



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

Program Year I Annual Report



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List of Acronyms

AB	Abstinence and Being Faithful
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communication
BCP	Behavioral Change Communication Programs
CDC	Center for Disease Control and Prevention
CD4	Cluster of Differentiation 4
CDFU	Communication for Development Foundation Uganda
CHAI	Clinton Foundation HIV&AIDS Initiative
CSA	Community Support Agents
CSO	Civil Society Organization
DAC	District HIV&AIDS Committees
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FLEP	Family Life Education Program
HBC	Home Based Care
HC	Health Center
HCP	Health Communication Partnerships
HCT	HIV Counseling and Testing
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
IEC	Information, Education and Communication
JCRC	Joint Clinical Research Centre
JMS	Joint Medical Store
JSI	JSI Research & Training Institute, Inc.
LQAS	Lot Quality Assurance Sampling
m2m	mothers2mothers
MARPs	Most-At-Risk Populations
MDD	Music, Dance and Drama
MMC	Male Medical Circumcision
MoH	Ministry of Health
NACWOLA	National Community of Women Living with HIV&AIDS
NMS	National Medical Stores
OVC	Orphans and other Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	Persons Living with HIV&AIDS
PMTCT	Prevention of Mother-To-Child Transmission of HIV
PY1	Program Year 1
PY2	Program Year 2
PACE	Programme for Accessible Health Communication and Education
RCT	Routine Counseling and Testing
RTI	Research Triangle Institute International
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
STAR-EC	Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda
STI	Sexually Transmitted Infections
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
UNITY	Uganda Initiative for TDMS and PIASY
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

Executive Summary

This report highlights Strengthening Tuberculosis and HIV&AIDS Responses in East Central Uganda (STAR-EC Program) Year 1 activities that were implemented covering a period of close to six months from March – September 2009. In accordance with Cooperative Agreement No. 617-A-00-09-00007-00, this report is being submitted to USAID by JSI Research & Training Institute, Inc. as a lead partner in the implementation of the STAR-EC program.

During PY1, STAR-EC implemented start up activities as well as facility and community-based activities through the four pre-qualified CSOs and a number of public health facilities. Implementation began in March 2009 with the initial steps in identifying office space in Jinja. It was also during this period that additional key program staff were recruited. STAR-EC initiated program activities by conducting visits to the 6 districts of Bugiri, Iganga, Kaliro, Kamuki, Mayuge and Namutumba to explain the program objectives and strategies and to map out strategies for involvement of the district leadership and lower cadre district staff. The districts were further invited to a workshop where they were facilitated to come up with priority activities and implementation strategies that were to be supported by STAR-EC. These meetings (with districts) were also attended by the four pre-qualified CSOs namely Family Life Education Program (FLEP), National Community of Women Living with HIV&AIDS in Uganda (NACWOLA), Uganda Reproductive Health Bureau (URHB) and Youth Alive (YA). Both district and CSO expectations were levelled and the need for implementing activities in a synergistic manner was underscored at these forums. In addition, the start up period was characterised by extensive discussions between STAR-EC and the Ministries of Health and Local Government counterparts and their TB and HIV&AIDS coordination structures. USAID funded projects and other stakeholders implementing activities in the East Central region were also involved in these dialogues. In particular, a number of meetings were held between the sister STAR-E and STAR-EC projects in which future exchange of data, information and experience were discussed in great detail. As a result of these meetings with the above mentioned stakeholders, STAR-EC expects harmonization of approaches, collaboration in implementation of activities such as training and leveraging different structures put in place by other programs.

During this reporting period, STAR-EC implemented most activities through the 4 pre-qualified CSOs and 10 health facilities. To facilitate implementation of these activities, a total of US\$ 521,328,058 was approved and disbursed to the implementing CSOs.

Details of achievements realized over PY1 relative to targets have been provided in Table 1 in this section. Although the targets were not realized in some areas, it suffices to note that these results were achieved through pragmatic approaches including signing memorandums of understanding with partners and speedy provision of grants to 4 CSOs. It should also be noted that results were particularly attained during the last quarter of the programme year.

CSOs mainly implemented Community Based Activities (CBAs) such as Abstinence and Being Faithful (AB) and other/ prevention activities. Only two CSOs, FLEP and URHB,

implemented HCT activities through 37 service outlets including community outreaches. STAR-EC provided technical assistance to 10 health centers (4 hospitals and 6 HC IVs) in provision of quality palliative care services. Only URHB provided palliative care HIV/TB services with STAR-EC's support. STAR-EC was supported by the Tuberculosis Control Assistance Program (TBCAP) to provide technical assistance to the six partner districts in developing annual TB work plans for PY2.

Related to Antiretroviral Therapy (ART) service provision, STAR-EC, through the Supply Chain Management Systems (SCMS) project, supplied the two hospitals of Iganga and Kamuli Mission with four months stock of ARV medicines meant for 463 prior ART clients plus 400 new ones. In addition, staff at four hospitals (Kamuli Mission, Iganga, Kamuli and Bugiri District Hospitals) received on the job mentorship on ARV logistics management. These facilities were also provided with postage/fax fees to ensure timely reporting directly to National Medical Stores (NMS). STAR-EC trained nineteen health workers from the four hospitals on comprehensive HIV&AIDS treatment including ART. A total of 456 clients were provided with ART during the year including 61 (41 females, 20 males) new (naive) clients. However, only 372 clients could be disaggregated by sex or age.

Laboratory support was extended to ten facilities through a memorandum of understanding signed between STAR-EC and JCRC. Through this arrangement 318 CD4 tests were conducted at the Joint Clinica Research Centre (JCRC) laboratory located at Kakira RCE hospital, Jinja.

No actual implementation of PMTCT activities took place in the region during PY1 as STAR-EC was engaged in handover discussions and joint visits with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) so as to ensure a smooth transition of activities by the end of September 2009. Further discussions were held with Research Triangle Institute (RTI) with the intention of streamlining implementation of PMTCT services in facilities where RTI is implementing Routine Counseling and Testing (RCT) in the region.

In relation to strategic information, a total of 66 personnel (54 from the six Local Governments and 12 from CSOs) were trained in the entire application of the Lot Quality Assurance Sampling (LQAS) methodology including data collection, tabulation, analysis, program monitoring, report writing and interpretation of results. Thirty nine personnel from four CSOs were also supported and given technical assistance in data quality management. Additionally, 350 CSO personnel were trained in systems strengthening (105 on institutional capacity building and 245 on HIV community mobilization, prevention, care, treatment and HIV-related stigma reduction). The 245 trained personnel included 200 NACWOLA Community Support Agents and 45 URHB peer educators. As part of the STAR-EC health facility baseline survey, assessments on district health systems were conducted and these included; assessments on the current functionality of HMIS, Health Unit Management Committees and support supervision from MoH and districts to lower health facility levels.

Table 1: STAR-EC targets vs. achievements by technical area – end of Sept 2009

		March-Sept.2009 (PY1)				End of Project (EOP)		
Intervention area	Indicator	Annual Target-PY1	Achieved	% Achieved	Comments on PY1 achievements	Overall Target	Cumm. Achievement	% Achieved
1. HIV Counselling and Testing	Number of individuals who received Counseling and Testing for HIV/TB and received their test results	25,000	10,376	42	Was limited by the number of implementing partners	400,000	10,376	3
	Number of individuals trained in HIV Counselling and Testing	-	64	-		400	64	16
2. Abstinence and Faithfulness	Number of individuals reached through community outreach programs that promote HIV and AIDS prevention through abstinence and/or being faithful	25,000	39,737	159	Utilized a multi-pronged approach that involved different groups including model couples, religious leaders, peer educators etc	283,000	39,737	14
	Number of individuals reached through community outreach programs that promote HIV and AIDS prevention through abstinence only	-	1,737	-	USAID changed strategy to having the UNITY program implement 'A' only interventions	-	1,737	-
	Number of individuals trained to provide AB services	-	234	-		1,265	234	18
3. Other HIV&AIDS prevention activities	Number of individuals reached through community outreach program that promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful	-	12,179	-	No target set for PY1	50,000	12,179	24

		March-Sept.2009 (PY1)				End of Project (EOP)		
Intervention area	Indicator	Annual Target-PY1	Achieved	% Achieved	Comments on PY1 achievements	Overall Target	Cumm. Achievement	% Achieved
	Number of condom service outlets	122	236	193		400	236	59
	Number of service providers trained in-OP	-	230	-	No target set for FY1	830	230	28
	Number of individuals provided with Palliative Care/Basic Health Care and Support (HBHC) for HIV Infected Individuals (Including TB/HIV)	4,000	283	8	No target set for PY1	-	283	-
	Number of individuals trained to provide HIV and TB related Palliative Care	-	64	-	No target set for PY1	700	64	9
	Number of HIV /TB co-infected clients who received care/treatment	200	4	2		4,900	4	0
	Number of TB positive clients who received HCT and test results	300	13	4		5,500	13	0
5.Strategic Information	Number of individuals trained on strategic information related area-M&E, disease surveillance and HMIS	54	66	122		150	66	44
6. Institutional & individual Capacity Building	Number of individuals trained in Other/Policy Analysis and System Strengthening	-	347	-	No target set for PY1	-	347	-
	Number of individuals trained in Policy Development	-	-	-	No target set for PY1	-	-	-
	Number of individuals trained in Institutional capacity building	-	102	-	No target set for PY1	-	102	-
	Number of individuals trained in stigma & discrimination reduction	-	-	-	No target set for PY1	-	-	-
	Number of individuals trained in community mobilization	-	245	-	No target set for PY1	-	245	-

		March-Sept.2009 (PY1)				End of Project (EOP)		
Intervention area	Indicator	Annual Target-PY1	Achieved	% Achieved	Comments on PY1 achievements	Overall Target	Cumm. Achievement	% Achieved
7.HIV Treatment/ARV Services	Number of adults and children with advanced HIV infection newly enrolled on ART	400	61	15	Under achieved by 85%	8,000	61	1
	Number of naïve adults and children with advanced HIV infection who ever started on ART	-	372	-	No target set for FY1	7,200	372	5
	Number of individuals trained in PMTCT	-	19	-	No target set for FY1	400	19	5
	Current number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	-	372	-	No target set for FY1	8,600	372	4

1.0 Introduction

1.1 Background

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

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

Currently, the six districts covered by STAR-EC include Bugiri, Iganga, Kaliro, Kamuli, Mayuge and Namutumba. If cabinet recommendations are approved by the Parliament of Uganda, it is expected that during PY2 three additional new districts of Buyende (carved out of Kamuli), Luuka (carved out of Iganga) and Namayingo (carved out of Bugiri) may become operational in the program's geographical area of coverage.

The East Central region has some unique characteristics that include:

- A high fertility rate of approximately 7.5¹
- High HIV prevalence of 6.5%², which coupled with a high population in the region results in a significantly higher number of adults estimated to be living with HIV&AIDS in the region (~74,000 in 2009)
- High level of multiple concurrent sexual relationships³ including polygamy
- High level of transactional sexual activity at some truck stops on the Northern Transport Corridor

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-behavioral 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*

- 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) IV and III and community outreach;
3. Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and community service organizations;
4. Strengthening networks and referrals systems to improve access to, coverage of and utilization of HIV&AIDS and TB services; and
5. Intensifying demand generation activities for HIV&AIDS and TB prevention, care and treatment services.

2.0 STAR-EC Program Year 1 Results

2.1 HIV Counseling and Testing

In Program Year 1 (PY1), STAR-EC supported two pre-qualified CSOs (Uganda Reproductive Health Bureau and Family Life Education Program) to implement HIV Counseling and Testing activities with emphasis being placed on most at risk and hard to reach populations. A total of 64 individuals were trained to offer HCT services. HCT was offered through numerous approaches that included static services, outreaches, home-based HCT and 'community camping'. Hard-to-reach populations were provided HCT services through community-based approaches such as home-based HTC. FLEP mainly utilized a recent innovation; '*community camping*' to ensure a wider community reach by enabling counsellors to meet community members at anytime they returned to their homes. In this approach, service providers stay for over five days in a given community offering HCT services during times convenient to residents.



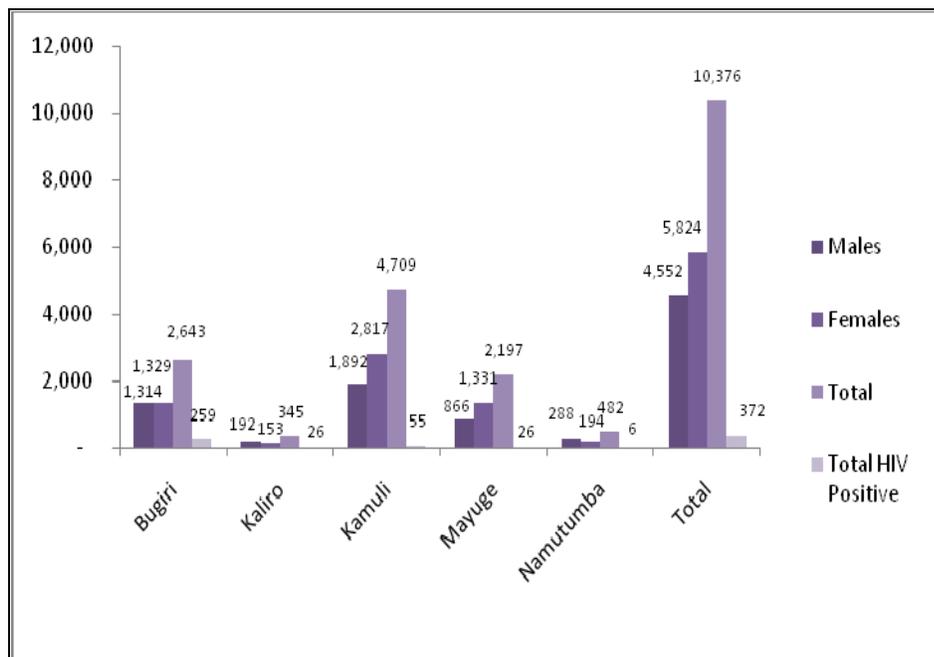
CSO staff conducting a rapid test during an HBVCT visit

In some of the communities where HCT was conducted using the community camping approach, an average of 40% of eligible individuals were tested and received results. Using combined approaches to service delivery, an overall total of 11,184 clients were counselled with 93% of them being tested. Of the 10,421 clients who were tested, 10,376 (M = 4,552 & F = 5,824) individuals received their HCT results. HCT was provided through 37 service outlets including community outreaches in Kamuli, Kaliro, Namutumba, Mayuge and Bugiri districts. All the 372 HIV positive clients (M = 130 & F = 242) were referred to the relevant health facilities for ongoing care and support. Home Based HIV Counseling and Testing was a major area of

intervention in extending HCT to couples and their family members.

- Districts where home to home HCT and community camping approaches were utilized produced the highest number of served individuals
- Overall, 89% of individuals received HCT services from community outreaches
- An HIV prevalence of 3.6% was reported from all those who tested and received their results
- HCT interventions were not implemented in Iganga District as there were no CSOs to implement these interventions during the reporting year

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



Lessons Learned

- The community camping approach was an effective way of reaching more clients especially the MARPS and other hard-to-reach populations.
- Better results were received from tailored community interventions such as conducting HCT outreaches near places often frequented by commercial sex workers and their partners.
- Involvement of stakeholders including local council and religious leaders in planning and implementation of activities was important in ensuring success.
- Provision of HIV counselling and testing services in homes served as a good strategy for reaching out to couples, especially males who otherwise would not have turned up at community outreach sites or health facilities.
- Collaboration between the four pre-qualified CSOs yielded synergies where Community Support Agents (CSAs) complimented HCT during outreaches by providing education on HIV&AIDS, TB, HIV/TB and other care and support services needed by community members.

Challenges and the Way Forward

- Having on board only two CSOs with capacity to provide HCT services at community level led to fewer individuals than targeted being reached with HCT results. The program plans to involve more CSOs through a competitive grants mechanism in PY2.

- CSOs that did not offer comprehensive HCT and the subsequent complementary care and support services, such as cotrimoxazole for clients diagnosed with the HIV, had to refer these clients to other health facilities to which many clients did not go.
- Stock out of HCT test kits and other related commodities in the country was a challenge since the program had no buffer at the time. Additionally, there was lack of access to these commodities by CSOs directly from NMS. Among other plans, STAR-EC will create buffer stocks for HIV test kits during the rest of program life and work on improving coordination with NMS so as to avoid similar occurrences in the future.

During the start-up period, STAR-EC provided the CSOs with HIV kits and other consumables including 17,000 Determine, 1,320 Stat-pak and 200 Unigold. In addition, CSOs received vacutainer tubes, needles, needle holders, capillary tubes, pipettes, lancets, biohazard gloves, cotton wool, cetrimide, and disposable gloves.

2.2 Prevention of Mother to Child Transmission of HIV

During PY1, STAR-EC held discussions and conducted joint visits with EGPAF who were winding up their PMTCT supported activities in the districts of Namutumba, Iganga and Mayuge. These discussions enabled STAR-EC to learn of approaches that were adopted by EGPAF that increased the utilization of PMTCT services in the three aforementioned districts. Additionally, these discussions ensured a smooth transition and hand over of PMTCT sites to the STAR-EC program.

Furthermore, STAR-EC participated in a key meeting that was organized by the CDC and RTI with the intention of streamlining the co-existence of partners that support Routine Counseling and Testing (RCT) and PMTCT activities within the Eastern Region. As a way forward, RTI was requested to work out a mode of exiting the respective PMTCT sites where they co-exist with other USG funded partners. During this reporting period, STAR-EC visited facilities in the six districts and mapped out 35 facilities where PMTCT services will be provided in PY2.

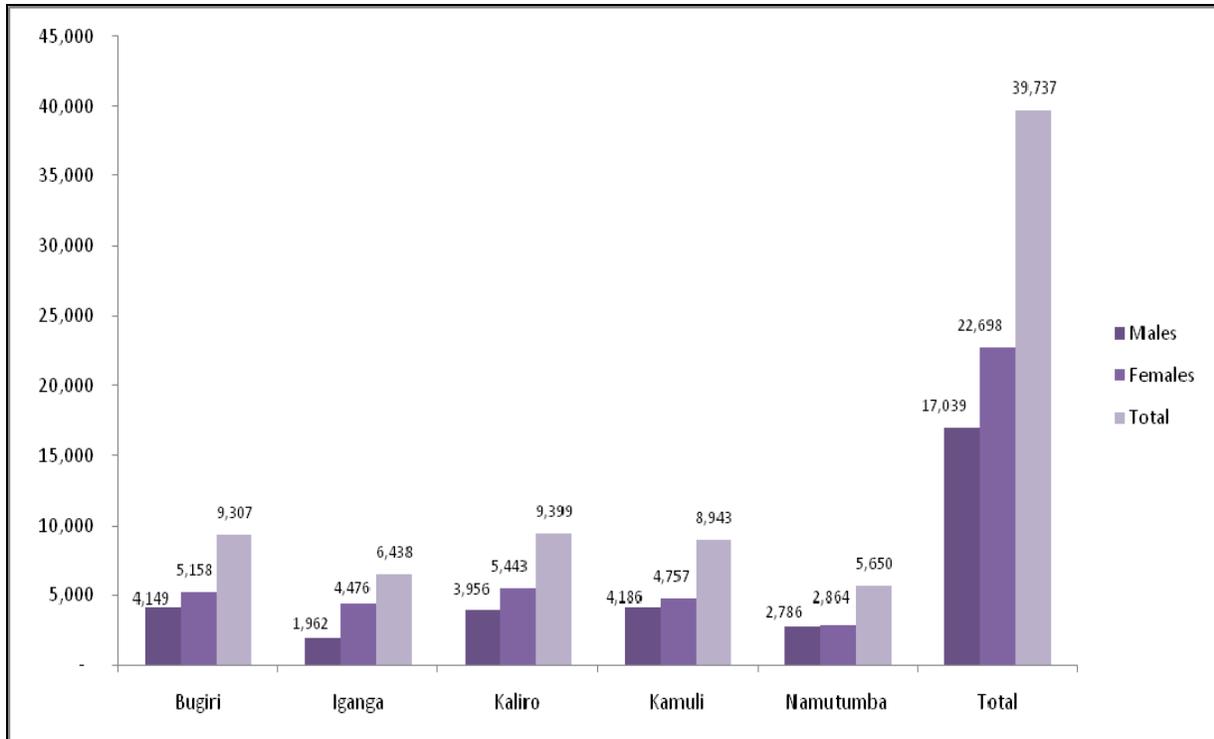
2.3 Promotion of HIV Prevention through Abstinence and Being Faithful

During PY1, STAR-EC implemented Abstinence and Be Faithful (AB) activities through two CSOs namely, the Uganda Reproductive Health Bureau (URHB) and Youth Alive. A total of 234 individuals including model couples, peer educators and religious leaders were trained to promote AB messages through individual and/or small group behavior change communication channels. These individuals implemented grassroots peer led activities such as imparting life skills to out-of-school youth and persons in marriage and cohabiting relationships to adopt HIV risk reduction behaviors including delaying sexual debuts, secondary abstinence, couple faithfulness and partner reduction.

The above mentioned CSOs reached 1,737 out-of school youth with Abstinence only messages and altogether 39,737 individuals were reached with Abstinence and or Being Faithful (AB) messages through individual and/or small group level discussions conducted from 129 service outlets (see Figure 2). This achievement was realized through conducting community drama shows, Music, Dance and Drama festivals for out-of-school youth, couple dialogue sessions, peer

education sessions and fidelity seminars. During the STAR-EC start-up program year however, there were no CSOs implementing AB interventions in Mayuge District.

Figure 2: Number of individuals reached with AB messages in different districts



Messages on mutual fidelity; Gender Based Violence reduction and positive conflict resolution in homes; referrals for couple testing, palliative care and TB services; alcohol and substance abuse in relation to HIV&AIDS were delivered to youth and persons in marriage and cohabiting relationships within communities through individual peer-led and home-to-home dialogue sessions. In addition, ‘model couples’ discussed positive parenting and spiritual counselling

STAR-EC partners used the ‘Value for Life’ training program to train Abstinence and Be Faithful promoters. Thirteen Behavior Change Communication Programs (BCPs) were conducted for out of school youth during the year in Iganga, Namutumba, Kaliro and Kamuli districts as indicated in the table below.

Table 2: Behavioral Change Programs (BCPs) conducted during the year

Districts	No. of BCPs	No. of individuals reached		
		Males	Females	Total
Iganga	3	105	142	247
Kaliro	2	142	115	257
Kamuli	4	288	159	447
Namutumba	4	250	135	385
Total		785	551	1,336



Youth Alive staff conducting a BCP in Namutumba district

The youth were equipped with knowledge and skills to enable them understand the causes of HIV&AIDS; assessment of personal risks; setting of personal goals and plans for achieving them.

Additionally, Youth Alive organized a regional MDD festival for out of school youth with a theme “Together Towards an HIV&AIDS Free Generation” in Kamuli district. The festival attracted drama groups from Namutumba, Kaliro and Iganga districts. The festival was an opportunity to talk to community members and counsel youth on their personal problems. The

festival also gave drama groups from different districts an opportunity to learn from each other on how to deliver messages through music dance and drama.



Community drama group performing during a regional festival in Kamuli district

Ten out-of-school-youth clubs were formed and supported with various sports and play kits for abstinence promotion activities including peer-led education talks on HIV prevention that were typically conducted after sports and games sessions within communities. STAR-EC procured footballs, netballs, nets, volleyballs, polls and different board games that were used to set up youth clubs.

Additionally, STAR-EC re-printed 10,000 commitment cards (7,000 English and 3,000 Lusoga) and CSO used them during BCPs to promote:

- Awareness on HIV & AIDS and STIs
- Values that empower young people commit to fidelity when they get married

- Empowerment to make informed choices in relation to positive behavior
- Life planning skills so as to help them achieve their dreams and ambitions.

In order to access partners with relevant IEC materials faster, STAR-EC adapted and reprinted already approved materials and obtained others for distribution from partners like Health Communication Partnership and JCRC.

Lessons Learned

- Tailoring of various information sources to the targeted populations facilitated rich discussions on AB messages. This was realized with a peer to peer approach where youth peer educators implemented activities for out-of-school youth and ‘model couples’ implemented activities for persons in marriage and cohabiting relationships.
- CSOs offering AB promotional activities have partnered with other CSOs who offer other services such as HCT for complimentary so as to enable community members to benefit from a full package of prevention services.
- To effectively attract out-of-school youth to HIV prevention services, the program had to use innovative approaches that included recreation activities such as sports competitions, music and drama.
- Involvement of local council leadership and religious leaders yielded a greater penetration and impact in targeted communities especially during community mobilization for AB activities given their known discretion and confidence in talking about such sensitive topics.

SUCCESS STORY 1

From Street Kid to a School Boy



Yusuf Bagire is a 15 year old boy born in Kasokoso Central Iganga town. His father died in 2006 when Yusuf was only 12 years old. At that time, he was a primary five pupil studying at Kasokoso Central Primary School and in a period of about three months his mother shifted to 'Dodoma' Island in Mayuge district. Staying with his grandmother Asifa in Iganga Central town was the only option left for him. In the aftermath of his father's death, Yusuf's livelihood situation deteriorated to the extent of going without food, lamenting that '*Enaaku edhindi nga titufuna kyakulya*' meaning that on some days they would go without meals. He started missing classes until he completely dropped out of school.

He was enticed to join a group of street kids known as the "zebra crew" who are involved in vending water for survival. The crew had a belief that people go to school to get money; "*We were selling water to get money, why then go to school? I could smoke cigarettes, marijuana and had multiple sexual relationships. I watched pornographic movies in Kasokoso cinema halls where I could sometimes spend nights*". When asked how his grandmother would react on his return, he said '*Grandmother knew I was an adult*'.

In July 2009, Youth Alive (YA) with support from USAID through STAR-EC, organized a youth training in Iganga town council. Yusuf was among the youth trained and he related how most of the training content mirrored his own life. When YA talked about having multiple partners as a danger to the lives of the youth that can lead to contracting sexually transmitted diseases including HIV&AIDS, Yusuf looked back at his life and thought he was already a victim. Additionally, the training emphasized education as the only key to success for the youth yet he had dropped out of school. Other bad behaviors that were known to be affecting the youth were alcoholism, smoking of cigarettes and marijuana, watching pornography and disrespecting parents. YA shared with the youth different life skills that can help them uplift their morals, attend school, respect others and avoid having sexual relationships before marriage. Youth were also advised to learn about their HIV status by taking HIV&AIDS tests.

Given the powerful messages that were disseminated during this training, Yusuf decided to break away from the 'Zebra Crew' group. He says: "*Now I stay at home and have resumed school*" – he joined primary six in second term but he was irregular at school because of the continuous peer pressure from the Zebra Crew members. However, during his third school term Yusuf had started to live a stable life and he says, '*Teachers, fellow pupils and my grandmother love me so much because these days I behave well*'. He says he performs very well in Mathematics and English. When asked of his future, he said, "*Now that am in school, I plan to become a book writer so I can write about HIV&AIDS among the youth*". When asked whether he also took the HIV test, he reported testing negative at Kasokoso Church clinic; however, he plans be re-tested at Iganga District Hospital.

**Actual names have been changed

Challenges and the Way Forward

- USAID changed its implementation strategy to having only one organization, the UNITY program, as the only implementers of the ‘Abstinence only’ interventions. This has posed a challenge as many in-school young people continue to demand for these interventions
- Sexual and Gender-based violence (SGBV) is an impediment to the on-going interventions especially for women. In response, model couples have been encouraged to promote amicable household conflict resolutions during home visits

During PY2, STAR-EC will embark on translating IEC materials and job aides from English into local languages for the local young people to read and easily comprehend. This will also help peer educators and model couples to effectively communicate to their target groups.

2.4 Promotion of HIV Prevention through ‘Other Prevention’ Methods

STAR-EC implemented other prevention methods beyond Abstinence and or Be Faithful primarily by targeting most-at-risk populations (MARPs) in the region. These MARPs included commercial sex workers, long-distance truck drivers, persons living with HIV&AIDS and fisher-folks. Targeting MARPs was critical since they are a major source of higher HIV prevalence even within the generalized epidemic in Uganda⁴.

This intervention was implemented through CSOs that included URHB, FLEP and NACWOLA. Through NACWOLA, 200 Community Support Agents (CSAs) were trained to promote prevention among HIV positive persons and their partners. Of those trained, 60 were attached to health facilities to complement the services of health workers while 140 CSAs were placed in communities. The CSAs based within communities conducted home visits in which they delivered other prevention messages and distributed condoms to those in need. Under support



Peer Educator conducts a condom education session to fishermen in Mayuge

provided to URHB, 30 participants were trained as condom distributors. They included members of fisher folk, park-yard volunteers, barmaids and boda boda riders.

Altogether, STAR-EC trained 230 individuals to promote HIV&AIDS prevention among MARPs. To facilitate these activities amongst MARPs, STAR-EC procured 300 cartons of condoms. Through the efforts of trained providers, a total of 12,179 MARPs were reached with messages on prevention beyond AB. These messages were received through 236 outlets including trained community volunteers, select bars and lodges.

The program also supported the formation and equipping of 10 positive peer support groups. FLEP supported condom education and

⁴ HIV Prevention Response and Modes of Transmission Study, March 2009. Uganda National AIDS Commission

distribution amongst MARPS within ten beaches on the mainland and four landing sites on Jaguzi Island in Mayuge district. URHB supported condom education and distribution amongst MARPs within ten beaches on the mainland and three landing sites on Lolwe Island in Bugiri district.

Table 3: Number of individuals who received Other Prevention messages

Districts	Males	Females	Total
Bugiri	4,567	1,914	6,481
Kamuli	1,214	300	1,514
Mayuge	3,279	752	4,031
Namutumba	136	17	153
Total	9,196	2,983	12,179

Lessons Learned

- Empowering condom distributors through trainings that help to impart knowledge and skills on community condom education and distribution turned out to be a very good practice. They were able to reach out to community members with the knowledge they had attained from the different CSOs trainings.
- Selection of condom distributors from different types of MARPs gave an opportunity to reach all the various categories of MARPs with ‘other prevention’ messages.

Challenges and the Way Forward

- Service delivery among most-at-risk populations was challenging since they did not have adequate time to listen to the messages preceding condom distribution.
- There is a high staff turnover among bar maids and attendants who are designated to distribute condoms to revellers, bar customers and lodgers. Even some bar or lodging proprietors are not present most of the time to help with this cause.
- Messaging for Other Prevention was further complicated by the lack of identification, job aides and IEC materials for peer educators.

STAR-EC plans to address these challenges in PY2 mainly through promotion of best practices and increased involvement of various stakeholders, especially MARPs in the implementation of these interventions.

2.5 Male Medical Circumcision (MMC):

STAR-EC initiated consultations with the Rakai Health Sciences Project and Kayunga Hospital regarding this intervention. IEC activities were commenced so that communities are educated on the preventative benefits of MMC when used in combination with other behavior change strategies. About 1200 Male Medical Circumcision leaflets were distributed in the six districts of Bugiri, Kaliro, Kamuli, Iganga, Mayuge and Namutumba.

2.6 Palliative Care –Basic Health Care for PLHIV

Six district Health Officers were consulted and involved in selecting forty health centers that have the potential to implement quality palliative care services and ART. STAR-EC also met various partners involved in providing HIV&AIDS-related palliative care services and established collaborative mechanisms with a view of extending their service coverage within the six districts. For instance, STAR-EC concluded plans with Hospice Africa Uganda to train forty health professionals in palliative care medicine and the use of oral morphine. The Program for Accessible Health Communication (PACE) was engaged to supply, at no cost to STAR-EC, the HIV preventive Basic Care Package (BCP) starter kits to other STAR-EC sites beyond their current twenty sites.



STAR-EC distributed 34 copies of the revised Ministry of Health (MoH) pre-ART registers and provided 58 home-based care kits to 34 health centers across the six districts. Further, STAR-EC provided technical assistance to ten health centers which enrolled a total of 283 (96 male and 187 female) new HIV positive clients in pre-ART care by conducting clinical assessments and provided all of them with Cotrimoxazole prophylaxis. Eight psychosocial support groups (two in each district) were formed and supported to meet and encourage PLHIV to adhere to HIV&AIDS and TB treatment.

A PLHIV from Kaliro demonstrates to a CSA how the HBC kit had helped improve the quality of her life

Table 4: Number of HIV positive individuals who received palliative care services

Districts	Males	Females	Total
Bugiri	13	34	47
Iganga	22	50	72
Kaliro	18	24	42
Kamuli	22	40	62
Mayuge	11	28	39
Namutumba	10	11	21
Total	96	187	283

Lessons Learned

- Peer-led adherence support through Community Support Agents contributes significantly to treatment adherence and these community workers can combine many services during home visits including referrals and distribution of home based care kits to PLHIV.

Challenges and the Way Forward

- Stock out of ARVs and septrin in facilities that provide ART affects adherence and de-motivates clients who travel long distances to the health facilities. STAR-EC is supporting health facilities in logistics management and ensuring timely request of drugs.
- Stigma deters many people from accessing services particularly from service out-lets established in places near their homes. The program will continue to train and facilitate community-based workers to conduct community dialogues on issues of stigma and discrimination.

SUCCESS STORY 2

Finding Hope Again

Mutesi Jane is 10 year old girl who was born HIV positive. Her parents passed away due to HIV & AIDS related illnesses and Jane now stays with her grandmother in Ikumbya parish, Ikumbya Sub County, Iganga district.

Despite Jane's grandmother's efforts to take care of her, she had consistently suffered various illnesses with continuous weight loss. In June 2009, a STAR-EC supported Community Support Agent visited their home through door to door outreach activities to sensitize the community on HIV&AIDS and TB prevention measures including ways of acquiring treatment. Jane's



grandmother was sensitized and she got interested in sharing her granddaughter's health problems as well as the symptoms that led to the death of her parents. A network agent was introduced to Jane and in his remarks he noted that "Jane was weak and bedridden and could hardly walk or eat food. The grandmother had decided to hide the little girl for fear of being laughed at by the neighbors."

After realising Jane's signs and symptoms, the network support agent attached to NACWOLA¹, with support from STAR-EC, advised Jane's grandmother to take her for both TB and HIV testing. A referral form was issued directing and introducing her to Ikumbya Health Center III in Iganga District. Unfortunately, Jane tested positive for both TB and HIV. She was started on treatment in June 2009 and the CSA continued supporting her through home visits and encouraging her together with her grandmother psychologically.

Jane's health has improved and she now plays with kids her age. Anyone who saw her before treatment could not believe how healthy she is increasingly becoming. "She will soon start school", says her grandmother who is so relieved and appreciates the simple visit from the CSA that has given life and happiness to her home. Jane is one example of the many children In Iganga that have benefited from the Community Network Support Agents supported by STAR-EC who carry out door to door mobilization and home visits to identify and support PLHIV and their families.

**Actual names have been changed

2.7 Palliative Care – HIV/TB

With technical assistance from STAR-EC and the Tuberculosis Control Assistance Program (TBCAP), the six partner districts were supported to develop annual TB work plans. Particular attention was paid to those activities that aim to decrease the burden of TB among people living with HIV & AIDS and vice versa as well as TB infection control. STAR-EC also participated in meetings on the development of TB data collection and support supervision tools. Community mobilisation and TB diagnosis and treatment services were primarily provided by URHB. A total of 48 individuals were tested for TB and 13 tested positive. Four of these received TB treatment and the rest were referred by URHB to nearby health centers due to a shortage of TB drugs. STAR-EC obtained 800 TB/HIV posters, 120 TB/HIV directories, 25 copies of TB/HIV flip charts from the Ministry of Health and Health Communications Partnership (HCP) for distribution in the 6 EC districts. Twenty five health facilities received a TB/HIV flip chart each for counselling clients on TB/HIV.



URHB staff using the TB/HIV flip chart to talk to community members in Bugiri district

2.8 Antiretroviral Therapy (ART)

During PY1, four ART sites received support from STAR-EC including two former TREAT project sites (Kamuli Mission and Iganga Hospitals) which were handed over to STAR-EC by Joint Clinical Research Center (JCRC). With technical assistance from the Supply Chain Management Systems (SCMS) project, STAR-EC supplied these two hospitals with four months stock of antiretroviral (ARV) medicines meant for 463 prior ART clients (taken over from JCRC) plus 400 new ART clients. Delivery of drugs direct to the service outlets was done by Joint Medical Stores (JMS) under a memorandum of understanding with STAR-EC.

In collaboration with Uganda Cares and MoH, STAR-EC trained 19 health workers (3 Doctors, 8 Clinical Officers and 8 Nursing Officers) from four hospitals (Kamuli Mission, Kamuli District, Iganga, and Bugiri hospitals) in comprehensive HIV&AIDS treatment including Antiretroviral Therapy (ART) with the aim of increasing the prescriber base and thus increasing access to ART services within each hospital.

In addition, the four hospitals received on-job mentorship on ARV logistics management from STAR-EC mainly focusing on reporting and ordering for ARVs from the National Medical Stores (NMS). Hospitals were further availed with the June-December 2009 NMS schedule for ARVs reporting/ordering deadlines and also provided with postage/fax fees to ensure direct and timely reporting to NMS since SCMS had closed. Subsequently, the four hospitals have initiated 61 new clients (20 male, 41 female) on ART and treated a cumulative total of 372 current ART clients (124 male, 248 female) during the reporting period.

STAR-EC held discussions with the Clinton Foundation HIV&AIDS Initiative (CHAI) and as a result of these discussions the program was assured of getting a donation of pediatric ARVs in October 2009. STAR-EC also participated in the Quality of Care training conducted by the Health Care Improvement (HCI) project to Quality Improvement teams from the districts of Namutumba and Iganga. STAR-EC plans to replicate the model used by HCI to sites in other districts.

2.9 Policy Analysis and Systems Strengthening

During PY1, STAR-EC initiated activities aimed at strengthening districts' capacity to develop HIV&AIDS annual work plans and budgets. Two day workshops were conducted in Jinja where STAR-EC and other partners worked with district officials, including district health teams and district planners to develop district work plans and budgets. In order to enhance evidence based planning, STAR-EC trained a total of 66 personnel within the operation districts to conduct the annual Lot Quality Assurance Sampling (LQAS) household survey so as to enable results to be incorporated into the local government annual planning and budgeting. 350 CSO personnel were trained in systems strengthening (105 on institutional capacity building and 245 on HIV community mobilization, prevention, care, treatment and HIV-related stigma reduction).



Participants in small groups during district work planning meetings in Jinja

Districts were further supported in logistics management and health facility staff received on site support in forecasting and requisitioning for medical supplies including test kits. Four personnel (stores assistant or pharmacy dispensers) from Kamuli Mission, Kamuli District, Bugiri and Iganga hospitals received on-job mentorship on ARVs logistics management from STAR-EC. Further support to human resources, involved training of 19 health workers in comprehensive HIV&AIDS treatment including Antiretroviral therapy (ART) from four hospitals in the region.



MoH Trainer facilitating a session during the Comprehensive HIV&AIDS treatment workshop in Iganga

The objective of the two day training was to impart knowledge and skills to participants to improve the management of HIV&AIDS patients and ART at their respective hospitals. Trainers were from Uganda Cares and Ministry of Health and altogether 347 people were trained in the area of policy analysis and systems strengthening.

Challenges:

To date, involvement of the District AIDS Committees (DACs) and Village Health Teams (VHTs) has been limited. Most districts have not formed VHTs and in PY2 STAR-EC will embark on a needs assessment for DACs so that their skills and knowledge gaps are addressed and that financial support is provided where necessary. Similar support will be provided to the few already established VHTs as the program continues to dialogue with the districts authorities regarding formation of more village health teams.

3.0 Strategic Information, Monitoring and Evaluation



A District Local Government staff member taking participants through one of the LQAS training sessions at a workshop in Iganga District

At the close of Program Year 1, STAR-EC's Strategic Information Department had fulfilled most of its PY1 planned activities. Most of the required M&E staff was recruited and different M&E systems that included the development of a comprehensive M&E plan and PMP were also established. Some of the accomplished activities included:

- The execution of the LQAS Household baseline survey in the six East Central region districts. This survey was conducted simultaneously with the health facility baseline assessment and involved training of 66 participants (54 from the District Local Government and 12 from local CSOs). These participants were trained on the entire LQAS methodology including tools development, sampling, data collection skills as well as the actual manual tabulation, analysis and report writing. This workshop also helped to identify two LQAS focal persons per district (the District HMIS focal person and one personnel from the District Planning Department) who will be charged with the continuity and eventual sustainability of LQAS activities in their respective districts. Analysis of this data is still on-going and results from this survey will be disseminated in November 2009.
- Other accomplishments included setting up of the STAR-EC website as well as an information brochure on the key interventions that will be executed throughout program life.
- STAR-EC also recruited a consultancy firm to develop a comprehensive web enabled electronic data base which will help to track all program level indicators. This database will help to collate all data received from different STAR-EC grantees. Additionally, it will help in enhancing timely reporting and is expected to be up and running by the beginning of the second quarter of STAR-EC's PY2. A back log of data from program start up as well as on-going monthly data will also be entered into this electronic database
- Data collection and reporting tools were developed (by intervention area) and disseminated to the four pre-qualified STAR-EC supported CSOs through a monitoring and evaluation training workshop. Local government personnel did not take part in this training as there were no activities implemented by the districts themselves. STAR-EC plans to conduct further training on the new tools that have been developed in respect to the New Generation PEPFAR indicators.
- The program was able to provide four pre-qualified CSOs with technical assistance and support towards data quality improvement. Visits to different CSOs were conducted and support given when gaps were identified. The CSOs' capacity was further enhanced through the provision of technical assistance on target setting, activity implementation and monitoring as well as report writing.

- STAR-EC has also continuously shared different strategic information plans and notes with the STAR-E program. Both programs' M&E Directorates have shared information and lessons learned on various undertakings. Additionally, STAR-EC has collaborated with the STAR-E LQAS program on different activities. Other partnerships have been developed with the Uganda AIDS Commission (during our baseline tools development), the MoH as well as other USAID supported organizations.

Some of the planned M&E activities could not be accomplished by the end of PY1. These included:

- Establishing a STAR-EC Resource Center where all program related materials and other literature were to be housed. This activity is being implemented at the time of this report.
- A CSO Organizational Capacity Assessment (OCA) was also not possible and is planned during Program Year 2.
- The utilization of District HMIS focal persons in the strengthening of data collection at district level also did not occur. During PY2, HMIS focal persons will be facilitated to provide support supervision to relevant district and facility level staff so as to improve on data quality and utilisation across the sectors. This will include strengthening the use of the revised MoH HMIS tools, which now have HIV&AIDS and TB indicators.

assessment was conducted for both CDFU and Uganda Cares. The expectation is that m2m will have their seconded staff in Jinja within the month.

5.0 Conclusion

During PY1, the program managed to maintain a balance of efforts between building STAR-EC as an institution for delivering services and concurrently initiating interventions to rapidly produce results. The achievement of targets in some areas like AB, OP and trainings is a testament to this endeavour. A firm foundation on which scale up of interventions will be based in PY2 has been created. Preceding the envisioned rapid roll out of planned interventions will be the award of grants to an additional number of CSOs and establishment of mechanisms for delivering direct technical and financial support to public health facilities. STAR-EC also looks forward to a greater involvement in technical working groups at the central level with a view to informing policy with practical experiences from the field.

Appendix

Table 6: Priority interventions and overall targets for PY2 (Oct 2009 – Sept 2010)

Intervention	Priority Areas	Targets
HIV Testing and Counselling	<ul style="list-style-type: none"> Individuals received testing and counseling (T&C) services for HIV and received results Individuals trained in T&C according to national and international standards Outlets providing T&C according to national and international standards 	70,000 200 80
Prevention of Mother-To-Child Transmission of HIV	<ul style="list-style-type: none"> Number of pregnant women with known HIV status Number of mother-baby pairs who received a full dose of antiretroviral prophylaxis for PMTCT Individuals trained in PMTCT Outlets providing PMTCT services 	7,000 900 160 35
Care: Umbrella and Clinical Care	<ul style="list-style-type: none"> Number of eligible adults and children provided with a minimum of one care service Number of HIV positive adults and children receiving a minimum of one clinical service Individuals trained to provide HIV-related palliative care (excluding TB) Service outlets providing HIV-related palliative care (excluding TB) 	7,000 2,000 200 80
Clinical/Preventive Services –Additional TB/HIV	<ul style="list-style-type: none"> Number of TB patients who had an HIV test result recorded in the TB register Number of HIV positive incident TB cases that received treatment for TB and HIV during the reporting period Individuals trained to provide HIV/TB related palliative care Service outlets providing HIV/TB related palliative care 	500 400 180 80
Antiretroviral Therapy services	<ul style="list-style-type: none"> Number of adults and children with advanced HIV infection newly enrolled on ART (Is project planning to increase uptake of EID?) Number of individuals trained to provide ART services Number of health facilities that offer ART 	1,500 100 19
Biomedical Prevention	<ul style="list-style-type: none"> No. of males circumcised as part of the minimum package of MC for HIV prevention service 	1,020
Laboratory	<ul style="list-style-type: none"> Percentage of testing facilities (laboratories) that are accredited according to national or international standards 	25%
Sexual and Other Behavioral Risk Prevention (General Population)	<ul style="list-style-type: none"> Number of targeted population with individual and/or small group level HIV prevention interventions that are based on evidence Number of targeted population reached with individual and /or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required Number of MARPS reached with individual and /or small group level HIV preventive interventions that are 	76,000 50,000 10,000 400

Intervention	Priority Areas	Targets
	<p>based on evidence and/or meet the minimum standards required – The planned number to be reach is very low considering the high population of fisher folk in the project area! MARPS will be an entry point to cover their family members as well.</p> <ul style="list-style-type: none"> • Service providers trained to provide abstinence and/or being faithful and MARPS 	
Strategic Information	<ul style="list-style-type: none"> • Local organizations provided with technical assistance for strategic information activities • Individuals trained in strategic information (including M&E, surveillance and/or HMIS) 	12 (2 per district) 65
Policy Analysis and Systems Strengthening	<ul style="list-style-type: none"> • Individuals oriented/trained on the new/revised HIV&AIDS-related policies and guidelines 	100
Institutional Capacity Building	<ul style="list-style-type: none"> • Individuals trained in HIV-related institutional capacity building • Local organizations provided with technical assistance for HIV-related institutional capacity building 	100 12 (2 per district)
Referrals and Networks	<ul style="list-style-type: none"> • Number of Clients referred for HTC and TB services • Number of active PLHIV groups in the EC region 	30,000 65