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

PROGRAM YEAR II QUARTER THREE PROGRESS REPORT
April - June, 2010

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List of Acronyms

3TC	Lamivudine
AB	Abstinence and Being Faithful
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
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
CDR	Case Detection Rate
CHAI	Clinton Health Access 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
DHMT	District Health Management Team
DTLS	District Tuberculosis and Leprosy Supervisor
EFV	Efavirenz
EID	Early Infant Diagnosis
FLEP	Family Life Education Program
FSG	Family Support Group
GBV	Gender Based Violence
GoU	Government of Uganda
HW	Health Workers
HBC	Home Based Care
HC	Health Center
HCP	Health Communication Partnerships
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HSSP	Health Sector Strategic Plan
HTC	HIV Testing and Counseling
ICF	Intensified Case Finding
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.
LG	Local Government
LLITNs	Long lasting insecticide treated nets
LMIS	Logistics Management Information System
LQAS	Lot Quality Assurance Sampling
m2m	mothers2mothers
MARPs	Most-at-risk populations
MCO	Medical Clinical Officers
MCPs	Multiple Concurrent Partnerships
MDD	Music, Dance and Drama
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MoH	Ministry of Health
MoU	Memorandum of Understanding
MUWRP	Makerere University Walter Reed Project
NACWOLA	National Community of Women Living with HIV&AIDS in Uganda
NBS	Nile Broadcasting Services
NMS	National Medical Stores
NSAs	Network Support Agents
NTP	National Tuberculosis and Leprosy Program
NTRL	National Tuberculosis and Leprosy Reference Laboratory
NVP	Nevirapine
OIs	Opportunistic Infections
OVC	Orphans and other Vulnerable Children
PACE	Program for Accessible health Communication and Education
PC	Palliative Care
PCR	Polymerase Chain Reaction
PEPFAR	US 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
PrEP	Pre-Exposure Prophylaxis
PTC	Post-Test Club
PWDs	People with Disabilities
PwP	Prevention with Positives
PY	Program Year
QI	Quality Improvement

QoC	Quality of Care
RCT	Routine Counseling and Testing
RHSP	Rakai Health Sciences Project
SAPR	Semi-Annual Progress Report
SCHWs	Sub-County Health Workers
SCMS	Supply Chain Management System
SI	Strategic Information
SMC	Safe Male Circumcision
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-CB DOTS	Tuberculosis Community Based Directly Observed Therapy Short-course
ToT	Training of Trainers
TSR	Treatment Success Rate
UAC	Uganda AIDS Commission
UACP	Uganda AIDS Control Program
UDHS	Uganda Demographic and Health Survey
UHMG	Uganda Health Marketing Group
UHSP	Uganda HIV&AIDS Services Project
UMEMS	Uganda Monitoring and Evaluation Management Services
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
WHO	World Health Organization
YA	Youth Alive Uganda
ZTLS	Zonal Tuberculosis and Leprosy Supervisor

health facility staff to develop TB infection control plans; and supported sputum outreaches at eleven sub-counties with limited access to diagnostic facilities.

In a bid to improve TB Case Detection Rate (CDR) and Treatment Success Rate (TSR) in the six districts, 93 service providers from URHB and NACWOLA were trained on intensified TB case finding, follow up and referral of TB suspects. STAR-EC also supported the training of Village Health Teams (VHTs) in Namutumba and Bugiri districts on intensified TB case finding and referral of TB suspects. In recognition of the public-private partnership as one of the pillars of the Stop-TB strategy, 100 traditional healers/herbalists were oriented so as to lend a hand in improving TB referrals in collaboration with health facilities.

Assessment of needs for laboratory services delivery in 75 facilities was the major exercise that was undertaken by STAR-EC as regards laboratory strengthening during Quarter (Q3). The findings of the assessment revealed challenges of poor physical infrastructure; inadequate secondary infection control facilities and poor waste segregation practices; inadequacy of quality control and quality assurance practices and lack of qualified and skilled laboratory staff. The findings of this assessment will be shared with all the main stakeholders during the next quarter. Other laboratory service strengthening activities that were implemented during the quarter include conducting refresher training of 21 staff in TB sputum smear microscopy and support supervision visits to laboratories to mentor staff on quality control procedures, documentation and forecasting of supplies.

Promotion of HIV prevention through sexual and other behavioral risk prevention was mainly implemented through STAR-EC supported CSOs. STAR-EC employed several approaches such as peer-to-peer counseling, small group level discussions, peer support group/club activities and targeted community dialogues. Local drama and community operas were utilized to disseminate HIV&AIDS knowledge and information while at the same time entertaining the audiences. Youth were reached through trained peers while couples were served through home visits by 'model couples. Other prevention activities were mainly implemented through URHB and NACWOLA; and included provision of messages on partner reduction and adoption of safer sex practices such as correct and consistent use condoms, targeting most at risk populations such as commercial sex workers, fisher folk, migrant workers and long distance truck drivers. Though the various approaches 36,650 individuals were reached with HIV prevention messages focusing on abstinence and being faithful (AB). A total of 9,449 individuals were reached with other prevention messages beyond AB and 131,225 condoms were distributed through 299 service outlets.

Over this reporting period, HIV prevention with positives (PwP) was promoted through nine (9) health facilities with their Family Support Groups (FSGs) that were supported by STAR-EC to meet on a monthly basis. The group discussions revolved around partner testing and disclosure, family planning, correct and consistent condom use, discordance, adherence to drugs and benefits of PMTCT. In addition, STAR-EC worked with MoH to train 32 persons living with HIV&AIDS (PLHIV) on positive prevention. As a result of these interventions, a total of 11,318 individuals were reached with PwP interventions.

During this period, sexual prevention through safe male circumcision (SMC) was implemented in three health facilities in Bugiri, Iganga and Kamuli districts. STAR-EC conducted a rapid needs assessment for delivery of SMC

services. The findings showed gaps in infrastructure, equipment, human resources, drugs and supplies that have to be addressed in collaboration with MoH and districts. During this reporting period, fifteen service providers comprising four SMC teams for Bugiri Hospital, Kamuli Hospital (two teams) and Bumanya HC IV were trained at Makerere University Walter Reed Project (MUWRP) and Rakai Health Sciences Project (RHSP). Thereafter, STAR-EC distributed SMC supplies and commodities to the teams. In the same vein, Iganga district local government commenced on renovations of the theatre at Busesa HC IV. STAR-EC further supported health units to conduct SMC-focused community education and mobilization in secondary schools and nearby communities. As a result of rolling out these activities, a total of 112 males have received SMC services at Busesa HC IV (47); Bugiri Hospital (33); and Kamuli General Hospital (32).

As regards improving district leadership and management, STAR-EC supported the six districts to organize quarterly District HIV&AIDS Coordination Committee/District HIV&AIDS Taskforce (DAC/DAT) meetings. During these meetings, the technical teams implementing HIV&AIDS and TB services shared their reports with the district leaders and the civil society organizations. The issue of coordinating organizations to avoid duplication of services emerged as critical in these meetings. In response to this need, STAR-EC carried out a comprehensive mapping exercise of TB and HIV and other wrap around services providers in the districts. Details of this mapping are shared later in this report.

During Q3, there was a significant focus by STAR-EC on strengthening information systems at district level. In this regard, a total of thirty one district personnel were trained in the use of the Ministry of Health HMIS tools as well as the STAR-EC data collection monthly summary tools. The same training cascaded down to reach a total of 140 lower level health facility in-charges and their data clerks. In June 2010, STAR-EC conducted district performance reviews for all the supported districts. STAR-EC district-specific work plans for the current program year were reviewed; targets versus achievements analyzed; and action plans for each district intervention were developed.

In an effort aimed at improving coordination of STAR-EC supported activities, district level focal persons were selected through the Chief Administrative Officers (CAOs) and the respective District Health officers. These persons are already employed within the district structure and have been given additional responsibilities by the CAOs to coordinate STAR-EC supported activities. It is envisaged that this modus operandi will not only promote more participation of districts in the implementation, monitoring and evaluation of STAR-EC supported activities but also improve programmatic and financial reporting, in addition to promoting sustainability of project activities.

Demand creation activities that were engaged in by STAR-EC and its partners during this reporting period include music, dance and drama performances, dissemination of print materials, peer to peer activities and an interactive radio program featuring on one of the regional radio stations called the Nile Broadcasting Services(NBS).

Table 1: STAR-EC End of Program and PY2 Targets versus Quarter 3 and Cumulative Achievements by Technical Area

		Achievements (Numbers of Individuals served)				Cumulative Program Achievements versus Program Targets					Comments
Intervention area	Key Indicators	PY1 (July- Sept 09)	PY2 ,Q1&Q2 (Oct 09-Mar 10)	PY2 ,Q3 (Apr-June10)	PY2 cumulative (Oct 09 –June 10)	PY2 Targets (Oct 09-ept 10)	% of PY 2 targets achieved (by end of 3rd Quarter)	Overall Program Cumulative Total Achieved (by end of June, 2010)	End of program target (March 2014)	% of end of program target achieved (by end of June 2010)	
HIV Testing and Counseling (HTC)	Number of individuals who received Counseling and Testing for HIV/TB and received their test results	10,376	55,019	63,941	118,960	120,000	99	129,336	600,000	22	
	Number of individuals trained in HIV Counseling and Testing	64	107	26	133	200	67	197	400	49	
	Number of outlets providing T&C services according to national and international standards	-	55 static and 102 parishes reached with outreach services	64 static and 258 parishes reached with outreach services	64 static and 258 parishes reached with outreach services			64 static and 258 parishes reached with outreach services			
PMTCT	Number of pregnant women with known HIV status (tested and received results)	-	25,789	21,238	47,027	50,000	94	47,027	300,000	16	
	Number of pregnant women who received antiretrovirals to reduce the risk of mother to child transmission	-	234	523	757	900	84	757	5,800	13	Indicator is cumulative
	Number trained for PMTCT	19	61	34	95	160	59	114	400	29	
	Number of service outlets providing PMTCT	-	50	68	117	35	334	117	85	138	

		Achievements (Numbers of Individuals served)				Cumulative Program Achievements versus Program Targets					Comments
Intervention area	Key Indicators	PY1 (July- Sept 09)	PY2 ,Q1&Q2 (Oct 09-Mar 10)	PY2 ,Q3 (Apr-June 10)	PY2 cumulative (Oct 09 –June 10)	PY2 Targets (Oct 09-sept 10)	% of PY 2 targets achieved (by end of 3rd Quarter)	Overall Program Cumulative Total Achieved (by end of June, 2010)	End of program target (March 2014)	% of end of program target achieved (by end of June 2010)	
Sexual and Other Behavioral Risk Prevention (General Population)	Number of individuals reached with individual or small group level HIV prevention based on evidence and meet minimum required standards that promote HIV and AIDS prevention through abstinence and/or being faithful	39,737	53,689	36,752	90,441	66,000	137	130,178	283,000	46	
	Number of individuals trained to provide AB and MARPs services	234	237	47	284	-	-	518	1,265	41	
	Number of MARPs reached with individual or small group level HIV prevention based on evidence and meet minimum required standards	12,179	5,913	4,618	10,531	10,000	105	22,710	50,000	45	
Clinical/ Preventive Services- Additional TB/HIV	Number of HIV positive incident TB cases that received treatment for TB and HIV during the reporting period	4	135	142	277	1,100	25	281	4,900	6	
	Number of TB patients who had an HIV test result recorded in the TB register	13	839	480	1,319	1,100	120	1,332	5,500	24	
	Individuals trained to provide HIV/ TB related palliative care	-	95	58	153	-	-	153	-	-	
Strategic Information	Number of individuals trained on strategic information related area- M&E, disease surveillance and HMIS	66	66	171	237	66	359	303	150	202	

		Achievements (Numbers of Individuals served)				Cumulative Program Achievements versus Program Targets					Comments
Intervention area	Key Indicators	PY1 (July- Sept 09)	PY2 ,Q1&Q2 (Oct 09-Mar 10)	PY2 ,Q3 (Apr-June10)	PY2 cumulative (Oct 09-June 10)	PY2 targets (Oct 09-sept 10)	% of PY 2 targets achieved (by end of 3rd Quarter)	Overall Program Cumulative Total Achieved (by end of June, 2010)	End of program target (March 2014)	% of end of program target achieved (by end of June 2010)	
Anti-Retroviral Therapy (ART)	Number of HIV + individuals receiving a minimum of one clinical care service (CTX)	-	1,493	8,414	9,907	-	-	9,907	26,000	38	Services have been scaled up to sites (HC III's) which provide a minimum care package
	Number of adults and children with advanced HIV infection newly enrolled on ART	372	351	338	689	-	-	1,061	5,800	18	
	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (CURRENT)	-	1,709	2,723	4,432	-	-	4,432	8,400	53	
Male Circumcision (MC)	Number of males circumcised as part of the minimum care package of Male Circumcision for HIV prevention services	-	-	112	112	1,500	7	112	15,360	0.7	The service started in PY2,Q3 in June,2010
	Number of locations providing Male Circumcision surgery as part of the minimum care package of MC for HIV prevention services within the reporting period	-	-	3	3	8	38	3	15	20	

		Achievements (Numbers of Individuals served)				Cumulative Program Achievements versus Program Targets					Comments
Intervention area	Key Indicators	PY1 (July- Sept 09)	PY2 ,Q1&Q2 (Oct 09-Mar 10)	PY2 , Q3 (Apr-June10)	PY2 cumulative (Oct 09 –June 10)	PY2 targets (Oct 09-ept 10)	% of PY 2 targets achieved (by end of 3rd Quarter)	Overall Program Cumulative Total Achieved (by end of June, 2010)	End of program target (March 2014)	% of end of program target achieved (by end of June 2010)	
Strategic Information	Local organizations provided with technical assistance for strategic information activities	-	-	4	4	-	-	-	-	-	
	Individuals trained in strategic information (including M&E, surveillance and/or HMIS)										
Policy Analysis and Systems Strengthening	Individuals oriented/ trained on the new/ revised HIV&AIDS-related policies and guidelines										
Institutional Capacity Building	Individuals trained in HIV-related institutional capacity building										
	Local organizations provided with technical assistance for HIV-related institutional capacity building										

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 9 civil society organization grantees were identified during Q3 through a competitive granting mechanism and these are now being 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, the Parliament of Uganda recently approved an additional three new districts of Buyende (curved out of Kamuli), Luuka (curved out of Iganga) and Namayingo (curved out of Bugiri) which have become operational in the program's geographical area of coverage as of July 1st 2010.

The East Central region has some unique characteristics that include:

- A high fertility rate of approximately 7.51¹ High HIV prevalence of 6.5%², 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 (~74,000 in 2009) High level of multiple concurrent sexual relationships³ including polygyny
- High level of transactional sexual activity at some truck stops on the Northern Transport Corridor
- Significant population of migrant labour (working in mainly the sugar cane plantations and rice schemes) and fisher-folk – communities that can be characterized as being at a high risk of contracting HIV

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 civil society 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.

1. Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. Uganda Demographic and Health Survey, 2006. Calverton, Maryland, USA: UBOS and Macro International Inc.

2. Ministry of Health (MOH)[Uganda] and ORC Macro. 2006. Uganda HIV/AIDS Sero-behavioural Survey 2004-2005. Calverton, Maryland, USA: Ministry of Health and ORC Macro

3. UAC (2007) Moving Towards Universal Access: National HIV&AIDS Strategic Plan 2007/8- 2011/12.. Uganda AIDS Commission, Republic of Uganda

2.0 Major result areas and progress during the 3rd Quarter

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

During the April - June period, STAR-EC improved access to HTC services by increasing the number of supported sites in the six districts from 55 at the end of April to 64 at the end of Q3 (RTI supported facilities in Bugiri District not inclusive as they are yet to be handed over to STAR-EC). In addition, two pre-qualified CSOs namely FLEP and URHB were supported to provide HTC services through static, outreaches, home-based HTC and community camping while targeting hard-to-reach populations. During Q3, FLEP provided HTC services in Kigandalo and Malongo sub-counties in Mayuge, Nabitende, Waibuga and Nambale sub-counties in Iganga; and Balawoli and Namasagali sub-counties in Kamuli. A total of 9,456 people (5,476 females and 3,980 males) received HIV testing and results from FLEP.

Table 2: Fisher folk in Malongo and Kigandalo sub-counties in Mayuge district and Namasagali sub-county (Kabeto landing site) Kamuli District who accessed HTC services from FLEP during April- June 2010

Category of MARPs	Gender	Tested	Tested and received results	HIV positive
Fisher folk	Female	1,317	1,317	41 (3.1%)
	Male	963	963	23 (2.4%)

Source: STAR-EC Program Records

URHB offered static HTC services at its offices in Namutumba, Kaliro and Bugiri along with community outreaches and home based HTC targeting MARPs (fisher folks, boda bodas, truck drivers and commercial sex workers (CSWs) in Bugiri, Kaliro and Namutumba districts. In particular, URHB targeted the fisher folk in Bugiri by conducting outreaches at Lufunda landing site, Mutumba sub-County and Lolwe parish on Sigulu Islands. A total of 8,968 people (4,756 females and 4,212 males) received HIV testing and results from URHB. Table 3 illustrates the fisher folk who accessed HTC from URHB.

Table 3: Fisher folk in Mutumba, Sigulu Islands and Bulidha Sub-Counties in Bugiri District served with HTC services by FLEP during April – June 2010.

Category of MARPs	Gender	Tested	Tested and received results	HIV positive	Discordant	Concordant HIV positive
Fisher folk	Female	1,013	1,009	112 (11%)		
	Male	988	984	110 (11.2%)		
	Couples	49	49		6 (12.2%)	4 (8.1%)

Source: STAR-EC Program Records

During this reporting period, STAR-EC supported the training of twenty six health workers from fourteen health facilities in Namutumba and Kaliro Districts to undertake provider initiated counseling and testing (PICT) services. The training, undertaken from 28th June to 2nd July 2010, was conducted by Ministry of Health trainers. In the same vein, STAR-EC with technical support from AIDSTAR-One facilitated the training of twenty nine District Health Team (DHT) members from Mayuge in Health Care Waste Management (HCWM). In the next quarter, STAR-EC plans to roll out both the PICT and HCWM trainings to the remaining districts.

Having realized a low turn up in the numbers of couples accessing HTC services during the January – March 2010 period, STAR-EC in collaboration with the six districts, FLEP and URHB undertook to implement a 'Couple HIV Testing And Counseling Week'. This approach and the results are as detailed in the following success story.

SUCCESS STORY

Couples through HTC sites: An experience of a dedicated Couple HIV Counselling and testing week that drew big numbers of couples to testing sites in East Central region

During Program Year (PY) 2, STAR-EC planned to reach this year's target of 13,500 couples in the six supported districts with HTC services through both static and outreach HTC services conducted by both health



A couple receiving a MoH Couple HIV counseling and testing certificate from a FLEP integrated counselor



A couple being tested during the Couple HIV counseling and testing week

facilities and CSOs (FLEP and URHB). However, only 1,079 couples had been counselled, tested and received results by the end of Q2 (only 8% of the set annual target). This inadequate performance was attributed to the use of an HTC implementation approach in the six districts that did not specifically focus on couples. As a result, STAR-EC in collaboration with the FLEP, URHB and the district HTC focal

persons developed an innovative approach primarily to increase access to couple HIV counselling and testing services. A total of 52 public health facilities (10 in Kamuli; 10 in Bugiri; 7 in Kaliro; 7 in Namutumba; 10 in Iganga; and 8 in Mayuge) participated in the 'Couple HIV Counselling and Testing Week' that was held in June 2010. This approach emphasised

at specified locations and dates; and popularization of the MoH couples HIV counselling and testing recognition certificate. Other efforts included creation of active referral linkages with the Infectious Diseases Institute, Jinja Pre Exposure Prophylaxis (PrEP) study site and TASO for purposes of extending care and support to discordant couples identified during the Couple HIV counselling and testing week.

The health workers in the in the facilities were facilitated with safari day allowances, transport, test kits and related accessories to undertake 2 HCT outreaches per facility primarily targeting couples. A combination of static, home based HTC and free standing outreach approaches to target the couples was used. A total of 1,124 couples were counselled tested and received results (62% of the set annual target, n = 1,800) as a result of this one-week concerted effort. A total of 42 couples were discordant while 19 were concordant positive. All discordant couples were duly referred to the Jinja PrEP study site and TASO for further care and support. The lessons learned through the couples HIV counselling and testing can be summed up in the following statement made by one district focal person.

The major challenge that this approach faced was the stock out of test kits in the districts vis-a-vis a limited buffer stock at STAR-EC. This meant that many people in the community missed out on this chance to test as a couple. The other challenge the approach faced especially in the urban areas was stigma. Anecdotal reports indicated that people in urban areas were more comfortable with health workers they were not familiar with.

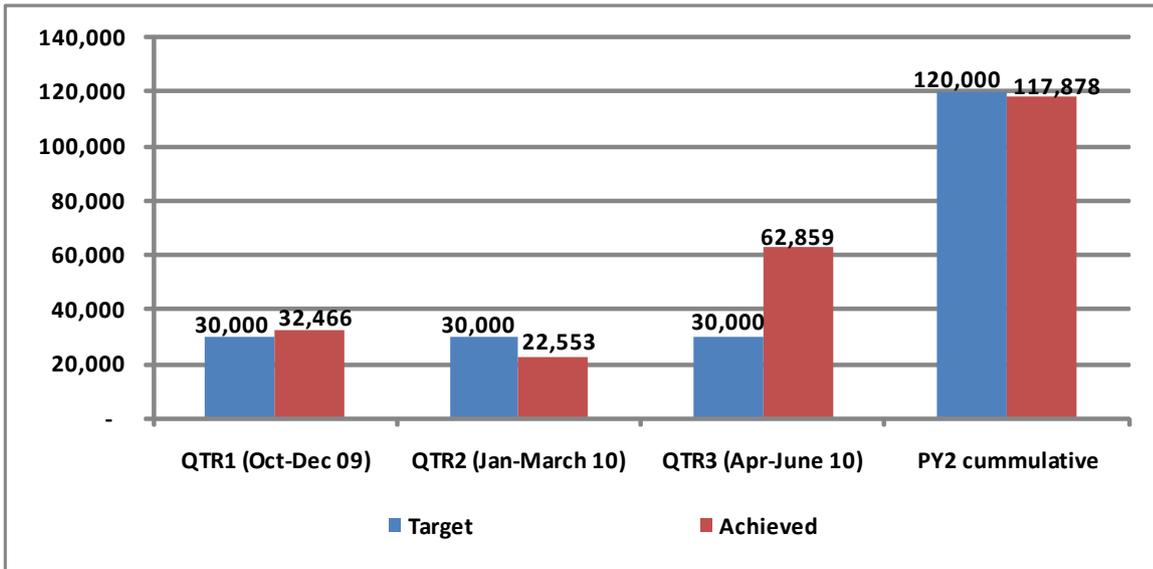
As a way forward, STAR-EC will now implement the

.... as a result of this approach where we combined radio programs and mobile loud speaker systems talking about couple counselling and testing many couples thronged to the outreaches as compared to when we would go silently as a team of two. The certificates also excited the couples a lot. Actually for us, in Mayuge, we have decided to concentrate our outreach efforts to couple HIV counselling and testing so as to curb the number of new HIV infections among the married people.

the need for all facilities and CSOs to undertake this activity at the same time. After a massive mobilization exercise through radio programs (both in Jinja and locally in each district), mobile open air public address teams encouraging couples to attend outreaches

couple HIV counselling and testing week approach as a priority activity on a quarterly basis. As part of the preparations, STAR-EC will intensify its assistance to district health facilities to appropriately quantify; order and stock HIV test kits for this key activity.

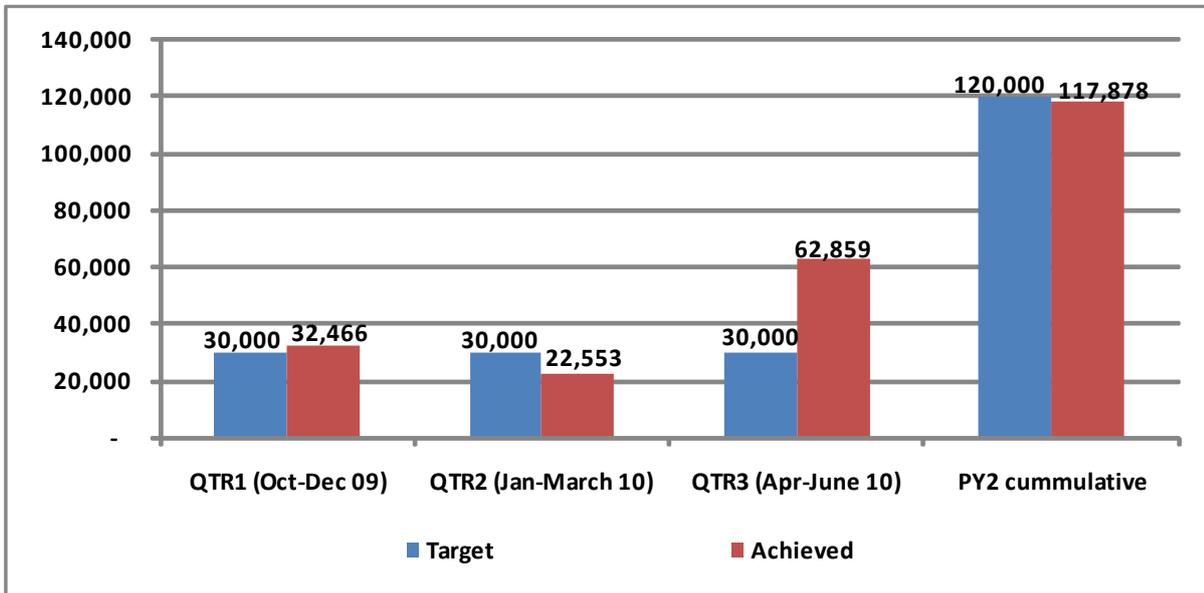
Figure 1: Quarterly performance versus quarterly targets during PY2



Source: STAR-EC Program Records

Over this quarter, the 2 CSOs and the 64 health facilities implemented HTC through static HCT and 315 outreaches where a total of 66,984 people were counseled to take an HIV test. Out of those counseled, 66,590 (99%) tested for HIV and 63,941 (96%) of the people (25,194 males and 38,747 females) received their HIV test results. Overall, 3,211 (5%) of the people were found to be HIV positive and referred for further care and support. Figure 2 illustrates the HIV counseling and testing cascade for the quarter.

Figure 2: Q3 HIV counseling & testing cascade



Source: STAR-EC Program Records

The large number of well organized outreaches and availability of HIV test kits (both from NMS and STAR-EC buffer stock) accounted for the good HTC performance recorded in the quarter. HTC utilization by service outlet is summarized in Table 4.

Table 4: HTC utilization by nature of service outlet during Q3

Nature of HTC service	Percentage
Facility based	37.0%
General outreaches (free standing)	27.4%
Home-to-home outreaches	16.4%
Couple counseling and testing	19.2%

Source: STAR-EC Program Records

During the quarter a total of 3,541 couples accessed HTC, of these 122 were discordant while 80 were concordant positive. Table 5 illustrates in detail the approaches used to reach the couples during the quarter and their outcomes.

Table 5: HTC approaches used to reach couples and their outcomes during Q3

HTC Approach	No of couples	No of discordant couples	No of concordant couples
Type of outreach:			
Couple counseling week	1,124	42	19
Free standing	669	20	14
Home-to-home	661	12	7
Sub-total (Outreach)	2,438	73	40
Static	1,087	48	40
Overall total	3,541	122(3.4% n =3,541)	80 (2.3% n= 3,541)

Source: STAR-EC Program Records

Of the total number of people that received their results, 3,211 (5% n= 63,941) were HIV positive. All the 3,211 HIV positive clients (M = 1,224 & female = 1,987) were referred to the relevant health facilities for ongoing care and support.

Lessons learned

- It is imperative that STAR-EC maintains a substantial buffer stock of HIV test kits in order to be able to sustain the anticipated need when the new CSOs come on board
- The innovative 'Couple HIV Counseling And Testing Week' approach is a very effective way of reaching more Couples with HTC

Challenges

The main challenge faced by the program this quarter was the lack of adequate HIV test kits from the NMS in some districts. As a result, all the HIV test kits that were procured by STAR-EC to act as a buffer stock for the entire PY2 have already been used.

Way forward

In the coming quarter STAR-EC will concentrate more on outreaches as a means of reaching more couples with HTC. To achieve this STAR-EC will work hand in hand with the nine new CSOs have been sub granted to offer HTC in the community using the outreach approach within the six districts.

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

STAR-EC improved access to PMTCT services by increasing the number of supported sites in the six districts from 50 at the end of March to 68 at the end of the quarter. The health units include four hospitals; twelve HC IVs; forty nine HC IIIs; and 3 HC IIs. This performance demonstrates that the program has so far extended PMTCT services to 100% (n=4) of general hospitals; 100% (n= 12) of HCIVs and 83% (n=59) of HCIIIs but only 1.5% (n=201) of HCIIIs. The program's scale up plan aims at extending services to all hospitals, HCIVs, HCIIIs and 30% of HCIIIs.

During quarter 3, STAR-EC in collaboration with Ministry of Health undertook a targeted support supervision to facilities in Bugiri district which despite continued support, have not been performing as expected. The key lessons learned during this support supervision were the need to build capacity and later support health facilities to manage their logistics using the national logistics system; continuous mentoring of the health facility personnel in the correct use of the data collection tools; and the need to support the facilities to appreciate the importance of correct and timely reporting following the MoH approved system. As a result of this support supervision three health workers from Bugiri Hospital were identified and retrained in PMTCT using the MoH two-week Integrated Management of Adult Illness (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) training methodology as a way of boosting the quality of PMTCT services in the hospital. In addition, STAR-EC continued to support the district health offices (the district PMTCT supervisors) in all the six districts to offer support supervision to their health facilities.

During the quarter, STAR-EC supported the training of 34 health workers from 25 health facilities across the six districts using the newly adopted Ministry of Health IMAI/IMPAC PMTCT training methodology. This training was facilitated by MoH master trainers. Additionally, STAR-EC in collaboration with MoH and the Clinton Health Access Initiative (CHAI) facilitated a mentorship visit to each of the five facilities including Mayuge HC III, Malongo HC III, Wabulungu HC III, Kigandalo and Kityerera HC IV in Mayuge district from which the 20 trained health workers were selected. During the exercise, it was realized that all the health facilities had embraced the program of Early Infant Diagnosis (EID) although more follow up visits were still required to properly mentor health workers. Some of the aspects that required improvement included the need for the care entry points to conduct active referrals so that all referred children can be accounted for and also the need to follow up all those children who had missed appointments.



FSG members attending a peer meeting

Consequent upon this visit, STAR-EC facilitated the health workers to follow up 35 babies who had missed out on their EID appointments either for the first Polymerase Chain Reaction (PCR) test or to receive their results. The follow up teams managed to trace 33 out of the 35 babies. Three of the 33 babies traced had positive results and were duly referred to Malongo and Mayuge health facilities and enrolled on pediatric ART. The remaining babies had their dried blood spot (DBS) samples taken for either the first or the second PCR tests. STAR-EC is planning to facilitate the MoH EID strengthening team to undertake the 2nd mentorship visit as per the protocol. In the next quarter, STAR-EC will roll out the EID strengthening program to the other districts.

During the quarter, STAR-EC continued to facilitate health facilities offering PMTCT and/or ART to access CD4 services at Kamuli General Hospital and PCR test services at JCRC Centre of Excellence laboratory. This collaboration is designed to make CD4 and PCR testing services both geographically and financially accessible to clients so as to reduce on the time spent before an eligible client can access ART. In addition, all the six districts were facilitated to host family support group meetings at 17 high volume PMTCT sites (including Hospitals and HC IVs). As per the family support group national guidelines, the criteria for joining the support group include an HIV positive pregnant mother; an HIV positive woman with a baby who has not yet reached two years of age; and spouses to these women. The intention of support groups is to encourage mothers and their spouses to adhere to the set antenatal appointments; encourage couple testing and disclosure, support adherence to treatment; and to ensure delivery at a recognized health facility offering PMTCT.

The group also serves as an EID follow-up point for PCR tests for all HIV exposed babies. Considering the importance of these support groups, STAR-EC facilitates their members (about 25 per group) with transport refund and refreshments while attending the meetings. Currently these family support group meetings are supported

in the following facilities- Kamuli General Hospital, Kamuli Mission Hospital, Kidera HC IV in Kamuli District, Namutumba HC III and Nsinze HC IV in Namutumba District, Bumanya HC IV in Kaliro District, Buyinja and Nankoma in Bugiri District, Wabulungu HC IV, Mayuge HC III, Kityerera HC IV, Kigandalo HC IV and Malongo HC III in Mayuge District; and Iganga Hospital, Busesa, Kiyunga and Bugono HC IVs in Iganga District.

During Q3, STAR-EC facilitated a one-day PEPFAR PMTCT Implementer's Workshop that was hosted at the Baylor Foundation Uganda offices in Kampala. The meeting was organized by the PEPFAR PMTCT Technical Working Group and MoH. This annual meeting's primary objective was to review PMTCT implementation progress by stakeholders in the face of the new WHO guidance on PMTCT service provision that Uganda adopted in 2010.

During this reporting period, STAR-EC through its partner mothers2mothers (m2m) conducted the initial training for 12 'mentor mothers' and 10 site coordinators for the 10 phase one PMTCT sites that they will strengthen. The training covered basics facts on HIV&AIDS, comprehensive PMTCT, site management for Site Coordinators and monitoring and evaluation. The 'mentor mothers' will augment the health workers' efforts in the provision of quality PMTCT services, while focusing on education, provision of psychosocial support and referrals.

Table 6: Placement of mentor mothers trained by m2m (Phase One).

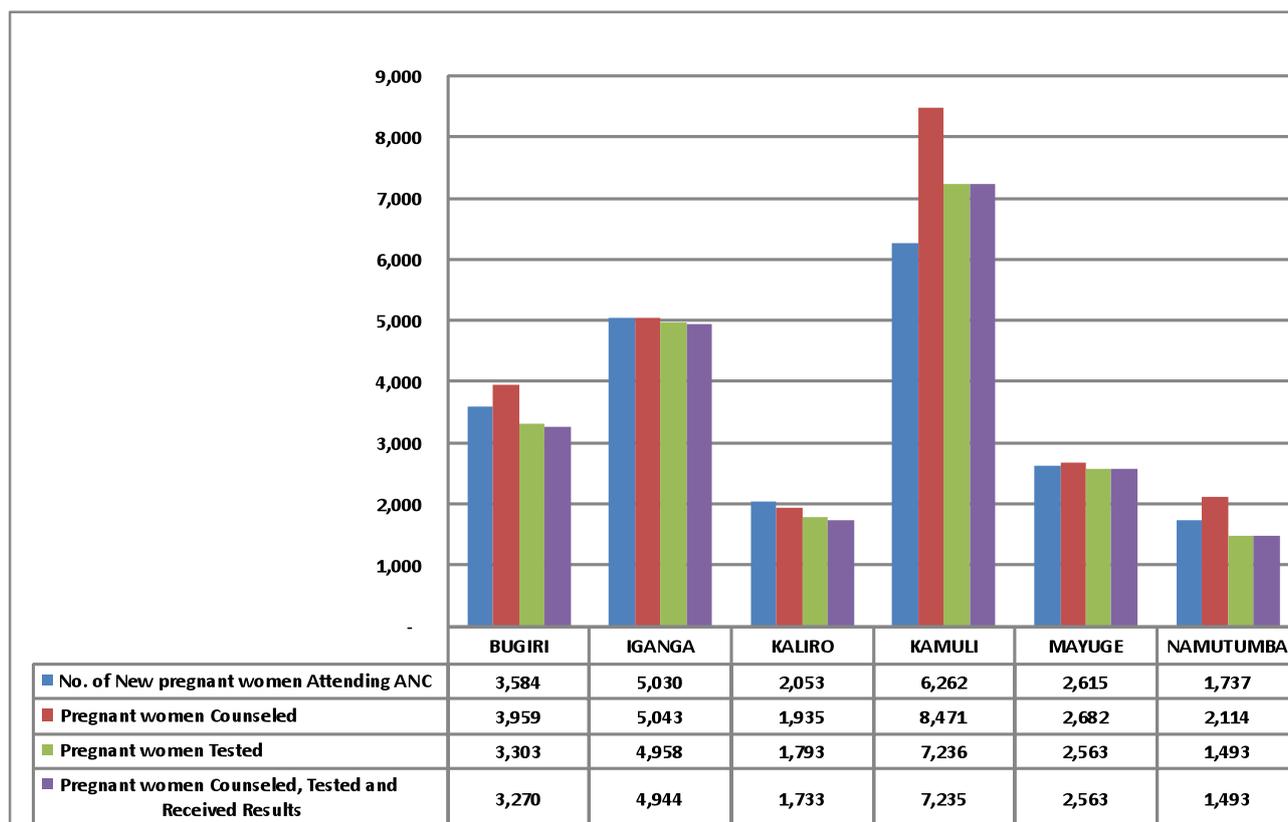
Site name	No. of mentor mothers trained
Iganga District Hospital	3
Bugiri District Hospital	3
Nankoma HC IV	2
Buyinja HC IV	2
Kamuli District Hospital	2
Kamuli Mission Hospital	2
Kidera HC IV	2
Mayuge HC III	2
Namutumba HC III	2
Bumanya HC IV	2
Total	22

Source: STAR-EC Program Records

The training was conducted by the Regional m2m Trainer who reported during this quarter and was duly orientated into the program. STAR-EC also procured items such as branded t-shirts, stationery and monitoring and evaluation tools for the m2m component of the program.

As a result of implementing the above mentioned activities, a total of 21,281 new mothers attended ANC in the 68 facilities, a total of 24,204 pregnant women attending ANC were counseled to take an HIV test and 21,346 (88 %) took the test. A total of 21,238 (99.8%) pregnant women took the test and received results. 891 pregnant women were diagnosed HIV positive during Q3. Records show that 1,059 pregnant women were tested for HIV together with their partners. In comparison, more women accessed PMTCT services this quarter than in Q2 (12,772) across the six districts. Figure 3 illustrates the PMTCT counseling and testing performance by district for Q3.

Figure 3: PMTCT Counseling and Testing cascade in Q3

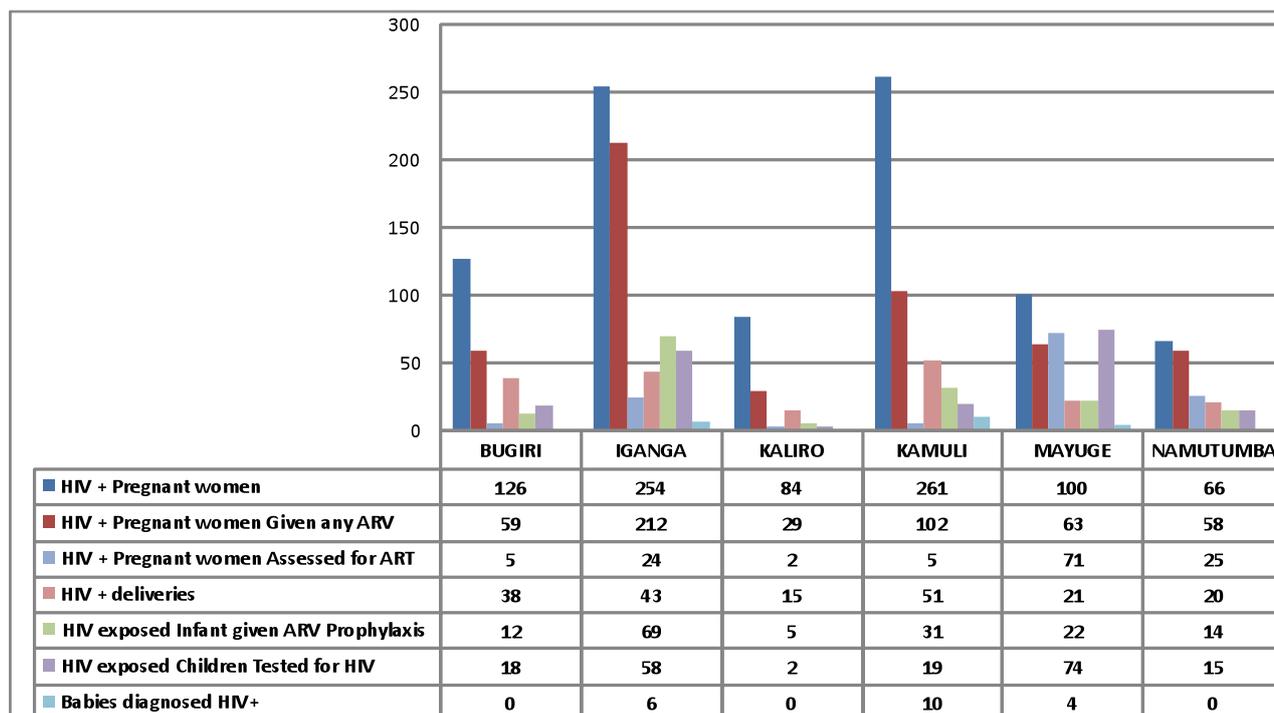


Source: STAR-EC Program Records

Out of the 891 pregnant women who were diagnosed HIV positive this quarter, a total of 523 (59%) were enrolled onto a PMTCT prophylactic regimen/HAART. Figure 9 illustrates the PMTCT outcomes by district in the quarter. Namutumba and Iganga districts successfully enrolled 83% and 88% of all the HIV positive pregnant women onto PMTCT prophylaxis/HAART respectively. On the contrary, Kaliro enrolled only 32% of all the HIV positive pregnant women onto PMTCT prophylaxis/HAART.

During Q3, a total of 188 babies were delivered to HIV positive mothers. Of these 153 (81%) were enrolled onto PMTCT prophylaxis. 186 HIV exposed babies accessed Early infant diagnosis (EID) services across the 6 districts with Mayuge and Iganga districts registering the highest numbers of exposed babies tested for HIV using PCR testing. In Mayuge, more HIV exposed babies underwent PCR testing as compared to those delivered in the period as a result of the MoH EID strengthening program that emphasizes active intra-facility referral and community follow up of the HIV exposed baby and its mother. This program is currently supported on a pilot basis in five facilities in Mayuge namely Wabulungu HC III, Mayuge HC III, Malongo HC III, Kityerera HC IV and Kigandalo HC IV. During the next quarter, STAR-EC intends to roll it out to the rest of the districts given its demonstrated effectiveness in identifying and retaining HIV exposed babies in care and support. Figure 4 illustrates in detail the above mentioned outcomes by district for the quarter.

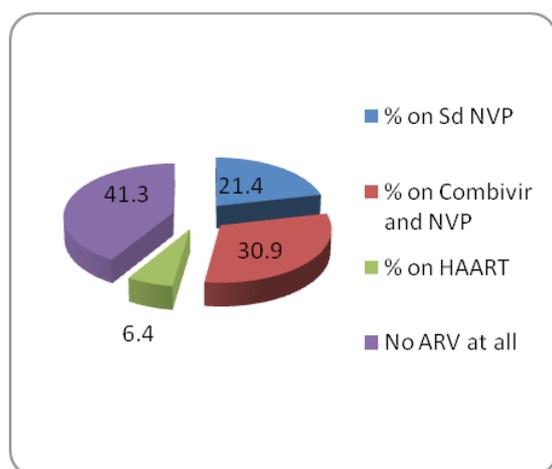
Figure 4: PMTCT outcomes during Q3 of PY2



Source: STAR-EC Program records

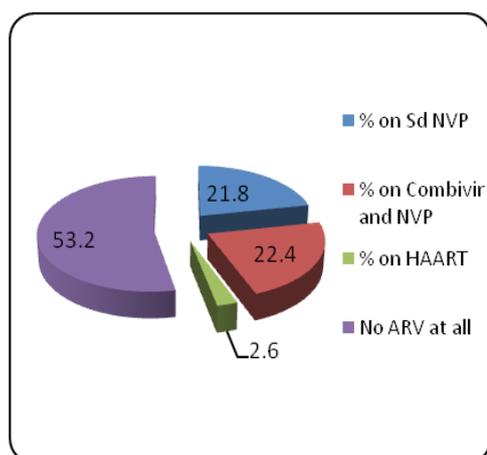
During the quarter, 21 % (n=891) of all HIV positive women received single dose Nevirapine, 31% received Combivir and Nevirapine while 6% received HAART. While it is not a particularly positive note that 41% of all the HIV positive pregnant women identified during the quarter were not enrolled onto PMTCT prophylaxis, there is a substantial improvement as compared to the performance registered in quarters 1 and 2 of PY2 (October 2009 to March 2010). The shortage of drugs at non-ART providing PMTCT sites contributed to the high number of HIV positive pregnant women that did not receive PMTCT prophylaxis. Overall, a larger proportion of HIV positive pregnant women have been enrolled onto the different categories of PMTCT prophylaxis/HAART as compared to the previous two quarters of PY2. The above comparison is illustrated in more detail in Figures 5 and 6.

Figure 5: Proportion of HIV+ pregnant mothers enrolled onto prophylactic ARVs/ HAART - Overall six districts (Qtr 3)



Source: STAR-EC Program records

Figure 6: Proportion of HIV+ pregnant mothers enrolled onto prophylactic ARVs/HAART - Overall six districts (quarters 1 & 2)



Source: STAR-EC Program records

Lessons learned

- Implementation of quality PMTCT in the six districts is dependent primarily on continued mentorship of the trained health workers on a regular basis in addition to the availability of regular PMTCT supplies (test kits and ARV prophylaxis regimens)
- Creation of partnerships between STAR-EC and the MoH AIDS Control Program to conduct regular support supervision has been key in turning around the overall PMTCT performance in all the districts
- Family support groups serve as important follow up points for HIV positive mothers who would otherwise be lost to follow up

Challenges

- Shortage of HCT test kits at NMS at the beginning of the quarter was a challenge since the program had no buffer stocks at the time
- The family support groups at Bugiri Hospital (Bugiri district) and Namugongo HC IV (Kaliro district) faced eligibility of some members and administrative challenges that necessitated the intervention of STAR-EC to retrain the health workers on running family support groups
- Follow up of the HIV exposed babies that have not honored their EID appointments is expensive since most mothers do not have telephones as the EID strengthening program had anticipated
- All facilities supported during the quarter continued enrolling some of the mothers on single dose Nevirapine despite the policy advising use of combination therapy/HAART
- Referral for HAART by non-ART providing sites is still a major challenge because ART centers (26) are a lot fewer than the PMTCT sites (68) and coverage of ART outreaches to lower units is still limited

Way forward

- STAR-EC will continue to collaborate with MoH and NMS to build capacity of the health workers to manage their logistics systems
- STAR-EC will, in the coming quarter, continue to mentor health workers in the new developments of PMTCT and EID in order to ensure implementation of quality PMTCT
- Facilitation of family support groups will continue with emphasis being placed on ensuring the quality of the package of services for the HIV positive women, their babies and spouses
- In Q4, STAR-EC intends to roll out the EID strengthening program that emphasizes active referral and follow up of the HIV exposed babies in the community. In the same vein, STAR-EC plans to embrace the planned PMTCT strengthening program that has been developed by MoH following the successes registered by the EID strengthening program
- During Q4, m2m working with NACWOLA will strive to streamline intra-facility and facility-community referrals using the 'mentor mothers' in the facility in collaboration with NACWOLA community support agents both in the community and the facility
- STAR-EC will adopt and support the roll out (in the East Central region) of the revised PMTCT policy that has been agreed upon by the national PMTCT technical working group in collaboration with all PMTCT stake holders in the country following the advice on PMTCT regimens worldwide by WHO. This policy emphasizes the use of HAART for eligible HIV positive pregnant mothers and combination ARVs for prophylaxis for those not eligible for HAART as early as the second trimester

2.1.3 Care and Support

2.1.3.1 Umbrella Care

"Umbrella care" to PLHIV was provided through both the community/home-based care and facility-based care service delivery approaches. A total of 15,825 persons (5,835 males, 9,990 females) were served with at least

one care service (either clinical care, preventative care or support care) during the reporting period. Details of the type of care service received are provided in subsequent sub-sections on care.

Challenge and the way forward

Provision of the HIV preventive basic care package (BCP) to PLHIV stalled after the Program for Accessible health Communication and Education (PACE) wound up. STAR-EC had anticipated to access the BCP kits for its partners through collaborating with PACE. By the close of Q3, STAR-EC had initiated the procurement process for the BCP starter kits for distribution to facilities



Many PLHIV turned up for medicine refills and Clinical reviews at Kamuli General Hospital

2.1.3.2 Clinical Care

During this quarter, STAR-EC rapidly scaled up its support for HIV&AIDS care services from 34 health facilities reported in the last quarter to 62 facilities (4 hospitals, 12 HCIVs and 46 HCIIIs) in six districts. This was done through liaising with Uganda Cares and Mildmay Uganda to train 59 health workers (33 males, 26 females) in the management of HIV&AIDS opportunistic infections (OIs) and sexually transmitted infections (STIs). Two such trainings targeting Medical Clinical Officers and Nursing Officers from 46 newly supported HCIIIs were held. In addition, the MoH standard pre-ART Registers

were procured and distributed to all HCIIIs to establish HIV clinics and to enable clinicians to document their work.

To make the HIV clinics effective, 1,203 tins of Co-trimoxazole (960mg) were procured from Uganda Health Marketing Group (UHMG) and distributed to 70 health facilities. In addition, information got from the National Medical Stores (NMS) was circulated to all facility in-charges guiding them on what medicines for treating OIs were available under the credit line system. As a result of this intervention, a total of 8,414 PLHIV (3,107 males, 5,307 females) were served with at least one clinical service, essentially Co-trimoxazole prophylaxis. About 23% of these were newly enrolled on chronic HIV care during this quarter alone [1,949 persons (711 males, 1,238 females)].

Challenges

- Utilization of newly established HIV clinics is lower than expected based on the eligible population calculations. The probable reason for this low turn up is that the community is not aware of the availability of HIV&AIDS clinics at these new sites
- A huge gap exists in inter-service linkages to care, exemplified by few (107) pregnant HIV positive women (107 HIV+ deliveries) enrolled into clinical care; and few (48 babies = 45%) children are enrolled into care and got Co-trimoxazole prophylaxis

Way forward

- Community sensitization and mobilization will be intensified during Q4 by involving the community support agents (CSAs) to mobilize fellow PLHIV within their respective sub-counties. PLHIV will be informed to utilize nearby health centres which now offer HIV&AIDS services
- CSOs shall endeavor to link newly diagnosed HIV positive clients during HCT outreaches. They have been equipped with referral forms which track the referred client up to the health facility and capture the care service received in each department. In addition, selected CSOs like URHB and FLEP shall be

provided with co-trimoxazole so as to enable them carry out integrated HCT outreaches by providing clinical care to people who will test HIV positive

- STAR-EC will train and facilitate quality of care improvement teams at facilities so that they hold regular meetings and identify reasons for the poor inter-service linkages and possible solutions. In addition, mentoring visits will be conducted to facilities by STAR-EC staff with a view of improving inter-service linkages and referrals
- 20 mentor mothers who have been hired, trained and placed at 10 health facilities (4 hospitals, 4 HCIVs and 2 HCIIIIs) will be utilized to link women from PMTCT to HIV care clinics. Similarly, the EID focal point persons will be utilized to link infants and children to the HIV care clinic

2.1.3.3 Clinical/Preventive services – additional pediatric

During this reporting period, Ministry of Health and STAR-EC held sensitization meetings for the District Health Management Teams (DHMTs) in which a new policy change was communicated. It directs facilities to integrate Early Infant Diagnosis of HIV infection (EID) into all immunization outreaches. STAR-EC program pledged to continue supporting transportation of Dry Blood Spot samples for Polymerase Chain Reaction testing to a reference laboratory and collection of results within 2 weeks in order to reduce on the delay to identify HIV positive children.

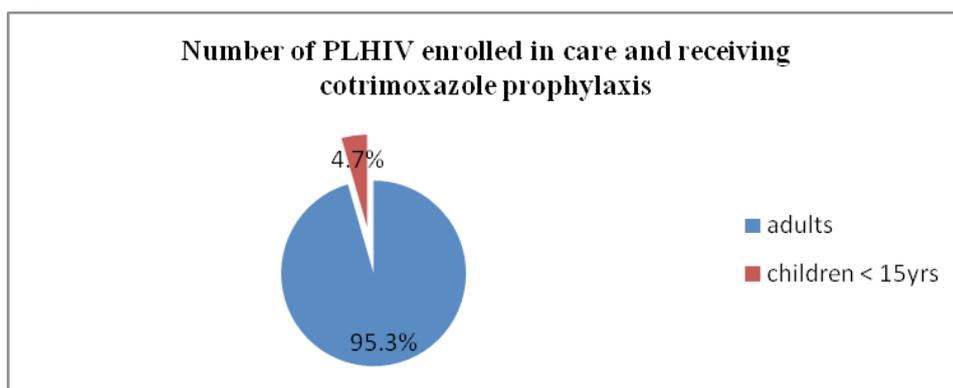
To date, five facilities in Mayuge District are implementing the EID strengthening program and have collectively enrolled 46 HIV-exposed infants (31 males, 15 females) into care of whom 23 (16 males, 7 females) had a positive PCR test result and received pediatric ARVs in addition to co-trimoxazole prophylaxis. Overall the program has provided co-trimoxazole prophylaxis to 378 children below fourteen years of age.

In a bid to rationalize PEPFAR support, improve equity in coverage of pediatric ART services, and to eliminate partner overlap or duplication of services at facility and district levels, this quarter STAR-EC, met with Baylor-Uganda together with CDC and USAID officials. The meeting resolved that Baylor would exit from its three sites in the region and transition these over to STAR-EC by the end of September 2010. A transition plan was agreed upon highlighting partner roles including conducting joint mentorship visits, sharing logistical support (pediatric and adult ARV medicines) and holding monthly meetings between Baylor and STAR-EC to review the progress of the transition. In the meantime, Baylor will continue to report to MEEPP the numbers of children below 14 years who will have been served at the affected 3 sites where the two programs co-exist while STAR-EC will report adults only.

Challenge

Few health workers are competent to diagnose and manage pediatric HIV&AIDS. This situation is made worse by the scarcity of Medical Officers in most of the health units in the East Central region. Reasons for the low access to pediatric care include: the fact that clinicians have difficulty diagnosing HIV&AIDS in children and difficulty deciding to initiate ART. Also there has been poor follow-up of HIV-exposed infants coupled with delayed receipt of DNA-PCR results. As a result, few children (only 5% of all PLHIV) have been enrolled into chronic care and only 10% of ART clients are children on ART treatment. The analysis of performance shows that STAR-EC supported districts are far from achieving the prescribed national target of HIV positive children contributing 10% of all PLHIV enrolled in care and (see Figure 8).

Figure 7: Proportion of adults and children enrolled in HIV chronic care



Source: STAR-EC Program records

Way forward

- STAR-EC will work closely with the AIDS Control Program to conduct a series of trainings on pediatric HIV&AIDS care and treatment using the recently developed training curriculum for health professionals. These trainings are scheduled to commence in August and will be followed by intensive clinical mentorship visits and support supervision
- Work in collaboration with CHAI and MoH to rapidly scale up the “EID Strengthening Program” to all six districts. This provides a good entry point for pediatric ART services

2.1.3.4 Support Care

A total of 572 PLHIV (228 males, 344 females) were provided with support care during the April – June period. Support care was provided at both facility and community levels mainly by PLHIV peer educators (expert clients) known as community support agents (CSAs). NACWOLA facilitated CSAs with transport refund and safari day allowances to conduct home visits and provide psychosocial and adherence support and to follow up clients who miss appointments. NACWOLA conducted 917 home visits and served a total of 746 PLHIV (121 males, 625 females) with psychosocial support counseling, positive living counseling and condom education services. In addition, psychosocial support group meetings were held at sub-county level to share experiences, testimonies and solutions. In one such group meeting attended by 29 PLHIV (21 females, 8 males), members resolved to start a revolving fund based on member contributions in order to improve their economic welfare. STAR-EC will assist PLHIV groups to access wrap around financial services from Savings and Credit Co-operatives (SACCOs) and “Prosperity for All” grants from government.

Challenges

- The caregivers did not have home based care (HBC) kits so home visits did not offer a comprehensive package of services for the bed-ridden PLHIV
- Inadequate follow up of clients by health facilities to support clients to adhere to medications (cotrimoxazole and/or ARVs) due to shortage of staff and logistics

Way forward

- Expedite the procurement process for home-based care kits for distribution to NACWOLA lay caregivers
- The program will equip sub-County health workers with bicycles so as to enable them to conduct home visits as well as continue to facilitate expert clients to conduct follow up visits

2.1.4 Antiretroviral (ARV) services

Coverage of anti-retroviral therapy (ART) service outlets was increased further from 21 to 26 ART sites (see Table 8) with the new ones being HCIII including Sigulu Islands HCIII, a hard-to-reach fishing community formerly in Bugiri District and now located in the new district of Namayingo.

Table 7: New ART sites accredited during Q3

District	Name of Health Centre
Mayuge	Wabulungu HCIII
Iganga	Busembatya HCIII
Bugiri	Banda HCIII
	Sigulu Island HCIII
Kaliro	Namugongo HCIII

Source: STAR-EC Program Records

Apart from training 15 health workers at the new sites on comprehensive HIV&AIDS care and treatment, they too received on-job clinical support from experienced HCIV staff that were facilitated to conduct ART outreaches to the new sites once a month with an aim of building the skills of clinicians and nurses in ART service delivery further. About 14 clients were initiated on ART through the outreach program alone.

ARVs were received from two sources (USAID/SCMS and MoH) and distributed to all 26 ART sites. As a result of scale up, the program provided ART to 2,723 current clients (1,016 males, 1,707 females), of whom 12% (338 clients) were newly initiated on ART in this quarter (134 males, 204 females). Table 8 shows that Kamuli District enrolled the largest proportion (26%) of PLHIV into care, while Iganga District initiated ART for 31% of new ART clients. This implies that there is an improvement in ARV services access and utilization across the larger districts. But of all clients on ART, only 267 children received pediatric ART, and so the program needs to strengthen this area.

Table 8: Number of clients reached with Care and ART services during Q3

Districts in EC region	# of PLHIV newly enrolled in Care	# of current PLHIV on CPT	# of new clients eligible for ART	# of PLHIV newly started on ART	# of PLHIV current on ART	Proportion of PLHIV still alive after 1 year on ART
Bugiri	420 (22%)	1,452	40	56 (17%)	463	72%
Iganga	494 (25%)	2,309	71	106 (31%)	936	56%
Kaliro	93 (5%)	256	115	17 (5%)	107	34%
Kamuli	502 (26%)	2,451	70	77 (23%)	854	98%
Mayuge	274 (14%)	1,167	38	47 (14%)	181	29%
Namutumba	166 (9%)	779	18	35 (10%)	182	20%
E/Central Total	1,949	8,414	352	338	2,723	71%

Key: CPT = Co-trimoxazole prophylaxis therapy; ART = Antiretroviral therapy

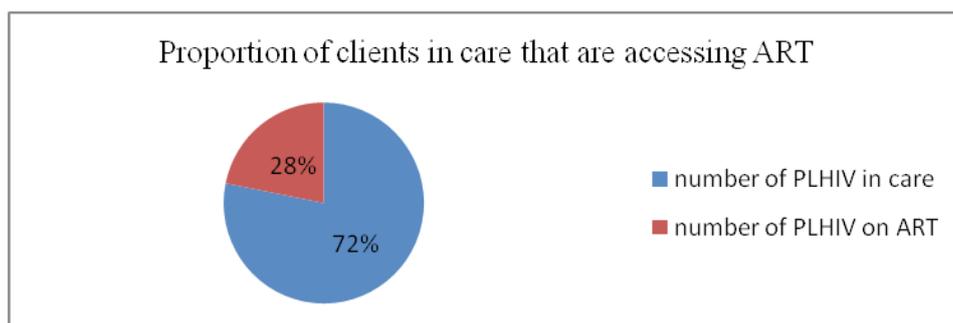
Source: STAR-EC Program Records

In collaboration with CHAI, STAR-EC trained 92 health workers (47 males, 45 females) from 26 ART sites on pediatric ARVs and logistics management, to enable them gain confidence in prescribing pediatric ART. CHAI also provided facilities with job aides that included the dosing chart for Co-trimoxazole and pediatric ARVs to

ensure adequate dosing and correct dispensing.

Despite these marked achievements in scaling up ART utilization, not all PLHIV are accessing ART. As Figure 9 shows, only 28% of all PLHIV clients are accessing ART (compared to 35% as the expected proportion of clients eligible for ART) while the rest (72%) are still on clinical pre-ART care. This low coverage and utilization is due to the delay by clinicians to initiate ART either due to delayed acquisition of CD4 results or indecisiveness on the clinicians' part. With the recent developments, the anticipated challenge is how to maintain this bigger portion of PLHIV on pre-ART care, and slow down their progression to ART given that donor funding, specifically for ART, is flattening.

Figure 8: Proportion of clients in care that are accessing ART



Source: STAR-EC Program Records

ACP senior staff visited and assessed 9 of the 10 newly established ART sites during Q3. Subsequently, MoH accredited the 9 sites to provide ART services and to access ARV medicines from the NMS. This brings the total number of accredited ART sites to 27 in STAR-EC's geographical area of coverage. These are equitably distributed within the region and within each district (See Table 9). Only Sigulu Island HCIII is pending accreditation status though already active as a service point.

Table 9: Distribution of accredited ART sites in East Central Uganda

District	Name of ART sites and their level			Total
	Hospital	Health Centre IV	Health Centre III	
Mayuge	St. Francis Buluba Hospital	Kigandalo HCIV	Mayuge HCIII	5
		Kityerera HCIV	Wabulungu HCIII	
Kamuli	Kamuli General Hospital	Namwendwa HCIV	--	5
		Nankandulo HCIV	--	
	Kamuli Mission Hospital	Kidera HCIV	--	
Iganga	Iganga Hospital	Busesa HCIV	Namungalwe HCIII	6
		Bugono HCIV	Busembatya HCIII	
		Kiyunga HCIV	--	
Namutumba	N/A	Nsinze HCIV	Namutumba HCIII	3
			Ivukula HCII	
Kaliro	N/A	Bumanya HCIV	Nawaikoke HCIII	3
			Namugongo HCIII	

Bugiri	Bugiri Hospital	Buyinja HCIV	Banda HCIII	5
		Nankoma HCIV	Sigulu Island HCIII	
Total sites	5	12	10	27

Note: St. Francis Buluba Hospital is supported by USAID-Inter-Religious Council Uganda (IRCU). Namutumba and Kaliro districts are small in size, lack a general hospital and have one HCIV each.

Source: STAR-EC Program records

Following the recent revision of patient monitoring tools for HIV/ART, the STAR-EC program trained 124 health workers (57 males, 67 females) from 26 ART sites. At each health facility, a team of four staff members were trained (a Medical Clinical Officer, a Nurse/Midwife, a Nursing Assistant, and a Medical Records Assistant) on how to correctly document in the patient HIV care/ART cards, pre-ART register, ART register and how to compile the national HIV care/ART quarterly monitoring report for submission to the MoH. Further technical assistance has been offered through stationing of 3 Hospital Liaison Interns (Masters of Public Health students from American Universities) in the ART clinics of Kamuli Mission Hospital, Iganga Hospital and Bugiri Hospital for a period of 2 months. These Interns are mentoring clinic staff as well as assisting in compiling the monthly and quarterly HIV/ART monitoring reports. On-job mentorship shall be provided to these teams to ensure prompt submission of the quarterly reports.

Challenges

- The program capacity to monitor adherence to ARVs and to monitor client loss-to-follow-up is not yet strong, having initially put emphasis on increasing access to services and then improving the level of documentation and reporting by facilities
- Few children (10% of ART clients) and few TB-HIV co-infected patients (13%) are initiated on ART. There is evidence of knowledge and skills gaps amongst the health workers regarding pediatric HIV&AIDS care and treatment

Way forward

During the subsequent quarters, STAR-EC will prioritize ART program monitoring by designing and implementing an adherence support and community follow-up program using expert clients and community support agents linked to facilities



The DTLS of Iganga presenting during a quarterly zonal meeting

During subsequent quarters, the program will focus on pediatric ART training. Also a consultant pediatrician has been sourced from AIDS Healthcare Foundation - Uganda Cares to provide technical assistance to seven STAR-EC supported sites on pediatric ART. Clinicians of TB clinics will be supported to link patients from TB to ART clinics.

2.1.3.5 Clinical/Additional TB/HIV

STAR-EC continues to collaborate with the National TB and Leprosy Programme (NLP) to implement TB/HIV activities. During Q3, STAR-EC provided financial and technical support to the South –East zone to hold a quarterly meeting. The District Health Officers (DHOs) and some of the

health sub district TB focal persons from STAR-EC supported districts were facilitated to participate in the meeting. This meeting provided an opportunity for sharing the challenges encountered regarding TB control with the DHOs and for coming up with action plans to address the situation. Best practices and innovations were shared such as sputum outreaches initiated by STAR-EC to hard-to-reach sub-counties and those without diagnostic facilities. It was reported that some TB cases had been identified during those outreaches. The districts of Bugiri and Iganga were recognized for the improvement registered during the quarter. Among other issues shared were the declining case detection rates (CDR) for the districts of Kamuli and Namutumba.

Over the reporting period, STAR-EC together with the MoH and other partners conducted a joint TB/HIV support supervision to selected districts in the South-East zone. This activity is conducted biannually focusing mainly on TB, TB/HIV collaborative activities, TB infection control at health care settings and the laboratory. However, in order to improve on the quality of supervision, it was agreed that this activity be focused mainly on TB infection control, recording and reporting and the laboratory. Six facilities (Kamuli Mission Hospital, Kamuli General Hospital, Namwendwa HC1V and Kityerera HC1V, Malongo HC111 and Baitambogwe HC111) in the respective STAR-EC supported districts of Kamuli and Mayuge were supervised. During the presentation of the reports at the PEPFAR TB/HIV coordination meeting, it was noted that across the districts there was inadequate implementation of TB infection control; poor utilization of intensified TB case finding (ICF) tools, poor TB patient follow up at 2, 5 and 8 months; inadequate support supervision at all levels; and unsatisfactory documentation in the relevant registers across all the districts. As a way forward, implementing partners were asked to support their districts in terms of providing technical support and on-job mentorship so as to bridge the gaps highlighted above.

During Q3, STAR-EC trained 20 health care providers (5 females and 15 males) from Iganga, 19 (4 females and 15 males) from Mayuge and 19 (3 females and 16 males) from Kamuli as trainers on TB/HIV co-management and TB infection control. Participants were selected from the HSDs and the District Health Team. They were taken through a practical session on TB risk assessment at health facilities.



TB/HIV trainers from district during a group discussion

In addition, over the same reporting period, STAR-EC supported 4 HSD teams of trainers in Kamuli District to scale up the trainings to lower level health facilities. The trainings were conducted at HSD level and a total of 125 (88 females and 37 males) health workers from all the HC111s, HC1Vs and the two hospitals were trained in TB co-management and TB infection control. Consequent upon this training, health workers were supported to carry out a TB infection risk assessment of their respective facilities. Basing on these assessments, TB infection control plans were subsequently written with participation of all the staff. As a result of these efforts, a total of 10 facilities had their TB infection control plans displayed by the close of this quarter.

At national level, STAR-EC was actively involved in the TB/HIV PEPFAR coordination meeting, joint TB/HIV support supervision planning meeting, and the national quarterly zonal performance review meeting. In addition, STAR-EC participated in the national TB/HIV coordination committee meeting during which, STAR-EC program staff presented a paper on the experience with ICF tools implementation in the STAR-EC supported districts. STAR-EC also participated in the meeting together with the STAR-E and the ZTLS to lay strategies in supporting poorly performing districts in the zone.

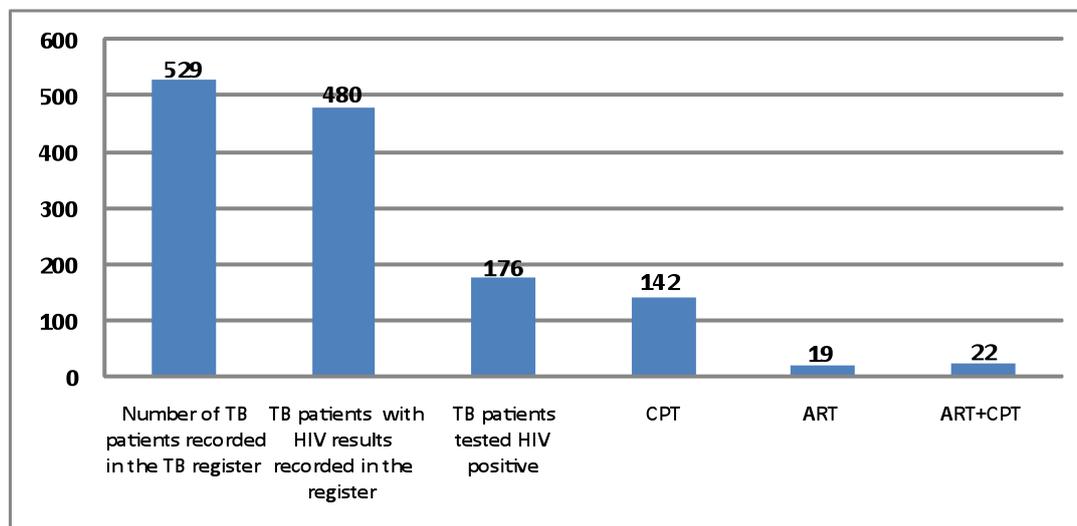
Table 10: TB/HIV out comes during Q3

Indicator	Female	Male	Total	
Number of TB patients recorded in the TB register	217	312	529	
TB patients with HIV results recorded in the register	199	281	480(91%)	
TB patients tested HIV positive	84	92	176 (37%)	
TB/HIV patients started on treatment	CPT	72	70	142 (81%)
	ART	10	9	19 (11%)
	ART&CPT	11	11	22 (13%)

Source: STAR-EC program records

As noted from the Table 10, during Q3a total of 529 TB patients were recorded in the TB unit register. Of those recorded, 480 (91%) were tested for HIV and received results. Additionally, 176 (37%) patients tested HIV positive and 142 (80%) of them were started on co-trimoxazole preventive therapy (CPT). Overall, only 11% were able to access ART. Similarly, the percentage of TB/HIV co-infected clients who received combination of ART/ CPT was low (13%).

Figure 9: Cascade showing TB /HIV service provision in Q3



Source: STAR-EC program records

Overall, the majority of TB/HIV clients were provided with CPT during the quarter.

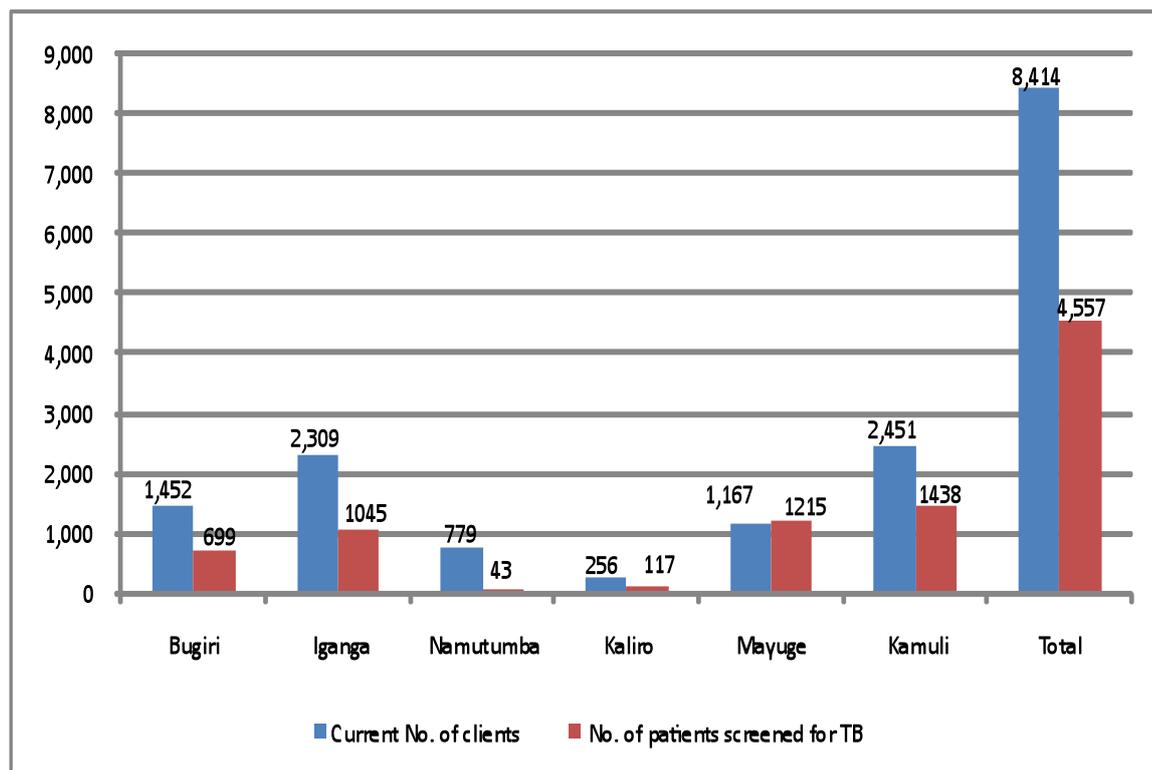
Table 11: TB in HIV chronic care services

Facility	Current No. of clients	No. of patients screened for TB	No. of patients treated for TB	ART+TB treatment
Bugiri	1,452	699	26	1
Iganga	2,309	1045	25	8
Namutumba	779	43	7	2
Kaliro	256	117	2	1
Mayuge	1,167	1215	7	1
Kamuli	2,451	1438	13	11
Total	8,414	4,557	80	24

Source: STAR-EC program records

In Table 11, a total of 8,414 PLHIV obtained HIV chronic care services during the quarter out of these 4,557 (54.2%) were screened for TB and 80 (2%) treated for TB.

Figure 10: TB screening of HIV positive clients by district during the Q3



Source: STAR-EC Program Records

Nearly a quarter of HIV positive clients were not screened for TB, most of these clients were from Kamuli and Iganga districts. The current TB strategy aims at screening all HIV positive clients in pre-ART/ART for TB. This information is not routinely captured in the registers and the chronic care cards

Challenges and the way forward

- Inadequate/inequitable allocation of resources towards TB control activities by the district local governments. STAR-EC will continue to support districts to plan and include TB control activities in their work plans
- Training of health care providers at facility level on TB/HIV co-management remains a challenge to implement. It requires engaging health workers at a facility for 4 days a week hence interrupting the routine work. Besides, training at facility level takes a longer duration of time to cover all the facilities in the districts. To overcome these challenges, Kamuli District decided to conduct the training at HSD levels rather than at the facilities and few health workers were drawn from the facilities at a time
- Information on TB among HIV care settings is captured in the chronic care cards but this information is missing in the pre-ART and ART registers. Updating registers is on going with support from STAR-EC. In addition, some facilities like Kamuli Mission Hospital are not using the cards; therefore information is just recorded in the patients' books
- There are limited linkages and internal referrals between the TB and HIV care services at facility level. STAR-EC shall continue to support the collaboration through sensitization of staff, continued professional development sessions and the ongoing training on TB/HIV co management at lower level facilities
- Poor documentation and failure to update ART and pre-ART registers. STAR-EC is supporting facilities to update data in the new registers from the chronic care cards

Lessons learned

- DHOs should be involved during zonal quarterly meetings to share and appreciate the challenges experienced in TB control since they take decisions in allocation of resources to TB control activities
- Training at HSD level is a more practical way of scaling up the trainings to lower level health care providers



STAR-EC staff, providing technical support to URHB staff at their static site

2.1.3.6 TB control activities

In order to improve case detection rate and treatment success rate in the six districts, STAR-EC supported NACWOLA and URHB to train community support agents (CSAs). A total of 93 (23 males and 60 females) CSAs from Mayuge, Bugiri and Kaliro districts were trained on intensified TB case finding, psychosocial support, follow up and referral of TB suspects in the communities. Community support agents are also based at health facilities and are expected to be utilized in supporting facilities in implementation of ICF tools in HIV care settings. During the training, a number of challenges were highlighted including patients that are left unattended to by facility staff when referred from the communities thus contributing to poor medical seeking behavior by patients.



The DTLS, HSD TBFPs & STAR-EC staff, during the traditional healers dialogue at Busesa

In addition, technical support was extended to URHB staff based at the newly opened static site in Kaliro District on the use of ICF tools, conducting TB sputum outreaches, documentation in the TB unit and Laboratory registers and TB case management.

During this reporting period, STAR-EC supported Iganga District to conduct sensitization dialogues with traditional healers/herbalists so as to address the delays involved in seeking for medical treatment by TB suspects. This was in recognition of the public-private partnership (PPP) as one of the pillars of the Stop TB strategy; owing to the fact that many patients first seek medical care from traditional healers/ herbalists before seeking treatment from health units. Against this background, a total of 100 traditional healers participated in the four meetings which were conducted at HSD level. Discussions were centered on: -

- Recognition of a TB suspect
- Treatment modalities
- referral of TB suspects
- Collaboration with health facilities



DTLS of Iganga during one of the sputum outreaches

The challenges highlighted were: -

- Long waiting time for TB suspects at health facilities
- Negative attitude of health workers towards TB patients
- Allegations of charging patients by health care providers for services offered
- Lack of customer care by health care providers
- Failure by health workers to recognize traditional healers' contribution to the care of patients in communities

As a way forward, traditional healers agreed to refer TB suspects for diagnosis and treatment as long as there

was close collaboration with health care providers. It was also agreed that more sensitization meetings be held between traditional healers and health workers in future.

During the quarter, STAR-EC also supported 11 sub-counties with limited access to diagnostic facilities to conduct sputum outreaches. Basing on the encouraging results of the 3 outreaches that were conducted in Q2, STAR-EC scaled up this activity this quarter to cover 11 sub-counties with limited TB diagnostic facilities. The results of the outreaches are indicated in Table 12.

Table 12: Outcome of sputum outreaches

District	Sub-county	No. of suspects	No. smear positives
Namutumba	Magada	20	0
	Bulange	30	5
Bugiri	Sigulu islands	41	4
	Kawakawaka	17	1
	Mutumba	23	0
Kamuli	Kagulu	31	2
	Bugaya	9	0
	Kidera	26	1
Iganga	Bulamagi	45	2
	Namungalwe	28	0
	Bukanga	36	1
Total		306	17 (6%)

Source: STAR-EC Program Records

Over this reporting period, STAR-EC supported Sub-County Health Workers' (SCHWs) performance review meetings in all the six districts. The meetings were also attended by the DTLS and the HSD TB focal persons. The objective of the meetings was to share the challenges and best practices. The following challenges were documented: -

- Poor patient enrollment on TB DOTS
- Poor or lack of documentation in the unit register of the drugs delivered in the communities
- Inadequate implementation of contact tracing
- Inadequate support supervision by HSD TB focal persons as a result of inadequate facilitation and lack of transport
- Low TB suspicion index by clinicians

In line with the MoH policy aimed at strengthening delivery of health services at house hold level and empowering communities to take part in decisions that affect their health, STAR-EC supported training of village health teams (VHTs) in Namutumba and Bugiri districts on intensified TB case finding, referral of TB suspects and psychosocial support. A total of 150 VHT members were trained for Namutumba and 110 for Bugiri District.

Additional support by STAR-EC to partners included training of one health worker from Kaliro District for a one month DTLS course at Buluba Hospital. The trained official will be supporting the current DTLS to implement TB/

SUCCESS STORY

Desperate Kidogwa regains hope: A case of successful implementation of ICF tools, infection control and TB DOTS in Iganga District.

Kidogwa Patrick, 45 years old, is a resident of Bulamagi Sub-County and a father of 4 children living with their grandmother. Kidogwa started feeling unwell six months prior to his diagnosis. Kidogwa had coughed for over 5 months. He had been to several clinics where he received treatment for cough with insignificant improvement.

The mother, who is also a traditional healer/herbalist, administered herbs to him but without much improvement. By this time Kidogwa had lost so much weight and was hardly out of bed. Because of this his wife abandoned him because she suspected that he had contracted the deadly HIV virus. Because of frustration, he resorted to taking too much alcohol and his mother, who lives close to his home, was forced to take care of Kidogwa's four children. On 24th April 2010, Kidogwa decided to visit Iganga Hospital on the advice of the neighbors. On that day, the District TB and Leprosy Supervisor (DTLS), Mr. Mukasa Joseph had visited the hospital on routine support supervision, including the outpatient department to establish the level of utilization of intensified TB case finding



Kidogwa, with his mother, children, SCHW and his treatment supporter

forms and TB infection control. During the demonstration to the health workers on triaging of coughing patients, he identified Mr. Kidogwa who was coughing and seated in the long line waiting for his turn to be registered before seeing the clinician. He was moved ahead of the line and sputum was collected from him. The DTLS assisted him to access services faster, sputum

and blood for HIV test were collected from him for examination and the result on the first smear sample was positive(+++) for TB and the blood test was negative for HIV. After educating him about the TB disease, he was started on TB treatment for 2 weeks and then referred to Bulamagi HC111. He was also asked to identify a treatment supporter during the subsequent visit. He identified his neighbor as his treatment supporter. He is currently receiving his treatment from home and he is doing well on treatment. He is very appreciative to the DTLS and has since made him a personal friend for having saved his life.

HIV activities in the district until the latter retires at the end of this year.

STAR-EC provided technical support supervision to 13 health facilities while district teams conducted the same activity in 50 facilities during the quarter. Furthermore STAR-EC support focused on facilitating 76 SCHWs with transport refund to deliver drugs to treatment supporters in the different communities. In addition, the DTLs of the six districts were supported to deliver drugs to the peripheral health units. A total of 334 clients were supported under the DOTS strategy as a result of this effort.

Challenges and way forward

- Lack of readily available transport to conduct support supervision visits by the HSD TB focal persons in the six districts and the DTLs of Namutumba and Bugiri districts. SCHWs also face similar challenges during implementation of TB DOTS. STAR-EC purchased 64 bicycles to facilitate SCHW and procurement of motor cycles is underway. Inadequate documentation in the relevant Registers, TB case management and sputum follow up.
- STAR-EC and NTL resource persons shall continue to provide on job mentorship at health facilities during the next quarter.

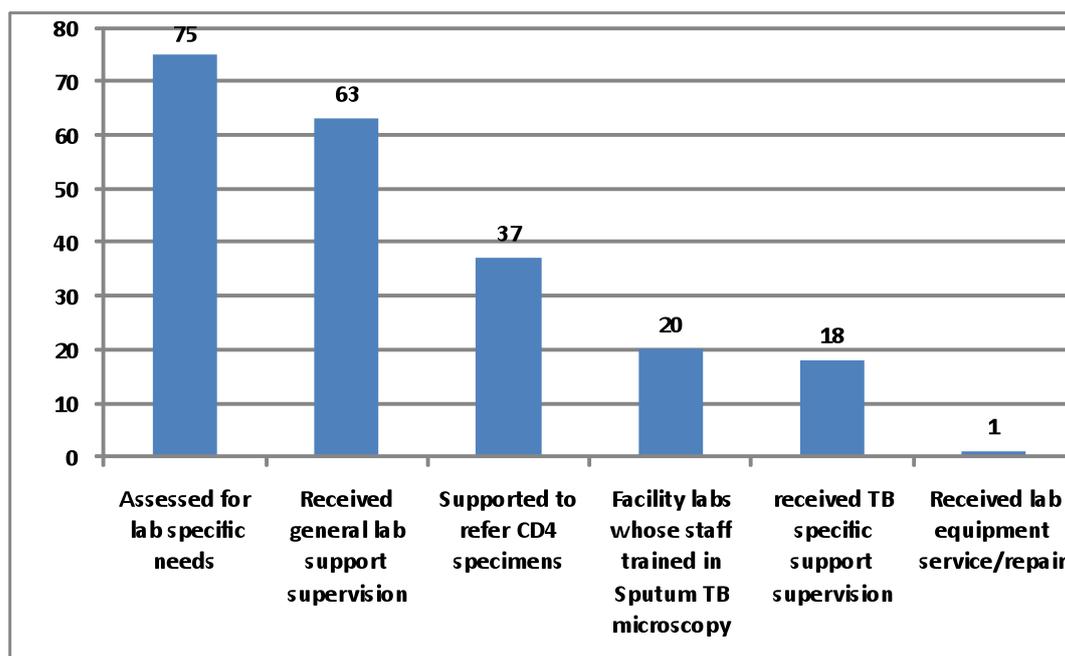
Lessons learned

- Dialogue with traditional healers does improve the relationship with healthcare providers and therefore encourages referral of TB suspects
- Because of the negative attitude of some of the health workers and lack of customer care and psychosocial support to their clients patients are compelled to seek treatment from traditional healers who are endowed with the art of offering psychosocial support
- Contact tracing by the SCHWs leads to increase in case detection in the districts as illustrated by Bulange Sub-county, two cases were identified during contact tracing during the quarter
- There is need to improve on interpersonal communication between the health workers and patients so as to improve on drug adherence and treatment outcome
- There is need to involve laboratory personnel in the review meetings because they directly participate in care, follow up and determination of treatment outcome of TB patients

2.1.6 Laboratory Services

Over this quarter, STAR-EC continued to contribute to the national response to TB and HIV/AIDS prevention, care and treatment, through ensuring that essential and critical laboratory services and referral mechanisms are in place and strengthened at all health facilities in East Central region. To achieve this, STAR-EC continued to work with several stakeholders from the Ministry of Health (MoH) and other Implementing Partners (IPs) as shown in Appendix two. Through this partnership, 76 health facilities in the region received direct support from STAR-EC. The support provided to 76 facilities is summarized in Figure 11.

Figure 11: Number of health facilities that received the various types of laboratory support provided by STAR-EC during Q3



Source: STAR-EC Program Records

Assessment of needs for laboratory services delivery in 75 facilities was the major exercise that was undertaken by STAR-EC as regards laboratory strengthening. The only health facility that was not assessed was Sigulu Islands HC III in Namayingo district (formerly in Bugiri District), which will require a special arrangement including hiring a boat for transport on water. The findings of this assessment were disseminated to USAID staff during their supervisory visit, the Ministry of Health, the six districts and other stakeholders. The full report will soon be shared with all the main stakeholders during the next quarter. Majority of the facilities assessed were HC IIIs (59; 79%) while HC IVs and Hospitals were eleven (11; 15%) and five (5; 6%) respectively (see Appendix two).

The highlights of the laboratory needs assessment summarized in Appendix one

revealed that: -

- Twenty (20; 29%) of the laboratories had inappropriate physical infrastructure, forty three (43; 62%) laboratories lacked running tap water; thirty six (36; 52%) lacked electrical power.
- There were inadequate secondary infection control containment facilities and poor waste segregation practices among the health facilities.
- Implementation of quality control and quality assurance practices and protocols was in place at many facilities but required strengthening to enhance compliance. More health facility laboratories had participated in external quality control for TB (41 (59%)) as compared to 27 (39%) in HIV. In addition, there were a large number of facilities that lacked essential reference texts for quality control

Up to 71% (n=136) of the laboratory staff found working in the health facilities were qualified while 29% were unqualified and therefore serving as Microscopists. With a view to strengthening skills of the laboratory staff to competently perform TB sputum smear microscopy procedures to enhance quality and reliability test results, twenty one (21) laboratory staff from twenty (20) health facilities were facilitated to attend a five-day refresher course. The course was conducted by St. Francis Hospital Buluba training department which is mandated by National TB and Leprosy Program to train health workers in TB and leprosy prevention, diagnosis, care and management.

Participants receiving certificates after attending a 5 day TB sputum microscopy course



The STAR-EC Laboratory Services Advisor provided specialized technical support to service, repair and calibrate the CD4 Partec Cyflow Counter machine at Kamuli General Hospital. The cause of malfunctioning was established to be due to inadequate skills of some laboratory staff that had caused the electrodes to bend. During the process of repairing and servicing this machine, the users were trained on basic skills on application, care and maintenance of the machine.

Over this reporting period, two support supervision visits were conducted to sixty three health facility laboratories to strengthen the implementation of good laboratory practice among laboratory staff. During the first visit, mentorship of the laboratory staff on documentation, data validation and collection was conducted. To guide in forecasting for the next two months (July-August 2010), the stock levels of HIV, TB and malaria diagnostic kits were determined. It was established that; 42 (67%) of the facility laboratories had inadequate stock of Determine, 34 (54%) of Stat Pak and 7 (11%) for Unigold. On the other hand, 7 (11%) already had stock outs for determine, 2 (3%) for Sat Pak and 10 (16%) for Unigold, details of the findings are summarized in Table 13

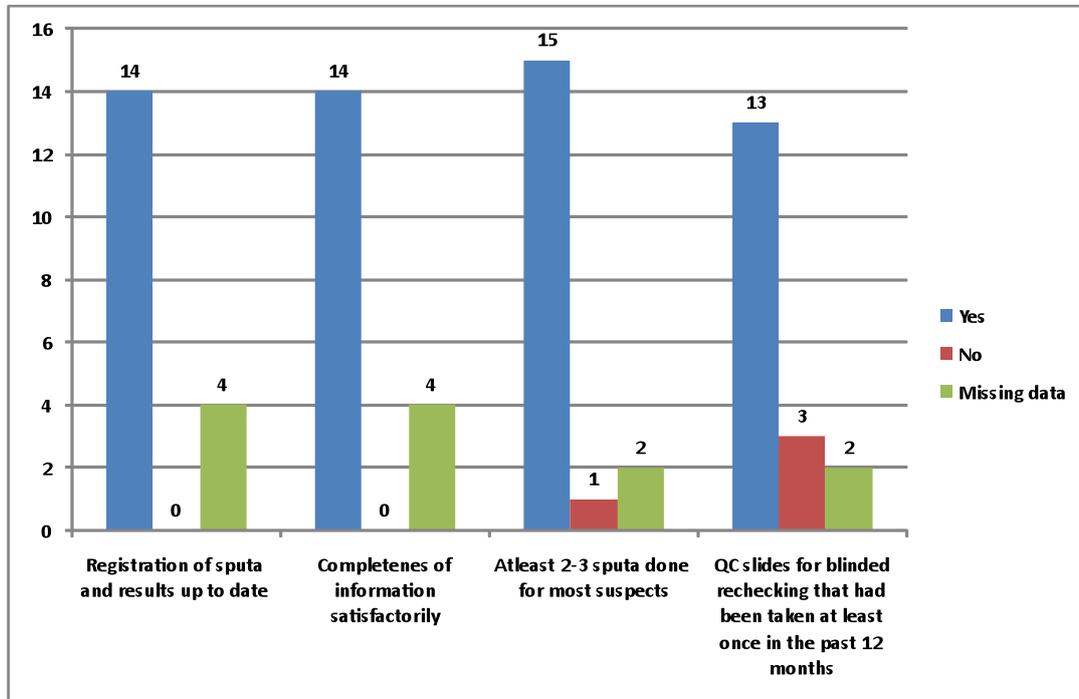
Table 13: Findings on stock status of diagnostic test kits, reagents and other laboratory requirements at 63 Health facilities at the end of June 2010

HIV tests kits	Available and adequate	Available but inadequate	Out of stock
Determine	14 (22%)	42 (67%)	7 (11%)
Stat Pak	27 (43%)	34 (54%)	2 (3%)
Unigold	24 (38%)	29 (46%)	10 (16%)
Basic specimen collection materials			
EDTA Vacutainers	42 (67%)	14 (22%)	7 (11%)
EDTA Capillary tubes	25 (69%)	10 (16%)	28 (44%)
Sputum containers	25 (69%)	22 (35%)	16 (25%)
Reagents & Stains			
ZN stains for TB	Available & adequate	Available but inadequate	Out of stock
Fields Stains A & B	31 (49%)	27 (42%)	5 (8%)
Recording & Documentation	Available and adequately filled	Available but inadequate filled	Lacked
Laboratory Register HIMS 55a	51 (81%)	11 (17%)	1 (2%)
Implementation of EQA for TB & HIV			
Sputum slides for blinded rechecking collected from the lab in Jan-Mar 2010	Yes	No	Not applicable
Received proficiency panels for HIV testing from UVRI/HRL in April-June 2010	46 (73%)	15 (24%)	2 (3%)
	13 (21%)	39 (62%)	11 (17%)

Source: STAR-EC Program Records

In the second supervisory visit, 18 out of the 20 health facilities whose laboratory staff had been trained in TB sputum smear microscopy were supported. During the support visit, implementation of quality control procedures and documentation as recommended by NTLP/NTRL for laboratory diagnosis of TB was assessed. These included registration of sputa and test results, completeness of information recorded, examination of at least 2-3 sputa for TB suspected patients and sending of sputum smears for blinded rechecking as shown in Figure 12.

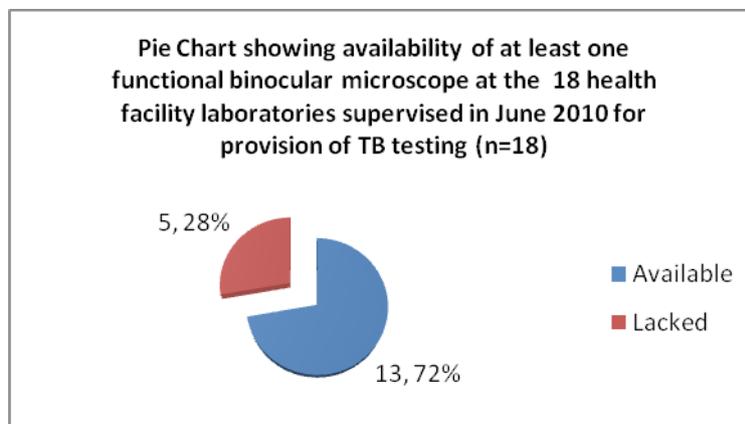
Figure 12: Showing the performance and implementation of quality protocols for sputum TB microscopy



Source: STAR-EC Program Records

In addition, assessment of availability of at least one functional binocular microscope at each of the 18 health facility laboratories was carried out during the second supervisory visit. It was established that majority (13; 72%) of them had microscopes apart from five (5; 28%) that lacked as shown in Figure 13. STAR-EC has procured binocular microscopes that will be provided to the lacking facilities during July-September 2010.

Figure 13: Availability of at least one functional binocular microscope at the 18 health facilities visited during the second supervision.



Source: STAR-EC Program Records

STAR-EC continued to improve access to essential laboratory tests for both ART and general clinical care. As shown in the Table 14, 5.5% HIV antibody tests and 12.0% of the TB sputum tests were positive respectively while 3.9% of the CD4 tests performed were below 250/µl.

Table 14: Showing number of various laboratory tests performed in April-June 2010

Type of laboratory test	Total no. Tested	No. Positive	% positive	No. with CD4 results below 250/µl
HIV Antibody tests	45,520	2,508	5.5	
DNA-PCR tests	372	32	8.6	
TB sputum tests	3,640	436	12.0	
Syphilis tests (RPR /VDRL/TPHA)	4,856	455	9.4	
CD4 tests	2,482			98 (3.9)
Hb estimation	4,727			
White Blood Cell (WBC) counts	61			
Lymphocyte counts	53			

Source: STAR-EC Program Records

Challenges

- Laboratory infrastructure of many health facilities is generally poor. Majority of them were constructed several decades ago and have not had any upgrading in accordance with new developments or to conform to the standard space provisions
- Many laboratories lack essential laboratory equipment such as binocular microscopes and white blood cell counters
- Implementation practices for infection control is still a key challenge in this region both within the laboratory and facility levels
- Quality control implementation by laboratory staff and adequate availability of essential laboratory supplies is noted to be irregular
- Gaps in human resources for laboratory services delivery are evident. There exist unqualified staff (Microscopists) in the laboratories and many other qualified laboratory staff have not received any refresher training in the past 12 months

Way forward

- STAR-EC will work with districts and the MoH infrastructure department to renovate selected health facility laboratories that do not meet the recommended standards
- STAR-EC has initiated procurement of basic equipment, namely binocular microscopes prioritizing facilities that totally lack them. In addition, the procurement process of procuring CD4 machine, Haematology and Clinical Chemistry Analyzers for hospital laboratories was in progress. This support is expected to continue based on the needs that have been identified
- Specific refresher training will be conducted with a view to strengthening the skills, attitudes and knowledge of the laboratory service providers in the region with support from MoH-CPHL/NTRL and other technical units
- STAR-EC will work with other implementing partners in collaboration with MoH Infection Control Division and CPHL to avail and distribute waste containers to all health facilities and relevant materials
- Technical units at MoH for laboratory services delivery namely CPHL, UVRI & NTLN have been consulted and mechanisms to strengthen implementation of comprehensive external quality control for HIV antibody testing, sputum testing for TB causative organisms and other basic laboratory tests are being explored
- The capacity of the laboratory staff in the region will be strengthened through continuous and regular

mentorship to enable them submit orders for laboratory supplies for facilities in their respective district to National Medical Stores in time to avert stock-outs

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

During Q3, HIV prevention through sexual and other behavioural risk prevention activities was mainly implemented through STAR-EC supported CSOs including FLEP, NACWOLA, URHB and Youth Alive. STAR-EC employed several approaches such as peer-to-peer counseling, small group level discussions, peer support group/club activities and targeted community dialogues. Local drama and community operas were utilized to disseminate HIV&AIDS knowledge and information while at the same time entertaining the audiences. The STAR-EC HIV prevention strategy was disseminated to CSO program officers and M&E staff so that their activities are reprioritized to target the most vulnerable and hard-to-reach populations.

2.1.7.1 Promotion of HIV Prevention through Abstinence and Being Faithful (AB) Programs

Youth aged 10-24 especially out-of-school youth were targeted with AB behaviour change activities whilst persons aged 25+ years in marriage and/or cohabiting relationships were targeted with Be-Faithful activities.



Two youth clubs from Buyando and Singira landing sites, Lolwe islands playing a football match

During this period, CSOs used various approaches to reach youth with HIV prevention messages including 'Choose freedom' sessions, Behaviour Change Communication Programs (BCPs), youth clubs which engaged in sports outreaches, monthly community youth meetings and community drama shows. Additionally, at the end of the community drama shows, trained youth peer educators and facilitators engaged youth in small group discussions about the risk of acquiring HIV and how to sustain behaviour which protects them from HIV&AIDS. Gender Based Violence (GBV) prevention featured commonly in community dialogues.

Table 15: The various approaches used to reach out to the youth by STAR-EC partners

Approaches	Number conducted	Number of youth reached			Skills or information provided	Place where activity took place
		Male	Female	Total		
'Choose freedom' sessions	12	383	367	750	Abstinence and/or Being faithful messages	Kamuli, Kaliro, Namutumba, Iganga
Behaviour Change Communication programs	15	936	708	1,644	Life planning skills, human values, AB messages	Kamuli, Kaliro, Namutumba, Iganga
Group discussion sessions	578	3,852	4,403	8,255	HCT, Abstinence and/or Being faithful messages	All six districts

Source: STAR-EC Program Records

In addition, through efforts of the trained youth peer educators, 20 youth support groups were formed with a total membership of 744. These youth meet and share experiences on how to live a productive life free from HIV and participate in activities such as games, sports outreach programs and Music Dance Drama (MDD). STAR-EC has procured sports gear and equipment for youth groups to use in their peer sustainability activities and sports

outreaches.

Be-faithful behaviour change promotion was led by ‘model couples’ through FLEP, Youth Alive and URHB. These model couples conducted home visits to peers within their communities. In this connection, STAR-EC supported training of an additional 60 model couples from the sub-counties of Buwunga, Nankoma, Mutere and Bugiri Town Council to implement activities in Bugiri District during this reporting period. Additional support was provided to CSOs to enable them to reach out to married and/or cohabiting persons with HIV prevention messages through home-to-home couple dialogue sessions, and facilitated by religious leaders who had previously been trained in be-faithful programming.

Table 16: The various approaches used to reach couples with be-faithful messages

Approaches	Number conducted	Individuals reached	District	Partner	Skills or information provided
Home-to-home couple visits	579	11,689	All six focus districts	Youth Alive, URHB, FLEP	Couple HCT, fidelity, spousal communication, parenting, family planning
Fidelity seminars by religious leaders	3	200	Kaliro, Namutumba, Mayuge	FLEP & Youth Alive	Fidelity, positive parenting, family planning and marital counselling

Source: STAR-EC Program Records

During this reporting period, one couple support group called Busowa Twegaite Couple Support Club was formed composing of 15 couples. Although much of their proposed initial activity is music dance and drama, the group plans in future to engage in development activities including income generating activities and maternal and child health advocacy. Similarly Ndifakulya Couple Support Club, which was composed in the previous quarter, remained active during this reporting period. To facilitate community mobilization and education, 59 bicycles were provided to URHB and distributed to 21 youth peer educators and 38 model couples from Buwunga and Nankoma sub-counties in Bugiri District. STAR-EC also provided FLEP, URHB and Youth Alive with technical support for service delivery and data collection and reporting.

Through these various approaches 36,752 individuals in East Central Uganda were reached with HIV prevention activities and messages focusing on AB among whom 7,355 individuals were aged 10-14 years, 13,539 individuals were aged 15-24 years; and 15,858 individuals were aged 25 years and above.

Challenges and way forward

- The linkage between poverty alleviation and HIV&AIDS prevention and care has not been adequately addressed. Out-of-school youth have requested Youth Alive and FLEP for small loans and IGAs such that they become economically empowered. However, since these CSOs are not offering loans and IGAs in their current interventions; youth are being linked with local financial institutions which can offer them loans and also to the National Agricultural Advisory Services (NAADS) program
- Some participants do not like the small group discussions following the drama shows. Partners have been encouraged to use interludes for these discussions and also to hold discussions with those willing to stay behind at the end of the shows
- FLEP and URHB are reaching individuals and communities with AB programs using only youth peer educators and home-to-home couple dialogue sessions. STAR-EC, through Youth Alive, will build capacity for the two CSOs to program BCPs, fidelity seminars, as well as ‘Choose freedom’ sessions which have not been implemented by FLEP and URHB
- There are very few female youth attending monthly community youth meetings in Bugiri. STAR-EC is

working with CSOs to identify more female youth peer educators to mobilize fellow girls

- During home visits, it is not common to find both partners at home therefore necessitating many follow-up visits by community workers. CSO partners have encouraged community volunteers to make appointments for follow-up visits

Lessons Learned

- Personal testimonies and experiences evoke concentration and understanding by participants when used in community dialogues
- Making appointments with couples for the weekends helps improve chances of finding both partners at home
- Men are reluctant to attend fidelity seminars with their spouses due to fear of being confronted during the conflict resolution sessions which take places during the seminars. Religious leaders have, however, conducted follow-up visits to some homes to support couples to attend together



Fisher men receiving condoms after condom education session at Singila landing site, Lolwe Island, Sigulu, Bugiri district

2.1.7.2 Promotion of HIV Prevention through Other HIV&AIDS Prevention beyond AB

Over this reporting period condom education and distribution was conducted by FLEP and URHB targeting long distance truckers, *boda boda*, commercial sex workers and their partners, fisher folk, migrant plantation workers, bar and lodge attendants. CSOs utilized trained peer educators who provided Other Prevention messages, distributed condoms and provided community sensitization and referrals for HIV&AIDS, STIs, family planning and HCT services. Through URHB, 30 peer educators/condom distributors from Bugiri, Kaliro and Namutumba districts were trained to reach their peers with other prevention messages and commodities.

STAR-EC supported quarterly meetings for 60 condom distributors from Bugiri, Kaliro and Namutumba districts where they shared experiences, challenges and submitted data. Three trained female condom distributors from Lolwe Islands, Bugiri district have following these meetings worked with their peers and formed a volley ball club.

Over this reporting period, STAR-EC held discussions with the Great Lakes Initiative on HIV&AIDS (GLIA) centre in Naluwerere regarding providing joint support to the GLIA centre so that truckers and CSWs can access a comprehensive package of services including HIV prevention messages, HTC, condoms, IEC materials, gender based violence reduction and alcohol and drug abuse prevention. STAR-EC held discussions with a group of 17 CSWs and their peer educators in Naluwerere town with a view to understanding the peculiar conditions that inhibit behaviour change. Following these discussions, 20 CSWs have formed a support group and STAR-EC



A meeting of CSWs at the GLIA knowledge centre in Naluwerere

plans to support their volley ball and netball clubs so that sport can be utilized to attract them to HIV prevention services. The group has also requested for financial support to start up small businesses like salons. During this period, STAR-EC provided support supervision to partners implementing OP activities including a joint support supervision visit with USAID officials to Namoni landing site, Mayuge District and Naluwerere trading centre, Bugiri District. This visit revealed the need to increase the number of peer educators

for each of the MARPs categories, while being sensitive to gender and age, to provide them with more job aides, cue cards and other IEC materials to use. It highlighted the need to strengthen collaboration with public health facility based services to foster a continuum of care. The visit also highlighted the need for refresher training on new subjects such as Safe Male Circumcision (SMC) for peer educators, integration of other reproductive health and child health services at landing sites, encouraging community dialogue sessions and need for exploring ways to meet the demand for female condoms among commercial sex workers.

Table 17: Support groups for some MARPs which have been formed in Bugiri

District	Support group	Membership	Planned activity	Comment
Bugiri	Miss Naluwerere Behavior Change Club	20 CSWs and 2 team managers	MDD, Volley ball and netball	The team managers are trusted male condom distributors
	Nankoma Anti-AIDS and Development group	15 CSWs and 15 boda boda men	Football, netball, tailoring and hair dressing	

Source: STAR-EC Program Records

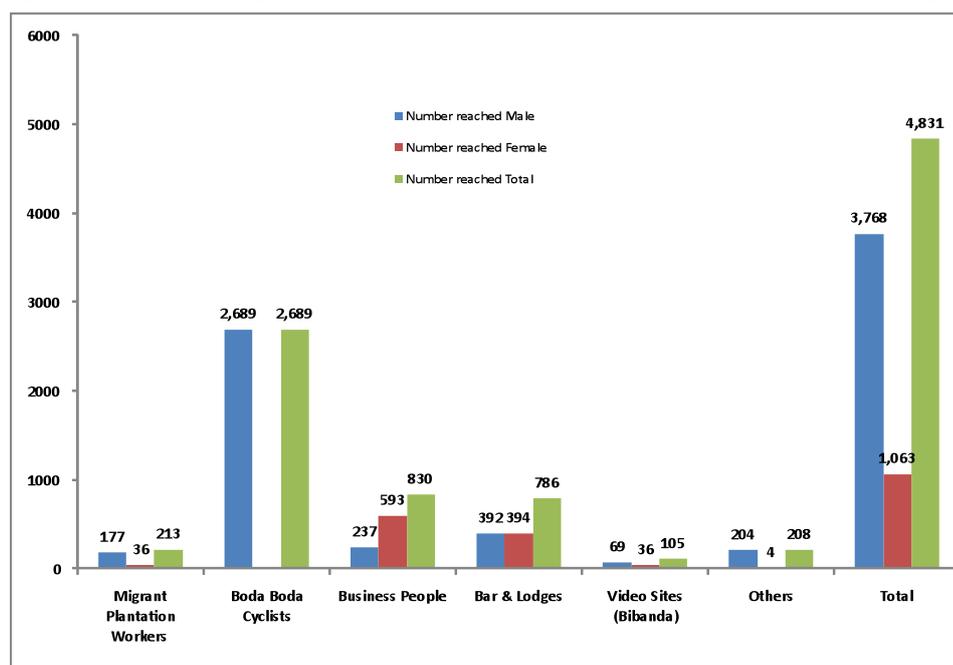
A total of 9,449 individuals were reached with other prevention messages beyond AB and 131,225 condoms were distributed through 299 service outlets in the 6 focus districts. Among these were 4,618 MARPs and 4,831 other individuals locally categorized as MARPs in East Central Uganda. During this quarter, 116 new condom outlets were opened.

Table 18: showing the various MARPs reached with other prevention messages and condoms

Type of MARPs	Number reached			District	Comment
	Male	Female	Total		
CSW	10	565	575	All six districts	10 were partners of CSWs
Truckers	129		129	Bugiri, Iganga and Kamuli	
Fisher-folks	3,474	440	3,914	All districts except Iganga	
Total	3,613	1,005	4,618		

Source: STAR-EC Program Records

Figure 14: Other categories of individuals reached with other prevention messages and condoms



Source: STAR-EC Program Records

Challenges and way forward

- Some commercial sex workers have expressed the need for more information on STIs such as candida and syphilis yet the field staff and volunteers do not have adequate knowledge on these diseases. To address this gap, some CSOs have been innovative and have mobilized medical workers to provide such information during outreaches
- Limited number of trained peer educators and/or condom distributors and Beach Management Units especially in Iganga and Kamuli. STAR-EC will train more peer educators in PY3 to increase the number of peer educators
- Low participation of women in the condom education sessions. CSOs will in PY3 identify and purposively train women as condom educators and distributors
- Delayed submission of data from peer educators of CSWs and truckers from Naluwerere. STAR-EC through URHB has designed end of month meetings for these peer educators in which data is collected and refresher knowledge is passed on to them
- The high demand for female condoms by CSWs. STAR-EC will liaise with MoH on the possibility of getting a supply of some female condoms as they await receipt of a consignment

Lesson Learned

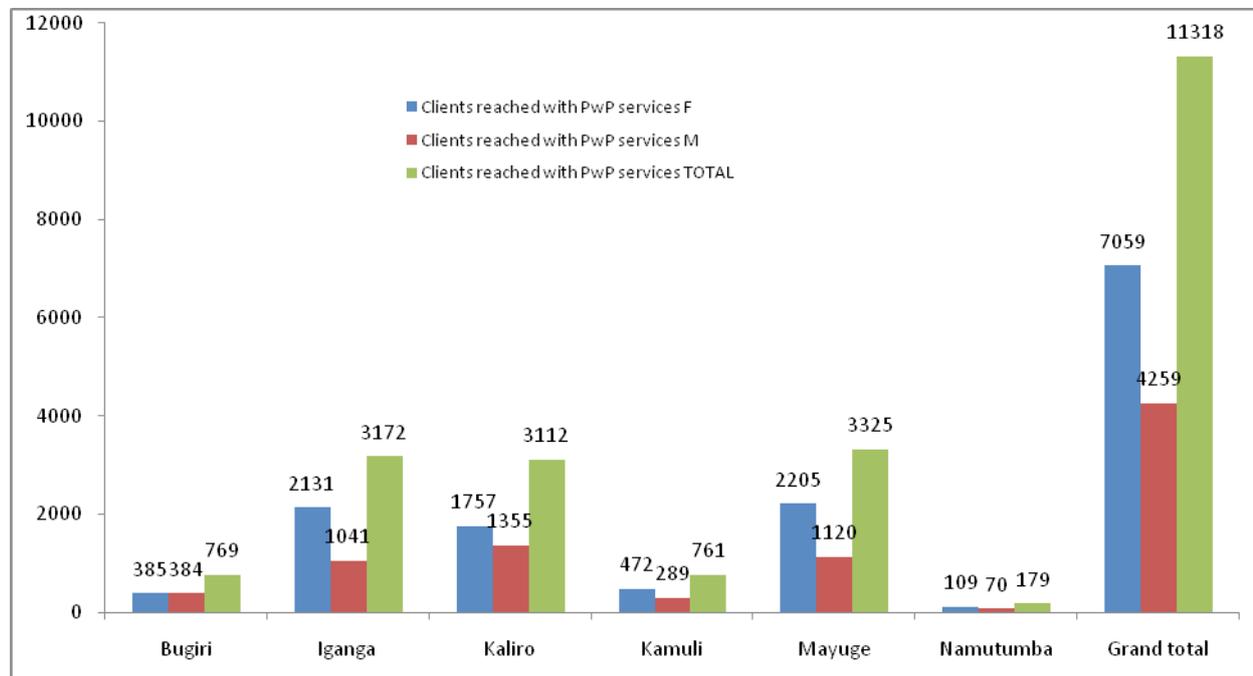
The high demand for female condoms by CSW is because some of their partners reportedly from Rwanda, the Democratic Republic of Congo and Kenya do not like using male condoms.

2.1.7.3 Promotion of HIV Prevention through Prevention with Positives (PwP) programs

Over this period, STAR-EC supported implementation of PwP activities through nine health facilities including Kamuli General Hospital, Bumanya HC IV, Kidera HC IV, Buyinja HC IV, Nankoma HC IV, Wabulungu HC III, Mayuge HC III, Namugongo HC III and Namutumba HC III. NACWOLA led activities also contributed to PwP interventions within all the six districts of the East Central Region. Family Support Groups (FSGs) were supported to meet on a monthly basis and through these health facilities, 225 FSG members met and shared experiences, collected drugs, discussed partner testing and disclosure, family planning, correct and consistent condom use, discordance, adherence to drugs, benefits of PMTCT as well as how to start up IGAs like tree planting and goat

rearing. NACWOLA supported four bi-monthly psychosocial support group meetings in which 572 PLHIV met in Bugiri, Iganga, Kaliro and Namutumba. One social support group for PLHIV was formed in Lolwe Island of the Sigulu island chain, Bugiri district composing of 26 members for psychosocial support. The group has also started getting involved in conducting simple MDD for HIV&AIDS awareness.

Figure 15: Showing individuals reached with PwP interventions through NACWOLA



Source: STAR-EC Program Records

Over this period, STAR-EC worked with MoH to train 32 PLHIV on positive prevention. These PLHIV were drawn from the nine facility based FSGs and PTCs so that they contribute to focusing the discussions during the FSGs and PTCs meetings. STAR-EC also provided technical and data support to NACWOLA following the refinement and adjustments in some indicators to ensure that the CSO contributes to the overall STAR-EC program targets. This support was around other prevention, MARPs, prevention with positives and referrals. STAR-EC delivered 75 cartons of condoms to NACWOLA for distribution by the CSAs community support agents during their door-to-door activities. Fifteen (15) cartons were distributed to Iganga, 11 cartons to Kamuli, 13 cartons to Mayuge, 11 cartons to Kaliro, 11 cartons to Namutumba and 14 cartons to Bugiri district.

During these activities, CSAs conducted home visits to follow up PLHIV within communities and facilitated support group activities through which PwP messages and commodities were provided. Through all these approaches, 11,318 individuals were reached with PwP interventions through 823 service outlets. As CSAs provided condom education and distribution during door-to-door activities to PLHIV, they also referred 701 PLHIV to health facilities for other services such as family planning services, STI screening and management.

Challenges and way forward

- Limited number of health facilities which have started FSGs as a viable means of taking PwP interventions to PLHIV. STAR-EC will support more facilities to start up psychosocial support groups such as FSGs. The program will also support all the districts to conduct orientation of lower level HIV coordination mechanisms
- Recording and reporting by some districts under NACWOLA-led interventions, especially in Bugiri, Kamuli and Namutumba, is still low. STAR-EC plans to support these districts more closely through

attending supervision, data collection and mentorship visits so as to improve their recording and reporting

- FSG members are now demanding opportunities for income generating activities from CSOs who have only managed to refer them to NAADS and SACCOs since there are no funds for IGAs in the CSOs work plans
- The desire by PLHIV to have children. STAR-EC is working with peer support groups and PLHIV networks to provide counseling on family planning. In addition, STAR-EC, working through health facilities is providing PMTCT and family planning services to PLHIV
- STAR-EC has also initiated linkages with the PrEP study where discordant couples identified at health facilities and during couple testing weeks have been referred for other HIV prevention services
- Disclosure has sometimes had negative effects by leading to gender based violence (GBV). STAR-EC has worked with DHOs and health facility in-charges to organize on-job mentorship for health workers to improve quality of counseling. STAR-EC will in future train peer educators and PLHIV groups in GBV reduction

Lesson Learned

- Support groups such as FSGs, PTC, and psychosocial support clubs have provided an opportunity for PLHIV to share experiences and learn on positive prevention, partner notification, and mutual disclosure
- Dissemination of the STAR-EC HIV prevention strategy has clarified PwP interventions and activities for partner CSOs

2.1.8 Promotion of HIV Prevention through Biomedical Prevention using Safe Male Circumcision (SMC)



SMC orientation/CME for health workers at Bugiri hospital

Over this reporting period, biomedical prevention through SMC activities was delivered through 3 health facilities in Bugiri, Iganga and Kamuli districts. Working with MoH and PEPFAR implementing partners including Health Communication Partnership (HCP), Makerere University Walter Reed Project (MUWRP) and the Rakai Health Sciences Project (RHSP), STAR-EC supported the scale up of SMC in the East Central region through providing supplies, communication materials, training and support supervision to trained service providers at SMC sites.

Over this period, 15 service providers (4 males; 11 females) comprising 4 SMC teams were trained including one team from Bugiri Hospital, two teams from Kamuli Hospital and another team from Bumanya HC IV. Two of these teams were trained at RHSP while two other teams were trained at the MUWRP-

Kayunga site. Another team from Buyinja HC IV was trained at RHSP. The surgeon however, did not do the practical sessions. The team of trained service providers from Bumanya HC IV returned from the training at MUWRP towards the end of June 2010 and had not started offering the service by the close of this reporting period. STAR-EC distributed SMC supplies and commodities to Busesa HC IV, Bumanya HC IV, Bugiri Hospital and Kamuli Hospital. These commodities included surgical gloves, anaesthetic drugs, sutures, dry gauze, cotton, crepe bandage, detergent and alcohol. Our partner, Iganga district local government through Bugweri Health sub-district, commenced on renovations of the theatre at Busesa HC IV during this period. STAR-EC also provided support supervision to Busesa HC IV where renovations on the theatre had commenced.

STAR-EC supported the trained SMC teams to conduct continued medical education (CME) for 86 health workers (53 males, 33 females) to initiate integration of SMC in health talks to HCT clients, patients and their caretakers. The teams were also supported to conduct community education, sensitization and mobilization in secondary schools and nearby communities. The sites initiated follow up of all clients who had received SMC services to provide post circumcision instructions, assess any adverse events, reinforce abstinence messages during the healing period, and educate spouses and other family members to provide support to the circumcised persons. During these follow up visits sexually active and adult males were also provided with condoms for use as they resumed sexual activity following wound healing.

Targeting teachers as gatekeepers for safe male circumcision among adolescent boys

Paul Tinka is a 26 year old teacher at St. John Bosco Kamuli Secondary School in Kamuli Town Council where he is a part-time teacher. Paul teaches English in Senior 1 and Senior 2 and Divinity in Senior 5. He also serves as a parish chief in Nabirumba I village, Kamuli District.

'Circumcision! It is something I desired for sometime only that the methods that I was seeing made me scared including the embalu and Muslim circumcision'. He says that when he heard of this opportunity, he was the first from his school to go for the service. 'One day we were sensitized here in school by Luyiuro George and Richard Ikooba', referring to the surgeons from Kamuli General Hospital who conducted sensitization visits to secondary schools in Kamuli Town Council. 'According to the way they sensitized us and the mental picture they gave us, it looked like this would be a painless exercise or at least pain would be highly managed and we did not need to be admitted'.

'After the sensitization, I liaised with George, made an appointment for the procedure and I was circumcised in the last week of June 2010'. 'This happened on a Saturday, after which I came back home. On Sunday, I managed to go for the church service and on Monday I was back on duty doing my work normally. That day, I returned to the hospital and the plaster which had been put was removed and the wound had already started healing'. 'As I went on with my work, fellow teachers and male students were asking me why I did not stay home, which type of medicine I applied on the wound, how I was managing the wound, how come I was even riding my bicycle to school yet I was meant to be sick'.

When asked what motivate him to go for SMC, Paul says the information provided during the sensitization visit on the health benefits of SMC, providing a mental picture and time the procedure would take, the fact that someone could walk back to their home after the exercise as well as the SMC

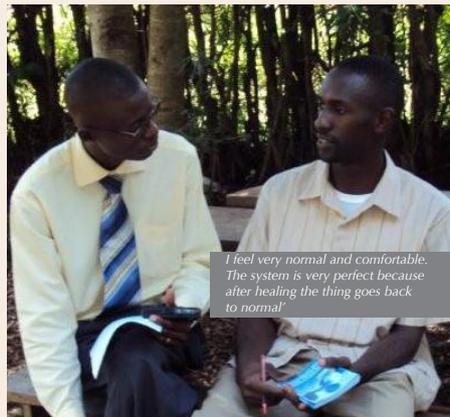
leaflets distributed all motivated him as well as the fact that it was free. 'So I went even without any fear' Paul adds.

When asked what he knew about SMC and HIV prevention he gleefully noted, 'One who is circumcised stands a high chance of not getting HIV because it is under the fore skin where the virus can pass to enter and infect the person, therefore when the fore skin is removed the area where the virus may pass is reduced thereby reducing the chances of acquiring the virus'. He added, however, that because circumcision does not offer full protection, one should not go for unprotected sex just because he is circumcised.

'Some students have been asking me whether it did not disorganize my 'system'. I told them that the 'system' is very perfect, after healing the thing goes back to normal'.

When asked what he remembered about the healing process and post circumcision instructions, Paul said that the plaster needed to be removed on the second day to allow the wound to dry. One can put on his trousers, take a normal walk, can continue with his duties normally, has to go for review after 7 days and is not meant to engage in sex before a period of 2 months because the wound would not have completely healed and this could rupture it.

When asked how he is using his experience to change his society, Paul says 'since I finished getting the service and it went successfully, I encourage fellow male teachers and students to go for the service and so far in our school, four teachers and 12 students have received that service'. He adds that he wants to start a post circumcision club in his school where students can share information, debate, learn more about HIV&AIDS and do some community mobilization and education for the service at Kamuli General Hospital.



Paul (right) narrate his story to Martin at St John Bosco Secondary School entrance



A nursing officer and a stores assistant receiving and verifying SMC supplies

STAR-EC participated in the development of SMC communication strategies for the traditionally non-circumcising areas which would provide key messages to be passed on by health workers, VHTs and other community volunteers in community mobilization and sensitization. This activity was spear headed by Makerere University School of Public Health together with HCP. STAR-EC received 12,000 SMC brochures from HCP, 3,000 in English and 9,000 in Luganda languages. These brochures were distributed during the community mobilization activities conducted in schools and trading centres. STAR-EC also distributed 20 SMC health worker handbooks and six SMC flipcharts to Bugiri and Kamuli Hospital teams for use during individual counseling of clients.

During this period, STAR-EC presented the findings of the rapid needs assessment to USAID. These contained facility specific needs to be met in order to scale up the SMC service delivery within the region. STAR-

EC also participated in joint support supervision with SMC training team from MUWRP during which several sites were visited to assess readiness of theatre before teams of service providers were admitted for training. Visits were made to Kidera HC IV, Bumanya HC IV, Kigandalo HC IV, Nsinze HC IV and Buyinja HC IV. MUWRP provided technical advice on the STAR-EC roll out plan.

Table 19: Males who received SMC services during the reporting period in East Central Uganda

SMC - APRIL - JUNE, 2010		AGE GROUP					
District	Service Outlets	< 1yr	1-4 yrs	5-14 yrs	15-17 yrs	18 +yrs	Total
Bugiri	Bugiri General Hospital	1	2	7	2	21	33
Iganga	Busesa HC IV	7	6	8	8	18	47
Kamuli	Kamuli General Hospital	0	0	2	2	28	32
TOTAL		8	8	17	12	67	112

Source: STAR-EC program records

Challenges and the way forward

- As noted in Table 19, there is an increase in the demand for neonatal circumcision by parents after getting knowledge of availability of services. While SMC targets adults, STAR-EC will continue to consult MoH and other stakeholders on the way forward since the current service provider's training does not address the neonatal component
- One surgeon for the Buyinja HC IV team and another from Kamuli General Hospital did not complete training therefore the teams of SMC service providers at these 2 sites are incomplete. STAR-EC will work with the DHOs to identify other surgeons from these sites to be trained to fill the gap. STAR-EC also intends to train at least two teams of service providers to avoid interruption of services at the sites
- The high demand for training of service providers at RHSP and MUWRP from other organizations has limited the rate at which service providers from East Central can be admitted
- The delayed launch of the SMC policy has affected STAR-EC's plan for advocacy, community sensitization and mobilization and roll out since associated materials and documents such as communication strategy and registers are also not ready
- Slow rate of renovations of the theatre at Busesa HC IV have affected the number of clients who could

receive SMC services at this site. STAR-EC is working with the DHO-Iganga to expedite the renovations of the theatre

- Low coverage of SMC services due to the limited number of sites offering the services. This is coupled with having only one team per site. STAR-EC intends to scale up SMC services from the four sites to at least eight sites within the region
- Limited number of surgical sets available at the each of the SMC sites compared to the high demand for the service which has led to low number of males receiving the service. STAR-EC will support sites with more surgical sets, equipment, supplies and commodities
- Lack of suitable infrastructure within the theatres at some hospitals and HC IVs. STAR-EC will support renovation at some of these sites as well as provide benches for clients in the waiting area

Lessons learned

- Building on the existing practice of circumcision in districts like Iganga has been critical in increasing demand for SMC since the community was already accustomed to the practice
- Demand for SMC is increasing especially among in-school and out-of-school youth and adult males. STAR-EC is working with the sites and service providers to ensure that quality SMC services are offered to all clients at the sites
- SMC has increased HTC outputs at some of the sites since all persons due to SMC are offered an HIV test. This has boosted the number of persons reached with HTC services at the facility level

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

2.2.1 Improving leadership and management at district level

During this quarter, STAR-EC supported the six districts to organize quarterly DAC/DAT meetings. During these meetings, the technical teams implementing HIV&AIDS and TB services shared their reports with the district leaders and the civil society organizations. Some of the emerging issues during these meetings were the need by the districts to be supported to carry out orientation of Sub-county AIDS committees and task forces. There was also need



Namutumba quarterly DAC/DAT meeting

for the different departments to mainstream HIV activities in their development plans. Pursuant to this need, Kaliro district carried out orientation of Sub-county AIDS committees in four sub-counties including Bumanya, Namugongo, Gadumire and Kaliro Town Council. Furthermore, Bugiri organized a joint support supervision exercise comprising of the Chief Administrative Officer, the District Planner, the District HIV focal person, the district Vice Chairperson and representatives from CSOs including the Bugiri Network of AIDS Service Organizations and National Forum of People Living with HIV-Bugiri Branch. The issues emerging from this exercise were that some of the organizations in the community were not registered with the districts and their performance was not satisfactory. Some organizations were lacking minimum quality standards for the services they offer to their clients.

There were also instances of duplication of services where a number of organizations were offering services in the same geographical area. Uneven distribution of service providers also emerged as a big issue especially in hard-to-reach areas such as the islands that had very few and in most cases none of the service providers. Given these findings, the committee therefore recommended

carrying out a mapping exercise to help the district track down the organizations in their respective districts and sub-counties.

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

In May 2010 (during Q3), two distinctive level trainings meant to improve data quality were conducted by the STAR-EC Strategic Information (SI) and Technical teams. The first training targeted 31 district local government personnel from all the six districts. Those trained included each district's focal person on HMIS, ART, PMTCT, HCT and the DTLS. During this workshop, the Ministry of Health HMIS tools as well as the STAR-EC data collection monthly summary tools were reviewed. The same training was cascaded down to a total of 140 lower level health facility in-charges and their data clerks with the help of these aforementioned district focal persons as trainers. Participants from every two districts were trained from one host district. STAR-EC's SI staff provided the overall technical oversight during these trainings. Additionally, SI staff together with district HMIS focal persons continued extending support supervision visits to different district health facilities. Further, the STAR-EC SI team together with the Technical team offered support supervision to FLEP, YA, NACWOLA and URHB on data quality and reporting procedures. The team also developed a standardized data collection tool to enhance the quality of data collected by NACWOLA.

In June 2010, SI together with technical staff conducted district performance reviews for all STAR-EC supported district LGs. STAR-EC district-specific LG work plans for the current program year were reviewed by quarter and targets versus achievements analyzed. In these workshops, district representatives would present their achievements, challenges, lessons learned by intervention area. The rest of the district group would then react and discuss these results. With overall technical assistance from STAR-EC staff, action plans for each district intervention area were ultimately developed by the district representatives themselves.

Additionally during Q3, STAR-EC together with the Indicator Database developers worked on the STAR-EC database to incorporate revised changes for the 'next generation' PEPFAR indicators. Gaps identified within this database during the semi-annual progress report (SAPR) 2010 were also addressed. This database has been helpful in quickly identifying specific health facilities, districts or CSOs with gaps for problem solving and data quality as well as performance improvement.



A trainee conducting a group counseling session during RCT Practicum at Mayuge HC III

2.2.3.1 Training activities

STAR-EC continued to collaborate with partners to support training activities in order to create a critical mass of knowledgeable and skilled service providers with appropriate attitudes towards caring for TB/HIV infected patients and their families and preventing further spread of infection. Health workers were trained using different modules approved by MoH or from MoH recognized training institutions basing on the training needs that are identified during support supervision and mentoring visits. Trainers are drawn from a pool of national, regional and sometimes locally groomed trainers. Appendix six shows the various trainings that were conducted during this reporting period.



EPTs listen to a role play during the IMAI/IMPAC workshop.

2.2.3.2 Continuing medical education (CME), support supervision and mentoring

During the reporting period, STAR-EC supported and capacitated facilities to conduct CMEs in the region. Some of the topics covered were, paediatric ART management, post exposure prophylaxis (PEP), prevention of mother-to-child transmission of HIV, TB/HIV co-infection management and TB infection control, provider initiated testing and counselling (PITC) and safe male circumcision.

In collaboration with the MoH and CHAI, STAR-EC supported mentoring and coaching to all the five facilities implementing the new MoH EID strengthening model in Mayuge district. STAR-EC technical staff and the EID focal person continue to conduct periodic mentoring and coaching to these sites. To improve on the availability and proper management of paediatric ARVs, STAR-EC in collaboration with CHAI conducted a one day orientation involving 92 (47 males and 45 females) on paediatric ART and logistics management. The cadre trained included 24 Medical Clinical Officers, 28 Nurses, 4 Dispensers, 17 Midwives and 19 Nursing Assistants. During the training, emphasis was put on how to switch clients from single doses to fixed dose combinations, drug quantification and ordering.

The STAR-EC department of Strategic Information also conducted a one day orientation to 154 (76 males, 78 females) health workers on data quality improvement targeting those involved in data collection and management.

Challenges

- District budgets lack provision for key intervention areas such as health care waste management and resources to follow up HIV exposed babies who are not brought for follow up visits
- Frequent stock-outs of drugs, HIV testing kits and SMC supplies hinders implementation. For example, 61 health workers graduated from training at a time when there was a lack of HIV test kits in the region
- Continuing medical education (CME) is not yet appreciated by health workers as an important avenue of learning. They are only conducted when STAR-EC staff request for them

Way Forward.

- STAR-EC will endeavor to have sufficient buffer stocks so as to be able to offer continuous services to communities whenever national shortages in supplies are experienced
- Districts have been encouraged to plan for and allocate funds to CMEs

STAR-EC will continue to work with districts to ensure that the facility specific health care waste management plans that were made are implemented

To increase the greater involvement of people living with HIV (GIPA) in the care treatment and prevention of HIV&AIDS, STAR-EC in collaboration with MoH/ACP trained 32 (13 males and 19 females) PLHIV from the region on the concept of PwP. These were selected from network support agent groups, ART clinics and partner CSOs. They are critical agents in providing peer education, referrals and networking; are a good link for home based care and also good treatment supporters for clients who are not adhering well to drugs and those on directly observed treatment (DOTs). Training of more PLHIV and health workers will continue during Q4 using a cascade model. With technical support from m2m, STAR-EC trained 12 'mentor mothers' and 10 site coordinators from 10 facilities to educate, follow up and support their peers who receive PMTCT services alongside health workers at the sites.

Further, STAR-EC offered support supervision to FLEP, YA, NACWOLA and URHB on data quality and reporting procedures. The program also developed a standardized data collection tool to enhance the quality of data collected by NACWOLA.

2.2.5 Supporting infrastructure and equipment needs

During Q3, STAR-EC conducted separate consultative meetings with the Infrastructure Division of the Ministry of Health, the Central Public Health Laboratories and the NTLP on the planned laboratory infrastructure and equipment support. At district level, follow up meetings were conducted for laboratory refurbishment with the CAOs, the DHOs, the Medical Superintendents of General Hospitals and the District Laboratory Focal Persons (DLFPs). The main outcomes of these consultations included:-

- Acquisition of a copy of the National Medical Equipment Policy 4th Edition, 2009 and general specifications for building materials from the Infrastructure Division
- Development of specifications for power inverters due for procurement by STAR-EC and installation at Bugiri, Kamuli and Iganga General Hospital laboratories
- Commencement of refurbishment of laboratory worktops in the rooms where automated equipment will be installed at Iganga Hospitals with funding from the District
- Finalization of selection of laboratory equipment to be procured by STAR-EC for installation at three General Hospital laboratories for HIV&AIDS and TB diagnosis, monitoring and treatment. The equipment includes 18 binocular microscopes, two CD4 machines, one Hematology analyzer and one Clinical Chemistry Analyzer

STAR-EC continued with processes involved in procuring the equipment and their installation. During Q4, a consultant engineer will be hired and tasked to provide technical support in refurbishment of laboratory work space at Iganga and Bugiri hospitals.

2.2 Result 3: Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and civil society organizations

2.2.1 Health Care Improvement (HCI)

During this reporting period, three district quality improvement (DQI) teams from the districts of Kamuli, Kaliro and Bugiri were trained on quality of care improvement initiative in collaboration with the Health Care improvement (HCI) project, the MoH Quality of Care program and the Regional Quality Improvement team. Following this training, Site Quality Improvement (SQI) teams from 7 health facilities including Kamuli General Hospital, Namwendwa HC IV, Bugiri General Hospital, Buyinja HC IV, Nankoma HC IV, Bumanya HC IV and Namugongo HC III, were trained. This brings the number of sites implementing the model to 18 including the 11 which the HCI will hand over to STAR-EC by September 2010. The DQIs are supported to provide regular mentorship and coaching to the SQIs using the collaborative learning approach. The DQIs will on a quarterly basis be supervised by the regional and national quality improvement teams as they in turn conduct mentoring and coaching visits to the site teams.

2.2.2 Injection Safety and Waste Disposal Interventions

In an effort aimed at improving on the effectiveness and efficiency of managing health care waste, STAR-EC in collaboration with AIDSTAR-1 trained 29 (16 Males 13 females) from the extended District Health Team (DHT) of Mayuge district on principles of health care waste management (HCWM). It is expected that these will sensitize the lower health workers on the importance of HCWM and influence formulation of policies that promote good HCWM practices. During Q4, the extended DHTs of all the remaining districts will be trained on HCWM.



A nurse at Bugono HC IV being mentored on proper record-keeping of Logistics Management Information

2.2.6 Improving Supply Chain Management

The STAR-EC Logistics Specialist was recruited and oriented on the logistics management software Supply Chain Manager® by the Logistics Advisors from the Securing Ugandans' Rights to Essential Medicines (SURE) program.

A tool to determine the logistics needs in the region was then developed in collaboration with SURE. The assessment was coupled with support supervision and in total, ten facilities were visited. The objectives of the assessment were to: -

- Establish the level of training in logistics management;
- Assess the level of use of Logistics Management Information System (LMIS);
- Determine the reporting rate and timeliness of orders from facilities to National Medical Stores (NMS);
- Determine the storage practices at the facilities; and
- Assess the stock situation at health centers and the level of stock outs.

Findings from the assessment showed that:

- The majority of the health workers had been trained in logistics management in the previous two years
- LMIS tools were available and most were being used adequately. However, the problem lay with stock cards such that of the ten facilities visited, only two had up-to-date stock cards. The requisition and issue voucher book from the store to the user-point was non-existent for most facilities. This would lead to poor tracking of stock at hand and consumption respectively
- Facilities were generally not ordering in time due to lack of facilitation from the districts and frustration with NMS over non-delivery of supplies
- There were generally poor storage practices at the facilities with no categorical arrangement of medicines, a lack of adherence to the principle of FEFO (First to Expire First Out) or FIFO (First In First Out) making it impossible to track supplies that were about to expire and the absence of physical counts or stock-taking
- Pallets and shelving were conspicuously absent leading to stacking of cartons and inevitably, poor tracking of commodities. Below is the impact of shelving on the management of supplies in a store



Kamuli Mission Hospital and Buyinja HC IV stores respectively: The effect of shelving on logistics management

It was also noted that:

- Stock-outs of ARVs were common in facilities that had not received their letters of accreditation from MoH. As a result of the absence of order forms for fluconazole and the high consumption of co-trimoxazole due to use by both the ART patients and clients with other infections besides HIV&AIDS, there were stock outs of these two commodities and the management of opportunistic infections was being hampered
- Support supervision by district focal persons rarely included logistics management

Following this assessment, on-job mentorship was done in 15 facilities involving quantification of supplies, stores management and proper maintenance of logistics information.

In this exercise, it was discovered that while some facilities were stocked out of test kits among other supplies, others had more than adequate stock. Health workers attributed this situation to some facilities hoarding supplies

and NMS pushing stocks to facilities that are more or less than what was requested for.

An analysis of the bi-monthly End of Cycle and New Patients Report for ART from the facilities was done to determine the quality of reporting. Feedback was given to facilities on subsequent support supervision visits. The commonest errors included:

- Stavudine/Lamivudine/Zidovudine 30/150/200mg is being phased out nationally by MoH yet majority of the patients had not been switched to other regimens. Some facilities were even starting new patients on it
- The new patients on TDF/3TC or AZT/3TC did not match the new patients on either NVP or EFV. A stock out of the latter products was likely to occur
- Consumption was less as compared to the reported patient numbers. This could have been due to the double counting of clients resulting from the bi-monthly system of reporting. Since the bigger proportion of patients is dispensed to twice in a reporting cycle, patients may have been counted for both months instead of one



A midwife at Nsinze HC IV mentored on quantification of PMTCT supplies.

The analysis of these reports also showed facilities that were overstocked with more than a year's worth of stock. These included Buyinja HC IV in Bugiri and Kiyunga HC in Iganga. The excess stock was retrieved and redistributed to other under stocked facilities which included Wabulungu which had not yet received its letter of accreditation as an ART site from MoH and therefore was not on the NMS distribution list. Others such as Kityerera in Mayuge and Nsinze in Namutumba had not received ARVs from NMS for that cycle. Follow-up of this non-delivery did not yield any results as NMS insisted that these supplies had indeed been delivered.

STAR-EC in collaboration with CHAI carried out training for 47 male and 45 female health workers from the six districts to improve on the quantification of pediatric ARVs. Participants were trained on how to switch clients previously on multiple syrups to fixed dose combinations (FDCs) and forecast for them.



Participants taste multiple syrups in comparison with the FDCs

STAR-EC was able to access and distribute different report and order form booklets from CPHL/MoH to 72 facilities to improve the LMIS and ensure accurate and timely reporting.

Table 21: Logistics Management Report, Order and Consumption Booklets distributed to Facilities.

Item Description	Quantity Supplied		
	Health Centre III	Health Centre IV	Hospital
PMTCT Report and Order form booklet	11	1	0
Pre-ART register	38	2	7
ART register	11	11	5
ARV Report and Order form booklet	14	17	4
ARV Dispensing Log	15	11	3
quarterly Monitoring report book	6	6	3
Essential Medicines Order form	20	8	4
Laboratory Report and Order form	38	10	1
Daily Consumption Log for test kits	48	12	1

Source: STAR-EC Program Records

During Q3, buffer supplies were distributed to facilities due to shortages brought on by high consumption rates, lack of ordering and expiries. STAR-EC distributed HIV test kits that had been procured in the previous quarter to 61 facilities and two CSOs including FLEP and URHB, during the couple testing week. However, these quantities were not adequate as there was a high demand generated by the publicity.

Owing to an increase in the number of sites providing chronic care and those conducting integrated HCT outreaches, STAR-EC procured 2,636 tins of co-trimoxazole from the Uganda Health Marketing Group (UHMG) to supplement the national supply. Of these, 1,203 were distributed to 72 health facilities and the rest maintained as buffer stock. In addition, facilities were supported to access free co-trimoxazole from NMS that was provided by the Centers for Disease Control and Prevention (CDC). The offer was available for a very limited time and only 25 ART sites were able to place their orders in time for this allocation.

STAR-EC also obtained pediatric ARVs from CHAI which were distributed to 26 ART sites. This forestalled the impending shortage as NMS had not included these drugs in their deliveries to most facilities.

Table 22: Commodities distributed to Facilities in Q3 of Program Year Two .

Description	Purpose	Source	Qty	No. Of Facilities	Comments
Determine Stat pak, Unigold	HCT	Procurement	170 95,46	61	
AZT syrup(100mls) AZT/ 3TC (pack of 60) NVP tab(pack of 10) NVP syrup (10mls)	PMTCT	MOH/ACP	189 70 34 87	34 HCIII, 12 HC IVs, 3 hospitals	This was to buffer the shortage brought about as a result of the short-expiry supplies that had been delivered by NMS.
AZT/3TC/NVP 60/30/50mg (pack of 60) D4T/3TC/NVP12/60/100mg (pack of 60)	Pediatric ARVs	CHAI	46 170	8 HC III, 11 HC IVs , 4 Hospitals	NMS had not included these in the deliveries for most facilities.
Fluconazole syrup	Management of OIs	Kaliro District	166	6 HC III, 11 HC IVs, 4 Hospitals	Only 21 of the 26 accepted the syrup due to its short expiry period
Co-trimoxazole	Management of OIs	Procurement	2,636	56 HCIII, 12 HC IVs, 4 Hospitals	

Source: STAR-EC Program Records

STAR-EC also supplied ARVs to the 26 supported facilities as follows in Table 23:

Table 23: Supply of ARVs to supported facilities

Item Description	Unit (tablets per pack)	Total quantity (packs)	No. of facilities supplied	Comments
Lamivudine/ Zidovudine/ Nevirapine (3TC/AZT/NVP) 150/300/200mg Tablet	60	2,018	24	Two facilities were overstocked from NMS
Lamivudine/ Zidovudine (3TC/ AZT) 150/300mg Tablet	60	526	25	One facility was overstocked from NMS
Nevirapine (NVP) 200mg Tablet	60	497	25	Consumption likely to increase as the third drug in combination with TDF/3TC. Some facilities were overstocked with NVP.
Efavirenz (EFV) 600mg Tablet	30	426	24	Two facilities were overstocked from NMS. Consumption likely to increase as the third drug in combination with TDF/3TC.
Tenofovir/ Lamivudine (TDF/3TC) 300mg/300mg Tablet	30	356	24	Consumption is likely to increase as MoH is phasing out D4T-based regimens. Quantification done basing on this.
Didanosine (DDI) 250mg Capsule	30	11	2	Only Iganga and Kamuli general hospitals have clients on this regimen
Zidovudine (AZT) 300mg Tablet	60	10	2	Only Iganga and Kamuli general hospitals have clients on this regimen.

Source: STAR-EC Program Records

During Q3, STAR-EC was represented at meetings that were geared towards improving the management of different commodities in Uganda. These included the Pharmacy Policy Options Analysis conference organized by SURE and the Gap Analysis of ARV stock status situation in Uganda organized by the ACP.

Lessons learned

- Training of a few health workers in forecasting and quantification during general district training sessions does not quickly translate into skills transfer both to the participant and to the other health workers from an individual facility. On-the-job mentorship is required for an in-depth understanding of logistics principles
- Overstocking of commodities can be avoided by rationally re-distributing drugs and supplies to other sites with low stocks

Challenges

- Stock out of test kits is still a problem as they are rationed at NMS for the entire country. The quantities supplied are often too few to assist in the achievement of program objectives
- Lack of the Fluconazole Report and Order form in most facilities
- Records assistants are frequently absent at facilities hence stock cards are usually not up-to-date
- Knowledge and skills acquired by participants in logistics trainings are not passed down to lower level cadres of health workers in the facility
- Support supervision carried out by district focal people usually does not include logistics management
- Difficulty in obtaining consumption and patient numbers for STAR-EC ART clients as the system is integrated for both MoH and STAR-EC
- NMS is not consistently on top of its delivery schedule and therefore delivers supplies late after facilities have run out of stock
- NMS does not always deliver what is on the packing list and the delivery note and neither do facilities

verify what they receive

- On some occasions supplies sent to the facilities from NMS have short periods left before expiry

Way forward

- On-job mentorship for staff that has not been trained at the district level to increase on the capacity already developed. This is to include tests or exercises for in-depth understanding of principles of logistics management especially on quantification
- District focal persons and District Drug Inspectors are to be supported to include logistics management as part of their support supervision to each facility. They will also support the system in determining the stock situation on the ground
- Quantification for test kits should include consumption for comprehensive community outreaches
- Procurement of buffer stocks of supplies such as test kits and PMTCT commodities can rectify shortages due to rationing and expiry
- Facilities are to be supported in the next quarter to order for Fluconazole that has been supplied by the Diflucan Program from Pfizer Industries. Printing of Fluconazole Report and Order forms will be carried out to facilitate the ordering process
- Continue the analysis of End of Cycle and New Patients reports and give feedback to facility staff. This will improve on quality as errors will be observed and rectified the next time reporting is done
- STAR-EC will support facilities to consistently order from NMS and follow up those orders to ensure that they are received

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

2.4.1. Training and facilitation of Village health teams (VHTs) to mobilize communities and conduct referrals



VHT members go through the referral forms during training in Namutumba

In order to strengthen referrals and networking, STAR-EC supported Iganga and Namutumba districts to select and train Village health team members as per the Ministry of Health guidelines. The training was carried out by the districts' VHT trainers that had been trained by MoH. The curriculum for training was guided by the MoH VHT guidelines and training manual. In Namutumba 28 villages were selected from Nsinze sub-county. The selection was preceded by mobilization and sensitization. Five members were selected from each village bringing the total to 140 village health team members. For purposes of effective training the participants were subdivided into two groups and trained in phases. Each phase was also subdivided into two classes of 35 members per group with each group being handled by two facilitators. By the end of the three days all the participants had gone through all the training modules in the VHT training manual. One of the major challenges encountered during the training was lack of the village health registers which are yet to be produced by the Ministry of Health. However, all trained village health team members were oriented on the use of the referral forms and registers for different HIV related services needed by community members.



VHT training at Ibulanku Sub-county dquarters

In Iganga District, 120 VHT members were trained from the parishes of Butendeke, Ibaako, Ibulanku, Namiganda, Nawansega, Nsaale and Buniantole. Of those trained 52 were female while 68 were male. The four days training included prioritized modules from the MoH standard VHT training manual; HIV&TB referrals were emphasized. The training was preceded by mobilization and sensitization in the above mentioned villages. During sensitization, the following issues were addressed; overview of VHT, concept/ functions/roles, levels of health care, composition of VHT, criteria for selection, roles and responsibilities of VHTs and community leaders. For sustainability reasons, during the selection priority was given to community owned resource persons (CORPs) implementing program like home based management of fever, new born survival study, neglected tropical diseases and other volunteers already trained by other programs.

2.4.2. Mapping of TB, HIV& AIDS and other wraparound service providers

The issue of coordinating organizations to avoid duplication of services emerged as critical during the previous support supervision meetings held with both district and CSO leaders. During Q3, STAR-EC supported the six districts to carry out a comprehensive mapping exercise of TB and HIV and other wrap around services providers in their respective districts. The objective of this mapping was to increase coordination for referrals and networking among services providers so as to increase access to comprehensive HIV&TB services. One of the key initial activities for the mapping was carrying out consultations with key national stakeholders in the targeted districts and the nature of services they provide. Stakeholders consulted included UNASO, NAFOPHANU, UPIMAC, CSF/TMA, MSH and the International HIV&AIDS Alliance. Community based services departments were also consulted for the data base they have for registered organizations. Validation of this information was carried out by Community Development Officers in the six districts and was based at parish and sub-county levels where each of the identified CSO/CBOs was visited at their offices and interviews held with key organizational leaders.

The mapping exercise established the types and categories of service providers in the East Central Region. The organizations mapped in the district and their respective types and categories are indicated in Table 24:

Table 24: Types and categories of organizations

District	Status of Organization								Total
	National	International NGO	CBO	Public Agency	Cultural Institution	FBOs	Network	Private Maternity Home	
Iganga	18	2	21	0	0	1	0	0	42
Mayuge	12	3	18	0	0	1	5	0	39
Namutumba	6	0	10	0	0	0	0	0	16
Kaliro	10	1	29	0	1	0	0	0	41
Bugiri	12	4	26	0	7	0	0	0	49
Kamuli	5	3	58	0	0	6	1	1	74
Total	63	13	162	0	8	8	6	1	261

Source: STAR-EC Program Records

According to Table 24 above, altogether 261 service providers were mapped with Kamuli district (at 74) posting the highest number while Namutumba with 16 has the lowest number of service providers. The majority of the service providers (62%) in the region are community based organizations (CBOs). National NGOs constitute only 24%. There is limited presence of International NGOs in the region (5%). There is need for the relatively big organizations in the region to strengthen the capacity of CBOs for sustainable HIV and TB interventions.

Further, the mapping exercise captured the type of services offered by the service providers in the region and the number of beneficiaries served over the last one year. The findings indicate that the majority of service providers are involved in delivery of HIV prevention services, OVC support, HIV counseling and testing, home based care and TB (TB control and treatment). The most underserved areas included pediatric HIV/AIDS care, palliative care-clinical, advocacy and ART. Table 25 gives a graphical representation of the service delivery situation.

Table 25: Type of Services offered by CSOs in East Central region

Type of Service	District					
	Iganga	Mayuge	Bugiri	Kamuli	Kaliro	Namutumba
HIV Prevention services	31	36	47	74	41	16
HIV/AIDS Counselling and Testing (HCT /VCT)	23	23	21	58	16	15
Mobilisation and referrals for Anti-retroviral Therapy (ART)	6	5	7	2	1	12
Treatment of Opportunistic Infections	2	1	2	1	-	-
Palliative Care-Clinical	2	1	2	1	-	-
Home Based Care (HBC)	16	20	29	38	17	11
Paediatric HIV/AIDS Care	6	2	10	5	4	2
Mobilisation and referrals for TB screening	19	14	25	31	20	3
OVC Support	37	34	38	53	33	13
Capacity Building	22	8	28	13	11	6
Advocacy	20	7	22	6	9	5
Reproductive Health	14	14	26	18	15	4

Source: STAR-EC Program Records

Table 25 shows that HIV prevention has the highest number of service providers. However, most of these organizations are not giving the whole package of prevention. Some only do mobilization and sensitization while others focus only on prevention with positives. This therefore calls for improved referrals and networking system to complete the whole package and offer comprehensive services. 208 organizations offer services to OVC. However most of these do not offer comprehensive services for OVC, but offer only one or two core program areas which calls for networking and referrals in order to complete the whole package. There are some organizations such as FLEP and HUKHESEHO and other private facilities such as Kamuli Mission Hospital offering a wide range of service. CSOs should link up with these facilities for services like care and treatment.

2.4.3. Target Beneficiaries and Numbers Served

The mapping exercise established the categories of beneficiaries served in the last one year with the services offered by the different organizations in the Region. The results indicate that the organizations in the region target a broad range of beneficiaries including most-at-risk populations (MARPs). The key beneficiaries include PLHIV, OVC, boda-boda cyclists, community members and PWDs. The categories that are underserved include; Fisher folk, migrant workers, long haulage truck drivers, and formally employed workers, people in uniform, discordant couples, youth and children.

Overall, although the region has 260 service providers, the majority of these are CBOs with limited coverage, scope and capacity. Even then, there are some sub-counties especially in Iganga and Kamuli that registered no single service provider. These include; Igombe, Bukanga, Bukoma, Bulongo, Ikomya, Irongo, and Nawampiti in Iganga, and Buyende, Kidera, Nkondo, Bulopa, Butansi, Namwendwa in Kamuli.

Basing on the mapping results STAR-EC will disseminate the findings of this mapping and will support the districts to come up with referral directory for health and other wrap around service providers. The referral directory will be supplied to both CSOs and health facilities for purposes of networking and referrals.

2.4.4 PLHIV District Forum orientation meetings:

As part of ongoing support to people living with HIV (PLHIV) networks in East Central Uganda, STAR-EC organized an orientation for PLHIV network leaders at district and sub-county levels in the six districts. The National Forum of PLHA Networks in Uganda (NAFOPHANU) facilitated the one-day meetings in all the six districts between 31st May and 10th June 2010. A total of 192 people (102 females and 90 males) attended



NAFOPHANU Vice Chair person addressing PLHIV in Iganga lillganga

these meetings which were officiated by the District LCV Chairpersons and Resident District Commissioners. District HIV focal persons coordinated this activity with the chairperson of the relevant district PLHIV forum. The objectives of these meetings were to orient PLHIV leaders on the national HIV coordination guidelines, to review/constitute district level PLHIV committees as per government of Uganda HIV coordination guidelines and developing work plans for operationalizing district and sub-county PLHIV networks in the districts. The key issues that emerged during these meetings included inadequate involvement of PLHIV in planning for HIV and TB services by various stakeholders, inadequate funding for the PLHIV forum to coordinate activities of PLHIV, stigma and discrimination which has hindered services delivery and inadequate wrap around services

providers which hampers comprehensive care for PLHIV. It was also reported that most of the sub-county and lower level associations of PLHIV are not operational. The groups were supported to come up with concrete action plans on revitalizing PLHIV networks from the districts to sub-county and community levels. STAR-EC will support the district PLHIV forum to coordinate lower level PLHIV groups to participate in planning and implementation of various HIV and TB program in their respective areas. STAR-EC will strengthen the skills of PLHIV in provision of wraparound services especially livelihood support.

2.4.5. Referrals by community support agents and other volunteers

The five hundred NACWOLA trained community and facility based support agents continued referring people for various HIV related services especially at health facilities. STAR-EC supported the review and printing of 12,000 new referral forms and 100 registers. Emphasis was put on effective referral where the client who has been referred for services is followed up to ascertain whether they have received the service. In total 10,826 new clients were referred for various services. Among those referred 6,718 were female while 4,108 were male. Most of the clients were referred for clinical related services such as HTC 5,698, PMTCT 737, TB screening 951 and ART adherence at 671. This is due to the fact that clinical services are offered at public health facilities which are free of charge. There were few referral made for other wrap around services such as food security and nutrition at 61, material support 2 and income generating activities at 7. This due to the fact that there are few service providers in the region offering such services, the community support agents also lack a referral guide for such services. STAR-EC

has conducted mapping of service providers and will ensure that community support agents have a directory of service providers to guide their referrals.

Table 26: Referral services made by type of service during the April- June 2010 period

Types of services	Newly referred clients		Total
	Females	Males	
ART	275	191	466
ART adherence counseling	401	270	671
HIV counseling & testing	3,478	2,220	5698
PMTCT (counseling, testing, ARV, prophylaxis, infant feeding counseling)	649	88	737
TB screening / Treatment	505	446	951
STI services	156	99	255
Co-trimoxazole	155	99	254
Treatment for other medical conditions	206	174	380
Home Based Care	13	6	19
Food/Nutrition Support	34	27	61
Material Support	1	1	2
Education support for children	23	29	52
Family Planning	136	65	201
Discordant couple services	5	6	11
Legal support	3	0	3
Microfinance/IGA	3	4	7
Post Test Club	19	28	47
PLHIV group services	167	97	264
Youth Support Group	489	258	747
Overall referrals services	6,718	4,108	1,0826

Source: STAR-EC Program Records

Challenges

- Inadequate resources by NAFOPHANU and districts to support lower level (Sub-county AIDS committees and task force, Parish AIDS committees). This has made the structures put in place ineffective since they cannot meet to discuss issues pertaining PLHIV in their respective constituencies
- Inadequate time allocated to HIV coordination role by the focal person due to other engagements
- Most of the districts had not budgeted for selection and training of village health teams
- Poor attitude of some health workers towards PLHIV and referral forms. Most of the health workers have not been cooperative in filling out the feedback section of the referral forms which makes it difficult for follow up and ascertaining where clients received services
- Stigma and discrimination is still prevalent and this has made the process of referral and follow up difficult. Most clients get lost to follow up due to stigma from health workers, community members and at times self stigma from the clients themselves
- Continuous stock out of essential commodities such as test kits and drugs for PLHIV at health facilities has made referrals difficult as people who are referred get demotivated due to inadequate services offered by the health facilities
- Inadequate capacity of PLHIV in the region to engage stakeholders meaningfully. This has made provision of comprehensive services difficult. Some of the facilities that offer care and treatment do not offer livelihood support, yet for ART adherence, there is need to support PLHIV with livelihood, food security and nutrition
- Limited wrap around services providers in the region, has made comprehensive care difficult. Programs such as those providing food security and nutrition already have pre-selected beneficiaries and are therefore unable to take on new clients referred by community support agents

Way forward

- During PY3, STAR-EC will support all the districts to conduct orientation of lower level HIV coordination mechanisms and to train VHTs in selected sub-counties
- STAR-EC will work with the Uganda AIDS Commission to strengthen the capacity of the district HIV focal persons to perform their work more effectively
- Sensitization through drama and radio talk shows will reduce stigma and discrimination. In addition, STAR-EC has supported districts to organize CMEs with health workers to reduce stigma and discrimination
- STAR-EC will work with NAFOPHANU to organize targeted training and mentorship to strengthen PLHIV networks to engage stakeholders that provide HIV and TB services
- There is need to incorporate livelihood support into the PLHIV capacity building plan for comprehensive HIV&TB services
- Modification of the referral tools so that the program is able to compare effective referrals (where there is evidence that the referred to service was provided) with the non effective ones

STAR-EC is working with HCP and MoH to develop a strategy to reduce stigma in community and at health facilities to PLHIV. A tool has been designed to capture the current causes of stigma both in the community and at health facilities. Once the data is captured strategies and interventions will be developed to address all the issues related to stigma

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

During Q3, STAR-EC supported Youth Alive Uganda, NACWOLA and district local governments in Bugiri, Kaliro, Kamuli, Iganga and Namutumba to conduct community drama performances. Sixty eight drama performances were conducted in the quarter and a total of 16,074 individuals (8,102 females and 7,972 males) were reached with HIV&AIDS and TB messages through drama and small group discussions. These drama performances are staged by local drama groups that have been trained in script writing by STAR-EC. Appendix XXX shows community drama shows conducted and attendance during the quarter. During the community drama performances, different colored manila pieces of paper are given to males and females in order to assist the estimation of the number and gender of people attending the shows. These drama performances are organized as abstinence and be faithful outreaches or as one of the mobilization tools for HCT services.

During drama intervals, community members are divided into small groups to discuss what they have learned from the section of the drama and given a chance to interact with counselors/peer educators. In the discussions, community members present their respective health problems such as STIs, HTC, stigma and those who cannot be given a particular service are referred to nearby health centers. Some of the issues that arose from the discussions include:

- Some community members do not trust the rapid HIV testing carried out during outreaches. Their assumption is that health workers should use big machines to test for HIV
- Some community members have a belief that some drugs and test kits are always out of stock at the health facilities. 'I came to test for HIV because the last time I went to the health facility to test, they did not have test kits', said one of the community members in Kamuli
- Some men in the community do not accept to test as couples. 'If I asked my husband to go with me for an HIV test, he would think that I do not trust him and this can result into separation', said one community member during a small group discussion in Namutumba
- Need for assisted disclosure of HIV sero-status. 'If I test HIV positive, I keep it to myself because it is very difficult to tell my wife that I have HIV', said one male participant during a small group discussion in Iganga



Drama performance during an MDD festival in Iganga



Small Group Discussion during a drama show performance in Iganga

During the quarter, Youth Alive Uganda organized a regional music dance and drama (MDD) festival in Iganga. Eight drama groups participated in the festival. The groups were Katengeke drama group from Iganga; Babulyakuseka, Nawaikoke and Kavule drama groups from Kaliro; Abangibasa, Edhikolyoka and Nawandyo from Namutumba; and Kamuli mini-TASO from Kamuli District. The skits, poems and songs presented conveyed HIV&AIDS and TB prevention messages, direction to service delivery points and dispelled myths and misconceptions about TB and HIV&AIDS. Approximately 1,000 individuals (600 females and 400 males) attended the festival. The CAO of Iganga district was the Guest of Honour. During intervals community members were invited to join small groups where they discussed their health problems with counselors. A total of 120 individuals (50 females and 70 males) were counseled, tested and received their HIV test results utilizing health workers from Nakarama HCII.



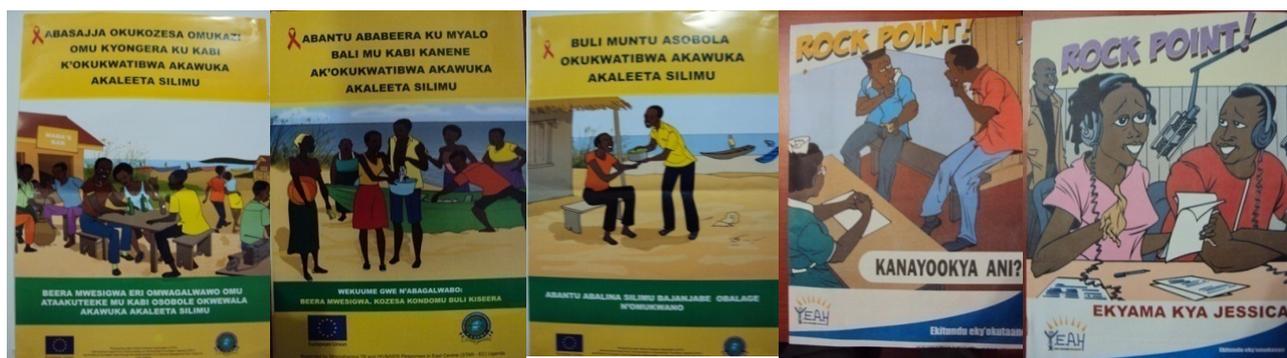
Community members receiving HCT services during a drama performance in Iganga



One of the drama groups with a trophy after the festival

During Q3, STAR-EC disseminated 5,000 Luganda comic books adapted from Young Empowered and Healthy (YEAH). The comic books encourage young people to test for HIV and to develop life skills. They were disseminated in all the 6 STAR-EC supported districts. Forty TB road signposts received from the NTLP that direct community members where to get TB screening and treatment services were put at health facilities that provide TB services in the six districts. Ten flipcharts and 24 health worker booklets on SMC were received from the Health Communication Partnership (HCP) and disseminated to health workers providing the service in Kamuli Hospital, Bugiri Hospital, Busesa HCIV and Bumanya HCIV. Five hundred pocket leaflets on STIs and 200 posters promoting condom use received from UHMG were disseminated to commercial sex workers in Naluwerere and at landing sites in Bugiri and Mayuge. Eight thousand Luganda and 2,000 English SMC brochures received from HCP were also distributed to the health facilities named above. The leaflets were disseminated during mobilization and community sensitization sessions in order to reinforce oral communication by health workers.

STAR-EC also reprinted 2,000 posters and 2,000 leaflets adapted from Lake Victoria Fisheries Organization. Their dissemination to fishing communities is ongoing.



Some IEC materials disseminated during the quarter

During this quarter, 2,000 T-shirts and 2,000 caps for peer educators, model couples and Village Health Team members were produced with specific health messages translated into the local language (Lusoga).

Material	Message	Target Group
T-Shirt	Testing for HIV is your responsibility. Learn about your HIV status today.	VHT members and Peer Educators
T-Shirt	Learn about your partner's HIV status. Test for HIV together.	Model Couples
T-Shirt	My life is precious! I'll abstain from sex until I'm ready for marriage.	Youth Peer Educators
Cap	Know your HIV status	VHT members, Model Couples and all Peer Educators

Source: STAR-EC Program Records



Village Health Team members receiving T-shirts and caps after their training in Iganga

In a bid to reinforce messages disseminated through IEC materials and also to contribute towards closing the gap for low comprehensive knowledge about HIV&AIDS and TB in the region, STAR-EC started airing a one-hour interactive radio program on one of the regional radio stations, Nile Broadcasting Services (NBS). It is an exclusive radio program where no other company advertisements are aired during the hour. Five such radio programs were aired during the quarter. Topics for discussion included HTC, couple HTC, TB (what it is, signs and symptoms, TB prevention and HIV/TB collaboration). Guest speakers included District Health Officers, District Health Educators, District TB and Leprosy Supervisors and Ministry of Health officials (Zonal TB and Leprosy Supervisor). Listeners were given the chance to call in and express their views as well as ask questions. Some of

the questions asked during the program included:

- If I test with my partner and we turn out to be a discordant couple, do we separate/divorce?
- How long does it take to detect antibodies in someone to prove that he/she has HIV?
- Are ARVs available at all health facilities?
- Is every HIV positive person eligible to start on ARVs?
- Should we trust all HIV testing machines because to some people who look to be HIV positive the tests show that they are negative and others who look fine are found to be HIV positive. Is it a problem of the methods used to test?

- Is it true that there are tablets taken before HTC and the test turns out negative for an HIV positive person?
- Can a pregnant woman with TB transmit the disease to her unborn child?
- Can I get TB by using the same cup with a TB infected person?
- If a person has a very bad cough is this a sign of TB?
- Can unborn babies get TB from their mothers during pregnancy?

These questions will guide the development of Q&A leaflets (booklets) that will be produced for peer educators and VHTs for use in the community.

During the quarter, STAR-EC organized a 'Couple HTC week' that resulted in testing of 1,108 couples compared to 1,079 couples tested during the last 6 months. This was realized through application of multi-pronged mobilization activities involving interpersonal communication by peer educators, model couples, print materials, radio communication (announcements and radio program) and trucks with public address systems. Couples were given certificates received from the MoH (given out to couples during the national couple HCT campaign). The certificates congratulated couples for testing together and signed commitments to specific values like talking openly about HIV with each other; remaining faithful to each other; correct and consistent use of condoms in the relationship (for discordant and concordant couples); and supporting each other in seeking treatment, care and support services. The certificates encouraged more couples to seek HCT services.



Couples receiving HCT services in Mayuge district



Couples receiving a certificate after HCT services in Mayuge district

STAR-EC attended district and CSO led activities and continued to give them support. The support focused on assisting CSOs and districts to implement community activities that contribute to STAR-EC result areas and integration of services to demand generation activities. As a result CSOs and districts have intensified the provision of HTC services during community drama performances. CSOs have also been advised to share outreach schedules and reports with districts to avoid concentration in the same locations. STAR-EC also shared the designed BCC/IEC strategy with prequalified CSOs to guide their demand creation activities. The strategy highlights key communication issues to be addressed, the audiences to be targeted, objectives to be achieved and the approaches to communicate the issues to the target audiences.

During Q3, STAR-EC also participated in the Ministry of Health Information, Education and Communication (IEC)/Behaviour Change Communication (BCC) meeting to develop the SMC communication strategy and also participated in the review of existing PMTCT materials in order to adapt them to the current situation. Once the materials are finalized, STAR-EC will reproduce copies to be used in the operation districts. The program staff participated in the Ministry of Health partners' meeting aimed at renewing the national efforts in HIV prevention. The meeting discussed the trends in HIV&AIDS communication, what led to early success, evolution of messaging in Uganda, current challenges in HIV&AIDS communication and the way forward. The way forward includes the

Ministry of Health working with the small technical group from the Uganda AIDS Commission to finalize the HIV prevention communication guidelines.

STAR-EC also joined the Ministry of Health and Uganda AIDS Commission to commemorate the International Candlelight Memorial, which is one of the major events in the World AIDS Campaign. STAR-EC published a supplement in the New Vision newspaper that was in line with this year's theme 'Many Lights for Human Rights.'

During this reporting period, the STAR-EC program was officially launched at the Crested Crane hotel in Jinja during a well attended ceremony. The Minister of State for Primary Healthcare, who was invited as the Guest of Honour was represented by the Resident District Commissioner (RDC) of Iganga District. The function was attended by representatives from USAID, Ministry of Health, partner organizations, Civil Society Organizations and the press. STAR-EC and partner organizations showcased their work in the region through poster presentations, displays in stalls, testimonies from beneficiaries and drama performances.

STAR-EC also conducted joint support visits with the USAID team to MARPs (fisher folk and CSWs) activities in Mayuge and Bugiri districts. The issues highlighted included:

- More targeted IEC materials need to be disseminated to the fisher folk and CSWs.
- More innovative methods (such as the painting of fishing boats with appropriate HIV prevention messages) need to be applied in order to reach the target audiences
- The peer educator selection criteria need to be revised to select peer educators of varying age groups and to select a good number of males and females
- Need to support more community dialogue activities
- Need to intensify linkage of CSWs to other programs like income generating activities
-
- The way forward to the highlighted issues is:
 - Continued dissemination of the adapted (from Lake Victoria Fisheries Organization) fisher folk materials to the landing sites
 - Adaption of CSWs materials from UHMG and the Ministry of Health
 - Working with Beach Management Units to paint health messages on boat at the landing sites
 - Selection and training of more peer educators
 - Working with CSOs and districts to organize community dialogue sessions.



FLEP staff show casing their role under STAR-EC at the launch



A community drama group performing during the launch

Lessons Learned

- Application of multi-pronged mobilization strategies results in more participation by community members in health campaigns
- The interactive radio program (giving listeners chance to ask questions) and focused discussion with MARPs such as fishing communities and CSWs bring out issues that can guide planning and focusing communication programs

Challenges

- Some IEC materials that the program intends to use in the region (like PMTCT materials revised by the Ministry of Health) are undergoing a review process that might take some time
- At times the demand created is not balanced with the supply. For instance, some couples were disappointed in Kaliro district because they reached the HTC testing sites (outreach) only to find that all test kits had been used
- Community members take volunteers (VHT, peer educators, model couples) to be knowledgeable on all health issues. They are asked questions on all health interventions (reproductive health, malaria, HIV&AIDS-discordance, TB and others)
- Some MARPs e.g. CSWs are faced with sexual and gender based violence given the conditions in which they work. Some of their clients refuse to use condoms
- Out-of-school youth need more motivation to participate in health programs like behaviour change programs (BCP). They usually request for some compensation for participating in BCPs and attending community drama performances

Way Forward:

- Talking points and cue cards on different health topics like gender based violence; positive prevention and discordance are being developed for peer educators to guide them during community discussions as we wait for more IEC materials
- STAR-EC will continue working with health facilities/districts to forecast and submit requests for the different health supplies in time

Intensifying activities that engage the youth like sports will bring more out of school youths together thereby creating an opportunity to reach them with health information

3.0 Strategic Information

The Strategic Information Directorate implemented different activities during this quarter. Special emphasis was given to consolidation and improvement of M&E systems that have been introduced to the program since its inception in March 2009. Below are key highlights on some of Q3's achievements:

- During this quarter, both the SI and Technical Directorates received feedback from Monitoring and Evaluation of Emergency Plan Progress (MEEPP) on how ART interventions performance and data quality improvement can be enhanced. Earlier, MEEPP together with SI staff had conducted ART data quality assessments (DQAs) at Iganga and Bugiri hospitals. The key findings from this assessment indicated that there had been under reporting of ART performance at Iganga Hospital while to a great extent the DQA conducted at Bugiri Hospital revealed quality reporting. MEEPP's general recommendation indicated the need for STAR-EC to improve on the quality of ART data. In response to MEEPP's DQA findings, HMIS support supervision was extended to Iganga District Hospital's records and clinical staff on tracking HIV care/ART data as well as guiding them in the utilization of the new Pre- ART/ART registers. Additionally, URHB was visited and given feedback on the quality of data submitted for the months of April and May 2010. Re-orientation on the revised STAR-EC data collection tools was also undertaken
- The SI team reviewed and improved the STAR-EC performance monitoring plan (PMP) results framework and Performance Indicator Reference Sheets (PIRS) based on Uganda Monitoring and Evaluation Management Services (UMEMS) recommendations and the new USAID SO8 indicators. Other documents included the annual Performance Monitoring plan. Additionally, the team participated and contributed to a series of USAID SO8 new indicator review meetings held at Hotel Africana, Kampala and the United States Embassy where other USAID implementing partners also participated. These indicators will additionally be input into the final STAR-EC PMP
- Participated in and contributed to improving the current MoH HMIS tools and facility level indicators in preparation for Health sector strategic plan (HSSP) III at a four-day workshop organized by the MoH Resource Centre at Ridar Hotel, Seeta -Mukono District
- Held a meeting with the Resource Centre Assistant Commissioner, MoH in Kampala on the possibilities of how STAR-EC can support HMIS strengthening as well as training of HMIS district specific focal persons on the upcoming HSSP III HMIS tools. In attendance were the STAR-EC Chief of Party and Director Strategic Information. STAR-EC agreed to support the roll out of the revised HMIS tools in the East Central region
- A harmonization meeting between STAR-EC and Baylor Foundation Uganda on the implementation of ART services in Buyinja HC IV, Bugiri and Kamuli hospitals was held at Nakawa House Kampala. This meeting mainly involved working out ways of avoiding partner intervention and data reporting overlaps. Among those present in this meeting were representatives from STAR-EC, Baylor Foundation Uganda, CDC and USAID
- The team participated in a five-day data use workshop organized by CDC where data management and utilization, challenges and the way forward on proper data use were discussed for lifetime program implementation
- The SI directorate received 90 copies of various reading materials from the MoH library and the AIDS Control Program. These included the National HIV&AIDS treatment guidelines, policies, strategies and other MoH publications. Some of these publications will be helpful to STAR-EC staff in keeping abreast to MoH expectations. Some few copies will also be distributed to districts that may lack such useful documents
- STAR-EC signed an MoU with the Futures Group aimed at computerizing the health facilities that handle huge amount of health records. This will ensure proper management and storage of health facility data. In light of this, during Q3, the SI directorate conducted a quick assessment to establish the capacity of 14 selected health facilities to manage computer systems and assessed availability of computer literate staff; patient case load; power and office space. Through this assessment, 8 health centers were identified to be having the necessary capacity (see Table xxx) and to date, five computers have been procured for installation in five health units

Table 28: Health facilities assessed and ready to computerize health records

District	Health Facility	Readiness to computerize records
Iganga	Iganga Hospital	Yes
	Busesa HCIV	Yes
	Kiyunga HC IV	Yes
Bugiri	Bugiri Hospital	Yes
	Nankoma HC IV	Yes
	Buyinja HC IV	No
Kamuli	Kamuli Mission Hospital	Yes
	Kamuli General Hospital	No
Namutumba	Nsinze HC IV	No
	Namutumba HC III	Yes
Kaliro	Bumanya HC IV	No
	Nawaikoke HC III	No
Mayuge	Kigandalo HCIV	Yes
	Kityerera HCIV	No

Source: STAR-EC Program Records

- STAR-EC participated in various meetings organized by the STAR-E LQAS project in order to support the national institutionalization of LQAS process. Also related to the provision of technical guidance to the national management of LQAS activities, the Chief of Party of STAR-EC is the chairperson of the LQAS Technical Advisory Group (TAG)
- SI had discussions with MSH STAR-E LQAS project regarding follow up of implementation of action plans that were generated during the service performance assessment and improvement (SPAI) process conducted for two of STAR-EC six districts, Bugiri and Mayuge during the Q2. It was agreed that before the remaining four districts are taken through the same process in Q4, a review meeting be carried out to assess the progress in implementation of what the districts had planned to do in order to improve their performance. The outcome of this review will help to inform planning for subsequent SPAI exercises

4.0 Grants and Sub awards

STAR-EC's four prequalified grantees FLEP, NACWOLA, URHB and Youth Alive Uganda continued to play a critical role in implementation of STAR-EC program activities during the 3rd quarter by providing varied services as summarized in Table 29.

Table 29: CSO coverage of the districts by technical interventions

CSO Name	District					
	Bugiri	Iganga	Kaliro	Kamuli	Mayuge	Namutumba
FLEP		HCT, OP		HCT, OP	HCT, OP	
NACWOLA	Ref, CTX, OP, PwP, MSE, PA**					
URHB	AB, OP, HCT, TB		AB, OP, HCT, TB			AB, OP, HCT, TB
YA		AB	AB	AB		AB
AIC						
IDAAC		HCT, AB, OP, MMC				
FOC-REV	HCT, AB, OP, TB, MMC					
MUCOBADI	HCT, AB, OP, TB, MMC					
UDHA		HCT, AB, OP, TB, MMC			HCT, AB, OP, TB, MMC	
UWYDI		HCT, AB, OP, TB, MMC		HCT, AB, OP, TB, MMC		
YAWIA			HCT, AB, OP, MMC			

Source: STAR-EC Program Records

Ref – Referrals

OP - Other Prevention

CTX –Co-trimoxazole

PwP – Prevention with Positives

MSE, - Mobilization, sensitization and education

PA – Palliative Care

Appendices

Appendix 1: Showing the general matrix of findings and support provided to the 76 health facilities in the region by STAR-EC during the reporting period April-June 2010.

No.	District	Name of Health Facility	Level	Owner	Availability of the listed parameters (√=available/ok; x=Lacked; xv= available but not functional)																	Type of support provided (√=yes; x=no)					
					Had laboratory	Lab functional	Infrastructure	Water	Electricity	Red waste container	yellow waste container	blue waste container	Incinerator	Autoclave	Biohazard bags	Shallow	Placenta pits	Differential counters	Tally counters	Binocular microscope	Cobmeter	Lab assessment	General Support supervision	CD4 specimen referral	Lab staff refresh trained	TB Specific supervision	Equipment service
1	Bugiri	Banda HC III	HC III	Gov	√	√	x	x	x	x	√	x	x	√	√	√	x	x	x	√	x	√	√	√	x	x	x
2	Bugiri	Bugiri Hospital	Hospital	Gov	√	√	√	√	√	√	√	√	√	√	√	x	x	√	x	√	√	√	√	√	√	√	x
3	Bugiri	Bulesa HC III	HC III	Gov	√	√	x	x	x	x	x	x	√	√	√	x	x	x	√	x	√	x		√	x	x	
4	Bugiri	Buluguyi HC III	HC III	Gov	√	√	x	x	x	√	√	x	x	√	√	√	x	x	x	√	x	√	√	√	x	x	x
5	Bugiri	Bumooli HC III	HC III	Gov	√	x	x	x	x	x	√	x	x	√	x	√	x	x	x	x	√	x		x	x	x	
6	Bugiri	Buwunga HC III	HC III	Gov	√	√	x	x	x	x	√	x	x	√	x	√	x	x	x	√	x	√	√		x	x	x
7	Bugiri	Buyinja HC IV	HC IV	Gov	√	√	√	√	x	√	√	√	√	√	√	√	√	√	√	√	x	√	√	√	x	x	x
8	Bugiri	Iwemba HC III	HC III	Gov	√	√	x	x	x	x	x	x	√	√	x	√	x	x	√	x	√	√		x	x	x	
9	Bugiri	Kayanga HC III	HC III	Gov	√	√	√	x	x	x	x	x	x	√	√	x	x	x	√	x	√	√		x	x	x	
10	Bugiri	Mayuge HC III*	HC III	Gov	√	√	x	x	x	x	√	x	x	√	x	√	x	x	x	√	x	√	√		x	x	x
11	Bugiri	Nabukalu HC III	HC III	Gov	√	√	√	x	x	x	x	x	√	√	√	x	x√	x√	x√	x√	√	√		x	x	x	
12	Bugiri	Nankoma HC IV	HC IV	Gov	√	√	x	x	x	√	√	x	x	√	√	√	x	√	√	√	x	√	x	√	√	x	x
13	Bugiri	Sigulu Islands CH IV	HC III	Gov	√	√															x		√				
14	Iganga	Bugono HC IV	HC IV	Gov	√	√	√	√	x	√	√	√	x	x	x	√	x	x	x	√	x	√	√	√	x	x	x
15	Iganga	Bukanga HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x
16	Iganga	Bukoova HC III	HC III	Gov	√	√	√	√	√	N/A	N/A	N/A	N/A	N/A	N/A	√	x	x	x	x	x	√	√		x	x	x
17	Iganga	Bulamagi HC III	HC III	Gov	√	√	IWS	x	x	√	x	√	x	x	√	√	x	x	x	√	x	√	√	√	x	x	x
18	Iganga	Bunyiro HC III	HC III	Gov	√	x	x	x	x	N/A	N/A	N/A	N/A	N/A	N/A	√	x	N/A	N/A	N/A	N/A	√	x		x	x	x
19	Iganga	Busemba Tya HC III	HC III	Gov	√	√	√	x	√	x	x	x	x	x	√	x	x	x	x	x	√	√	√	√	√	x	
20	Iganga	Busesa HC IV	HC IV	Gov	√	√	√	√	√	√	x	x	x	√	√	x	x	x	√	x	√	√	√	√	√	√	x
21	Iganga	Busowobi HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x
22	Iganga	Ibulanku Com. HC	HC III	UMMB	√	√	√	√	√	x	√	x	x	x	√	√	x	x	x	√	x	√	√		x	x	x
23	Iganga	Iganga HC III	HC III	Gov	√	√	√	√	√	x	√	√	x	√	√	x	x	x	x	√	√	√	√		x	x	x
24	Iganga	Iganga Hospital	Hospital	Gov	√	√	√	√	√	√	√	√	x	√	√	√	x	√	√	√	√	√	√	√	√	√	x
25	Iganga	Iganga Islamic Med. Centre	HC III	UMMB	√	√	√	√	√	x	√	x	x	x	√	x	x	x	√	x	√	√		x	x	x	
26	Iganga	Ikonia HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x	
27	Iganga	Ikumbya HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x
28	Iganga	Irongo HC III	HC III	Gov	√	√	√	√	x	x	√	x	x	x	√	√	x	x	x	x	x	√	√		x	x	x
29	Iganga	Kiyunga HC IV	HC IV	Gov	√	√	√	x	x	√	√	√	x	√	√	√	x	x	x	√	x	√	√	√	x	x	x
30	Iganga	Lubira HC III	HC III	Gov	√	√	√	√	x	x	√	x	x	x	√	x	x	x	√	x	√	√		x	x	x	
31	Iganga	Makuutu HC III	HC III	Gov	√	√	√	x	x	x	x	x	x	√	√	x	x	x	√	x	√	√		x	x	x	
32	Iganga	Nakalama HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x
33	Iganga	Nambale HC III	HC III	Gov	√	√	IWS	x	√	x	√	x	x	x	√	√	x	x	x	√	x	√	√	√	√	√	x
34	Iganga	Namungalwe HC III	HC III	Gov	√	√	√	√	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√	√	x	x	x
35	Iganga	Nawandala HC III	HC III	Gov	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	√	N/A		x	x	x
36	Iganga	Waibuga HC III	HC III	Gov	√	√	√	x	x	√	√	x	x	x	√	√	x	x	x	x	x	√	√		x	x	x
37	Kaliro	Budini HC III	HC III	UCMB	√	√	√	x	√	x	x	x	√	√	√	x	x	√	x	√	√		x	x	x		
38	Kaliro	Bumanya HC IV	HC IV	Gov	√	√	√	x	x	x	x	x	x	x	√	x	x	√	√	x	√	x	√	x	x	x	
39	Kaliro	Gadumire HC III	HC III	Gov	√	√	√	√	x	x	√	x	x	x	x	√	x	x	√	x	√	√	√	√	x	x	x
40	Kaliro	Namugongo HC III	HC III	Gov	√	√	√	x	√	x	√	x	√	x	x	√	x	x	√	x	√	√	√	√	√	√	x
41	Kaliro	Namwiwa HC III	HC III	Gov	√	√	√	x	x	x	√	x	x	x	√	x	√	x	√	x	√	√	√	√	x	x	x
42	Kaliro	Nawaioko HC III	HC III	Gov	√	√	√	x	√	x	√	√	x	√	x	√	x	x	x	√	x	√	√	√	√	√	x
43	Kamuli	Balawoli HC III	HC III	Gov	√	√	√	x	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√		√	√	x

No.	District	Name of Health Facility	Level	Owner	Availability of the listed parameters (√=available/ok; x=Lacked; x√= available but not functional)																		Type of support provided (√=yes; x=no)					
					Had laboratory	Lab functional	Infrastructure	Water	Electricity	Red waste container	yellow waste container	blue waste container	Incinerator	Autoclave	Biohazard bags	Shallow	Placenta pits	Differential counters	Tally counters	Binocular microscope	Colorimeter	Lab assessment	General Support supervision	CD4 specimen referral	Lab staff refresh trained	TB Specific supervision	Equipment service	
44	Kamuli	Bishop Hamington HC	HC III	UPMB	√	√	√	x	x	x	√	x	x	x	√	√	√	x	x	√	x	√	√			x	x	x
45	Kamuli	Bugaya HC III	HC III	Gov	√	√	√	x	x	x	√	x	x	x	√	√	√	x	x	x√	x	√	√		√	√	x	
46	Kamuli	Bugulumbya HC III	HC III	Gov	√	√	√	√	x	√	√	√	x	x	√	√	√	x	x	√	x	√	√	√	x	x	x	
47	Kamuli	Bulopa HC III	HC III	Gov	√	√	√	x	√	√	√	√	x	x	√	√	x	x	√	√	x	√	√		x	x	x	
48	Kamuli	Bupadhengo HC III	HC III	Gov	√	√	√	√	√	√	√	√	x	x	√	√	x	x√	x√	x√	x√	√	√		x	x	x	
49	Kamuli	Butansi HC III	HC III	Gov	√	√	√	x	x	√	√	√	x	x	√	√	x	x	x	x√	x	√	√		√	√	x	
50	Kamuli	Irundu HC III	HC III	Gov	√	√	√	x	x	x	√	x	x	x	√	√	x	x	x	x	x	√	√		√	√	x	
51	Kamuli	Kamuli Hospital	Hospital	Gov	√	√	√	√	√	√	√	√	x	√	√	√	x	√	√	√	√	√	√	√	x	x	√	
52	Kamuli	Kamuli Mission Hosp	Hospital	UCMB	√	√	√	√	√	√	√	√	√	√	√	x	x	√	√	√	√	√	√	√	√	x	x	x
53	Kamuli	Kidera HC IV	HC IV	Gov	√	√	√	√	x	√	√	√	x	x	√	x	x	x	x	√	x	√	√	√	√	x	x	x
54	Kamuli	Kitayunjwa HC III	HC III	Gov	√	√	√	√	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√		x	x	x	
55	Kamuli	Lulyambuzi HC III	HC III	Gov	√	√	√	x	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√		x	x	x	
56	Kamuli	Mbulamuti HC III	HC III	Gov	√	√	√	x	x	x	√	√	x	√	√	x	√	x	x	√	x	√	√		x	x	x	
57	Kamuli	Nabirumba HC III	HC III	Gov	√	√	√	x	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√		x	x	x	
58	Kamuli	Namasagali HC III	HC III	Gov	√	√	√	√	√	√	√	√	x	x	√	√	x	x	x	x	x	√	√		x	x	x	
59	Kamuli	Namwendwa HC IV	HC IV	Gov	√	√	√	√	√	√	√	√	x	√	√	√	x	N/A	N/A	N/A	N/A	√	√	√	√	√	√	x
60	Kamuli	Nankandulo HC IV	HC IV	Gov	√	√	√	x	√	x	√	√	x	x	√	√	√	√	√	x	√	x	√	√	√	√	√	x
61	Kamuli	Nkondo HC III	HC III	Gov	√	√	√	x	x	√	√	x	x	x	√	√	√	x	x	x	x	√	√		x	x	x	
62	Mayuge	Baitambogwe HC III	HC III	Gov	√	√	IWS	x	x	x	x	x	x	x	√	x	N/A	N/A	N/A	N/A	√	√	√	√	√	√	x	
63	Mayuge	Buluba Hospital	Hospital	UCMB	√	√	√	√	√	√	√	x	√	√	√	x	x	√	√	√	√	√	√		x	x	x	
64	Mayuge	Buwaiswa HC III	HC III	Gov	√	√	√	x	√	√	√	x	x	x	√	√	x	x	x	√	x	√	√		√	√	x	
65	Mayuge	Kigandalo HC IV	HC IV	Gov	√	√	√	√	√	x	x	x	x	x	x	x	x	x	x	√	x	√	√		√	√	x	
66	Mayuge	Kityerera HC IV	HC IV	Gov	√	√	√	√	√	x	√	x	x	x	√	√	x	√	√	√	x	√	√	√	√	x	x	x
67	Mayuge	Malongo HC III	HC III	Gov	√	√	x	x	x	x	x	x	x	x	√	√	x	x	x	x	x	√	√	√	√	x	x	x
68	Mayuge	Mayuge HC III	HC III	Gov	√	√	√	x	√	√	√	√	x	x	√	√	x	x	x	√	x	√	√	√	√	x	x	x
69	Mayuge	Wabulungu HC III	HC III	Gov	√	√	√	x	√	x	√	√	x	x	√	x	x	x	x	√	x	√	√	√	√	x	x	x
70	Namutumba	Bukonte HC III	HC III	Gov	√	√	x	x	x	√	√	x	x	√	x	√	x	x	x	√	x	√	√		x	x	x	
71	Namutumba	Bulange HC III	HC III	Gov	√	√	x	x	x	x	x	x	x	√	x	√	x	x	x	x	x	√	√	√	√	√	x	x
72	Namutumba	Ivukula HC III	HC III	Gov	√	√	x	√	x	x	x	x	x	x	√	x	x	x	x	x	√	√	√	√	√	x	x	x
73	Namutumba	Magada HC III	HC III	Gov	√	√	IWS	x	x	√	√	x	x	x	x	√	√	x	x	x	x	√	√	√	√	x	x	x
74	Namutumba	Nabisoigi HC III	HC III	Gov	√	x	√	x	√	N/A	N/A	N/A	N/A	N/A	N/A	x	x	x	x	x	x	√	x		x	x	x	x
75	Namutumba	Namutumba HC III	HC III	Gov	√	√	x	√	√	x	x	x	x	x	√	√	x	x	x	x	√	√	√	√	√	x	x	x
76	Namutumba	Nsinze HC IV	HC IV	Gov	√	√	x	x	√	√	√	x	x	x	√	√	x	√	√	√	x	√	√	√	√	√	√	x

Appendix 2: Stakeholders/partners that STAR-EC worked with to strengthen laboratory services during the 3rd quarter PY2

Stakeholders/Partners	Type of Technical Support provided to STAR-EC by the Stakeholders/Partners
1. MoH-(Technical Units) Central Public Health Laboratories (CPHL)	Implementation and coordination of laboratory activities in line with the MoH policies; Facilitated in conducting laboratory needs assessment.
National TB Reference Laboratory (NTRL)	Implementation of & adherence to MoH/NTLP/NTRL policies and protocols for HIV diagnosis; Facilitated in conducting laboratory needs assessment
Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL)	Implementation of & adherence to MoH/UVRI/HRL policies and protocols for HIV diagnosis; Facilitated in conducting laboratory needs assessment
Uganda Blood Transfusion Services (UBTS)	Provision of MoH/UBTS policies and protocols for blood transfusion services; Conducting of laboratory needs assessment
Infrastructure Division (ID)	
Status of Infrastructure Number of health facilities/labs Had (functional) Had (Non functional) Lacked Health facilities with laboratory (n=75) 66 (88%) 3 (4%) 6 (8%) Health facility labs with running tap water (n=69)* 26 (38%) 43 (62%) Health facility labs with electricity (n=69)* 33 (48%) 36 (52%) Health facility labs with appropriate physical infrastructure (n=69)* 49 (71%) 20 (29%) Health facility labs with microscopes (n=69)* 50 (72%) 2 (3%) 13 (19%) Health facility labs with colorimeters(n=69)* 5 (7%) 3 (4%) 57 (83%)	Guidance on approaches for Health Infrastructure improvement and provided STAR-EC with infrastructural technical specifications

Stakeholders/Partners	Type of Technical Support provided to STAR-EC by the Stakeholders/Partners
<p>Health facility labs with differential counters (n=69)* 11 (16%) 2 (3%) 52 (75%)</p>	<p>Guidance on approaches for Health Infrastructure improvement and provided STAR-EC with infrastructural technical specifications</p>
<p>Health facility labs with Neubauer counting Chambers (n=69)* 14 (20%) 2 (3%) 49 (71%)</p>	
<p>Health facility labs with Tally counters (n=69)* 10 (14%) 2 (3%) 53 (77%)</p>	
<p>Implementation of laboratory infection control guidelines and practices by laboratory units</p>	
<p>Health facilities with Incinerator (n=75) 6 (9%) ** 67 (91%)</p>	
<p>Health facility Shallow pits (n=75) 56 (75%) 19 (25%)</p>	
<p>Health facility Placenta pits (n=75) 13 (17%) 62 (83%)</p>	
<p>Red waste disposal container for infectious waste (n=66) 31 (47%) 35 (53%)</p>	
<p>Yellow/safety box/container for sharps disposal (n=66) 51 (77%) 15 (23%)</p>	
<p>Blue/Black waste disposal container for domestic waste (n=66) 26 (39%) 40 (61%)</p>	

Stakeholders/Partners	Type of Technical Support provided to STAR-EC by the Stakeholders/Partners
<p>Bio-hazard plastic bags (n=66) 48 (73%) 18 (27%)</p> <p>Autoclave/sterilizer 23 (35%) 43 (65%)</p> <p>Bio-safety cabinet 0 (0%) 66 (100%)</p> <p>Adequate ventilation 52 (79%) 14 (21%)</p> <p>Availability of essential reference text and participation in EQA)</p> <p>Laboratory safety manuals (n=69)* 33 (48%) 31 (45%)</p> <p>Laboratory Quality Manual (n=69)* 21 (30%) 43 (63%)</p> <p>Bench Aids for Diagnosis of tropical diseases, HIV and related Opportunistic Infections (n=69)* 14 (21%) 50 (72%)</p> <p>MoH-CPHL SOPs (Nov 2008) (n=69)* 36 (52%) 28 (41%)</p> <p>Participated in external quality control for HIV in the previous 6 months (n=69) 27 (39%) 35 (51%)</p> <p>Participated in external quality control for TB in the previous 6 months (n=69) 41 (59%) 21 (30%)</p>	<p>Guidance on approaches for Health Infrastructure improvement and provided STAR-EC with infrastructural technical specifications</p>
<p>* Data for 4/69 was not captured due to absence of laboratory staff at the time of the visit **Bugiri Hospital (Bugiri Dist); Buluba Hospital (Mayuge Dist); Buyinja HC IV (Bugiri Dist); Kamuli Mission Hospital (Kamuli Dist); Kigandalo HC IV (Mayuge Dist); Budini HC III (Kaliro Dist)</p>	<p>Guidance on approaches for Health Infrastructure improvement and provided STAR-EC with infrastructural technical specifications</p>

Stakeholders/Partners	Type of Technical Support provided to STAR-EC by the Stakeholders/Partners
National Medical Stores (NMS)	Management and supply of laboratory logistics
Regional Referral Hospital-Jinja	Support supervision, training and conducting lab needs assessment
2. MoH-(6 Districts/Health Facilities in the STAR-EC Region)	Support supervision, training, conducting lab needs assessment & advocacy for stakeholder support for lab services
3. Uganda Cares	Support supervision , development of the of lab needs assessment tool & conducting of lab needs assessment
4. Northern Uganda Malaria Aids TB Program (NUMAT)	Development of the of lab needs assessment tool
5. Joint Clinical Research Centre (JCRC)	Specimen referral centre for Early Infant Diagnosis of HIV
6. Joint Medical Stores (JMS)	Management and supply of laboratory logistics
7. African Medical and Research Foundation (AMREF)	Development of the of lab needs assessment tool, conducting of the lab needs assessment & support supervision
8. Medical Laboratory Training Schools (MLTSs)	Development of the of lab needs assessment tool & conducting of the lab needs assessment
9. African Field Epidemiology Network (AFENET)	Implementation of External Quality Control for HIV antibody testing

Appendix 3: Showing the youth support clubs formed during this reporting period

Club	Parish	Sub-County	District	Composition			Activities
				Female	Male	Total	
Bulyowa Youth Club	Bulyowa	Ivukula	Namutumba	23	29	52	Football, netball, volley ball
Nawandyo Youth Club	Bukenga	Bulange	Namutumba	19	21	40	Drama, football, netball
Buwambi Youth Club	North Ward	Namutumba TC	Namutumba	13	19	32	Football, netball & volley ball
Mande Youth Club	Ivukula	Ivukula	Namutumba	21	26	47	Football, netball & volley ball
Balawooli Youth Club	Balawooli	Balawooli	Kamuli	9	18	27	Football, netball & volley ball
Nabwigulu Youth Club	Nabwigulu	Nabwugulu	Kamuli	11	26	37	Football, netball & volley ball
Nakabira Youth Club	Nakabira	Buyende	Kamuli	15	19	34	Drama, football, netball, chess
Ntaala Youth Club	Kidera	Kidera	Kamuli	16	18	34	Football, netball, volley ball, chess
Kilaanga Youth Club	Buyinda	Namwiwa	Kaliro	18	23	41	Football, netball, volley ball. Chess
Isalo Youth Club	Panyolo	Gadumire	Kaliro	14	21	35	Drama, football, netball
Namuntu Youth Club	Kisinda	Gadumire	Kaliro	23	27	50	Football, netball & volley ball
Bulubandi Youth Club	Bulubandi	Nakigo	Iganga	10	12	22	Football, netball, volley ball
Namalembe Youth Club	Namalembe	Namalembe	Iganga	20	27	47	Football, netball, volley ball
Bukayi Youth Club	Bukayi	Nakalama	Iganga	15	32	47	Football, netball, volley ball, chess
Mafumi Youth Club	Idudi	Buyanga	Iganga	7	17	24	Football, netball & volley ball
Nankoma BCC for youths		Nankoma	Bugiri	11	19	30	MDD and psychosocial support to HIV positive
Mwangoda Banana youth club	Lolwe East	Sigulu islands	Bugiri	0	16	16	Football
Buyando youth Football club	Mutumba	Mutumba	Bugiri	5	20	25	Football and netball
Bulyaiyobyoy youth club		Budhaya	Bugiri	7	37	44	Football and netball
Busowa Youth Association	Busowa	Buwunga	Bugiri	34	16	50	Football and MDD
Basooka Kwavula		Kigandalo	Mayuge	5	5	10	Brick laying, art and craft, agriculture

Appendix 4: Findings according to the various parameters that were assessed during the Laboratory Needs Assessment

1. Status of Infrastructure	Number of health facilities/labs		
	Had (functional)	Had (Non functional)	Lacked
Health facilities with laboratory (n=75)	66 (88%)	3 (4%)	6 (8%)
Health facility labs with running tap water (n=69)*	26 (38%)		43 (62%)
Health facility labs with electricity (n=69)*	33 (48%)		36 (52%)
Health facility labs with appropriate physical infrastructure (n=69)*	49 (71%)		20 (29%)
Health facility labs with microscopes (n=69)*	50 (72%)	2 (3%)	13 (19%)
Health facility labs with colorimeters(n=69)*	5 (7%)	3 (4%)	57 (83%)
Health facility labs with differential counters (n=69)*	11 (16%)	2 (3%)	52 (75%)
Health facility labs with Neubauer counting Chambers (n=69)*	14 (20%)	2 (3%)	49 (71%)
Health facility labs with Tally counters (n=69)*	10 (14%)	2 (3%)	53 (77%)
2. Implementation of laboratory infection control guidelines and practices by laboratory units			
Health facilities with Incinerator (n=75)	6 (9%) **		67 (91%)
Health facility Shallow pits (n=75)	56 (75%)		19 (25%)
Health facility Placenta pits (n=75)	13 (17%)		62 (83%)
Red waste disposal container for infectious waste (n=66)	31 (47%)		35 (53%)
Yellow/safety box/container for sharps disposal (n=66)	51 (77%)		15 (23%)
Blue/Black waste disposal container for domestic waste (n=66)	26 (39%)		40 (61%)
Bio-hazard plastic bags (n=66)	48 (73%)		18 (27%)
Autoclave/sterilizer	23 (35%)		43 (65%)
Bio-safety cabinet	0 (0%)		66 (100%)
Adequate ventilation	52 (79%)		14 (21%)
3. Availability of essential reference text and participation in EQA)			
Laboratory safety manuals (n=69)*	33 (48%)		31 (45%)
Laboratory Quality Manual (n=69)*	21 (30%)		43 (63%)
Bench Aids for Diagnosis of tropical diseases, HIV and related Opportunistic Infections (n=69)*	14 (21%)		50 (72%)
MoH-CPHL SOPs (Nov 2008) (n=69)*	36 (52%)		28 (41%)
Participated in external quality control for HIV in the previous 6 months (n=69)	27 (39%)		35 (51%)
Participated in external quality control for TB in the previous 6 months (n=69)	41 (59%)		21 (30%)
* Data for 4/69 was not captured due to absence of laboratory staff at the time of the visit **Bugiri Hospital (Bugiri District); Buluba Hospital (Mayuge District); Buyinja HC IV (Bugiri District); Kamuli Mission Hospital (Kamuli District); Kigandalo HC IV (Mayuge District); Budini HC III (Kaliro District)			

Appendix 5: Community drama shows conducted and attendance during the 3rd Quarter

Venue	Parish	Sub-County	District	No. Reached	
				Male	Female
Regional MDD Festival					
Iganga TC P/S	Kasokoso	Iganga TC	Iganga	602	470
Community Drama Shows					
Nakilulwe T/C	Bwanalira	Bulamagi	Iganga	100	104
Busesa T/C	Busesa	Bugweri	Iganga	168	179
Busolera	Busolera	Ibulanku	Iganga	133	219
Budhuba P/S	Innula	Ikumbya	Iganga	129	172
Buluza T/C	Buluza	Nakigo	Iganga	152	153
Nambale P/S	Nambale	Nambale	Iganga	100	88
Nakiseni T/C	Nakiseni	Nakigo	Iganga	94	79
Nawampendo P/S	Nawampendo	Nakigo	Iganga	102	84
Nakivumbi P/S	Nakivumbi	Bugweri	Iganga	124	84
Bugono Health Center IV	Bugoono	Nabitende	Iganga	99	103
Izimba	Izimba	Nakigo	Iganga	102	121
Kiwelire	Busowobi	Nakigo	Iganga	102	116
Kazigo	Nasuuti	Nabitende Banada	Iganga	120	93
Nawantwale	Busambira	Bulamagi	Iganga	108	91
Kasolo	Kasolo	Bulamagi	Iganga	95	112
Kakumbo	Kakumbo	Nakigo	Iganga	104	98
Kabwika	Bupyana	Gadumire	Kaliro	94	97
Butambala P/S	Bupyana	Gadumire	Kaliro	118	163
Nansiono T/C	Gadumire	Gadumire	Kaliro	103	96
Buseru Landing Site	Bupyana	Gadumire	Kaliro	119	120
Bwenda LC.1	Bupyana	Gadumire	Kaliro	109	90
Bugada T/C	Gadumire	Gadumire	Kaliro	131	126
KasokweNkalu LC.1	Kasokwe	Namugongo	Kaliro	85	74
Bubbumbi	Budini	Kaliro TC	Kaliro	99	88
Busambeko B	Namwewa	Kaliro TC	Kaliro	90	91
Igulamubiri	Butega	Namugongo	Kaliro	105	102
Bwayuya 2	Bwayuya	Namugongo	Kaliro	103	105
Nakiyanja	Buyunga	Kaliro TC	Kaliro	99	87
Nawango T/C	Nawango	Kitayundha	Kamuli	76	88
Gwase T/C	Gwase	Bugaya	Kamuli	112	107
Iyingo Landing Site	Iyingo	Kagulu	Kamuli	90	83
Nakibungulya T/C	Nakibungulya	Bugulumbya	Kamuli	94	100
Katanuuni T/C	Katanuuni	Bugulumbya	Kamuli	99	94
Nakawa	Nakawa	Kidera	Kamuli	90	116
Kidera T/C	Kidera	Kidera	Kamuli	98	101
Nakabira T/C	Nakabira	Buyende	Kamuli	104	98
Kasolwe	Kasolwe	Balawoli	Kamuli	113	86
Buwagi	Buwagi	Nawanyago	Kamuli	92	97
Namusita	kasolwe	Balawoli	Kamuli	124	105
Kamugoya	Igwaya	kagulu	Kamuli	95	88
Bubaale T/C	Luzinga	Wankole	Kamuli	150	200
Kamuli Girls SS	Nawanyago	Nawanyago	Kamuli	130	150
Kagulu Landing Site	Kagulu	Kagulu	Kamuli	150	250
Naibowa Community Center	Naibowa	Butansi	Kamuli	100	200
Nalinabi	Nawantubi	Nawanyago	Kamuli	180	250
Mpande TC	Mpande	Ivukula	Namutumba	103	112
Nawambiri	Nabweyo	Magada	Namutumba	124	84
Namuwondo T.C	Nawampandu	Namutumba	Namutumba	109	96
Namuntenda	Namakoko	Kibaale	Namutumba	125	92

Venue	Parish	Sub-County	District	No. Reached	
				Male	Female
Bubutya P/S	Bubutya	Bulange	Namutumba	61	126
Bunyagwe P/S	Nakalilwe	Namutumba	Namutumba	65	75
Nabweyo P/S	Nabweyo	Kibaale	Namutumba	70	128
Izirangobi P/S	Izirangobi	Magada	Namutumba	106	100
Budwapa	Namakoko	Kibaale	Namutumba	101	92
Lwamba	Kisega	Kibale	Namutumba	87	110
Mbogo	Nabweyo	Kibaale	Namutumba	100	91
Nkanjja	Kibaale	Kibaale	Namutumba	90	108
Kisumu	Nawansagwa	Namutumba	Namutumba	98	103
Namukoge	Naklokwe	Namutumba	Namutumba	124	81
Buwonga	Nsinze	Nsinze	Namutumba	100	115
Ivukula	Ivukula	Ivukula	Namutumba	89	110
Jjaluko	Magada	Magada	Namutumba	72	81
Nadwali	Mazuba	Magada	Namutumba	95	111
Mpenza	Mazuba	Magada	Namutumba	91	100
Kategere	Kategere	Magada	Namutumba	106	119
Igerera T/C	Nakaroke	Namutumba	Namutumba	300	150
Kisowozi	Kisowozi	Ivukura	Namutumba	150	120
Total				7,972	8,102

Source: STAR-EC Records

Appendix 6: Trainings Conducted in PYII Quarter 3

Technical Area.	Type of training	Objective of the training	Category of H/Ws trained	Number trained			Conducted by	Comments
				M	F	Total		
Increasing access to and uptake of HIV testing services.	Provider Initiated Counseling and Testing in Health care settings	To equip service providers with knowledge, skills and attitudes needed to provide quality RCT services in health care setting.	3 Medical Clinical Officers (MCO), 3 Midwives, 12 Nurses, 2 Nursing Assistants.	14	12	26	MoH/ACP	PITC trainings will continue in a phased manner in the next quarter until all the health workers have been trained.
Prevention of mother to child transmission of HIV (PMTCT)	Integrated Management of Adolescent Illnesses (IMAI)/ Integrated Management of Pregnancy and Childbirth (IMPAC).	To equip health workers with knowledge, skills required to provide integrated PMTCT services.	1 MCO, 26 midwives, 7 Nursing Assistant (ART AIDES)	1	33	34	MoH/ACP	This is response to the evolution of PMTCT services from mere providing VCT & Nevirapine (NVP) to the mother and baby to provision of family centered omprehensive HIV/PMTCT services as well as Early Infant HIV Diagnosis (EID) and care of the exposed children.
Care and Support.	Management of opportunistic infection.	To equip H/Ws with knowledge and skills required in the prevention and management of OIs and STDs to enable them offer quality care and support to PLHAs general community.	36 MCOs, 24 Nurses.	21	39	60	Mildmay Uganda, Uganda cares.	None ART HC IIIs were targeted to start providing HIV chronic care.

Technical Area.	Type of training	Objective of the training	Category of H/Ws trained	Number trained			Conducted by	Comments
				M	F	Total		
Care and Support.	Principles of palliative care, pain control and symptom management.	The aim of the course was to provide knowledge, skills and attitudes to participants in palliative care to enable them effectively manage and support patients, their families and communities with HIV/AIDS, cancer and other chronic illnesses in order to improve their quality of life.	4 MCOs, 22 Nurses, 2 Nursing Assistants.	10	20	30	Mildmay Uganda	More health workers will be trained during next quarter and PY3.
	Training health workers on Patient Monitoring tools.	To build capacity for improved HIV/ART patient monitoring at facility and district levels.	28 MCOs, 8 Midwives, 28 Nurses, 25 Nursing Assistants, 31 Medical Records assistants, 3 health information assistants, 1 iostatistician.	57	67	124	MoH/ACP	These were trained using a pool of ToTs trained during quarter 2.

Technical Area.	Type of training	Objective of the training	Category of H/Ws trained	Number trained			Conducted by	Comments
				M	F	Total		
Promotion of HIV prevention through sexual and other behavioural risk prevention	Positive prevention training for PLHAs	This training is intended to enhance the knowledge and skills of PLHAs in positive prevention peer education concept.	32 PLHAs.	13	19	32	MoH/ACP	These were selected from supported family support groups, ART clinics and collaborating CSOs. More PLHAs will be trained during PY3 using the cascade model.
	Safe Male mcision(SMC)	To equip H/Ws with knowledge and skills to provide SMC for HIV prevention.	5 MCOs,10 Nurses	6	9	15	Makerere University Walter Reed Project Kampala and Rakai Health Sciences Project.	Plan to have at least two teams per Hospital and HC IV.
Clinical Additional TB/ HIV	Training of trainers (ToTs) for TB/HIV co-management and TB infection control.	To train teams of trainers who would in turn train health workers at facility level on TB/HIV co management and TB infection control.	30 MCOs, 17 Nurses, 2 Medical officers, 3 Lab personnel, 3 DTLS, 3 District health educators.	42	16	58	MoH/ACP, MoH NTLP and TB-CAP	The ToTs are being facilitated to cascade training to lower health facilities.
	Facility level training on TB/HIV co-management and TB Infection control.	Providing competence based training to H/Ws on how to co-manage TB/HIV and implement effective TB control activities.		88	37	125	STAR-EC, ToTs	ToTs in Kamuli District were facilitated to conduct facility level trainings. Facility level training will continue until all the H/Ws in the region are trained.

Technical Area.	Type of training	Objective of the training	Category of H/Ws trained	Number trained			Conducted by	Comments
				M	F	Total		
Health Care Improvement.	Training of District Quality improvement teams (DQIs) on Health care improvement initiative.	To build capacity of District Health Team as coaches in order to improve quality of health services.	8 MCOs, 2 Medical Officers, 3 DHOs, 2 district drug inspectors, 2 DTLs, 3 district lab focal persons, 3HIMS focal person, 3 district health educators 5nursing officers and 3 district health inspectors.	6	28	34	MoH Quality of Care program and Health Care provement project.	3 DQI teams from Kamuli, Kaliro and Bugiri. These are being supported to conduct regular mentorship and coaching to site quality improvement teams.
	Training of Site Quality Improvement teams (SQIs) on Health Care Improvement Initiative.	To build capacity of District Health Team as coaches in order to improve quality of health services.	5 MCOs, 4 Medical records assistants, 12 Nursing officers, 7 Midwives, 5 Lab personnel.	15	18	33	MoH Quality of Care Program and Health Care provement project.	7 SQI teams from 2 hospitals, 4 HC IV and 1 HC III which will be mentored by the respective DQIs.
Laboratory Services	Refresher Training of laboratory staff in sputum TB microscopy protocols	The objective of the refresher training was to strengthen skills of the laboratory staff to competently perform TB sputum smear microscopy procedures to enhance quality and reliable test results	3 Lab technician, 18 Lab assistants.	16	5		MoH/NTLP	More trainings will be conducted in the next quarter and PY3.

Appendix 7: AB Data: April - June, 2010

District	Sub-County	Parish	Male			Total	Female			Total	Grand Total
			10-14	15-24	25 +		10-14	15-24	25 +		
Bugiri	Budhaya	Budhaya	0	15	46	61	0	27	39	66	127
		Bukatu	0	19	33	52	0	9	19	28	80
		Buwolya	20	48	50	118	2	11	36	49	167
		Mayuge	0	37	75	112	0	21	66	87	199
	Total		20	119	204	343	2	68	160	230	573
	Bugiri T/C	Busanzi	0	2	15	17	0	9	8	17	34
		Bwole	5	17	47	69	1	27	39	67	136
		Naluwerere	2	116	129	247	0	91	83	174	421
		Ndifakulya	2	104	216	322	3	86	168	257	579
	Total		9	239	407	655	4	213	298	515	1,170
	Bulesa	Buluwe	0	13	69	82	0	17	57	74	156
		Buwolya	0	0	9	9	0	1	8	9	18
		Buwuni	0	15	99	114	0	39	83	122	236
		Igwe	0	4	34	38	0	9	21	30	68
		Kitodha	0	12	81	93	0	34	68	102	195
		Namasere	0	2	26	28	0	6	23	29	57
	Total		0	46	318	364	0	106	260	366	730
	Bulidha	Bulidha	3	67	82	152	4	71	49	124	276
		Makoma	0	6	41	47	0	18	24	42	89
		Mayuge	1	18	2	21	0	14	1	15	36
		Nabigingo	2	46	71	119	2	36	60	98	217
		Wakawaka	0	39	90	129	0	58	60	118	247
	Total		6	176	286	468	6	197	194	397	865
	Buwunga	Bubugo	0	9	48	57	0	12	54	66	123
		Bupala	0	27	68	95	0	39	44	83	178
		Busoga	14	71	105	190	5	48	78	131	321
		Busowa	6	33	249	288	3	71	314	388	676
		Busowa Main	3	43	7	53	3	30	3	36	89
		Buwunga	3	31	107	141	12	28	98	138	279
		Kavule	0	31	70	101	0	32	51	83	184
		Luwoko	0	65	251	316	0	127	205	332	648
		Magada	0	0	9	9	0	0	7	7	16
		Magoola	0	4	68	72	0	11	62	73	145
		Mawanga	4	12	61	77	4	20	51	75	152
		Nambale	12	22	61	95	18	18	57	93	188
		Nawandhuki	0	23	90	113	0	27	112	139	252
		Total		42	371	1194	1,607	45	463	1136	1,644
	Muterere	Bululu	4	36	81	121	13	71	54	138	259
		Kayogera	7	26	93	126	6	31	81	118	244
		Kitumba	0	11	16	27	0	17	9	26	53
		Muterere	2	19	38	59	2	27	22	51	110
		Muterere Tb	2	31	31	64	1	34	23	58	122
	Total		15	123	259	397	22	180	189	391	788
	Mutumba	Buchimo	0	27	84	111	0	37	67	104	215
		Bulule	0	35	116	151	2	38	77	117	268
		Lubango	2	27	15	44	1	26	14	41	85
		Lubira	6	30	58	94	8	40	77	125	219
		Mutumba	0	22	71	93	0	8	50	58	151
		Mwema	0	29	15	44	0	6	1	7	51
	Total		8	170	359	537	11	155	286	452	989
	Nankoma	Isegero	2	11	98	111	0	20	114	134	245
		Masita	5	20	93	118	1	27	84	112	230
Matoyu		10	19	49	78	11	20	41	72	150	
Namakoko		2	26	70	98	1	54	62	117	215	
Nankoma		4	35	92	131	3	35	67	105	236	
Nankoma T/B		0	16	50	66	2	30	31	63	129	
Nsono		2	20	77	99	0	51	72	123	222	
Total		25	147	529	701	18	237	471	726	1,427	
Sigulu Islands	Dolwe	2	5	0	7	2	2	0	4	11	
	Lolwe East	4	63	54	121	8	49	33	90	211	
	Lolwe West	6	68	203	277	7	95	169	271	548	
Total		12	136	257	405	17	146	202	365	770	
Bugiri Total			137	1,527	3,813	5,477	125	17,65	3,196	5,086	10,563

District	Sub-County	Parish	Male			Total	Female			Total	Grand Total
			10-14	15-24	25 +		10-14	15-24	25 +		
Iganga	Bugweri	Busesa	77	32	59	168	61	48	70	179	347
		Nakivumbi	57	22	14	93	61	31	12	104	197
	Total	134	54	73	261	122	79	82	283	544	
	Bulamagi	Bulamagi	33	55	24	112	36	31	28	95	207
		Bunyiro	1	21	5	27	3	12	3	18	45
		Busambira	23	45	23	91	36	39	33	108	199
		Bwanalira	36	43	25	104	47	32	21	100	204
	Total	93	164	77	334	122	114	85	321	655	
	Busembatia Town Council	Namalemba	13	44	3	60	22	50	2	74	134
	Butanga	Busolera	44	53	36	133	81	70	68	219	352
	Buyanga	Idudi	4	31	9	44	5	65	2	72	116
	Iganga Town Council	Iganga South	154	167	149	470	170	275	157	602	1,072
	Ikumbya Nabitende	Inuula	61	42	26	129	58	74	40	172	301
		Bugono	27	42	34	103	35	31	33	99	202
		Nabitende	0	16	16	32	0	22	26	48	80
		Nasuuti	45	34	14	93	33	65	22	120	213
	Total	72	92	64	228	68	118	81	267	495	
	Nakalama	Bukaye	6	25	10	41	12	50	22	84	125
	Nakigo	Bulubandi	1	21	6	28	5	26	9	40	68
		Buluza	46	60	46	152	70	59	24	153	305
		Busowobi	40	35	41	116	37	33	32	102	218
		Izimba	23	46	52	121	15	38	49	102	223
		Kakumbo	15	69	14	98	30	53	21	104	202
Nakiseni		27	39	28	94	16	41	22	79	173	
Nawampendo		26	39	37	102	22	34	28	84	186	
Total	178	309	224	711	195	284	185	664	1,375		
Namalemba	Namalemba	0	27	51	78	0	9	7	16	94	
Nambale	Nambale	15	49	36	100	21	43	24	88	188	
Namungalwe	Namunkanaga	2	7	21	30	2	16	40	58	88	
Iganga Total			776	1,064	779	2,619	878	1,247	795	2,920	5,539
Kaliro	Gadumire	Bupyana	92	131	123	346	116	140	117	373	719
		Gadumire	68	99	67	234	51	102	69	222	456
		Kisinda	8	21	28	57	3	28	17	48	105
		Lubulo	2	25	6	33	0	19	2	21	54
		Lubuuro	24	42	80	146	29	46	56	131	277
		Panyolo	0	19	39	58	3	21	23	47	105
	Total	194	337	343	874	202	356	284	842	1,716	
	Kaliro Town Council	Budini	12	56	20	88	43	32	24	99	187
		Buyunga	24	69	20	113	50	54	24	128	241
		Namwewa	29	38	24	91	18	35	37	90	181
	Total	65	163	64	292	111	121	85	317	609	
	Namugongo	Butege	26	37	39	102	38	25	42	105	207
		Bwayuya	52	62	20	134	54	55	22	131	265
		Kasokwe	36	26	23	85	28	31	15	74	159
	Total	114	125	82	321	120	111	79	310	631	
	Namwiwa	Bukonde	7	21	3	31	7	13	5	25	56
		Buyinda	6	34	3	43	5	36	0	41	84
Total	13	55	6	74	12	49	5	66	140		
Nawaikoke	Nansololo	0	34	27	61	1	16	18	35	96	
Kaliro Total			386	714	522	1,622	446	653	471	1,570	3,192

District	Sub-County	Parish	Male			Total	Female			Total	Grand Total	
			10-14	15-24	25 +		10-14	15-24	25 +			
Kamuli	Balawoli	Balawoli	7	42	7	56	11	34	2	47	103	
		Kasolwe	76	63	52	191	88	89	60	237	428	
		Namuningi	5	25	3	33	4	9	5	18	51	
	Total	88	130	62	280	103	132	67	302	582		
	Bugulumbya	Isinwa	0	10	21	31	10	11	9	30	61	
		Katanuuni	40	36	23	99	31	34	29	94	193	
		Nakibungulya	38	29	27	94	32	46	22	100	194	
	Total	78	75	71	224	73	91	60	224	448		
	Butansi	Naluwoli	12	41	0	53	10	12	0	22	75	
	Buyende	Nakabira	73	43	34	150	58	60	33	151	301	
	Kagulu	Igwaya	31	33	24	88	18	29	48	95	183	
		Iyingo	37	31	44	112	32	28	47	107	219	
	Total	68	64	68	200	50	57	95	202	402		
	Kidera	Kidera	20	87	50	157	30	77	39	146	303	
		Nakawa	37	34	45	116	38	32	20	90	206	
	Total	57	121	95	273	68	109	59	236	509		
	Kitayunjwa	Namisambya I	0	8	29	37	0	10	19	29	66	
		Nawango	15	22	39	76	27	36	25	88	164	
	Total	15	30	68	113	27	46	44	117	230		
	Nabwigulu	Nabwigulu	1	36	7	44	5	30	0	35	79	
Buwagi		36	39	22	97	20	41	31	92	189		
Nawanyago	Nawanyago	6	16	0	22	10	34	0	44	66		
	Total	42	55	22	119	30	75	31	136	255		
Kamuli Total			434	595	427	1,456	424	612	389	1,425	2,881	
Mayuge	Kigandalo	Bugondo	5	36	86	127	13	37	65	115	242	
		Bugoto	4	31	112	147	6	48	104	158	305	
		Bugumia	9	9	101	119	10	9	102	121	240	
		Bukaboli	68	152	171	391	38	125	205	368	759	
		Buyugu	20	41	68	129	15	32	42	89	218	
		Isenda	3	13	103	119	2	7	93	102	221	
		Kigandalo	0	3	40	43	0	4	36	40	83	
		Kigulu	0	0	82	82	0	0	82	82	164	
		Maleka	5	12	6	23	0	2	0	2	25	
		Matovu	38	128	149	315	68	179	136	383	698	
		Mayirinya	15	16	0	31	9	8	0	17	48	
		Total	167	441	918	1,526	161	451	865	1,477	3,003	
		Kityerera	Bubinge	5	33	53	91	3	10	11	24	115
	Bukalenzi		77	160	92	329	42	146	117	305	634	
	Butangala		81	143	0	224	77	133	9	219	443	
	Kaluba		194	157	43	394	75	103	70	248	642	
	Kitovu		38	10	4	52	30	14	3	47	99	
	Kityerera		16	174	264	454	22	150	250	422	876	
	Maumu		157	111	0	268	187	90	0	277	545	
	Ndaiga		9	79	0	88	13	38	0	51	139	
Wambete	83		87	33	203	57	50	23	130	333		
Wandegeya	207		65	112	384	109	109	102	320	704		
Total	867	1,019	601	2,487	615	843	585	2,043	4,530			
Malongo	Bukatabira	19	63	90	172	19	68	110	197	369		
	Bukizibu	24	30	0	54	13	29	0	42	96		
	Bwondha	40	96	234	370	30	87	214	331	701		
	Malongo	77	128	130	335	75	93	121	289	624		
	Namadhi	25	44	46	115	34	41	50	125	240		
	Namoni	53	67	8	128	117	74	3	194	322		
Total	238	428	508	1,174	288	392	498	1,178	2,352			
Mayuge Total			1,272	1,888	2,027	5,187	1,064	1,686	1,948	4,698	9,885	
Namutumba	Bulange	Bubutya	13	21	27	61	51	33	42	126	187	
		Bugobi	0	15	17	32	11	28	13	52	84	
		Bukenga	12	67	34	113	19	31	23	73	186	
		Bulange	0	1	1	2	0	1	3	4	6	
	Total	25	104	79	208	81	93	81	255	463		
	Ivukula	Bulyowa	16	39	35	90	32	51	29	112	202	
		Ivukula	60	31	19	110	51	27	11	89	199	
		Mpande	42	39	31	112	29	36	38	103	215	
	Ivukula Total	118	109	85	312	112	114	78	304	616		
	Kibaale	Budatu	0	0	1	1	0	1	0	1	2	
		Kibaale	35	54	22	111	28	42	24	94	205	
		Kisega	34	32	53	119	24	24	49	97	216	
		Nabisoigi	0	2	12	14	0	9	8	17	31	
		Nabweyo	57	62	43	162	73	92	64	229	391	
		Nabyeyo	0	0	1	1	0	0	1	1	2	
		Namakoko	90	87	40	217	98	65	30	193	410	
	Nawansisa	0	1	6	7	0	1	2	3	10		
	Total	216	238	178	632	223	234	178	635	1,267		
	Magada	Kagulu	0	1	9	10	0	0	10	10	20	
		Katagere	21	35	63	119	39	26	41	106	225	
Magada		35	28	18	81	24	25	23	72	153		
Mazuba		72	68	71	211	68	55	63	186	397		
Mulama		0	7	15	22	0	7	14	21	43		
Nabweye		54	49	21	124	46	23	15	84	208		
Total	182	188	197	567	177	136	166	479	1,046			
Namutumba	East Ward	0	0	1	1	0	0	1	1	2		
	Kayiti	0	5	23	28	0	10	16	26	54		
	Kigalama	1	80	52	133	8	23	37	68	201		
	Nakalokwe	29	62	35	126	40	57	47	144	270		
	Nawampandu	23	44	42	109	27	36	33	96	205		
	Nawansagwa	34	48	23	105	29	38	32	99	204		
	North	13	49	1	63	16	28	2	46	109		
	South Ward	0	1	3	4	0	1	7	8	12		
	Total	100	289	180	569	120	193	175	488	1,057		
Nsinze	Bukonte	0	3	11	14	0	7	7	14	28		
	Nsinze	31	43	41	115	28	37	35	100	215		
Nsinze Total				31	46	52	129	28	44	42	114	243

District	Sub-County	Parish	Male			Total	Female			Total	Grand Total
			10-14	15-24	25 +		10-14	15-24	25 +		
Namutumba Total			672	974	771	2,417	741	814	720	2,275	4,692
Grand Total			3,677	6,762	8,339	18,778	3,678	6,777	7,519	17,974	36,752

Appendix 8: OP: April - June, 2010

District	Sub-county	Parish	Client Type						Age Group			Grand Total
			Plantation workers	Boda boda men	Business people	Bars & Lodges	Video site (Bibandanda)	Others	10-14	15-24	25 +	
Bugiri	Budhaya	Bukatu	8	97	0	0	0	2	0	32	75	107
		Mayuge	76	99	0	2	0	4	0	56	125	181
	Total	84	196	0	2	0	6	0	88	200	288	
	Bugiri T/C	Naluwerere	0	37	12	6	2	0	0	16	41	57
		Ndifakulya	0	103	44	5	1	3	0	37	119	156
		Nkusi	0	21	0	1	2	0	0	9	15	24
	Total	0	161	56	12	5	3	0	62	175	237	
	Bulesa	Buwuni	9	188	57	3	0	0	0	66	191	257
		Kitodha	0	160	0	0	0	0	0	45	115	160
	Total	9	348	57	3	0	0	0	111	306	417	
	Bulidha	Makoma	21	10	0	9	2	0	0	29	13	42
		Wakawaka	35	42	58	29	0	5	0	68	101	169
	Total	56	52	58	38	2	5	0	97	114	211	
	Buwunga Muterere	Busowa	2	86	13	1	1	0	0	42	61	103
		Bululu	0	15	0	0	0	0	0	1	14	15
		Kayogera	0	11	0	1	0	0	0	5	7	12
		Muterere	0	17	0	0	0	0	0	8	9	17
		Muterere TB	0	75	2	13	5	0	0	29	66	95
		Total	0	118	2	14	5	0	0	43	96	139
	Mutumba	Buchimo	10	1	0	0	0	0	0	5	6	11
Bulule		0	54	10	8	0	0	0	28	44	72	
Lubira		0	34	8	0	0	0	0	14	28	42	
Total	10	89	18	8	0	0	0	47	78	125		
Nankoma	Nankoma	0	125	16	217	0	0	0	197	161	358	
	Nankoma T/B	0	74	0	0	0	0	0	21	53	74	
Total	0	199	16	217	0	0	0	218	214	432		
Bugiri Total			161	1,249	220	295	13	14	0	708	1,244	1,952
Iganga	Nabitende	Nabitende	0	17	0	0	0	0	0	17	17	
	Nambale	Nasuti	0	14	57	20	25	0	2	76	38	116
	Waibuga	Butimbwa	0	23	0	0	0	0	2	7	14	23
		Walibo	8	50	117	39	2	0	0	43	173	216
Total	8	73	117	39	2	0	2	50	187	239		
Iganga Total			8	104	174	59	27	0	4	126	242	372
Kaliro	Gadumire	Bupyana	0	26	0	3	0	4	0	3	30	33
		Kisinda	0	43	0	8	0	4	1	24	30	55
		Lubulo	0	25	0	1	0	1	0	13	14	27
		Lubuuro	0	14	7	0	0	0	0	8	13	21
		Panyolo	0	4	0	0	0	0	0	0	4	4
	Total	0	112	7	12	0	9	1	48	91	140	
	Kaliro Town Council	Bukumankoola	0	92	10	6	0	6	0	29	85	114
		Busoma	0	13	0	3	0	17	0	17	16	33
		Kalitusi	0	184	28	4	0	12	0	71	157	228
		Lumbuye	0	5	11	26	0	10	0	21	31	52
Total	0	294	49	39	0	45	0	138	289	427		
Namugongo Nawaikoke	Namugongo	0	30	0	9	0	0	0	11	28	39	
	Namawa	0	47	0	19	0	0	0	11	55	66	
	Nansololo	0	27	13	5	0	1	0	14	32	46	
	Nawaikoke	0	94	2	0	0	4	0	34	66	100	
	Nawampiti	0	8	0	5	0	0	0	1	12	13	
Total	0	176	15	29	0	5	0	60	165	225		
Kaliro Total			0	612	71	89	0	59	1	257	573	831
Kamuli	Balawoli	Kibuye	0	7	0	0	0	0	0	7	7	
	Total	0	7	0	0	0	0	0	0	7	7	
	Kidera	Bukungu	0	9	15	4	0	0	0	3	25	28
		Buyanja	0	6	3	0	0	0	0	9	9	
		Kidera	0	9	0	0	0	0	0	9	9	
	Total	0	24	18	4	0	0	0	3	43	46	
	Namasagali	Bwiiza	0	24	0	0	0	0	0	14	10	24
Kisaikye		0	1	4	0	0	0	0	1	4	5	
Namasagali		0	28	0	0	0	0	0	7	21	28	
Total	0	53	4	0	0	0	0	22	35	57		
Kamuli Total			0	84	22	4	0	0	25	85	110	

District	Sub-county	Parish	Client Type						Age Group			Grand Total	
			Plantation workers	Boda boda men	Business people	Bars & Lodges	Video site (Bibanda)	Others	10-14	15-24	25 +		
Mayuge	Kigandalo	Bugoto	0	57	0	0	0	0	0	24	33	57	
		Buyugu	0	11	0	0	0	0	0	3	8	11	
	Total		0	68	0	0	0	0	0	27	41	68	
		Kityerera	Bubinge	40	24	0	2	0	0	7	3	56	66
			Bukalenzi	1	24	3	0	0	0	0	0	28	28
	Total	Kityerera	0	7	50	0	0	0	0	24	33	57	
			41	55	53	2	0	0	7	27	117	151	
	Malongo	Buluuta	0	11	0	0	0	0	0	1	10	11	
		Bwondha	3	12	98	61	56	0	1	77	152	230	
		Jaguzi	0	16	0	0	0	0	0	1	15	16	
		Malongo	0	6	5	0	1	0	0	4	8	12	
		Namoni	0	9	0	0	0	0	0	0	9	9	
	Total		3	54	103	61	57	0	1	83	194	278	
		Nambale	0	0	29	40	2	0	14	46	11	71	
Mayuge Total		44	177	185	103	59	0	22	183	363	568		
Namutumba	Ivukula	Ivukula	0	2	9	0	0	10	0	3	18	21	
		Kisowozi	0	38	29	38	3	5	0	30	83	113	
		Mpande (Kisewuzi)	0	20	2	0	0	11	0	15	18	33	
		Nabitula	0	12	8	0	0	0	0	5	15	20	
	Total		0	72	48	38	3	26	0	53	134	187	
		Magada	Katagere	0	19	0	2	0	0	10	11	21	
			Kiwanyi	0	19	2	0	0	0	0	1	20	21
	Total	Magada	0	102	1	0	0	1	0	48	56	104	
			0	140	3	2	0	1	0	59	87	146	
	Namutumba	Namutumba	0	79	15	81	0	50	0	136	89	225	
		Namutumba Central	0	48	31	97	3	52	0	30	201	231	
		Namutumba T/C	0	124	61	18	0	6	0	51	158	209	
		Total		0	251	107	196	3	108	0	217	448	665
Namutumba Total		0	463	158	236	6	135	0	329	669	998		
Grand Total		213	2,689	830	786	105	208	27	1,628	3,176	4,831		

Appendix 9: OP April - June, 2010

GRANTEE	District	CLIENT TYPE						Total
		Plantation workers	Boda boda men	Business people	Bars & Lodges	Video sites (Bibanda)	Others	
FLEP	Iganga	8	104	174	59	27	0	372
	Kamuli	0	84	22	4	0	0	110
	Mayuge	44	177	185	103	59	0	568
FLEP Total		52	365	381	166	86	0	1,050
URHB	Bugiri	161	1249	220	295	13	14	1,952
	Kaliro	0	612	71	89	0	59	831
	Namutumba	0	463	158	236	6	135	998
URHB Total		161	2,324	449	620	19	208	3,781
Grand Total		213	2,689	830	786	105	208	4,831

Appendix 10 :MARPs: April - June, 2010

District	Sub-county	Parish	Client Type			Age Group			Grand Total
			CSW	Truckers	Fisher Folks	10-14	15-24	25+	
Bugiri	Budhaya	Bukatu	35	0	60	0	19	76	95
		Mayuge	30	3	6	0	8	31	39
	Total		65	3	66	0	27	107	134
	Bugiri T/C	Naluwerere	56	113	0	0	41	128	169
	Bulesa	Buwuni	17	9	23	0	10	39	49
	Bulidha	Wakawaka	109	0	283	1	149	242	392
	Mutumba	Buchimo	6	0	175	0	75	106	181
		Lubira	1	0	41	0	14	28	42
		Mwema	0	0	21	0	11	10	21
	Total		7	0	237	0	100	144	244
	Sigulu	Lolwe East	122	0	435	0	248	309	557
Islands	Lolwe West	94	0	480	3	215	356	574	
Total		216	0	915	3	463	665	1,131	
Bugiri Total			470	125	1524	4	790	1,325	2,119
Iganga	Waibuga	Walibo	0	2	0	0	2	0	2
Iganga Total			0	2	0	0	2	0	2
Kaliro	Gadumire	Bupyana	16	0	37	0	4	49	53
		Kisinda	2	0	60	0	14	48	62
		Kisinga	0	0	17	0	1	16	17
		Lubulo	5	0	98	0	35	68	103
		Panyolo	5	0	149	0	35	119	154
	Total		28	0	361	0	89	300	389
	Kaliro Town Council	Buyunga	7	0	6	0	6	7	13
		Kalitusi	25	0	0	0	13	12	25
	Total		32	0	6	0	19	19	38
	Nawaikoke	Namawa	0	0	38	0	2	36	38
		Nawaikoke	32	0	79	0	28	83	111
Nawampiti		0	0	22	0	5	17	22	
Total		32	0	139	0	35	136	171	
Kaliro Total			92	0	506	0	143	455	598
Kamuli	Balawoli	Kagumba	0	0	52	0	8	44	52
		Kibuye	0	0	54	0	9	45	54
	Total		0	0	106	0	17	89	106
	Kidera	Bukungu	3	2	212	2	50	165	217
		Buyanja	0	0	148	0	48	100	148
		Miseru	0	0	76	0	10	66	76
	Total		3	2	436	2	108	331	441
	Namasagali	Bwiiza	0	0	23	0	16	7	23
		Kisaikye	0	0	39	1	28	10	39
		Namasagali	0	0	42	9	0	33	42
Total		0	0	104	10	44	50	104	
Kamuli Total			3	2	646	12	169	470	651
Mayuge	Kigandalo	Bugoto	0	0	308	6	123	179	308
		Buyugu	0	0	36	0	24	12	36
	Total		0	0	344	6	147	191	344
	Kityerera	Bubinge	0	0	52	0	8	44	52
		Bugadde	0	0	73	0	34	39	73
		Bukalenzi	0	0	97	0	56	41	97
		Wandegeya	0	0	15	0	0	15	15
	Total		0	0	237	0	98	139	237
	Malongo	Buluuta	0	0	125	2	31	92	125
		Bwondha	5	0	259	9	66	189	264
		Jaguzi	0	0	79	0	9	70	79
		Malongo	0	0	34	4	26	4	34
		Namadhi	0	0	40	16	18	6	40
	Namoni	0	0	16	0	10	6	16	
Total		5	0	553	31	160	367	558	
Nambale	Bugadde A	2	0	0	0	1	1	2	
Mayuge Total			7	0	1134	37	406	698	1141
Namutumba	Ivukula	Kisowozi	0	0	13	0	2	11	13
		Lwatama	0	0	62	0	9	53	62
		Mpande (Kisewuzi)	3	0	29	0	10	22	32
	Total		3	0	104	0	21	86	107
Namutumba Total			3	0	104	0	21	86	107
Grand Total			575	129	3,914	53	1,531	3,034	4,618

Appendix 11: MARPs: April - June, 2010

Grantee	District	CSW	Truckers	Fisher-folks	Total
FLEP	Iganga	0	2	0	2
	Kamuli	3	2	646	651
	Mayuge	7	0	1,134	1,141
FLEP Total		10	4	1,780	1,794
URHB	Bugiri	470	125	1,524	2,119
	Kaliro	92	0	506	598
	Namutumba	3	0	104	107
URHB Total		565	125	2,134	2,824
Grand Total		575	129	3,914	4,618

Appendix 12: Condom Service Outlets: April - June, 2010 (OP+MARPs)

District	Sub-county	Parish	Condom Outlets	Condoms Distributed
Bugiri	Budhaya	Bukatu	13	3,733
		Mayuge	12	2,689
	Total	25	6,422	
	Bugiri Town Council	Naluwerere	15	2,604
		Ndifakulya	8	6,003
		Nkusi	1	2,400
	Total	24	11,007	
	Bulesa	Buwuni	11	9,930
		Kitodha	2	2,366
	Total	13	12,296	
	Bulidha	Makoma	2	535
		Wakawaka	23	10,803
	Total	25	11,338	
	Buwunga	Busowa	5	920
		Muterere	1	347
	Muterere	Bululu	1	396
		Kayogera	1	622
		Muterere	1	622
		Muterere Tb	5	3,953
	Total	8	5,318	
	Mutumba	Buchimo	6	1,550
		Bulule	2	331
		Lubira	2	980
Mwema		1	828	
Total	11	3,689		
Nankoma	Nankoma	9	2,395	
	Nankoma T/B	2	405	
Total	11	2,800		
Sigulu Islands	Lolwe East	9	6,922	
	Lolwe West	15	9,371	
Total	24	16,293		
Bugiri Total			146	70,083
Iganga	Nabitende	Nabitende	3	740
		Nambale	1	1,880
		Waibuga	1	120
		Walibo	7	671
Total	8	791		
Iganga Total			12	3,411
Kaliro	Gadumire	Bupyana	4	600
		Kisinda	6	1,708
		Kisinga	1	252
		Lubulo	4	1,683
		Lubuuro	1	74
		Panyolo	4	2,920
		Total	20	7,237
	Kaliro Town Council	Bukumankoola	2	1,027
		Busoma	1	1,253
		Buyunga	1	111
		Kalitusi	6	2,408
		Lumbuye	1	2,945
	Total	11	7,744	
	Namugongo	Namugongo	1	753
		Namawa	4	898
		Nansololo	2	337
		Nawaikoike	8	1,331
Nawampiti		3	693	
Total	17	3,259		
Kaliro Total			49	18,993

District	Sub-county	Parish	Condom Outlets	Condoms Distributed
Kamuli	Balawoli	Kagumba	4	4,900
		Kibuye	3	243
	Total		7	5,143
	Kidera	Bukungu	3	548
		Buyanja	3	777
		Miseru	1	460
	Total		7	1,785
	Namasagali	Bwiiza	3	2,024
		Kisaikye	2	2,361
		Namasagali	7	6,280
Total		12	10,665	
Kamuli Total			26	17,593
Mayuge	Kigandalo	Bugoto	7	7,360
		Buyugu	2	200
	Total		9	7,560
	Kityerera	Bubinge	8	2,106
		Bukalenzi	4	977
		Wandegeya	2	215
	Total		14	3,298
	Malongo	Buluuta	3	400
		Bwondha	3	694
		Jaguzi	6	1,200
		Malongo	1	45
	Total		13	2,339
	Nambale	Nasuuti	2	611
Mayuge Total			38	13,808
Namutumba	Ivukula	Ivukula	1	110
		Kisowozi	6	1,218
		Lwatama	1	730
		Mpande (Kisewuzi)	5	535
		Nabitula	1	138
	Total		14	2,731
	Magada	Katagere	1	122
		Kiwanyi	1	74
		Magada	3	1513
	Total		5	1,709
	Namutumba	Namutumba	4	1,277
Namutumba Central		4	1,382	
Namutumba T/C		1	238	
Total		9	2,897	
Namutumba Total			28	7,337
Grand Total			299	131,225

Appendix 13: Condom Service Outlets: Apr - June, 2010 (OP+MARPs)

Grantee	District	Condom Outlets	Condoms Distributed
FLEP	Iganga	12	3,411
	Kamuli	26	17,593
	Mayuge	38	13,808
FLEP Total		76	34,812
URHB	Bugiri	146	70,083
	Kaliro	49	18,993
	Namutumba	28	7337
URHB Total		223	96,413
GRAND TOTAL		299	131,225



STAR-EC HeadQuarters

Plot 10, Kiira Lane, Mpumudde Division, P.O Box 829, Jinja

Tel: +256 434 120225, +256 434 120277, +256 332 260182, +256 332 260183

Fax: +256 434 120232, Email: info@starecuganda.org

Kampala Liaison Office

4th Floor, Nakawa House, Plot 3-7 Port Bell Road, P.O Box 40070, Kampala, Uganda

Tel: +256 414 222864, +256 312 262164

www.starecuganda.org