



USAID
FROM THE AMERICAN PEOPLE



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

PROGRAM YEAR III, QUARTER 1 PROGRESS REPORT
Achievements, Challenges and Lessons Learned

October - December, 2010



Funded by the United States Government through the United States Agency for International Development (USAID) under the terms of Agreement No. 617-A-00-09-00007-00



© 2011

Financial support for STAR-EC is provided by USAID, under Co-operative Agreement No. 617-A-00-09-00007-00.

The views expressed in this document do not necessarily reflect those of USAID.



This program is implemented by JSI Research & Training Institute, Inc., in collaboration with World Education's Bantwana Initiative, Communication for Development Foundation Uganda, mothers2mothers and Uganda Cares.

⇒ Table of Contents

Executive Summary.....	viii
1.0 Introduction	1
1.1 Background	1
1.2 Major Objectives of STAR-EC.....	2
2.0 Major result areas and progress during the 1st Quarter	2
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
2.1.1 Increasing access to and uptake of HIV testing and counselling (HTC) services	2
2.1.2 Prevention of mother-to-child transmission of HIV (PMTCT)	6
2.1.3 Care and Support.....	11
2.1.4 Antiretroviral services	14
2.1.5 Clinical/Additional TB/HIV	15
2.1.6 Laboratory Services	20
2.1.7 Promotion of HIV Prevention through Sexual and Other Behavioural Risk Prevention	25
2.1.7.1 Promotion of HIV Prevention through Abstinence and Being Faithful (AB) Programs	25
2.1.7.2 Promotion of HIV Prevention through Other HIV&AIDS Prevention beyond AB	26
2.1.7.3 Promotion of HIV Prevention through Prevention with Positives (PwP) programs.....	28
2.1.8 Promotion of Biomedical Prevention using Safe Male Circumcision (SMC).....	31
2.2 Result 2: Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on Health Centres III and IV as well as Community Outreaches	34
2.2.1 Improving leadership and governance at district and lower levels	34
2.2.2 Support to strategic information collection and dissemination	36
2.2.3 Improving Human Resources for Health (HRH)	37
2.2.4 Injection Safety and Waste Disposal Interventions.	38
2.2.5 Improving service delivery	39
2.2.6 Supporting infrastructure and equipment needs	40
2.2.7 Ensuring equitable access to medical products	40
2.2.8 Health Financing	42

2.3	Result 3: Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and civil society organizations	42
2.3.1	Health Care Improvement (HCI).....	42
2.3.2	Injection Safety and Waste Disposal Interventions	43
2.3.3	Post Exposure Prophylaxis	44
2.4	Result 4: Strengthening networks and referrals systems to improve access to, coverage of, and utilization of HIV&TB services	44
2.4.1	Referrals by community support agents and other volunteers	44
2.4.2	Psychosocial support by CSOs	45
	Result 5: Increasing demand for comprehensive HIV&AIDS and TB prevention, care and treatment services	49
3.0	Grants and sub-awards	53
4.0	Conclusion.....	56
	Appendix 1. Training conducted during the period Sept-Dec/2010 by Technical Area, Cadre and Sex	57

⇒ List of Tables

Table 1: STAR-EC End of Program and PY2 targets vs quarterly and cumulative achievements by technical area	x
Table 2: Couples counseled, tested, and received HIV results	3
Table 3: HIV prevalence by type of testing sites quarter 1, PY3.....	4
Table 4: HIV Counseling and testing by district	4
Table 5: Summary of PMTCT outcomes by district	7
Table 6: Overall linkage of HIV exposed babies to EID and paediatric ART in the nine districts.....	9
Table 7: Distribution of ART clients lost-to-follow-up (missed >3 months after last drug pick-up) at 18 high volume facilities	14
Table 8: Health facilities in which mentorship was conducted	16
Table 9: TB/HIV out comes during quarter 1 of PY3.....	16
Table 10: TB status in HIV chronic care services	17
Table 11: Case Detection Rate for each district during quarter 1	18
Table 12: Private health facilities that were supported during October- December 2010.	18
Table 13: TB DOTS coverage during the 1st quarter of PY3.....	19
Table 14: Treatment Success Rate for quarter1, PY3	20
Table 15: Distribution of health facilities supported by STAR-EC during this reporting period	21
Table 16: STAR-EC's laboratory outputs during this reporting period	22
Table 17: Total number of basic laboratory tests performed by STAR-EC supported laboratories in the region	22
Table 18: Stock status of HIV diagnostic kits at the health facility laboratories during the 1st quarter	24
Table 19: Number of other categories of individuals reached with HIV prevention interventions beyond AB and condoms	28
Table 20: Discordant couple support groups formed during quarter 1.....	29
Table 21: Young positives' clubs formed during quarter 1.....	29
Table 22: Logistics for World AIDS Day 2010	41
Table 23: Individuals provided with post-exposure prophylaxis drugs.....	44
Table 24: Referrals by community support agents and other volunteers during the Oct- Dec 2010 Period.....	45
Table 25: Prequalified CSO coverage of the districts by technical intervention area	53
Table 26: Civil society organization grantees, area of coverage and funds released to-date	54
Table 27: Support to district-led health activities	56



List of Figures

Figure 1: HTC cascade for the October – December 2010 period	3
Figure 2: No. of individuals accessing HTC by mode of delivery in quarter 1 of PY3.....	4
Figure 3: HIV prevalence by district in East Central Uganda, Q1, 2010-11.....	5
Figure 4: % of HIV+ pregnant mothers on ARVs for prophylaxis by type (n=846) QTR 1 of PY3.....	8
Figure 5: HIV prevalence among pregnant women tested at ANC by district	8
Figure 6: Counseling and testing cascades of pregnant mothers attending ANC.....	8
Figure 7 : PMTCT cascade outputs during quarter I of PY3	10
Figure 8: PMTCT cascade in East Central Uganda Q2, PY2 vs. Q1, PY3.....	10
Figure 9: Propotion of PLHIV ever enroled in chronic care by end of Q1, PY3	13
Figure 10: Proportion of children enroled in HIV care who are on ART.....	13
Figure 11: CD4 cell count tests performed by district during Q1	23
Figure 12: Health facilities offering laboratory services by end of (Q1, PY3) as compared to baseline coverage in Q2, PY2	24
Figure 13 : Number of individuals reached with AB interventions in by age group in quarter 1	26
Figure 14: Fisher-folk and other categories of MARPs reached with interventions beyond AB	27
Figure 15: Males who received SMC services in East Central Uganda during quarter 1	32
Figure 16: Status of funding for STAR-EC pre qualified grantees.....	54



List of Acronyms

#	Number
AB	Abstinence and Being Faithful
ABC	Abstinence, Being Faithful and Condoms
ACP	AIDS Control Program
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
ANC	Antenatal Care
ART	Antiretroviral therapy
AZT	Zidovudine
BCC	Behaviour Change Communication
BCPs	Behavioral Change Communication Programs
CBDOTS	Community Based Directly Observed Therapy Short-course
CBO	Community Based Organization
CD4	Cluster of Differentiation 4
CDFU	Communication for Development Foundation Uganda
CDR	Case Detection Rate
CM	Community Mobilisation
CME	Continuing Medical Education
CORPs	Community Owned Resource Persons
CPHL	Central Public Health Laboratories
CSAs	Community Support Agents
CSO	Civil Society Organization
CSWs	Commercial Sex Workers
DAC	District HIV&AIDS Committees
DATs	District HIV&AIDS Task Forces
DFPP	(District Focal) Point Persons
DHMT	District Health Management Team
DHIS	District Health Information System
DHO	District Health Officer
DLFP	District Laboratory Focal Person
DOTS	Directly observed therapy short-course
DQI	Data Quality Improvement
DTLS	District Tuberculosis and Leprosy Supervisor
EFV	Efavirenz
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
FLEP	Family Life Education Program
FOC-REV	Friends of Christ Revival Ministries
FSG	Family Support Group
GBV	Gender Based Violence
GLIA	Great Lakes HIV&AIDS Initiative
GoU	Government of Uganda
HBC	Home based care
HC	Health Centre
HCP	Health Communication Partnerships

HCWM	Health Care Waste Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HRH	Human Resources for Health
HRL	HIV Reference Library
HTC	HIV Testing and Counselling
HSD	Health Sub-District
ICF	Intensified Case Finding
IDAAC	Integrated Development Activities and AIDS Concern
IEC	Information, Education and Communication
IGAs	Income Generating Activities
IP	Implementation Partners
LNA	Laboratory Needs Assessment
LTFU	Lost to follow up
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
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
MDR	Multidrug resistant TB
MoH	Ministry of Health
MoU	Memorandum of Understanding
MUCOBADI	Multi Community Based Development Initiative
NACWOLA	National Community of Women Living with HIV&AIDS in Uganda
NAFOPHANU	National Forum of People Living with HIV&AIDS in Uganda
NMS	National Medical Stores
NSAs	Network Support Agents
NLTP	National Tuberculosis and Leprosy Programme
NLRL	National Tuberculosis and Leprosy Reference Laboratory
NUMAT	Northern Uganda Malaria AIDS and Tuberculosis Program
NVP	Nevirapine
PE	Peer Educator
>X	Greater than X
<X	Less than X
OCA	Organization Capacity Assessment
OIs	Opportunistic Infections
OP	Other Prevention

OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counseling
PLHIV	Persons Living with HIV&AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
PNC	Postnatal Care
PP	Positive Prevention
PrEP	Pre Exposure Prophylaxis
PTC	Post-Test Club
PWDs	People with Disabilities
PY	Program Year
Q	Quarter
QI	Quality Improvement
QoC	Quality of Care
REF	Referral
SDS	Strengthening Decentralization for Sustainability
SCHW	Sub-county health worker
SCMS	Supply Chain Management System
SMC	Safe Male Circumcision
SPAI	Service Performance Assessment and Improvement
STAR	Strengthening TB and HIV&AIDS Responses (at district level)
STAR-E	Strengthening TB and HIV&AIDS Responses in Eastern Uganda
STAR-EC	Strengthening TB and HIV&AIDS Responses in East Central Uganda
STIs	Sexually Transmitted Infections
SURE	Securing Uganda's Right to Essential Medicines project
TASO	The AIDS Support Organization
TB CAP	Tuberculosis Control Assistance Program
TB	Tuberculosis
ToT	Training of Trainers
TSR	Treatment Success Rate
UAC	Uganda AIDS Commission
UBTS	Uganda Blood Transfusion Services
URHB	Uganda Reproductive Health Bureau
USAID	United States Agency for International Development
UDHA	Uganda Development and Health Association
UVRI	Uganda Virus Research Institute
UWYDI	Uganda Women and Youth Development Initiative
VHTs	Village Health Teams
WHO	World Health Organization
YAU	Youth Alive Uganda
YAWIA	Youth and Women In Action
ZTLS	Zonal Tuberculosis and Leprosy Supervisor

HIV prevention interventions through promoting behaviour change via abstinence, being faithful and correct and consistent condom use (ABC) reached 36,384 people. Many youth were reached with behaviour change messages through the 18 newly formed youth clubs. A total of 3,779 most-at-risk populations were reached with HIV prevention messages and commodities of which 89% were the fisher-folk followed by CSWs and long distance truck drivers who contributed 9% and 1% respectively. A total of six young positives and seven discordant couples clubs were formed and facilitated to meet and share knowledge and their personal experiences.

During the reporting period, 1,583 males received SMC services with males over 18 years accounting for 57 %, followed by those between 15-17 years of age who accounted for 22 % and those aged 5-14 years (16%). Though not directly targeted by intervention, children under 5 years accounted for only 5% of the number who received SMC services in the East Central region. STAR-EC further facilitated a regional dissemination of the SMC policy and communication strategy where 114 stakeholders including religious and cultural leaders, STAR-EC supported CSOs, other HIV&AIDS community based organizations, district health managers, SMC service providers and beneficiaries attended.

In order to increase the effectiveness of referrals and networking, STAR-EC organized comprehensive integrated, joint meetings comprising village health team members (VHTs), health workers and supported CSOs. The meetings discussed the referral process and agreed on joint action plans to improve coordination and collaboration. The trained VHTs were provided with gumboots and t-shirts to facilitate their mobilization process.

Laboratory services strengthening interventions included supporting districts to enroll eight Microscopists to enrol for the Laboratory Assistants' Certificate Course and two Laboratory Assistants for Laboratory Technicians' Diploma course. In addition, a number of health facilities were provided with diagnostic supplies including microscope immersion oil for TB and related microscopic tests; CD4 reagents for three general hospitals (Iganga, Kamuli and Bugiri); clinical chemistry reagents for Iganga Hospital; HIV rapid testing kits; and cooler boxes for specimen packaging and transportation. Rehabilitation of a laboratory room for the CD4 machine at Bugiri commenced and is due for completion in quarter 2.

Over this reporting period, STAR-EC continued to support the establishment of quality improvement teams at all levels of service delivery. These teams have been tasked to take a lead role in identifying gaps, developing changes and testing changes to address the performance gaps. At community level, STAR-EC trained the 11 supported civil society organizations in quality improvement approaches.

STAR-EC put a lot of efforts towards training and mentoring of health workers on forecasting and ordering of medicines and supplies from the national medical supplies system. In addition, the program continued to support the bi-monthly ordering of different supplies by facilitating the delivery of orders to National Medical Stores (NMS) and Joint Medical Stores (JMS). In effect, supported sites managed to attain 100% report and order rate over this reporting period. Furthermore, STAR-EC provided SMC sites with items including operating tables and lamp, autoclaves, anaesthetics and sundries.

During quarter 1, STAR-EC together with the STAR-E LQAS project conducted the Service Performance Assessment and Improvement (SPAI) workshop for Iganga, Namutumba, Kaliro and Kamuli districts. The district teams were supported in using data generated from routine HMIS, facility and LQAS surveys to identify health service gaps. An organisational capacity assessment (OCA) was also conducted for 11 supported CSOs. The OCA helped to benchmark the strengths and weaknesses of CSOs in terms of human resource management, assets control and management, management information systems and financial control. Interventions aimed at addressing the aforementioned capacity gaps that will be addressed during the second and subsequent quarters.

Multi-pronged mobilization strategies were applied through community based organizations, districts and other partner organizations to increase the demand for services. The one-hour interactive radio program on NBS

Kodh'eyo 89.4 FM continued to be aired to reinforce messages delivered through peer educators, VHT members, health workers and the printed materials. Thirteen radio programs were aired during the quarter. In furtherance of this effort, STAR-EC supported nine districts in the East Central region to commemorate World AIDS Day (WAD) under the national theme "Universal Access and Human Rights" and the slogan "I have a duty to protect every child from HIV ... do you?". Health workers were facilitated to provide HTC and TB screening during the WAD commemoration.

Table 1: STAR-EC End of Program and PY2 Targets Vs quarterly and cumulative achievements by technical area

Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)					End of Program Life Target vs Achievements			Comments
		PY1* (Implementation from July 2009 -Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3,Q1 (Oct 2010 - Dec 2010)	End of PY3 target	% of PY3 targets achieved (by end of 1st Quarter)	End of Program Life Target	Program Cummulative achievements to date (total PY1*, PY2 and PY3,Q1)	% of end of Program Life Target achieved	
HIV Testing and Counseling (HTC)	Individuals who received HTC and their results	10,376	178,303	73,518	130,000	57	600,000	262,197	44	
	Individuals trained in HTC	64	256	87	200	44	400	407	102	
	Outlets providing T&C services	2 static and 35 parishes(outreach sites)	76 static and 280 parishes (outreach sites)	77 static and 208 parishes (outreach sites)	100 static sites	77% of static sites targeted	148	77 static sites	52% of static sites targeted	
PMTCT	Pregnant women with known HIV status (includes tested and received results)	No Implementation during PY1	65,983	26,007	118,000	22	482,600	91,900	19	Overall program target increased from 300,000 to 482,000 following a USAID directive
	Pregnant women who received ARVs to reduce the risk of mother to child transmission	No Implementation during PY1	1,759	852	6,900	12	26,350	2,611	10	PMTCT targets(as required by USAID) were calculated basing on the East Central region HIV positive rate of 6.5%.However the prevailing ANC rate for the previous program year was about 4.5% this quarterly rate was 4.1% thus one of the explanations for this low achievement. Strategies are being devised to increase on the numbers to be served.
	Persons trained for PMTCT	No Implementation during PY1	177	47	240	20	400	224	56	
	Service outlets providing PMTCT	No Implementation during PY1	68	68	68	100	73	68	93	



Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)					End of Program Life Target vs Achievements			Comments
		PY1* (implementation from July 2009 -Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3,Q1 (Oct 2010 - Dec 2010)	End of PY3 target	% of PY3 targets achieved (by end of 1st Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3,Q1)	% of end of Program Life Target achieved	
Sexual and Other Behavioral Risk Prevention (General Population)	Targeted population reached with abstinence and/or being faithful messages	39,737	102,860	29,924	60,000	50	283,000	172,521	61	
	Individuals trained to provide AB services	234	564	28	430	7	1,265	826	65	28 personnel were trained as TOTs during Q1. These will be used to cascade the same training to the rest of the targeted group during PY3
	MARPs reached with individual or small group level HIV prevention based on evidence and meet minimum required standards	12,179 were reached through "other prevention" interventions	12,763	3,779	10,000	38	50,000	16,542	33	PY1 indicator changed from OP. A new indicator on MARPs was created during PY2. Current program cumulative total doesn't include PY1 achievements
Clinical/Preventive Services- Additional TB/HIV	HIV+ patients in HIV care or treatment (pre-ART or ART) who started TB treatment	0	205	526	1,000	53	4,900	731	15	
	TB patients who had an HIV test result recorded in the TB register	13	1,802	487	1,100	44	5,500	2,302	42	
	Individuals trained to provide HIV/ TB related palliative care	64	875	136	200	68	700	1,075	154	



Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)					End of Program Life Target vs Achievements			
		PY1* (implementation from July 2009 - Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3,Q1 (Oct 2010 - Dec 2010)	End of PY3 target	% of PY3 targets achieved (by end of 1st Quarter)	End of Program Life Target	Program Cummulative achievements to date (total PY1*, PY2 and PY3,Q1)	% of end of Program Life Target achieved	Comments
Anti- Retroviral Therapy (ART)	HIV + individuals receiving a minimum of one clinical care service (CXT)	283	7,041	10,673	14,000	76	26,000	10,673	41	There was an increase in the number of health facilities providing clinical care services during PY3, Q1. This was as a result of training more health workers from health facilities that had not reported during PY2. These were trained in the use of new MoH revised patient monitoring tools.
	Adults and children with advanced HIV infection newly enrolled on ART	61	1,776	886	1,750	51	8,200	2,723	33	Services have been scaled up to more sites (HC III's) which provide a minimum care package thus the increase.
	Adults and children with advanced HIV infection receiving ART (CURRENT)	372	3,119	4,021	4,773	84	9,323	4,021	43	
Safe Male Circumcision (SMC)	Males circumcised	0	803	1,583	4,350	36	15,360	2,386	16	
	SMC surgical sites	0	7	10	12	83	15	10	67	
Strategic Information	Local organizations provided with TA for SI activities	4	11	11	11	100	11	11	100	
	Individuals trained in SI (including M&E, surveillance and/or HMIS)	122	379	23	85	27	85	524	616	



Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)					End of Program Life Target vs Achievements			
		PY1* (implementation from July 2009 - Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3,Q1 (Oct 2010 - Dec 2010)	End of PY3 target	% of PY3 targets achieved (by end of 1st Quarter)	End of Program Life Target	Program Cummulative achievements to date (total PY1*, PY2 and PY3,Q1)	% of end of Program Life Target achieved	Comments
Policy Analysis and Systems Strengthening	Individuals oriented/ trained on new/revised HIV&AIDSrelated policies and guidelines	347	124	23				494		
	Local organizations provided with TA for HIV-related institutional capacity building	4	11	11	11	100	11	11	100	

* PY1 (March-September 2009) involved only 3 months of actual implementation, and these were mainly program start-up activities

1.0 Introduction

1.1 Background

The Strengthening TB and HIV&AIDS Responses in East Central (STAR-EC) Uganda program is being implemented in nine districts of Uganda which are inhabited by about 2.7 million people (9 % of the Ugandan population). This region is bordered by the lakes Victoria and Kyoga in the south and north respectively, a location that allows fishing for both commerce and subsistence. Islands, beaches and landing sites are key features of six of the districts (Bugiri, Kaliro, Buyende, Namayingo, Kamuli and Mayuge). The East Central mainland is characterized by some densely forested areas, pastoral belts, as well as commercial centers along the northern transport corridor that stretch from the Kenya-Uganda border at Malaba and Busia through Bugiri and Iganga to Kampala.

The Uganda Demographic and Health Survey 2006 showed that the East Central region is characterized by one of the highest total fertility rates in the country, averaging 7.5 births per female¹. Additionally, this region had an estimated HIV prevalence of 6.5%², which translated into approximately 73,000 Persons Living with HIV (PLHIV), the majority of whom didn't know their HIV status or had never accessed the treatment and care needed to maintain good health. Other drivers of the HIV epidemic in the East Central region included:

Multiple concurrent and cross-generational sexual relationships due to a high level of polygamy; significant transactional sexual activity especially in those districts situated along the northern transport corridor; a high number of residents involved in the high HIV risk occupation of commercial fishing; migrant plantation workers; and the presence of a significant number of uniformed personnel at the armed forces barracks and prisons in the region. This situation was exacerbated by the low HTC service coverage which ranged from 0.5% - 8.8% in the region and ART service coverage that ranged from 2.5 - 10.4%³.

According to the Service Provision Assessment Survey, 2007, 24% facilities in East Central region offered TB diagnostic services and 83% of these had all components needed to conduct TB sputum tests (microscope, glass slides and ZN reagents). Only 28% of facilities had TB treatment and follow-up services. District Reports (Oct-Dec, 2008) to Zonal TB and Leprosy Supervisors indicated a low TB case detection rate within the region (average 35%) and treatment success rate average of 66%. Efforts aimed at providing TB/HIV services in the region are hampered by the general weakness of the primary health care and logistics systems. Operational health facilities often have inadequate staffing equipment and infrastructure necessary to provide a comprehensive range of needed services.

It is against this background that STAR-EC's interventions aim at expanding access to and utilization of the comprehensive package of TB and HIV&AIDS services by building upon existing networks, expanding geographical coverage and populations served through strengthening district specific responses and expanding the role of civil society organizations and communities in planning, implementing and monitoring activities.

1. The state of the world population 2006. A Passage to Hope; Women and International Migration. United Nations Population Fund

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

3. PEPFAR Annual Progress Report, 2009

1.2 Major Objectives of STAR-EC

STAR-EC has five major objectives that include:

- 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;
- Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on Health Centres (HCs) IV and III and community outreach;
- Improving quality and efficiency of HIV&AIDS service delivery within health facilities and civil society organizations
- Strengthening networks and referral systems to improve access to, coverage of, and utilization of HIV&AIDS and TB services; and
- Intensifying demand generation activities for HIV&AIDS and TB prevention, care and treatment services.

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 counselling (HTC) services

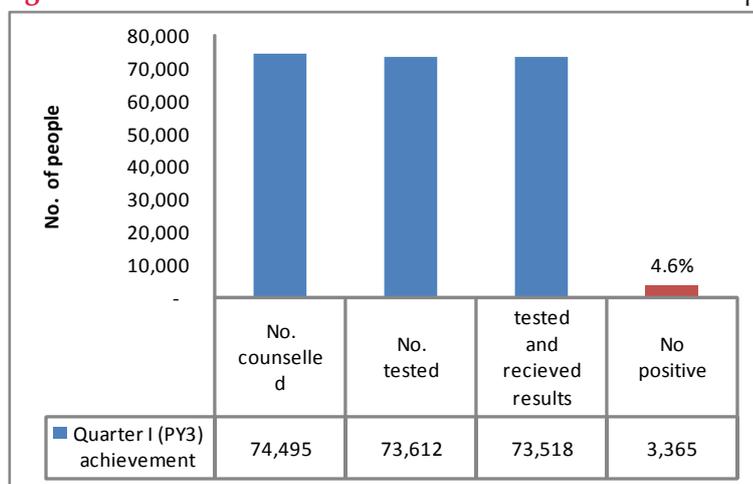
During the October - December 2010 period, STAR-EC improved access to HTC services by supporting service delivery through 76 public health facilities and eleven CSOs (four prequalified CSOs and the seven identified in PY2) in the nine districts. Access to HTC was increased through training of 87 health workers (69 female and 18 male) in Provider Initiated Testing and Counselling (PITC). These service providers also benefitted from post training follow up by a joint Ministry of Health (MoH) and STAR-EC team to enable them translate the newly acquired knowledge and skills into service delivery.

Over this reporting period Uganda Reproductive Health Bureau (URHB) and Family Life Education Program (FLEP) were supported to provide HTC services through static facilities, outreaches, home-based HTC and community camping while targeting hard-to-reach populations. FLEP provided HTC services in Kigandalo and Malongo sub-counties in Mayuge; Nabitende, Waibuga and Nambale sub-counties in Iganga; and Balawoli and Namasagali sub-counties in Kamuli. A total of 5,501 individuals (2,998 females and 2,503 males) were counseled to take an HIV test and the same number were tested and received results from FLEP. Of those tested, 1.4% were HIV positive and all of them were referred to health facilities for further care.

On the other hand, URHB offered static HTC services at its offices in Namutumba, Kaliro and Bugiri along with community outreaches and home based HTC targeting MARPs (fisher-folk, motor cyclists (*bodabodas*), truck drivers and CSWs) in Bugiri, Kaliro and Namutumba districts. In particular, URHB targeted the fisher-folk in Bugiri by conducting outreaches at Lufunda landing site, Mutumba Sub-County and Lolwe Parish on Sigulu Islands. A total of 2,715 individuals were counselled, 2,710 individuals were tested while the same number of 2,710 (1,380 females and 1,330 males) received HIV testing and results from URHB. Of those tested, 4.8% were HIV positive and all of them were referred for chronic care. The seven new CSOs earlier identified in PY2 also implemented HTC services and as a result of their work an additional 5,654 individuals (female 2,899 and 2,755 male) accessed HTC services (counselled tested and received results), of these 2.7% (n = 5,661) were

HIV positive. Of all the individuals who received HIV counseling and testing results over this reporting period, STAR-EC supported CSOs contributed approximately 18.9% (13,865) while other private health facilities that included Kamuli Mission Hospital, Iganga Islamic Medical Centre and St. Matia Mulumba in Namayingo contributed 6.1% (4,502 individuals). Additionally, government owned health units contributed 75% of the overall HTC services. All the HIV positive clients were duly referred for further care at chronic care sites in the districts.

Figure 1: HTC cascade for the October – December 2010 period



Source: STAR-EC program records

Overall, a total of 73,518 individuals (29,237 males and 44,281 females) were tested for HIV and received results, this represents about 98.7% (n = 74,495) of all the individuals who were counselled to receive the test. A total of 3,365 of those who were tested were HIV positive (2,130 female and 1,235 male) corresponding to a positivity rate of 4.6% (n = 73,612). A total of 4,405 couples accessed HTC services during the quarter. Of these 108 (2.5%) were discordant and while 97 (2.2%) were concordant positive, the rest were concordant negative. Overall, the increase in the number of couples tested during this quarter was a result of a proactive approach adopted by STAR-EC to target couples for HTC during the quarter targeting World AIDS Day commemoration and earmarking the first week of December for a 'Test and Treat drive' that primarily targeted couples HIV counselling and testing. This drive, which was initiated in collaboration with Uganda Cares, also emphasized the need for early enrolment of HIV positive clients into chronic care. Of the 4,405 couples who accessed HTC services during the quarter 46.4% were served through the 'couple HIV counselling and testing weeks' approach. Table 2 illustrates this in detail.

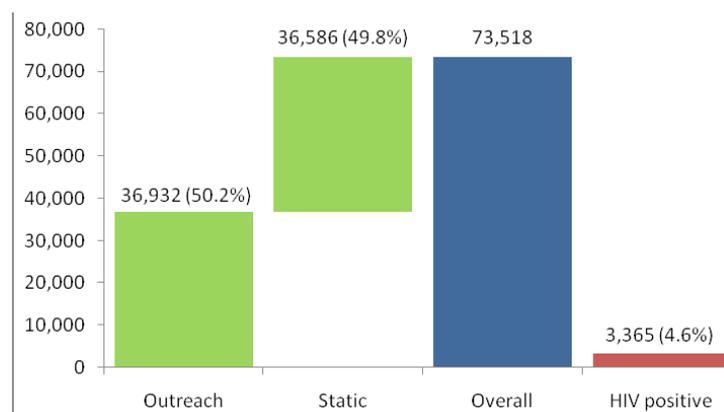
Table 2: Couples counseled, tested, and received HIV results

Site of testing	Nature of activity	Number	No.(%) Concordant	No(%) Discordant
Static	Facility based	829	46(5.5%)	35(4.2%)
Outreach	Couple week	2,043	17(0.8%)	35(1.7%)
	World AIDS Day	45	1(2.2%)	0(0%)
	Safe motherhood	182	3(1.6%)	5(2.7%)
	Free standing	916	22(2.4%)	23(2.5%)
	Home to home	390	8(2.1%)	10(2.6%)
Total		4,405	97(2.2%)	108(2.5%)

Source: STAR-EC program records

During the quarter, implementation of HTC services using outreaches reached a total of 36,932 individuals while static/facility based services were accessed by a total of 36,586 individuals in the 9 districts. As a result the total number of individuals counselled, tested and who received results this quarter represents 57% (n=130,000) of the expected PY3 target. Figure 2 shows HTC utilization by service type and Table 3 shows HIV prevalence for each HTC delivery mode.

Figure 2: No. of individuals accessing HTC by mode of delivery in quarter 1 PY3



Source: STAR-EC program records

Table 3: HIV prevalence by type of testing sites quarter 1, PY3

Testing site	HIV prevalence(%)
Static	6.5
Outreach	2.6
Overall	4.6

Source: STAR-EC program reports

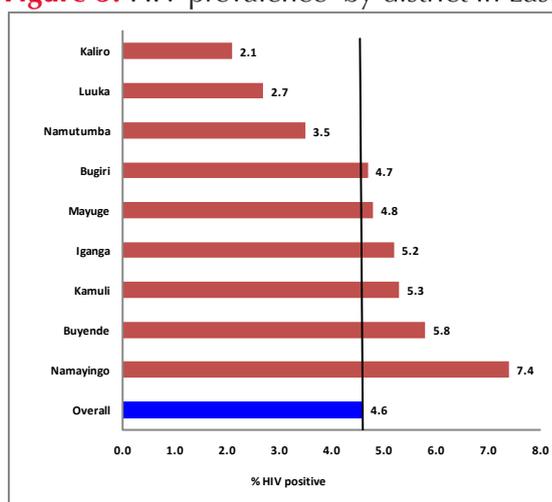
As illustrated in the Table 4 ,Kamuli, Iganga and Mayuge districts had more individuals counseled, tested and receiving results when compared to other districts. Table 4 and Figure 3 illustrate that Namayingo district had the highest HIV prevalence(7.4%) which can be probably be attributed to the large number of fisherfolk in this district.

Table 4: HIV Counseling and testing by district

District	Clients counseled, tested and received HIV results						
	Individuals				Couples		
	Female	Male	Total	Number (%) HIV positive	Total Number tested	Concordant No.	Discordant No.
Bugiri	3,960	3,088	7,048	338(4.7%)	624	3	10
Buyende	1,840	1,325	3,165	184(5.8%)	368	5	17
Iganga	7,438	4,455	11,893	616(5.2%)	326	7	6
Kaliro	4,544	3,276	7,820	161(2.1%)	402	4	2
Kamuli	7,555	4,679	12,234	647(5.3%)	943	13	12
Luuka	4,164	2,777	6,941	188(2.7%)	287	6	5
Mayuge	6,720	4,428	11,148	530(4.8%)	718	42	33
Namayingo	3,429	2,732	6,161	455(7.4%)	293	11	21
Namutumba	4,631	2,477	7,108	246(3.5%)	444	6	2
Grand Total	44,281	29,237	73,518	3,365(4.6%)	4,405	97	108

Source: STAR-EC program records

Figure 3: HIV prevalence by district in East Central Uganda, Q1,2010-11



Source: STAR-EC program records

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 unmet need for HTC services in the districts under its support. This is however accompanied by best results when health units are assisted to adhere to the NMS order and delivery schedule. Working in partnership with other implementing partners, such as Uganda Cares, has eased the burden of logistical constraints
- The innovative ‘couple HIV counselling and testing week’ approach is a very effective way of reaching more couples with HTC
- Timely post training follow up by the training team helps identify and solve practical challenges to HTC at health facilities
- More efforts in HIV prevention need to be focused on the high prevalence districts

Challenges

- The main challenge faced by the program is the reluctance of the facility personnel to order for HIV test kits and their accessories on a timely basis leading to stock outs. This means that the buffer stocks at STAR-EC tend to serve as the main stock supply for these facilities.

Way forward

- During the next quarter, STAR-EC will provide home-based HTC training to NACWOLA, Youth Alive and all of the seven new CSOs to empower them with skills for delivering a comprehensive prevention package to all their clients and family members. This coupled with the Provider initiated HTC trainings targeting up to 100 facilities will ensure that the communities in the nine districts have increased access to quality HTC services.

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

STAR-EC supported the nine districts to offer quality PMTCT services through 68 health facilities that include 4 hospitals, 12 HCs IV and 49 HCs III and 3 HCs II. In so doing the program has so far extended PMTCT services to 100% (n= 12) of HCs IV and 83% (n=59) HCs III and 1.5% (n=201) HCs II. The program’s scale up plan aims at extending services to all hospitals, HCs IV, HCs III and 30% of HCs II.



PMTCT-EID continuing professional development at Busembatya HC III Iganga District

During the quarter STAR-EC, in collaboration with MoH and Clinton Foundation, facilitated the training of 33 (12 female and 21 male) health workers from 5 PMTCT/ART sites in Iganga District) using the PMTCT- EID strengthening approach. In order to consolidate the intended benefits to the health workers STAR-EC supported the MoH PMTCT-EID team to immediately undertake continuing professional development sessions in Bugiri and Iganga for the health workers who did not participate in the trainings. This was to minimize the challenges the PMTCT-EID teams would face while implementing the strategy.

Towards the end of the quarter, STAR-EC also supported the PMTCT-EID team to undertake the first mentorship visits targeting the trained health workers from the 10 facilities in Bugiri and Iganga districts. These trainings emphasize the need for active screening, care and referral/follow up for the HIV exposed infants and their mothers within the facilities, between collaborating facilities and the community. Over this reporting period, STAR-EC supported health facilities offering PMTCT and/or ART to access CD4 services at Kamuli, Iganga and Bugiri General Hospitals and PCR test services at Joint Clinical Research Centre of Excellence laboratory at Kakira. This collaboration has enabled the CD4 and PCR testing services to become both geographically and financially accessible to HIV positive pregnant women and their exposed babies there by reducing on the time spent before an eligible client can access ART.



A mentor mother conducting HIV&AIDS education to PLHIV at the ART clinic in Bugiri Hospital

Realizing that emotional and spiritual support for PLHIV and their loved ones is an important aspect of positive living, STAR-EC supported health facilities in the region to establish Family Support Groups (FSGs). Through its mothers2mothers (m2m) model STAR-EC has supported the delivery of such nonclinical aspects of care and ensured that HIV care is provided using a more holistic, family-centred approach. The groups are based at the health facilities so that the members can be monitored and assisted to access certain aspects of care that they might have missed.



PMTCT-EID mentorship in Buluguyi HC III

A health worker taking a DBS sample from an exposed infant during mentorship

During the reporting period, STAR-EC facilitated FSG meetings at 20 high volume PMTCT/ART sites (hospitals and HCs IV) throughout the nine districts. The support groups were successfully utilized to enhance couple adherence to the set antenatal appointments and ensure delivery at a recognized health facility offering PMTCT, couple testing, disclosure and support for adherence to treatment, PMTCT and other prevention with positives (PwP) interventions. They were also utilized to track HIV exposed babies for EID. As a result of implementing the above mentioned activities, 24,192 pregnant women were counselled.

Of these, 23,424 were counselled and tested with 23,197 of these pregnant women receiving their results during ANC. See Table 5. Among these, a total of 667 pregnant women were diagnosed HIV positive. A total of 906 women were tested during labour and delivery with 29 women being diagnosed HIV positive while 1,904 women were tested for HIV during postnatal care with a total of 26 women being diagnosed HIV positive. Overall, a total of 26,234 women accessed HTC during ANC, maternity and postnatal while 26,007 tested and received their results. Subsequently, 722 women were identified HIV positive while 369 women reported at health facilities with documented HIV + results during ANC. Therefore, the total number of women who accessed PMTCT services during the quarter was 1,091 for those newly diagnosed and those already aware of their status.

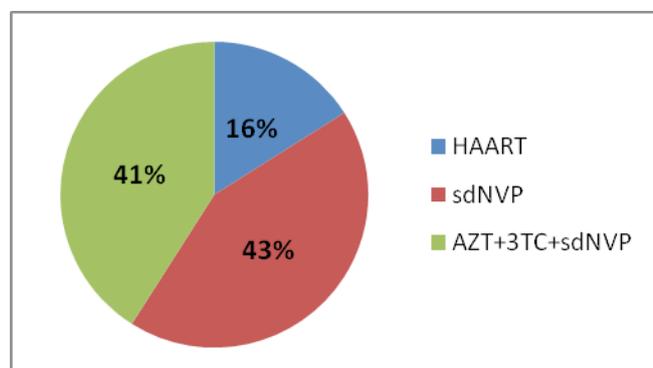
Table 5: Summary of PMTCT outcomes by district

District	Women tested for HIV at ANC	Number (%) of new HIV positive women at ANC	Total HIV positive women identified at ANC (New plus those with documented HIV+ results)	% of HIV positive women given any ARV for prophylaxis	Children born to HIV positive women	% of HIV exposed infants given ARV prophylaxis
Bugiri	2,505	90 (3.6%)	129	60	28	68
Buyende	1,817	49 (2.7%)	73	52	13	100
Iganga	4,421	205 (4.6%)	261	84	97	93
Kaliro	2,314	24 (1.0%)	58	100	12	67
Kamuli	5,879	163 (2.8%)	250	78	48	92
Luuka	982	13 (1.3%)	23	70	7	100
Mayuge	2,619	56 (2.1%)	110	100	34	100
Namyingo	842	29 (3.4%)	72	100	29	100
Namutumba	2,045	38 (1.9%)	60	90	15	80
Total	23,424	667 (2.8%)	1,036	82	283	92

Source: STAR-EC program records

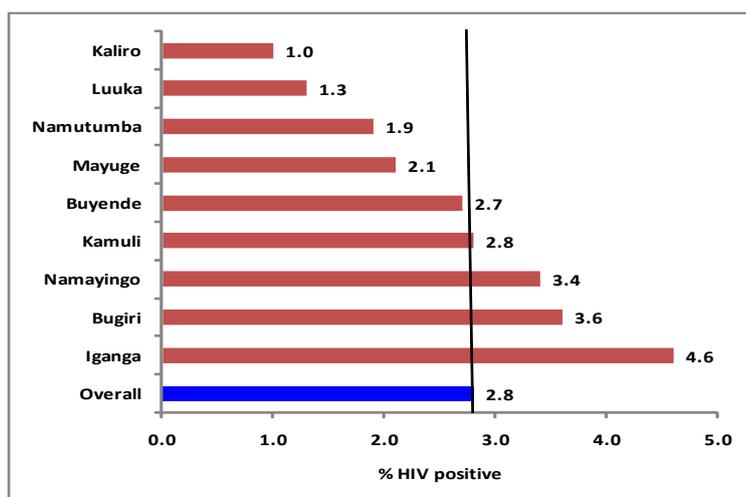
During the quarter 82.2% (n= 1,036) of the HIV positive women were enrolled onto a PMTCT prophylactic regimen/HAART up from 79% (n=846) in quarter 4 (July–September 2010) of PY2. Because most women attend the 1st ANC visit, health facilities have been mentored to adopt the provision of single dose Nevirapine at first contact with the pregnant HIV positive woman who at the time of the visit does not qualify for Combivir because the pregnancy is still below 32 weeks. In the event that this mother does not have the opportunity to deliver in a health facility she will at least have access to the Nevirapine tablet during labour. This may to some extent explain the large proportion of mothers still on single dose Nevirapine despite the 2006 PMTCT policy’s preference of combination therapy/ HAART. This situation will change dramatically with the adoption of the new policy (Option A) that advocates the use of zidovudine (AZT) from 14 weeks of pregnancy in all the PMTCT sites in the STAR-EC supported districts.

Figure 4: % of HIV+ pregnant mothers on ARVs for prophylaxis by type (n=846) QTR 1 of PY3



Source: STAR-EC program records

Figure 5: HIV prevalence among pregnant women tested at ANC by district

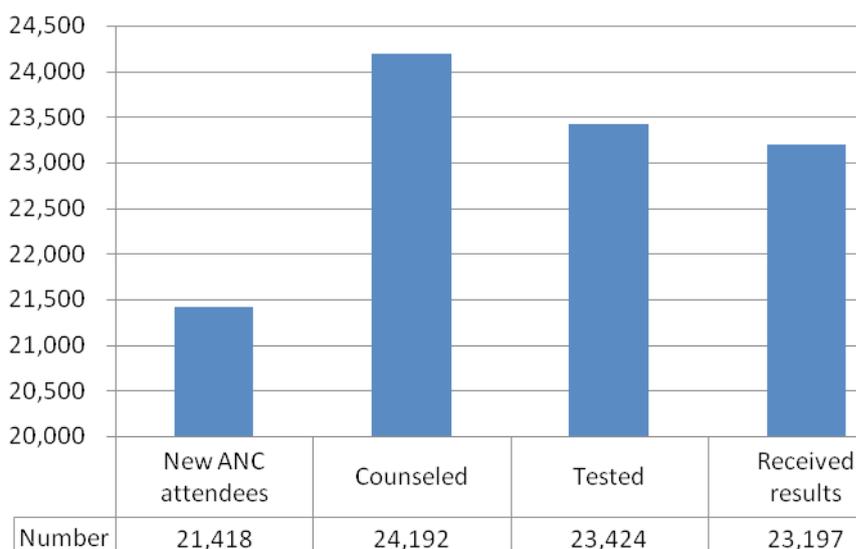


Source: STAR-EC program records

Figure 5 shows that though HIV prevalence among pregnant women is higher than the mean for the region in Namayingo, Bugiri and Iganga districts, it is still below the 6.5% reported in the 2004/05 Uganda sero behavioural survey. This has an impact on the numbers that enrol for PMTCT overall in the region.

In addition 42.9% (n=1,036) of the HIV pregnant women were assessed for ART eligibility (using CD4 testing) during the quarter (up from 35% (n= 675) in quarter 4 of PY2). Regarding ARV prophylaxis for the infant, overall 92.2% (n = 283) of all the babies born to HIV positive mothers were enrolled onto prophylaxis in the quarter. This performance is up from 73.9% (n = 219) in quarter 4 of PY2.

Figure 6: Counseling and testing cascade for pregnant mothers attending ANC



Source: STAR-EC program records

During this reporting period, a total of 674 dry blood spot samples (598 for 1st PCR and 76 for 2nd PCR) were referred to Joint Clinical Research Centre (JCRC) for PCR testing, with a total of 478 PCR results being received. 10.9% (n=478) of these results were HIV positive. The increase in the number of PCR tests realized over this period can be explained by the referrals of HIV exposed children by the PMTCT-EID strengthening system that maximizes the tracking of the mother-baby pair at all possible points of care that include immunization clinics. This culminates into referrals to EID care points for the test; and to some extent the one-month lead time needed for the PCR test to be analyzed and results returned from the JCRC laboratory in Kakira to the health facility. During this period, STAR-EC also facilitated EID follow up outreaches by health facility staff in collaboration with the expert clients and village health teams (VHTs) in Kamuli and Mayuge districts to track mother-baby pairs that had otherwise failed to keep the scheduled appointments at the facilities. As a result of this effort, a total of 33 mother-baby pairs in Kamuli and 44 in Mayuge district were successfully followed up in the community. Figure 4 illustrates in detail the PMTCT/EID outcomes during the quarter.

Provision of mentorship and education on PMTCT

Mentor mothers provided education to health PMTCT clients through group education sessions, one-on-one and one-on-couple interactions and PMTCT family support group meetings. The education program emphasized HIV testing and counselling, PMTCT, EID and positive living. To date, STAR-EC has in collaboration with the districts, brought on board a total of 38 mentor mothers in the 4 hospitals, 12 HCs IV and 6 HCs III.

Strengthening of PMTCT- EID services

Mentor mothers actively participated in identifying mothers and infants requiring support and linking them to the PMTCT-EID programme, shared addresses of clients in support of EID community outreaches, liaised with laboratories in support of CD4 and PCR testing and whenever possible disseminated results to mothers by phone, and provided information on stock outs within the programme. For vulnerable/fearful clients, mentor mothers have acted as links to health workers.

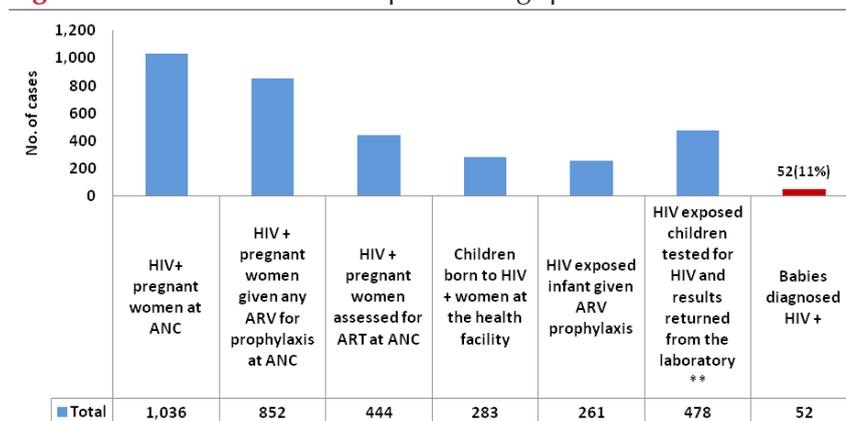
Table 6: Overall linkage of HIV exposed babies to EID and paediatric ART in the nine districts

	HIV-exposed infants (<18mths) tested for HIV using DNA PCR		Number of DNA PCR results returned from lab		Number of referred HIV positive infants who enrolled in care at an ART clinic
	1st PCR	2nd PCR	Total	HIV(+)	
Grand Total	611	77	478	52(11%)	49

Source: STAR-EC program records

Involvement of mentor mothers to complement the work of professional health workers at PMTCT sites contributed a lot to a marked improvement across the PMTCT cascade as illustrated in Figure 8

Figure 7: PMTCT cascade outputs during quarter I of PY3

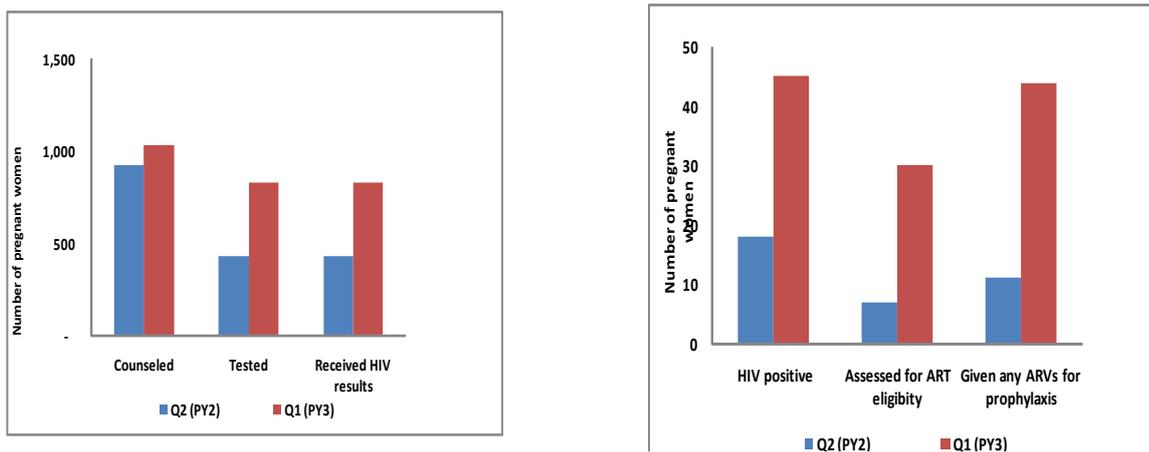


**The number includes children who were delivered outside the health facility

Source: STAR-EC program records

Bugiri Hospital has been having serious challenges with the quality of PMTCT services across the cascade. With the involvement of the mentor mothers, Bugiri Hospital PMTCT service is now a rising star. Figure 8 illustrates the uptake of PMTCT services that is partly attributed to the work of mentor mothers at Bugiri hospital.

Figure 8: PMTCT cascade in East Central Uganda Q2, PY2 vs Q1, PY3



Source: STAR-EC program records

Lessons learned

- Implementation of quality PMTCT in the nine districts is dependent primarily on continued mentorship of the trained health workers on a regular basis in addition to availability of regular PMTCT supplies (test kits and ARV prophylaxis regimens)
- Creation of partnership between STAR-EC and the MoH/ACP to conduct regular support supervision has been key in improving the overall PMTCT performance in all the nine districts
- PMTCT-EID strengthening program has greatly improved on the tracking of the mother-baby pair in the practicing sites. This has been improved further through the community follow up of the mother-baby pairs
- Family support groups serve as important follow up points for HIV positive mothers and their HIV exposed infants who would otherwise be lost to follow up

Challenges

- All facilities supported during the program year continued enrolling some of the mothers on single dose despite the policy advising use of combination therapy/HAART
- Referrals for HAART by non-ART providing sites are still a major challenge because ART centres (26) were fewer than the PMTCT sites (68) and coverage of ART outreaches to lower units was still limited
- Low literacy levels in the region have occasionally hampered the recruitment process for mentor mothers. This has sometimes forced the program to extend recruitment deadlines as appropriate candidates are identified
- Poor male involvement in PMTCT in the region, affecting the number of partners interacted with and a contributory factor to a high number of deliveries at home

Way forward

- During the first quarter of PY3, STAR- EC has planned to provide facilitation to family support groups at all the 68 PMTCT sites, including the 30 sites implementing the m2m model
- Scale up of the m2m model to reach 30 sites from the current 20
- The program will continue to mentor health workers in the new developments of PMTCT and EID in order to ensure implementation of quality PMTCT
- In PY3, STAR-EC will strive to streamline intra-facility and facility-community referrals using the mentor mothers in the facility in collaboration with NACWOLA community support agents and VHTs in the community. Network Support Agents (NSAs) and m2m will as far as practical be part and parcel of VHTs
- STAR-EC will continue to roll out the revised PMTCT policy that has been agreed upon by the national PMTCT technical working group following the rapid advice on PMTCT regimens by WHO

2.1.3 Care and Support

Umbrella Care

During the October-December 2010 period, STAR-EC continued to support the provision of umbrella care to PLHIV through both innovative and the established service delivery approaches including facility based and home/community based care. The beneficiaries accessed integrated preventative, supportive and clinical care services for the management of tuberculosis, HIV&AIDS, details of which are provided below in the sub-sections on care.

In a bid to strengthen partnerships and structures for service delivery, STAR-EC worked closely with the Ministry of Health and the World Health Organization Uganda teams to review and adapt curricula for the “*District Managers’ HIV course*” and the “*Clinical Mentoring course*”. STAR-EC facilitated the piloting of the latter course in which 28 practicing clinicians and nurses (19 male, 9 female), selected from 20 facilities, were trained for the role of facility based clinical mentors. STAR-EC aims to utilize these mentors to enhance clinical skills of care teams through cascade clinical mentoring to meet the increasing service demands at the health facilities. It is envisaged that this will enhance ownership and participation by the district personnel in addition to improving the quality of care.

STAR-EC participated in meetings with PEPFAR and other implementing partners in the region to improve the cost efficiency and rationalization of the treatment program. As a result, Baylor Uganda, one of the partners, successfully handed over three paediatric ART sites to STAR-EC.

Challenge

Delay by the MoH in printing and disseminating the approved set of clinical mentoring materials i.e., the Participants Manual, Pocket Reference Guide, and Mentoring Checklist Tools.

Way forward

MoH has secured World Health Organization support in fast-tracking the approval process, the printing and the preparations for regional dissemination of this curriculum and approach. This event is expected in late February 2011.

Clinical Care

The program continued to provide technical assistance and logistical support to 80 facilities (4 hospitals, 12 HCs IV, 64 HCs III) for the provision of chronic HIV&AIDS care with emphasis on the management of opportunistic

infections (OIs) and sexually transmitted infections (STIs).

During this quarter, a total of 3,034 PLHIV (951 male, 2,083 female) were newly enrolled into care and received co-trimoxazole prophylaxis in addition to clinical assessment for OIs and STIs. So far the cumulative total of clients ever enrolled in care is 25,259 PLHIV which translates to a coverage of about 35% of the eligible PLHIV population (n=73,000 in East Central Uganda. STAR-EC will continue to aim at increasing PLHIV access to clinical care in the remaining years of program life.

Challenges

- Lack of printed job aids, clinical staging charts, and revised STIs treatment algorithms at the health facilities
- Frequent stock-outs of medicines for management of OIs and STIs such as Ceftriaxone, Cefotaxime, Acyclovir, and Fluconazole

Way forward

- STAR-EC has initiated the procurement /re-printing of all relevant job aides and IEC materials in close collaboration with MoH. These are expected soon and will be disseminated throughout the January-March 2011 period
- STAR-EC will increase support to facility in-charges in quantifying the consumption of such medicines and placing accurate orders to National Medical Stores (NMS). In addition, the program will closely follow up /track orders to ensure delivery of adequate quantities

Clinical /Preventive services – additional Paediatric

In order to improve the enrolment of children in care, STAR-EC moved quickly to disseminate the 2010 Paediatric AIDS policy guidelines and job aids to 27 facilities as follows:

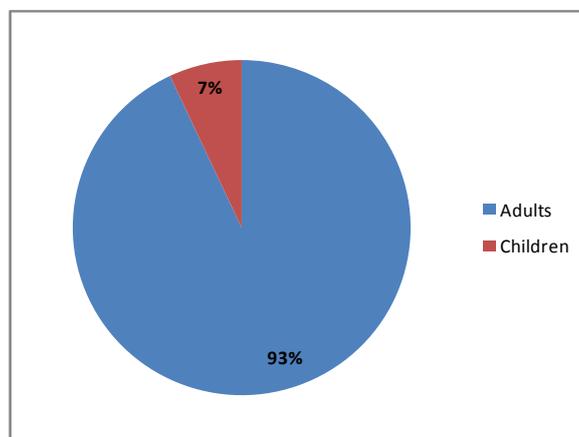
Through continuous professional development (CPD) sessions at the sites, MoH regional paediatricians disseminated these guidelines to each ART site (4 hospitals, 12 HCs IV). STAR-EC rolled out the paediatric HIV&AIDS care and treatment course to providers at accredited sites. MoH conducted one such training for 26 health workers (10 males, 16 females) from 7 sites thus bringing the total to 19 facilities trained to provide paediatric ART out of 27. Fourteen sites have to-date received post-training paediatric ART mentorship visits by the Paediatricians (on-going activity)

At Iganga Hospital, STAR -EC piloted the “Know Your Child’s HIV Status” (KYCHS) campaign consisting of 3 activities namely - a KYCHS day, a KYCHS outreach, and routine child testing on paediatric ward. Initially, the PLHIV enrolled at the Iganga Hospital HIV clinic were mobilized and requested to bring their children for testing on one special day. None of the 35 children that tested were found HIV positive indicating success for the PMTCT program. This facility based tracking was followed by a KYCHS outreach in Iganga Town Council where by the identified 3 HIV positive out of 54 children tested were enrolled in care. Routine HIV counselling and testing (RCT) of children was introduced on the paediatric ward to run thrice a week continuously. Within two months of RCT, a total of 676 admitted children were tested, of whom 14 were found HIV positive and enrolled into chronic care. This confirms that the RCT approach is superior to the outreaches in identifying more HIV positive children. Thus RCT is now integrated with the Early Infant Diagnosis (EID) program such that the same EID focal person and EID supplies, tools, and referral mechanism are used.

As a result of above interventions, 228 children (126 female, 102 male) aged <15 yrs were newly enrolled in chronic care and given co-trimoxazole prophylaxis. Additionally, 88 children (45 female, 43 male) aged <15yrs started ART during this quarter, while a total of 296 children (153 female, 143 male) are currently active on ART. Out of all the children enrolled in care (805) the proportion of children on ART (296) is only 37% (national target = 50%). Figures 9 and 10 compare the regional achievements with the national targets regarding paediatric AIDS. Although the program is still below the national targets which state that children should contribute 14% of all ages enrolled PLHIV and 14% of all ages ART clients, there are plans to rapidly scale up the KYCHS

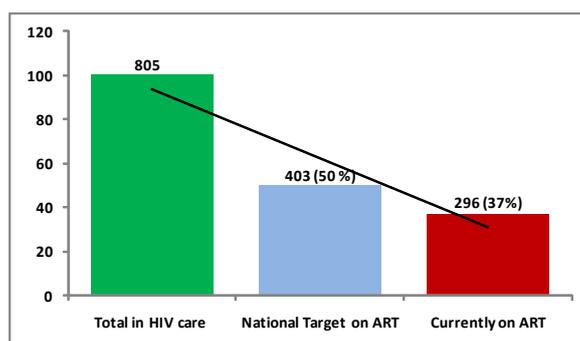
campaign (RCT) to all 80 clinical care sites during PY3.

Figure 9: Proportion of PLHIV ever enrolled in chronic care by the end of Q1, PY3



Source: STAR-EC program records

Figure 10: Proportion of children enrolled in HIV who are on ART



Source: STAR-EC program records

Challenge

Most PLHIV did not bring in their children to test either because they were away at school or because there were situations of non-disclosure to the family and fear of stigma and discrimination.

Way forward

The KYCHS campaign will be scaled up to all 27 ART sites and eventually to all 80 clinical care sites. The next KYCHS day at Iganga Hospital has been scheduled for 22nd January 2011 during the school holidays and during a weekend when both the children and their caretakers are most likely to be available

■ Support Care

Besides the community aspects of support care provided through NACWOLA, the implementation of facility-based support care services commenced during this quarter, specifically with the provision of adherence support, nutrition care, and home-based care. During this reporting period, an Adherence Counsellor from a STAR-EC program partner, Uganda Cares, provided technical assistance to eight high volume facilities on establishing routine sessions for patient education and adherence counselling during HIV clinic days, and provided guidance on forming ART adherence support groups to meet monthly.

STAR-EC facilitated the MoH regional nutritionists to conduct a health facility assessment for integration of

nutritional interventions. This was followed by training on “*Integration of Nutrition Care for PLHIV*” in which 29 health workers (nine male, 20 female) from seven facilities (one hospital, six HCs IV) participated. This brings the total of sites providing nutritional assessment and supplementation to 10 (in addition to three hospitals supported by NuLife program). During next quarter, STAR-EC will facilitate these sites with logistics, equipment, job aids/IEC materials, and make provision for regular support supervision by the Nutritionist.

Challenges

- Absence of a system to routinely assess patients’ adherence to ART and document the degree of adherence at each visit
- Slow implementation of support care services due to unclear MoH policy and lack of a framework or implementation guidelines

Way forward

- The pill-counting method of assessing adherence to ART will be introduced and demonstrated to all sites during upcoming continuing medical education sessions at each ART site
- STAR-EC is in touch with AIDS Control Program to support a workshop that will bring together various PEPFAR implementing partners to discuss and design the National ART Adherence Framework. This is planned for February 2011
- STAR-EC has plans to roll out home based care services (HBC) during PY3 through our partner NACWOLA who already have strength as home care takers in line with the recently launched MoH policy on HBC. In collaboration with MoH, STAR-EC plans to disseminate the HBC policy and to train PLHIV, community volunteers (VHT members), and health workers on the HBC service in order to rapidly roll it out in the region

2.1.4 Antiretroviral services

During the reporting period, ART coverage service outlets increased from 26 static sites to 27 static and 3 outreach sites (4 hospitals, 11 HCs IV and 15 HCs III) distributed in the nine districts of the region. A total of 886 patients (569 female, 317 male) were newly enrolled on ART. By the end of the quarter, a total of 4,021 clients were active in care out of 6,089 ever started on ART.

During this quarter, STAR-EC launched a strategy facilitating health workers and expert clients to conduct home visits tracking ART clients who are lost to follow-up (LTFU). Field findings revealed an interesting distribution as illustrated in Table 7. For instance, 25% of LTFU were actually dead; while the majority (44%) of those still alive LTFU clients had “self transferred out” to other providers including TASO, JCRC, government facilities, and were fortunately still receiving ART. These findings were used to up-date the facility ART registers and better inform the program. This active tracing of clients is now conducted weekly by expert PLHIV at every ART facility.

Table 7: Distribution of ART clients lost-to-follow-up (missed >3 months after last drug pick-up) at 18 high volume facilities

District	Number of clients lost to follow up	Number (%) of clients traced during home visits	Number (%) of clients who self transferred out to other service providers but found to be active on ART	Number of clients who stopped ART (due to migration, stigma, bedridden, etc) but found to be alive	Number of clients reported dead
Bugiri	7	6	0	4	2
Buyende	7	7	5	1	1
Iganga	79	78	37	21	20
Kaliro	16	16	11	4	1
Kamuli	85	65	29	23	13

Luuka	0	0	0	0	0
Mayuge	41	41	12	15	14
Namayingo	65	38	21	6	11
Namutumba	26	25	7	10	8
Total	326	276(85%)	122(44%)	84(30%)	70(25%)

Source: STAR-EC program records

In response to the previous observations that ART sites experienced delayed /slow rate of initiation of eligible clients on ART, six Medical Officers were sourced from neighbouring districts /programs and facilitated on a locum arrangement to provide clinical support once a week during ART clinic days at various facilities that do not have services of medical officers. They were tasked to identify eligible clients and initiate ART, as well as to review complex cases. At the end of about five weeks of weekly visits to separate sites, these visiting doctors initiated at least 145 new clients on ART. As a result, this quarter's data reveals a 24% increment in the rate of enrolment (886 clients started ART this quarter compared to 256 in the previous quarter).

Challenges

Health facilities had high expectations. They expressed concerns that visiting doctors tended to work for about two hours and leave before the patient line is cleared. Some doctors insisted on only seeing clients booked for initiation instead of reviewing all clients.

Way forward

- STAR-EC plans to run this “Locum Doctor” arrangement for one month each quarter throughout PY3. However we shall improve on sharing /communicating their terms of reference with facilities, as well as on monitoring this field activity to improve Doctors’ commitment to work for supported facilities to harness maximum benefits
- The trained facility based clinical mentors will be utilized to build the capacity of the existing staff at sites to be able to assess for ART eligibility, prepare and initiate ART for the eligible clients

2.1.5 Clinical/Additional TB/HIV

During this reporting period, STAR-EC maintained close collaboration with the Ministry of Health /National TB and Leprosy Programme (NTLP) to implement TB and TB/HIV activities. Financial and technical support was provided to enable the District TB and Leprosy Supervisors (DTLS) and District Health Officers (DHOs) from STAR-EC supported districts to participate in the South-East zonal quarterly meeting in which challenges and promising practices were shared. During the meeting which was held in October, Iganga District was recognized as the best improved performing district on CDR and TSR among the districts in the zone.

At national level, STAR-EC participated in a meeting with the NTLP Program Manager to discuss the strategies for improving case detection rate (CDR) and treatment success rates (TSR), the key national indicators.

During the quarter, STAR-EC shared experiences on the use of the intensified case finding forms through meetings with other implementing partners and presentation of a paper. This experience has been used to inform WHO, the lead partner on implementation of ICF tools in the country on the changes that need to be effected to improve implementation of ICF tools.

Over the reporting period, STAR-EC facilitated MoH/NTLP officials to conduct on-job mentorship to health care providers focusing mainly on TB case management, documentation in the registers and utilization of ICF tools. Mentorship was conducted in 33 facilities mentioned below in the five districts of Bugiri, Namayingo, Kamuli, Kaliro and Namutumba.

Table 8: Health facilities in which mentorship was conducted

District	No. of health facilities	List of health Facilities
Kamuli	10	Kamuli Mission and Kamuli General Hospitals, Namwendwa HCIV, Kitayunjwa, Bulopa, Mbulamuti Balawoli, Butansi, Nabirumba and Namasagali HCs III
Kaliro	6	Bumanya HCIV, Namugongo, Nawaikoke, Namwiwa and Gadumire HCs III, Kaliro Town Council
Namutumba	7	Nsinze HCIV, Magada, Namutumba, Nabisoigi, Bukonte, Ivukula and Bulange HCs III
Bugiri	7	Bugiri Hospital, Bulesa, Buwunga, URHB, Mayuge, Nabukalu, Nankoma and HCs III
Namayingo	3	Buyinja, Banda and Iwemba HCs III,

Source: STAR-EC program records

TB/HIV collaboration at facilities

This reporting period, STAR-EC provided financial support towards the TB and ART health care providers' review meetings. The meetings were aimed at enhancing uptake of ART and co-trimoxazole (CPT) among TB/HIV co-infected patients. A total of 16 meetings were held in the high volume sites.

A total of 526 TB patients were registered during the quarter. Out of these, 487 (93%) patients had their HIV results recorded in the register. The target is to have at least 90% of TB patients tested for HIV. Additionally 171 (35%) patients tested HIV positive and out of these 156 (91%) were started on CPT and 56 (33%) started on CPT and ART, compared to the last quarter's achievement of 26%

Table 9: TB/HIV outcomes during quarter 1 of PY3

District	No. of TB patients recorded in the register	No (%) of TB patients with HIV results recorded in the register	No (%) of TB patients tested HIV positive	No (%) of TB/ HIV patients started on CPT	No. (%) of TB/HIV patients started on CPT and ART
Iganga	129	125	47	36	22
Bugiri	79	71	34	32	7
Kamuli	75	64	21	21	10
Mayuge	93	92	28	26	3
Namutumba	46	46	11	11	8
Kaliro	25	25	2	2	0
Luuka	22	14	8	8	4
Buyende	22	16	5	5	0
Namayingo	35	34	15	7	2
Total	526	487 (93%)	171 (35%)	156 (91%)	56 (33%)

Source: STAR-EC program records

TB status in HIV chronic care services

Out of 9,427 HIV positive clients reviewed during the quarter 8, 975 (95%) were screened for TB, 385 had their sputum examined and 139 received treatment for TB. The breakdown of the TB/HIV service integration is highlighted in the Tables 9 and 10.

Table 10: TB status in HIV chronic care services

District	Current clients seen during the quarter	No.(%) of clients screened for TB	No. of suspects investigated for TB	No. of clients ART & pre ART treated for TB	No. of TB/HIV clients that received ART and TB treatment
Iganga	2,047	1,887 (92)	97	23	25
Bugiri	1,130	1,092 (97)	68	18	11
Kamuli	2,505	2,387 (95)	69	25	21

Mayuge	940	859 (91)	27	13	6
Namutumba	650	650 (100)	11	11	-
Luuka	878	878 (100)	3	3	3
Kaliro	272	247 (91)	56	4	-
Namayingo	660	660 (100)	33	17	16
Buyende	345	315 (91)	21	2	1
TOTAL	9,427	8,975 (95)	385	139	83

Source: STAR-EC program records

Challenges and the way forward

- Limited access to ART services at sub-county level. Under the TB DOTS program, most TB patients are referred to their respective sub-counties to continue TB treatment. As a result, these patients may miss the earliest opportunity to access ART except in facilities where ART outreaches are being conducted. Health care providers are advised to retain TB/HIV co infected patients at the sites where they can access both ART and TB treatment patients
- Limited linkages and internal referrals between the TB and HIV care services at facilities. STAR-EC shall continue to support the collaboration through on job mentorship, support supervision and monthly performance review meetings involving the TB and HIV service providers
- Patients' reluctance to take both anti-TB drugs and ART. STAR-EC continues to mentor health workers on inter personal communication skills in order to provide comprehensive patient's education on the benefits of early initiation of ART to TB co-infected patients

Lessons learned

Strengthening performance review meetings between the TB and HIV care providers will improve uptake of ART among TB/HIV co infected patients

TB CONTROL ACTIVITIES

Intensified case finding (ICF)

STAR-EC is employing a number of strategies to improve on case detection in the districts. During the quarter, STAR-EC supported integration of sputum outreaches with HTC activities. Iganga District was supported to conduct intensified case finding among inmates. A total of 40 suspects were identified although none was diagnosed to have TB. The inmates were supported to access treatment. In order to improve the low CDR among the districts in the region, STAR-EC intends to strengthen the community referrals, support door-to-door intensified case finding and address the challenges in the laboratory.

Table 11: Case Detection Rate for each district during quarter 1

District	No. of expected new smear positives in a quarter	No. of smear positives	CDR%
Iganga	157	85	54
Luuka	83	17	20
Kamuli	158	42	27
Buyende	84	21	25
Kaliro	68	23	34

Namutumba	71	38	54
Bugiri	96	39	41
Namayingo	72	23	32
Mayuge	145	48	33
Total	934	336	36

Source: District quarterly reports

Buyende, Luuka and Namutumba districts have performed better than the previous quarters due to the increased support supervision and laboratory services in the districts. However, these districts continue to experience human resource challenges. Three laboratories have remained non-functional in Luuka District following the district's decision to stop the laboratory volunteers.

Public- Private Mix (PPM) The public-private partnership (PPM) is one of the pillars of the STOP TB strategy; therefore STAR-EC supports districts to engage and collaborate with the private sector. During the quarter, STAR-EC and the districts local governments provided support to seven private facilities in form of technical support supervision, mentorship, TB laboratory reagents and registers

Table 12: Private health facilities that were supported during October- December 2010

District	Private Facilities supported
Kamuli	Kamuli Mission Hospital, Universal Apostles Fellowship Mission Nursing Home
Bugiri	First Line Medical Centre
Kaliro	URHB - Kaliro
Namutumba	-
Iganga	Islamic Medical Centre,
Mayuge	Buluba Hospital
Buyende	St. Matia Mulumba
Luuka	-
Namayingo	Hukeseho

Source: STAR-EC program records

TBDOTS

The distribution of bicycles, motorcycles and continued support supervision to the sub-county health workers has greatly improved the coverage and quality of TB DOTS in all the sub-counties in East central Uganda. During the quarter, a total of 14 motorcycles were distributed to DTLS and some facilities to support TB and HIV services in the districts. Patients coverage reported during the quarter by the districts is outlined in Table 13.



STAR-EC Chief of Party handing over motorcycles to Mayuge Ag DHO

Table 13: TB DOTS coverage during the 1st quarter of PY3

District	Bugiri	Buyende	Iganga	Kaliro	Kamuli	Luuka	Mayuge	Namayingo	Namutumba
(%) coverage	44	95	73	64	35	91	90	83	72

Source: STAR-EC program reports

In an effort to improve treatment success through improved documentation for TB variables and patients follow up STAR-EC supported NTLP to hold the sub-county health workers` (SCHWS) quarterly performance review meeting. The meeting was also attended by the DTLs and the health sub-district TB focal persons.

Feedback information from facilities and the communities and that the registers is reconciled and updated. The practice is that patients identified from hospitals and other high volume sites are referred to lower level facilities to access treatment nearest to their homes. However, sometimes the patients do not reach their respective sub-counties. This information is therefore shared amongst the sub-county health workers during the meeting. Patients that are identified as lost to follow up are then traced by the sub-county health worker from that sub-county. A feedback is then given to the health sub-district TB focal person or the DTLs two weeks following the meeting. Following the September meeting, eight patients were recovered in one sub-county in Kamuli District.

STAR-EC supported the DTLs and the health sub-district TB focal persons to provide technical support supervision to facilities. A total of 75 facilities were supervised during the quarter. During this visit it was noted that there was inadequate utilization of ICF tools at all the facilities and lack of collaboration between the public and the private sectors. It was further noted that implementation of TB infection control had improved and documentation of TB/HIV variables, gaps identified in TB and ART linkages and harmonization of the registers had been given due attention.

During this quarter, STAR-EC supported 76 SCHWs to deliver drugs to treatment supporters in different communities. A total of 352 clients were supported under the DOTS strategy. In addition the DTLs of the nine districts were supported to deliver drugs to the peripheral units.

Table 14: Treatment Success Rate for quarter1, PY3

District	Kaliro	Mayuge	Namutumba	Kamuli	Iganga	Bugiri
TSR (%)	87.5	85	82.4	81	80.4	76.7

Source: District quarterly reports

Challenges and way forward

- Stock outs of reagents and microscope slides affected sputum microscopy. As a result integration of sputum outreaches with HTC outreaches and outreaches in the islands was affected and consequently negatively impacting on CDR outcome in the districts
- Human resource constraints in some health facilities are so enormous that some laboratories have remained non-functional such as Ikumbya, Ikonia, Mutumba and Bumoli HCs III
- Community awareness about TB is still limited. During PY3 (second quarter), STAR-EC intends to train TB community scouts (e.g., VHTs, CSAs,) on TB DOTS and intensified case finding in the communities. These will be tasked to carry out home to home TB case finding, contact tracing, referral of suspects to facilities for diagnosis and community TB sensitization

Lessons learned

- Registration of the patients' telephone contacts improves patients' follow-up and as a result the treatment outcome
- SCHWs review meetings are important in monitoring and sharing of information about patients referrals to the sub-counties under TB DOTS hence improving inter facility referrals and the treatment outcome of these patients
- There is need to empower the health providers with the knowledge and skills to be able to support clients to adhere to integrated TB/HIV services and improve treatment outcomes
- There is need to involve Laboratory personnel in the review meetings because they directly participate in care, follow up and determining of CDR and treatment outcome of TB patients

2.1.6 Laboratory Services

During this quarter, STAR-EC focused on strengthening the quality of laboratory services at 70 health facilities (53 HC IIIs, 12 HC IVs and 5 General Hospitals) in the nine districts as summarized in Table 15.

Table 15: Distribution of health facilities supported by STAR-EC during this reporting period

No.	District	Facility Levels			Total
		HC IIIs	HC IVs	General Hospitals	
1	Bugiri	8	1	1	10
2	Buyende	5	1	0	6
3	Iganga	9	2	1	12
4	Kaliro	5	1	0	6
5	Kamuli	10	2	2	14
6	Luuka	3	1	0	4
7	Mayuge	5	2	1	8
8	Namayingo	2	1	0	3
9	Namutumba	6	1	0	7
	Total	53 (76%)	12 (17%)	5 (7%)	70 (100%)

Source: STAR-EC program reports

In collaboration with the MoH and Ministry of Education and Sports, STAR-EC continued to work with Central Public Health Laboratories (CPHL), National TB and Reference Laboratories (NTRL), Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL) to implement laboratory activities geared at health system strengthening as indicated in outputs summarized in Table 16.



Dry Blood Spots on filter being dried at Bugiri General Hospital prior to packaging for delivery to JCRC-Kakira

Highlights of the support provided by STAR-EC to laboratories included but not limited to:

- Sponsored *Microscopists* for Laboratory Assistants' and Laboratory Technicians courses in partnership with Ministry of Education and Sports at Jinja Medical Laboratory Training (MLTS)
- Provided supplementary diagnostic supplies (listed in Table 16) during

episodes of stock outs at the health facility laboratories. This facilitated uninterrupted provision of laboratory services

- Supported operationalization of national external quality control schemes for TB and HIV testing and implementation of infection control guidelines in collaboration with CPHL, NTRL and UVRI/HRL
- Strengthened the specimen referral system in the region by emphasizing adherence to standard guidelines for transportation of bio-hazard specimens. Safety during transportation of sputum and blood for multi drug resistance tuberculosis (MDR) testing and ART monitoring tests respectively coupled with proper documentation practices were attained



Cool boxes provided to health facilities for safe transportation of sputum and blood specimens for MDR testing and ART monitoring tests respectively

- Facilitated delivery of patients' samples from peripheral health facilities to reference laboratories to ensure increased access to HIV diagnostic and ART monitoring tests

- Conducted mentorship of laboratory staff in the region in cooperation with UVRI/HRL, NTRL, Jinja Regional Referral Hospital and AMREF

- Infrastructure rehabilitation works were initiated. A Consultant Engineer was hired by STAR-EC and in consultation with districts agreed on the way forward for technical designs and bills of quantities for patient waiting shades for 11 health facilities. Rehabilitation of laboratory room for CD4 machine at Bugiri commenced and is due for completion in quarter 2 of PY3
- Presented a paper in the 28th Annual Scientific Conference for the Uganda Medical Laboratory Technology Association (UMLTA) held in Gulu-Uganda. As a result of the above mentioned efforts, a number of achievements were realized this quarter (see Table 17).

Table 16: STAR-EC's laboratory outputs during this reporting period

Interventions/Activities	Outputs
Sponsorship for Medical Laboratory Training	8 Microscopists enrolled for Laboratory Assistants' Certificate Course 2 Lab. Assistants enrolled to upgrade for Laboratory Technician Diploma course.
Provision of supplementary diagnostic supplies	68 HCs were provided with microscope immersion oil for TB and related microscopic tests 3 general hospitals (Iganga, Kamuli and Bugiri) received CD4 reagents ; 1 general hospital (Iganga) received Clinical Chemistry reagents; 25 health facility laboratories received HIV rapid testing kits.
Operationalization of national external quality control schemes	68 HCs received and analyzed HIV proficiency panels from UVRI/HRL 69 HCs participated in the NTRL sputum smear blinded rechecking scheme. Performance report will be received from NTRL and reported on in the next reporting quarter
Strengthening of implementation of infection control guidelines with support from CPHL	38 HCs received MoH Laboratory Safety Manuals. The April 2010 laboratory needs assessment (LNA) had showed that 45% (n=69) of health facility laboratories in the region lacked MoH Laboratory Safety Manuals.
Strengthening the specimen referral system in the region	70 HCs provided with cooler boxes for specimen packaging and transportation 50 HCs provided with carbonated specimen referral forms 84 health workers (42 Clinicians; 42 Laboratory staff) from 42 HCs oriented on specimen referral procedures
Facilitated delivery of patients' samples from peripheral health facilities to reference laboratories	45 HC supported to refer blood samples for CD4 testing 38 HCs supported to refer DBS specimens for EID of HIV at JCRC- Kakira 4,175 CD4 tests performed 771 HIV DNA/PCR tests performed of which 32 (4.2%) were positive
Carried out preventive service/repairs of Laboratory equipment	3 CD4 machines at Iganga, Bugiri & Kamuli General Hospitals serviced 1 Clinical Chemistry Analyzer at Iganga repaired
Conducted a quarterly technical mentorship and support supervision of laboratory staff	Laboratory staff from 70 HC mentored and supervised on good laboratory practices Laboratory data for test performed during the quarter collected Stock status of essential laboratory supplies determined

Performance of health facility laboratories per district during the reporting period

The laboratory data (Table 17) showed that various tests were performed and these included HIV antibody (where 36,586 individuals were tested and 6.5% were found HIV positive - refer to Figure 2 and Table 3) and blood slides examination for malaria (haemoparasites) found 46.8% individuals malaria positive (n=60,745). DNA PCR for early infant diagnosis of HIV in infants born to HIV positive mothers showed a positive prevalence of 4.2% (n=771) while TB sputum microscopic examinations showed a positive prevalence of 7.5%(n=5,065). Highlights of the data showed that:

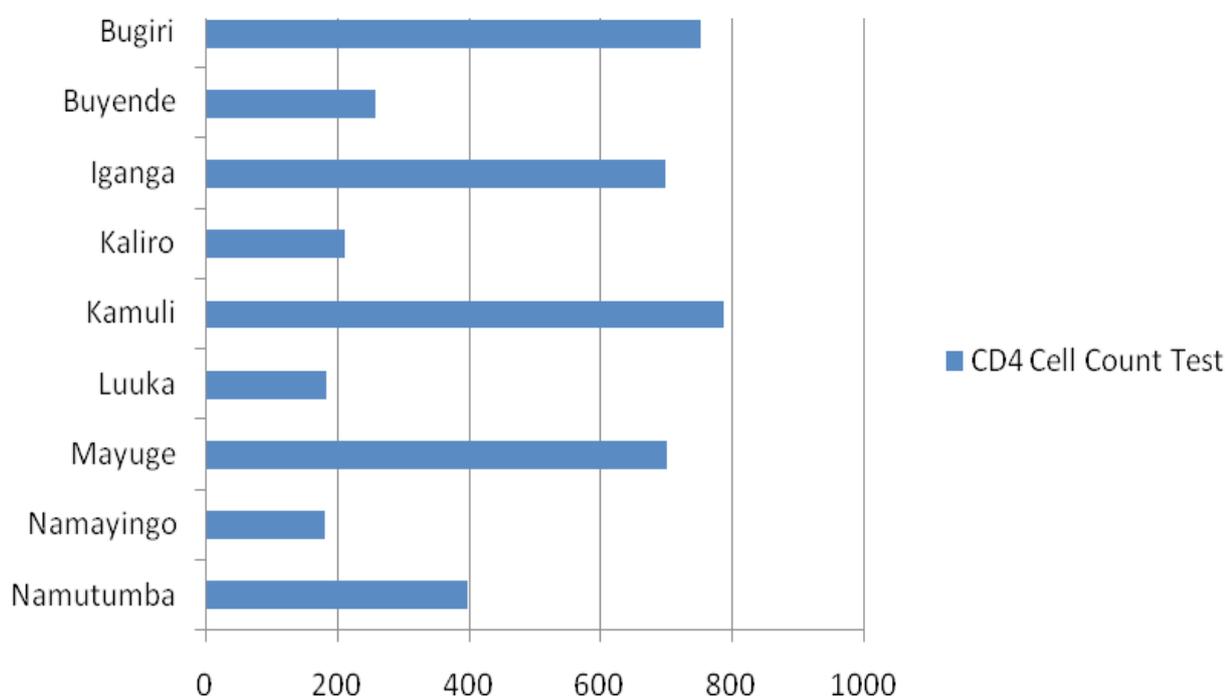
- HIV prevalence was highest in Mayuge District at 9.6% (n=9,934) lowest in Buyende at 7.7% (n=8,460) for HIV antibody tests done at facility laboratories
- TB prevalence was highest in Namayingo District at 10.1% (n=355) and lowest in Kaliro District
- Malaria prevalence was highest in Bugiri and Namutumba with prevalence of 76.1% (n=5,855) and 71.4% (n=4,560) as compared to the regional prevalence of 46.8% (n=60,745)

Table 17: Total number of basic laboratory tests performed by STAR-EC supported laboratories in the region

District	Laboratory Tests by type							
	HIV DNA-PCR		TB (Sputum smears)		Syphilis antibody tests		Blood slides for malaria (Haemoparasites)	
	Total tested	Number Positive	Total tested	Number Positive	Total tested	Number Positive	Total tested	Number Positive
Bugiri	42	1 (2.4%)	563	35 (6.2%)	781	44 (5.6%)	5,855	4,457 (76.1%)
Buyende	25	6 (24%)	340	23 (6.8%)	804	27 (3.4%)	2,148	1,240 (57.7%)
Iganga	223	3 (1.3%)	1,129	109 (9.7%)	3363	109 (3.2%)	14,253	5,533 (38.8%)
Kaliro	60	1 (1.7%)	340	16 (4.7%)	611	37 (6.1%)	4,080	1,995 (48.9%)
Kamuli	81	3 (3.7%)	831	51 (6.1%)	1536	139 (9.0%)	13,843	4,492 (32.4%)
Luuka	23	1 (4.3%)	406	19 (4.7%)	897	40 (4.5%)	4,509	1,791 (39.7%)
Mayuge	175	12 (6.9%)	647	57 (8.8)	1553	113 (7.3%)	8,570	4,176 (48.7%)
Namayingo	45	5 (11.1%)	355	36 (10.1)	186	25 (13.4%)	2,927	1,471 (50.3%)
Namutumba	97	0 (0.0%)	454	34 (7.5%)	854	63 (7.4%)	4,560	3,255 (71.4%)
Grand Total	771	32 (4.2%)	5,065	380 (7.5%)	10,585	597 (5.6%)	60,745	28,410 (46.8%)

Source: STAR-EC program reports

Figure 11: CD4 cell count tests performed by district during Q1



Source: STAR-EC program records

Stock status of basic supplies for HIV, TB testing and related laboratory investigations at the end of the 1st Quarter

The stock status of basic supplies for HIV, TB testing and relevant registers (Table 18) was determined during the mentorship and supervision conducted during this reporting period. Apart from biohazard bags, disposable gloves and sputum mugs, the data obtained revealed that the health facility laboratories were fairly well stocked with HIV test kits for the following month - January 2011. Arrangements will be put in place for STAR-EC to work with the DLFPs and DTLs to redistribute the supplies from facilities that are over stocked with particular items to facilities lacking followed by timely submission of order requests to NMS for supplies for the following quarter.

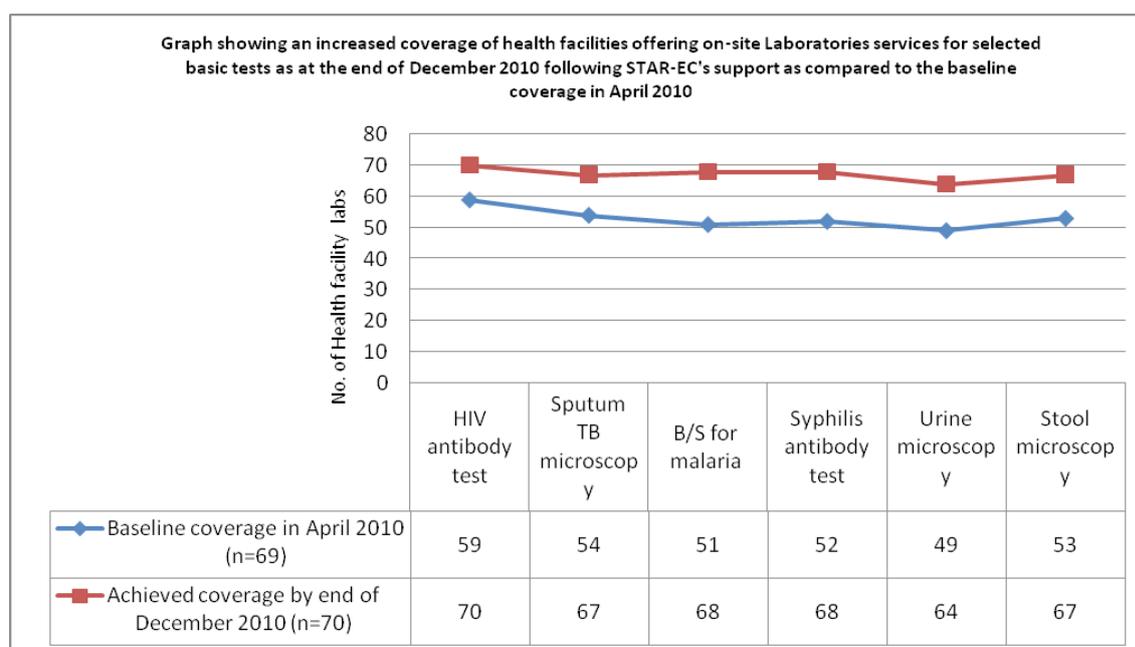
Table 18: Stock status of HIV diagnostic kits at the health facility laboratories during the 1st quarter

Number of facilities supervised (n=70)			
Item description	Stock status at end of Dec 2010		
	Available and adequate	Available but inadequate	Lack
HIV Test kits			
Determine HIV 1/2 test kits	55 (79%)	15 (21%)	0 (0%)
Stat PAK HIV 1/2 test kits	52 (75%)	17 (24%)	1 (1%)
Unigold HIV 1/2 test kits	44 (63%)	14 (20%)	12 (17%)
TB diagnostic supplies			
ZN stains (Complete set)	27 (36%)	37 (53%)	6 (9%)
Oil immersion (at least 50ml)	52 (74%)	16 (23%)	2 (3%)

Number of facilities supervised (n=70)			
New microscope slides	29 (42%)	36 (51%)	5 (7%)
New microscope slide cover slips	43 (61%)	18 (26%)	9 (13%)
Sputum mugs	26 (37%)	29 (41%)	15 (21%)
Disposable gloves	12 (17%)	39 (56%)	19 (27%)
Biohazard bags	22 (31%)	18 (26%)	30 (43%)
Essential laboratory registers			
Lab Register HMIS Form 055a (in use)	58 (83%)	9 (13%)	3 (4%)
Lab Register monthly summary HMIS Form 055b (in use)	53 (76%)	10 (14%)	7 (10%)
NLTP TB Lab Register (in use)	48 (67%)	20 (29%)	2 (4%)

Overall, there is evidence that STAR-EC contribution to laboratory strengthening has translated into an increase in the coverage and provision of health laboratory services in East Central Uganda as compared to the baseline coverage in April 2010 (Figure 12)

Figure 12: Health facilities offering laboratory services by end of Q1, PY3 as compared to baseline coverage in Q2, PY3



Source: STAR-EC program records

Challenge

There is still a looming inadequate availability of human resources for health laboratory services delivery in the region. Despite the obvious increase in demand for laboratory services in the region, up to 35% (n=70) of the health facility laboratories have only one laboratory staff while 20% (n=70) are headed by Microscopists as opposed to qualified staff due to scarcity

Way forward

- Collaborative effort is necessary to work with the district local government authorities to recruit qualified laboratory personnel to manage the health facility laboratories

As a long term intervention, explore options to provide more scholarships to the districts to enable those Microscopists who have minimum qualifications to enrol for the certificate course in medical laboratory technology

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

During quarter 1 of PY3, targeted HIV prevention interventions were supported by STAR-EC including abstinence (or delayed sexual initiation among youth), being faithful (and/or reduction in number of sexual partners); and correct and consistent condom use (ABC) through use of peer-to-peer; small group discussions, peer support group activities; and targeted community dialogues. Through some of these avenues structural prevention was also promoted. By using the 'men and HIV' curriculum, boys, men and the entire community were challenged to adopt social norms and values that promote respect for girls and women while rejecting violence against women.

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

STAR-EC utilized trained individuals in the provision of AB services to promote HIV prevention interventions including peer dialogue sessions; home to home visits; youth and couple support group meetings; behaviour change communication programs (BCPs); fidelity seminars; and 'choose freedom' sessions.



Trainers of trainers being trained in 'couples on the way' and 'Couples United Curricula'

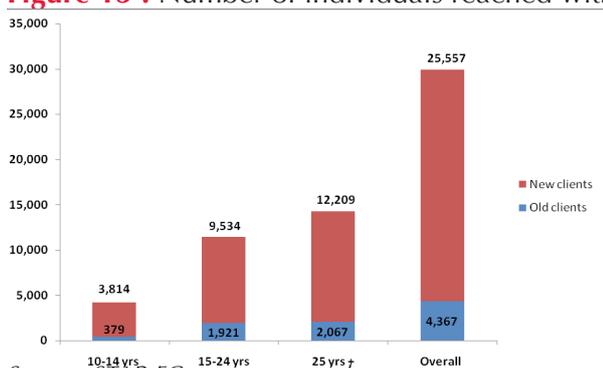
During this period, STAR-EC trained an additional 26 ToTs in be-faithful message and skills delivery thereby adding on the already existent human resources from PY1 and PY2 to further cascade training and provide leadership in the couple support clubs at the grassroots level. These individuals, together with already trained youth peer educators, model couples and religious leaders, promoted HIV prevention interventions. The AB messages promoted by the peer educators included, among others, abstinence and/or be-faithful messages; improving spousal/couple communication, improving parent-child communication; celebrating marriage; sharing spousal expectations; solving problems together; and maintaining friendship. Eighteen newly formed youth clubs were supported with sports equipment to facilitate peer sustainability activities such as football, netball and other board games critical in their recreation, a mobilization tool as well as an opportunity for sustained behaviour change among youth. Within these groups, youth have been reached with HTC as well as encouraging them to influence and hold each other accountable through peer buddy pairs where they are required to be conscious of the whereabouts of one another.

Over this reporting period, a total of 29,924 individuals were reached with AB interventions and messages of which 15% had been reached more than once during the reporting period also referred to as old clients. Among the individuals served 52% were youth aged 10-24 years of age while 48% were over 25 years of age.

Challenges and way forward

- In an effort to incorporate HTC into other HIV prevention activities, some CSOs liaised with public health facilities to offer HTC which made the program even richer. However, this was challenging as health facilities had standalone schedules and could sometimes fail to make it for some programs. STAR-EC will therefore train and support more CSOs staff and volunteers to integrate HTC within their community-led activities especially home to home visits
- There is still limited participation by female youth in monthly community youth meetings. STAR-EC will support CSOs to select and involve more girls as peer educators so that they can mobilize fellow youth for these meetings

Figure 13 : Number of individuals reached with AB interventions in by age group in quarter 1.



Lessons Learned

- Networking among CSOs and with health facilities has contributed to provision of a comprehensive package of services as well as increased the reach of services such as HTC
- Many youth are faced with hardships and challenges and lack a supportive environment for them to discuss them. For instance, many have reported signs of STIs/STDs but could not inform their parents for fear of being referred to as immoral and 'spoiled' characters. However, the peer to peer dialogues have provided much needed information to youth followed by referrals to service providers for STI treatment and are influencing treatment seeking behaviour

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

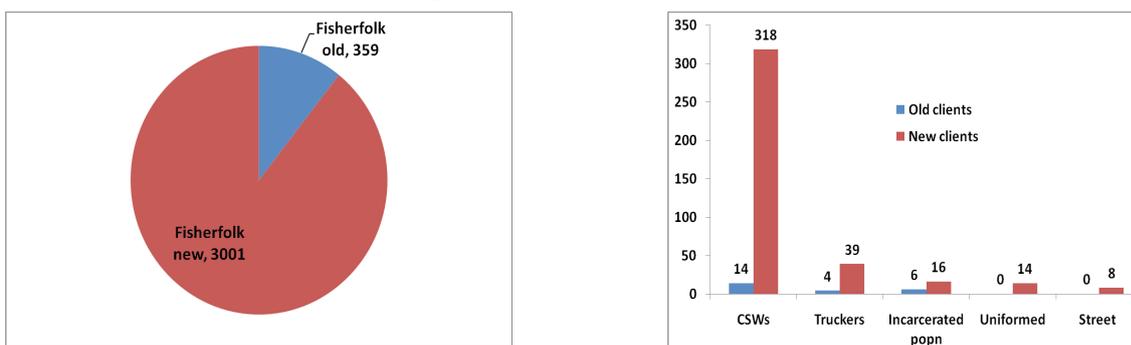
STAR-EC supported the districts to obtain 1.5 million male condoms from the National Condom Coordination Unit of the MoH during this reporting period. The program worked with CSOs to quantify their condom needs and request from the public health facilities. The MoH with the support of Programme for Accessible Health, Communication and Education (PACE) trained three regional trainers from three STAR-EC supported CSOs as ToTs for cascading and promoting use of the new female condom within the region. The program subsequently received 29,001 female condoms from MoH for distribution especially among MARPs where the demand for these condoms has been noted. The ToTs were supported by STAR-EC to conduct training of 90 peer educators/condom distributors among whom 30 were from Naluwere and 60 were from landing sites and islands in Namayingo and Mayuge districts. The condom promoters selected and trained include 7 park yard volunteers, 23 commercial sex workers and 60 fisher-folk. They also learnt about the signs and symptoms of common STIs, community mobilization, as well as conducting referrals for other HIV prevention services.

The peer educators conducted peer-to-peer discussions during home visits, convened monthly community dialogue meetings to sensitize members on how to adopt healthy lifestyles, prevent HIV acquisition as well as create awareness of the signs, symptoms and dangers of STIs to facilitate early care seeking. During this period, through 104 condom service outlets in 42 parishes, 3,779 MARPs were reached with HIV prevention messages and commodities in East Central Uganda of whom 10% were reached more than once also referred to as old clients. The majority of the MARPs reached during this reporting period were fisher-folk who contributed 89% (Figure 14) of MARPs served followed by CSWs and long distance truck drivers who contributed 9% and 1% respectively. During the reporting period, STAR-EC reached 5,460 (20% were reached more than once) other categories of individuals with HIV prevention interventions beyond AB and condoms. This population included: plantation workers, bodaboda riders, business people/shop-keepers, bar and lodge attendants, some youth who reported having sexual relations as well as couples as shown in Table 2 of this report.



A trainer demonstrating the procedure of using a female condom during training of condom promoters from Sigulu islands and Banda Sub-County

Figure 14: Fisher-folk and other categories of MARPs reached with interventions beyond AB



Challenges and way forward

- Perceptions about the discomfort of Femidom (earlier introduced by MoH) have also affected adoption of this new female condom. STAR-EC and her partners are going to intensify campaign for the new female condom with emphasis of its user-friendliness and improved qualities over the Femidom
- Timing and reaching truck drivers from the gazetted Naluwerere parking lot was difficult because most of them prefer parking by the road side and some feeder roads to Naluwerere Center. STAR-EC through URHB will strengthen the *scenario events* activity for truckers by giving it more publicity and also use the Great Lakes Initiative on HIV&AIDS (GLIA) knowledge room to provide them with prevention services
- The number of trained condom promoters in the region is still inadequate as regards providing a sufficient dose and intensity of the HIV prevention interventions among MARPs especially given the latter's mobile nature. STAR-EC will continue to select and train more volunteers in the next quarter

Table19: Number of other categories of individuals reached with HIV prevention interventions beyond AB and condoms

Type of individual	Old clients	New clients	Total
Plantation workers	79	360	439
Bodaboda	224	977	1,201
Business people/shop keepers	274	1,273	1,547
Bars & Lodges	210	668	878
Video halls	57	291	348
Youth reached by Peer Educators(PEs)	40	263	303
Model Couples reached by PEs	125	276	401
Others	102	1,241	1,343
Cumulative	1,111	5,349	6,460

Source: STAR-EC program records

Lessons Learned

- With the introduction of the female condom, CSWs are more comfortable and feel that they have control in preventing themselves from the pitiless customers who did not want to use male condoms
- The female condom has largely been accepted by community members especially couples, commercial sex workers and individuals in multiple and concurrent sexual relationships

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



Bukawongo discordant couple support group during a learning visit at a piggery and beekeeping project from where they bought 3 piglets and started their own piggery

The young positives after the meeting



Young positives from Abaato twefeku young positive group learning how to prepare a vegetable garden in a sack

During this reporting period, PwP interventions were provided at PMTCT and ART care points within health facilities as well as through community service points where organized groups including post-test clubs, discordant couple support groups and young positive clubs were supported to meet - with CSOs playing a crucial coordinating role.

Through the use of peer educators trained in PY2, PLHIV in these various settings were supported to share experiences, discuss positive health, dignity and adopt HIV prevention strategies. PLHIV used the meetings to demonstrate and practice skills, ask questions, learn about and collect condoms, participate in learning visits, conduct practicum on how start to up vegetable gardens as well as other projects

as income generating activities (IGAs) for improving income and their nutrition.

Over this reporting period, six discordant couple support groups as well as seven young positives clubs were formed at community level and supported to meet on a monthly basis (Tables 20 and 21). Some of the clubs were engaged in learning how to grow vegetables in polythene sacks which would improve on their nutritional status as well as be used later as an income generating activity. This was headed by peers who had attended earlier training with support from International HIV Alliance project who demonstrated setting up a seedling bed and transplanting of vegetables in sacks and polythene bags. STAR-EC delivered 30 cartons of male condoms and 9 cartons of female condoms to NACWOLA for distribution by the community support agents (CSAs) during their door-to-door activities. As a result, 20,052 individuals were reached with a minimum package of prevention with PLHIV (PwP) interventions. Of these, a total of 8,636 individuals (3,312 males, 5,324 females) were reached as new clients within the quarter.

Table 20: Discordant couple support groups formed during quarter 1

No	District	Female	Male	Total
1	Iganga - Iganga Discordant Couple Support Club	17	17	34
2	Kaliro - Bakuseka Majja Discordant Couple Support Group	20	20	40
3	Mayuge - Bukawongo Discordant Couple Support Group	32	31	63
4	Mayuge - Kyamatede Discordant Couple Support Group	14	7	21
5	Bugiri - NACWOLA Discordant Couple Support Group	7	7	14
6	Namutumba -Twewayo Discordant Support Group	7	7	14
7	Kamuli - Atayiisa Mukono Discordant Couple Support	20	20	40
	Total	117	109	226

Source: STAR-EC program records

Table 21: Young positives' clubs formed during quarter 1

No	District/Name of Club	Female	Male	Total
1	Iganga - Abaato Twefeku Young Positive Group	12	11	23
2	Kaliro - Nawaikoke Young Positive Club	17	8	25
3	Mayuge - Ntafungilwa Young Positive Group	28	4	32
4	Bugiri - NACWOLA Young Positive Support Group	15	10	25
5	Namutumba -Tusubira Young Positive Support Group	16	9	25
6	Kamuli - Kings Of Hope Young Positive Support Group	25	5	30
	Total	113	47	160

Source: STAR-EC program records

SUCCESS STORY

Peer support transforms Amina's life



Amina (white top) during a counseling support session with Mutesi at Busesa HCIV

“By then I had completely weakened and thought I could live no more... Even when I changed my residence from Idudi to Bulyansime, Kikunyu parish, Bugweri County she tracked me down and continuously supported and counselled me”, says 42 year old Amina Namukose.

Namukobe Amina a resident of Idudi tested positive in 2008, but says it was not a surprise to her as she had been living with a polygamous husband and had on and off fever. She reports that her body had been weakening for some time prior to taking the HIV test. She started taking Septrin for a year but her health continued to depreciate. “One day in December 2009, Mutesi Fatuma; a Community Support Agent came to my home



Amina at her home on a mat before receiving peer support from Mutesi

and counselled me. She shared her testimony with me and told me about ARVs. She advised me to have my CD4 taken. By then I had completely weakened and thought I could live no more. I had lost a lot of weight and could no longer walk but Mutesi never gave up on me”.

From that time on, Amina received support continuously from Mutesi for drug adherence, collecting her refills especially in times Amina was weak.

“Even when I changed my residence from Idudi to Bulyansime, Kikunyu Parish, Bugweri County she tracked me down and continuously supported and counselled me”. Amina is very appreciative for the support she received from Mutesi and the change the ARVs have brought to her life. She reports that she has improved greatly and can dig and sell some tomatoes and greens to earn some money. Amina has also expressed appreciation for the support she received from ‘Bugweri twefeku support group’ to which she belongs.

Challenges and way forward

- Provision of a continuum of care package to HIV positive clients is still a challenge, as some clients never go health facilities and other service providers when referred. CSOs and VHTs will be supported to improve follow up of clients referred as well as use peer support groups as points where service providers can provide the service
- New parishes have been formed in new districts, which require more CSAs to cover. NACWOLA will be supported to deploy some of the existing CSAs in these new areas

Lesson Learned

- Support group meetings have provided an avenue for sharing information on the emerging trends of HIV infection amongst MARPs, discordant couples, PLHIV and others hence interventions are designed adequately to address the scenarios
- During the couple HTC week, all discordant couples who were identified were referred to Infectious Diseases Institute PrEP Study among discordant couples at the Jinja PrEP site

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

During Quarter 1, seven teams of service providers (9 males, 12 females) from East Central Uganda were trained at Makerere University Walter Reed Project (MUWRP) and Rakai Health Sciences Project (RHSP). Three new SMC sites including Iganga Hospital, Buyinja HC IV and Kigandalo HC IV have been started and supported with equipment, logistics and supplies bringing the number of STAR-EC supported SMC sites to ten in the region. STAR-EC distributed seven operating tables and six operating floor lamps to Buyinja, Bumanya and Bugono HCs IV, Kamuli, Iganga and Bugiri hospitals and 10 circumcision sets to each of the nine SMC sites over this period. During the installation of this equipment, service providers were trained on its proper use and maintenance. STAR-EC has also supported sites only a monthly basis with pharmaceuticals such as anaesthetics and sundries relevant to SMC. All sites were supported to conduct a review meeting with VHT members who have been working as community mobilisers to review progress and develop an action plan for controlling flow of clients from communities to facilities.



An SMC team at work at Bumanya HC IV



A religious leader pledging to actively disseminate the SMC policy

STAR-EC participated in joint pre-assessment visits to Kityerera, Nankoma, Namwendwa and Nankandulo HCs IV with the SMC training team from MUWRP to assess readiness of theatres prior to training of service providers. STAR-EC further facilitated a regional dissemination of the SMC policy and communication strategy where 114 stakeholders including religious and cultural leaders, STAR-EC supported CSOs, other HIV&AIDS community based organizations, district health managers, SMC service providers and beneficiaries attended. During this event, the most recent research findings; the National SMC communication and campaign strategies; and progress made by STAR-EC in rolling out these services were presented. The event yielded great commitment from the cultural and religious leaders to partner with the district

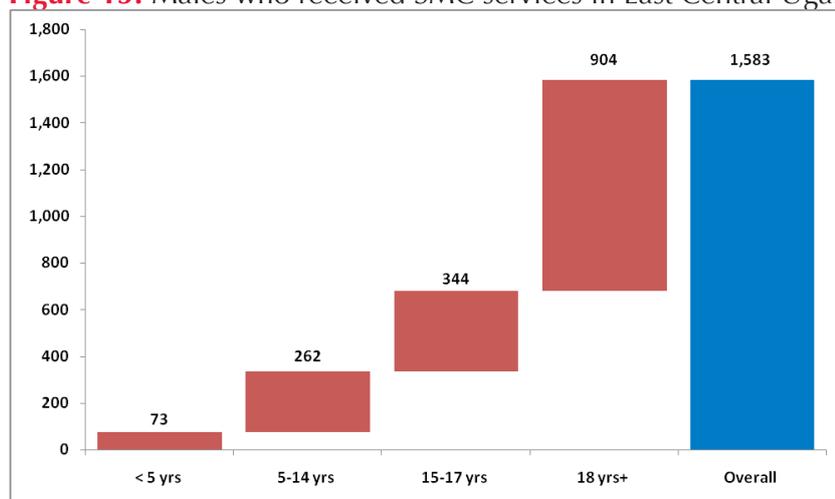
leadership to have safe male circumcision widely disseminated.

During the reporting period, 1,583 males received SMC services with the greatest percentage being males over 18 years accounting for 57 %, followed by those between 15-17years of age who accounted for 22 % and those aged 5-14 years (16%). Children under five years accounted for only 5% of the number who received SMC services in the East Central region.

Challenges and the way forward

- There are limited human resources at facilities yet they have to do routine work at health facilities in addition to the time-intensive SMC clinics. STAR-EC has plans to continue training as many service providers at each facility to facilitate easy integration and observance of duty rosters
- The demand for SMC is rising tremendously yet few of the health facilities in the districts are able to avail the service to the community. Buyinja HC 1V, for example, is so overwhelmed by the turn up of men seeking safe male circumcision that some beneficiaries cannot access service instantly. STAR-EC plans to facilitate SMC teams from low volume sites to support high volume sites clear back log and heavy booking lists
- The demand for SMC has increased tremendously thereby requiring a lot more circumcision sets and other supplies. STAR-EC plans to provide supplies and other logistics to meet the site-specific demand. Furthermore, there are plans to procure more circumcision sets which will assist in conducting circumcision camps

Figure 15: Males who received SMC services in East Central Uganda during quarter 1



STAR-EC program reports

Lessons learned

- STAR-EC has strengthened surgical services at the SMC sites by supporting them with much needed equipment and instruments which are being used within the theatres for all forms of minor operations
- SMC has continued to provide an opportunity for men to receive other health services including HIV counselling and testing, screening and treatment of STIs as well as receiving information on sexual and reproductive health services

SUCCESS STORY

Kamuli Hospital Post-SMC Club

It is a cool, crisp Wednesday afternoon at St. John Bosco Secondary School in Kamuli District. We are seated at school desks under a tree facing nine young men, a teacher and the SMC surgeon. Paul Tinka, their teacher and patron, opens our discussion of the first post-circumcision club in the East Central region of Uganda.

The club aims to support newly circumcised young men and encourage other young men to get the procedure. It fosters good health and prevention practices such as life skills development, abstinence and delay of sexual debut and negotiation skills.

The post-SMC club offers the students the chance to discuss their experiences with SMC, develop knowledge around sexual health and dispel the many myths and concerns surrounding SMC. Coupled with personal support and access to Mr. George Luyiuro, a surgeon at Kamuli District

Hospital, the club has served as an additional resource for mobilizing youth for SMC as well as follow-up. The support from the club members has been critical in fostering adherence to proper post-SMC care while reinforcing abstinence from sexual activity for the recommended 6 weeks following surgery through sharing information and challenges faced by members.

'I was the first to go for the service...' says Paul, 'then when my fellow teachers, as well as students, saw me back at school on Monday, many of the considered and started going to Kamuli Hospital for circumcision'.

All members of the club received SMC and found

mentors and friends in both Paul and George. When asked about their individual SMC experiences, challenges and what facilitated their decision to take up SMC. The youth mentioned that an informational visit communicating the many benefits of SMC from George "convinced" many of them to go for the procedure. "I was influenced by George and these guys' positive experiences with SMC" says the newest member of the group while pointing at his peers in the support group.



STAR-EC staff attending one of the meetings of the post SMC support club at St. John Bosco Secondary School, Kamuli

Some other boys expressed that they had never seen or been to an operating theatre and were afraid of the facility as they thought it was only for the severely injured or ill. 'For me, I went with Mr. Tinka to the hospital when he had gone for review on the second day. When we saw Mr. Luyiuro, Mr Tinka introduced me as his student who also wanted to get cir-

cumcised. It was Mr. Tinka who encouraged me to overcome the fear...' says Joseph.

With the support of Paul Tinka their patron, the club endeavours to enrol more newly circumcised males as well as female students in the hope that they can further advocate for SMC and provide sexual health education and guidance to the students at St. John Bosco and nearby communities. Post-SMC clubs, especially amongst youth not only provide support following a new medical procedure, but also the opportunity to learn and practice safer sexual health behaviours.

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

2.2.1 Improving leadership and governance at district and lower levels



The Coordinator PLHIV Forum Iganga takes a group of participants through an Energizer

Activities supported by STAR-EC during this quarter were geared towards strengthening supervision of HIV&AIDS activities and bringing the local leadership and commitment to HIV&AIDS to the fore front so as to ensure effective delivery of services at local level. Aiming at strengthening the district coordination mechanism, STAR-EC in Partnership with Uganda AIDS Commission (UAC) trained members of the district committees (DACs) in coordination and support supervision. The training covered Bugiri, Iganga, Mayuge and Namutumba districts. 15 members of DAC were selected from each district as follows - the District HIV focal person, DHO, District community development officer, District Education Officer, District Planner, National Agricultural Advisory Services Coordinator, Child and family protection unit of police, representatives of the NGO forum

representatives, people living with HIV and private-for-profit organizations. The main objective of this training was to equip members of DAC with skills in coordination and support supervision. During the training the participants were taken through national and decentralized coordination mechanism, overview of the National Strategic Plan for HIV&AIDS, the Program Performance Monitoring Plan and the support supervision process. This training culminated in the districts developing their coordination and support supervision action plans, which will be followed by STAR-EC to ensure that effective coordination and support supervision is carried out in their respective districts.

PLHIV Involvement



PLHIV Coordinator for Namutumba giving remarks during PLHIV training at Namutumba Town Council hall

STAR-EC facilitated The National Forum of people living with HIV &AIDS in Uganda (NAFOPHANU) to conduct orientation and formation of sub-county PLHIV committees in the six districts of Bugiri, Iganga, Mayuge, Kamuli, Kaliro and Namutumba. A total of 52 sub-counties were covered. During this orientation, PLHIV members were taken through coordination mechanisms at various levels from the national up to village levels. The emphasis was put on the roles and responsibilities of PLHIV committees and forum. The district HIV focal person presided over the election of the sub-county PLHIV committees. In all, 1,772 PLHIV attended this orientation from 52 sub-counties, of whom 468 PLHIV members were elected on different committees. These committees will be

responsible for mobilization, awareness creation, lobbying, advocacy, referrals and networking and reporting. All the PLHIV committees were supported to develop their action plans which will be the basis for measuring their performance. The six district PLHIV fora will be facilitated by STAR-EC to carry out regular monitoring and support supervision.

Village Health Teams (VHT) Activities

STAR-EC continued to support VHT activities this quarter in the districts of Iganga, Namutumba, Kaliro, Bugiri and Mayuge. The trained VHTs in Ibulanku sub-county in Iganga; Kigaandalo in Mayuge; Nsinze in Namutumba; and Namugongo in Kaliro, were supported with gumboots and T-shirts to facilitate their mobilization process.



The DHE Kaliro and the Bantwana Initiative program officer handing over gumboots to VHTs in Namugongo, Kaliro District

Review meetings were also held to discuss matters arising from the VHT operations and plan for the upcoming period. Some of the issues raised by the VHTs were inadequate facilitation such as safari day allowance and transport given the distances they have to move to mobilize their communities. The VHT members also reported that some health officials turned down referrals from the community due to negative attitudes.

In order to increase effective referrals and networking, STAR-EC organized comprehensive integrated, joint meetings comprising, VHTs, Community Support Agents, health workers and supported CSOs. The meetings were convened to discuss the referral process and agree on joint action plans to improve coordination and collaboration.

Challenges

- Inadequate funding for the district HIV Coordination mechanism remains a hindrance towards the effective performance of the structures established at various levels
- Due to the ongoing political campaigns, participation from the district leadership has been minimal. This has slowed down the pace of implementation of all activities related to the HIV&AIDS task force and HIV&AIDS coordination mechanisms
- Inadequate referral points for wrap around services remains a big challenge. Most programs in the region have prequalified beneficiaries, thus referrals for PLHIV households to receive support such as income generating activities and food security and nutrition remains a challenge
- Low literacy levels for PLHIV in the region have made it difficult for them to lobby and advocate for resources for their improved welfare
- High expectations from the VHTs who have continued to demand for allowances and other incentives. This has affected morale of some VHTs. STAR-EC has however endeavoured to facilitate VHTs with gumboots, T-shirts, refreshments and transport refund for their meetings and will also provided them with stationery and bags and umbrellas to enable them conduct their activities effectively

Way forward

- STAR-EC will continue to lobby the district authorities to integrate district HIV coordination into the district development plans for sustainability
- STAR-EC will encourage districts to enrol PLHIV into functional adult literacy classes in the sub-counties and the community development officer to endeavour to integrate PLHIV activities into the district development plans
- STAR-EC will support the VHTs with village registers, referral forms and registers; procure some bicycles, bags and job aides; and give them certificates as motivation to perform their duties effectively. Monthly meetings will also be convened to discuss emerging issues
- STAR-EC will pilot provision of IGAs to active family support groups as a way of integrating food security and nutrition into care and treatment for PLHIV

STAR-EC is also finalizing the referral directory as a basis for identifying TB, HIV&AIDS and other wrap around service providers and initiate collaboration and networking to increase access to comprehensive services by PLHIV.

2.2.2 Support to strategic information collection and dissemination

District Performance Reviews



District performance reviews sessions in Mayuge District

STAR-EC conducted district performance reviews between 19th November and 3rd December, 2010. The exercise aimed at sharing PY2 results within each local government and CSOs that work within each of the respective districts to ensure that they comprehend outcomes to their efforts and use results to identify priority service areas as well as the development of action plans for better service delivery and improvement. A participatory approach led by the district heads of PMTCT, HTC, ART, TB and Lab was used during action planning sessions. Additional technical guidance was provided by both Strategic Information and Technical staff from STAR-EC. Other key participants included; CSO representatives, health facility in charges, local government and a representative from each district

CAO. Overall, the exercise was conducted for eight districts under STAR-EC support, three of which were new (Namayingo, Luuka and Buyende) and five old (Mayuge, Kamuli, Iganga, Namutumba and Bugiri). Kaliro District was not reviewed due to the polio immunization campaigns that were going on in the eastern region at the time. It will be reviewed in quarter 2, PY3.

STAR-EC will also conduct follow up meetings to share district performance review reports with other key district officials. Again, STAR-EC working together with district authorities will ensure quick dissemination and implementation of the agreed action plans to lower health facilities.

Service Performance Assessment and Improvement (SPAI)

During quarter 1 (December 2010), STAR-EC together with the STAR-E LQAS project conducted the Service Performance Assessment and Improvement (SPAI) workshop for the districts of Iganga, Namutumba, Kaliro and Kamuli at Brisk Recreation Hotel Ltd., Jinja. The workshop's main objective was to support district teams in using data generated from routine HMIS, facility and LQAS surveys to identify health service gaps. This workshop helped to derive health improvement plans for each one of the districts. A total of 24 district officials (six from each district) were taken through the SPAI process and they later formed the district SPAI team. Among the district officials included DHOs, HMIS officers, district planners, community development officers, district HIV focal point persons and district population officers. This marked the second SPAI activity that was co-facilitated by the STAR-E LQAS project and STAR-EC. Earlier during in PY2, the same exercise had been conducted for Bugiri and Mayuge districts. STAR-EC will work closely with the STAR-E LQAS project to monitor implementation of planned activities by the district SPAI team.

Meetings and workshops with other partners

During the quarter, the Strategic Information team participated and contributed to various partnership level meetings and workshops. In a meeting organized by MoH Resource Centre to discuss the implementation strategy for the revised HMIS tools and the District Health Information System (DHIS2), participating partners reviewed the new indicators and agreed to support MoH in the roll out process. Partners' support will include training of all health workers in their districts of coverage, printing of HMIS tools and provision of computers to the district hospitals and HCs IV to be used in data entry. The team also participated in the PMTCT M&E subcommittee meeting where among many other things they were oriented on the new longitudinal Reproductive Health/PMTCT register. The new register combines both ANC and Postnatal Care(PNC)services and has so

far been piloted in about 29 sites (including hospitals, HCs IV and HCs III). It was also noted that the register was much easier to use at HCs IV and III while it would fill up within a few months at hospital level. In addition the ANC and PNC services were being offered at different service points. They therefore recommended the use of both the longitudinal register and the old PNC register.

Trainings and data quality improvement

In November 2010, STAR-EC conducted a workshop to re-orient both the new and old CSO partners on the revised STAR-EC reporting tools – some of which had changed as a result of amendments effected by the MoH Resource Centre and MEEPP on indicator disaggregation. A total of 28 participants from 13 CSOs were trained and these included monitoring and evaluation officers, data managers and the program officers. STAR-EC also extended onsite support on the use of reporting tools to the local government health workers and the district technical heads (i.e. HTC, PMTCT, TB, ART and Lab). In addition, on site data quality support was extended to different health facility data clerks and health workers by both the STAR-EC and different district HMIS teams. More concentration was placed on the health facilities that had earlier been identified with data quality gaps.

CSO Organizational Capacity Assessments (OCA)

During the last quarter, STAR-EC finalized conducting an OCA among its 11 supported CSOs with the intention of building their capacity to effectively contribute to some of STAR-EC's and their own program objectives. This OCA was also aimed at detailing; the strengths and weaknesses of CSOs in terms of human resource management, assets control and management, management information systems and financial control. Both quantitative and qualitative methodologies were used, including desk reviews and key informant interviews with the various managers and coordinators of the CSOs/grantees, using a standardized Organization Capacity Assessment tool.

Analysis of focus area performance indicated that governance and service delivery were the most highly attained or strongest focus areas by all CSOs and these were followed by performance management and sustainability. Financial management, management systems and practices as well as information systems were the weakest focus areas highlighted by this assessment. Overall, five CSOs including FOC-REV, FLEP, UDHA, MUCOBADI and Youth Alive were all assessed as needing less support when compared to others while AIC needed moderate support. IDAAC, NACWOLA, URHB, UWYDI and YAWIA were all assessed as priority organizations for capacity building and support. During quarter 2, the CSOs will be assisted to develop and own their organization development action plans in relation to the OCA findings.

2.2.3 Improving Human Resources for Health (HRH)

i. Training of human resources for health

STAR-EC continues to make the available human resources for health more effective through training. During this reporting period, STAR-EC collaborated with various partners especially the MoH to conduct training activities aimed at improving knowledge, attitudes and skills of health workers in delivering quality comprehensive TB/HIV care and prevention services in the region. Appendix 1 shows the number of health workers trained under different technical areas.

In an effort to improve on the quality of HIV testing and counselling services and also to evaluate the effectiveness of training activities, STAR-EC supported ACP/MoH to conduct a post training follow up to the 60 health workers trained on Provider initiated testing and counseling(PITC) in 20 health facilities to provide them with initial mentoring and establish PITC points in the facilities. It was established that all the facilities were providing PITC services but testing was localized to the laboratory in most of the facilities due to lack of space and furniture to set up PITC care points.

ii. Human resources for health planning

In an effort aimed at improving the quality of laboratory services, STAR-EC in collaboration with the districts finalized enrollment of ten microscopists at Jinja Medical Laboratory Training for pre-service training in Medical Laboratory Technology. The trainees have agreements with the respective districts to work with them after graduation. STAR-EC continues to work with other partners in the region like the Strengthening Decentralization for Sustainability (SDS) project and the Uganda Capacity Project to help districts recruit more staff to increase of the health work force.

Challenges

Inadequate wage bill allocation to the districts limits the recruitment of health workers into the health system

The rural districts have failed to attract and retain critical health cadres like medical officers and laboratory technicians leaving a serious critical human resources for health (HRH) gaps

Way forward

STAR-EC will continue working with other stakeholders like the SDS and Uganda Capacity Project to help district recruit the critical cadre lacking in the health system

Training activities

Training is one of the strategies through which STAR-EC continues to make the available HRH more competent and effective. Pursuant to this strategy, during this reporting period STAR-EC collaborated with various partners especially the MoH to conduct training activities for different categories of service areas. Appendix 1 shows the number of health workers who were trained under different technical areas.

In an effort aimed at improving on the quality of HTC services and also at evaluating the effectiveness of training activities, STAR-EC supported ACP/MoH to conduct a post training follow up to the 60 health workers who were trained in provision of PITC in 20 health facilities with the aim of mentoring and helping them workers to establish PITC points in the facilities. It was established that all the facilities were providing PITC services but testing was localized to the laboratory in most of the facilities due to lack of space and furniture to set up PITC care points.

Challenges

- Frequent changes in the policy and treatment guidelines (for instance PMTCT, EID guidelines) has resulted in the continuous need to train and orient health workers and on the changes Inadequate human resources for health in most of the districts makes it very difficult to establish and sustain effective clinical teams
- Transferring trained health workers and general staff migrations affect the implementation of activities since it affects the teams formed and the overall staffing levels
- Redistricting has left the new districts with inadequate and less qualified human resources for health

Way forward

Encourage Task sharing and task shifting as recommended by the MoH and World Health Organization.

2.3.4 Injection Safety and Waste Disposal Interventions.

STAR-EC in collaboration with AIDSTAR-One trained 84 (47 males, 37 females) health workers from the extended district health teams of Kamuli, Kaliro, Iganga, Bugiri, Buyende and Luuka districts on the principles of health care waste management (HCWM). These will be supported to cascade the training to all health facilities and thereafter provide continuous support supervision to help the workers develop a culture of effectively handling and disposing waste following the set guidelines. Consequent upon identifying a critical lack of gloves

in most of the facilities, STAR-EC supplied 932 boxes of examination gloves to 4 hospitals, 12 HC IVs and 63 HC IIIs. STAR-EC plans in the next quarter to support health facilities to appropriately manage the generated health care waste through, training, provision of protective gear to waste handlers, availing waste bins and incinerators at six high waste generating health facilities.

Challenges

The quantities of gloves provided to the health facilities through the credit line are far below the required quantities hence frequent stalk outs of gloves.

Way forward

STAR-EC will continue helping the health facilities quantify for the required materials and make orders on time through continuous on job supervision and mentoring.

Human resources for health planning

2.2.5 Improving service delivery

STAR-EC facilitated the East Central regional dissemination of the SMC policy and communication strategy. Over 100 stakeholders including religious and cultural leaders, STAR-EC supported CSOs, other HIV&AIDS community based organizations, district health managers, SMC service providers and beneficiaries attended. The event yielded great commitment from the cultural and religious leaders to partner with the district leadership to have safe male circumcision widely disseminated.

During the quarter, several support supervision visits were conducted jointly by a team of specialists from STAR-EC to four hospitals and a few HCs IV. This exercise is meant to jointly identify and address gaps (together with the health workers) that compromise service delivery especially the cross-cutting issues. It also provides support to and builds the capacity of the quality improvement teams to continuously improve care. Issues addressed include integration of HIV in all other service areas of the health facility; referral/linkage of clients between TB and HIV service points; streamlining clinic days with other activities of the facility and ensuring availability of job aides and treatment guidelines as well as efficiency of laboratory services. Kamuli General Hospital laboratory was noted to contribute largely to the low case detection through delayed examination of sputum samples. This was discussed with senior management and is to be followed up closely.

Cognizant of the fact that communication is a major barrier to effective service delivery, STAR-EC embarked on an orientation exercise of all health workers in 'effective communication in health service delivery'. This has benefited 100 health workers so far in four health facilities. All supported facilities will be reached. STAR-EC also continued facilitating several other continuous professional development sessions in various topics. The program distributed clinical guidelines for 2010 and IEC materials to various health facilities to ensure that health workers are equipped with the necessary tools for delivery of quality services.

Lessons learned and challenges

- Exchange visits are opportune moments for sites to evaluate their performance and lay strategies for better delivery. They also serve as motivation for the hosting team to strive and work more as a team as they look forward to a story to tell. The frequency of these however competes with heavy clinics and few health workers in all the facilities
- Regular support by the Data Quality Improvement (DQI) team greatly motivates the teams but it still competes with several other activities in the district both health related and political. This reduced the frequency of the mentorship visits done in the quarter

Way forward

- STAR-EC will continue supporting exchange visits to promote further learning. Other bench mark facilities outside the East central region will be established and also requested to host teams and share experiences
- STAR-EC will train additional members of the regional quality improvement team to provide more support to the district quality teams
- During quarter two, STAR-EC will orient health unit management committees in quality improvement so that they can reinforce the input of the district mentors

STAR-EC has also organized regular interaction between managers of different health facilities to help identify management constraints to quality service delivery.

2.2.6 Supporting infrastructure and equipment needs

Rehabilitation of a laboratory room for CD4 machine at Bugiri General Hospital commenced and is due for completion in quarter 2. A consultant engineer was hired by STAR-EC and had started consultations with districts about the technical designs and bills of quantities for patient waiting shades for 11 health facilities by the end of the quarter.

2.2.7 Ensuring equitable access to medical products

Over this reporting period, STAR-EC facilitated training of 41 health workers in the clinical use and logistics management of Fluconazole. This training equipped the staff with skills to forecast their needs and order from the national system. Fluconazole registers and order books were also distributed to the 26 ART sites to aid in the ordering process.

During quarter 1, STAR-EC supported the bi-monthly ordering of different commodities, TB medicines and lab supplies, ARVs for ART and PMTCT, as well as general laboratory supplies and test kits for two order cycles through the district laboratory, PMTCT and TB focal persons. These, together with orders for essential medicines were relayed by the district stores assistants to National Medical Stores (NMS) and Joint Medical Stores (JMS). The first cycle only achieved a 98% reporting rate ostensibly due to reluctance of health workers to make facility orders as a result of adequate stock levels. However, this was addressed and during for the second round sites managed to attain 100% report and order rate.

During this reporting period, STAR-EC held a meeting with district stores assistants in which it was agreed that all commodity orders would be taken at once to NMS. This had hitherto become a challenge as the stores personnel used to only concentrate on ordering essential medicines while making erratic orders for other supplies. The stores assistants were further urged to begin monitoring stocks received versus what was ordered from NMS with the aid of delivery notes in order to ascertain where shortages are likely to occur and also make timely follow up at NMS.

STAR-EC provided some key logistics during the World AIDS Day to the nine districts. These included test kits and associated sundries, co-trimoxazole 960mg and condoms. STAR-EC also supported the sites with medical logistics during periods of minimum stock or non-delivery from NMS as shown in Table 22:

Table 22: Logistics provided for World AIDS Day 2010

Item description	Purpose	Quantity	No. of facilities	Remarks
------------------	---------	----------	-------------------	---------

Male condoms	HIV prevention	94,800	13 CSOs	
Co-trimoxazole 960mg	ART Chronic Care	434 tins of 1,000	2 hospitals, 4 HC IV, 19 HCIII	In response to stock outs at NMS
Determine	Routine Counselling and Testing	214 packs	3 hospitals, 4 HC IV, 15 HC III, 9 districts	Received 7,200 tests from partner Uganda Cares. Relatively adequate test kits supplied by NMS
Examination gloves	Infection control	93,200	4 hospitals, 12 HC IVs, 64 HC IIIs	Stock out of CDC-funded lab items

Source: STAR-EC program records

Following the launch of the new PMTCT Guidelines by MoH Uganda, STAR-EC provided technical assistance to the district PMTCT coordinators who in turn supported the health centres to forecast for the essential Zidovudine tablets and Nevirapine syrup through the national system for the roll out of option A at 15 sites in Iganga, Bugiri and Mayuge.

Over this reporting period, STAR-EC supported the delivery of safe male circumcision (SMC) services by equipping seven sites with operating tables and lamps. The equipment, together with autoclaves for sterilization, was installed and the surgical teams trained on its use and maintenance.



Technicians installing an operating bed and lamp in the theatre at Bugono HC IV

The sites were also routinely supported with pharmaceuticals such as anaesthetics and sundries necessary for provision of SMC services.

Other commodities accessed by STAR-EC to districts include 1,500,000 male condoms from the national condom coordination unit. CSOs were thereafter supported to quantify for their needs for the quarter and request from the districts. In furtherance of this effort, staff from three CSOs of URHB, YAWIA, and UDHA was trained as trainers in the use of the female condom by the MoH with the support of Programme for Accessible Health, Communication and Education (PACE) Subsequently 29,001 female condoms were obtained from MoH and distributed during training of the MARPS.

Challenges

- There is a general belief among health workers that when supplies are in adequate quantities, there is no need to send the different report and order forms for drugs/supplies to NMS/JMS. The report and order form is only considered by the health workers as an order form for supplies whereas it is actually both a request for drugs and a report on client or patient numbers
- ART outreaches to lower level health centres did not start as anticipated at the beginning of the quarter and therefore facilities were over-stocked with ARVs for most of the period
- Items that are procured with the support of CDC funding are not readily available at NMS or JMS. These include co-trimoxazole and laboratory items like disinfectant and gloves. Some CD4 test accessories such as sample tubes were also stocked out during this period
- The health workers were heavily engaged in the polio campaign making it difficult for the focal persons to support the facilities adequately
- District focal persons that support sites on the islands like Sigulu face a challenge of transport on water

Lessons learned

- Re-distribution of supplies is important in maintaining adequate stock levels at all facilities
- Request for non-delivered supplies from NMS is possible with proof on non-delivery. However health workers are not aware of these mechanisms

confessed, “We always wondered how people could manage to hold regular meetings amidst busy schedules, but we have now tried it and it’s possible.”

Lessons learned

- Collaborative learning through exchange visits is a useful strategy for rapid spread of improvement efforts
- Regular support by the District quality improvement teams is a source of motivation for the facility teams but requires advance planning to avoid coinciding with other planned district health activities
- Inadequate appreciation of quality improvement limits its integration into other service delivery area
- There is need for management support to reinforce the expectations of the team and to make decisions that positively impact on the quality of service delivery

Challenges and way forward

- The thin staffing in most of the health units limits the ability of the QI teams to meet regularly and review progress of some of the implemented changes. STAR-EC will train more quality improvement teams and promote collaborative learning through exchange visits and learning sessions.
- STAR-EC will identify and train additional members of the regional quality improvement team to provide more support to the district and site quality teams
- During quarter 2, STAR-EC will orient health unit management committees in quality improvement and facilitate regular meetings to help reinforce the input of the district mentors.

2.2.3 Injection Safety and Waste Disposal Interventions

STAR-EC in collaboration with AIDSTAR-One trained 84 (47 male, 37 female) health workers from the extended district health teams of Kamuli, Kaliro, Iganga, Bugiri, Buyende and Luuka districts on principles of health care waste management. These will be supported to cascade the training to all health facilities. They are also expected to offer continuous support supervision to help the workers develop a culture of effectively and appropriately handling and disposing waste following the set guidelines. After identifying a critical lack of gloves in most of the facilities, STAR-EC supplied 932 boxes of examination gloves to 4 hospitals, 12 HC IVs and 63 HC IIIs. STAR-EC plans to continue supporting the facilities to effectively and safely manage the generated health care waste through training, provision of protective gear to waste handlers, availing waste bins and 6 incinerators at 6 high waste generating health facilities.



Members of the QI team brainstorming and prioritizing areas of improvement during training.

Challenge and the way forward

The quantity of gloves provided to the health facilities through the credit line are far below the required quantities hence the frequent stock outs. STAR-EC has planned to supply such vital items only in situations of national stock outs

2.2.4 Post Exposure Prophylaxis

Table 23: Individuals provided with post-exposure prophylaxis drugs

District	Service outlet	# provided with PEP following occupational exposure		# provided with PEP following Rape/Sexual assault		# provided with PEP following Other non occupational causes		Overall Total #.provided with PEP	
		Male	Female	Male	Female	Male	Female	Male	Female
Bugiri	Bugiri TC HCIII	0	1	0	0	0	0	0	1
	Nankoma HCIV	0	1	0	1	0	0	0	2
Luuka	Kiyunga HC IV	0	1	0	1	0	0	0	2
Namutumba	Magada HC III	1	3	0	1	0	0	1	4
Grand Total		1	6	0	3	0	0	1	9

Source: STAR-EC program records

As illustrated in the Table above, a total of 10 individuals (9 female and 1 male) were provided with post exposure prophylaxis services. A sub-total of seven individuals were provided with PEP services following occupational exposure while three females were due to rape/sexual assault.

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

2.4.1 Referrals by community support agents and other volunteers

One of the key outputs in this result area was training of CSOs on effective referrals and networking. As a result of this training, a total of 11,079 (6,518 female and 4,561 male) people were referred for different services. Approximately 7,224 (4,384 female and 2,840 male) clients were followed up and provided their feedback on referrals. Worth noting about this feedback was the fact that a total of 6,737 (61%) clients (4,096 females and 2,641 males) received the services for which they were referred.

This quarter other CSOs in addition to NACWOLA referred clients for different services. Although NACWOLA is reported to have made 97% of the referrals, the apparent dismal performance of other CSOs is attributed non-reporting. However, this gap has been addressed and there is hope that other CSOs will register a better performance next quarter.

Table 24: Referrals by community support agents and other volunteers during the Oct- Dec 2010 Period

Type Of Referrals	Number of referrals by type		
	Female	Male	Total
ART	364	277	641
ART adherence counseling	442	312	754
HIV counseling & testing	4,320	3,048	7,368
PMTCT	2,095	1,388	3,483

TB screening / Treatment	1,108	895	2,003
STI services	262	187	449
Septine (CTX)	268	176	444
Treatment for other medical conditions	619	434	1,053
Home Based Care	123	103	226
Food/Nutrition Support	213	110	323
Material Support	1	-	1
Education support for children	2	-	2
Family Planning	399	126	525
Legal support	11	8	19
Microfinance/IGA	28	21	49
Post Test Club	144	67	211
PLHIV group services	81	56	137
Youth Support Group	29	21	50
Discordant Couple Services	53	43	96
Safe Medical Circumcision	6	142	148
Overall referrals	10,568	7,414	17,982

Source: STAR-EC program records

Most people were referred for HIV counselling and testing (7,368) followed by PMTCT services (3,484) and TB screening and treatment. Few referrals made for other wrap around services such as education support, legal support and material support owing to a paucity of providers for these services.

Printing and dissemination of service providers' referral books and registers

Following modifications of referral forms and registers in PY2, 600 referral forms 200 register forms were printed and disseminated to the 11 CSOs this quarter. In addition, STAR-EC has printed 600 more copies of the referral books and 200 copies of referral registers to be distributed in quarter 2.

2.4.2 Psychosocial support by CSOs

As a result of strong linkages established between the community and health facilities, PLHIV are referred back to community support groups that provide psychosocial support. As a partner supported by STAR-EC, NACWOLA provides psychosocial support to PLHIV both adults and children through different interventions. Key among the services provided by NACWOLA includes: discordant couple support sessions, young positive peer support activities, door-to-door mobilizations, follow ups and skills development activities among the youth in addition to the continuous referrals.

Members of a discordant couple support group meeting

NACWOLA formed discordant couple groups in the nine districts. They meet on a quarterly basis to share knowledge and skills on positive living, disclosure, partner notification, testing and counselling and how they can sustain their livelihoods through identifying and sharing project implementation ideas.

Young positives clubs

With the support to NACWOLA, peer support groups of children eight years and above were formed they meet

monthly for, life skills development, adherence support, peer support and general psychosocial support.



VHT/CSA/Health workers' meetings on strengthening referrals and Networks

In order to enhance strong networks and linkages between health facilities and the community, a joint quarterly review meeting (the first of its kind) was organized. It attracted 290 participants that included health workers, DHTs, CSAs and VHTs. Key issues discussed included roles of CSAs, mentor mother, VHTs and health workers in referrals and networking, achievements, weakness, lessons learnt and ways of strengthening referrals at all levels. Participants raised issues like stigma, lack of disclosure, low/no male involvement, drug

stocks, expiry of drugs, under staffing, poor of coordination, lack of appropriate skills surrounding referrals and networking, and attitude of health workers as the key reasons why referrals and networking activities were not performing as expected. A concrete way forward was agreed based on specific action plans.

Challenges

- Poor attitude of some health workers towards PLHIV and referral system. Some health workers do not complete feedback section of the referral forms; which has made it difficult to establish whether a service was provided



Participants in Kaliro District trying to plan how to strengthen referrals and networks



Young positives and the facilitator setting up a nursery bed. Facilitator setting up nursery a bed

- Male involvement is still low in all the interventions. This is a big constraint to the process of referrals since they are often consulted by spouses before the latter seek services
- Stigma and discrimination which is also prevalent in the region exacerbates the situation. Most clients get missing in the clinics due to stigma from health workers, their partners and community members
- Inadequate coordination between health centres and CSOs. This is mostly observed in cases where clients referred to point A decide to receive services from point B. There is still no system to track such clients to ascertain whether they actually received a service
- Community based support agents do not have adequate skills to address psychosocial issues pertaining children living with HIV&AIDS

Way forward

- Coordination meetings both at facility level and district level will continue to be organized by STAR-EC to harmonize issues of feed provision, attitude of health workers and collaboration in service delivery, STAR-EC will through its partners conduct vigorous community sensitizations to create awareness about men's role in HIV& TB management
- Service provider directory will be distributed to VHTs, health workers and CSAs to facilitate the referral process to health services and other wrap around services. This will act as a direction for referral agents and clients to the right service provider
- Invigoration of referrals to health units where paediatric counsellors have been trained

SUCCESS STORY

Psychosocial support transforms Naibira's life



Mutesi Fatuma, Naibira Naomi and Mutesi Kamuyati during one of the home visits

After a long time of sickness which resulted in separation with her husband, Naibira Naomi 27 years old, a mother of 4 children from Ibulanku village, Ibulanku Sub-County, saw her life nearing death as her body continued to weaken. She had never thought about HIV testing not until a timely visit by community support agents (Mutesi Fatuma and Mutesi Kamuyati), who shared with her knowledge about HIV and later informed her about the benefits of HIV testing. Even then, Naibira did not find testing an easy step to take; she remained silent as her health kept deteriorating and the family nearly lost hope in her survival. It was her brother who took her to Busesa HC IV for testing in December 2009. She was given HIV positive results. Knowledge of her sero-status shocked her but the two CSAs continued to counsel her, shared their life experiences and provided a home based care. During her stay in the hospital, the CSAs provided a home based care kit and continuously supported.

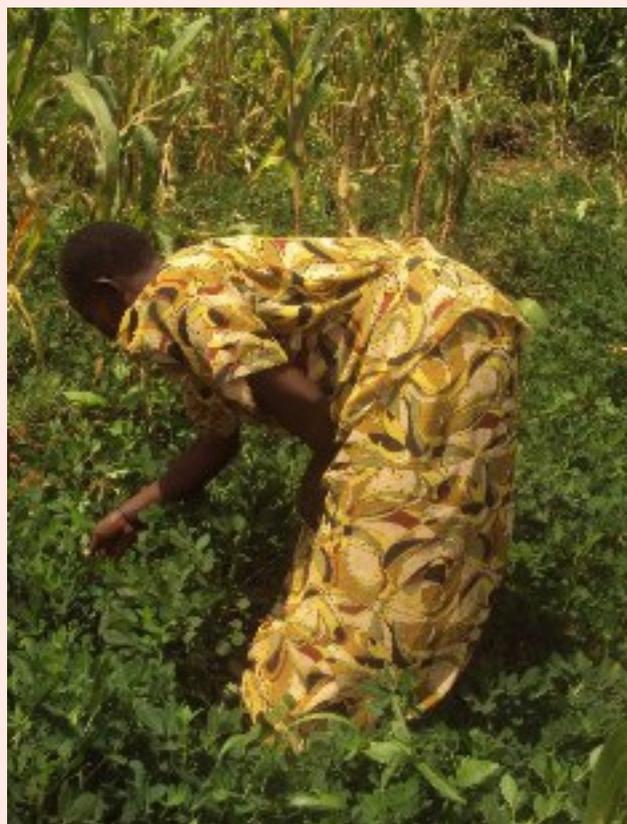
In January 2010, Naibira regained some strength. She now can do some gardening, fetch water and fire wood, pick her drugs, and sell tomatoes

and onions within Ibulanku trading centre.

Today Naibira and her brother attribute her life to the care and support availed to them by Mutesi Kamuyati a NACWOLA community volunteer who referred her for care.

"Thank you NACWOLA for sending Fatuma and Kamuyati to save my life. I would be dead by now and my children would be orphans....." she says.

Naibira is one of the many people living with HIV supported by STAR-EC through NACWOLA. The PLHIV have formed psychosocial support groups where they meet regularly, share experiences and support each other.



Naibira gardening (photo taken in November 2010)

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

During the October –December 2010 reporting period, STAR-EC continued to contribute to national efforts geared towards increasing demand for comprehensive HIV&AIDS and TB prevention, care and treatment services. Multi pronged mobilization strategies were applied through community based organizations, districts and other partner organizations to reach the targeted audiences.

i. Intensifying demand through Information Education and Communication (IEC) materials and Job aides

STAR-EC reprinted 5,000 TB posters adopted from Tuberculosis Control Assistance Program. The posters illustrate how to avoid the spread of TB, encourage safe sputum collection and disposal. 18,000 PMTCT leaflets with updated information from the MoH to clients were reprinted and dissemination of these materials is ongoing at health facilities and during community activities. Two hundred STI posters received from the MoH were disseminated to MARPs at fishing communities and the knowledge room at Naluwerere. 3,000 SMC Luganda and 2,000 English brochures on what you need to know about safe male circumcision, 200 SMC health worker booklets and 600 positive prevention Luganda leaflets were received from Health Communication Partnership (HCP) and disseminated during community mobilization activities, home visits and at health facilities. Twenty TB/HIV flipcharts were disseminated to mentor mothers at 20 sites to be used during counselling sessions.

STAR-EC also produced 5,500 calendars with messages for community volunteers (VHTs and peer educators), district offices and CSOs. Distribution of these calendars is ongoing.

ii. Creating demand for services through the interactive One-hour Radio program

The one- hour interactive radio program on NBS *Kodh'eyo* 89.4 FM continued to be aired to reinforce messages delivered by peer educators, VHT members, health workers and the print materials. Thirteen radio programs were aired during the quarter focusing on:

- Role of Sub county health workers in TB management
- Role of PLHIV in HIV&AIDS prevention care and treatment
- Role of local and religious leaders in TB and HIV&AIDS prevention care and treatment
- Early Infant Diagnosis of HIV
- SMC as part of the comprehensive HIV prevention package
- Importance of HIV counselling and testing as a couple

Guest speakers included Sub-County Health Workers, recovered TB clients, PLHIV, CSO staff, health workers, STAR-EC technical staff and Ministry of Health officials. Listeners called in to ask questions and to know sites that provide specific services. They also appreciated learning from the radio program by these listeners.

"I always listen to the STAR-EC sponsored radio program on NBS every Monday at 8.00pm because I have learned a lot as a VHT in addition to the knowledge I got during the training" said a VHT member during a meeting in Namutumba.

"I always thought safe male circumcision was only done at hospitals. I will go to Bumanya for SMC services. Thanks to the guest speakers for educating us about SMC" said a listener from Kaliro.

iii. Intensifying demand for services through interpersonal communication

During the quarter, STAR-EC increased support to district and CSO community activities focusing on health stimulating behaviours among the population. URHB, Youth Alive Uganda, FLEP and AIC conducted community dialogue sessions to discuss TB and HIV&AIDS in Bugiri and Mayuge respectively. Community members interacted with health workers to ask questions. VHT quarterly meetings were attended in Iganga, Kaliro, Namutumba and Mayuge districts. VHT members in all districts expressed concerns about health workers who



VHT members in Kaliro receiving gumboots

do not respect referrals and do not give feedback. The suggested way forward on the issue is to orient health workers on VHT roles and organizing joint meetings at health facilities. STAR-EC provided gumboots to all VHTs and peer educators.

Youth Alive conducted behaviour change programs in Iganga, Kaliro, Kamuli and Namutumba districts that reached 570 females and 666 males. The trained youth committed to talk to their peers about life skills and prevention of TB and HIV&AIDS in their communities.



A community drama performance in Buyende district during HTC outreach

STAR-EC staff attended community drama performances organised by Youth Alive, NACWOLA, FLEP, IDAAC, Buyende, Namutumba, Mayuge, Kaliro and Kamuli districts. Drama groups were encouraged to use other channels like peer educators, VHTs and manila papers put in public places to notify the community about the performances. The drama performances are mainly used as a mobilization tool for community members to access health education, TB and HIV&AIDS services.

STAR-EC staff oriented CSO technical staff members on documentation with emphasis on photography and success story writing. New CSOs were also oriented on the STAR-EC BCC/IEC strategy.



STAR-EC intern orientating CSO staff on documentation



Couples HTC Outreaches

In December 2010, STAR-EC organised a 'Couple HTC week' campaign in the nine districts (outputs already mentioned in the HTC section). Districts were facilitated to mobilize couples through radio announcements and use of trucks with public address systems. Couples were awarded certificates reprinted from the MoH for accepting to learn about their HIV sero-status together. Couples committed themselves to: -

- Talk openly about HIV with each other
- Remain faithful to each other
- Correctly and consistently use condoms
- Support each other in seeking treatment, care and support services

Working with partners to provide integrated community outreach services

During the quarter, STAR-EC collaborated with STRIDES for Family Health program during child and reproductive health days in Mayuge, Kaliro and Kamuli districts to provide health education, child health, reproductive health, HIV&AIDS and TB services to community members. STAR-EC supported health workers to provide HTC and TB screening services whereas STRIDES for Family Health facilitated health workers to provide immunization and reproductive health services during the community ceremonies in the three districts.



DHO talking about health services in Kaliro during child and Reproductive health day in Kaliro District

Commemoration of World AIDS Day

STAR-EC supported 9 districts in the East Central region to commemorate World AIDS Day (WAD) under the national theme "Universal Access and Human Rights" and the slogan "I have a duty to protect every child from HIV ... do you?" Health workers were facilitated to provide HTC and TB screening. All clients tested HIV positive were given septrin. STAR-EC procured and distributed 270 T-shirts, 270 caps, 18 banners and a newspaper supplement was published in The New Vision newspaper.



Community members testing for HIV in Buyende district during WAD commemoration



A health worker in Buyende district giving a sputum mug to a TB suspect

Participation in National Programs

STAR-EC supported the Ministry of Health to launch the Safe Male Circumcision Policy and Communication Strategy in the East Central region. District leaders, MoH representatives, CSO representatives, health workers and religious leaders attended the function. STAR-EC presented experiences of providing SMC services in the region. Satisfied beneficiaries testified and participants were given chance to ask questions. One hundred copies of the SMC policy and 100 copies of the SMC communication strategy were disseminated. All participants received copies of the health worker booklet with commonly asked questions and a brochure about facts on SMC.

Lessons Learned



Ministry of Health official presenting during SMC policy launch in East Central Uganda



A Couple presenting their experience for SMC services

- Utilization of multi-pronged mobilization strategies and community outreaches increases accessibility of health services for example more community members access HTC services as individuals or as couples during Couple HTC outreaches
- Community dialogue meetings provide an opportunity for health workers to interact with the community so as to understand how to serve them better
- Through community dialogue, clients with specific problems have been identified and referred to health facilities or CSOs for services
- The interactive radio program has attracted listeners to ask for sites that provide specific health services
- Creating synergies through working with partners like STRIDES for Family Health program avoids duplication and saves resources

Challenges

- Some health workers do not respect referrals made to them by VHT members. This affects completion of the referral process and demoralizes VHTs because community members complain of health workers not completing the referral feedback form
- Availability of many FM radio stations has resulted in some district officials requesting STAR-EC to sponsor interactive radio programs on different radio stations

Way Forward

- STAR-EC will work with District Health Team and health unit in-charges to orient health workers on the roles of VHTs. Meetings between health workers and VHTs will also be organised at health facility level to share their experiences;
- Radio spots will be run on different radio stations; and
- Radio listening clubs will be started in different districts where recorded programs will be listened to by club members who were unable to listen to the radio program.

3.0 Grants and sub-awards

STAR-EC's four prequalified grantees, FLEP, NACWOLA, URHB and Youth Alive Uganda continued to play a critical role in implementation of STAR-EC program activities during quarter 1 of PY3, providing varied services as summarized in Table 1 below:

Table 25: Prequalified CSO coverage of the districts by technical intervention area

	Name of Civil Society Organization	Intervention areas	District	Sub counties covered
	Pre - qualified CSOs			
1	Family Life Education Programme	HTC, AB, OP, CM	Kamuli, Iganga Mayuge	Kamuli: Balawoli, Kidera, Namasagali Iganga: Nabitende, Nambale, Waibuga Mayuge: Kigandalo, Kityerera, Malongo
2	National Community of Women Living with HIV&AIDS	PP, REF, CM	Bugiri, Iganga, Kaliro, Kamuli, Luuka, Mayuge, Namayingo, Namutumba	All sub-counties
3	Uganda Reproductive Health Bureau	HTC, TB/HIV, AB, OP	Bugiri, Kaliro, Namayingo, Namutumba	Bugiri: Budhaya, Bugiri T/C, Bulesa, Bulidha, Buwunga, Muterere, Mutumba, Nankoma, Sigulu – Lolwe Kaliro: Gadumire, Kaliro T/C, Nawaikoke Namutumba: Ivukula, Magada, Namutumba T/C
4	Youth Alive Uganda	CM, AB, CP	Kamuli, Namutumba, Kaliro, Iganga	Kamuli: Balawoli, Bugaya, Bulopa, Butansi, Kagulu, Buyende, Kamuli T/C, Kisozi, Kitayundwa, Mbulamuti, Namasagali, Namwendwa, Nawanyago, Wankole Kaliro: Bumanya, Gadumire, Namwiwa, Namugongo, Nawaikoke Iganga: Buyanga, Bukanga, Bulongo, Bukooma, Bulamagi, Ibulanku, Iganga T/C, Igombe, Ikumbya, Irongo, Makuutu, Nabitende, Nakalama, Nakigo, Namalemba, Nambale, Namungalwe, Nawampiti, Nawandala, Waibuga Namutumba: -Bulange, Ivukula, Kibaale, Magada, Namutumba T/C, Nsinze

Acronyms:

HTC	HIV Testing and Counselling	AB	Abstinence and Be Faithful	REF	Referral
OP	Other Prevention	CM	Community Mobilization	PP	Positive Prevention

During the next quarter, more effort will be placed on improving service delivery through training, mentoring of health workers and supporting facility based quality improvement teams to meet regularly and analyze their performance. LQAS findings will also help in the prioritization of services and geographical areas to be targeted within the region, and more importantly, the program will use evidence from operational research to aid better planning and decision making.

STAR-EC would not have registered all the achievements contained in this report had it not been for active participation of its local, national and international partners. We appreciate the contribution from all partners and look forward to continued collaboration and support.

Appendix 1. Training conducted during the period Sept-Dec/2010 by Technical Area, Cadre and Sex

Technical Area/Cadre	Female	Male	Total
Abstinence and being Faithful	12	16	28
Counselor	1		1
Field Officer	1	2	3
Model Couple	9	13	22
Project Coordinator	-	1	1
Project Officer	1		1
Clinical Prevention Services -Additional Paediatrics	16	10	26
Enrolled Midwife	3		3
Enrolled Nurse	4		4
Medical Clinical Officer	-	7	7
Medical Officer	-	1	1
Nursing Assistant	4	1	5
Nursing Officer	5	1	6
HIV Testing and Counseling	69	18	87
Enroll Nurse	1		1
Enrolled Midwife	18		18
Enrolled Nurse	14	1	15
Lab Assistant	-	7	7
Lab Tech	1		1
Medical Clinical Officer	2	1	3
Nursing Assistant	25	5	30
Nursing Officer	9	2	11
Psychiatric Officer	-	1	1
Health Care Improvement	26	27	53
Coordinator		1	1
Counselor	2		2
Data Officer	1		1
Data Supervisor	1		1
Enrolled Midwife	3		3
Enrolled Nurse	1	1	2
Executive Director		1	1
Field Officer	7	6	13
HTC Coordinator	1	1	2
Lab Assistant	1	4	5

Technical Area/Cadre	Female	Male	Total
Lab Tech		1	1
M&E Officer		1	1
Medical Clinical Officer	1	4	5
Nursing Assistant	2		2
Nursing Officer	2		2
Program Accountant		1	1
Program Manager	1	3	4
Program Officer	1	1	2
Records Assistant	2		2
Medical Clinical Officer		2	2
Improving Leadership And Management at District Level	17	28	45
DHE	-	2	3
DHO	-	2	2
CFDU NTB	-	1	1
CFPU	1		1
Chairperson	2	4	6
Community Development Officer	3		3
CSO Representative	2	4	6
DEO	1	2	3
DFPP	-	1	1
District NAADS Coordinator		3	3
Field Officer	1		1
HIV&AIDS Focal Person		2	2
I/C Child and Family	1		1
IECO	1		1
PHA Representative	1		1
Planner	1	2	3
PHA Coordinator		1	1
Program Coordinator		2	2
Program Manager	1		1
Project Officer		1	1
Sec Health	2		2
Improving Supply Chain Management	22	19	41
Enrolled Midwife	2		2
Enrolled Nurse	5	5	10
Medical Clinical Officer	5	10	15
Medical Officer		1	1
Nursing Assistant	1	1	2
Nursing Officer	8		8
Pharmacy Tech	1	2	3
Injection Safety And Waste Disposal	40	45	85
Counselor		1	1
DHE		3	3

Technical Area/Cadre	Female	Male	Total
DTLS		1	1
Enrolled Midwife	6	2	8
Enrolled Nurse	3		3
Health Assistant	1	4	5
Health Educator		1	1
Health Inspector	2	5	7
HMIS FP	1		1
Lab Assistant	1	3	4
Lab Technician		3	3
Medical Clinical Officer	5	14	19
Medical Officer	1	3	4
Nursing Assistant	3	5	8
Nursing Officer	17		17
Prevention of mother-to-child transmission of HIV	34	13	47
Enrolled Midwife	5	1	6
Enrolled Nurse	2	2	4
Lab Assistant		3	3
Lab Technician		1	1
Medical Clinical Officer	2	5	7
Mentor Mothers	17		17
Nursing Officer	8	1	9
Prevention Beyond AB (MARPs)	36	57	93
Peer Educator	36	57	93
Support And Care	19	10	29
Enrolled Midwife	7		7
Enrolled Nurse	4	4	8
Medical Clinical Officer	1	4	5
Nursing Assistant	2		2
Nursing Officer	5	1	6
Orthopedic Officer		1	1
Umbrella Care	9	19	28
Enrolled Midwife	2		2
Medical Clinical Officer		14	14
Medical Officer	1	4	5
Nursing Officer	6	1	7
Strategic Information Training	12	11	23
Counselor	1	1	2
Data Supervisor	1	0	1
Field Officer	4	3	7
HTC Coordinator	1	1	2
M&E Officer	0	1	1
Program Manager	2	3	5
Program Officer	1	0	1
Project Coordinator	0	1	1

Technical Area/Cadre	Female	Male	Total
Project Officer	1	1	2
Regional Manager	1	0	1
Grand Total	312	273	585

Source: STAR-EC program records



Kampala Liaison Office
STAR-EC

4th Floor, Nakawa House | Plot 3-7 Port Bell Road|P.O Box 40070, Kampala, Uganda
Tel : (+256) 414 222864, (+256) 312 262164

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
www.starecuganda.org