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STRENGTHENING TB AND HIV & AIDS RESPONSES IN EAST CENTRAL UGANDA
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Strengthening TB and HIV&AIDS Responses in East-Central Uganda (STAR-EC)

PROGRAM YEAR III, QUARTER 3 PROGRESS REPORT

Achievements, Challenges and Lessons Learned

April-June, 2011

JSI

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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	Behavior 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
CPT	Cotrimoxazole Preventive Therapy
CSAs	Community Support Agents
CSO	Civil Society Organization
CSWs	Commercial Sex Workers
DAC	District HIV&AIDS Committees
DATs	District HIV&AIDS Task Forces
DBS	Dried Blood Spot
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
HAART	Highly Active Antiretroviral Therapy
HBC	Home based care
HC	Health Center
HCP	Health Communication Partnership
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 Counseling
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.
KYE-KYR	Know Your Epidemic and Know Your Response
LG	Local Government
LMIS	Logistics Management Information System
LQAS	Lot Quality Assurance Sampling
m2m	mothers2mothers
MUWRP	Makerere University Walter Reed Project
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 Program
NTLRL	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
RUTF	Ready to Use Therapeutic Food
SDS	Strengthening Decentralization for Sustainability
SCHW	Sub-county health worker
SCMS	Supply Chain Management System
SMC	Safe Male Circumcision
SMLTA	Strengthening Management Towards Laboratory Accreditation
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
THALAS	Target HIV/AIDS and Laboratory Services
ToT	Training of Trainers
TSR	Treatment Success Rate
UAC	Uganda AIDS Commission
UBTS	Uganda Blood Transfusion Services
UGX	Uganda Shillings
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
WASH	Water Hygiene and Sanitation
WHO	World Health Organization
YAU	Youth Alive Uganda
YAWIA	Youth and Women In Action
ZTLS	Zonal Tuberculosis and Leprosy Supervisor

were supported to triage TB suspects at high volume sites.

- With respect to capacity building, 415health workers were trained on different modules in both TB and HIV and services delivery. The trained staff were followed up with supervisory and on site mentorship visits.
- STAR-EC provided laboratory equipment, diagnostic supplies and reference materials and supported 70 Health Units in referral of Dry Blood Spot (DBS) samples. A total of 5,239 CD4 cells count and 1,052 DNA PCR tests were performed respectively. STAR-EC also completed the refurbishment of Busesa HC IV theatre in Iganga District.
- Data audits and performance reviews were held for the districts throughout this reporting period. Districts were able to reflect on their respective results vis-a-vis the set targets for the different thematic areas, identify challenges and re-strategize for better performance.
- STAR-EC continued to direct its efforts at improving management of medical logistics, the quality of services and increasing networking and referrals between the public and private sectors so as to enhance access of individuals, families and communities to a comprehensive package of TB and HIV&AIDS services in the region. The details of the achievements made by the program during this reporting period are provided in the following sections.

Table 1: Summary of STAR-EC Targets vs. Results for PY3 Quarter 3

Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)							End of Program Life Target Vs. Achievements			
				PY3 (Oct 2010 - Sept 2011								
		PY1* (implementation from July 2009 -Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3 Q1&Q2 (Oct 2010 - Mar 2011)	PY3, Q3 (Apr 2011 - June 2011)	Program Cumulative achievements (Q1, Q2 & Q3)	End of PY3 target	% of PY3 targets achieved (by end of 3rd Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3 (Q1, Q2 & Q3)	% of end of Program Life target achieved	Comments
HIV Testing and Counseling (HTC)	Individuals who received HTC and their results	10,376	178,303	149,765	95,872	245,637	130,000	189	600,000	434,316	72	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	268	27	295	200	148	400	615	154	
	Outlets providing T&C services	35 service outlets (Only 2 were static)	76 static and 280 parishes (outreach sites)	80 static and 285 parishes (outreach sites)	90 static and 242 parishes (outreach sites)	90 static and 242 parishes (outreach sites)	100 static sites	90% of static sites	148	80 static sites	61% of static sites targeted	
PMTCT	Pregnant women with known HIV status (includes tested and received results)	No Implementation during PY1	65,983	53,500	28,596	82,096	118,000	70	482,600	148,079	31	-Overall program target increased from 300,000 to 482,000 following a USAID directive. -No. includes tested during ANC, labor, delivery and postpartum
	Pregnant women who received ARVs to reduce the risk of mother to child transmission	No Implementation during PY1	1,759	1,554	700	2,254	6,900	33	26,350	4,013	15	Routine program data continues to suggest that the HIV prevalence in pregnant women is low (3 - 4%) compared with the rate (6.5%) that was used in deriving this target
	Persons trained for PMTCT	No Implementation during PY1	177	347	113	460	240	192	400	637	159	
	Service outlets providing PMTCT	No Implementation during PY1	68	68	68	68	68	100	73	68	93	

Intervention area	Key Indicators (Numbers)	Achievements (Number of Individuals served)							End of Program Life Target Vs. Achievements			
				PY3 (Oct 2010 - Sept 2011								
		PY1* (implementation from July 2009 -Sept 2009)	PY2 (Oct 2009 - Sept 2010)	PY3 Q1&Q2 (Oct 2010 - Mar 2011)	PY3, Q3 (Apr 2011 - June 2011)	Program Cumulative achievements (Q1, Q2 & Q3)	End of PY3 target	% of PY3 targets achieved (by end of 3rd Quarter)	End of Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3 (Q1, Q2 & Q3)	% of end of Program Life target achieved	Comments
Sexual and Other Behavioral Risk Prevention (General Population)	Targeted population reached with abstinence and/or being faithful messages	39,737	102,860	78,216	36,893	115,109	60,000	192	283,000	257,706	91	
	Individuals trained to provide AB services	234	564	216	269	485	430	113	1,265	1,283	101	Rapid scale up in PY3 to achieve sufficient numbers and intensity of the intervention
	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	8,476	7,333	15,809	10,000	158	50,000	40,751	82	PY1 indicator changed from OP. A new indicator on MARPs was created during PY2. Current program cumulative total doesn't include PY1 achievements
Clinical/Preventive Services- Additional TB/HIV	HIV+ patients in HIV care or treatment (pre-ART or ART) who started TB treatment	0	205	671	202	873	1,000	87	4,900	1,078	22	
	TB patients who had an HIV test result recorded in the TB register	13	1,802	1,154	616	1,770	1,100	161	5,500	3,585	65	
	Individuals trained to provide HIV/ TB related palliative care	64	875	290	415	705	200	353	700	1,644	235	
Anti- Retroviral Therapy (ART)	HIV + individuals receiving a minimum of one clinical care service (CXT)	283	7,041	12,841	15,599	15,599	14,000	111	26,000	15,599	60	There was an increase in the number of outreaches carried out by the static facilities and there was a steady supply of ARVs by both MoH and PEPFAR
	Adults and children with advanced HIV infection newly enrolled on ART	61	1,776	2,061	1,318	3,379	1,750	193	8,200	5,216	64	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	4,754	6,041	6,041	4,773	127	9,323	4,773	51	

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 Program Life Target	Program Cumulative achievements to date (total PY1*, PY2 and PY3 (Q1, Q2 & Q3)	% of end of Program Life Target achieved	Comments
				PY3 Q1&Q2 (Oct 2010 - Mar 2011)	PY3, Q3 (Apr 2011 - June 2011)	Program Cumulative achievements (Q1, Q2 & Q3)	End of PY3 target	% of PY3 targets achieved (by end of 3rd Quarter)				
Safe Male Circumcision (SMC)	Males circumcised	0	803	3,784	6,285	10,069	4,350	231	15,360	10,872	71	Three more SMC sites were brought on board in addition to scaling up of services through outreaches
	SMC surgical sites	0	7	12	15	15	12	125	15	15	100	Eleven static sites were supported to conduct outreaches
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	118	55	173	85	204	85	674	793	
Policy Analysis and Systems Strengthening	Individuals oriented/ trained on new/revised HIV&AIDSrelated policies and guidelines	347	124	118	61	179	This is a "reporting only" indicator			650		
	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, there were 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 close to 3 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 female[1]. 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 include:

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% of health facilities in the 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 health facilities in the region 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.

1.2 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

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 Marco. 2006. Uganda HIV/AIDS Sero-behavioural Survey 2004-2005. Calverton, Maryland, USA: Ministry of Health and ORC Macro

3. PEPFAR Annual Progress Report, 2009

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 3rd Quarter

2.1 Result 1: Increasing access to, coverage of and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities within the nine supported districts

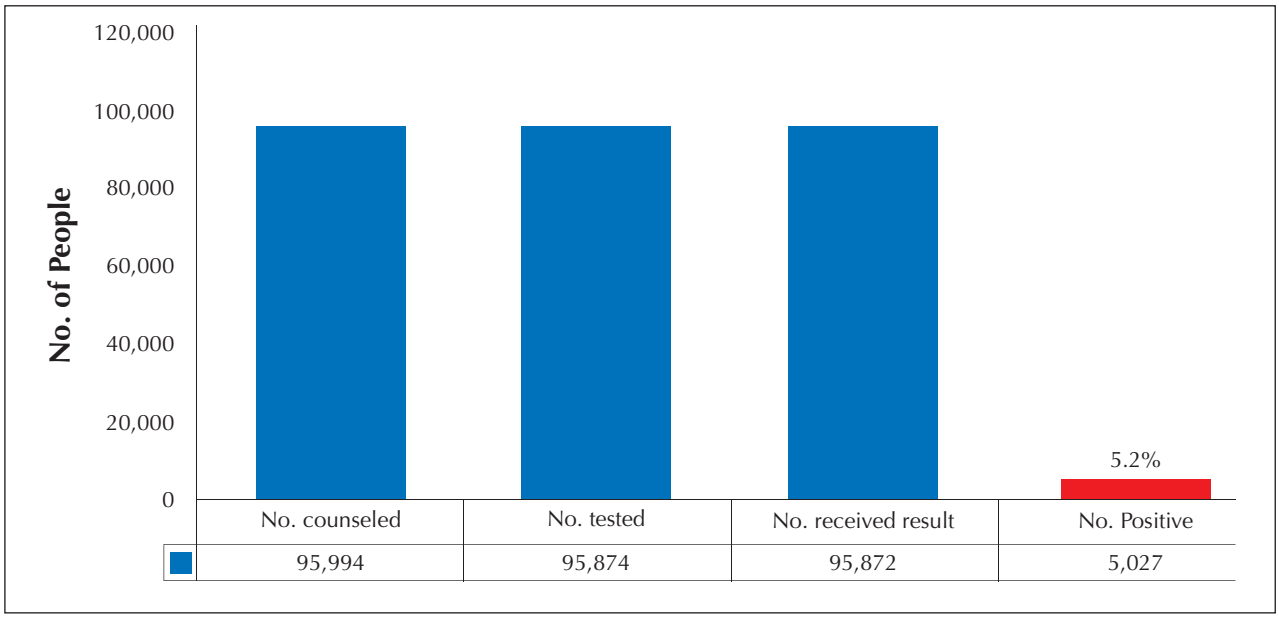
2.1.1 Increasing access to and uptake of HIV testing and counseling (HTC) services

During the April - June 2011 period, STAR-EC continued to facilitate access to HTC services in 90 health facilities in the nine districts. Provider initiated HIV counselling and testing (PICT) was supported in 60 health facilities of which five of them are located on the islands of Lake Victoria. As a result of initiating PICT, HIV testing points were established at key treatment areas in health facilities including all ART sites.

Over this reporting period, the 11 CSOs receiving support through STAR-EC provided HTC services using static, outreach, home-based and 'community camping' approaches specifically targeting hard-to-reach populations in their areas of operation. Notably during the quarter, NACWOLA, using community support agents, adopted the index client home-based HCT designed to target the relatives and children of index HIV positive persons during their routine home based care services in the community. The outreach model was prioritized for the hard–to-reach underserved communities with indications of high HIV prevalence. A total of 19 outreaches targeting MARPs were conducted in the Islands of Lolwe (East and West), Sigulu Manga in Namayingo District as well as Sagiti in Mayuge District during which a total of 3,811 people (2,334 males and 1,477 females) were counseled, tested and received their results. Of these, 652 (17.1%) were positive (327 males and 325 females) and were duly linked to care through the integrated service delivery outreaches.

As a result of implementing all the above mentioned strategies, a total of 23,593 people (11,720 females and 11,873 males) were counseled, tested, and received their results from STAR-EC supported CSOs. In addition, a total of 1,641 couples accessed HTC services from CSOs during the quarter and of these, 22 couples were discordant while 7 were concordant positive. Overall, 4.3% (n =1,003/23,593) of the people tested by the CSOs were diagnosed HIV positive and duly referred for further care at chronic care sites in the districts.

Figure 1: HTC cascade for the April – June 2011 period



Source: STAR-EC program records

Overall, HTC data shows that a total of 95,872 people (56,498 females and 39,374 males) were tested for HIV and received results from both public health units and CSOs, representing about 99% (n =95,994) of all the people who were counseled to test for HIV during this quarter. A total of 5,024 people who were tested were diagnosed HIV positive (2,980 females and 2,044 males) corresponding to a positivity rate of 5.2% (n = 95,874) – a finding lower than last quarter's 6.7% prevalence rate.

A couple in Kamuli District accessing HTC services during a 'Couple Week' outreach

With the use of both static and outreachservices, a total of 4,525 couples accessed HTC services during the quarter.

Table 2: Couples counseled, tested and received HIV results

Site of testing	Nature of activity	Number	No. (%) Concordant HIV+	No.(%) Discordant
Static	Facility Based	926	35 (3.8)	48 (5.2%)
	Couple week	1,967	18 (0.9%)	39 (2.0%)
	Free standing	1,197	8 (0.7%)	26 (2.2%)
Outreach	Home-to-Home	435	6 (1.5%)	19 (4.4%)
Total		**4,525**	**67 (1.5%)**	**132 (2.9%)**

Source: STAR-EC program records

Of these,132 (2.9%) were discordant and while 67 (1.5%) were concordant positive; the rest were concordant negative. Of the 4,525 couples who accessed HTC services during the quarter, 43% (1,967/4,525) were served though the 'couple HIV counseling and testing weeks' approach.

Overall, results indicate that during this quarter, a total of 52,122 people accessed HTC services through outreaches while 43,752 accessed these services through static/facility based services in the nine districts. Table 3 shows HIV prevalence for each HTC delivery mode.

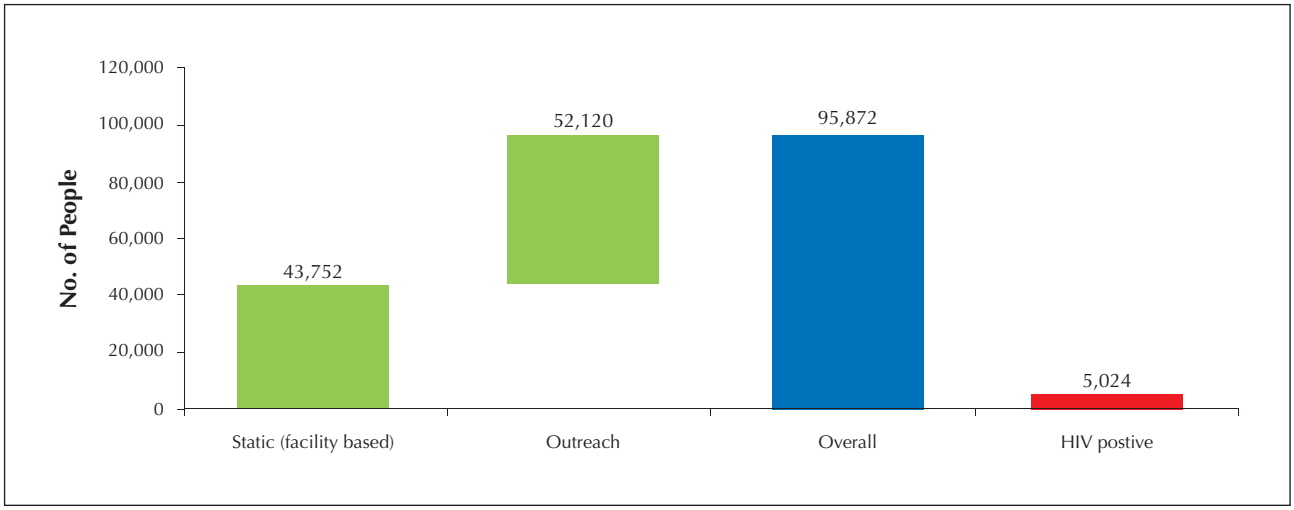
Table 3: HIV prevalence among all tested individuals (by type of testing venue)

Testing site	HIV prevalence (%)
Static	6.5%
Outreach	4.2%
Overall	**5.2%**

Source: STAR-EC program records

Figure 2 shows HTC utilization by service type . As a result of the concerted HTC effort both in the community and at the facility levels during this period, the number of people who were counseled, tested and received results during this quarter was about 74% (n=130,000) of the expected PY3 target – an indication that the STAR-EC program's implementation drive is in full gear and on course towards achieving the set targets for the program.

Figure 2: Individuals accessing HTC by mode of delivery in Quarter 3 of PY3



Source: STAR-EC program records

During this reporting period, Namayingo District (10.7%) posted the highest positivity rate due to the targeted coverage for the MARPs while the lowest HIV prevalence rates were observed in Kaliro (1.9%) and Namutumba (2.8%) Districts.

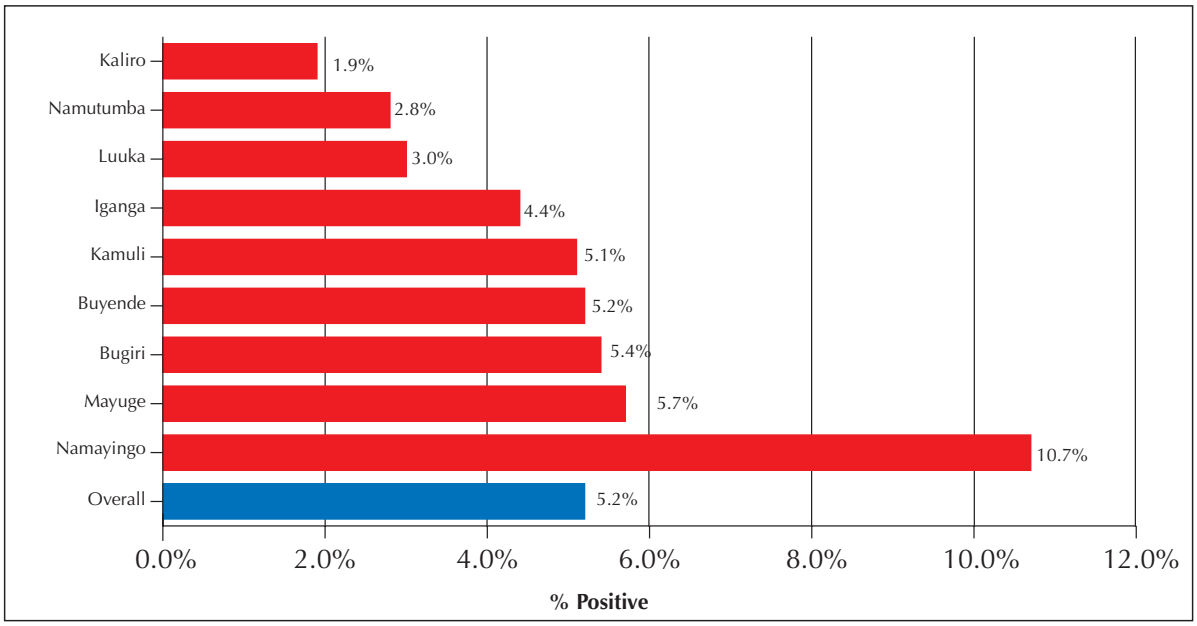
Table 4: HIV Counseling and testing outcomes by district

Source: STAR-EC program records District	Individuals counselled, tested and received results			Couples counselled, tested and received results			
	Females	Males	TOTAL	No.% HIV positive	Number	No. Concordant HIV+	No. Discordant
Bugiri	6,151	3,273	9,424	507 (5.4 %)	658	4	17
Iganga	10,958	6,930	17,888	795 (4.4%)	478	9	18
Kaliro	5,728	4,102	9,830	184 (1.9%)	481	2	2
Kamuli	9,092	5,273	14,365	730 (5.1%)	624	11	11
Mayuge	7,285	4,814	12,099	688 (5.7%)	743	19	30
Namutumba	4,625	4,645	9,270	261 (2.8%)	421	7	11
Namayingo	7,077	7,016	14,093	1,513 (10.7%)	588	13	28
Buyende	2,051	1,418	3,469	181 (5.2%)	376	2	9
Luuka	3,531	1,903	5,434	165 (3.0%)	156	0	6
Grand Total	**56,498**	**39,374**	**95,872**	**5,024 (5.2%)**	**4,525**	**67**	**132**

Source: STAR-EC program records

Figure 3 further illustrates HIV prevalence by district for the quarter. As shown below, Bugiri, Namayingo and Mayuge districts had a prevalence above the overall regional average of 5.2% for the quarter.

Figure 3: HIV prevalence by district in East-Central Uganda Q3, PY3



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 public health facilities throughout the quarter. However, the program has generated a lot of demand for HTC as a gateway to other services hence outstripping the available supplies and therefore neccessitating STAR-EC to continuously provide a buffer stock

- Using the 'Know Your Epidemic and Know Your Response' approach(KYE-KYR), 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 fishing communities on the islands in Namayingo and Mayuge Districts and ensuring linkage to chronic care through integrated outreaches
- The '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

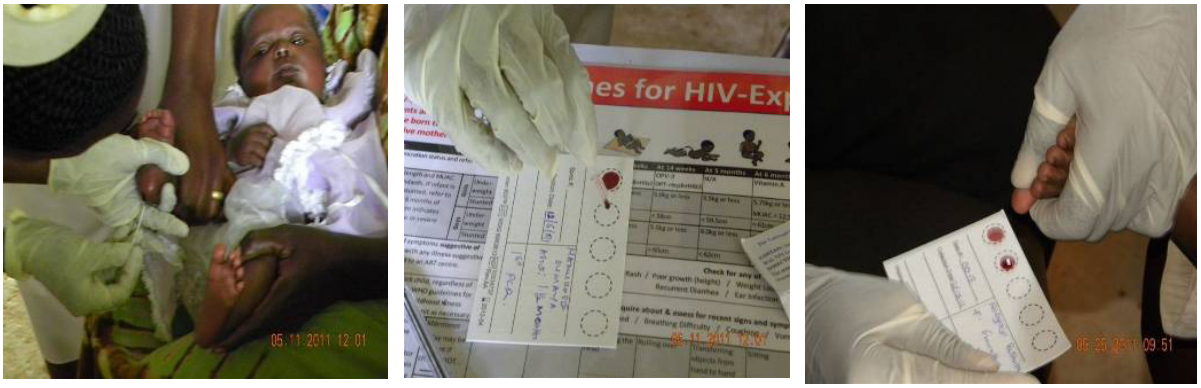
- Due to increased demand for HTC services, created as a result of STAR-EC support to the districts, health facilities and CSOs often run short of supplies neccessitating STAR-EC to procure a substantial number of HIV test kits as buffer stock

Way forward

- 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.

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

This quarter, STAR-EC supported 68 PMTCT sites including four hospitals 12 HCs IV, 49 HCs III and three HCs II. The program maintained PMTCT services coverage in the region at 100% of general hospitals (n=4) and HCs IV (n=12), 83% of HCs III (n=59) and 1.5% of HCs II (n=201). The program's scaleup plan aims at extending services to all HCs III and 30% of HCs II, having covered all hospitals and HCs IV.



Techniques used by health workers to collect dry blood spot samples from a six week and a 6 month old HIV exposed baby during the integrated outreach on Sigulu islands

During this reporting period, STAR-EC in collaboration with MoH facilitated the training of 113 health workers (19 males and 94 females) from lower level sites (HCs III and II) in all the nine districts that were previously not offering PMTCT using the Integrated Management of Adult Illnesses (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) PMTCT training methodology. As a result of this training, STAR-EC will, beginning Quarter 4, support a total of 83 facilities to offer PMTCT and EID services using the 2010 revised PMTCT-EID guidelines (Option A). Additionally, in collaboration with the Ministry of Health, STAR-EC facilitated PMTCT-EID mentorships for health workers in 44 lower level facilities (36 HCs III and 8 HCs II) that had earlier on been trained in PMTCT-EID strengthening process which, emphasizes the need for active screening, care and referral/follow up for the HIV exposed infants and their mothers within facilities, between facilities and their communities.

During the quarter, the program continued to support health facilities offering PMTCT and/or ART to access CD4 and PCR test services at the three hospitals of Kamuli, Iganga and Bugiri; and Joint Clinical Research Centre of

Excellence Laboratory at Kakira respectively. This support is geared towards improving access to services by minimizing the geographical and financial barriers, especially, for the HIV positive pregnant women and their exposed babies.

The STAR-EC program facilitated family support group (FSG) meetings in all the 68 PMTCT sites in the nine districts. Due to the overwhelming number of HIV positive mothers willing to join the FSGs at the 30 PMTCT/ART sites that also implement the mothers2mothers model, the program increased the number of FSGs per facility from one to three per month to accommodate all clients.

Providing education and psychosocial support using the mothers2mothers model at 30 health facilities

Mentor mothers in various sites offering education to general clients, postnatal mothers and admiring an exposed baby whose mother adhered to PMTCT protocol during antenatal care

The mothers2mothers model engages mothers living with HIV to provide education and support to peers on various issues related to HIV and maternal and child health. The mentor mothers work alongside doctors and nurses to serve the needs of pregnant women and new mothers living with HIV, helping to fill the gaps in critically understaffed health systems.

During the reporting period, STAR-EC engaged a total of 59 mentor mothers at 30 high volume health facilities. The mentor mothers provided education to PMTCT clients through one-on-one interactions, couple counseling, and group interactions including FSG sessions. Within this reporting period, 627 antenatal and 379 postnatal HIV+ mothers were enrolled under the model for follow-up. On average, 1,334 mothers and their spouses attended FSG sessions per month and benefited from the education and psychosocial support services offered. These peer support groups also assist clients to adhere to medication (PMTCT prophylaxis/HAART) as well as different medical appointments such as CD4 testing as advocated for in the national FSG guidelines. The FSGs have also proved to be an important means of keeping track of the HIV exposed babies so that they can access Early Infant diagnosis (EID) for HIV. As a result of this effort, 90% (n=610) of the babies attending the groups accessed PCR test. Additionally, 82% (n=216) of the HIV positive pregnant women attending the FSGs accessed CD4 tests, an improvement from last quarter's 73 % (n=187).

Table 5: Client interactions at the 30 sites implementing m2m model

Output Data	Quarter 3			
Description	Apr-11	May-11	Jun-11	**Total**
Total Antenatal one-on-one interactions women	4,823	4,754	5,396	**14,973**
Total Postnatal one-on-one interactions women	3,661	3,893	4,398	**11,952**
Male partner interactions	1,094	1,168	1,401	**3,663**
New HIV+ pregnant women enrolled	178	252	197	**627**

Output Data	Quarter 3			
New HIV+ postnatal women enrolled	140	99	140	**379**
Support group sessions held	44	44	68	**156**
AN support group visits	186	174	288	**648**

Source: STAR-EC program records

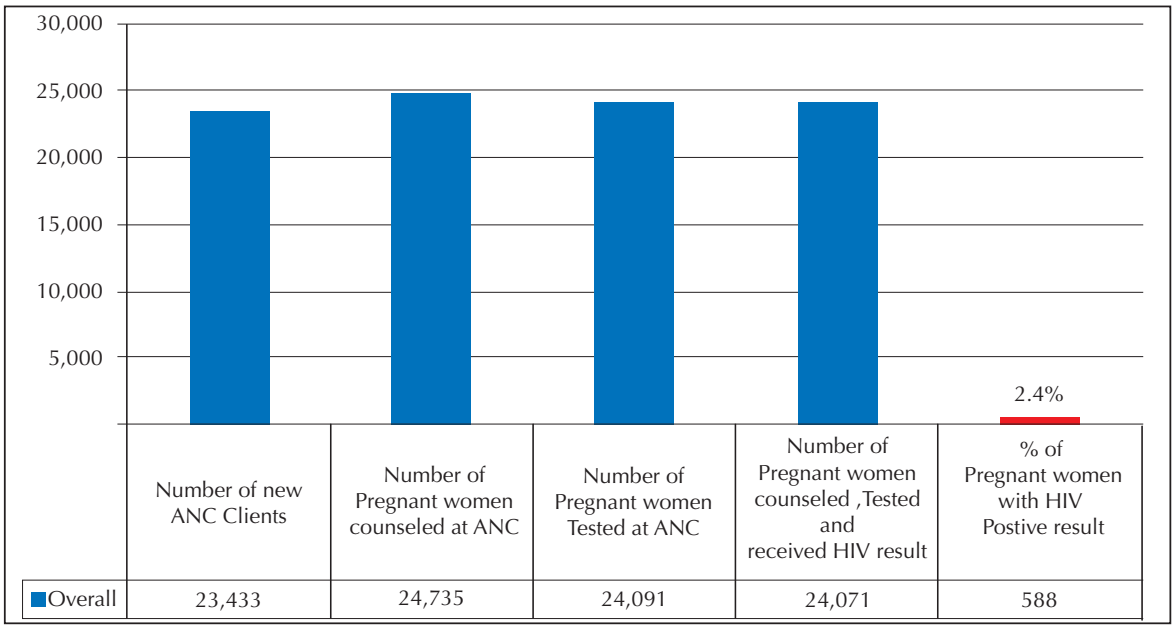
Following a training needs assessment, an in service training for 40 mentor mothers working at the old m2m sites was conducted using the updated curriculum on the new WHO PMTCT guidelines to update them on the new guidelines and, also, to address the gaps identified in the assessment. Furthermore,seven newly recruited mentor mothers were trained during the quarter; five of them to replace graduating mentor mothers and two to augment the services provided by the programme in two high volume hospitals. The new mentor mothers will start working during the fourth quarter at the beginning of July.

STAR-EC in collaboration with MoH facilitated the review of the national implementation guidelines for FSGs for PMTCT. These guidelines define concepts; purpose and objectives; the minimum package of FSGs; and the frameworks and functions of various officials at various levels of the health system. This document will be finalized during the next quarter.

Overall, as a result of implementing the above mentioned activities in the 3rd quarter of PY3, a total of the 28,596 pregnant women counseled, tested and received their HIV results during ANC (24,071; 84.2%), labor and delivery (1,540; 5.4%) and post-partum (2,985; 10.4%). Overall 2.5% (n=702/28,616) of all the pregnant women who were tested at those different service points were found to be HIV positive.

During ANC, a total of 24,735 pregnant women were counseled and of these 24,091 (97.3%) were tested and as aforementioned in the previous paragraph, 24,071 (97.3%) received their results. Overall, 588 (2.4%) of the pregnant women who were tested were HIV positive.

Figure 4: Counseling and testing cascade for pregnant mothers attending ANC



Source: STAR-EC program records

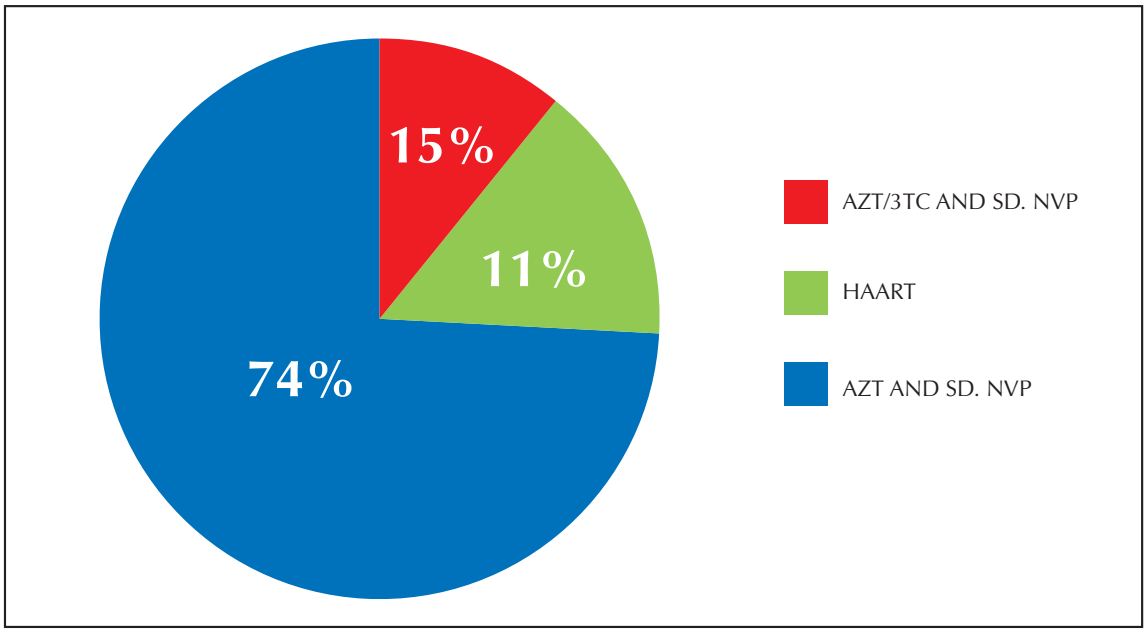
Table 6: Summary of PMTCT process outputs by districts

District	Women tested for HIV at ANC	Number (%) of new HIV positive women at ANC	Total HIV positive women identified at ANC (New and 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	3,035	62 (2.0%)	80	72.5%	33	82%
Buyende	1,690	35 (2.1%)	46	76.1%	12	67%
Iganga	4,579	118 (2.6%)	185	79.5%	97	89%
Kaliro	2,501	35 (1.4%)	64	84.4%	8	100%
Kamuli	5,504	187 (3.4%)	327	65.7%	50	88%
Luuka	1,204	19 (1.6%)	23	91.3%	8	100%
Mayuge	2,672	65 (2.4%)	105	86.7%	31	94%
Namayingo	923	31 (3.4%)	47	78.7%	17	65%
Namutumba	1,983	36 (1.8%)	62	67.7%	25	96%
Total	**24,091**	**588**	**939**	**75%**	**281**	**87%**

Source: STAR-EC program records

During this quarter 700 (75%) of the HIV positive women were enrolled onto a PMTCT prophylactic regimen/ HAART up from73% (n=702/959) in quarter 2 of PY3.

Figure 5: Percentage of HIV+ pregnant mothers on ARVs for prophylaxis by type (n=70)



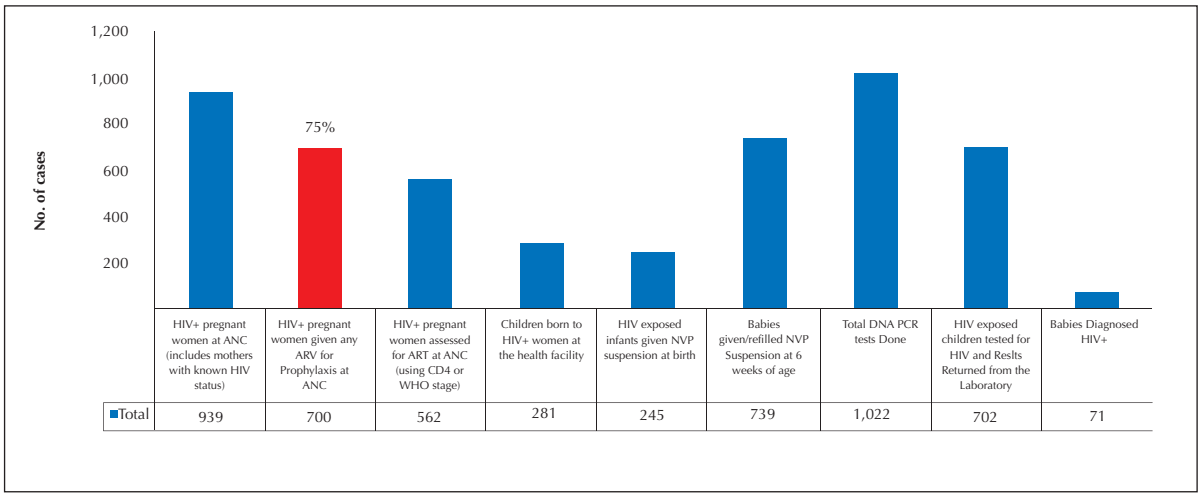
Source: STAR-EC program records

Figure 5 shows that most of the facilities (74%) have adopted the new policy save for some few (11%) still using the old guidelines – the AZT/3TC and single dose nevirapine.However, this quarter, the proportion of HIV positive

women (15%) enrolled onto HAART was lower than that of Q2 of PY3 (20.4%).

During this quarter, 327 (34.8%) of the HIV pregnant women were assessed for ART eligibility (using CD4 testing only) and this was down from 36.9% in quarter 2 of PY3. Regarding ARV prophylaxis for the infants, 245 (87.2%) of all the babies born to HIV positive mothers were enrolled onto prophylaxis in the quarter. Notably during the quarter, 739 HIV exposed babies got refills of nevirapine suspension at 6 weeks of age.

Figure 6: PMTCT cascade outputs during Quarter 3 of PY3



Source: STAR-EC program records

During this reporting period, a total of 1,022 dry blood spot samples (854 for 1st PCR and 168 for 2nd PCR) were referred to Joint Clinical Research Centre (JCRC) for PCR testing. A total of 1,022 PCR results were received of which 6.9% (n=71/1,022) 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.

Table 7: Overall linkage of HIV exposed babies to EID and Paediatric ART in the ninedistricts

	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	**854**	**168**	**1,022**	**71 (7.0%)**	**1,421**

Source: STAR-EC program records *Some HIV positive children spilled over from Quarter 2 of PY3*

Using the PMTCT-EID strengthening system together with the mentor mothers, STAR-EC was also able to facilitate health workers in 17 PMTCT-ART sites in Iganga, Luuka, Bugiri, Mayuge and Namayingo Districts to undertake follow up outreaches. Health workers conducted outreaches in collaboration with expert clients and village health teams (VHTs) in these districts and were able to track mother-baby pairs that had otherwise failed to keep the scheduled appointments at the facilities. As a result of this effort, a total of 56 mother-baby pairs in Bugiri,79 in Kamuli,57 in Iganga, 90 in Mayuge, 13 in Luuka andfive in Namayingo Districts were successfully followed up in the community.

Reaching out to the Children

In order to engage children who come to health facilities with their parents, especially, those exposed to HIV, STAR-EC has established a children's club in Kigandalo Health Centre IV as a pilot. This centre was set up for therapeutic interventions in children and it enables health workers to take the advantage to screen them in a relaxed mood. It is hoped that this environment will contribute to a natural and non-intrusive method of recovering from distressing life events.

Lessons learned

- Implementation of quality PMTCT in the nine districts is dependent primarily on continued mentorship of the trained health workers on a regular basis in addition to availability of regular PMTCT supplies (test kits and ARV prophylaxis regimens)
- Integrating family planning service provision into mainstream PMTCT service provision is a key aspect if the program is to offer quality PMTCT services according to the four prongs of PMTCT
- 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 followup points for HIV positive mothers and their HIV exposed infants who would otherwise be lost to follow up. However, there is a need to support a wide range of support groups to cater for clients graduating from PMTCT e.g. pediatric support group, ART support group etc.

Challenges

- Poor male involvement in PMTCT programscontinues to affect ANC and delivery at health facilities
- Follow up of the HIV exposed babies whose mothers do not honor their EID appointments has been expensive since most mothers do not have telephones as the EID strengthening program had anticipated
- Referral for HAART by non–ART providing sites remained a major challenge because ART centers (28) are less than half of the PMTCT sites (68) and coverage of ART outreaches at lower units though improving is still limited.
- Inadequate human resources for health in the region continues to affect the smooth delivery of PMTCT services.

Way forward

- STAR-EC will facilitate the scale up of PMTCT and EID services to a total of 83 facilities up from the current 68 in the region. The quality of PMTCT services will be strongly prioritized during this scale up period using regular mentorship visits to the facilities.
- STAR-EC will strive to further strengthen the referral linkages at both facility and the community levels using mentor mothers, community support agents, the health workers and the village health team members.
- STAR-EC will continue with the roll out of the new PMTCT guidelines to more HCs II while consolidating PMTCT service provision in all units already implementing them.

2.1.3 Care and support

2.1.3.1 Umbrella care

During the quarter, the PEPFAR rationalization process was concluded with The AIDS Support Organization (TASO) taking over full support of Mayuge and Banda HCs III as well as maintaining support for all existing drug distribution points. All Persons Living with HIV&AIDS (PLHIV) previously reviewed at Bumanya, Namungalwe and Bugiri HCs III were transitioned to STAR-EC. Facility level meetings have been held to communicate the new guidance as part

of the on going transition expected to be completed by September 2011.

Table 8: Client load to transition between TASO and STAR-EC - end of June 2011

Implementing partner	Districts affected	Facilities transitioned to Implementing Partner	Client load - chronic care (pre-ART)	Client load - ART
STAR-EC	Iganga, Kaliro, Bugiri	Namungalwe HC III, Bumanya HC IV, Bugiri Hospital	1,380	273
TASO	**Mayuge, Namayingo**	**Mayuge HC III, Banda HC III**	**545**	**352**

Source: TASO and STAR- EC program records

During the reporting period, an assortment of furniture including 106 tables, 320 chairs and 480 benches was procured and distributed to 82 HIV clinics to improve the clinic environment to accommodate the growing number of PLHIV. Additionally, remodeling of existing infrastructure to create patient waiting shades at 11 selected high-volume ART clinics commenced. Works are done by the local contractors under supervision of the District Engineers and a consultant engineer working with STAR-EC.

The program received technical assistance by a team of USAID officials who visited Wakawaka Fishing Landing Site where they interacted with fisher folk leaders and health workers of the nearby Wakawaka HC II. The team recommended prioritization of health units serving MARPs for support to deliver services to these critical populations. A rapid assessment has since been conducted to map out these facilities and the health providers trained on provider initiated HTC as an entry point to service delivery including care. The 33 selected sites, as shown in Table 9, will receive technical and logistical support to serve as static chronic care points and ART outreach posts.

Table 9: Mapped HCs II to serve MARPs with HIV testing, basic care and condoms*

District	Fishing landing villages	Health facilities
Mayuge	Bwondha, Namoni, Lwanika, Kabaganja, Bubinge, Namugongo Island, Nkombe, Musoli, Ntinkalu, Bugoto, Musubbi, Buyugu	Bwondha HC II, Namoni HC II, Bukatube HC II, Kitovu HC II, Wandegeya HC II, Bukaleba HC II, Nkombe HC II, Busuyi HC II, Ntinkalu HC II, Bugoto HC II, Nawampongo HC II, Buyugu HC II
Namayingo	Busiro, Lugala B, Lugala A, Matiko, Lubango, Lufudu, Namavundu, Bumalenge, Rabachi, Bumeru	Busiro COG HC II, Buchumba HC II, Lugala HC II, Bukimbi HC II, Mulombi HC II, Bugali HC II, Bugana HC II, Bumalenge HC II, Rabachi HC II, Bujwanga HC II
Bugiri	Wakawaka, Lwenge, Kimira	Wakawaka HC II, Maziriga HC II, Kigulu HC II
Kamuli	Kyamatende, Kibuuye, Kakindu, Nababirye, Izanilo, Lubaizi,	Kagumba HC II, Kibuye HC II, Malugulya FLEP HC II, Kisozi HC II, Kiyunga HC II, Bugeywa FLEP HC II
Buyende	Bukungu, Kakooge	Bukungu HC II, Kakooge HC II

**Service is expected to start in Q4 for some health facilities while the rest of the facilities will start service during PY4.*

Challenge

- Limitation of physical infrastructure to accommodate the growing number of clients in chronic care coupled with the protracted process of procuring services to remodel the infrastructure at the selected health facilities

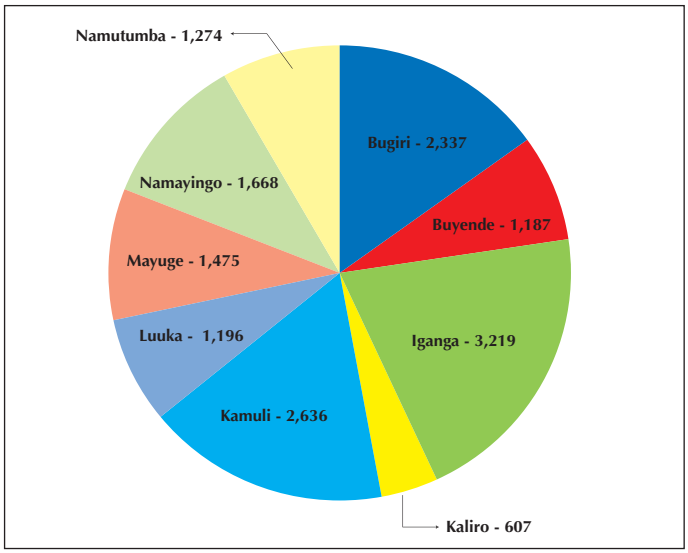
Way forward

Fast tracking the award of contracts for re-modeling outpatient buildings to create patient waiting shades, and expand rooms for counseling, records, and dispensing.

2.1.3.2 Clinical care

In liaison with Mulago Hospital, the program supported the training of 57 health workers (23 males, 34 females) on the syndromic case management of sexually transmitted infections/diseases (STIs/STDs). Health care workers at 91 health facilities received on job mentorship on integrated clinical care. As a result, 3,573 PLHIV clients were newly enrolled during this reporting period and hence a total of15,599 active clients (5,115 males, 10,484 females) received at least Cotrimoxazole prophylaxis this quarter. Clinical care services currently include: Cotrimoxazole prophylaxis, management of opportunistic infections, treatment of STIs, clinical and laboratory assessment of eligibility for anti-retroviral therapy (ART).

Figure 7: Distribution of HIV&AIDS clients on clinical care per district



Source: STAR-EC program records

The highest enrollment was in Iganga district (738 were newly enrolled this quarter) and still Iganga district has the highest PLHIV patient load (3,219 active clients) as an outlier (see Figure 7). Thus Iganga will require urgent integration of prevention with positives service package into clinical care services to curb further spread of HIV.

Challenges

- PLHIV frequently develop opportunistic infections (OIs) and STIs that require antibiotic therapy. However, these medicines are often in short supply at public facilities. Such inability to manage acute OIs leads to rapid deterioration of clients thus creating more pressure for ART
- The new drug recommended for treatment of most STIs is not yet available at the National Medical Stores (NMS), although it is on the essential medicines list

Way forward

Provide technical assistance to facility in-charges on accurately quantifying their antibiotic consumption and placing for bulk orders to the NMS.

2.1.3.3 Support care

Home based care services

STAR-EC facilitated the home based care (HBC) training of 60 (29 males, 31 females) volunteer PLHIV working under the umbrella of NACWOLA but attached to health facilities. These individual trainees conduct home visits to bed ridden PLHIV and provide psychosocial support, as they await procurement of home based care kits to be able to provide a comprehensive HBC package. The program will support formation of more HBC teams as a way forward.

Integration of nutritional support services

Items for integration of nutrition into HIV&AIDS services were procured. In collaboration with NuLife, one metric ton of Ready to Use Therapeutic Food (RUTF) was procured from RECO Industries. In addition, NuLife donated basic materials that included:

- 1,000 pieces of mid-upper arm circumference (MUAC) tapes
- 60 pieces of nutrition assessment books
- 10 registers for out-patient therapeutic care (OTC)
- 2,000 pieces of OTC ration cards
- 10 pieces of monthly report books for OTC
- 80 pieces of community referral books for OTC

The RUTF was distributed to 10 supported facilities (including 3 hospitals that transitioned from NuLife); whereas the rest of the supplies are being distributed during Q4. Subsequently, 2,873 PLHIV clients were assessed for malnutrition, as detailed in Table 10.

Table 10: PLHIV accessing nutrition assessment plus RUTF during June 2011

Health facility	% of enrolled PLHIV assessed for malnutrition	# of PLHIV with severe acute malnutrition(SAM)	# of PLHIV with moderate malnutrition (MAM)	# of PLHIV of normal nutrition levels	# of PLHIV clients treated with RUTF
Nsinze HC IV	49.8%	8	5	148	13
Kiyunga HC IV	89.3%	1	0	326	1
Bumanya HC IV	86.4%	0	0	153	0
Buyinja HC IV	37.2%	13	22	99	35
Kigandalo HC IV	69.6%	0	0	254	0
Kidera HC IV	59.4%	0	0	219	0
Kamuli General Hospital	15%	3	4	132	0
Kamuli Mission Hospital	87.9%	24	0	347	29
Iganga Hospital	95.7%	16	2	885	47
Bugiri Hospital	34.9%	44	13	155	56
	Total	**109**	**46**	**2,718**	**181**

Source: STAR-EC program records

A total of 181 malnourished clients were provided with RUTF as out-patients (new and old). However, the majority of implementing facilities need more support to be able to assess the nutritional status of all 100% PLHIV clients seen especially the children.

Adherence support

Monthly ART adherence support group meetings continued at facility level with PLHIV taking the lead in peer-to-peer education, patient preparation, and follow-up. A total of 59 expert patients had earlier been trained on adherence counseling during the last quarter at the Uganda Cares HIV clinic.

Assessing adherence to ARVs using pill counting in Sigulu Islands

One of them, Mr. Andrew Muzeyi, a volunteer at Nsinze HC IV narrated his roles during a recent support visit: "the training was very beneficial to me and Iam grateful to STAR-EC because I'm able to apply the knowledge I acquired to improve services at our clinic. I do prepare the new patients for ART and track attendances using the dispensing log. I realize that I have over 800 client files in the cabinet but only about 500 are routinely used. I have sorted out those that are routinely used and requested the In-charge to give me a book where I could write the names of those who attend the clinics. I use this list routinely to cross check with the dispensing log to identify those who are due and missing their appointments to generate the list for adherence counseling and follow up in the community"

In collaboration with MoH, STAR-EC during this reporting period facilitated a three day workshop involving several implementing partners and nurses from the supported districts to contribute towards the final draft of the National ART adherence strategic framework. The draft is ready for ratification by the National ART Committee before its dissemination.

Challenge

Limited mentorship and supervision of trained expert clients for adherence support by health care workers.

Way forward

- One of our sub-partners, Uganda Cares, has been requested to send two teams of adherence Counselors and 'HIV medics' to mentor the facility-based expert patients and adherence nurses in the region during nextquarter.
- More support will be provided for health workers to utilize data through the use of quality improvement teams

2.1.3.4 Clinical / Preventive services – additional pediatric

STAR-EC program continued to utilize pediatricians from Jinja Regional Referral Hospital to provide on-job mentorship on pediatric HIV&AIDS care and treatment to health workers at 12 ART sites. In addition, the Regional Centre for Quality of Health Care (RCQHC), and the Health Communication Partnership (HCP) donated a pediatric job aid (Atlas for common OIs), facilitated a post-training follow-up of health workers, and also trained 29 health workers on pediatric counseling.

Pediatric HIV care at Singila Islands

Baylor-Uganda in collaboration withthe MoH jointly provided integrated support supervision to two hospitals (Kamuli and Bugiri General Hospitals) previously supported by Baylor Uganda. Following the above mentioned technical support and inputs, health facilities enrolled 238 new children<15yrs into general care with 60% of them

aged <5yrs while the rest were 5-14 years old. Thus the age at enrollment has greatly improved as the program aims at early infant/child diagnosis and treatment. For example among children who were linked from the PMTCT/ EID program, 21 HIV positive infants aged <1yr started pediatric ART in Q3 – a rise from 15 infants during Q2; while 24 children aged between 1-4yrs started ART in Q3 – a decline from 35 during Q2. This trend implies that there is a positive shift towards starting treatment at a younger age (infancy stage). Overall, at 29 ART sites, 127 new children initiated pediatric ART and 493 children <15yrs are currently receiving pediatric ART. The later result represents 8.2% of all ART clients (n=6,041) [national target = 15%]; so much more efforts are needed to meet this national target.

Challenges

According to population targets, fewer than expected children are currently enrolled into care at facilities (6.1%) and few children are currently receiving ART (8.2%).

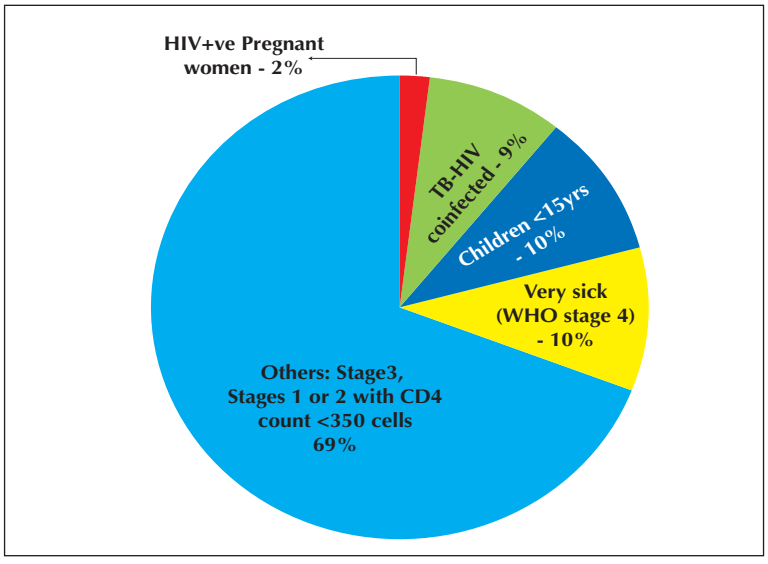
Way forward

HCP is supporting the MoH to design and run an intensive mobilization campaign for pediatric ART using radio and print messages that target the caretakers. This is expected to commence during-July 2011.

2.1.4 Treatment – Antiretroviral services

During the reporting period, STAR-EC facilitated MoH and Uganda Cares to train 103 health workers (26 clinicians, 32 nurses/midwives, 28 nursing assistants, 17 expert patients) on comprehensive HIV&AIDS care and treatment including ART, using the WHO approach of integrated management of adult & adolescent illnesses (IMAI) plus a complimentary integrated management of childhood illnesses (IMCI) course. Participants were drawn mainly from 20 new facilities targeted for scale-up of ART service outlets that are currently serving as satellite ART outreach posts. Other participants were new staffs of existing ART sites. The program continued to support the ARVs logistics management and clinical mentorship. As a result, 1,318 clients were newly initiated on ART in Q3 (1,175 new in Q2) bringing the total active on ART to 6,041 clients. Of the new ART clients, 31% met the PEPFAR criteria of priority patients as depicted in Figure 8.

Figure 8: Prioritization of patients for ART



Source: STAR-EC program records

An analysis of the treatment outcomes of clients initiated on ART (see Table 11) shows a fair one year survival rate of 74%, but 7% of ART clients are dying within 12 months of starting ART. During subsequent quarters, STAR-EC will support sites to identify and address the major causes of these early deaths.

Challenge

The retention of ART clients in the clinic is still lower than desired. A significant number of clients are getting lost-to-follow-up (10% of ever started on ART).

Way forward

Support the clinical care teams to identify and address the factors affecting client retention as well as improve the coordination of client follow up activities by utilizing home based care teams and expert clients.

Table 11: Cohort analysis accounting for the ART clients (treatment outcomes) per district

Districts	Total clients that started ART 12 months ago (cohort)	Alive and on ART 12 months later by end June 2011	Dead	Transferred out to another facility	Lost-to-follow-up (LTFU or Dropped) (missed > 90 days)
Bugiri	26	18	04	02	02
Buyende	02	02	00	00	00
Iganga	88	70	07	04	07
Kaliro	21	17	01	00	03
Kamuli	89	55	04	17	13
Luuka	13	12	00	00	01
Mayuge	27	25	02	00	00
Namayingo	25	18	03	03	01
Namutumba	47	32	04	03	08
STAR-EC region total	**338**	**249 (74%)**	**25 (7%)**	**29 (9%)**	**35 (10%)**

Source: STAR-EC program records

2.1.5 Clinical /Additional TB/HIV

During the reporting period, STAR-EC maintained support for on the job mentorship of health care providers by Ministry of Health/National Tuberculosis and Leprosy Programme (MoH/NTLP) at 75 facilities focusing on Tuberculosis (TB) case management, TB infection control, reporting & recording, TB DOTS, intensified case finding (ICF) tool utilization and TB/HIV collaborative activities. The findings from these onsite visits indicated significant improvements in documentation of TB patient management information

TB/HIV collaboration at facilities

In order to enhance uptake of HCT, Cotrimoxazole Preventive Therapy (CPT) and ART among TB/HIV co infected patients and screening of TB for HIV infected patients, STAR-EC supports regular clinical team performance review meetings for high volume sites and TB/HIV integrated support supervision. Additionally, the program facilitated nine district level TB/HIV coordination meetings focusing mainly on intensified TB case finding at facility level and the communities, treatment outcome, referral networks and linkages between TB and HIV chronic care services. The participants included facility in-charges from both the public and private facilities, representatives from civil society organizations and partners operating within the district.

During the quarter, a total of 625 TB patients were registered. Out of these, 616 patients (98.6%) had their HIV results recorded in the register compared to the last quarter's achievement of 95.7%. Six districts achieved the 100% target compared to only one during the last quarter. A total of 207 (33.3%) TB patients tested positive for HIV and out of these 202 (98.5%) were started on CPT and 136 (65.4%) started on CPT and ART up from 96.4% and 52% respectively during the last quarter. Eight out of the nine districts had all their HIV/TB co infected patients enrolled on prophylactic cotrimoxazole.

Table 12: TB/HIV collaborative activities during the third quarter of PY3

Districts	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	191	189	75	75	48
Bugiri	117	113	26	26	14
Kamuli	90	90	27	27	20
Mayuge	68	65	29	29	13
Namutumba	45	45	8	8	8
Kaliro	15	15	3	3	3
Luuka	19	19	10	10	8
Buyende	22	22	5	5	1
Namayingo	58	58	22	19	19
Total	**625**	**616 (98.6%)**	**205 (33.3%)**	**202 (98.5%)**	**134 (65.4%)**

Source:STAR-EC program records

TB status in HIV chronic care services

Out of 15,599 HIV positive clients reviewed during the quarter 14,852 (95.2%) were screened for TB, 153 had their sputum examined and 138 (88.3%) received treatment for TB. The target is to have 100% clients screened for TB. The breakdown of the TB/HIV integration is highlighted in tables 12 and 13.

Table 13: TB status in HIV chronic care services

Districts	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
Bugiri	2,337	2,303 (98.5%)	9	11
Buyende	1,187	1,137 (95.8%)	0	6
Iganga	3,219	3,036 (94.3%)	89	67
Kaliro	607	459 (75.6%)	8	3
Kamuli	2,636	2,479 (94.0%)	9	16
Luuka	1,196	1,194 (99.8%)	5	9
Mayuge	1,475	1,404 (95.2%)	4	10
Namayingo	1,668	1,589 (95.3%)	20	6
Namutumba	1,274	1,251 (98.2%)	9	10
Total	**15,599**	**14,852 (95.2%)**	**153**	**138**

Source:STAR-EC program records

Challenges and the way forward

- ART care centers are still few and yet some of the TB/HIV coinfected patients do not attend ART care centers when referred. More ART service points need to be established through use of outreaches
- Migratory populations in the districts of Mayuge and Namayingo Island areas make delivery of integrated TB/HIV services difficult. STAR-EC will continue to support facility based providers and lay providers based on the Islands to provide comprehensive health education on TB and TB/HIV co management.
- Some clients do not attend the clinics by themselves but instead send their relatives for refills. This has continued to affect TB assessment in chronic care services. STAR-EC will continue to support facilities to emphasize the need for review at least once in a quarter.

Lessons learned

- Strengthening performance review meetings between the TB and HIV care providers improves uptake of ART among TB/HIV co infected patients.

2.1.5 TB Control Activities

Intensified case finding in the districts

In order to improve TB case detection, STAR-EC has among other interventions engaged lay providers in intensified case finding both at the community and facility levels. A total of 345 PLHIV across the nine districts were trained and these and other lay providers are supported to triage TB suspects at high volume sites.The program also supports sputum outreaches in hard to reach sub counties as well as piloted a strategy in Kaliro District that involves supporting providers at HCs II to prepare sputum slides and transport them to diagnostic facilities. Out of 70 slides prepared during the quarter, two smear positive clients were identified.

Overall, there has been improvement in the number of sputum samples performed in the laboratories in the districts; however few cases were identified out of the many smears examined. The program will continue providing support for use of ICF forms and mentorship on slide preparation to ensure accuracy in the selection of suspects and preparation of slides.

Table 14: Case detection rate (CDR) for each district during Q3 of PY3

Districts	No. of expected new smear positives in a quarter	No. of smear positives	CDR %
Iganga	164	124	75.6
Luuka	85	10	11.8
Kamuli	164	60	36.6
Buyende	87	22	25.3
Kaliro	71	15	21.2
Namutumba	72	39	54.2
Bugiri	116	69	59.5
Namayingo	97	39	40.2
Mayuge	151	57	37.7
Total	**1,007**	**435**	**43.2**

Source: District quarterly reports

The average CDR for the districts stands at 43.2% down from 46.9% reported last quarter. The different training activities involving laboratory staff may have affected TB sample examination outputs as some laboratories with one staff remained closed for a prolonged period.

Public- Private Mix (PPM)

During the quarter, 150 health workers from private facilities in the nine districts were trained in TB/HIV co-management and TB infection control. This was followed by on the job support and mentorship at their respective facilities. Following the support given to these facilities, 88 TB patients were diagnosed and treated from 11 private facilities during the quarter. Out of these, 84 (95.5%)patients were tested for HIV, 27 (32.1%) were HIV positive and all were enrolled on cotrimoxazole preventive therapy and 13 (48.1%) started on ART

More work remains to support enrollment on CPT and ART for the TB/HIV co infected clients.

TBDOTS

Following the training and support of lay providers to implement Directly Observed Treatment Short course (DOTS), the coverage has continued to improve across all the districts. During the quarter, STAR-EC supported 80 Sub-county health workers to deliver drugs to treatment supporters in the different communities and a total of 482 clients were supported under the DOTS strategy. In addition, the District TB and Leprosy Supervisor (DTLS) of the nine districts were supported to deliver drugs to the peripheral units.

Table 15: TB DOTS patient coverage during the quarter

District	Iganga	Kaliro	Kamuli	Mayuge	Namutumba	Bugiri	Luuka	Buyende	Namayingo
% coverage	61.3	80.0	92.0	88.7	77.8	72.4	63.2	86.4	91.4

Source: District quarterly reports

The TB DOTS coverage improved from 72% in Q2 to 79.2% registered this quarter. Additionally, STAR-EC continues to support the DTLS, health sub-district TB focal persons and sub county health workers` (SCHWS) quarterly performance review meetings. The meeting focuses on tracking of clients, inter-facility referrals, recording and reporting. The average TSR of Q3, 2010 stood at 85.1% compared to 81.6 % of Q2 of 2010. Three districts were performing above the 85% national target.

Table 16: TSR Quarter3 (April- June) 2010

District	Iganga	Kaliro	Kamuli	Mayuge	Bugiri	Namutumba	Average
TSR (%)	87.5	80.0	86.3	86.7	81.3	80.8	85.1

Source: District quarterly reports

STAR-EC supported the DTLSs and the health sub district TB focal persons to provide technical support supervision to facilities. A total of 75 facilities were supervised during the quarter.

Challenges and way forward

- Few TB cases were identified despite the numerous samples examined. STAR-EC will continue to provide support for quality assurance
- The different training activities involving laboratory staff may have affected TB sample examination outputs as some laboratories with one staff remained closed for a long period. STAR-EC will support provision of onsite coaching and mentorship to minimize service interruption during classroom training activities
- Migratory populations in the forest areas of Mayuge, lake islands and urban settings make it difficult to implement DOTS and patient follow up. STAR-EC will continue to support facilities to use telephones for follow up of clients on treatment

Lessons learned

- It yields promising results in training of non-laboratory staff in sputum slide preparation to support the few laboratory staff and to cover areas without diagnostic laboratories
- Involvement of lay providers in TB DOTS implementation improves TSR and reduces the work load for health care providers
- Continuous review of the performance of sub-county health workers and substitution of poorly performing health workersimproves CB DOTS implementation and eventual treatment out come
- The use of telephones for follow up of clients on TB treatment is feasible

2.1.6 Promotion of HIV prevention through sexual and other behavioural prevention

Targeted Abstinence, Being Faithful and Condom (ABC) programs were implementedmainly through providing financial, logistical and technical support to 12 CSOs which prioritized high risk populations. Multiple delivery mechanisms were employed including: youth and couple peer dialogue sessions; home-to-home visits; behavior change communication programs (BCPs) targeting youth, peer support group activities, fidelity seminars; peer sustainability activities such as sports and games as well as community dialogue sessions.

2.1.6.1 Promotion of HIV Prevention through Abstinence, Being Faithful and Condom (ABC) Programs

2.1.6.1.1 Promotion of HIV Prevention through Abstinence and Fidelity Programs

During this reporting period, supported CSOs implemented targeted ABC interventions for youth aged 10-24 years through youth community dialogues where youth discussed benefits of knowing one's HIV status; strategies to stay negative; positive living after knowing one's HIV status; condom education and life planning skills. Using trained peer educators, eight youth support clubs were formed in addition to those formed in previous quarters. STAR-EC supported the already formed clubs through delivering cue cards, IEC/BCC materials, board games as well as mentorship and support supervision.

STAR-EC supported training of 202 couples in Be-faithful programming using the 'Families that Prosper' model. The newly trained couples have joined the 1,014 previously trained couples since inception of the STAR-EC fidelity program in driving the intervention through individual and/or small group interaction within their communities. The model couples have continued to conduct community dialogue sessions using the eight-week module where they have been discussing mechanisms of how to celebrate the marriage as a couple, working together, sharing individual expectations, enjoying one another, maintaining friendship as well as joint problem solving. These couple dialogue sessions were conducted through 57 community based couple support groups. Beyond discussing health and HIV&AIDS, couples have started revolving funds, craft business, maize milling, farming, piggery, poultry and investment clubs. Some exceptionally enterprising groups such as those in Budhaya, Muterere and Nankoma sub- counties have started business ventures so as to maintain coherence of their membership.

A total of 157 couple dialogue sessions and 146 community dialogue sessions were conducted within communities facilitated by trained model couples as well as trained youth peer educators. Couples, also participated in home visits for follow up of clients and linkage to other HIV&AIDS services at health centers.

SUCCESS STORY

The calling to serve our community transformed us! A tale of a couple from the Sigulu Islands

Mr. and Mrs. Saidi Okenyi who are residents of Bumalenge landing site, Bumalenge Parish, Sigulu Sub County, Namayingo District are now a very happy couple. "....Since we got married over ten years ago, I had not enjoyed my family as much as until I became a peer educator..." says Okenyi. "...I have discovered what it means to be in a loving marital relationship after going through the families that prosper guide with my wife, making joint plans..." he adds.

Mr and Mrs Okenyi were identified as a model couple in August 2010. He says in retrospect, "...I was not a model in our village I must confess, especially when I now think about the selection criteria of a model couple, but I was available..." Mr. Okenyi says however, that today he and his wife are a true model couple.

Okenyi further confesses that on the day their model couple training begun, he could not move with his wife just as is the practice in many communities in Uganda. "...I travelled daily on foot from Bumalenge to the training venue whereas my wife used the boat to Sigulu Sub County Hall which was the venue for our training...," quips Okenyi. He adds that, by the end of the training, his life was transformed by what they had learnt. He recounts, "We were encouraged that as a couple, we had to love one another in tangible and intangible ways''. With a smile on her face, Mrs. Okenyi chips in, " since then, we have been able to sit together, share meals, hold close discussions, and been able to walk hand in hand without any fear or guilt". After the model Couples' training, the Okenyis started their journey to transform other married couples in the community of Bumalenge Parish. They began visiting families within the homes and they have been able in a period of six months to form three active couple support groups which meet twice a month to learn from one another.

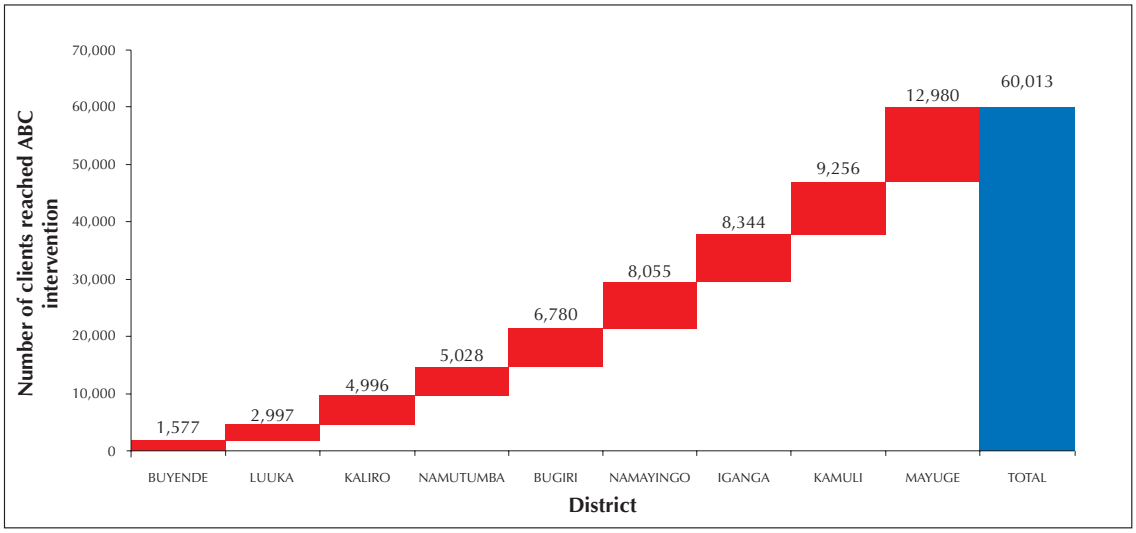
2.1.6.1.2 Promotion of HIV prevention through condom promotion programs

A trained peer educator (with head gear), attends to questions raised by women on using the female condom.

She demonstrates to a group of men how to use a female condom

During Q3, condom promotion and distribution activities were conducted through health facilities and community distribution points. These activities mainly targeted (MARPs) as well as other population sub groups which have been locally known to be at great risk of acquiring and transmitting HIV such as motor cycle riders, bar and lodge attendants, migrant plantation workers as well as video hall operators. Using the (KYE-KYR) approach, STAR-EC supported training of 67 condom distributors from 'hot spots' such as truck-stops in Iganga, Bugiri and Namayingo Districts. The latter district is also dotted with numerous landing sites. Participants received basic counseling skills, information and facts on HIV&AIDS, STIs and other related reproductive health issues; basic life planning skills; skills in peer counseling; community mobilization, as well as conducting referrals for other HIV prevention services. The newly trained condom promoters joined the already existing team of condom promoters to provide small group and individual counseling in which demonstrations of proper condom use for both male and female condoms were done.

Figure 9: Number of individuals reached with targeted ABC interventions by district



Source: STAR-EC program records

Through these efforts, a total of 60,013 individuals were reached with HIV prevention interventions and messages focused on ABC of whom 21% were reached with HIV prevention intervention more than once during the quarter

also referred to as 'old' clients. Old clients are served so as to reinforce their knowledge and such a practice is, also, a promising indicator exhibited by persons who are more likely to adopt and practice positive behaviors. Among the individuals served, 8.6% were youth aged 10-14 years; 43.4% were youth aged 15-24 years of age; and 48% were over 25 years of age.

Taking HIV prevention services to the doorsteps of the fisher folk: STAR-EC establishes a Knowledge room at Lugala Landing site, Namayingo District

STAR-EC has extended access to integrated HIV&AIDS services to beaches, landing sites and islands through initiatives like the 'Knowledge Room'. During Q3, STAR-EC supported the establishment of the first-ever 'Knowledge Room' at a landing site in East Central Uganda. The purpose of this initiative is to increase access to Information Education and Communication, health education, HTC, TB screening, condom education and distribution, and alternative recreation for the fisher folk from Lugala landing site which has a HIV positivity rate of 21.5%. (STAR-EC HCT program data).

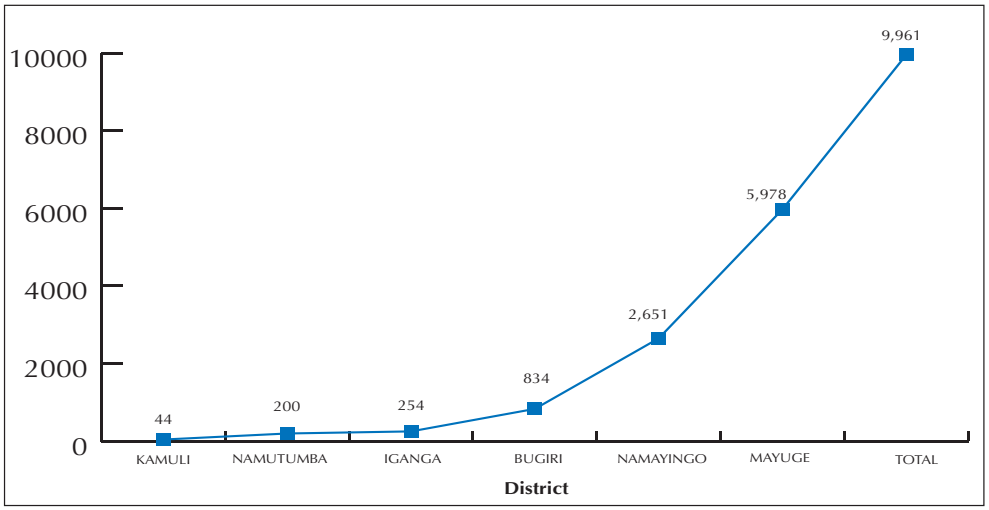
STAR-EC hands over the Lugala Knowledge room to the LC V Chairperson, Namayingo District

A group of men waiting for SMC services during the launch of the Lugala Knowledge Room.

One of the men being circumcised in a tent by the Knowledge Room

During the launch of the Knowledge Room, health workers from Namayingo District together with FOC-REV; and a local CSO delivered HTC services, HIV prevention messages, condom education and distribution, STI screening, TB screening as well as SMC services. A total of 281 clients received HTC services from which 17 were positives whereas 43 clients received SMC services. With the presence of Peer educators, many people organized in small groups were reached with different health messages mainly on the program areas of STAR-EC.

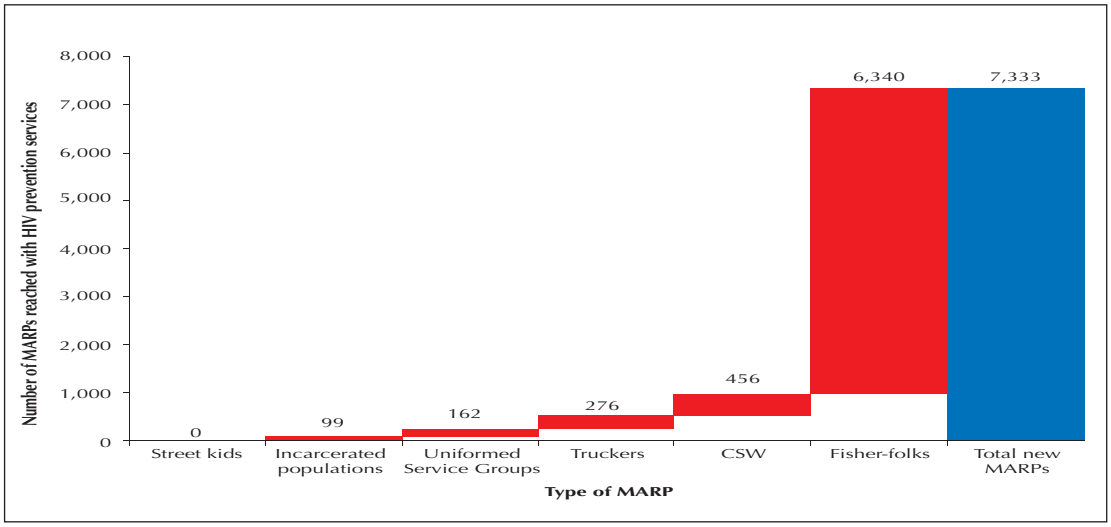
Figure 10: Number of MARPs reached with HIV prevention interventions



Source: STAR-EC program records

A total of 9,961 MARPs from six districts of East Central Uganda were reached with HIV prevention messages and received 211,412 condoms through 307 community condom distribution points (up from 115 in Q2). Among theseMARPs, 64% were fisher folk of whom 1,970 were females. Twenty-six percent of the MARPs reached during this quarter received condoms and messages more than once. These represent a proportion of individuals who are more likely to stick to adoption, correct and continuous use of condoms. Of these total MARPs reached with HIV prevention services in Q3, 7,333 were reached once in this quarter also referred to as 'new clients' and type of MARPs reached were as in figure below.

Figure 11: Number of MARPs served by type with HIV prevention services in Q3



Source: STAR-EC program records

The high number of MARPs noted in Namayingo, Mayuge and Bugiri Districts is due to their proximity with the Lake Victoria especially fisher folk at landing sites and the Islands. Bugiri District also has a high number of truck stops where CSWs have a large presence notably in Bugiri Town Council, Naluwerere, Buwuni and Busowa Trading Centers.

Challenges and way forward

- Some newly trained youth peer educators lack transport to effectively coordinate their work. STAR-EC is working with CSOs to train and map more peer educators within their locality to reduce the distances with much emphasis on female peer educators
- Female youth feel shy to ask questions concerning sexuality during youth dialogue sessions in the presence of boys. Separate sessions are being held for females on such sensitive issues
- Some clients have continued to demand branded condoms. STAR-EC will work with UNFPA to access some branded condoms for distribution to community members
- Women have found a lot of resistance in suggesting use of condom to their spouses. Many of the married men refuse to use condoms with their wives. Model couples have continued supporting and conducting home visits to improve spousal communication and negotiation
- There is a high STD prevalence amongst youth, married couples and MARPs (30% of clients who received HTC were referred for STI treatment at Lolwe Island), an indication of risky sexual behavior. STAR-EC through her CSO-supported peer education has intensified condom promotion, especially, among high risk population living along beaches and islands

Lesson Learned

- Conducting health facility coordination meetings helps to harmonize working relationship with CSOs

and tracking of referrals

- Continuous community dialogue sessions on condom use ,especially, the female condom and about sexually transmitted diseases amongst individuals in multiple and concurrent sexual relations is contributing to the increase in the demand for condoms amongst MARPs, an indication of strategy to reduction risk to infection by STIs and HIV&AIDS. It also helps address intense perceptions amongst community members that the female condom is uncomfortable during use
- Roll out of the 'families that prosper' program by peer support groups ensures sustainability of the program and linkage to other service providers for core HIV-TB support and care services
- Need to raise awareness of community members on the proper and consistent female condom use

2.1.7. Prevention with positives (PwP) Programs

Condom dispensers installed in HIV&AIDS clinics

STAR-EC in liaison with TASO trained 145 PLHIV on positive prevention counseling as a way of strengthening the peer-to-peer psychosocial support. This was also aimed at furthering the principle of meaningful involvement of PLHIV (MIPA) in reducing the spread of HIV. In addition, the program procured special condom dispensers to be installed at 80 facilities within the HIV/ART clinics targeting the enrolled PLHIV clients who regularly attend the clinics for review or for psychosocial support group meetings. The other components of the prevention with positives (PwP) service package provided by facilities include: screening for STIs, family planning, positive living counseling, provision of basic care package starter kits, and provision of condoms. STAR-EC trained 85 health workers on syndromic management of STIs to strengthen the care services provided at health facilities.

Community-based PwP interventions were supported mainly under NACWOLA; an organization comprising hundreds of women members living across all villages of East Central Uganda. Through these members, some of whom have been trained as Community Support Agents (CSAs), PLHIV were provided with the package of services either within the confines of their homes during home visits or through support group meetings held at community level. These support groups include PLHIV support groups, young positive clubs and discordant couple support groups, which meet on a monthly basis to share experiences, provide psychosocial support to one another, collect refills of drugs as well as other commodities such as condoms, water vessels and water purifying products.

STAR-EC supported eight young positive clubs to meet on a monthly basis to discuss prevention strategies, positive health and practical skills in PwP. These children and youth also discuss the purpose of drug adherence and other roles as young PLHIV in improving their livelihood, as well as learn more about youth, sexuality and protection. Through all of these PwP efforts, a total of 53,561 individuals were reached with PwP interventions including condom education and promotion, condom distribution, family planning counseling, referral for other family planning methods beyond condoms, psychosocial support group discussions, as well as discordant couple support group discussions. Using 1,337 community distribution points, a total of 54,357 male condoms and 345 female condoms were distributed to PLHIV in Q3.

Young positive club members receiving a goat for generating income

SUCCESS STORY

My first day at the young positive club meeting was a beginning of a new life! - Tulina Regina

Regina during a debate at school on the theme: Medical Doctors are better than Traditional Healers

Tulina Regina; a 20 year old girl from Ivukula Sub County, Namutumba District lost her mother to AIDS at the age of three. From then, Regina solely depended on her father for all the support needed as a child and later as a girl.

"…when I was in senior three in 2008, I become very sick and my father took me to Nsinze Health Center IV where I was tested for HIV. I was found to have the virus. Although I was initiated on Septrin, I knew I was going to die immediately like my mother. I was so scared, and people told me a lot of things. I am really grateful to my father who decided not to re-marry but looked after us. I began to improve due to his effort in supporting me and even took me back to school…" Regina narrates.

In May 2010, a CSA working with NACWOLA during a routine home visit to Mr. Wakaza's home talked to Regina about PwP services. Regina was enrolled as a member of NACWOLA where she is now an active member of one of the young positives club in Namutumba.

"…my first day at the young positives club meeting was a beginning of a new life! I met with other young positives where I learnt issues like; purpose in life, self-esteem, and relationship. From then up to now, I have overcome stigma, I have become a peer educator in our club. I have attended many meetings through NACWOLA from which I have learnt a lot that I share with my fellow young positives during our club meetings. I have been able to go for health talks at the neighboring schools in Ivukula and Namutumba. I have given a lot of hope to the young positives by encouraging them to join the club; this raised the number of club members to 40. NACWOLA has been supportive to me and my family and through this exposure I have got, I am going to undergo a training for a Nursing Aide which I hope to start as soon as I raise funds…", concludes Regina.

Challenges and way forward

The documentation of PwP services specifically for HIV patients is still difficult to tease out since similar components are routinely offered to HIV negative individuals and documented in the out-patients register that does not segregate by HIV status.

Disclosure by some parents or guardians to their children is still a problem. This has led to some children not knowing why they are taking ARV drugs. STAR-EC will support disclosure activities through the established support clubs.

Even with the children's hard work during the holidays, some were scared that they might not be able to go back to school due to lack of school requirements.

STAR-EC will work closely with the Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) Project, MoH and other partners to identify how best to capture this service data. In the meantime, support QI teams to summarize data from HIV care card facility-based PwP services. The revised HMIS has an integrated family planning/HIV register that is soon being rolled out, and this will capture some aspects of the PwP service.

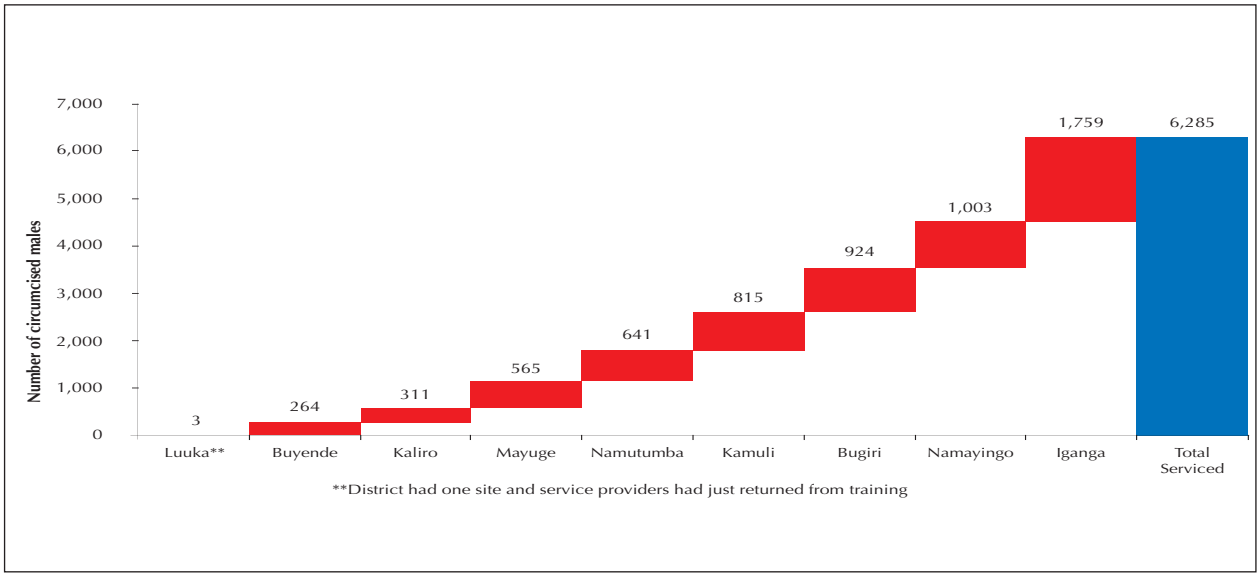
2.1.8. Promotion of Biomedical Prevention through Safe Male Circumcision (SMC)

Clients receive SMC services during a circumcision camp at Lolwe Island

With an eligible population for circumcision of approximately 520,000 men in East Central Uganda, STAR-EC has prioritized high HIV prevalence areas such as fishing communities, truck stops, and long distance truck drivers, partners of CSWs, as well as migrant workers living and working within the region. To reach this target population, STAR-EC has initiated static, outreach and camping approaches at 15 health facilities including Bugiri Hospital, Iganga Hospital, Kamuli Hospital, Nsinze HC IV, Buyinja HC IV, Nankandulo HC IV, Kidera HC IV, Bugono HC IV, Busesa HC IV, Bumanya HC IV, Kigandalo HC IV, Nankoma HC IV, Kityerera HC IV, Namwendwa HC IV and Kiyunga HC IV.

During this reporting period, STAR-EC worked with Makerere University Walter Reed Project (MUWRP) to train 26 service providers from eight health facilities. STAR-EC also procured supplies of basic pharmaceutical drugs, logistics and related consumables most of which are currently not supplied by the NMS to health facilities.In addition, STAR-EC procured two sterilizers, operating tables, floor lamps and four examination beds for Mayuge HC III, Kiyunga, Iganga Hospital, Namwendwa HC IV, Kityerera HC IV and Bugiri Hospital. Continued community mobilization and education efforts by health workers and VHT members were supported. STAR-EC also,strengthened static clinic days, outreach program to hard-to-reach HCs III and communities by providing drugs and supplies, weekly monitoring of service delivery as well as mapping more outreach posts. Consequent to this effort, 92 SMC clinic days, 123 outreaches as well as one circumcision camp at Sigulu islands (an archipelago that has over 36,000 people) were conducted during this reporting period. During this integrated service delivery camp to Sigulu Island, 296 fisher folkwere offered SMC services over a period of four days. Six trained SMC teams of health workers were involved in delivering this service along with trained peer educators who provided mobilization, group education as well as crowd control services.

Figure 12: Number of males who received SMC services during April-June 2011 by district



Source: STAR-EC program records

During the reporting period, a total of 6,285 clients were served with SMC services up from 2,201 in the previous quarter. A total of 3,577 (57%) of males served with SMC services during this quarter were reached through outreaches and camps. Of these clients, 5% were children under 5 years, 24% were aged between 5-14 years, 23% were aged 15-17 years whereas 48% were above 18 years of age. During this period, the adverse event rate was 0.8% compared to 1.6% for the previous quarter and most of which consisted of moderate pain, and infection.

Challenges and the way forward

- There was a limited number of re-usable circumcision sets at most sites. This hindered the rate of scale-up, owing to repeated sterilization as well as higher rate of wear and tear of some instruments such as scissors. STAR-EC is planning to procure more sets while awaiting disposable circumcision kits from USAID
- Outreaches have continued to present a challenge to the surgeons and their teams due to the nonadjustable couches used. STAR-EC will need to support sites with adjustable couches to avoid occupational health hazards
- Fewer clients are being served than would be the case if the 'Models to increase Volume and Efficiency' (MOVE) hadbeen rolled out by the program. STAR-EC will continue discussions with MUWRP in order to support sites to implement this model during the next quarter
- There is an increase in demand for Paracetamol at the sites due to the large number of clients being served. STAR-EC will continue to support the health centers in drug forecasting and quantification so as to carter for the increased need

Lessons learned

- Supporting outreaches and circumcision camps has greatly increased the number of clients accessing SMC services. This has been mainly due to reduction in the distances that clients in East Central Uganda are having to travel for these services
- During the integrated service delivery at Sigulu Islands, SMC greatly increased the demand and uptake of HTC among males. This fostered linkages to other HIV&AIDS services such as chronic care for the positives, promotion of HIV prevention and commodities such as condoms as well as STI screening and treatment

An SMC team preparing equipment, circumcision sets and logistics in a tent at Golofa landing site, Lolwe Island.

A client receives SMC services.

A client comes out of the circumcision tent after receiving the service

2.2 Result Area 2: Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on Health Centers III and IV as well as community outreaches

2.2.1 Improving leadership and governance at district and lower levels

STAR-EC in Partnership with the Uganda AIDS Commission (UAC) conducted a three-day training to the members of district AIDS coordination mechanism in resource mobilization and management. This was in response to the assessment report findings on the sustainability of AIDS coordination mechanism in the region. This training was attended by 45 (27 females and 18 males) members of District AIDS Committees (DACs) from the nine districts. The three newly created districts of Namayingo (44 members), Luuka (35 members) and Buyende (33 members) were inducted by Uganda AIDS Commission on HIV coordination mechanism. The training was attended by members of the district council and technical leaders. The nine STAR-EC supported districts conducted quarterly HIV coordination review meetings at district and sub county levels during where the, HIV Focal persons made presentations of their operations at various HCs. The quarterly review meetings helped the planning and implementation of TB HIV&AIDS activities in the region.

DAC/DAT Induction in Namayingo District

2.2.2 Support to strategic information collection and dissemination

LQAs dissemination and program performance reviews

During this quarter, STAR-EC conducted program performance reviews (January-March 2011) to establish the progress against targets and identify areas requiring improvement. These reviews were conducted at three levels that included; the institutional level (STAR-EC in-house); district; and sub-county levels as follows:

Institutional level (STAR-EC in-house review, June 6, 2011): At institutional level, the performance review was organized with the participation of both technical staff, strategic information (SI) staff and other STAR-EC staff from grants, finance and administration. Local Government and CSO performance was discussed against funded

activities. Areas of underperformance were documented for follow up and lessons learned and experiences shared. The team made concrete recommendations to improve program performance during the next quarter.

District level (June 16-30, 2011): A total of 250 people attended nine district-specific level performance reviews. These included district technical heads, administrative and political leaders including CSO representatives. Discussions ultimately yielded district-specific action plans that addressed identified programming gaps. Experiences, lessons learned and best practices were shared among participants. General recommendations aimed at improving quality of service provision were also drawn.

Sub-county level (May 17-20, 2011): With support from STAR-EC, three of the nine STAR-EC supported districts disseminated LQAS, 2010 results. These included; Namutumba (Nsinze and Magada sub-counties), Mayuge (Kigandalo sub-county) and Iganga (Bulamagi and Nambale sub-counties). Sub-county level participants included sub- county chairman, parish chiefs, sub-county development committee members, health management committee members, teachers, sub-county health officials, community development officers and local counselors. A total of 150 people attended during which each sub-county developed an action plan to address identified program gaps. Discussions which had been agreed upon at district level were cascaded down to sub-county level.

Meetings and workshops with other partners

Managing for Results (MFR) Training (May 2-6, 2011): Three members of the SI team attended and successfully completed 'the managing for results training' organized by UMEMS for USAID implementing partners (IPs). The purpose of the training was to enhance capacity of IP staff in monitoring and evaluation of programs and organizational learning. STAR-EC will utilize training materials from this workshop to train their sub partners as part of M&E Capacity building.

Stakeholders meeting on the development of the PMTCT DQA Tool (June 8, 2011): Under the auspices of USAID, MoH has contracted MEASURE Evaluation to conduct a data quality assessment(D&A) for PMTCT data countrywide. SI participated in the above meeting and contributed to the design of the PMTCT DQA tool. During the training, knowledge and experiences in designing DQA tools was shared. IPs will participate in the base line and end-line assessment, capacity strengthening and cascading to lower levels. Findings will be used by MoH in developing guidelines for routine use of PMTCT data in directing programs and interventions

LQAS coordination meeting (June2, 2011): The STAR-E LQAS Project organized the USAID IPs coordination meeting for Lot Quality Assurance Sampling (LQAS). Attended by SI, the meeting aimed at discussing with IPs implementation guidelines for future LQAS surveys. Implementation guidelines were shared, discussed and recommendations for future direction drawn under the oversight coordination of STAR-E. It was also agreed that all USAID IPs should submit their LQAS survey results to the STAR-E LQAS project in time to enable reporting to USAID by the 30th of October each year.

M&E learning visit to Mpigi District (April 26-29, 2011): A team from STAR-EC (including SI) organized an exchange learning visit to Mpigi District to share experiences and best practices on the implementation of the VHT program. One of the objectives of the visit was to understand the procedures through which VHT data is captured and the available tools. Following this trip, STAR-EC oriented VHTs on how to use VHT registers. This has enabled VHTs to report on a monthly basis to health workers. The VHT coordinators are also able to collect monthly referral data and report to STAR-EC.

Training of Trainers (ToT) in the new Open Medical Records System (MRS) application-May 10, 2011: During the reporting period, the SI Directorate participated in the above meeting to get more acquainted with the necessary skills and thereafter, train health workers on the usage of the MRS at health facilities. Organized by the MoH AIDS Control Program, the main objective of the meeting was to discuss plans to roll out the Open MRS in health

facilities. As a result of this training, STAR-EC is providing support in installing this system including its utilization.

HMIS strengthening and data quality improvement

The Strategic Information Directorate continued to strengthen HMIS and data management through the following strategies (i) HMIS training, (ii) onsite mentorships at health facilities (iii) improvement on data collection tools and, (vi) provision of the needed logistics

Training of HMIS Officers in data management (May 17-19, 2011): SI conducted a meeting on HMIS strengthening and re-orientation on data tools / indicators with all HMIS Officers and heads of health sub districts. The meeting aimed at understanding the broader challenges affecting HMIS in different districts(in terms of data management and utilization). This enabled SI to come up with targeted solutions for identified problems. During the meeting, experiences and lessons learned including best practices from various districts were shared.

On site mentorship (June 23, 27, 2011): SI provided on-site mentorship in Iganga, Luuka and Namutumba districts respectively. Beneficiaries of the onsite mentorship included Medical, Clinical, HMIS and Records Officers and Midwives. A total of 25 facilities benefited from this mentorship support (bringing the figure to 75 health facilities by end of June, 2011). The team provided support on updating registers for ART and pre-ART cards at health facilities. Additionally, the status and availability of registers and data reporting tools was assessed and corresponding action and support provided.

Data Quality Audit (DQA) and data collection tools: During the quarter, SI developed improved data flow chartsand routine tools for DQA to improve on data quality assessment and reporting at health facilities and CSOs. Subsequently, SI organized one-day re-orientation of CSOs on data tools, indicators and target tracking. This orientation exercise will be conducted on regular basis to fill gaps among which include staff turnover.

Provision of logistical support: During this period, SI distributed 2,600 file folders for keeping client cards; 2, 000 client cards, 20 pre-ART registers and 20 ART registers. A total of 50 sites out of 91 pre-ART sites benefited from these services. SI also distributed additional 4,000 file folders (bringing to a total of 6,600 file folders), 4,000 client cards (totaling to 6,000 client cards), 40 filing cabinets (totaling to 60 filing cabinets) and 800 counseling forms to improve records management.

Operational Research (OR)

During the quarter, STAR-EC identified four operational research topics on which to collect data to enhance evidence-based programming. These are;

- Factors affecting the uptake of safe male circumcision in East Central Uganda: Where are the most at risk populations (MARPs)?
- Low uptake of couple HIV counseling and testing (HCT). Exploring strategies to accelerate couple HCT
- Efficacy of prevention of mother to child transmission (PMTCT) through early infant diagnosis (EID) and
- Exploring strategies to sustain the role of village health teams (VHTs) in the delivery of HIV and TB services.

It is anticipated that the findings from these studies will contribute to the subsequent STAR-EC and partner work plans.

STAR-EC Resource Centre

During the quarter, STAR-EC through its resource center provided DVDs on HIV and TB prevention to 13 supported CSOs. A total of 65 copies of DVDs were distributed. Additional copies were given to knowledge rooms to enable peer educators effectively share and educate communities on HIV and TB prevention. Additionally, STAR-EC

created a link for its resource center(http://41.221.86.162:83) which can be accessed through the STAR-EC website; http://www.starecuganda.org.

This will increase on accessibility and sharing of strategic information on HIV and TB by health workers, LG, CSO and other partners in the promoting evidence based programming and decision making.

Abstract submission to national and international conferences

During the quarter, STAR-EC prepared and submitted a total of 18 abstracts to national and international conferences. Of these, 13 abstracts were submitted to the 16th International Conference on AIDS and STIs in Africa (ICASA 2011) due to take place in Addis Ababa, Ethiopia from December 4-8, 2011; four to the 5th National pediatric conference due to take place in September 28-30, 2011 Kampala, Uganda; and two to the JSI Global Bilateral M&E Projects Meeting due to take place on September 19-30, 2011 Accra, Ghana.

Challenges and Way forward

- Limited data storage facilities: Health facilities lack sufficient storage facilities such as file folders and filing cabinets. On average, each of the 53 HCs III require two sets of filing cabinets as opposed to only one that STAR-EC provided. More storage facilities will be made available to health facilities in quarter 4.
- Delayed update of client registers: Due to the insufficient number of trained health facility staff on data collection tools, health facilities experience frequent delays in updating client's files especially pre- ART and ART client cards. This gap continues to affect the accuracy of data reported by health facilities. SI will step up the provision of support in ensuring quality and timely update of registers and this will be done in comparison withthe actual data on client cardsto ensure that reports are compiled and submitted to MoH and STAR- EC. Increased verification and validation will also be conducted by HMIS officers working with technical support from STAR-EC. STAR-EC envisages that this will improve and contribute to building on district reporting systems. Additionally, human resource gaps at health facilities will among others be addressed through strengthening of data quality improvement mentors.
- Different timing in the submission of ART reports often lead to conflicting data reported to MoH from STAR-EC and district local governments. The deadline for submission to MoH is 28th of every month while STAR-EC's is on the 7th of every month. This means that the districts continue updating their Pre-ART and ART registers even after STAR-EC has finished compiling and reporting to MEEPP and USAID. SI is supporting timely update of registers and both the STAR-EC and MoH reports will be compiled at the same time to address this challenge
- Inaccurate data and timeliness continue to pose a challenge for STAR-EC. The introduction of the electronic ART system that STAR-EC has begun supporting alongside with MoH will help to improve ART data quality. STAR-EC has already obtained the software from MoH and SI team has received orientation on this software. We are in the process of trickling down the same training and orientation starting with voluminous sites
- Misinterpretation of the HIV/ART indicators. Most of the in-charges are not well conversant with the HIV/ART indicators as compared to the records officers whom we have mentored and worked closely with on a day to day basis. E.g., instead of reporting current clients they usually report clients ever enrolled into HIV care. STAR-EC will re-orient all the health workers on the HMIS indicators and do mentorships. Use some of the HF records persons that have mastered quality to extend it to other health facility folks including in-charges is also imperative

2.2.3 Improving Human Resources for Health

Training activities

STAR-EC continues to work with the Ministry of Health and other recognized training institutions to build the capacity of health workers through training activities. In collaboration with MoH, STAR-EC facilitated various training activities to improve on the delivery of comprehensive quality TB/HIV care, treatment and prevention services. Observations made during integrated follow up mentorship and supportive supervision visits have indicated significant improvements in the delivery of services and general improvement in TB/HIV indicators as evidenced in this report.

Health workers have expressed contentment with the trainings conducted. In one of the many training activities held during this quarter, one participants' representative had this to say at the closure of the training; *"Before coming for this training, we were prescribing only prophylactic drugs to our pregnant mothers without giving them the comprehensive PMTCT package. We now appreciate the comprehensive approach of PMTCT service delivery and we pledge to provide it to all our HIV positive pregnant mothers as we strive towards virtue elimination of MTCT. Our happiness will always be in having an HIV free exposed baby being nursed by a healthier mother. We thank the American people through STAR-EC for funding this training and other activities to help our people deep*

in the community"

Lessons learned

Class room training is not adequate to cause significant changes in service delivery if not followed up with effective on site mentorship activities.

Challenges

- Frequent changes in the policy and treatment guidelines have resulted in the continuous need to train and orient health workers on the changes. This sometimes results in health workers not having enough time in their facilities
- Inadequate Human Resources for health in most of the districts makes it very difficult to establish and sustain effective clinical teams

Way forward

STAR-EC will continue working with the other partners in the region such as SDS and the Uganda Capacity Program to help the districts recruit for the approved health worker positions as lobbying for an increased wage bill continues

Promote more on site mentorship and support supervision instead of classroom trainings

2.3.2. Injection safety and waste disposal interventions

During the reporting period, STAR-EC provided 15 wheel barrows to 15 Health Units to facilitate collection of medical waste to the designated sites of final disposal. To enhance personal protective measures in infection control, STAR-EC supplied 584 boxes of examination gloves to 25 Health Centers and 5 CSOs; and 742 boxes of surgical gloves to 14 Health centers providing Safe Male Circumcision services. Additionally, STAR-EC provided 12 pairs of heavy duty gloves to four SMC sites to facilitate safe waste handling.

Challenge

The quantities of gloves provided to the health facilities through the credit line are far below the required quantities hence the frequent buffering by STAR-EC to avoid stock outs of gloves

2.3.3 Post Exposure Prophylaxis

The program facilitated the orientation of health workers on post exposure prophylaxis (PEP), sensitization of the local police forces and councilors about the availability of PEP services at the 28 ART sites for referral. The program supported the printing of the PEP documentation form and registers designed by MoH for piloting within the STAR-EC supported health facilities. As a result, six clients received ARVs for PEP during Q3 of whom one was non-occupation exposures (rape case).

Challenge

The demand for PEP services is low because the majority of community people are not yet aware of this intervention to prevent HIV transmission

Way forward

The program will reproduce IEC materials for PEP and facilitate health workers to conduct community sensitization/ dissemination meetings. There is, also, an opportunity to liaise with STRIDES for Family Health to integrate PEP with emergency contraception services

2.2.3.3 Human Resources for Health (HRH) planning

STAR-EC continues 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 on their health work force. During this reporting period, Buyende District was supported to recruit 40 health workers out of the 41 they had planned for including (six Clinical Officers, two Nursing Officers, ten Enrolled Nurses, ten Enrolled Midwives, three Lab Assistants, four Health Information Officers, two Health Assistant, one Cold Chain Assistant, one Theatre Assistant and one Anesthetic Officer). They had planned to recruit one Medical Officer but did not attract any candidate for interviews.

Efforts are underway to support the other districts that have not exhausted their wage bill to recruit critical health workers. These include Namayingo, Kamuli and Luuka Districts. To reduce on the challenges brought about by inadequate HRH, STAR-EC continues to improve the effectiveness and efficiency of the existing HRH through in service training, on job mentorships, exchange learning sessions to promote task shifting, role sharing and multi-tasking at different levels of health care delivery. In line with this, STAR-EC with support from Uganda Cares has trained two 'expert patients' per ART site on adherence counseling and these have been supported to promote adherence on ART on site and to do active follow up of those who fail to honor their scheduled clinic visits.

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 leading to critical HRH gaps

Way forward

- Rural districts will be encouraged to come up with a package of incentives to attract and retain critical health cadres in their health care system

2.2.4 Improving Service delivery

During this reporting period, STAR-EC working with health service providers from Namayingo District, URHB, FLEP and SIWODA undertook the second integrated service delivery visit to Jaguzi and Lolwe islands of Mayuge and Namayingo Districts respectively. This was in a bid to increase access to HIV and TB services to the hard-to-reach population. Within a period of four days, a total of 1,265 clients received HCT services with an average positivity rate of 21% (27% in females and 18% in males); 296 clients received safe male circumcision (SMC); 201 clients received care for HIV and other illnesses and 158 were managed for sexually transmitted infections. During the visit, 80 clients were screened for TB and the eight new cases identified were started on TB treatment. Other services offered included, Dry Blood Spot (DBS) collection for identified and existing HIV positive infants and CD4 testing.



All the four days had several queues of clients registering to receive services; TB sputum microscopy as well as DBS sample collections were also offered on site .

The program continued supporting mentorships and integrated support supervisions in the area of care and treatment, pediatric ART management, TB/HIV integration, logistics management and laboratory support and this

has improved service delivery as reflected in the various technical areas.

Lessons learned

Demand for services in the hard to reach areas is high. Integrated service delivery through regular visits done together with resident workers, district health workers as well as civil society 0rganizations (CSOs) help to increase access to services as more capacity is built to have service delivery done at sites located in these areas.

2.2.5 Supporting laboratory services, health infrastructure andequipment needs

In partnership with the MoH, National Reference Laboratories namely: Central Public Health Laboratories (CPHL); National TB Reference Laboratory (NTRL); Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL); Uganda Blood Transfusion Services (UBTS); and several Implementing Partners (IPs), STAR-EC continued to synergize efforts (highlighted below) to strengthen onsite diagnostic capacity of 80 health facilities in the region to enhance the delivery of quality laboratory services.

Provision of laboratory equipment, diagnostic kits and essential reference manuals

As part of laboratory strengthening and improvement during this quarter:

- STAR-EC provided basic laboratory equipment (binocular microscopes) to three health facilities to support TB diagnosis including related microscopy tests like malaria, and opportunistic infections; semi-automated microlitre pipettes to 20 health facilities that received colorimeters for Haemoglobin (Hb) estimation tests; and vortex mixers to three general hospitals for use during performance of hematological procedures like CD4, Hb and complete Blood Count (CBC)
- Installed a set of Automated Haematology and Clinical Chemistry Analyzers at Bugiri and Kamuli General Hospitals. This is in addition to the CD4 machines provided in PY2

Automated hematology and clinical chemistryanalyzers donated to and installed at Kamuli General Hospital Laboratory

- Distributed a set of threelaboratory reference text books/manuals to 50 health facilities that were identified as lacking these essential text materials during the baseline laboratory needs assessment. It had been established during the assessment that up to 74% (n=66) of the HCs lacked the reference text books.
- Printed and distributed the NTLP TB laboratory registers to 80 TB diagnostic health facilities. This specific intervention was geared at offsetting a stock out of the registers at the national and zonal stores during this period
- Provided buffer HIV test kits to 22 HCs, CD4 and Haematology kits to threegeneral hospitals, and TB reagents with related supplies to 80 HCs to ensure uninterrupted provision of basic diagnostic services in the region

Strengthening knowledge and skills of health laboratory service providers

- STAR-EC conducted refresher training of 60 laboratory staff from 60 HCs to improve their skills and knowledge in implementation of general good laboratory practices (GLPs). The staff were trained in implementation of bio-safety measures, quality control, HIV and TB testing, blood transfusion services, basic laboratory logistics and general diagnostic procures. Additionally, 45 laboratory staff were supported to undertake refresher training in TB sputum microscopy at St Francis Hospital Buluba. This

was to improve the staffs' skill in performing tasks for TB diagnosis as a targeted intervention to improve on TB case detection rate in the region. Alongside refresher training courses, District Laboratory Focal Persons (DLFPs) and all Health Sub District (HSD) Laboratory in-charges were sponsored to attend a course in "Effective coaching and mentoring for enhanced performance at the Uganda Management Institute (UMI)". This was aimed at reinforcing the ability of the districts ' to conduct their internal laboratory mentorships, coaching and technical support supervisions

Mentorship and supervision of laboratory staff STAR-EC conducted a comprehensive technical support supervision, mentoring and on job coaching of laboratory staff at 77 STAR-EC supported health facilities in implementation of good laboratory practices including collection and utilization of laboratory data. During this exercise, stock status of essential laboratory logistics and related needs were determined and forecasts for the next quarter made. Stock status for HIV, TB diagnostic test kits including related essential supplies at the end of the quarter was determined as shown in Table 17. Results showed that stock out for Unigold HIV test kits was highest compared to other kits; stocks for protective gloves and related supplies were equally low.

Table 17: Stock status of essential items for HIV and TB testing by the end of Q3 PY3

Item description	Available in adequate quantities	Available but inadequate quantities	Lacked
HIV test kits			
Determine HIV	56 (72%)	16 (21%)	5 (6%)
Stat Pak	38 (49%)	34 (44%)	5 (6%)
Unigold	40 (52%)	15 (19%)	22 (29%)
TB diagnostic supplies			
ZN stains (Complete set)	55 (71%)	13 (17%)	9 (12%)
Sputum mugs	61 (79%)	13 (17%)	3 (4%)
Oil immersion (at least 50ml)	67 (87%)	10 (13%)	0 (0%)
New microscope slides	61 (79%)	11 14%)	5 (6%)
Other essential supplies			
Disposable gloves	23 (30%)	15 (19%)	39 (51%)
EDTA Vacutainer tubes	14 (18%)	18 (23%)	45 (58%)
Biohazard bags	22 (29%)	19 (25%)	36 (47%)

Source: STAR-EC program records

It was, also, established during the supervision exercise that following STAR-EC's interventions, there was a general increase in utilization of laboratory diagnostic services as compared to baseline status. HIV testing was the only test reported to be offered by all the HCs visited.

Table 18: Comparison of number of HCs offering laboratory services at baseline (Q2 PY2) and as at end of Q3 PY3

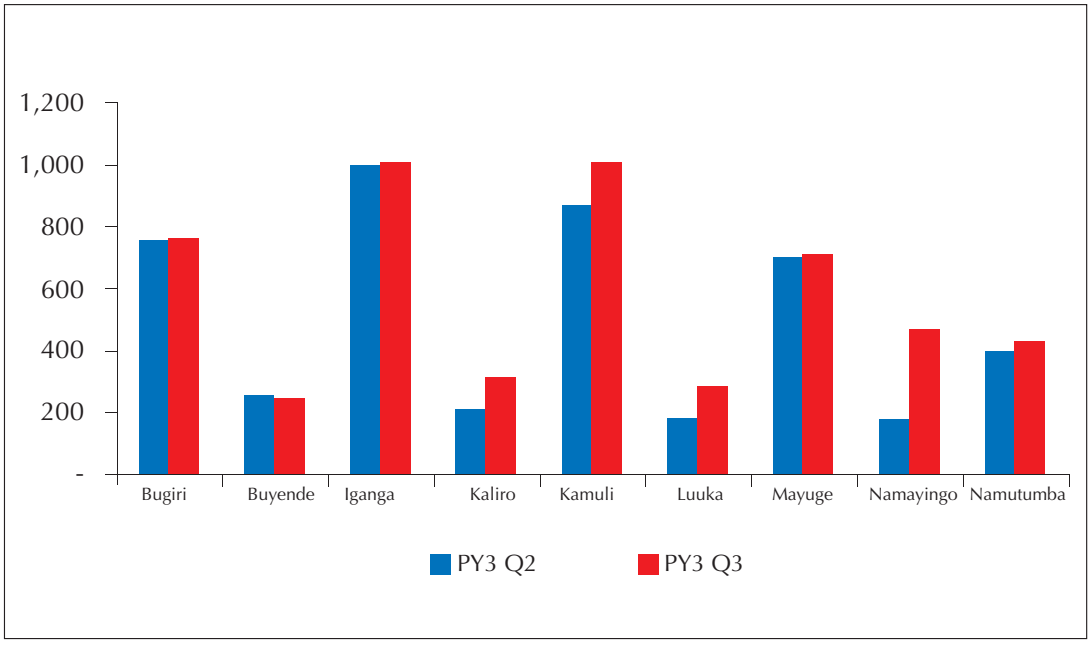
Type of Laboratory test	Number of HC Laboratories offering the tests	
	Baseline in Q2,PY2; April 2010 (n=66)	End of Q3,PY3; June 2011 (n=77)
HIV antibody screening	59	77
Stool microscopy for intestinal parasites	53	67
TB sputum microscopy	52	73
Urine microscopy for UTIs	49	73
Urine protein & Glucose	46	59
Blood slide for haemoparasites/malaria	51	75

Source: STAR-EC Program records

Specimen referral for ART monitoring and early infant diagnosis of HIV

- STAR-EC continued to support 70 HCs in the referral of whole and dry blood spot (DBS) specimens for CD4 and HIV DNA/PCR testing respectively. To foster proper recording and documentation of blood specimen referrals for CD4 testing for ART monitoring, STAR-EC printed and distributed carbonated specimen referral books to all facilities involved in sending patients samples to referral laboratories in the region
- The samples for CD4 testing for ART monitoring were referred to Kamuli, Bugiri and/or Iganga General Hospitals while DBSs for early infant diagnosis of HIV were sent to Kakira JCRC Centre of Excellence. Through this intervention, more CD4 tests were performed in Q3 PY3 (n=5,239) compared to Q2 (n=4,559). There was a marked increase in the tests performed by Kaliro, Kamuli, Luuka and Namayingo Districts (Figure 13). On the other hand, 1,052 DNA PCR tests were performed in Q3 compared to 912 in Q2

Figure 13: CD4 cells count tests for ART monitoring during PY3, Q2 & Q3 by district

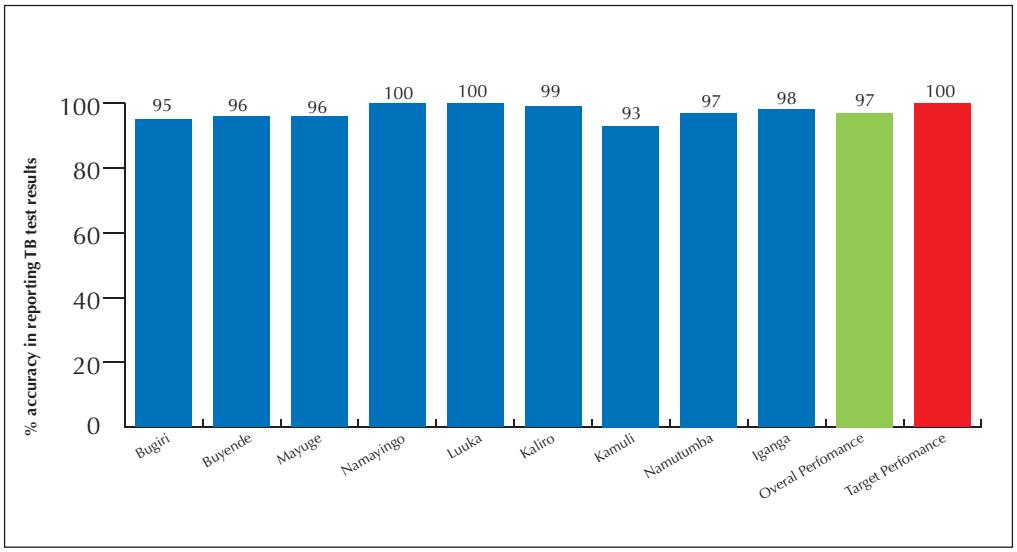


Source: STAR-EC program records

Implementation of National Quality Assurance Schemes (NEQAS)

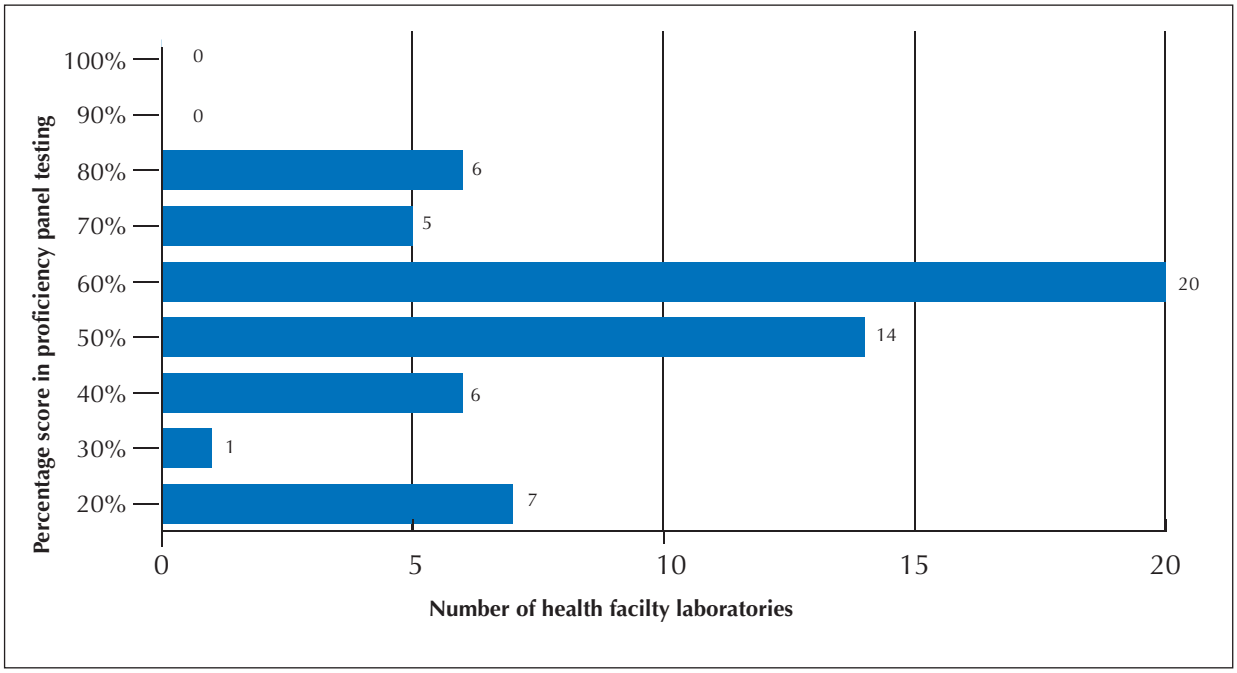
- Continued to support health facilities to participate in the implementation of the National Quality Assurance Schemes (NEQAS) for malaria, TB and HIV testing that are coordinated by CPHL, NTRL and UVRI/HRL. Performance for Q3 PY 3 will be reported in the next reporting period:
- Feedback from NTRL for the previous reporting period (Q2, PY3) for STAR-EC supported districts in sputum smear blinded rechecking showing an average performance (% accuracy in reporting) of 97% (Figure 14);
- On the other hand, results for 60 HCs that participated in malaria proficiency testing coordinated by CPHL are shown in Figure 15; and
- Both TB and malaria external quality assurance results revealed that there was a better performance in reporting TB test results where the average performance of the HCs in the districts was 97% compared to the malaria proficiency panel testing where none of the HCs had scored above 80%. This calls for more effort to extend support to malaria testing as well, given that it contributes to about 60% of patient attendance in peripheral HCs.

Figure 14: Performance of STAR-EC supported districts in National External Quality Assurance Scheme for TB through sputum smear blinded rechecking scheme (results for Jan-Mar 2011 period)



Source: STAR-EC program records

Figure 15: Performance of STAR-EC supported health facility laboratories in National External Quality Assurance Scheme for Malaria Proficiency testing (results for Jan-Mar 2011 period)



Source: STAR-EC program records

Strengthening Laboratory Management Towards Accreditation (SLMTA)

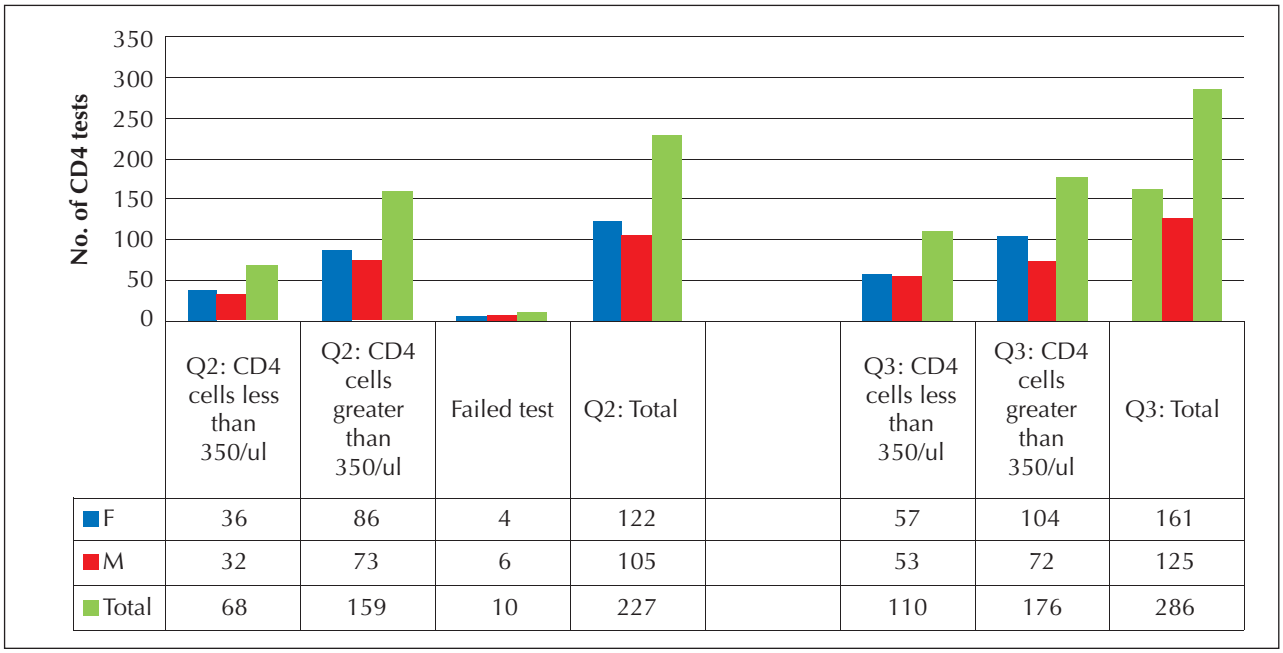
- STAR-EC supported three general hospital laboratories (Bugiri, Kamuli and Iganga) to enroll and join other 18 hospitals in the country in the Strengthening Management Towards Laboratory Accreditation (SMLTA). This is an AFRO World Health Organization (WHO) stepwise approach towards accreditation and has been adopted in Uganda by MoH and being implemented through the stewardship of CPHL and AFENET in a cohort of 21 laboratories countrywide

- Baseline assessment of the three general hospital laboratories was carried out by MoH/CPHL using the WHO/AFRO Laboratory checklist. STAR-EC participated in this baseline assessment
- A follow up training of six laboratory staff (2 from each hospital) was conducted to offer them with knowledge and skills to implement quality improvement projects in their respective laboratories

Taking laboratory services to MARPs in hard to reach Islands of Sigulu

An integrated clinical outreach was conducted by STAR-EC clinical team, district health workers and CSOs in the hard to reach Islands of Namayingo District to increase access to care services. This was a follow up visit to one conducted in Q2 P3. During this Q3 PY3 visit, the communities had access to laboratory services by transporting patients' blood samples by boat to the mainland for CD4 and complete blood count analysis at the general hospitals. All patients whose CD4 cells count was less than 350cells/µl were linked to ART (more women than men had a CD4 count less than 350cells/µl). More CD4 tests were performed in Q3 compared to Q2 (Figure 16)

Figure 16: CD4 cells count tests performed for Sigulu & Jaguzi Island PLHIV during outreaches in Q2 & Q3 of PY3



	Q2: CD4 cells less than 350/ul	Q2: CD4 cells greater than 350/ul	Failed test	Q2: Total		Q3: CD4 cells less than 350/ul	Q3: CD4 cells greater than 350/ul	Q3: Total
F	36	86	4	122		57	104	161
M	32	73	6	105		53	72	125
Total	68	159	10	227		110	176	286

Source: STAR-EC program records

Health infrastructure rehabilitation

Over this reporting period, STAR-EC completed the refurbishment of Busesa HC IV theatre in Iganga District. The works started in April 2011, through a district based contractor and included provision of worktops and locker, splash apron, work on external plumbing drainage, reinforcing windows and doors, tiling of the theatre rooms and electrical installations.

In a related development, works to provide patient waiting shades commenced at HCs IV (Bugono & Busesa), HCs IV (Iganga District), Kidera HC IV (Buyende District), Namwendwa HC IV (Kamuli District), Kiyunga HC IV (Luuka District) Buyinja HC IV (Namayingo District), and Kigandalo HC IV (Mayuge District). The scope of work includes construction of shades and provision of rain water harvesting tanks. The works are under supervision of the District Engineers and a Consultant appointed by STAR-EC

Performance of the STAR-EC supported health facility laboratories

The laboratory data collected from the laboratory health information management system (form HIMS 055b) for selected tests is summarized in Table 18. This data showed that more tests were performed in Q3 compared to Q2 and Q1. Highlights of the data indicated that:

- The most performed tests were HIV antibody screening (n=93,054) and blood slide examination for malaria (n=75,288). However, malaria had a far higher quarterly prevalence of 49.9% as compared to that of HIV (5.1%);
- More DNA PCR tests (n=1,052) for early infant diagnosis of HIV were performed during Q3 PY3 with a higher quarterly prevalence of 7.6% compared to those of Q1 and Q2 PY3;
- Also, more syphilis antibody tests (n=12,350) with quarterly prevalence of 4.9% were performed; and
- Although slightly few sputum examination tests for TB diagnosis (n= 6,235) were performed in Q3 as compared to Q1 (n=5,065) and Q2 (n=6,941), more positive cases were detected yielding a higher positivity of 9.6% than that of Q1 (7.5%) and Q2 (9.0%)

Table 19: Number of laboratory tests performed during the Q2, Q2 & Q3 PY 3 reporting periods

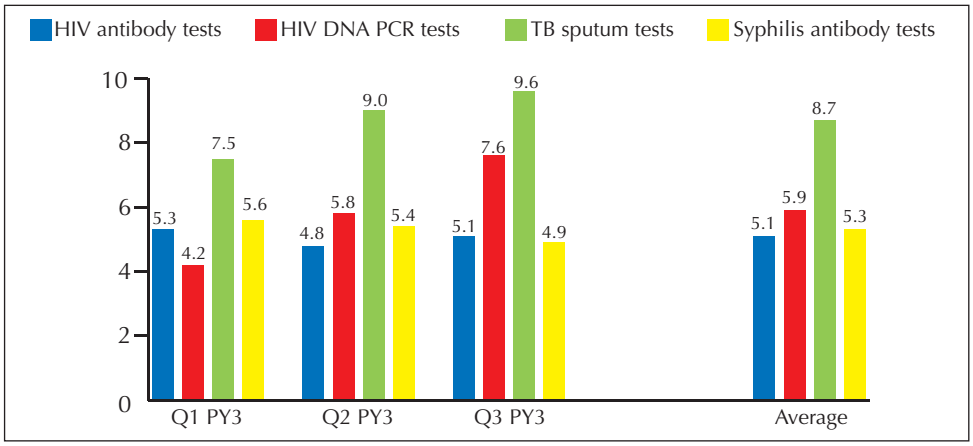
Type of Laboratory Test	Total numbers of selected laboratory tests performed during Q3 as compared to those in Q1 & Q2 PY3						
	Q1		Q2		Q3		Total tested
	Total tested	Total positive	Total tested	Total positive	Total tested	Total positive	
HIV antibody screening	74,873	3975 (5.3%)	81,950	3,902(4.8%)	93,054	4,761(5.1%)	**249,877**
HIV DNA PCR for EID	771	32 (4.2%)	912	53 (5.8%)	1,052	80 (7.6%)	**2,735**
TB Sputum microscopy	5,065	380 (7.5%)	6,941	626 (9.0%)	6,235	595(9.6%)	**18,241**
Syphilis antibody screening	10,585	597 (5.6%)	9,327	500 (5.4%)	12,350	602(4.9%)	**32,262**
Pregnancy tests (Urine HCG)	3,918	1364(34.8%)	4,026	1,476(36.7%)	2,950	1,086(36.8%)	**10,894**
Blood slide examination for malaria	60,745	28,410 (46.8%)	62,181	24,795 (39.9%)	75,288	37,575(49.9%)	**198,214**
Stool microscopy for intestinal parasites	2,204	624 (28.3%)	1,862	544 (29.4%)	2,511	863(34.4%)	**6,577**
Hb estimation	7,520		6,202		7,426		
Urine Protein	2,228	438(19.7%)	2,261	435(19.2%)	3,282	718(21.9%)	**7,771**

Source: STAR-EC program records

Further analysis of the laboratory data (Figures 6 & 7) showed that:

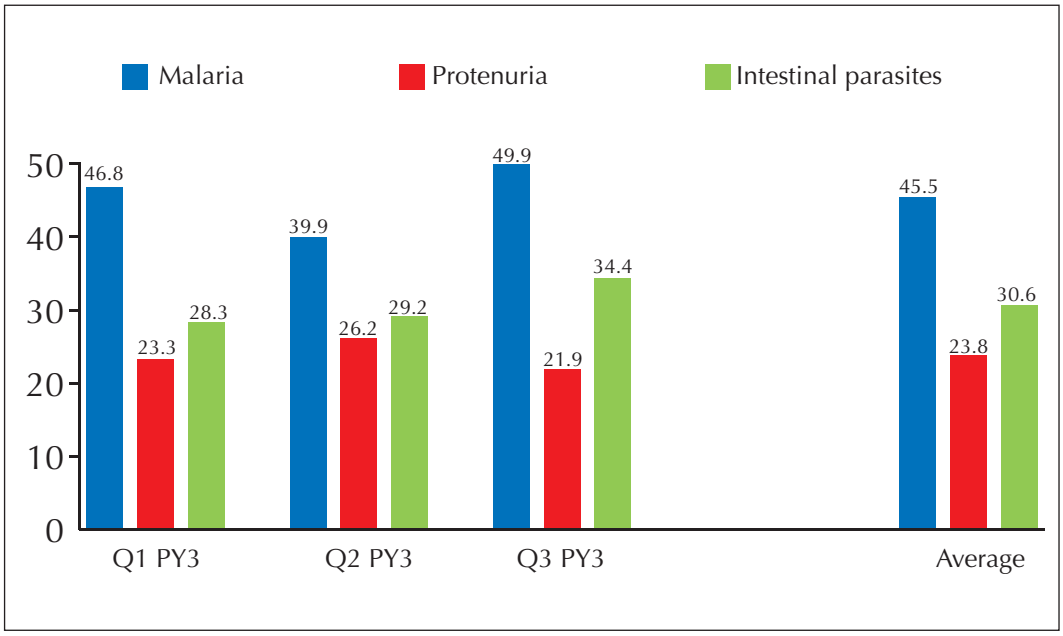
- Besides HIV and TB infections whose average prevalence was 5.1% and 9.6% respectively, there was far higher prevalence of other infections and clinical conditions; These infections included malaria with prevalence of 49.9%,and intestinal parasite infections (34.4%); and
- The high proteinuria prevalence (21.9%) as shown in Figure 17 is an indication of renal complications which calls for further investigations, for example in cases of patients on ART care and/or pregnant mothers

Figure 17: Prevalence (%) of selected laboratory tests during Q3 compared to Q1 & Q2 of PY3



Source: STAR-EC program records

Figure 18: Prevalence of malaria, protenuria and intestinal parasite infections



Source: STAR-EC program records

Partnership and provision of technical support to Ministry of Health

STAR-EC continued to collaborate with the Ministry of Health by actively participating in CPHL-led laboratory systems strengthening technical working sessions and meetings. During this reporting period, STAR-EC participated in the following:

- Laboratory Accreditation preparation meetings;
- East African Public Health Networking (EAPHL) meeting;
- WHO/AFRO/SLMTA Orientation workshop and training;
- Country wide baseline assessment of 21 general hospital laboratories selected for enrollment into SLMTA program; and
- Development of quality laboratory manuals in conjunction with Target HIV/AIDS and Laboratory Services (THALAS) project.

Challenge

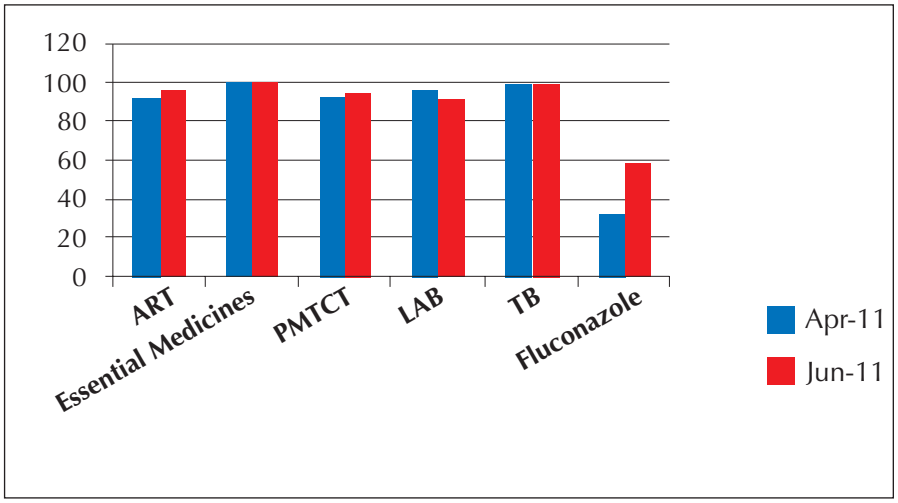
Inadequate availability of laboratory staff in the region has continued to be a key challenge for provision of laboratories services visa avis the increase in demand for the services. This is attributed to the limited capacity of the districts to attract and retain the laboratory staff

2.2.6 Ensuring Equitable Access to Medical Products

Improving supply chain management

During the quarter, STAR-EC supported the health facilities to make timely orders for medicines from National Medical Stores (NMS) and Joint Medical Stores (JMS) for two reporting cycles as shown in Figure 19. Fluconazole had the lowest reporting rate possibly because only a few sites had been trained initially. More sites have since been trained covering all ART accredited sites and with the merging of the ART,Cotrimoxazole and Fluconazole order forms, the reporting for these commodities is expected to improve further and in turn ensure their availability at the health facilities.

Figure 19: Reporting and ordering rates for the different commodities over the two reporting cycles



Source: STAR-EC program records

STAR-EC provided buffer supplies to health facilities and CSOs in order to ensure continuous supplies for uninterrupted service delivery. These are highlighted in Table 20 below:

Table 20: Buffer Supplies provided to the Health Centers and CSOs during the quarter

Item Description	Beneficiary	Quantity	Source
Cotrimoxazole 960mg	4 Hospitals, 7 HCs IV, 18 HCs III, 3 HCs II and 3 CSOs	677,820	STAR-EC Procurement
Cotrimoxazole 120mg	1 HCs IV, 8HCs III and 6HCs II	29,000	STAR-EC Procurement
Determine test kits and related HCT accessories	4 Hospitals, 2 HCs IV, 12 HCs III and 12 CSOs	37,600	STAR-EC Procurement
Nevirapine syrup	4 Hospitals, 10 HCs IV, 28 HCs III and 4 HCs II	809	STAR-EC Procurement, National Medical Stores, Jinja Regional Referral Hospital

Item Description	Beneficiary	Quantity	Source
SMC equipment and consumables	4 HCs IV received SMC equipment in addition to consumables,		STAR-EC Procurement
	3 Hospitals and 12 HCs IV received only consumable		
Male condoms	1 Hospital, 5 HCs II and 11 CSOs	559 cartons	Ministry of Health
Female condoms	Commercial sex workers	99,000 pcs	Ministry of Health

Source: STAR-EC program records

Capacity Building for Logistics Management

STAR-EC supported the training of 20 health workers from 11 health centers in the clinical use of Fluconazole as well as its quantification and acquisition from National Medical Stores (NMS). This totals to 50 health workers trained from 24 ART accredited sites who can requisition for supply from NMS and support the management of fungal opportunistic infections common in immunosuppressed patients.

During the reporting period, the program, also, facilitated the training of 30 Store Managers from 28 ART accredited and outreach sites on good stores practice. This was subsequently followed by mentorship of 48 health centers in collaboration with the MoH Pharmacy Division . It was a follow up to all the sites that had been trained in stores management, ARV, TB and PMTCT logistics management in the previous quarters so as to strengthen knowledge gained with skills. STAR-EC also, took part in support supervision that was carried out by MoH in collaboration with Baylor-Uganda that was aimed at improving paediatric ART service delivery. In the spirit of learning and sharing knowledge, medical logistics specialists worked in regions other than their own.

During the quarter, STAR-EC supported the dissemination of the new PMTCT guidelines to different cadres at the district level. These included Health Management Information Systems Officers, District PMTCT coordinators and District Store Managers from nine districts in the region. It is envisaged that these will provide technical assistance to the facilities in logistical, clinical and records management while carrying out support supervision.

Improving Logistics Management Information Systems

In an effort aimed at improving the management of supply chain, STAR-EC distributed various logistics management information tools to 75 health units which included new versions of the ART and PMTCT order books and dispensing logs, requisition and issue vouchers, daily consumption logs for test kits, stock cards and accessories such as box files.

Challenges

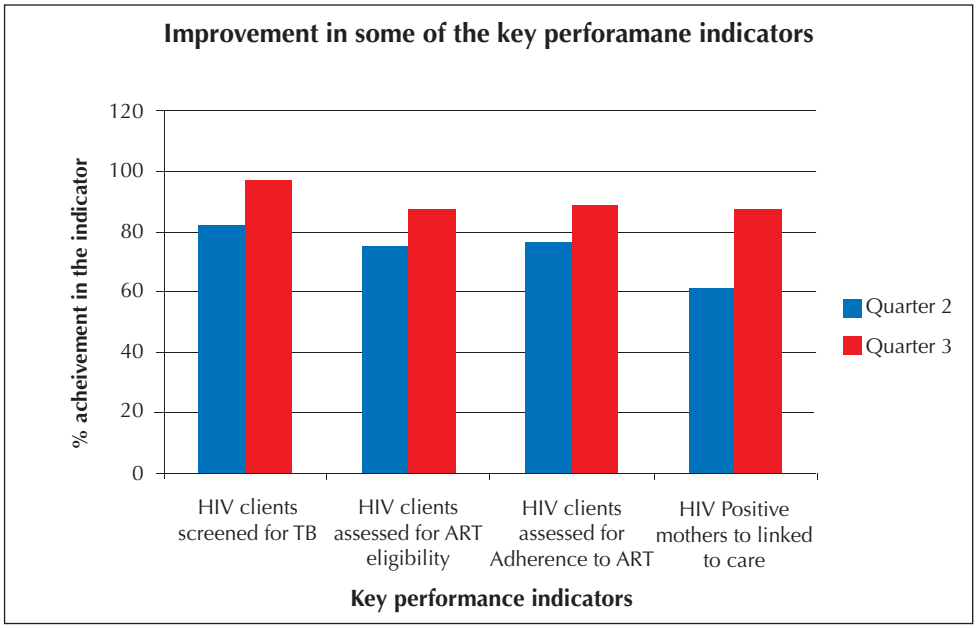
- Medicines for fungal OIs are only limited to ART accredited sites. This makes availability difficult, especially, in Sigulu islands where the prevalence is very high. Redistribution is complicated lately as health workers are afraid of being arrested with MoH medicines in the process as part of the crackdown on illegal possession of 'Not for Sale' medicines
- Laboratory logistics management is still a challenge. Capacity has not been built in this area as the training curriculum has not yet been finalized
- Quantification is still inaccurate owing to the poor and incorrect dispensing practices of nursing assistants and expert clients, especially, with regard to ARVs. Consumption rates do not at all times tally with patient numbers which in turn leads to erroneous bi-monthly reports and under or oversupply

Members of Busesa Health Centre IV sharing experiences with those of Busembatia Health Centre III

had three meetings so far, we have worked on our infection control, we have improved patient flow in the clinic and now our rooms and stores are orderly. We have also allocated ourselves to monitor at least 4 indicators. I even have people who volunteer to take up tasks".

Following a national stakeholders meeting to harmonize quality of care efforts across the country, to revise quality improvement indicators and to configure a quality improvement reporting framework, 36 of the 61 established facility teams were coached on the new indicators, the reporting framework and sub-teams were formed to spearhead improvements in the areas of PMTCT, TB, adult and pediatric care as well as logistics. This coaching is ongoing and will involve all facility teams in the region. These teams will be required to submit monthly reports regarding their performance in the key HIV service areas mentioned. Through this intervention teams are empowered to analyze and utilize facility data for decision making.

Figure 20: Aggregated data from selected sites monitoring the key performance indicators



Source: STAR-EC program records

Lessons learned

- Exchange visits promote healthy competition and learning from peers

Challenges

- Appreciation of quality improvement activities at both facility and district levels is still low
- Coaching by the district quality teams is still inadequate yet if provided regularly it helps to increase the confidence of the health facility teams

Way forward

- Support district teams of Luuka, Namayingo and Bugiri to provide monthly coaching to their health facility teams
- Train additional 22 facility quality teams during Quarter 4 to cover the whole region (Hospitals, Health Centres IV and III)

- For more results to be realized, there is need to build more capacity in the district QI teams so that they offer quality coaching/guidance to facility teams. A second regional quality team will be established to give this support
- Support improvement collaborations (activities geared to addressing a particular gap) between a group of teams at facilities and CSOs
- Support facility leadership to appreciate the quality program, integrate QI in its planning and monitor its implementation
- Facilitate more exchange visits and sharing sessions between quality improvement teams

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

During this quarter, STAR-EC continued to support CSOs aiming at strengthening referrals and linkages to HIV/TB services and as a result a total of 30,376 referrals were made (17,409 females and12,967 males) of which 20,134 (66%) were new and 10,242 (34%) were old individuals. The total number of individuals referred increased by 17,566 (42%) from 12,810 individuals that had received referral services in Q2. This has been achieved as a result of continued support to CSAs, training of more VHTs and orienting them on referrals, continuous community sensitizations, health workers involvement, and improved data capturing mechanisms. Important to note is that 70% (21,497) clients referred for services reached and accessed care from the respective referred agencies. Significantly, we have noticed an increase in the number of clients accessing care after referral.

Table 21 shows high turn up for HIV counseling and testing (32%) an indication that community sensitizations through door-to-door, community dialogue and the radio programs are greatly yielding results by creating awareness among the community and fighting stigma which has been a major hindrance for better results in HCT.

Important to note still is the increase in PMTCT attendance among both women and men which shows great achievement in promoting male involvement. TB screening and treatment, safe male medical circumcision, family planning and enrollment of HIV positive clients into care have all shown improvement.

Table 21: Services received following referrals by CSAs, VHTs and other Volunteers (April-June)

Service received	Type of service received			
	Female	Male	Total	% By service
ART	820	376	**1,196**	**4.1**
ART adherence counseling	1,095	775	**1,870**	**6.5**
HIV counseling & testing	5,337	3,796	**9,133**	**31.5**
PMTCT	2,009	1,128	**3,137**	**10.8**
TB screening / Treatment	1,434	1,102	**2,536**	**8.8**
STI services	473	334	**807**	**2.8**
Septrine (CTX)	889	651	**1,540**	**5.3**
Treatment for other medical conditions	1,085	786	**1,871**	**6.5**
Home Based Care	283	195	**478**	**1.6**
Food/Nutrition Support	1,166	665	**1,831**	**6.3**

Service received	Type of service received			% By service
	Female	Male	Total	
Material Support	13	15	**28**	**0.1**
Education support for children	51	58	**109**	**0.4**
Family Planning	977	453	**1,430**	**4.9**
Legal support	1	2	**3**	**0**
Microfinance/IGA	5	4	**9**	**0**
Post Test Club	380	258	**638**	**2.2**
PLHIV group services	528	354	**882**	**3**
Youth Support Group	52	53	**105**	**0.4**
Discordant Couple Services	70	153	**223**	**0.8**
Safe Male Circumcision		1,155	**1,155**	**4**
Overall Referrals	16,668	12,313	**28,981**	**100**

Source: STAR-EC program records

2.4.2 Village Health Teams (VHT) Operations:

In order to strengthen referrals from community to HCs, STAR-EC worked with the Ministry of Health to strengthen the sensitization, selection, formation and training of Village Health Teams (VHTs). The districts of Iganga, Kaliro, Namutumba, Luuka, Bugiri, and Buyende were supported to conduct sensitization meetings, select VHTs and carry out the training. A total of 1,805 individual VHTs were trained across the region where each VHT was provided with a VHT register, a participant's manual, and VHT job aid.

Table 22: VHTs trained this quarter by District and Sub County

District	Sub counties	No of members	Teams
Bugiri	Bulesa,Muterere, Bugiri Town council	405	81
Iganga	Nambale, Nakigo	305	61
Namutumba	Bulange, Kibaale	495	99
Luuka	Ilongo, Nawampiti	215	43
Buyende	Kidera	40	8
Kaliro	Namugongo and Gadumire	345	69
Total		**1,805**	**361**

Source: STAR-EC Program Data

Following the support to districts to train VHTs, STAR-EC orientated 2,007 VHTs on referrals and networking in nine districts which was aimed at equipping them with skills and knowledge to conduct effective referrals from their respective communities. At the end of the orientation exercise, they were equipped with referral forms, referral registers and referral data reporting tools to facilitate the referral process. As a result, VHTs for Iganga, Kaliro, Namutumba and Kamuli Districts, managed to refer 2,530 individuals for a range of services. There is hope that as they get more support they will be able to reach more community members. This quarter, STAR-EC supported 72 HCs (5 Hospitals, 12 HCs IV and 55 HC IIIs) to conduct networking and coordination meetings where 1,800 members participated. These meetings helped in orienting health workers on the referral system and improving relationship between the community and HCs.

In a bid to support VHT implementation strategies in the region, STAR-EC supported MoH to conduct District VHT

Kaliro district VHT stakeholder meeting

stakeholders meetings in the nine districts. The purpose for these meetings was to take stock of the progress of VHT activities in the districts, harmonize approaches to operations and facilitation of VHTs by different partners, and chart the way forward on supporting VHTs for sustainability. These meetings were attended by other strategic partners' in VHT strengthening such as STRIDES for Family Health. Overall, 320 stakeholders participated in these meetings .

2.4.3 Service providers directory

Following the compilation of the regional service provider's directory which, maps all the service providers, their location, and the range of services provided, 500 copies were printed and distributed to service providers including HCs, village health teams (VHT), community support agents (CSAs), CSOs, NGOs and development partners working within the region. It is good to note that CSOs have already started using this service provider directory through encouraging service providers in their respective districts to establish a strong networking system.

2.4.4 Referrals and networking model health centers

Following the identification of four model Health facilities to strengthen referrals and networking system, (Kamuli General Hospital, Bugiri General Hospital, Busesa HC IV and Namwendwa HC IV), monthly support has been done through meetings and technical support. As a result, all referrals at these facilities are tracked both internally and externally, strong relationship between volunteers and health workers has been built, storage of clients records has greatly improved and tracing of lost to follow up weekly has been done. Currently, there is a reduction in the number of lost to follow up for these particular facilities as testified by the volunteers and the health workers, client flow has improved, record keeping has also improved and relationship between health workers and clients is advancing. As a result, Namwendwa HC IV is now considered as a model facility for Kamuli District and the lessons learned will be replicated.

2.4.5 Follow up of missing pregnant mothers, TB patients and ART missing clients

In order to reduce the number of lost to follow up in the ART clinics, VHTs and CSAs at the four model facilities have been organized into teams both at the facility and in the community to identify all missing clients on every clinic day and follow up in their respective communities . For a period of three months, 2,927 clients on ART and PMTCT were followed up and feedback documented in the four HCs. Unfortunately, during this follow up, some clients had died, but a number of them had transferred to other HCs in the nearby districts.

2.4.6 Home based care

STAR-EC trained community support agents in home based care.This was aimed at improving skills of PLHIV to provide palliative care, quality psychosocial support to fellow PLHIV, and general improved health services at house hold level. Community support agents vigorously embarked on this activity and as a result, they conducted 10,291 door-to-door sensitizations and 13,140 home visits where they provided a comprehensive home based care package to PLHIV and their family members of which a total number of 478 home based care kits were provided to those clients who were found very weak.

As well, the community support agents who were trained in home based HIV Counseling and Testing (HBHCT) in the PY3 Q1, to provided household level HCT, this quarter, they tested 130 individuals from their households and they all tested HIV negative. STAR-EC through NACWOLA will continue to support all the CSAs trained through mentorship to reach more PLHIV households with HBHCT services.

2.4.7 Strengthening the capacity of people living with HIV (PLHIV) coordination structures

The National Forum of People Living with HIV&AIDS in Uganda (NAFOPHANU) with support from STAR-EC supported the districts and lower level PLHIV coordination structures. PLHIV leaders were trained in coordination and support supervision, resource mobilization and strategic planning. District networks of PLHIV have been supported to conduct monitoring and support supervision of HIV interventions as well as quarterly review meetings. STAR-EC supported the MoH to conduct training to 45 CSAs on integration of water hygiene and sanitation (WASH) into home based care. The purpose of the training was to improve the water, sanitation and hygiene; actions of home based care (HBC) providers, their clients, and other household members with the goal of reducing diarrhea diseases and transmission of HIV, thereby improving the quality of life of PLHIV.

Participants learning on how to construct a tippy tap in Iganga

2.4.8 Involvement of people with disabilities (PWDs) affected by HIV&AIDS

STAR-EC conducted a rapid assessment of the situation of people with disabilities (PWDs) in the nine districts. The overall purpose of this exercise was to establish the progress made to date with regard to access of HIV&TB services to PWDs, identify critical barriers that PWD's face and generate recommendations to improve the participation and benefit of PWDs from the program. The findings indicated that, despite the progress made over the years in the fight against HIV&AIDS, little attention has been focused on PWDs affected by HIV. Their HIV prevalence rate is not known, and less attention has been paid to addressing their special needs to ensure equitable access to HIV diagnosis, care and treatment. PWDs noted that many programs of Government and NGOs tend to by pass them because of attitude issues. Also, PWDs are invisible in most communities and as a result, they face various barriers that do not allow them to participate on the same footing with the rest. Most of the PWDs reported inability to negotiate for safer sex.

SUCCESS STORY

One of the PWDs living with HIV&AIDS in Luuka had this to say:

PWDs during training on referrals in Iganga

"My husband was working at Kinyara Sugar Works in Jinja District and had 2 wives – one with 7 children and the other 2 children. But this man decided to take a third wife but unfortunately this woman was HIV positive. He went and lived with his new wife in Mbale District. But a few months down the road the woman was dead and the man decided to come back to his 2 wives. They rejected him and asked him to go back to his new wife. The man then came back to the village where he found me and proposed to me for marriage. For me this was a dream come true as a disabled woman. I said yes but I told him we needed to test for HIV first He adamantly refused and told me that he had left all the beautiful women in town because they are prostitutes and had chosen me how could I then start asking for HIV test. He said that if I was not interested he would find someone else. I was not about to lose this once in a lifetime opportunity and we started staying together. A few months down the road I conceived and went for antenatal clinic, I was tested and found to be HIV positive. I was totally devastated because a man whom I thought loved me had let me down. Worse still I had disregarded my mother's advice.

When the STAR-EC programme came I applied to be a mentor mother and got the job.

I decided that there was no point in abandoning the marriage. It was already too late all I had to do was to protect my unborn child. The child is now one and a half years old and HIV negative. But she is physically disabled as both lower limps are weak. I am looking for whatever help I can get to make my child ok because that is my only hope and source of inspiration I appreciate STAR-EC for supporting PLHIV, as a mentor mother I have helped other women especially those with disability ,and infected with HIV/AIDS by providing psychosocial support. Iam now able to support my family and look after myself well"

The report recommended the need to identify and train PWDs as peer educators to conduct home visits and refer PWDS in need of health services.

Based on this report, STAR-EC identified and trained 45 PWDs (29 males, 18 female) in referrals and networking. The PWDs leaders were, also, trained in advocacy and networking to improve their negotiation skills as they mobilize resources to address their unique challenges. The trained PWDs have been equipped with referral materials to identify and refer clients, especially, those with disabilities for health services.

Support supervision activities

Support supervision to HCs in the districts of Mayuge (Kityelera HC IV, Kigandalo HC IV and Mayuge HC III); Iganga, (Bugono HC IV, Busesa HC IV and Iganga Hospital); Bugiri (Bugiri Hospital and Nankoma HC IV); Luuka (Kiyunga HC IV); Kaliro (Bumanya HC IV and Namugongo HC III); Buyende (Kidera HC IV, Nkondo HC III, Bugaya HC III, Irundu HC III, St. Matiya Mulumba HC III and Wesunire HC III); Kamuli, (Kamuli General Hospital, Kamuli Mission Hospital and Mbulamuti HC III); and Namutumba District (Nsinze HC IV, Magada HC III, Ivukula HC III, Namutumba HC III, and Bukonte HC III) were conducted and this was aimed at supporting health workers to appreciate the referral system and discussing with them means of tracking intra facility and inter facility referrals. During such visits interaction with facility based CSAs and mentor mothers is emphasized and technical guidance provided.

2.4.9 Strengthening capacity of civil society organizations (CSOs)

CSO leaders during the Organizational Development workshop

Following the completion of the Organizational Capacity Assessment exercise of the 11 STAR-EC supported CSOs and the subsequent development of their capacity building action plans, STAR-EC organized a Board members meeting to disseminate the findings and determine the way forward for strengthening the capacity of their CSOs. The meeting had a total of 22 participants who were taken through STAR-EC programming, granting and reporting mechanisms; roles of Boards of Governors Trustees; effective leadership, communication and team building skills. The members expressed the need to hold these meetings at least twice a year to enable board members get up to date with the current issues on the project and HIV programming for sustainability.

As a follow up to the organizational capacity assessment exercise, STAR-EC conducted an organizational development workshop targeting decision makers from these organizations. The goal of the workshop was to equip CSO policy makers and technical leaders with tools and approaches for building effective teams to lead changes in capacity systems and practices within organizations. During the pre-workshop assessment, participants reported gaps in the following capacity building domains: leadership and governance; planning and budgeting; financial and human resources management; monitoring and evaluation; organizational sustainability; formation of vision, mission, values; partnership building; referrals as well as reporting and management of information. These gaps therefore formed the main topics of the workshop and at the end of the workshop each CSO developed a program for various interventions to address the gaps highlighted.

The organizational capacity assessment report identified lack of strategic direction as one of the major gaps hindering the progress of the organizations. In response to the above mentioned gap, STAR-EC conducted a strategic planning workshop targeting both managers and technical staff of the sub grantees. A total of 36 participants (16 Females and 20 males) from the 11 CSOs attended this workshop. During the workshop, the participants had an opportunity to review and or develop their strategic plans. The strategic plans would help the CSOs to focus beyond the project and establish long term goals that bring together the various projects for organizational sustainability.

Challenges:

- Referred clients fail to reach referral centers due to long distances to health facilities;
- 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;
- Provision of wrap around services for people living with HIV&AIDS in the region remains a challenge as there are few active service providers, especially, for livelihood interventions;
- The coverage of VHTs remains limited due to the high costs of training more VHTs and reproduction of the relevant materials; and
- Inadequate sources of funding for the CSOs thus over reliance on one source of funding leading to limited coverage of their interventions.

Way forward:

- CSAs will continuously be supported to provide adequate and correct information to clients through the radio program, meetings and physical follow up to provide on job guidance;
- CSOs continue to sensitize communities on importance of accessing HIV/TB services and to create awareness about men's role in HIV and 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;
- STAR-EC has encouraged districts to integrate HIV coordination in their district development plans for sustainability;
- STAR-EC will pilot livelihood integration for PLHIV support in the upcoming quarter for provision of wrap around services targeting vulnerable populations and hard to reach areas;
- The districts have been encouraged to take leadership and ownership of the VHT strategy and to coordinate the various stakeholders interested in supporting VHTs; and
- The STAR-EC sub grantees will be supported to develop comprehensive strategic plans and will be trained in resource mobilization in order to have diverse sources of funding for sustainability.

SUCCESS STORY

The Joy of the Mother

Nekesa Margret a widow living in Bulanga Village, Bugiri District

My name is Nekesa Margaret 33 years. I live in Bulanga village, Nkaiza Parish in Nabukalu Sub county Bugiri District. I am a widow to late Baraza Martin. My late husband left me with two children. Before his death in 2005, he was constantly sick and we all knew they were bewitching him. After a long time of sickness he died and I confirmed that he died because of the witchcraft. Two years after his death, I started falling sick and I thought the person who killed my husband had started following me.

During this time (2007), Samuel Nawandyo a NACWOLA Community support agent visited my house as he was conducting door to door sensitization. During our discussion, he asked me if I had ever been tested for HIV. Surely I confessed I had not and I even feared to go there, Nawandyo told me it was a good practice for one to Know his/her HIV status ,.I accepted to take an HIV test first, thus he gave me a referral form to Nabukalu HC III for HIV counseling and testing.

On testing, I discovered that I was HIV positive; the counselor counseled me and gave me septrin for two weeks. With the help of the CSA who talked to me about positive living and PMTCT I managed to create good rapport with health workers at Nabukalu HC III. After two months on septrin, my health improved, I stopped falling sick and started working normally that is when I realized that my husband could have died of HIV not witchcraft.

On the subsequent visits, I leant more about PMTCT from the counselors who assured me that even positive women can have HIV negative babies as long as they take the health worker's advice and attend antenatal services. I accepted all the advice and she referred me to Nawandyo Samuel (NACWOLA CSA) for more psycho social support.

Margaret has since given birth to two children that are HIV negative. Margaret has dedicated most of her time to provide psychosocial support to women in Bulanga village that have gone through the same challenges. Margaret is healthy and is currently engaged in farming and small scale business to provide for her family. Margaret now looks forward to expanding her farm to grow on large scale and increase on her capital to support her children through school. Margaret is one of the very many positive mothers who have benefited from STAR-EC support to NACWOLA and other CSOs while conducting home to home awareness creation meetings and referrals for HCT, PMTCT and other services.

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

Targeted audiences were reached with relevant messages through: Information Education and Communication (IEC) materials and job aids; interactive one-hour radio program; interpersonal communication and innovative approaches that included painting fishing boats with health messages.

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

STAR-EC disseminated IEC materials to peer educators, model couples and VHTs. The job aides were disseminated to health workers as follows:

- 4,000 PMTCT English leaflets received from MoH;
- 6,000 SMC Luganda and 4,000 English brochures on facts about safe male circumcision;
- 14 copies of the SMC client counseling flipcharts disseminated to CSOs;
- 200 copies of peer educator talking points and 200 copies of cue cards on gender based violence prevention disseminated to newly trained peer educators;
- 6,000 copies of couple HTC Luganda leaflets;
- 2,000 Couple HTC certificates reproduced from MoH; and
- 87 copies of the Atlas of Common Clinical Presentations of Peadiatric HIV Infections received from MoH are being disseminated.

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

The one-hour interactive radio program on NBS Kodh'eyo 89.4 FM has continued to reinforce messages on various aspects of TB and HIV&AIDS prevention, care and treatment delivered through other channels. Health professionals, VHT members, beneficiaries of health services like SMC and PLHIV were some of the guest speakers. Thirteen radio programs were aired during the quarter. The topics covered included:

- Role of VHTs in TB and HIV&AIDS prevention care and treatment;
- Prevention with positives;
- Couple HTC; and
- Safe male circumcision.

Listeners were given an opportunity to call in and ask questions for clarification. The commonly asked questions included:

- What brings about discordance?
- Is it true that HIV positive parents can have an HIV negative baby?
- Is it true that whoever has TB, he/she is HIV positive?
- Why are children not targeted for SMC?
- How long does the wound take to heal?

Availability of services in different places within the region

Ivan Musobya from Nankoma Youth Association in Bugiri District says he convinced his wife to go with him for an HTC as a couple at Nankoma HC IV after listening to a radio program on NBS. "During the radio program the guest speakers explained the advantages of testing as a couple and I felt touched because I had never discussed this with my wife. After the program, I talked to my wife and we agreed to go to Nankoma HC IV to know our HIV status as a couple." said Ivan Musobya.

STAR-EC also contracted two regional radio stations (Victoria FM and NBS 89.4 FM) to air two radio spots each per day from Monday to Friday with bonus spots running over the weekend. One spot encourages couples to test together and directs couples to health centers with a couple HTC sign post. The other spot encourages mothers to attend antenatal clinics to avoid transmission of HIV from the mother-to-child. The spots have been aired for two months (May – June 2011) and will continue up to end of October 2011.

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

During the quarter, community dialogue sessions to discuss TB and HIV&AIDS issues led by 11 CSOs continued in the STAR-EC supported districts. These community dialogue sessions are conducted by trained peer educators and VHTs who educate people on TB and HIV&AIDS. Community members are, also, referred to service delivery centers within their communities for appropriate health services.

Peer Educators conducting a TB discussion in Lolwe-Sigulu

After training trainers on 'Men and HIV' during the Jan-March 2011 Quarter, the trainers have cascaded the trainings to lower levels. FLEP trained 34 participants in Malongo, Kityerera and Kigandalo sub Counties in Mayuge District while URHB trained 36 participants from Bulesa, Bulidha and Muterere sub-counties in Bugiri District. The trained participants engaged community members in discussing factors that put men at risk of getting HIV like excessive use of alcohol, gender norms that put men in superior positions and cultural practices like women inheritance. Communication for Development Foundation Uganda (CDFU) trainers supported CSOs during the lower level trainings.

STAR-EC supported CSOs including Youth Alive Uganda, UDHA, FLEP, AIC, UWYDI and the districts to utilize dramain mobilizing communities for TB and HIV&AIDS services. The drama groups trained in forum theatre started engaging the audience during the community drama performances. Under this approach, the drama groups pause between different drama scenes and ask the audience what they would do when faced with scenarios presented in the different scenes. This provides an opportunity to check whether the audience is following and whether the performances deliver the messages intended by the script writers.

A drama group performing during an HTC outreach in Namwiwa Sub County, Kaliro District

The drama groups not only mobilize communities for services but also deliver health messages to the community as expressed by a community member in Iganga Town Council: "I had to come and test for TB at Iganga Town Council HC III after learning from a drama performance in my area by Katengeke drama group. They acted that all those who have coughed for two or more weeks are suspected to have TB. I realised that they were talking to me so I had to go for the test. The test was positive and I was started on treatment. I completed the treatment now I can do my work very well,"said Mukama Kenneth, Iganga Town Council.

URHB engages CSWs at Naluwerere in Bugiri District in drama performances during moonlight HTC. This is used as an avenue to deliver behaviour change and health messages to the CSWs in an entertaining way using their peers. "I learned from the drama performance that once a person has an STI it is easy for him or her to acquire HIV" – said a CSW

at a moonlight HTC outreach in Naluwerere.

IV) Utilizing innovative approaches to reach the targeted audience

In a bid to reach the fishing communities with TB and HIV&AIDS messages, STAR-EC painted 100 boats at Lugala and Wakawaka landing sites in Namayingo and Bugiri Districts respectively. The messages were translated into local languages (Lusamya, Luganda and Lusoga) in order for the local communities to get the message. These messages encourage the fisher folk to test for HIV, seek early medical treatment and complete STI treatment, regular and proper condom use, testing for TB for those who cough for two or more weeks and understanding dangers of multiple sexual partners in relation to HIV&AIDS.

Boats painted with health messages at Lugala landing site

Participation in National Activities

STAR-EC participated in MoH activities including designing of the Paediatric ART campaign where comminication materials were designed, campaign monitoring tools to health workers dessiminated and coordination of radio programs and identification of guest speakers discussed.

STAR-EC also, participated in preparation of an orientation of women members of parliament (MPs) on HIV and PMTCT in particular. A concept paper was prepared for this purpose and the MPs were given an opportunituy to ask questions to the different technical personnel.

Challenges

- The materials development process has delayed getting SMC posters and grainsack flipcharts that are needed in community sensitizations and mobilization. These materials are being developed by Health Communication Partnership on behalf of the MoH. The process involves pretesting, getting feedback from stake holders and final approval from the MoH
- High expectations of different community groups including drama groups that expect to get everything including costumes from STAR-EC regardless of whether they already have some of these items or not

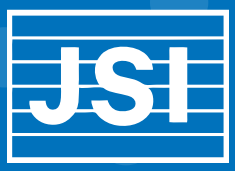
Way Forward

- Utilization of existing materials (like the A4 size SMC flipcharts and leaflets) as we await finalization of the MoH materials
- Some musical instruments and costumes will be considered in the PY4 workplan

APPENDICES

APPENDIX 1: Service Providers trained by course during Q3 of PY3.

TRAINING COURSE	Females	Males	Total
Advocacy Workshop	6	9	15
Comprehensive IMAI/ART Training	60	39	99
Condom Promotion and Education	31	36	67
CSO Indicator Tracking Training	12	17	29
CSO Organizational Development	13	15	28
DAC & DAT Induction	20	47	67
Effective Mentoring and Coaching Skills for Enhanced Performance	3	17	20
Fedelity Training Program Using Families that Prosper Module	105	97	202
Fluconazole Dosing and Logistics	14	6	20
HMIS Review Workshop	8	18	26
Home Based Care	31	29	60
IMAI/IMPAC Integrated PMTCT	46	19	65
In Service Traning for Mentor Mothers	40	0	40
Laboratory Refresher Training to Enhance Good LAB Practices (GCLP)	22	38	60
Orientation of HCWs on FP/ HIV Care Integration	69	15	84
People with Disability Advocacy Workshop	4	11	15
People With Disability Referral and Networking Workshop	19	28	47
PLHIV Psycosocial Support	13	12	25
Positive Prevention Training for Peers	140	91	231
PRE Service of Mentor Mothers	8	0	8
Refresher Course on TB Sputum Microscopy	17	28	45
Resource Mobilization Workshop for DAC Members	6	14	20
Resource Mobilization Workshop for DAC Members	11	14	25
Revised Patient Monitoring Tools for HIV Care	37	24	61
Routine HIV Testing and Counselling	20	7	27
STI Syndromic Management	52	33	85
Stores Management	16	14	30
Strategic Planning Workshop	16	20	36
TB/HIV Co-Management	45	42	87
Training on Quality Improvement	15	13	28
Grand Total	899	753	1652



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