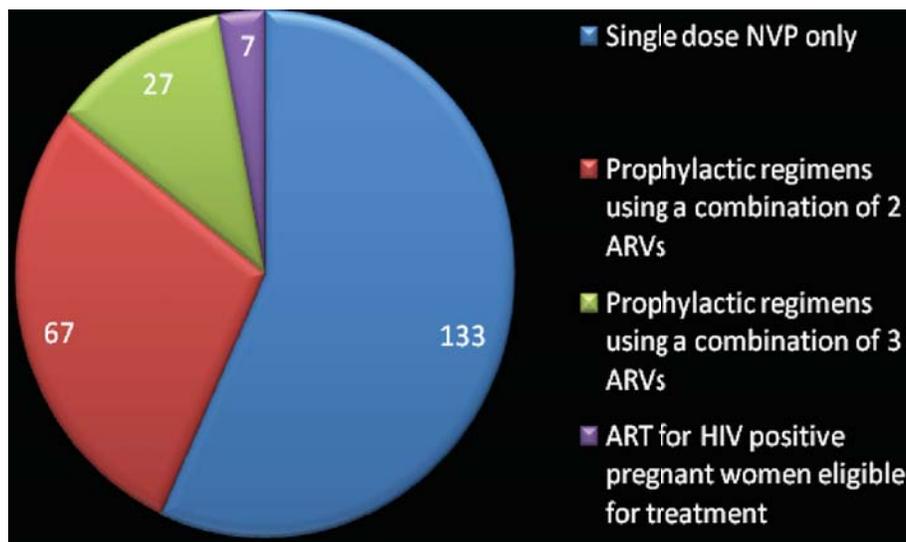
**Table 3: Pregnant mothers and HIV testing during Oct-Dec 2009**

| Districts | With known HIV status (includes those tested and received results as well as those with a known and documented HIV infection at entry) | Tested and re-ceived results (only) | With already known & documented HIV infection at entry | Newly diagnosed HIV positives | Tested for HIV with partner (as a part of PMTCT activities) |
|-----------|--|-------------------------------------|--|-------------------------------|---|
| Bugiri    | 1,573  | 1,566                               | 7  | 34                            | 17  |
| Iganga    | 3608   | 3,520                               | 88   | 90                            | 222   |
| Kamuli    | 2,802  | 2,707                               | 95   | 67                            | 194   |
| Kaliro    | 1,834  | 1,828                               | 6  | 44                            | 351   |
| Mayuge    | 1,838  | 1,810                               | 28   | 47                            | 49  |
| Namutumba | 1,362  | 1,349                               | 13   | 38                            | 72  |
| Total     | 13,017   | 12,780                              | 237  | 320                           | 905   |

Source: STAR-EC program Reords, 2009

Of the 13,017 pregnant women who received HTC services for PMTCT purposes, only 237 (1.8%) reported at health facilities with 'a known and documented HIV infection at entry' while of those who didn't know their HIV status and were counseled to take an HIV test, 70% (12,780) took the HIV test and received their results and 905 (7%) took an HIV test together with their partners as part of PMTCT interventions. Among districts, the highest (3,520) and the lowest scores (1,810) of those who tested and received their results were still reported from Iganga and Mayuge respectively.

**Figure 2: Number of pregnant women who received different regimens as part of PMTCT in all the six STAR-EC supported districts**



Source: STAR-EC Program records, 2009

A total of 234 HIV positive pregnant women received anti-retroviral therapy to reduce the risk of mother-to-child transmission of HIV. Among these: 133 were women who received single dose nevirapine (SD- NVP); 67 were on prophylactic regimens using a combination of 2 ARVs (AZT + SD NVP or AZT + SD NVP +7 day post-partum tail of AZT/3TC or AZT + 3TC or AZT + 3TC + SD NVP); 27 on prophylactic regimens using a combination of 3 ARVs to suppress viral replication prior and during delivery and for a variable duration during postpartum (AZT + 3TC + NNRTI or AZT + 3TC +PI or AZT + 3TC + NRTI); while 7 were on ART for HIV positive pregnant women eligible for treatment. During this quarter, 16 pregnant women tested and received their CD4 results while 84 were reported to be exclusively breast feeding and 7 were practicing exclusive replacement feeding.

### Lessons learned

- Successful implementation of PMTCT is dependent on uninterrupted provision of quality HTC services in all the PMTCT implementing units
- Creation of partnerships between STAR-EC and the MoH/ACP has been instrumental in bridging the knowledge gap on the up-to-date PMTCT/EID policy guidelines and practices in the country
- In order to achieve the set targets it will be imperative to create active linkages between health facility and community services through the collaboration of m2m and CSOs like NACWOLA

### Challenges and way forward

- STAR-EC has delayed to commence training in PMTCT pending the finalization of the new IMAI/IMPAC methodology. The key challenge to note is that the revised training format comes with a cost increment that was unforeseen during the planning stage and which may have the effect of reducing on the final number of health workers trained in PMTCT implementation as compared to the target in the work plan. This training will commence the second quarter of PY2
- Similarly, implementation of the planned EID trainings for health workers in the 6 districts has delayed pending the finalization by the MoH/ACP of the revised EID training format. Unlike the new PMTCT training format the revisions in the latter promise to make it a lot cheaper to undertake than in the past hence more health facility staff will be trained using the same level of funding
- Stock out of HTC test kits and other related commodities in NMS during the quarter has been a challenge since the program had no buffer at the time. STAR-EC will procure HIV test kits in order to circumvent the national stock out

## 2.1.3 Care and Support

### 2.13.1 Umbrella Care

During this quarter, STAR-EC extended support for HIV&AIDS care services to 34 health units in six districts. The support involved initial needs assessments, provision of various logistics and data collection tools, training of some health workers, provision of technical support supervision, and facilitating access to laboratory services for HIV&AIDS monitoring (CD4 cell count testing). The rapid needs assessment for expansion of HIV&AIDS clinical services was conducted in collaboration with the Ministry of Health AIDS Control Program at 19 health units including the 'hard-to-reach' facilities such as Sigulu HCIII on Sigulu Islands of Bugiri district and Kidera HCIV of Kamuli district. Logistics supplied included home-based care kits, pre-ART registers and patient HIV care/ART cards for use in documentation. Although no stand-alone training on umbrella and clinical care was conducted, topics on adherence preparation counseling and assessment of eligibility for ART using the WHO clinical staging, were covered during training on comprehensive HIV&AIDS care/treatment including antiretroviral therapy.

### 2.1.3.2 Clinical Care

During Q1, 34 health facilities enrolled and served a total of 1,493 new PLHIV (959 female and 534 male) and provided them with cotrimoxazole prophylaxis among other clinical services. This was in addition to providing continued care to all old/cumulative clients at the clinics. A total of 240 pregnant women were newly enrolled into HIV care and support services during this quarter. Additionally, a total of 1,312 clients were assessed immunologically for ART eligibility by conducting baseline CD4 cell count tests. All 34 health facilities provided some degree of clinical care services but varying from site to site due to challenges such as low staffing levels, lack of HIV&AIDS care knowledge by some health workers, and the very frequent stock outs of cotrimoxazole prophylaxis. In particular, Sigulu Island HCIII was grossly understaffed and also had adequate facilities and space for clinical care services (only one Nurse was running the unit, while other 2 staff were on leave). During support supervisory visits, STAR-EC provided technical assistance to 9 HIV clinic in-charges and this support related to improving the quality of drug stock taking reports as well as improvements on how to order for essential medicines from NMS. Challenges were also shared with each District Health Officer (DHO) who in turn promised to work with STAR-EC in addressing the identified gaps.

### 2.1.3.3 Clinical/Preventive services –Additional Pediatric

Pediatric care services have been scaled up to all hospitals and HCIVs particularly the early infant diagnosis service which is provided by bleeding HIV-exposed infants, preparing dry blood spot (DBS) samples and then sending these for the DNA-PCR test at JCRC- Kakira hospital. STAR-EC facilitated the transportation of DBS filter papers to Kakira alongside transportation of CD4 samples. Additionally, 107 health workers from Mayuge, Iganga, Kamuli and Bugiri districts received practical training on DBS preparation for DNA-PCR as part of the 4 trainings on rapid HIV testing conducted by the MoH-Central Public Health Laboratory (CPHL) staff and sponsored by STAR-EC.

During the November MoH Child Days Plus activities, all children below 2 years who turned up for immunization in the STAR-EC supported districts were given Vitamin A supplementation, de-worming and had to be tested for HIV using the DNA-PCR method. During this quarter, a total of 157 infants were born to HIV positive women while 361 infants (204 female and 157 male) were tested for HIV using DNA-PCR during the Child Days Plus activities. However most results are not yet available since the full process of DBS preparation, collection, dispatch to JCRC including virological testing, takes more than 1 month. Therefore, facility records show that during this reporting period only 2 HIV-exposed infants (both male) started cotrimoxazole prophylaxis while only 3 infants (1 female and 2 male) were confirmed to be HIV positive and initiated on pediatric ART during this quarter. Undoubtedly, this figure could have been more if HIV results had been received during the same reporting period.

## **Challenges and Way forward**

Few health facilities are implementing the new MoH policy on pediatric HIV care, which recommends commencing cotrimoxazole prophylaxis in all HIV-exposed infants (i.e., those whose mothers are HIV positive) at 6 weeks of age, mainly because most sites (except the hospitals) lack the syrup formulation of cotrimoxazole and the junior tablets. Nevertheless, mothers are provided with information plus prescriptions, but documentation on whether or not the infant started prophylaxis is still a challenge. As a way forward, the STAR-EC program will provide technical assistance to identified facilities on the revised treatment policy, and where possible facilitate the procurement of syrup cotrimoxazole.

### **2. 1.3.4 Support and Care**

Through partnership with NACWOLA, 60 trained PLHIV were posted to 41 health centres as peer educators/ community support agents (CSAs) also known as network support agents (NSAs) to provide psychosocial support, home-based care and linkages to services in health facilities. Consequently, a total of 1,354 PLHIV (563 female and 791 male) received both counseling and home-based care support services during this quarter. 264 PLHIV were referred for other wrap-around services including, psychosocial support, material support, education, youth support groups and legal support.

STAR-EC has held discussions with NuLife regarding how to integrate nutrition in the context of HIV&AIDS, how to access the ready to use therapeutic feeds (RUTF) such as plumpy nut, and how to tap into NuLife's expertise during trainings of PMTCT and ART. The memorandum of understanding as a guiding document for the collaboration between the two programs will be signed during February 2010 and this will be followed by the actual implementation.

### **2.1.3.5- Antiretroviral (ARV) services**

At the end of PY1, STAR-EC had supported four ART service sites that included Kamuli Mission, Kamuli District, Iganga, and Bugiri Hospitals. At the end of the first quarter in PY2, service coverage had expanded to 19 sites in 6 districts. Five of these sites had never had any ART services while the rest had previously been supported by other partners in the delivery of ART services. The five new sites where STAR-EC scaled up ART support included: Nankoma HCIV in Bugiri District; Ivukula HCIII in Namutumba District; Nankandulo HCIV and Namwendwa HCIV in Kamuli District, and Mayuge HCIII in Mayuge District. All of the aforementioned health facilities were operating according to the national ART scale-up plan and on course towards acquiring their accreditation status. Additionally, STAR-EC was able to extend support to all the 19 ART health facilities and this support comprised of capacity building through training health workers, provision of logistics such as ARVs and technical support supervision.

In collaboration with the ACP, the STAR-EC program conducted a comprehensive needs assessment at 14 ART STAR-EC supported health facilities (3 hospitals, 7 HCIVs, 4 HCIIIs) during this quarter. Needs assessments for the rest of the other ART supported health facilities will be conducted during the second quarter of PY2. Results taken from the assessment of these health facilities show that there is an urgent need to avail pre-ART and ART registers, re-model Health facilities to create space for the delivery of ART services and procure furniture. There is also a need to meet with other partners in order to harmonize program support and avoid duplication of support in the same health facilities – something that ultimately leads to double reporting. Training needs were also assessed and then HIV clinic in-charges engaged to identify staff and form HIV clinical teams. Following the training needs exercise, STAR-EC worked with the AIDS Control Program and Uganda Cares to train 15 ART clinical teams including 45 health workers plus 15 peer educators/expert patients, on comprehensive HIV&AIDS care/treatment including ART using the IMAI approach as recommended by the World Health Organization.

During this quarter, STAR-EC sponsored a regional training of trainers that was held in Jinja on the revised

HIV&AIDS patient monitoring tools. The 5-day training conducted by ACP staff was attended by 19 health workers (5 female and 14 male) who will cascade the acquired training skills down to the health facility level during subsequent quarters. Through support from Uganda Cares, a total of 15 ART sites received a copy (each) of the revised National ART treatment guidelines (June 2009). More copies have been printed and shall be disseminated during the next quarter together with all other data collection tools which STAR-EC is assisting MoH to re-print. These include the revised pre-ART register, revised ART register, revised patient HIV care/ART cards as well as the revised ARVs bi-monthly order form booklets.

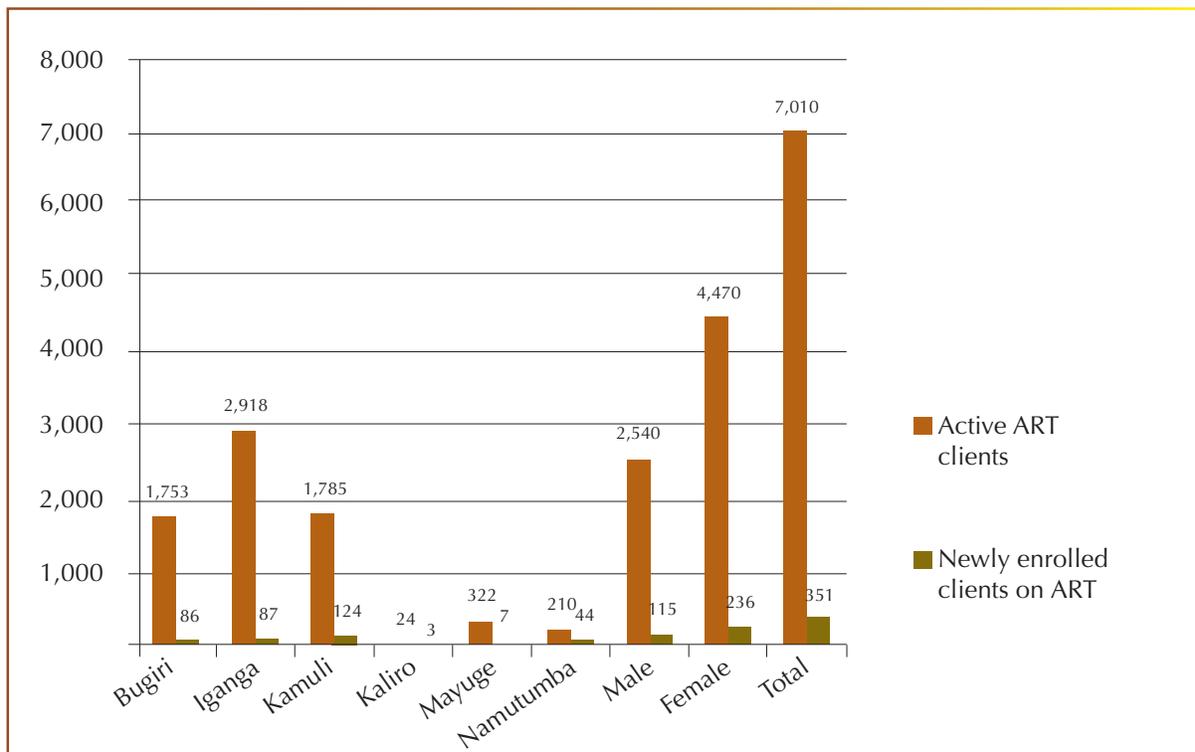
Earlier in the quarter, STAR-EC conducted a post-training follow-up of 19 health workers at the four hospitals namely Kamuli Mission, Kamuli District, Iganga and Bugiri in order to provide additional technical assistance on various aspects of ART implementation. These aspects include the patient flow in the clinic, the roster of personnel and allocation of duties, the ART records system, the ARVs logistics system, and the reporting requirements of MoH and STAR-EC.

The Clinton HIV&AIDS Foundation Initiative donated to STAR-EC a six-months bulk supply of pediatric antiretroviral drugs meant for 35 health centres which were distributed as a start off stock. Future supplies of pediatric ARVs shall be procured directly from NMS by each health facility to maintain one national logistics system. In keeping with this practice, all 19 supported ART sites were recently facilitated to travel and fax their ARV consumption reports/orders to NMS. On the other hand, STAR-EC in partnership with the Supply Chain Management Systems (SCMS) and the Joint Medical Stores supplied adult ARVs procured by USAID to the 19 ART sites. Two stock deliveries were made during this quarter to cover the prolonged holiday period and anticipating delays with NMS supplies.

As a result of all these aforementioned efforts, a total of 7,010 PLHIVs were active on ART at the end of the quarter. This total includes those receiving support from STAR-EC as well as the MoH and National Medical Stores. These include newly initiated ART clients and those who were inherited by STAR-EC from other earlier existing partner programs. Among these 64% were females while 36% were males and 509 (7%) were children aged less than 15 years and the rest 6,501 (93%) were adults aged 15 years and above. As illustrated in Figure 3 Iganga, Kamuli and Bugiri districts had the highest scores of active ART clients while the least were reported from Kaliro and Namutumba districts.

Additionally, a total of 351 PLHIVs (236 female and 115 male) were newly started on ART during this quarter. Of the new clients, 22 (6%) were children less than 15 years while the rest were adults 15 years and above. Among districts the highest totals of newly started clients on ART were reported from Kamuli at 124, Iganga (87) and Bugiri (86) while there was a big gap when compared to districts with the lowest scores at 7 for Mayuge and 3 for Kaliro. Part of the reason to explain these results includes the fact that districts with the highest turn up are more accessible and most of their ART sites are situated in bigger towns while Mayuge and Kaliro are remote districts. Additionally, in Mayuge District, there was a reported stock out of ART drugs mainly in Kigandalo and Kityerera HCIII throughout most of the quarter while Mayuge HC IV only received ART drugs during late November 2009. In Kaliro District, Bumanya HCIV also experienced stock outs.

**Figure 3: Active and newly enrolled ART clients (Oct-Dec, 2009)**



Source: STAR-EC Program records, 2009

## Challenges and way forward

Key challenges identified during support supervision and rapid needs assessment include the following, respectively:

- Little effort or reluctance of hospital Senior Nursing Officers and Medical Superintendents to fully re-deploy trained health workers from their original wards to ART clinics. This negatively affects the expected outputs of the program as we tend to have few ART service providers and adherence counselors in the clinic. This also translates to fewer numbers initiated on ART. However, the other argument that could be used to explain this situation is the fact that compared to patient loads, hospitals are understaffed and therefore the trained ART service providers can only work in the ART clinic occasionally
- Almost 90% of the assessed health facilities lacked adequate space for ART service delivery and as a result encroached on the space available in the antenatal/maternity wards to host ART service provision. This lack of designated clinic space limits on the frequency of ART service availability subsequently limiting the number of ART clients served each week. It should however be noted that USAID/EGPAF refurbished ANC/maternity buildings whose big waiting areas/shades and counseling rooms led to shared utilization of this space by either service (ART and maternal/ANC services). As a result of this situation, Bugono HCIV and Kidera HCIV utilized their operating theatre and general ward respectively in the provision of ART services

## Way forward

STAR-EC worked together with different districts in finding a way forward on these challenges. HIV clinic in-charges were immediately engaged in discussions to identify convenient hours for ART service provision then various trained personnel were scheduled to serve at least two hours each per ART clinic day. The remaining six hours would then be used for providing other health facility services. STAR-EC shall follow-up this arrangement by observing displayed duty rosters indicating compliance to the newly planned schedules. In addition, STAR-EC will reach an understanding with very busy health units with a view of facilitating the health workers who are

experiencing an extra work load due to provision of ART services.

During PY3, STAR-EC intends to procure tents to serve as waiting shades for busy health facilities. Additionally, the program intends to refurbish selected HIV clinic buildings by expanding on the number of clinic and counseling rooms. This will be done in consultation with the Ministry of Health-Infrastructure department, the district Chief Administrative Officers (CAOs) and the District Tender Boards.

### 2.1.3.5 Clinical/Additional TB/HIV

Three STAR-EC technical staff participated in a training of trainers conducted by TB-CAP on TB/HIV co-management and TB infection control. Basing on the knowledge acquired, STAR-EC embarked on training of trainers for the partner districts. The training aimed at improving TB management skills of Health sub-district (HSD) teams of trainers, who will in turn cascade the training to lower health facility levels. HCIII together with MoH trainers, STAR-EC trained a total of 20 Health care providers (8 female and 12 male) in Bugiri district during the quarter. Participants were selected from the three HSDs and the District Health Team (DHT). Training at the facility level in Bugiri district and training of trainers for the rest of the districts is planned during the second quarter of PY2.

In order to reduce the burden of TB in PLHIV and the burden of HIV in tuberculosis patients, STAR- EC provided



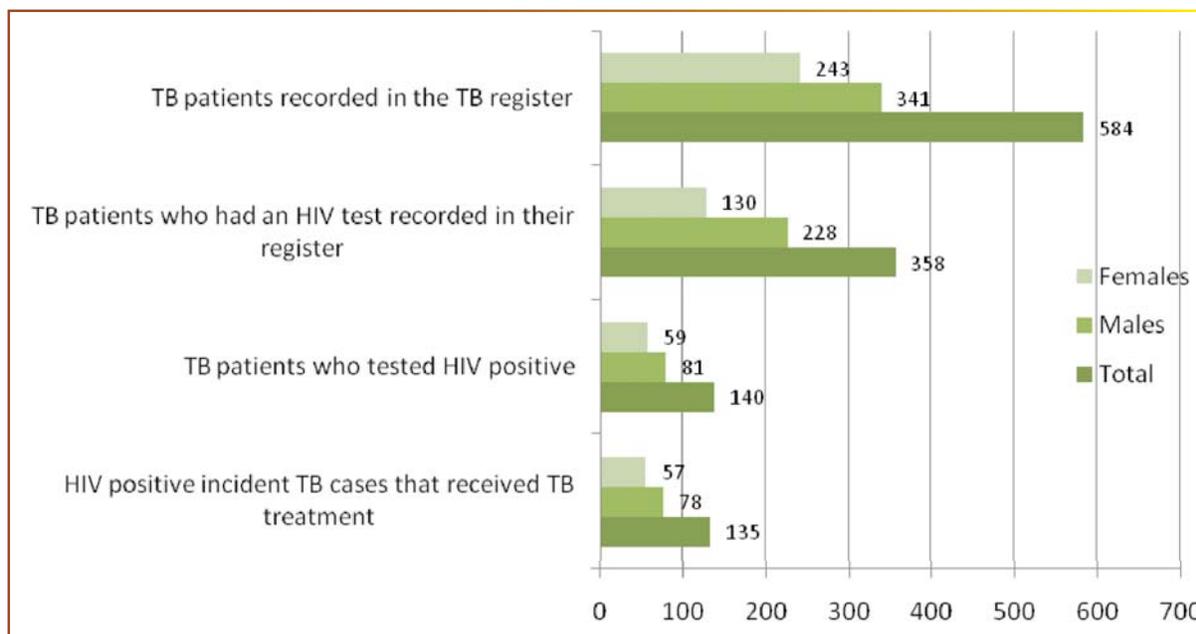
*Participants interview a senior Nurse during TB Infection control assessment practical session.*



*Participants taking measurements during a TB infection control practical session.*

on-job support and mentorship to 17 health facilities on TB/HIV collaboration. Continuous support will be given during the next quarter to cover the rest of the facilities. The program will gradually roll out the utilization of intensified case finding (ICF) tools in HIV care settings and establish linkages to both services.

**Figure 4: TB clients and service coverage in all six districts (Oct-Dec, 2009)**



Source: STAR-EC Program records

During this quarter, a total of 584 TB patients were recorded in the TB register and of these only 358 (61%) tested for HIV and received their results while 228 of these were male and 130 female. In Iganga district about one third of those who were recorded in the TB register tested for HIV; a finding that STAR-EC technical staff are closely following up so as to ensure the other un-tested lot receives HTC services. Most of the other districts had more desirable results on this indicator. Of the TB clients who tested for HIV, only 140 (39%) tested HIV positive and 59 of these were females and 81 males. Related to treatment, 24 co-infected TB/HIV clients were treated with ART, 18 with both ART and cotrimoxazole and 93 received cotrimoxazole only.

### Challenges and Way forward

- Due to the lack of space and inadequate staffing at health facilities, TB clinics are not conducted separately from the general out-patient clinics in health facilities except in hospitals and some HCIVs. Despite these constraints, STAR-EC continues to support facilities to carry out internal referrals for all the TB patients to HTC points at the facilities
- As part of the MoH policy, all TB/HIV co-infected individuals are supposed to take TB drugs and ART, however, the proportion of TB co infected patients accessing ART (30%) is still low because of the poor referral system between TB and HIV&AIDS care services, lack of knowledge on TB/HIV co-management, poor documentation in the respective registers and poor collaboration between TB and HIV care services. Facilities frequently report cotrimoxazole stock outs otherwise all TB co infected patients should be able to access cotrimoxazole preventive therapy

## 2.1.4 TB Control activities

According to the findings of the STAR-EC LQAS household baseline survey<sup>1</sup> that was conducted in August 2009, there is need to step up TB preventive and treatment messages. Although 83% of the respondents knew the symptoms and signs of TB, 82% knew the relationship between TB and HIV, only 55% knew that TB is curable, 13% knew what to do if they suspected that a family member had TB and 20% knew how to take preventive measures against TB. To address the knowledge gaps STAR-EC will support advocacy, communication and social mobilization activities, such as community sensitization through music, sports, drama shows, radio programs and the involvement of peer counselors and places of worship among other avenues. Facilities shall be supported to conduct health education talks on TB control and cough etiquette. STAR-EC will also train CSOs and village health teams (VHTs) on TB, TB/HIV and TB infection control so that correct messages are passed on to the communities.

In an effort to rejuvenate community based TB treatment supervision in the six districts, STAR-EC conducted an orientation of 76 sub-county health workers (SCHWs) and 12 health sub-district TB focal persons on patients follow-up, TB treatment and adherence. The SCHWs were selected basing on their previous performance record. The majority of the SCHWs are based at health facilities within the sub-counties. During the orientation of SCHWs and the TB/HIV training, health care providers were concurrently oriented on the use of the intensified TB case finding and suspect registers.

In order to increase on the TB treatment success rate (TSR) and case finding efficiency in the six districts, STAR-EC is working towards strengthening community based directly observed therapy-short course (CB-DOTS) in line with the Stop TB strategy. A total of 53 SCHWs were facilitated to deliver drugs to the treatment supporters in the community during the quarter and 170 TB clients (98 male and 72 female) were supported under the DOTS program during the quarter in all the six districts.

Related to efforts aimed at increasing the TB case detection rate (CDR), STAR-EC, on behalf of the National Leprosy Control Programme (NTLP), trained staff in the six districts to disseminate the intensified TB case finding tools and suspect registers. Following the training, on job support was given to ten facilities on the utilization of the tools. In facilities where these tools have been used results are quite promising as indicated in Table 4 below

**Table 4: TB suspects and their results by health facility (Oct-Dec 2009)**

| Facility        | No. of suspects | No. of smear positives | % of smear positives |
|-----------------|-----------------|------------------------|----------------------|
| URHB            | 31              | 3                      | 9.7                  |
| Gadumire HCIII  | 19              | 2                      | 10.5                 |
| Kamuli Hosp     | 6               | 1                      | 16.6                 |
| Nawaikoke HCIII | 5               | 2                      | 4.0                  |

*Source: STAR-EC Program records*

This support will continue to be given to other health facilities so as to cover all the diagnostic and treatment sites during the second quarter of PY2. STAR-EC will continue to offer onsite support to diagnostic and treatment facilities so that the tools are used as part of their routine work.

<sup>1</sup>D. Businge, M.O.Smith, S. Kironde, A. Begumisa: STAR-EC LQAS Survey Report 2008: A Health facility assessment and household LQAS survey on HIV&AIDS and TB interventions in six Districts in East Central Uganda. August 2009

During the reporting period, STAR-EC provided on job mentorship to health workers on TB case management, recording and reporting, sputum follow-up at 2, 3, 5 and 8 months of treatment. TB infection control technical assistance was also given to the various health facilities as given in the table below.

**Table 5: Health facilities that were provided with TB infection control technical assistance (Oct-Dec 2009)**

| District  | Facility   |
|-----------|--|
| Mayuge    | Mayuge HCIII, Kityerera HCIV, Kigandalo HCIV           |
| Iganga    | Iganga Hosp, Bugono HCIV, Busesa HCIV, Namungarwe HCIV |
| Bugiri    | Bugiri Hosp, Nankoma HCIV, Mayuge HCIII, URHB          |
| Kamuli    | Kamuli Government Hospital, Kidera HCIV                |
| Kaliro    | Bumanya HCIV, Namugongo HCIII                          |
| Namutumba | Namutumba HCIII, Nsiinze HCIV                          |

Source: STAR-EC Program records

Note: The program will cover the rest of the planned health facilities during the second quarter

Additionally, technical support was extended to URHB; which is one of the CSOs supported by STAR-EC. Besides caring for TB patients at their static site in Bugiri, URHB is also implementing CB-DOTS. Overall, a total of 15 patients were followed up by URHB under the DOTS program during the quarter. A total of 13 outreach sites had 319 individuals (205 male and 114 female) reached with TB prevention and treatment messages. NAC-WOLA conducts home-to-home visits mobilizing the community on HIV&AIDS and TB services. During the quarter 297 sites were reached with HIV&AIDS and TB messages and 170 people (86 male and 84 female) were referred for TB investigation.

In addition, financial support was extended to districts health offices and health sub-districts to carry out support supervision. A total of 62 facilities were supervised by their respective District TB and Leprosy Supervisor (DTLS) and health sub-district TB focal persons on CB DOTS including data quality and reporting.

STAR-EC is committed to working closely with the (NTLP) by supporting its structures to implement TB and TB/HIV activities. During the quarter STAR-EC provided financial support towards the quarterly zonal performance review meeting held in Busia District. During this meeting districts got the opportunity to share best practices and data validation was also conducted. The six district TB and Leprosy supervisors and laboratory focal persons together with STAR-EC staff actively participated in the meeting. Other meetings at which STAR-EC was represented include:

- The NTLP Strategic Plan and M&E review meetings organized by NTLP
- Quarterly partners' coordination meeting conducted by TB CAP.
- Multi Drug Resistance (MDR) action plan organized by NTLP

# SUCCESS STORY

## Hassan gets his livelihood back. Thanks to TB treatment adherence



A TB treatment supporter observing Hassan taking his tablets

**M**ukanga Hassan, a resident of Bulundira Zone, Mwema Parish in Bugiri district, is a married man with three children. He had persistent cough with chest pain for over three months. This had weakened him so much that he could neither attend to his gardens nor ride his bicycle. He narrates that his family would sleep hungry because of his inability to play the bread winner's role.

He narrates that he continued to get cough treatment from a local drug shop. However, by September 2009, the situation had worsened and he therefore decided to go for a blood test at Namayingo Health centre IV.

He narrated his condition to the health worker at Namayingo Health Centre because he was very sure all the services for his illness were available. He was counseled and his blood sample taken for HIV and sputum smear for TB. He said he waited for quite long but was determined to know his

health problems.

Hassan's results turned out to be positive for both HIV and TB. He then walked back home because he thought that health facilities do charge for treatment and he had no money to spend. The sickness persisted and he started coughing blood.

**“ I was welcomed at UHRB, and taught the ways through which TB and HIV spreads, the control methods and even educated about the treatment. ”**

Fortunately, around this time, a community health volunteer from URHB known as Henry Baraaza visited him and Hassan narrated his story to him. Henry took Hassan to URHB, Bugiri for registration and treatment.

He narrates, “I was welcomed at UHRB, and taught the ways through which TB and HIV spreads, the control methods and even educated about the treatment. There after I was started on TB treatment, took the first dose and the others

that followed were taken to my home by UHRB community health workers. I continue to get treatment from home and drugs are given to me by my treatment supporter who is my neighbour”.

Hassan is still on treatment but is now a happy man; the cough has reduced, he no longer coughs blood and his chest pain stopped. Additionally, he never misses his prescribed treatment. Currently, Hassan has a garden of maize and can now support his family. He even some times rides his bicycle to Bugiri URHB for treatment or other businesses in town. He is grateful for the support he receives from UHRB community health volunteers and in his words he testifies: “*Singa nze ndimufu oba nga ndhiku kitandha*” meaning “I would probably be dead or bedridden by now”. “*Buti nsobola nokulimira amaka gange emere*” - I can now do garden work to produce enough food for my family.



Hassan drying harvested maize at his home

In addition, financial support was extended to the districts and HSDs to carry out support supervision. Hospitals, HCIVs and HCIIIs received technical support on implementation of TB/HIV activities, CB DOTs and recording and reporting.

### Lessons learned

- Involvement of laboratory staffs in TB/HIV and TB control activities, such as participation in performance review meetings, implementation of CB DOTs including delivery of drugs to the communities, TB clinic outreaches and support supervision helps to improve on the attitude of laboratory personnel towards TB patients
- Family members play a vital role in supporting patients infected with TB and TB/HIV with adherence to treatment. However, the health care provider needs to provide the treatment supporters who in this case may be family members with skills on patient's education and counseling so as to compliment their efforts
- Different models of DOTs can be used depending on the choice and the prevailing circumstances of the patients. Family DOTs is feasible for patients who prefer not to choose a treatment supporter from the community
- Consistent and correct use of ICF tools is one strategy that will increase on case finding efficiency in the districts

### Challenges and the way forward

- Inaccessibility to quality assured microscopy which is attributed to:
- Long distances to diagnostic sites
- Negative attitudes of Health care providers and laboratory personnel towards TB patients, some charge patients for the services hence scaring off patients. To address this STAR-EC will support quality performance review meetings, TB/HIV coordination meetings, CMEs and support supervision.

### Challenges, Lessons learned and Way forward

- Hard-to-reach places are a potential place for TB transmission due to the nature of the activities that transpire in these places and in most cases access to health services in these areas is at HCIIIs which hardly have any TB services. Examples of such places include Kidera in Kamuli and Sigulu Islands in Bugiri District. These areas are also congested with poor housing at landing sites. As part of the way forward, STAR-EC will conduct outreaches to these areas and procure motor cycles to support out reaches in these hard to reach communities
- There is also lack of diagnostic equipment. STAR-EC is planning to scale up diagnostic services in all districts by procuring microscopes and other diagnostic supplies
- Districts give little support towards TB control activities. While 10 % of primary health care (PHC) funds at district level are supposed to be allocated for TB control activities, the finding is often that little or no funds are actually allocated to implement TB activities. This is mainly due to lack of political and administrative commitment towards TB control activities. To work towards equitable allocation of resources, STAR-EC will step up advocacy, communication and social mobilization activities
- Procedures and practices on TB infection control are virtually nonexistent at all health facilities thus posing serious risk of TB transmission among health workers, attendants and other patients in the health facilities. Therefore, STAR-EC plans to roll out and train all health workers on TB infection control measures
- Gaps related to the management of TB patients still exist. For instance in the health facilities visited during this quarter, health care providers did not know the essence of performing sputum follow-up tests at 2, 5 and 8 months following initiation of treatment. Therefore sputum follow-up is not done routinely. This implies that no decision is made at these aforementioned months so as to continue with the right regimen based on the results of the sputum test. This poses a challenge towards the development of MDR TB. STAR-EC will continue to mentor health workers on TB case management and also carry out support supervision at all levels

- Patients occasionally give wrong or unclear addresses and therefore follow-up of defaulters is difficult. It is important that health workers give patients adequate education and counseling about their illnesses. Health workers will be encouraged to register telephone contacts of their clients together with the next of kin such that they can easily be traced. However, the program will still aim at protecting their privacy in case of phone contacts made through a third party
- Data recorded in the monitoring tools e.g., the TB and laboratory registers is either incomplete or wrongly entered and in certain instances never recorded at all. This poses a challenge to continuity of patients care. Continuous support to health care providers will be done to address this gap
- Due to the inadequate allocation of resources towards TB control activities by the district local governments, CB DOTS have been implemented in few sub-counties. And even where it has been implemented, the quality is still poor and community volunteers (treatment supporters) occasionally demand for payment. STAR-EC is providing technical and financial support to districts towards quality implementation of CB DOTS activities
- Cotrimoxazole, TB drugs and HIV test kits stock outs were reported by some facilities. Some facilities did not order in time for these drugs, however, for the test kits it was because of failure for the NMS to supply in time. STAR-EC is currently supporting a mechanism of having health facilities order for their drugs and supplies in time

### 2.1.6 Laboratory Services

Support by the program towards laboratory services meant for HIV&AIDS monitoring was scaled up to 24 more health facilities. Health facilities were facilitated to refer blood samples for CD4 cell count testing at JCRC Kakira Centre of Excellence laboratory in Jinja District. The process of scaling-up access to CD4 testing service entailed visiting potential HCIII levels, holding feasibility discussions with their laboratory personnel, agreeing upon which ART clinic days to give patient appointments for blood sample collection, and providing initial advance funds for transport refund and safari day allowances. This arrangement is funded every month and a cumulative total of 1,312 CD4 tests were conducted during this reporting period. This comprises both the baseline CD4 tests for all PLHIV not yet on ART and the repeat CD4 test for ART clients who had last tested 6 months earlier. Clients whose CD4 cell count was found to be below 250 cells/ul were immediately prepared for ART initiation, as per MoH ART treatment policy guidelines. In addition, STAR-EC procured 10,000 vacutainer tubes (EDTA-containing) and 50 cooler boxes for safe transportation of referral samples. These were distributed to 34 health facilities and there are plans to gradually scale-up this service to all health facilities with HIV clinical care

Other tests conducted in a laboratory setting at a health facility during this quarter included a total of 19,667 HIV tests, 2,408 TB tests (both new and repeat), 5 liver function tests (LFTs), 3 renal function tests (RFTs), 88 white blood count (WBC) tests and 3,974 syphilis tests.

Both STAR-EC and Uganda Cares technical staff held separate discussions with Iganga and Bugiri district teams which were composed of the Medical Superintendent, the DHO and the CAO regarding laboratory strengthening. Discussions focused on the status of hospital laboratories, the STAR-EC plans to procure laboratory equipment (CD4 and Blood Chemistry machines), the need to refurbish laboratory rooms prior to installing any additional equipment, and the possible contribution the districts can make towards the planned refurbishments. These procurements and refurbishments are being processed in consultation with MoH-CPHL and MoH-Infrastructure Departments to ensure adherence to the recommended standards.

In relation to health care waste management, STAR-EC during Q1 collaborated with the AIDSTAR One Project, in a bid to improve health care waste management in all the six districts. This collaboration involved sensitization of all STAR-EC technical personnel in health care waste management. Consequent to this, STAR-EC facilitated the technical personnel to undertake health care waste management assessments using a standardized AIDSTAR One tool in 25 health facilities (2 hospitals, 5 HC IVs, 12 HC IIIs and 6 HC IIs) in order to establish the status of health care waste management in these units and also establish the exact support needed to uplift the overall health care waste management status in the six districts. Overall, AIDSTAROne is mandated to offer only capacity building expertise while STAR-EC will meet the costs for implementation of the relevant agreed upon decisions. Currently, STAR-EC is looking forward to AIDSTAR One's feedback on this matter during the last week of January 2010.

## 2.1.7 Promotion of HIV Prevention through Sexual and Other Behavioral Risk Prevention

Over this reporting period, STAR-EC through its CSO partners FLEP, NACWOLA, URHB and Youth Alive implemented abstinence and/or be faithful (AB), activities as well as other HIV prevention activities beyond AB. The other interventions included 'prevention with positives' activities.

### 2.1.7.1 Promotion of HIV Prevention through Abstinence and Being Faithful

During this quarter, abstinence and/or be faithful messages targeted out-of-school youth aged 10-24 years and persons aged 25 or more years including married couples and persons in cohabiting relationships. These populations were mainly reached through their peers while out-of-school youth were reached through fellow youths using behavior change communication (BCC) interventions and peer sustainability activities that involved the formation of clubs, games and sports. Additionally, married and cohabiting couples were reached through couple dialogue sessions and home-to-home visits made by model couples.

#### **AB achievements (Oct-Dec 09)**

- 20,410 individuals were reached with Abstinence and/or Be faithful messages
- 41.9% were young people aged 10-14 years, 41.9% young people aged 15-24 years while 32.9% adults aged 25 or more years
- 177 individuals were trained to disseminate the AB messages

Other prevention messages targeted most-at-risk populations (MARPs) that largely included commercial sex workers, long distance truckers, 'bodaboda' cyclists, fisher folk and other persons in fishing communities. These populations were reached using trained local peer educators who disseminated other prevention messages and condom distributors who helped in the distribution of condoms.

During this period, STAR-EC trained a total of 207 individuals in AB interventions. A local organization experienced in AB training and program interventions known as the CHAIN Foundation to train 24 ToTs from all three CSOs involved in abstinence and/or be faithful programming. CSOs were supported to train religious leaders, out-of school youth and model couples as peers to roll out AB activities within communities. In the aftermath of this training, the CHAIN Foundation supervised the trained TOTs as they subsequently trained 95 model couples<sup>2</sup> who reached out to more couples with be-faithful messages. In addition, the trained ToTs trained 15 youth peer-educators and 10 religious leaders in conducting AB program interventions. Two 'couples united' and 'couples on the way' programs were conducted during Q1 by Youth Alive. Others included 44 couples who were trained by URHB, 20 couples by Youth Alive and 15 couples by FLEP.



TOT training at Hotel Paradise on the Nile, Jinja

Owing to the three CSO's (Youth Alive, FLEP and URHB) efforts, a total of 20,410 individuals (51% females and 49% males) were reached with individual and/or small group level HIV prevention interventions on abstinence and /or be faithful that are based on evidence and/or meet the minimum required standards<sup>3</sup>. Using the model couple approach that mainly targets adults aged 25 years and above, a total of 2,746 individuals were reached with AB messages by model couples through conducting home-to-home visits, fidelity seminars and couple dialogue sessions.

A total of 2,331 out-of-school youth were reached with AB messages

<sup>2</sup> A 'model couple' is one with exemplary behaviour with regards to marriage ideals within a given community. Model couples are respected and trusted members of the community and one is defined as a model couple by their own community members.

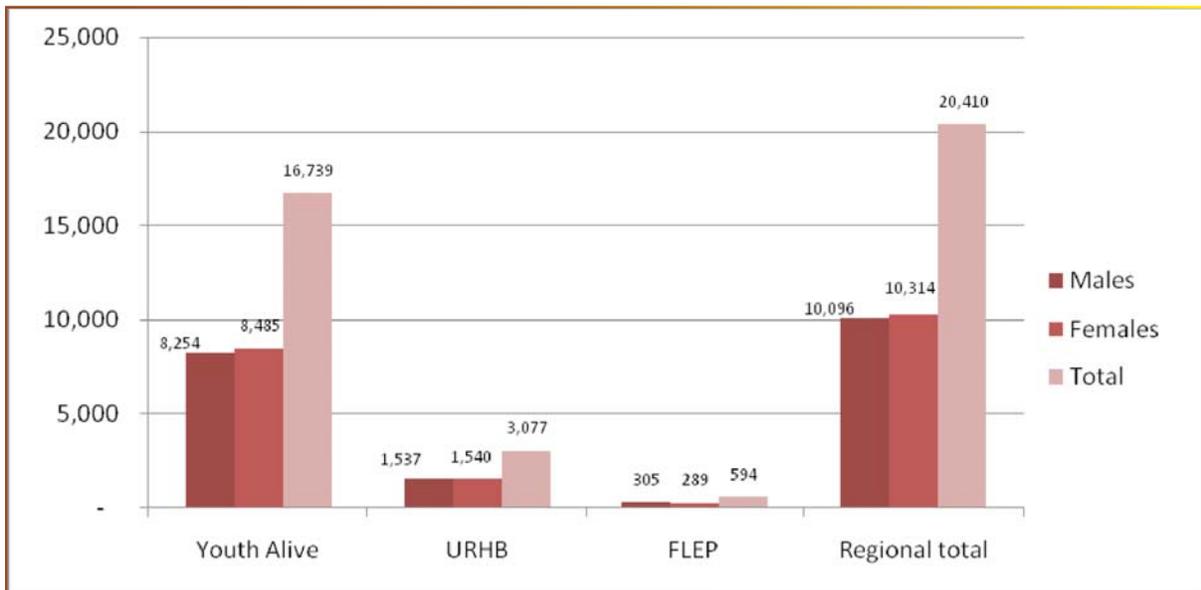
<sup>3</sup> The minimum standards dictate that HIV prevention messages should not be extended to a group of more than 25 individuals



An out-of-school club receives play kits following BCP at Bulamagi sub-county, Iganga

during this quarter through behavioral change communication programs (BCPs) and youth peer educators within their communities. Seven BCPs were conducted during this quarter. AB messages were also disseminated through music dance and drama using a drama group for each of which STAR-EC has trained script writers and provided key messages. Through drama groups, 15,333 individuals were reached with AB messages.

**Figure 5: CSO contributions towards the entire number of individuals who were reached with AB messages in the region (Oct-Dec, 2009)**



Source: STAR-EC Program records, 2009

## Technical and material support



ToTs provide ideas during a group session at Hotel Paradise on the Nile, Jinja

Apart from supporting the ToTs, STAR-EC technical personnel provided support to partners during site visits, couple dialogue sessions and HTC outreaches for couples. Logistical support included 210 bicycles which were provided to CSOs for utilization by model couples, religious leaders and youth peers to ease mobility within their communities. CSOs implemented their HIV&AIDS activities in an integrated manner, initiated partnerships with other organizations on referrals for HTC, gender based violence prevention (GBV) and counselling on faithfulness. In this respect, NACWOLA mobilized and referred community members for services while Youth Alive, FLEP and URHB offered services such as abstinence and/or be-faithful activities, HTC and screening for TB.

## Challenges

Among the challenges faced by STAR-EC and her CSO partners during Q1 included:

- Difficulties in registering participants who attended community drama shows. This was mainly due to the fact that some people cannot read and write while others were uncomfortable registering their names. Categorization by age was also a challenge as some people don't know their ages
- Some people who attend community drama shows focus on entertainment rather than the content given in the messages and scores of these people end leaving once the small group discussions start only to return when another drama session resumes. As a result, community workers have been advised to make the discussions short, participatory and exciting
- Late submission of accountabilities from some CSOs also affected timely disbursement of funds meant for subsequent activities. Therefore continuous tracking of accountabilities will be ensured and technical support provided to the affected CSOs so that they can account in time

## Lessons Learned

- Harmonizing AB messages by using one training manual for all CSOs has led to the standardization of AB messages across all supported CSOs and communities
- Utilization of interpersonal communication through couples targeting fellow couples and out-of-school peers counseling their fellow peers proved an effective approach. These two audiences were more receptive of the messages received from their fellow peers
- Out-of-school youth were willing to form and join support groups and/or clubs which are an avenue for reiteration of AB messages in the facilitation of the behavior change process. Eight out-of-school youth support clubs were formed to foster behavior change through peer sustainability activities including games and sports

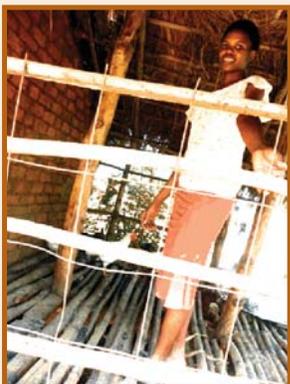
## Way Forward

In the next quarter, STAR-EC intends to support CSO partners implementing AB programs:

- To improve recording and data collection. In here, STAR-EC will provide on-job mentorship to partners to use a Visualization of Individual Participatory Program (VIPPP) card system, where different colors are used for different age groups and sexes
- With STAR-EC support, arrangements will be made for Youth Alive to train FLEP and URHB in using the 'couples united' and 'couples on the way' techniques during the implementation of AB activities. Technical support will be provided to old and new CSOs by the STAR-EC Grants, Strategic Information and Technical teams. Special attention will be given to preparation of financial accountabilities as well as data quality and reporting
- Technical support will be extended to model couples on how to organize themselves into model couples groups/clubs that will eventually expand the model couple approach through various communities in the region

# SUCCESS STORY

## Joyce Kaboye transforms into a better young child



Joyce in the poultry farm

**K**aboye Joyce transformed and abandoned bad peer groups after a behaviour change program facilitated by Youth Alive Uganda. Joyce is 18 years and in her school Senior four vacation. She stays with her parents and is a resident of Bwayuya parish, Namugongo sub-county, Kaliro District. Joyce had for quite some time been a victim of negative peer pressure. Everyone around the village knew Joyce as a spoilt girl who would loiter around the village when other children were helping their parents in different domestic chores.

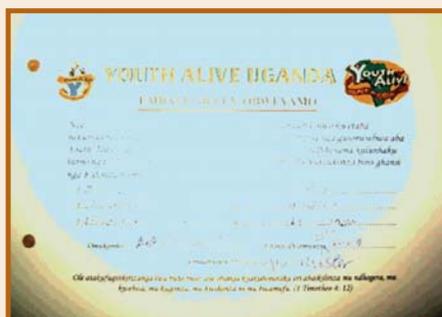
*"I had a group of bad girls who would sneak out of their parents' home, go to video and dancing halls at night. We reached a level of under looking our parents. I could not help with any domestic work and my parents were angry with me,"* says Joyce. The group had started dodging classes and they had gone into bad habits of getting boyfriends.

"My father one time said he would stop paying for me

school fees if I continued with my bad behavior." says Joyce.

In September 2009, Youth Alive Uganda organized a behavior change program in the parish; one of the mobilizers, Mr. Mboneireku Sanon identified Joyce as one of the participants. Out of the many issues that touched her were the messages on respect for adults including parents, how to spend leisure time, how to choose friends, avoiding bad peer groups, HIV&AIDS prevention and having faith in God.

Joyce says that after the training she signed a commitment card



Sample commitment card signed at the end of each BCP by out of school youth attending

where she committed herself to abandon bad peer groups, respect adults and spend her leisure time on things that would help her live a better life. From that day she apologized to her parents and promised to live a changed life. She started helping her parents with domestic chores and says she called her boyfriend and told him that they would just meet as any other friends. Joyce

also decided that she would never sneak out of her parents home to go to disco halls at night any more. "I told the girls I used to move out with that I had changed my life. I also talked to them about the bad habits we were involved in but they seemed not to believe me." They now refer to me as 'omudankanu'- the confused one 'but I will persist on my decision until the peer friends give-up on me' says Joyce.

*"These days I spend most of my time taking care of our poultry farm. I have also accepted Jesus as my personal savior so I find time to read the bible. At the church we meet as young people and talk about life skills",* she added.

Joyce's mother says she has totally changed; she now takes care of their home when the parents are not around and helps with domestic chores. Joyce says she is now committed to her books and she hopes to even be a better person after her education.



Joyce with her mother in front of their poultry farm

### 2.1.7.2 Promotion of HIV Prevention through 'Other Prevention beyond AB'

#### **Achievements on other prevention interventions (Oct-Dec 2009)**

- 3,084 individuals reached with Other Prevention messages during the first quarter
- 191 were CSWs, 223 truckers, 1,220 fisher folks, 943 incarcerated populations, 136 barmaids and 371 were 'bodaboda' cyclists
- 30 individuals were trained to disseminate OP messages and distribute commodities
- 30 individuals were trained to disseminate OP messages and distribute commodities
- Distributed condoms through 55 service outlets

Other Prevention interventions focused on MARPs. STAR-EC supported CSOs to conduct outreach services among MARPs that included long distance truckers and commercial sex workers (CSWs) within towns and trading centres (Idudi and Naluwerere) along the northern transport corridor. Others included fishing communities, boda-boda cyclists within towns and trading centres, HIV positive and discordant couples as well as plantation migrant workers in Mayuge and Bugiri districts. Peer educators were actively involved in providing accurate information about HIV, testing and counseling information as well as encouraging peers to utilize HIV testing and counseling services provided by CSOs and other health facilities. Other activities mainly included promoting life skills among young people.

Peers to MARPs and other volunteer condom distributors were trained to provide tailored prevention messages beyond AB including the distribution of commodities. During this

period, STAR-EC trained 30 peer educators as condom distributors and provided 15 cartons of condoms to CSO partners. A total of 3,084 individuals (30% female and 70% male) were reached with other prevention messages through 55 service outlets. Among the MARPs reached; 191 were CSWs, 223 truckers, 1,220 fisher folk, 943 incarcerated populations, 136 barmaids and 371 were boda boda cyclists. A total of 572 (19%) were young people aged 15-24 years while the rest 2,512 (81%) were adults aged 25 years and above.

Local music, dance and drama (MDD) troupes mobilized by CSOs were engaged to propagate messages on abstinence and mutual faithfulness in different communities.

Peers performed referrals to health care facilities for complementary services that included the management of sexually transmitted diseases, HTC and family planning. The following groups of MARPs were reached with specific interventions as follows:



*URHB staff and condom distributors arriving at a landing site from Sigulu islands, District Bugiri*

#### **i) Migrant workers**

During this period, URHB targeted migrant forest plantation workers from Budhaya sub-county in Bugiri District with other prevention messages and condoms. Additionally, the URHB trained condom peer educators and distributors reached migrant workers at their residential forest locations (where they have built temporary structures in which they live). Peer educators conduct outreaches to such communities regularly thereby providing them with OP messages and commodities such as condoms, information about HIV&AIDS, STIs and HTC services.

#### **ii) Fisher folk and persons living within landing site communities**

FLEP and URHB have targeted fisher folk and persons living in such communities through their peers and integrated outreach services to islands and landing sites. From the islands and landing sites of Bugiri and Mayuge Districts, peers who included chairpersons and members of Beach Management Units (BMUs) were identified, trained and utilized to provide fellow fisher folk with other prevention messages. Condoms were distributed together with

the provision of information about HIV&AIDS, STIs, family planning and HTC services. In addition, these peer educators were/are used to mobilize fisher folk for services at landing sites, follow up and referrals for individuals to seek other health services such as STIs, family planning. Additionally, there exists condom service outlets within fisher folk communities.

### **iii) Commercial Sex Workers (CSWs) and their clients**

CSWs and their clients specifically from Naluwerere<sup>4</sup>, Bugiri Town Council and several landing sites were reached mainly through integrated outreach services executed by URHB. During these outreaches, volunteers living within these communities that were trained by URHB as condom distributors mobilized and provided CSWs with other prevention messages and condoms. CSWs were also offered other services integrated into HTC including; health education about HIV&AIDS, STIs and family planning offered at favorable hours for CSWs and their clients. Interventions meant for CSWs are conducted at bars and lodges where many of them work as attendants.

### **iv) Truckers**

Truckers and spanner boys are targeted by URHB at truck stop points along the Northern Transport corridor that runs from Mombasa to Kampala. Some park yard volunteers were selected and trained as peer educators and condom distributors. Using these peers in conducting other prevention interventions has been very helpful and condoms are distributed to truckers at these truck stop points. The truckers are known as condom distributors and are trusted by other truck drivers.

### **v) Out-of-school Youth**

Out-of-school Youth especially boda boda cyclists and taxi drivers from all districts were targeted by both FLEP and URHB with other prevention interventions. Some boda boda cyclists and taxi drivers were selected, trained and used as peer educators and condom distributors in extending other prevention messages and distributing condoms to their peers. These boda boda cyclists and taxi drivers can be accessed at their workplaces that include boda boda stages<sup>5</sup> and taxi parks respectively.

## **Challenges**

- Low coverage of OP interventions due to limited number of CSOs targeting MARPs. More CSOs will be brought on board in the next quarter to improve coverage of OP activities targeting MARPs
- Few commercial sex workers (CSWs) are willing to be trained as peer educators or to even participate in prevention programs. Some CSWs are uncomfortable being identified as such and this makes their involvement difficult
- Late submission of accountabilities from some CSOs also affected timely disbursements of funds. However, more on-job training will be conducted among CSO staff in book keeping and financial reporting

## **Lessons Learned**

- Innovation is critical especially when reaching MARPs that include truckers, CSWs and fisher folk since they work during odd hours and other prevention activities need to fit into their schedules. STAR-EC partners have therefore scheduled activity implementation and service delivery at times favourable for these aforementioned groups. Activities are now being implemented during 'moonlighting' and market days at landing sites

<sup>4</sup> One of the busiest truck stop small towns along the northern transport corridor from Mombasa through Kampala to DRC, Rwanda, Burundi

<sup>5</sup> A bodaboda stage is a favorable point in a community where bodaboda riders park their motor cycle as they wait for passengers.

- Peer education is an essential component in addressing HIV prevention among MARPs. Innovations for effectively reaching them with prevention and risk reduction messages include integrating other activities such as HTC, training on management of income generating activities (IGAs) and gender based violence prevention

### Way Forward

- There is a limited number of CSOs targeting MARPs; therefore more CSOs will be brought on board to improve the coverage of OP interventions
- STAR-EC and her partners will identify non-branded places to operate as drop-in centres where CSWs will feel comfortable to receive HIV prevention services
- More technical support from the STAR-EC Grants team will be provided to CSOs on how to improve on the submission of timely accountabilities to STAR-EC

### 2.1.7.3 Promotion of HIV Prevention with Positives

#### ***Prevention with Positives Achievements (Oct–Dec 2009)***

- 898 individuals were reached with PwP messages during the first quarter
- 15,240 condoms were distributed as part of PwP activities
- There were 88 service outlets

STAR-EC supported NACWOLA to implement activities meant for ‘prevention with positives’ interventions in all the six supported districts. The main persons targeted for these activities included HIV positive persons and discordant couples who shared their life testimonies, experiences and challenges of future prevention as well as coping mechanisms that stimulate dialogue related to HIV prevention, reduction of stigma, discrimination and prevention of GBV at the community level.

During this period, Community Support Agents (CSAs) trained by NACWOLA conducted door-to-door and follow-up activities within their communities to support HIV positive persons and discordant couples. STAR-EC provided NACWOLA with 30 cartons of condoms. A total of 898 individuals were reached with PwP messages through 32 CSAs as condom outlets. These CSAs distributed 15,240 pieces of condoms. They also conducted referrals of PLHIV to health care facilities for other services that included the management of sexually transmitted infections and family planning services.

### Challenges

- Non-PLHIV community members demand for condoms from NACWOLA yet NACWOLA’s mandate is limited to the distribution of condoms among PLHIV. However, STAR-EC has recognized this demand and will provide sufficient supplies of condoms to NACWOLA such that these services can be extended to other community members that need them
- Condom stock-outs during October 2009 reduced condom accessibility among PLHIV
- It is very difficult for women to introduce to their partners the idea of consistent condom utilization (especially those in discordant relationships). However, STAR-EC will continue to promote couple counseling and counselor assisted disclosure so that the benefits of protected sex are explained to such couples

### Lesson Learned

- Couple support groups are important avenues for delivering correct messages on positive prevention and mutual disclosure

### Way Forward

- STAR-EC will ensure regular supply of condoms to NACWOLA such that stock-outs are avoided. Additionally, STAR-EC will foster linkages with different district health teams and health facilities in

providing more condoms once they are out of stock

- More sensitization will be provided through IEC, mass media and interpersonal communication on the relevance of condom use among PLHIVs and discordant couples

#### 2.1.7.4 Promotion of HIV Prevention through Male Medical Circumcision (MMC)

During this reporting period, STAR-EC technical staff made site visits to both Rakai Health Sciences Project (RHSP) and Makerere Walter Reed Project (MUWRP) Kayunga site. The team benefitted from the pioneering experience



*STAR-EC staff during a briefing by MUWRP MMC Program Coordinator*

of both organizations related to the implementation of MMC activities. STAR-EC staff were educated on MMC best practices and taken through a checklist of instruments and equipments required to provide MMC services in a health facility. Other detailed discussions addressed the issues of training, technical assistance and collaborative opportunities between STAR-EC and the two programs; recruitment and follow-up procedures for clients; community support services; BCC needs for MMC; and the training program at RHSP.

David) who represented other district



*STAR-EC staff talk to a teenager at Kayunga district hospital about what motivated him to take on MMC*

During the site visit to MUWRP-Kayunga site, the STAR-EC team had among its members the District Health Officer Iganga (Dr. Muwanguzi officials that would eventually participate during the roll out of MMC services in their respective districts.

The team obtained from the two programs; sample registers and forms, basic equipment and instrument kit lists, including lists of other essential supplies and other sample IEC materials that can be used for MMC interventions. STAR-EC also obtained 5,000 Male Medical Circumcision leaflets in both English and Luganda (Lusoga leaflets were not available) from Health Communication Partnerships and distributed them in Bugiri, Kaliro, Kamuli, Iganga, Mayuge and Namutumba districts.

Other opportunities for collaboration with the RHSP and MUWRP that were explored include: clinical and laboratory placements of trained staff to enhance hands-on skills; joint technical support supervision and mentorship alongside MoH to STAR-EC supported sites; training of service providers from STAR-EC supported sites; provision of back-up mobile MMC teams from RHSP in case of high demand for services; sharing research papers and studies on MMC and other different program areas.

#### Lessons Learned

During this period a number of lessons were learned by STAR-EC and her CSO partners including:

- STAR-EC learned that for MMC services to be effective, the program needs to invest early in community mobilization and education. This should involve the participation of political, religious and cultural leaders as well as communities prior to the actual roll out of MMC activities. This would increase acceptability and deal with issues of religion and culture
- STAR-EC also learned that close monitoring and follow-up of clients was very critical for the success of MMC as an HIV prevention strategy. The program learned that to have an impact, MMC has to target the population at risk including adolescents and adult males
- Task shifting is very imperative in minimizing constraints related to limited human resources. This can be done through training lower cadres in situations where there is a scarcity of doctors at health facilities
- STAR-EC will need to focus on working together with health facilities and district health teams in identifying space for the provision of MMC services within health facilities. The procurement of basic

instruments, equipment and materials required to conduct MMC services is also important

## Challenges and the way forward

- *Lack of trained human resource to conduct MMC activities.* STAR-EC plans in Q2 to work with RHSP to train 3 teams from about three health facilities in the execution of MMC activities
- *Lack of space.* STAR-EC will conduct a health facility assessment exercise in a few potential sites to investigate the availability of theatre space, staff, HTC, PMTCT, STI treatment and condoms as well as the availability of equipment, instruments and utilities to support MMC activities
- *Inadequate equipment and supplies to conduct MMC.* Support about three sites with renovations, provision of equipment and supplies so that they can offer MMC services
- *Dilapidated infrastructure including lack of running water and power interruptions.* The program will start with a few facilities that have basic infrastructure and equipment such as hospitals

## 2.2 Result 2: To strengthen decentralized HIV&AIDS and TB service delivery systems with emphasis on Health Centres III, and IV as well as Community Outreaches

### 2.2.1 Improving leadership and management at district level

This quarter, STAR-EC with support from the Uganda AIDs Commission carried out a rapid assessment of District HIV&AIDS coordination in the six supported districts. The purpose of this assessment was to find out the strengths, weaknesses and opportunities for HIV&AIDS Coordination in the six districts. The assessment involved interacting with officials at the district, town council and sub county levels. The preliminary findings indicate that all the districts have established HIV coordination structures at both district and sub county levels. However, these structures are largely not functional due to lack of facilitation. The sub-county structures have not been inducted while the Town Council structures supported by Alliance of Mayors and Municipal Leaders Initiative Against HIV&AIDS at Local Level (AMICAALL) are fused into one structure. STAR-EC will base on the findings of this study to initiate interventions with the district leadership aiming at revitalizing the HIV&AIDS coordination structures.

### 2.2.2 Support to strategic information collection and dissemination as well as strengthening of coordination and collaboration in the 6 East Central districts

The program supported reproduction, printing, and dissemination of policies and/or guidelines on integrated TB and HIV&AIDS management and provision of ART services. A total of 107 persons who received training in HTC and 60 in ART were also trained on the new/revised policies and guidelines.

Over this reporting period, STAR-EC shared the East Central region baseline information obtained using LQAS with both the technical and political leaders of the six supported districts, The districts expressed a lot of interest in using the available district specific information to improve their planning and resource allocation. In the same vein, discussions were finalized with the Uganda Capacity Project to initiate interventions that will aim at improving performance of each district leadership. This activity also contributed towards strengthening coordination and collaboration between development partners, CSOs and LGs (since they were all available during the dissemination, discussion and development of action plans based on these results). Additionally, this activity contributed to STAR-EC's sub result area of improving leadership and management at district level. More details on support related to Strategic Information can be found under the strategic information section of this report.

### 2.2.3 Improving human resources for health

Over this reporting period, a training needs assessment exercise was conducted in 14 health facilities and this gave the program base line information necessary for selection of trainees. The facilitators were drawn from MoH,

Uganda Cares, TB CAP, CDFU, the CHAIN Foundation, WRI, FLEP, NACWOLA and other local collaborators. The trainees were selected using a participatory approach involving the District Health Officers, Health Facility Supervisors and leaders of HIV/ART/TB teams and MoH.

Among the different trainings conducted during this period, STAR-EC offered training in HIV rapid testing and counseling to 107 (22 male and 85 female) health workers in the region. This comprehensive module includes basic HIV counseling, preparation of dried blood samples for PCR and issues of quality control and assurance. Some of the cadres trained included 14 Peer Educators (PLHIV), 26 Enrolled Midwives, 25 Nurses, 20 Nursing Assistants, 11 Laboratory assistants and one HIV&AIDS counselor. This represents 54% of the STAR-EC PY2 training target for HTC.

Tuberculosis control assistance program (TB CAP) trained 3 STAR-EC technical team members in HIV/TB co-management ToT to enable scale-up of training for TB/HIV co-management and TB infection control in the region. Following this training, STAR-EC with technical support from TB CAP, MoH, and ZTLS trained 20 (12 male and 8 female) health workers in TB/HIV ToT from Bugiri District. The trainees were selected from HSD and DHT and included 5 Clinical Officers, 5 Nursing Officers, 3 Enrolled Nurses, 1 Health Educator, 3 Laboratory personnel, 1 DTLS and 2 Health Inspectors. This represents 11% of the STAR-EC training target for TB/HIV during PY2. At the end of the workshop, the ToTs generated their own work plans specifying how they will train other health workers in lower health centers. STAR-EC will facilitate the trainers' to cascade TB/HIV co-management and TB control training to health facility level as well as plans to conduct training for TB/HIV ToTs in the other five districts. This training activity will be supervised by the STAR-EC technical team.



*Participants attending a TOT on TB/HIV co-infection management and control in Bugiri*

To improve the quality of ART services, STAR-EC trained 45 (17 male and 28 female) health workers in comprehensive HIV care including ART from the six program districts. These included; 1 Medical Officer, 10 Clinical Officers, 10 nurses, 5 Midwives, 8 Nursing Assistants, 1 Counselor, 9 Medical Records Assistants and 1 Dispenser. This number represents 23% of the STAR-EC PY2 training target under ART services during PY2. Alongside this training, was the concurrent training of 15 expert patient trainers who participated by virtue of this new training approach (IMAI) recommended by the MoH. In order to improve knowledge and skills of these clinical teams, STAR-EC continued to conduct on job support supervision for all the newly trained.

STAR-EC, with technical assistance from the ACP conducted a training of trainers course on revised HIV patient

monitoring tools which attracted 19 (5 female and 14 male) health workers from the region. At the end of the training the trainers were facilitated to make their own district specific work plans which they will use to scale-up trainings at facility level.

During this period a total of 207 individuals were trained in AB interventions. STAR-EC, in collaboration with the CHAIN Foundation trained 24 ToTs from all three CSOs on abstinence and/or be faithful programming. These trainers were facilitated and supervised as they successfully trained 66 model couples, 15 youth peer educators and 10 religious leaders to scale-up abstinence and be faithful messages in the communities. Similarly, efforts aimed at improving programming and delivery of quality AB promotional services entailed training of 25 (13 male and 12 female) from 12 Drama groups.

Further information on different trainings and the number of persons that were trained on different aspects during this quarter can be found under each sub-technical intervention area of this report.

#### 2.2.4 Institutional capacity building and strengthening of Civil Society partners

There was continuous on-job support of CSOs in financial management assessments and improvements. A finance management training workshop was conducted for the prequalified CSOs to address the gaps identified during earlier support supervision.

Institutional capacity building activities included imparting skills to CSO staff in monitoring and evaluation. CSO personnel were also oriented on the new generation PEPFAR indicators and trained on the utilization of data collection tools.

#### 2.2.5 Supporting infrastructure and equipment needs

Preliminary assessments related to renovations that will be carried out prior to installation of laboratory equipment (CD4 machines and Blood Chemistry machines) in the hospitals of Iganga and Bugiri were done and finalized during this quarter. By the close of the quarter, the district Engineers were working on the bills of quantities. These refurbishments are being processed in consultation with MoH-CPHL and MoH-Infrastructure Departments to ensure adherence to the recommended standards. The districts agreed to meet some of the costs of renovation. The rest of facility refurbishment works will be initiated in the 2nd quarter and will continue during the rest of PY2.

### 2.3 Result 3: Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and community service organizations

STAR-EC continued to receive technical support from the Health Care Improvement project (HCI) and MoH Quality of Health Care program. Two STAR-EC Technical team members received orientation from the HCI consultant on the concept of health care improvement, tools for independent quality improvement and the revised quality indicators. The trained members joined the consultant for HCI coaching visits in the districts of Namutumba, Mayuge and Iganga where they conducted coaching visits to district quality improvement teams (DQI) and supervised the DQIs as they in turn provided on job mentoring to quality improvement teams from lower health facilities. In collaboration with the DHTs, the MoH quality of care program and the HCI project, STAR-EC will scale-up this initiative in other districts during the second quarter. STAR-EC technical team members have been conducting regular support supervision to supported facilities and believe this initiative will translate into improved health care.

#### Lessons learned

- Health facilities with already functional Quality Improvement (QI) teams had more organized outpatient triage mechanism, more organized registers and a clear patient follow-up plan. This is probably because during their QI meetings they identify specific targets and strategies which they own and are obliged to

show evidence for improving processes at the facility

- Conducting a training needs assessment is an important activity before any training activities are organized
- Regular on-job support supervision and post-training follow-ups promote a sense of responsibility and accountability among health workers

## Challenges

- Many health centers lack basic equipment and materials such as gloves and this has an adverse effect on patient monitoring and assessment. This coupled with frequent drug and HIV testing kits stock outs makes the situation more difficult for health workers to provide quality health care.

## Way forward

- STAR-EC will work out a mechanism of supporting the health facilities with basic medical equipment and buffer stocks to partner health facilities
- Scale-up formation of quality improvement teams in the remaining districts of Kamuli, Bugiri and Kaliro
- Continue with vigorous training activities, on job support supervision and post training follow up visits

## 2.4 Result 4: Strengthening networks and referrals systems to improve access to, coverage of, and utilization of HIV&TB services



*George and his wife listen attentively during a visit by NACWOLA Staff and Network Support Agent (NSA)*

During Q1, STAR-EC with support from the Uganda AIDS Commission carried out a rapid assessment of District HIV&AIDS Coordination in the six supported districts. The purpose of this assessment was to find out the strengths, weaknesses and opportunities for HIV&AIDS coordination in the districts. STAR-EC believes that strong District AIDS Coordination is a precursor for building a strong network and referral system at all levels. The assessment involved interacting with officials at the district, town council and sub-county levels. The national facilitators with support from the district HIV focal persons did the assessment and each developed a report which has been synthesized into a regional report. The findings indicate that all the districts have established HIV coordination structures at both district and sub-county levels. However, these structures are largely non-functional due to lack of facilitation. The sub county structures have not been inducted while the town council structures supported by AMICAALL are fused into one

structure. There are opportunities for revitalizing these structures to perform their coordination role and some of these opportunities include the availability of development partners willing to support coordination structures .e.g., and the STAR-EC and STRIDES project. Others include the continued technical support from the Uganda AIDS Commission and the Ministry of Local Government through supporting the Annual District Partners Forum as well as the facilitation of the District focal person to carry out their duties.

CSO grantees have continued carrying out referrals and networking activities in the region. Overall 6,933 people have been referred for various services including ART, ART adherence and counseling, HTC, PMTCT, TB screening and treatment, treatment for other medical conditions and legal support. Through the community support agents trained by NACWOLA, 2,289 home visits were made to follow up PLHIV referred for services. During these home visits PLHIV households benefited from psychosocial support, preventive care messages, food security and nutrition advice. 160 Home based care kits were also distributed to bed ridden patients in the districts of Iganga,

Kaliro, Bugiri and Kamuli. This has helped households improve care and support for PLHIV.

To strengthen the referrals and networking, the program has continued to support eight psychosocial support groups in the region to carry out meetings periodically and do home visits. These groups were formed to offer psycho social support to PLHIV who have been mobilized during home visits. The activities of the psychosocial



*CSAs check out bicycles for community mobilization received from NACWOLA offices*

support groups include: counseling, music dance and drama, health education and experience sharing. This has kept PLHIV active and has attracted more PLHIV to join groups as a result of edutainment. These support groups have been able to help members grow and use locally available foods to improve on feeding and nutrition. This was done through encouraging PLHIV to have backyard gardens for vegetables. The groups have also mobilized funds to start income generating activities for members.

During this quarter, CSAs were supported with bicycles to enable them do effective mobilization of PLHIV. A total of 120 bicycles were distributed to 120 CSAs in the districts of Bugiri, Iganga, Kaliro and Kamuli. During support supervision carried out by the prequalified grantees, the support agents were mentored in data collection using the referral forms, monitoring and follow up PLHIV and reporting. The increase in the number of PLHIV supported as mentioned above has been attributed to facilitation of the community support agents who move from door to door offering health education, psychosocial support and referrals.

### Challenges and possible solutions

- High expectations from local leaders who anticipate a lot of money to mobilize community members for services. Joint planning and review meetings will help stakeholders appreciate the essence of programs thus causing a change in their mindsets
- Stock-out of drugs at health units which has discouraged PLHIV from going to health units. The program will continue to assist health workers to forecast and submit orders for drugs in a timely manner to curtail drug shortage
- Limited wrap-around service providers (especially those related to food security, nutrition and social economic security), most of these service providers have predetermined beneficiaries and find it difficult to absorb more beneficiaries referred to them. STAR-EC plans to hold periodic stakeholders meetings to increase networking and collaboration and where possible sign MoUs with partners that provide wrap-around services, we shall also link up with relevant local governments that deal with particular services such as National Agricultural Advisory Services (NAADS) so that PLHIV households can access these services
- Stigma and discrimination continue to hinder PLHIV to access services and people from disclosing their HIV status. Continued sensitization and health education will help reduce stigma and discrimination. STAR-EC will also empower PLHIV with skills in community mobilization and sensitization. PLHIV will also be empowered with skills in advocacy to demand for quality services

# SUCCESS STORY

## Nabirye and her bouncing twins



**N**abirye Florence is a widow aged 36 and a resident of Nawantumbi in Nawanyago sub-county, Kamuli District. She is one of the community members reached by Community Support Agents (CSAs) through door to door mobilization. She is a mother of three children that include 10 months old twins and another child of 4 years who were suffering from malnutrition and looking very sickly. When she had just been identified in October 2009, she lamented that she did not have anything to feed them since her body was not producing enough milk for the twins. This was caused by her poor feeding and she did not have money to buy milk or enough food for the family.

On assessment it was discovered that there was need to do thorough medical investigations and observations to help both the mother and her children. Although Nabirye always thought about HTC, she did not know how and where to start. She had also felt challenged to access the service because she did not have the money to take her to the nearest referral health unit (Kamuli Mission Hospital). She

reportedly did not have anybody to help her carry the two babies to the facility. Nabirye informed the CSA that the children needed a lot of care in their malnourished state and this limited the time she could dedicate to productive work for her family. Worse still, she didn't have a container to keep enough food and fluids for the children should she decide to go with them on her productive activities.

A NACWOLA community support agent educated Nabirye on the need for accessing health care as it would give her information and enable her to make informed decisions. She agreed and was

**"I thank God who brought NACWOLA, I had lost hope and all my relatives had abandoned me and my children. I thought my children were going to die especially the twins who are still young. Now I am able to prepare good food for my children and the Buphadengo Psychosocial Support Group members have helped cultivate enough food for my family. I will move with the members to mobilize other community members to come and benefit from this service."**

referred for HTC to Kamuli Mission Hospital where she tested HIV positive. Nabirye was also referred to take her twins to the same hospital for nutrition support. At the hospital, she was taught to prepare baby food, how to feed them, and

then referred to the Buphadengo Psychosocial Support Group which is currently supporting the family with food.

The Buphadengo group members helped her to identify locally available foods to feed the children and taught her how to prepare food and feed the children. She is so positive about taking the children for assessment to the hospital as she seeks for alternative ways of moving on with them. Group members continue to bring her food supplements to feed the babies on.

Nabirye has now joined the Buphadengo Psychosocial Support Group in her community; together with members they have cultivated enough food and are now starting to save some money so that in future they are able to meet their basic needs. The children have improved and are on their way to recovery. When visited by the Community support agent, Nabirye could not hide the joy she had.

She is one of the many women in the region that have benefited from the services of STAR-EC through NACWOLA. NACWOLA's Community Support Agents carry out door to door mobilization and have managed to access health care and psychosocial support and other wrap around services to PLHIVs – something that has restored the latter's hope.

## 2.5 Result 5: Increasing demand for comprehensive HIV&AIDS and TB prevention, care and treatment services

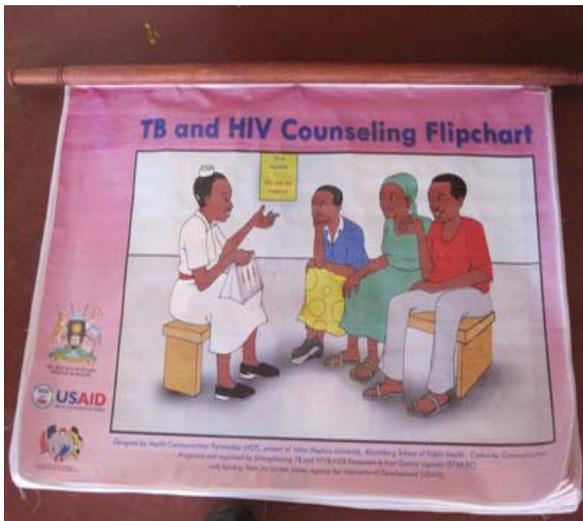
STAR-EC continued to increase demand for TB and HIV&AIDS services in all supported districts mainly through BCC/IEC interventions. The program collaborated with other organizations to disseminate IEC materials on different TB and HIV& AIDS program areas. The table below indicates materials received and distributed during the quarter:

**Table 6: Materials received and distributed during Q1 (Oct – Dec, 2009)**

| Qty   | Material and Topic                                      | Knowledge/Behaviour outcome   | Source/Organization                    |
|-------|---|---|--|
| 2,400 | ART English Posters                                     | Adherence to ARVs (treatment)   | Health Communication Partnership (HCP) |
| 5,000 | MMC Brochures (2000 English, 3,000 Luganda)             | Dispelling myths and misconceptions about MMC   | HCP                                    |
| 18    | TB road Sign posts                                      | Directing community members to services   | HCP                                    |
| 12    | TB wall sign posts                                      | Directing community members to services   | HCP                                    |
| 2,500 | Couple HTC English posters (500 x 5 different types)    | <ul style="list-style-type: none"> <li>Couples should know each other's HIV status</li> <li>Couples may turn out to be discordant (Need for each of them take an HIV test)</li> <li>Protecting an HIV negative partner in a discordant relationship from HIV</li> </ul> | HCP                                    |
| 2,000 | Couple HTC English Leaflets (1,000 x 2 different types) | <ul style="list-style-type: none"> <li>Faithfulness among couples</li> <li>Couples learning about their HIV status together</li> </ul>  | HCP                                    |
| 3,000 | Luganda ART posters                                     | Adherence to ARVs (treatment)   | JCRC                                   |
| 28    | ART Flip charts   | Clients to have clear understanding of ART before enrolment   | JCRC                                   |
| 8     | ART Grain sack flipcharts                               | Clients to have clear understanding of ART before enrolment   | JCRC                                   |
| 300   | Ten things to know about HIV posters                    | Dispelling myths and misconceptions about HIV   | JCRC                                   |
| 500   | Ten things to know about HIV Leaflets                   | Dispelling myths and misconceptions about HIV   | JCRC                                   |
| 2,000 | English Comic Books (1,000 vol. 5 and 1,000 vol. 6)     | Encouraging young people to test for HIV  | Young Empowered and Healthy (YEAH)     |
| 1,000 | Newsletter on Couple HTC, MTCT and MMC                  | Couples learning about their HIV status together and HIV prevention   | Uganda Health Marketing Group (UHMG)   |
| 640   | PMTCT Job aides (160 x 4 different wall charts)         | Inform health workers on correct information and regimen to give to PMTCT clients   | Ministry of Health (MoH)               |

Source: STAR-EC program records, 2009

The materials received were distributed to health facilities in all the six districts. Service providers were oriented on use of job aides such as TB/HIV and ART flip charts.



*Grain sack flipchart produced by MoH and reprinted by STAR-EC*



*URHB Staff using the TB Grain sack flip chart during a community sensitization in Bugiri Town Council*



*Community members receiving HTC services during World AIDS Day activities at Ivukura Sub-county in Namutumba District*

STAR-EC reprinted 2,000 TB/HIV Luganda posters, 200 TB/HIV flipcharts and 100 TB/HIV grain sack flip charts from the Ministry of Health. Distribution of all these materials in all the six districts was still ongoing at the time of writing this report.

There was a spike in BCC activities before, during and soon after the commemoration of World AIDS Day in December 2009. STAR-EC worked with the Bugiri, Iganga, Kamuli, Kaliro, Mayuge and Namutumba districts to organize and publicise World AIDS day events. STAR-EC produced eight banners with the national theme: “Universal Access and Human Rights”. The slogan read: “Access is my Right, Testing my Responsibility”. These were hang in public places and at the respective district function venues. A total of 60 T-shirts and 60 caps with World AIDS Day messages were produced for URHB and given to service providers and selected district officials.



*URHB staff counselling clients on HIV testing during World AIDS Day at Ivukura S/C Namutumba*

Due to the attendant publicity about the services, there was high number of people who tested for HIV during World AIDS Day commemoration in all the six districts is as indicated in the table below:

**Table 7: Number of individuals tested for HIV during World AIDS Day activities**

| District/CSO | Number tested |
|--------------|---------------|
| Mayuge       | 1,299         |
| Bugiri       | 1,118         |
| Kaliro       | 1,259         |
| Kamuli       | 1,628         |
| Namutumba    | 1,266         |
| Iganga       | 1,448         |
| FLEP*        | 1,266         |
| URHB**       | 350           |
| Total        | 9,634         |

Source: STAR-EC program records, 2009

\*FLEP- Mayuge district

\*\*URHB- Kaliro, Bugiri and Namutumba districts

STAR-EC realized that drama groups had interesting and educative community drama performances which had not yet been scripted. To this regard, a 3 day drama script writing workshop was organized. A total of 25 participants (13 male and 12 female) from 12 drama groups and a representative from Youth Alive attended the orientation. CDFU trainers facilitated the workshop. Participants were, among other topics, oriented on the role of effective communication in message delivery, writing scenes, dramatic techniques in script writing and dramatic dialogues.

After the training, participants were encouraged to develop scripts according to the guidelines discussed. The scripts will be reviewed by CSO and STAR-EC staff for technical correctness.

During the quarter, seven BCC programs for out-of-school youths were conducted in Iganga, Kaliro, Kamuli and Namutumba districts. A total of 691 youths (250 female and 441 male) were reached with abstinence, fidelity and life skills development messages to help them make informed decisions through interpersonal communication. Participants willingly committed themselves to vital human and spiritual values such as patience, abstinence and fidelity by signing commitment cards. After the training, youths formed groups and they were given sports items like foot balls and net balls to occupy their leisure time.



A facilitator in a session on writing drama at Hotel Paradise on the Nile, Jinja



DHO presenting a report on HIV status in Namutumba district during World AIDS Day commemoration



*BCP training in Bulamagi sub-county Iganga district*



*Young people with commitment cards and sports items they received after the BCP training in Iganga*

Twenty four TOTs from FLEP, Youth Alive and URHB were trained in abstinence and/or be faithful programming during the quarter. CSOs were supported to train religious leaders, out-of school youth and model couples as peers to roll out AB activities within communities. Trainers were given leaflets encouraging couple testing for their information and distribution to other couples in their communities. The trained couples reached 1,904 individuals with AB messages through home to home visits and small group discussions in the community.

STAR-EC was included on the national PMTCT-IEC and Advocacy technical working group. The team reviews strategies and materials developed by MoH and other partner organizations. STAR-EC has attended three meetings to discuss the review of the national PMTCT communication strategy. During the quarter, STAR-EC also attended the BCC partners' quarterly meeting that focused on Community based approaches and village health teams.

STAR-EC staff continued to provide onsite technical support to CSOs during BCP trainings and community drama performances. The areas of focus included involvement of the audience in problem identification to make sure that trainers address specific problems, development of drama scripts and involvement of local leaders for ownership of programs.

The program did not disseminate communication strategies to DAC, DAT and selected CSO staff in each district during Q1 as planned, owing to the ongoing revision of the PMTCT communication strategy by MoH. This will be done as soon the ministry finalizes the revision process.

### Lessons Learned

- For all IEC materials and job aides distributed in districts, copies should be availed to the DHO's office and orientation on their utilization should take place so that they are able to actively participate in the dissemination of these materials
- Participation in national meetings like BCC partners meetings, MoH advocacy and IEC meetings gives the program opportunities to access materials and job aides produced by other partner organizations that there is no re-invention of the wheel

### Challenges

Male involvement in activities like HTC is still low in the districts when compared to women who attend community sensitizations and drama performances

### Way forward

Activities targeting men and taking services closer to community members through home-to-home or work place HTC will be promoted to reach more men.

### 3.0 Monitoring and Evaluation

The STAR-EC first quarter, PY2 has witnessed various achievements. Three of the required Strategic Information staff (M&E Specialist, Resource Centre Manager and Data Manager) reported on duty during the month of October (December for the latter). By the end of this quarter STAR-EC's Strategic Information (SI) Directorate had fulfilled most of its planned activities. Some of the planned and accomplished activities included:

- Providing LGs and CSOs with technical assistance for strategic information related activities. In here STAR-EC was able to develop reporting tools in respect to the new generation PEPFAR indicators. All CSO and LG end users were trained on how to improve data quality through the utilisation of these tools at a workshop held at the FLEP boardroom during October 2009. Follow up field visits were made to each individual STAR-EC implementing partner including LG health facilities
- STAR-EC worked together with all the district focal point HMIS personnel in the six districts on improving the quality of HMIS information that is collected at STAR-EC supported service outlets. Scaling up to other health facilities will be done in the subsequent quarters. In every district, health facility data quality assessments of reported data were executed with reference to primary MoH registers and HMIS forms. All the gaps at these facilities were identified, rectified and technical support towards data improvement was given by the STAR-EC Strategic Information Directorate staff. However, it should be noted that some few new generation PEPFAR indicators posed a challenge to collect as some of the MoH registers and tools miss having some of these PEPFAR required variables
- By the end of Q1, the process of developing the STAR-EC electronic comprehensive indicator tracking database was nearly accomplished. At the time of writing this report, a team of consultants working together with STAR-EC staff shared this database and applied some test data. The final electronic database will be out and ready for utilization within the second quarter
- The STAR-EC website where most of the progress reports and other useful information will be archived for other stakeholders and the general public was set up during this quarter and is now up and running
- STAR-EC managed to update its Performance Monitoring Plan (PMP) in line with the new generation PEPFAR indicators. This PMP also included the Uganda AIDS Commission National Strategic Plan indicators as well as STAR-EC program level indicators. Additionally, STAR-EC and STAR-E managed to borrow and share ideas on improving each other's PMPs. In the process, both program's PMPs were harmonized and a final STAR-EC PMP was submitted to USAID.
- The Strategic Information team was able to share the six districts baseline survey findings (both household LQAS and health facility data) with key district authorities and decision makers that included the Resident District Commissioner, the District LC IV chairperson, the Chief Administrative Officer, the District Health Officer and his team as well as the District Community and Planning officers. Other stakeholders included CSOs operating within each of the six STAR-EC supported districts. Here results were shared, discussed and action plans drawn by the district participants themselves with technical guidance from STAR-EC. Most of these action plans will be embedded in the districts' annual budgeting and work planning that takes place before the government's financial year every June. Instead of holding separate quarterly review meetings, this dissemination exercise was utilized as a way of discussing the current progress in relation to previous quarters and years. A complete report on the entire baseline survey is available at the STAR-EC offices and will soon be uploaded onto the STAR-EC website.
- During this quarter, the STAR-EC Strategic Information team worked together with the STAR-EC Technical and Grants teams to send out a Request for Applications (RFA) to CSOs in the districts covered by STAR-EC activities. Targets and outputs were set by the SI team for all applicant CSOs. During the second quarter, organizational capacity assessments for successful CSOs will be conducted in order to identify gaps and the level of support required to be given to these successful CSOs.
- Additionally, STAR-EC established its Resource Centre and this one has been very helpful as it is already aiding program staff in having easy access to relevant technical materials and reports from within the program as well as those from other national and international development partners.
- STAR-EC also initiated the summary "*Weekly Bullet Points*" aimed at keeping key stake holders on board about the weekly activities of the program

## 5.0 Conclusion

During Q1 of PY2, STAR-EC made big strides related to the scale up of the number of service outlets and the number of trained service providers. The program also made deliberate efforts to initiate collaboration with other partners with a view of accessing a comprehensive package of HIV&AIDS and TB services to the people in the region. Expansion of activities on the ground will further be improved with additional CSOs that are expected to come on board through the RFA process. More public health facilities will receive support from STAR-EC during the next quarter. The program aims to consolidate quality as it concurrently increases the geographical coverage and intensity of services. We look forward to continued guidance of the national HIV&AIDS and TB coordination structures as well as the co-operation of the district leadership and technical teams in the six districts.



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