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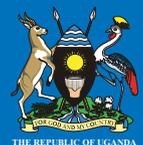


Strengthening TB and HIV&AIDS Responses in East-Central Uganda (STAR-EC)

PROGRAM YEAR II QUARTER TWO PROGRESS REPORT
January - March, 2010

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List of Acronyms

3TC	Lamivudine
AB	Abstinence and Being Faithful
ABC	Abstinence, Being Faithful and Condoms
AIC	AIDS Information Centre
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
ARRM	AIDS Risk Reduction Model
ART	Antiretroviral therapy
AZT	Zidovudine
BCC	Behavior Change Communication
BCPs	Behavioral Change Communication Programs
CBDOTS	Community Based Directly Observed Therapy – Short course
CBOs	Community Based Organizations
CBV	Combivir
CD4	Cluster of Differentiation 4
CDFU	Communication for Development Foundation Uganda
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
CXT	Clinical Service Care
DAC	District HIV&AIDS Committees
DHMTs	District Health Management Team
DHT	District Health Team
DTLS	District Tuberculosis and Leprosy Supervisor
EFV	Efavirenz
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
FLEP	Family Life Education Program
FSG	Family Support Group
GBV	Gender Based Violence
GoU	Government of Uganda

HAART	Highly Active Antiretroviral Therapy
HBC	Home Based care
HC	Health Center
HCP	Health Communication Partnerships
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HSD	Health Sub-District
HTC	HIV Testing and Counseling
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
IYCF	Infant and Young Child Feeding
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
MCPs	Multiple Concurrent Partnerships
MDD	Music, Dance and Drama
MMC	Male Medical Circumcision
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACWOLA	National Community of Women Living with HIV&AIDS
NMS	National Medical Stores
NTLP	National Tuberculosis and Leprosy Program
NTRL	National Tuberculosis Reference Laboratory
NSAs	Network Support Agents

NVP	Nevirapine
OIs	Opportunistic Infections
OP	Other Prevention
OVC	Orphans and other Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PC	Palliative Care
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PICT	Provider Initiated Counseling and Testing
PLHIV	Persons Living with HIV&AIDS
PMTCT	Prevention of Mother-To-Child Transmission of HIV
PTC	Post-Test Club
PWDs	People with Disabilities
PY	Program Year
QI	Quality Improvement
QoC	Quality of Care
RCT	Routine Counseling and Testing
RTI	Research Triangle International
SCHWs	Sub-County Health Workers
SCMS	Supply Chain Management System
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
SPAI	Service Performance Assessment and Improvement
STAR	Strengthening TB and HIV&AIDS Responses (at district level)
STAR-EC	Strengthening TB and HIV&AIDS Responses in East Central Uganda
STIs	Sexually Transmitted Infections
SURE	Securing Uganda's Right to Essential Medicines project
TASO	The AIDS Support Organization
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TB-CBDOTS	Tuberculosis Community Based Directly Observed Therapy Short-course
ToT	Training of Trainers
UAC	Uganda AIDS Commission

UACP	Uganda AIDS Control Program
UDHS	Uganda Demographic and Health Survey
UGX	Uganda Shillings
UHMG	Uganda Health Marketing Group
UHSP	Uganda HIV&AIDS Services Project
UPHOLD	Uganda Program for Human and Holistic Development
URHB	Uganda Reproductive Health Bureau
USAID	United States Agency for International Development
USG	United States Government
UVRI	Uganda Virus Research Institute
VHTs	Village Health Teams
WHO	World Health Organization
YA	Youth Alive Uganda
ZTLS	Zonal Tuberculosis and Leprosy Supervisor

districts. With technical support from the Ministry of Health (MoH), STAR-EC trained 61 health workers from 40 PMTCT sites using the newly-adopted MoH two-week Integrated Management of Adult Illness (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) methodology. Additionally, 20 health workers were trained in Early Infant Diagnosis (EID) in collaboration with MoH and Clinton Foundation. During the quarter, STAR-EC further accessed 80 bottles (10ml) of single dose Nevirapine syrup, 10 bottles (60 tabs/bottle) of Nevirapine tablets, 54 bottles (60 tabs each) of Combivir tablets, registers order forms and daily consumption logs for HIV test kits from MoH. Consequent upon these efforts, a total of 18,758 new mothers attended ANC in 50 facilities while 19,088 pregnant women (including old ANC attendances) were counseled to take an HIV test and 12,459 took the test and received their results. 2.6% of pregnant women who received results during this Quarter tested HIV positive.

Over this reporting period, 3,551 (2,270 males and 1,281 females) persons living with HIV&AIDS (PLHIV) received care and support at 34 health facilities within the six STAR-EC supported districts. To achieve these results, STAR-EC collaborated with Joint Medical Stores (JMS) to supply Co-trimoxazole (960 mg) for prophylaxis.

In connection with pediatric AIDS care, 4 hospitals received a donation of 270 doses of pediatric ARVs from Clinton Health Access Initiative. A total of 27 children (20 boys and 7 girls) aged less than 15 years old were initiated on pediatric ART while 117 infants (61 females and 56 males) were tested for HIV infection - Early Infant Diagnosis. Only one female infant was found to be HIV positive and started on Co-trimoxazole prophylaxis.

During this quarter, the coverage of antiretroviral therapy (ART) services increased from 19 sites at the end of December 2009 to 22 ART sites. STAR-EC trained an additional 45 health workers on comprehensive HIV&AIDS care including ART in order to expand the size of the clinical team per health facility to at least 5 or 6 persons. Antiretroviral (ARV) medicines were obtained from Joint Medical Stores (JMS) and supplied to 22 ART sites, in addition to a donation of ARVs (80 packs of Duovir-N® & 100 packs of Triomune-30®) that Kamuli District and Iganga hospitals received from Uganda Cares. By the close of this quarter, a total of 388 new clients (149 females and 239 males) had been started on antiretroviral therapy resulting in a cumulative total of 1,709 clients (1,128 females and 581 males) that received ARVs as current clients at STAR-EC supported facilities.

Implementation of TB/HIV activities involved supporting TB/HIV coordination meetings at the zonal, district and Health Sub-District (HSD) levels in addition to training health workers to improve their knowledge and skills. To this effect, one zonal meeting was held while 15 health sub-district level meetings were conducted. A total of 60 health facilities were supervised by district and health sub-district teams. Regarding TB infection control, STAR-EC with support from MoH trained 19 trainers from the district health teams of Namutumba and Kaliro Districts and supported three health sub-district (HSD) teams of trainers in Bugiri District to cascade infection control trainings to lower level health facilities. Infection control activities also involved conducting TB sputum outreaches to areas with limited diagnostic facilities such as Sigulu Islands in Bugiri District and Makoma and Kidera sub-counties in Kamuli District. Over this quarter, a total of 596 TB patients were recorded within the TB register. Of those recorded, 481 (80.7%) were tested for HIV and received their results. 152 (31.6%) patients tested HIV positive and 135 (88.8%) were started on Co-trimoxazole preventive therapy. Only 15 TB patients (11.1%) were able to access ART and 31 (23.1%) received both TB and HIV treatment.

Efforts geared towards increasing access to laboratory services included meeting the costs of transport and laboratory tests for 24 health facilities through a contract between STAR-EC and Joint Clinical Research Centre (JCRC). Over this reporting period, refurbishment works for Bugiri Hospital laboratory room began while bills of quantities for renovating the laboratory room in Iganga Hospital were submitted. The renovation works at the two hospitals will be co-funded by STAR-EC and the two districts in a bid to make the premises suitable for installation of two CD4 count machines, Complete Blood Count (CBC) and Clinical Chemistry machines to be procured by STAR-EC.

Promotion of HIV prevention through Sexual and Other Behavioral Risk Prevention was done through peer-centric approaches such as use of 'model couples' youth peer educators and NACWOLA's community support agents (CSAs). Youth were reached with abstinence and be-faithful (AB) messages through behavior change communication programs (BCPs) and peer sustainability activities while married and co-habiting partners were reached through fidelity seminars and couple dialogue sessions during home-to-home visits by model couples.

Overall, 33,279 individuals (17,083 males and 16,196 females) were reached with AB messages during this reporting period.

Promotion of HIV prevention through other prevention strategies beyond AB was mainly done through conducting outreaches to fisher-folk and persons living within fishing communities, commercial sex workers (CSWs) and their clients; and long distance truckers. A total of 2,131 individuals were reached with other prevention messages and condoms through 183 service outlets.

During this quarter preparatory activities for medical male circumcision (MMC) service delivery included working with health facilities to select service providers to be trained in MMC at Rakai Health Sciences Project (RHSP); distribution of MMC Information, Education and Communication (IEC) materials; and conducting a comprehensive needs assessment of MMC readiness at nine health facilities. The information generated from the needs assessment exercise will be valuable in establishing benchmarks for MMC interventions in the East Central region.

There was a focus on improving leadership and management of HIV&AIDS services at district level. During this reporting period, STAR-EC organized feedback meetings to the district HIV coordination committees and taskforces. During these meetings, action plans were developed and these were followed by induction of all the 6 district HIV coordination committees into their roles.

In partnership with the HCI (Health Care Improvement) project, STAR-EC focused on improving the quality of services through coaching and mentoring of 3 district quality improvement teams (Nanutumba, Iganga and Mayuge) and 2 site teams. STAR-EC plans to scale up HCI's "collaborative model" of mentorship and shared learning to all health facilities that provide HIV&AIDS services.

Support to strategic information involved working with district Health Management Information Systems (HMIS) focal persons to provide technical support to health unit in-charges and data clerks at 60 health facilities to improve data quality and reporting. During the quarter, STAR-EC developed a comprehensive electronic indicator data base that will eventually be web enabled. This database is currently helping the program to track all program level indicators and collate all data received from different STAR-EC grantees. The quarter also witnessed a joint effort by STAR-EC and MSH/STAR-E Lot Quality Assurance Sampling (LQAS) survey project towards facilitating the Service Performance Assessment and Improvement (SPAI) workshop where action plans were developed in relation to the baseline LQAS and HMIS result findings for the districts of Mayuge and Bugiri.

TABLE 1: STAR-EC Quarter Two Achievements versus PYII Targets by technical Area

Intervention area	Key Indicators	Achievements (Numbers of Individuals served)			PY2 cumulative (PY2 semi-annual report)	Revised PY2 Targets (Oct 09- Sept 10)	% of PY2 targets achieved (by end of 2nd Quarter)	Cumulative Program Achievements Vs End of Program Targets			Comments
		PY1 (July-Sept 09)	PY2 ,Q1* (Oct-Dec 09)	PY2 ,Q2 (Jan-March 10)				Overall Program Cumulative Total Achieved (by end of March, 2010)	Revised End of program target (March 2014)	% of end of program target achieved (by end of March 2010)	
HIV Testing and Counseling (HTC)	Number of individuals who received Counseling and Testing for HIV/TB and received their test results	10,376	32,466	22,553	55,019	120,000	46	65,395	600,000	11	In PY2, Q2 there was a national stock out of HIV test kits that affected HCT service delivery. HTC program life targets were improved from 300,000 to 600,000 individuals
	Number of individuals trained in HIV Counseling and Testing	64	107	-	107	200	54	171	400	43	
	No. Of outlets providing T&C services according to national and international standards		51 static and 87 parishes reached with outreach services	55 static and 102 parishes reached with outreach services	55 static and 102 parishes reached with outreach services				55 static and 102 parishes reached with outreach services		
PMTCT	Number of pregnant women with known HIV status (tested and received results)		13,017	12,772	25,789	50,000	52	25,789	300,000	9	Program life targets for PMTCT were revised upwards from 44,000 to 300,000
	Number of pregnant women who received antiretrovirals to reduce the risk of mother to child transmission		234	334		900		568	5,800	10	Indicator is cumulative
	Number trained for PMTCT	19	-	61	61	160	38	80	400	20	PMTCT guidelines were revised by MoH therefore more planned trainings could not be held using the old guidelines
	Number of service outlets providing PMTCT		49	50	50	35	143	49	85	58	

		Achievements (Numbers of Individuals served)			PY2 cumulative (PY2 semi-annual report)	Revised PY2 Targets (Oct 09- Sept 10)	% of PY2 targets achieved (by end of 2nd Quarter)	Cumulative Program Achievements Vs End of Program Targets			Comments
Intervention area	Key Indicators	PY1 (July-Sept 09)	PY2 ,Q1* (Oct-Dec 09)	PY2 ,Q2 (Jan-March 10)				Overall Program Cumulative Total Achieved (by end of March, 2010)	Revised End of program target (March 2014)	% of end of program target achieved (by end of March 2010)	
Sexual and Other Behavioral Risk Prevention (General Population)	No. 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	20,410	33,279	53,689	66,000	81	93,426	283,000	33	Next quarter will also focus on consolidation of behavior change through establishing and strengthening of more peer to peer support groups
	No. of MARPs reached with individual or small group level HIV prevention based on evidence and meet minimum required standards	12,179	3,084	2,829	5,913	10,000	59	18,092	50,000	36	
Clinical/ Preventive Services- Additional TB/ HIV											
	Number of new TB patients who had an HIV test result recorded in the TB register	13	358	481	839	1,100	76	852	5,500	15	On job support supervision was extended to health workers on quality documentation
	Individuals trained to provide HIV/ TB related palliative care		20	75	95			95			There were improvements in the quality and quantity of trained TB/ HIV health care providers. On job support supervision was also provided during Q2
Strategic Information	Number of individuals trained on strategic information related area- M&E, disease surveillance and HMIS	66	66		66	66	100	66	150	44	In August 2010, more district LG and CSO personnel will be trained. Strengthening of those already trained will also be considered

		Achievements (Numbers of Individuals served)			PY2 cumulative (PY2 semi-annual report)	Revised PY2 Targets (Oct 09- Sept 10)	% of PY2 targets achieved (by end of 2nd Quarter)	Cumulative Program Achievements Vs End of Program Targets			Comments
Intervention area	Key Indicators	PY1 (July-Sept 09)	PY2 ,Q1* (Oct-Dec 09)	PY2 ,Q2 (Jan-March 10)				Overall Program Cumulative Total Achieved (by end of March, 2010)	Revised End of program target (March 2014)	% of end of program target achieved (by end of March 2010)	
Anti-Retroviral Therapy (ART)	Number of HIV + individuals receiving a minimum of one clinical care service (CXT)		1,493		1,493			1,493	26,000	6	
	No. of adults and children with advanced HIV infection newly enrolled on ART	372	351		351			723	5,800	12	
	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (CURRENT)			1,709				1,709	8,400	20	
Male Circumcision (MMC)	Number of males circumcised as part of the minimum care package of Male Circumcision for HIV prevention services				-	1,500	0	-	15,360	-	End beneficiary interventions and results are expected next quarter
	Number of locations providing Male Circumcision surgery as part of the minimum care package of MMC for HIV prevention services within the reporting period				-	8	0	-	15	-	
Strategic Information	Local organizations provided with technical assistance for strategic information activities	4	4	4	4						Included all the 4 pre-qualified partners (FLEP, NACWOLA, YA and URHB)
	Number of individuals trained on strategic information related area- M&E, disease surveillance and HMIS	66	66		66	66	100	66	150	44	In August 2010, more district LG and CSO personnel will be trained. Strengthening of those already trained will also be considered
Institutional Capacity Building	Local organizations provided with technical assistance for HIV-related institutional capacity building	4	4	4	4						

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 Uganda (YA). An additional nine (9) civil society organization grantees were identified through a competitive granting mechanism and will be provided with support to implement some of the interventions that form part of STAR-EC's scope of work.

The six districts covered by STAR-EC include Bugiri, Iganga, Kaliro, Kamuli, Mayuge and Namutumba. However, if Cabinet recommendations are approved by the Parliament of Uganda, it is expected that during PY2 an additional three new districts of Buyende (carved out of Kamuli), Luuka (carved out of Iganga) and Namayingo (carved out of Bugiri) will become operational in the program's geographical area of coverage starting July 2010.

The East Central region has some unique characteristics that include:

- A high fertility rate of approximately 7.5¹
- High HIV prevalence of 6.5%¹, 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 polygamy
- High level of transactional sexual activity at some truck stops on the Northern Transport Corridor
- Significant population of migrant labor (working in mainly the sugar cane plantations and rice scheme) and fisher-folk communities that can be characterized as being at 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) III and IV 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 HI/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 2nd 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



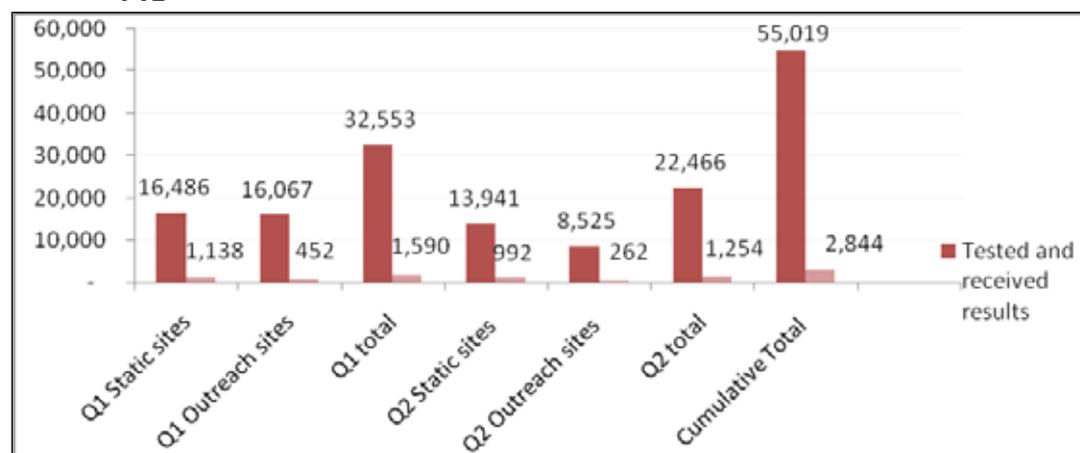
A FLEP laboratory personnel undertaking Home based HTC at a landing site in Mayuge district

During the January - March 2010 period, STAR-EC supported two pre-qualified CSOs; Uganda Reproductive Health Bureau (URHB) and Family Life Education Program (FLEP) in addition to 55 health facilities (RTI supported health facilities not inclusive) in the six districts to implement HIV Testing and Counseling (HTC) activities. The number of HTC static sites rose from 50 reported at the end of December 2009 to 55 by end of March 2010. Both FLEP and URHB offered HTC services through static, outreaches, home-based HTC and community camping. Hard-to-reach populations were mainly reached with HTC services through community-based approaches such as home-based HTC and community camping. Using these approaches, a total of 22,466 individuals were counseled and tested and received their HIV results

during this Quarter. Of these, 5.6% were found to be HIV positive and duly referred to the relevant health facilities for ongoing care and support.

Cumulative figures also show that a total of 55,019 individuals (22,181 males and 32,838 females) were tested over the last two quarters of PY2. Among these individuals were 158 couples while a total of 2,844 individuals (1,144 males and 1,700 females) were found HIV+ in both quarters. Figure 1 gives more details to some of this quarter's findings in relation to the first quarterly findings.

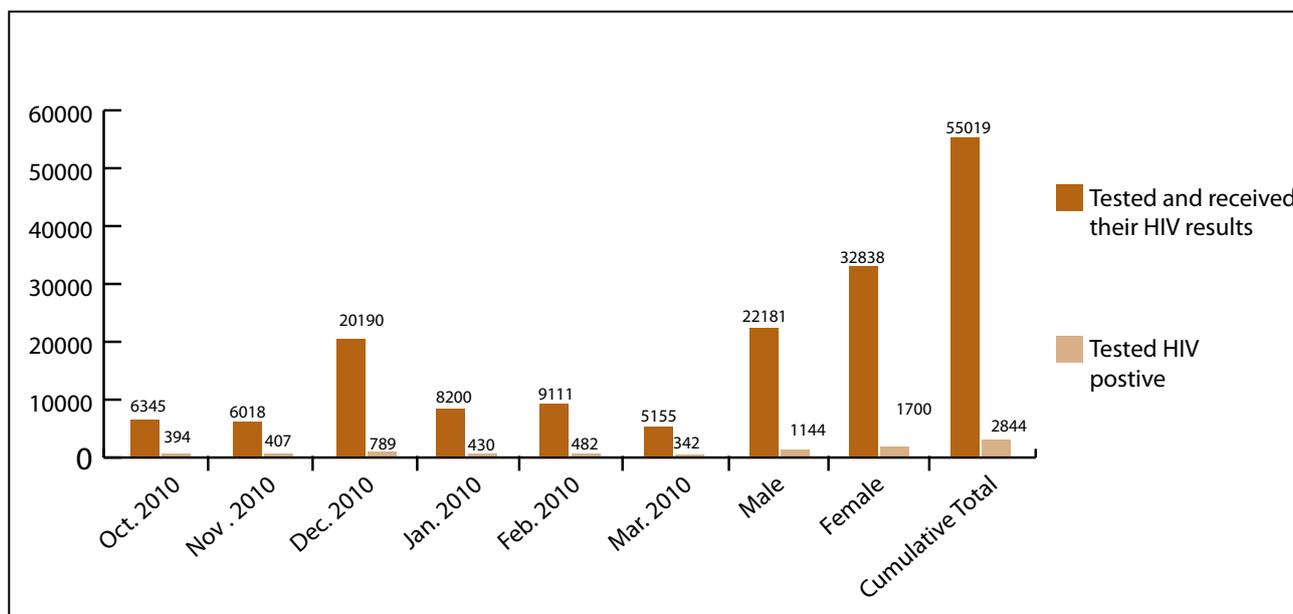
Figure 1: HTC served numbers of individuals during PY2. A comparison between the 1st and 2nd Quarter of PY2



Source: STAR-EC program records

As illustrated in Figure 1, results of the 2nd Quarter (Q2) seemed to be less when compared to those from the 1st Quarter (Q1). One of the major reasons cited for this shortcoming was the shortage of HIV test kits at different sites during this quarter. Additionally, results (as seen in Figure 2) show that the previous quarter also yielded more results especially during the month of December 2009 due to the World AIDS Day HTC activities. However, during this quarter, most individuals were tested for HIV during February 2010 while the least number was reported during March 2010.

Figure 2: HIV Testing and Counseling (HTC) served individuals by month and test result



Source: STAR-EC program records

Similar to activities executed during other quarters by STAR-EC's supported CSOs, FLEP managed to reach 4,283 individuals (including 77 couples) who tested for HIV and received their results during the Second Quarter. Among these included MARPS (fisherfolk and *boda bodas*⁴) who were reached using both the community camping and home based HTC approaches. Services were provided in Malongo sub-county (Namadhi, Bukatira, Buluta, Bulaire and Malongo parishes) in Mayuge District while in Kamuli District they were extended to six parish communities that included those from Namasagali, Balawoli and Kidera sub-counties. The fisher-folk and *boda bodas* were targeted at fish landing sites and busy trading centers especially on market days. FLEP relies on the project support volunteer team comprised of 10 religious leaders, 15 youth educators, 15 model couples and 27 beach management unit members to sensitize and mobilize the community members during these HTC activities. Health education and registration prior to rapid HIV tests is handled by the integrated trained counselors. They also assist in the distribution of condoms, screening HIV positive clients for STI and TB and referring clients for further care at facilities. The pre-test, bleeding and post-test counseling is handled by laboratory personnel.

During the quarter, URHB offered static HTC services at both of its offices in Kaliro and Bugiri where 1,384 individuals were reached with HTC and given their results. Among these included MARPs (fisher-folk, *boda bodas*, truck drivers and CSWs) who were reached through community outreaches and home based HTC activities in Bugiri, Kaliro and Namutumba districts. HTC activities both at the facility and in the community are undertaken by the HTC counselors and laboratory personnel. Community mobilization is executed by Community Support Agents (CSAs). URHB adopted the innovative approach of moonlighting (providing services at night) at Naluwerere Community Centre in order to give the CSWs and the truck drivers a chance to access HTC services at a time and location convenient to these aforementioned groups.

HTC performance of FLEP and URHB is as summarized in the following Table 2.

Table 2: HTC services by CSO, nature of services and numbers of individuals served during the 2nd Quarter, PY2

Name of CSO	Nature of Services	Individuals counseled tested and received results			Individuals found to be HIV positive
		Males	Females	Total	
URHB	3 static sites and 16 outreaches in 14 parishes	663	721	1,384	80
FLEP	13 outreaches in 10 parishes	2,001	2,282	4,283	94
Total		2,664	3,003	5,667	174

Source: STAR-EC program records

Therefore, as illustrated in Table 2, both CSOs contributed 5,667 individuals who represent 25.2% of all individuals served during the entire Quarter.

Through the utilization of the home based counseling and testing as the main strategy to access couples and their family members, a total of 82 couples were tested and received results.

During the Quarter, STAR-EC procured 50,600 Determine tests and related accessories and distributed them to CSOs and public facilities to circumvent the stock-outs. STAR-EC is actively collaborating with National Medical Stores (NMS) officials to build the capacity of district health facility personnel in logistics management (drug forecasting and quantification) of all supplies so that, in the future, orders on all health facility requirements from NMS are done in a correct, timely and regular manner that would help to minimize stock-outs.

STAR-EC, in the course of the quarter, honored an invitation to the HIV Testing and Counseling National coordinating team at the Ministry of Health (CT 17) and as a result the program is now a member of the Quality Assurance/M&E sub-committee.

HTC Utilization by nature of service outlet during the Quarter	
• Facility based	62.1%
• General outreaches	18.8%
• Home based	19.1%

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 new CSOs come on board during Quarter Three of Program Year II

- The community camping and home based HTC approaches were effective ways of reaching more clients especially the MARPs and hard-to-reach populations
- In order to ensure increased HTC access to MARPs, STAR-EC employed innovative community interventions such as conducting moonlight HTC outreaches at a time and place convenient to commercial sex workers and their clients. Provision of HIV testing and counseling services in homes served as a good strategy for reaching out to more couples especially the males who would otherwise not have turned up at community outreach sites or health facilities.
- Partners in the STAR-EC consortium have been key in improving HTC coverage services in the East Central region. This has been demonstrated through support offered to STAR-EC by Uganda Care's "testing millions program".

Challenges

- The main challenge faced by the program this quarter was the lack of test kits at the National Medical Stores. STAR-EC, however, accessed emergency supplies from Uganda Cares until the program procured

and delivered test kits towards the end of March 2010.

- Delayed accountabilities by some grantees also caused a halt in the delivery of HTC services at outreaches and homes during the months of February and March 2010.

Way forward

- In Quarter 3, STAR-EC will continue to prioritize the extension of HIV prevention services including the provision of HTC services to institutions of higher learning, road side truck stops, boda boda stages, islands, landing sites, lodges and bars. Effectiveness of this approach will counter the issue of multiple concurrent sexual relationships.
- Improved coordination of be-faithful community outreaches together with the provision of HTC services
- Implementation of routine counseling and testing to avoid missed opportunities

HIV Testing and Counseling Achievements during the 2nd Quarter of PY2

- 22,466 individuals were tested and received their HIV results
- 107 individuals who had earlier been trained on HTC service provision during Q1 were given support to provide HTC services
- 55 static and 102 outreach service outlets provided HTC services

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

During this Quarter, 50 health facilities across the six districts were supported by the program to offer PMTCT services according to the existing PMTCT national guidelines. The units include 4 hospitals, 12 HC IVs and 34 HC IIIs. STAR-EC supported the training of 61 health workers selected from 40 PMTCT implementing facilities in addition to 14 health centre IIIs that had, in the past, not been implementing PMTCT in the region. 61 participants (10 from Bugiri, 17 from Iganga, 5 from Kaliro, 17 from Kamuli, 4 from Mayuge and 8 from Namutumba) were trained using the newly adopted MoH two-week Integrated Management of Adult Illness (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) PMTCT training methodology. This training was facilitated by MoH master trainers and two regional trainers. The regional trainers were selected from Iganga and Kamuli districts and facilitated by STAR-EC to participate in the two-week MoH organized IMAI/IMPAC training of trainers at the beginning of March 2010. IMAI/IMPAC is an integrated public health approach to scaling up comprehensive basic HIV&AIDS care, ART and prevention and comprehensive PMTCT in the context of existing health systems especially in resource-limited settings. The approach is patient focused and builds clinical teams with different but interrelated roles. In the same vein, STAR-EC in collaboration with MoH and the Clinton Foundation supported



Health workers from the 6 districts attending practicals at Jinja Hospital during the IMAI/IMPAC training

a pilot Early Infant Diagnosis (EID) training for 20 health workers from 5 health facilities (Mayuge HC III, Malongo HC III, Wabulungu HC III, Kigandalo and Kityerera HC IV) in Mayuge District using the newly adopted EID strengthening model that emphasizes active screening, care and referral/follow-up for the HIV exposed infants.

Over this reporting period, STAR-EC undertook integrated support supervision activities that included PMTCT, ART, TB and HTC. These were executed in collaboration with the Ministry of Health and district health offices in a number of facilities across the districts of Kaliro, Kamuli Bugiri and Namutumba which have, in the past, not been performing desirably when compared to other districts in the region. The key issues observed during this integrated

support supervision were: the need to build capacity and later support health facilities to manage their logistics

using the national logistics pool system; continuous mentoring of the health facility personnel in the correct use of the data collection tools; and the need to support facilities to appreciate the importance of correct and timely reporting following MoH's approved systems. Health facilities which had been found to experience stock-outs were supported with ARVs for prophylaxis (for mother and baby), HIV test kits and their accessories, registers, order forms as well as consumption logs and monthly report forms to continue offering quality PMTCT services.

An effort was also made towards facilitating the meetings of family support groups in Iganga and Mayuge districts through their respective work plans. In Mayuge for example, a family support group per health centre (Kigandalo, Kityerera, Mayuge and Wabulungu) was supported to meet at least once in March 2010. In Iganga District, three active family support groups based at Iganga hospital were also facilitated to meet. This facilitation entails a meal and transport refund. Other activities facilitated through the district work plans include: facility based PMTCT services; follow up of HIV positive pregnant women in homes; support supervision of PMTCT implementing facilities to ensure correct data entry in the registers/report forms; transportation and collection of CD4/PCR results from the JCRC laboratory at Kakira and regular transmission of correctly filled order forms to NMS.



A Ministry of Health IMAI/IMPAC master trainer taking the health workers from the 6 districts through a module

babies;

- To fight the stigma associated with HIV and encourage and support disclosure;
- To build and roll-out a sustainable and replicable model of care.

During the period under review, mothers2mothers[®] (m2m) concentrated on laying ground work in readiness for the launch of services that will be availed at health facilities during the next quarter. As part of the PMTCT program, the mothers2mothers (m2m) model within STAR-EC has been designed to work towards the following objectives:

- To reduce the number of babies born with HIV&AIDS;
- To ensure that mothers receive health and life sustaining HIV&AIDS care so that they can successfully raise their children;
- To empower pregnant women and new mothers living with HIV to improve their health and the health of their

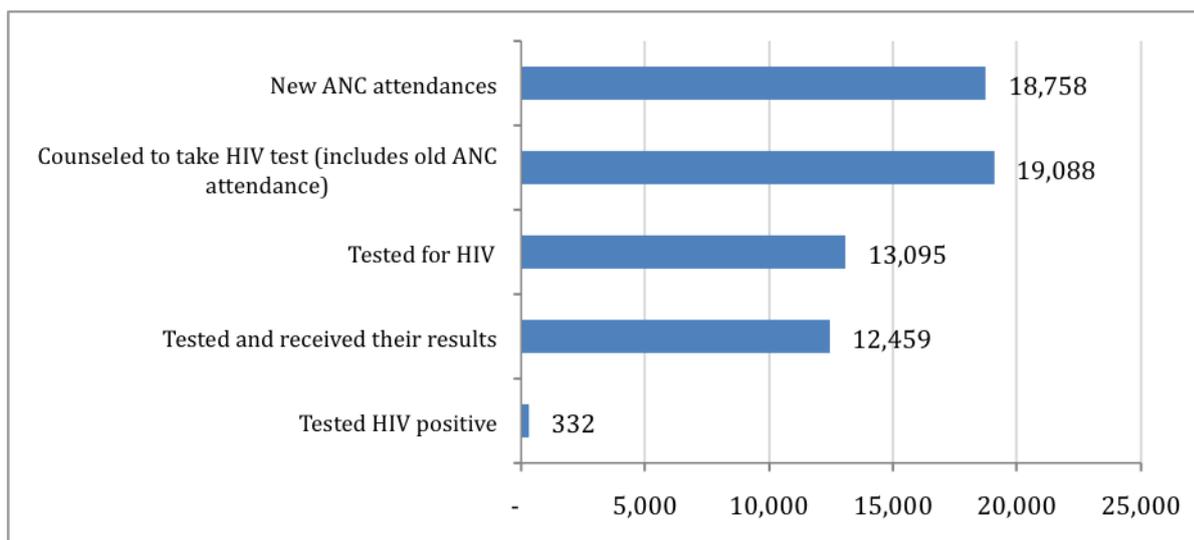
Among the preliminary activities undertaken in the quarter were the comprehensive review and adaption of the m2m international training curriculum to the Ugandan context; assessment of 14 health facilities to identify their needs and also ascertaining the baseline PMTCT situations in readiness for the m2m roll out; initiation of recruitment of additional key staff at STAR-EC to handle the field management and training components of the model; preliminary activities leading to recruitment of m2m facility staff (mentor mothers) and continued consultations and collaboration with other organizations operating within the area that include Baylor Uganda, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and other civil society organizations like the National Community of Women Living with HIV&AIDS in Uganda (NACWOLA). In the up-coming quarter, STAR-EC will launch m2m services in a total of 21 health facilities in a phased manner, initially starting with 10 and progressing to the remaining 11.

During Quarter 2, the collaboration between STAR-EC and Kakira JCRC Centre of Excellence laboratory faced a few challenges due to the unforeseen lack of key reagents for the CD4 machine. STAR-EC, however, initiated negotiations with Kamuli District Hospital and Buluba Missionary Hospital in Mayuge District so that health facilities can continue accessing this important service in the interim. The collaboration with JCRC Kakira is designed to make CD4 and PCR testing services accessible, both geographically and financially, to clients so as to reduce on the time spent before an eligible client can access ART.

During the quarter, STAR-EC accessed 80 bottles (10ml) of single dose Nevirapine syrup, 10 bottles (60 tablets / bottle) of Nevirapine tablets, 54 bottles (60 tablets each) of Combivir tablets, registers order forms and daily consumption logs for HIV test kits and the PMTCT drugs for the health facilities they support in the six districts from MoH/ACP.

As a result of implementing the above mentioned activities in this quarter, a total of 18,758 new mothers accessed antenatal care (ANC) in 50 facilities while 19,088 pregnant women (including old ANC attendances) were counseled to take an HIV test and 12,459 took the test and received their results. More of these results are illustrated in Figure 3.

Figure 3: Number of pregnant women who received HTC during ANC in the Quarter (in all 6 districts)



Source: STAR-EC program records

In addition to the 332 pregnant women who tested HIV positive, a total of 313 pregnant women reported to health facilities with documented HIV positive results. Furthermore, 354 of all the pregnant women who attended HTC services during ANC were tested together with their partners as couples. Table 2 below illustrates PMTCT outcomes at district level during this reporting period.

Table 3: PMTCT outcomes during the 2nd Quarter of PY2

Districts	Tested and received results (only)	With already known and documented HIV infection at entry	With known HIV status (includes those who tested and received their results and those who presented a documented HIV+ result)	Newly known HIV positives	Total HIV positives (newly known HIV+ results and those with a documented status)	Tested for HIV with partner
Bugiri	1,861	25	1,886	41	66	19
Iganga	4,181	167	4,348	126	293	152
Kamuli	1,447	42	1,489	25	67	16
Kaliro	1,517	12	1,529	67	79	57
Mayuge	2,297	55	2,352	54	109	71
Namutumba	1,156	12	1,168	19	31	39
Total	12,459	313	12,772	332	645	354

Source: STAR-EC program records

As illustrated in Table 3, the most pregnant women tested for HIV were from Iganga and Mayuge districts while the least were from Namutumba District. Only 67 pregnant women were found to be eligible for ART while 334 HIV positive pregnant mothers were enrolled on ARVs for prophylaxis (137 were on Sd NVP, 133 on AZT and Nevirapine, 36 on NVP + CBV and 28 on HAART) During this period 117 babies (61 females and 56 males) born to HIV positive mothers accessed PCR testing. Only one female baby was found to be HIV positive and duly referred for pediatric HIV care. Additionally, 10 infants were on ARVs during this reporting period.

Lessons learned

- Successful implementation of PMTCT is dependent on uninterrupted HTC services in all the PMTCT implementing units, implying the need for a substantial buffer stock of test kits at STAR-EC to cater for possible stock-outs
- Creation of partnerships between STAR-EC and the MoH/ACP has been instrumental in ensuring that STAR-EC is among the pioneers in supporting large scale training of health workers using the IMAI/IMPAC training technique.
- In order to achieve the set targets it will be imperative to create active linkages between community and facility services through the collaboration of m2m and CSOs like NACWOLA
- STAR-EC needs to actively collaborate with MoH and NMS to build the capacity of the health workers to manage their logistics system

Challenges and way forward

- Stock out of Nevirapine Tablets and HTC test kits at NMS during the quarter has been a challenge since the program had no buffer stock at the time. This situation has now been rectified.
- The number of deliveries by pregnant mothers at health facilities is quite low. It is anticipated that with m2m coming on board and collaborating with the NACWOLA network, the level of health facility deliveries will increase
- In the coming quarter, more family support groups will be initiated and maintained so as to improve adherence and disclosure among the HIV positive pregnant mothers and their spouses

Success story

An HIV positive mother and her family life: A story from Kigandalo, Mayuge District



Enrolled midwife Agutu during a postnatal visit to Nakiyemba and her three weeks old baby,, her husband and their 3 year old daughter at their home in Kigandalo, Mayuge District.

Nakiyemba Rose is a 35 year old house wife residing in Kigandalo village in Mayuge district. She lives with her husband and their six children (2 boys and 4 girls). She was happily married in 1992, at 17 years, to a local peasant farmer, Mr. Kusaini. In 2006, when Nakiyemba was six months pregnant, she accessed antenatal care at Kigandalo Health Centre IV. Nakiyemba took an HIV test during the antenatal visit which turned out to be positive. She continued with post-test counseling offered by both the ANC personnel and family support group which she attended at the health facility. She was also enrolled into the PMTCT program shortly after testing HIV positive. She soon disclosed to her husband who also accepted to be tested and was found HIV positive. With the support of her husband, Nakiyemba had a normal delivery at the facility. During labor she was started on sdNVP while the baby was started on the syrup immediately after birth. She exclusively breast fed this baby for 6 months. The baby girl Lillian was tested and found HIV negative.

In mid 2009, Nakiyemba became pregnant again. Her husband supported her to attend antenatal care at Kigandalo HC IV. At 32

weeks of pregnancy Nakiyemba was started on combined therapy. She had a normal delivery in late February 2010 to a bouncing baby boy weighing 3.8kg. The baby was successfully enrolled onto sdNVP syrup at birth and AZT syrup for one week administered twice a day by the mother at home. The mother is exclusively breast feeding her baby and is patiently waiting to take him to the health facility for the next immunization at 6 weeks, where PCR will also be done. She plans to exclusively breast feed him for six months.

With support from STAR-EC, Nakiyemba's CD4 cell test count was done at JCRC which revealed that she did not qualify to start on ART. Her husband is yet to gather courage to go to the facility for a CD4 test, though he continues to take the septrin religiously.

Nakiyemba attributes her courage to being a member of the family support group at the health facility. She affirms that it was because of the family support group meetings that she gradually overcame stigma and the fear of death that had gripped her immediately after discovering HIV positive status. It was as a result of this that she sought further medical care at Kigandalo HC IV.

She is thankful to all the health workers at the facility but particularly has special thanks for an enrolled midwife (Agutu Florence) who tirelessly visited her at home during these two pregnancies. Nakiyemba says that these visits strengthened her adherence to prescribed medications and ANC appointments.

2.1.3 Care and Support

2.13.1 Umbrella Care

During this Quarter, a total of 10,925 PLHIV received effective referrals on umbrella care services. A proportion of 63.7% of these were females while the rest (36.3%) were males. Among the different age groups served with umbrella care services included 457 under 5 year olds, 943 (5-14 year olds), 1,490 (15-17 year olds) as well as 8,035 PLHIV who were 18 years and above.

A total of 34 health facilities provided a minimum of one clinical care service namely cotrimoxazole prophylactic therapy to all people living with HIV&AIDS (PLHIV). STAR-EC collaborated with Joint Medical Stores (JMS) to supply 883 tins of Co-trimoxazole (960 mg) for prophylaxis to 34 health facilities (4 hospitals, 12 HCIVs and 18 HCIIIs). All sites were supported by the District Assistant Drug Inspectors to quantify their consumptions of medicines with emphasis on drugs for management of opportunistic infections. Thereafter, facilities placed accurate orders to the National Medical Stores (NMS) and are expecting a delivery in early April 2010. Clinical mentorship visits were done at 2 HCIVs during the quarter where it was noted that the majority of HIV positive pregnant women were not being enrolled into care or were not captured in the pre-ART care register and likewise, the majority of TB-HIV co-infected patients were not being enrolled into care or not captured.

During this quarter, a total of 3,551 PLHIV (2270 males and 1281 females) received care and support at different health facilities within the 6 STAR-EC supported districts. The same number of PLHIV received cotrimoxazole as part of the minimum clinical care based package. Table 4 illustrates the numbers of clients reached with a minimum of one clinical care service within this quarter.

Table 4: Number of PLHIV clients reached with a minimum of one clinical care service during the Quarter

District	Males			Total Males	Females			Total Females	Overall Total
	<5 yrs	5-17 yrs	18 yrs		<5 yrs	5-17 yrs	18 yrs		
Bugiri	2	7	383	392	0	0	649	649	1,041
Iganga	27	6	121	154	50	10	215	275	429
Kaliro	5	2	34	41	1	2	74	77	118
Kamuli	15	12	255	282	17	22	541	580	862
Mayuge	32	16	261	309	16	14	529	559	868
Namutumba	9	5	89	103	4	1	128	133	236
Total	90	48	1143	1281	88	49	2136	2273	3,554

Source: STAR-EC program records

Challenges

- Inadequate clinical decision making and medical diagnostic skills among Clinical Officers, compounded by little or no support from absentee medical doctors in many facilities. This led to inadequate patient monitoring and care.
- Frequent stock-out of key medicines for management of opportunistic infections that include ciprofloxacin, fluconazole and acyclovir.
- There is inadequate linkage to care from PMTCT and TB clinics to HIV/ART clinics. The written referrals

are not working as expected and there is inadequate documentation of these referral systems.

Way forward

- Clinical mentorship visits were commenced by STAR-EC to address the clinical skills gap among clinicians. After getting satisfactory results from these visits at Kityerera and Busesa HCIVs, STAR-EC has opted to use this approach as the main mode of technical support to ART sites. For example, better clinical management of a TB-HIV co-infected child was achieved as depicted in the success story documented under this section.
- Continue supporting individual facilities to quantify their medicine consumption and facilitate the ordering process.
- STAR-EC plans to hold quarterly meetings with facility staff to discuss operational issues that are affecting their performance.

During this quarter, four hospitals received a donation of 270 doses of pediatric ARVs from the Clinton Foundation (Clinton Health Access Initiative). A total of 121 infants (64 females and 24 males) were born to HIV positive mothers. Additionally, a total of 27 children (20 boys and 7 girls) aged less than 15 years old were initiated on pediatric ART while a total of 117 infants (61 females and 56 males) were tested for HIV infection (early infant diagnosis) using DNA-PCR. Only one female was found to be HIV positive and started on cotrimoxazole prophylaxis. STAR-EC will in the next quarter focus on scaling up pediatric care in the districts through training of medical workers in pediatric ARV logistics and dissemination of job aides on pediatric HIV&AIDS management.

Psychosocial support and care was provided at community level through NACWOLA who trained 55 community support agents (PLHIV) in Mayuge District to conduct home visits meant for PLHIV. During home visits, CSAs provide support counseling and home-based care. A total of 4 home-based care kits were provided to PLHIV in Bulunga village (Kamuli District). On the other hand, support counseling and health education (including adherence counseling) was provided at health facility level to each and every PLHIV who turned up for clinical review or medicine pick-up appointments. A total of 149 PLHIV attended 10 psychosocial support group meetings held at sub-county level in Kamuli, Mayuge and Namutumba districts. Issues discussed included group formation, election of group leaders, team work towards economic empowerment through income generating activities, and NACWOLA's role in linking groups to credit facility providers. A total of 10,925 PLHIV received individual psychosocial support while a total of 2,289 PLHIV were provided with home-visits over this reporting period. More related results can be found in this document under STAR-EC's result area 4 on referrals and networking.

Challenges

- Activity implementation slackened due to delay in releasing funds occasioned by a delay in submitting accountability by NACWOLA.
- Home-based care kits were out of stock at STAR-EC offices.

Way forward

- STAR-EC grants officers shall provide regular support to CSOs in compiling accountability documents and submitting them in a timely manner.
- NACWOLA has been assisted to place a request for procurement of Home-based care kits under the grants procurements budget

Clinical mentorship of health workers saves young Nabirye's life



2 Nurses at Busesa HCIV being mentored by a visiting Doctor on Nabirye's treatment plan for TB-HIV co-infection.

During clinical mentorship visits, STAR-EC's medical doctors sit in HIV/ART clinics and work with facility health workers to manage cases deemed to be complex and challenging. At Busesa HCIV, the complex case presented was an HIV-TB co-infected 10-year-old girl called Nabirye Sauba who is an AIDS orphan under the care of her grandmother, Mrs. Kagoya. Young Nabirye's health was deteriorating despite receiving treatment. Nabirye had been confirmed to be HIV positive 3 years ago and enrolled into chronic care at Busesa HCIV. Her current prescribed medications included ARVs (started in July 2008) and anti-TB drugs (started in February 2009 after a chest radiograph confirmed Pulmonary Tuberculosis). She had initially improved but was coughing again, had a fever and was losing weight, which worried the grandmother and confused the health workers.

Nabirye's prescriptions were reviewed and found to be according to the standard treatment guidelines (Nurses were commended on this). She religiously kept all ART clinic appointments for medicine re-fills (Septrin & ARVs). On discussing with the elderly caretaker, Nabirye's adherence to ARV treatment was found good but not that to anti-TB drugs. This was discovered by asking the grandmother to describe which type of drugs she was administering to Nabirye on a daily basis.

Unfortunately, the grandmother had stopped picking anti-TB drugs from the TB clinic. The TB unit register confirmed that TB treatment was last picked on 1st July 2009 but it had been irregularly taken in the past 5 months (patient only received 3 months instead of a 6 months course).

Apparently grandmother Kagoya had not clearly understood that Nabirye also has TB disease and needs to continue both types of medications. Further discussions revealed that Kagoya needed external support since she appeared forgetful (senile dementia) and lacks transport funds for more frequent clinic reviews. To alleviate her plight, STAR-EC held discussions with nurses of ART and TB clinics and agreed that STAR-EC facilitates the sub-county health worker, Mr. Bazibu Tadeo, to visit Nabirye's home in Ibulanku –Iganga District on a daily basis to provide health education plus directly observed treatment (DOTS) of both anti-TB drugs (re-treatment course) and ARVs. This treatment supporter shall also regularly deliver drug supply refills to ease the burden of the poor grandmother. These daily visits are scheduled to continue until the child completes TB treatment or when she has fewer pills to swallow; and is able to come to the health centre at least once a Quarter.

2.1.3.5 Antiretroviral (ARV) services

During this quarter, coverage of antiretroviral therapy (ART) services increased from 19 to 22 ART sites. The 3 new sites include Kidera HCIV in Kamuli District, Busembatya HCIII in Iganga District and Namugongo HCIII in Kaliro District. STAR-EC program trained an additional 45 health workers on comprehensive HIV&AIDS care including ART in order to expand the size of the clinical team per health facility to at least 5 or 6 persons. Antiretroviral (ARV) medicines were supplied to 22 ART sites through JMS during the quarter (see Table 3). In addition, Uganda Cares provided a donation of ARVs (80 packs of Duovir-N® & 100 packs of Triomune-30®) to Kamuli District and Iganga hospitals during the time they were facing a stock-out. Eleven (11) ART sites were supervised during the quarter. At each facility, a minimum of 2 expert clients (Community Support Agents under NACWOLA) were voluntarily helping to perform certain tasks in the clinic such as records retrieval, peer education and adherence counseling. Technical assistance was received from Uganda Cares who conducted mortality chart reviews at 5 facilities and shared findings with the STAR-EC technical team. Mortality chart reviews revealed the need for very close follow-up of clients newly initiated on ART since 68% of deaths occurred with 6 months of treatment. Also there was delayed reporting of clients into care clinics and delayed initiation of eligible clients on ART with only 16% of deaths having received ART by the time of death (implying 84% of deaths occurred before therapy).

By the end of this quarter, a total of 388 new clients (149 females and 239 males) were started on antiretroviral therapy. These included 62 infants aged less than one year, 5 pediatrics aged 1-4 years, 14 pediatrics aged 5-14 years and 307 adults aged 15 and above years. A cumulative total of 1,709 clients (1,128 females and 581 males) received ARVs as current clients at STAR-EC supported facilities. Of these, a cumulative 91 ART clients were children aged less than 15 years.

Table 5: Quantities of ARV medicines obtained from Joint Medical Stores by STAR-EC and supplied to 22 health facilities

Item description	Unit (tablets per pack)	Total Quantity (packs supplied)	# of health facilities that JMS delivered to, per item
Lamivudine/Zidovudine/Nevirapine (3TC/AZT/NVP) 150/300/200mg Tablet	60	4826	22
Lamivudine/Stavudine/Nevirapine (3TC/D4T/NVP) 150/30/200mg Tablet	60	240	7
Efavirenz (EFV) 600mg Tablet	30	100	8
Aluvia (LPV/r) 200mg/50mg Tablet	120	40	2
Videx (DDI) 250mg Capsule	30	40	4

Source: STAR-EC program records

Challenges

- Facilities have not started using the newer versions of the pre-ART, ART cards, registers and report forms as they have not yet been printed by the Ministry of Health
- Delayed initiation of ART for eligible clients despite having CD4 cell results and/or documented WHO clinical staging clearly showing one is eligible for ART. For example using a random sample of 19 patients at Kityerera HCIV, only 4 out of 17 eligible clients were actually on ART (23.5%).

Way forward

- STAR-EC undertook to print 20 copies of the revised ART tools which will be distributed during the next quarter.

- STAR-EC will also conduct continuing medical education sessions on timing of ART and criteria for starting therapy, plus the implications of delayed initiation. Health workers will be encouraged to initiate ART within 2 weeks of determining eligibility status and take lead to initiate those found in need

2.1.3.5 Clinical/Additional TB/HIV

STAR-EC has supported TB/HIV coordination at the district and HSD level in addition to funding a number of training activities. This support was aimed at addressing the issue of sub optimal coordination and limited collaboration between partners implementing TB and HIV&AIDS services in the districts and at Health sub district (HSD) level. To this effect, a total of 15 meetings were conducted at HSD level. The objectives of the HSD level meetings included presentation of 1st Quarter TB and TB/HIV performance; sharing of challenges faced during implementation of TB and TB/HIV activities; logistics management; innovative ways and means of improving Case Detection Rate (CDR), Treatment Success Rate (TSR) and TB/HIV indicators; formation of TB/HIV coordination committees; dissemination of ICF tools; and sharing of experience from facilities already utilizing the tools and dissemination of supervision tools. Coordination committees were formed and best practices and challenges shared during the meeting. Partners implementing HIV and TB activities and representatives from CSOs were invited.



DHO of Kaliro, Dr. Kasewa Sarah chairing a coordination meeting



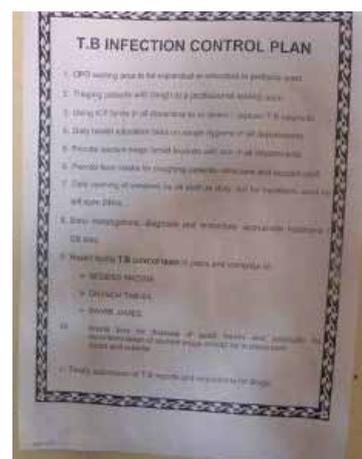
An HSD TB/HIV co management trainer, training Health workers at Bugiri Hospital

STAR-EC continues to receive technical support from Tuberculosis Control Assistance Program (TB CAP) on implementation of TB/HIV activities and TB infection control. During the Quarter, TB CAP supported the STAR-EC technical team on TB infection control implementation.

In addition, TB CAP provided technical support during the TB/HIV and TB infection control training of trainers for Namutumba and Kaliro districts. Together with MoH trainers, STAR-EC trained a total of 19 health care provider trainers (4 females and 15 males) from the abovementioned districts during the quarter. Participants were selected from the HSDs and from the District Health Teams (DHT). Training at facility level in the districts and training of trainers for the rest of the districts

is planned in the Third Quarter. A risk assessment done in Iganga Hospital and Iganga Islamic HC III during the practical session revealed that 3 health workers including a laboratory technician had suffered from tuberculosis. The Outpatient Department (OPD) in one of the facilities assessed had inadequate ventilation and yet with in a period of two months five smear positive TB patients had been identified among fifteen suspects. This situation further underscores the need to roll out TB infection control in health care settings

Over this reporting period, STAR-EC supported 3 HSD teams of trainers in Bugiri District to scale up the trainings among lower level health facilities. A total of 75 (44 females, 31 males) healthcare providers were trained in TB co-management and infection control. Following this training, health workers were supported to carry out a TB risk assessment at facility level, upon which the administrative and environmental measures are being instituted at



A TB infection control plan at Nankoma HC1V



Old TB waiting area



New waiting well ventilated area

health facilities. TB infection control plans were developed with the participation of all health workers at health units. A total of 10 facilities have displayed their infection control plans.

The waiting area at Nankoma HC 1V has been relocated to a more spacious area after realizing the risks of TB transmission to other patients and health workers in the current waiting area which is neither well ventilated nor spacious enough.

STAR-EC is supporting joint support supervision at all levels from District to HSD and from HSD to facilities. A total of 60 health facilities were supervised by the DTLs, HIV focal persons and the HSD focal persons. However, the quality of support supervision conducted at all levels is not satisfactory. Joint support supervision is still not conducted in some districts.

In order to address this gap STAR –EC disseminated TB/HIV supervision tools to guide supervisors on the various areas to focus on.

During the Quarter Two, a total of 596 TB patients were recorded within the TB register. Of those recorded, 481(80.7%) were tested for HIV and received their results. A total of 205 were males 276 females. In addition to this, 152 (31.6%) tested HIV positive and 135 (88.8%) were started on cotrimoxazole preventive therapy. Only 15 TB patients (11.1%) were able to access ART and 31 (23.1%) received both TB and HIV treatment. Table 6 summarizes

some of the major TB outcomes.

Table 6: TB outcomes during the 2nd Quarter

Indicator		Females	Males	Total
Number of TB patients recorded in the TB register		270	326	596
TB patients with HIV results recorded in the TB register		205	276	481
TB patients tested HIV positive		73	79	152
TB/HIV patients and their treatment	ART	9	6	15
	CXT	66	69	135
	ART+CXT	16	15	31

Source: STAR-EC program records

Challenges and the way forward

- Inadequate coordination among partners implementing TB and HIV activities in the districts leads to poor accessibility of TB/HIV services by the patients. STAR-EC will continue to support coordination meetings at all levels and also encourage partners to participate in the meetings.
- Lack of information sharing between TB and HIV care services within health facilities affects the provision of TB services. HIV and laboratory registers are not regularly reconciled with information from the TB unit register leading to inconsistencies in generated information. STAR-EC shall continue to support the facilities by providing on job mentorship and support supervision through the DTLs and the HSD TB focal persons.
- Stock-outs of essential commodities like HIV test kits, cotrimoxazole and oil emulsion, is affecting comprehensive care of TB/HIV co infected patients. STAR-EC will support health facilities by training in LMIS and forecasting.
- There is also inadequate utilization of ICF tools at health facilities. STAR-EC shall support facilities on

improved utilization of these tools.

- HIV/TB tracking and reporting is still problematic from the HTC side as most sites providing HTC do not have TB diagnostic centers. This calls for a stronger referral system that enables those screened and tested for TB (elsewhere) to return to their original HTC site for documentation of TB outcomes.

Lessons learned

- Empowering local district teams of trainers is a more cost effective way of scaling up training to the majority of health care providers.
- Continuous support and on job mentorship to health care providers on the use of ICF tools will improve on case finding efficiency within districts.

2.1.3.6 TB control activities

TB diagnostic services are still limited within the districts of East Central Uganda. This is as a result of limited diagnostic centers, long distances to the nearest diagnostic health facilities, inadequate laboratory staffs among others. In order to address these challenges, STAR-EC is supporting sub counties with limited access to diagnostic facilities to conduct sputum/TB outreaches. Sensitization and mobilization is conducted by the local leaders, patients with signs and symptoms of TB gather in a designated area, sputum samples are collected followed by preparation of slides. During the quarter, STAR-EC supported Bugiri and Kamuli districts to conduct TB sputum outreaches to areas with limited diagnostic facilities in Sigulu Islands, Makoma and Kidera sub-counties. This is also aimed at improving CDR in the districts. The table below shows the results from outreaches.

Table 7: TB outreach results

Outreach site	Number of suspects	Number of smear positives
Makoma	30	0
Sigulu Islands	29	4
Kidera landing sites	58	3

Source: STAR-EC program records



Mayuge District TB and Leprosy Supervisor (DTLS) giving out sputum containers to prisoners that are TB suspects at Kityerera Prison

This activity shall be scaled up during the next Quarter to other sub counties with limited diagnostic facilities.

In addition, STAR-EC has supported intensified TB case findings in congregate settings. Mayuge District was supported to conduct sputum outreaches to prisons. A total of 61 prisoner TB suspects were screened and sputum examination done for TB from Kigandalo, Bifulubi, Imanyiro and Kityerera prisons in Mayuge District. All suspects were negative for TB.

During the quarter, STAR-EC supported 58 sub-county health workers (SCHWs) to deliver drugs to treatment supporters in different communities and a total of 243 clients (67 at health facilities and 176 from different communities) were supported under the DOTs strategy.

STAR-EC also continued to support the MoH and the National TB and Leprosy Program to hold performance review of TB/HIV activities. During the quarter, STAR-EC provided financial support towards the quarterly zonal performance review meeting held at Buluba Hospital.

During such meetings districts get the opportunity to share best practices and treatment outcome of patients transferred from one district to another. In addition, validation of data is done. The STAR-EC supported district TB and leprosy supervisors together with STAR-EC staff participated in this meeting. Other meetings where STAR-EC was represented include: -

- the review of NTLIP guidelines
- the Quarterly PEPFAR Partners' Coordination Meeting
- and the National World TB Day commemorations

In order to promote active involvement of and support for communities STAR-EC is supporting advocacy, communication and social mobilization efforts. STAR-EC supported Kaliro District to mark the World TB day. One of the area Members of Parliament officiated at the function. Messages were passed on to the public in the form of songs, drama, speeches and testimonies made by previously-treated TB patients.



The area MP together with the LCV Chair Person at the World TB day in Kaliro district

STAR-EC supported NACWOLA to train a total of 48 community support agents (16 males and 32 females) in Namutumba District on TB intensified case finding, early case identification, follow up and referral of TB suspects. Similar support shall continue for the rest of the districts during the next quarter during which STAR-EC shall also start rolling out similar trainings to VHTs.

Challenges, way forward, lessons learned

- The quality of DOTs implementation is still inadequate and this is mainly due to limited support supervision provided to SCHWs by the DTLs and HSD focal persons in some districts. There is also no transportation to facilitate this activity. STAR-EC shall support and procure motor cycles that will be used to implement TB DOTs activities in the districts.
- Implementation of TB infection control in a prison setting is a challenge due to inadequate space for inmates and lack of ventilation at such facilities. Structural adjustments would be a recommended (and yet not possible as a short term measure due to limited resources).
- Family members can play a vital role in providing psychosocial and adherence support for TB patients on treatment
- Community support agents/ network support agents exist in all districts and therefore can be oriented on intensified TB case finding, TB advocacy, communication and social mobilization so as to support the existing structures in TB control.

2.1.6 Laboratory Services

During this reporting period, STAR-EC increased access for patients to essential laboratory tests for TB, HIV&AIDS. A total of 21,757 HIV tests, 1310 CD4 cells counts, 14 Complete Blood Counts, 2,090 TB tests, 122 Liver Function Tests, 34 Renal Function Test (RFTs) and 37 white blood cell count tests were performed.

During Program Year I, STAR-EC initiated an understanding with JCRC in which the latter has been handling specimens for both ART monitoring tests (CD4 and CBC) and dry blood spot (DBS) for Early Infant Diagnosis (EID), CD4 count services at its reference laboratory located at Kakira, Jinja District. Under this arrangement, health workers collect samples from patients and STAR-EC pays transport for delivering them to JCRC and the cost for the tests. With this support during the quarter, a total of 24 health facilities delivered blood samples to JCRC for CD4 cell count and other ART monitoring tests. A list of the health facilities that were supported by STAR-EC can be found in Appendix 1.

In a bid to enhance health system strengthening in the region, STAR-EC undertook a new arrangement to engage Kamuli General Hospital to provide CD4 cells count tests to the patients that go to STAR-EC supported health facilities for ART services. In this arrangement, the supported health facilities will deliver patients' blood samples to Kamuli Hospital Laboratory for CD4 cells count tests instead of JCRC during the next reporting period (April to June 2010). This process was considered essential in developing districts' capacity to manage their referral networks and consequently contributing to self sustainability within the region.

STAR-EC also worked with a number of partners with the view of improving the quality of laboratory service delivery in the East Central region. These partners include but are not limited to: MoH Central Public Health Laboratories (CPHL), Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL), National TB Reference Laboratory (NTRL), Uganda Blood Transfusion Services (UBTS), Regional Laboratory Coordinator (RLC), District Laboratory Focal Persons (DLFPs), Northern Uganda Malaria AIDS and Tuberculosis Program (NUMAT) as well as African Medical and Research Foundation (AMREF). Through this collaboration, important decisions/ outputs were realized including: -

- Development of a comprehensive tool for conducting rapid needs assessment for laboratory services delivery
- Recommendation to conduct a needs assessment for health unit laboratories at HC IIIs, HC IVs and Hospitals to identify gaps and develop respective interventions aimed at improving laboratory services delivery in the region
- Identification of new laboratory staff to enroll for a sputum TB microscopy course
- Recommendations for improving the physical infrastructure of Iganga and Bugiri hospitals prior to procurement and installation of CD4 cell count machines, Complete Blood Count (CBC) and Clinical Chemistry machines in the two hospital laboratories by STAR-EC
- Selection of a suitable CD4 count machine and other laboratory equipment to be procured by STAR-EC for the two hospitals
- Commencement of refurbishment works for Bugiri and Iganga hospital laboratory rooms. The renovation works will be co-funded by STAR-EC and these two districts

In the next reporting period (April to June 2010), STAR-EC will conduct a rapid needs assessment for health laboratory services at health centre IIIs, VI and hospitals. The specific objectives of the assessment are:

- To assess the status of the physical laboratory infrastructure for each health facility;
- To ascertain the availability of essential laboratory equipment, supplies and tools for carrying out HIV, TB and basic tests (malaria, Hb estimation, etc.);
- To establish current implementation of quality control protocols and data collection practices for HIV and TB testing by the health facility laboratories carrying out these tests;
- To establish human resource capacity for laboratories and identifying laboratory specific training needs.

The findings of this assessment exercise will help in identifying gaps and determining the subsequent interventions to be provided by STAR-EC and other partners so as to strengthen and improve on laboratory services provision.

At national level, STAR-EC was actively involved in some important meetings. The program staff participated in developing policy guidelines for the delivery of laboratory services. In the same vein, STAR-EC participated in the bi-annual meeting of the MoH Infrastructure and Equipment Sub-committee (ISEC) and the review of the HIV Testing and Counseling (HTC) policy.

Challenges and the way forward

- Lack of safety precautions and personal protective gear at most laboratories. STAR-EC is planning to procure personal protective wear for laboratory staff such as goggles, gum boots, aprons, laboratory coats, etc. In addition, Continuing Medical Education (CME) sessions on universal precautions and Post-

Exposure Prophylaxis (PEP) shall be conducted.

- Lack of adequate facilities for infection control, lack of basic essential laboratory equipment and big needs for servicing and repairing non-functional laboratory equipment in many health facilities. Procurement of some new laboratory equipment by STAR-EC is planned for next quarter.
- Physical laboratory infrastructure is still a key problem limiting service delivery. A comprehensive laboratory assessment exercise is to be conducted in April 2010 whose findings will inform the planned health facility refurbishment plans.
- Dilapidated infrastructure including lack of running water and frequent power interruptions. STAR-EC will provide support for renovations as per the findings of the needs assessment exercise that is planned for the next quarter.
- Limited availability of human resource for health laboratory services as compared to the heavy workload to be carried in the health facility laboratories.

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

Over this reporting period, STAR-EC through its CSO partners including FLEP, NACWOLA, URHB and Youth Alive Uganda implemented Abstinence and/or 'Be faithful' (AB), other HIV prevention activities beyond AB and Prevention with Positives in the six supported districts of East Central Uganda. STAR-EC used a peer-centric approach to implement these behavior change strategies. Persons in marriage and cohabiting relationships were reached through 'model couples' while peer educators reached out to young people.



Youth peer youth educators gathered at Ikulwe District Farm Institute, Mayuge district

2.1.7.1 Promotion of HIV Prevention through Abstinence and Being Faithful

During this period, abstinence and/or be-faithful messages targeted youth aged 10-24 years. These mainly included out-of-school youth and those in tertiary institutions; and persons aged 25 and above including mutually monogamous partnerships. Out-of-school youth were reached through peer-to-peer interventions, Behavior Change Communication Programs (BCPs) and Peer Sustainability activities. Persons in mutually monogamous partnerships were reached through couple dialogue sessions during home-to-home visits by model couples in which couples discussed fidelity, improving spousal communication, parent-child communication, testing for HIV as a couple and family planning.

One youth camp was conducted where 21 youth peer educators gathered at Ikulwe District Farm Institute in Mayuge District where youth were equipped with life skills aimed at developing confidence and encouraging abstinence and/or being faithful. STAR-EC supported Youth Alive to train 20 model couples from the 7 sub-counties of Namutumba district in the couples united training program. Youth Alive also conducted a refresher training for 41 youth peer educators including 15 males and 26 females from Iganga, Namutumba, Kamuli and Kaliro districts.

Table 8: Youth clubs and their membership

District	Youth Club	Membership	Membership by gender
Kaliro	Budini	25	15 Males; 10 Females
	Kasozi	35	21 Males; 14 Females
Kamuli	Irundu	47	30 Males; 17 Females
	Nawanyago	25	18 Males; 7 Females
Iganga	Nawanyingi	34	22 Males; 12 Females
Namutumba	Buwalira	37	19 Males; 18 Females
	Nawansagwa	29	19 Males; 10 Females
Bugiri	URHB	30	30 Males; 0 Females

Seven (7) BCPs were conducted and 674 young people (278 females and 396 males) were provided with life planning skills and human values emphasizing adoption of behaviors that protect their lives through Abstinence and/or Be faithful. At one of the BCPs held at Kisowozi parish, Namutumba district, Youth Alive partnered with Nsinze HC IV and provided 122 youth with HTC services. Eight (8) clubs for out-of-school youth (Bugiri 1, Kaliro 2, Iganga 1, Kamuli 2 and Namutumba 2) were formed with a membership of 262 youth. These clubs were provided with assorted equipment and materials including footballs, netballs, volleyballs and various board games. STAR-EC supported nine (9) choose freedom sessions where 438 youth (209 females and 229 males) were reached with abstinence and/or being faithful messages.

STAR-EC supported Youth Alive Uganda to conduct three (3) fidelity seminars where 251 (125 females: 126 males) married and cohabiting persons were trained on fidelity, positive parenting, family planning, gender based violence reduction and marital counseling within communities. Through URHB, monthly youth peer meetings were held in 22 parishes of Bugiri District to share experiences on HIV prevention and specifically on abstinence and/or be-faithful. STAR-EC supported FLEP and URHB to conduct home visits for peer dialogue sessions by youth peer educators and model couples on HIV&AIDS prevention in 50 parishes from Bugiri and Mayuge districts. These peers also conducted referrals for HTC and PMTCT. Another approach entailed using religious leaders to provide pre-marital and marital counseling and community couple fidelity sessions to persons in mutually monogamous partnerships. Community outreach efforts also included drama shows by local troupes in which 63 community drama shows were conducted in 55 parishes in Iganga, Namutumba, Kamuli and Kaliro districts.

Table 9: BCC outreach activities conducted

Type of intervention	Numbers reached	Districts	Skills or information provided
BCPs	674 youth	Iganga, Namutumba, Kaliro and Kamuli	Life planning skills and human values
Fidelity seminars	251 individuals	Iganga, Namutumba, Kaliro and Kamuli	Fidelity, positive parenting, family planning, gender based violence reduction,
Youth Seminar	21 youth	Ikulwe, Mayuge	Life skills training, confidence building and AB

Source: STAR-EC program records

As a result of these various approaches used to reach individuals and communities with AB messages, 33,279 individuals were served in East Central Uganda including; 5,985 young people aged 10-14 years, 12,597 individuals aged 15-24 years and 14,697 individuals aged 25 or more years. Overall, the 3 CSOs charged with AB activities managed to reach 17,083 males and 16,196 females thereby making up the overall aforementioned total. Below is a table illustrating CSO contribution on AB during this Quarter.

Table 10: Numbers of individuals that were reached with AB messages (by CSO) during the Quarter

CSO	District	Males	Females	Overall Total
FLEP				
	Mayuge	2,937	2,948	5,885
	Total	2,937	2,948	5,885
URHB				
	Bugiri	5,736	5,036	10,772
	Total	5,736	5,036	10,772
Youth Alive	Iganga	1,927	1,975	3,902
	Kaliro	2,107	1,892	3,999
	Kamuli	1,364	1,423	2,787
	Mayuge	993	906	1,899
	Namutumba	2,019	2,016	4,035
	Total	8,410	8,212	16,622
	Grand Total	17,083	16,196	33,279



A newly formed couple support group in Bukenga parish, Namutumba District

During this reporting period, one couple support group with a membership of 17 (4 men and 13 females) was formed in Bukenga parish, Bulange Sub-county, Namutumba District. The couple support group has initiated community activities although the participation of men in group meetings is still low, reportedly due to their busy schedules and potential stigma issues.



A model couple trying out their bicycle after receiving it at Malongo Sub County

STAR-EC, through URHB, supported monthly model couple and peer counselor meetings in 6 sub-counties of Bugiri District for trained couples to collect data, share experiences and lessons learned from other communities on how to improve activity implementation. STAR-EC also supported 21 monthly community youth meetings in six parishes.

Over this period, CSOs distributed 50 bicycles to volunteers to ease transport while executing community level activities. FLEP distributed bicycles to 10 religious leaders, 15 model couples and 15 youth peer educators in Mayuge District while URHB distributed 5 bicycles to youth peer educators and 5 bicycles to model couples from Bugiri Town Council. Youth Alive distributed 20 bicycles to model couples in Namutumba District to facilitate transport and support AB activities.

Abstinence and/or Be Faithful intervention achievements

- Individuals reached with Abstinence and/or Be Faithful messages 33,279
- Individuals trained to disseminate AB messages xxx
- Number of service outlets (parishes) offering AB messages 183

Challenges

- There is difficulty in compiling attendance registers during community drama shows because some people cannot write while others are uncomfortable registering their names.
- Some of the people attending community drama shows are interested in entertainment rather than the messages and go away once the small group discussions start. STAR-EC has encouraged partners to report on persons reached through the small level group discussions.
- Late submission of accountabilities from CSOs affects timely disbursement of funds.
- It has been difficult to trace referrals made by peers for active follow up because partners such as health facilities do not compile registers for referrals and clients are also difficult to trace for feed back
- During home visits, it is not common to find both partners at home therefore necessitating many follow up visits by community workers

Lessons Learned

- Couples tend to appreciate and trust in mentorship from peers in the same age bracket. This learning has informed the selection process for model couples and CSOs have to select model couples from all age brackets.
- Men are reluctant to attend fidelity seminars with their spouses due to fear of being accused by their spouses during conflict resolution sessions that are conducted during seminars.
- The use of manila paper cards with different colors to identify individuals by sex and age group has greatly improved attendance documentation at community drama shows.
- Utilizing peers has proved an effective approach to behavior change given that community members have been found to be more receptive of the messages from their peers.

Way Forward

- Sharing the recently finalized STAR-EC HIV&AIDS Prevention Strategy with partners to inform improved strategies on AB interventions and activity implementation
- Sharing guidance with CSOs to focus on individual and small group interventions as well as recording and documentation during community level activities
- Training more peers including; model couples and youth peer educators
- Participating in peer led activities within communities to provide support and mentorship and to ensure that delivery of AB messages is appropriate
- Separating women and men into their respective groups while discussing sensitive topics during community sensitization seminars

2.1.7.2 Promotion of HIV Prevention through Other Prevention beyond AB



Condom education at Nango beach, Malongo Sub County Mayuge district

STAR-EC supported CSOs to deliver services through outreaches to fisher-folk and persons living within fishing communities, commercial sex workers, their partners and long distance truckers in Naluwerere, boda-boda cyclists, HIV positive couples and discordant couples in East Central Uganda. Peer educators were selected from CSWs, boda boda riders, park yard volunteers and fisher-folk. The trained peer educators provided Other Prevention messages, distributed condoms and provided information on and referrals for HIV&AIDS, STIs, family planning and HTC services.

Over this period, 27 Beach Management Committee



Hajj Mohamad; a peer educator receiving a bicycle at Malongo Sub County to ease his transport

members (BMUs) locally known as called ‘Gabungas’ were trained to provide tailored prevention messages to fishing communities. CSOs actively involved BMUs and peer educators in providing accurate information on HIV&AIDS, peer counseling, promoting life skills and making referrals to health facilities for complementary services such as management of sexually transmitted diseases, HTC and family planning. FLEP distributed bicycles to the 27 trained BMUs to facilitate them to reach their peers living within fishing communities.

During this reporting period, STAR-EC provided 14 cartons of condoms to FLEP and URHB. A total of 2,131 individuals were reached with other prevention messages and condoms through 183 service outlets in the 6 districts of focus. This together with the 33,279 individuals reached with AB messages made a total of 35,410 individuals who received ABC messages. A total of 2,829 MARPs were reached with

OP messages and commodities such as condoms during in this period. Table 11 illustrates some of these findings.

Table 11: Number of MARPs served and reached with OP messages during this Quarter

CSO	District	Commercial Sex Workers (CSWs)	Truckers	Fisher folk	Uniformed Service groups	Street Kids	Total MARPs	Total of individuals reached with OP messages
FLEP	Kamuli	0	0	25	0	61	86	0
	Mayuge	0	0	999	0	0	999	38
	Total	0	0	1,024	0	61	1085	38
URHB	Bugiri	514	139	802	0	0	1,455	1,650
	Kaliro	34	0	45	0	0	79	45
	Namutumba	99	48	63	0	0	2,10	398
	Total	647	187	910	0	0	1,744	2,093
	Grand Total	647	187	1,934	0	61	2,829	2,131

Source: STAR-EC program records

Other HIV&AIDS Prevention services achievements

- Individuals reached with Other Prevention messages 2,131
- Individuals trained to disseminate OP messages and distribute commodities 27
- Number of condom service outlets 183

Challenges

- The number of trained Beach Management Units is still low and cannot cover all the fish landing sites and serve the island populations at risk. Increasing the number of CSOs through competitive granting system will contribute to more peers being trained for this purpose.
- Limited supply of condoms to CSOs was also another challenge. In late March 2010, STAR-EC received

a large consignment of condoms to distribute to partners.

- There has emerged a demand for female condoms by some MARPs. This has been brought about through promotional campaigns conducted by social marketing organizations such as UHMG and PACE. STAR-EC will liaise with MoH on the possibility of getting female condoms.
- Many commercial workers do not want to openly receive or participate in services being delivered in community outreaches due to stigma. STAR-EC and partners will identify non-branded places to operate as drop-in centers where CSWs will feel comfortable to receive HIV prevention services
- Times for the delivery of services are at times not conducive for some beneficiary groups. STAR-EC partners will therefore provide service delivery at favorable times to include moonlighting and market day services at landing sites.
- Delayed submission of accountability and reports from CSOs delayed disbursement of funds from STAR-EC. This affected training of more peers by CSOs

Lessons Learned

- MARPs need complimentary HIV&AIDS services. The integration of HTC, OP and STI screening has also been very helpful
- Way Forward
- STAR-EC will support CSOs to implement moonlighting and target market days at landing sites in order to reach out to more MARPs.
- The program will share the recently finalized STAR-EC HIV&AIDS Prevention Strategy that will help to improve on the quality and access to OP interventions
- More CSOs will be brought on board to improve geographical coverage of OP intervention activities
- STAR-EC will also work with URHB and other CSOs reaching truckers and CSWs to identify non-branded places to operate as drop-in centres where CSWs will feel comfortable to receive HIV prevention services

2.1.7.3 Promotion of HIV Prevention with Positives

Prevention with Positives activities were mainly implemented by NACWOLA within all the six districts of the East Central Region. These activities targeted HIV positive persons and discordant couples through community level activities by peers. STAR-EC supported NACWOLA to facilitate 15 psychosocial support group meetings in Mayuge, Kamuli and Namutumba districts where participants shared life testimonies, experiences and challenges of living positively including how to enhance social support mechanisms. During these meetings, PLHIV provided each other with education and support on HIV&AIDS risk reduction measures, reproductive health needs, couples communication and condom use as well as disclosure of sero-status to partners based on informed consent. NACWOLA's Community Support Agents (CSAs) conducted door-to-door and follow up activities within their communities to support HIV positive persons and discordant couples. STAR-EC provided 42 cartons of condoms to NACWOLA for the PwP programs and activities. The CSAs conducted home visits and other support group activities through which PwP messages and commodities were provided to 2,303 individuals (1,423 females and 2,303 males). CSAs also referred all PLHIV that were in need of clinical care to health facilities for complementary services that included STIs screening and management and family planning services.

Challenges

- CSAs have limited skills in discordant couple counseling.
- Some persons referred to health facilities for HTC were not served due to lack of HIV test kits.
- Limited supply of condoms for distribution within different communities.
- Difficulty in acceptance of condoms especially by women due to limited negotiation skills

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Source: STAR-EC program records

Other HIV&AIDS Prevention services achievements

- | | |
|---|-------|
| • Individuals reached with Other Prevention messages | 2,131 |
| • Individuals trained to disseminate OP messages and distribute commodities | 27 |
| • Number of condom service outlets | 183 |

Challenges

- The number of trained Beach Management Units is still low and cannot cover all the fish landing sites and serve the island populations at risk. Increasing the number of CSOs through competitive granting system will contribute to more peers being trained for this purpose.
- Limited supply of condoms to CSOs was also another challenge. In late March 2010, STAR-EC received a large consignment of condoms to distribute to partners.
- There has emerged a demand for female condoms by some MARPs. This has been brought about through promotional campaigns conducted by social marketing organizations such as UHMG and PACE. STAR-EC will liaise with MoHon the possibility of getting female condoms.
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Lessons Learned

- MARPs need complimentary HIV&AIDS services. The integration of HTC, OP and STI screening has also been very helpful

Way Forward

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Challenges

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- Limited supply of condoms for distribution within different communities
- Difficulty in acceptance of condoms especially by women due to limited negotiation skills

A discordant polygamous marriage that has benefitted through peer condom distribution services

Isihaka Joly is a resident of Bukatabira Parish in Malongo sub county Mayuge district. Joly has two wives Fatima Gabeya 30 years and Lamula Kizza 37 years and is a father of 20 children.

During 'community camping' activities in Bukatabira Parish in January 2010, Joshua Dhikusoka, an Integrated Trained Counselor with Family Life Education Program (FLEP) supported by a religious leader, Hajj Mohamad Hasahya, a peer educator, found out from the couple that they had never known their HIV status despite having been tested on previous occasions. This made the couple anxious, fearing that they could actually be infected with HIV.



Joly, Fatima, Lamula and the counselor during a home visit receiving condoms to protect his wives from HIV

The couple was provided information on how to improve the quality of their lives and how Joly could also protect his wives from acquiring HIV. They eventually accepted to adopt condoms to protect the wives from acquiring HIV&AIDS. The couple was provided with condoms and educated on how to use them correctly so that they did not have restricted intimacy.

During follow up visit by FLEP in February 2010, repeat tests were conducted. The couple was happier and the stress they all had was no longer evident. They confessed that the constant counseling they received helped them understand that HIV can infect one and spare another and all they needed to do was to use condoms such that they don't get infected as well.

After receiving counseling, Joly and his two wives were tested and given their test results. Joly was found to be HIV positive while both his wives were found HIV negative. *'The results brought a lot of uncertainty here in our home which led me to stop having any intimacy with any of my wives fearing that I could infect them with HIV'*, Joly reports. Following this revelation, supporting the couple was difficult, since the wives believed that there was no way they could have escaped being infected with HIV. The family was engulfed in confusion and unhappiness. However, through Mohamad Hasahya the couple received continuous support and counseling through regular home visits he made to their home.



A month later - Joly, Fatima and Lamula during the follow up visit by FLEP for septrin and condom refills

Joly calls on other PLHIV within his community to come out and receive support so that the quality of their lives is improved.. He appreciates STARE-EC, MoH, health workers and FLEP for the support extend to his family

Lesson Learned

- Social support groups such as post test clubs have provided an opportunity for PLHIV to share experiences and learn on positive prevention, partner notification and mutual disclosure.

Way Forward

- Providing training, orientation and on-job mentorship to CSAs on couple counseling, disclosure and partner notification, condom education and negotiations skills
- Capacity building and on-job mentorship of NACWOLA field and M&E staff to improve on the timeliness of their referral feedback system
- Sharing the recently finalized STAR-EC HIV&AIDS prevention strategy with partners to inform improved interventions and strategies on prevention with positives.

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



STAR-EC staff checking functionality of an autoclave during the needs assessment exercise

Over this reporting period, STAR-EC was engaged in preparatory activities for Medical Male Circumcision (MMC) service delivery. The program worked with district and health facilities to select teams of service providers to attend the planned training at Rakai Health Sciences Project (RHSP). STAR-EC received MMC IEC materials including 1,000 MMC leaflets, 20 Flip charts for MMC counseling and 50 information booklets for health workers from Health Communication Partnerships (HCP). These were distributed to 3 CSOs and 47 health facilities

STAR-EC conducted a comprehensive needs assessment of MMC readiness at nine theatres including Bugiri, Kamuli, Iganga and Buluba hospitals as well as Kigandalo, Bumanya, Nsinze, Busesa and Buyinja HC IV. The assessment focused on the availability of staff, instruments, equipment and theatre space to roll out MMC services at health facility level. Information generated from the needs assessment will be valuable in establishing benchmarks for MMC interventions within the East Central region.

Challenges and the way forward

- Low level of community awareness of MMC as an HIV prevention strategy. STAR-EC will invest in community mobilization and education targeting political, cultural and religious leaders, schools, women's groups, SACCOs, and other community structures
- Lack of trained human resource to implement MMC activities. STAR-EC will promote the approach of task shifting appropriately and will train an adequate number of service providers in MMC
- Inadequate theatre space, equipment and supplies to conduct MMC. STAR-EC will support health facilities by improving space and providing basic instruments, equipment and materials.
- Dilapidated infrastructure including lack of running water and power interruptions. The program will support renovations, provision of equipment and supplies so that facilities can offer MMC services.



STAR-EC staff assessing functionality of an operating table in Busesa HC IV with the theatre in-charge watching

Way forward

- STAR-EC intends to scale up MMC services to 8 health facilities in the next 12 months. This support will target infrastructure, training, equipment, supplies and commodities for each of these sites. Some of the sites will be renovated and re-modeled to make them ready to offer the service
- Continue to work with DHOs and health facility in-charges to effect transfers in such a way that service delivery is upheld to the point that teams are kept together or transfers are made into facilities where MMC services exist.

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

STAR-EC believes that strong district AIDS coordination is a precursor for building a strong network and referral system at all levels. During Quarter One, STAR-EC, with support from the Uganda AIDS Commission, carried out a rapid assessment of District AIDS Committees (DACs and DATs) in the 6 supported districts to identify DAC strengths, weaknesses and opportunities for HIV&AIDS coordination in the six districts at the district, town council and sub-county levels. The findings indicated that all the districts have established HIV coordination structures at both district and sub-county levels. However, these structures are largely dysfunctional due to lack of central government facilitation. In Quarter Two, STAR-EC organized feedback meetings for each district on the assessment. Members of the district HIV committee and HIV taskforces attended this meeting along with representatives from CSOs, PLHIV networks, and FBOs. In total, 186 members attended the meetings in the six districts. As a result of this exercise, all six districts developed action plans for reviving the operations of the coordination structures.

Some of the key action points for the HIV coordination committees include: induction of sub-county level structures; formation and support of village health teams; organizing joint quarterly review meetings; ratification of the national HIV coordination guidelines; and developing a resource mobilization strategy.



DAT&DAC Orientation workshop in Kaliro District

STAR-EC also inducted all District HIV coordination structures. A total of 190 (125 males and 65 females) DAC and DAT members attended meetings in the 6 STAR-EC supported districts. Uganda AIDS Commission provided technical support through the national HIV Coordination facilitators. Key aspects of coordination were emphasized, including coordination guidelines, PLHIV networks, CSO networks, FBO networks, M&E and resource mobilization. It was noted that most of the coordination structures had not been

functional and some members had since left the committees with no replacements. During the induction, DACs and DATs were reconstituted. CAOs and chairpersons of the respective districts were tasked to formally offer appointment letters to the people appointed from various departments, CSOs, and FBOs. Prior to this induction, only Iganga District had ratified the coordination guidelines. Following this induction, all districts set action plans and dates for the ratification of coordination guidelines.

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

During this quarter, the Strategic Information team worked together with each district's HMIS focal persons and officers in the collection of data meant for the period of October-December 2009. This activity involved visiting over 70 health facilities and providing their in-charges or data clerks with technical assistance and support towards the improvement of data quality. In addition to this, the MoH HMIS tools (with filled data) were reviewed for data quality, gaps identified within this data, and on-spot support supervision given by District HMIS focal persons with overall technical oversight from the STAR-EC strategic information staff. Data collected consisted of all thematic areas of HIV&AIDS and TB control and it was fed into HMIS forms as well as the STAR-EC reporting tools. Towards the end of this reporting period, the MoH revised all patient monitoring tools for HIV/ART but lacked funds to print out cards and registers for health centers. STAR-EC printed cards and registers for the health facilities it supports. Table 10 shows the tools that STAR-EC printed during Quarter 2.

Table 12: Newer versions of the MoH patient monitoring tools for HIV/ART care printed for 20 health facilities by the STAR-EC program

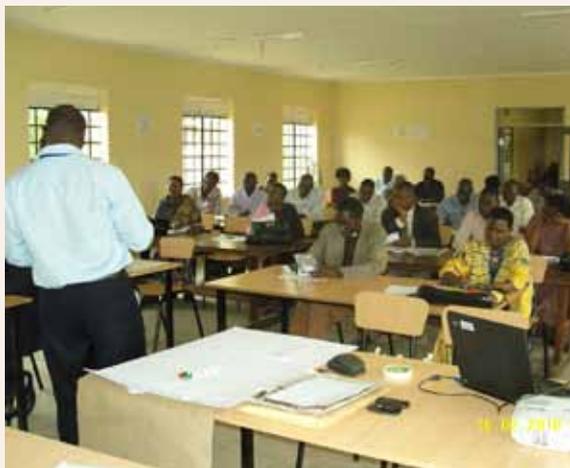
Item description	Quantity
Patient HIV care/ART cards, size A3 (initial sheet)	4,000
Patient HIV care/ART cards, size A3 (continuation sheets)	2,000
Patient held HIV/ART summary cards, size A5	4,000
Pre-ART registers, size A3 (with follow-up page)	10
ART registers, size A2 (large)	20
ARVs dispensing log book	20
Bi-monthly Ordering book for ARVs	20
National HIV care –Quarterly Monitoring Reporting form book	10

Source: STAR-EC program records

SUCCESS STORY

Strengthening health systems through the utilization of Lot Quality Assurance Sampling (LQAS):

A success story from Kaliro District on tracking progress in the utilization of LQAS results in the promotion of evidence based planning and decision making.



Introductory session during presentation of LQAS results to district council, Kaliro district



A district official from kaliro presenting key LQAS survey result

In August 2009, STAR-EC conducted a baseline health facility assessment and household LQAS survey within all the 6 STAR-EC supported districts. With the participation of some officials from the different local governments and CSOs, training in the utilization of the methodology, data collection, tabulation and analysis of results was accomplished. In December 2009, survey results were disseminated to key district decision makers that included the Resident District Commissioner, Chief Administrative Officer, District Local Council IV chairperson, the District Health Officer and his team, District Planning Officer, Community Development officers as well as CSO personnel.

The main purpose of the dissemination exercise was to enable district officials' use of these results in identifying service coverage gaps as well as priority supervision areas in the provision of HIV&AIDS and TB services. Additionally, action plans were developed by the district officials themselves with technical guidance from STAR-EC during the dissemination workshop. As a result of the dissemination workshop, Kaliro is one of the districts that steadfastly used the baseline LQAS household survey and health facility assessment results to advocate for support from their District Council in

planning for Financial Year (FY) 2010/2011. The District Council is a body mandated to approve activities that are planned by the various departments within the district. In order to promote evidence based planning and decision making, the Kaliro District Health team presented to 40 District Council members (from various sub-counties) the same results that had been presented during the dissemination workshop. During his presentation, the District Health Officer (DHO) highlighted underperforming health service areas that needed to be prioritized in the district intervention plan for the upcoming Fiscal Year (2010/2011).

The Council overwhelmingly approved the proposed activities and ultimately developed an action plan that detailed identified gaps, activities, their time line for execution, funding source and responsible persons. Significant proportions of the activities were prioritized to be conducted using the available local resources in the district. However, some interventions were to be realized through lobbying from the central government and/or development partners, for instance, the CD4 count testing machine meant for ART scale up was to be acquired through support from STAR-EC.

As a follow up to the LQAS results dissemination workshops that were conducted in all STAR-EC supported districts during the previous quarter, districts were able to develop different action plans in relation to LQAS results findings. Among these included Kaliro District where success on the utilization of LQAS results for planning and decision making was registered during their District Council planning meeting held in March 2009.

In early March 2010, Mayuge and Bugiri District officials were empowered with planning and management skills from the Service Performance Assessment and Improvement (SPAI) workshop - a process which enables the district officials to assess service performance levels using available data from the household LQAS survey, health facility surveys and HMIS. The SPAI process was facilitated by officials from both the Management Sciences for Health (MSH)/STAR-E-LQAS project and JSI/STAR-EC in a one-week workshop. Each district therefore generated a Performance Improvement (PI) implementation plan. (see sample in Table 11). Future monitoring efforts on such plans will also be conducted by STAR-EC's SI department during quarterly review meetings.

Table 13: District Service and Performance Improvement (SPAI) action plan for Mayuge on HIV&AIDS and TB interventions

Strategy Element	PI Activities	Planned Products	Responsible Person	Critical PI Resource	Sources of PI	Time Frame	
						Start	End
				Requirements	Resources	Date	Date
1 .Training • H/Ws in HCT • TB/HIV logistics • HIV / TB co-infections.	-Selection of HW to be trained. -Identify teaching staff and prepare them for training. -Arrange site schedules. - Conduct training	Lists of trainers -Trainer Prepared -Training schedule -30 HW trained	Balondemu Enoch (FP STAR-EC)	Training materials Confirmed venues Standard training guidelines	STAR -EC	May 2010	September 2010
2 Public Education	-Integrated awareness creation	No. of meetings held	Taganye Fred	Developed	STAR-EC	May	October
	on TB and HIV/AIDS related	List of participants	(DHE)	messages(fact	MoH	2010	2010
	issues through Community	No. of radio talk shows		sheet, posters,			
	meetings	aired		pamphlets			
	-Dissemination of IEC materials	No. of IEC materials		Confirmed local			
	-Radio Talk Shows	disseminated		radio stations			
3. Supplies	• Follow up of Drugs, reagents and test kits orders	No. of follow ups made to NMS	Naireka Peter (DTLS)	Drug order forms Stock cards	STAR-EC MoH	April 2010	September 2010
	with NMS.	-No. of health workers		Facility			
	• Proper forecasting Timely requisitions and distribution	practicing proper forecasting, filling of stock cards and storage of		report/order booklets Dispensing log			

Strategy Element	PI Activities	Planned Products	Responsible Person	Critical PI Resource	Sources of PI	Time Frame	
						Start	End
				Requirements	Resources	Date	Date
	<ul style="list-style-type: none"> Proper filling of stock cards and proper storage 	medicines and supplies - No. of timely requisitions made and submitted		books			
4 Private Sector reporting	Introduction of reporting by private sectors on TB and HIV/AIDS	-Private practitioners identified - Formal communication made to all private practitioners	Dr. Nabangi Charles (DHO)	List of private practitioners Stationary Standard Formats	PHC STAR-EC	May 2010	June 2010
		-Reporting formats formulated					

Source: STAR-EC program records

2.2.3 Improving human resources for health

2.2.3.1 Training activities



DBS collection practical session during EID training in Mayuge District

Over this reporting period, STAR-EC collaborated with various partners to support training activities for health workers so as to improve on their knowledge and skills in TB, HIV and AIDS care and prevention.

As already mentioned under previous sections, STAR-EC in collaboration with MoH and Clinton Foundation supported a pilot Early Infant Diagnosis (EID) training for 20 (8 males and 12 females) health workers from 5 highly active PMTCT facilities in Mayuge District using the newly adopted EID strengthening model that emphasizes active screening, care and referral including follow-up for the HIV exposed infants, their mothers and families. Among those trained were 5 Clinical Officers, 10 Nurses, and 5 Laboratory personnel.

The trained health workers will be followed up regularly and provided with support supervision and mentoring until they are competent enough to offer quality comprehensive EID services. Lessons learned will be utilized while scaling-up the strategy to other health facilities.

In an effort to contribute to the reduction of mother to child transmission of HIV, 63 (62 females and 1 male) health workers were trained on Prevention of Mother To Child Transmission of HIV (PMTCT) using the Integrated Management of Adult Illnesses (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) methodology. Among the cadres trained were 2 clinical officers, 45 midwives, 10 nurses and 6 nursing assistants from 50 PMTCT sites of which 19 are new sites. This is a 2 weeks intensive module that contains practical sessions with Expert Patient Trainers (EPTs) and several hospital practical visits aiming at equipping health workers involved in delivering PMTCT services with skills and knowledge for providing comprehensive HIV care to mothers, children



Health workers interact with EPTs during the IMAI/IMCI workshop

and their families other than just providing the mothers and infants prophylactic antiretroviral treatment.

With an aim of improving the quality of ART services, STAR-EC in collaboration with MoH and Uganda Cares trained 44 health workers (14 males and 30 females) in comprehensive HIV care including ART from selected health centers using the IMAI/IMCI approach. These included 14 clinical officers, 17 nurses, 12 nursing assistants (ART-AIDES) and 1 records assistant. Participants were selected from some previous ART sites to form complete clinical teams while others were from new ones. With this training, 5 new clinical teams were formed and will be supported to offer ART services. In an effort aimed at building a pool of local trainers, the best 3 performing participants in training

assessment tests and general class participation were selected to be mentored as IMAI/IMCI trainers. STAR-EC will support them to undertake a trainer of trainee's course and MoH will provide opportunities for them to participate as facilitator trainees until they are competent enough to be enrolled as regional/National IMAI/IMCI trainers.

STAR-EC continues to work with the AIDS Control Program and the National TB and Leprosy Centre to train health workers on TB/HIV co-infection management and TB infection control. Over this reporting period STAR-EC trained 20 health workers (5 females and 15 males) from Kaliro and Namutumba districts as trainers of trainees (ToTs) for TB/HIV co-management and TB infection control to cascade training to lower health facilities. During this period STAR-EC also supported district trainers of Bugiri to scale up TB/HIV co-management training to lower health centers. Subsequently, a total of 75 (31 males and 44 females) health workers at health facility level were trained. These have played a vanguard role in conducting TB infection control assessments in their respective health facilities and drawing TB infection control plans. Trainings at facility level are planned to continue until all the health workers in the region are trained.

2.2.3.2 Continuing Medical Education (CME), support supervision and mentoring

In collaboration with the MoH and the District Health Officers, STAR-EC conducted an integrated support supervision activity focusing on PMTCT, ART, TB and HTC in the districts of Kaliro, Kamuli Bugiri and Namutumba. Thereafter, the STAR-EC technical team members continued to conduct on job support supervision and mentoring to health workers on a day to day basis in an effort to improve on clinical skills, data collection, data use and reporting.

During this period, STAR-EC worked with Uganda Cares to conduct CMEs on task shifting and ART drug use in three health facilities in the region. Health workers were given knowledge on the importance of task shifting and team work in an HIV care setting and how they can effectively go around the challenges of task shifting. CMEs were scheduled on the same days when health centers run their HIV clinics and this provided an opportunity for the facilitators to conduct on job mentoring and supervision after every session.



Consultants from AHF discuss management of a patient during a mentorship visit at Iganga Hospital's ART clinic

In partnership with the HCI project, the Quality of Care Initiative was implemented. Coaching and mentoring of three district quality improvement teams (Namutumba, Iganga and Mayuge) and 2 Site teams (Namutumba HCIII and Wabulungu HCIII) was done. Meetings were held to understand the quality improvement (QI) methods, approaches and tools used by HCI, and to discuss handover of existing 11 QI teams.

2.2.3.3 Human Resources for Health Planning

With help from the Uganda Capacity Program, Ministry of Health and Ministry of Public Service the district health officers, district principal personnel officers, secretaries

of districts service commissions from supported districts attended a three days workshop where they developed district specific Human Resources for Health (HRH) action plans to be incorporated into the overall 2010/2011 budgeting. During the workshop participants were given information on the National Health Policy II (NHP II), National Health Sector Strategic Plan III (HSSP III) and basic principles in human resources for health planning and management. This was in response to the fact that often districts do not comprehensively plan for HRH when developing district plans. The different districts established the proportion of approved unfilled positions of health workers and developed detailed recruitment plans for financial year 2010/2011. The major HRH constraints identified were: very low percentage of filled positions at different levels of health services delivery system, failure of the rural districts to attract and retain health workers, very small wage bill allocation and high staff recruitment costs.

Challenges

- Low staffing levels affect the implementation of action plans derived after training. This additionally affects the selection of suitable participants to be trained. In some cases health workers identified for training are not able to attend trainings as they would be leaving behind a shortage on the delivery of services at their health facilities. In addition the transfer of health workers drastically affects the effectiveness of the trained teams. Sometimes a new service becomes a non-starter, as was the case on MMC interventions in Nsinze HC IV.
- Frequent stock-outs of drugs, HIV testing kits, reagents for sputum microscopy and the lack of basic clinic equipment hinders implementation of best clinical practices acquired during training activities.
- Most of the job aides and reference materials recommended in the different MoH modules are not available at health facilities.
- The low numbers of national and regional trainers affect the running of the training calendar since some of the trainings have to be postponed due to lack of facilitators.

Way Forward

- Before health workers are trained, STAR-EC will discuss with District Health Officers and health facility supervisors on the importance of supporting and maintaining staff at their facilities. If they must be transferred, the trained personnel should be taken to centers where they can continue utilizing acquired skills
- During any training activities conducted by STAR-EC and MoH trainers potential trainers will be identified so as to gradually build a pool of trainers at district level for various modules
- STAR-EC will also orient health workers on logistics and supply chain management to help them quantify their monthly requirements and make orders to the National Medical Stores in time.

2.2.4 Institutional capacity building and strengthening of Civil Society partners

There was continuous on job support of CSOs in financial management. Institutional capacity building activities included imparting skills to CSO staff in the implementation of BCC activities, formation of peer support groups as well as Monitoring and Evaluation.

Over this reporting period, STAR-EC supported Youth Alive Uganda to conduct Behavior Change Communication Programs through peer sustainability activities. A total of 674 youth (278 females and 396 males) were trained in life planning skills and how to protect their lives by abstaining and being faithful. Similarly, NACWOLA was supported to train 105 net work support agents (NSA) from Mayuge and Namutumba districts to help in mobilizing communities for TB/HIV services, provision of effective referrals and support to community based health care activities.

2.2.5 Supporting infrastructure and equipment needs

In an effort to improve on laboratory infrastructure, STAR-EC met with the District Health Officers and Chief Administrative Officers of Bugiri and Iganga districts and agreed on co-sharing of the renovation works for Bugiri and Iganga hospitals' laboratory rooms. Memoranda of Understanding were signed with districts and the renovation works began within Bugiri Hospital's laboratory. These refurbishments are being done in consultation with the MoH-CPHL and MoH-Infrastructure Departments to ensure adherence to the recommended standards. The laboratory rooms are expected to accommodate the CD4 cells machines, Complete Blood Count (CBC) and Clinical Chemistry machines to be procured by STAR-EC for the two hospitals. A rapid needs assessment exercise for laboratory services will be conducted in April 2010 to obtain baseline data that will be utilized in drawing plans to support all laboratories at health centre III, IV and hospital level within the region.

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

2.3.1 Health Care Improvement (HCI)

During Quarter 2, STAR-EC held 2 meetings with the Health Care Improvement (HCI) project and commenced the transitional handover of the quality of care initiative currently implemented in the 3 districts of East Central Uganda (Iganga, Mayuge and Namutumba). STAR-EC intends to scale up HCI's "collaborative model" of mentorship and shared learning to all health facilities that provide HIV&AIDS services. This includes the formation of district quality improvement teams (DQIs) and site quality improvement teams (SQIs) in additional 3 districts and 12 sites beyond those currently supported by the HCI project. HCI will regularly provide technical assistance, training materials, quality of care policy guidelines and national indicator booklets throughout the transition period till September 2010. The second meeting was a 3 day workshop attended by all technical staff of STAR-EC plus 2 staff members from the MSH/STAR-East program. The objectives of this workshop included understanding the quality improvement (QI) methods, approach and tools used by HCI and then drawing an action plan for the transition. STAR-EC's action plan was submitted to HCI and MoHQuality of Care core team for technical assistance

2.3.2 Injection Safety and Waste Disposal Interventions

In January 2010, STAR-EC was among the partners invited for the Kamuli District review meeting on healthcare waste management (HCWM) organized by the Making Medical Injections Safe (MMIS) project that had been supporting Kamuli since 2008. Their achievements and challenges were shared including: construction of medical waste pits at 10 facilities and training designated HCWM focal persons throughout Kamuli sites. In the same vein, a team from AIDSTAR-One project met with the STAR-EC technical team to disseminate the report on the facility HCWM assessments that STAR-EC conducted during the October –December period. Both meetings generated

fruitful guidance for future programming as highlighted below:

Challenges

- Most district facilities have inadequate supplies for HCWM and lack the final waste disposal pits or incinerators. Only 12-16% facilities had waste bins and bin liners
- Only 20% health workers had ever been trained on the principles of HCWM, but these few still have attitude issues and are still practicing poor waste segregation (24% facilities scored correct segregation according to color codes)
- District budgets lack specific mention of HCWM support activities

Way forward

- Set aside a budget line for medical waste management at both project and district levels
- Build the capacity of health workers through continuing medical education (CME) trainings. AIDSTAR-one will provide technical assistance, training materials, policy guidelines booklets, and supervision tools
- Support health facilities to access HCWM commodities and supplies from credit lines at National Medical Stores including commercial suppliers.
- Advocate for Hepatitis B vaccination of health workers and assist them to establish a Post-Exposure Prophylaxis system at each facility
- Support formation and maintenance of Infection Prevention and Control committees at each facility

2.3.6 Improving supply chain management

One STAR-EC technical officer attended a three- day workshop at the Management Sciences for Health/Supply Chain Management Systems (MSH/SCMS) offices in Bugolobi, where he received technical assistance on ARVs quantification, forecasting, and supply planning for the project needs. This support involved reviewing STAR-EC's stock status, the number of current ART clients supported and their ARV regimens including the identification of gaps within health facility reporting systems. In addition, the ARVs Procurement Advisor installed 2 software programs, namely PIPELINE® and QUANTIMED®, on to a STAR-EC laptop into which ARV consumption data from facilities was entered. Additionally, the existing Supply Chain Manager® software was also used. Software-generated reports were subsequently utilized by SCMS to compile the STAR-EC annual ARV quantification report to guide USAID on future procurements during program year two (PY2) and PY3.

The Securing Uganda's Rights to Essential Medicines (SURE) program met and discussed with STAR-EC the national logistics system (commodity and information flows), the former's mandate and strategies for improving our program's supply chain and reporting functions. All STAR-EC supported districts have applied to SURE for technical and financial support. SURE conducted a rapid assessment of supply chain and reporting functions at facility level specifically at Iganga Hospital. After finding some weaknesses, they proposed technical support areas that included:

- Training the STAR-EC team to support ongoing supply chain activities
- Introduce a dispensing log for Opportunistic Infections medicines
- Support the development of a Logistics Management Information System that is easier to use by partners and facilities.

STAR-EC also contacted an official from the AIDS Control Program who conducted on-job mentorships on logistics management at 14 ART sites. During this support visit, health workers were oriented on how to use the new tools for ordering: ARVs for ART, ARVs for PMTCT, HIV testing kits and fluconazole from the national system.

During this reporting period, STAR-EC got information that there was free co-trimoxazole at JMS procured by the Center for Disease Control and Prevention (CDC) to be accessed by implementing partners for their supported facilities. Basing on this information, STAR-EC submitted a request for cotrimoxazole and 34 health facilities were supplied with 883 tins of cotrimoxazole (960mg).

Challenge

- It is problematic to capture and report STAR-EC specific ARVs consumption data which is separate from the one provided by MoH within the same facilities and this sometimes leads to double counting

Way forward

- STAR-EC shall continue to maintain one supply chain system (which is the national one). In the meantime, the program will explore ways of how to capture and report STAR-EC specific consumption data by teasing it out of generic reports or estimating it by using the reported number of new clients initiated on ART.
- STAR-EC plans to hire a Medical Logistics Specialist (Pharmacist) to work with SCMS, SURE and health units to improve the drugs management system.

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



CSA Home visit in Bugiri

During this period, STAR-EC inducted 6 new NACWOLA district project coordinators for Kaliro, Mayuge, Namutumba, Bugiri, Kamuli and Iganga in the areas of M&E with emphasis on the new generation indicators, reporting, financial management, and integration of water, sanitation and hygiene activities. NACWOLA trained 105 community support agents (CSAs) in the two districts of Namutumba and Mayuge. CSAs were trained on basic information on HIV and AIDS and TB, reporting referral forms and registers, organizational dynamics, water, sanitation and hygiene. Trained CSAs are responsible for: mobilizing communities to access HIV and TB services; door to door sensitization; home visits; and distribution of home based care kits. In addition, they will coordinate activities of psychosocial support groups' referrals—both within the communities and at health facilities.

In total, at least 305 NACWOLA CSAs carried out referrals and networking activities in the region. A total of 10,925 PLHIV (3,966 males and 6,959 females) were referred for services including ART access, adherence, and counseling, HTC, PMTCT, TB screening and treatment, treatment for opportunistic infections, legal support, food security and nutrition. Through community support agents trained by NACWOLA, 5,680 home visits were made to follow up PLHIV referred for services.

In a bid to increase access to wrap around services, STAR-EC supported NACWOLA to create viable referrals and linkages with other organizations towards the provision of wrap around services. Some of these organizations included WAACHA (Water Hygiene, Sanitation and HIV&AIDS) in Iganga Town Council, Nakalama, and Bupara. WAACHA also provided NACWOLA with seeds for demonstration on backyard vegetable farming of cabbage and 'nakati'- a local vegetable. Muslim Community Development Network (MCDN) located in Kasokoso will assist NACWOLA OVC in scholastic materials and tuition fees once their project is renewed. IDAAC has offered septrin, home based care kits, and psychosocial support to PLHIV households. URMDA (Uganda Rural Moslem Development Association) offered home based care and sustainable livelihoods to households of PLHIV. Finally,

HUKESEHO, a local organization in Bugiri, has offered treatment of STIs in their private health facilities.

Challenges

- Lack of sustainable sources of funding for the decentralized HIV coordination structures. STAR-EC has trained the district HIV coordination structures in resource mobilization and management. This will help them explore alternative sources of funding.
- The district health facilities continue to experience drug stock-outs, putting the lives of PLHIV at risk and frustrating most of the clients referred for services. Drug adherence is therefore challenged when clients are delayed in accessing treatment.
- Negative attitude and stigma about people seeking care from HIV health facilities and communities continues to hinder PLHIV from accessing services. The involvement of PLHIV trained as community support agents will help to reduce stigma through continuous sensitization.
- Limited capacity and resources of CSOs to take on new and unbudgeted clients for wrap around service support limits clients' access to those services.

Lessons learned

- The use of CSAs is an effective way to boost demand creation for HIV and TB services.
- Referrals for other wrap around services are enhanced when beneficiaries/clients are built into CSO budget and work plans/targets right from the beginning of their grant period.

Way forward

- Uganda AIDS commission should lobby to have HIV coordination structures supported by the Central Government for sustainability.
- There is need to equip the CSAs with more technical and facilitation skills to increase their effectiveness and ability to mobilize communities.
- PLHIV networks will be facilitated to do monitoring and advocacy in order to increase demand and access to HIV and TB services.
- Continued sensitization of health workers and other community members to reduce stigma and discrimination.
- Wrap around service support should be integrated into activity plans of PLHIV networks, which have the capability and training to implement these services if adequate support supervision is to be provided.
- STAR-EC will carry out mapping of service providers in the East Central region in order to develop referral directories that will help community members navigate the continuum of services provided by various service providers in their locality.

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

During the Quarter, Youth Alive Uganda was supported to conduct seven Behaviour Change Programs (BCPs) for out of school youths in Iganga, Kaliro, Kamuli and Namutumba districts. Six hundred seventy four youth (278 females and 396 males) were reached with abstinence, fidelity and life skills development messages to help them make informed decisions in their life.

Table 14: BCPs conducted and attendance of sessions during January – March 2010

Venue	Parish	Sub county	District	Female	Male	Total
Nawanningi Community church	Nawanningi	Nawanningi	Iganga	27	45	72
Budini Nyanza CoU	Budini	Kaliro TC	Kaliro	43	55	98
Kasozi LC1	Namawa	Nawaikoke	Kaliro	40	55	95

Venue	Parish	Sub county	District	Female	Male	Total
Nawanyago P/S	Nawanyago	Nawanyago	Kamuli	31	44	75
Irundu Catholic Church	Irundu	Kagulu	Kamuli	65	52	117
Buwalira P/S	Kisowozi	Ivukula	Namutumba	28	94	122
Nawansagwa	Nawansagwa	Namutumba	Namutumba	44	51	95
Total				278	396	674

Source: STAR-EC program records

Participants committed themselves to vital human and spiritual values such as patience, abstinence and fidelity by signing commitment cards. A total of seven youth clubs were formed during the Quarter in Iganga, Kaliro, Kamuli and Namutumba districts by Youth Alive. Uganda Reproductive Health Bureau (URHB) also formed a youth group in Bugiri with a total of 30 members. These clubs help trained young people to keep together, share experiences and learn from each other.

Over this reporting period, a total of 12,493 individuals (6,243 females and 6,250 males) were reached with HIV&AIDS and TB messages through community drama performances conducted in Iganga, Kaliro, Kamuli and Namutumba districts (see Appendix 2).

In addition to the drama shows conducted by Youth Alive, Namutumba District with support from STAR-EC, conducted community drama performances in Segero (Nsinze sub -county), Buwambi and Kigalama (Namutumba Town Council). A total of 380 community members (208 females and 172 males) were reached with HIV&AIDS and TB messages. During drama intervals, community members were divided into small groups to discuss what they had learned from the drama and they were given chance to ask questions. During the discussions counselors/facilitators counseled community members about their respective health problems such as sexually transmitted infections (STIs), HIV counseling and testing, disclosure of HIV test results and referred those who needed services to nearby health centers.

During the reporting period, STAR-EC produced 3,000 wall and 250 desktop calendars with illustrations of STAR-EC supported activities. The wall calendars were distributed to all health facilities, community volunteers and partner CSOs in the six STAR-EC supported districts. The desktop calendars were distributed to STAR-EC staff, partner organizations and district officials. STAR-EC also disseminated the reprinted TB/HIV flipcharts (100 grain sack and 200 A4) and 2,000 Luganda TB/HIV posters.

Table 15: Other IEC materials reprinted or received and disseminated from other partner organizations

Qty	Material and Topic	Knowledge/Behaviour outcome	Source/Organization
500	Cross Generation Sex Luganda Posters	Reduction of something for something love	Reprinted from Young Empowered and Healthy (YEAH)
500	Transaction Sex English Poster	Discouragement of transaction sex	Reprinted from the Ministry of Health
550	Health Care Waste Management English posters	Segregation of health care waste	AIDSTAR One
1,000	MMC Brochures (200 English, 800 Luganda)	Dispelling myths and misconceptions about MMC	Health Communication Partnership
1,200	Couple HTC Luganda Leaflets	Faithfulness among couples Couples learning about their HIV status together	HCP

Source: STAR-EC program records

STAR-EC also reproduced 7,600 Luganda comic books from the Young Empowered and Healthy program (Y.E.A.H) encouraging young people to test for HIV. A total of 40 TB road signposts were received from National TB and Leprosy program – Ministry of Health directing community members where to get TB screening and treatment services. Twenty medical male circumcision (MMC) flipcharts and 50 health worker booklets were received from HCP. These materials will be disseminated in the next quarter.



Some of the IEC Materials received/reproduced during the Quarter



Namwiwa Drama group presenting a dance during the World TB Day celebrations in Kaliro District

STAR-EC adapted referral forms and registers from HIV&AIDS Alliance to be used by community volunteers. One hundred copies of referral registers and 1,200 referral form booklets have been reprinted and the dissemination of these tools is still ongoing.

As already mentioned under the TB section of this report, Kaliro District was supported to commemorate the World TB Day on 31st March 2010. Two banners with the theme of the day: “On the Move Against TB – Innovate to Accelerate Action” were produced. One was placed in the trading center and the other at the venue for the launch and mobilization purposes. With multipronged mobilization strategies over 1,500 individuals attended. Health workers were facilitated to conduct TB and HIV&AIDS health education, collect sputum samples from suspected TB cases and conduct HTC. 16 samples were collected and screened (none was found positive) and 200 individuals were tested for HIV (111 males and 89 females). Out of the total number of people tested one male and one female were found HIV positive and appropriate referrals done.



ART clients being attended to at Busesa HCIV in Iganga District

As a result of multi-pronged mobilization activities involving interpersonal communication by peer educators, model couples, community drama performances and print materials, involvement of community leaders and training of more health workers- more community members are seeking services from health facilities in the 6 districts.



Namwiwa Drama group presenting a dance during the World TB Day celebrations in Kaliro District

STAR-EC staff visited Lake Victoria Fisheries Organization to explore opportunities for collaboration. The organization provided STAR-EC with strategies and sample materials (leaflets and posters) developed for fisher-folk. These materials will be reproduced during Quarter 3.

STAR-EC attended district and CSO led activities so as to provide technical assistance and support. Community drama performances were attended and CSOs were advised to couple drama

performances with services. CSOs were also advised to involve district health offices in their community activities. In Namutumba District HTC services were provided during a BCP.

Over this quarter, STAR-EC participated in the Ministry of Health Information, Education and Communication (IEC)/ Behaviour Change Communication (BCC) meeting to review existing strategies employed in the dissemination of HIV&AIDS messages (as part of the HIV prevention, care and psychosocial programs). The objectives of the meeting were to:

- Share current STD/ACP priorities for IEC/BCC interventions
- Develop strategic mechanisms for regular interaction of IEC/BCC partners
- Enhance collaboration among IEC/BCC partners
- Agree on common communication to address issues in respective program areas
- After the meeting, partners agreed to meet regularly to share strategies, experiences and IEC materials.

Lesson Learned

- Collaboration with partners avoids duplication of services. As an example, many of the needed IEC materials are already produced by other partner organizations. STAR-EC may only need to reproduce them.

Challenge

- Some health facility walls are overcrowded with outdated communication materials that include posters. Removing them from the wall requires talking to health unit in-charges who are at times reluctant to do so until they are instructed by their superiors
- Male involvement is still a challenge. Ladies fear to disclose their HIV status to their husbands as it may result into domestic violence
- There is a language and reading barrier in some communities of the East Central region. Some community members prefer Lusoga materials and others say Lusoga is hard to read. This is very common in places that have different dialects like Lulamogi and Lusiki so they prefer reading Luganda materials

Way Forward

- Attempts will be made to talk to supervisors of health unit in-charges whose facilities have outdated IEC materials crowded onto health facility walls
- Some materials will be translated into Luganda while others that include posters and T-shirt messages will be translated into Lusoga
- An interactive radio program will be started during the 3rd Quarter to clear messages and reinforce messages on IEC materials
- Trained VHT members will also be encouraged to reinforce IEC materials with word of mouth through interpersonal communication

3.0 Strategic Information

Similar to progress garnered in previous quarters, this reporting period has witnessed various achievements – some of which were just follow up activities to those already initiated since the inception of the program. Below are highlights on some of this quarter’s achievements:

- Akin to activities performed in previous quarters, the STAR-EC Strategic Information team was able to provide both the LG and CSO officials with continuous technical assistance and support towards data quality improvement. A special focus was given to HMIS strengthening on a monthly basis. STAR-EC has worked together with all the district focal point HMIS personnel in the six districts on improving the quality of HMIS information that is collected at over 60 STAR-EC supported service outlets and the entire district at large.
- STAR-EC partnered with the MSH/STAR-E LQAS project on facilitating the Service Performance Assessment and Improvement (SPA) workshop where action plans were developed in relation to the baseline LQAS and HMIS result findings for the districts of Mayuge and Bugiri. In attendance were the District Health Officers for both district teams including a total of about 8 other District Health Team members from each district. Both districts’ Chief Administrative Officers also attended the opening and closing ceremonies where they were briefed on the objectives of the workshop. Therefore in total 20 participants from both districts attended this action oriented workshop.



A Bugiri District Health team in a plenary session during the SPA workshop in Jinja

- During this quarter, the Strategic Information (SI) team members attended a training organized by the Uganda Monitoring and Evaluation and Management Systems (UMEMS) on how to improve Performance Monitoring Plans (PMPs). Other trainings received include that on developing Performance Indicator Reference Sheets (PIRS) as well as the Annual Monitoring Plan. All these three documents were duly finalized and sent to USAID for approval. In earlier quarters, STAR-EC had managed to update its Performance Monitoring Plan (PMP) in line with the new generation PEPFAR indicators. This PMP includes the Uganda AIDS Commission National Strategic Plan 2007/08-2011/12 indicators as well as the STAR-EC program level indicators. Additionally, STAR-EC and the STAR-E program managed to borrow and share ideas on improving each other’s PMPs. In the process, both program’s PMPs were harmonized and a final STAR-EC PMP was submitted to USAID during that time.
- Developed a comprehensive electronic indicator data base that will eventually be web enabled. This database is currently helping the program to track all program level indicators and collates all data received from different STAR-EC grantees. Eventually, some grantees will be able to report to STAR-EC using this database through the web.
- The Directorate has regularly uploaded resource materials on the STAR-EC website. These have included different STAR-EC reports on the past Quarterly and annual reporting periods as well as other activities that have already been executed. The STAR-EC resource centre is now fully stocked with resource materials that have been helpful to STAR-EC staff in increasing on their knowledge to the continuous technical assistance provided to LG and CSO staff.

4.0 Grants and Sub awards

STAR-EC’s four prequalified grantees including FLEP, NACWOLA, URHB and Youth Alive Uganda continued to play a critical role in the implementation of program activities during the 2nd Quarter of PY2. Each organization operated in various districts, providing varied services as summarized in Table 16.

each grantee was continuously monitored in order to ensure that program activities were conducted in line with programmatic expectations. The grants team visited all the grantees to provide ongoing financial management support.

Request for grant applications

CSOs play a key role in extending services for prevention, care, and treatment of HIV&AIDS and TB within STAR-EC's core program areas. In relation to STAR-EC's work plan, a Request for Applications (RFA) was issued to help identify partner CSOs that would help augment its pre-approved grantees in the expansion of program services within underserved areas. The RFA process therefore began with a service gap analysis.

Although the pre-qualified CSOs operate in all the six program districts, they are not fully present in all the sub-counties. There is partial service delivery in most districts while some sub counties within districts do not have access to any interventions at all. Again, not all parishes within sub counties where the CSOs are currently operational do have interventions. Therefore, there is still a big gap in access to services and coverage of the program area. Table 18 is a summary table of current coverage of pre-qualified CSOs in the various districts.

Table 18: Current districts coverage by pre – qualified CSOs

	District	Total sub counties in districts	Sub counties without any intervention	Sub counties partially covered	Sub counties with all parishes accessing interventions
1	Bugiri	17		17	0
2	Iganga	20		20	0
3	Kaliro	6		6	0
4	Kamuli	19		19	0
5	Mayuge	7	6	1	0
6	Namutumba	6		6	0
	Total	75	6	69	0

Source: STAR-EC program records

The information in Table 18 together with other factors including MARPs presence in the districts was used to determine required interventions and resource allocation. This was followed by RFA development, pre – submission briefs, screening and evaluation of applications, pre award assessment and recommendation for award.

In an attempt to ensure that all potential grantees are aware of the opportunity to apply and that there is open competition, the RFA was advertised in the New Vision Newspaper and at all the STAR-EC six districts local government notice boards. The advertisement informed potential applicants on purpose of the RFA, how to apply, eligibility, the selection criteria, deadline, contact and other support information.

Following the public advertisement of this RFA, pre-RFA submission meetings were held in each district to explain the contents of the RFA and respond to issues raised by potential applicants. A total of 57 applications were received. The applications were screened for administrative and technical compliance and those meeting the eligibility criteria went through detailed evaluation.

The administrative screening process checked whether applicants were indigenous organizations, registered at national or district level, recommended by each respective district chief administrators' office, and had audited financial statements or reference from their most recent donors. Applicants planning to work in partnership with

Appendices

APPENDIX: 1

List of health facilities supported by STAR-EC to access CD4 cell count tests during the 2nd Quarter

No.	Health facility	Jan-10		Feb-10	
		No. of CD4 tests done	No. Of CBC tests done	No. of CD4 tests done	No. Of CBC tests done
1	Bugiri Hospital	0	0	11	0
2	Bugono HCIV	39	0	14	0
3	Bumanya HCIV	26	0	28	0
4	Busesa HCIV	34	0	22	0
5	Buyinja HCIV	34	0	38	2
6	Iganga Hospital	45	1	88	0
7	Ivukula HCIII	20	0	17	0
8	Kamuli district hosp	82	1	37	0
9	Kamuli mission hosp	34	0	39	0
10	Kidera HCIV	53	0	8	0
11	Kigandalo HCIV	54	0	17	2
12	Kityerera HCIII	21	0	23	1
13	Kiyunga HCIV	28	0	30	0
14	Malongo HCIII	17	0	27	0
15	Mayuge HCIII	17	0	4	0
16	Namungalwe HCIII	29	1	22	0
17	Namutumba HCIII	60	3	31	2
18	Namwendwa HCIV	13	0	48	0
19	Namwiwa HCIII	7	0	14	0
20	Nankandulo HCIV	11	0	10	0
21	Nankoma HCIV	13	0	41	0
22	Nawaikeke HCIII	16	0	9	0
23	Nsinze HCIV	22	1	9	0
24	Wabulungu HCIII	24	0	24	0
	TOTAL	699	7	611	7

Appendix 2: Community drama shows conducted by Youth Alive and attendance during the Quarter

Venue	Parish	Sub County	District	Female	Male	Total
Nambote	Bubago	Nsinze	Namutumba	89	84	173
Buyanga	Nawikona	Nsinze	Namutumba	137	125	262
Namuwondo	Nawampandu	Namutumba TC	Namutumba	111	108	219
Butagoli	Buwaga	Bulange	Namutumba	123	108	231
Buwanga	Kisiro	Bulange	Namutumba	81	105	186
Kazinga	Mpumiro	Bulange	Namutumba	108	81	189
Kayiti	Izirangobi	Magada	Namutumba	78	82	160
Busalifu	Bukonte	Nsinze	Namutumba	69	139	208
Budunda	Mpumiro	Bulange	Namutumba	103	88	191
Nakasi	Namutumba	Namutumba	Namutumba	123	86	209
Kivule P/S	Nawaikona	Nsinze	Namutumba	99	87	186
Kisowozi P/S	Kisowozi	Ivukula	Namutumba	104	83	187
Nambote	Bubago	Nsinze	Namutumba	54	69	123
Kiwolomero	Kisiro	Bulange	Namutumba	75	64	139
Nakazinga	Bugobi	Bulange	Namutumba	97	89	186
Namakakale	Magada	Magada	Iganga	97	117	214
Nsinze P/S	Nsinze	Namungalwe	Iganga	152	106	258
Kazigo B TC	Naibiri	Nambale	Iganga	132	114	246
Busei	Busei	Nakalama	Iganga	99	87	186
Malobi	Namusisi	Nawandala	Iganga	99	79	178
Buyebe	Nsale	Ibulanku	Iganga	101	81	182
Nabitovu	Mwira	Nambale	Iganga	80	99	179
Mawagala	Nawankoge	Bulamagi	Iganga	88	92	180
Kyanvuma	Irongo	Irongo	Iganga	152	113	265
Namadudu TC	Magada	Bulamagi	Iganga	91	101	192
Bulagazi	Magada	Magada	Iganga	63	83	146
Izirangobi	Izirangobi	Magada	Iganga	73	65	138
Buwolomero	Buwolomero	Bulamagi	Iganga	86	101	187
Kasokoso C	Kasokoso	Iganga TC	Iganga	110	113	223
Katenga	Kibigo	Irongo	Iganga	90	80	170

Venue	Parish	Sub County	District	Female	Male	Total
Kinantama	Kasokwe	Namugongo	Kaliro	107	113	220
Nsamula P/S	Nsamula	Nawaikoke	Kaliro	117	163	280
Butega	Butega	Namugongo	Kaliro	138	135	273
Kiganda	Namwiwa	Namwiwa	Kaliro	90	85	175
Kalalu P/S	Kasuleta	Bumanya	Kaliro	99	121	220
Makaiza	Buyinda	Namawa	Kaliro	77	116	193
Kabiri	Kasuluta	Bumanya	Kaliro	125	84	209
Igube	Bulumba	Bumanya	Kaliro	104	88	192
Valley Hill	Kalitusi	Kaliro TC	Kaliro	64	78	142
Bugalandi	Bukumankola Parish	Kaliro TC	Kaliro	67	122	189
Nabiga	Buyinda	Namwiwa	Kaliro	90	109	199
Igoola Landing Site	Maango	Bugaya	Kamuli	141	132	273
Gwasa Tc	Gwasa	Bugaya	Kamuli	114	131	245
Mpakitoni P/S	Mpakitoni	Bulopa	Kamuli	73	103	176
Kasaka P/S	Kasaka	Bulopa	Kamuli	107	96	203
Nakabira TC	Nakabira	Buyende	Kamuli	115	94	209
Bupyoko TC	Irundu	Kagulu	Kamuli	102	81	183
Bulopa TC	Bulopa	Bulopa	Kamuli	91	98	189
Bugaya TC	Bugaya	Bugaya	Kamuli	97	97	194
Buzibirira	Buwanume	Nabwigulu	Kamuli	98	86	184
Bugulumaire	Bugonza	Buwongo	Kamuli	90	116	206
Wataka	Gadumire	Gadumire	Kamuli	100	98	198
Budehe	Bulumba	Bumanya	Kamuli	97	102	199
Bulyankoko	Nabikoli	Namugongo	Kamuli	106	115	221
Namunkanga	Bukonde	Namwiwa	Kamuli	99	87	186
Wakukuta	Butege	Namugongo	Kamuli	69	139	208
Nyoro	Panyoro	Gadumire	Kamuli	96	81	177
Busale	Namalemba	Bulogo	Kamuli	104	91	195
Ntayigirwa	Ntaiyigirwa	Ikumbya	Kamuli	97	97	194
Namakakale TC	Bukoyo	Bulamagi	Kamuli	86	89	175

Venue	Parish	Sub County	District	Female	Male	Total
Namatovu	Nawanyago	Nawanyago	Kamuli	114	79	193
Makanga TC	Buyende	Buyende	Kamuli	95	112	207
Butende TC	Namisambya	Kitayundwa	Kamuli	110	83	193
Totals				6,243	6,250	12,493

Source: STAR-EC database

Appendix 3: Individual served on Sexual Behavioral Prevention during the second Quarter

MARPS JAN-MAR10								
	CSW	Truckers	Fisher Folks	Incarcerated Populations	Uniformed Service Groups	Street Kids	TOTAL	OTHERS
BUGIRI	514	139	802	0	0	0	1455	1650
BUDHAYA	24	0	51	0	0	0	75	86
BUKATU	23	0	43	0	0	0	66	58
MAYUGE	1	0	8	0	0	0	9	28
BUGIRI TC	11	13	0	0	0	0	24	15
NDIFAKULYA	11	13	0	0	0	0	24	15
BULESA	0	0	0	0	0	0	0	42
BUWUNI	0	0	0	0	0	0	0	42
BULIDHA	141	38	258	0	0	0	437	349
WAKAWA	141	38	258	0	0	0	437	349
BUWUNGA	10	10	0	0	0	0	20	112
BUSOWA	10	10	0	0	0	0	20	112
MUTERERE	149	0	0	0	0	0	149	168
MUTERERE MAIN	72	0	0	0	0	0	72	72
MUTERERE TB	77	0	0	0	0	0	77	77
MUTERERE TC	0	0	0	0	0	0	0	19
MUTUMBA	8	11	20	0	0	0	39	53
BUCHIMO	8	11	20	0	0	0	39	53
NANKOMA	67	0	0	0	0	0	67	195
NANKOMA TB	67	0	0	0	0	0	67	195
SIGULU	104	67	473	0	0	0	644	630
LORWE EAST	23	0	114	0	0	0	137	1
LORWE WEST	81	67	359	0	0	0	507	629
KALIRO	34	0	45	0	0	0	79	45
GADUMIRE	0	0	45	0	0	0	45	9

MARPS JAN-MAR10								
	CSW	Truckers	Fisher Folks	Incarcerated Populations	Uniformed Service Groups	Street Kids	TOTAL	OTHERS
GADUMIRE	0	0	45	0	0	0	45	9
KALIRO TC	34	0	0	0	0	0	34	36
KALIRO TC	34	0	0	0	0	0	34	36
KAMULI	0	0	25	0	0	61	86	0
BALAWOLI	0	0	25	0	0	61	86	0
KAGUMBA	0	0	0	0	0	0	0	0
NABULENZI	0	0	25	0	0	61	86	0
MAYUGE	0	0	999	0	0	0	999	38
KIGANDALO	0	0	75	0	0	0	75	13
BUGOTO	0	0	0	0	0	0	0	13
BUKABOLI	0	0	50	0	0	0	50	0
BUYUGU	0	0	25	0	0	0	25	0
KITYERERA	0	0	43	0	0	0	43	0
BUBINGE	0	0	43	0	0	0	43	0
MALONGO	0	0	881	0	0	0	881	25
BUKIZIBU	0	0	60	0	0	0	60	0
BWONDHA	0	0	214	0	0	0	214	12
JAGUZI	0	0	46	0	0	0	46	0
MALONGO	0	0	441	0	0	0	441	13
NAMONI	0	0	120	0	0	0	120	0
NAMUTUMBA	99	48	63	0	0	0	210	398
IVUKULA	1	10	63	0	0	0	74	128
IVUKULA	0	0	11	0	0	0	11	47
KISOWEZI	1	5	17	0	0	0	23	19
NAMWENDA	0	5	35	0	0	0	40	62
MAGADA	63	14	0	0	0	0	77	115
MAGADA	63	14	0	0	0	0	77	115
NAMUTUMBA	35	24	0	0	0	0	59	155
NAMUTUMBA TC	35	24	0	0	0	0	59	155
Grand Total	647	187	1934	0	0	61	2829	2131

MARPS JAN-MAR10								
	CSW	Truckers	Fisher Folks	Incarcerated Populations	Uniformed Service Groups	Street Kids	TOTAL	OTHERS
FLEP	0	0	1024	0	0	61	1085	38
KAMULI	0	0	25	0	0	61	86	0
MAYUGE	0	0	999	0	0	0	999	38
URHB	647	187	910	0	0	0	1744	2093
BUGIRI	514	139	802	0	0	0	1455	1650
KALIRO	34	0	45	0	0	0	79	45
NAMUTUMBA	99	48	63	0	0	0	210	398
Grand Total	647	187	1934	0	0	61	2829	2131

AB JAN-MAR10													
	MALE				TOTAL	FEMALE				AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+	10-14 YRS		15-24 YRS	25YRS+	TOTAL	10-14 YRS	15-24 YRS	25YRS+		
BUGIRI	73	2089	3574	5736	154	1698	3184	5036	227	3787	6758	10772	
BUDHAYA	17	737	1027	1781	39	121	834	994	56	858	1861	2775	
BUDHAYA	0	80	97	177	2	42	80	124	2	122	177	301	
BUKATU	0	36	60	96	0	10	36	46	0	46	96	142	
BUWOLYA	3	15	61	79	4	28	54	86	7	43	115	165	
MAYUGE	14	606	809	1429	33	41	664	738	47	647	1473	2167	
BUGIRI TC	1	180	186	367	0	157	135	292	1	337	321	659	
BUSANZI	0	7	17	24	0	12	12	24	0	19	29	48	
NALUWERERE	1	126	101	228	0	100	77	177	1	226	178	405	
NDIFAKULYA	0	47	68	115	0	45	46	91	0	92	114	206	
BULIDHA	8	166	286	460	7	149	216	372	15	315	502	832	
BULIDHA	5	80	93	178	2	59	65	126	7	139	158	304	
MAKOMA	0	1	78	79	0	11	69	80	0	12	147	159	
NABIGINGO	3	67	73	143	5	51	46	102	8	118	119	245	

AB JAN-MAR10												
	MALE				FEMALE				AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+	TOTAL	10-14 YRS	15-24 YRS	25YRS+	TOTAL	10-14 YRS	15-24 YRS	25YRS+	
WAKAWAKA	0	18	42	60	0	28	36	64	0	46	78	124
BUWUNGA	10	298	921	1229	38	401	921	1360	48	699	1842	2589
BUBUGO	0	3	63	66	0	17	69	86	0	20	132	152
BUPALA	6	32	78	116	29	32	77	138	35	64	155	254
BUSOGA	1	41	64	106	1	63	28	92	2	104	92	198
BUSOWA TB	0	16	184	200	1	71	214	286	1	87	398	486
BUWUNGA	0	43	81	124	1	26	56	83	1	69	137	207
KAVULE	0	5	55	60	0	17	66	83	0	22	121	143
LUWOKO	1	52	108	161	2	74	103	179	3	126	211	340
MAGoola	1	9	79	89	0	16	69	85	1	25	148	174
MAWANGA	1	36	49	86	3	18	49	70	4	54	98	156
NAMBALE	0	33	43	76	0	17	45	62	0	50	88	138
NAWANDUKI	0	28	117	145	1	50	145	196	1	78	262	341
MUTERERE	0	82	65	147	5	90	46	141	5	172	111	288
BULULU	0	10	27	37	0	28	22	50	0	38	49	87
KAYONGERA	0	15	16	31	0	13	10	23	0	28	26	54
KITUMBA	0	10	13	23	2	6	4	12	2	16	17	35
MUTERERE TB	0	47	9	56	3	43	10	56	3	90	19	112
MUTUMBA	8	69	20	97	8	54	19	81	16	123	39	178
BUCHIMO	0	4	2	6	0	8	8	16	0	12	10	22
LUBANGO	3	28	11	42	5	32	5	42	8	60	16	84
MUTUMBA	2	31	5	38	3	7	4	14	5	38	9	52
MWEMA	3	6	2	11	0	7	2	9	3	13	4	20
NANKOMA	6	142	252	400	13	294	237	544	19	436	489	944

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
ISEGERO	0	34	76	110	0	52	63	115	0	86	139	225		
MASITA	0	18	14	32	2	146	39	187	2	164	53	219		
MATOVU	1	27	62	90	4	23	55	82	5	50	117	172		
NANKOMA	3	47	65	115	6	48	51	105	9	95	116	220		
NSONO	2	16	35	53	1	25	29	55	3	41	64	108		
SIGULU	23	415	817	1255	44	432	776	1252	67	847	1593	2507		
LORWE EAST	22	410	802	1234	44	422	762	1228	66	832	1564	2462		
LORWE WEST	1	5	15	21	0	10	14	24	1	15	29	45		
IGANGA	463	861	603	1927	485	825	665	1975	948	1686	1268	3902		
BAITAMBOGWE	44	55	18	117	21	57	19	97	65	112	37	214		
MAGADA	44	55	18	117	21	57	19	97	65	112	37	214		
BULAMAGI	103	292	222	617	136	241	185	562	239	533	407	1179		
BUKOYO	14	85	71	170	23	78	66	167	37	163	137	337		
BULAMAGI	50	102	98	250	60	81	67	208	110	183	165	458		
BWANALIRA	0	62	34	96	0	59	37	96	0	121	71	192		
MAGADA	39	43	19	101	53	23	15	91	92	66	34	192		
BULONGO	15	69	7	91	30	53	21	104	45	122	28	195		
NAMALEMBA	15	69	7	91	30	53	21	104	45	122	28	195		
IBULANKU	22	37	22	81	28	39	34	101	50	76	56	182		
NSAALE	22	37	22	81	28	39	34	101	50	76	56	182		
IGANGA T. C	25	69	66	160	17	75	52	144	42	144	118	304		
IGAMBA	1	13	4	18	2	9	2	13	3	22	6	31		
KASO KOSO	24	56	62	142	15	66	50	131	39	122	112	273		
IKUMBYA	36	39	22	97	20	46	31	97	56	85	53	194		

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
NTAYIGIRWA	36	39	22	97	20	46	31	97	56	85	53	194		
IRONGO	56	79	58	193	72	81	89	242	128	160	147	435		
IRONGO	37	52	24	113	44	46	62	152	81	98	86	265		
KIBINGA	19	27	34	80	28	35	27	90	47	62	61	170		
MAKUUTU	0	0	0	0	0	0	0	0	0	0	0	0		
BUWONGO	0	0	0	0	0	0	0	0	0	0	0	0		
NAKALAMA	11	56	20	87	43	32	24	99	54	88	44	186		
BUSEYI	11	56	20	87	43	32	24	99	54	88	44	186		
NAMBALE	75	72	66	213	41	90	81	212	116	162	147	425		
MUIRA	25	39	35	99	21	38	21	80	46	77	56	179		
NAIBIRI	50	33	31	114	20	52	60	132	70	85	91	246		
NAMUNGALWE	42	55	50	147	52	60	79	191	94	115	129	338		
BUWONGO	1	20	20	41	0	27	12	39	1	47	32	80		
NISNZE A	41	35	30	106	52	33	67	152	93	68	97	258		
NAWANDALA	34	24	21	79	25	34	40	99	59	58	61	178		
NAMUSISI	34	24	21	79	25	34	40	99	59	58	61	178		
NAWANINGI	0	14	31	45	0	17	10	27	0	31	41	72		
NAWANINGI	0	14	31	45	0	17	10	27	0	31	41	72		
KALIRO	574	876	657	2107	529	813	550	1892	1103	1689	1207	3999		
BUMANYA	104	126	193	423	103	197	180	480	207	323	373	903		
BULUMBA	55	63	72	190	59	97	45	201	114	160	117	391		
KASULETA	49	61	95	205	42	83	99	224	91	144	194	429		
KYANI	0	2	26	28	2	17	36	55	2	19	62	83		
GADUMIRE	53	81	62	196	64	85	66	215	117	166	128	411		

AB JAN-MAR10												
	MALE				FEMALE				AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+	TOTAL	10-14 YRS	15-24 YRS	25YRS+	TOTAL	10-14 YRS	15-24 YRS	25YRS+	
BUPYANA	5	4	8	17	5	11	3	19	10	15	11	36
GADUMIRE	27	48	23	98	34	27	39	100	61	75	62	198
PANYOLO	21	29	31	81	25	47	24	96	46	76	55	177
KALIRO T.C	61	136	58	255	44	83	47	174	105	219	105	429
BUDINI	10	38	7	55	17	22	4	43	27	60	11	98
BUKUMANKOOLA	36	49	37	122	17	28	22	67	53	77	59	189
KALITUSI	15	49	14	78	10	33	21	64	25	82	35	142
NAMUGONGO	207	236	175	618	182	231	97	510	389	467	272	1128
BUGONZA	37	34	45	116	38	32	20	90	75	66	65	206
BUTEGE	77	129	68	274	66	103	38	207	143	232	106	481
KASOKWE	36	37	40	113	37	48	22	107	73	85	62	220
NABIKOLI	57	36	22	115	41	48	17	106	98	84	39	221
NAMWIWA	112	164	121	397	109	122	125	356	221	286	246	753
BUKONDE	11	56	20	87	43	32	24	99	54	88	44	186
BUYINDA	84	83	58	225	46	49	72	167	130	132	130	392
NAMWIWA	17	25	43	85	20	41	29	90	37	66	72	175
NAWAIKOKE	37	133	48	218	27	95	35	157	64	228	83	375
NAMAWA	0	23	32	55	2	20	18	40	2	43	50	95
NSAMULE	37	110	16	163	25	75	17	117	62	185	33	280
KAMULI	464	586	314	1364	422	677	324	1423	886	1263	638	2787
BUGAYA	116	136	108	360	101	158	93	352	217	294	201	712
BUGAYA	36	39	22	97	20	46	31	97	56	85	53	194
GWASE	49	44	38	131	32	57	25	114	81	101	63	245
MAANGO	31	53	48	132	49	55	37	141	80	108	85	273

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
BULOPA	116	123	58	297	91	138	42	271	207	261	100	568		
BULOPA	44	34	20	98	37	48	6	91	81	82	26	189		
KASAKA	36	38	22	96	31	53	23	107	67	91	45	203		
MPAKITONI	36	51	16	103	23	37	13	73	59	88	29	176		
BUTANSI	12	5	7	24	3	17	6	26	15	22	13	50		
BUTANSI	12	5	7	24	3	17	6	26	15	22	13	50		
BUYENDE	67	102	37	206	75	73	62	210	142	175	99	416		
BUYENDE	33	55	24	112	36	31	28	95	69	86	52	207		
NAKABIRA	34	47	13	94	39	42	34	115	73	89	47	209		
KAGULU	37	71	25	133	24	107	36	167	61	178	61	300		
IRUNDU	37	71	25	133	24	107	36	167	61	178	61	300		
KAMULI T.C	8	4	6	18	12	8	0	20	20	12	6	38		
KASOIGO	8	4	6	18	12	8	0	20	20	12	6	38		
KITAYUNJWA	45	24	14	83	33	55	22	110	78	79	36	193		
NAMISAMBYA	45	24	14	83	33	55	22	110	78	79	36	193		
NABWIGULU	18	45	23	86	26	39	33	98	44	84	56	184		
BUWANUME	18	45	23	86	26	39	33	98	44	84	56	184		
NAWANYAGO	45	76	36	157	57	82	30	169	102	158	66	326		
NAWANTUMBI	21	9	4	34	6	14	4	24	27	23	8	58		
NAWANYAGO	24	67	32	123	51	68	26	145	75	135	58	268		
MAYUGE	919	1254	1757	3930	814	1348	1692	3854	1733	2602	3449	7784		
KIGANDALO	174	280	539	993	149	238	519	906	323	518	1058	1899		
BUGONDO	7	21	49	77	7	14	37	58	14	35	86	135		
BUGOTO	0	0	22	22	0	0	28	28	0	0	50	50		

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
BUGUMIA	4	21	95	120	6	7	95	108	10	28	190	228		
BUKABOLI	32	97	72	201	42	127	73	242	74	224	145	443		
BUYUGU	53	32	37	122	53	17	33	103	106	49	70	225		
KIGANDALO	0	3	121	124	0	4	121	125	0	7	242	249		
KIGULU	21	18	13	52	16	12	12	40	37	30	25	92		
KIOGA (MAYENGO)	23	42	79	144	5	28	61	94	28	70	140	238		
MALEKA	25	12	0	37	15	14	0	29	40	26	0	66		
MATOVU	0	5	51	56	0	8	59	67	0	13	110	123		
MAYIRINYA	9	29	0	38	5	7	0	12	14	36	0	50		
KITYERERA	432	558	863	1853	309	659	874	1842	741	1217	1737	3695		
BUBAALI	9	15	44	68	5	9	23	37	14	24	67	105		
BUBINGE	29	2	64	95	19	0	13	32	48	2	77	127		
BUKALENZI	27	37	48	112	24	50	63	137	51	87	111	249		
BUKUNJA	0	12	21	33	0	12	30	42	0	24	51	75		
BUTANGALA	29	34	12	75	21	31	18	70	50	65	30	145		
KALUBA	30	16	40	86	18	16	46	80	48	32	86	166		
KITYERERA	138	309	507	954	114	341	534	989	252	650	1041	1943		
MAUMU	33	33	11	77	31	41	21	93	64	74	32	170		
WAMBETE	55	52	25	132	42	61	28	131	97	113	53	263		
WANDEGEYA	82	48	91	221	35	98	98	231	117	146	189	452		
MALONGO	313	416	355	1084	356	451	299	1106	669	867	654	2190		
BUKATABIRA	21	35	66	122	14	41	38	93	35	76	104	215		
BUKIZIBU	27	21	0	48	13	14	0	27	40	35	0	75		
BULUUTA	11	35	34	80	7	32	20	59	18	67	54	139		

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
BWONDHA	18	34	49		101	19	35	45		99	37	69	94	200
JAGUZI	16	21	0		37	6	7	0		13	22	28	0	50
MALONGO	115	183	121		419	113	171	107		391	228	354	228	810
NAMADHI	43	29	46		118	75	62	55		192	118	91	101	310
NAMONI	62	58	39		159	109	89	34		232	171	147	73	391
NAMUTUMBA	517	742	760		2019	571	828	617		2016	1088	1570	1377	4035
BULANGE	151	219	207		577	204	252	178		634	355	471	385	1211
BUGOBI	23	37	43		103	29	40	43		112	52	77	86	215
BUKENGA	0	2	8		10	0	4	7		11	0	6	15	21
KISIIRO	72	130	75		277	106	132	41		279	178	262	116	556
MPUMIRO	56	50	81		187	69	76	87		232	125	126	168	419
IVUKULA	36	100	88		224	54	91	44		189	90	191	132	413
IVUKULA	11	66	62		139	17	45	21		83	28	111	83	222
KISOWOZI	25	34	24		83	37	45	22		104	62	79	46	187
NABITULA	0	0	2		2	0	1	1		2	0	1	3	4
KIBAALE	0	21	7		28	2	14	6		22	2	35	13	50
NABISOIGI	0	21	7		28	2	14	6		22	2	35	13	50
MAGADA	62	95	92		249	51	120	73		244	113	215	165	493
IZIRANGOBI	39	60	48		147	37	75	49		161	76	135	97	308
MAGADA	23	33	27		83	14	38	11		63	37	71	38	146
MAZUBA	0	2	12		14	0	7	7		14	0	9	19	28
NABINYONYI	0	0	5		5	0	0	6		6	0	0	11	11
NAMUTUMBA	85	117	126		328	83	153	128		364	168	270	254	692
NAMUTUMBA	70	100	107		277	67	136	117		320	137	236	224	597

AB JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+	
NAWANSAGWA	15	17	19	51	16	17	11	44	31	34	30	95		
NSINZE	183	190	240	613	177	198	188	563	360	388	428	1176		
BUBAGO	65	49	39	153	55	41	47	143	120	90	86	296		
BUKONTE	30	68	98	196	22	51	54	127	52	119	152	323		
NAWAIKONA	88	73	75	236	100	99	63	262	188	172	138	498		
NSINZE	0	0	28	28	0	7	24	31	0	7	52	59		
Grand Total	3010	6408	7665	17083	2975	6189	7032	16196	5985	12597	14697	33279		

AB JAN-MAR10			
	MALE	FEMALE	GRAND TOTAL
FLEP	2937	2948	5885
MAYUGE	2937	2948	5885
URHB	5736	5036	10772
BUGIRI	5736	5036	10772
YOUTH ALIVE	8410	8212	16622
IGANGA	1927	1975	3902
KALIRO	2107	1892	3999
KAMULI	1364	1423	2787
MAYUGE	993	906	1899
NAMUTUMBA	2019	2016	4035
Grand Total	17083	16196	33279

ABC JAN-MAR10														
	MALE				TOTAL	FEMALE				TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25YRS+			10-14 YRS	15-24 YRS	25 YRS+	
BUGIRI	73	2089	5100	7262	154	1698	3308	5160	227	3787	8408	12422		
BUDHAYA	17	737	1110	1864	39	121	837	997	56	858	1947	2861		
BUDHAYA	0	80	97	177	2	42	80	124	2	122	177	301		
BUKATU	0	36	115	151	0	10	39	49	0	46	154	200		
BUWOLYA	3	15	61	79	4	28	54	86	7	43	115	165		
MAYUGE	14	606	837	1457	33	41	664	738	47	647	1501	2195		
BUGIRI TC	1	180	201	382	0	157	135	292	1	337	336	674		
BUSANZI	0	7	17	24	0	12	12	24	0	19	29	48		

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
NALUWERERE	1	126	101	228	0	100	77	177	1	226	178	405
NDIFAKULYA	0	47	83	130	0	45	46	91	0	92	129	221
BULESA	0	0	39	39	0	0	3	3	0	0	42	42
BUWUNI	0	0	39	39	0	0	3	3	0	0	42	42
BULIDHA	8	166	621	795	7	149	230	386	15	315	851	1181
BULIDHA	5	80	93	178	2	59	65	126	7	139	158	304
MAKOMA	0	1	78	79	0	11	69	80	0	12	147	159
NABINGONGO	3	67	73	143	5	51	46	102	8	118	119	245
WAKAWAKA	0	18	377	395	0	28	50	78	0	46	427	473
BUWUNGA	10	298	1020	1328	38	401	934	1373	48	699	1954	2701
BUBUGO	0	3	63	66	0	17	69	86	0	20	132	152
BUPALA	6	32	78	116	29	32	77	138	35	64	155	254
BUSOGA	1	41	64	106	1	63	28	92	2	104	92	198
BUSOWA	0	0	99	99	0	0	13	13	0	0	112	112
BUSOWA TB	0	16	184	200	1	71	214	286	1	87	398	486
BUWUNGA	0	43	81	124	1	26	56	83	1	69	137	207
KAVULE	0	5	55	60	0	17	66	83	0	22	121	143
LUWOKO	1	52	108	161	2	74	103	179	3	126	211	340
MAGOOOLA	1	9	79	89	0	16	69	85	1	25	148	174
MAWANGA	1	36	49	86	3	18	49	70	4	54	98	156
NAMBALE	0	33	43	76	0	17	45	62	0	50	88	138
NAWANDUKI	0	28	117	145	1	50	145	196	1	78	262	341
MUTERERE	0	82	233	315	5	90	46	141	5	172	279	456
BULULU	0	10	27	37	0	28	22	50	0	38	49	87
KAYONGERA	0	15	16	31	0	13	10	23	0	28	26	54
KITUMBA	0	10	13	23	2	6	4	12	2	16	17	35
MUTERERE MAIN	0	0	91	91	0	0	0	0	0	0	91	91
MUTERERE TB	0	47	86	133	3	43	10	56	3	90	96	189
MUTUMBA	8	69	73	150	8	54	19	81	16	123	92	231
BUCHIMO	0	4	55	59	0	8	8	16	0	12	63	75
LUBANGO	3	28	11	42	5	32	5	42	8	60	16	84
MUTUMBA	2	31	5	38	3	7	4	14	5	38	9	52
MWEMA	3	6	2	11	0	7	2	9	3	13	4	20
NANKOMA	6	142	440	588	13	294	244	551	19	436	684	1139

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
ISEGERO	0	34	76	110	0	52	63	115	0	86	139	225
MASITA	0	18	14	32	2	146	39	187	2	164	53	219
MATOVU	1	27	62	90	4	23	55	82	5	50	117	172
NANKOMA	3	47	65	115	6	48	51	105	9	95	116	220
NANKOMA TB	0	0	188	188	0	0	7	7	0	0	195	195
NSONO	2	16	35	53	1	25	29	55	3	41	64	108
SIGULU	23	415	1363	1801	44	432	860	1336	67	847	2223	3137
LORWE EAST	22	410	803	1235	44	422	762	1228	66	832	1565	2463
LORWE WEST	1	5	560	566	0	10	98	108	1	15	658	674
IGANGA	463	861	603	1927	485	825	665	1975	948	1686	1268	3902
BAITAMBOGWE	44	55	18	117	21	57	19	97	65	112	37	214
MAGADA	44	55	18	117	21	57	19	97	65	112	37	214
BULAMAGI	103	292	222	617	136	241	185	562	239	533	407	1179
BUKOYO	14	85	71	170	23	78	66	167	37	163	137	337
BULAMAGI	50	102	98	250	60	81	67	208	110	183	165	458
BWANALIRA	0	62	34	96	0	59	37	96	0	121	71	192
MAGADA	39	43	19	101	53	23	15	91	92	66	34	192
BULONGO	15	69	7	91	30	53	21	104	45	122	28	195
NAMALEMBA	15	69	7	91	30	53	21	104	45	122	28	195
IBULANKU	22	37	22	81	28	39	34	101	50	76	56	182
NSAALE	22	37	22	81	28	39	34	101	50	76	56	182
IGANGA T.C	25	69	66	160	17	75	52	144	42	144	118	304
IGAMBA	1	13	4	18	2	9	2	13	3	22	6	31
KASO KOSO	24	56	62	142	15	66	50	131	39	122	112	273
IKUMBYA	36	39	22	97	20	46	31	97	56	85	53	194
NTAYIGIRWA	36	39	22	97	20	46	31	97	56	85	53	194
IRONGO	56	79	58	193	72	81	89	242	128	160	147	435
IRONGO	37	52	24	113	44	46	62	152	81	98	86	265
KIBINGA	19	27	34	80	28	35	27	90	47	62	61	170
MAKUUTU	0	0	0	0	0	0	0	0	0	0	0	0
BUWONGO	0	0	0	0	0	0	0	0	0	0	0	0
NAKALAMA	11	56	20	87	43	32	24	99	54	88	44	186
BUSEYI	11	56	20	87	43	32	24	99	54	88	44	186
NAMBALE	75	72	66	213	41	90	81	212	116	162	147	425

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
MUIRA	25	39	35	99	21	38	21	80	46	77	56	179
NAIBIRI	50	33	31	114	20	52	60	132	70	85	91	246
NAMUNGALWE	42	55	50	147	52	60	79	191	94	115	129	338
BUWONGO	1	20	20	41	0	27	12	39	1	47	32	80
NISNZE A	41	35	30	106	52	33	67	152	93	68	97	258
NAWANDALA	34	24	21	79	25	34	40	99	59	58	61	178
NAMUSISI	34	24	21	79	25	34	40	99	59	58	61	178
NAWANINGI	0	14	31	45	0	17	10	27	0	31	41	72
NAWANINGI	0	14	31	45	0	17	10	27	0	31	41	72
KALIRO	574	876	691	2141	529	813	561	1903	1103	1689	1252	4044
BUMANYA	104	126	193	423	103	197	180	480	207	323	373	903
BULUMBA	55	63	72	190	59	97	45	201	114	160	117	391
KASULETA	49	61	95	205	42	83	99	224	91	144	194	429
KYANI	0	2	26	28	2	17	36	55	2	19	62	83
GADUMIRE	53	81	71	205	64	85	66	215	117	166	137	420
BUPYANA	5	4	8	17	5	11	3	19	10	15	11	36
GADUMIRE	27	48	32	107	34	27	39	100	61	75	71	207
PANYOLO	21	29	31	81	25	47	24	96	46	76	55	177
KALIRO T.C	61	136	83	280	44	83	58	185	105	219	141	465
BUDINI	10	38	7	55	17	22	4	43	27	60	11	98
BUKUMANKOOLA	36	49	37	122	17	28	22	67	53	77	59	189
KALIRO TC	0	0	25	25	0	0	11	11	0	0	36	36
KALITUSI	15	49	14	78	10	33	21	64	25	82	35	142
NAMUGONGO	207	236	175	618	182	231	97	510	389	467	272	1128
BUGONZA	37	34	45	116	38	32	20	90	75	66	65	206
BUTEGE	77	129	68	274	66	103	38	207	143	232	106	481
KASOKWE	36	37	40	113	37	48	22	107	73	85	62	220
NABIKOLI	57	36	22	115	41	48	17	106	98	84	39	221
NAMWIWA	112	164	121	397	109	122	125	356	221	286	246	753
BUKONDE	11	56	20	87	43	32	24	99	54	88	44	186
BUYINDA	84	83	58	225	46	49	72	167	130	132	130	392
NAMWIWA	17	25	43	85	20	41	29	90	37	66	72	175
NAWAIKOKE	37	133	48	218	27	95	35	157	64	228	83	375
NAMAWA	0	23	32	55	2	20	18	40	2	43	50	95

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
NSAMULE	37	110	16	163	25	75	17	117	62	185	33	280
KAMULI	464	586	314	1364	422	677	324	1423	886	1263	638	2787
BUGAYA	116	136	108	360	101	158	93	352	217	294	201	712
BUGAYA	36	39	22	97	20	46	31	97	56	85	53	194
GWASE	49	44	38	131	32	57	25	114	81	101	63	245
MAANGO	31	53	48	132	49	55	37	141	80	108	85	273
BULOPA	116	123	58	297	91	138	42	271	207	261	100	568
BULOPA	44	34	20	98	37	48	6	91	81	82	26	189
KASAKA	36	38	22	96	31	53	23	107	67	91	45	203
MPAKITONI	36	51	16	103	23	37	13	73	59	88	29	176
BUTANSI	12	5	7	24	3	17	6	26	15	22	13	50
BUTANSI	12	5	7	24	3	17	6	26	15	22	13	50
BUYENDE	67	102	37	206	75	73	62	210	142	175	99	416
BUYENDE	33	55	24	112	36	31	28	95	69	86	52	207
NAKABIRA	34	47	13	94	39	42	34	115	73	89	47	209
KAGULU	37	71	25	133	24	107	36	167	61	178	61	300
IRUNDU	37	71	25	133	24	107	36	167	61	178	61	300
KAMULI T.C	8	4	6	18	12	8	0	20	20	12	6	38
KASOIGO	8	4	6	18	12	8	0	20	20	12	6	38
KITAYUNJWA	45	24	14	83	33	55	22	110	78	79	36	193
NAMISAMBYA	45	24	14	83	33	55	22	110	78	79	36	193
NABWIGULU	18	45	23	86	26	39	33	98	44	84	56	184
BUWANUME	18	45	23	86	26	39	33	98	44	84	56	184
NAWANYAGO	45	76	36	157	57	82	30	169	102	158	66	326
NAWANTUMBI	21	9	4	34	6	14	4	24	27	23	8	58
NAWANYAGO	24	67	32	123	51	68	26	145	75	135	58	268
MAYUGE	919	1254	1795	3968	814	1348	1692	3854	1733	2602	3487	7822
KIGANDALO	174	280	552	1006	149	238	519	906	323	518	1071	1912
BUGONDO	7	21	49	77	7	14	37	58	14	35	86	135
BUGOTO	0	0	35	35	0	0	28	28	0	0	63	63
BUGUMIA	4	21	95	120	6	7	95	108	10	28	190	228
BUKABOLI	32	97	72	201	42	127	73	242	74	224	145	443
BUYUGU	53	32	37	122	53	17	33	103	106	49	70	225
KIGANDALO	0	3	121	124	0	4	121	125	0	7	242	249

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
KIGULU	21	18	13	52	16	12	12	40	37	30	25	92
KIOGA (MAYENGO)	23	42	79	144	5	28	61	94	28	70	140	238
MALEKA	25	12	0	37	15	14	0	29	40	26	0	66
MATOVU	0	5	51	56	0	8	59	67	0	13	110	123
MAYIRINYA	9	29	0	38	5	7	0	12	14	36	0	50
KITYERERA	432	558	863	1853	309	659	874	1842	741	1217	1737	3695
BUBAALI	9	15	44	68	5	9	23	37	14	24	67	105
BUBINGE	29	2	64	95	19	0	13	32	48	2	77	127
BUKALENZI	27	37	48	112	24	50	63	137	51	87	111	249
BUKUNJA	0	12	21	33	0	12	30	42	0	24	51	75
BUTANGALA	29	34	12	75	21	31	18	70	50	65	30	145
KALUBA	30	16	40	86	18	16	46	80	48	32	86	166
KITYERERA	138	309	507	954	114	341	534	989	252	650	1041	1943
MAUMU	33	33	11	77	31	41	21	93	64	74	32	170
WAMBETE	55	52	25	132	42	61	28	131	97	113	53	263
WANDEGEYA	82	48	91	221	35	98	98	231	117	146	189	452
MALONGO	313	416	380	1109	356	451	299	1106	669	867	679	2215
BUKATABIRA	21	35	66	122	14	41	38	93	35	76	104	215
BUKIZIBU	27	21	0	48	13	14	0	27	40	35	0	75
BULUUTA	11	35	34	80	7	32	20	59	18	67	54	139
BWONDHA	18	34	61	113	19	35	45	99	37	69	106	212
JAGUZI	16	21	0	37	6	7	0	13	22	28	0	50
MALONGO	115	183	134	432	113	171	107	391	228	354	241	823
NAMADHI	43	29	46	118	75	62	55	192	118	91	101	310
NAMONI	62	58	39	159	109	89	34	232	171	147	73	391
NAMUTUMBA	517	742	1102	2361	571	828	673	2072	1088	1570	1775	4433
BULANGE	151	219	207	577	204	252	178	634	355	471	385	1211
BUGOBI	23	37	43	103	29	40	43	112	52	77	86	215
BUKENGA	0	2	8	10	0	4	7	11	0	6	15	21
KISIIRO	72	130	75	277	106	132	41	279	178	262	116	556
MPUMIRO	56	50	81	187	69	76	87	232	125	126	168	419
IVUKULA	36	100	182	318	54	91	78	223	90	191	260	541
IVUKULA	11	66	104	181	17	45	26	88	28	111	130	269
KISEWOZI	25	34	41	100	37	45	24	106	62	79	65	206

ABC JAN-MAR10												
	MALE			TOTAL	FEMALE			TOTAL	AGE GROUP TOTAL			GRAND TOTAL
	10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25YRS+		10-14 YRS	15-24 YRS	25 YRS+	
NABITULA	0	0	2	2	0	1	1	2	0	1	3	4
NAMWENDA	0	0	35	35	0	0	27	27	0	0	62	62
KIBAALE	0	21	7	28	2	14	6	22	2	35	13	50
NABISOIGI	0	21	7	28	2	14	6	22	2	35	13	50
MAGADA	62	95	200	357	51	120	80	251	113	215	280	608
IZIRANGOBI	39	60	48	147	37	75	49	161	76	135	97	308
MAGADA	23	33	135	191	14	38	18	70	37	71	153	261
MAZUBA	0	2	12	14	0	7	7	14	0	9	19	28
NABINYONYI	0	0	5	5	0	0	6	6	0	0	11	11
NAMUTUMBA	85	117	126	328	83	153	128	364	168	270	254	692
NAMUTUMBA	70	100	107	277	67	136	117	320	137	236	224	597
NAWANSAGWA	15	17	19	51	16	17	11	44	31	34	30	95
NAMUTUMBA	0	0	140	140	0	0	15	15	0	0	155	155
NAMUTUMBA TC	0	0	140	140	0	0	15	15	0	0	155	155
NSINZE	183	190	240	613	177	198	188	563	360	388	428	1176
BUBAGO	65	49	39	153	55	41	47	143	120	90	86	296
BUKONTE	30	68	98	196	22	51	54	127	52	119	152	323
NAWAIKONA	88	73	75	236	100	99	63	262	188	172	138	498
NSINZE	0	0	28	28	0	7	24	31	0	7	52	59
Grand Total	3010	6408	9605	19023	2975	6189	7223	16387	5985	12597	16828	35410

ABC JAN-MAR10			
	MALE	FEMALE	GRAND TOTAL
FLEP	2975	2948	5923
MAYUGE	2975	2948	5923
URHB	7621	5225	12846
BUGIRI	7262	5160	12422
KALIRO	34	11	45
NAMUTUMBA	325	54	379
YOUTH ALIVE	8427	8214	16641
IGANGA	1927	1975	3902
KALIRO	2107	1892	3999

ABC JAN-MAR10			
KAMULI	1364	1423	2787
MAYUGE	993	906	1899
NAMUTUMBA	2036	2018	4054
Grand Total	19023	16387	35410



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