



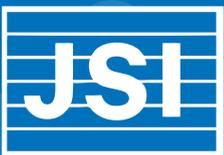
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Strengthening TB and HIV&AIDS Responses in East-Central Uganda (STAR-EC)

PROGRAM YEAR III, QUARTER 2 PROGRESS REPORT
Achievements, Challenges and Lessons Learned

January – March, 2011



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List of Acronyms

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
NTLP	National Tuberculosis and Leprosy Programme
NTRL	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

During the reporting period, the coverage of HIV&AIDS basic chronic care services was scaled up from 80 to 91 facilities in nine districts. A total of, 3,380 PLHIV were newly enrolled in care (1,100 male, 2,280 female) and 12,841 clients were active in care. The early infant diagnosis (EID) program was scaled-up to additional facilities using the three-day PMTCT/EID updates training approach, together with provisions for transporting dry blood spot samples to JCRC Kakira. Overall, a total of 208 children aged <15yrs (85 male, 123 female) were newly enrolled in chronic care during the reporting period bringing the number of children active/current in care to 939 PLHIV (528 male, 411 female). A total of 232 children <15yrs were started on ART during the quarter; bringing the total number of children currently on ART to 500.

Access to antiretroviral therapy services was increased through 28 static sites and 33 ART outreach points. As a result of this effort, 1,175 PLHIV (412 male, 763 female) were started on ART this quarter, with about 4,754 PLHIV retained as total current on ART. One of the challenges faced in providing ART services this quarter was the high turnover of clinicians and nurses trained in provision of comprehensive HIV&AIDS care and ART due to transfers to different departments or to non-ART providing sites.

This quarter, interventions focusing on TB mainly involved supporting the south-east zonal quarterly meeting, facilitating MoH/NLTP to provide support supervision and on-job mentorship to health workers. During the quarter, a total of 667 TB patients were registered. Out of these, 638 (95.7%) patients had their HIV results recorded in the register compared to last quarter's achievement of 92.7%. A total of 220 (34.5%) TB patients tested positive for HIV and out of these 212 (96.4%) were started on CPT and 116 (52.7%) started on CPT and ART. Despite the progress made, limited access to ART services for TB patients diagnosed from health centre three level and the islands remains one of the major challenges.

Additional efforts were made aiming at improving health infrastructure, laboratory equipment and diagnostic supplies. Further, mentorship of health workers and strengthening of the external quality assurance and specimen referral systems was given considerable attention. Renovation of the CD4 and blood bank room at Bugiri Hospital was finalized; incinerators were installed at five health facilities; equipment such as refrigerators, Binocular Olympus microscopes and colorimeters were provided to selected facilities; and TB diagnostic reagents were provided to all the 72 TB diagnostic units. The number of health centers supported to refer blood samples for CD4 testing and dried blood spot (DBS) for DNA/PCR for EID of HIV was scaled up from 50 in quarter 1 of PY2 to 60 in quarter 2 of PY3.

STAR-EC worked towards improving the strategic information systems of its partners by disseminating results of the LQAS survey that had been conducted during August/September 2010, conducting district and CSO specific quarterly performance reviews; providing routine HMIS onsite mentorship to various cadres of staff; and performing data quality audits.

Efforts aimed at increasing access to and utilization of services were coupled with initiatives aiming at increasing health seeking behavior as well as improving the quality of services at health facilities and communities. CSOs, public health facilities and PLHIV networks were all involved in ensuring that a comprehensive package of TB and HIV&AIDS services was delivered to targeted individuals, families and communities. Details of the progress made to-date and challenges faced are provided in this report.



Table1: A Summary of Program Targets vs. Results

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 (Oct 2010 - Sept 2011)			End of PY3 target	% of PY3 targets achieved (by end of 2nd Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3,Q1)	% of end of Program Life Target achieved	Comments
Q1 (Oct 2010 - Dec 2010)	Q2 (Jan 2011 - Mar 2011)			Program Cumulative achievements (Q1&Q2)								
HIV Testing and Counselling (HTC)	Individuals who received HTC and their results	10,376	178,303	73,518	76,247	149,765	130,000	115	600,000	338,444	56	Improved flow and availability of HIV test kits as well as the increase in the number of outreaches led to high HTC numbers
	Individuals trained in HTC	64	256	87	181	268	200	134	400	588	147	
	Outlets providing T&C services	35 service outlets (Only 2 were static)	76 static and 280 parishes (outreach sites)	77 static and 208 parishes (outreach sites)	80 static and 285 parishes (outreach sites)		100 static sites	80% of static sites	148	80 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	27,493	53,500	118,000	45	482,600	119,483	25	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	702	1,554	6,900	23	26,350	3,313	13	Routine program data continues to suggest that the general HIV prevalence in pregnant mothers is low compared with the rate that was used in deriving this target
	Persons trained for PMTCT	No Implementation during PY1	177	47	300	347	240	145	400	524	131	
	Service outlets providing PMTCT	No Implementation during PY1	68	68	68	68	68	100	73	68	93	
Sexual and Other Behavioral Risk Prevention (General Population)	Targeted population reached with abstinence and/or being faithful messages	39,737	102,860	29,924	48,292	78,216	60,000	130	283,000	220,813	78	
	Individuals trained to provide AB services	234	564	28	188	216	430	50%	1,265	1,014	80%	
	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	4,697	8,476	10,000	85	50,000	33,418	67	PY1 indicator changed from OP. A new indicator on MARPs was created during PY2. Current program cumulative total doesn't include PY1 achievements

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 (Oct 2010 - Sept 2011)				End of PY3 target	% of PY3 targets achieved (by end of 2nd Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3, Q1)	% of end of Program Life Target achieved	Comments
				Q1 (Oct 2010 - Dec 2010)	Q2 (Jan 2011 - Mar 2011)	Program Cumulative achievements (Q1&Q2)							
Clinical/Preventive Services- Additional TB/HIV	HIV+ patients in HIV care or treatment (pre-ART or ART) who started TB treatment	0	205	526	145	671	1,000	67	4,900	876	18		
	TB patients who had an HIV test result recorded in the TB register	13	1,802	487	667	1,154	1,100	105	5,500	2,969	54		
	Individuals trained to provide HIV/ TB related palliative care	64	875	136	154	290	200	145	700	1,229	176		
Anti- Retroviral Therapy (ART)	HIV + individuals receiving a minimum of one clinical care service (CXT)	283	7,041	10,673	12,841	12,841	14,000	92	26,000	12,841	49	There was an increase in the number of outreaches carried out by the static facilities and there was a steady supply of ARVs from both MOH and PEPFAR	
	Adults and children with advanced HIV infection newly enrolled on ART	61	1,776	886	1,175	2,061	1,750	118	8,200	3,898	48	Services have been scaled up to more sites (HCs III) which provide a minimum care package thus the increase	
	Adults and children with advanced HIV infection receiving ART (CURRENT)	372	3,119	4,021	4,754	4,754	4,773	100	9,323	4,021	43		
Safe Male Circumcision (SMC)	Males circumcised	0	803	1,583	2,201	3,784	4,350	87	15,360	4,587	30	More health workers particularly for SMC were trained in addition to scaling up the services to two additional sites	
	SMC surgical sites	0	7	10	12	12	12	100	15	12	80		
Strategic Information	Local organizations provided with TA for SI activities	4	11	11	11	11	11	100	11	11	100		
	Individuals trained in SI (including M&E, surveillance and/or HMIS)	122	379	23	95	118	85	139	85	619	728		

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 (Oct 2010 - Sept 2011)				End of PY3 target	% of PY3 targets achieved (by end of 2nd Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3, Q1)	% of end of Program Life Target achieved	Comments
				Q1 (Oct 2010 - Dec 2010)	Q2 (Jan 2011 - Mar 2011)	Program Cumulative achievements (Q1&Q2)							
Policy Analysis and Systems Strengthening	Individuals oriented/ trained on new/revised HIV&AIDS related policies and guidelines	347	124	23	95	118		This is a "reporting only" indicator		589			
	Local organizations provided with TA for HIV-related institutional capacity building	4	11	11	11	11	11	100	11	11	100		

* PY1 (March-September 2009) involved only 3 months of actual implementation, therest was 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 has 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 large 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 healthcare 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 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 nine supported districts

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



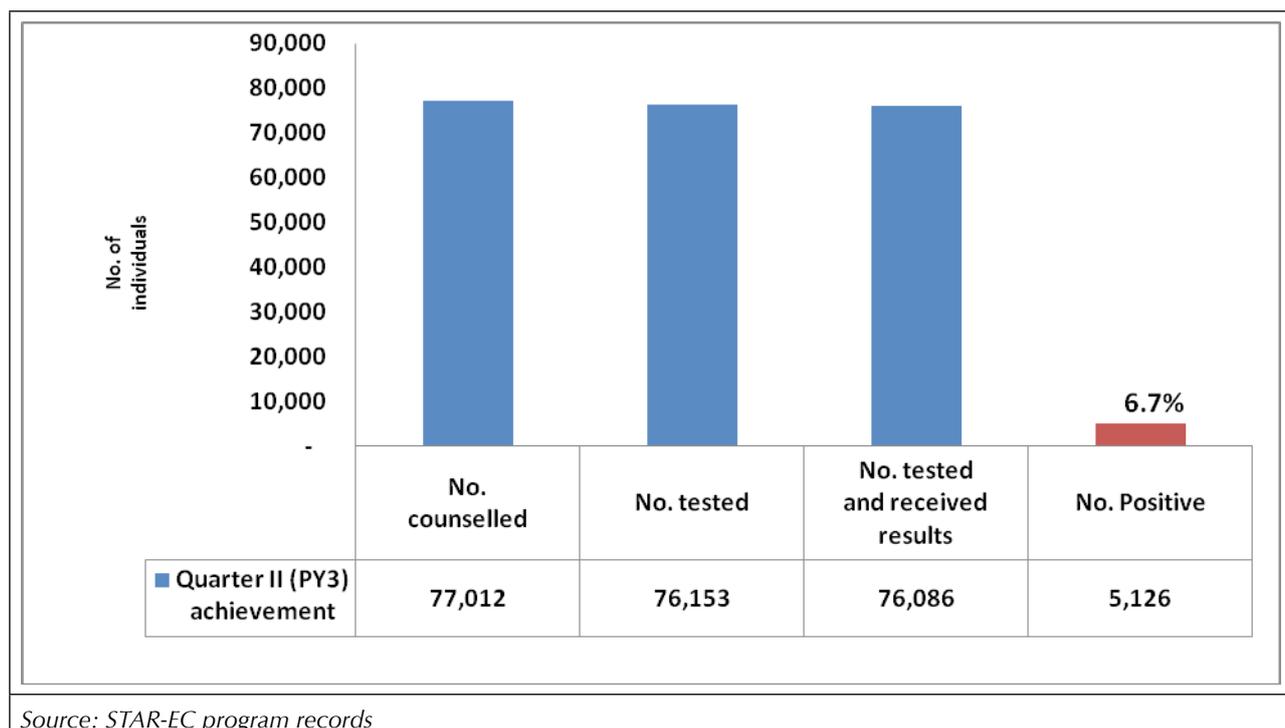
Clients lining up to register for HTC services (using the HIV rapid test approach) at Golofa landing site, Lolwe Island during the integrated outreach

During the January – March 2011 period, STAR-EC supported 80 health facilities and 11 CSOs in the nine districts to provide HTC services. Hard-to-reach areas particularly the Sigulu Islands were given high priority as a result of a fact finding visit to islands conducted at the beginning of the quarter that revealed very limited access to HTC services and a high positivity rate among the clients tested during that visit. In response to these observations, STAR-EC in collaboration with the district providers organized HIV&AIDS service delivery outreaches during which a total of 2,250 people (999 female and 1,251 male) were counseled, tested and received their results on both Sigulu and Jaguzi islands in Mayuge and Namayingo districts, respectively.

Following this success, the Mayuge District Health Office similarly intensified these integrated services on the island of Jaguzi. Of those tested on these islands, 414 were found positive (211 female and 203 male). All these were duly linked to care through the integrated service delivery outreaches. During the quarter, the supported CSOs

continued to provide HTC services using static, outreach, home-based HTC and community camping approaches specifically targeting hard-to-reach populations in their areas of operation. In total, 14,893 individuals (7,911 female and 6,982 male) accessed HTC services provided by CSOs. A total of 434 couples accessed HTC services provided by the CSOs during the quarter; of these 11 couples were discordant while 22 were concordant positive. Overall 6.1% (n=14,893) were diagnosed HIV positive and duly referred for further care at chronic care sites in the districts.

Figure 1: Q2 PY3 HIV testing and counseling cascade



Overall, a total of 76,086 people (47,132 females and 28,954 males) were tested for HIV and received results from both public health units and CSOs, representing about 98.9% (n =77,012) of all the people who were counseled to receive the test. A total of 5,126 people who were tested were diagnosed HIV positive (3,210 female and 1,916 male) corresponding to a positivity rate of 6.7% (n = 76,153). A total of 3,942 couples accessed HTC services during the quarter. Of these 120 (3.0%) were discordant and while 404 (10.2%) were concordant positive; the rest were concordant negative. Of the 3,942 couples who accessed HTC services during the quarter, 46.8% were served though the 'couple HIV counseling and testing weeks' approach. Table 2 provides the details:

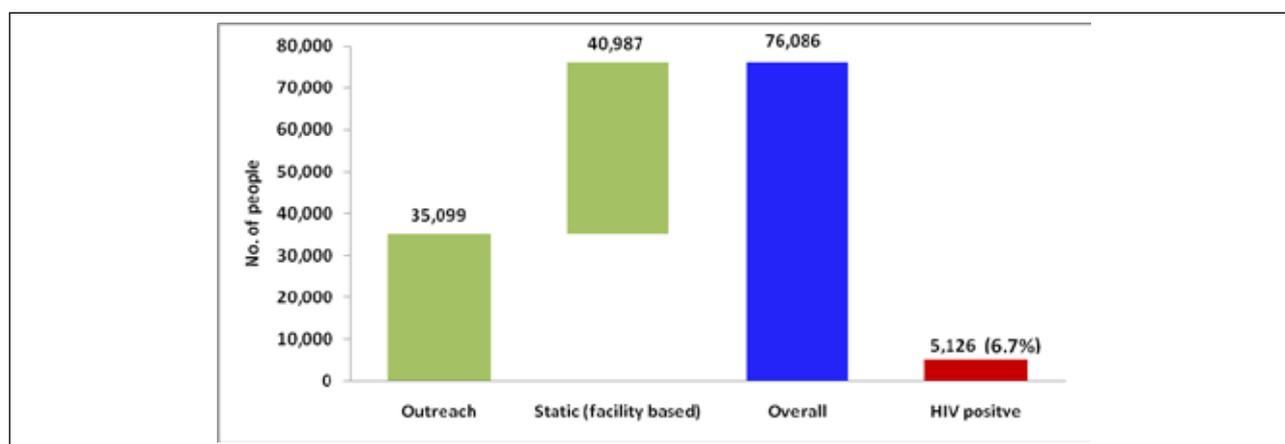
Table 2: Couples counseled, tested and received HIV result

Site of testing	Nature of activity	Number	No. (%) Concordant HIV+	No. (%) Discordant
Static	Facility based	1,013	308 (30.4%)	54 (5.3%)
Outreach	Couple week	1,828	17 (0.9%)	37 (2.0%)
	Free standing	784	62 (7.9%)	20 (2.6%)
	Home-Home	317	17 (5.4)	9 (2.8%)
Total		3,942	404 (10.2)	120 (3.0%)

Source: STAR-EC program records

During this quarter, a total of 35,099 people accessed HTC services through outreaches while 40,987 accessed these services through static/facility based services in the nine districts. Figure 2 shows HTC utilization by service type while Table 3 shows HIV prevalence for each HTC delivery mode. As a result of the concerted HTC effort both in the community and at the facility during this period, the number of people who were counseled, tested and who then received results this quarter was about 58.5% (n=130,000) of the expected PY3 target.

Figure 2: Number of individuals accessing HTC by mode of delivery during the quarter



Source: STAR-EC program records

Table 3: HIV prevalence by type of testing sites quarter 2, PY3

Testing site	HIV prevalence (%)
Outreach	5.1
Static (facility based)	8.1
Overall	6.7

Source: STAR-EC program records

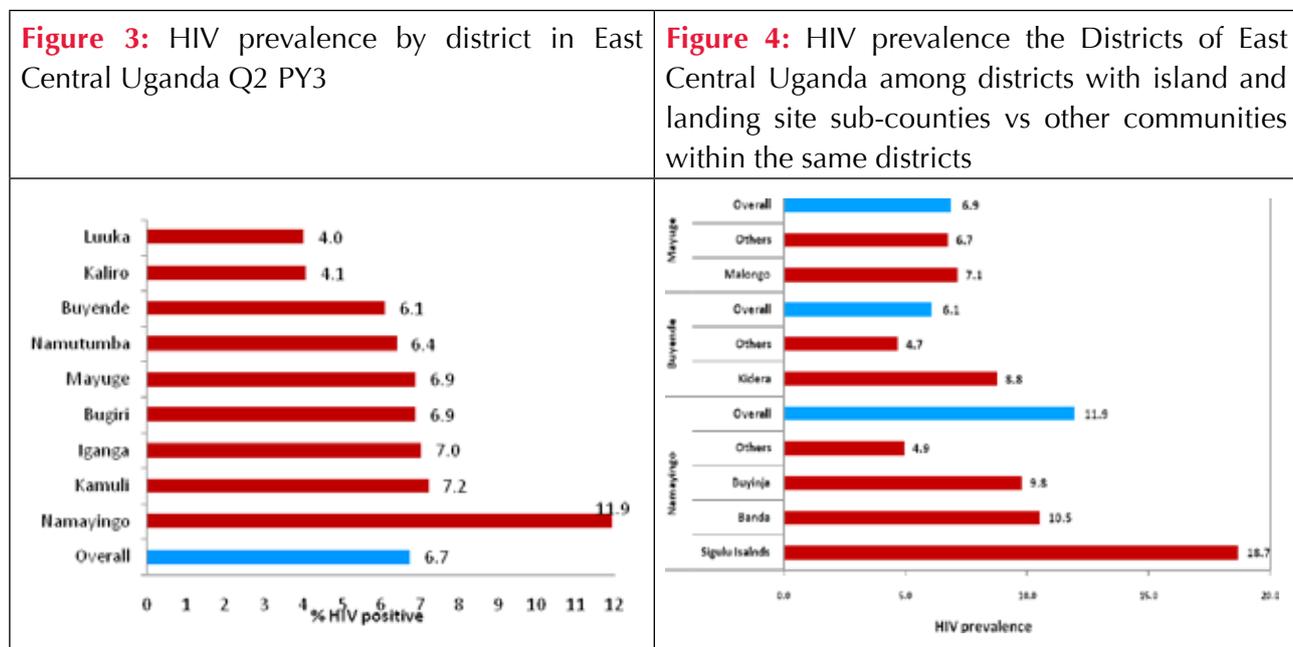
As illustrated in Table 4 Iganga, Kamuli and Mayuge districts had more people accessing HTC services in comparison to the other districts.

Table 4: HIV counseling, testing and receiving of results by district

District	Clients counseled, tested and received HIV results						
	Individuals			Couples			
	Female	Male	Total	Number / (%) HIV positive	Number	Concordant	Discordant
Bugiri	4,761	2,390	7,151	492 (6.9%)	536	4	13
Buyende	3,058	1,754	4,812	293 (6.1%)	430	90	7
Iganga	8,720	5,129	13,849	972 (7.0%)	333	28	22
Kaliro	5,196	3,670	8,866	361 (4.1%)	686	7	10
Kamuli	7,704	4,434	12,138	879 (7.2%)	670	245	17
Luuka	4,664	2,795	7,459	299 (4.0%)	211	13	12
Mayuge	6,297	4,110	10,407	715 (6.9%)	470	6	18
Namayingo	3,637	3,341	6,978	832 (11.9%)	279	5	16
Namutumba	3,095	1,331	4,426	283 (6.4%)	327	6	5
Total	47,132	28,954	76,086	5,126 (6.7%)	3,942	404	120

Source: STAR-EC program records

Figure 3 shows the summary of the HIV positivity rate by district. Namayingo district posted the highest positivity rate due to the targeted coverage for the MARPs while the lowest HIV positive rates were observed in Luuka and Kaliro districts.



Source: STAR-EC program records

Lessons learned

- The support provided by STAR-EC in collaboration with National Medical Stores (NMS) to improve supply chain management enabled consistent supply of HIV test-kits and their accessories for the CSOs and the facilities throughout the quarter
- Using the ‘know your epidemic and know your response’ approach, STAR-EC has been able to identify more clients in need of care during the quarter by re-focusing HTC services to MARPs and hard-to-reach places such as the islands in Namayingo and Mayuge Districts with the highest HIV prevalence in the region and ensuring linkage to chronic care through integrated outreaches
- ‘Couple HIV counseling and testing week’ approach has proven to be an effective strategy for reaching more couples with HTC. STAR-EC has duly incorporated it in the district and CSO activities as an ongoing activity

Challenges

The main challenge currently facing HTC implementation is the slow roll out of routine HIV counseling and testing to date within the facilities. This has resulted from the delayed creation of testing points due to delay in delivery of testing point furniture to the facilities.

Way forward

- Scale-up and operationalization of routine counseling and testing in all facilities will be a priority for the new quarter so as to further increase access to HTC and linkage of a larger proportion of HIV positive persons to care services within these facilities
- Support to HTC services for the island communities and most-at-risk populations will continue to be prioritized in the coming quarter with more island communities being targeted in Mayuge and Namayingo districts



A newborn HIV exposed baby being given nevirapine, Nsiinze HC IV, Namutumba district

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

During the quarter, STAR-EC continued to support delivery of quality PMTCT services at 68 health facilities including four jnhospitals, twelve HCs IV, forty-nine HCs III and three HCs II. The program maintained PMTCT services coverage in the region at 100% (n= 12) of HCs IV, 83% (n=59) of HCs III and 1.5% (n=201) of HCs II. The program's scale-up plan aims at extending services to all hospitals, HCs IV, HCs III and 30% of HCs II.

During the quarter, STAR-EC in collaboration with MoH and the Clinton Health Access Initiative, facilitated the training of 300 health workers (118 female and 112 male) from 81 PMTCT sites in all the nine districts using the PMTCT – EID strengthening approach that emphasizes the need for active screening, care and referral/follow up for the HIV exposed infant and their mothers within the facilities, between collaborating facilities and the community. This training also serves as a platform where the MoH disseminates the new PMTCT guidelines (Option A) to the health workers. The selection criterion ensures that a team of at least three personnel (clinician, midwife or nurse and laboratory personnel) per facility are trained in order to ensure teamwork.



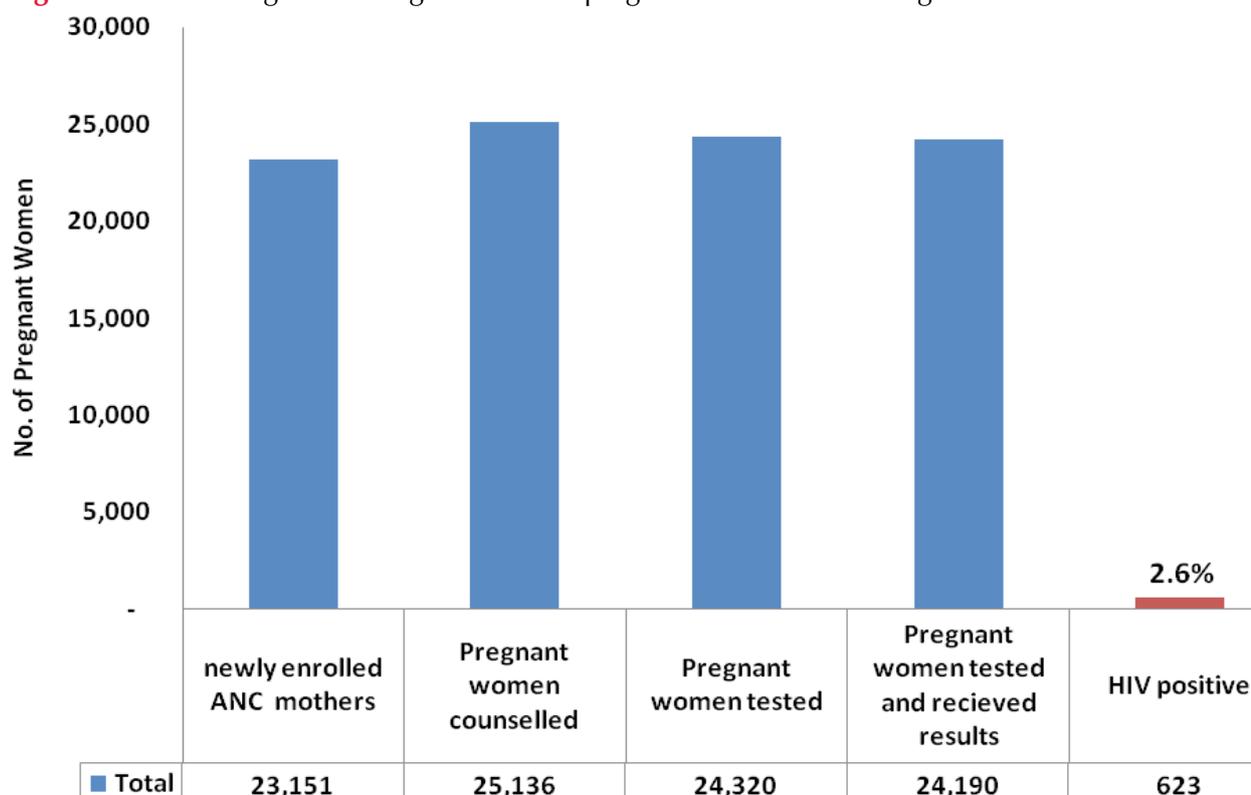
Family Support Group at Bumanya HC IV

STAR-EC continued to support health facilities offering PMTCT and/or ART to access CD4 services at Kamuli, Iganga and Bugiri General Hospitals and PCR test services at the Joint Clinical Research Centre of Excellence Laboratory at Kakira. This has in effect enabled CD4 and PCR testing services to become both geographically and financially accessible to especially the HIV

positive pregnant women and their exposed babies.

During the reporting period, STAR-EC facilitated family support group (FSG) meetings in all the 68 PMTCT sites in the nine districts. Thirty of these facilities are also supported by STAR-EC to implement the mothers2mothers (m2m) model of peer support to HIV positive mothers. The FSGs have proved to be an important tool in keeping track of the HIV exposed babies so that they can access Early Infant Diagnosis (EID) for HIV and linkage to care. In the quarter, a total of 2,115 mothers and their spouses attended and benefited from the education and psychosocial support offered within the FSGs, as well as accessing the other above-mentioned services. As a result of implementing the above mentioned activities in the region during the 2nd quarter of PY3 25,136 pregnant women were counseled, of these 24,320 were counseled and tested with 24,190 of them receiving their results. Overall, 2.6% (n = 24,320) of the pregnant women who were tested were HIV positive.

Figure 5: Counseling and testing cascade for pregnant mothers attending ANC



Source: STAR-EC program records

Table 5: Summary of PMTCT process outputs by districts

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 at birth
Bugiri	2,833	61 (2.2%)	89	57	32	81
Buyende	2,005	36 (1.8%)	40	78	13	100
Iganga	4,523	137 (3.0%)	202	84	93	92
Kaliro	2,286	45 (2.0%)	77	73	13	92
Kamuli	5,868	181 (3.1%)	256	71	88	98
Luuka	1,148	16 (1.4%)	23	74	6	67
Mayuge	2,705	64 (2.4%)	93	96	55	89
Namayingo	854	31 (3.6%)	70	71	29	59
Namutumba	2,098	52 (2.5%)	109	53	18	100
Total	24,320	623 (2.6%)	959	73	347	90

Source: STAR-EC program records

During the quarter, 73.2% (n=959) of the HIV positive women were enrolled onto a PMTCT prophylactic regimen/HAART and this was a lower proportion compared to 82.2% (n=1,036) achievement reported for quarter 1 of PY3. This drop can be attributed to the fact that during this quarter STAR-EC engaged most of the health facility staff in PMTCT-EID strengthening trainings yet most of the lower units are plagued by low staffing. As a result of the PMTCT-EID strengthening trainings undertaken during this quarter, all the 68 PMTCT facilities have now adopted 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 6: Percentage of HIV+ pregnant mothers on ARVs for prophylaxis by type (n=702)

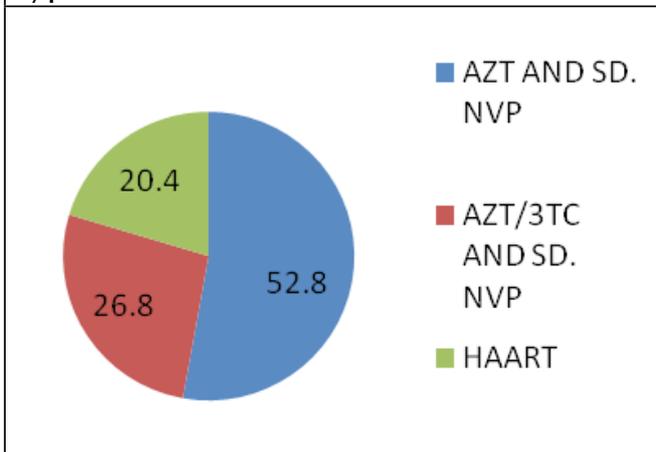
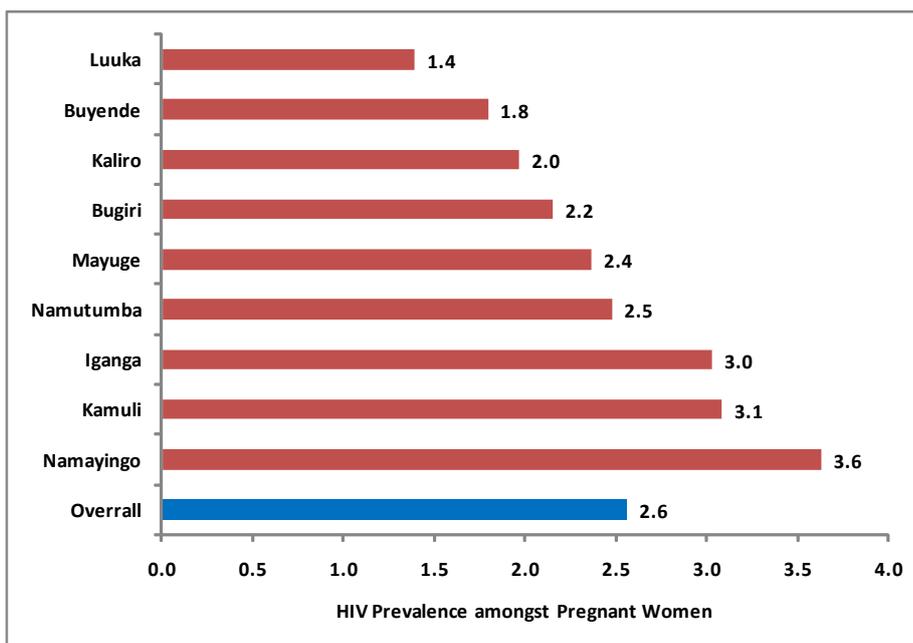


Figure 6 shows that most of the facilities have adopted the new policy with some few still using the old guidelines (AZT/3TC and single dose Nevirapine). In addition, a larger proportion of HIV positive pregnant women were enrolled onto HAART (20.4%, up from 16%) achieved during Quarter 1 of PY3.

Figure 7 shows HIV prevalence by district. Despite the HIV prevalence among pregnant women being higher than the mean for the region in Iganga, Kamuli and Namayingo districts, it is still significantly below the 6.5% reported in the 2004/05 Uganda serobehavioural survey. This in effect has an impact on the numbers that enroll for PMTCT overall in the region.

Figure 7: HIV prevalence among pregnant women tested during ANC by district



Source: STAR-EC program records

During this quarter 36.9% (n=959) of the HIV pregnant women were assessed for ART eligibility (using CD4 testing only) down from 42.9% (n=1,036) in quarter 1 of PY3. This could also be attributable to the care teams being involved in training updates at different times during the quarter. Regarding ARV prophylaxis for the infant, overall 90% (n=347) of all the babies born to HIV positive mothers were enrolled onto prophylaxis in the quarter.

During this reporting period, a total of 800 dry blood spot samples (720 for 1st PCR and 80 for 2nd PCR) were referred to the Joint Clinical Research Centre (JCRC) for PCR testing, with a total of 529 PCR results being received of which 9.8% 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.

Figure 8: PMTCT cascade outputs during Quarter 2 of PY3

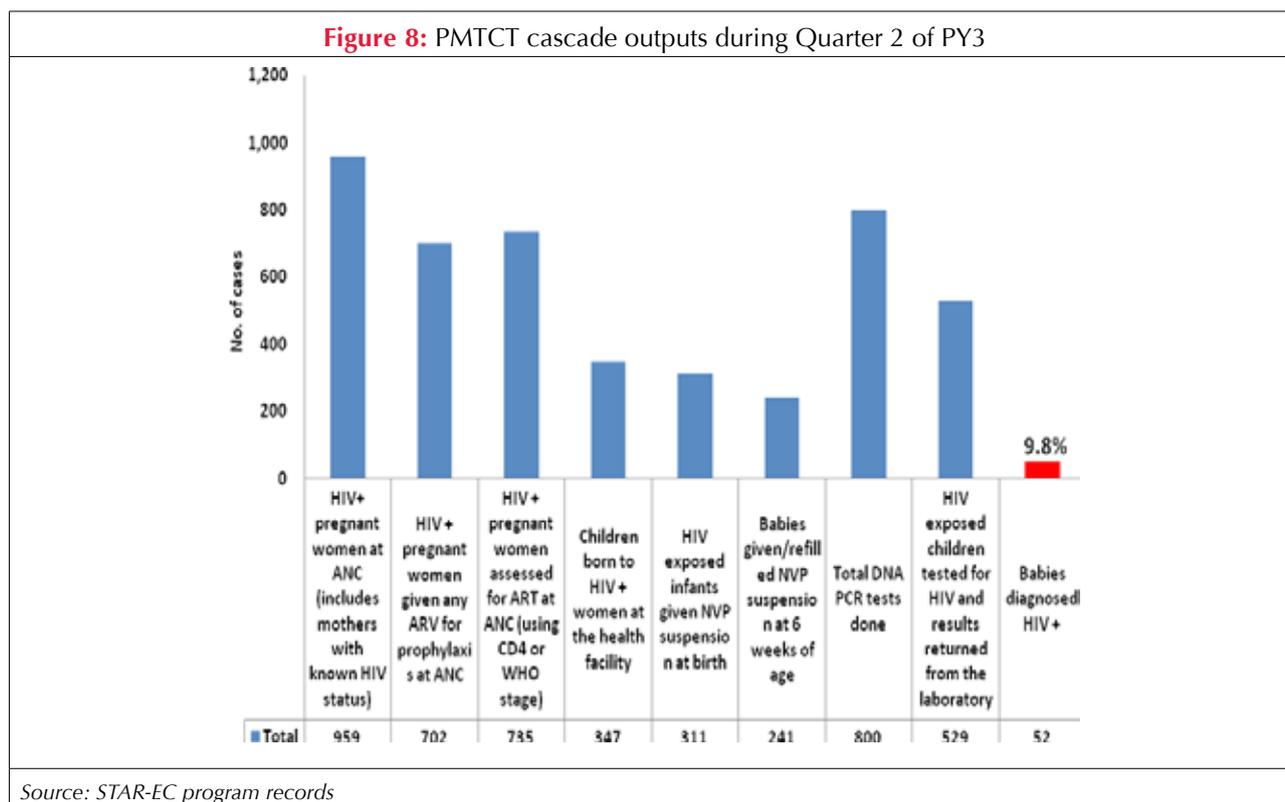


Table 6: Overall linkage of HIV exposed babies to EID and pediatric ART in the nine districts

	HIV exposed Infants (<18 months) 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	720	80	529	52 (9.8%)	61¹⁾

Source: STAR-EC program records

Using the PMTCT-EID strengthening system together with the mentor mothers, STAR-EC was also able to facilitate health workers in 11 PMTCT-ART sites in Buyende, Iganga, Luuka, Bugiri and Namayingo Districts to undertake follow up outreaches in collaboration with the expert clients and village health teams (VHTs) in these districts to track mother-baby pairs that had otherwise failed to keep the scheduled appointments at the facilities. STAR-EC also supported 30 health facilities with furniture that included office desks, chairs, filing cabinets and plastic



A mentor mother offering one-on-one education and psychosocial support to a PMTCT client at Kidera HC IV

chairs for use during the FSG meetings. As a result of this effort, a total of 42 mother-baby pairs in Bugiri, 81 in Iganga, 11 in Kidera, 11 in Kiyunga and 6 in Namayingo health centre were successfully followed up in the community.

Mentorship and education on PMTCT through peers

Mentor mothers provided education to health PMTCT clients through one-on-one, one-on-couple and group interactions –that included FSG sessions. 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 59 mentor mothers in the four hospitals, twelve HCs IV and fourteen HCs III. During this reporting period, the mentor mothers registered

¹ Some HIV positive children spilled over from Quarter 1 of PY3

591 antenatal and 570 postnatal HIV positive mothers for long term follow-up to ensure that they go through the whole PMTCT cascade successfully.

Lessons learned

- Implementation of quality PMTCT in the nine districts is primarily dependent upon 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

- Low 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
- Large membership in the PMTCT family support groups than originally planned due to reluctance of participants being weaned off as ART family/adherence support groups for mothers and children are yet to be formed
- Follow-up of the HIV exposed babies whose mothers were not honoring their EID appointments has been expensive since most mothers do not have access to telephones as the EID Strengthening Program had anticipated so the health workers have to do physical home visits
- Referral for HAART by non-ART providing sites remained a major challenge because ART centers (28) are much fewer than the PMTCT sites (68) and coverage of ART outreaches to lower units though improving, is still limited
- Occasional stock-outs of major supplies such as the Nevirapine syrup affect the delivery of PMTCT services
- Inadequate Human Resources for Health in the region hamper the smooth delivery of PMTCT services

Way forward

- STAR-EC will facilitate the scale up of PMTCT and EID services to a total of 80 facilities up from the current 68 in the region. The quality of PMTCT services will be strongly prioritized during this scale up using regular mentorship visits to the facilities
- STAR-EC will strive to further strengthen the referral linkages at the facility and the community using mentor mothers, community support agents, health workers and village health team members

2.1.3 Care and Support

Umbrella Care

During this quarter, STAR-EC participated in a number of PEPFAR care and treatment rationalization process meetings and field visits aimed at eliminating client overlaps, duplication of work and double counting of beneficiaries during reporting with The AIDS Support Organization (TASO), the other implementing partner in the region. TASO is utilizing the outreach model using the premises of five STAR-EC supported sites (one hospital, one HC IV, and three HCs III in five districts). As a result of this exercise, TASO was advised by the MoH to hand over PLHIV clients to the STAR-EC supported government facilities for rationalization of care.

Challenge

Implementing partner's support to each facility could not be easily teased out as it required costing a wide range of support including but not limited to treatment and other logistics, human resource capacity building and infrastructural support.

Way forward

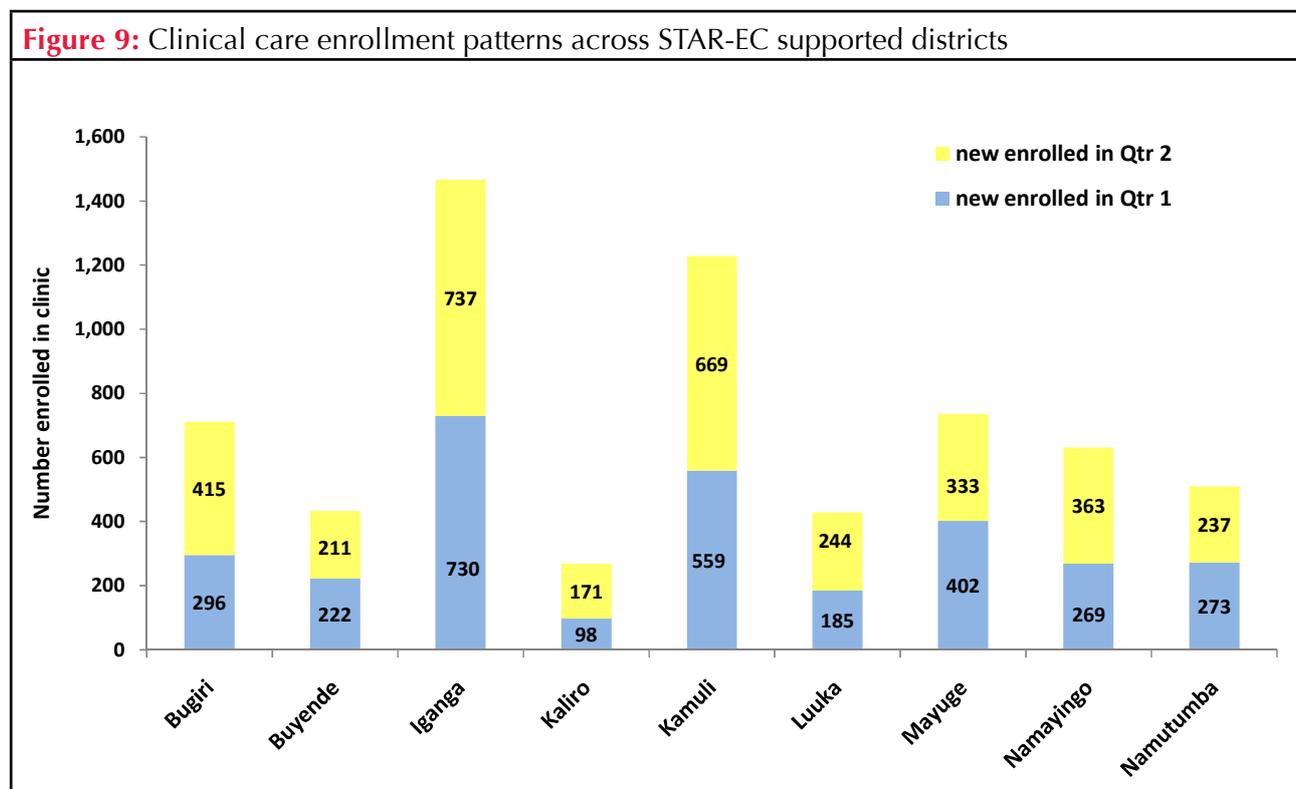
The PEPFAR technical working group shall provide overall guidance to both partners on the next steps regarding the five affected sites. In the meantime, each partner will continue to report about their contribution to service delivery.

Clinical Care

During the reporting period, the coverage of HIV&AIDS basic chronic care service delivery was scaled up from 80 to 91 facilities in nine districts. In order to achieve this, STAR-EC facilitated:

- In-service training of health workers on essential clinical care for HIV prevention care and treatment (including management of sexually transmitted infections (STIs) and on patient monitoring tools for HIV/ART);
- Regular on-the-job mentorships for clinicians and nurses;
- Procurement and distribution of key medical logistics such as Cotrimoxazole and the basic care package starter kit; and
- Procurement and distribution of job aids and IEC materials for health workers, and MoH patient monitoring tools.

As a result of the above support, more sites are now able to provide treatment for sexually transmitted diseases (STDs), provide treatment for opportunistic infections (OIs), Cotrimoxazole prophylaxis and use the patient monitoring tools. During the quarter, 3,380 PLHIV were newly enrolled in care (1,100 males, 2,280 females) and 12,841 clients were active in care during the quarter (received Cotrimoxazole).

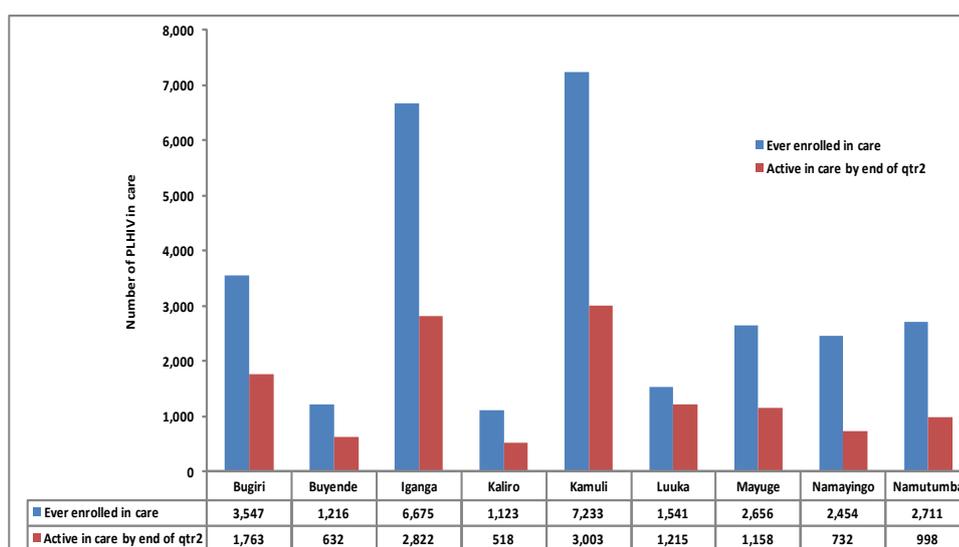


Source: STAR-EC program records

Figure 9 highlights the stable enrollment patterns across districts that are commensurate with district populations. These were achieved mainly due to the increased support supervision of health workers at different health facilities. Additionally, there was a steady supply of Cotrimoxazole at health facilities during the quarter. However, more

work remains to be done to strengthen retention, documentation and tracking of clients to establish how many have joined other treatment programs, transfers to new facilities and districts, deaths, the true losses to follow-up and to explain the apparent high attrition rate as illustrated in Figure 9. Facilities are already being facilitated to conduct client follow-up visits through district funding and in collaboration with the expert clients and community based client support agents.

Figure 10: Attrition of PLHIV in Clinical Care



Source: STAR-EC program records

Lesson learned

Programs aiming to increase access to care should balance the efforts of increasing coverage of service outlets as well as service utilization. STAR-EC has achieved the one arm of increasing service outlets but based on the observations from this quarter, out of the estimated ART eligible population in the region (n=73,000), there is a service utilization gap of over 60% that still needs to be addressed through strengthening linkages to care, client tracking and documentation and ongoing demand creation.

Challenge

Shortage of skilled providers to maintain a high quality of clinical care services especially at HCs III. The few trained staff often have several responsibilities that keep them out of the clinic leading to situations where care is provided either by a lower cadre nurse or nursing assistants.

Way forward

- Design and implement skills-building activities to empower clinical teams including the lower cadre nurses
- Continue the facilitation of clinicians to mentor nurses on the clinical teams to be able to deliver quality care

Support Care

During this quarter, the program focused on introducing two components of support care, namely, nutrition support and adherence support. Two coaching and mentoring visits specifically focusing on integration of nutrition interventions into HIV&AIDS care were conducted at the seven facilities (one hospital, six HCs IV) that had already been prepared for the same through training. Findings during the visits revealed that nutrition support for PLHIV has only been partially established with all sites conducting routine assessments for nutritional status and documenting this measure on the patient HIV care/ART cards for only 65-80% of their client load in a month. A total of 29 clients

were categorized as having severe acute malnutrition and referred to the NuLife project supported hospitals for ready-to-use therapeutic foods (RUTF). More support will be provided to these sites and scaled up to other care sites once the program procures the necessary equipment and supplies.

In collaboration with Uganda Cares and TASO, STAR-EC facilitated the training of 59 expert PLHIV clients who volunteer at 26 HIV/ART facilities (two expert clients per facility, four per hospital) on adherence counseling support. The principle of greater involvement of people living with HIV (GIPA) has been adopted by engaging these 60 trained expert clients to co-facilitate the ART adherence group sessions held monthly by each ART site with facilitation from STAR-EC.

Challenges

- The protracted procurement process for equipment, job aides, and RUTF used for nutritional intervention
- Lack of counseling supervisors to provide specific technical assistance/supervision to the newly established 26 ART adherence support groups

Way forward

- In close collaboration with the NuLife project and the regional nutritionists, the STAR-EC program will expedite implementation of nutrition support during Quarter 3
- Liaison with training institutions such as TASO/SCOT and Mildmay, to train nine district-based counseling supervisors to be selected from ART sites that will be allocated the responsibility of coordinating adherence counseling and psychosocial support group activities at the sites

Clinical /Preventive services –additional Paediatric

During the quarter, one training on Pediatric HIV&AIDS care and treatment was conducted for 30 health workers from nine facilities bringing the proportion of ART sites that also provide pediatric ART to 100% (n=28). Clinical mentorships on pediatric ART were conducted by the Jinja Hospital four-man team comprised of a pediatrician, nurse counselor, pharmacy technicians and laboratory technician.



A new PMTCT-EID mother on the day of ART initiation, Seven months later, the mother is healthy and adhering to ART. The baby's first DNA-PCR test was negative, and the mother is still breastfeeding.

The early infant diagnosis (EID) program was scaled-up to additional facilities using the 3-day PMTCT-EID updates training approach, together with facilitation for transportation of dry blood spot samples to JCRC Kakira. When the EID care point in postnatal clinic receives DNA-PCR results that are positive, these children are linked to the ART clinic for enrollment and initiation on ART. For the infants attending ART sites, the treatment is onsite while for those at non-ART sites the infants are referred for ART where services are available. As a result of the above interventions, 686 HIV-exposed infants aged <1 yr received a dry blood spot for DNA-PCR test. About 88% of these exposed

infants started on Cotrimoxazole prophylaxis between 6-8 weeks of age while the remainder started later on. Out of the DNA-PCR results received, 104 babies (15%) were confirmed HIV positive and referred to ART clinics for immediate initiation as per new pediatric ART policy guidance.

Overall, a total of 208 children aged <15yrs (85 males, 123 females) were newly enrolled in chronic care during the reporting period bringing the total children active/current in care to 939 (528 males, 411 females). A total of 232 children <15yrs were started on ART during the quarter (compared to 88 children who started ART in quarter 1) bringing the total of children current on ART to 500 (332 males, 168 females).

Relating the above achievements to the National Pediatric care/ART targets, the STAR-EC program has greatly improved from a proportion of <15 yr olds on ART of 7% to 10.5% of all age groups on ART during the reporting period. The national target is 15%. Furthermore, the proportion of children on ART is 53% of all children currently enrolled current in care (n = 939) which is slightly above the national target of 50%.

Challenges

The facilities offering ART services are still fewer than the PMTCT sites. As a result, some of the infants with positive results have to be referred to other centers for ART, a process which often delays initiation as caretakers take a while to attend the referral destination. This greatly impacts treatment outcomes

Way forward

- Maintain facilitation of health workers and client support agents to proactively follow-up the HIV positive mother-baby pairs who are lost and initiate ART immediately
- Promote intra-facility physical referral

2.1.4 Treatment –Antiretroviral Services

In addition to supporting 28 static antiretroviral therapy (ART) sites, access to ART services was greatly increased through the approach of facilitating district health workers to conduct monthly satellite ART outreaches to 33 outreach points (non-ART HCs III and fishing-landing sites).

In March 2011, STAR-EC utilized the ‘Know Your Epidemic – Know Your Response’ (KYE-KYR) concept to re-focus and prioritize the islands in Namayingo and Mayuge districts which have a higher HIV prevalence of about 21%. The program interventions included:

- Immediate training of the island-based health workers on HIV counseling and testing, management of opportunistic infections and STIs;
- Facilitation of the district clinicians to conduct an integrated clinical care/ART outreach to all HCs II on those islands;
- Re-distribution /delivery of essential logistics for HIV prevention care and treatment; and
- HTC outreaches integrated with TB and STI screening with linkage of positive clients to care. The HIV positive patients also received CD4 and complete blood count tests that were analysed on the main land. The ART eligible clients (CD4 <350 cells/ul) were immediately initiated on ART.

Table 7: KYE-KYR outputs – ART outreach to Islands

Health facility (district)	Number of PLHIV enrolled and got CPT	Number of PLHIV started on ART	Number of patients treated for STDs
Kandegge-Lolwe HC II (Namayingo)	130	50	90
Singila HC II (Namayingo)	30	13	18
Haama HC II (Namayingo)	103	4	0

Health facility (district)	Number of PLHIV enrolled and got CPT	Number of PLHIV started on ART	Number of patients treated for STDs
Sagitu HC II (Mayuge)	Due to lack of manpower (health workers) at the time, this outreach was postponed to April 2011		
Jaguzi HC II (Mayuge)	36	0	
Totals	299	67	108

Source: STAR-EC program records



At Lolwe Island – many eligible clients received ARVs

On the mainland, facility-based clinical mentors were engaged to cascade mentoring of clinicians and nurses at the 27 static ART sites. They focused on assessing patients for eligibility to start ART using the WHO clinical staging criteria and the immunological criteria. Sixty chronic care facilities received laboratory support to collect and refer blood samples for CD4 cell count testing and hence about 90% of chronic care clients were monitored for immunological eligibility for ART. Case management conferences were held at health sub-district levels to discuss specific challenging/complex HIV&AIDS cases. As a result of the above support, 1,175 PLHIV (412 males, 763 females) were newly started on ART this quarter, with about 4,754 PLHIV retained as total current on ART. The latter

output translates into 37% of total active clients enrolled in care (n =12,841) which compares favourably with the national estimates that about 33% of care clients are in need and should access ART.

Challenge

- There is high turnover of clinicians and nurses trained on providing comprehensive HIV&AIDS care and ART. Some have been transferred either to different departments or different facilities altogether. This reduction in the number of ART prescribers has affected the flow of ART service delivery and led to increased delays to initiate ART
- Island health facilities lack clinicians and nurses and often they are run and managed by a Nursing Assistant at each site. At the moment services are provided by mainland clinicians who conduct regular outreaches to the islands

Way forward

- Train more health workers in the region on the Integrated Management of Adult Illnesses (IMAI/ART) course scheduled for May 2011
- Facilitate regular integrated care/ART outreaches to each island HC II

2.1.5 Clinical/Additional TB/HIV

During the reporting period, STAR-EC maintained its close collaboration with the National TB and Leprosy Programme. The programme provided financial and technical support for the South-East Zonal Quarterly meeting during which gaps in the documentation and implementation of the programme were shared with the supported facilities. STAR-EC also facilitated MoH officials to conduct joint support supervision for 25 facilities (four hospitals, twelve HCs 1V and nine HCs III).

MoH/NTLP officials were further facilitated to conduct on job mentorship to health care providers in the 66 STAR-EC supported facilities focusing mainly on TB case management, documentation in the registers and Intensified Case Finding (ICF) tool utilization.

In addition, 16 integrated TB/HIV & PMTCT coordination meetings were conducted at the health sub-district (HSD) level focusing on review and enhancement of intensified TB case finding and treatment Success, referral networks and linkages between TB and HIV chronic care services. In attendance were CSOs, health care providers from both the public and private facilities and partners operating within the HSDs.

TB/HIV collaboration at facilities

In order to enhance uptake of CPT and ART among TB/HIV co-infected patients STAR-EC supported monthly performance review meetings at the 16 high volume sites with plans to scale up at all ART sites.

During the quarter, a total of 667 TB patients were registered. Out of these, 638 (95.7%) patients had their HIV results recorded in the register compared to last quarter's achievement of 92.7%. The target is to have 100% of TB patients tested. A total of 220 (34.5%) TB patients tested positive for HIV and out of these 212 (96.4%) were started on CPT and 116 (52.7%) started on CPT and ART up from 32.7% during Quarter 1.

Table 8: TB/HIV out comes during Q2 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	171	169	63	61	38
Bugiri	109	101	26	26	16
Kamuli	98	89	36	36	14
Mayuge	107	104	38	33	12
Namutumba	49	49	14	13	10
Kaliro	31	30	9	9	5
Luuka	29	28	12	12	6
Buyende	27	26	7	7	4
Namayingo	46	42	15	15	11
Total	667	638 (95.7%)	220 (34.5%)	212 (96.4%)	116 (52.7%)

Source: STAR-EC program records

TB status in HIV chronic care providing ART services

Out of 10,396 HIV positive clients reviewed during the quarter, 9,832(94.6%) were screened for TB, 465 (4.7%) had their sputum examined and 129 (1.3 %) received treatment for TB. The target is to have 100% clients screened for TB. The details of the TB/HIV integration are highlighted in the Tables 8 and 9.

Table 9: TB status in HIV chronic care services by the end of Q2

District	Current clients seen during the quarter	No.(%) of clients screened for TB	No. of suspects investigated for TB	No.(%) of clients diagnosed & treated for TB
Iganga	2,248	2,140	135	50
Bugiri	1,353	1,230	8	29
Kamuli	2,480	2,387	38	21
Mayuge	1,055	1,031	53	8
Namutumba	836	803	60	7
Luuka	973	880	106	19
Kaliro	399	371	30	3
Namayingo	621	590	9	6
Buyende	431	400	5	7
Total	10,396	9,832 (94.6%)	465 (4.7%)	129 (1.3%)

Source: STAR-EC program records

Challenges and the way forward

- Limited access to ART services for TB patients diagnosed from HCIII level and the islands. STAR-EC is

scaling up ART services and extending support down to HC III levels and also supporting clinical teams to conduct outreaches in areas with limited services such as Sigulu and Jaguzzi islands

- Limited linkages and internal referrals between the TB and HIV care services at facilities. There have been significant efforts towards improving linkages this quarter through performance review meetings at facility level, mentorship and support supervision, this support will continue during the next quarter
- Patients' reluctance to take both anti-TB and ART drugs continues to hinder up take of ART. STAR-EC has continued to address this challenge by supporting health workers through the provision of comprehensive patient's education on the benefits of early initiation of ART to TB co-infected patients as well as the promotion of stigma reduction

Lessons learned

Mentorship and quality support supervision conducted by district supervisors after the initial trainings improves the quality of work and subsequently the indicators.

TB Control Activities

Intensified case finding in the districts

STAR-EC is employing a number of strategies to improve on case detection in the districts. During the quarter, STAR-EC supported integrated 'Couple Week' and 'TB Week', intensified TB case finding in the communities by the community support agents (CSAs) and village health teams (VHTs). Additionally, STAR-EC supported sputum outreaches to Sigulu Islands, Jaguzi Islands and Bugaya and Kagulu landing sites in Buyende District. A total of 32 smear positive cases were detected from these outreaches and initiated on treatment.

Table 10: Case Detection Rate for each district during Q2

District	No. of expected new smear positives in a quarter	No. of smear positives	CDR%
Iganga	164	120	73.2
Luuka	84	20	23.8
Kamuli	160	65	40.6
Buyende	84	26	31.0
Kaliro	71	22	31.0
Namutumba	72	38	52.8
Bugiri	133	63	47.4
Namayingo	74	40	54.1
Mayuge	151	72	47.7
Total	993	466	46.9

Source: District quarterly reports

As a result of the above interventions, case detection rate in the region has improved to 46.9% compared to 36% in quarter one.

SUCCESS STORY

Enhancing the utilization of Intensified Case Finding (ICF) tools in health care settings

An experience from Kamuli Mission Hospital

STAR-EC supported the MoH/NTLP to disseminate ICF tools to different health facilities. However, their utilization was rather lukewarmly embraced by the health workers who perceived it as an additional workload to the already constrained human resource at their facilities. Kamuli Mission Hospital was no exception.



Mr. Opio during a health education talk on cough etiquette in OPD

Opio was enthusiastic to take on this responsibility as a cough nurse.

As a result of some of these efforts, there are significant changes in this hospital that make this area a success story. Mr. Opio starts his morning work by visiting the wards and outpatient departments to give messages on TB and HTC then guides TB suspects identified using the ICF guidance, and those willing to take an HIV test to where the services are provided. At OPD he separates the TB suspects in a waiting area from the rest of the patients.

He ensures that ICF forms are always available at the OPD and in all wards. 'I have supported many clients and TB suspects to benefit from HTC and sputum examination' says Mr. Opio. At baseline, the facility team used to identify 33 TB suspects on average per quarter but following

As a result of the poor utilization of tools at this hospital, Mr. Isabirye James, the Health sub-district TB focal person who is based in this hospital, organized a continuous professional development session in January 2011 on TB intensified case finding for the hospital's staff. During this meeting, Mr. Opio, a 60 year-old records assistant was identified to work as a 'cough focal person' to support in triaging TB suspects at the hospital. Mr.

these interventions, an average of 75 TB suspects are identified every quarter and referred for sputum examination.

Lessons learned: Non-medical staff can effectively be utilized to conduct intensified case finding at facilities. Other supported facilities are being encouraged to identify and engage non medical staff to enhance intensified case finding at their respective facilities.

Public- Private Mix (PPM)

STAR-EC continued to engage and support the private facilities in TB care. During the quarter, the project and the district local governments provided support to 13 private facilities. These facilities received technical support supervision, mentorship, TB laboratory reagents and registers.

A total of 87 TB patients were diagnosed and treated for TB from nine private facilities during this quarter.

TB DOTS

During this reporting period, STAR-EC supported the scale-up and consolidation of the implementation of TB DOTS. These included training of CSAs/VHTs, facilitation of 80 SCHWs to deliver drugs to treatment supporters in the different communities and facilitation of the District TB Leprosy supervisors to deliver drugs to the peripheral units. A total of 480 clients were supported during the quarter under the DOTS strategy.

Table 11: TB DOTS coverage during Q2

District	Iganga	Kaliro	Bugiri	Kamuli	Mayuge	Namutumba	Luuka	Buyende	Namayingo
% coverage	59	68	66	78	49	63	83	85	100

Source: District quarterly reports

STAR-EC supported the district TB and leprosy supervisors and the health sub district TB focal persons to provide technical support supervision to a total of 77 facilities during the quarter. In addition, the program facilitated the quarterly performance review meetings involving the DTLS, health sub-district TB focal persons and sub county health workers (SCHWS). The meetings focused on tracking of clients, inter facility referrals, recording and reporting.

Table 12: Treatment Success Rate for Quarter 2

District	Iganga	Kaliro	Kamuli	Bugiri	Mayuge	Namutumba	Average
TSR (%)	83.5	88.9	79.6	76.3	79.7	81.3	81.6

Source: District quarterly reports

Challenges and way forward

- Bugiri Hospital failure to perform sputum microscopy during the month of February due to the leaking sink, affected CDR for the district
- Low Community awareness about TB cause, transmission and treatment. In addition, perception about cough as a 'mere cough 'continue to affect demand for services. STAR-EC continues to sensitize the communities by involving CSAs, VHTs and the media
- Inadequate routine screening and utilization of intensified case finding tools at facilities, cough focal persons (CSA, support staffs) have been identified to conduct intensified TB case finding at facility levels

Lesson learned

There is need to utilize local radios existing in the districts in order to reach the majority of the communities, and therefore increase community awareness.

Advocacy Communication and Social Mobilization

In order to promote active involvement of and support for communities, STAR-EC is supporting advocacy, communication and social mobilization efforts. During the quarter, STAR-EC supported the nine districts to commemorate the World TB Day. Messages on TB and TB/HIV were passed on to the public in the form of



'TB suspects' line up for sputum mugs during World TB Day commemorations in Namayingo District.

speeches, drama, songs and testimonies made by previously treated TB patients. During the events, integrated HTC and TB screening were conducted and 290 TB suspects were identified and 3 confirmed TB smear positive cases.

2.1.6 Promotion of HIV prevention through sexual and other behavioural prevention

Sexual and other behavioral risk prevention was promoted mainly through support to 11 Civil Society Organizations (CSOs) to implement activities that focused on Abstinence and/or Be faithful (AB) and correct and consistent condom use among high risk populations. The strategies employed included use of peer-to-peer dialogue, home-to-home visits, behavior change communication programs (BCPs), peer support group activities, fidelity seminars, small group sessions and community dialogues.



Trainers of trainees being trained in 'families that prosper model to promote Be-faithful interventions

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

STAR-EC supported training for model couples in Be-faithful program using the 'families that prosper' model where a total of 184 couples were trained with a total of 30 couples trained as

trainers of trainees (ToT). These cascaded the training to 154 couples from three CSOs in East Central Uganda. These couples have started conducting monthly community level couple dialogue meetings to discuss celebrating marriage, working together as a couple, sharing expectations, enjoying one another, maintaining friendship, and joint problem solving as a couple. The newly trained couples boosted the 826 existing already trained model couples since inception of the STAR-EC fidelity program. A total of 47 new youth clubs were formed during Q2 in Kamuli, Kaliro, Mayuge, Bugiri, Luuka and Namayingo Districts. These clubs were been supported with sports gear including footballs, netballs, valley balls and other board games. Within the clubs, youth have been reached with AB messages, life skills planning and HTC services.

Table 13: Number of individuals reached with AB interventions by age group and quarter

PY 3 Quarter	10-14 years		15-24 years		25+ years		Quarterly Totals
	Females	Males	Females	Males	Females	Males	
Q1	2,230	1,963	5,603	5,852	6,780	7,496	29,924
Q2	5,338	5,274	5,295	6,114	12,867	13,404	48,292
Total	7,568	7,237	10,898	11,966	19,647	20,900	78,216

Source: STAR-EC program records

Over this reporting period, a total of 78,216 individuals were reached with HIV prevention interventions and messages focussed on Abstinence and/or Be-Faithful. Among the individuals served, 46% were youth aged 10-24 years of age while 54% were over 25 years of age. In addition to this, a total of 5,792 individuals who had been served starting with this program year were again reached with AB interventions during this quarter.

Challenges and way forward

- After conducting skills building and economic empowerment sessions for youth, most of them request for startup capital to enable them set up income generating activities. The participants were encouraged to explore linkages with agencies such NAADS for possible support to start up some economic activities to boost their income and livelihoods
- Political activities during the election period greatly interrupted planned activities as some supporters were swayed away from planned STAR-EC activities. As a result, some activities had to be rescheduled

Lesson Learned

- The cascade training by trainer of trainees (ToT) model couples supported the roll out and more model couples have been trained to work with the different CSOs, key recommendations were given to the CSOs to ensure optimum engagement of the model couples in implementing AB interventions

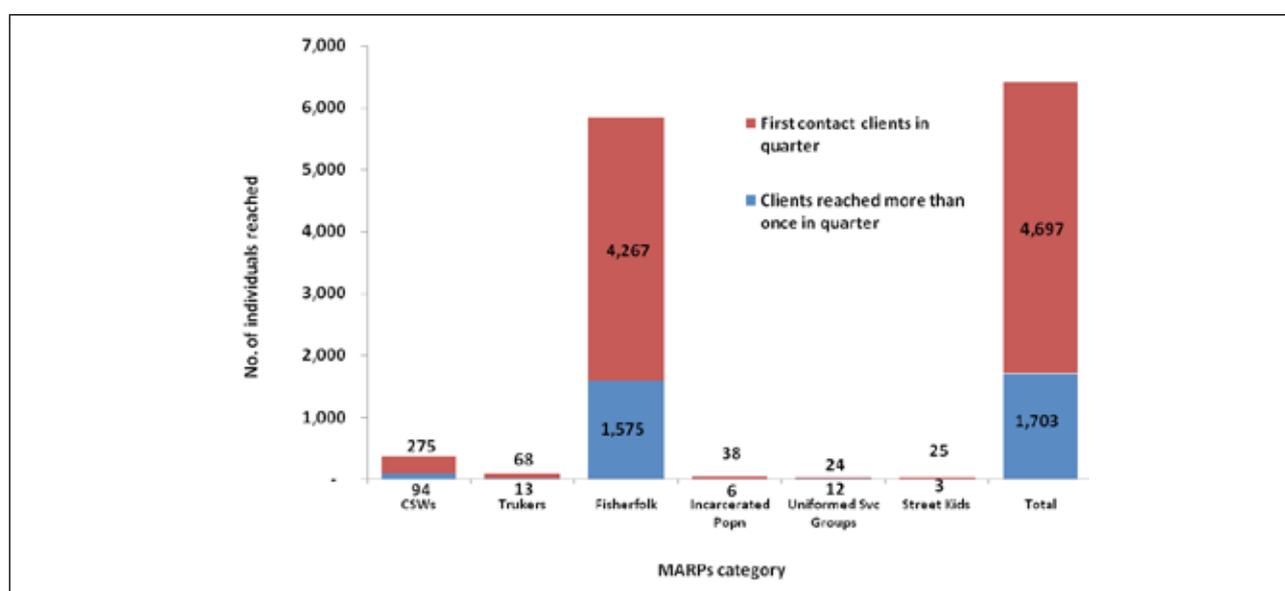


A Beach Management Unit (BMU) Member receives condoms on behalf of Golofa landing site BMU

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

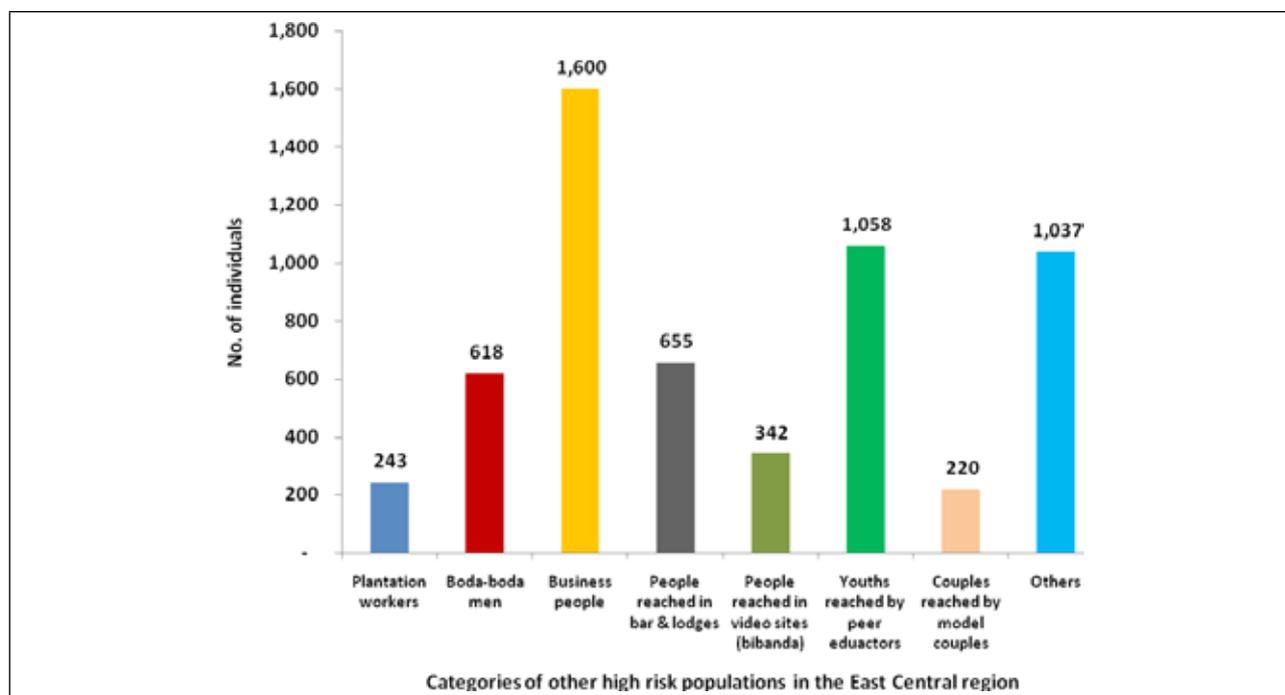
During Q2, STAR-EC promoted other HIV&AIDS prevention strategies beyond AB through districts and CSOs targeting MARPs and other high risk population groups. STAR-EC supported training of 300 peer educators and/or condom distributors from Sigulu Island, Lugala, Busiuro and Nakalanga fishing communities to promote correct and consistent condom use. The training equipped the participants with basic skills, knowledge and facts on HIV&AIDS, STDs/STIs and other related reproductive health problems; basic life planning skills; skills in peer counseling; community mobilization, as well as conducting referrals for other HIV prevention services. Over this period, STAR-EC received 900,000 male condoms .

Figure 11: Number of MARPs reached with HIV prevention interventions beyond AB



Source: STAR-EC program reports

Figure 12: Type of other high risk populations reached with HIV prevention interventions beyond AB (out of 5,773 individuals)



Source: STAR-EC program reports

The program delivered 300,000 male condoms to health centres, Beach Management Units, bars and lodges and private clinics in Sigulu Islands. Over 70 trained peer educators/condom promoters based on the islands were utilized in peer education and counseling, youth dialogue meetings and condom distribution. They provided small group and individual counseling, demonstration of proper condom use, and distributed condoms for fisher folk and CSWs.

A total of 4,697 MARPs were reached with HIV prevention messages and received 78,621 condoms; among who over 90% were fisher folk. Among these MARPs, 1,657 were females while 3,040 were males. Additionally, a total of 79,971 condoms were distributed among the new individuals reached in the quarter from 115 service outlets while 15,121 were distributed among individuals who had received this service in the previous quarter from 36 service outlets.

In addition, a total of 5,773 other high risk population groups were reached with these messages as new individuals from 211 service outlets while from 60 service outlets 2,290 were reached as old/continuing clients who had received such messages at the beginning of this program year. The former received 107,179 condoms while the latter received 10,134 condoms.



A FGD with CSWs from Lolwe Island, Sigulu Islands

Challenges and way forward

- High STI prevalence among MARPs and individuals in multiple and concurrent sexual relationships. STAR-EC will continue to support the implementing partners to continuously carry out community dialogue sessions for MARPs and other individuals in the community to appreciate and adopt health seeking behavior
- Negative perceptions (discomfort while using it, specifically that it causes a burning sensation especially with more sexual encounters in

business) about the new Female Condom (FC2) among MARPs. STAR-EC and her partners are going to intensify the campaign for the new female condom with emphasis on its user-friendliness and improved qualities in comparison to the previously introduced Femidom

Lessons Learned

- Integrated service delivery to hard-to-reach locations is a good and feasible approach that can greatly reduce missed opportunities in such underserved areas
- Increasingly more fisher folk are being reached with HIV and TB intervention compared to other categories of MARPs like CSWs and truckers. This is because of the presence of a big number of fishing communities in this region where about six districts border Lakes Victoria and Kyoga
- The female condom has largely been accepted by community members, especially couples, commercial sex workers, and individuals in multiple and concurrent sexual relationships

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



Members of young positives during their monthly meetings where they learn how to make paper envelopes for economic empowerment.

Through the trained community support agents, post test clubs, discordant couple clubs, young positive support clubs, PLHIV were reached and supported with various PwP services that ranged from peer support meetings; home to home visits; psychosocial groups meetings in the community; role plays, play and drawing therapy especially for positives under 10 years; and group discussions engaging counselors and health workers who worked as facilitators to teach and equip them with various knowledge and skills to live positively with HIV and the dangers of spreading the infection to others.

Through monthly peer support meetings, a number of topics were covered that ranged from drug adherence; hygiene and sanitation; family planning; couple communication and support; disclosure; and the importance of economic empowerment as a source of livelihoods. PLHIV were trained to acquire skills in baking, bead and envelope making, and bark yard gardening. The young positives, especially those in puberty, were supported to understand sex and sexuality.

During this period, seven discordant couples clubs and six young positive clubs were supported at community level to meet regularly and support one another. These fora were used to introduce new members to the club, pick condoms and share experiences. A total of 90,000 condoms were supplied to NACWOLA for distribution by CSAs during their community and door to door activities. A total of 18,758 (F=11,882; M=6,876) PLHIV were reached with the PwP package. Out of these, a total of 7,223 (F=4438; M= 2,785) individuals were new clients. Through 854 outlets, 66,511 condoms were distributed to these individuals.

Challenges and way forward

- Some young positives have not been disclosed to by either their parents or guardians. STAR-EC will continue to support the partners to carry out supportive disclosure
- Lack of a particular data collection method that distinguishes PLHIV from other out-patients since the PwP service components are routinely provided to even HIV negative individuals. STAR-EC will seek technical assistance from MEEPP on how best to capture PwP service components from the existing MoH registers

- Some couples, especially the HIV positive women living in discordant relationships still face stigma and discrimination especially from in-laws and the community. They occasionally experience gender based violence. STAR-EC will continue to support implementation partners to conduct community sensitization on stigma and discrimination and other sorts of practices that degrade human dignity

Lessons Learned

- Through peer support group meetings, the minimum package for PwP services can reach more PLHIV as different facilitators (counselors and health workers) handle different issues and topics
- The desire for economic empowerment for PLHIV who have with treatment become strong and healthy but unemployed. During their monthly peer support meetings, different skills building activities are being introduced

SUCCESS STORY

Ten years of living in a discordant couple relationship. The Ojogas' Story



The Ojogas delighted fellow discordant couple as they both narrated their story

The Ojogas have been married for 30 years and are currently in their fifties. They are the oldest couple in their discordant couples support group. In one of the monthly couple meetings, they brought a moment of delight as other couples listened intently to their 10 year journey of living in a discordant marriage.

"It was in the year 2000 when I persistently felt sick, suffered from all sorts of diseases like skin rash, cough and cancer. I was referred to Mulago Hospital from where I was advised to take an HIV test. Given my condition, I did not hesitate to take the test, the result came out positive," explained Ojoga.

Ojoga says that the immediate worry he had was how to tell his wife. He sought further counseling from the counselor who helped him to first of all accept the result and to try to cope. The counselor would later support Ojoga in disclosing to his wife. In one of their counseling sessions, the counselor explained the issue of discordance. This made it very important for him to

disclose his HIV status to the wife and to encourage her to also take an HIV test. *"My major worry was that she was likely going to abandon and leave me in my state,"* Ojoga adds. One day, Ojoga took courage and disclosed to his wife and told her that he had been advised that she too should take an HIV test. Fortunately when she went for the HIV test, the result came out negative. *"It was difficult to believe, but even the subsequent results were still negative"* Ojoga says while wearing a smile.

With excitement Mrs. Ojoga stands up and adds *"it has been love that kept us in our marriage for all these years, yes I was deeply affected and worried about him dying and leaving me with the children. I then decided to support him as we were informed by our counselor about protection. I knew if I supported him he would live and our children would not become orphans."*



Ojoga sharing his testimony with delight to fellow discordant couples

The two conclude the story by saying that it was consistent and correct use of condoms that has made them live happily in their marriage. They added that love, care and support are very important in such relationships. They urged younger discordant couples in the meeting to emulate what they shared in their testimony.

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

STAR-EC supported start up of SMC service delivery at four new sites during Q2 of PY3, including Nankoma, Kityerera, Kiyunga and Namwendwa HCs IV by supporting training of staff by Makerere University Walter Reed Project (MUWRP). Coverage of SMC services in East Central Uganda grew to 11 sites during this quarter. In addition, Bugono and Nsinze HCs IV were supported to increase the number of trained service providers by a team of three each to enable them to cope with the increasing demand for services at these sites. STAR-EC supported all the 11 sites with monthly supplies of basic pharmaceutical drugs, logistics and other SMC related consumables. The program further supported site based quarterly review meetings with VHT members with the view of improving co-ordination as well as follow up of clients within communities.

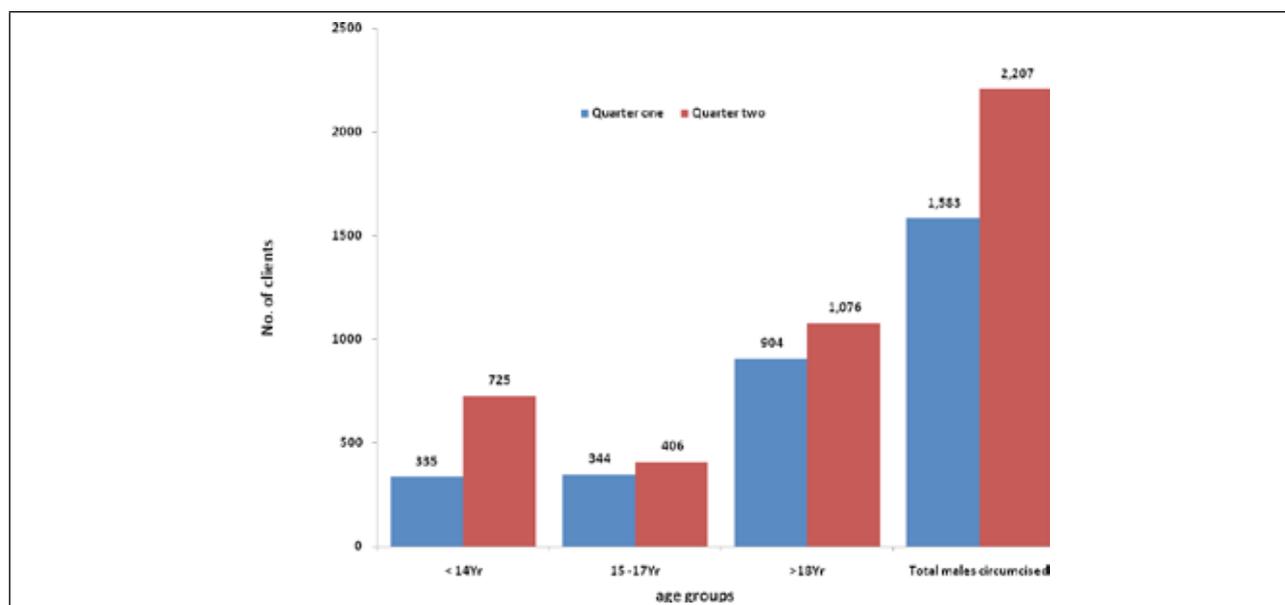


A client receives SMC services (Left): A client comes out of the operating theatre (tent) at Golofa playground, Lolwe Island during an SMC outreach

During the quarter, MoH and MUWRP personnel participated in joint support supervisory visits to seven SMC sites in East Central Uganda. During these visits sites were assessed for availability and standards of a minor theatre to carry out SMC services; infection control measures being used at these facilities; availability and adequacy of instruments for SMC; uptake of SMC services at the selected sites; integration of SMC services into the existing services at the facilities; mobilization strategies being used; and constraints to quality service delivery.

During Q2, STAR-EC organized an integrated service delivery outreach visit to Golofa landing site, where SMC services were delivered to 146 clients over a period of four days. The program carried tents, examination beds, a portable sterilizer, linen, anaesthetic drugs, gloves and other consumables. Two trained SMC teams of six health workers along with a contingent of trained peer educators set up the camp at Golofa playground where a community church and two tents were set up as the service delivery point.

Figure 13: Comparison of SMC clients by site in East Central Uganda in Q1 and Q2



Source: STAR-EC program reports

During the reporting period, a total of 2,201 clients were served with SMC services up from 1,583 in the previous quarter. Among the clients served 33% were children under 14 years, 18% were aged 15-17 years whereas 49% were above 18 years of age. During this period, the adverse event rate was 1.6% most of which were infection, wound disruption, and pain.

Challenges and the way forward

- Using re-usable circumcision sets required repeated autoclaving which reduced the time available to conduct SMC during outreaches. STAR-EC will seek to procure disposable circumcision kits to reduce time lost to sterilization during outreaches
- Trained service provider numbers are still inadequate to meet the demand for the service at most SMC sites. STAR-EC with support from MUWRP plans to start rolling out Models to increase Volume and Efficiency (MOVE) where task-sharing and task-shifting are utilized to increase outputs of the limited staff
- There has been an increase in demand for other drugs and supplies such as Paracetamol for pain management due to the large number of pain killers required per client
- The female-led team at Kigandalo HC IV initially had difficulty rolling out SMC since men had fear of being served by females. The program will continue to support community mobilization and education in such communities to increase demand
- Attrition from the trained teams at some sites due to transfer of staff. STAR-EC will work with training institutions to train more cadres to replace those who have left the teams

Lessons learned

Utilizing outreaches has expanded the reach of the SMC services and, given the heavy demand, STAR-EC will continue to support health workers to conduct outreaches to hard-to-reach areas.

SUCCESS STORY

Scaling up safe male circumcision services in East Central Uganda. A tale of a female surgeon from Bugono Health Centre IV

"Some people still had the fear of being circumcised by a female surgeon. However, after circumcising some teachers, Village Health Team (VHT) members and nursing students, a turning point was realized. We have never looked back and have served 298 clients since then", says Amina Byobona, a 27 year-old medical clinical officer working at Bugono Health Centre IV, Kigulu North Health Sub District, Iganga District.



An SMC counselor giving group education to a clients waiting to receive SMC at Bugono HC IV

Amina is one of the two female surgeons scaling up safe male circumcision (SMC) services in East Central Uganda. Amina is assisted by a female theatre assistant while offering SMC services in the theatre. The health facility offers a variety of other health services including outpatient department, immunization, ANC, PMTCT, maternity, HTC, ART, dental, condom distribution and outreach services. SMC services have created an opportunity for males to receive other health services as well as strengthened linkages to HTC and STI treatment and care.

"The integration of SMC as an additional strategy for HIV prevention into other health services at Bugono HC IV started in July 2010 after our team returned from training at Rakai Health Sciences

Project (RHSP)," says Amina. Amina reports that at the beginning of the service, community members could not believe that the procedure was being offered because clients moved out of the theatre with their trousers on and walked home. Some even rode their bicycles home", she adds.

All clients who were served were followed up after one week and four weeks and no adverse events were found. In September 2010, Amina reports that in a bid to increase demand the team embarked on community education for SMC by targeting secondary schools and trading centers near the facility. Following this, a few teachers and nursing students who had come for their practicum at Bugono HC IV turned up for the service. They too went back riding their bicycles and had no adverse events following the procedure. "This was a turning point when the community realized that the procedure was safe, accessible, free of charge and did not require being hospitalized", Amina adds.

She says that among the challenges to SMC service delivery were the fact that a few clients are still shy about being circumcised by female surgeons; the facility had limited circumcision sets on the outset; and that the facility receives limited funds for follow up of clients. Amina also observes that having only one trained team at Bugono HC IV with the demand having grown to over 70 clients a month, presents a hindrance to service delivery. Finally Amina says that inadequate supplies from NMS have led to overdependence on STAR-EC. The team at Bugono HC IV recommends that another SMC team should be trained to provide back up to the existent team.

2.2 Result area 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

Involvement of the district leadership in implementation of program activities



An official from MoH facilitating VHT TOTs at crested crane Hotel

This quarter, STAR-EC facilitated a review meeting with district focal point persons for STAR-EC and all those involved in the implementation of STAR-EC supported activities. The meeting served to review successes, challenges and constraints to implementation of program activities during the previous quarter (Q1). During the meeting, STAR-EC emphasized the need for intensified monitoring of activities by the focal point persons and timely, complete and accurate reporting and accountability. To enhance district participation, STAR-EC procured and delivered office desks, chairs, desk top computers and internet modems to districts for use by the

district focal point persons and implementers of STAR-EC supported activities to process data, develop reports and to access internet services. The STAR-EC senior management team made initial familiarization visits to the newly created districts of Buyende, Namayingo and Luuka. During visits, the team briefed the district leadership (Chief Administrative Officers, Chairpersons and Resident District Commissioners) about STAR-EC activities within their respective districts and called upon the leaders to support their implementation. The team informed district leaders that STAR-EC is still waiting for guidance from USAID regarding the future partnership between the new districts and STAR-EC since the districts were not initially part of the award.

Roll out and facilitation of VHTs

In this quarter STAR-EC supported the MoH to conduct a 5-day comprehensive training of 46 trainers of trainers for village health teams (VHTs) from 16 sub counties in nine districts of East central region. Based on the MoH VHT selection guidelines, priority was given to the sub counties that had been earmarked for VHT sensitization selection and training in each district. Three people were selected from each sub county as follows: one medical clinical officer, one health assistant and one community development officer. The three comprise a team of trainers for VHTs and subsequently will offer regular support supervision to the VHT teams in their respective sub counties. STAR-EC reprinted the training materials used for this training which include: Participants manual, facilitator' guide, VHT registers and VHT job aides. The trained ToTs have embarked on sensitization; selection and training of VHTs community mobilization, referrals and linkages in their respective districts as follows:

Table 14: Number of VHTs trained by ToTs

District	Sub-counties	No. of VHTs trained
Bugiri	Kapyanga, Bulesa, Muterere and Budhaya	520
Kaliro	Namugongo sub county	200
Mayuge	Kigandalo sub county	100
Iganga	Ibulanku sub co	120
Namutumba	Nsinze and Bulange	375
Luuka	Luuka	215
Total		1,530

The trained VHTs have been equipped with gumboots, T-shirts, cups and referrals booklets and other IEC materials. The VHTs have been instrumental in mobilizing for HIV and TB services. STAR-EC has supported the districts to convene monthly review meetings with the VHTs.



PLHIV attending PSS training in Luuka.

Strengthening the Capacity of PLHIV

In line with greater and more meaningful involvement of people living with HIV&AIDS (GIPA/MIPA) STAR-EC supported the National Forum of People Living with HIV&AIDS in Uganda (NAFOPHANU) to conduct training for PLHIV in psychosocial support and stigma reduction. A total of 176 participants attended this training in each of the districts. The purpose of the training was to equip PLHIV who are working as community support agents (CSAs) with knowledge and skills in offering psychosocial support and stigma reduction strategies to PLHIV, OVC households and other community members where they operate.

were trained in lobbying and advocacy. This key area had emerged as a priority recommendation during orientation and formation of sub county PLHIV networks. The workshops that brought 60 PLHIV leaders from the nine districts



PLHIV leaders and facilitators attending the Advocacy Training in Kamuli

PLHIV leaders for the district and sub county networks were held in Kamuli and Iganga Districts. The workshops aimed at helping the participants acquire knowledge to develop effective messages for advocacy; develop an HIV&AIDS advocacy strategy, including identifying the HIV issues in their district requiring advocacy; know how to target the key potential audiences for their advocacy efforts and design a strategy for networking and coalition building among PLHIV Networks that facilitate effective collaborative advocacy activities in their District. The participants were supported to develop action plans by identifying key advocacy issues in their communities from where they would start advocacy after the training.

Challenges

- Due to the recent concluded national political elections, participation of the members of the district AIDS taskforces was minimal. Some of the political leaders whose capacity in coordination and support supervision had been built lost the elections hence the need to orient the new leaders
- The VHT model is quite effective but needs considerable resources to roll it out in the whole region. There are high expectations from the selected VHTs on their remuneration package for them to perform efficiently
- Stigma and discrimination is still rampant in the communities. Self stigma from the PLHIV has led to loss to follow up due to provision of wrong information by clients to health workers

Way Forward

- STAR-EC will support Uganda AIDS Commission (UAC) to conduct orientation of the new political leaders and formation of the Coordination mechanism in the new districts of Buyende, Luuka and Namayingo
- STAR-EC is working with other partners to scale up the roll out of the VHT model in most of the sub

counties in the districts. Some of the partners with whom STAR-EC has shared the geographical areas include STRIDES and SDS

- STAR-EC will support the districts to organize regular joint meetings between health workers, community support agents and VHTs to discuss emerging issues and agree on joint actions for effective delivery of comprehensive and quality TB and HIV& AIDS services

2.2.2 Support to strategic information collection and dissemination

Dissemination of District Specific Lot Quality Assurance Sampling (LQAS) Survey Results and Program Performance Reviews

In this quarter, STAR-EC disseminated results of the LQAS Survey that had been conducted during August/September 2010. Dissemination was conducted at district level covering each of the STAR-EC supported districts. Results were shared and discussed with different stakeholders that among others included Resident District Chairpersons, Chief Administrative Officers, District Health Officers, District Planners and heads of health facilities and departments. These results helped to identify gaps that would be prioritized for appropriate actions.



Target oriented action planning in Bugiri District as a result of LQAS data

The STAR-EC team conducted district and CSO specific quarterly performance reviews for the period October – December 2010 in comparison with the July – September 2010 quarter. The exercise enabled partners to use data (evidence) in identifying health service areas that needed improvements. Following this undertaking, district and CSO participants developed target oriented action plans to improve service delivery .



Data quality assessment and improvement at Lolwe Islands HC III

HMIS and data quality improvement

STAR-EC, working together with different district HMIS focal persons, continued to provide routine HMIS support supervision and onsite mentorship to various cadres of district and health facility staff on data management and utilization. These included records assistants, data clerks and health workers (including technical heads for HTC, PMTCT, TB, ART and lab). This support was mainly directed to 28 ART sites. A total of 60 staff benefited from site mentorship.

Other non-ART health facilities were also given support especially on how to use revised registers and other reporting tools. In addition, a total of 28 participants from 13 CSOs were trained in the utilization of STAR-EC revised reporting tools to meet USAID/MEEPP reporting requirements. Those trained included monitoring and evaluation officers, data managers and program officers.

STAR-EC supported eight district HMIS Officers (one from each of the supported districts except Luuka District that was not able to send an officer at the time) to attend a ToT workshop January 3-7, 2011. The workshop was to familiarize participants with the revised HMIS and District Health Information Systems (DHIS) Version 2 organized by the MoH Resource Centre. Areas covered included: orientation on revised HMIS tools, the DHIS2 software and its features, installation of the software, data entry, import, export, health indicators, report generation and troubleshooting. In addition, strategies regarding support towards the roll out this exercise in their respective districts of coverage were explored.

STAR-EC conducted data quality audits in four selected health facilities that had been identified with major challenges in data management. This exercise took place during the early months of this reporting period. All the aforementioned were Namayingo District island-based health facilities that included Sigulu Island HC III, Hama HC II, Lolwe HC II and Singira HCIII.

To further enhance the quality of data, six health facilities which included three hospitals (Kamuli General, Kamuli Mission and Iganga General hospitals), one HC IV in Bugiri District (Nankoma HC IV) and two HCs III (Iganga Municipal HC III and Mayuge HC III in Iganga and Mayuge districts respectively) were supported to refurbish shelves. STAR-EC supported 27 HIV Care/ART sites with filing cabinets to improve storage retrieval and use of client records to improve the quality of patient care. At least 4,000 file folders were distributed to all STAR-EC supported HIV care /ART sites.

Meetings/workshops attended

During the quarter, the Strategic Information team participated and contributed to various partnership level meetings and workshops. These included

- **Customized open Medical Records Systems (MRS) Application meeting (January 27, 2011):** Organized by MOH-ACP, the meeting aimed at reviewing the draft customized open MRS application. Participants reviewed the MoH HIV care/ART patient monitoring forms and received a practical demonstration of the customized HIV care/ART card including application of customized reporting forms
- **SDS meeting to harmonize IP work plans (February 25, 2011):** Organized by SDS, this meeting aimed at harmonizing STAR-EC and SDS district supported work plans to identify potential areas of overlap and divergence in relation to strategic information. This process will continue in the next quarter
- **MEEPP implementers' meeting (March 31, 2011) organized by MEEPP:** At the meeting, MEEPP shared emerging issues from the new generation indicators (NGI), highlighted changes in the MEEPP indicator data base and indicators where further attention is needed from IPs at implementation and reporting level.
- **STAR-EC's SI directorate held a 5-day (March 21-25, 2011) workshop retreat:** At this workshop, (i) the team reviewed the SI annual work plan and strategies to execute remaining activities were explored (ii) reporting and dissemination challenges were discussed and strategies to address them were drawn and (iii) new knowledge, experiences and skills were shared as part of SI continuing education (a detailed workshop report with recommendations is available)
- STAR-EC continued with its collaboration and partnership with the STAR-E/LQAS Project on district level institutionalization of LQAS. The program also continued with its role as one of the advisors to the national Lot Quality Assurance Sampling Technical Advisory Group (LTAG). LQAS and health facility assessment results for 2010 from the East Central region were also shared with the STAR-E LQAS project. Earlier, during the previous quarter, STAR-EC together with the STAR-E/LQAS Project had signed a memorandum of understanding which was aimed at strengthening partnerships and collaboration on LQAS institutionalization between the two programs

CSO Organizational Capacity Assessments (OCA) report dissemination

Following the final analysis of the OCA results in Quarter 1 of PY3, dissemination commenced this quarter. With the support of external consultants, dissemination focused on the strengths and weaknesses of CSOs in terms of human resource management, assets control and management, monitoring, evaluation and management information systems as well as financial control related issues that were identified during the OCA assessment. The aim of this dissemination exercise was to facilitate CSOs to develop and own their organization development action plans in relation to the OCA findings. CSO participants involved in the OCA disseminations included Executive Directors, Program Coordinators, Program Officers, Finance staff and some few Board members. At least 9 out of 11 CSOs were supported during the quarter. Dissemination for the remainder of CSOs will be completed during the third quarter of PY3.

STAR-EC Resource Centre

STAR-EC further equipped its resource centre with the most recent reading/reference HIV&AIDS and TB literature. These materials included both print and electronic copies.

A new resource centre management system “Koha” was introduced to improve knowledge management, accessibility and utilization by both STAR-EC program staff and partners. The system has an Online Public Access Catalogue that gives users remote access to reading materials in the resource centre through the Intra/Internet.

2.2.3 Improving Human Resources for Health (HRH)

Training activities

Over the reporting period STAR-EC continued with the drive to improve the existing human resources (HRH) through in service training activities. In collaboration with MoH, the program facilitated various training activities were conducted in a drive to make health workers more effective in delivering quality comprehensive TB/HIV services. Appendix 1 shows the number of health workers who were trained under different technical areas.

Challenges

- Change in the policy and treatment 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

Human resources for health planning

STAR-EC will continue to work with other partners in the region like the SDS project and the Uganda Capacity Project to help districts plan and recruit more staff to increase effectiveness of the health work force. The partners have conducted joint HRH planning meetings with the district administration to come up with ways of bridging the current HRH gaps.

In the meantime, STAR-EC continues to improve the effectiveness and efficiency of the existing HRH in service training, on job mentorships and exchange learning sessions as lobbying for an increase on the district wage bill continues. STAR-EC has also promoted the WHO/MoH policy task shifting and role sharing to reduce on work load at different levels of health care delivery.

Challenges

- Inadequate wage bill allocation to the districts limits the recruitment of health workers into the health system
- Failure of the rural districts to attract and retain critical health cadres like Medical Officers and Laboratory technicians

2.2.4 Improving service delivery

During this reporting period, the volume of work increased greatly in all service areas especially patient care. The continued challenge lies in matching the increase in demand with the quality of services offered at all levels. In this connection, STAR-EC organized and supported clinical mentorship sessions for health workers to improve their capacity in delivering an integrated service delivery package through building their clinical skills. Health workers were mentored in pediatric management, antiretroviral care, general clinical care and laboratory support. Mentorship was jointly conducted by STAR-EC technical staff, district based clinical mentors and experts from partner organizations.

During the reporting period, STAR-EC continued to facilitate supportive supervision visits in the various technical areas including care and treatment, safe male circumcision, pediatric ART management, TB/HIV integration and laboratory support. These visits have helped to highlight constraints to service delivery, build the capacity of staff to improve the quality of care, solicit for support from partners like the MoH and MUWRP and have helped to increase visibility of the USAID funded STAR-EC support to the health facilities and the East Central region as a whole.

2.2.5 Supporting Laboratory services, Health infrastructure and Equipment needs

The interventions implemented during this reporting period to improve on laboratory services delivery included general health infrastructure improvement, provision of essential equipment and diagnostic supplies, mentorship of health workers, strengthening external quality assurance and enhancing specimen referral systems to increase access to essential tests for HIV testing and ART monitoring.

Physical health facility infrastructure refurbishment and health waste care management

- The rehabilitation of the CD4 and Blood Bank room at Bugiri Hospital was finalized and the facility handed over to district and hospital authorities
- Power inverters were installed at three general hospital laboratories (Bugiri, Iganga and Kamuli) to ensure constant power supply
- Air conditioners were installed in the laboratory rooms that accommodate CD4 machines at the three general hospital laboratories (Bugiri, Iganga and Kamuli) to create a conducive working environment
- Incinerators were installed at five HCs IV and one General Hospital as a long term intervention for health care waste management and disposal to enhance infection control at SMC sites and waste disposal in general. The health facilities that received the incinerators include Kigandalo, Buyinja, Nsinze, Bumanya, Busesa HCs IV and Bugiri General Hospital
- In consultation with the Central Public Health Laboratory (CPHL) and district authorities, the process of selecting a Consultant Engineering firm to oversee the upcoming general health facility refurbishment of 20 laboratories, nine operating theatres and two outpatient departments was finalized



Power back up system (power inverter) installed at Iganga General Hospital Laboratory



Work tops before (left) and after (right) rehabilitation at Bugiri blood bank and CD4 machine rooms



A health worker loading an incinerator provided by STAR-EC at one of the SMC health facilities

Provision of laboratory equipment and essential diagnostic supplies

- Six health facility laboratories (two General Hospitals, one HC IV, and three HC IIIs) were provided with

- refrigerators to enhance their capacity to maintain cold storage conditions for selected items as required
- Three HCs received Binocular Olympus microscopes to scale up onsite diagnostic capacity
- Laboratory chemicals for TB diagnostic reagents were procured for the TB Leprosy South East Zone Office for bulk preparation and distribution to 72 TB diagnostic units supported by STAR-EC in the East Central Region. The list of chemical is listed in Table 15

Table 15: Set of chemicals for preparation of TB reagents provided to S/East Zone during Q2 of PY3

Item description	Unit pack	Quantity provided
Carbol fuchsin powder	1x25g	208x25g
Methylene blue powder	1x25g	40x25g
Ethanol, absolute 99%	1x1L	25X1L



A laboratory staff at Namasagali HC III unpacking a newly donated binocular microscope

- Other supplies essential for TB and related microscopic examinations were provided to diagnostic unit (oil immersion, microscope slides, microscope cover slips, lens tissues and slide boxes)
- 20 HCs received colorimeters and set of 3 microlitre pipettes (20ul, 10-100ul & 100-1000ul capacities) intended to scale up the ability to perform haemoglobin estimation and other tests for ART monitoring and general clinical care such as blood glucose estimation and liver function tests
- 23 health centers received HIV rapid test kits while three General hospitals laboratories received CD4 reagents kits and hematology reagents

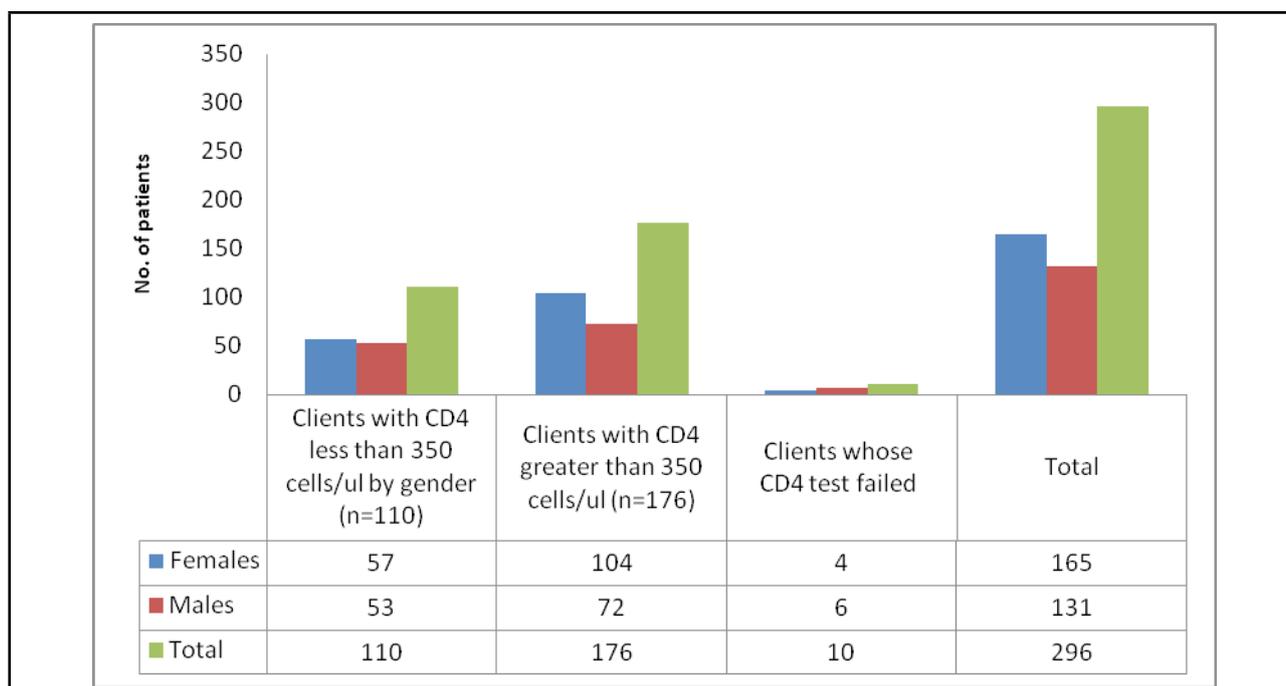
Strengthening the specimen referral system to increase access to laboratory services

During the reporting period, the number of HCs supported to refer blood samples for CD4 testing and DBS for DNA/PCR for EID of HIV was scaled up from 50 in Quarter 1 of PY2 to 60 in quarter 2 of PY3. A total of 5,695 CD4 tests and 912 DNA/PCR tests were performed on referred blood samples. In a bid to improve the documentation practices of the providers, the program supported 15 health facilities through provision of standardized and carbonated specimen referral laboratory requests forms alongside training of providers on their use.

Extending laboratory services to MARPs in hard-to-reach areas

Over this reporting period, there was a deliberate effort to improve access to laboratory tests to people living in hard to reach areas like the islands in Namayingo and Mayuge Districts. As part of an integrated service delivery outreach, the STAR-EC technical team together with the district health care providers and CSOs provided HTC services in the Islands, and made arrangements to transport blood samples for the positive clients to the main land for CD4 and CBC analysis at Iganga and Bugiri hospital laboratories. During the outreach to Sigulu Islands, a total of 296 samples were transported by boat to the main land for analysis. Of these, 37% (n=296) had a CD4 less than 350/ μ l as illustrated in Fig 14. These were linked to ART care services that were part of the outreach.

Figure 14: Clients who received CD4 testing during the outreach conducted at Sigulu Islands



Strengthened implementation of MoH/National External Quality Assurance Schemes (NEQAS)

Source: STAR-EC program records

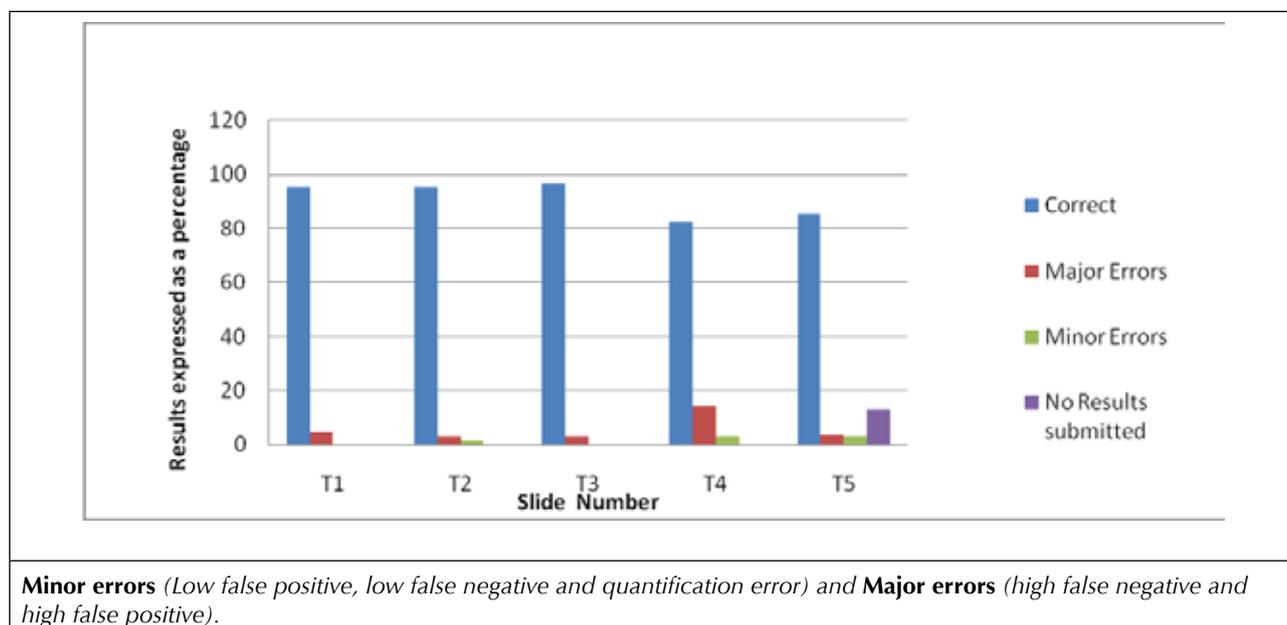
- In collaboration with NTRL, health facility laboratories were supported to participate in the NEQAS TB proficiency panel testing (survey 2011- Jan). The survey comprised five standard sputum smears (Slide T1-5) all of which were unstained. The NEQAS coordinating office hopes to maintain the format of 5 slides for each survey. In this survey, the slides were sent to 72 laboratories of which 62 labs returned the completed responses. Eight (8) laboratories missed out T5 slide. In total, 292 slides were reviewed by participating laboratories. The feedback from NTRL as summarized in Table 16 and Figure 15 showed that the overall score was 90.3%. However, 13 false negatives and 5 false positives were made accounting for 4.45% and 1.71% of the total slides reviewed respectively. Nine quantification errors were recorded (3.08 % of total slides reviewed). Table 16 shows the number of laboratories that obtained each possible score for all specimens in the survey

Table 16: Number of health facility laboratories and scores obtained for sputum proficiency smears for specimens T1-T5 during survey 2011-01 in Q2 of PY3

Slide	Expected responses	Respondents	Number of laboratories				
			Correct	Quantification Error	False Positive	False Negative	No results
T1	No AFB observed	62	59	0	3	0	0
T2	3+	62	59	1	0	2	0
T3	No AFB observed	62	60	0	2	0	0
T4	1+	62	51	2	0	9	0
T5	2+	62	46	6		2	8

Data source: MoH/ national Reference Laboratory (NTRL)

Figure 15: Results of the TB proficient test survey 2011-01 expressed as percentage



Data source: MoH/National Reference Laboratory

- Also, in partnership with Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL), proficiency testing for HIV external quality assurance (EQA) was implemented in 70 HCs. Performance feedback from UVRI for this quarter (Q2) is expected to be reported quarter 3 of PY3. However, Table 4 shows the performance in HIV EQA in quarter I (Oct-Dec 2010)

Table 17: Performance of health facility laboratories that participated in NEQAS for HIV serology in the previous quarter (Q1) of PY3

Survey Lot	Codes for the HIV proficiency panels tested	Number of Health facility laboratories		
		Performance score 100%	Performance scored <100%	Total
Oct 2010	10C1, 10C2, 103, 104, 105 & 106	41 (89%)	05 (11%)	46
Dec 2010	11A1, 11A2, 11A3, 11A4 & 11A5	18 (90%)	02 (10%)	20
Average % performance		90%	10%*	

Source of data: MoH/Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL);
*The errors observed arose from reporting methods and efforts have been made to address this gap in subsequent mentorship visits

Source: STAR-EC Program records

Mentorship of laboratory staff and clinicians

- During the reporting period, District Laboratory Focal Persons were facilitated to carry out regular mentorship visits to lower health facilities coupled with collection of laboratory data for monitoring performance
- In addition, through a partnership with AHF/Uganda cares, a Laboratory Consultant carried out mentorship of laboratory staff and clinicians at 21 HCs to ensure adherence to standard guidelines in patient care. The mentorship included assessment of linkages between laboratory and other care points as well as

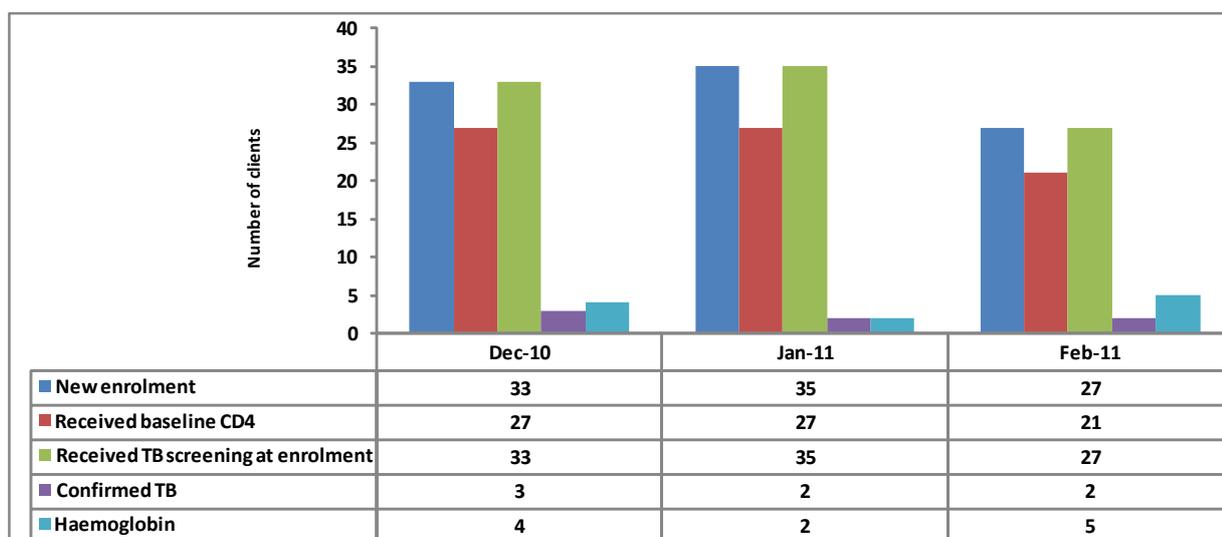


Laboratory Consultant from AHF/Uganda Cares reviewing records with a staff at Bugono HC IV during a mentorship visit

a review of the utilization of laboratory diagnostic services by clinicians for ART and general clinical care

- During the mentorship, a joint review of a set of patients files at one of the high volume sites, Iganga Hospital ART clinic, revealed that all new patients enrolled for ART (between December 2010 and February 2011) were screened for TB and at least 77% received baseline CD4 test. However, a large proportion of patients did not receive Hb estimation before enrolling into ART care as shown in Fig. 16. Efforts are being put in place to address this gap through provision of the necessary equipment and ongoing mentorship

Figure 16: Baseline investigations performed on patients newly enrolled for ART at Iganga Hospital for the period Dec 2010 - Feb 2011



Source: STAR-EC program records

Performance of the supported health facility laboratories in the region

- Number of selected laboratory tests performed during this reporting period compared with the previous quarter for selected investigations is summarized in Table 18. Apart from syphilis and Hb estimation; there was a general increase in number of tests performed during the quarter

Table 18: Summary of number of laboratory tests performed in Q1 and Q2 of PY3

Type of laboratory test	Reporting period	Total tested (Q1+Q2)	Total positive (% Prevalence)
HIV antibody screening	Q1	74,873	3,975 (5.3%)
	Q2	81,950	3,902 (4.8%)
	Total	156,823	7,877 (5.0%)
CD4 cells count for ART monitoring	Q1	4,559	
	Q2	5,695	
	Total	10,254	
HIV-DNA/PCR for EID	Q1	771	32 (4.2%)
	Q2	912	53 (5.8%)
	Total	1,683	85 (5.1)
TB sputum microscopy	Q1	5,065	380 (7.5%)
	Q2	6,941	626 (9.0%)

Type of laboratory test	Reporting period	Total tested (Q1+Q2)	Total positive (% Prevalence)
	Total	12,006	1,006 (8.3%)
Syphilis antibody tests	Q1	10,585	597 (5.6%)
	Q2	9,327	500 (5.4%)
	Total	19,912	10,097 (5.1%)
Blood slide examination for malaria/haemoparasites	Q1	60,745	28,410 (46.8%)
	Q2	62,181	24,795 (39.9%)
	Total	122,926	53,205 (43.3%)
Pregnancy tests (Urine HCG)	Q1	3,918	1,364 (34.8%)
	Q2	4,026	1,476 (36.7%)
	Total	7,944	2,840 (35.8%)
Haemoglobin (Hb) estimation	Q1	7,520	
	Q2	6,202	
	Total	13,722	

Source: STAR-EC Program records

Partnership support/collaboration with MoH

STAR-EC participated and provided technical support to a wide range of working groups/meetings convened by MoH, including:

- Harmonization of training curricula for laboratory;
- Standardization of tests and equipment for all levels of health facility laboratories;
- East African Regional External Quality Assurance Scheme (EA-REQAS) meeting; and
- Reviewing of the MoH Laboratory Logistics System Manual

Lesson learned

Collaboration with the MoH/National Reference Laboratories (CPHL, NTRL, UVRI/HRL & UBTS) is essential in the implementation of National quality assurance schemes which ultimately guide in development of specified interventions for improved service delivery

Challenges and way forward

- Shortage of laboratory service providers in the region compared to the rapidly increasing demand for the services. The program will maintain advocacy for recruitment of laboratory staff through local government authorities and involvement of volunteers where possible
- Infection control at many of the facilities is still compromised by lack of incinerators and yet the volume of medical waste generated is ever increasing. Regular mentorship of health workers on implementation of infection control guidelines will be strengthened
- The deplorable state of the existing laboratory infrastructure at some of the health facilities lacking running water and electricity for performing laboratory procedures. There are on-going preparatory processes by STAR-EC and MoH to carry out renovations at selected health facilities

2.2.6 Ensuring equitable access to medical products

STAR-EC supported the ordering process for different commodities including essential drugs, ARVs for ART and PMTCT, TB medicines and laboratory supplies. PMTCT and TB registered 100% reporting rate, ART registered 96% reporting rate while laboratory reporting stood at 91%. Due to acute shortages, STAR-EC provided buffer supplies and other items to the supported sites as shown in Table 19.

Table 19: Showing the distribution of the different buffer supplies and other items

Item Description	Health Center	Quantity	Source
Cotrimoxazole 960mg	18 HC III, 8HC IV, 2 Hospitals	249	STAR-EC Procurement
Determine	8CSOs, 2 Hospitals, 2 HC IV, 6 HCIII, 2 HC II in Sigulu islands	334	STAR-EC Procurement
Various SMC equipment and consumables	11 SMC sites Buyinja HC IV and Iganga Hospital	2,172 sutures, 726 lignocaine, 616 bupivacaine, 3,850 pairs of surgical gloves and other consumables as well as theatre linen. 10 surgical sets (each)	STAR-EC Procurement
Home-based care kits	NACWOLA	150	STAR-EC Procurement
Male condoms	5 CSOs, 3 Districts, Sigulu Islands	1,380,000	STAR-EC Procurement and Ministry of Health
Nevirapine syrup	4 Hospitals, 12 HC IVs, 18 HC IIIs	260 Bottles	Medical Access Uganda Limited
Medicine cabinets for ART and PMTCT	ART sites and PMTCT sites	25, 45 respectively	STAR-EC Procurement

Source: STAR-EC Program records

Owing to implementation of regular integrated outreaches by STAR-EC in collaboration with Namayingo District and URHB, there was some noticeable improvement in the supply of medical logistics to hard-to-reach areas such as Sigulu Islands.



Distribution of male condoms and basic care kits in Sigulu Islands



District Health Inspector demonstrates the use of the basic care kit components

During the integrated outreaches, it was noted that Sigulu was predominantly served by HC IIs which are managed by nursing assistants whose knowledge of the supply chain system was lacking. As a result, there was poor storage of supplies, overstocking of some items such as contraceptives while drugs for STI management and HIV&AIDS chronic care were not readily available despite the high prevalence of HIV. STAR-EC and its partners will continue to provide technical backstopping and logistical support to ensure that these gaps are addressed.

Capacity building for logistics management

A total of 22 participants from 11 CSOs were oriented in logistics management that includes principles of quantification, information tools and storage procedures. Tools including stock cards, request forms and dispensing logs were distributed for monitoring stock status, requisition of supplies from STAR-EC and tracking quantities distributed.

In order to improve storage at HCs, 27 store managers from 26 sites were trained in proper management of stores in collaboration with the pharmacy division, using the curriculum developed with the support of the SURE (Securing Ugandans' Right to Essential Medicines) project.

STAR-EC supports sharing of experiences through which quality improvement innovations and best practices are spread from one site to another. This motivates health workers to implement tested changes. During the quarter, two such learning sessions were held involving 11 health facilities teams and six DQI teams. Buyinja HC IV shared the success story of the 'ART eligible client register' for a tested change that improved the enrollment of eligible clients on ART. According to the site Quality Improvement team, half of the clients that were eligible for ART were not being initiated due to lack of a tracking mechanism. As an intervention, the team introduced a register in which they recorded all clients due for ART once CD4 results are received. They shared responsibility with one member in charge of counseling for ART, another in charge of CMEs for the rest of the staff and the other tracking these eligible clients. For a period of ten months their percentage of eligible clients enrolled on ART improved by 32.4% (from 50% to 82.4%).

Participation in the development of national guidelines and policies

In a bid to promote delivery of health services according to national guidelines and policies, the program supported the Ministry of Health to disseminate the draft Health Sector HIV/AIDS Strategic Plan - HSHASP 2010/11-2014/15 using Facilitated Participatory Planning (FPP) that engaged stakeholders to brainstorm ideas that were progressively consolidated into a new HIV&AIDS strategic plan.



The quality team of Kamuli Mission Hospital preparing to present their tested changes during a sharing session

A team from STAR-EC also participated in an initiative towards the development of the National Strategy for Quality Improvement activities in collaboration with MOH and other IPs.

Lessons learned

- Sharing sessions for quality improvement teams motivates site QI teams to test improvement changes and encourages competition between different health facilities which is healthy for quality improvement

The various CSOs supported by STAR- EC interact regularly so can easily compare notes. Also given their unique situations, sharing sessions will help bring out the innovative ways of addressing performance improvement that can be good lessons to other CSOs and health facilities.

Challenges and Way forward

- Staff constraints, including absenteeism, continue to constrain the implementation of quality of care initiatives
- Implementation of quality improvement in such sites is also challenged by the lack of teams, lack of supplies and inadequate supervision from the district
- To enhance the functionality of health facility quality improvement teams, STAR-EC will support an integrated team comprising of core, regional and district coaches to provide regular and more focused support
- It is also necessary that more guidance is received from the Ministry of Health to harmonize quality improvement efforts across the country and to have national policy documents in place regarding the quality of care

Increasing access to integrated service delivery in the hard- to- reach areas

During this reporting period, STAR-EC technical staff together with health service providers from Namayingo district and URHB delivered a comprehensive package of HTC, HIV basic care, ART management, STI screening



The demand for services at the islands was overwhelming. Each day was characterized by such big lines registering for HTC services.

and management, TB screening and treatment, offsite CD4 testing and Safe Male Circumcision in the islands of Sigulu and Lolwe (the latter is the highest populated island of the 11 islands of Sigulu Sub County).

Over 1,724 clients received HTC services, 146 received SMC services and 1,179 MARPs were reached with HIV prevention messages and condoms. About 101,221 male condoms and 288 female condoms were distributed to clients. The island had a high HIV prevalence of 22% among females compared to 20% among males. A total of 30 new clients were enrolled on ART, eight treated for TB and 321 patients given Cotrimoxazole. The team also offered mentorship to the health workers regarding integration of health service delivery, data collection using patient monitoring tools, referral and follow up of clients as well as delivery of PMTCT services.

Lessons learned

- HIV risk perception at the islands is still very low and there is very limited access to information and health services. This greatly affects the rate of behavior change
- The involvement of peers is an effective approach for mobilization of Island communities for services and can be exploited to disseminate prevention information and to improve access to services.
- Integrated service delivery can increase demand for services

Challenges and way forward

- Given the low perception of risk, there is need to establish a strong BCC campaign by exploiting both the local media establishments like the megaphones and video halls and the radio stations on the main land. Peer education and support should also be exploited and scaled up
- There is need for more support from Namayingo District to make these outreaches sustainable, to lobby for more supplies and facilitation of health workers at the islands so that more health workers can be attracted to such sites. Given the high HIV prevalence in the islands priority should be given to these places and all districts should be guided to have focused implementation
- Additionally, STAR-EC will consider seconding and/or supporting a few dedicated residents of the islands for pre-service training so they can beef up the health human resource

2.3.2 Injection Safety and Health Care Waste Management (HCWM)

STAR-EC continued to facilitate Injection safety and HCWM activities through providing supplies, training and on-job support supervision. In collaboration with AIDSTAR-One, 29 (9 females and 20 males,) health workers from the extended district health teams from Namutumba and Namayingo Districts were trained on principles of HCWM. STAR-EC will facilitate them to train all health facilities and conduct regular support supervision. During the reporting period STAR-EC purchased and installed incinerators at five health centres IV and one General Hospital to facilitate proper final disposal of medical waste. Lower health facilities will be encouraged to transport their waste to the sites with incinerators.

Challenge

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

2.3.3 Post Exposure Prophylaxis (PEP)

STAR-EC facilitated MoH to conduct one-day orientations for 73 health workers (43 female, 30 male) of nine districts on the policy of post-exposure prophylaxis/sexual and gender based violence management (PEP/SGBV). The sessions emphasized rape and defilement as the major routes for non-occupational exposure to HIV transmission/infection and how best to intervene. Health workers were assured of the availability of ARVs for PEP at all 28 ART sites and each facility was tasked to nominate a PEP designated officer who will provide this service going forward. STAR-EC plans to sensitize the police officers and the local council chairpersons about the PEP/SGBV policy so that they first refer victims of non-occupational exposure to facilities for treatment before proceeding with legal procedures. We expect to accomplish and report more outputs during the subsequent quarters since by then the PEP program will be well established.

Challenge

Lack of PEP documentation form and registers hindered the facilities' ability to capture and report the number of clients served with PEP.

Way forward

STAR-EC is working in liaison with MoH to print and distribute the MoH format of PEP register and PEP documentation form .

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

As result of STAR-EC's continuous support to CSOs aimed at strengthening referrals and linkages to HIV/TB services, CSOs referred a total of 12,810 (4,886 males and 7,924 females) individuals of which 67% (8,623) of the individuals were new and 33% (4,187) were old clients. The total number of individuals referred increased by 16% (1,731) from 11,079 individuals that had received referral services in Quarter 1. This can be explained by many factors including STAR-EC's continued technical support to CSOs, involvement of VHTs and general improvement in CSO reporting. Additionally, 75% (9,596) of individuals who were referred in Quarter 2 reported that they had received services from the same facilities they had been referred to. This was higher when compared to 60.8% in Quarter 1 – an indication that referrals are becoming more effective.

Table 20: New referrals by community support agents and other volunteers during the Jan-March 2011 period

Type of referrals	Number of referrals by type		
	Female	Male	Total
ART	384	291	675
ART adherence counseling	321	207	528
HIV counseling & testing	4177	2841	7,018
PMTCT	515	59	574
TB screening / Treatment	957	763	1,720
STI services	207	146	353
Septine (CTX)	262	184	446
Treatment for other medical conditions	662	508	1,170
Home Based Care	95	61	156
Food/Nutrition Support *	321	232	553

Type of referrals	Number of referrals by type		
	Female	Male	Total
Material Support	5	6	11
Education support for children	5	3	8
Family Planning	283	103	386
Legal support	27	8	35
Microfinance/IGA	1	4	5
Post Test Club	109	72	181
PLHIV group services	133	85	218
Youth Support Group	16	9	25
Discordant Couple Services	53	9	62
Safe Medical Circumcision		96	96
Overall Referrals	8,533	5,687	14,220

Source: STAR-EC program records

There has been a big increase in the number of referrals for wrap around services including Food/ nutrition support and PLHIV group services this quarter (553) compared to (323) in quarter1

2.4.2 STAR-EC support to VHTs and CSAs to improve referrals

A total of 510 referral booklets and 150 registers were distributed to 11 CSOs and VHTs in the region to facilitate the referral system. VHTs were oriented on the usage of the referral booklets and registers, indicators of data reporting and data capturing. STAR-EC further strengthened filling system of referral forms at health facilities by providing box files and identifying a contact person for referrals. This improved tracking of referral forms and feed back by CSAs and VHTs in all districts. In order to improve coordination of referral activities, STAR-EC supported 72 health facilities (5 hospitals, 12 HCs IV and 55 HC IIIs) to conduct facility based joint CSA/VHT/health workers' quarterly review meetings where 1,190 members participated. These meeting helped in orienting health workers on the referral system and improving relationship between the community and health facilities. Through this effort, CSOs have started sharing performance and program reports with health facilities which districts have appreciated as a best practice.

2.4.3 Service Providers Directory

In an effort aimed at strengthening networks and linkages, STAR-EC has finalized the compilation of the East central service providers' directory, copies will be produced and distributed to stake holders in Quarter 3 to assist in identifying TB, HIV&AIDS and other wrap around service providers and initiate collaboration and networking to increase access to comprehensive services to PLHIV.

2.4.4 Formation of model referral facilities

As the program continues to scale up intra and inter facility and community referral activities, 72 VHTs from four sub counties (Kamuli Town Council, Bugiri Town Council, Busesa Sub-County and Namwendwa Sub-County) have been oriented on referrals and networking. The aim is to have 4 model facilities supported by VHTs, CSAs, mentor mothers and other volunteers in the community to strengthen linkages and client follow up. Monthly meetings are held with these groups to share experience and learning lessons at the same time providing technical guidance in areas of incompetency. The lessons drawn from these model facilities will be utilized to inform the scale up plan.

Psychosocial support by CSOs

Through STAR-EC's support to NACWOLA, 3,637 homes were reached through door-to-door visits for sensitization on HIV&AIDS and TB and psychosocial support by Community Support Agents. During such visits NACWOLA managed to link 130 PLHIV to other wrap around services including scholastic materials, income generating activities and psychosocial support groups in the community.

Challenges

- Referred clients fail to reach referral centers due to long distances
- The attitude of health workers towards the referral system is still a challenge in some facilities where health workers turn away referred clients and also decline to fill referral documents
- 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 they seek services
- Stigma and discrimination which is also prevalent in the region exacerbates the situation. Most clients go missing in the clinics due to stigma from health workers, their partners and community members

Way forward

- CSAs will continuously be supported to provide adequate and correct information to clients through the radio program and trained peer educators
- CSOs continue to sensitize communities on importance of accessing HIV and TB services and to create awareness about men's role in HIV& TB prevention, care and treatment
- Coordination meetings both at facility and district levels will continue to be held in order to harmonize issues of feedback and the attitude of health workers

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

During January – March 2011, STAR-EC contributed to national efforts towards increasing demand for comprehensive HIV&AIDS and TB prevention, care and treatment services. This contribution was made through a number of strategies aimed at reaching different targeted audiences. The strategies used include Information Education and Communication (IEC) materials and job aides; interactive one-hour radio program; interpersonal communication and commemoration of international events.

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

STAR-EC disseminated assorted IEC materials to health workers, peer educators and VHTs including;

- 5,000 SMC Luganda and 2,000 English brochures on facts about safe male circumcision
- 100 SMC health worker booklets received from Health Communication Partnership (HCP) and 1,000 TB management job aides and 2,000 TB control stickers adapted from the Tuberculosis Control Assistance Program and reprinted
- 20,000 couple HTC Luganda leaflets and 100 couple HTC sign posts adopted from the MoH and reproduced by STAR-EC
- 500 hundred PMTCT/EID job aides received from the MoH
- 1,000 copies of peer educator talking points together with cue cards on gender based violence prevention

There was emphasis on creating demand for services in deep rural areas including hard-to-reach areas such as Sigulu Islands.



A volunteer hanging up TB posters at Sigulu HC III Couple HTC Signpost at Nsinze HC IV

Youth were mobilized through indoor games like Ludo and Draft



STAR-EC Staff handing over indoor games to beneficiaries at the knowledge room in Naluwerere



A peer educator disseminating couple HTC leaflet during a home visit in Namutumba



The MoH Zonal TB and Leprosy Supervisor during a radio program on NBS

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

STAR-EC continued to support the one-hour interactive radio program on NBS Kodh'eyo 89.4 FM to reinforce messages on various aspects of TB and HIV&AIDS prevention, care and treatment delivered through other approaches. Health professionals, community leaders, VHT members, TB recovered clients and PLHIV were some of the guest speakers. Listeners were given an opportunity to call in and ask questions for clarification.

iii) Intensifying demand for services through interpersonal communication (IPC)

STAR-EC supported 11 CSOs to conduct community dialogue sessions to discuss TB and HIV&AIDS in the STAR-EC supported districts. These community dialogue sessions were mainly conducted by trained peer educators and VHTs who educated people on HIV and TB and directed them to the nearest service provision points. All VHT members were given T-shirts and caps for identification purposes.



During the quarter, 22 participants were trained as trainers in Men and HIV including anti-alcohol abuse. Young Empowered and Healthy (YEAH) trainers facilitated the 4 day workshops and the trainers will in turn train individuals in their respective districts with support from YEAH.

A Peer Educator demonstrating correct female condom use at Sigulu



YEAH trainer facilitating a session on use of the Training tools



Participants trying out the tools in a small group

Through STAR-EC supported CSOs such as Youth Alive Uganda, UDHA, FLEP, AIC and UWYDI drama was utilized to augment other community mobilization strategies. After drama shows participants are usually encouraged to join small groups for in-depth discussions on messages delivered during drama performances. Individuals who need one-on-one counseling sessions with health workers are given opportunity to do so after group discussions.



A drama group presenting a skit about TB management and control in Kaliro district



Using a megaphone to mobilize the community in Sigulu Island

A total of 32 members from 15 drama groups were oriented in forum theatre during this reporting period. With this approach, drama groups pause at particular intervals and ask the audience what they would do if faced with a scenario presented in the previous scene. This enhances reflective thinking on the message and it makes the drama more educative and entertaining.



CDFU trainers facilitating forum theatre sessions at the Source of the Nile Hotel in Jinja

Intensifying demand through Commemoration of international events

STAR-EC supported nine districts in the East Central region to commemorate World TB Day under the national slogan “On the Move Against TB – Innovate to Accelerate Action” Health workers were facilitated to provide TB screening and HTC. All clients found with TB were started on treatment and those who tested HIV positive were recruited into care. STAR-EC procured and distributed 600 T-shirts, 600 caps, 18 banners and a newspaper supplement was published in The New Vision on the 24/3/2011.



A drama performance during the commemoration of World TB day in Namutumba



A health worker giving a sputum mug to a TB suspect

During this reporting period, STAR-EC participated in MoH meetings to review the National Positive Living Communication Strategy. This resulted in a revised draft that will be shared with MoH’s senior management for their input and approval.

STAR-EC also participated in the BCC partners’ meeting where members shared their planned activities to avoid duplication and explored opportunities for collaboration.

Lessons learned

- Provision of support materials like T-shirts, caps and umbrellas to volunteers is a big motivation. It also enables their identification as an important community health resource team
- Communities are mobilized better using multi-pronged mobilization strategies
- Availability of the popular video halls in particular communities like islands and landing sites is another avenue that could be tapped to deliver health information to communities

Challenges

- Different languages with different dialects pose a challenge in effective utilization of print materials
- Poor reading culture coupled with health workers' negative attitude towards use of some job aides

Way Forward

- Key languages should be considered when planning activities in communities with various languages
- Simple job aides that can be put on walls for health workers should be considered instead of booklets which are kept in drawers and they deny having them

APPENDICES

Appendix 1 PY3 Q2 Trainings Per Technical Area

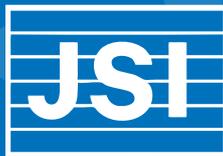
Technical Area	Cadre	F	M	Grand Total
AB	Model Couple	85	96	181
	Program Officer	1	0	1
	Project Coordinator	0	1	1
	Supervisor	1	0	1
AB Total		87	97	184
ART Services	Community Support Agent	12	9	21
	Counsellor	0	1	1
	Enrolled Midwife	14	1	15
	Enrolled Nurse	15	9	24
	Entomology Assistant	0	1	1
	Entomology Officer	0	1	1
	Expert Client	16	21	37
	Lab Assistant	2	3	5
	Lab Tech	1	1	2
	Medical Clinical Officer	11	20	31
	Nursing Assistant	14	4	18
	Nursing Officer	16	2	18
	Physiotherapist	1	0	1
	Records Assistant	0	1	1
Senior Medical Clinical Officer	0	4	4	
ART Services Total		102	78	180
CARE AND SUPPORT	CMO	1	0	1
	Enrolled Midwife	15	0	15
	Enrolled Nurse	6	7	13
	Medical Clinical Officer	4	7	11
	Nursing Assistant	10	5	15
	Nursing Officer	4	1	5
Senior Medical Clinical Officer	0	2	2	
Care And Support Total		40	22	62
Clinical/Additional TB/HIV	Community Support Agent	19	18	37
	District Lab Focal Person	0	1	1
	Enrolled Midwife	4	0	4
	Enrolled Nurse	2	0	2
	Entomology Assistant	0	1	1
	Expert Client	0	1	1
	Health Assistant	1	0	1
	HMIS FP	0	1	1
	Lab Assistant	2	0	2
	Medical Clinical Officer	1	2	3
	Mobilizer	6	4	10
Nurse	0	1	1	

Technical Area	Cadre	F	M	Grand Total
	Nursing Assistant	3	0	3
	Nursing Officer	2	0	2
	PHA	1	0	1
	Program Officer	1	0	1
	Records Assistant	0	1	1
	SCHW	3	17	20
	Site Coordinator	2	0	2
	Senior Nursing Officer	0	1	1
	VHT	30	29	59
Clinical/Additional TB/HIV Total		77	77	154
Demand Creation	C/Person	4	5	9
	Counselor	1	1	2
	Director	0	1	1
	Field Officer	1	0	1
	Field Worker	1	0	1
	Instructor	0	1	1
	Member	4	7	11
	Model Couple	0	1	1
	P/Coordinator	0	1	1
	P/Manager	0	1	1
	Peer Educator	4	10	14
	Project Coordinator	1	0	1
	Project Manager	0	2	2
	Project Officer	1	1	2
	PTC Sup	0	1	1
	Secretary	0	3	3
	Trainer	0	1	1
	VHT	0	1	1
Demand Creation Total		17	37	54
HTC	Manager	1	0	1
	Community Support Agent	50	38	88
	Counselor	6	10	16
	District Coordinator	3	1	4
	Enrolled Midwife	1	0	1
	Enrolled Nurse	1	0	1
	Exec Director	0	1	1
	Facilitator	1	2	3
	Field Counselor	1	0	1
	Field Officer	4	5	9
	In-Charge	0	1	1
	Lab Assistant	2	7	9
	Lab Tech	1	0	1
	Nursing Assistant	7	1	8
	Nursing Officer	1	0	1

Technical Area	Cadre	F	M	Grand Total
	Peer Educator	8	13	21
	Project Coordinator	2	1	3
	Project Manager	1	2	3
	Project Officer	4	1	5
	Regional Manager	1	0	1
	Social Worker	1	0	1
	Tech Field Officer	0	1	1
	Volunteer	1	0	1
HTC Total		97	84	181
Health Care Improvement	Enrolled Midwife	6	0	6
	Enrolled Nurse	3	3	6
	Lab Assistant	1	4	5
	Lab Micro.	0	1	1
	Medical Clinical Officer	1	2	3
	Medical Officer	0	1	1
	Nursing Assistant	2	0	2
	Nursing Officer	1	0	1
Health Care Improvement Total		14	11	25
Injection Safety And Waste Disposal	DHE	0	1	1
	DHI	0	1	1
	Enrolled Midwife	4	0	4
	Enrolled Nurse	1	0	1
	Entomology Officer	0	1	1
	Health	0	1	1
	Health Assistant	0	2	2
	Health Inspector	0	1	1
	HMIS FP	0	2	2
	Lab Assistant	0	1	1
	Lab Tech	0	1	1
	Medical Clinical Officer	1	5	6
	Nursing Officer	2	0	2
	Senior Medical Clinical Officer	0	3	3
	Senior Nursing Officer	1	1	2
Injection Safety And Waste Disposal Total		9	20	29
Op	B.M.U Member	1	1	2
	Fish Monger	25	55	80
	Pastor	0	3	3
	Peer Educator	80	104	184
	Project Officer	0	1	1
	Secretary Youth	0	1	1
Op Total		106	165	271
PMTCT	Counselor	0	1	1
	District Lab Focal Person	1	4	5
	EID FP	1	0	1

Technical Area	Cadre	F	M	Grand Total
	Enrolled Midwife	87	3	90
	Enrolled Nurse	23	6	29
	Entomology Assistant	0	1	1
	Entomology Assistant	0	1	1
	Health Tutor	0	1	1
	Lab Assistant	17	38	55
	Lab Microscopist	0	4	4
	Lab Tech	0	9	9
	Medical Clinical Officer	11	22	33
	Nursing Assistant	10	7	17
	Nursing Officer	37	5	42
	Principal Nursing Officer	0	1	1
	Senior Medical Clinical Officer	1	9	10
PMTCT Total		188	112	300
Post Exposal Prophylaxis	CCT	0	1	1
	DHI	0	1	1
	DHO	1	0	1
	Enrolled Midwife	16	2	18
	Enrolled Nurse	8	6	14
	Health Inspector	0	1	1
	HMIS FP	1	0	1
	Lab Assistant	1	5	6
	Lab Tech	1	1	2
	Medical Clinical Officer	1	3	4
	Nursing Assistant	8	6	14
	Nursing Officer	5	1	6
	Senior Medical Clinical Officer	0	3	3
	Senior Nursing Officer	1	0	1
Post Exposure Prophylaxis Total		43	30	73
Referrals And Net Working.	Ag C/Person	1	0	1
	Ag Community Dev't Officer	0	1	1
	C/Person	12	26	38
	Community Dev't Officer	4	7	11
	Community Support Agent	37	37	74
	Coordinator	1	0	1
	DAC Enrolled Midwife	1	0	1
	DHE	0	4	4
	DHI	0	1	1
	Enrolled Midwife	1	1	2
	Expert Client	1	2	3
	G. Secretary	0	1	1
	Health Assistant	2	9	11
	Health Inspector	0	1	1
	Medical Clinical Officer	1	8	9

Technical Area	Cadre	F	M	Grand Total
	Member	0	1	1
	Enrolled Midwife	4	2	6
	Mentor Mother	4	0	4
	Mobilizer	4	1	5
	Nursing Officer	1	0	1
	PHA Coordinator	0	1	1
	PHA Coordinator	5	8	13
	Project Coordinator	1	4	5
	Rep Community Dev't Officer	0	1	1
	Secretary	10	7	17
	Senior medical Clinical Officer	1	4	5
	Senior Nursing Officer	2	0	2
	Treasurer	7	1	8
	V/Chairperson	6	5	11
	VHT	4	1	5
Referrals And Net Working, Total		110	134	244
SI	HMIS Officer	0	8	8
SI Total		0	8	8
Leadership And Management	C/Person	0	1	1
	DHE	0	5	5
	DHO	0	3	3
	District Lab Focal Person	0	5	5
	District Nursing Officer	1	0	1
	DTLS	0	4	4
	Enrolled Nurse	0	1	1
	Lab Assistant	0	1	1
	Medical Clinical Officer	0	8	8
	Nursing Officer	2	0	2
	Senior Medical Clinical Officer	0	3	3
	Supplies Officer	0	1	1
Leadership And Management Total		3	32	35
Supply Chain Management	Dispenser	0	1	1
	Enrolled Midwife	2	0	2
	Enrolled Nurse	2	2	4
	Lab Assistant	0	1	1
	Medical Clinical Officer	0	1	1
	Nursing Officer	1	0	1
	Records Assistant	4	1	5
	Senior Medical Clinical Officer	0	3	3
	Stores Assistant	2	3	5
	Supplies Officer	1	3	4
Supply Chain Management Total		12	15	27
Grand Total		905	922	1827



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