UGANDANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

USAID
FROM THE AMERICAN PEOPLE

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

URC

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

ANNUAL REPORT

OCTOBER 1, 2019 – SEPTEMBER 30, 2020



OCTOBER 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development of the United States Government.

On the cover (clockwise from top left):

A nurse provides family planning education and counseling to women at Nambale HC III in Iganga District. Photo by Andrew Katende

A pregnant woman receives Fansidar for malaria prevention from a health worker during her routine ANC visit at Bugembe Health Centre IV. Photo: USAID RHITES-EC

An infant receiving immunization and vitamin A supplementation from a healthcare worker at a health-care facility in East Central Uganda, Photo: USAID RHITES-EC 2020

Blood samples for HIV viral load testing being taken off from patients at Kamuli General Hospital.

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

ANNUAL REPORT

OCTOBER 1, 2019 – SEPTEMBER 30, 2020

Submission Date: 30. 10. 2020

Agreement Number: AID-617-A-16-00001
Activity Start Date and End Date: 09 30, 2016 to 09 30, 2021
AOR Name: Sheila Kyobutungi

Submitted by:
Augustin Muhwezi Chief of Party
USAID's Regional Health Integration to Enhance Services in
East Central Uganda (USAID's RHITES-EC)
University Research Co., LLC
Plot 1, Bridge Lane, Mpumudde Division | P.O. Box 5053 Jinja
Tel: +256 393 217 617
Email: amuhwezi@urc-chs.com

Copied to: kampalausaidPPD-IPreports@usaid.gov

ACTIVITY INFORMATION

Project:	USAID RHITES-EC
Activity Start Date:	30 September 2016
End Date:	29 September 2021
Name of Prime Implementing Partner:	University Research Co., LLC (URC)
Agreement Number:	AID-617-A-16-00001
Name of Sub-awardees and Dollar Amounts:	The AIDS Support Organization (TASO) $ 5,392,119 Communication for Development Foundation Uganda (CDFU) $ 2,005,358 Youth Alive Uganda $ 999,984
Major Counterpart Organizations:	12 district local governments of East Central region Uganda Ministry of Health Uganda Catholic Medical Bureau Uganda Protestant Medical Bureau Uganda Muslim Medical Bureau USAID Better Outcomes for Children and Youth (USAID BOCY) USAID Malaria Action Plan for Districts (USAID's MAPD) USAID Uganda Health Supply Chain project (UHSC) USAID Strategic Information Technical Support (SITES) USAID Uganda Learning Activity(ULA) USAID Health Systems Strengthening(UHSS) project USAID Developing and Delivering Biofortified Crops in Uganda (DDBC) USAID Sanitation for Health Activity (USHA) USAID Defeat TB USAID/PMI Malaria Vectorlink project Jinja Regional Referral Hospital G2G Mechanism Rotary International USAID RHITES E,RHITES-SW,RHITES-N-Acholi, RHITES-N Lango Key sub-awardee partners – listed above 11 Civil Society Organizations as sub-grantees Makerere University Obwa Kyabazinga of Busoga UNICEF Baylor Uganda
Geographic Coverage	12 districts in East-Central region: Bugiri, Bugweri, Busia, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba
Reporting Period	April 1 – June 30, 2020

ACRONYMS AND ABBREVIATIONS

AGHPF	A Global Public Health Care Foundation
AMELP	Activity Monitoring, Evaluation and Learning Plan
ANC	Antenatal Care
APC	Advancing Partners and Communities
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
ASSIST	Applying Science to Strengthen and Improve Systems Project
BEmONC	Basic Emergency Obstetric and New-born Care
BOCY	Better Outcomes for Children and Youth
CHC	Communication for Health Communities
CME	Continuing Medical Education
CPT	Cotrimoxazole Preventive Therapy
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
DHIS	District Health Information System
DHT	District Health Team
DLFP	District Laboratory Focal Person
DOT	Directly Observed Treatment
DPT	Diphtheria, Pertussis, Tetanus
DQIT	District Quality Improvement Team
DR-TB	Drug-Resistant TB
DSDM	Differentiated Services Delivery Models
DTLS	District TB/Leprosy Supervisors
EC	East Central
EID	Early Infant Diagnosis
EQA	External Quality Assurance
FP	Family Planning
FSG	Family Support Group
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HSD	Health Sub-District
HTS	HIV Testing Services
IEC	Information, Education and Communication
IMM	Integrated Malaria Management
IPC	Interpersonal Communication
IPT	Isoniazid Preventive Therapy
IPTp	Intermittent Preventive Treatment in Pregnancy
IUD	Intrauterine Device
LARCs	Long-Acting Reversible Contraceptives
LLINs	Long-Lasting Insecticide-Treated Nets
MAM	Moderate Acute Malnutrition
MAPD	Malaria Action Plan for Districts
MENU	HarvestPlus Meals for Nutrition in Uganda
MCSP	Malaria Child Survival Program
MDR-TB	Multidrug-Resistant Tuberculosis
MNCH	Maternal, new-born and Child Health
MOH	Ministry of Health
MPDSR	Malaria and Perinatal Death Surveillance and Response
MRDT	Malaria Rapid Diagnostic Test
NACS	Nutrition Assessment Counselling and Support
NMS	National Medical Stores
OKD	Open Data Kit
PCR	Polymerase Chain Reaction
PDQ	Partnership Defined Quality
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Counselling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Clinic
PPH	Postpartum Hemorrhage
QI	Quality Improvement
RMNCH	Reproductive, Maternal, Neonatal and Child Health
RQIC	Regional Quality Improvement Committee
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SHRH	Strengthening Human Resources for Health
SITES	Strategic Information Technical Support
S4H	USAID's Sanitation for Health
TB	Tuberculosis
VHT	Village Health Team
WASH	Water, Sanitation, and Hygiene

TABLE OF CONTENTS

1. INTRODUCTION

1.1 ACTIVITY DESCRIPTION

USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) is a five-year (2016-2021) activity that aims to increase utilization of health services (malaria; maternal, newborn, and child health; family planning (FP); nutrition; HIV prevention, care, and treatment; tuberculosis (TB); and laboratory services) by strengthening district health systems, improving quality of services, increasing availability of, access to, and demand for quality services, and supporting the health sector to sustain higher utilization of the services in 12 districts of East-Central Uganda (Bugweri, Bugiri, Busia, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba). There are 531 healthcare facilities in the region: one regional referral hospital; 11 general hospitals; 18 Health Centre IVs; 108 Health Centre IIIs; and 354 Health Centre IIs. Private non-for-profit (PNFPs) health care facilities number 39; and 134 sites are accredited to offer antiretroviral therapy (ART) services (127 have PEPFAR targets).

Table 1.1: Public and faith-based organization health facilities in the East Central Uganda districts providing ART services, disaggregated by level

Bugiri	0	1	1	9	35	4	50
Bugweri	0	0	1	3	13	2	19
Busia	0	2	1	9	20	5	37
Buyende	0	0	1	5	16	0	22
Iganga	0	2	1	12	27	10	52
Jinja	1	3	5	22	61	12	104
Kaliro	0	0	1	6	14	0	21
Kamuli	0	2	2	12	48	0	64
Luuka	0	0	1	8	22	0	31
Mayuge	0	1	2	5	41	6	55
Namayingo	0	0	1	8	25	0	34
Namutumba	0	0	1	9	32	0	42

Key result areas:

1. Increased availability and accessibility of health services
2. Improved quality of health services
3. Increased availability of resources for public sector health
4. Improved organization and management of service delivery, and
5. Increased adoption of healthy behaviors and positive child development practices by communities in focus areas and target population groups.

The following is a summary of USAID RHITES-EC performance for the period October 1, 2019 – September 30, 2020.

1.2 KEY RESULTS TO DATE

Table 1.2: Performance against AMLEP/Project indicators – period October 1, 2019 – September 30, 2020

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Enhanced prevention and treatment of HIV, malaria, and other epidemics among the most vulnerable populations								
Malaria prevention, Diagnosis and Treatment Interventions Scaled Up								
IR 1.3, Sub-IR 1.3.1	Proportion of OPD attendees that were diagnosed as malaria cases	45%	35%	46%	46.8%	48.3% (564,064/ 1,167,606)	44.6% (494,422/ 1,108,400)	46.8%
Comment: Malaria contribution to OPD attendance in FY20 averaged 46.8% (2,083,260/4,455,049) well above the target of 35%, ranging from 46% in FY20Q1 to 46.8%, 48.3% and 44.6% in FY20Q2, FY20Q3 and FY20Q4, respectively. The geographical factors (vast water bodies) and human economic activities (rice growing and sugar cane growing) that is associated with stagnant water has greatly contributed to the vast mosquito breeding grounds resulting into high malaria burden in the East central region. Only Bugiri (20.8%), Jinja (30.1%) Namutumba (31.1%) Iganga (42.0%) and Mayuge (49.4%) districts had annual average of malaria burden less than 50% of the annual outpatient attendance. The relatively lower burden is probably due to Indoor residual spraying supported by PMI Vector Link in Namutumba and Bugiri districts. Jinja district being more urban than any other district performed better on this indicator probably because individuals in urban setting are more likely to take up malaria prevention measures like use of LLINs coupled with better housing facilities screened from mosquitoes than the rural population.								
IR 1.3, Sub-IR 1.3.1	Malaria positivity rate (% of OPD cases who test positive using either microscopy or malaria rapid diagnostic tests (mRDTs) compared to the number of tests done)	42%	35%	58%	58.5%	59% (481,393/ 816,332	56.8% (42,2210/ 743,261)	58.0%
Comment: Malaria positivity as measured by the percentage of patients who test positive on either malaria rapid diagnostic test or malaria microscopy test averaged at 58% (1,760,386/3,026,922) ranging from 58% in FY20Q1 to 58.5%, 59% and 56.8% in FY20Q2, FY20Q3 and FY20Q4, respectively. Only Bugiri and Namutumba districts had relatively lower malaria positivity at 29.7% and 36.3% respectively due to a relatively lower malaria burden because of IRS.								
IR 1.3, Sub-IR 1.3.1	Suspected malaria cases tested for malaria at OPD	60%	95%	98%	104.9%	99.9% (815,332/ 816,471)	99.9% (743,261/ 743,712)	100.7%
Comment: Excellent performance on suspected malaria cases tested for malaria in the East central region at annual average of 100.7% (2,721,101/2,687,136); well above the national target of 90%. Such performance is attributed to the onsite support to health facilities during clinical audits, onsite clinical mentorship, and training of health workers on Integrated Malaria Management. Cumulatively, the performance slightly surpasses the 100%. The numerator for this indicator looks at the total number of tests done in a facility including outpatient cases and inpatient cases in laboratory register while the denominator looks at the suspected malaria cases in OPD register and yet some patients go directly to the inpatient wards partly explains the performance exceeding 100%. A few admitted patients who don't do well on 1st line treatment are done a repeat malaria test on malaria microscopy to find out if they still have malaria parasites also contributes to more test done than the suspected malaria cases.								
IR 1.3, Sub-IR 1.3.1	Proportion of malaria cases treated that were confirmed by mRDT or microscopy malaria test	65%	85%	91.6%	94.6%	97% (548,006/ 564,064)	96.5% (47,7135/ 494,422)	94.9%
Comment: Good adherence to the test and treat policy in the East Central region as shown by the proportion of malaria cases treated for malaria based on positive malaria results averaged at 94.9% (1,978,197/2,083,260) ranging from 91.6% in FY20Q1 to 94.6%, 97% and 96.5% in FY20Q2, FY20Q3 and FY20Q4 respectively								
IR 1.3, Sub-IR 1.3.1	Proportion of malaria cases confirmed that were appropriately treated with antimalarial drugs	60%	80%	99%	98%	98.4% (200,838/ 204,175)	99.5% (152,431/ 153,262)	98.5%
Comment: The proportion of malaria cases that were appropriately treated for malaria in FY20 averaged 98.5% (681,625/692,133). This good performance is attributed to Integrated Malaria management trainings, onsite clinical audits and mentorships, onsite continuous medical education sessions, grand and dissemination of updated guidelines on malaria case management.								

Comment: The percentage of patients with negative malaria results that were wrongly treated for malaria in FY20 averaged 5.1% with a tremendous improvement from 10.2% in FY20Q1 to 3%, 4.3% and 2.8% in FY20Q2, FY20Q3 and FY20Q4, respectively. All the 12 districts performed well on this indicator surpassing the national target of 10% with 8 out 12 districts performing well below 5% except Bugweri, Iganga, Kamuli and Luuka at 7%, 6.2%, 6.4% and 5.4%, respectively.								
IR 1.3, Sub-IRs 1.3.1 and 1.3.2	Percentage of pregnant women receiving free ITNs at facilities	66%	75%	77%	60.7%	54.6% (31,890/ 58,621)	47.8% (26,867/ 56,152)	60%
Comment: There has been a progressive decline in the number of pregnant women receiving LLINs at their ANC1 visit from 77% in FY20Q1 to 60.7%, 54.6% and 47.8% in FY20Q2, FY20Q3 and FY20Q4, respectively. In this reporting period we secured only 86,440 LLINs that were distributed to all facilities offering ANC in 12 districts, yet we registered 218,086 ANC1 visits by pregnant women who were eligible for receiving a mosquito net. The decline in performance on this indicator is due to insufficient stocks of LLINs at Joint Medical stores.								
IR 1.3, Sub-IR 1.3.1	Average stock out rate of ITNs at healthcare facilities	60%	10%	8.7%	17.1%	25.7%	36.1%	21.9%
Comment: A 10.4% increase in ITN stock outs was registered in FY20Q4 due to limited stocks centrally arising from shipment delays but, stocks were availed in September 2020 with 32,560 nets being distributed to 402 health facilities								
IR 1.3, Sub-IR 1.3.1	Percentage of pregnant women who received 2 or more doses of IPTp2 for malaria	47.9%	80%	49.2%	60.3%	59% (34,559/ 58,621)	73.9% (41,481/ 56,152)	60.6%
Comment: Performance to date on this indicator averaged at 60.6% lower than the national target of 80%. Fansidar stockouts at the National medical stores for over 4 months contributed to the suboptimal performance in health facilities. However, we have observed an improvement on this indicator from 49.2% in FY20Q1 to 60.3%, 59% and 73.9% in FY20Q2, FY20Q3 and FY20Q4, respectively. The observed improvement is attributed to support to districts and healthcare facility teams to address knowledge and skills gaps through trainings, clinical audits and mentorships, support supervision, supporting functionality of IPTp DOTs corners at every facility that offers ANC, weekly stock monitoring of Fansidar to inform redistributions from over-stocked sites to under-stocked sites and creating demand creation at community level through community dialogues, radio talk shows, stakeholders and community sensitizations through home visits by VHTs								
IR 1.3, Sub-IRs 1.3.1	Percentage of pregnant women who received 3 or more doses of IPTp for malaria	23%	80%	22%	36%	35.5% (20,818/ 58,621)	55.4% (31,116/ 56,152)	37.2%
Comment: The average annual performance on this indicator is 37.2%. Nevertheless, there has been an improvement from 22% in FY20Q1 to 36%, 35.5% and 55.4% in FY20Q2, FY20Q3 and FY20Q4, respectively. The observed improvement is attributed to support to districts and healthcare facility teams to address knowledge and skills gaps through trainings, clinical audits and mentorships, support supervision, supporting functionality of IPTp DOTs corners at every facility that offers ANC, weekly stock monitoring of Fansidar to inform redistributions from over-stocked sites to under-stocked sites and demand creation at community level through community dialogues, radio talk shows, stakeholders and community sensitizations through home visits by VHTs.								
IR 3.3 Sub-IR 3.3.1	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	N/A	100	129	0	0	0	129
Comment: Worked with the District Health Officers and the Chief Administrative Officers to identify129 health workers who were supported to attend a 5-day Integrated Malaria Management Training covering case management with artemisinin-based combination therapy (ACTs). Priority was given to facilities that did not have health workers trained on Integrated Malaria management training								

Comment: Worked with the District Health Officers and the Chief Administrative Officers to identify129 health workers who were supported to attend a 5-day Integrated Malaria Management Training covering case management with artemisinin-based combination therapy (ACTs). Priority was given to facilities that did not have health workers trained on Integrated Malaria management training								
IR 1.3, Sub-IRs 1.3.1 and 1.3.2,	Number of health workers trained in IPTp with USG funds	N/A	100	129	0	0	0	129
Comment: Worked with the District Health Officers and the Chief Administrative Officers to identify129 health workers who were supported to attend a 5-day Integrated Malaria Management Training covering case management with artemisinin-based combination therapy (ACTs). Priority was given to facilities that did not have health workers trained on Integrated Malaria management training								
IR 1.3, Sub-IR 1.3.1	Average stock out rate of mRDTs at healthcare facilities	45%	10%	36.4%	22.2%	62%	1.3%	30.5%
Comment: A 60.7% decrease in stock out rate was observed from FY20Q3 to FY20Q4 due to the increase in allocation of mRDTs by the National Malaria Control Division (NMCD) to support the test and treat policy during the upsurge of malaria cases in the EC region.								
IR 1.3, Sub-IR 1.3.1	Average stock out rate of Coartem at healthcare facilities	44%	10%	30.4%	15.5%	10%	2.4%	14.6%
Comment: Between FY20Q3 and FY20Q4, 7.6% decrease in stock outs of Coartem was observed due to the increase in allocation of quantities by the National Malaria Control Division (NMCD) to support the test and treat policy during the upsurge of malaria cases in the EC region coupled with the continued implementation of the test and treat policy, and promotion of rational medicine use during the support visits								
IR 1.3, Sub-IR 1.3.1	Average stock out rate of Fansidar at the healthcare facilities	51%	10%	42.5%	26.2%	34%	7%	27.4%
Comment: Stock outs of Fansidar greatly reduced by 27% from FY20Q3 to FY20Q4 as a result of proper quantification resulting in increase in quantities being delivered to the health facilities								
Uptake of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Services Scaled Up								
IR 2.1 Sub-IRs 2.1.2, 2.1.3, 2.1.4	Percentage of pregnant women who used ANC provided by skilled health personnel, for reasons related to pregnancy (ANC first visit coverage)	97.8%	90%	83.6%	95.6% (55,127/ 57,638)	101.70% (58,621/ 57,638)	97.4% (56,152/ 57,638)	94.6% (218,086/ 230,552)

Comment: There was good performance on ANC 1 coverage at an average of 94.6% (above annual target of 90%) during the year as a result of community engagement activities like ANC trigger events (Nigiina z'abamabunda, Family life schools, community dialogue sessions and home to home mobilization using the Wheel of good practices for better living by VHT and CSOs, mass media campaigns (radio talk shows, DJ mentions especially around the time of the COVID-19 restrictions conducted throughout the year.

During the year, ANC attendance was affected especially in the months of April and May when there were travel restrictions due to COVID-19 pandemic. However, this was addressed through facility support on service re-organization for continuity of care provision while maintain infection prevention and control (IPC) measures and training /mentorships of health workers on COVID-19 and IPC while mass media was used to mobilize women for service seeking.

In FY21, RHITES-EC will continue engaging VHTs, CSOs with the community level mobilization of women to seek antenatal services, VHTs will be supported to identify track and refer pregnant women for ANC services while health facility teams will also be supported to offer quality antenatal services that attract women to attend ANC.

Integrated outreaches will be conducted in poorly performing and hard to reach sub counties.

Comment: Proportion of women attending ANC within the first trimester improved from 16% at beginning of year to 29.5% in FY20Q4, giving an annual average of 23.2% (still below the 50% target). During the year, home to home and ANC trigger ventes like FLS, Nigiina z'abamabunda were conducted while VHTs mobilized and referred women to health facilities for care. Community dialogue sessions to address barriers to early seeking of antenatal services were conducted. At health facilities, during a joint onsite mentorship, facilities were guided on addressing identified barriers to timely ANC attendance as shared during previous and currently conducted community dialogues. For example; increasing days in the week when ANC services are offered, engaging staff at OPD to screen and refer women in reproductive age for pregnancy testing at the lab using hCG kits, reducing client waiting time, provision of Tea to women at ANC clinics and procuring of urine hCG kits using RBF funds to supplement on National Medical Stores (NMS) deliveries. RHITES-EC will continue supporting health facilities to provide regular ANC services while engaging the community structures to sensitize, mobilize, track, and refer pregnant women.								
IR 2.1, Sub-IRs 2.13, 2.1.4	Number of pregnant women attending 1st ANC visit within the 1st trimester (indicator in PRS with pre-determined targets)	N/A	105,137	9,377	13,022	14,018	17,021	50.8% (53,438/ 105,137)
Comment: There was sub optimal performance on number of women seeking antenatal services within the first trimester. However, across the quarters in the year, a gradual increase in the women attending first trimester was realized as a result of community engagements, identification, and referral of pregnant women to health facilities by VHTs following community dialogues and home to home mobilization coupled with improved capacity of facilities to carry out confirmatory tests for pregnancy using hCG kits. Giving an average performance of 50% (53, 438) on the 105,137 annual target. In FY21, RHITES-EC will continue with the interventions at community to mobilize, identify, refer and follow-up women for early ANC seeking while health facility teams will be supported to address barriers to early antenatal care seeking.								
IR 2.1, Sub-IRs 2.13, 2.1.4	Number of pregnant women who attended ANC provided by skilled health personnel (ANC 1st visit coverage) (indicator in PRS with pre-determined targets)	N/A	210,272	48,186	55,127	58,621	56,152	103.7% (218,086/ 210,272)
Comment: Across the quarters of FY20, there was an increase in number of women attending health facilities for at least one antenatal care contact with the skilled health personnel giving an average performance of 137% (218,086) on the 210,272 women attending ANC 1 annual target. This is attributed to increased number of clinic days across facilities as a way of decongesting ANC waiting areas, continued availability, and provision of services even during the COVID-19 pandemic restrictions, increased investigative capacity of facilities, ANC trigger events conducted especially in the first half of the year, community mobilization and demystifying / addressing barriers to ANC attendance. In FY21, RHITES-EC will continue with the interventions at community to mobilize, identify, refer and follow-up women for early ANC seeking while health facility teams will be supported to address barriers to antenatal care seeking including integrated outreaches in the underserved /hard to reach communities.								
IR 2.1, Sub-IR 2.1.2	Percentage of women who used ANC services provided by skilled health personnel for reasons related to pregnancy 4 times during pregnancy (ANC 4th visit coverage)	66%	48%	32.8%	34.3% (19,749/ 57,638)	35.10% (20,247/ 57,638)	46.3% (26,678/ 57,638)	37.1% (85,565/ 230,552)
Comment: Across the quarters in the FY20, the proportion of women attending ANC services for the 4th visit increased with the highest at 46.3% in FY20Q4, an average annual performance of 37.1% for FY20. Improvements were noted across all the 12 districts, with 5 (Busia, Buyende, Iganga, Jinja and Kamuli) in FY20Q4 meeting the 48% target from 1 (Jinja) in FY20Q1. Women continue to come late for 1st ANC visit with majority attending between 24 – 28 weeks of gestation. During the year, facility teams were mentored on improving clinic efficiency e.g. decongestion of the ANC clinics while maintaining delivery of ANC-visit specific packages appointment scheduling using the revised ANC guideline, and health education sessions and informing women on what to expect at the next visit, introducing specific days of a week during which midwives attend to a group of pregnant women making the same ANC visit at the facility while maintaining the IPC measures while communities were mobilized for ANC re-attendances. In FY20, RHITES-EC oriented and supported VHTs on Key family health practices, identification, and referral of women for ANC services across a total 24 subcounties in Luuka, Namayingo, Jinja, Mayuge, Bugiri, Busia and Namutumba districts. In FY21, RHITES-EC will continue working with the VHTs and CSOs to mobilize communities to adopt Key family health care practices, identify, track, refer and follow up pregnant women for antenatal services, use mass media while Health facility teams will be supported to run efficient ANC clinics and implement activities that enhance ANC re-attendances including Group ANC services including integrated outreached in the hard to reach communities.								

Comment: The number of women attending at least four ANC visits increased by 498 in the quarter giving a 51.4% performance on the annual target. In FY20Q4, RHITES-EC will work with VHTs in 19 poorly performing sub counties and health workers at health facilities within the catchment areas of the sub counties to support adoption of 22 Key family health practices which includes timely ANC attendances.

IR 2.1 Sub-IRs 2.1.1, 2.1.2, 2.1.3, IR 2.2 Sub-IR and 2.2.4	Percentage of institutional deliveries (healthcare unit delivery rate)	76.5%	70%	48%	47.40% (26,493/ 55,908)	46.90% (26,220/ 55,908)	56.60% (31,625/ 55,908)	49.7% (111,151/ 223,632)

Comment: There was an increase in the proportion of women delivering at health facilities across the quarters of the FY20 from 48% in FY20Q1 to 54.6% in FY20Q4. Despite the quarterly increases, there was sub optimal performance an average of 49.7% (below the 70% target).

All 12 districts in the EC region showed an upward trend in institutional deliveries with 3 (Busia, Jinja, Iganga) meeting the 70% target. In the region, we still have subcounties with HC IIs as the highest level of service delivery and not offering maternity services. To address the supply side of institutional deliveries, 6 HCIIs (Buyoboyo, Kagulu, Kiranga, Maziraga, Kagumba) were upgraded to HC IIIs, staff posted and mentored on maternity services, RHITES-EC renovated 5 maternity wards/ labour suites (Butagaya HCIII, Magada HC III, Bulesa HC III, Mbehenyi HC III, Malongo HC III) and a maternity theatre at Jinja RRH to improve the workspace, privacy, sanitation and postnatal ward for women, facility teams in 65 of 119 sites benefitting from RBF funds were provided with guidance on funds utilization to increase attractive service delivery e.g. privacy, availability of medicines, supplies and provision of tea to women in labour. To address the demand side, RHITES-EC engaged community structures (CSOs and VHTs) to mobilize women for facility delivery, conducted community dialogues and radio talk shows while districts provided transport waivers to boda-boda taking women for maternity services during the COVID-19 travel restrictions.

In FY21, RHITES, will continue engaging district leadership to lobby for upgrade of HC IIs to HC IIIs especially in the subcounties not offering maternity services, recruit and post midwives to these facilities including monitoring staff attendance to duty; engage community structures (community gate keepers, CSOs and VHTs) in the poorly performing 19 mapped-out sub counties with big gaps in health facility deliveries to mobilize the communities to deliver at health facilities, finalize ongoing renovations at Nawandala HC III and Busembatia HC III, equip newly renovated maternity wards and maternity theatre at Jinja RRH and Mayuge HC IV, while health facility teams across all districts benefitting from RBF will be supported to reinforce services that attract mothers to deliver at health facilities e.g. privacy; cleanliness of wards, latrines and washrooms; selected infrastructure renovations; conduct routine satisfactory assessments and feedback sessions with the health facility teams to address supply– specific barriers to institutional deliveries; mentor health facility teams on respectful maternity care.

IR 2.1 Sub-IRs 2.1.1, 2.1.2, 2.1.3 IR 2.2 Sub-IR 2.2.4	Number of healthcare facility deliveries (indicator in PRS with pre-determined targets)	107,165	146,857	26,813	26,493	26,220	31,625	75.7% (111,151/ 146,857)

Comment: The number of women delivering at health facilities under skilled attendance declined during FY20Q2 and FY20Q3 due to strict travel restrictions during COVID-19 pandemic that affected the presence of health workers at facilities, and limited travels by mothers for services especially in the months of March, April, and early May 2020. However, with the relaxation in the restrictions in the month of May 2020, more deliveries were recorded at health facilities. RHITES-EC carried out mass media campaigns encourage communities to seek services from skilled care providers with Maternity and antenatal services inclusive, finalized renovations at 5 maternity wards to increase workspace, privacy, and areas for WASH.

In FY20Q4, deliveries increased to 31,625 in FY20Q4 by 5,405 pregnancies from 26,220 in FY20Q3 attributed to increased availability of staff at maternity wards, HC IIs upgraded to HC III with midwives posted to provide maternity services, community mobilizations for uptake of maternity services, delivery of maternity services that maintain the dignity of women following mentorships on Respectful Maternity care at 51 health facilities. During the year, teams were guided and used RBF funds to procure medicines, supplies used in service delivery as a way of limiting unnecessary referrals out, selected facilities have used RBF to top up on the travel cost of women delivering at facilities, while others (Namutumba District, Kigandalo HCIV) have engaged the Traditional birth attendants in meetings to address issues of deliveries and having them to escort women to facilities for maternity services.

In FY21, RHITES-EC will continue with community mobilization for maternity services, address barriers to delivery under skilled attendance, equip maternity wards and finalize renovations at Nawandala and Busembatia HC IIIs while supporting health facilities to implement services that ensure privacy, maintain dignity of mothers to continue attracting mothers to deliver at health facilities.

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 3.3, Sub-IRs 3.3.1; IR2.2, Sub-IRs 2.2.1; IR 2.1, Sub-IRs 2.1.2, 2.2.4	Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth through USG supported programs (indicator in PRS with pre-determined targets)	108,680	83,000	20,046	26,138	28,916	33,776	131% (108,876/ 83,000)

Comment: There was good performance on this indicator by the end of FY20 due to increased availability of uterotonics following support to the facilities on data use to forecast and quantify Oxytocin requirements and reporting, mentorship on oxytocin/EPI cold chain integration for maintenance of drug potency, redistribution of oxytocin/ misoprostol from highly stocked health facilities to stocked out facilities. Of the deliveries (111,151) conducted those that received uterotonics (108, 876) were more than the annual target of 83,000 uterotonic use hence the >100% performance on annual target. Percent coverage of uterotonic use was at 98% of the deliveries less by 2,275 (2%) due to stock outs experienced by health facilities during the year.

In FY21, RHITES-EC will continue to mentor health workers on data use to forecast for Oxytocin, oxytocin/EPI cold chain integration, documentation, and reporting usage of uterotonics.

IR 2.1, Sub-IRs 2.1.2, 2.1.3	Caesarean section rate	4.4%	10%	3.6%	3.60% (2,005/ 55.908)	4.00% (2,250/ 55.908)	4.40% (2,451/ 55.908)	3.9% (8,718/ 223,632)

Comment: There was increase in Caesarean section rate across the quarters in FY20 with the highest at 4.4% in FY20Q4 giving an annual average of 3.9% still below the 10% target. The low performance is due to 4 CEmONC facilities (Nankandulo HC IV in Kamuli district, Mpumudde HC IV and Buwenge General Hospital due to infrastructural challenges and Walukuba HC IV due absence of medical officers services) that have remained nonfunctional while at the functional CEmONC facilities there is lack of 24/7- hour coverage of health facilities/theatres by Medical Doctors and anaesthetic staff especially at HC IVs, incomplete CEmONC elements availability (e.g. lack of blood and blood products, lack of anaesthetic drugs) and poor infrastructure of operating theaters. There continues to be poor access to CEmONC services in the Islands due to lack of theatre and water transport challenges.

During the year, RHITES-EC supported 2 HC IVs (Nsinze and Nankandulo) to introduce Blood transfusion services, renovated Maternity theatre at Jinja RRH, Kamuli district leadership to recruit anaesthetic staff for Nankandulo and finalized plans for its functionality while the Walukuba Masese Division was lobbied to have staff seconded to Walukuba HC IV to continue with the obstetric operations. Jinja District plans to have the Buwenge General Hospital functional using the RBF funds.

In FY21, RHITES-EC will support districts to improve health facility 24/7-hour coverage for CEmONC services, advocate for utilization of RBF funds to procure missing equipment following assessment by the Regional blood bank and mentorships on safe anesthesia, equip theatres at Jinja RRH and Mayuge HC IV, work with MoH, Association of Obstetric and Gynecologists in Uganda (AOGU) to conduct skills building sessions and mentorships for facility teams in operative obstetrics, equip maternity theatre at Jinja RRH and Mayuge HC IV, lobby district leadership to improve infrastructure in operative theatres, recruit key cadre (Anaesthetic officers) and monitor attendance to duty by health workers.

R 2.1 Sub-IRs 2.1.2 and 2.1.3	Proportion of babies with Birth Asphyxia	3.40%	1.0%	3%	4.00% (1,029/ 25876)	4.70% (1,211/ 25,891)	3.90% (1212/ 31068)	3.9% (4,244/ 108,858)

Comment: Birth asphyxia was at 3.9% by end of FY20, a 2.9%-point increase above the annual target of 1.0%. Birth asphyxia rates were highest at 8.8% for Hospitals, 6.7% for HC IVs and 3.4% for Regional referral.

In FY21, RHITES-EC will continue to mentor frontline health workers in monitoring of fetal well-being, partograph interpretation for timely and appropriate intervention including resuscitation to improve outcomes for babies that born asphyxiated.

IR 2.2 Sub-IRs, 2.2.1, 2.2.2 2.2.3, and 2.2.4, IR 3.3 Sub-IR 3.3.1	Number of newborns not breathing at birth who were resuscitated in USG-supported programs (indicator in PRS with pre-determined targets)	946	5,900	631	1,029	1,211	1,212	69.2% (4,083/ 5,900)

Comment: Newborns not breathing at birth who were resuscitated increased across the quarters in FY20, giving an average of 69.2% (4,083) on the annual target of 5,900.

Fewer asphyxiated children (4,083 requiring resuscitation) than targeted annually (5,900) were born across health facilities due to improved care during labour and delivery and early intervention for the prolonged labour. A 100% of the babies born asphyxiated were resuscitated with a successful resuscitation rate of 91.4% (3,730/4,083) in FY20 an increase from 84% (2,679/3,165) in FY19 (as additional data using ODK from 128 health facilities).

During FY20, health facility teams were guided on documentation within the revised HMIS tools including reporting on resuscitation, 32 health facilities with high birth asphyxia and low successful resuscitation rates mentored on newborn resuscitation using HBB-Plus curriculum with an average post-skills assessment score of 97% from 59% (pre-skills assessment) using the OSCE -B checklist on Helping Babies breathe and resuscitation, while equipment (402 Penguin suckers) was distributed across 173 health facilities and 25 facilities were supported to set up newborn resuscitation areas within the suit .

In FY21, RHITES-EC will provide targeted mentorships and skills building sessions to frontline health workers in health facilities with high birth asphyxia rates and low successful resuscitation rate.

IR3.4, Sub-IRs 3.4.4 IR 1.1, Sub-IR 2.1.1	Proportion of mothers initiating breastfeeding within 1 hour after birth	70%	90%	96.4%	92.90% (24,040/ 25,876)	94.21% (24,392/ 25,891)	93.64% (29,092/ 31,068)	94.2% (102,598/ 108,858)

Comment: There was good performance (above the 90%) on proportion on women initiating breast feeding within 1 hour of birth across all quarters of FY20 giving an average performance of 94.2% (102,598/108,858) on the annual target.

Eight (8) of the 12 districts except Busia, Mayuge, Luuka and Namayingo met the 90% target.

In FY20, 65 health facilities in 12 districts that were poorly performing on breastfeeding indicator were mentored on Essential newborn care and supported to introduce health education talks on early initiation of breastfeeding during ANC sessions.

In FY21, we will target the poorly performing facilities on this indicator and essential newborn care and importance of early initiation of breastfeeding for both the mother and baby for further support.

IR2.1, Sub-IRs 2.1.2,	Proportion of mothers who attended PNC visit at 6 weeks postpartum	17%	50%	17.5%	22.90% (12,777/ 55,908)	25.10% (14,011/ 55,908)	32.00% (17,891/ 55,908)	24.4% (54,486/ 223,632)

The proportion of mothers who attended PNC at 6 weeks postpartum increased across the four quarters for all 12 districts, giving an average performance of 24.4% (below 50% annual target). No district met the 50% target Kamuli district as the highest at 45.6%. The sub optimal performance on PNC at 6 weeks is due to poor EPI/PNC integration.

During the year, 17 facility teams with good DPT1 coverage yet poor PNC at 6 weeks were supported to integrate PNC services into EPI / Immunization (both static and outreaches) and family planning and QI projects implemented to increase PNC at 6 weeks with the following changes:

- Creating space to attend to the triaged-out postnatal women
- re-organization of client flow within the YCC clinics. Assigning a staff/ volunteer to triage out mothers at Immunization points that fall in the 6 weeks period
- Assigning a skilled staff to attend and offer services to postnatal mothers
- Timely documentation into the postnatal register

In FY21, we will continue to support EPI/PNC integration especially at health facilities with good DPT1 coverage yet poor PNC visit at 6 weeks.

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 2.1 Sub-IR 2.1.2 and 2.1.3	Institutional maternal mortality rate (Per 100,000)	368/ 100,000	100/ 100,000	99.9/ 100,000	85/ 100,000	108/ 100,000	87/ 100,000	94.6/ 100,0000 (103/ 108,858)

Comment: Institutional maternal mortality ratio remained within the acceptable range of 100/100,000 live births at an average of 94.6 / 100, 000 live births. Haemorrhage related to pregnancy (APH, PPH) contributed 29% of the maternal deaths (highest case fatality rate at 3.41%), followed by and Abortions due to other causes at 18% and Malaria in pregnancy at 16.1%. No GBV related maternal death was reported.

During the year, the region faced shortage in availability of blood and blood products (especially during the months of strict restrictions due to COVID-19 pandemic) and oxytocin stockouts.

During FY20, RHITES-EC mentored 61 facility teams on prediction, identification and management of obstetric complications, detection, prevention of Anemia and Malaria in pregnancy and its treatment and setting up a contact list (ambulance drivers and higher facilities) for referral while those with maternal deaths / near misses were supported to implement recommendation following maternal death reviews e.g. Introduction of blood transfusion services at Nsinze HC and Nankandulo HC IVs, recruitment of anaesthetic staff at Nankandulo HC IV.

In FY21, RHITES-EC will work with the Districts and hospitals to functionalize referral/ ambulance network for coordinated, effective and timely referrals while engaging the Hospital to use the RBF funds to improve ambulance services to lower health facilities and timey response to obstetric emergencies; skilling of facility teams on management of obstetric complications, cold chain for oxytocin, follow-up implementation of recommendations following maternal death reviews, offer targeted mentorships to health facilities that experience maternal deaths and near misses on basic emergency obstetric and newborn care (BEmONC). Communities will be mobilized on birth preparedness and complications readiness campaigns and timely seeking of maternity services and VHTs as first line responders to emergencies.

A total of 4 community verbal autopsies were conducted and 2 community dialogues conducted to mobilize communities for emergency response.

IR2.1, Sub-IRs 2.1.2	Proportion of maternal deaths reported which are reviewed	13.9%	90%	96%	95.50% (21/22)	100% (28/28)	100% (27/27)	98.1% (104/106)

Comment: There was good performance on maternal death reviews across the quarters in FY20 (with FY20Q3 and FY20Q4 at 100% of the deaths happening in a quarter) giving a 98.1% (104/106) annual performance and 100% of the death reviews entered in the DHIS2 platform.

This is attributable to RHITES-EC supported MPDSR activities to include; health facility mentorships on MPDSR, joint death reviews, availing death review forms, mentoring records staff at health facilities on death review report entry into the system During the year, especially in April and June 2020, death review meetings were disrupted by the COVID-19 restrictions on group meetings however, facilities were guided on keeping the members to key minimum of 5 and reducing time for the meetings while maintaining IPC guidelines.

As part of the response for community deaths, 4 community verbal autopsies and 2 community dialogues to mobilize communities for emergency response were conducted.

In FY21, we will continue supporting facility teams to track and implement recommendations following death reviews, joint reviews between referral hospitals and lower health facilities that commonly refer mothers as near- misses' and those that end up as deaths while District capacity to carry out community verbal autopsies followed by community mobilization for institutional deliveries, obstetric complications recognition and early referral will be supported.

R 2.1, Sub-IRs 2.1.2 and 2.1.3	Institutional still births rate	14/1,000	15/1,000	16.4/1,000 (441/ 26,813)	19.1/1,000 (507/ 26,493)	17.3/1,000 (454/ 26,220)	17.2/1,000 (543/ 31,625)	17.5/1,000 (1,945/ 111,151)

Comment: Still birth rate declined by a 0.5/1,000 – point from 18/1,000 in FY19 to 17.5/1,000 total deliveries in FY20 still above the 15/1,000 target. There was suboptimal performance on this indictor. Macerated still births (MSBs) contributed 50.6% of the total stillbirths in FY20 pointing to gaps in the antepartum period of pregnancy.

During the FY20, RHITES-EC supported 61 facility teams to improve

Antenatal care package received by women ranging from investigative, preventive (IPT, LLINs, deworming, Ferrous/folic supplementation), treatment of infections/complications (Malaria in pregnancy, syphilis) to proper labour and delivery processes at health facilities.

In FY21, we will continue supporting health facility teams to ensure complete ANC care package delivery, safe labour, and delivery processes, strengthen referral communication across health facilities and mobilise women for timely seeking and uptake of services.

Comment: Institutional neonatal mortality remained below the 15/1,000 live births set target at 6.2/1,000 live births by end if FY20 a1.2%-point decline from 7.4/1,000 live births in FY19.

89.9% of the neonatal deaths were within the 1st week of life while 10.1% were in the 8 – 28-day period, translating into an institutional early neonatal mortality of 7.7/1,000 live births and a late neonatal mortality of 1.5/1,000 live births.

During FY20, RHITES-EC mentored health workers in managing sick and low birth weight newborns, set up newborn resuscitation corners at 25 health facilities and conducted practicum resuscitation skills building sessions at 32 facilities while 12 health facilities with newborn care units were mentored on management of sick newborns and very low birth weight babies.

In FY21, we will support health facilities through mentorships to address management of neonatal infections, birth asphyxia, preterm births complications and community mobilization and sensitization on newborn danger signs, care, and adoption of good practices of newborn care while at home and early seeking of health care for a sick newborn.

IR 2.1, Sub-IRs 2.1.2 and 2.1.3	Perinatal mortality rate	2.6%	2%	2.49% (659/ 26,464)	2.84% (748/ 26,383)	2.36% (622/ 26,345)	2.39% (754/ 31,611)	2.51% (2,783/ 110,803)

Comment: Two thousand seven hundred eighty-three (2,783) perinatal deaths occurred in FY20. Perinatal death mortality remained stagnant over the FY20 quarters, with an upsurge in PMR in FY20Q2. Slight decline in the perinatal mortality rate was noted in the last 2 quarters (Q3 & FY20Q4) of FY20, compared to FY20Q1 and FY20Q2, giving an average of 25/1,000 total births.

Stillbirths contributed 700% (1,945) of the perinatal deaths—hence the need to strengthen processes of care around the Antenatal, Labor and Delivery while 30% were early neonatal deaths.

RHITES-EC continued to support facility teams to use the BABIES matrix to categorize perinatal deaths, identify and implement interventions to reduce perinatal deaths e.g. introduction of KMC services, mentorship of management of sick newborn and sharing management protocols, initiate and monitor processes of care for both the mother (during antenatal, intrapartum period) and baby in the immediate postnatal period at 61 facilities.

In FY21, we will continue to facilitate mentorships in newborn care, preterm birth management, delivery of complete ANC care packages (detection and appropriate management of infections e.g. syphilis, malaria; Nutrition problems e.g. anemia; obstetric complications e.g. hypertensive disorders) preventive measures – Hb testing, Ferrous/folic supplementation, deworming, LLINs, IPT; identification and management of predisposing factors to still births or preterm delivery) intrapartum processes, postpartum care for the newborn as a way of reducing causes of perinatal deaths and mobilize communities for early seeking of care for obstetric and newborn complications.

IR2.2, Sub-IR2.2.1	Proportion of perinatal deaths reported that are reviewed	3.8%	50%	17%	11.10% (81/728)	10.50% (65/622)	29.78% (224/752)	18% (502/ 2,783)

Comment: Perinatal death review rate increased across the quarters of FY20 with highest at 29.7% in FY20Q4 giving an average of 18% by end of FY20 still below the 50% target. The sub- optimal performance on this indicator was due limited skills in conducting perinatal death reviews, lack of the revised inpatient care tools, patient case notes (maternal and neonatal), poor documentation and meeting restrictions during COVID-19 pandemic. In FY20Q2, RHITES-EC conducted a capacity building session for the District MPDSR mentors/roving teams at their own facilities through joint perinatal death reviews at 15 facilities, availed perinatal death review forms and facilitated district MPDSR mentors to support 28 lower facilities in the PDSR collaborative to carry out perinatal death reviews and hold CMEs on the identified avoidable factors and causes of perinatal deaths.

Twelve of the 28 facilities supported through mentorships and CMEs in FY20, have shown improvement in perinatal death notification through the weekly MTRAC surveillance, notification to Districts and MOH using notifications tools and review tools with 49.5% (171/348) of perinatal deaths that occurred at these 12 facilities between July – September 2020 reviewed.

Weekly surveillance data (as reported in HMIS 033B) was used to guide District MPDSR roving teams to carry out facility-based joint Perinatal death reviews and follow up on recommendations made during the death reviews.

In FY21, we will continue to build capacity and facilitate District MPDSR roving teams to utilize weekly surveillance data (as reported in 033B) to identify and target health facilities for joint Perinatal death reviews and follow up on recommendations following death reviews and hold CMEs on causes of perinatal deaths.

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	Proportion of neonates (age 0-28 days) presenting to health facilities with sepsis/infections who were treated appropriately	N/A	70%	98% (247/252)	87.7% (128/146)	96.7% (174/180)	100% (199/199)	96.3% (748/777)
Comment: In FY20, a total of 777 newborns between 0 – 28 days were diagnosed with sepsis (as additional data using ODK from 135 health facilities) with 96.3% (748) having received appropriate treatment (above the 70% target). This good performance on appropriate treatment of neonates diagnosed with sepsis/infection in FY20 is attributable to onsite dissemination and orientation of service providers on IMNCI, mentorships on management of newborn infections at 37 facilities (12 newborn care units and an additional 25), data use during forecasting thereby improving availability of the recommended antibiotics and availability of treatment guidelines. In FY21, RHITES-EC will continue with health facility mentorships on sick newborn management, infection prevention and control measures, prophylactic treatment for newborns at risk of sepsis, improvement in quality of newborn care data, adequate forecasting for drugs using consumption data and adherence to the National treatment protocols while women/caretaker will be continuously counselled on newborn care practices during postnatal period and at discharge including early seeking of care for the sick newborn.							
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	Number of children who received DPT3 vaccine by 12 months of age in USG- assisted programs (indicator in PRS with pre-determined targets)	5,689	163,082	39,785	43,875	45,801	49,305	110%
Comment: 178,766 (110%) of the children received DPT3 meeting the FY20 annual target. There was improvement of the indicator from 97% of FY20Q1 to 104.7% in FY20Q4. All districts within the EC region achieved above 90% of DPT3 coverage in FY20QQ1. 33% of these were reached through outreach in the annual year. This improvement is attributed to several interventions to improve utilization of EPI services in the region. These included District engagement meetings and performance review to analyze bottle necks to ppr performance and micro action plan to target poor performing sub counties and facilities for QI support such as support to facility and district microplanning in 8 districts of the region, VHT mapping of children with missed opportunity for vaccination through SBCC to improve knowledge and attitudes as well linkage and referral and integrated outreach in hard to reach populations including the islands of Mayuge. The district of Luuka had the least performance of 90%. In FY20. In FY21, efforts will be put to sustain the performance and target low performing districts and their sub counties to map out defaulters, strengthen static EPI clinics and outreaches as well as support DHT supervision and mentorship. USAID EC will continue with targeted strengthening of community demand creation and mobilization for immunization services uptake							
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	Percentage of children below one year who have received pentavalent vaccine PCV3 (PCV 3 coverage)	96.3%	100%	80%	87.9%	91.5%	98,9%	89.6%
Comment: There was improvement in PCV3 coverage from 80% in FY20Q1 to 98.5% % in FY20Q4 achieving 89% of the annual target. Despite the improvement throughout the quarters, the performance remains below the target of 100%. This was due to the high dropout rates in first 2 quarters of FY20 and vaccine shortages. Improvement is noted across all districts but poor performance of less than 90% in FY20Q4 is noted in Luuka district. The improvement is attributed to availability of vaccines and quality improvement support to improve utilization of EPI services including district microplanning, as well as community mobilization linkage and referral. Emphasis in FY20Q1 will be targeted to poor performing districts and sub counties and improve static EPI management as well as strengthen demand creation.							
IR 2.2 Sub-IRs 2.2.1	Percentage of children under 1 who received measles vaccination (measles vaccination coverage)	70.2%	85%	69%	84.1%	92.1%	104.7%	87%
Comment: There was marked improvement of measles coverage TO 104.3% in FY20Q1 from 69%% in FY20Q1 surpassing the FY20 annual target of 85% at 87%. In FY20Q1 apart from Kaliro district, all districts within the EC region scored above 90%. This was mainly achieved through engagement with the DHTs with district performance reviews to target interventions to poor performing sub counties. The interventions included EPI mentorships to HC to high volume sites, integrated outreaches to hard communities with SBCC approach to foster community linkage and referral to sites attributed to intensified resumption of community and lower health facility outreaches, VHT and facility mapping of defaulters and community mobilization for linkage and referral. During the quarter there was also collaborative mentorship with the districts on missed opportunities. In the next quarter efforts will be put sustain the performance while targeting underperforming sub counties to further improve performance							

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	Percentage of children aged under five years (12-59 months) who have received a 2nd dose for deworming	25%	80%	30%	35.6%	64.3%	22.6%	38%
Comment: The percentage of children receiving second dose of deworming was suboptimal at 38% of the annual target and remained low through FY20 despite some improvement of up to 64.3% in FY20Q3. This is mainly attributed to the non-observance of the 2 Child health days campaigns that promote intensified child health interventions by MMR campaign in October 2019 and COVID-19 outbreak in April 2020. Furthermore, there was noted poor documentation an integration of the service in to outreaches and OPD. Emphasis in FY20 will be put on support for the planned child health days. mentorships to ingrate the service in to EP1, OPD and outreach services as well as improving documentation across the region								
IR 2.2 Sub-IRs 2.2.1	Percent of children under 5 years receiving two doses of Vitamin A	N/A	55%	18%	31.5%	30.3%	20.6%	25%
Comment: The percentage of children receiving second dose of Vit A was suboptimal at 25% of the annual target and was suboptimal throughout FY20. This is mainly attributed to the non-observance of the 2 Child health days campaigns that promote intensified child health interventions. by MMR campaign in October 2019 and COVID-19 19 outbreak in April 2020. Furthermore, this may be due to poor documentation an integration of the service in to outreaches and OPD Emphasis in FY20 will be put on support for the planned child health days. mentorships to ingrate the service in to EP1, OPD and outreach services as well as improving documentation across the region								
IR 2.2, Sub-IR 2.2.1	Number of cases of child diarrhea treated in USG-assisted programs (indicator in PRS with pre-determined targets)	90,000	50,400	8,243	9,226	7,983	6,423	57%
Comment: This indicator achieved 57% of its annual indicator with a slight reduction of cases in FY20Q3 and FY20Q4. The reduction in number could be due to interrupted access to health facilities in these two quarters due to COVID-19 restrictions as well as inadequate linkage and referral from the community. The region has only 2 districts of Kamuli and Kaliro with active ICCM structures. RHITES-EC will continue with mentorships as well community VHT and available ICCM structures to improve linkage and referral to facilities in the next quarter.								
IR 2.2 Sub-IR 2.2.1	Number of new cases of pneumonia aged under five years. (Under 5 Pneumonia incidence cases) (indicator in PRS with pre-determined targets)	54,991	45,000	5,687	6,843	6,546	6,093	55.9% (25,169/ 445,000)
Comment: This indicator achieved 55.9% of its annual indicator with a slight reduction of cases in FY20Q3 and FY20Q4. The reduction in number could be due to interrupted access to health facilities in these two quarters due to COVID-19 restrictions as well as inadequate linkage and referral from the community. The region has only 2 districts of Kamuli and Buyende with active ICCM structures. RHITES-EC will continue with mentorships as well community VHT and available ICCM structures to improve linkage and referral to facilities in the next quarter								
IR 2.2 Sub-IR 2.2.1	Proportion of cases of 2-59 months child pneumonia appropriately treated in USG-assisted programs (under 5 pneumonia incidence cases)	N/A	80%	96.8%)	97.9%	99%	99.8%	98%
Comment: Treatment for pneumonia among 2 – 59 months indicator has sustained good performance at 99.8% in FY20Q4 from 96.8% in FY20Q1 and a progressive improvement throughout the year., an improvement from 97.9% in FY20Q2. This is mostly due to availability of amoxicillin dispersible tablets and improved health worker skills gained through ongoing quarterly IMNCI mentorships. In FY20Q3, we will focus on sustaining the good performance through onsite data driven targeted onsite mentorship.								
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	Institutional Under-5 mortality rates	64 per 1,000 live births	<30/1000	16.8/1,000	10.9/1000	9.2/1000	7.8/1000	8.9/1000
Comment: Institutional under 5 mortality in FY20Q3 has remained within the acceptable margin of <30/1000. Throughout the quarters there was notable improvement from 16.8/ 1000 live births in FY20Q1 to 9.2/ 1000 live births in FY20Q4. This improvement is attributed to good health care provider skills in appropriately treating childhood illnesses throughout the year following targeted continuous IMNCI mentorships in high volume sites. Treatment for all the 3 major causes of childhood illnesses malaria, diarrhea and pneumonia scored above 90% for appropriate treatment throughout the year. Additionally, the necessary commodities for treatment including amoxicillin, zinc/ORS, gentamycin, ACTs have been in stock with minimal reported stockouts. In FY21 efforts to sustain this improvement through targeted IMCI and ETAT mentorships to high volume and poorly performing sites. Efforts will be put into death reviews at high volume referral sites and appropriate actions to root causes will be taken to further close the gap.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Access to and Uptake of FP Services Expanded								
IR 2.1, Sub-IR 2.1.1, IR 3.3 Sub-IR 3.3.1	Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and services	N/A	492	522	522	522	522	522
Comment: A total of 522 Community Health Workers (CHWs) from 40 sub counties with high total fertility rates and teenage pregnancies in 8 districts were supported to provide FP mobilization, counselling, provision of short-term methods and referral of clients for long term methods to health facilities. RHITES-EC provided CHWs with lunch when they came to the health facilities to submit monthly reports, collect FP commodities, and receive mentorship from midwife supervisors.								
IR 2.1, Sub-IR 2.1.1, IR 3.3 Sub-IR 3.3.1	Percentage of USG-assisted service delivery sites providing FP counseling and/or services	100% (HCIIIs and above)	100% (150)	93.3%	93.3%	93.3%	94%	94%
Comment: Out of 134 USG supported sites, 126 (94%) provided comprehensive family planning counselling and modern family planning methods. However, the 8 health facilities which were excluded (due to religious beliefs) provide counselling to clients to use cycle beads and lactational amenorrhea family planning methods.								
IR 2.1, Sub-IR 2.1.1, IR 3.3 Sub-IR 3.3.1	Number of USG supported service delivery points offering any modern contraceptive methods	140 (HCIIIs and above)	467	446	446	446	446	446
Comment: Each site should have 5 service points (HIV care and treatment, HIV testing, ANC/PNC, PP and KP preventions points). Out of 134 USG supported sites, 8 do not provide modern methods of family planning due to religious background. The remaining 126 sites have 446 service delivery points which include 126 HIV Testing points, 124 HIV Care and Treatment points, 123 Antenatal Care points, 43 Priority Population prevention points and 30 KP prevention points.								
IR 2.1, Sub-IRs 2.1.1 2.1.2., IR 3.3 Sub-IR 3.3.1	Number of clients provided with FP Services	N/A	449,265	139,891	126,867	142,447	172,421	581,626
Comment: Total FP users increased by 132,361 (30%) from 449,265 annual estimation to 581,626 actual annual FP users. The highest increase was noted in FY20Q4 due to easing COVID19 movement restrictions and increased sensitization of community members through radio talk shows, community dialogue meetings, targeted mentorship of health workers to integrate FP in immunization, HIV and postpartum services and regular availability of FP commodities. Districts of Kamuli and Buyende had highest increase FP users in FY20Q4								
	Number of new FP users	N/A	N/A	75,025	64,876	77,764	87,107	304,772
	Condoms	N/A	N/A	25,129	26,758	25,473	24,170	101,530
	IUDs	N/A	N/A	1,751	758	995	2,462	5,966
	Implants	N/A	N/A	13,468	11,541	14,600	18,518	58,127
	Oral Pill	N/A	N/A	4,277	2,742	3,283	3533	13,835
	Injectables	N/A	N/A	26,085	21,636	31,235	36,176	115,132
	Female Sterilization	N/A	N/A	147	192	201	232	772
	Male Sterilization	N/A	N/A	37	16	18	18	89
	Natural methods	N/A	N/A	797	825	966	1,140	3,728
	Other New Users	N/A	N/A	3,334	408	993	858	5,593
Comment: Out of 581,626 total FP users, 53% (304,772) were new users. 38% (115,132) of new clients took injectables, 33% (101,530) used either male condoms or female condoms, 19% (58,127) utilized implants, 2% (5,966) took IUD. Permanent methods (both male and female sterilization) contributed 0.3% (861). Highest number of new FP users was noted in FY20Q4 especially in districts of Iganga, Jinja and Kamuli contributing 46% (39,687) of the new FP users.								

IR 2.1, Sub-IRs 2.1.1 2.1.2.	Number of HIV positive clients provided with FP services for the 1st time	N/A	2,952	782	1,204	1,369	1,794	5,149
Comment: Despite COVID19 pandemic, there was steady increase of the number of HIV positive clients provided with FP for the first time from 782 in Oct – Dec 2019 to 1,794 in July – Sept 2020. This was attributed to targeted mentorship of 103 HIV clinic staff from 52 high volume facilities in 12 districts on family planning provision, delivery of FP commodities along with ARVs to clients on short term methods of FP and continuous implementation of community based FP services during FY20Q2 and FY20Q3 when there was movement restrictions during COVID 19.								
IR 2.1, Sub-IR 2.1.2., IR 3.3 Sub-IR 3.3.2	Average stock out rate of contraceptive commodities at FP service delivery points	10%	0%	34.3%	18.4%	14.3%	4.9%	18%
Comment: Supporting the districts to implement the Alternative Distribution Strategy (ADS) enabled the replenishment of FP commodities in the public sector resulting in a 13.4% decrease in FP commodity stock outs between FY20Q3 and FY20Q4.								
IR 2.1, Sub-IR 2.1.2,	Number of additional USG-assisted CHWs providing FP information and/or services during the year	0	0	30	0	0	0	30
Comment: Thirty additional CHWs were supported to provide family planning (FP) information and/or services. The CHWs were from 3 sub counties of Gadumire (Kaliro district), Ikumbya (Luuka) and Magada (Namutumba) with the highest fertility rates. The CHW were oriented, equipped and facilitated to provide FP services in their respective communities.								
IR 2.1, Sub-IRs 2.1.2, 2.1.3	Couple Years of Protection (CYP)	304,315	69,427	70,771	85,181	304,315	116,293	341,673
Comment: The national CYP estimation for FY20 is 4,700,000 of which RHITES EC region expects to contribute 521,160. There was 66% (341,673/521160) achievement of CYP dispensed in RHITES EC during Oct 2019 – Sept 2020. This was attributed to RHITES EC collaborating with other FP implementing partners (JHPIEGO's *The Challenge Initiative* (TCI), Marie stopes and RHU) to conduct FP outreaches for long and permanent methods. In addition to facilitating staff in HC IIIs and above to conduct integrated FP-PMTCT-Immunization outreaches to HC IIs, RHITES EC facilitated VHTs to mobilize clients while other FP implementing partners provided services. Conducted targeted mentorship of health workers with challenges in provision of FP services especially long-term methods,								
IR 2.1, Sub-IR 2.1.2,	Number of people trained in FP service provision	N/A	0	0	0	0	0	N/A
Comment: FP service providers were trained through orientations, mentorship and coaching as shown below: • Mentored 91 health workers from 30 health facilities with suboptimal performance in July – Sept 2019. • 39 FP service providers from 10 health facilities in 5 districts of Namutumba, Luuka, Bugiri, Buyende and Kaliro were mentored on quality, human rights-based family planning service provision, integration of FP at all service delivery points, supply chain, documentation and reporting of FP services. • 1,645 FP service providers from 472 public and private health facilities in 12 districts were oriented on the USAID family planning policies and guidelines, national family planning strategies, and family planning documentation and reporting. • 103 HIV clinic staff from 52 health facilities were mentored on rationale of integration of FP services, comprehensive counselling, provision of FP services especially LARCs, management of side effects, infection prevention, drug interaction, data management and reporting. • Mentored a total of 315 FP service providers on postpartum and HIV integration in 60 health facilities. • A total of 209 health workers in 167 HC IIs were oriented on family planning data management and reporting								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Access to and Uptake of Nutrition Services Increased								
IR 2.2 Sub-IR 2.2.2, IR 3.3 Sub-IR 3.3.1	Number of people trained in child health and nutrition through a USG supported program	40	200	38	0	0	928	464%
Comment: Following revision of HMIS data tools, we oriented 628 (396F, 232M) healthcare staff from HC IIs on nutrition assessment counseling and support (NACS) and nutrition data elements in the revised HMIS tools. The two-day district-based orientations were conducted in each of the districts (12) to increase coverage for NACS and nutrition reporting in all-level facilities. Another 72 (19M, 53F) healthcare workers (midwives, medical clinical officers, nurses, and Health assistants) and 228 (121M, 107F) VHTs were oriented on community maternal infant young child and adolescent nutrition (MIYCAN) and establishment of nutrition care groups in Bugiri, Jinja, and Kamuli districts							
IR 2.2 Sub-IR 2.2.2, IR 3.3, Sub-IR 3.3.4	Number of individuals receiving nutrition-related professional training through USG-supported programs	Facility Wash	30	38	0	0	0	126.7%
Comment: Trained 38 (11F, 27M) selected facility-based, sub county and district level staff from Bugiri (13), Busia (12), Namayingo (6) and Namutumba (7) districts in infection prevention and control (IPC) based on the UNICEF WASH FIT tool and the revised facility WASH score card. In other districts where similar trainings had been conducted in FY19, half-day orientations were prioritized								
IR 2.2 Sub-IR 2.2.2	Proportion of people that accessed nutritional assessment and counselling services (NACS) at OPD	15%	40%	27.9%	30%	30.3%	45.8% (502,255/ 1,096,951)	33.58%
	Comment: NACS at OPD in all-level facilities (HCII – Hospitals) improved from 27.9% (278,519/1,001,289 in FY20Q1 to 45.8% (502,255/1,096,951) with all districts except Bugiri (24%), Mayuge (38%) and Busia (40%) surpassing the annual target (40%) the achievement is due to capacity building for the 370 HC IIs in FY20Q4 and quarterly targeted data driven onsite mentorships conducted. Performance is however affected by abandonment of nutrition assessment by healthcare staff in fear of contracting corona virus especially since they lacked personal protective gear (PPE).							
	Proportion of people that accessed NACS at MCH	15%	55%	45.9%	26.8%	33%	30%	33.93%
	Comment: Performance decreased in FY20Q4. Gaps in documentation and data aggregation within maternity and antenatal clinics contributed to under reporting with only postnatal sections of the revised HMIS reporting tools able to include assessment data. Notably NACS in postnatal clinics improved from 59% (Q1) to 76% in FY20Q4 COVID19 anxiety and fear of physical contact with mothers among the facility staff during nutrition assessment in MCH clinics aggravated by lack of PPE further affected FY20Q4 performance. The identified documentation gaps will be addressed through targeted onsite mentorships planned for FY21							
IR 2.2 Sub-IR 2.2.2, IR 1.3 Sub-IR 1.3.1	Proportion of HIV positive patients receiving HIV care services whose nutrition status was assessed	87%	95%	92.4%	93%	87%	95.6%	92%
Comment: Performance averaged at 92% over the year with 7 districts; Bugweri, Buyende, Kaliro, Jinja (100%), Bugiri, Busia, (99%) and Namayingo (98% surpassing annual target in FY20Q4 while Iganga (at 79%) performed poorest. The improvement is due to targeted onsite support which addressed NACS service integration gaps within routine ART care and treatment services, as identified in FY20Q3.								
IR 2.2 Sub-IR 2.2.2	Proportion of clients who received nutritional assessment and had acute malnutrition	5.3%	<3.5%	1.4%	1.8%	1.2%	1.6%	1.50%
Comment: Burden of malnutrition among children under five years seen at health facilities averaged at 1.5%; increasing from 1.4% (989/68.812) in FY20Q1 to 1.6% (2,244/137,689) in FY20Q4 and sustained below the annual target (3.5%). Jinja district reported highest burden (4.4%) since it has the highest referral facility for therapeutic care (at Jinja regional referral hospital). Kaliro (1.7%), Iganga (1.9%) were higher than 1.5% while Buyende and Bugweri (at 0.4%) districts recorded lowest burden in FY20Q4 The low malnutrition burden is largely due to multichannel community social behavior change (SBCC) prevention and promotion interventions implemented (such as nutrition care group approach, community dialogues, Family Life Schools, integrated home-to-home support). Increase in burden registered in FY20Q4 is attributed to improved facility level assessment to increase case identification, reduced dietary intake due to food insecurity as a result of poor socioeconomic practices such as commercial sugarcane growing at expense of household food production, disruption of food systems due to COVID19 pandemic that affected household food and nutrient intake.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 2.2 Sub-IR 2.2.2	Proportion of malnourished clients who received nutritional supplementary / therapeutic foods	43%	90%	80.4%	83%	66%	33%	65.6%
Comment: Access to therapeutic foods by eligible malnourished clients (SAM) averaged at 65.6% during the year and below the annual target (90%) with a decline in FY20Q4 and. At 89%, Busia district had the highest enrollment. Three districts had enrollment rate lower than 50% in FY20Q4 Bugweri (9%), Kaliro (12%) Kamuli (22). Access was largely affected by reduced coverage following reduction in number of outpatient therapeutic care (OTC) sites from 21 facilities to 15 during the year. The challenge was exacerbated by inadequate, irregular, and reduced supply of therapeutic foods to the 15 selected sites along the year by the collaborating partner (MAUL). In FY21, we will sustain collaborations with UNICEF and other partners to redistribute therapeutic foods from the OTC hubs to lower health facilities integrate OTC support into targeted onsite mentorships.								
IR 2.2 Sub-IRs 2.2.2, 2.2.4	Proportion of pregnant and lactating women who received Infant and Young Child Feeding (IYCF) counselling	22%	60%	43.1%	62%	74%	72.5%	62.5%
Comment: IYCF coverage averaged at 62.5% surpassing the annual target (60%). There was remarkable individual district improvement in FY20Q4 with all districts except Namutumba (at 28%) surpassing the annual target. This is attributed to the quarterly targeted virtual and physical mentorships that purposed to address IYCF service delivery, documentation, and reporting gaps in antenatal, maternity, and postnatal units. Namutumba districts will be prioritized for support in FY21.								
IR 2.2 Sub-IRs 2.2.2	Number of children under five (0-59 months) reached by nutrition-specific interventions through USG-supported programs	170,000	467,271	90,339	79,160	122,281	77,394	79%
Comment: Overall, 369,174 children (6 – 59months) accessed vitamin A supplementation (1st doze); achieving 79% (369,174/467,271) of the annual target. The performance is attributed to targeted site support, sustained facility level Vitamin A stock status and intensified SBCC messages that promote timely and complete immunization and deworming. Nevertheless, non-observance of child-days+ (in April and November) and COVID19 restrictions during the year partly affected indicator performance.								
IR 2.2 Sub-IRs 2.2.2	Number of pregnant women reached by nutrition-specific interventions through USG-supported programs	185,000	193,018	38,668	35,715	41,200	42,079	81.7%
Comment: 81.7% (157,662/193,018) of target achieved. There was steady increase in number of pregnant women receiving the recommended iron-folic acid supplements (≥30 tablets) at ANC1 over the quarters. Improvement achieved in all districts except 4: Kaliro (55.9%), Namayingo (68.3%), Luuka (75%) and Bugweri (89.5%) in FY20Q4. The improved performance is due to targeted virtual and physical onsite mentorships that addressed adherence to the revised supplementation guidelines, and continued collaboration with Uganda Multisectoral Food Security and Nutrition project (UMFSNP) to support inter facility and inter-district stock redistributions from Bugiri, Iganga, Namutumba (UMFSNP implementation districts) to other districts.								
IR 2.2 Sub-IRs 2.2.2, IR 3.3, Sub-IRs 3.3.4	Number of individuals receiving nutrition-related professional training through USG-supported programs	NACS 0	120	0	0	0	928	523%
		Comment: Following revision of HMIS data tools, we oriented 628 (396F, 232M) healthcare staff from HC IIs on nutrition assessment counseling and support (NACS) and nutrition data elements in the revised HMIS tools. The two-day district-based orientations were conducted in each of the districts (12) to increase coverage for NACS and nutrition reporting in all-level facilities.						
		Community Nutrition model 0	50	0	0	0	300	600%
		Comment: 72 (19M, 53F) healthcare workers (midwives, medical clinical officers, nurses, and Health assistants) and 228 (121M, 107F) VHTs were oriented on community maternal infant young child and adolescent nutrition (MIYCAN) and establishment of nutrition care groups in Bugiri, Jinja, and Kamuli districts						

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 2.2 Sub-IRs 2.2.2, IR 3.3, Sub-IRs 3.3.4	Percent of high-volume health facilities with established capacity to manage acute under-nutrition	44.8%	100%	100%	100%	100%	100%	100%
Comment: All the selected 15 high-volume sites (6 Hospitals, 6HC IVs, 2HC IIIs, 1 clinic) which manage acute malnutrition have sustained capacity to offer the appropriate curative and preventive nutrition services throughout the year. Inadequate stocks of therapeutic foods due to irregular supply remains a challenge. We will sustain collaborations with UNICEF and Medical Access Uganda Limited (MAUL) to redistribute stock and maintain site level stock of therapeutic foods while targeted onsite mentorship will address service delivery gaps								
Access to Sustainable Water Supply and Sanitation Improved								
IRs 1.1, 1.2 and 1.4, Joint Sub-IR 1. X.1	Percent of high-volume health facilities (HCIII and above) conducting hygiene audits and action planning	N/A	70%	26.7%	30%	63%	19.5%	34.8%
Comment: We supported hygiene audits and WASH action planning, based on the WASH score card in 129/220 (high-volume healthcare facilities (10 hospitals, 20HC IVs, and 99 HCIIIs) across all the 12 districts. Based on the audit findings, site specific support was provided during the year. A follow-up assessment was conducted in 76 (hospitals, 13HC IVs, 57HCIII) healthcare facilities with WASH improvements achieved: OPD (35 facilities), labor and delivery (41) and postnatal (36). In FY21, targeted bi-annual audits will be conducted to increase coverage determine impact of hygiene improvement efforts.								
IRs 1.1, 1.2 and 1.4, Joint Sub-IR 1. X.1	Percent of population in target areas practicing open defecation	5% (2018)	5%	N/A	N/A	N/A	N/A	3.5%
Comment: With latrine coverage at 96.5%, the projected population practicing open defecation is 3.5% (LQAS 2020) and below the annual target (5%); an improvement from 5% (LQAS 2019). During the year interventions to improve household water sanitation and hygiene (WASH) including participatory hygiene and sanitation transformation (PHAST), home visits and targeted integrated SBCC and community activities have improved community responsiveness to human fecal matter management. In FY21, these successful strategies will be scaled up further								
Uptake of HIV Prevention, Care and Treatment Services Increased								
Voluntary Medical Male Circumcision – VMMC								
IRs 1.3 Sub-IR 1.3.2	Number of males circumcised as part of the Voluntary Medical Male Circumcision package of services	N/A	47,002	19,018	15,435	2,027	12,172	48,652
Comment: Achieved 104% of annual target. This is attributed to organizing VMMC camps and outreaches to underserved areas where demand was relatively higher. After relaxation of covid-19 restrictions, implementation was done within infection control guidelines: using face masks for staff and clients, hand washing and observing social distancing.								
IRs 1.3 Sub-IR 1.3.2	Percentage of circumcised males who returned for follow up within 48 hours	66.50%	90%	89%	91%	95%	90%	92.8%
Comment: The project supported health facility staff to conduct community visits to reach more clients. Mobilizers were attached to follow up teams.								
IRs 1.3 Sub-IR 1.3.2	Number of males circumcised surgically or by medical device that experienced at least one moderate or severe adverse event(s) (AEs)	277	<2%	19 (0.1%)	31 (0.2%)	4 (0.2%)	25 (0.2%)	79 (0.1%)
Comment: Client education, high rate of follow up and prompt management of minor problems ensured low occurrence of moderate and severe adverse events (0.1% of circumcised clients)								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IRs 1.3 Sub-IR 1.3.2	Percentage of circumcised males between 15-29 years	N/A	80%	47%	45%	60%	92%	58%
Comment: This was higher than 47% achieved the previous year. This was due to targeted mobilization among older men, using peer mobilizers, and strict observance of PEPFAR age restrictions.								
HIV Prevention for Key and Priority Populations								
IRs 1.3 Sub-IR 1.3.2;	Number of key populations (KPs) reached with individual and/or small group level HIV prevention interventions designed for the target population.	N/A	5,205	2,386	1,361	1,091	1,330	6,168
Comment: Surpassed (118%) the annual target. This is attributed to implementation of High impact interventions to reach KPs including targeted peer outreaches, pilot of Enhanced peer outreach approached (EPOA), peer led literacy and awareness creation through SBCC and collaboration with KP friendly DICs								
IRs 1.3 Sub-IR 1.3.2	Number of priority populations (PP) reached with the standard-ized, evidence-based interven-tion(s) required that are designed to promote adoption of HIV prevention behaviors and service uptake	N/A	54,866	11,782	6,407	3,709	5,643	27,541
Comment: RHITES-EC achieved 50% of the annual target for PPs reached with HIV prevention services. The suboptimal performance is due to ab-normally high targets of 54,866 compared to 19,726 PPs according to size estimates conducted in November 2019 and the suspension of community outreaches, operation of PP hotspots as part of COVID19 restrictions.								
IRs 1.3 Sub-IR 1.3.2;	Number of individuals who were newly enrolled on oral antiretro-viral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period	N/A	2,066	318	343	515	1077	2253
Comment: Surpassed annual target (109%) of clients initiated on PrEP. The number of clients initiated on PrEP increased over quarters from 13% in FY20Q1 to 30% in FY20Q2 to 54% and exponentially to 104% in FY20Q4 This is attributed to improved peer-led literacy and awareness creation through individual and or small group dialogues and targeted messaging.								
IRs 1.3 Sub-IR 1.3.2;	Number of individuals, inclu-sive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the report-ing period	N/A	1,234	318	661	1,176	1,252	1,252
Comment: 101% of the annual target of 1,234, an improvement from 89% by the end of FY20Q3. To maintain PrEP services during COVID-19 restrictions, RHITES-EC supported districts and health facilities to implement MMD of PrEP, conduct community PrEP refills at DICs and KP/PP hot spots and provide adherence support and counselling to PrEP clients using phone calls, SMS, and WhatsApp.								
Gender-Based Violence (GBV)								
IR2.1 Sub-IRs 2.1.1, 2.1.2, 2.1.3, 2.1.4, IR 1.3 Sub-Irs 1.3.2	Number of people receiving post-GBV clinical care based on the minimum package	N/A	10,671	2,709	6,614	11077	12,496	12,496
Comment: The number of people who received post -GBV clinical care based on the minimum package of services improved from 104% to 117% The performance is attributed to intensified routine Intimate partner inquiry among the PMTCT, Teenage ANC mothers and unsuppressed clients and bidirec-tional referrals/linkages for post violence care services.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
HIV Testing Services-HTS								
IRs 1.3 Sub-IR 1.3.2	Number of individuals who received HIV Testing Services (HTS) for HIV and received their test results	N/A	286,757	139,757	136,315	108,047	124,979	509,098
Comment: 178% (509,098/286,757) achievement of the annual target., thus surpassing the 100% expected performance with 78 percentage points. Over performance is attributed to inconsistent use of the eligibility screening tool mainly at OPD, and routine testing for ANC and VMMC clients and testing during community outreaches by non PEPFAR partners. The project will intensify screening for eligibility at all entry points; assign volunteers to screen all OPD attendees for eligibility and focus on implementation of index testing.								
IRs 1.3 Sub-IR 1.3.2	Number of individual HIV self-test kits distributed	N/A	25,113	7,192	1,073	2,588	7,890	18,743
Comment: 75% (18,743/25,113) achievement of annual target. Performance is attributed to stock out of HIVST kits in FY20Q2 and FY20Q3. 42 additional sites were trained making a total of 68 sites providing HIVST. The project maintained distribution through pregnant and lactating mothers, KP peer leaders attached to health facilities and ATGWU DIC but also adopted innovations including integration of HIVST platform in index testing in community ART distribution and VL sample collection during for index clients who consented and opted for self-referral/notification. COVID-19 lockdown to improve outputs.								
IRs 1.3 Sub-IR 1.3.2	Number of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result during the reporting period	N/A	11,550	0%	141	120	178	439
Comment: 4% 439/11,550) achievement of the annual target for the EC region and 37.4% (439/1,174) achievement for the four phase 1 sites that include Jinja RRH, Kamuli GH, Busia HCIV and Mayuge HCIII. Suboptimal performance is attributed to transfer of trained staff in Kamuli GH, re-deployment of staff at Busia HCIV, engagement of trained staff in other activities including COVID-19 with minimal involvement in Recency HIV testing activities as well as delayed sites activation that was done in the last week of January 2020. Health facility teams have been engaged to fully integrate Recency HIV testing in HTS. In FY21, orientation of other facility teams will be done to improve outputs.								
IRs 1.3 Sub-IR 1.3.2	Number of individuals who were identified and tested using index testing services and received results	N/A	15,418	3,959	4,484	2,417	4,825	16,834
Comment: 102% (16,834/15,418) achievement of the annual target; 3,053 identified HIV positive with a yield of 18%. Achievement of testing through index testing is attributed to use of the index SOP and index testing tracker to maximize identification of eligible index clients and follow up to aid initiation and completion of the index testing cascade for consented clients; integration of index testing in community ART distribution and VL sample collection and use of HIVST for index testing for consented clients during COVID_19 lock down.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of individuals who received HIV Testing Services (HTS) and positive test results	N/A	11,252	3,160	3,872	3,090	2,634	12,354
Comment: 90% (10,122/11,252) achievement of the annual target, thus surpassed the 75% expected performance by 15 percentage points. This performance is attributed to streamlined implementation of index testing and use of the eligibility screening tool in some health facilities.								
IRs 1.3 Sub-IR 1.3.2	Percentage of newly identified HIV positives who were linked into HIV care services	N/A	>95%	90%	95%	93%	94%	93%
Comment: 93% linkage that is below the expected 95%. Majority of district achieved less that the average 93% linkage except Namayingo and Jinja (95%), Mayuge and Namutumba (94%) The project will continue to use linkage enablers including assigning unlinked clients to linkage facilitators, physical escorting of newly identified positive individuals and in-depth client centered posttest counselling for clients to appreciate posttest services. We shall also use CQI to bridge gaps that affect linkage to HIV treatment.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Prevention of Mother to Child Transmission & Early Infant Diagnosis								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of pregnant women with known HIV status at ANC (includes those who already knew their HIV status prior to ANC)	N/A	95%	96%	97%	97%	98%	97.2%
Comment: Annual performance has improved from 96.0% in FY19 to 97.2% in FY20, This has been contributed by PMTCT outreaches to HCIIs and triaging mothers to test for HIV before ANC consultation at health facilities. Performance over the quarters in FY20 has been above the target of 95% with an improvement from 97% attained in FY20Q3 to 98% FYQ4 after restrictions were eased following COVID-19 lockdown. RHITES-EC will continue to support HCIIs to provide HIV testing services through PMTCT outreaches while maintaining gains on HIV testing at higher level health facilities. HIV Testing kits will be redistributed to facilities by the district medicine management supervisor to health facilities with low stock. Targeted community outreaches will be organized for mothers that have not received HIV testing services at facility with specific support to Mayuge, Luuka and Namutumba districts where we are experiencing HIV testing kits stock outs.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of pregnant women with positive HIV status at ANC	92%	6,678	1,226	1,362	1,209	1,363	77.3%
Comment: Sub-optimal annual Performance at 77.3% was due to reduced testing in the month of April during COVID restrictions and pregnant women's fear of visiting health facilities during the lock down. RHITES-EC will continue to support implementation of HIV testing in ANC at both facility and community with intensified support to HC IIs to identify all HIV positive women at all health facility levels and mentoring of staff on Re-testing of mothers during ANC and PNC.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-Transmission (MTCT) during pregnancy	N/A	95%	92%	99.3%	88.4%	96.1%	96%
Comment: Proportion of mothers initiating ART increased this quarter to 96.1% from 88.4% in FY20Q3 culminating the annual performance to 96%, a notable increase from 85% in FY19. HC IIs had ART initiation of 87.3%. Efforts to ensure 100% ART initiation include proactive follow-up of HIV positive mothers that have declined ART, community initiation of ART(at home), physical referral of Newly identified HIV positive mothers to PMTCT accredited sites for care and treatment, supporting HCIIs with ART starter packs for timely ART initiation and monthly data cleaning.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of infants born to HIV- positive women who had a virologic HIV test done within 12 months of birth who tested positive for HIV	N/A	N/A	20 (2.0%)	29 (2.4%)	23 (2.2%)	39 (3.5%)	111 (2.5%)
Comment: RHITES-EC has registered reductions in proportions of HEI testing positive from 5.6% in FY19 to 2.5% in FY20. This is due to improvement in testing of mothers at all health center levels, timely linkage to ART and timely provision of ARV prophylaxis for low risk and high-risk HIV Exposed Infants. Demand creation for ARV prophylaxis has been created for the mothers during ANC through health education. The 39 (3.5%) HIV positive infants registered in FY20Q4 were from immunization outreaches that resumed in FY20Q4 after the COVID-19 lockdown restrictions were eased and pediatric in-patient ward at JRRH. Point of care (PoC) facility for EID testing that resumed in FY20Q4 supported intensified screening of infants at all entry points at JRRH and reduced turnaround time of results to one (1) hour. EPI/EID integration will be further strengthened using the testing algorithm for HEI <18 months of age to screen infants in the community, YCC, OPD and inpatient wards. PoC will be scaled up to nine sites next quarter in the region.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	N/A	90%	75%	87.0%	85%	77.0%	81%
Comment: EID coverage at 12 months annual performance has increased from 73% in FY19 to 81% in FY20. There was however a decline in performance from 83% FY20Q3 to 77% FYQ4. This was attributed to poor documentation in the EID register (primary source document). Performance will be improved through utilization of the HEI tracking tool to identify eligible infants for virologic HIV testing, strengthening EID/EPI integration at immunization/YCC clinics and outreaches, expanding EID access to Pediatric wards and OPD through mentorships of staff and use of lay testers that have resumed their support at facilities to screen for HEI. Community EID testing that started in FY20Q2 will continue to reach all infants that missed their appointments. Facilities will be mentored on utilization of the HEI tracking tool to timely EID testing of HEI.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of final outcomes among HIV exposed infants registered in the birth cohort	N/A	95%	95.7%	95.1%	92%	93%	95%
Comment: Final outcomes for HEI registered in the birth cohort increased from 92% in FY20Q3 to 93% in FY20Q4 with an annual performance of 95%. This is an increase from 94% in FY19. Performance has been attributed to poor documentation in the HEI register and follow-up of mother-baby pairs. This will be improved through active follow-up of mother-baby pairs by the linkage facilitators/mentor mothers and adherence to the EID services in the treatment cascade with emphasis on Mayuge,, Namayingo, Busia and Jinja districts. Mother baby pairs will be assigned to a specific linkage facilitator/mentor for follow up at the health facility and home.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of HIV+ infants from EID enrolled on ART	N/A	95%	85%	93.1%	87%	98%	91% (101/111)
Comment: Proportion of HIV+ infants from EID enrolled on ART was at 98% in FY20Q4, an increment from 87% in FY20Q3. Annual performance has improved from 86% in FY19 to 91% in FY20 . RHITES-EC will continue to solicit for line lists of positive infants from CPHL and use them to follow-up infants to facility and community level to ensure timely ART initiation. Root cause of sub-optimal annual performance at facility is relocation (change of residence) of mother-baby pair, death of infant before initiation on ART, and diagnosis of opportunistic infections in these infants.								
HIV Care and Treatment Services								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of adults and children newly enrolled on antiretroviral therapy (ART)	N/A	12,099	2,978	3,129	2,470	2,906	11,483
Comment: The project has achieved 96.4% of its annual target of TX_NEW. This good performance was made possible through site and district support for implementation of efficient HIV testing modalities and closing linkage gaps onto ART for the newly tested HIV positive clients. The performance was however negatively affected by the COVID-19 prevention lockdown measures that suspended community testing for over a quarter and curtailed transport for both clients and health care workers.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of adults and children currently receiving antiretroviral therapy (ART)	N/A	85,767	78,506	81,778	81,617	83,372	83,372
Comment: There was an increment of clients receiving ART from 81,617 at the end of FY20Q3 to the current 83,372 by end of FY20Q4. The project supported actions for increased identification of new HIV positives, their enrollment on ART and closing patient retention in care gaps to support good performance on achievement of annual TX_CURR target.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Proportion of ART patients who were screened who are receiving TB treatment.	N/A	2%	0.2%	2.2%	0.5%	1.8%	1.8%
Comment: The project supported TB prevention strategies among HIV positive clients including initiation and completion of TPT for eligible clients while screening all ART clients for TB and assessing presumptive cases for TB diagnosis. The project will continue to support TB prevention strategies among all HIV positive clients while providing TB treatment to those that have active TB disease.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2, IR 3.3 Sub- IR 3.3.1	Percentage of adults and children known to be on treatment 12 months after initiation of ART	N/A	95%	62%	64%	70%	72%	72%
Comment: There has been progressive improvement in clients remaining on treatment 12 months after initiation of ART over the quarters from 62% by end of FY20Q1 to 72% by end of FY20Q4. This is attributed to the project supporting and implementing strategies that facilitate client retention in care including pre-clinic appointment reminders, daily audit of clients' scheduled appointment keeping, immediate follow-up of missed appointments, community and home delivery of ARVs to clients that were unable to pick their drug refills due to COVID-19 lockdown measures and related transport challenges, compilation and sharing with parent sites lists of clients that accessed ART refills from nearby health facilities for timely recording into and updating of corresponding HMIS tools, tracking of lost clients for re-engagement in care, improved quality of counseling by trained counselors, scale-up of implementation of DSD models including deepening multi-months dispensing (MMD) of ART to eligible clients, and timely updating of registers to inform corrective patient tracking actions.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2, IR 3.3 Sub- IR 3.3.1	Percentage of ART patients with a VL result documented in the medical and/or laboratory records/LIS within the past 12 months.	N/A	95%	88%	90%	86%	92%	92%

Comment: There has been a great improvement from 86% at the end of FY20Q3 to the current 92% at the end of FY20 Q4. This is attributed to targeted viral load testing at sites with low VL testing coverage through the VL testing mop-up campaign, prior ART clinic day preparations that enabled sorting and prioritization of files for clients due for VL testing, integration of VL sample removal in ART home deliveries for eligible clients unable to come to facilities due to COVID-19 prevention lockdown and transport challenges, extension of the viral load mop-up exercise to all sites that enabled teams to provide appropriate services to eligible clients, integration of VL testing for children and adolescents in facility-based caregivers'/psychosocial support meetings, streamlining of the sample and results referral and transportation through weekly monitoring of the Laboratory hub system performance, and facilitating results and sample transportation to island facilities and satellite ART clinics in Namayingo, Mayuge and Buyende districts. However, there were delays and inadequacies in sample receipt, details capture and processing at CPHL as a result of their system upgrade and other system challenges that have increased the turnaround time (TAT) for results – thus negatively affecting the overall VL monitoring processes. The project will work with CPHL and the Laboratory hub system to track all client samples whose results have not been received at the sending hubs/sites. The project will also continue to support VL testing mop-up campaign and targeted VL testing of all eligible clients at sites and in districts with existing gaps in VL testing coverage to support achievement of the set targets.

IRs 1.3 Sub-IRs 1.3.1 and 1.3.2, IR 3.3 Sub- IR 3.3.1	Percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed VL (<1000 copies/ml)	N/A	90%	85%	85%	85%	86%	86%

Comment: There was an improvement in patient viral suppression from 85% at the end FY20Q3 to 86% by the end of FY20Q4. This is attributed to on-site mentorship and coaching on ART treatment optimization for all clients, provision of tailored services package for the non-suppressed clients, and engaging experienced counselors to provide high quality adherence counseling especially to the non-suppressed clients. The project has engaged district-based teams/trainers for AYPLHIVs and scaled up YAPS program to additional 15 health facilities in three districts of Busia, Bugiri and Iganga making a total of 21 sites in four districts with the YAPS program, piloted stable DSD models for children and adolescents in 12 high volume sites, encouraged regular clinical visits for children and adolescents, and employed quality improvement approaches to manage the virally non-suppressed children and adolescents along the viral load non-suppression management cascade. The project will support rollout, uptake and implementation of the 2020 revised HIV guidelines including ART regimen optimization for all client categories, as well as strengthen quality counselling and psychosocial support structures including DSD models to support improvements in viral load suppression rates to achieve the set targets. The project will deepen partnerships with USAID supported OVC partners like BOCY to provide psychosocial support and counselling services to all children and adolescents in care to support and enhance their adherence to care and treatment to further promote viral suppression among these patient groups.

IRs 1.3 Sub-IR1.3.2	Number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact	NA	PEPFAR to set target	N/A	927	1,195	1,531	3,653

Comment: The project supported health facility and district teams to line list all clients with no clinical contact during the quarter and year for follow-up to bring them back into and re-engage them in care. Physical follow-ups involving counsellors, facility and community volunteers will be further facilitated and supported to bring back these clients and re-engage them in care including assessment for and provision of various due services along the HIV quality care cascade. This will be accompanied by corresponding documentation and updating of respective tools to account for every client.

IRs 1.3 Sub-IR 1.3.2	Number of ART patients with no clinical contact (or ARV drug pick-up) for greater than 28 days since their last expected contact who restarted ARVs within the reporting period	NA	PEPFAR to set target	773	862	385	426	2,446

Comment: There was an increment in the number of clients who restarted ARVs within the reporting period from 385 in FY20Q3 to 426 during FY20Q4. The project supported and facilitated efforts to bring back lost clients for re-engagement into care through patient tracking and follow-up mechanism using both facility and community structures. Reasons for dropping out of care were documented for programming to prevent patient losses. Good and promising practices in client follow-ups were documented for continuous application and refining to further prevent and address patient loses. The project will continue to support and facilitate these efforts for improved program performance.

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Access to TB Services Increased								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	TB Case Notification Rate (per 100,000 people)	92/ 100,000	156/ 100,000	98/ 100,000	107/ 100,000	92/ 100,000	112/ 100,000	106/ 100,000
Comment: TB Case Notification Rate was below the target. However, there was progressive improvement over the quarters, except in FY20Q3 because of the COVID-19 lockdown on TB case finding activities both at facility and community levels during that period.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	TB Case Detection Rate	49%	68%	49%	53%	46%	56%	53%
Comment: TB Case Detection Rate was below the target. However, there was progressive improvement over the quarters, except in FY20Q3 because of the COVID-19 lockdown on TB case finding activities both at facility and community levels during that period.								
1IRs 1.3 Sub-IR 1.3.2	Percent of registered new smear positive pulmonary TB cases that were cured and completed treatment under directly observed treatments nationally (TB Treatment Success Rate (TSR)	85%	90%	79%	84%	84%	84%	83%
Comment: There was improvement from 79% FY20Q4 to 84% that was maintained for three quarters, attributed to the technical support given to health facilities on the national TSR improvement package that focuses on TB patient retention in care.								
IRs 1.3 Sub-IR 1.3.1	TB cure rate	50%	70%	52%	59%	63%	63%	60%
Comment: There was an improvement in TB Cure rate from 52% in QI to 63% maintained for two quarters owing to the support in ensuring sputum sample monitoring as part of the TSR improvement package.								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of multi-drug resistant tuberculosis cases detected	1	50	8	12	12	10	84%
Comment: 42 DR-TB clients were identified during FY20, representing 84% of the set target								
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Number of multi-drug resistant tuberculosis cases that have initiated second line treatment	1	45	8	12	10	8	89%
Comment: 89% of the set target for DR-TB treatment was achieved. The 2 clients yet to start treatment were identified in late September 2020 and still undergoing laboratory work-up and preparations.								
IRs 1.3 Sub-IRs 1.3.1	Percentage of new and relapse TB cases with documented HIV-positive status	N/A	32%	31.2%	31%	23%	30%	29% (1,354/ 4,666)
Comment: The proportion of TB clients co-infected with HIV has declined; 35% in FY18 and FY19 to 29% in FY20. This can be attributed to the decline of HIV prevalence int the general population and also improved TB preventive therapy coverage among PLHIV.								
IRs 1.3 Sub-IR 1.3.2,	Proportion of ART patients who completed a standard course of TB preventive therapy within the reporting period	N/A	95%	85%	86%	93%	90%	87%
Comment: There has been progressive improvement in TPT completion attributed to committing 6-months full courses for clients and ensuring data quality during the quarterly TB/TPT data harmonization activity.								
IRs 1.3 Sub-IRs 1.3.1	The number of HIV-positive new and relapsed TB cases on ART during TB treatment	N/A	1,138	339	391	234	365	117% (1,329/ 1,138)
Comment: The target of TB-HIV co-infected person on ART was surpassed owing to the improved integration of TB/HIV services in the region.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IRs 1.3 Sub-IR 1.3.1	Percentage of new and relapse TB cases with documented HIV status	N/A	100%	98.2%	99%	100%	99.8%	98.7%
Comment: Improved HIV testing and documentation for all TB clients was achieved through onsite mentorship that focused on TB/HIV services integration and data quality.								
Access to Laboratory Services Improved								
IRs 1.3 Sub-IR 1.3.1	Percent of USG-supported laboratories performing TB microscopy with 95 percent or higher rate of correct results	16% (19)	70%	23%	31%	37.6%	37.6%	37.6%
Comment: 37.6% (38) Labs participated and passed on the EQA scheme for TB AFB (Blinded rechecking) during FY20. Results for FY20Q4 await analysis of TB slides submitted from the testing sites to NRTL.								
IR 3.3 Sub-IR 3.3. 4	Number of hub laboratories that have attained a 3 Star status, on the WHO/SLIPTA laboratory accreditation preparedness checklist.	1	7	4	4	4	4	4
Comment: Four Laboratories attained the 3 SLIPTA Star target; Jinja RRH (4 Stars), Buyinja HCIV (4 Stars), Masafu GH (3 Stars) and Iganga GH (3 Stars).								
IR 3.3 Sub-IR 3.3. 4	Number of laboratories and blood banks/centers engaged in continuous quality improvement (CQI) activities.	11	114	114	121	121	121	121
Comment: 121 Laboratories participate in CQI activities. That includes 1 Laboratory hub (Jinja RRH) that is implementing the SANAS international accreditation process, 8 Laboratory hubs that are implementing the SLMTA program, and 112 Lower health facility Laboratories that are implementing LQMS.								
IR 3.3 Sub-IR 3.3. 4	Number of laboratories and blood banks/centers audited and achieved accreditation	0	2	0	0	0	1	1
Comment: One Laboratory hub (Jinja RRH) was assessed by SANAS and recommended for International accreditation to ISO 15189 standards.								
IR 3.3 Sub-IR 3.3. 4	Number of laboratories and blood banks/centers performing HIV-related test and participating in and passing proficiency testing (PT)	60	350	279	267	267	209	209
Comment: 209 testing sites (94 Laboratories and 115 POCTs) participated in and passed on Proficiency Testing (PT).								
IR 3.3 Sub-IR 3.3.4	Percentage of Viral load (VL) specimens rejected by the national VL testing laboratory at MoH/CPHL	3.90%	1.00%	0.27%	0.47%	0.30%	0.33%	0.33%
Comment: The average VL specimen rejection rate during FY20 was 0.34% against the target of 1%. The rejection rate was maintained within the target across the four Quarters,								
IR 3.3 Sub-IR 3.3.4	GeneXpert equipment utilization	7	10	5.7	6.1	5.6	5.5%	5.6%
Comment: A total of 29,582 GeneXpert tests were performed during FY20, giving an average GeneXpert utilization of 5.7 samples/day, with the highest utilization at 6.1 samples/day (Q2) and the lowest at 5.5 samples/day (Q4). The decline in GeneXpert utilization during FY20Q4 was majorly attributed to a decline in patients' attendance to health facilities during the COVID-19 lockdown period.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 3.3 Sub-IR 3.3.4	Number of PEPFAR-supported laboratory-based testing and/ or Point-of-Care Testing (POCT) sites engaged in CQI and proficiency testing (PT) activities.	11	114	296	300	300	371	371
Comment: 371 POCT sites participated in CQI and PT activities during FY20. Performance above target was attributed to activation of more HIV Point of Care testing sites at the health facilities, in a bid to rollout the National certification program for HIV testers and testing sites.								
National Quality Improvement (QI) Framework Operationalized								
IR 3.3 Sub-IRs 3.3.1, 3.3. 5 and 3.3.6	Proportion of supported health facilities (HCIIIs and above) with functional QI committees	62.8%	100%	80%	80%	80%	84%	84% (126/150)
Comment: 126/150 PEPFAR Supported health facilities have a QI committee and are monitoring at least one QI project.								
IR 3.3 Sub-IRs 3.3. 5 and 3.3.6, IR 3.1 Sub-IRs 3.1., 3.1.2	Proportion of supported districts with functional QI committees	11	100%	100%	100%	100%	100%	100%
Comment: All 12 districts have functional QI committees.								
IR 3.3 Sub-IR 3.3.4, 3.3.6	Percentage of health facilities scoring at least 2 stars on the Ministry of Health facility quality of care assessment program (HFQA)	0	30%	N/A	N/A	N/A	35%	35% (52/150)
Comment: 52/150 PEPFAR supported health facilities assessed scored at least 2 stars								
IR 3.3 Sub-IRs 3.3.1, 3.3. 5 and 3.3.6	Percentage of districts with quality planning process (i.e. with evidence of using data for decision making)	0	100%	100%	100%	100%	100%	100%
Comment: 12/12 supported districts were supported to conduct data driven quarterly work plans.								
IR 3.3 Sub-IRs 3.3.1, 3.3. 5 and 3.3.6	Percentage of men and women who say health service delivery in public health facilities has improved in the last year	95%	N/A	N/A	N/A	84.6%	84.6%	N/A
Comment: Clients at 127/150 ART clinics interviewed reported an improvement in service delivery								
Quality of Health Services Improved Through Renovations								
IR 3.3 Sub-IR 3.3.1,	Number of health service delivery units renovated	No baseline	10	0	0	3	0	3
Comment: Renovation/construction of Nawandala HCIII Maternity, Buyinja HCIV OPD Block and 5 stance VIP Latrine at Busembatia HCIII.								
Increased Recruitment, Retention & Management of the Health								
Functionality of Human Resources Systems Improved								
IR 3.1 Sub-IRs 3.1.1, IR 3.3 Sub-IR 3.3. 6	Percentage of approved personnel posts filled by qualified health workers	69%	76%	74.2%	72.8%	72.8%	75.6%	73.9%
Comment: Central government did not provide funds for recruitment of additional health workers except for facilities which were upgraded during the reporting period. Districts were mainly supported to timely replace those who left. So, the staffing level remained generally stagnant. The slight variations during the quarters were mainly due to the time lag between the upgrading of the facilities and the recruitment for them.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
IR 3.1 Sub-IRs 3.1.1, IR 3.3 Sub-IR 3.3. 6	Health worker absenteeism rate	13.7%	5.5%	22%	25%	24%	44%	29%
Comment: Due to, mainly, the COVID-19 control movement guidelines, it became quite expensive for many health workers not residing at heath facilities to travel to their places of work. Others simply fear to contract covid-19 at the facilities. So, many reduced on the number of days worked. This is further exacerbated by the laxity in supervision by the central and local officials.								
IR 3.1 Sub-IRs 3.1.1, IR 3.3 Sub-IR 3.3. 6	Percent of health workers with performance plans	80%	85%	N/A	N/A	NA	N/A	N/A
IR 3.1 Sub-IRs 3.1.1, IR 3.3 Sub-IR 3.3. 6	Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR, as well as total spend on these workers	NA	PEPFAR to set target	637 health workers	N/A	N/A	N/A	770
Comment: As the country moves towards epidemic control, there is need to retain clients on ART, monitor the VL suppression and put them on appropriate ART regimens. During the reporting period, the project prioritized HRH that is essential for this response, mainly facility-based and community-based HRH								
Reduced Stock Out Rates of Affordable Medicines and Health Supplies and Improved Rational Use of These Drugs								
Sub-IR 3.2.1: Access to Essential Medicines and Supplies Strengthened								
IR 3.3 Sub-IRs 3.3.2	Percentage of health facilities with all the national recommended 41 vital essential medicines available on the day of the assessment.	90%	80%	57%	44.9%	49%	78.6%	57.4%
Comment: Between FY20Q3 and FY20Q4, Central level increase in quantities of mRDTs, Coartem, Fansidar coupled with the replenishment of FP commodities through the ADS contributed to a 29.6% increase in availability of the 41 tracer commodities. However, challenges are still being experienced with blood (43.5%); RUTF (37.7%); Therapeutic Foods (41.8%);								
IR 3.3 Sub-IRs 3.3.2	Percentage of health facilities with adequate stock of key commodities	90%	80%	84.8%	79.7%	82.4%	88.3%	83.8%
Comment: In FY20Q4, Adult ARVs, INH and Pyridoxine were adequately stocked however, Cotrimoxazole 960mg (29.9%); GeneXpert Cartridges (40.7%); CD4 reagents (65.9%) experienced intermittent stock outs due to low central level stocks. CD4 and GeneXpert Cartridge supplies were later availed through the project that supported last mile distribution in August 2020								
IR 3.3 Sub-IRs 3.3.2	The number of adult and pediatric ARV bottles (units) dispensed by ARV drug category at the end of the reporting period	N/A	PEPFAR to set target	N/A	398,105	N/A	299,394	299,394
Comment: In relation to TX_CURR, on average, each patient was dispensed 3.6 months of refills indicating that MMD is being implemented at the health facilities								
IR 3.3 Sub-IRs 3.3.2	The current number of ARV drug units (bottles) at the end of the reporting period by ARV drug category	N/A	PEPFAR to set target	N/A	343,569	N/A	441,241	441,241
Comment: The region is currently overstocked with legacy regimens (NVP Adult 28.7 MoS; NVP Paed 13.6 MoS, TLE 600 4.2 MoS). Current stocks are sufficient for roll out of the 2020 Consolidated HIV Guidelines (TLD 180 42.2 MoS, TLD 90 11.6 MoS, TLD 30 8.6 MoS)								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Improved Mechanisms for Evidence-based Planning and Decision-making								
National Monitoring and Evaluation Frameworks Functionalized								
IR 3.3 Sub-IRs 3.3.5	Percent of health facilities with functional HMIS	100% (531)	100%	100%	100%	100%	100%	100%
Comment: All the 531 health facilities in the region have been support with capacity to ably manage their HMIS through trainings and orientations of health facility teams in the revised HMIS. HMIS data collection and reporting tools have been distributed to health facilities to support in documentation.								
IR 3.3 Sub-IRs 3.3.5	Number of PEPFAR- supported facilities that have an electronic medical record system within the following service delivery areas: HIV Testing Services, Care & Treatment, Antenatal or Maternity Services, Early Infant Diagnosis or Under Five Clinic, or TB/HI	18	70	66	66	66	66	66
Comment: RHITES EC has maintained 66 health facilities with electronic medical records with over 75% with complete backlog entered. UgandaEMR is used for reporting at Hospitals and HC IVs in the region.								
Information Management, Accountability and Evidence-based Decision Making at Districts, Facilities and Communities								
R 3.3 Sub-IRs 3.3.5	Percent completeness of health facility HMIS 105, HMIS 106a, and HMIS 108 reporting	95% 80% 80%	100%	99%, 97%, 88%	90%, 85%, 82%	99% 97% 97%	99% 97% 97%	99% 94% 90%
Comment: DHIS2 system has been stable most of the time throughout the year. Data quality assurance has been affected by knowledge gap as a result of transitioning from the Old instance to the new instance.								
Capacity for Management of Decentralized Service Delivery in Target Districts Strengthened								
Planning and Coordination of Decentralized Services Strengthened								
IR 3.1, Sub-IR 3.1.1 and 3.1.2	Percentage of districts that have implemented at least 80% of the planned district implementing partners' coordination activities	No data	80%	100%	75%	0%	75%	62.5%
Comment: Across the year, 75% of the districts were supported to conduct IP coordination meetings apart from FY20Q3 where no district conducted this meeting because of COVID-19 lock-down. In FY20Q4, the meetings were held virtually and integrated with district performance reviews.								
IR 3.1, Sub-IR 3.1.1 and 3.1.2	Percentage of districts with quality planning process (i.e. with evidence of using data for decision making)	No data	100%	100%	100%	100%	100%	100%
Comment: All districts conducted quarterly performance review meetings. For FY20Q3 and FY20Q4, these meetings were held virtually with utilizing the Virtual conference facilities installed by the project								
Community Participation in Health Services Delivery Increased								
IR3.4, Sub-IR 3.4.1 IR 1.1, Sub-IR 1.1.1, 1.1.2	Percent of quality community dialogue meetings and radio talk shows conducted to educate the population about their rights and responsibilities	No data	100%	100%	100%	100%	100%	100%
Comment: On 5 regional radio stations, we broadcasted 1,675 targeted exposures on the 5 local radio stations and 01 local TV station in EC region, 695 DJ-led discussions (75 in FY20Q1, 70 in FY20Q2, 550 in FY20Q3), 670 spot ads (40 in FY20Q2, 300 in FY20Q3, 330 in FY20Q4), 100 COVID-19 health moments in FY20Q3, 87 DJ mentions in FY20Q3, and 113 radio talk shows (25 in FY20Q1, 15 in FY20Q2, 45 in FY20Q3, 38 in FY20Q4), 8 testimonies from satisfied clients. Targeted placements promoted model behaviors and a supportive environment for service uptake by addressing barriers and equipped listeners with correct knowledge and information on different health programs.								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Intermediate Result 5.1: Knowledge, Awareness, Attitudes, and Practices about Key Health Issues Improved								
Sub-IR 5.1.1. Community Structures Strengthened to Support Implementation of Interventions that Promote Positive Social Behaviors								
IR3.3, Sub-IR 3.3.6, IR 1.1, Sub-IR 1.1.1, 1.1.2	Score in percent of combined areas of capacity building amongst the Civil Society Organizations (CSO) to promote positive social behaviors	NA	80%	N/A	N/A	89%	N/A	70.5%
Comment: Achieved an average score point of 70.5% in combined areas of capacity building amongst the Civil Society Organizations (CSO) to promote positive social behaviors. The average score per capacity development area informed by OCA was: C1- Organizational management 83.3%, C2 – program experience at 83.6%, C3 – financial Management at 72.4%, C4- cash management at 60.5%, C5 Admin and procurement at 74.4%, C6 – report writing at 74.2%, C7 Assets/ Inventory management at 72.8%, C8 Indirect costs scored lowest at 17.8%. We are targeting to build capacity in all areas that scored < 75% in the next reporting period.								
IR3.3, Sub-IR 3.3.6, IR 1.1, Sub- IR 1.1.1, 1.1.2	Score in percent of combined key areas of capacity building amongst selected community structures to promote positive social behaviors.	NA	50%	N/A	N/A	60%	95%	68.3%
Comment: We provided technical assistance on the wheel of life for better health through monthly onsite and online Capacity building sessions which enabled CSOs mobilize and provide messages to 11,440 eligible households and 45,952 individuals on integrated health services. 5,981 were referred and 4,231 linked for various services. 301 community members screened for TB through home visits were referred for TB testing and 122 tested positive and were initiated on treatment. This was achieved through a collaborative with DEFEAT TB. To support implementation of activities targeting the critical AGYW the CSOs we reached were oriented on the implementation of the "Stepping Stones" methodology and consequently led to: Formation of 34 Stepping Stones groups reaching over 850 AGYWs with relevant SRH knowledge skills and services, Integration of livelihood components and linkage to government of Uganda programs supporting young people including Operation Wealth Creation (OWC) and Youth Livelihood Program among AGYWs leading to 22 groups forming SACCOs and starting own income generating activities. To improve quality of work plans and budgets CSOs were trained on work plan development using data. Consequently, three sub granted CSOs successfully competed and won grants from USAID worthy 13 billion shillings for MUCOBADI, USHA and RHITES E granted 850 million and 254 million shillings to UMURDA, respectively.								
IR3.4, Sub-IR 3.4.1	Percentage of clients referred from the community to the health facility and received the service they were referred for at the facility during the reporting period	NA	96%	90.5%	95%	93.7%	89.2% (52493/ 58877)	86.6%
Comment: RHITES EC successfully improved community facility linkage from FY20Q1 to FY20Q2, however there was a drop in the number of clients linked in FY20Q3 & 4, this was as a result of the COVID f9 movement restriction, where some clients failed to access facilities they were referred to.								
IR3.4, Sub-IR 3.4.1	Percentage of clients referred from the health facility to the community and received the services they were referred for during the reporting period	NA	80%	96.2%	96%	81.9%	(64.9%) 4,323/ 6,665	70.3%
Comment: The project realized an upward trend in linkage of referred clients to the community in for psychosocial services FY20Q1 and 2, however there was a drop in FY20Q3&4 this was as a result of the COVID 19 restriction, where some clients failed to access the facilities they were referred to and closure of some institutions								

CDCS LINKS	RESULTS	BASELINE VALUE (2016)	FY 20 TARGET	Q1	Q2	Q3	Q4	FY20 ANNUAL ACTUAL
Interventions that Address Gender and Socio-cultural Barriers to Adoption of Positive Health Behaviors Implemented								
IR3.3, Sub-IR 3.3.6, Joint Sub-IR 1.X.1, IR 2.1, 2.1.1, 2.1.4	Percentage of planned interventions conducted to address gender and socio-cultural barriers to adoption of positive health behaviors	NA	90%	100%	100%	100%	100%	100%
Comment: Gender sessions were integrated into 80 stepping stones sessions held by 8 CSOs in Iganga, Kamuli, Mayuge, Busia, Bugiri, Namayingo, Jinja and Kaliro districts reaching 1600 girls. In addition, we reached community gate keepers (cultural and religious leaders), health providers and district personnel to address negative social and gender norms.								
IR1.3, Sub-IR 1.3.1	Percentage of HIV clients in the community refill model that received ARV refills during the reporting period	0	95%	99.9%	99%	97%	99%	99%
Comment: The project realized an upward trend in linkage of referred clients to the community in for psychosocial services FY20Q1 and 2, however there was a drop in FY20Q3&4 this was as a result of the COVID 19 restriction, where some clients failed to access the facilities they were referred to and closure of some institutions								
IR1.3, Sub-IR 1.3.	Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)	No data	10,671	2,828	6,614	11,077	12,315	32,834
Comment: The number of people who received post -GBV clinical care based on the minimum package of services improved from 104% to 115%. The performance is attributed to intensified routine Intimate partner inquiry among the PMTCT, teenage ANC mothers and unsuppressed clients, and bidirectional referrals/linkages for post violence care services.								
IR1.3, Sub-IR 1.3.	Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations	No data	500	195	0	204	219	618
Comment: Conducted onsite continuous coaching and mentorship at 73 heath facilities reaching 219 (77 males and 143 females) service providers to address gaps on post care services. These gaps included inadequate documentation of clients offered PEP and inadequate skills to provide First Line Support (LIVES) to survivors experiencing Intimate Partner Violence (IPV) through clinical inquiry. RHITES EC oriented providers (counsellors and youth peers) on IPV screening in the HIV setting (Assisted Partner notification-APN); disseminated standards of operating procedures, protocols, and job aides.								
Knowledge, Awareness Attitude and Practices About Key Health Issues Improved								
IR 3.4, Sub-IR 3.4.1 IR 1.3, Sub-IR 1.3.1, IR 3.2 Sub-IR 3.2.1 and 3.2.2	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	No data	1,800	529	565	850	5128	7072
Comment: Small group sessions were held with adolescent girls and boys to discuss life goals, sexuality, prevention, identifying and addressing major drivers to teenage pregnancy. One on one discussions were held during home visits to intensify messages on HIV and teenage pregnancy prevention.								

Table 1.3: LQAS Indicator performance FY17 – FY20

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
Enhanced prevention and treatment of HIV, malaria, and other epidemics among the most vulnerable populations							
Malaria prevention, Diagnosis and Treatment Interventions Scaled Up							
IR3.4, Sub-IR 3.4.1, IR1.3, Sub-IR 1.3.1	Percentage of Mothers of Children 0-59 months who at least know 3 ways how Malaria is transmitted	Not available	30%	19.4%	90.7%	93.7%	95.3%
IR3.4, Sub-IR 3.4.1 IR1.3, Sub-IR 1.3.1	Percentage of Mothers of Children 0-59 months who know 2 or more signs or symptoms of Malaria	70%	85%	66.4%	60.2%	63.4%	65.8%
Comment: The results show consistent adequate knowledge on how malaria is transmitted over the past 3 years. However, there is suboptimal awareness on malaria presentation and malaria prevention. In the coming year, RHITES EC project will intensify community interventions (Heath education talks at community level through IPC agents, radio talk shows, dissemination of IEC specific materials targeting prevention, signs and symptoms of malaria, community dialogues and radio talk shows) to increase community awareness on malaria presentation and prevention.							
IR3.4, Sub-IR 3.4.1 IR1.3, Sub-IR 1.3.1	Percentage of mothers of children 0 -11 months who received two doses of IPTp during ANC visits during their last pregnancy.	47.9% (UDHS 2016)	55%	87.3%	94.6%	90.3%	64.2%
Comment: Although there was good performance on this indicator from 2017 to 2019, we observed a sharp decline in performance in results of LQAS 2020 attributed to the complete stockouts of Fansidar in the region in FY20 for 7 months affecting almost all districts and facilities especially high volume facilities. In the coming year, the project will spearhead interventions to improve community awareness on the benefits of malaria prevention in pregnancy using Fansidar through VHT line listing all pregnant women at village level and encouraging them to go for antenatal care in time, community dialogue meetings to identify the barriers to ANC attendance and working together to identify solutions. The project will also work with health care facilities to ensure adequate stocks of Fansidar at facility level through supporting supply chain and weekly stock management/monitoring at facility level to inform timely redistribution of Fansidar to facilities experiencing stockouts.							
IR 1.3, Sub-IR 1.3.2	Proportion of the population with access to an ITN within their household	48.3% (UDHS 2016)	80%	94.9%	95.6%	90.0%	86.0%
Comment: Communities have good access to mosquito nets attributed to Universal net distribution that happened in 2017. However, the observed decline in community access to mosquito nets from 2018 to 2020 is due to wear and tear of mosquito nets. Because of the COVID -19 restrictions, the universal net distribution that was scheduled to start early 2020 was delayed and to-date only Namutumba and Bugiri districts have received mosquito nets and the rest of the districts will be covered in the subsequent national (MOH) schedules of mosquito net distribution.							
IR 1.3, Sub-IR 1.3.2	Percentage of women who always slept under a mosquito net during the last pregnancy	N/A	N/A	81.9%	90.1%	85.1%	86.5%
Comment: The good use of mosquito nets is attributed to the national universal net distribution that happens every three years. The declining trend in use of mosquito net from 2018 to 2020 could be due to wear and tear since the communities last received nets in 2017. Because of the COVID -19 restrictions, the universal net distribution that was scheduled to start early 2020 was delayed and to-date only Namutumba and Bugiri districts have received mosquito nets and the rest of the districts will be covered in the subsequent national (MOH) schedules of mosquito net distribution.							

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
Reproductive, Maternal Newborn and Child Health							
IR2.1, Sub-IRs 2.2.1; 2.1.3	Percentage of women who used ANC provided by skilled health personnel for reasons related to pregnancy at least 4 times during pregnancy (ANC 4th visit coverage)	66% (UDHS 2016)	70%	63.1%	64.8%	67.2%	68.2%

Comment: There has been a slight increase in the proportion of women receiving ANC services delivered by a skilled health personnel at least 4 times during pregnancy from 67.2% in FY19 to 68.2% in FY20.

Women continue to come late for 1st ANC visit with majority attending between 24–28 weeks of gestation.

In FY20, RHITES-EC oriented and supported VHTs on Key family health practices, identification, and referral of women for ANC services across 24 sub counties in Luuka, Namayingo, Jinja, Mayuge, Bugiri, Busia and Namutumba districts. The health facility teams were mentored on improving clinic efficiency e.g. decongestion of the ANC clinics, appointment scheduling while maintaining delivery of ANC-visit specific packages.

In FY21, RHITES-EC will continue working with the VHTs and CSOs to mobilize communities to adopt Key family health care practices, identify, track, refer and follow up pregnant women for timely ANC attendances address the community barriers to ANC attendance. Use mass media messaging and health facility teams will be supported to run efficient ANC clinics and implement activities that enhance ANC re-attendances including Group ANC services and integrated outreaches to the hard to reach communities.

IR2.2, Sub-IRs 2.2.1; IR2.1, Sub-IRs 2.1.2, 2.2.4	Percentage of mothers of children 0-11 months who were assisted by a skilled health worker during last delivery	74.7% (UDHS 2016)	90%	80.8%	76.7%	77.7%	84.0%

Comment: There was a 6.3% increase in proportion of women assisted by a skilled health worker during delivery from 77.7% in FY19 to 84.0% in FY20 (below the 90% target).

During the year, 6HCIIs (Buyoboyo, Kagulu, Kiranga, Maziraga, Kagumba) were upgraded to HC IIIs to increase access to maternity services, staff posted and mentored on maternity services, RHITES-EC renovated 5 maternity wards/ labour suites (Butagaya HCIII, Magada HC III, Bulesa HC III, Mbehenyi HC III, Malongo HC III) and a maternity theatre at Jinja RRH to improve the workspace, privacy, sanitation and postnatal ward for women. During onsite support for RBF, health facility teams benefitting from RBF funds were provided with guidance by RHITES-EC, districts, and National RBF team on funds utilization to increase attractive service delivery e.g. privacy, availability of medicines, supplies and provision of tea to women in labour. To address the demand side, in FY20, RHITES-EC engaged community structures (CSOs and VHTs) to mobilize women for facility delivery, conducted community dialogues and radio talk shows while districts provided transport waivers to boda-boda for taking women for maternity services during the COVID-19 travel restrictions.

In FY21, RHITES, will continue engaging district leadership to lobby for upgrade of HC IIs to HC IIIs especially in the sub counties not offering maternity services, recruit and post midwives to these facilities including monitoring staff attendance to duty; engage community structures (community gate keepers, CSOs and VHTs) in the poorly performing 19 mapped-out sub counties with big gaps in health facility deliveries to mobilize the communities to deliver at health facilities, finalize ongoing renovations at Nawandala HC III and Busembatia HC III latrine, equip newly renovated maternity wards and maternity theatres at Jinja RRH and Mayuge HC IV. Communities will be mobilized and empowered to monitor respectful care at health facilities. Health facility teams across all districts benefitting from RBF will be supported to reinforce services that attract mothers to deliver at health facilities e.g. privacy; cleanliness of wards, latrines, and washrooms; selected infrastructure renovations; conduct routine satisfactory assessments and feedback sessions with the health facility teams to address supply– specific barriers to institutional deliveries; and mentor health facility teams on respectful maternity care.

IR2.2, Sub-IRs 2.2.1, 2.2.4	Prevalence of exclusive breastfeeding of children under six months of age	42.6% (UDHS 2016)	60%	22.3%	Not available	22.8%	54.3%

Comment: There is improvement in prevalence of exclusive breastfeeding across the years from 22.3% in FY2017 to 54.3% in FY20. This is attributed to health education and counselling on breast feeding at health facility MNCH service points and CSO led support in community health education and mobilization. RHITES-EC has scaled up implementation of the "Wheel of Practices for Better Living" and "Family Life Schools", awareness creation through interactive radio talk shows, DJ mentions, spot adverts and health mentions on local radio stations within the region.

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
Family Planning							
IR 2.1, Sub-IRs 2.1.1 2.1.2., IR 3.3 Sub-IR 3.3.1	Percentage of currently married women aged 15-49 years who are using any family planning method (Contraceptive Prevalence Rate–CPR)	37% (UDHS 2016)	33%	41.1%	39.1%	42%	41.1%
Comment: The proportion of married women aged 15-49 years who are using any family planning method has had minimal improvement. However, there has been an increase in number of family planning (FP) users over time according to program data. In FY20, Family Planning users increased by 132,361 (30%) from 449,265 to 581,626. There is increased sensitization of community members through radio talk shows, community dialogue meetings, targeted mentorship of health workers to integrate FP in immunization, HIV and postpartum services and regular availability of FP commodities. A total of 522 Community Health Workers (CHWs) from 40 sub counties with high total fertility rates and teenage pregnancies in 8 districts were supported to provide FP mobilization, counselling, provision of short-term methods and referral of clients for long term methods to health facilities.							
IR 2.1, Sub-IRs 2.1.1 2.1.2. 1	Percentage of sexually active women age 15-49 years who are using any modern method of family planning	28.6% (UDHS 2016)	N/A	32.1%	30.9%	31.5%	36.0%
Comment: The proportion of sexually active women aged 15-49 years who are using any family planning method has improved. There is increased sensitization of community members through radio talk shows, community dialogue meetings, targeted mentorship of health workers to integrate FP in immunization, HIV and postpartum services and regular availability of FP commodities. A total of 522 Community Health Workers (CHWs) from 40 sub counties with high total fertility rates and teenage pregnancies in 8 districts were supported to provide FP mobilization, counselling, provision of short-term methods and referral of clients for long term methods to health facilities							
IR 2.1, Sub-IRs 2.1.1 2.1.2.,2.1.4,	Percent of audience who recall hearing or seeing a specific USG supported FP/RH message	66%	80%	65.4%	66.5%	61.8%	54.0%
Comment: There was a decline in proportion of audience who recall hearing or seeing a specific USG supported FP/RH message on family planning in FY20. This is attributed to shift in a greater proportion of messaging to COVID19 to mitigate the spread of the pandemic. However, COVID messaging has been integrated into all other messaging including FP to ensure equitable messaging.							
IR 2.1, Sub-IRs 2.1.1 2.1.2., IR 3.3 Sub-IR 3.3.1	Percent of clients who report satisfaction with FP services provided within public facilities	70.2%	85%	82.2%	78.4%	78.5%	70.0%
Comment: The was a decline in percentage of clients who report satisfaction with FP services provided within public facilities in FY20. This is attributed to the COVID19 pandemic when health workers minimized contact with clients due to lack or inadequate personal protective equipment. Tis is being address through onsite mentorship and training on MOH guidelines and SOPs on continuity of essential health services amidst COVID 19 pandemic. RHITES-EC will continue to support health facilities to quantify, forecast and order for PPE from the national medical stores. Through WASH intervention, RHITES EC will continue supporting health facilities with hand washing facilities, detergents, and sanitizers.							
Nutrition and Early Childhood Development							
IR 2.2 Sub-IRs 2.2.1 and 2.2.4	# of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	Not available	143,950	23.3%	33.4%	75.7%	121% (174,430/ 143,950)
Comment: High performance attributed to scale-up of community nutrition interventions and mainly guided by quarterly nutrition data. Whereas essential nutrition promotional and preventive messages were integrated into other community and SBCC activities including radio talk shows, targeted community dialogues; children 0 – 23months were reached through community care groups, home-to-home visits, and family life school (FLS) sessions implemented during the year. The activities resulted in improvement of other related indicators: Minimum acceptable diet (MAD) among children 6 -23months improved from 18.7% to 22.3%; minimum dietary diversity (MDD) improved from 25.3% to 34.23% during the year (LQAS). Targeted implementation of multiple contacts for children 0 -23months will be continued in FY21							

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
Water, Sanitation and Hygiene							
IRs 1.1,1.2 and 1.4, Joint Sub-IR 1.X.1	Percent of households in target areas practicing correct use of recommended household water treatment technologies	Not available	50%	47.1%	42.1%	38.6%	27.1%
Comment: Household water treatment remains a challenge in the region. This is attributed to perceived safety of some water chains and high poverty levels with boiling as most feasible water treatment method at community level. However, limited access to firewood due to high population density related activities is an emerging water treatment challenge. In FY21, SBCC messages and community activities will target increasing awareness on need for water treatment and addressing water chain safety.							
IRs 1.1,1.2 and 1.4, Joint Sub-IR 1.X.1	Percentage of individuals who wash their hands with soap after visiting the toilet	Not available	N/A	74.8%	76.7%	75%	80.7%
Comment: Remarkable improvement in handwashing practices at attributed to data driven targeted community water sanitation and hygiene (WASH) activities to support establishment of simple handwashing facilities (tippy taps) within 5meter radius from latrines/toilets structures using local materials. Other activities such as WASH demonstrations at congregate settings, participatory hygiene, and sanitation transformation (PHAST) through home visits by community health workers (Health Assistants, VHTs) and local leaders augmented with other SBCC interventions (radio talk shows, community dialogues) improved household responsiveness to handwashing. COVID19 pandemic further stimulated community handwashing behavior change.							
HIV/AIDS							
IRs 1.3 Sub-IR 1.3.2	Percentage of individuals who were counseled and received an HIV test in last 12 months and know their results	Not available	60%	18.2%	55.2%	85.6%	48.5%
IRs 1.3 Sub-IRs 1.3.2	Percentage of individuals who were tested for HIV and received their results and disclosed to their spouse/ partner in the last 12 months	Not available	N/A	56.1%	57.6%	60.3%	30.5%
Comment: The decline in the number of individuals tested at the community is due the change in policy to targeted HIV testing that focuses on sub-populations that at higher risk of HIV. RHITES-EC continued implementing targeted risk-based HIV testing services at critical entry points within health facilities and community testing focusing on index client testing, mobile HIV testing at hotspots targeting KPs and Enhanced Peer Outreach Approach. Targeted testing was enhanced by the use pediatric & adolescent as well as adult HTS eligibility screening tools. Hot spot mapping, profiling and contact listing was done in collaboration with KP networks/ peer educators and KP-Led CSOs generated data that guided HTS for KPs, use of the peer educators, community mobilization plans were engaged during HTS to reach KPs. SBCC was used to improve risk perception and risk reduction during community mobilization, client education, pre-test counselling sessions and mass media.							
IR3.4, Sub-IR 3.4.1 IR1.3, Sub-IR 1.3.2 IR 1.1 Sub 1.1.1	Percentage of individuals who both correctly identify at least two ways of preventing the sexual transmission of HIV and reject misconceptions	Not available	N/A	30.7%	32.7%	33.8%	39.2%
Comment: There has been improvement in the proportion of individuals who both correctly identify at least two ways of preventing the sexual transmission of HIV and reject misconceptions. RHITES-EC disseminated messages on HIV transmission and prevention through mass media, health education sessions, targeted community dialogues with Key and priority populations, pre-test counselling sessions, peer education and community mobilization and sensitization activities. Common myths and misconceptions were discussed and addressed by providing accurate and information							
IRs 1.3 Sub-IR 1.3.2 IR 1.1 Sub 1.1.1	Percentage of individuals who had sex with more than one sexual partner in the last 12 months	M: 18.7% F:3%	M: 32% F: 12%	23.7%	26.1%	28.4%	24.0%
Comment: There has been a slight reduction in percentage of individuals who had sex with more than one sexual partner in the last 12 months. RHITES-EC disseminated messages on drivers of the HIV epidemic including multiple concurrent sexual relationships through mass media, health education sessions, pre-test counselling sessions, peer education and community mobilization and sensitization activities to improve risk perception and motivate individuals to adopt risk reduction practices. Risk reduction education and counselling was intensified to minimize exposure HIV related risks. RHITES-EC will scale-up and deepen the implementation of the above interventions.							

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of individuals who had sexual intercourse with a non-marital or non-cohabiting sexual partner in last 12 months and used a condom at last higher risk sex	37% (LQAS, 2015)	80%	77.2%	76%	76.2%	51.0%
Comment: There has been a great reduction in the percentage of individuals who had sexual intercourse with a non-marital or non-cohabiting sexual partner in last 12 months and used a condom at last higher risk sex. RHITES-EC disseminated messages on drivers of the HIV epidemic including multiple concurrent partnerships during mass media, health education sessions, pre-test counselling sessions, peer education and community mobilization and sensitization activities to improve risk perception and motivate individuals to adopt risk reduction practices. Risk reduction education and counselling was intensified to minimize exposure HIV related risks and adoption of com use promoted.							
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IR 1.1 Sub 1.1.1	Percentage of youth 15-24 years who perceive low or no risk of getting HIV/AIDS infection	64% (LQAS, 2015)	31%	63.9%	66.4%	64.7%	63.4%
Comment: The proportion of youth 15-24 years who perceive low or no risk of getting HIV/AIDS infection is still high. RHITES-EC disseminated messages on HIV transmission to the youth through education, group and one-on one dialogue sessions to improve risk perception on HIV infection. The traditional institutions in the RHITES-EC region have been engaged in mobilization, health education and HIV prevention through the annual events organized by the Busoga Kingdom leadership and other social event. Community root cause analysis will be conducted, and appropriate community QI approaches will be used to address misinformation, myth and misconceptions among adolescents and youth.							
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2	Percentage of Youth 15-24 years who have had sexual intercourse before the age of 15 years	12% (LQAS, 2015)	10%	40.3%	40%	40.9%	4.72%
Comment: The proportion of Youth 15-24 years who have had sexual intercourse before the age of 15 years has remarkably reduced. RHITES-EC disseminated messages on HIV transmission and prevention focusing on both primary and secondary abstinence. Dialogue sessions led by youth peers focusing on consequences of sex among youth were conducted to trigger positive attributes to delayed sexual debut and abstinence.							
IR1.3, Sub-IR 1.3.1 IR 1.1 Sub 1.1.1	Percentage of Youth 15-24 years who know at least three correct steps on how to use a condom	NA	N/A	2.6%	3.2%	2.8%	11.5%
Comment: Sexually active used have been educated on the correct steps on how to use a condom. Sessions on correct steps on how to use condoms were held targeting eligible youth during HIV prevention health education talks and community mobilization. Condom dispensers were strategically placed at facilities to ease access. Use of youth peers were engaged for peer education and support.							
IR 3.4 Sub 3.4.4,	Percentage of male youth 15-24 years who are circumcised	57.5% (LQAS, 2015)	75%	70.4%	69%	71.8%	75.6%
Comment: There has been a steady improvement in the proportion of male youth 15-24 years who are circumcised. RHITES-EC used differentiated approaches to reach pivot age group males for VMMC; the mobilization strategy for VMMC was re-adjusted to tease out late adopters, address age-specific barriers and audience needs head on (fear of pain, abstinence from sex) and promote multiple benefits of VMMC including non-HIV ones. RHITES-EC maximized use of channels that foster dialogue and utilized audience appropriate mobilisers, satisfied users, and providers to reach out to the audiences. Static site VMMC days and camps were publicized through radio and community mobilisers.							

CDCS LINKS	INDICATOR	BASELINE VALUE (2016)	ANNUAL TARGET	LQAS 2017 (YR. 1)	LQAS 2018 (YR. 2)	LQAS 2019 (YR. 3)	LQAS 2020 (YR. 4)
Prevention of Mother to Child Transmission of HIV							
IRs 1.3 Sub-IRs 1.3.2, IR 1.1 Sub 1.1.1	Percentage of individuals who know how HIV transmission occur from an infected mother to the child	52.8% (LQAS, 2015)	45%	17.2%	44.2%	43.5%	16.2%
Comment: There was a marked decrease FY20 attributed to reduction in community engagements for women of reproductive age group due to COVID-19 restrictions. However, this will be scaled up through incorporation of VHT mobilization of pregnant and breastfeeding women to seek ANC and PNC services at a nearby health facilities and PMTCT health education at household level. Mothers attending ANC/PNC services at HCIIs will be reached though the monthly PMTCT outreaches to HCIIs that involve health education, HIV testing and Screening for HEI.							
IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IR 1.1 Sub 1.1.1, 1.1.2	Percentage of individuals who know at least 2 key actions that reduce MTCT of HIV	52.8% (LQAS, 2015)	45%	6.4%	38%	40%	49.3%
Comment: Progressive increase in knowledge about MTCT is attributed to facility interventions such as health education led by the midwives during ANC and PNC contacts. Family support groups engagement at the health facility have also been utilized to share knowledge on prevention of mother to child transmission; Group antenatal/post-natal sessions have been used to share information on how mother to child transmission occurs, who is at risk and prevention measures to adopt.							
Tuberculosis							
IR 1.1 Sub 1.1.1, IR1.3, Sub-IR 1.3.1	Percentage of individuals who know that TB is a curable disease	75.5% (LQAS, 2015)	80%	84.2%	73.5%	71.8%	73.8%
Comment: Progressive increased knowledge about TB disease is attributed to the TB specific community mobilization through the SBCC interventions; mass media and interpersonal communication interventions; TB risk perception and basics on TB disease, coupled with emphasis on TB patient and caregivers education both by the health facility staff and community health workers.							
IR 1.1 Sub 1.1.1R1.3, Sub-IR 1.3.1	Percentage of individuals who know at least two signs or symptoms of TB	54.6% (LQAS, 2015)	65%	59.1%	59.0%	57.2%	66.5%
Comment: Progressive increased knowledge about TB disease is attributed to the TB specific community mobilization through the SBCC interventions; mass media and interpersonal communication interventions; TB risk perception and basics on TB disease, coupled with emphasis on TB patient and caregivers education both by health facility staff and community health workers.							
IR 1.1 Sub 1.1.1IR1.3, Sub-IR 1.3.1	Percentage of individuals who know the risk of not completing TB treatment	90% (LQAS, 2015)	95%	92.5%	93.2%	92.5%	94.2%
Comment: Progressive increased knowledge about the risk of not completing TB treatment is attributed to the TB specific community mobilization through the SBCC interventions; mass media and interpersonal communication interventions; TB risk perception and basics on TB disease, coupled with emphasis on TB patient and caregivers education both by health facility staff and community health workers.							

**Note: ND-Not Done, N/A-Not applicable. For PEPFAR indicators, every year PEPFAR targets are provided by PEPFAR. On this basis we didn't not have baseline values as of 2016 baseline RHITES -EC had no targets before October 2016. For some indicators like PP and KP, there were no clear data sources for reference in 2016. For indicators that have been tracked after the revised PMP, performance of FY20Q1 and FY20Q2 have been indicated as "No Data".*

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 SUMMARY OF IMPLEMENTATION STATUS

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Intermediate Result Area 1: Increased access to and availability of health services		
Malaria prevention, diagnosis and treatment interventions scaled up		
Distribute LLINs to pregnant women.	Out of the eligible 218, 086 pregnant women on 1st ANC visit, only 86,440 pregnant women received LLINs due to insufficient stocks at facilities and National level stores.	IR 1.3, Sub-IRs 1.3.1 and 1.3.2
Scaling up IPTp for prevention of malaria in pregnancy (MIP) using Fansidar.	Supported functionality of IPTp DOT services to replenish stocks of purifying water tablets over 400 health care facilities that offer ANC services. Conducted onsite mentorships to improve health care providers skills in counselling to minimize missed opportunities at every ANC visit'	IR 1.3, Sub-IR 1.3.1
Conduct clinical audits and mentorships at 50 health facilities.	675 Health care workers from 164 health facilities were supported to improve their knowledge and skills on malaria case management through onsite malaria clinical audits and mentorships.	IR 1.3, Sub-IR 1.3.1
Orient biostatisticians on use of normal malaria channels to monitor malaria trends at both facility level and district level.	Conducted quarterly onsite mentorships for district Malaria focal persons and district biostatisticians on the use of normal malaria channels.	IR 1.3, Sub-IR 1.3.1
Conduct Integrated Malaria Management trainings.	Conducted 4 trainings in 4 districts of Bugiri Busia, Kamuli and Buyende with 129 health workers trained.	IR 1.3, Sub-IR 1.3.1
Conduct SBCC activities to enhance demand creation for prevention and treatment services	17 Learning sessions focused on malaria during the implementation of family life schools' activities, 4 were held in Mayuge, 4 in Luuka, 6 in Buyende and 3 in Busia districts reaching 1642 people with messages on malaria prevention.	IR 1.3, Sub-IR 1.3.1
	Identified and oriented 156 facility based interpersonal communication agents (linkage facilitators, expert clients, health educators) on a basic IPC package to enable them address knowledge gaps. These in turn conducted 133 health education session on malaria at 21 high volume facilities reaching 4,010 individuals with key information on malaria prevention, diagnosis, and treatment.	IR 1.3, Sub-IR 1.3.1
	91 households visited; 65 IPC sessions were conducted focusing on malaria prevention. 60 people tested for malaria (RDT) and 45 tested positives and were referred to the nearest health facilities for treatment.	IR 1.3, Sub-IR 1.3.1
	Disseminated 1,250 both provider and client SBCC materials focusing on malaria, prevention interventions	IR 1.3, Sub-IR 1.3.1
	Conducted 20 community dialogue meetings with 906 (M: 402; F: 504) individuals reached to identify barriers to uptake of best malaria practices and together with the communities look for best possible solutions	IR 1.3, Sub-IR 1.3.1
	Held 5 sub county stakeholder's sensitization meetings focus on malaria prevention. (4 in Luuka and 1 in Namayingo districts) and reached 105 stakeholders. Conducted 42 outreaches on malaria prevention reaching 3,016 individuals' key messages, 745 received malaria testing and treatment services.	IR 1.3, Sub-IR 1.3.1
	Strengthened capacity of 8 CSOs staff and oriented 60 community mobilisers on scaling up implementation of malaria prevention and improving referrals of suspected malaria cases from the communities to health facilities.	IR 1.3, Sub-IR 1.3.1
	Placed 1,675 targeted exposures on the 5 contracted local radio stations and 01 local TV station in EC region. Targeted placements promoted malaria prevention behaviors and a supportive environment for service uptake by addressing barriers and equipped listeners with correct knowledge and information on different health programs.	IR 1.3, Sub-IR 1.3.1

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Orient health workers on malaria surveillance using the revised Health Management Information Systems (HMIS) tools.	720 Health care workers including health Centre II in'-charges and volunteers from 12 districts were oriented on Integrated weekly disease surveillance including Malaria and TB through mTRAC system.	
Scaling up IPTp for prevention of malaria in pregnancy (MIP) using Fansidar	Disseminated 45,861(6,345 in FY20Q1, 7,794 in FY20Q2, 1,450 in FY20Q3, 29,810 in FY20Q4) pieces of provider and client SBCC materials focusing on Malaria.	
Support malaria EQA in high burden malaria districts	Provided quarterly technical support targeting 25 health facility laboratories, in high malaria burden districts of Busia, Namayingo, Iganga, Bugweri, Luuka, and Kaliro.	
Uptake of Quality RMNCH Services Scaled Up		
Capacity building sessions for health workers on antenatal, intrapartum, and postnatal services	323 facilities oriented on the new HMIS tools and the revised Goal oriented ANC for delivery of compete ANC care package (TB/HIV screening and testing, LLINs, IPTs, BP measurements , Hb testing and nutrition assessment) and effective transition from the old to the new reporting format. 72 health facilities mentored on Oxytocin/EPI integration, 87 health facility teams mentored on BEmONC while 51 facilities were mentored on respectful maternity care (RMC), 90 health facilities on Infection prevention and control (IPC) measures with 57 supported to re-design the ANC clinic workflow to create functional triage points to minimize infectious diseases spread especially COVID-19, Tuberculosis etc. 10 health facilities mentored on improving 4th ANC attendance and QI projects initiated in FY20Q3. Resuscitation corners set up at 25 facilities (HC IIIs), while 32 facilities were supported through practicum sessions on newborn care resuscitation using the HBB curriculum, essential newborn care, and Kangaroo Mother Care (KMC). 12 health facilities with newborn care units were mentored on management of sick newborn and very low birth weight babies and copies of the management protocols shared. 12 district MPDSR roving teams facilitated to carry out MPDSR mentorships and joint death reviews at lower health facilities. Facilitated integrated and targeted mentorships for health care providers in MNH service delivery points aimed at strengthening quality safe delivery. Lobbied Kamuli District Service commission to advertise and recruit anaesthetic staff for Nankandulo HC IV while Nsinze was supported to establish Blood transfusion services making it a fully functional CEmONC site. Renovated 5 maternity wards/ labour suites (Magada HC III in Namutumba, Bulesa HC III in Bugiri, Mbehenyi HC III in Busia, Butagaya HC III in Jinja and Malongo HC III in Mayuge) to improve on the space, lighting, and privacy. Renovated a maternity theatre at Jinja RRH. Newborn care units at Buyinja, Nankoma and Budondo HC IVs were re-organized for patient care and health workers mentored on management of the sick newborn. Supported set up of additional Newborn care units in Buyinja, Budondo, Bugono and Nakoma HC IVs. Mentored 12 HCIIIs (in Kamuli, Buyende and Kaliro districts), 29 HC II and 7 HCIV on quality maternal newborn health delivery and resuscitation skills. Forty (40) health facilities teams were mentored on Oxytocin/EPI integration and 3 health facilities with newborn care units (Dabani, Masafu and Busia HC IV) were mentored on improving outcomes of babies admitted e.g. Sepsis prevention and management, feeding practices and Kangaroo Mother Care (KMC). Two (2) maternal deaths at Jinja RRH were jointly reviewed, a template for monitoring recommendations implementation was developed. Records staff at 8 Health facilities were mentored on weekly reporting on maternal and perinatal deaths and report entry into DHIS2. Three (3) ADHO-MCH were mentored on use of the BABIES matrix, Maternal Perinatal Death Surveillance and Response (MPDSR) during onsite mentorships at 8 health facilities. Three (3) Monthly MNH datasets were shared with ADHO-MCH on a monthly basis and navigation jointly done. Conducted 1 joint (District and Project) community verbal autopsy following a community maternal death within Bugiri District.	IR2.2 Sub-IR 2.2.1 IR 2, Sub-IR 2.1.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Use QI methods to address service delivery gaps:	60 MPDSR mentors and 34 BEmONC mentors oriented on facility support using a QI approach 1st Learning session for 28 facilities in the Perinatal Death surveillance and response collaborative conducted and health workers were oriented on the PDSR cycle, and QI projects to improve perinatal death notification using the weekly mTRAC surveillance.	IR2.2 Sub-IR 2.2.1 IR 2, Sub-IR 2.1.2
Functionalize District MPDSR committees	1 District MPDSR committee meeting was conducted for Mayuge district. Meeting with Kamuli District Health team conducted, and plans made for a meeting to discuss MPDSR with other district leadership. 28 high volume facilities supported in using the BABIES matrix to improve outcomes of mothers and newborns	IR2.2 Sub-IR 2.2.1 IR 2, Sub-IR 2.1.2
Community mobilization for and adoption of health behavior and service uptake.	Supported 30 CSO-led community mobilization of pregnant and lactating couples in high burden sub-counties through scaling up implementation of the "Wheel of Practices for Better Living" and "Family Life Schools"; 976 VHTS oriented on Key family care practices and referral of women for maternal services Implemented 5 men alone sessions, 7 community dialogue sessions on uptake of maternal services at health facilities including 13 ANC trigger events to mobilize pregnant women for ANC and facility delivery. Mass media campaigns (Radio talk shows) and 20 DJ mentions of Maternal newborn health were conducted in FY20 while 5 talk shows on Prematurity during the World Prematurity Day commemoration were conducted.	IR 3.3, Sub-IRs 3.3.1; IR2.2, Sub-IRs 2.2.1; IR2.1, Sub-IRs 2.1.2, 2.2.4
Strengthen referral networks for emergency obstetric and newborn care between facilities	163 health facility staff at HC IIIs and IIs mentored on identification of obstetric complications, shared guidelines on when to refer and the appropriate referral procedures (care to mother and babies prior to referral, interfacility open referral communication and adequate documentation of the referral using the referral forms). 4 community dialogues on response to obstetric complications and access to services in such scenarios, referral processes from their communities to the health facilities and birth preparedness	IR2.2 Sub-IR 2.2.1 IR 2, Sub-IR 2.1.2
Strengthen above-site support for RMNCH	6 District performance reviews conducted 7 district level meetings to share performance and plan for improvement in key MNH indicators were held. 12 District HMIS focal persons and 5 ADHO-MCH mentored on entry of MPDSR forms in DHIS2 Jinja RRH MPDSR team supported to carry out a joint maternal death review with the team in Bugembe HC IV 3 MPDSR district committees supported to hold District MPDSR committee meetings while In charges of health facilities within Jinja District were re-oriented on the MPDSR. RHITES-EC supported roll-out of RBF within the EC region; took part in Joint health facility assessments in preparation for RBF enrollment at 21 health facilities, joined 5 districts health teams (Namayingo, Bugweri, Namutumba, Mayuge and Jinja) during verification for RBF and supported Joint work planning ad PIP development at 31 lower level facilities and 8 hospitals National: RHITES-EC participated in 11 monthly MCH TWG meetings, either physically or virtually, 10 monthly Newborn Steering committee meetings and 8 Safe motherhood meetings	IR 3.3, Sub-IRs 3.3.1 IR 2, Sub-IR 2.1.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Roll out of mobilization plan to improve up take of Child Health services	– Oriented 6 district health leadership of Bugweri, Jinja, Iganga, Kamuli, Mayuge, Bugiri, Kamuli and Namayingo on the REC-QI strategy – Conducted monthly Integrated community outreaches in hard to reach areas to bridge child health service gaps in underserved communities – Conducted 30 integrated community dialogues with key stake holders at sub county level in Jinja, Luuka and Bugweri districts to facilitate open discussions on community health and development issues including child health and determinants/barriers to service uptake. – Conducted 227 family life school sessions in high burden sub-counties. Ran 20 interactive radio activities including 20 radio talk shows 300 DJ mentions, 200 spot adverts, 50 health moments to create awareness and a supportive environment for uptake of child health services.	
Strengthening capacity of health care facilities and communities to provide quality child	– Conducted integrated Mentorship to 120 HC IIIs, 146 HC IIs, and 10 HCIV on IMNCI and EPI across the 12 districts. Conducted On-site training and mentoring of operational frontline health workers in EPI in collaboration with UNEPI, Regional and the District teams. A total of 133 facilities were reached in selected 9 districts that included Jinja, Iganga, Luuka, Bugweri, Mayuge, Kamuli, Buyende and Kaliro The health facilities were supported to strengthen routine immunization (RI) using the REC-QI approach and conduct targeted outreaches to underserved communities	
Use of quality improvement methods to address service delivery gaps	Supported DHTs of all the 12 districts in the region to conduct monthly site support supervision, spot checks and outreach audits to improve quality of health care service delivery through regular support supervision.	
Strengthen data quality for child health at facility and community level	– Conducted mentorships and coaching mentorship of health workers on proper use of the new child health HMIS tools. The last mile distribution of these tools was coordinated by the M&E team. – Oriented VHTs on community data capture and reporting, supported monthly VHT meetings to improve community reporting for the ECHP in the districts of Luuka, Jinja, Iganga and Bugiri.	
Child Health		
Build capacity of health workers for improved quality of care along the child health care continuum through mentorship with a focus on ETAT and routine immunization support through EPI audits and QI approach.	Mentorship of selected 32 Health Centre IIIs was done in the districts of Mayuge, Iganga, Luuka and Kamuli	IMNCI roll by districts with support from MOH, Conduct ETAT mentorship
Strengthen community- facility linkages/referrals through roll-out of community SBCC and mobilization interventions towards improving early ANC attendance and immunization uptake, especially in the poorly performing sub counties to enhance adoption of desired behaviors and practices.	Bugweri DHT engagement assess progress in the SBCC implementation and actions in further implementation. DHT engagement in the districts of Iganga, Mayuge, Namutumba and Kamuli for a root cause analysis to challenges in child and maternal health and draw up activities for implementation	
Strengthen above-site support for Child Health (CH) through performance review sessions for CH and joint mentorships with the District health teams to health facilities implementing the RBF approach to ensure compliance to the quality standards of care	Onsite mentorships to 4 districts of Jinja, Iganga, Luuka and Mayuge done in collaboration with the DHT. Child Health review meetings not held due to COVID 19 restrictions	Child Health review meetings
Access to and Uptake of Family Planning Services Expanded		
Support and work with Extended District Health Teams (EDHTs) to re-orient health workers at 531 public and private facilities in 12 districts on the national and USAID FP policies through on-site Continuing Medical Education sessions	A total of 1,645 family planning service providers from 472 public and private health facilities in 12 districts were oriented on the USAID family planning policies, national family planning strategies, and family planning documentation and reporting.	IR 2.1, Sub-IRs 2.1.1 2.1.2, and 2.1.3; IR 3.3 Sub-IRs 3.3.1

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct data driven quarterly targeted mentorship of family planning service providers in 40 high volume facilities	Conducted targeted mentorship of Health Workers (HWs) from Health Centers (HCs) as below: – 91 HWs from 30 HCs were mentored on LARCs insertions and removals, integration of FP services in different service delivery points, completeness and appropriate documentation of FP services, provision of comprehensive counselling, especially among adolescents and young women, timely and adequate quantification and ordering of FP commodities, and infection prevention. – 39 HWs from 10 HCs mentored on quality, human rights-based family planning service provision to adolescents and young women of low parity, integration of family planning at all service delivery points, supply chain, documentation and reporting of FP services. – 103 HIV clinic staff from 52 HC s were mentored on rationale for integration of FP services, comprehensive counselling, provision of FP services especially LARCs, management of side effects, infection prevention, drug interaction, data management and reporting. – 315 HWs from 60 HCs were mentored on postpartum family planning services including immediate IUD postpartum. 209 HWs from 167 HC IIs oriented on family planning data management and reporting.	IR 2.1, Sub-IRs 2.1.1 2.1.2 IR 3.3, Sub-IR 3.3.1
Support and work with EDHTs to re-orient technical staff of CSOs working with RHITES EC and 522 VHTs in 8 districts (Buyende-107, Bugiri-90, Busia-145, Iganga 120, Namayingo-30, Luuka-10, Kaliro-10, and Namutumba-10) on the national strategies and USAID FP policies.	A total of 491 VHTs from 40 sub counties of 8 districts and twenty-five staff of 5 CSOs in 4 districts were oriented on USAID family planning policies and national strategies. Topics covered included Protecting Life in Global Health Assistance and Statutory Abortion Restrictions – 2020, US Abortion and FP Requirements – 2020 and National FP strategies.	IR 2.1Sub-IRs 2.1.1 2.1.2
Facilitate monthly VHT meetings to review progress, submit reports, pick FP commodities, and conduct CME on Adolescents and young mothers' FP services.	522 VHTs were facilitated to submit monthly reports, collect FP commodities, and received continuous medical education from midwife supervisors.	IR 2.1, Sub-IR 2.1.1 2.1.2; IR 3.3 Sub-IRs 3.3.1
Roll out teenage pregnancy prevention mobilization plan and increase demand and uptake of family planning by expanding knowledge and addressing myths and misconceptions among adolescent girls, young women and their male partners through peer to peer approach, public visibility and campaigns in 6 sub counties of Buyende rural and Bugaya in Buyende district, Gadumire in Kaliro, Ikumbya in Luuka, Bulidha in Bugiri and Magada in Namutumba with highest Total Fertility Rates (TFR) greater than 7 and teenage pregnancy rates.	Conducted 7 radio talk shows on family planning services with special focus on teenage pregnancy prevention. Worked with youth peers to conduct targeted mobilization for teenage pregnancy prevention. Identified and oriented 156 facility based interpersonal communication agents (linkage facilitators, expert clients, health educators) on a basic IPC package to enable them to address knowledge gaps. Conducted 92 peer-led small group dialogues with adolescents on prevention of unplanned pregnancies; Provided technical assistance to the District Family Planning Focal Persons to follow up on action plans to increase access to family planning among the Adolescent Girls and Young Women (AGYW).	IR 2.1, Sub-IRs 2.1.1 2.1.2 IR 3.3 Sub-IRs 3.3.1
Participate in FP regional and national meetings such as FP/RH Commodities Technical Working Groups at Ministry of Health.	Participated in FP national meetings which included: – the stakeholder consultative meeting for the 2019 UNFPA/NIDI survey on financial flows for FP in Uganda, – Sayana Press (DMPA-SC) scale up task force and annual stakeholder meetings, – USAID Uganda family health & malaria IP meeting, She Decides Uganda team on the rising rates of teenage pregnancies in Luuka and Kaliro districts, Family Planning in commercial Drug shops - Implementers meeting, and Ministry of Education officials on the rising rates of teenage pregnancies in Luuka and Kaliro districts.	IR 2.1Sub-IRs 2.1.1 2.1.2; IR 3.3 Sub-IRs 3.3.1
Monthly stock monitoring of all FP commodities in 10 PMCT HC IIs, 77 HC IIIs, 13 HC IVs and 7 Hospitals.	Conducted monthly stock monitoring of all family planning commodities together with HIV drugs (ARVs) in 107 health facilities. Inter facilities and inter districts redistribution of FP commodities were conducted after monthly stock monitoring exercise. In cases of health facility stockouts, district would prompt making an emergency order of FP commodities to Joint Medical Stores.	IR 2.1, Sub-IRs 2.1.1 2.1.2; IR 3.3; Sub-IRs 3.3.1 and 3.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Access to and Uptake of Nutrition Services Increased		
Nutrition Activities		
Conduct nutrition performance review meeting and orientation of health workers on revised HMIS-nutrition data elements	Following revision of HMIS data tools and guided by FY20Q2 performance, we conducted cluster level performance review and action planning meetings for nutrition. The one-day meetings involved nutrition focal persons from 107/134 high-volume facilities (HC III – Hospitals). During the meetings, participants were oriented on the nutrition data elements in the revised HMIS data collection and reporting tools. High performing facilities shared best practices to generate discussions.	
Conduct quarterly targeted onsite mentorship to poor performing facilities guided by facility data	Supported regional, district nutritionists and purposely selected facility nutrition focal persons from within the region to conduct quarterly data driven targeted onsite mentorship to over 107 (13 hospitals, 15 HC IVs, 72HC IIIs and 7 HC IIs) underperforming healthcare facilities guided by preceding quarter performance data. Each quarter, the key indicators of focus included: – Assessment and categorization of nutrition status at OPD (especially children <5years) and MCH clinics. – Intra-facility referral and documentation of clients with acute malnutrition (SAM and MAM) in the Integrated Nutrition Register (INR) and inter facility referrals (from non-OTC to the selected 15 OTC) sites. – Adherence to, and documentation of Iron-folic acid (IFA) supplementation for pregnant women attending ANC1 (30+ tablets at ach visit). Individual facility performance gaps were jointly discussed and teams supported to address them. During the COVID19 travel restrictions, remote tele-support to health facilities was offered, and in addition to the above, focused on revising client flow for missed opportunities in nutrition service delivery and addressing related infant and young child feeding (IYCF) counseling myths and misconceptions.	
Orientation of HC II staff on NACS and nutrition data elements in the revised HMIS tools	Trained 628 (232male, 396female) HC II staff across all the districts. The training aimed at capacity building in integration of nutrition assessment counselling and support (NACS) into routine services at HCII level, quality nutrition documentation and reporting.	
Conduct Regional consensus building meeting on implementation of maternal infant young child and adolescent nutrition (MIYCAN)activities	Conducted a regional community MIYCAN consensus building meeting with the 6 Nutritionists within the region. The meeting involved review of the draft national MIYCAN guidelines (participants manual, facilitators manual, counselling cards), discussions, and experience sharing to guide action planning. The meeting resolved: – RHITES-EC to pilot community MIYCAN through nutrition care group approach in Bugiri, Iganga, Jinja and Kamuli districts using the available draft in FY20Q4. Communities for implementation to be selected based on quarterly facility malnutrition caseloads. Due to the gaps in the MIYCAN counselling cards, RHITES-EC to print and include cards from available tools discussed to supplement the MIYCAN counselling cards.	
Orientation of Health facility staff and VHTs on the MIYCAN concept	Oriented 72 (19male, 53female) health workers of various cadres: midwives, clinical officers, nursing assistants, nursing officers, enrolled and comprehensive nurses, and health assistants from 73 (2HCIVs, 31HCIIIs and 40HCIIs) health facilities and 228 (121male, 107female) VHTs from Bugiri, Jinja, and Kamuli districts on the MIYCAN concept and establishment of nutrition care groups.	
Maintain facility-based and targeted community-based food preparation and WASH demonstrations	Supported key facility staff (including Nutritionists, Clinical Officers, Nurses, Midwives, Nursing Assistants, Medical and Counsellors) from 25 healthcare facilities (1 HC III, 15HC IVs, 9Hospitals) and VHTs from targeted communities to mobilize and conduct 47 facility-based and 32 targeted community-based food preparation and water sanitation and hygiene (WASH) demonstrations. This aimed at building caregiver capacity in food values and food preparation principles. Selection of the communities was guided by facility data on malnutrition. A total of 3,996 women, 6,110 children <2years and 438 men were reached. Food demonstrations were later halted due to competing priorities and COVID19 restrictions in FY20Q3 and FY20Q4.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Collaboration for targeted community outreaches, Kamuli district	We collaborated with Makerere University College of Agricultural and Environmental Sciences (CAES), IOWA state university, and Kamuli district local government to support health and nutrition outreaches in Namasagali sub county, Kamuli district. The support included radio announcements, facilitation, and mobilization of district staff to offer the services (Nutrition assessment, practical food preparation demonstration, ANC, immunization, and HTS). A total of 41 pregnant/lactating women, 44 children <2years attended the food demonstrations while 56 clients were assessed for nutrition status of which one child with SAM and one with MAM were identified and linked to Namasagali HC III for further management.	
Support implementation research on addressing IFAS bottlenecks through implementation science (IS) approach and engagement of stakeholders in preselected implementation districts (Buyende, Iganga) following approval by the Uganda National Council of Science and Technology (UNCST)	on OPD, and antenatal clinics from the pre-selected 20 intervention health facilities (10 in Buyende, 10 in Iganga district) and 10 health facilities for comparison (Busia). Data collected was analyzed to guide formulation of research questions and provide information for subsequent QI initiatives.	
	Supported pre-selected district-based mentors to conduct 8 monthly onsite QI mentorship and coaching on IFAS and nutrition related indicators in each of the 20 selected interventions health facilities. The coaching involved jointly reviewing and updating respective QI journals and addressing gaps in the HMIS data tools (ANC, OPD, Nutrition registers and IFA stock cards). Facility teams were mentored to assess root causes of the performance gaps, identify corresponding change ideas, collect, analyze, and utilize weekly data for the selected QI projects to guide the improvement initiatives and share during subsequent collaborative learning sessions.	
	Supported 6 monthly onsite QI performance review meetings in all the 20 selected health facilities. During the meetings health workers reviewed progress of existing QI projects towards set target, implementation challenges, identified change ideas for improving performance and shared learning from preceding collaborative learning sessions.	
	Supported 3 collaborative learning sessions to facilitate peer-to-peer learning guided by facility performance. Each facility was represented by 2 -3 staff based on facility level. The learning session entailed: – Capacity strengthening for health workers on the IFAS QI initiatives, QI approaches, QI principles and key QI tools (documentation journal, action planning templates), nutrition integration and IFA stock forecasting and management. – Sharing and discussing preceding quarterly individual facility performance for the selected IFAS and nutrition indicators. – Sharing site level progress of QI projects based on tested changes. – Discussion on tested changes that led to improved performance for scale up in other intervention health facilities. Generating change packages and developing action plans to facilitate site level improvement projects. In September 2020, we supported end line data collection in both the intervention districts and the comparison arm (Busia district). Results indicate higher improvement in IFAS and nutrition related indicators such as increased nutrition HE integration (topics); 23.7% - 63.1% (intervention), 22.9% - 45.9% (Comparison), and increased IFA supplementation; 40.0% - 80.6% (intervention); 47.2% to 74.7% in the (comparison). Other findings and recommendations are entailed in the evaluation report.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct National level expert review and validation meetings	During the COVID19 lockdown, we participated in: – Virtual expert review meeting of the draft MIYCAN tools (guidelines, participants' manual, facilitators' manuals, counselling cards, and action plan). The revised tools await final approval by MoH. – Series of virtual MoH nutrition technical working group (TWG) meetings to address the food and nutrition gaps amidst the COVID19 pandemic. Key outputs from the meeting included the draft guidelines for nutrition guidance for the general population in the context of COVID-19 in Uganda. Other resources developed drafted include: i) hospital feeding and nutrition care of the chronically ill COVID-19 patients, ii) SOPs for use of ready to use infant formula (RUIF) and management of MAM and SAM cases in the context of COVID, iii) SBCC/IEC nutrition materials and messages in the Context of COVID-19 Validation of the MoH position paper on improved financing for nutrition commodities to address malnutrition in Uganda, in line with declining partner support for nutrition. The document will be submitted to cabinet for consideration.	
	Participated in the National Micronutrient Thematic Working (TWG) that entailed presentations and discussions by partners and stakeholders supporting prevention and control of micronutrient deficiencies at national level. We shared findings from the IFAS IS baseline assessment for the ongoing Implementation Research (IR) studies, progress of the QI processes (such as onsite mentorships and collaborative learning sessions) and the proposed hybrid implementation design. Participants included partners and stakeholders supporting national efforts in prevention and control of micronutrient deficiencies including CDC, UNICEF BRAC, URC/RHITES-EC, Food Fortification Initiative(FFI), Ministries (Ministry of Gender and Ministry of Trade, Industry and Cooperatives), Academia, and Mulago National Referral Hospital.	
WASH Activities		
Build capacity in facility WASH and conduct clean clinic assessment based on the WASH score card	To cover the facility WASH training gap left in FY19, we trained 38 (27male, 11female) selected facility-based, sub county and district level staff from Bugiri (13), Busia (12), Namayingo (6) and Namutumba (7) districts in infection prevention and control (IPC) based on the UNICEF WASH FIT tool and the revised facility WASH score card. Participants for the 2-day orientation included ADHO-Environmental Health, facility In-charges, designated facility infection control focal persons, and Health Assistants. Participants were also oriented on the open data kit that is used to ease data collection during facility WASH assessment.	
	Guided by the facility WASH score card and pre-generated open data kit (ODK) for data collection, we re-oriented key staff and supported clean clinics assessment and WASH action planning in 129 high-volume facilities (10hospitals, 20 HCIVs & 99HCIIIs) within the region to establish infection prevention and control status in OPD, labor/delivery, and postnatal (PNC) units. The assessment was based on 6 essential health facility WASH domains: i) water, ii) hygiene, iii) infection prevention, iv) health care waste, v) Cleaning and administration. As part of the audits, facility level WASH action plans were jointly generated to address respective gaps and guide follow-on site support. The WASH gaps identified guided health facility specific action planning and targeted site support provided during the quarter. We further conducted clean clinic follow-up assessment in 76 high-volume facilities (6 hospitals, 13 HC IVs, 57HC IIIs) to determine improvement in WASH status. There was variations in improvements with majority of facilities (41) improving in labor and delivery WASH scores; 36 facilities improved PNC WASH while 35 improved OPD WASH.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Procure and distribute WASH facilities and hand hygiene Information, Education and Communication (IEC) materials	We procured and distributed 676 simple stationary outdoor handwashing facilities to all high-volume facilities (12 hospitals., 18 HC IVs, 108HC IIIs) and the PEPFAR HC IIs (34) within the region to improve facility infection prevention and control (IPC) practices. Each handwashing facility includes a 20-litre capacity jerrycan fitted with a turn-handle water dispensing sprout to provide for running water, a metallic cage and stand to suspend the plastic container and 20-litre capacity bucket to collect wastewater. Working with designated facility infection control focal persons, RHITES EC further supported handwashing/sanitization demonstrations during the distribution of the handwashing facilities. An additional 84 outdoor pedal-operated handwashing facilities were procured and distributed to hospitals and HC IVs.	
	To promote hand hygiene behaviors among healthcare staff and care seekers, we procured, disseminated, and strategically positioned 2,961 assorted hand hygiene IEC materials in all high-volume facilities (HC III – hospitals) and the 34 PEPFAR HC IIs. The materials included: – Techniques on handwashing using soap and running water (959pieces). – Techniques on hand sanitization using alcohol-based hand sanitizers (709 pieces). – WHO critical moments for handwashing (201 pieces). Hand washing reminder stickers (1,092 pieces).	
Integrate facility infection prevention and control (IPC) into Covid-19 management	All (90) high volume PEPFAR supported health facilities within the region were assessed for COVID19 readiness during which action plans were generated to address the IPC gaps identified. The health facility staff were mentored on COVID-19 case management and continuity of essential health services through sessions that included overview of COVID19, surveillance, specimen management, lab testing, case management, infection prevention and control, rearranging client clinic flows and contact tracing.	
Conduct site level latrine/toilet assessment to facilitate selection of facilities for construction/renovation of toilet or improved pit latrines	Supported key district staff (ADHO -Environmental Health, District Engineers) to conduct toilet/latrine assessment in 32HC IIIs, 6 HC IVs and 2 hospitals within Bugweri, Bugiri, Busia, Mayuge and Namayingo; districts that are not supported by USAID's Uganda Sanitation for Health Activity (USAID/USHA). Key findings include: – Most of the HC IIIs have only one OPD latrine structure with stances shared by maternity, other OPD patients and staff. Only a few facilities allocate stances to different categories of users. – Sharing of latrines with communities especially in facilities that are not fully fenced. This eventually demotivates the facility cleaners. – Menstrual hygiene management practice was only observed in Lumino HC III Urgent need to construct latrines and bathrooms for maternity wards, and latrines for staff, especially in HC IIIs. The following were identified as top priority facilities: Bugiri hospital (Bugiri district), Busembatia HC III, Namaganda HC III (Bugweri district), Masafu hospital, Lumino HC III, Buhehe HC III (Busia district) Kityerera HC IV (Mayuge), Mutumba HC III, Busiro HC III (Namayingo district).	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct District-based WASH stakeholders' meetings to map and harmonize WASH programming at district level.	Spearheaded district-based WASH stakeholders' meetings to leverage community stakeholder existence. The meetings purposed to: – Map CSOs, CBOs and NGOs with community interventions in respective districts. – Orient community stakeholders on the revised community data tools, community reporting and need for monitoring of community service delivery by the districts. – Discuss strategies for improving community reporting within existing respective stakeholder mandates, The meetings were attended by key district community stakeholders, Biostatisticians, HMIS focal persons, ADHO-Environmental Health and RHITES-EC WASH, M&E technical personnel. Key outputs include: – Districts to support the stakeholders to include and improve community reporting through available community structures. – Stakeholders to utilize on-going routine VHT meetings to integrate community reporting. – Stakeholders to purposely engage Health Assistants since it is their mandate to supervise VHTs in all sub counties. Stakeholders to desist from creating parallel community resource persons/structures other than the VHTs. A regional stakeholder mapping tool was generated and shared with the districts for reference.	
Support Health Assistants to conduct WASH demonstrations and establishment of handwashing facilities	To promote community infection prevention and control (IPC) during the COVID19 pandemic, we oriented Health Assistants from 115/137 sub counties across all the 12 districts to support VHTs in selected villages conduct handwashing demonstrations and set-up community handwashing facilities using local materials (known as 'tippy taps') in congregate settings. A total of 461 congregate settings (water sources, food markets, trading centers, and landing sites) were covered and 26,617 people were reached during the demonstrations.	
	Supported districts through Health Assistants and 1,960 selected VHTs across the 12 districts to establish tippy taps in 216,245 households within 64 selected sub counties. The local materials (pieces of wood, gauze strings, 3 – 5 litre plastic containers, nails) were provided by the households. A total of 71,592 tippy-taps more established and/or renovated.	
Support quarterly community HMIS-WASH reporting	We supported district-based quarterly community reporting and performance review meetings through engagement of all the district Biostatisticians (12) and Health assistants (137) to facilitate and further improve quality and completeness of community reporting. The meetings entailed re-orientation on the revised community tools and review of data quality needs. Health Assistants were supported to coordinate submission of reports to respective facility Medical Records Assistants (MRAs) through the parish VHT coordinators. The activity improved reporting rates (HMIS table 15, HMIS 097) from 25% (94/381) in FY20Q1Q4 to 69%(336/485) in FY20Q4. while household coverage increased from 155,597 (FY20Q1) to 797,641) in FY20Q4	
Participate in Facility WASH harmonisation meeting with other USAID WASH IPs	Participated in the USAID facility WASH partners' harmonization meeting to streamline facility WASH mandate between USAID's USHA, Rotary International (RI) and RHITES projects (EC, Acholi); and determine facilities for collaborative support in districts of co-existence. During the meeting there was consensus on: – Collaboration between water support and infection prevention and control (IPC) activities to address presence of water at key points of care within facilities. – All HCIIs such as Wakitaka (in Jinja), and Kasokwe (Kaliro) earlier selected by USHA were dropped for water support in favor of higher volume facilities and based on facility catchment population – Only 4 health facilities were selected for water support in FY20: Irongo HC III (Luuka) and Namutumba HC III (Namutumba district) for RI water support, while Nkondo and Irundu HC III (Buyende) will be supported by USHA RHITES projects to address software needs within the collaborative health facilities in addition to other health facilities within the respective regions.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Uptake of HIV Prevention, Care and Treatment Services Increased		
Prevention		
Mainstream and address gender norms that affect uptake of services and behaviors during the design, implementation and monitoring of KP/PP approaches and activities and track GBV by KP category.	We conducted onsite mentorship of 26 DIC staff in GBV screening and management. Held district level meetings with stake holders (police, probation officers, CSOs) and GBV service providers in 10 target districts.	IRs 1.3 Sub-IR's 1.3.1 and 1.3.2 IR 3.3, Sub-IR3.3.1
Conduct quarterly KP/PP community dialogues sessions targeting KP gate keepers, FSWs, Fisherfolks, MSMs etc. to deliver key HIV Prevention messages as may be relevant to the category.	60 dialogues were conducted in 3 districts (Busia, Jinja and Iganga) to address KP/PP-specific barriers, norms, and behaviors that have been identified through routine monitoring and participatory sessions to affect uptake of services along the HIV cascade (case finding, PrEP, linkage, ART initiation, retention in care).	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IR 3.3, Sub-IR3.3.1
Strengthen capacity for the provision of comprehensive HIV prevention services by key stakeholders through onsite mentorship and coaching of health workers and DIC staffs in effective HIV prevention program implementation.	We conducted onsite Mentorship of 516 frontline service providers at 50 sites with KP/PP/PREP targets to improve screening and triaging of KP/PP for prevention services. Conducted 10 monthly performance review meetings with KP networks in Busia and Jinja. Trained and deployed 113 KP peer educators to improve provision of HIV prevention services.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Optimize HIV case finding through implementation of high yielding interventions like enhanced peer outreach approach (EPOA), index client testing/APN, HIV self-testing, targeted peer led outreaches and provision of incentives to KP peer educators to support referral and linkage of HIV positive KPs to care.	Worked with KP networks, peer educators to support referral of KPs for HIV prevention services, distribution of 1286 HIVST kits. Piloted enhanced peer outreach approach/ sexual/ social network testing in Busia targeting female sex workers and their sexual partners. During the pilot, 204 FSW received HTS, and 37 tested positive, a yield of 18%.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Support the implementation of PrEP services for KP/PPs including integration of PREP in ART and MCH clinics targeting discordant couples and AGYW respectively, supporting DICs to distribute PREP in the community and strengthening laboratory monitoring for PREP.	RHITES EC supported 23 sites to conduct community PrEP initiation and refills at 23 sites. We held 45 small group dialogues with KP/PPs to address barriers to uptake of PrEP in Busia, Iganga and Jinja districts. This improved PrEP initiation from 511 clients in FY20Q3 to 780 clients in FY20Q4. Conducted community PrEP refills at DICS and KP/PP hot spots in Jinja, Iganga and Busia to improve maintenance of KP/PP on PrEP.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Support ART Initiation and Retention in care for HIV Positive KP/PP through rollout of KP friendly DSD models and strengthening of peer psychosocial support systems.	Supported same-day ART initiation and drug refills at ATGWU DIC. 113 KP peer educators were supported to conduct community ART refills and provision of psychosocial support to KPs in care. Supported multi-months dispensing of ARVs for eligible KP/PP in care.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IR 3.3, Sub-IR3.3.1
Strengthen HIV prevention data recording, reporting and utilization through provision and training of health service providers in revised HMIS tools, scale up the use of KP tracker and KP identifier code KPIC and conduct semiannual program review with Key stakeholders.	Photocopied and distributed 32,000 HIV prevention service tracking forms, 70 KP/PP registers, trained frontline health workers in revised HIV prevention HMIS tools and facilitated 47 data clerks to update the KP tracker. Conducted quarterly facility level performance review meetings at 5o sites.	IRs 1.3 Sub-IRs 1.3.1 and 1.3. 2 ; IR 3.3 Sub-IRs 3.3.1
HIV Testing and Counseling		
Conduct quarterly mentorships and monthly CMEs based on identified HTS capacity needs.	Mentorship of counsellors from Kamuli, Iganga and Bugiri clusters focusing on screening for eligibility to improve targeted testing, HIVST, index testing and HTS documentation.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct Onsite Training on HIV Self Testing (HIVST) at 92 sites in 10 Districts.	Trained 562 health workers from 42 sites in Busia, Namayingo, Namutumba, Busia, Bugiri, Kamuli and Buyende districts on HIVST.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct monthly meetings for KP Peer leaders to review HIVST performance.	8 meetings were held with trained KP peer leaders attached to health facilities that provide HIVST.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Provide targeted risk-based facility and community HTS to reach 286,757 individuals, identify 11,252 positives with 95% linkage to HIV treatment.	571,693 individuals tested for HIV achieving 199% of the HTS annual target of 286,757; 13,112 identified new HIV positives (117% of the 11,252-annual target) and 90.1% (11,814/13,112) linked to HIV treatment.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct index testing to reach 15,418 partners and exposed children	Tested 16,834 partners, exposed children, and social contact through index testing; identified 3,053 positives with 18% yield.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct men alone dialogue sessions with on spot HIV testing at male dominated workplaces and social gatherings.	Conducted 675 men-alone sessions in 10 districts (Busia, Bugiri, Namutumba, Namayingo, Buyende, Kamuli, Jinja, Iganga, and Bugweri and Mayuge); Reached 14,871 men with key integrated messages. Tested 5,212 men for HIV; 172 were identified HIV positive (3.3% yield).	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Distribute 25,113 HIVST kits through facility and community distribution models.	18,423 (73% of the annual target of 25,113) HIVST kits distributed to pregnant women and lactating mothers, index clients at facility and community, during KP/PP outreaches and through DICs and to trained KP peer leaders; 46% (8,501/18,423) and 54% (9,922/18,423) HIVST kits were distributed through directly assisted and unassisted approaches respectively.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Attend meetings organized by MoH/ACP (HTS TWG, HTS Capacity Building Sub Committee etc.).	Project staff attended physical and virtual NCTC/CT17 and HTS TWG meetings that were organized by MoH/ACP and attended by different implementing partners.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Orient recruited counsellors, clinicians and data clerks deployed at high volume health facilities to support HTS including index testing/APN outputs.	Oriented 106 counsellors (56) and clinicians (28) and data clerks (22) on targeted HIV testing, index testing, HIV Self testing, HTS documentation and reporting.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Train 32 Regional Trainers in preparation for Recency HIV testing at the 4 pilot sites.	94% (30/32) of targeted participants including one project staff completed the 4 days' competence-based ToT on Recency HIV testing in preparation for implementation at Jinja RRH, Kamuli GH, Busia HCIV and Mayuge HCIII pilot sites.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Activate phase 1 sites to kickstart implementation of Recency HIV testing	Oriented 32 trained facility teams and other healthcare health workers engaged in HTS on concepts, implementation, data collection and documentation processes.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct index testing collaborative at 79 health facilities to improve the ICT cascade.	A collaborative was initiated at 79 sites with high targets. Regional mentors were identified and oriented; onsite mentorship done to improve provider skills and processes. An SOP to guide implementation of index testing was developed and disseminated for use to improve performance.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct 1,174 Recency HIV testing at Jinja RRH, Kamuli General Hospital, Busia HCIV and Mayuge HCIII	37.4% (439/1,174) Asante tests were conducted with 8% (33/439) Recent infections and 92% (403/439) Long Term infections	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct site assessment for Index Testing site certification.	Assessed 98 sites implementing index client testing services for adherence to WHO minimum standards. 95% of the sites qualified for certification, 5 sites on remedial action and none of the sites failed. Jinja RRH and Budondo HCIV were not assessed due to death of a patient from COVID-19 and a health worker who tested positive to COVID-19 and other exposures at the time.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Prevention of Mother to Child Transmission of HIV (PMTCT)		
Conduct PMTCT mentorship and coaching at selected facilities to improve performance.	Conducted mentorships on Option B+ at 150 health facilities.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct monthly integrated ANC/PMTCT/ART/EID outreaches to 178 non-accredited HC IIs and private facilities offering ANC services.	Conducted monthly integrated ANC/PMTCT/ART/EID outreaches to 201 non-accredited HC IIs and private facilities that provide ANC services.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Establish 10 HC IIs offering PMTCT services as Differentiated Service delivery sites.	Managed all HC IIs as PMTCT Outreach sites and are providing HTS and ART services.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IRs 3.1 Sub-IR 3.1.1
Support FSGs at 60 PMTCT sites to enhance ART adherence support & retention.	Supported 60 HF to hold monthly FSGs meetings.	Sub IR 3.3.1

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Support the 143 PMTCT sites to conduct the "Bring back mother-baby pairs" campaign.	Oriented the health workers from 155 health facilities on the Bring Back Mother Baby pair (BBMB) campaign including reporting. Conducted BBMB campaign at 155 HFs with support provided for community follow-ups of mothers that were lost.	Sub IR 3.3.1
Support EPI/EID integration at all static immunization clinics and immunization outreaches.	Continued to promote EPI/EID integration at all PMTCT sites and HC IIs.	Sub IR 3.3.1
Support project & district staff to attend national meetings.	Project staff attended PMTCT national ToT for implementation of G-ANC/PNC where a total of 4 district PMTCT focal persons where trained including 4 RHITES staff. District PMTCT focal persons were supported to attend National roll out of the HEI tracking tool and last mile option B plus reporting and implementation.	Sub IR 2.2.1
Support monthly MNCAH/PMTCT data triangulation/data reviews that will be conducted by the senior midwives in each district.	Data triangulation meetings were implemented for 133 sites at each of the 12 districts in EC region.	Sub IR 2.2.1
Track HIV positive infants for ART initiation.	Obtained list of HIV positive infants from CPHL on monthly basis, supported follow-up of positive babies to ensure timely ART initiation among positive HEI.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct regional performance review meeting with district PMTCT focal persons, district leaders and MOH.	Held 12 district quarterly performance review meetings during FY19 with District ADHO, PMTCT focal person, HMIS focal person and midwifes from each district.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Support the accreditation of high-volume HC IIs that have been assessed but are pending accreditation.	Feedback on accreditation for five hard-to-reach HC IIs in Buyende, Bugiri and Mayuge districts has not yet been received from MOH. The MoH has reservations on accrediting HC IIs to provide PMTCT services.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Orientation of HC II Midwives and Nurses on revised HMIS tools for PMTCT/EID section.	Trained 148 health workers, including midwives (107), nurses (40), clinical officers (1), and laboratory assistants (20) from 96 HC IIs on revised HMIS tools for PMTCT/EID.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
VMMC		
Conduct VMMC camps and circumcise 35,252 clients.	Circumcised a total of 44,760 clients at VMMC camps.	IRs 1.3 Sub-IR 1.3.2
Support VMMC at static sites and circumcise 11,760 clients.	Circumcised 3,892 clients through routine onsite services.	IRs 1.3 Sub-IR 1.3.2
Conduct MOH health facility VMMC accreditation assessment.	Assessed and accredited 29 health facilities to provide VMMC services.	IRs 1.3 Sub-IR 1.3.2
Conduct integrated VMMC CQI assessments.	Conducted quarterly VMMC CQI assessments.	IRs 1.3 Sub-IR 1.3.2
Conduct VMMC 48-hour follow for 90% of circumcised clients.	Followed up 93% of circumcised clients at 48 hours.	IRs 1.3 Sub-IR 1.3.2
Identify and adequately manage VMMC adverse events (AE).	Conducted surveillance for adverse events (through client follow up). All AE (70 moderate and one severe) were successfully managed.	IRs 1.3 Sub-IR 1.3.2
HIV Care and Treatment		
Conduct mentorship of health facility teams in the uptake and implementation of the 2018 Revised HIV Prevention, Care & Treatment Guidelines including DSDM, ART treatment optimization and TLD transition of eligible clients	Conducted mentorship and coaching to frontline health facility staff in the uptake and implementation of the revised 2018 guidelines including DSDM, ART treatment optimization and TLD transition of eligible clients at 135 sites in the 12 districts; a cumulative total of 44,718 clients had been transitioned/initiated onto TLD by end of FY20Q4 out of the 83,372 total clients active on ART.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct monthly data collection, mentorships, coaching and supportive supervision of district and health facility teams on TX_NEW, TX_Curr, viral load coverage and suppression, retention in care, uptake, and completion of TPT (National QI Priorities) at 123 Priority Sites	Weekly and monthly mentorship and coaching were conducted at 123 priority sites to support and facilitate identification of new HIV positive clients with their subsequent enrollment and initiation onto ART as well as other services along the HIV care cascade. The remaining 12 sites received mentorship and support supervision monthly. The April and May 2020 monthly coaching were not done due to the COVID-19 prevention lockdown restrictions though the project teams continued to provide technical support to facility teams through virtual platforms like WhatsApp groups and phone calls.	
Regional capacity building session for health workers in the region on management of clients on third line ART.	In collaboration with the MoH/ACP third line ART committee, we conducted a two-days' capacity building session for 29 health workers from the region on third line ART management.	
Conduct Warriors' camp for adolescents and young PLHIV (10-24 years) with non-suppressed viral load to address adherence-related challenges/barriers.	A five-day camp for 39 virally non-suppressed adolescents and young PLHIV was conducted in which experience sharing, good practices and lessons for addressing adherence-related challenges/barriers were the main focus of discussion.	
Conduct dissemination and Rollout of the revised 2020 HIV prevention, Care and treatment guidelines including facility-based training of health workers.	Facilitated and supported dissemination and rollout of the revised 2020 HIV guidelines through conducting national and regional district ToTs. 68 district supervisors were trained, and these are conducting facility-level training of frontline health workers. By the end of FY20Q4, 39 sites had been covered with facility-level training of health workers for immediate uptake and implementation of the 2020 revised HIV guidelines.	
Conduct Monthly ART outreaches to high volume Satellite clinics/HC IIs and underserved communities in the islands and landing sites with sizeable numbers of ART clients in care.	Facilitated ART outreaches to 16 high volume HC IIs/Satellite clinics and underserved landing site /island communities in Buyende, Mayuge, Namayingo and Bugiri districts. These were integrated with other services including VL testing and IAC sessions. Outreaches were not done in April and May 2020 due to the COVID-19 lockdown, but facility teams were facilitated to conduct home delivery of ARVs and VL sample removal.	
Support delivery of HIV care commodities and supplies including ARVs and viral load testing supplies to the island facilities of Namayingo and Mayuge.	Facilitated delivery of HIV care and treatment commodities including ARVs, viral load testing kits and other supplies to the island facilities of Namayingo and Mayuge. The same platform was used to deliver VL results and pick VL and TB samples from these sites to the testing hubs at the mainland.	
Conduct training and orientation of facility and community-based health workers on MoH guidelines for COVID-19 prevention and management, and SOPs for continuity of HIV services while ensuring safety of clients and health workers.	Facilitated and conducted training and orientation of facility and community-based health workers at 90 priority health facilities on Ministry of Health (MoH) guidelines for COVID-19 prevention and management, training curricula and standard operating procedures (SOPs) for the continuity of HIV services while ensuring safety of clients and health workers.	
Scale-up the YAPS (Young People and Adolescent Peer Support) model to 15 sites in three additional districts to provide psychosocial support and counseling to these fellow client groups.	Supported and facilitated scale-up of the YAPS model to 15 new sites in three additional districts of Busia, Bugiri and Iganga to provide psychosocial support and counseling to these fellow client groups to aid adherence to ART treatment and viral suppression.	
Support recruitment, orientation and engagement of Locum Clinicians and Counselors to augment efforts of the already existing government health workers in selected health facilities to improve the quality of HIV services delivery.	Conducted recruitment, orientation, and engagement of 28 Locum Clinicians and 53 Counselors to augment efforts of the already existing government health workers in selected supported health facilities to improve the quality of HIV services delivery.	
Conduct assessment of the quality and implementation of differentiated services delivery (DSD) models for HIV and TB Care at supported health facilities to inform next courses of action.	Conducted assessment of the quality and implementation of DSD for HIV and TB care and treatment services at 120 ART sites. The findings including suboptimal implementation at some sites informed corrective actions that included categorization of clients into the appropriate DSD models for continuous programme improvement.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Support counselors, volunteers, expert clients, linkage facilitators and VHTs to provide client counseling, health education and active client follow ups.	Facilitated 494 Volunteers/peers in addition to 133 counselors and 50 clinicians to augment efforts of health workers at 135 ART health units to offer counseling, health education, clinical assessments, and client follow-ups in the 12 supported districts.	
Support follow-up of clients who miss appointments, are due for Viral load testing and those with non-suppressed Viral Load results for initiation of IAC and ART switching.	Supported and facilitated client follow-ups in the 12 supported districts as part of an integrated package to improve patient retention, treatment monitoring and continued engagement in care including support for home delivery of ARVs for clients unable to pick them from health facilities due to COVID-19 prevention lockdown measures.	
Psychosocial Support		
Scale up Provision of Psychosocial Support Services among clients in care and their families Including supporting newly Identified HIV positives and the virally non-suppressed.	Facilitated counsellors and peers to offer psychosocial support services to clients in care; 71,270 clients in total were assessed for psychosocial needs, 55,200 were identified with psychosocial needs, and 55,064 of them received Psychosocial Support Services.	
Scale up tailored counselling focusing on clients with non-suppressed VL ensuring they all receive appropriate Intensive Adherence counselling and support (IACS).	80% of clients with non-suppressed Viral loads and eligible for Intensive Adherence Counseling (IAC) received it. This has been progressively improving with engagement of additional experienced counselors and clinicians on locum contract basis.	
Conduct Combined Caregivers' meetings of children and adolescents in care to address adherence, Index testing and viral load monitoring challenges.	Combined Caregivers' meetings were conducted in which 1,959 Caregivers/parents attended the sessions, 1,977 individuals (0-19 years) were screened for HTS, 953 children and adolescents in care had samples taken off for viral load testing in activities that took place at 75 high volume sites.	
Conduct bi-annual Holiday ("Warriors") camps for the virally non-suppressed adolescents (10-19yrs) to address retention in care and adherence to treatment challenges.	One camp was conducted in FY20Q2 while the second one couldn't take place due to COVID-19 preventive measures. 39 out of the 40 invited adolescents attended the camp. The viral loads of those who attended is being monitored and so far, 80% of them have re-suppression of their viral loads with ongoing psychosocial support.	
Train regional Psychosocial Mentors for the Case-Based Counseling and psychosocial support coaching at supported sites.	Conducted a three-days' training of trainers (ToT) in which 32 regional mentors were trained in provision of case-based counseling and psychosocial support. These will conduct facility-based rollout of case-based counseling and psychosocial support.	
Access to TB Services Increased		
Facilitate trained volunteers at health facility level (cough monitors) to augment health facility efforts for intensified TB case finding through TB screening at all service delivery points.	Ninety (90) lay volunteers serving as "cough monitors" were facilitated to conduct active TB case finding activities at 120 TB diagnostic and treatment facilities in the region.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Facilitate community health workers / sub-county health workers (SCHWs) to conduct contact tracing for index TB patients integrated with community-based directly observed treatment (CB-DOTS) support.	Facilitated 150 SCHWs to conduct TB contact tracing and investigation in all the 12 supported districts and support CB-DOTS and patient follow-up in the community. These were very instrumental in TB patient retention in care during the COVID-19 lockdown where they delivered patient medicines in the community.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Support and facilitate Regional and District TB structures to conduct TB program activities; quarterly support supervision and TB microscopy external quality assurance (EQA) activities at all the 130 TB diagnostic and treatment units in the EC region.	One regional TB Focal Person (RTLFP), 13 district TB/Leprosy supervisors (DTLS), 12 district Laboratory focal persons (DLFPs) were facilitated on a quarterly basis to conduct support supervision and EQA activities.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct on-site mentorship for frontline health workers to improve quality of services along the TB-HIV care cascade, using the QI approach.	Conducted TB/HIV focused mentorships at 130 facilities providing HIV/TB care and treatment, targeted to improve the following areas; advanced HIV disease management, TB Preventive Therapy (TPT) initiation for eligible populations and ensuring TPT completion.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Support Programmatic Management of drug resistant TB (DR-TB) through providing technical support at the two DR-TB treatment facilities (Iganga Hospital and Jinja Regional Referral Hospital and facilitate coordination activities between the national DR-TB center, treatment initiation sites in the region, and DR-TB DOTs follow up facilities in the region.	Provided DR-TB technical support to the sites monthly and quarterly in collaboration with USAID DEFEAT TB project and the national DR-TB panel. Facilitated monthly DR-TB review clinics, facilitated health workers from DOT follow-up facilities to participate in the monthly clinics, facilitated home assessment for newly diagnosed DR-TB patients, contact tracing on a quarterly basis and procurement of ECG machines and accessories for DR-TB patient monitoring.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Facilitate quarterly data harmonization activities to ensure quality TB program data and regional level TB performance review meetings.	Four quarterly TB data harmonization activities were conducted, two regional performance review meetings were done; two of the planned meetings were cancelled because of COVID-19 lockdown.	
Conduct community TB screening outreaches to identified congregate settings and hotspots across the region.	These were mainly conducted in the post COVID-19 lockdown period in June-July 2020 as a catch-up strategy for TB case finding that had been affected during the lockdown period.	
Access to laboratory services improved		
Provide operational logistics support for the National Laboratory sample and test results transmission hub system, through the 9 Laboratory hubs in the East Central region.	RHITES-EC provided operational logistics support , including motorcycle fuel and maintenance services, stationery for printing test results, internet data and voice air time for coordination, to the 9 Laboratory sample and test results transportation hubs (Jinja RRH, Iganga GH, Bugiri GH, Masafu GH, Kamuli GH, Kigandalo HCIV, Kidera HCIV, Bumanya HCIV & Buyinja HC IV). Weekly hub operational support to the Islands of Namayingo & Mayuge districts continued during the reporting period, by facilitating health facility volunteers from Islands to transport samples to laboratory hubs on the mainland, and test results to health facilities on the Islands, once a week. The project conducted a virtual hub coordination meeting, that involved 9 hub coordinators and 18 hub riders for the 9 hubs and provided technical support to the laboratory hubs and lower health facilities, that was targeted to improve management of VL, EID and GeneXpert test results. Provided on-site and virtual coordination support to hub coordinators and District Laboratory Focal Persons, streamline management of COVID-19 test results through the 9 Laboratory hubs. RHITES-EC also supported rollout of electronic sample and test results tracking through the 9 hubs, in collaboration with MoH/NHLS. The project procured smart phones and internet data for hub riders (18) and hub coordinators (09) and conducted on-site training for a total of 54participants on use of the electronic mobile Application.	
Support implementation of the National Advanced HIV Disease (AHD) management tool kit at priority health facilities	HIV Disease (AHD) management, including installation of BD FACS-Presto CD4 machines and user training at 5 Laboratory hubs (Bugiri GH, Iganga GH, Kamuli GH, Bumanya HCIV and Buyinja HCIV).	
Support roll-out of EID point-of care testing at priority health facilities in the region, in line with the MoH EID POC roll-out plan.	In collaboration with MoH/NHLS, RHITES-EC supported scale up of EID Point of Care (POC) testing, from Jinja RRH to 9 additional lower health facilities (Kamuli GH, Kidera HCIV, Bugiri GH, Kityerera HCIV, Walukuba HCIV, Masafu GH, Buyinja HCIV, Mutumba HCIII and Iganga GH), through on-site training of Healthcare workers.	
Support implementation of the SANAS international accreditation process at 2 priority Labs (Jinja RRH and Iganga GH).	RHITES-EC supported implementation of the SANAS process at Jinja RRH and Iganga GH, through QMS trainings, on-site mentorships, and assessments, in collaboration with AGHPF. Jinja RRH was assessed by SANAS during the reporting period and recommended for international accreditation to ISO15189 Standards while Iganga GH had a baseline audit and will be supported to complete the SANAS process during FY21.	
Fast track progress of Laboratories, through the SLMTA supplemental program (3rd cohort), through supplemental trainings (03) and on-site mentorships (06).	The project supported 5 Laboratory staff from Bugiri GH, Bumanya HCIV and Kigandalo HCIV laboratories to participate in the first and second SLMTA supplemental training workshop conducted by.....	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct refresher training of Laboratory staff on Biosafety Biosecurity.	In collaboration with MoH/NHLS, RHITES-EC trained 150 laboratory staff in Biosafety and Biosecurity. The trainings had covered 121 health facilities in the 12 districts of East Central Uganda. The project also oriented 665 frontline healthcare workers from 117 health facilities on the region, on management of COVID-19 samples and test results, including Laboratory staff (221), Nurses (224), clinicians and midwives (220).	
Support implementation of LQMS at lower health facility Laboratories, through on-site LQMS mentorships.	Conducted on-site technical support at 45 health facilities, in collaboration with District Laboratory Focal Persons (DLFPs), and Jinja Regional Medical Equipment Maintenance Workshop. The technical support focused on improving the functionality and utilization of Laboratory diagnostic equipment, including Point of Care (POC) testing equipment for Hb tests. In collaboration with MoH/NHLS, the project conducted an LQMS audit at 6 Health facilities (Budondo HCIV, Bugembe HCIV, Buwenge HCIV, Walukuba HCIV, Kiyunga HCIV and Nsinze HCIV), that were rated at Grade C (61-90 points), on a scale of Grade E (0-30 points) to Grade A (121-150 points).	
Renew service contracts for automated Laboratory equipment (Chemistry & CBC).	CBC and Chemistry equipment at Laboratory hubs were maintained through the service contract that was renewed at the beginning of FY20, while GeneXpert equipment were maintained through the MoU between MoH and Cepheid Inc.	
Support repair and calibration of ancillary Laboratory equipment, in collaboration with Jinja Regional medical equipment maintenance workshops and the Central workshop.	Supported service and repair of Laboratory ancillary equipment (Microscopes, Centrifuges, refrigerators, and air conditioners), at Jinja RRH, Kidera HCIV, Nankandulo HCIV, Bumanya HCIV, Masafu GH and Buyinja HCIV, in collaboration with Jinja RRH medical equipment maintenance workshop.	
Continue providing technical support for implementation of EQA schemes for HIV, TB, CD4 and malaria tests.	Targeted on-site technical support for malaria EQA was conducted at 25 health facilities in the 6 districts of Busia, Namayingo, Iganga, Bugweri, Luuka and Kaliro. We also provided technical and coordination support for implementation of EQA schemes for HIV, TB (GeneXpert & Microscopy) and CD4 tests to laboratory hubs and 38 lower health facilities.	
Routine Use of Quality Improvement Approaches and Methods Strengthened		
Quarterly Coaching visits to the District QI teams by the Regional QI Committee	Regional QI committee conducted two rounds of coaching during FY20, they reached all the 12 DQI committees and 26 Health facilities.	
Quarterly Regional QI Committee meetings	Two regional QI committee meetings were conducted during FY20	
Quarterly District QI committee meetings	Each of the 12 Districts conducted at least one District QI committee meeting (Mayuge, Luuka, Bugiri, Buyende, Jinja and Namayingo conducted 2 meetings during FY20Q1 and FY20Q4 while Iganga, Namutumba, Kamuli, Kaliro, Busia, Bugweri conducted only FY20Q1 meetings)	
Support Infection prevention and patient safety practices in 20 health facilities	Activity expanded to accommodate all districts, covering 531 health facilities from the planned 20 due to the COVID-19 pandemic	
Conduct SIMS, QCAP and clients feedback assessments:	Quarterly assessments were conducted by the project and external teams, findings informed programming.	
Conduct district and health facility performance review meetings	Actively negatively affected by the COVID-19 GoU restrictions	
Coaching and mentorship of Health facility teams	Monthly coaching visits to 156 health facilities conducted except for April and May.	
Conduct of clinical audits (Malaria and MPDSR)	Quarterly clinical (malaria) audits ad MPDSR reviews were supported.	
Collaborative learning	Supported, the MOH QI priorities collaborative-126 sites, the pediatric HIV and adolescent collaborative- 18 sites, the Index/APN collaborative- 26 sites, the IFAS collaborative 26 sites.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Increased availability of adequate human resources for health		
Regular maintenance of the HRIS hard / software including the biometric equipment used for registering attendance to duty and regular updating of the HRH and attendance to duty data.	Conducted maintenance, repairs, and replacement HRIS computers hardware and software in all the 12 districts and the biometric equipment in the six pilot districts. All districts were supported, both onsite and remotely, to regularly update the HRH and attendance to duty data.	
Conducting a review meeting on the updated HRIS with the HRIS Focal Persons in the districts.	All HRIS Focal Persons in the 12 districts were re-oriented on the updated HRIS.	
Operationalizing and clearing the backlog of data for HRIS-Train and HRIS-Manage modules in all the districts to assist in the coordination of In-service Training.	Not implemented due to competing priorities.	
Holding regional HRH planning meeting with district officials to share experiences on what has worked and what has not and agree on possible actionable changes.	A regional stakeholders meeting was conducted and discussed how to improve attendance to duty of health workers. The participants included district officials Resident District Commissioners (RDCs) Chief Administrative Officers (CAOs), District Health Officers (DHOs), Principal Human Resource Officers (PHROs), Biostatisticians, HRIS Focal Persons; RHITES EC Senior Management and field teams; and Office of the Prime Minister representatives.	
Supporting each of the districts to conduct an annual wage analysis upon which they will develop, implement, and track annual HRH recruitment plans and budgets.	Districts conducted wage analysis using the previously built knowledge and skills and did not require further support from RHITES EC. WISN findings for the Regional Referral Hospital were discussed with the Hospital Management Team and a way forward agreed upon. one district, requested for and was provided with support for the recruitment process.	
Recruiting and paying salaries and benefits for select cadres critical for achievement of project PEPFAR targets.	The project supported a total of 900 facility-based staff including Clinicians (50); counsellors (112); data clerks (136) and lay volunteers of various categories (602).	
Incorporating QI initiatives into performance management, including individual and facility performance management plans, supporting. reward/recognition initiatives for individuals and facilities.	All districts had their health workers set performance targets at the beginning of the financial year though only three (Kamuli, Iganga and Buyende) requested for financial support from the HRITES EC. The performance targets were based on to evaluate performance at the end of the year. QI had not yet been incorporated into HRH functions.	
Strengthening supportive supervision at all levels of the system to, among other things, reduce absenteeism, and improve productivity by quantity and quality.	All districts were supported to conduct integrated political and technical supervision to selected facilities.	
Reduced stock out rates of affordable medicines and health supplies		
Implementation of the Medicines Management Interventions ((Essential Medicines Supervision Performance and Recognition Strategy (SPARS), Pharmaceutical Financial Management (PFM), ART SPARS, Lab SPARS, TB SPARS) in the 12 districts;	– Carried out joint work planning at the beginning of every quarter, using previous data extracted from the Pharmaceutical Information Portal (PiP), with the Medicines Management Supervisors (MMS) to guide visits within their respective districts – Supported routine maintenance of 29 motorcycles of which 8 had major repairs done – MMS were facilitated with monthly internet data to enable them to submit the SPARS tools in PiP – Supported the MMS' to conduct medicines management support visits at health facilities through a total of 483 visits (362 EM, 85 for ART, and 36 for PFM)	IR 3.1 Sub-IRs 3.1.1 IR 3.3 Sub-IRs 3.3.2
Routine Stock Monitoring via phone calls, site visits, district WhatsApp platforms and implementation of RASS reporting	Contracted a service provider t who provided access to the project SCM team to send out SMS weekly reminders to 130 trained personnel at the 130 high-volume sites to submit their ARV and HIV Test kit stock status data via SMS to MoH resulting in an average RASS Weekly Reporting of 47%. Data from guided focused redistributions to avert stock outs across the 130 ART sites	IR 3.3 Sub-IRs 3.3.2 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.3

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct Quarterly District Learning Meetings for SCM	12 District SCM PEER technical meetings were conducted in which MMS, Secretaries for Health, DHOs were engaged	IR 3.3 Sub-IRs 3.3.2.2
Collaborate with warehouses during the Annual Procurement Planning for EMHS	Jointly with CHAI and MoH team conducted the FY19/20 annual procurement exercises held at the districts and high-volume facilities	IR 3.3 Sub-IRs 3.3.2
Conduct Onsite quantification and ordering mentorships	Sent out SMS reminders about compilation and submission of orders, to 130 trained personnel at the 130 high-volume sites and the District Cold Chain & Vaccine Assistants for the 6 reporting cycles Supported district staff to conduct Onsite quantification and ordering mentorships at the 130 high volume sites	IR 3.3 Sub-IRs 3.3.2
Strengthen the establishment of Medicines and Therapeutics Committees (MTCs) in Hospitals and HCIVs	Pending; due for FY5Q2	IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.3
Support Synchronization of RxSolution reports to the MoH server	Installed 11 at functional RxSolution sites; procured monthly data for the 17 RxSolution site stores to support Synchronization of RxSolution reports to the MoH server	IR 3.3 Sub-IRs 3.3.2 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.3
Improvement of Stores Infrastructure	Procured and supplied 20 Wooden Pallets and 4 Temperature & Humidity loggers for the repaired Iganga District Medicines Stores	IR 3.3 Sub-IRs 3.3.2 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.3
Orient district and health facility records personnel on HMIS 105-6 (Stock Status) and improve accuracy of data reported in DHIS2	During the roll out of the revised HMIS Tools, the stores and records personnel were trained on the distributed Job Aids on Completion of HMIS 105-6 (Stock Status) report to the 130 high volume sites	IR 3.3 Sub-IRs 3.3.6
Stakeholder engagement	Conducted Joint Support Supervision visits to Jinja RRH and Iganga Hospital with ACP to roll out Pharmacovigilance. Supported last mile distribution of TLD 90, CD4 Reagents, GeneXpert Cartridges from to the public health facilities; Lubricants, ART Formulations for Paed & Adolescent ART Optimization from JMS to the PNFP sites; Recency Testing Supplies from MAUL to the 5 selected sites Forecasted & quantified for VMMC commodities, Mosquito Nets, and HIV Self Testing Kits, and supported their last mile distribution Supported the last mile distribution of the revised HMIS tools from SITES to the district stores Supported the districts to conduct order fulfillment analysis that guided to generate emergency orders for commodities missed out during the cycle deliveries and supported delivery from the warehouses to the respective facilities.	IR 3.3 Sub-IRs 3.3.2
National Monitoring and Evaluation Frameworks Functionalized		
Orient health workers on the revised HMIS tools to improve the quality of data collected at health facility level.	Medical Records Assistants and in-charges from 150 high volume sites were trained at district level. Trained mentors conducted facility-based mentorships of health workers on revised HMIS tools at the 531 health facilities in 12 districts of East Central Region.	IR 3.3 Sub-IRs 3.3.5
Targeted supportive supervision and technical support to facilities with Data management challenges.	Through the Cluster and District M&E systems targeted mentorship were conducted for facilities with poor medical records systems, and inconsistent reporting. This was on a case by case basis considering the data quality issues identified during monthly HMIS and HIBRID data cleaning exercises	IR 3.3 Sub-IRs 3.3.5
Support District Biostatisticians, HMIS FPs, HRIS focal persons to ensure continued timely reporting through DHIS2 for the following HMIS reports: HMIS 105, 009, 106a, 033b.	The project provided targeted support for Districts with poor reporting rates for HMIS 009(addendum) and 097 following the revision of HMIS to a newer version. The support was through monthly airtime and internet data bundles to enable them access and enter data in DHIS2.	IR 3.3 Sub-IRs 3.3.5
Provide targeted support HRIS in order to improve reporting rates.	We focused support to the districts of Jinja, Iganga and Mayuge whose reporting rates were less than 50%. Four high volume health facilities in Kamuli and Iganga District were supported to decentralize entry from the sub district level in order to achieve 100% DHIS2 decentralized entry.	IR 3.3 Sub-IRs 3.3.5

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Support for routine compilation and timely submission of the following data: PEPFAR finer disaggregated data in HIBRID for all health facilities and sub counties with PEPFAR targets; routine program data in USAID's Performance Reporting System (PRS), training data in USAID's Trainet system and nutrition data in USAID's Feed-the-Future (FTF) database.	There was an achievement of 100% reporting rates for all the supported health facilities in the region for both DHIS2 and HIBRID system indicators.	IR 3.3 Sub-IRs 3.3.5
In collaboration with USAID SITES project, to conduct refresher training for medical records officers and data clerks on the KP tracking tools, self-testing and reporting Assisted Partner Notification data.	All data clerks in the KP PP sites were oriented on the use if the KP Combination tracker used for managing data for Key and Priority populations.	IR 3.3 Sub-IRs 3.3.5
Strengthen functionality of all 66 health facilities implementing UgandaEMR.	45 additional data clerks were recruited to enable timely data capture in UgandaEMR. This led to an improvement in the number of sites being able to generate reports from 10 facilities to 45 sites by the end of the reporting period.	IR 3.3 Sub-IRs 3.3.5
	Supported 45 high volume sites have access to internet and virtual communication capabilities which will facilitate implementation of Point of Care EMR systems.	IR 3.3 Sub-IRs 3.3.5
	Upgraded UgandaEMR from Version 2.1 to 3.0.4 for all the 66 UgandaEMR sites in the region	IR 3.3 Sub-IRs 3.3.5
Roll out of revised HMIS tools to HCIVs, HCIIIs and HCIIs through District trainings and mentorships.	A total of 52,298 copies of the Revised HMIS tools were picked from SITES and distributed to health facilities in the Region.	IR 3.3, Sub-IR 3.3.1
To strengthen community reporting.	Key resource persons (Health Assistants, VHTs) were supported to ensure timely and quality VHT reporting. Nineteen CSOs were supported to ensure complete and timely submission of data. On average reporting rates improved from 30% to 70%	IR 3.3, Sub-IR 3.3.1
Empower teams at community, facility, and district to disseminate and use data for decision-making	Results of LQAS 2019 were shared through stakeholders' meeting which attracted the districts' technical and political teas.	IR 3.3, Sub-IR 3.3.1,3.3.1
Work with HSS team to conduct Quarterly District Performance review meetings	Supported four performance reflection meetings with all key stakeholders in all the 12 districts	IR 3.3 Sub-IRs 3.3.5
Conduct quarterly Biostatisticians forum meetings to review HMIS interventions	Held two quarterly Biostatisticians' forum meetings to develop and build consensus on HMIS strengthening priorities and actions in the region and also develop their analytical skills	IR 3.3 Sub-IRs 3.3.5
Support the operationalization and functionalization of the newest Bugweri district HMIS	Supported Bugweri District to functionalize the district HMIS systems. A Data Officer for Bugweri district was recruited to offer data management technical support to the district.	IR 3.3 Sub-IRs 3.3.5
Conduct an annual LQAS in supported districts with support of SITES project and districts	In FY20, LQAS was conducted in 12 districts in collaboration with USAID/SITES and Ministry of Local government.	IR 3.3 Sub-IRs 3.3.5
Conduct routine data quality assessments (DQA) to validate data reported for the previous reporting periods	Conducted four quarterly data quality assessments and one VMMC specific DQA in selected sites targeting high volume sites.	IR 3.3 Sub-IRs 3.3.5
Conduct district based monthly data cleaning exercises ahead of submission of HMIS reports in DHIS2	Supported 12 districts to conduct monthly data cleaning exercises	IR 3.3 Sub-IRs 3.3.5
Information Management, Accountability and Evidence-based Decision Making at Districts, Facilities and Communities Improved		
Back log data entry and maintenance of Electronic Medical Record (EMR) computers at 66 EMR sites.	80% of active clients entered into Uganda EMR, and EMR computers maintained at 66 highest volume sites. 66 EMR sites were also supported to enter UgandaEMR backlog. This improvement in performance from 63% in FY19 was attributed to the increase in number of data clerks at sites during FY20.	IR 3.3 Sub-IR 3.3.5 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.3

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Capacity for Management of Decentralized Service Delivery in Districts Strengthened		
Support all districts to conduct quarterly support supervision to, at least, 10 selected high volume health facilities in each district	Nine districts conducted all the quarterly support supervision to the 10 selected sites. Jinja, Kaliro and Bugweri were caught up by the COVID-19 lockdown in FY20Q3 as it came before they could conduct the supervision	IR 3.1, Sub-IR 3.1.1 and 3.1.2
Support districts to conduct quarterly performance review	All districts conducted quarterly performance review meetings. For FY20Q3 and FY20Q4, these meetings were held virtually utilizing the Virtual conference facilities installed by the project	IR 3.1, Sub-IR 3.1.1 and 3.1.2
Quarterly integrated clinical out reaches to the underserved areas.	For FY20Q1,FY20Q2 and FY20Q3, an integrated health package by multi skilled health workers was taken to the underserved islands of Namayingo and Mayuge. The teams offered HIV/AIDS services, malaria testing and treatment, RMNCH, Nutrition, TB, and family Planning services to these communities	IR 3.1, Sub-IR 3.1.1 and 3.1.2
Quarterly implementing Partners coordination meetings	These meetings brought implementing partners to harmonize efforts in the targeted communities and reduces duplication. These meetings led to improved IP reporting, streamlining, and mapping IPs and minimized duplication. The meetings were held from QI to FY20Q2 and because of COVID-19 restrictions we could not hold meetings in FY20Q3 and FY20Q4.	IR 3.1, Sub-IR 3.1.1 and 3.1.2
Community Structures Strengthened to Support Implementation of Interventions that Promote Positive Social Behaviors		
Facilitate 569 volunteers (Linkage Facilitators and Parish Based Volunteers) to follow up and account for both missed appointments and lost clients.	Volunteers were engaged to follow up lost clients. In FY20Q1 1,715 clients were reported lost the project managed to account for 68% and out of these 29% were brought back into care. In FY20Q2 out of the 1,539 clients lost 70% (1,077) were accounted for and 29% (453) came back into care. In FY20Q4 the project intensified the back to care approach as a result, out of the 2,201 clients that were lost in FY20Q3 we accounted for 87%(1911) and 52%(992) clients come back into care whereas 380 clients transferred to other facilities. The project continued to conduct weekly clinic attendance monitoring throughout the reporting period, consequently 30,909 clients who missed their clinic appointments in the reporting period, 97%(29,982) were followed up and accounted for, 79.4%(23,826) were brought back into care between 7 to 28 days. Others were transferred out, could not be traced, stopped ART, or died.	IR3.3, Sub-IR 3.3.1 and 3.3.5
Improve retention through enrolment of stable clients into community DSDM	We worked through the Parish Based Volunteers, CCLAD leaders, linkage facilitators and adolescent peers to scale up community DSDM, consequently a total of 170 CDDPs were formed serving 14,325 clients, additionally 909 CCLAD groups were formed, 9,111 clients were served from these groups. This approached was informed by the RCA results which indicated that 34.4% of clients missed clinic appointments were due to lack of transport. Due to COVID-19 movement restrictions several clients failed to access facilities for their ART refills, to avert these would be losses, the project deployed volunteers to conduct home ART delivery to 6,541 clients.	IR1.1 Sub-IR 1.1.1 IR3.1, Sub-IR 3.1.1 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.1
Conduct quarterly Retention RCAs to identify barriers retention and address them	Conducted Quarterly Retention RCAs reaching 2,605 clients that had missed their clinic appointments, 34.4% (898) reported lack of transport as their barrier and this ranked number one in all the quarterly RCAs, followed by 16.2% (424) reporting busy schedules and 11% (287) reported to have forgotten their clinic appointments. To address these barriers the project intensified enrollment of stable clients to the community refill models (CCLAD or CDDP), and retention care bundle to offer self-management support to new clients on ART, linkage of to peer support groups and income generating institutions. Pre-appointment reminders to clients who consistently miss-appointment dates.	IR3.3, Sub-IR 3.3.1
Conduct bidirectional referral and linkage to improve uptake of the available health services	58,877 clients were referred from communities to facility health services. 89.2% (52,493) of the referred clients received the services they were referred for. A total 6,665 were referred from the facility to the community ,64.9% (4,323) of the referred clients to the community, received the services they were referred for.	IR3.3, Sub-IR 3.3.1

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Build capacity of CSOs and their community volunteers to implement community mobilization activities	Conducted monthly onsite and online capacity building sessions for 8 CSOs, as a result45,952 individuals were reached with integrated health services through the Wheel of Life for Better Health. Of these 5,981 requiring health services were referred of whom 4,231 received the services. DETEAT TB provided technical support to CSOs to support identification of TB cases. This led to identification of 301 community members with presumptive TB signs and symptoms and were referred for TB testing. Through RHITES-EC capacity building initiatives, three of the sub-granted CSOs (MUCOBADI, UMURDA and BACH) successfully competed and won five-year grants from USAID, USHA, and CDC, respectively.	IR1.1 Sub-IR 1.1.1 IR3.1, Sub-IR 3.1.1 IRs 1.1,1.2 and 1.4, Joint Sub-IR 1. X.1
Youth		
Conduct quarterly Family planning dialogues in seven (7) sub counties with high total fertility rates and teenage pregnancies in Bugweri, Bugiri, Busia, Kaliro, Kamuli, Luuka, Mayuge and Namayingo districts.	Conducted 28 dialogue sessions in 7 sub counties in the districts of reaching 518 AGYWS, 522 VHTS and 127 stakeholders including CDOs, Police, Caregivers, probation officers and developed sub-county specific teenage pregnancy prevention action plans.	
Conduct quarterly GBV stakeholder coordination meetings on HIV, GBV and Adolescent pregnancy prevention in 44 burdened sub counties in the 12 EC districts.	Held 88 out of 176 planned meetings reaching 77 stakeholders including CDOs, CSOs, Police, Caregivers, probation officers, health service providers and 344 AGYW	
Conduct monthly mentorship sessions on the minimum package for health services for children, adolescents, and young people at 60 health facilities in the 12 EC district	Conducted 480 mentorship sessions on the minimum care packages of services for children, adolescents, and young people at 60 sites (each site receiving about 8 sessions in the year). As a result, we reached; – 300 health service providers with adolescent health care skills Out of 2,037 children and adolescents targeted for HTS at the 60 health facilities, 589 were tested.	
Support peer leaders and AYG Volunteers to conduct peer support group sessions and referrals and linkages to community services at 44 health facilities in the 12 EC districts	2,115 AYPHIV were reached during monthly facility-based peer group sessions in adolescent clinics. 12 AYPLHIV peer support groups were formed in communities within the service catchment area of 44 health facilities 2447 children and adolescents were referred by AYG volunteers and received services from other community-based organizations,	
Train AYPLHIV peer leaders on HIV care and management for CAYPLHIV at the 40 health care facilities in Buyende, Kaliro, Kamuli, Mayuge, Namayingo, Namutumba, Bugweri and Luuka Districts	Trained 405 AYPLHIV peer leaders on HIV care and management for CAYPLHIV at the 40 health care facilities	
Conduct one viral load camp targeting non-suppressed AYPLHIV at 21 high volume sites in all the EC districts.	Conducted 1 viral load camp involving 39 non-suppressed adolescents who developed adherence plans. Followed up 36 out of 40 suppressed VL in 12 months in the 12 EC regions.	
Pilot DSDM for children and adolescents at 12 health care facilities in Bugiri, Busia, Iganga and Kamuli district	Trained 204 health workers and 360 caregivers on DSDM for AYPLHIV. A total of 791 AYPLHIV enrolled on FTDR (327) and CCLAD (464) modalities in Bugiri, Busia, Iganga and Kamuli district.	
Support implementation YAPS at six pilot health care facilities in Jinja District and scale up in 15 health facilities in Busia, Iganga and Bugiri districts.	At 6 pilot sites: 719 AYPLHIV enrolled on the YAPS program, held 820 health education sessions reaching 8,623 AYPLHIV, conducted 79 peer support group meetings reaching 748 AYPLHIV, and 167 home visits conducted. At 15 YAPS scale up health care facilities: held 3 district entry meetings, trained 6 district mentors and 30 YAPs facility supervisors, selected, and trained 48 YAPS.	
Conduct facility-based quarterly adherence meetings for virally non suppressed CAYLHIV and their caregivers in 44 facilities in the 12 EC districts.	Conducted 88 adherence meetings reaching a cumulative total of 1,757 virally non suppressed CAYLHIV and 765 caregivers with adherence counselling, management, and HIV psychosocial support.	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Support facility based PMTCT focal persons at 11 health care facilities to conduct quarterly PMTCT meetings with adolescent mothers to improve PMTCT outcomes in Jinja, Mayuge, Bugweri, Iganga, Bugiri, Busia, Namutumba, Namayingo, Kamuli, Buyende and Kaliro districts.	21 health service providers were mentored on improving PMTCT outcomes for adolescents and reached 273 pregnant HIV+ AGYW with PMTCT messages and support.	
Support 10 CSOs to train AGYW peer facilitators and implement the steppingstone activities for AGYW.	128 AGYW peer facilitators trained on the steppingstone's methodology. 1600 AGYW graduated through the steppingstone's HIV and Adolescent pregnancy prevention package.	
Conduct Group ANC intervention for pregnant AGYW in Bugembe HC IV and Iganga Hospital.	140 GANC groups involving 980 AGYW were formed. Trained 71 health service providers to scale up the GANC intervention from 2 to 36 facilities	
Interventions that Address Gender and Socio-cultural Barriers to Adoption of Positive Health Behaviors Implemented		
SBCC		
Use SBCC processes and techniques to promote and motivate service-related behaviors across the continuum of care (before, during and after services) among 400 facility and community providers; Equip and deploy 1,638 audience appropriate mobilisers	At 93 high volume sites spread across 12 EC districts, 807 (124 in FY20Q1, 156 in FY20Q2, 527 in FY20Q4) facility-based health service providers (health workers, linkage facilitators, expert clients, health educators) were oriented and deployed with basic IPC package to identify and address knowledge, skills, and tools gaps. As a result, 2,867 integrated health education sessions (566 in FY20Q1, 802 in FY20Q2, 1,499 in FY20Q4) were conducted at entry points such as OPD, ANC, ART, immunization and nutrition clinic days reaching 141,788 individuals (58,783 in FY20Q1, 68,453 in FY20Q2, 14,552 in FY20Q4) with key messages on MNCH, FP, Malaria, HIV, TB, COVID-19, WASH and Nutrition. A total of 1,626 (321 in FY20Q1, 319 in FY20Q2, 986 in FY20Q4) community-based audience appropriate mobilisers (VHTs, positive deviants, peers, linkage facilitators, expert clients, and media personalities) were oriented on IPC skills including client profiling and targeting, value clarification, topical content, SBCC tools, reporting, and referrals and linkage to services. In FY20Q1 alone, 26,933 individuals were referred for integrated service services. In FY20Q2, onsite and virtual mentorship for 18 media (one TV and 5 radio stations) personnel on skills of organic health reporting, updated SBCC tools and content on topical health issues were conducted. VMMC: A total of 32,737 (16,483 in FY20Q1, 11,177 in FY20Q2, 5,077 in FY20Q4) males were mobilized as result, we achieved 104% of the VMMC annual target . Mobilization strategies involved addressing age-specific barriers and audience needs (fear of pain, abstinence from sex), targeting late adopters, promoting benefits of VMMC and utilization of multiple mobilization channels e.g. radio, audience appropriate mobilisers and service providers. Key & Priority populations: held 1,186 dialogue sessions with KP/PPs (777 in FY20Q1,409 in FY20Q2, 318 in FY20Q3) to equip them with knowledge/skills on HIV prevention, HIV risk perception, address barriers to service uptake, and motivate them to take up and sustain HIV prevention services and behaviors . These sessions were held in KP/PP hotspots in 6 districts (Busia, Jinja, Bugiri, Iganga, Mayuge, Namayingo). As a result, 6,168 (2386 in FY20Q1, 1361 in FY20Q2, 1091 in FY20Q3, 1330 in FY20Q4) were mobilized and reached with the minimum HIV prevention package representing 116% achievement of the annual target of 5025. In addition, HIV testing services were offered to 5137 (83%) of whom 299 KPs tested positive for HIV representing a yield of 5.8% and an improvement from 3% in FY19. All KP/PPs tested positive were linked into care KP/PPs. In addition, 165 KP/PPs (123 in FY20Q1, 5 in FY20Q3, 37 in FY20Q4) received FP services, 166 (21 in FY20Q1, 145 in FY20Q4) were screened for TB, and 82 for GBV services, 884 (12 in FY20Q1, 183 in FY20Q3, 689 in FY20Q4) received PrEP, distributed 48,961 (19,781 in FY20Q1, 29,180 in FY20Q4) condoms and 1,521 (336 in FY20Q2, 463 in FY20Q3, 722 in FY20Q4) HIVST kits, and In FY20Q1, only 52 screened for STIs. *continued*	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IRs 1.3 Sub-IR 1.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
continued Use SBCC processes and techniques to promote and motivate service-related behaviors across the continuum of care (before, during and after services) among 400 facility and community providers; Equip and deploy 1,638 audience appropriate mobilisers	*continued* Teenage pregnancy prevention: In FY20Q1, 1,836 adolescent girls and boys were reached through 92 peer-led small group dialogue meetings on life goals, sexuality, prevention, identifying and addressing major drivers to teenage pregnancy in Namutumba, Bugiri, and Luuka districts. In FY20Q2, 568 home visits and 188 IPC sessions were held reaching 1,846 individuals (1,319 adolescents and 482 parents). 120 girls were screened for HCG and 34 tested HCG positive and were linked to ANC services. 434 females got FP services; 159 young women accessed ANC services. In FY20Q4, 69 small group discussions were held with parents of adolescents and adolescents in high teenage pregnancy districts of Luuka, Bugiri, Namutumba, and Kaliro. 161 teenage mothers were reached with health education on nutrition, family planning, malaria, immunization and ANC. Conducted teenage prevention campaigns in 1,914 households where 5,128 teenagers were reached with messages on dangers of teenage pregnancy., 12,690 pieces of condoms distributed, and 388 young women (15 -24 years) received family planning methods	IRs 1.3 Sub-IR 1.3.2
Conduct CSO-led community mobilization of pregnant and lactating couples in high-burden sub-counties through scaling up implementation of the "Wheel"	Strengthened capacity of 8 CSOs staff and oriented 60 community mobilisers on scaling up implementation of the "Wheel of Good Practices" in 32 low ANC burdened sub counties in 8 districts of Kamuli, Iganga, Jinja, Bugiri, Namayingo, Bugiri, Busia, Mayuge. As a result, 9100 households were enrolled on the Wheel program and 45,952 individuals reached maternal and child health messages	IRs 1.3 Sub-IR 1.3.2
Conduct 504 integrated men-only seminars to promote male involvement, increase HIV risk-perception, motivation, and self-efficacy to take up health services among indigenous men.	In FY20Q1, 675 integrated men-only seminars intended to unearth men at risk were conducted; 14,871, individuals were reached with key integrated messages and services related to TB, STIs and HIV prevention services during the seminars. Of those reached, 5,212 individuals (males and female partners) tested for HIV; and 172 tested HIV positive and were linked to care and treatment services. 84 individuals were screened for TB; five of them tested positive and were linked to TB treatment services. 744 received services for STIs.	IRs 1.3 Sub-IR 1.3.2
Gender		
Conduct 16 bi-monthly meetings in 16 facilities in 11 districts with providers to review performance on case identification and post violence care services	Conducted 24 bi-monthly meetings with 169 (76 males and 105 females) providers in 24 facilities in 11 EC districts to review performance on GBV case identification and post violence care services Key issues were; case identification for individuals experiencing violence through routine and clinical inquiry, provision first line support, referrals for management and other support services and documentation for data tracking and management.	
Conduct 16 coordination meetings in 11 districts with GBV stakeholders/duty bearers	Conducted 16 coordination meetings with GBV stakeholders: 263 (145 males and 118 females) in 11 EC districts. Key issues resolved were, to reactivate district GBV committee with representative from other GBV stakeholders e.g. VHT coordinators, LCI chairperson; create a WhatsApp group with key gate openers including Busoga Kingdom officials, journalists and religious leaders and create a GBV service directory with all the stakeholders	
Conduct continuous coaching and mentorship for health facilities to address gaps on post care services identified during the GBV quality assessment exercise in 11 districts in EC region	Conducted continuous coaching and mentorship for 73 heath facilities reaching 219 providers ((77 males and 143 females) in 11 EC districts to address gaps on post care services (build capacity of the service providers, provision of protocols and job aides). The gaps addressed included documentation of clients offered PEP, oriented providers (counsellors and youth peers) on IPV screening in HIV setting (Partner notification), disseminated standard operating procedures, protocols, and job aides).	
Rollout of the GBV Quality Assurance (QA) Tool in 46 facilities 11 districts in EC region	Rolled out the GBV Quality Assurance (QA) tool at 46 PEPFAR GEND GBV target sites to improve quality of services (key findings are discussed in the GBV narrative)	
Rollout of the district based Firstline support (LIVES) training to service providers from 87 in 11 districts	Rolled out First Line Support (LIVES) training to 199(22 males and 177 females) service providers (including counselors, DBTs, PMTCT focal persons) to equip them with knowledge and skills on routine screening for IPV, provision of First Line Support (LIVES) to GBV survivors in HIV settings and referral/linkages for post violence care services	

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Conduct health education sessions to empower youth with knowledge and skills on gender, sexual and reproductive health (SRH) issues	Worked with Obwa Kyabazinga Bwa Busoga (OBB) during the annual youth retreat dubbed "Ekigangu Kya Busoga" to engage 529 youth (11-25 years) on matters related to gender, sexual and reproductive health (SRH), and life skills. Assessed 46 girls for GBV of which 10 GBV survivors were identified and referred for management at health facilities.	
Conduct targeted radio talk shows to raise awareness about GBV and influence behavior change	Conducted two targeted radio talk shows, 20 DJ-led discussions, and 50 DJ mentions in 2 districts on GBV prevention. Segmented radio programming by gender and age to reach the targeted population groups based on their choice of radio stations, presenters, programs, and listening times	
Conduct 10 community dialogue meetings with key stakeholders on GBV prevention.	Conducted 10 dialogue meetings reaching 98 (48 females and 50 females) in 9 districts with community leaders, gender activists and male and female champions to raise awareness about GBV prevention and post care for survivors, value clarification, and identification of social and gender norms that affect uptake of health services	
Support to 16 Days of Activism Against GBV commemorations in Bugiri District	Worked with Bugiri district and Uganda Literacy Achievement and Retention Activity (LARA) to support district level activities to commemorate the 16 Days of Activism Against GBV. Activities supported included radio talk shows, DJ mentions, GBV screening and linkage to services, routine onsite mentorships on GBV service provision, launching of an e-mobile library aimed at increasing access to sexual, reproductive health, and GBV information and respond to GBV and HIV prevention needs in primary schools. Screened 76 girls for GBV of which 9 GBV survivors were identified and referred for management at health Bugiri Hospital.	
Knowledge, awareness attitude and practices about key health issues improved		
Monitor changes and document emerging barriers to service uptake and better adapt interventions/services to audiences' needs through participatory methodologies.	In FY20Q1, conducted 14 in-depth interviews with providers, focus group discussions with 148 clients with unmet need for FP, and 5 Key Informant Interviews (KIIs) with providers in 5 high-volume facilities. At 13 high-volume facilities from 5 districts of (Buyende, Jinja, Kamuli, Mayuge, and Namutumba) client exit interviews and facility observations were performed. Segmented the in-depth interviews and FGDs based on findings, created client profiles, and documented emerging determinants that informed subsequent interventions and address gaps in knowledge, awareness, and practices. In FY20Q2, administered pre- and post-activity interviews with community members during mobilization activities for malaria, child health and VMMC to track effect of interventions and identify determinants to service uptake. Insights from the community were used to focus SBCC interventions.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Map and engage 1,800 critical community gatekeepers in the region including cultural and religious institutions, popular opinion leaders and the media among others in addressing the negative gender, social and cultural norms.	Worked with the Busoga Kingdom's health, gender, culture, and youth departments to support its EKYIGANGU KYA BUSOGA, an annual retreat for young people aged between 11 and 25 to acquire cultural, SRH, and life skills. RHTES-EC supported identification and orientation of facilitators; standardized session guides; disseminated job aides; and led small group and individual sessions with the youths on health issues (e.g. life skills, GBV, SRH, unplanned/teenage pregnancy and HIV prevention; and health service provision). These activities led to 209 youths testing for HIV with no positives, and assessment of 46 girls for GBV of which 10 cases were confirmed and referred for management at respective facilities.	IRs 1.3 Sub-IRs 1.3.2
Orient at least 378 facility-based providers from the 126 high volume sites on IPC skills and provider materials and tools.	Oriented and deployed 807 (M:436, F: 371) facility-based health service providers (health workers, linkage facilitators, expert clients, health educators) at 93 high volume sites in 12 EC districts to conduct IPC sessions at entry points in OPD, ANC, ART and nutrition on COVID-19 prevention and continuity of other essential health services during COVID-19 crisis. 21,067 individuals (M:6,230; F: 14,837) were reached. Conducted targeted dissemination of health information on RHITES-EC led WhatsApp groups with key gate keepers including journalists, cultural leaders and health service providers, such messages included MoH guidelines for the use of masks, GBV service provision during COVID 19, increased Teenage pregnancy in the region, and COVID 19 Tonsebelera "stay away" DJ mentions.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IRs 1.3 Sub-IRs 1.3.1 and 1.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
Implement Family Life Schools to improve MNCH, WASH and Nutrition promoted behaviors	Held 390 participatory learning sessions (198 in FY20Q1, 56 in FY20Q2, 23 in FY20Q3, 113 in FY20Q4) during 106 Family Life Schools activities (46 in FY20Q1, 47 in FY20Q2, 13 in FY20Q3) in 5 districts of Buyende, Luuka, Mayuge, Bugiri, Busia and Namutumba. As a result, 176,497 children less than 2 years (69,772 in FY20Q1, 64,539 in FY20Q2, 40,119 in FY20Q3, 2,067 in FY20Q4) were reached. During the sessions, 805 (40 in FY20Q1, 312 in FY20Q2, 31 in FY20Q3, 422 in FY20Q4) were assessed for malnutrition; 71 (40 in FY20Q1, 23 in FY20Q2, and 8 in FY20Q3) children referred for management of malnutrition; and 3,192 (1,134 in FY20Q1, 1,092 in FY20Q2, 832 in FY20Q3, 134 in FY20Q4) children were immunized. 11,269 (4,169 in FY20Q1, 3,581 in FY20Q2, 2,219 in FY20Q3, 1,300 in FY20Q4) care takers of children were reached with integrated messages on MNCH, Malaria, WASH and Hygiene, nutrition during pregnancy, malnutrition, ANC benefits, Complementary feeding, negotiation skills with spouse, preparation for delivery, caring for a new born-baby, post-natal care services, practicing exclusive breastfeeding, child spacing, Family Planning, and COVID-19 Prevention and mitigation. 657 (242 in FY20Q1, 72 in FY20Q2, 343 in FY20Q4) women received a range of FP services, 2,141 (752 in FY20Q1 ,432 in FY20Q3, 957 in FY20Q4) pregnant women were referred for ANC, , 34 households constructed WASH facilities including tippy taps and drying racks, and 43 households put up backyard gardens.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2 IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Roll out of mobilization plan to improve up take of Child Health services in Bugweri District.	In FY20Q2, 4 stakeholder's meetings were held with 116 stakeholders including (VHTs, DHE, DHO, CAO, HAs, HWs); Reached 1,745 clients with MNCH services: 345 received BCG, 243 polio, 224 DPT, 161 Measles, 216 Rota, 52 PCV, 346 HPV, 696 deworming, 126 HTS and 1 tested positive and was linked to Busesa HC IV, 21 received FP (6 long term and 15 short term.), 434 received nutrition assessment and this has improved Bugweri's performance rankings from category 4 to 2	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct Community interventions to create awareness on Malaria prevention and improve access to malaria testing and treatment to underserved communities in in Luuka and Namayingo districts.	In FY20Q2, 8 sub county stakeholder's sensitization meetings on malaria prevention in Namayingo and Luuka districts reaching 168 community influencers e.g. district personnel, religious, cultural, and local leaders,. Messages focused on ITN use, IPTp uptake, recognition of danger signs and seeking health care Also, conducted 42 outreaches reaching 3,016 clients with integrated health messages and services. Targeting pregnant women and children under 5,745 received malaria testing and treatment services. Other health services include; FP (13), immunization for children under 5 (231)HTS (146) and ANC (146).	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2

Summary of planned activities in work plan for FY19	Actual key activities/tasks conducted during the year	Link to CDCS
COVID-19 Risk Communication, Social Mobilization & Community Engagement	In FY20Q3, we adapted and rolled out the MOH risk communication plan/campaign that aimed at providing correct knowledge/awareness, motivating the public to adopt and sustain desired behaviors and practices for prevention and management of COVID-19. As a result, 440 VHTs were oriented and deployed to conduct individual and small group sensitization on COVID-19 prevention measures in high risk areas (boarder entry points and congested towns/trading centers). 5,186 households were reached, through community radios, home/station visits, and demonstrations, supported 1,420 households to construct 1,420 hand washing stations (Tippy taps), 986 individuals were referred for essential health services such as antennal care, and 507 SBCC materials on facts about COVID-19 were disseminated. 69 female sex workers, 3,010 Trucker drivers and their assistants were reached with messages on COVID-19 prevention measures at points of entry in Busia and Namayingo districts.	IR 1.2, 1R 2.3, IRs 1.3 Sub-IRs 1.3.1 and 1.3.2
Conduct targeted placement of 16,416 exposures on five radio stations	On 5 regional radio stations, we broadcasted 1,675 targeted exposures on the 5 local radio stations and 01 local TV station in EC region, 695 DJ-led discussions (75 in FY20Q1, 70 in FY20Q2, 550 in FY20Q3), 670 spot ads (40 in FY20Q2, 300 in FY20Q3, 330 in FY20Q4), 100 COVID-19 health moments in FY20Q3, 87 DJ mentions in FY20Q3, and 113 radio talk shows (25 in FY20Q1, 15 in FY20Q2, 45 in FY20Q3, 38 in FY20Q4), 8 testimonies from satisfied clients. Targeted placements promoted model behaviors and a supportive environment for service uptake by addressing barriers and equipped listeners with correct knowledge and information on different health programs. In FY20Q4, 96,889 people in 12 districts of East central Uganda are estimated to have been reached through radio talk shows and spot adverts.	IR3.4, Sub-IR 3.4.1 IR 1.1, Sub-IR 1.1.1, 1.1.2
Conduct targeted materials dissemination of over 200,000 pieces of print and outdoor client and provider SBCC materials and tools.	Disseminated 45,861(6,345 in FY20Q1, 7,794 in FY20Q2, 1,450 in FY20Q3, 29,810 in FY20Q4) pieces of provider and client SBCC materials focusing on Malaria, MNCH, FP, Child health, TB, HIV, and COVID-19 pandemic messages to create a supportive environment for behavior adoption and equip audiences with correct knowledge and information.	IRs 1.3 Sub-IRs 1.3.1 and 1.3.2

2.2 PROGRESS NARRATIVE

MALARIA

Malaria burden: Malaria contribution to OPD attendance in FY20 averaged 45.9% (2,020,771/4,455,049) well above the target of 35%. The malaria burden ranged from 46% in FY20Q1 to 46.8%, 46.3% and 44.6% in FY20Q2, FY20Q3 and FY20Q4, respectively. In addition, malaria positivity as measured by the percentage of patients who test positive on either malaria rapid diagnostic test or malaria microscopy test out of the number of malaria test done averaged at 58% (1,760,386/3,026,922) ranging from 58% in FY20Q1 to 58.5%, 59% and 56.8% in FY20Q2, FY20Q3 and FY20Q4, respectively. The range for malaria burden and malaria positivity across the 12 districts was 22% in Bugiri to 60.8% in Namayingo and 31% in Bugiri to 68.4%in Luuka, respectively. The observed variation across the 12 districts is partly explained by other complementary interventions such as indoor residual spraying in Bugiri and Namutumba and the relatively improved housing structure associated with better housing structures screened from mosquitoes in Jinja district being more urban than any of the 12 districts.

Malaria diagnosis: In this reporting period, suspected malaria cases who were tested for malaria averaged 100.7% (2,721,101/2,687,136) ranging from 98% in FY20Q1 to 104.9%, 99.9% and 99.9% in FY20Q2, FY20Q3 and FY20Q4, respectively. Such an excellent performance is attributed to the onsite support to health facilities during clinical audits, onsite clinical mentorship, and training of health workers on Integrated Malaria Management. A few patients go to the laboratory directly for malaria testing and some few patients who don't do well on first line treatment are retested before the second line treatment and this possibly explains the performance slightly exceeding 100%. RHITES-EC continued supporting implementation of malaria External Quality Assessment (EQA) Scheme during FY20, to improve the quality of malaria Laboratory diagnostic tests. Technical support targeted 25 health facilities, in high malaria burden districts of Busia, Namayingo, Iganga, Bugweri, Luuka, and Kaliro. The overall discordance rate for malaria Microscopy blood smears between primary (health facility) slide readers and secondary (district) slide readers improved from 25% in FY20Q1 to 14% by FY20Q4, within the WHO/National target of ≤15%. Malaria RDT Lot Testing, and Competency Assessment of frontline healthcare workers was also conducted, to assess the quality of RDT kits and the proficiency of frontline healthcare workers in performing malaria RDT tests. All lots of RDT kits passed with 100% accuracy across the 4 Quarters, while on-site evaluation indicated competency of health workers in performing RDT tests according to Standard Operating Procedures (SOPs). The improvement was attributed to targeted on-site EQA technical support, and servicing and repair of faulty microscopes.

Malaria treatment: The proportion of patients who were diagnosed with simple malaria and were given appropriate treatment averaged 98.7% ranging from 98.2%, 98.4% and 98% for FY20Q1, FY20Q2 and FY20Q3, respectively). The proportion of patients who were diagnosed with severe malaria and were given appropriate treatment averaged 99.5% ranging from 99.2%, 99.2% and 99.5% for FY20Q1, FY20Q2 and FY20Q3, respectively. The excellent performance is attributed to previous onsite integrated malaria management trainings, clinical audits, mentorships, and onsite coaching and continuous medical education sessions for critical staff who manage malaria cases at health care facilities. Post training engagements of resident malaria mentors through mentorship of health care workers enables the resident malaria mentors to remain up to date with mentorship skills. The resident malaria mentors kept in touch with health care workers in health facilities which greatly sustained support to health facilities during COVID-19 Lockdown.

The percentage of patients with negative malaria results that were wrongly treated for malaria in FY20 averaged 5.1% (34,822/713,376) with a tremendous improvement from 10.2% in FY20Q1 to 3%, 4.3% and 2.8% in FY20Q2, FY20Q3 and FY20Q4, respectively. Cumulatively all the 12 districts performed well on this indicator surpassing the national target of 10% with 8 out 12 districts performing well below 5% except Bugweri, Iganga, Kamuli and Luuka at 7%, 6.2%, 6.4% and 5.4%, respectively. Efforts will be made in the coming year to provide targeted support supervision, mentorship, and coaching to poorly performing sites in these districts to ensure that cases with negative malaria results receiving treatment for malaria are minimized.

Malaria Mortality: In FY20, deaths due to malaria averaged at 50/100,000 population in the East Central region, ranging from 0 in Namutumba to 10 per 100,000 in Busia district. This mortality rate is much higher than the national target of < 1/100,000 population, possibly due to a high malaria burden in the EC region.

Malaria in Pregnancy Prevention: Use of LLINs: In this reporting period, the percentage of pregnant women receiving LLINs at ANC1 visit averaged 60% (129,172/218,086). There has been a progressive decline in the number of pregnant women receiving LLINs at their ANC1 visit from 77% in FY20Q1 to 60.7%, 54.6% and 47.8% in FY20Q2, FY20Q3 and FY20Q4,.We secured only 86,440 LLINs from JMS that were distributed to all facilities offering ANC in 12 districts, yet we registered 218,086 ANC1 visits by pregnant women who were eligible for receiving a mosquito net in FY20. The decline in performance on this indicator is due to insufficient stocks of LLINs at Joint Medical stores.

Intermittent Presumptive Treatment for prevention (IPTp3+): The average annual performance on this indicator is 37.2% (annual target, 80%). Nevertheless, there has been an improvement from 22% in FY20Q1 to 36%, 35.5% and 55.4% in FY20Q2, FY20Q3 and FY20Q4, respectively. The sub-optimal performance was mainly due to stock out of Fansidar from the national stores and the health facilities in FY20Q1 and FY20Q2. The slight improvement across the four quarters of FY20 is attributed to support to districts and healthcare facility teams to address knowledge and skills gaps through trainings, clinical audits and mentorships, support supervision, supporting functionality of IPTp DOTs corners at every facility that offers ANC, weekly stock monitoring of Fansidar to inform redistributions from over-stocked sites to under-stocked sites and demand creation at community level through community dialogues, radio talk shows, stakeholders and community sensitizations through home visits by VHTs. In addition, through sharing monthly performance on IPTp3+ uptake and dialogue with midwives we were able identify the bottlenecks and initiate quality improvement projects to improve IPTp3+ uptake"

Key challenges and mitigation measures:

In FY20, several facilities including high volume facilities experienced insufficient stocks and, in some instances, complete stock-out of LLINs for pregnant women. LLINs stocks out were mitigated through inter-site redistribution. There were insufficient stocks of LLINs at National level stores at Joint Medical stores resulting to frequent stockouts at Health facilities even though facilities were supported to come up with appropriate LLIN quantifications and orders that were submitted to Joint Medical Stores on time. In the current reporting period, we secured only 86,440 LLINs that were distributed to all facilities offering ANC in 12 districts, yet we registered 218,086 ANC1 visits by pregnant women who were eligible for receiving a mosquito net. COVID-19 restrictions negatively affected onsite support of health facilities especially during the complete lockdown. However, with the support of the already trained resident malaria mentors we able to continue with minimal onsite support in through mentorships.

MATERNAL AND NEWBORN HEALTH

Antenatal care services: During the year FY20, a total of 618,226 contacts for antenatal services were made between pregnant women and skilled health workers across 12 districts within the EC region. 50% of the contacts were made by the >25 year old with 35.3% (218,086) of the contacts as ANC 1 contacts and 13.8% were 4th ANC visits.

There was an increase in Antenatal coverage across the 4 quarters of FY20 from 83.6% in FY20Q1 to 95% in FY20Q4 giving an average performance of 94.6% (from 95% in FY19) of the 230,552 expected pregnancies by end of the year. This was as a result of increasing the number of days per week in which ANC services are offered at health facilities, community mobilization campaigns (community dialogues, ANC trigger events, house to house mobilization) and referral of pregnant women by VHTs and CSOs, use of the mass media (Radio Talk shows, DJ mentions) and ensured availability of services alongside IPC mentorships even during the COVID-19 travel restrictions. However, 2 districts (Bugiri and Namutumba) didn't meet the 90% target on ANC 1 coverage due to existence of subcounties with HC IIs (with no midwives posted) as the highest level of service delivery.

ANC Timing: Of the total 218,086 ANC 1 contacts made during the FY20, 23.2% (53,438) were amongst women within the 1st trimester of pregnancy an increase from 19% (41,742/221,180) by end of FY19. None of the 12 districts met the 50% target.

ANC 4 coverage improved in FY20 to highest value of 46.3% in FY20Q4, giving an annual performance of 37.1% by end of FY20 (target of 48%). This was an improvement from 36.4% in FY19 attributed to community mobilizations, appointment scheduling, ANC trigger events and utilization of RBF funds to avail drugs/ supplies and tea to women attending ANC.

Institutional deliveries: A total of 111,151 deliveries of the expected 223,632 deliveries were conducted within health facilities across 12 districts in the EC region. Despite the quarterly increase in institutional delivery rates, with the highest at 56.6% in FY20Q4, annual performance declined by a 1.9%-point from 51.6% in FY19 to 49.7% in FY20 (target of 70%). In FY20, most deliveries were within the AGYWs (15 – 24 age category) at an annual average of 55.6% of total deliveries and 1.5% (124) in mothers aged less than 5 years. Community dialogues to address barriers to facility deliveries were conducted and 51 health facilities were mentored on respectful maternity care (RMC).

A total of 8,718 caesarean sections were performed (7.84% of total deliveries in the year) translating into a caesarean section rate of 3.9% (8,718) of the 223,632 expected deliveries, lower than the 10% target due to sub-optimal functionality of some CEmONC sites (HCIVs and hospitals). The challenges affecting CEmONC sites include lack of a 24/7-hour coverage by key cadres (medical officers and Anaesthetic staff) and poor and inadequate infrastructural. C/section rates were highest at 10% in the districts of Jinja and Iganga and lowest in Kaliro, Buyende and Namutumba at 0.6% and 0.7% respectively.

In FY20, caesarean section coverage increased due to availability of key cadre staff in selected facilities (Medical doctors and anaesthetic staff), drugs and supplies including blood transfusion services, early recognition of obstetric complications. However, four CEmONC facilities (Nankandulo, Mpumudde, Buwenge General Hospital) are nonfunctional due to infrastructural challenges while Walukuba HCIV became non-functional during the latter half of the FY20 due to absence of medical doctor.

Neonatal health: Overall, 94.5% (108,858) of the 115,151 deliveries conducted in FY20 resulted in live births, with a total low birth weight rate of 5.96% of total births. Low birth weight rate was highest among the live births (88.6%) and lowest (6.2%) among the MSBs.

The birth asphyxia rate was high at 4.2% above the annual target (target, <1%), this may partly be due to improved identification and reporting of asphyxia. Preterm birth rate of 2.47% (2,079) of which, 1,894 (91.1%) were live births; 58.4% (2,932) of the live low birth weight babies were initiated on kangaroo mother care (KMC). About 94.2% (101,598) of babies born alive were breast-fed within the first hour after delivery (Above the 90% target). However, 2.86% of the neonates developed sepsis/infection an increase from 0.35% in FY19. As part of the newborn health improvement, health workers were mentored on identification, diagnosis, reporting of neonatal sepsis, categorization, and treatment of newborn illnesses. On average, 96.3% of newborns with sepsis received appropriate treatment in FY20 (target 70%).

The institutional neonatal mortality rate declined from 7.4 per 1000 in FY19 to 6.2/1,000 live births in FY20. However, there was an increase in institutional stillbirth rate from 16.4/1,000 births in FY19 to 17.5/1,000 total births in FY20, perhaps due to challenges in accessing emergency care during COVID-19 travel restrictions. Referral health facilities, HCIVs and Hospital, had the highest Neonatal deaths at 40.4 and 18.3 per 1,000 live births for Regional Referral Hospitals (RRH and Hospitals) respectively followed by HCIVs at 7.9/1,000 live births.

Postnatal care: During FY20, a total of 79,197 (93.9%) mothers and 79,522 (96%) babies delivered at the health facilities had postnatal checks at 6 hours while PNC within 24 hours declined to 82.6% from 85.1% inFY19.

After discharge from the health facility 54,486 women received postnatal services at 6 weeks, a 4.9%-point increase from 19.5% in FY19 to 24.4% in FY20, (target of 50%).

MPDSR: In FY20, a total of 103 maternal deaths occurred at health facilities within the region translating into an institutional maternal mortality ratio for the region of 94.6 per 100,000 live births (national target is <100/100,000 live births), an 8.9- point increase from 85.7 per 100,000 live births in FY19.

The proportionate death rate (deaths in age group per 1000 deliveries in the same age group) was highest in the >25 age group at 1.3 (65/48,846) followed by the 0.7% (23/39,454) in the 10-19 age group and lowest within the 20 – 24 age group at 0.6%(17/22,851).

Majority (61.3%) of the maternal deaths were due to direct obstetric complications (haemorrhage disorders, APH/ PPH) 24.7%, complications following abortion (23%), obstructed labour (12%), and sepsis (4%), while malaria in pregnancy caused 11.7% of the deaths.

During the year, RHITES-EC mentored, availed tools to health facilities and facilitated District roving teams to implement joint MPDSR activities (death notification, reviews, implementation of recommendations as part of the response), conducted learning session on MPDSR and functionalized MPDSR committees across all levels of health facilities. The total institutional proportion of maternal death reviews conducted increased with the highest at 100% for both FY20Q3 and FY20Q4 translating into an annual review rate of 98.1% (104/ 106), a 9.1%-point increase from 89% (83/93) in FY19.

In FY20, facility teams were supported to establish perinatal death reviews resulting into a 10%-point increase in average perinatal death review rate from 8% (215/2,762) in FY19 to 18% (502/2,783) in FY20 with variation across districts ranging from 2.2% (2/90) in Buyende to 44.7% (92/206) in Busia district.

A total of 4 community verbal autopsy were conducted followed by 2 community dialogues on obstetric complications and timely seeking of services. Health facility teams were supported to improve referral processes for obstetric and neonatal complications.

During FY21, RHITES-EC will support facility teams to implement MPDSR audit recommendations using a QI approach. The community structures will be engaged to reduce delay to seek care, delay in transportation to health facilities.

Key challenges and mitigation measures:

- **Incomplete Comprehensive Emergency Obstetric and newborn care (CEmONC) elements availability:** Engaged district and health facility leadership to address issues of shortage of blood, advertise and recruit anaesthetic and medical officers, improve infrastructure for successful accreditation of blood transfusion services.
- **Inadequate HMIS tools:** This was addressed by making photocopies of new HMIS tools to supplement the few copies that were received. This affected the quality of reporting on maternal and newborn health service delivery indicators especially in FY20Q2 and FY20Q3 of FY20.
- **Drug Shortages e.g., (Oxytocin, ,Magnesium sulphate and Magnesium sulphate shortage):** health facilities were supported through virtual and onsite mentorships and use of job aids to build confidence in using Misoprostol as an alternative for active management of third stage labour to prevent postpartum haemorrhage, redistribution of drugs from well stocked to poorly stocked facilities. Health facilities on RBF were guided on procuring from the recommended Joint Medical Stores (JMS).
- **COVID-19 restrictions on meetings, travel locking away health workers from duty stations and inhibiting movement of women to health facilities, lack of proper Infection and prevention control (IPC) measures including lack of adequate Personal Protective Equipment (PPE):** This was addressed by the District task forces by providing transport to staff, allowing use of boda-boda by health workers and mothers heading to health facilities, sharing updates on COVID-19 on virtual platforms, training of health workers on IPC, providing equipment and supplies (handwashing facilities, sanitizers, guidelines on continuity of essential health services, PPE) and support for reorganization of client flow for safety of both health workers and mothers/babies.

CHILD HEALTH SERVICES

RHITES EC supported districts and health facilities to improve quality of child health services by training and mentoring health care service providers to improve their knowledge and strengthen their skills for provision of child healthcare packages of prevention, promotion, and curative services.

Immunization against childhood illnesses: A total of 132,960 children were fully immunized by one year of age, representing 69.9% achievement against an estimated 190,215 children under one year. This is an improvement from 60% observed in FY19. Through the quarters, there was improvement from 51% in FY20Q1 to 79% in FY20Q4. On average, three districts Bugweri, Busia and Mayuge achieved the 70% target for full immunization at 1 year. Across the quarters, the number of districts that met the 70% target for immunization at one year increased from zero in FY20Q1 to 10 districts in FY20Q4. The challenge was poor documentation and high dropout rate in the immunization cascade. The improvement observed was due to mentorship on the use of child health HIMS tools, performance reviews and micro action for the poor performing districts and sub counties, and outreaches to underserved populations to improve coverage and reduce dropout rates. VHTs were engaged to line list children less than one year of age, identify dropouts and unimmunized and link or refer for immunization in health facilities or outreaches.

DPT coverage: The annual DPT1 coverage for the region was at 99% indicating good access of immunization services in the region. In FY20, there was improvement in DPT1 coverage from 97% in FY20Q1 to 101.2 in FY20Q4. All districts within the region achieved above the annual target of 90% except Bugweri with 89%.

Similarly, the DPT3 coverage also improved from 80% in FY20Q1to 99.5% in FY20Q4 with an annual average of 87%, an improvement from FY19 annual achievement of 82%. Six districts (Bugiri, Busia, Buyende, Kamuli, Mayuge and Namayingo) achieved an annual DPT3 coverage of 90% and above. The dropout rate has also greatly reduced from 17.5% in FY20Q1 to 1.7% in FY20Q4 attaining 9% annual dropout rate for the region.

This is within the recommended less than10% and it indicates good utilization of immunization services. The high dropout rate of 10% or more was observed in Jinja, Kaliro, Kamuli, Namayingo and Namutumba districts attributed to poor performance in FY20Q1 andQ2 with improvement in the subsequent quarters.

PCV3 coverage: The performance of PCV3 is comparable to DPT3 with an annual achievement of 90% with an improvement across the quarters from 80% in FY20Q1 to 98.9% in FY20Q2 with all districts achieving the 90% by FY20Q4 except Luuka district.

Measles coverage: As with other antigens, there was improvement in measles coverage with an annual coverage of 87% above the national recommended target of 70%. There was marked improvement through the quarters from 69% in FY20Q1 to104% in FY20Q4. Improvement was noted across the districts with only one district achieving 80% of coverage in FY20Q1 and by FY20Q4 all the12 districts in the region had achieved coverage of 80% and above.

The improvement across the immunization cascade and antigens noted above is attributed to several interventions to improve access and utilization of EPI services in the region. These included:

- District engagement meetings and performance review to analyze bottle necks to good performance and development of micro action plans targeting poorly performing sub counties and health facilities for QI support. RHITES-EC supported microplanning in 8 districts (Mayuge, Iganga, Bugweri, Bugiri, Namutumba, Kamuli, Kaliro, Buyende).
- VHTs profiling children less than one year of age and linking/ referring children with missed opportunities for vaccination in health facilities or outreaches.
- Conducting community dialogue meetings, community education on advantages and schedules of immunization, demystifying myths and misconceptions of immunization and linking/referring children to child health services.

In FY21, efforts will be made to sustain the performance in high performing districts and target poorly performing districts and sub counties to strengthen EPI services, map out defaulters, strengthen quality of integrated outreaches to underserved populations, and support district mentors to supervise and monitor child health services. RHITES EC will continue implementing targeted community demand creation and mobilization for immunization services uptake.

Burden of and management of common childhood illnesses: Children under 5 accounted for about 30% of total OPD attendance in the EC region. Across the quarters, malaria remained the highest contributor to OPD visits in children under 5 (55%). All districts had OPD malaria burden at more than 50% except for Bugiri, Jinja and Namutumba districts. The high burden is attributed to water logging in sugar cane plantations, and large lake shores and swamps that foster mosquito breeding. The annual percentage for appropriate treatment for malaria in the region was 98.6%, with all districts scoring above 90% owing to availability of antimalarial and improved health worker skills in Integrated Management of Malaria (IMM).

Diarrhea contributed the second highest burden of disease among under 5 OPD attendance (9%), with the highest burden of 9.9% observed in FY20Q4. Only 57% (34,414/50,400) of the expected diarrhea caseloads were seen in health facilities. This is attributed to interrupted access to health facilities in FY20Q2 and FY20Q3 due to COVID-19 restrictions and inadequate linkage and referral of cases from the community. ICCM is implemented in 2 districts of Kamuli and Buyende by Plan international. The districts with the highest diarrhea burden of more than 10 % include Bugiri, Mayuge and Namutumba.

Pneumonia burden contributed to 5% of the disease burden in under5 OPD attendance in the region with the highest burden of 10% observed in the districts of Kaliro and Namutumba. The good PCV coverage of 90% could have contributed to reduced burden.

Appropriate treatment for both diarrhea and pneumonia was above 95% in all districts. This good performance can be attributed to increased commodity availability within the health facilities and improved knowledge and skills of health workers following onsite technical assistance.

In FY21, RHITES-EC will conduct data driven targeted onsite mentorship on IMNCH to improve health workers skill in screening, diagnosing and management of common childhood illness. Data capture using the revised HIMS tools, reporting and utilization will be strengthened.

Deworming and Vitamin A supplementation: The percentage of children receiving second dose of deworming was suboptimal at 38% of the annual target, with a surge to 64.3% in FY20Q3 due to post COVID 19 catch-up activities. Similarly, the percentage of children receiving second dose of Vit A was suboptimal, 25% of the annual target. This is mainly attributed to the non-observance of the two Child health days campaigns (October 2019 and April 2020) that promote intensified child health

interventions due to COVID 19 outbreak from March 2020. The was poor documentation in the HIMS tools and inadequate integration of deworming and Vitamin A supplementation in outreaches and OPD. Emphasis in FY21 will be put on supporting the planned child health days, mentorships to integrate deworming and Vitamin A supplementation into EP1, OPD and outreach services, and strengthening documentation in HIMS tools and reporting across the region.

Institutional under 5 mortality: In FY20 institutional under 5 mortality has remained within the acceptable margin of <30/1000. Throughout the quarters there was notable improvement from 16.8 deaths per 1000 live births in FY20Q1 to 9.2 deaths per 1000 live births in FY20Q4. This improvement can be attributed to improved health care provider skills in appropriately treating childhood illnesses throughout the year as a result of continuous IMNCI mentorships in high volume sites. Treatment for all the 3 major causes of childhood illnesses malaria, diarrhea and pneumonia scored above 90% for appropriate treatment throughout the year. Additionally, the necessary commodities for treatment including amoxicillin, zinc/ ORS, gentamycin, and ACTs have been in stock with minimal reported stockouts. In FY21, there will be efforts to sustain this improvement through targeted IMCI and ETAT mentorships to high volume and poorly performing sites. High volume referral sites will be targeted for improvement in quality of child death reviews, along with follow up on the actions identified to address root causes of deaths.

Key challenges and mitigation measures:

- COVID-19 outbreak and the subsequent restriction/ lock down measures affected both static and outreach child health services including EPI. Rolled out onsite training and mentorship of health workers on MOH guidelines on Continuity of Essential health services amidst COVID pandemic.
- Inadequate and delayed distribution of the revised HIMS data tools and registers. With permission from USAID, RHITES-EC reproduced and photocopied some HIMS data tools to bridge the gaps. Engaged SITES Activity to provide more HIMS tools.
- Inadequate or lack of essential equipment, supplies and commodities for routine and emergency child health services in the high-volume sites. These include oxygen concentrators, and blood transfusion services. Supported health facilities and districts to quantify, forecast and order the essential commodities.
- Low staffing levels and staff absenteeism at many facilities in the region – further exacerbated by COVID 19. This hindered operationalization of some Child Health services, including daily static immunization in most health facilities and outreaches. Engaged the DHT to monitor and supervised health working. Supported some district health service commissions to recruit health workers.
- Poor accessibility of health services in the hard-to-reach populations in the islands and forest reserves in Namayingo and Mayuge district. Some sub-counties are served by only HCII as the highest level of health facility. This is mitigated through targeted outreaches to underserved communities.
- EPI service delivery gaps including cold chain deficiencies such as inadequate/non-functional fridges, gas cylinders and power shortages. These gaps were identified by RHITES-EC, UNEPI team and DHT during onsite support supervision and mentorships. Fridges were supplied to districts, and some relocated from inactive sites. DHTs have put in system to monitor buffer stocks of gas cylinders.

FAMILY PLANNING

Total Family Planning Users: The total Family Planning (FP) users have progressively increased from 405,014 in FY18 to 442,327 in FY 19 to 581,626 in FY 20.

New Family Planning users: The new FP users have similarly increased from 247,993 in FY 19 and to 304,772 in FY 20. During reporting period, majority of new FP users took short term methods (injectables, condoms and oral pills) accounting 75.6%, Long Acting Reversible Contraceptives (LARCs) 21%, and permanent methods (tubal ligation and Vasectomy) 0.3%. The highest utilization of LARCs was noted in the districts of Bugweri (25.8%), Luuka (24.9%), Mayuge (24.7%) and lowest in Namayingo (13.4%), Busia (14.4%) and Jinja (15.6%). USAID RHITES EC supported districts (Bugweri, Namutumba, Namayingo, Kaliro, Buyende and Luuka) with fewer HC IIIs to increase accessibility of long-term FP methods services through conducting integrated FP – PMTCT outreaches to HC IIs and collaborating with FP Implementing Partners providing LARCs and permanent family planning methods.

Community Based Family Planning: Out of 5,336,416 contraceptives dispensed during reporting period, 868,832 (16%) were distributed at household level by VHTs, 638,814 (12%) were dispensed during outreaches, and 3,790,093 (71%) were

dispensed at health facilities and only 38,677 (1%) dispensed at pharmacy. The remarkable increase was noted in family planning commodities dispensed by VHTs; 31% (53,607) from 172,592 in Jan – Mar 2020 to 226,199 in Apr – June 2020. This was attributed to availability of FP commodities and sensitization of clients in communities for family planning services by VHTs amidst limited movements of clients to health facilities due to COVID 19 pandemic lockdown.

Couple Years of Protection (CYP): The national CYP estimation for FY20 is 4,700,000 of which RHITES EC region expects to contribute 521,160. There was 66% (341,673/521160) achievement of CYP dispensed in RHITES EC region during Oct 2019 – Sept 2020. Although total FP users increased from 442,327 in FY 19 to 581,626 in FY 20, a slight reduction of CYP percentage achievement from 69% (358,740 / 521,160) in FY19 to 66% in FY20 was noted. This was attributed to reduction of family planning outreaches during COVID19 lockdown. The percentage of FP commodities dispensed during outreaches decreased from 17% in FY19 to 12% in FY20 due to COVID 19 lockdown where most outreaches were suspended in April-June 2020. It is during outreaches, that FP long term methods are brought closer to communities.

Postpartum Family Planning users: Mothers that received FP methods during postpartum period have progressively increased from 5,166 in Jan – March to 7,217 in April – June then doubled to 14,362 in July – Sept 2020. This was attributed to mentorship of 315 family planning service providers from 60 health facilities on postpartum family planning services including immediate IUD postpartum in July – Aug 2020. During Jan – Sept 2020, majority of postpartum mothers 15,228 (57%) took injectables, 9,707 (36%) chose implants, 571 (2%) utilized IUD and 1,141 (4%) took oral pills. However immediate postpartum family planning is still low, only 1,259 (5%) took family planning methods within 48 hours after delivery, 5,119 (19%) utilized FP methods between 48hrs – 5 weeks, 8,559 (32%) received FP methods 6weeks – 5 months while 11,660 (44%) took FP methods 6 months – 12 months. Lowest numbers of mothers receiving FP in less than 48 hours was noted in districts of Bugweri (32), Namutumba (30), Mayuge (36) and Namayingo (42). In Oct – Dec 2020, data driven targeted mentorship of FP service providers will be conducted in health facilities of above-mentioned districts.

Integration of Family Planning services in HIV service delivery: The number of HIV positive clients taking up family planning methods for their first time has increased during the past 4 quarters from 782 in Oct-Dec 2019 to 1,204 in Jan-March, to1,369 in Apr – June and to 1,794 in July – Sept 2020. This was attributed to targeted mentorship of 103 HIV clinic staff from 52 high volume facilities in 12 districts on rationale of integration of FP services, comprehensive counselling, provision of FP services especially LARCs, management of side effects, infection prevention, drug interaction, data management and reporting. During COVID19 pandemic, short term methods of FP are dispensed along with ARVs in communities to clients already short-term method.

Adolescent friendly contraceptive services: Out of 304,772 new FP users, 69,060 (23%) were adolescents 10 – 19 years, 112,570 (37%) were young women aged 20 – 24 years and 118,688 (39%) women aged 25 years and above. The number of new adolescent family planning users increased by 14,112 (26%) from 54,948 in FY19 to 69,060 in FY20. The highest percentage of new adolescent FP users were noted in districts of Namutumba (33%), Kaliro (29%) and Luuka (28%). This was attributed to teenage pregnancy prevention mobilization activities conducted through peer to peer approach.

SBCC for adolescent friendly contraceptive services: To increase demand and uptake of family planning among adolescent girls, young women and their male partners in 6 sub counties of Buyende rural and Bugaya in Buyende district, Gadumire in Kaliro, Ikumbya in Luuka, Bulidha in Bugiri and Magada in Namutumba with highest Total Fertility Rates (TFR) greater than 7 and teenage pregnancy rates, RHITES EC worked with youth peers to conduct targeted mobilization for teenage pregnancy prevention. 568 homes visits and 188 IPC sessions were held reaching 1,846 individuals (1,319 adolescents and 482 parents) with key messages on family planning. 120 girls were screened for HCG, 40 tested and 34 were confirmed positive. 434 females got FP services. A total of 164 adolescents were referred to health facilities for family planning services and confirmed pregnant adolescents were referred to health facilities for counselling and antenatal services.

We identified and oriented 156 facility based interpersonal communication agents (linkage facilitators, expert clients, health educators) on a basic IPC package to enable them to address knowledge gaps. These in turn conducted 85 health education session on key aspects of family planning reaching 2,550 individuals with key information on FP. 981 pieces of client and provider materials were disseminated. Working with CSOs, we re-oriented 300 community mobilizers on FP to support the implementation of the "Wheel" approach.

Conducted 92 peer-led small group dialogues with adolescents on prevention of unplanned pregnancies; reached 1,836 adolescent girls and boys in Namutumba, Bugiri and Luuka districts. A total of 319 teenagers received FP services. We mobilized and engaged key community gate keepers and AGYW through community dialogue meetings to discuss strategies to address early and unintended teenage pregnancies.

Provided technical assistance to the District Family Planning Focal Persons to follow up on action plans to increase access to family planning among the Adolescent Girls and Young Women (AGYW). The teams engaged AGYW peer leaders and facilitators to mobilize monthly dialogues at subcounty level reaching thirty-five (35) key stakeholders.

Key challenges and mitigation measures:

- In April 2020, stock outs of DMPA-SC (Sayana Press) and Implanon NXT occurred in Luuka, Iganga and Bugiri districts. This problem was mitigated through ordering emergency supplies from Joint Medical Stores (JMS).
- There was low turn up of FP clients in March 2020 due to restricted movements of both clients and service providers as a result of the COVID 19 pandemic. This challenge was mitigated by virtual and onsite coordination of COVID 19 activities to sensitize FP service providers (health workers and VHTs) to continue providing FP services while observing COVID 19 prevention guidelines. Family planning clients were also sensitized through various media on continued availability of family planning services at health facilities and community family planning interventions.
- Low uptake of long-term methods in remote and rural areas. To address this challenge, we supported integrated outreaches of FP, PNC/EPI/FP integration, and PMTCT services to HCIIs.
- Reported increased number of teenage pregnancies during COVID-19 pandemic lockdown, especially in Luuka and Kaliro districts. This challenge was mitigated through teenage pregnancy prevention campaign rolled out in social media, radio talk shows, small groups of peers and parents dialogue meetings, peer-to-peer outreaches, and orientation of family planning service providers (facility based staff and VHTs) to offer non-judgmental youth-friendly services with age appropriate information.
- Low uptake of immediate postpartum FP methods. Mitigated through orientation of family planning service providers on immediate PPFP provision and promoting family planning counselling during antenatal care, labour and before discharge after delivery and in PNC clinics.

NUTRITION

Nutrition Assessment Counseling and Support (NACS): NACS coverage among children <5years seen at health facilities greatly improved from 27.9% (68,612/246,666) in FY20Q1 to 54% (137,698/253,244) in FY20Q4, surpassing the annual target (40%) with performance variations across the districts over the four quarters. At 75%, Iganga district recorded the highest performance in FY20Q4 with all districts except Bugiri (at 32%) surpassing the annual target (40%). After revision of HMIS data tools in FY20Q2, NACS among lactating women seen at postnatal clinics improved from 59.3% (26,049/43961) to 76.4% (45,331/59,350) in FY20Q4 (target; 55%). Nevertheless, there was a decrease in NACS among pregnant and lactating women seen at respective clinics; from 45.9%(94,840/206,756) in FY20Q1 to 30.2% (86,672/286,755) in FY20Q4 largely due gaps in documentation and data aggregation. With annual target of 60% infant and young child feeding counselling (IYCF) among pregnant and lactating women improved from 43.1% in FY20Q1 to 74% in FY20Q4 across all the districts. Across all the districts, NACS in ART clinics averaged at 92% with 7 districts; Bugweri, Buyende, Kaliro, Jinja (100%), Bugiri, Busia, (99%) and Namayingo (98%) surpassing the annual target (95%) in FY20Q4 while Iganga (at 79%) performed poorest. The overall improvement in NACS service delivery is attributed to routine data driven targeted onsite support provided during the year. Performance is however affected by wear and tear of essential nutrition equipment and documentation gaps. Inadequate or lack of personal protective equipment (PPE) affected NACS implementation especially during the COVID 19 lockdown as health workers feared to get close to clients.

Iron-folic acid supplementation (IFAS): Of the 217,388 pregnant women attending ANC1 services at healthcare facilities during the year, 157,662 (72.5%) received the recommended 30+ tablets of iron-folic acid (IFA); 81.7% (157,662/193.018) of annual target. Following revision of HMIS nutrition data elements in FY20Q2, IFAS (30+) improved from 64.8% (35,715/55127) to 75.6% (42,079/55,656) in FY20Q4 with improvement in all except 3 districts (Bugweri, Kamuli, Namayingo) while Mayuge (68.5%), Namayingo (68.3%) and Kamuli (55.9%) were lowest performing districts.

Burden of malnutrition: There was slight increase in cases of acute malnutrition among children under five years seen at healthcare facilities from 5,409 in FY19 to 6,004 in FY20. Severe acute malnutrition (SAM) contributed 46.7% (2,804/6,004) of the cases while 3,200 (53.3%) children had moderate acute malnutrition (MAM). The burden of malnutrition increased from 1.4% (989/68.812) in FY20Q1 to 1.6% (2,244/137,689) in FY20Q4 and below the annual target (3.5%) with district variations. Jinja district reported highest burden (4.4%), largely due to availability of highest-level therapeutic care center at Jinja regional referral hospital. Only Kaliro (1.7%), Iganga (1.9%) were higher than 1.5% while Buyende and Bugweri (at 0.4%) recorded lowest burden. The increase in burden is attributed to improved facility level assessment for malnutrition, disruption of food systems due to COVID19 pandemic that affected household food and nutrient intake and reduced dietary intake due to food insecurity as a result of poor socioeconomic practices such as commercial sugarcane growing at expense of household food production.

Management of acute malnutrition: During the Year, we sustained collaboration with Medical Access Uganda Limited (MAUL) and UNICEF for last mile delivery and redistribution of therapeutic foods within the region, respectively. Of the 2.633 SAM children identified in the 15 selected out-patient therapeutic care (OTC) healthcare facilities (6 hospitals, 6 HC IVs, 2HC IIIs, I special clinic) within the region, 1,482 (56.3%) were enrolled into OTC. During the year, 40.4% (506/1,254) of the children discharged were cured while 647 (51.6%) dropped out during treatment. The average cure rate is below the national target (75%). OTC outcomes were affected by COVID19 restrictions (FY20Q3 – FY20Q4), stock status of therapeutic foods and low coverage of the OTC sites within the region. We will continue collaborating with MAUL and UNICEF to coordinate redistribution of therapeutic foods from the hubs within the region to lower level OTC sites, to augment the routine data-driven onsite initiatives.

Community level nutrition interventions: Guided by facility data on malnutrition, we supported 24 healthcare facilities (1 HC III, 15HC IVs, 9Hospitals) to conduct 47 facility-based and 32 targeted community-based food preparation and water sanitation and hygiene (WASH) demonstrations. This aimed at building caregiver capacity in food values and the 7 food preparation principles: frequency, amount, thickness, variety, active feeding, hygiene (FATVAH). A total of 3,996 women, 6,110 children <2years and 438 men were reached. We established 72 nutrition care groups in Kamuli district and conducted home-to-home visits, family life school (FLS) sessions in Bugiri, Busia, Buyende, Iganga, Luuka and Namutumba districts. These activities aimed at promoting maternal, infant, and young child nutrition targeting pregnant, lactating women, and caregivers of children 0 - <24months. By proxy, a total of 373 children (171male, 202 female) were reached through care groups while 174,430 (110,588 male, 63,842 female) children were reached through home visits and FLS. We continued integrating essential nutrition promotional and preventive messages in other community and SBCC activities including radio talk shows, targeted community dialogues, home-to-home visits, and stakeholder sensitization meetings. Minimum acceptable diet (MAD) among children 6 -23months improved from 18.7% to 22.3%; minimum dietary diversity (MDD) improved from 25.3% to 34.23%, age-appropriate vitamin A supplementation among children 6 -59 months improved from 56.3% to 65% while appropriate IFAS improved from 82.9% to 88.22% between 2019 and 2020 respectively Only exclusive breastfeeding coverage decreased from 77.4% to 54.3% over the years (LQAS).

Key challenges and mitigation measures:

- Inconsistent stock of RUTF in the selected nutrition rehabilitation facilities due to inadequate and inconsistent supplies following reduction of RUTF cartons from 172 to 118 during the 2 rounds of delivery by MAUL. This was mitigated through continued advocacy and collaboration with other partners within the region, such as UNICEF to increase stock for redistribution to lower level selected sites. RHITES EC also provided targeted onsite support aimed at improved adherence to outpatient therapeutic care protocols.
- Documentation gaps in the revised HMIS tools especially among maternal and child health units. This was mitigated through bi-monthly on-site mentorship support and quarterly collaborative learning sessions to share practices and address gaps.
- Knowledge gap among lower level facilities (HC IIs) on NACS and nutrition documentation with the revised HMIS data tools. This was mitigated through, orientation of 628 HC II staff in NACS covering all the 12 districts. During the trainings, each HCII was supported with MUAC tapes to facilitate nutrition assessment, categorization, and reporting.

WASH

Community WASH reporting: Due to increased engagement of facility staff and community resource persons, community WASH reporting improved from 28% (106/381) in FY20Q1 to 69% (336/485) in FY20Q4 while household coverage improved from 155,597 to 797,641, respectively. WASH reporting is largely affected by inadequate coverage of the revised community data collection and reporting tools.

Community WASH coverage: Clean, safe latrine coverage averaged at 64% over the quarters and below the annual target (90%); highest in Busia (76%) and Bugiri (72%) and lowest in Jinja (22%) in FY20Q4 with performance affected by destruction of latrine structures during the rainy season in FY20Q4. Following inclusion of more WASH data elements in FY20Q2, coverage of handwashing facilities at household level has stagnated over the quarters; 34.7% (123,723/356,602) in FY20Q2, 36.7% (201,571/3548,710) in FY20Q3 and 35.8% (285,849/797,641) in FY20Q4 (annual target; 60%). The coverage was highest in Busia (75%) and lowest in Jinja (11.6%). The lot quality assessment surveys (LQAS) indicates that handwashing with soap and water after visiting the toilet has improved from 74.6% (2019) to 80.7% (2020) while percentage of households with soap and water at a handwashing station commonly used by family members improved from 25.4% (2019) to 37.5% respectively. The improvement in community WASH indicators is largely due to sustained engagement of community stakeholders, targeted community social behavior change communication (SBCC) interventions to promote uptake of community WASH practices and behaviors; and targeted community WASH support, including COVID-19 pandemic response initiatives.

Facility clean clinic assessments: We collaborated with USAID's Sanitation for Health (USHA)and Rotary International to identify facilities for water support, guided by facility clean clinic assessments. The WASH assessments were guided by the WASH score card, a tool that assesses 5 sections (water, sanitation, hygiene and infection prevention, healthcare waste, cleaning, and administration) in OPD, labor and/or delivery units and postnatal clinics. A total of 129 healthcare facilities (10 hospitals, 20HC IVs, 99HCIIs were assessed and supported to address the respective WASH gaps. Of the 76 healthcare facilities (6 hospitals, 13HC IVs, 57HC IIIs) successfully followed and assessed, there was variation in improvements in different departments: 35 (OPD), 41 (labor and delivery) and 36 (postnatal units). Based on the WASH assessments and subsequent USHA supported engineering assessments, 4 facilities were selected for water support in FY20: Irongo HC III (Luuka district) and Namutumba HC III (Namutumba district) to be supported by RI, while Nkondo and Irundu HC III (Buyende) will be supported by USHA. RHITES EC continued to address software needs within the collaborative health facilities, among others.

Facility WASH improvement initiatives: Based on site assessments, we provided physical and virtual site support to address the IPC gaps identified. The support prioritized hand hygiene promotion, waste management, waste disposal and WASH administration. Following onset of COVID-19, the additional IPC practices promoted included revision of client flow to ensure social distancing, frequent handwashing, hand sanitization and wearing of masks. We procured and distributed 760 stationary outdoor handwashing facilities to all high-volume facilities (12 hospitals, 18 HC IVs, 108HC IIIs) and the PEPFAR HC IIs (34) within the region. We further promoted hand hygiene behaviors and practices among healthcare staff and care seekers through dissemination of and positioning of 2,961 assorted hand hygiene IEC materials in all high-volume facilities (HC III – hospitals) and the 34 PEPFAR HC IIs. The materials included: i) techniques on handwashing using soap and running water (959pieces), ii) techniques on hand sanitization using alcohol-based hand sanitizers (709 pieces), iii) WHO critical moments for handwashing (201 pieces), iv) hand washing reminder stickers (1,092 pieces).

Following latrine status assessments, we prioritized and supported renovation of a 5-stance lined improved pit latrine in Busembatia HC III (Bugweri district) to prevent open defecation within the facility. To further improve facility WASH and subsequently promote health seeking and service utilization, we supported renovation/extension of maternity units in Mbehenyi HC III (Busia district), Magada HC III (Namutumba), Bulesa HC III (Bugiri), Malongo HC III (Mayuge), Butagaya HC III and Jinja regional referral hospital (Jinja).

Key challenges and mitigation measures:

- Lack of community tools such as community registers to facilitate data collection and reporting. This has been mitigated through, Leveraging district level community partners such as Plan International, Living goods, World Vision, Busoga Trust to increase coverage. We also continue engaging SITES to procure more community tools

HIV PREVENTION SERVICES FOR KEY AND PRIORITY POPULATIONS

Key populations (KP) reached with HIV prevention services package: Over the four quarters of FY20, a total of 6168 KPs including 5928 female sex workers (FSW) and 240 Men who have sex with men (MSM) were reached with HIV prevention services, representing 118% and surpassing the annual target of 5205.

HIV testing services were offered to 5137 (83%); 299 KPs tested positive for HIV, representing a yield of 5.8%, an improvement from 3% in FY19.

Of the KPs who tested HIV positive, 265 (89%) were initiated on ART. In FY21, RHITES-EC will work closely with KP peer educators and counselors to strengthen provision of psychosocial support and peer navigation to newly identified HIV positive KPs to improve linkage to care.

RHITES-EC strengthened risk based HTS for KPs seeking health services at health facilities, drop-in centers and during targeted peer outreaches. Additionally, other high yielding HTS modalities including sexual networking strategies (SNS), assisted partner notification (APN) and Enhanced Peer Outreach Approach (EPOA) and HIV self-testing were implemented to improve access to HTS by KPs.

RHITES-EC piloted EPOA in Busia district targeting FSWs and their sexual partners especially those who do not frequent traditional hot spots in collaboration with ATGWU. During the pilot, 204 FSW received HTS, and 37 tested positive, a yield of 18%. In COP20, RHITES-EC will scale up EPOA and social network testing to four districts (Jinja, Iganga, Mayuge, Busia and Namayingo) to further improve HIV case finding. The project will also utilize HTS data to shift resources towards case finding strategies that are most effective.

HIV care and treatment cascade for key populations: In FY20Q4, a total of 245 KPs received antiretroviral therapy (ART) a decline from 265 in FY20Q3, attributed to migration from the region following the easing of COVID19 restrictions. Over four quarters of FY20, 253 KPs were eligible for viral load; 229 (90%) received a viral load test, 218 (95%) of whom had suppressed viral load. Low viral load coverage (90%) among KPs is due provision of longer ART refills without consideration of the viral load due date while improved viral load suppression for KPs is attributed to improved treatment literacy especially on benefits of good adherence and understanding of U=U achieved through targeted Peer led dialogues and SBCC messaging. RHITES-EC will strengthen timely identification and bleeding of KPs eligible for VL through pre-clinic file audits and flagging eligible clients with red stickers.

RHITES-EC trained and deployed 113 KP peer educators in FY20Q4 to improve peer navigation, psychosocial support, linkage to treatment and access to viral load testing by their peers.

Priority populations (PP) reached with HIV prevention services package: A total of 27,541 priority populations (PPs) including clients of female sex workers, fisher folks, migrant workers, uniformed personnel, long distance truck drivers, adolescent girls, and young women (AGYW) and discordant couples were reached with HIV prevention interventions representing 50% of the 54,866 annual target. Of the PPs reached, 21,400 were tested for HIV; 489 tested HIV positive representing a yield of 2%. Of PPs who tested HIV positive 422 (86%) were initiated on ART. The performance of PP reached was suboptimal due to abnormally high targets of 54,866 compared to 19,726 PPs according to size estimates conducted in November 2019 and the suspension of community outreaches, operation of PP hotspots as part of COVID19 restrictions.

Pre-exposure prophylaxis (PrEP): A total of 2,167 clients at substantial risk of acquiring HIV were initiated on (PrEP), representing 104% and surpassing the annual target of 2066. Of the 2,167 clients initiated on PrEP, 635 were FSWs while 91 were MSMs representing 82% and 31% of their respective annual targets. Other categories of clients initiated on PrEP include HIV negative partners in discordant sexual relationships, People who inject drugs (PWID), transgender people (TG), clients of female sex workers and other high-risk men.

The number of clients initiated on PrEP increased over quarters from 13% in FY20Q1 to 30% in FY20Q2 to 54% and exponentially to 104% in FY20Q4. This is attributed to improved peer-led literacy and awareness creation through individual and or small group dialogues and targeted messaging.

By the end of FY20Q4, up to 1,252 clients at significant risk of HIV received PrEP (PrEP_CURR), representing 101% of the annual target of 1,234, an improvement from 89% by the end of FY20Q3. To maintain PrEP services during COVID-19 restrictions, RHITES-EC supported districts and health facilities to implement MMD of PrEP, conduct community PrEP refills at DICs and KP/PP hot spots and provide adherence support and counselling to PrEP clients using phone calls, SMS, and WhatsApp.

Key challenges and mitigation measures:

Low stocks of HIV test kits (RTKs). Mitigated through redistribution and supporting health facilities to make emergency orders; Suspension of community outreaches affected uptake of HIV prevention services due to COVID-19 restriction. Strengthened screening and triaging of KP/PPs for services at health facilities. Resumed some community activities. High PP targets.

HIV TESTING SERVICES (HTS)

HTS coverage: In FY20, a total of 517,456 individuals were reached with HTS (180% of the 286,757-annual target). Over-achievement on individuals tested was a result of inconsistent screening for HTS eligibility especially at OPD and in the community outreaches. All districts surpassed 100% achievement of the annual targets with Jinja, Kamuli, Namayingo and Iganga districts achieving above the regional average (180%) achievement at 284%, 200%, 199% and 187, respectively. Testing in PMTCT settings and VMMC contributed 1.2% and 0.02% of all tests done, respectively. In FY21, the project will utilize CQI approaches at all entry points especially OPD to enhance targeted testing and effective use of the HTS logistics and focus on implementation of streamlined index testing guided by the SOP and the index testing tracker.

Testing men: Men contributed 195,309 (34%) of HTS beneficiaries, while 9,721(1.7%) were children less than 10 years and 50,750 (8.9%) were adolescents 10-19 years. Contribution of men to individuals tested increased from 40% in FY20Q1 to 41% in FY20Q2 and declined to 29% in FY20Q3 and again increased to 34% in FY20Q4. Improved testing among men in FY20Q1 and FY20Q2 is attributed to index testing facility and community models, using the HIVST platform for index testing and integration of HIVST in "men alone" sessions for those who opt for non-evasive testing procedures. The decline in FY20Q3 is attributed to COVID-19 movement restrictions and a halt on community HTS while the increase in FY20Q4 is attributed to lifting of COVID-19 movement restrictions, integration of index testing in community ART distribution and VL sample collection as well as using the HIVST platform for index testing. 675 men-alone sessions were conducted in 10 districts (Busia, Bugiri, Namutumba, Namayingo, Buyende, Kamuli, Jinja, Iganga, and Bugweri and Mayuge) and reached 14,871 men with key integrated messages to identify barriers to HTS among men, motivate men to test for HIV and risk reduction for HIV prevention. A total of 5,212 men were tested for HIV and 172 identified HIV positive with a 3.3% yield. However, implementation of men alone sessions was affected by COVID-19 restrictions on community HTS activities in FY20Q3 and FY20Q4.

Testing children and adolescents: In FY20, 266% (13,970/5,256 annual target) children <10 years were tested for HIV and 414 positives identified translating to a 53% (414/779) achievement of the annual target with a 3.0% yield. For adolescents 10-19 years, 106% (79,492/74,683) were tested for HIV and 729 identified HIV positive translating to 36% (729/2037) of the annual targets with a 0.9% yield. Improvement in testing is attributed to integration of testing children and adolescents during care givers meetings and index testing; testing eligible children at children dominated entry points as well as collaboration with Bantwana through OVC focused CBOs in the region that mobilized and the project provided HTS to eligible OVCs. Exposed children and adolescents were also captured in the index testing tracker to ease follow up. During caregivers' meetings, 2,222 exposed children and adolescents were screened for eligibility; 1,426 (64%) identified eligible; 1,402 (93.3%) tested; 30 identified positive with a 2.1% yield and 29 (97%) linked and initiated on HIV treatment.

HIV-positives: Of the 517,456 clients tested for HIV, a total of 12,245 (109% of the 11,252-annual target) individuals were identified as HIV-positive with an average yield of 2.4%. Busia achieved the highest yield of 3.9% with Namayingo, Mayuge, and Kamuli achieving 3.2%, 2.6% and 2.4% respectively. The low yield is attributed to inconsistent use of the HTS eligibility screening tool especially at OPD and community testing by non-PEPFAR partners, testing in PMTCT and VMMC settings where the yield was 1.2% and 0.07%, respectively. Facility teams will be supported through mentorship and CQI to focus on index testing modality and improve screening for HTS eligibility which will consequently improve yield.

Linkage to care: Of the 12,245 individuals identified to be HIV positive, 11,270 (92%) were linked to care and initiated ART. Majority of district achieved below the 92% average linkage except Jinja and Namayingo (95%), Mayuge and Namutumba (94%), Buyende (93%) and Iganga (92%). Linkage improved from 89% in FY20Q1 to 91%, 94% in FY20Q2 and FY20Q3, FY20Q4, respectively. In FY21, facility teams with poor linkage will be supported through mentorship and CQI to improve linkage

Index client testing: Index testing contributed 3% (16,834/562,273) of individuals tested and 23.4% (3,053/13,056) of HIV-positives identified with a yield of 18%. Contribution to HTST_POS was at 22%, 29%, 25% and 23% in FY20Q1, FY20Q2, FY20Q3 and FY20Q4, respectively. During FY20Q3, the project reviewed integration of index testing to include exposed children and social networks. Halting community HTS during COVID-19 lock down affected implementation of index testing. The project integrated index testing in community ART distribution and VL sample collection for consented index clients who opted for self-notification. We also distributed HIVST kits to consented index clients who reported to health facilities and drug distribution points to reach out to partners, exposed children, and social contacts with triage testing. Beneficiaries of HIVST were encouraged to seek confirmatory tests for those with reactive test results. This data covers 11 districts excluding Luuka district. Preparations have already been done to bring Luuka district on board to implement index testing.

Self-testing: A total of 18,423 (73% of the annual target of 25,113) HIVST kits were distributed through pregnant women and lactating mothers, index clients at facility and community, during KP/PP outreaches and men alone dialogue sessions and through DICs by trained KP peer leaders. 46% (8,501/18,423) and 54% (9,922/18,423) HIVST kits were distributed through directly assisted and unassisted distribution approaches, respectively. Performance against quarterly targets was at 115%, 17%, 36% and 125% in FY20Q1, FY20Q2, FY20Q3 and FY20Q4, respectively. The decline in FY20Q2 and FY20Q3 is attributed to stock out of HIVST kits while the optimal performance resulted from mentorship, coordination and follow up through the social media platform.

Recency HIV testing: Trained 30 district and health facility teams to enhance implementation of Recency HIV testing at Jinja RRH, Kamuli GH, Busia HCIV and Mayuge HCIII. Site activation was done to review concepts and of implementation processes of Recency HIV testing. A total of 439 Asante tests were done translating to 4% (439/11,550 of the EC region target and 37.4% (439/1,174) of the targets for the 4 phase 1 sites. Of 439 Asante tests that were conducted, 8% (33/439) were Recent while 92% (403/439) were Long Term HIV infections. Monthly CQI visits were conducted to establish areas of strength, performance gaps and mitigation measures, although these visits were affected during the COVID-19 lockdown. Physical and virtual support was also provided to ensure availability of logistics and supplies to enhance continuity of services. In FY21 teams will be supported to provide meaningful engagement with clients in order to minimize re-testers that contribute to identification of Long Term HIV infection.

Collaborative learning, mentorship, and coaching: Health workers from over 100 sites were mentored and coached on targeted testing, index testing/APN, HIVST and HTS data collection and documentation. RHITES-EC continued to use collaborative learning and adaptation at 79 health facilities in 11 districts. Index testing was implemented mainly by the 79 sites participating in the collaborative. Contribution of HIV positives through index testing increased from 11% in FY19Q4 to 22%, 31%, 19% and 23% in FY20Q1, FY20Q2, FY20Q3 and FY20Q4, respectively. Improvement is attributed to using the index testing SOP to streamline implementation process, designating counsellors to coordinate services and the use of a tracker to document all eligible index clients and ease follow up. The decline to 19% in FY20Q3 resulted from restrictions on community HTS and movement restrictions according to COVID-19 guidelines. Four mentorship and coaching sessions were conducted at the 79 targeted sites focusing on reviewing processes, identification of performance gaps and mitigation measures. In FY20, a total of 106 recruited counsellors (56) clinicians (28) and data clerks (22) were oriented on targeted HIV testing, index testing, HIV Self testing, HTS documentation and reporting. We plan to continue using CQI methods to support facility teams in FY21Q1.

Site assessment for index testing certification

The project adhered to the global requirement that minimum standards must be in place at all health facilities that provide index testing for all personnel involved directly or indirectly to HIV index testing. It is expected that all health facilities providing index testing implement such programing in compliance with the WHO's Self-testing and partner notification guidelines" & additional guidance developed by the PEPFAR Index Testing and KP Communities of Practice. The assessment and certification process involved constitution and orientation of one regional and 11 district coordination teams, selection and orientation of 57 assessors, and assessment of 98 out of the targeted 100 sites and uploading assessment results in a web based electronic system. Assessment of Jinja RRH and Budondo HCIV was deferred pending clearance from respective COVID-19 surveillance teams as a result of a COVID-19 death and a health worker testing positive for COVID-19 respectively and exposure of others. 95% (93/98) of the assessed sites scored 100% and qualified for certification; 5 sites were put on remedial actions pending re-assessment and none of the sites were disqualified.

Continuous support will be provided to all sites providing index testing to ensure compliance to the WHO minimum standards for implementation of index testing since annual assessments will be conducted to determine maintenance of certification.

Key challenges and mitigation measures:

- Low yield of 2.3% compared that is below the 3.9% target - Only Busia (3.8%) and Namayingo (3.2%) districts achieved yield above 3%. The project will engage facility teams to utilize CQI to improve targeted testing especially at OPD to test only eligible clients. Volunteers will be deployed at OPD and oriented on risk factors that qualify individuals for HTS eligibility improve screening and identification of eligible clients; document the screening cascade outputs and conduct weekly data reviews to monitor performance. Implementation of index testing will also be intensified at facility and community to improve identification of positive individuals and consequently improve yield. The project will only limit community testing to index testing to rule out massive testing.

Low linkage at 90.1% – Linkage improved from 89% in FY20Q1 to 91%, 94% in FY20Q2 and FY20Q3 respectively and dropped to 86% in FY20Q4. We shall maintain use of linkage enablers including physical follow up to ART initiation points, promotion of same day ART initiation, follow up of client not initiated as well as mentorship and CQI to bridge performance gaps.

VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES

During the reporting period, the project supported 31 health facilities in 11 districts to provide VMMC services, and 48,652 clients aged 10 years and above were circumcised (104% of the annual target of 47,002). Of the circumcised clients, 363 (0.7%) were circumcised using reusable instruments (target =25%).

A total of 45,152 (93% of the circumcised clients) were followed up at least once within 48 hours of circumcision (Target 90%). The project continued to perform well on surveillance and management of adverse events (AE). Seventy one clients experienced AEs (70 moderate, 1 severe) which is 0.1% of the circumcised clients (MOH standard is <2%). All AEs were successfully managed.

In the reporting period 38,754 clients were counselled and tested for HIV under VMMC settings. These were screened out to test clients at higher risk of HIV infection, mainly eliminating clients aged below 15 years. Eighteen of them (0.05%) were newly identified HIV+ and were linked to care and treatment services.

Of the circumcised clients, 28,266 (58%) were in the priority age group of 15-29 years (target = 80%). This was an improvement from 47% in the previous year.

Key challenges and mitigation measures:

Implementation restrictions as a result of the COVID-19 pandemic. VMMC activities were suspended on 20th March 2020 and resumed at a low scale with onsite services at the end of May 2020. All planned VMMC camps were cancelled. In FY20 Q4, we plan to allocate more clinic days for onsite services, and resume VMMC outreaches while observing guidance by MOH (providing face masks to clients and staff, observing hand hygiene, and social distancing).

PREVENTION OF MOTHER TO CHILD TRANSMISSION HIV TRANSMISSION (PMTCT)

A: For 152 sites with PEPFAR targets (FY20Q1 – FY20Q4)

Maternal testing yield and ART coverage: A total of 200,824 pregnant and lactating women were tested for HIV at 152 facilities that have PEPFAR PMTCT targets. Of these, 162,424 were tested during ANC (112.5% of the 144,403 -annual target), 10,358 in maternity and 28,042 during PNC. During the same period, 5391 HIV positive women were served within MNCH settings; with 1874 (34.1%) having been newly identified, whereas 3,517 (65.8%) were already known HIV positives. The 1825 new HIV positive women (1596 in ANC, 107 in Maternity and 122 in PNC) represent an HIV testing yield of 0.9%, and 2,148 (94.1%) of these were linked and initiated on ART.

EID and ART initiation for infected infants: Across the four quarters 2679 infants were born to HIV-infected women, of whom 2679 (100%) were given ARV for prophylaxis between 0-6 weeks, an improvement from FY19 (85%). EID coverage at less than two months and 18 months increased from 45% and 73.7% in FY19 to 56.3% and 80.5% in FY20, respectively. The EID positivity on first PCR was 2.5%, compared to 5.6% in FY19. Cumulatively, a total of 132 HIV positive infants were identified,

of whom 128 (97%) were initiated on ART, an improvement from 87.8% ART initiation in FY19.

Final outcomes for HIV Exposed Infants: We evaluated outcomes for 4,433 HIV-exposed infants born 24-months prior to FY20. Among these, 4,223 (95.3%) had a final outcome documented: 345 (8.16%) were transferred out before 18 months; 690 (16.3%) were lost follow up before 18 months, and 141 (3.3%) died before 18 months. A total of 3245 (71.9%) were discharged at 18 months; with 3047 (72%) being discharged as HIV-negative; 206 (4.9%) discharged HIV-positive, of whom 189 (92%) were initiated on ART. A total of 3341 (75.34%) had received a 1st DBS at 6 – 8 weeks.

B: For all 597 sites with and with no PEPFAR targets (401 sites mainly HCIIs and private clinics, do not have PEPFAR targets)

Maternal testing and ART coverage: For all 597 sites, 276,115 pregnant and lactating women were tested for HIV, with 223,796; 12,805 and 39,514 tested for HIV during ANC, labor, and the post-natal period, respectively. A total of 6615 HIV positive women were served within MNCH settings, among whom 2,326 (35.2%) were newly identified and 4,289 (65%) were already known HIV positive. The 2,326 new HIV positive women (2,002 in ANC, 126 in Maternity and 198 in PNC) identified represent a yield of 0.8%: a total 2,177 women (94%) of these were linked to care and initiated on ART.

EID: For the four quarters, 2950 infants were born to HIV-infected women; of these 2,873 (97.4%) were given NVP syrup at birth, lower than among sites with PEPFAR targets at 100%. EID coverage at 2 months and 18 months increased from 39% and 65% in FY19 to 48.3% and 67% in FY20, respectively. The EID positivity on first PCR was 2.7% compared to 5.5% in FY19. Cumulatively, a total of 141 HIV positive infants were identified of whom 135 (95.7%) were initiated on ART, an improvement from 89.3% ART initiation in FY19, lower than among sites with PEPFAR targets with 97% performance.

Final outcomes for HIV exposed infants: We evaluated outcomes for 4,779 HIV-exposed infants born 24-months prior to FY20. Among these, 4,383 (92%) had a final outcome documented; 362 (8.3%) were transferred out before 18 months; 764 (17.4%) were lost follow up before 18 months, and 148 (3.4%) died before 18 months. A total of 3109 (70.1%) were discharged at 18 months; with 2,895 (62.5%) being discharged as HIV-negative; 214 (4.9%) discharged HIV-positive. Of the HIV positives, 167 (92%) were initiated on ART. A total of 3,527 (73%) had received a 1st DBS at 6 – 8 weeks.

Viral suppression and retention: The average suppression rate among pregnant and lactating mothers was 88%, similar to FY19 performance. Suppression was slightly lower among the lactating mothers at 87% than among pregnant mothers at 89.4%. Compared to FY20Q3, VL suppression among pregnant and lactating women in FY20Q4 increased from 86% to 88% respectively. There was an improvement in maternal early and late retention between FY19, with the 3-, 6-, 12- and 24-month retention increasing from 83%, 71%, 66% and 61% to 83%, 77%, 71% and 62% in FY20, respectively. RHITES-EC continued to support PMTCT/ART sites to implement the retention care bundle for pregnant and lactating women as part of the bring back mother-baby pair initiative. Follow-ups through phone calls and home visits was strengthened to reach mother baby pairs that had missed appointments during this period of the COVID-19 pandemic restrictions that limited access to health facilities.

Key challenges and mitigation measures:

- Though an increment in HIV testing in ANC from 94% in FY20Q3 to 95% in FY20Q4 was registered, sub-optimal performance at HC IIs (89.4%) continues, mainly due to inconsistency in availability of HIV testing kits at these facilities though mothers receive ANC and PNC services at these facilities. RHITES-EC will continue to support the distribution of the kits to the HC IIs from the supporting higher-level health facility and documentation at HC IIs to avoid late reporting and improve data updates into DHIS2. There were several incidents of stockouts of testing kits at Health facilities with targets in all districts in EC region. Facilities will be supported in ordering and forecasting based on consumption of Duo HIV/Syphilis test kits and determine at MCH through the technical support of the District Medicine Management Supervisors. To improve supplies of Duo HIV/Syphilis test kits, the Determine consumed at MCH will be converted to Duo HIV/Syphilis test kits during ordering process.
- EID coverage is suboptimal especially in health facilities without PEPFAR targets. RHITES-EC will work with the district focal persons to support targeted mentorship focusing on update of EID register, line listing HEI that have missed scheduled DNA-PCR bleeding and have them followed up at health facility and in the community. Nine facilities have been selected for Point of Care testing in FY21

across the 12 districts to reduce the turn-around time and support early management and decision making for HEI. Health facilities will be mentored on the HEI tracking tool that uses HIV positive mothers EDD cohort to line list HEI due for EID testing with provision of immediate follow-up and sample collection to the HEI.

HIV CARE AND TREATMENT

Initiation on ART (TX_NEW): In FY20Q4, RHITES-EC supported efforts to increase enrollment of newly identified HIV positive clients onto ART at the 134 supported ART sites through onsite mentorship, coaching, support supervision and virtual technical support platforms by the project and district teams. These efforts enabled the initiation of 2,906 newly identified HIV-positive clients onto ART, achieving 96% of the FY20Q4 target and the cumulative annual achievement of 11,662 representing 96.4% of the TX_NEW annual target of 12,099. Of the FY20Q4 new initiations on ART, 278 (9.6%) were children and adolescents < 19 years, with 125 of them aged less than 10 years. The site-support efforts were hampered by the COVID-19 prevention lockdown measures that included suspension of community activities and restricted movements towards the end of FY20Q2, through FY20Q3, and during the first part of FY20Q4 leading to a reduction in the number of clients identified and initiated on ART, thus affecting achievement of the annual target.

Active on ART (TX_CURR): There was an increase in number of clients active on ART from 81,553 by the end of FY20Q3 to 83,372, representing 97.2% of the 85,767-annual target with a TX_Net_New of 1,819 clients. Of the clients active on ART, 4,520 (5.4%) are children < 15 years while 28,002 (33.6%) are males. The increase of active clients in care is attributed to improved enrolment of new clients on ART and the implementation with fidelity of strategies that improve patient retention in care including:

- Pre-clinic appointment reminders,
- Daily audit of clients' scheduled appointment keeping,
- Immediate follow-up of missed appointments,
- Community/home delivery of ARVs to clients that were unable to pick their drug refills due to COVID-19 lockdown measures and related transport challenges,
- Compilation and sharing with parent sites lists of clients that accessed ART refills from nearby health facilities for timely recording into and updating of corresponding HMIS tools,
- Tracking of lost clients for re-engagement in care,
- Improved quality of counseling by trained counselors,
- Scale-up of implementation of DSD models including deepening multi-months dispensing (MMD) of ART to eligible clients,
- Ensuring all clients accessing ART services have HIV care/ART files and are duly entered into facility ART registers, and timely updating of registers to inform corrective patient tracking actions.

Viral load coverage: Viral load testing coverage increased from 86% at the end of FY20Q3 to 92% by the end of FY20Q4. The improvement is attributed to:

- Targeted viral load testing at sites with low VL testing coverage through the VL testing mop-up campaign,
- Prior ART clinic day preparations that enabled sorting and prioritization of files for clients due for VL testing, integration of VL sample removal in ART home deliveries for eligible clients unable to come to facilities due to COVID-19 prevention lockdown and its related transport challenges,
- Extension of the viral load mop-up exercise to all sites that enabled teams to provide appropriate services to eligible clients, integration of VL testing for children and adolescents in facility-based caregivers'/psychosocial support meetings,
- Streamlining of the sample and results referral and transportation through weekly monitoring of the Laboratory hub system performance, and facilitating results and sample transportation to island facilities and satellite ART clinics in Namayingo, Mayuge and Buyende districts.

However, there were delays and inadequacies in sample receipt, details capture and processing at CPHL as a result of their system upgrade and other system challenges that have increased the turnaround time (TAT) for results to more than one month– thus negatively affecting the overall VL monitoring processes.

Viral load suppression: The viral load suppression increased from 85% at the end of FY20Q3 to 86% by the end of FY20Q4 as per the CPHL dashboard with variations across districts, with the highest in Jinja at 90% and lowest in Luuka and Namayingo at 78%. Viral Load suppression in children less than 15 years and in adolescents remains low at 72% and 75% respectively. VL suppression is much lower in children less than 5 years at 57%, albeit with modest improvements compared to that in

FY20Q3. Reasons for low VL suppression among children and adolescents include the following:

- Inadequate supply of optimal ART medications.
- Inadequate social support structures including lack of continuous psychosocial and adherence support to many children and adolescents due to frequent changes of caregivers, who in turn have limited knowledge on drug administration-both dosage and frequency.
- Over-representation of children at clinic appointments, which means that drug dosages are not adjusted to actual body weights and that blood samples for VL testing cannot be drawn.
- High poverty levels, gender-based violence, non-disclosure amongst couples, and high levels of marriage/family break-ups create unstable family environments that contribute to non-adherence to treatment for children and adolescents; and
- High food insecurity levels in the region due to limited land as a result of sugarcane growing. These contributes to inadequate dietary intake and malnutrition among vulnerable age groups

To further improve viral load coverage and suppression, RHITES EC worked with district-based quality improvement coaches to provide targeted support to health facilities to bridge gaps in VL coverage and suppression. The support included on-site mentorship and coaching on ART treatment optimization, especially among children and adolescents; integration of VL testing sample removal in ART home deliveries and client follow-ups; provision of tailored services package for the non-suppressed clients; and engaging experienced counselors to provide high quality adherence counseling especially to the non-suppressed adults, children, and adolescents. Specifically, for children and adolescents, RHITES EC has through virtual and onsite mentorships supported site and district teams to optimize ART treatment by working with district coaches and site teams to either substitute or switch children and adolescents to the recommended optimal ART regimens where stock levels permit. The project has engaged district-based teams/trainers for AYPLHIVs and scaled up YAPS program to an additional 15 health facilities in the three districts of Busia, Bugiri and Iganga, making a total of 21 sites in four districts with the YAPS program, piloted stable DSD models for children and adolescents in 12 high volume sites, encouraged regular clinical visits for children and adolescents, use of trained counselors to offer quality counseling and psychosocial support to children, adolescents and their caregivers for improved adherence to treatment, and employed quality improvement approaches to manage the virally non-suppressed children and adolescents.

During FY20, RHITES EC supported both physical and virtual efforts for implementation of third line ART management in the region, including training, mentorship and coaching of facility staff on identification and assessment of clients eligible for third line ART; technical support on HIV drug resistance testing eligibility and sample removal; packaging and dispatch to CPHL; results return and interpretation, discussion and switching of eligible clients to appropriate third line ART regimens; ongoing monitoring of client treatment including ARVs availability and delivery to sites with third line ART clients. RHITES EC supported site and district teams for provision of advanced HIV disease (AHD) management services through mentorship of site teams on identification, assessment, diagnosis, and management of AHD cases. However, implementation was severely hampered by chronic and widespread stock outs of diagnostic reagents including CD4, TB LAM and serum Crag reagents as well as treatment supplies like fluconazole.

With the outbreak of the COVID-19 pandemic and the resulting total lockdown and other preventive measures, there was a great interruption in HIV care and treatment services provision that included transport challenges to both clients and health workers, and lack of adequate personal protective gear for both health workers, volunteers, and clients to aid smooth continuation of services. To mitigate the effects, facility and district teams were mobilized, oriented, and trained on the MoH standard operating procedures (SOPs) for continuity of health service delivery and guidance on decongesting health facilities. These measures include provision of multi-months ARVs dispensing; allowing clients to access ART from nearby ART sites; line listing those missing appointments and delivering ART to designated community points; and, on occasion, home ART deliveries while observing infection prevention and control practices. RHITES EC worked with and supported district COVID-19 prevention task forces to conduct mass media sensitization campaigns on COVID-19 IPC. In addition, the project supported district and facility teams with supplies for IPC, virtual communication equipment, and installation to enable continuation of communication and technical capacity building while observing social and physical distancing IPC protocols.

Retention on ART: During FY20, RHITES-EC supported district and health facility teams to continue monitoring second visit returns following ART initiation as a strategy for improving early retention in care, and subsequently overall retention. As a result,

there was improvement in second visit return from an average of 77.8% at the beginning of implementation year to 82% by the end of FY20Q4. There were also notable improvements in late retention of clients on ART as evidenced by increase in the 12-months retention from 56% at the end of FY19Q4 to 70% and 72% by end of FY20Q3 and FY20Q4, respectively. The improvements in retention can be attributed to the following:

- pre-clinic appointment reminders,
- daily clinic appointment keeping audits to inform immediate corrective actions,
- weekly monitoring of second visit appointments,
- immediate follow-up of missed appointments,
- home delivery of ARVs for clients unable to access health facilities,
- tracking of lost clients for re-engagement in care,
- implementation and scale-up of HIV differentiated services delivery models (DSDM),
- increasing multi-months dispensing of ARVs to eligible stable clients,
- improved quality of counseling by trained counselors,
- improved documentation of patient transfers between health facilities,
- compilation and sharing with parent sites client lists of those accessing ART refills from nearby health units for documentation and updating of data tools, and
- timely updating of registers to inform corrective patient tracking actions.

RHITES-EC also supported districts and health facilities to implement the retention in care bundle for all eligible clients. RHITES-EC maintained engagement of the previously recruited 22 clinicians, 80 counselors and 84 data clerks at high volume facilities and recruited 28 clinicians, 53 counselors and 24 data clerks on locum contract basis to support the clinical, psychosocial and data management at additional sites that were not previously supported. RHITES-EC is supporting all ART clinics to implement and track progress of the MoH Quality improvement priorities which include fast-tracking ART treatment optimization, DSDM uptake, increasing viral load coverage and suppression, retention in care, and TPT uptake and completion.

Rollout of 2020 revised HIV Guidelines: RHITES EC supported and facilitated the dissemination, rollout, and implementation of the revised 2020 HIV consolidated guidelines in the EC-region through conducting a regional-based training of national trainers, training 68 regional/district trainers as well as facilitating facility-based training of frontline health workers for immediate uptake and implementation of the key revisions in the consolidated guidelines. RHITES EC procured and distributed consolidated guidelines desk job aids to the trained sites as reference materials for optimal implementation. By the end of FY20Q4, 39 health facilities had already been covered with facility-based training of frontline health care workers. The trainings will continue to cover all supported ART sites in the first two months of the new financial year 2021.

Provision of Psychosocial Support Services: During FY20, RHITES EC strengthened counseling and psychosocial support services particularly in HIV services delivery in the region. To improve provider skills,133 counselors were facilitated and engaged all high-volume sites across the region to offer quality counseling and psychosocial support services focusing on APN/ Index testing, ART Initiation and Intensive Adherence counselling and support to virally non-suppressed clients. On-job mentorship, coaching and technical support supervision were provided to counselors to support improvements in provider knowledge and skills for offering high quality HIV psychosocial support in order to empower clients to overcome challenges of stigma and HIV status non-disclosure. This contributed to scaling up provision of Assisted Partner Notification and Index client testing performance across the region.

To improve support to clients, 71,270 out of the 83,372 clients in care were assessed for psychosocial services; 55,200 were identified with psychosocial needs; and 55,064 were counselled and offered psychosocial support services. Provision of Intensive Adherence Counselling and support (IACS) has improved over the year, with 80% of those due across the region receiving it during FY20Q4 compared to 75% during FY20Q3. The proportion of virally non-suppressed clients due for Intensive Adherence Counseling (IAC) and received it remained above 80% across most districts, with Namutumba district the highest at 82% and Buyende the lowest at 71%. This achievement can largely be attributed to functionalizing non-suppressed viral load clinics at high volume ART sites and providing tailored IACs to clients. Efforts were made to integrate family support groups into ART Clinic days at mother-baby care points to address issues of adherence to treatment, disclosure and lack of family support, and drug sharing among couples that contribute to poor adherence to treatment. During the year, psychosocial support was scaled up to other key areas that affect optimal treatment

outcomes; 14,466 individuals were counselled on depression, 11,600 on GBV/VAC, 6,049 were supported to disclose their HIV status to significant others, 32,561 were counselled on PHDP (Positive Health, Dignity and Prevention) components, and 8,650 were referred for other psychosocial support Services. Provision of psychosocial services was, however, greatly affected by the COVID-19 prevention lockdown measures; this was mitigated by employing virtual communication innovations, including WhatsApp groups, Zoom and messaging platforms.

During FY20, RHITES-EC collaborated with MoH/ACP and Jinja district local government to implement the YAPS (Young People and Adolescent Peer Supporters) activity at six health care facilities in Jinja district. 28 YAPS were supported by two district mentors and 12 YAPS facility supervisors to enroll 719 AYPLHIV on the YAPS program. The YAPS were able to conduct 820 health education sessions reaching 8,623 AYPLHIV; 79 peer support group meetings reaching 748 AYPLHIV; and 167 home peer and psychosocial support visits to their colleagues. This has contributed to AYPLHIV peer support for improved adherence to treatment, retention in care, and viral suppression amongst adolescents and young PLHIV at the six health care facilities in Jinja. With the successes in AYPLHIV peer support and case management in Jinja, RHITES EC collaborated with three additional district teams to scale up the YAPS intervention to more 15 health care facilities in Iganga, Bugiri and Busia districts. During this process, RHITES EC collaborated with the MoH to conduct three district entry meetings in the new districts; trained six district mentors, 30 YAPS facility supervisors, and 48 YAPS. RHITES EC supported follow up on the forty (40) non VL suppressed AYPLHIV who attended a "Warriors camp" in December 2019 for continued engagement in care and viral suppression. Thirty-six (36) out of the 40 AYPLHIV (90%) have re-suppressed and have become AYPLHIV peer champions at their health facilities and communities to support their peers.

Key challenges and mitigation measures:

- The HIV care and treatment services across the care cascade were severely affected by the COVID-19 outbreak and the subsequent preventive lockdown measures that affected travel of both clients and health workers, making it difficult or impossible to access HIV care services at health units. This has been mitigated by allowing clients to access ART services from nearby facilities and conducting community/ home deliveries of ART to those unable to access treatment in their respective health facilities.
- ART optimization has been severely affected by widespread stockouts of the recommended optimal ARV regimens, mainly the second line (Atazanavir and Lopinavir-based) regimens for adults, children, and adolescents. To mitigate this, RHITES-EC supported inter-facility and inter-district ARV redistributions where possible as well as substituting unavailable regimen components with available alternatives.
- Inadequate numbers of essential staff and absenteeism of health workers in supported health facilities. To mitigate the human resources gaps, RHITES-EC maintained secondment of clinicians, data clerks and counselors to selected high volume facilities as well as engaging more of the same cadres on locum basis to improve provision of quality HIV services.
- Increased client movement within and outside the region through the Northern Transport Corridor (Mombasa to Kigali), and the rising water levels on lakes Victoria and Kyoga that resulted in re-location of a number of clients and forceful eviction by authorities affected retention of clients in care. This is being addressed through implementation of peer-to-peer models, encouraging client-friendly relationships at the facilities to ease continued exchange of information that facilitates tracking of clients, and scale-up of quality implementation of DSDM and MMD approaches.
- The lack of unique identifiers for clients poses a risk of double counting and pseudo-client losses in the highly mobile populations. The high poverty levels, high rates of gender-based and domestic violence and other negative socio-cultural practices, high levels of illiteracy and malnutrition contribute to many patient drop-outs, self-transfer-outs, and non-adherence to treatment. This is being addressed through implementation of community interventions that improve demand for services and client retention, partnerships with OVC and other community-based livelihood empowerment programs and cultural institutions that support sensitization of the population for increased demand, uptake, and retention in health care services.
- Inadequate or lack of Personal Protective Equipment (PPE) for COVID-19 prevention affected provision of HIV care and treatment Services by volunteers, health facility staff and community health workers.
- Long turn-around time for viral load results affects provision of timely Intensive Adherence counseling (IAC) and other critical client management decision making. Facility teams have been supported to work with hub riders in tracking pending VL results through sharing lists with CPHL. CPHL has been engaged to ensure reduction in VL result TAT.

TUBERCULOSIS (TB)

TB Case Notification: During FY20, RHITES EC achieved 95% (4,900/5,114) of the annual TB-STAT denominator (TB case finding) target for supported districts. The average case notification rate (CNR) for FY20 was 106/100,000, representing 68% achievement on the national CNR target of 156/100,000 population. There were variations in CNR achievement over the quarters in FY20; 98/100,000 in FY20Q1, 107/100,000 in FY20Q2, 92/100,000 in FY20Q3 and 112/100,000 in FY20Q4 This was progressive improvement in TB case notification over the quarters except for the dip in performance during FY20Q3 attributed to the COVID-19 pandemic lockdown that affected both facility and community level TB case finding activities like contact tracing and community outreach screening. The proportion of children & adolescents among notified cases averaged 13.3% (624/4,676), slightly short of the national target of 15%. Jinja district accounted for 48% of the child and adolescent TB cases.

TB/HIV collaborative activities: Overall, 99.2% of TB patients had a documented HIV status; (98% in FY20Q1, 99% in FY20Q2, 100% in FY20Q3 and FY20Q4) an improvement from 94% in FY19. The TB-HIV co-infection rate averaged 29% during FY20, a decrease from 35% during FY19. This is attributed to a general decline in HIV prevalence in the general proportion as a result of the HIV prevention efforts and the improved coverage of TPT among PLHIV in the region. Antiretroviral (ART) coverage for HIV-TB co-infected patients averaged 98.3% slightly short of the target of 100%. The 1.7% gap in ART coverage is attributed to the window period of starting anti-TB's before ART for newly diagnosed TB-HIV patients, some of whom died before ART initiation.

TB Preventive Treatment (TPT): During FY20, a total of 17,470 PLHIV were enrolled on TPT representing 67% of the FY20 target of 26,233 PLHIV to be enrolled. The failure to achieve the target for TPT enrollment is attributed to stock out of TPT commodities (INH and Pyridoxine) for 2/3 of the year (October 2019-May 2020). TPT completion rates during the reporting period were; 85% in FY20Q1, 86% in FY20Q2, 88% in FY20Q3 and 90% in FY20Q4

TB treatment outcomes: The TSR for FY20 averaged 83%, an improvement from 78% during FY19, while cure rate of 63%, an improvement from 58% during FY19. Improvement in TB treatment outcomes is attributed to implementation of the national TSR quality improvement package, initially in 35 high volume facilities and then cascaded to all supported facilities.

Drug Resistant TB (DR-TB): During the reporting period, 42 new DR-TB patients were identified and started on 2nd-line treatment in the region. This represented 84% achievement on the annual of 50 DR-TB cases targeted to be identified during FY20 and was an improvement from the 29 identified during FY19. This improvement is attributed to the DR-TB surveillance support provided to all health facilities and improved GeneXpert access for all DR-TB risk groups.

Key challenges and mitigation measures:

The region experienced erratic supply of GeneXpert cartridges leading to frequent stockouts during FY20Q1, FY20Q2 and FY20Q3 which affected TB case identification. This was partially mitigated through inter-health facility and inter-district redistributions. The COVID-19 pandemic total lockdown during the months of April to June 2020 affected health facility attendance with subsequent smaller number of persons screened for TB. During the same period of lockdown, community activities for TB case finding like contact tracing were adversely affected.

The effects of the COVID-19 lockdown were mitigated by an aggressive community TB screening activity during the month of June 2020 where 357 community volunteers were engaged and facilitated to screen for TB in community congregate settings and hotspots, collect sputum samples from presumptive cases and transport them for TB testing.

Several GeneXpert machines broke down and could not be repaired/serviced immediately as spare parts and other servicing equipment could not be procured by the institution contracted for this purpose during the COVID lockdown period. This compromised GeneXpert access for prolonged periods between March-August 2020, ultimately affecting TB case diagnosis. This was mitigated by reverting to the use of microscopy for diagnosis.

Access to X-ray services for TB screening and diagnosis was compromised during the reporting period affecting TB case finding. This was due to intermittent breakdown and delayed repair of X-ray equipment at Jinja Regional Referral Hospital, Iganga Hospital, Bugiri Hospital and Masafu Hospital.

COVID-19 RESPONSE

Risk communication and community engagement:

- 9,066 individuals were reached during the Health education sessions on COVID-19 preventive measures and integrated related messages were conducted in high Volume facilities of Iganga and Kamuli, the supported facilities included Kamuli General Hospital, Kamuli Mission Hospital, Bugono HC IV, Namungalwe HC III, Iganga Islamic, and Iganga Municipal.
- During VMMC camps in Bugiri and Iganga, 58 VHTs were re-oriented on COVID-19 prevention and stigma management, and as a result 1,418 men, 86 health works were reached with messages on VMMC and COVID-19 Prevention measures
- 48 KP/PP peer leaders and 6 health workers attached to Iganga Municipal, Iganga Islamic, Namungalwe HCIII, and Nakalama were oriented on MOH COVID-19 Prevention measures during PrEP dialogues in Nakalama, Namungalwe and Municipal
- 651 households were reached with COVID-19 messages through the Family Life School group sessions in Luuka and Namutumba districts.
- 30 Family Life Promoters conducted home visits to intensify COVID-19 messaging and as a result 3,906 individuals (M: 1509; F: 2,397) were reached with COVID-19 prevention, WASH, and nutrition improvement messages.
- 145 households were supported to construct hand washing facilities using their household items (Tippy taps).
- At 57 high volume health facilities, we conducted and documented 350 integrated health education sessions at OPD, ART, ANC entry points. As a result, we reached 4,577 (M: 1648 and F: 2,929) individuals with integrated health messages on COVID-19 prevention and mitigation measures, MNCH, WASH and FP.
- At Kamuli General Hospital, client exit interviews were held with 69 randomly selected clients to assess their knowledge levels on COVID-19 prevention and control measures. 98% of the clients had knowledge on COVID-19 signs and symptoms while 97% at least knew more than 2 prevention measures.
- 4,834 COVID-19 IEC materials were distributed at health facilities in Kaliro district for use to use during weekly community sensitization and health education.
- 10 Radio talk shows were supported on KBS FM, NBS FM, BABA FM, Jogo FM, and Eastern Voice. The talk shows addressed emerging issues from COVID 19 such as teenage pregnancy and Infection Prevention and Control for COVID-19
- 280 spot adverts on promoting proper mask use were aired out on the above five radio stations.
- Challenges and mitigation measures: Emerging fear and stigma for COVID-19 testing due to and the intrusive nature of the test. Heavy security deployment at quarantine centers stigmatizes the community. We are re-designing the COVID-19 communication strategy to align with new realities

1. Surveillance, case finding, rapid response teams, case investigation, contact tracing, and point of entry:

- 71 health workers – mainly Facility surveillance focal persons were trained on surveillance related to COVID-19 - 41 from Jinja Regional Referral Hospital; 18 from General Hospitals (Iganga, Bugiri, Masafu and Kamuli); seven from HCIVs (Busia, Nankoma, Busesa, Buyinja, Kityerera, Nsinze and Bugono) and 6 from HC IIIs (Muterere, Bugiri Mayuge, Bulumbi, Namungalwe, Buteba and Busitema).
- Capacity in active case search has also been built through one day onsite mentorships/trainings being organized by Ministry of Health with 2 staff from each from 10 facilities in Busia, 10 in Mayuge and 8 in Bugiri districts. Overall, 56 health facility staff participated in the onsite mentorships that involved review of Outpatient and In-patient registers for cases of Acute Respiratory Infection (ARI) and Severe Acute Respiratory Infections (SARI).
- The 12-district surveillance focal persons have also been oriented on the revised case definition and have been supported to share this with all the health facilities.
- The project continued to support district surveillance systems particularly through coordination of inter-district contact tracing via virtual platforms and meetings (like WhatsApp groups and Zoom) to which all the surveillance focal persons are included.

Point of Entry:

- Conducted integrated health education sessions on COVID-19 signs, symptoms and prevention, HIV and TB. A total of 1,784 truck drivers and their assistants were reached through trained VHTs, peers and community leaders. As a result, 79 truck drivers demanded for HIV testing services and were all referred to the health facility.
- Procured and installed signage showing service provision points, a 100 seater tent, stationery, Printer and Toner, 100

Chairs, 30 Pairs of Gumboots, 30 plastic basins, and wireless internet router to support contact tracing, printing of results and routine disinfection of the port premises.

Laboratory systems:

- Conducted a training of hub riders (18), hub coordinators (09) and other frontline health care workers (20) on electronic tracking of Laboratory samples and test results using a mobile Application (RESTRACK), in collaboration with MoH/ NHLS.
- Electronic tracking of Laboratory samples and test results was rolled out to support tracking of Laboratory samples and test results for COVID-19, Viral Load, EID, TB GeneXpert, and other specialized investigations, referred from lower health facilities through the 9 Laboratory hubs (Jinja RRH, Iganga GH, Bugiri GH, Masafu GH, Kamuli GH, Buyinja HCIV, Kigandalo HCIV, Bumanya HCIV, and Kidera HCIV) to National reference Laboratories.
- Provided smart phones and internet data to hub riders and hub coordinators, and will continue loading 9GB internet data monthly, to ensure samples and test results are tracked routinely. This innovation is expected to improve Turn Around Time (TAT) for Laboratory test results.
- 815 frontline Health care workers, including 371 Laboratory staff, 224 Nurses, and 220 clinicians were trained and equipped with skills for managing COVID-19 samples and test results: and Biosafety and biosecurity. Below is the breakdown by type of training:
- Provided coordination support for COVID-19 sample transportation, through the laboratory sample and test results transmission hubs (Jinja RRH, Iganga GH, Masafu GH, Bugiri GH, Kamuli GH, Buyinja HCIV, Kigandalo HCIV, Kidera HCIV and Bumanya HCIV).
- Customized SOPs for COVID-19 sample collection and Packaging, in line with National COVID-19 guidelines.

Case management:

- Conducted a regional Trainer of Trainers (ToT) on IPC in partnership with MTaPS of 174 selected IPC members from the Regional 12 districts
- Conducted a COVID-19 Readiness Rapid Assessment at 90 high volume health facilities that guided the implementation of the Infection Prevention and Control (IPC) mentorships
- Collaborated with the Regional COVID-19 & IPC team at Jinja Regional Referral to train 1,456 health workers (869 Females and 587 Males) from 254 health facilities on COVID-19 Case Management and IPC through the IPC mentorships.
- Printed and disseminated 90MoH COVID-19 Case Mgt Guidelines to the 90-high volume sites, 260 copies of MoH Guidelines for Continuity of Services during COVID-19 pandemic and 260 SoPs for screening to the 130 PEPFAR supported sites to ensure continued access to essential health services
- Handed over an assortment of supplies (Jik-1,400 litres, Surgical gloves-14,000 pairs, examination gloves-35,000 pairs, 5ml syringes-14,000 pieces and 5ml and 10ml syringes-14,000 pieces) to JRRH, Iganga, Kamuli, Bugiri, Masafu, Buwenge General Hospitals, and Kakira Workers' hospital.

Infection prevention and control:

- Trained 1,517 health workers from 254 health facilities (15 hospitals, 19 HC IVs, 65 private not for profit health facilities, 121 HC III, and 34 HC IIs) on Infection Prevention and Control (IPC) IPC: 886 Females and 631 Males.
- Supported 29 faith-based health facilities affiliated to Central Busoga Diocese (located in Bugweri, Iganga, Kaliro and Namutumba districts) with an assortment of supplies; 10,150 pairs of examination gloves, 435 litres of Jik and 58 Sprayer bottles to improve infection prevention and control.
- Supported Family Hope Clinic Jinja with assorted supplies to improve infection prevention and control namely: 60 litres of alcohol, 50 litres of Jik, 10 Sprayer Bottles, 500 Pieces of Disposable Face Masks, and 500 Pairs of Examination Gloves.
- 84 Pedal-operated hand washing equipment were procured and disseminated 84 high volume health facilities.
- Supported DHT members designated as District Health Inspectors and ADHO/environmental Health, 140 Health Assistants, and 1,960 selected VHTs across the 12 districts to conduct community level assessment for availability of handwashing facilities and establishment of the same in lagging households. A total of 216,245 households in 64 selected sub counties were reached of which 91,420 (42%) already had functional handwashing facilities. Through the support provided by the resource persons and using local materials provided by the households, 71,592 more handwashing facilities (tippy taps) were established and/ or renovated, increasing the coverage to 75.4% within one week.

- Procured and distributed 31500 Pairs of gloves, 1500 litres of alcohol, 24,300 litres of liquid detergent, 776 Hand hygiene reminder stickers, 462 hand washing equipment and SOPs for alcohol hand sanitization (588) and hand washing (743) across the EC region to the 4 project offices, 12 DHO and the 254 health facilities.

Operations: To improve coordination, monitoring and operational support RHITES EC has completed installation of facilities to enhance virtual communication capabilities at 62 high volume facilities as specified below:

- Procured, delivered, and installed of virtual conferencing equipment (Television sets, Micro PCs, and Microphones), Local Area Network installation and configuration, zoom application/licenses, 3mbps unlimited Internet links for 56 sites out of the 62.
- Procured and installed Hybrid solar power backup system for 40 sites to provide uninterrupted power supply during conferencing sessions.
- Training and orientation of district and facility staff on use of the virtual communication equipment was successfully accomplished.

Support logistics support to high volume facilities:

- Procured and distributed 240 Infrared thermometers to the 240 high volume sites to support COVID-19 screening at the main entry point.
- Procured and distributed 5,000 pieces of 1-litre sprayer bottles, 40 litres of alcohol, 2,985 Reusable face masks, 44,100 pieces of disposable face masks, 2,205 pieces of KN95 face masks and 2,205 pieces of hand gel for project staff.
- 1308 pieces of reusable masks were distributed to 654 community volunteers to ensure continuity of health services in the community

QUALITY IMPROVEMENT (QI)

Guided by the National QI framework, RHITES EC continued to support regional and district QI committees to ensure functionality of the QI committees. However, performance of QI functions as stipulated in the QI framework declined during the last two quarters from 81% in FY20Q1 to 70% at end of FY20Q4. In addition, facility level interventions like mentorships/coaching, support supervision and meetings were negatively affected due to the COVID 19 restrictions on movements and gatherings.

Concerted efforts were launched in May 2020 to rejuvenate Infection Prevention and Control (IPC) structures in all the districts. A total of 7 rounds of mentorships were conducted at 254 health facilities and registered an improved average district RAG (Red, Amber, Green) score from 26% in July to 54% by end of September.

A substantial part of the project's QI support during FY20 was dedicated towards the MoH-led QI initiative on improving retention of clients in care, Viral load access and suppression and TPT coverage. Over the year, 126 health facilities were enrolled onto this collaborative , and the clients that returned for 1st refill increased from 74% to 100% and three-month retention improved from 35% to 44%. Viral load suppression process indicators also improved as follows: completion of three consecutive IAC sessions raised from 47% to 58%; completion of three consecutive IAC sessions with good adherence improved from 80% to 94%; access to a repeat Viral load oscillated between 53% to 65% throughout the year; and the percentage of clients with a non-suppressed repeat Viral load who were switched to appropriate regimen remained stagnated between 75% and 79%. By the end of September 2020, the percentage of children and adults initiated on TPT stood at 80% while completion of TPT course was at 88%. A total of 16 high volume health units were also supported to participate in a RHITES projects pediatric and adolescent care pilot QI initiative collaborative where key results from this initiative included improved case identification by 23% and Viral load coverage by 10% within 6 months. Other collaboratives supported during the quarter included IFAS, APN/Index (21 sites) and Self testing (26 sites).

Community level QI initiatives were focused on improving retention of clients in care, innovative approaches like home delivery of drugs and refiling at a nearby health facility were particularly employed during the COVID lock down (March-May 2020) to ensure clients remained in care.

LABORATORY SYSTEMS STRENGTHENING

Laboratory operational support: RHITES-EC continued to support implementation of Laboratory systems strengthening activities at 121 health facility laboratories during FY20. The

project provided operational logistics support, including fuel and maintenance services for motorcycles, stationery for printing test results, internet data and voice air time for coordination to the 9 Laboratory sample and test results transportation hubs (Jinja RRH, Iganga GH, Bugiri GH, Masafu GH, Kamuli GH, Kigandalo HCIV, Kidera HCIV, Bumanya HCIV & Buyinja HC IV). The support provided included fuel and motorcycle maintenance, stationery, and internet data for downloading and printing laboratory test results.

Lab hub coordination: The project conducted a virtual hub coordination meeting for the 9 Laboratory hubs and provided technical support to the laboratory hubs and lower health facilities, that were targeted to improve management of VL, EID and GeneXpert test results. We also provided on-site and virtual coordination support to streamline management of COVID-19 test results through the 9 Laboratory hubs, in liaison with District Laboratory Focal Persons. RHITES-EC also supported rollout of electronic sample and test results tracking through the 9 hubs, in collaboration with MoH/NHLS. The project procured smart phones and internet data for hub riders (18) and hub coordinators (09) and conducted on-site training on use of the electronic mobile Application.

TB GeneXpert utilization: A total of 29,582 GeneXpert tests were performed during FY20, giving an average GeneXpert utilization of 5.7 samples/day, with the highest utilization at 6.1 samples/day (Q2) and the lowest at 5.5 samples/day (FY20Q4), against the target of 10 samples/day. The decline in GeneXpert utilization during FY20Q4 was majorly attributed to a decline in patients' attendance to health facilities during the COVID-19 lockdown period, and delay in servicing and replacement of faulty modules for GeneXpert machines.

Viral load test result turnaround time: The Average TAT for VL test results during FY20 was 18 days, from the date of sample collection at ART sites to the date of results dispatch from the hubs, against the target of 21 days. However, delays were experienced during the month of July and September, that led to prolonged TATs of 23 and 28 days in the respective months. The long TAT was majorly attributed to COVID-19 workload at the NHLS reference Laboratory, that stretched the limited workforce at the Laboratory and caused a backlog of unprocessed VL samples. Irregular visits by MoH drivers to the hubs, not complying to the twice a week schedule, was also identified as a contributor to the long TAT during the last Quarter of the reporting period. To improve the VL TAT, RHITES-EC will engage NHLS on providing technical and administrative support for optimization of the Laboratory hub system.

Laboratory quality assurance: The average VL specimen rejection rate during FY20 was 0.34% within the recommended rate of ≤1%. The rejection rate was maintained within target across the four Quarters, with the highest rejection at 0.7% during the month of February 2020. The pass rate on HIV Proficiency Testing (PT) scheme during FY20 was 93.2% on average, while the pass rate on GeneXpert PT was 98.6%, against the target of 100% for both EQA schemes.

External laboratory quality assurance: RHITES-EC continued supporting implementation of malaria External Quality Assessment (EQA) Scheme during FY20, to improve the quality of malaria Laboratory diagnostic tests. Technical support targeted 25 health facilities, in high malaria burden districts of Busia, Namayingo, Iganga, Bugweri, Luuka, and Kaliro. The overall discordance rate for malaria Microscopy blood smears between primary (health facility) slide readers and secondary (district) slide readers improved from 25% in FY20Q1 to 14% by FY20Q4, within the WHO/National target of ≤15%. Malaria RDT Lot Testing, and Competency Assessment of frontline healthcare workers was also conducted, to assess the quality of RDT kits and the proficiency of frontline healthcare workers in performing malaria RDT tests. All lots of RDT kits passed with 100% accuracy across the 4 Quarters, while on-site evaluation indicated competency of health workers in performing RDT tests according to Standard Operating Procedures (SOPs). The improvement was attributed to targeted on-site EQA technical support, and servicing and repair of faulty microscopes.

Laboratory accreditation: RHITES-EC supported implementation of Laboratory accreditation activities through Lab Quality Management System (LQMS) trainings, on-site mentorships, and assessments, in collaboration with AGHPF. One Laboratory (Jinja RRH) was assessed by SANAS during the reporting period, and recommended for international accreditation, against the annual target of 2 Laboratories. The second Laboratory being fast tracked for international accreditation (Iganga GH) had a baseline audit during FY20Q4 and will be supported to complete the SANAS process during FY21. Three Laboratories (Bugiri GH, Bumanya HCIV and Kigandalo HCIV) were supported to participate in the SLMTA supplemental program, through the first and second supplemental training workshops, and on-site mentorships, to fast track their progress towards international accreditation. The project supported implementation of LQMS at lower health facilities, in collaboration with District Laboratory Focal Persons (DLFPs) and Jinja Regional Medical Equipment Maintenance Workshop. On-site technical support for implementation of

LQMS was focused on improving the functionality and utilization of Laboratory diagnostic equipment, including Point of Care (POC) testing equipment. The support involved Laboratory staff, Midwives and Nurses, to improve performance of routine Laboratory tests including Hb, for pregnant mothers during Antenatal Care (ANC) visits.

Technical support for Advanced HIV Disease (AHD) management: Technical support for AHD management was provided to health facilities, to ensure provision of laboratory diagnostic tests required to guide clinical decision making. A total of 6826 AHD tests were performed during the reporting period, including CD4 tests (3388), Serum Crag tests (1466) and Urine TB LAM tests (1972). Low uptake of the AHD laboratory tests was mainly attributed to stock out of CD4 reagents at health facilities, which led to symptomatic screening of HIV patients for AHD.

Support for hard-to-reach island districts: Islands sites of Namayingo and Mayuge districts continued during the reporting period, through working with health facility volunteers from the Islands to transport laboratory samples to laboratory hubs on the mainland and deliver test results back to the Islands. A total of 2862 Laboratory samples were transported from hard to reach health facilities on the Islands, including VL (2410), EID (279), and GeneXpert (173), and test results delivered back.

Laboratory biosafety and biosecurity: During the reporting period, RHITES-EC worked in collaboration with National, Regional and District COVID-19 task forces, to support operationalization of COVID-19 preparedness and response work plans, in line with the National strategy. To ensure safety of frontline healthcare workers while supporting COVID-19 response activities, the project conducted on-site training on safe collection, packaging, and transportation of COVID-19 samples. The training covered 117 health facilities in the region, and a total of 665 frontline healthcare workers, including Laboratory staff (221), Nurses (224), clinicians and midwives (220) were trained. The project also conducted a training in Biosafety and Biosecurity, that involved 150 laboratory staff from 121 health facilities in the 12 districts of East Central Uganda.

Key challenges and mitigation measures:

RHITES-EC encountered operational challenges due to COVID-19 lock-down restrictions that led to postponement of some activities, including the regional stakeholders' meeting for rolling out the National HIV site and tester certification program. The rollout of the HIV certification program will be prioritized in FY21. The COVID-19 lock down also led to interruption in hub operations to the Islands of Namayingo and Mayuge districts, due to restrictions on public passenger boats. To address this challenge, RHITES-EC engaged RDCs for Namayingo and Mayuge districts to provide waivers for public boats, to support laboratory sample and test results transportation and delivery of ARVs to Islands. COVID-19 workload at the NHLS reference Laboratory during the last Quarter of FY20 stretched the workforce at the Laboratory, which prolonged VL TAT to 28 days due to a backlog of unprocessed VL samples. Irregular visits by MoH drivers to the hubs, not complying to the twice a week schedule, was also identified as a contributor to the long TAT during the last Quarter of the reporting period. To improve the VL TAT, RHITES-EC will engage NHLS on providing technical and administrative support for optimization of the Laboratory hub system. Irregular supply of GeneXpert cartridges to testing sites, and delays in servicing GeneXpert machines also presented a challenge that affected GeneXpert test utilization during the reporting period. RHITES-EC will continue providing supply chain coordination support, in liaison with the National Medical Store (NMS), to ensure availability of adequate GeneXpert cartridges at all GeneXpert sites.

SUPPLY CHAIN MANAGEMENT

Stockout rates of essential commodities: A notable reduction in the average stock out rates of medicines and health supplies was observed between FY20Q3 and FY20Q4 as follows; that of mRDTs decreased by 60.7%, Coartem decreased by 7.6%, Fansidar decreased by 27%, due to proper annual quantification and increase in allocation of quantities by the National Malaria Control Division (NMCD) to support the test and treat policy during the upsurge of malaria cases in the EC region, coupled with the continued implementation of the test and treat policy, and promotion of rational medicine use during the support visits. The average stock out rate for contraceptives decreased by 13.4% as a result of supporting the districts to implement the Alternative Distribution Strategy (ADS) which enabled the replenishment of FP commodities in the public sector along with the focused redistributions. Regarding the availability of the tracer commodities, it improved by 29.6% with Adult ARVs, INH and Pyridoxine being adequately stocked - however, Cotrimoxazole 960mg (29.9%); GeneXpert Cartridges (40.7%); CD4 reagents (65.9%) experienced intermittent stock outs due to low central level stocks. CD4 and GeneXpert Cartridge supplies were later availed through the project that supported last mile distribution in August 2020.

Timely ordering and availability of commodities: At the end of FY20Q4, timely ordering of ARV & TB orders in DHIS2 decreased from 100% to 31% due to delay system upgrades of the eLMIS section in DHIS2 that caused password interruptions. However, we worked with the district medicines management supervisors to generate Excel orders that were submitted to the warehouses to ensure uninterrupted supply of medicines during the onsite ordering and quantification mentorships; 10/19 (53%) of facilities with Rx Solution (Govt and PNFP) that were supported with monthly internet connectivity had stock status data synchronization with PIP; through collaboration with NMS and JMS, TLD 90 packs were distributed to all the ART sites to promote multi-month dispensing; LPVr paediatric stocks were replenished in the PNFP sector although they continued to be low in the public sector due to low central level stocks at NMS however, in Cycle 1 NMS deliveries replenishment was done; INH and pyridoxine were adequately stocked to support TPT completion and initiation; Fansidar was adequately stocked due to increased supply in the public sites; HIV syphilis testing at HCIIs continues to be hampered as majority are not accredited to order-these continue to be supported through focused redistribution from the ART sites as the accreditation process is being initiated. Through the support of 362 EM SPARS visits, the average facility score as per the last visit improved from 19 out of 25

Key challenges and mitigation measures:

Due to COVID-19, a number of PLHIVs are accessing drug refills from health facilities that are not their parent ART sites; This increased the consumption of HIV supplies ranging from VL to ARVs, however, working with the care and treatment team along with the ART health facility workers, a tool that captures patient details and caters for accountability of medicines is being used. This is to continue to ensure seamless access to care; there were intermittent stock outs of Urine TB LAM and Serum CRAG due to stock outs centrally-redistributions were conducted based on notification of need by the health facilities; low stocks of LPVr 100/25 in the public sector were rationally utilized through halting of the paediatric optimization exercise pending guidance from MoH-facilities continued to place orders to cater for existing and newly identified children.

HUMAN RESOURCES FOR HEALTH (HRH)

The staffing levels in the district generally remained unchanged, averaging around 74%, as government still did not provide funds for recruitment of additional health workers except for facilities that were upgraded from HC IIs to HC IIIs. However, a functional Human Resources for Information System (HRIS) in most of the districts enabled them to timely replace health workers who left the services, preventing a drop in the already low staffing levels. The project tried to bridge the staffing gap by hiring a limited number of staff essential for offering key HIV services and these included 298 professional 602 lay staff. RHITES EC participated in the revision of the inadequate staffing norms for the regional referral hospitals through the discussion of WISN results of Jinja RRH with various stakeholders. The average absenteeism rate had remained at or below 25% for the first two quarters of the reporting period but spiked to 44% in the third quarter and reduced to 29% during the fourth quarter. The spike in the reported absenteeism during the third quarter is attributed to the COVID-19 lockdown when there were stringent movement restrictions, insufficient supervision, and poor reporting of attendance data in the HRIS.

There were three key HRH challenges during the reporting period. First, the country is still not prioritizing recruitment of additional health workers, making those available overstretched. Even when the project seconded some staff, the staffing requirements remained high though there was some relief. Secondly, the districts, and the country as whole, has still failed to get a decisive solution to the challenge of absenteeism. the project has provided the support for capturing and analyzing attendance information and facilitating support supervision, but the country's public service regulations and procedures do not empower the officials enough to take timely action. The third key challenge was the threat to the seconded health workers which was originated by a section of government employees in Mayuge district and tried to spread it across the region. Through engagement of district leaders and security personnel, coupled with sensitization of the project staff, no project staff has been harmed. But the ART clinic in Mayuge HC III was burnt down, and all the client records for that clinic had to be rewritten from the back-ups.

DISTRICT STEWARDSHIP AND COORDINATION

During FY20Q4, we continued to utilize the virtual platforms that had been scaled up in FY20Q3 to embrace a broader stakeholder engagement amidst COVID-19 restrictions. At cluster level, we conducted bi-weekly cluster zoom meetings involving Jinja based staff as well. During these meetings, we reviewed performance data and develop appropriate action plans for the performance gaps. Most district health teams participated in the meetings using the virtual communication platform installed by the project at the DHO's offices. At regional level we, worked closely with JRRH and district health teams to strengthen health facility COVID- 19 preparedness through mentoring health care workers in IPC.

We engaged both the district political and technical leaders to identify priority areas for support in the PY5. The identification of priority areas of support in FY21 was a consultative process that started with the district health teams visiting lower health facilities during support supervision to pick the gaps. Each of the districts presented their priority areas during a zoom meeting that were captured and included in the project workplan for FY21 where possible. The districts have full embraced district-led programming (DLP) approach and as such, districts are involved in planning, implementation, monitoring and evaluation of the project activities.

During the year, we support the JRRH G2G pilot project that started at the beginning of FY20Q3. The RRH has a fully composed Project Coordination Team that is receiving TA from RHITES-EC to successfully implement the G2G project. We supported the hospital to compile and submit their FY20QI and FY20Q2 G2G report to USAID. We also supported the RRH to complete planning for COP20. The RRH was able to conduct monthly G2G performance reviews through zoom meeting by RHITES-EC support.

HEALTH MANAGEMENT INFORMATION SYSTEMS

We supported district biostatisticians (13) and medical records assistants at 21 health sub districts to maintain reporting above 95%. The number of facilities with functional electronic medical records were maintained at 66 sites with 86% having all their backlog entered. We implemented capacity building activities to improve the knowledge and skills of health workers to compile data using the revised tools, analyze and utilize data. A total of 387 district trainers (ART FPs, MRAs, Lab FPs) were trained in the revised HMIS tools and these cadre cascaded the information to 1,960 health workers using the onsite mentorship approach.

A total of 54 newly recruited data clerks were oriented in the revised HMIS tools, ODK tools, HBRID tools and extra indicator data tools. During the period, all data clerks were oriented in the new version of HIBRID tools i.e. MER 2.4. In FY20, the LQAS was conducted in 12 districts in collaboration with USAID/ SITES and Ministry of Local government. We conducted regular DQAs in collaboration with USAID/SITES and USAID Defeat TB at 26 selected sites. Validation of outputs for the KP_PREV and PP_PREV was conducted at 51 PEPFAR health facilities across 9 districts of the region. We continued to do data entry in the KP combination prevention tracker to ease the process of reporting for the KP_PREV and PP_PREV indicators.

Key challenges and mitigation measures:

The DHIS2 system was unstable nationally during reporting causing data quality gaps. We engaged the MOH health information division to provide support to ensure consistent functionality of DHIS2. In addition, we worked with district biostatisticians to ensure data entry is done within the first 10 days of completion of the month.

Stock out of critical HMIS tools: The project continued to engage USAID/SITES to avail the needed HMIS tools. Internally, photocopying of the HMIS tools was done in addition to redistribution of the required tools.

COMMUNITY LINKAGES

RHITES-EC continued to work towards retaining 95% of the clients in care through the Bring Back to Care approach to trace and return lost clients and real-time monitoring of clinic attendance. Through the Bring Back to care approach, in FY20Q2 we accounted for 68% (1,166/1715) of clients who were lost in FY20Q1 (Oct-Dec 2019) of those accounted, 29% (338/1,166.) returned to care. In FY20Q3 (April-June 2020) we accounted for 70% (1077/1539) of clients lost in FY20Q2 (Jan-Mar 2020) and returned 29% (435/1077) to care, in FY20Q4 we accounted for 87% (1911/2201) of clients lost in FY20Q3 and 52% (992/1911) returned to care. Of those accounted for in

FY20Q4, 380 clients had transferred to other facilities. Real time appointment monitoring through phone or physical follow up mechanisms led to 68% (3,938/5,792), 75.3% (3,834/5,092), 81.4% (8,226/10,098) and 79% (11,637/14792) of clients returning to care between 7 to 28 days in FY20Q1, FY20Q2, FY20Q3 and FY20Q4, respectively. Quarterly root cause analyses (RCAs) reveled lack of transport as the major barrier to retention. To address this, the project intensified implementation of community ART refill models (CCLAD and CDDPs) for stable clients. As a result, 170 CDDPs serving 14,325 clients and 909 CCLAD groups serving 9,111 clients were formed. In addition, clients newly initiated on ART were enrolled on the retention care bundle and facilitated linkage of unstable clients especially AYGWs to peer support groups and income generating institutions. Clients who missed visits due to forgetting clinic appointments received pre- appointment reminder calls while those without phones were physically followed up by community-based Parish Volunteers. These efforts led to achievement of the annual TX_CURR of 97.2%

Key challenges and mitigation measures:

The COVID-19 pandemic and the subsequent lock down affected movement of clients to health facilities. RHITES-EC continued to ensure uninterrupted delivery of health services by facilitating both facility and community health workers deliver ART to 6,541 clients at home. Through PEPFAR support, we supported 2,300 vulnerable clients on ART in 6 districts of Namayingo, Mayuge, Busia, Iganga, Jinja and Kamuli districts with funds to address food insecurity challenges due COVID-19 prevention restrictions.

There was a decrease in the number of clients referred from the community to the facility from 68,141 received in FY19 to 58,877 in FY20; this drop is attributed to the COVID-19 movement restriction. To address the decline, we integrated guidelines on accessing essential health services in SBCC campaigns on radio and interpersonal communication through one -on-one community engagements

YOUTH PROGRAMING

HIV, GBV and adolescent pregnancy prevention: The project provided technical assistance to 12 DHT focusing on health, social and welfare officers, health promotion and development staff to improve HIV and reproductive health outcomes for adolescent youth especially AGYW through community dialogue meetings with key AGYW stakeholders and coordination meetings.

In 8 districts of Bugweri, Bugiri, Busia, Kaliro, Kamuli, Luuka, Mayuge and Namayingo with high HIV, GBV, and adolescent pregnancy burden (8% or above) we supported communities to develop and implement action plans to increase access to family planning, prevent early pregnancy and GBV among AGYW. In addition, we trained 522 VHTS to distribute and support provision of SAYANA PRESS, a short-term self-administered injectable family planning method to adolescents and young women at community level. We intensified awareness and stakeholder engagements with the Ministry of Gender, Labour and Social Development, district leadership, cultural and local leaders in Kaliro and Luuka districts where more teenage pregnancies due to COVID-19 prevention restrictions occurred.

HIV Care and Treatment for children, adolescent youth living with HIV (CAYLHIV): We focused on improving retention and viral load suppression for CAYLHIV through mentorship sessions with health workers on provision of the minimum health care package for CAYLHIV, facilitating monthly adolescent clinics, training AYPLHIV peer leaders to facilitate psychosocial activities, conducting adherence meetings with care givers of CAYLHIV, facilitating facility-based peer support structures including YAPS, AYG volunteers, peer leaders to provide HIV care and management. As a result:

- Out of 40 virally non-suppression adolescents who attended a viral load camp in December 2018, 36 (90%) became virally suppressed by June 2020. These camps are offering "peer-buddy" support to virally non-suppressed peers at 20 high volume facilities in the districts of in Jinja, Mayuge, Bugweri, Iganga, Bugiri, Busia, Namutumba, Namayingo, Kamuli, Buyende, and Kaliro Additionally, we conducted adherence meetings on HIV adherence counselling and psychosocial support for 1,757 virally non suppressed CAYLHIV and 765 caregivers at 44 health facilities in 12 East Central (EC) Uganda districts.
- 12 health care facilities in Iganga, Kamuli, Busia and Bugiri were identified and trained to pilot DSDMs for children and adolescents. 204 health workers and 360 AYPLHIV caregivers were trained on DSDM for CAYPLHIV. A total of 791 have been enrolled on FTDR (327) and CCLAD (464) modalities.
- Supported MoH/ACP to implement the YAPs model at 6 pilot sites in Jinja districts to improve identification, linkage into care, retention, adherence, and viral suppression among

AYPLHIV. To-date, 719 AYPLHIV have been enrolled on the YAPS program, cumulatively held 981 health education sessions reaching 13,631 AYPLHIV with HIV prevention and adherence messages, conducted 141 peer support group meetings reaching 1,488 AYPLHIV, and reached 185 AYPLHIV through home visits.

- Collaborated with USAID/BOCY to provide OVC wrap around services. A total of 1,368 CAYLHIV were assessed and enrolled on the USAID/BOCY program. Additionally, a cumulative 4,367 children and adolescent youth have been linked to social health and welfare services in the 12 East Central Uganda districts.

Key challenges and mitigation measures:

The COVID-19 prevention restrictions affected children and adolescents from accessing timely care at health clinics. This was addressed by engaging peers to make reminder calls, form and join CCLAD and FTDR models and distribute ART at home. Adolescents were unable to meet the costs of livelihood support services e.g. vocational training services.

GENDER

RHITES-EC achieved 117% (12,496/10,671) of its GEND_GBV PEPFAR target. 25% (2,709/10,671) of the annual target was achieved in FY20Q1, 62% (6,614/10,671) in FY20Q2, 104% (11,077/10671) in FY20Q3 and 117% (12,496/ 10,671) in FY20Q4 76% (9,441/12,4960) of the annual GBV achievement were female survivors and 24% (3,055/12,496) were males. Annual targets for post clinical care by form of GBV stood at 112% (8,389/7,457) for physical or Emotional violence and 128% (4,107/3,214 presented) for post rape violence. 491 (206 males and 285 females) GBV survivors received and completed PEP (No target for PEP). The project supported the roll-out of the GBV quality assessment tool at 46 sites in 12 EC districts. Results showed that protocols, job aides, standard operating procedures, and algorithms to guide the provision of standardized post-GBV care were widely available, and that the presence of at least two trained health workers in gender responsive programming, was common, along with active GBV case identification in major departments (OPD, ANC, HCT, FP, PMTCT). There was also evidence of documentation of cases using the GBV register. Less common, however, was the existence of an evaluation system to collect and analyze GBV program data; and teamwork in management of GBV survivors. RHITES EC also rolled out First Line Support (LIVES) training to service providers (including counselors, RCT, linkage facilitators, DBTs, youth peers and PMTCT focal persons) to equip them with knowledge and skills on how to conduct routine screening for IPV in the HIV setting and referrals/ linkages for post violence care services. SBCC approaches to prevent GBV were implemented through integration of values clarification exercises for health service providers and 9 CSOs conducted integrated radio talk shows and community dialogues on prevention of COVID-19 and its effect on GBV, integrated COVID-19 prevention messaging

Key challenges and mitigation measures:

(i) Limited referrals and linkage between facility-based clinical GBV response and community-based prevention and post GBV care services to address this, we held coordination meetings with GBV community duty bearers (probation and welfare officers, CDOs, child and protection unit officers, police GBV desk focal persons) to strengthen collaboration and coordination of GBV prevention and management activities. (ii) Increased violence against women during COVID-19 lock down. Thus, we integrated COVID-19 prevention messaging into routine radio talk shows on GBV prevention. (iii) Limited knowledge and skills to address intimate partner (IPV) in the context of index testing, partner notification services and PrEP among the key and priority population group. RHITES-EC rolled out First Line Support (LIVES) training to equip service providers with knowledge and skills on conducting routine screening for IPV and referral for post violence care.

SBCC

SBCC interventions focused on improving service uptake for underperforming indicators through addressing emerging determinants and barriers to service uptake including low knowledge levels, poor attitudes/skills/practices, and negative social cultural norms among clients and health providers, addressing the unique needs of target audiences in a holistic manner as opposed to focusing on one intervention area or disease at a time. Key activities implemented included: men-only seminars, ANC triggering events, Family Life Schools, The Wheel of Good Practices for Better Living, KP super peer model, peer-led IPC, facility level health education sessions, and mass media. Adolescent-specific activities focused on HIV and teenage pregnancy prevention. All these approaches contributed to reaching over 176,837 individuals with integrated services.

RHITES EC provided technical assistance to audience appropriate mobilisers and community gate keepers including leaders (cultural, religious, and political) and journalists, at facility, community, and district levels to identify and address social cultural barriers to service uptake. 640 community-based audience appropriate mobilisers reached over 127,236 people with key messages and 26,933 were referred for integrated health services. Also, 1,368 integrated health education sessions were conducted at entry points by the 280 facility-based health service providers oriented at 93 high volume sites. Due to COVID-19 Pandemic, most SBCC interventions focused on addressing COVID-19 prevention and continuation of essential service provision in FY20Q3 and FY20Q4. The MOH risk communication plan/campaign was adapted and rolled out to provide correct knowledge/awareness, motivating the public to adopt and sustain desired behaviors and practices for prevention and management of COVID-19. As a result, 440 VHTs were oriented and deployed to conduct individual and small group sensitization on COVID-19 prevention measures. This was intensified in high risk areas (border entry points and congested towns/trading centers) utilizing community radios, megaphones, home/station visits and demonstrations of social distancing at open communal places like boreholes and markets, 5,186 households were reached, 1,420 hand washing stations (Tippy taps) constructed, 986 individuals were referred for other essential health services such as antenatal care, and 507 SBCC materials on facts about COVID-19 were disseminated. 69 female sex workers, 3010 Trucker drivers and their assistants were reached with messages on COVID 19 Prevention measures point of entry in Busia and Namayingo Tc. Also, a COVID-19 signage was installed at Busia POE.

Key challenges and mitigation measures:

The COVID pandemic continued to affect the implementation of planned SBCC activities such as Community dialogues, demand creation for men through men only seminars, mobilization of KP/PP for HTS services, VMMC mobilization for camps, family life school (FLS), however FLS were virtually supported through FLS promoters, the promoters continued to mobilized their schools through door to door approach, VMMC at static sites was also supported through virtually working with VHTs.

2.3 CONTRIBUTION TO CDCS RESULTS FRAMEWORK PROGRESS NARRATIVE

Development Objective 1:
Community and household resilience in select areas and target population increased.

During FY20, USAID RHITES-EC scaled up malaria prevention through conducting community dialogues with community leaders and reached households (parents and care givers) with key malaria prevention messages. Mass media was utilized to reach the entire population. Additionally, we worked with key community gate keepers to mobilize communities to seek health care services. We intensified HIV prevention activities in the EC region through selection and orientation of KP/PP Peers leaders to improve community-facility mobilization and referrals. In addition, we continued efforts to build capacity of the health worker to diagnose HIV and provide treatment to reduce new infections. Performance on these indicators contributed to IR 1.3, Sub IRs 1.3.1 and 1.3.2. We continued to provide support to underserved communities of the islands to access HIV prevention, care, and treatment services. Working with district local governments, we built capacity of the mainland health workers to provide wholistic services at island health facilities. Overall, performance on these indicators was largely achieved and this will translate into healthier communities in the EC region.

Development Objective 2:
Demographic drivers affected to contribute to long term trend shift.

In FY20, we continued to plan and implement activities to improve the reproductive health of youth and adolescent girls and women. This was in an effort to improve access to and expand uptake of family planning services; to scale up the uptake of quality RMNCH services (IR 2.1 Sub-IRs 2.1.1, 2.1.2, 2.1.3, 2.1.4) and to improve child wellbeing and nutrition and water, sanitation, and hygiene (WASH) outcomes (IR 2.2, Sub IRs 2.2.1; 2.2.2; 2.2.3; and 2.2.4). We continued to use data to make micro-plans based on gap analyses, this enabled us to design precise interventions to address the needs of sub-populations within EC region.

Development Objective 3:
Key systems more accountable and responsive to Uganda's development needs.

Throughout FY20, we continued to support districts to decentralize data collection and management in DHIS2 system from District level to health sub-district (HSD) level; we empowered the health sub-district data managers (HSD HMIS FPs) to manage data collected within their health sub-districts. In addition, we trained District biostatisticians in data analysis and Geospatial data analysis so as to empower the district data management units to provide analytical support to health workers to enhance data use practice. We further strengthened district led data review and cleaning through supporting monthly data cleaning in the supported districts. We continued to enhance district-led programming approach to strengthen the capacity of district to prioritize and build synergy to energize management of decentralized service delivery in districts (IR 3, Sub-IRs 3.1.1 and 3.1.2) through ensuring that districts technical and political leaders are the forefront of planning, project implementation and monitoring. We continued to strength monitoring of inputs and results of district interventions through empowering and working with districts to conduct district performance review meetings, implementing partner coordination meetings and client feedback mechanisms. We implemented interventions which improved access to laboratory services through building capacity of laboratory personnel in the EC region laboratories and ensuring availability of appropriate and timely technical support; this helped to reduce stock out rates of affordable medicines and health supplies (IR 3.3 Sub-IRs 3.3.2 and 3.3.34). We strengthened collaborations with central government agencies, districts and community leadership structures including cultural institutions, CSOs and VHTs; and engaged them to support to promote positive social behaviors; and increase demand or quality health services (IR 3.4, sub-

IRs 3.4.1, 3.4.2, and 3.4.4). All these activities contributed to strengthening key elements of the health system (IRs 3.3 and Sub IRs 3.3.5). Throughout all project activities, we aimed at equipping district teams with knowledge and skills in order to improve the capacity of available human resource to provide quality health services (IR 3.3, Sub-IR 3.3.1).

Challenges faced in FY20 and mitigation measures: The following are key cross-cutting challenges encountered and mitigation measures taken to address them:

(a) The unprecedented COVID-19 pandemic and the subsequent lock down with stringent restrictions on public and private transport as well as gatherings, adversely affected access to health services, limited large scale health activities like VMMC camps, community interventions (e.g. Index testing and community dialogues) as well as meetings and trainings of health workers.

(b) The suboptimal staffing levels that have stagnated around 72%, coupled with increased staff absenteeism due to COVID-19 anxiety, lack of adequate PPE and related government travel restriction negatively impacted on health service delivery and quality.

(c) RHITES-EC continues to consolidate Integration of services, especially at higher level healthcare facilities. However, inadequate human resources remain a challenge coupled with extra burden of COVID 19 pandemic which has affected service delivery.

(d) Data quality gaps, inadequate quantities of revised HMIS tools, and delays in report compilation and submission through the DHIS2,partly attributed to COVID-19 travel restrictions which led to increased absenteeism of the government medical records staff.

(e) Poor physical infrastructure of health facilities impedes quality service delivery. Most communities are served by the lower level HCIIs that are severely under-resourced – 70% of 531 healthcare facilities are HCIIs (Nationally 54%): hence the need for a large outreaches program,

(f) Stockouts of medicines and supplies derailed service delivery

(g) Gaps in service delivery across the 95-95-95 HIV cascade in the island facilities of Mayuge and Namayingo districts that are home to approximately 60,000 people.

(h) Widespread GBV i.e. 46.3% of all women who have experienced physical violence since age of 15 years –affects uptake and retention of health services by women and children (UDHS 2016).In the current performance period, there was a 60% increase in reported GBV survivors between FY20Q3 and FY20Q2 attributed to increased violence during the COVID-19 lockdown. The underlying issues fueling the GBV in this period included: stress, loss of income and isolation. Out of the GBV survivors (11,077), 76% (8,326) were females and 24% (2,711) were males. 68% of the people who received post GBV care presented with physical or Emotional violence and 32% (3,596 / 11,077) presented with post rape violence.

(i) The Northern Transport Corridor (Mombasa to Kigali) traverses 6 districts of the region (Bugiri, Busia, Bugweri, Iganga, Mayuge and Jinja) facilitated mobility and economic activity for the key and priority populations which compound and adversely influences the HIV transmission and ART patient retention.

(j) Sub-optimal demand and uptake of MNCH services:

In the first three quarters of FY20, districts in the East-Central region showed slight improvement across maternal and newborn health indicators. The percentage of pregnant women attending first ANC visit within the first trimester for the period April to June 2020 (FY20Q3) was 23.9% - below the 50% target; an institutional delivery rate of 46.9% (26,220), a decline from 47.2% (26,377/55,908) in FY20Q2. This is lower than the target of 70%. There was also a caesarean section coverage rate of 4.0% in FY20Q3 from 3.6% in FY20Q2 (Target of 7.5%).PNC visits within 6 weeks postpartum was 25%, below the target of 50%.

Unique socio-economic factors and socio-cultural, religious and gender norms that significantly negatively impact demand, uptake and continuous utilization, and many times delivery, of RMNCH services. The COVID-19 restrictions further inhibited movement of women to health facilities. Health worker absenteeism in the period was also accentuated by transport challenges and lack of proper Infection and prevention control (IPC) measures including lack of adequate Personal Protective Equipment (PPE). These COVID-19 related challenges were mitigated by the COVID-19 district task forces providing transport to staff, allowing use of motorcycle boda-boda by health workers and mothers heading to health facilities, sharing updates on COVID-19 on virtual platforms, training of health workers on IPC, providing equipment and supplies (handwashing facilities, sanitizers, guidelines on continuity of services, PPE) and support for reorganization of client flow for safety of both health workers and mothers/babies.

The suboptimal PNC uptake is partly attributed to sub-optimal integration of PNC/EPI services, because while uptake for EPI

services is higher, PNC uptake remains low. A brief review of the PNC /EPI integration highlighted the following as challenges to implementation:

- Most women attend PNC, including immunization at HCIIIs where staffing for EPI and ANC/Mat/PNC is four at the maximum. The understaffing consequently results in service delivery delays.
- Healthcare facilities have designated days in a week when specific services are offered. This results in many missed opportunities.
- There is limited space at most of these healthcare facilities where integrated PNC/EPI services are offered. At many sites, service delivery takes place under tree-shades and on verandahs, making the service delivery environment undesirable.
- There are still gaps in documentation in MCH registers, resulting in under-reporting.

At community level: To improve ANC and PNC service uptake, USAID's RHITES-EC supports interventions to mobilize communities and increase demand through ANC Trigger Events, implementation of the Wheel of Practices for Better Living, and Family Life Schools to improve MNCH and nutrition outcomes in the first 1000 days, as well as WASH practices. We will continue to expand and deepen implement these activities to communities and households. Through "Men – Alone" sessions; community dialogues with community gate keepers (community opinion and political, religious and cultural leaders); exit interviews for beneficiaries of the services to better understand barriers; mass media (radio talk shows and DJ mentions); use of IEC materials we will provide opportunities to trigger dialogues and focused group discussions around myths and misconceptions regarding uptake of services. USAID's RHITES-EC has already mapped out sub-counties that have consistently performed poorly and these will be targeted for support especially leveraging VHTs to infiltrate SBCC messages to household level.

At facility level: we will continue to conduct on-site skills building for service provider teams (midwives and other HCWs) on the provision of Focused Antenatal Care (FANC) services at high-volume facilities. Community platforms will be leveraged to identify and refer pregnant women for ANC and PNC services. PNC services will be integrated in immunization/ YCC clinics, and other on-going community-level initiatives for Nutrition and WASH practices.

Using routine service delivery data, we will continually analyze which of these interventions are most impactful and adapt accordingly by targeting interventions in areas with widest gaps.

USAID's RHITES-EC will also work with districts and service provider teams to further deepen integration of services through:

- IPC interventions focused on increasing awareness and demand for PNC services, VHT engagement.
- Selecting facilities with good DPT1 coverage and target them for consolidating integration EPI /PNC at 6 weeks.
- Using quality improvement approaches to address bottlenecks to PNC including space and better management of staff duties to ensure coverage.
- Continued engagement of DLG leadership on improvement of health facility infrastructure and human resource levels.

3. ADAPTIVE MANAGEMENT APPROACH AND GUIDING PRINCIPLES

3.1 COLLABORATION AND STAKEHOLDER ENGAGEMENT

Guiding principle 1
Applying a holistic approach to CLA

RHITES EC collaborated with Reproductive Health Uganda - Women's Integrated Sexual Health (RHU-WISH) in the districts of Luuka, Bugweri, Namutumba and Bugiri. Through this collaboration adolescents and young women were provided family planning services at outreaches carried out by selected health facilities. Whereas the percentage of adolescents among new FP users was 23% in EC region, the percentage was higher in implemented districts: Namutumba (33%), Bugweri (27%), Bugiri (25%) and Luuka (28%).

RHITES-EC also collaborated and engaged in partnerships with USAID/PMI Vector link, USAID's Malaria Action Program for Districts (USAID's MAPD), Plan International, CSOs and Communication for Development Foundation Uganda (CDFU) to improve performance by leveraging efforts, approaches and resources. USAID's MAPD supports selected sites in the EC region in Jinja and Busia districts on malaria surveillance. Collaboration with PMI Vector Link that implements Indoor Residual Spraying (IRS) in Bugiri and Namutumba districts has resulted to decreased malaria burden at 20.9% and 28.4% respectively, compared to 44.6% regional average at the end of FY20Q4. Further to augment this collaboration, CDFU does mobilization of the communities to improve uptake of best practices including use of mosquito nets, use of Fansidar for malaria prevention in pregnancy, and acceptance of indoor residual spraying.

In addition, USAID RHITES together with A Global Healthcare Public Foundation (AGHPF); and the Uganda Ministry of Health (MOH) combined efforts to provide technical support for laboratory External Quality Assessment (EQA) schemes at lab hubs in the region. As a result of these efforts, Jinja Regional Referral Hospital (JRRH) Laboratory has received International Organization of Standards (ISO) 15189 accreditation for medical laboratories from the South African National Accreditation System (SANAS). This accreditation means that laboratory and reference testing results from JRRH will be internationally recognized as they meet the required quality standard.

Finally, during FY20, RHITES EC collaborated with MNCH partners like; Plan International to implement newborn health mentorships in the districts of Kamuli and Buyende districts; Reproductive Health Uganda and World Vision to conduct the 1st Mayuge District maternal perinatal death surveillance and response (MPDSR) committee meeting; World Vision to conduct a refresher training on MPDSR for health workers within Busia District as a way of cascading the practices to lower facility levels. RHITES-EC also shared learning with the Safe motherhood working group of the Ministry of Health on the use of the BABIES matrix to improve outcomes of maternal in FY20Q4 and newborn health and the USAID MCHN to plan for improvements in maternal newborn health indicators.

Guiding principle 2
Ensure broad and inclusive stakeholder engagement

RHITES-EC collaborated with several key stakeholder through platforms led by the District Health Teams (DHTs), health providers, Busoga Kingdom, AGYW peers, PLHIV networks, UNYPA, CSOs on OVC support (UDHA/TASO, Plan International, Marie stopes, Mothers to Mothers) and 8 RHITES-EC sub granted CSOS), probation and welfare officers, CDOs, Police Child protection units in implementing targeted gender and SBCC interventions both at community and at health facilities levels.

RHITES EC also collaborated with the key WASH implementing partners i.e. USAID's USHA project and Rotary International (RI) to carry-out joint facility clean clinic assessments and identification of hardware and software gaps. Through a series of assessments, Irongo HC III (Luuka) and Namutumba HC III (Namutumba district) were selected water support by RI while

Nkondo and Irundu HC III (Buyende) were selected for USHA water support; RHITES projects continued the software support within the 4 collaborative health facilities in addition to other health facilities within the regions.

Guiding principle 6
Prioritize partnerships that enable Ugandan-led development

USAID RHITES-EC closely collaborated with KP led CSOs like ATGWU, CMPLE and MARPI and key population/priority population (KP/PP) networks in planning, implementation, and review of HIV prevention program results. We as a result trained and deployed 113 KP peer educators to strengthen provision of HIV prevention services and close gaps along the HIV prevention and treatment cascades.

Guiding principle 11
Apply a facilitative approach

RHITES-EC employed a facilitative approach, minimizing direct service delivery to increase the maternal and perinatal death notification and review in facilities across 12 districts. District MPDSR roving teams were set up, mentored, and provided with MPDSR tools and attached to health facilities with the ADHO-MCH taking lead to ensure that facilities are supported to functionalize MPDSR committees, death (both maternal and perinatal) are reviewed with the District biostatistician taking lead in entering the forms within the DHIS2. This has led to an increase in proportion of maternal and perinatal deaths reviewed throughout FY20 and identification of local solutions to address avoidable factors.

USAID RHITES also employed a facilitative approach, minimizing direct service delivery in other technical areas by leveraging regional and district mentors and trainers from the district health team structures. These officials continued to build capacity of the facility and community team in health promotion and clinical management. These teams led mentorships in various technical areas such as HIV care and treatment, PMTCT , TB, Youth, and Gender interventions. Additionally, the project trained adolescent girls and young women (AGYW) and adolescents and young people living with HIV (AYPLHIV) peer leaders to implement evidence-based methodologies for HIV, adolescent pregnancy, GBV and VAC prevention among adolescent youth.

Guiding principle 15
Foster leadership as a lever for change

During FY20, District technical and political leadership were engaged in quarterly performance review meetings to monitor project implementation and progress on project HIV/TB and family health interventions. Furthermore, RHITES EC worked with the 12-district political and technical leadership to organize implementing partner coordination meetings to enhance synergy of implementing partners in EC region.

Further details of USAID RHITES EC collaborations are provided in **Table 3.1.**

Table 3.1: USAID RHITES-EC collaborations with other implementing partners

Partner	Area of Collaboration
USAID Strategic Information Technical Support Project (SITES) – SITES	HMIS strengthening for districts and healthcare facilities; and data analysis and Learning
USAID Developing and Delivering Biofortified Crops in Uganda (DDBC) implemented by Harvest Plus.	Integration of DDBC agronomic practices with food demonstration gardens by USAID's RHITES-EC
USAID Health Systems Strengthening Project (HSS).	Management of HRH at district and site level, technical support for the Government to Government(G2G) initiative at Jinja RRH.
Global Health Supply Chain Program/Procurement and Supply Management (PSM).	Strengthen supply chain management systems for essential commodities.
USAID Strengthening Supply Chain Systems (SSCS) Activity in Uganda.	Strengthen supply chain management systems for essential commodities.

Table 3.1: USAID RHITES-EC collaborations with other implementing partners continued

Partner	Area of Collaboration
Uganda Sanitation for Health Activity (USHA).	Jointly build capacity for districts and healthcare unit management teams to own and manage healthcare facility WASH investments; jointly conduct WASH needs assessments at selected healthcare facilities to identify and agree upon interventions for each mechanism – hardware for USHA and software for USAID's RHITES-EC; and jointly map communities for WASH interventions for each mechanism to avoid duplication.
USAID Uganda Learning Activity (ULA).	Collaboration Learning and Adaptation above site support
PMI Vector-Link.	Malaria prevention through Indoor residual spraying in two districts of Bugiri and Namutumba
USAID Malaria Action for Plan for Districts (MAPD).	Joint and shared learning on implementation approaches and data analysis and use.
USAID RHITES-E, RHITES-SW, RHITES-N Acholi, RHITES-N Lango.	Collaborative Learning.
USAID Maternal Child Health and Nutrition.	Above site RMNCH technical support.
Rotary International.	Harmonization for complimentary facility WASH programming in selected facilities.
USAID Communication for Healthy Communities (CHC).	SBCC.
USAID Social Behavior Change (SBC) Activity.	SBCC.
USAID Better Outcomes for Children and Youth in Eastern and Northern Uganda.	Youth & OVC Programming.
DFID Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE).	Community-based family planning program (CBFP); reaching teenage mothers with FP, ANC, and family health services.
WHO	Gender programming.
UNFPA	Youth and gender programming.
UNICEF	childhood immunizations and pediatric TB diagnosis.
Busoga Kingdom	Social cultural behavioral change advocacy.
East Africa Youth Inclusion Program (EAYIP)	Youth Programming.
Makerere University School of Public Health (MUSPH)	Skills capacity building for KP program implementers at Regional level; Gender Programming.
Makerere University COMONETH Project	Maternal and newborn care and early childhood nutrition
Communication for Development Foundation Uganda (CDFU)	Community mobilization.
CMPLE (Conform for Marginalized People)	KP Mobilization and Distribution of HIV Prevention commodities such as Lubricants, Condoms and HIVST kits.
ATGWU Drop in Centre	Capacity building and HIV Prevention activity implementation
BACHI (Baitambogwe Community Health Initiative)	HIV Prevention intervention implementation.
Plan International	Improving access to quality Maternal newborn child health.
A Global Health Public Foundation (AGHPF)	Implementation of SLMTA supplemental program; Technical support for External Quality Assurance at Jinja RRH
Jinja RRH and Central medical equipment maintenance workshops	Laboratory equipment maintenance.
MOH/JICA Project on Improvement of Health Services through Health Infrastructure Management.	Review of 5S-CQI-TQM Guidelines.

3.2 LEARNING AND ADAPTATION

Guiding principle 1

Apply a holistic approach to CLA (learning and adaptation efforts:

In FY20, the project institutionalized CLA to promote innovation, supported technical reflection and learning meetings to review performance of interventions, and used collaborative QI projects to accelerate scale-up of successful innovations and relegation of non-successful interventions. This is well elucidated in how during FY20, USAID RHITES-EC mobilized, facilitated, and supported district and health facility teams to participate in the RHITES projects quality improvement initiatives including paediatric and adolescent collaborative meetings and activities aimed at continuously improving HIV services for CALHIV. RHITES EC also developed a tracking tool to capture clients accessing their ART refills from nearby facilities (passersby/ visitors) during the COVID-19 prevention lockdown and data from this innovation was compiled and shared across the region which enabled facilities to minimize on client losses. In addition, RHITES-EC facilitated facility teams to conduct community and home delivery of ARVs for clients that were unable to access health facilities, as well as incorporating viral load sample removal for clients due for viral load testing. Finally, following restriction of gatherings to prevent rapid spread of COVID-19 infection, RHITES EC scaled up the use of virtual platforms both internally and at district and health care facilities. To address the infrastructure gaps hindering effective virtual meetings, USAID RHITES EC procured, delivered, and installed virtual communication equipment to all district health offices and over 50 high volume sites for provision of virtual technical support, trainings, and meetings.

Guiding principle 5

Seek to do business differently when current mechanisms and concepts, operations, and tools don't work

To address suboptimal performance of viral load coverage for PLHIV's in East Central Uganda USAID RHITES-EC participated in a quality improvement viral load collaborative with other RHITES Projects to surge in viral load coverage for patients without up to date VL results at 25 sites through weekly viral load camps. During the viral load camps, the health facilities line-listed all patients due for viral load bleeding and those with missing viral load tests and placed yellow stickers on their files, to show that they are due for VL testing. These due patients were then contacted by phone to remind them to come for viral load tests. Those who were unable to come due to transport costs and transport restrictions due to COVID regulations were reached in their communities and had samples obtained by qualified laboratory personnel. These good practices implemented from the collaborative sites were also implemented at scale at the 135 ART sites and led to significant improvement in VL coverage over three months i.e. from 86% in July 2020 to 91% in September 2020.

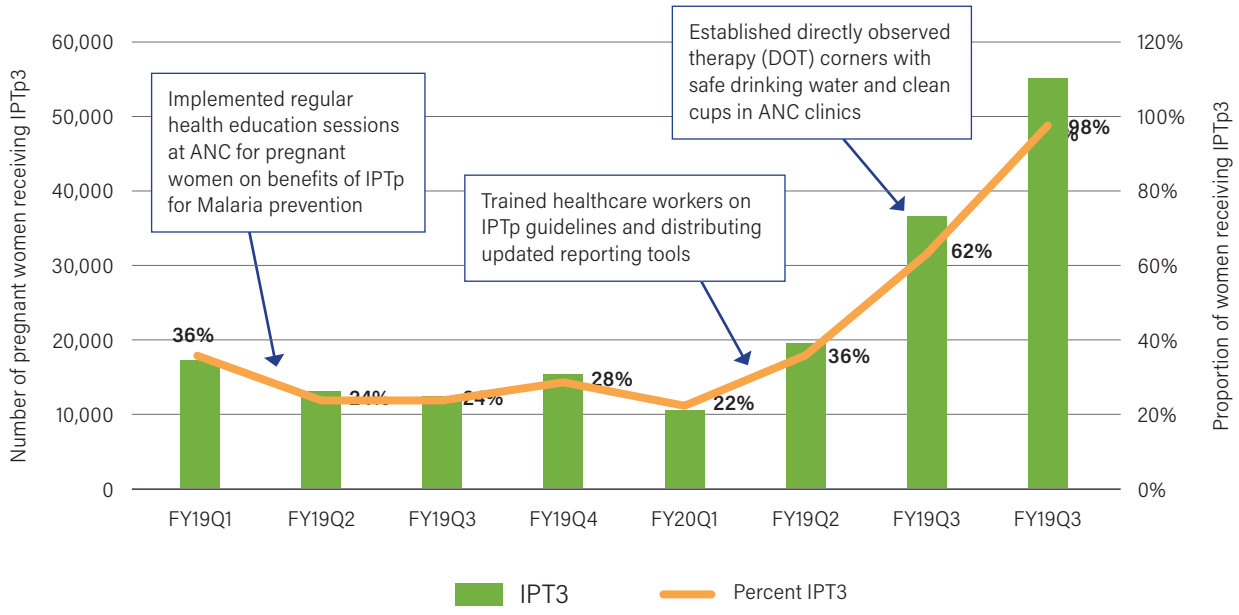
Guiding principle 9

Maintain a problem-driven focus

By October 2019, only 36% of pregnant women attending antenatal care (ANC) had received three or more doses of Fansidar (IPTp3) for prevention of malaria in the 12 districts of East Central Uganda. This was a suboptimal performance. To address this performance gap, USAID Regional Health Integration to Enhance services in East Central Uganda (USAID RHITES-EC) project, supported over 250 healthcare facilities to implement a bundle of tested and proven quality improvement interventions following a successful pilot addressing key barriers hindering uptake of IPTp3 amongst pregnant women attending ANC.

The patient focused interventions included: Conducting regular health education sessions for all pregnant women attending ANC about the importance of taking Fansidar; establishing a directly observed therapy (DOT) corner in the ANC Clinic This DOT corner has a jerrican with safe drinking water and clean cups to ensure that pregnant women swallow Fansidar at the healthcare facility. The health facility focused interventions included: The project collaborated with district-based mentors in November 2019 to orient ANC staff (midwives and in-charges) at all the healthcare facilities on the Ministry of Health guidelines. The guidelines stipulated that at least 3 doses should be given to all pregnant women, with each dose being given at least 1 month apart, until the time of delivery; redistribution of Fansidar from facilities having high stocks but low ANC Numbers to High volume ANC facilities with dwindling stocks; RHITES EC also facilitated the district medicines supervisors to place emergency orders for Fansidar with the National Medical Stores (NMS) the government medicines warehouse. As a result of implementing these strategic interventions, there has been a marked improvement in East Central Uganda from 36% in October 2019 (FY19Q1)to 98% in September (FY20Q4). (See Figure 3.1)

Figure 3.1: Percentage of pregnant women who received IPTp3 in East Central Uganda significantly increased from 36%(FY10Q1) to 98% (FY20Q4) over twelve months



Guiding principle 12

Emphasize operational considerations

Following the stringent COVID-19 movement restrictions which limited community based HIV testing services, USAID RHITES EC supported the district health teams and healthcare facilities to adapt their implementation approach to improve identification of new PHLIVs. The healthcare facilities then prioritized integration of community index HIV testing with community ART distribution and VL sample collection activities. Furthermore, an index HIV testing collaborative was implemented at 79 health facilities in 11 districts to leverage quality improvement approached to improve contribution of HIV positives from index testing. Good practices harvested and spread include: Use of standard operating procedures (SOP) to streamline this integrated implementation of index testing that focused on the preparatory planning for index testing; a second SOP to streamline reporting by testing modality was developed and disseminated; use of weekly reporting for index testing and HIVST to monitor performance and institute early mitigation measures; designating counsellors to coordinate services and the use of a tracker to document all eligible index clients and ease follow up. Four mentorship and coaching sessions were conducted at the 79 targeted sites focusing on reviewing processes, identification of performance gaps and mitigation measures. As a result, the contribution of HIV positives through index testing increased from 22% in FY20Q1 to 32% in FY20Q4.

3.3 INCLUSIVE DEVELOPMENT

Guiding principle 3

Harness youth-appropriate approaches

To ensure that service delivery to youth is not impeded, RHITES EC, Worked with the district health teams, Health workers, CSOs, peer facilitators to dialogue about barriers for health service uptake among adolescent youth and adolescent girls and young women (AGYW) and their partners. In addition, USAID RHITES-EC continued to implement the Young People and Adolescent Peer Support (YAPS) program in Jinja. The adolescent youth peers (YAPS) were involved in supporting their colleagues to adhere to antiretroviral treatment and achieve viral suppression through provision of psychosocial support at six facilities in Jinja. The YAPS program was also scaled up to an additional 15 healthcare facilities in three more districts i.e. Bugiri, Busia and Iganga districts to address viral suppression amongst HIV positive adolescents.

Guiding principle 4

Infuse and prioritize inclusive development – including but not limited to gender empowerment throughout the portfolio to empower women, youth, LGBTI and people with disabilities:

USAID RHITES EC also carried out targeted activities prioritizing AGYWs i.e. Stepping Stones trainings to reduce HIV incidence and unplanned pregnancies AYLHIV and AGYW plus their partners; while for pregnant adolescents there were Group Antenatal Care activities at 36 high volume health care facilities across the 12 districts to improve timely ANC attendance and facility delivery for pregnant teenage mothers

Finally to improve access to HIV testing services amongst key populations (KPs'), USAID RHITES EC engaged trained KP peer leaders that comprised of female sex worker and MSMs to distribute HIV self- testing kits (HIVST) kits to their peers who were new entrants to the hot spots and supported peers at the different hotspots and to distribute HIVST kits to their sexual partners. These peer leaders were facilitated with transport refund to support weekly submission of reports on HIVST kits distributed in the week. In addition, consented pregnant women, lactating mothers and AGYW were engaged to distribute HIVST kits to their partners of unknown HIV status. Adolescent peers deployed at selected health facilities were also oriented and facilitated to distribute HIVST kits to consented sexually active peers to reach their sexual partners.

3.4 SCIENCE, TECHNOLOGY, AND INNOVATION IMPACTS

In line with CDCS guiding principle 10, the project strengthened the use of technologies including social media and mobile data applications to facilitate communication and virtual support, data transmission, Geospatial visualization, and reporting. This enabled timely utilization of data.

Guiding principle 10

Build in-don't bolt on-Science, Technology, and Innovation Partnerships

RHITES-EC embraced technology to ensure the continuity of service provision during COVID19 lockdown. We ensured continued provision of technical support, performance meetings with field teams using virtual platforms like Zoom, WhatsApp. The same virtual platforms were also used to facilitate sharing of success stories to accelerate scale-up of successful interventions. Furthermore, KP peer educators were supported to create demand for HIV prevention services, conduct health education, provide adherence support and counselling to their peers using phone calls, SMS, and WhatsApp.

In addition, these WhatsApp platforms have also been used to facilitate early notification of low stock levels of commodities such as SD Duo HIV/Syphilis testing kits and paediatric ART formulations. This has helped mitigate stockouts redistribution of commodities to affected facilities or supporting the facilities to make timely and correct orders to the national warehouses.

Finally, RHITES EC procured, delivered, and installed virtual communication equipment to all district health offices and 40 high volume sites in the region to mitigate the impact of the COVID-19 lockdown and social distancing measures which had impeded holding of large meetings. USAID RHITES EC has thus been able to continue providing technical support and capacity building to district and facility teams to ensure uninterrupted provision and improvement of quality health services to the population.

3.5 TRANSPARENCY AND ACCOUNTABILITY

RHITES-EC is implemented by URC, whose guidelines, rules, and regulations for managing financial and non-financial resources mirror those of USAID. URC is a corruption-free organization and ensures that project teams adhere to and practice transparency, accountability, and integrity, and that these values are transferred to the partners (including government of Uganda counterparts – districts and Ministry of Health). RHITES-EC shared and reinforced the rules and regulations, including USAID memos that govern management of resources with all project staff and government counterparts. Project staff were refreshed on compliance to these regulations by URC HQ-based ethics and finance specialists.

Guiding Principle 13: Incorporate anti-corruption mechanisms across the portfolio. All payments for goods and services, including for travels and per diem for project staff or district/ government staff supporting project activities are 100% cashless. All payments for approved activities go through a multi-layer verification and approval process before payment. Project staff will continue to be trained on a regular basis on discrimination and harassment; fraud prevention; waste and abuse; human trafficking; procedures and guidelines for procurement; financial management; fleet management and use of non-cash resources. Project local finance teams are trained in USAID financial reporting rules by HQ-based specialists. The project also developed an action plan and is implementing to address areas of weakness identified during the fraud risk assessment carried out during FY20.

Guiding Principle 14
Model strategic communication for transparency and accountability.

Anonymous whistleblower lines (telephone and e-mail – +1-503-748-0850, www.urc-chs.ethicspoint.com) are provided to project staff and other stakeholders to report any suspicious activity regarding potential corruption. These hotlines are displayed in public places in project office premises. Charts with hotline contacts of the chief of party and deputy chief of party are displayed in public areas in all supported facilities and were shared with district and facility staff.

4. ENVIRONMENTAL COMPLIANCE

The majority of activities under USAID's RHITES-EC fall under the categorical exclusion category of Uganda FY08 SO8 IIP IEE 092408 that was approved for USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity under Cooperative Agreement No. AID-617-A-16-0000I. However, the project commenced construction activities during FY20 which fall under the negative determination with conditions category.

The following mitigation measures were undertaken to mitigate impact on the environment:

- Site establishment (nuisance, noise, injuries, safety):The construction sites are clearly demarcated and hoarded, access to the sites is only for authorized persons. Safety gears like boots, googles, nose/facemasks, gloves, safety jackets, etc. are provided to all persons accessing the site. The sites are zoned and marked to separate the different sections of the site.
- Accommodation of construction crew: All site construction crew members are accommodated in a common controlled environment of up to 12 people per site, who can be easily identified and managed. Food is centrally prepared and served to the members.
- Use of construction equipment. Only light machines like concrete mixers and 3-ton trucks are used on the sites. The equipment is regularly maintained and serviced by competent personnel and routine service done away from the sites. Light tools are inspected before issuing to workers to ensure they are in sound condition.
- Hazardous materials: only approved materials are allowed on the site. Contractors are guided to ensure that at every stage, the consultant issues approval for every material required on the site. Lead based paint is not allowed on the site. Anti-termite solution is approved with input from USAID MEO.
- Waste disposal: Disposal of construction waste is controlled and managed through approval of the district environmental officers.
- HIV/TB awareness: Construction crew members are regularly sensitized with support of health facility staff, on TB, HIV and AIDS.
- COVID-19: Use of SOPS provided by MOH has been strictly been adhered to. Handwash facilities provided at the site entry points. all workers and site visitors are supposed to wear nose masks and maintain social distancing. Records of people accessing the site have been maintained and temperature recording all visitors have been saved.

RHITES-EC contracted a construction management firm that monitors adherent to the environmental mitigations plans at all construction sites daily and reports are presented to stakeholders during monthly site meetings.

Other activities that fall under the negative determination with conditions category are routinely monitored and reported in accordance with the approved EMM.

5. LEADERSHIP DEVELOPMENT

RHITES-EC conducted several activities during FY20 with the aim of developing transformative leaders. See Table 3.1: Leadership development in East Central Uganda

Table 3.1: Leadership development in East Central Uganda

Leadership development activity	Planned outcome in quarter	Indications/examples of outcomes
Activity 1: Quarterly district performance review meetings	This was aimed at strengthening the capacity of the district and health facility teams to increasingly own and take lead in planning and implementing the project supported activities for more effectiveness and sustainability. Reviewing performance would empower the team to take informed decisions and plan to bridge performance gaps	All districts conducted quarterly performance review meetings and they formulated FY21 priorities basing on performance across the technical areas supported by the project.
Activity 2: Quarterly Implementing Partners coordination meetings	These meetings, among other things, are aimed at enhancing the capacity of the district leaders to manage partners and guide them towards the same development goal and avoid duplication and wastage of resources.	Each of the 12 districts conducted at least two IP coordination meetings and the resolutions are being implemented by many of the stakeholders.

6. AWARD-SPECIFIC REPORTING REQUIREMENTS

RHITES EC continues to implement the Internship Program to build capacity and address the skills and experience gap among fresh graduates from the East Central region. RHITES EC maintained a robust internship program. The first cohort of interns which started in October 2018 completed and the second cohort will be recruited in October 2020.

7. ACTIVITY MEL PLAN UPDATE

Based on experiences and learning during FY20, the project revised the FY19 Activity Monitoring, Evaluation and Learning Plan (AMELP) with the overall objective off re-aligning it to the revised USAID AMELP template and adjust it to accommodate additional indicators. The theory of change was modified to include COVID 19 in the assumptions, a chart to describe the theory of change was included. The learning plan was also updated to include evaluation the influence of changes to key project assumptions as well as the impact of unexpected events such as COVID-19 on key project outcomes

The technical description of each result area was adjusted to include virtual communication platforms as a means on providing technical support and meetings. This is considering COVID 19 restrictions that necessitated revision of implementation modalities.

Performance indicators were updated based on revisions made by USAID on standard and custom indicators; the changes were mainly under the following technical areas: Nutrition, WASH, Maternal and New born Health, Child health, Family Planning, and community ; This was to mainly to account for USAID changing priorities and increase information needs in relation to the revision HMIS tools.

During the FY20 review, the following indicators were added:

1. Number of people reached through USAID-supported mass media with COVID-19-related risk communication messaging, including social media
2. Number of mechanisms to facilitate two-way communication about COVID-19 with affected communities, supported by USAID
3. Number of health care workers and non-health care workers trained on risk communication and community engagement (RCCE)
4. Percent of population reporting practice of COVID-19 related priority behaviors (country specific only)
5. Percent of population recalling key COVID-19-related messages (country specific only)
6. Number of health workers trained on surveillance and rapid response (case investigation, contact tracing, and case finding) for COVID-19
7. Number of surveillance and rapid response guidelines or protocols developed or adapted for COVID19 with support through USAID
8. Percent of required COVID-19 surveillance reports submitted to Ministry of Health on time by health facilities
9. Number of PoE posts supported with USAID assistance for COVID-19
10. Number of PoE workers trained on COVID-19 with USAID support
11. Number of COVID-19 alerts identified and referred from Ports of Entry
12. Number of COVID-19 specimen collection sites supported by USAID for specimen transport
13. Number of COVID-19 specimens transported in a timely manner, with support from USAID
14. Number of health workers trained in COVID-19 testing or transport with USAID support
15. Number of designated laboratories or facilities capable of testing for COVID-19 with USAID support
16. Number and percent of USAID-supported laboratories that sent COVID-19 specimens for quality assurance
17. Number of health workers trained in case management
18. Number of facilities receiving support for case management
19. Number of individuals treated for COVID-19 at USAID supported facilities
20. Number of health facilities where USAID provided support for IPC and/or WASH for COVID-19, by type of support
21. Number of workers who received COVID-19-related training in IPC and/or WASH
22. Number and percent of USAID-supported health facilities in compliance with IPC COVID-19 guidelines/SOPs
23. Number and percent of COVID-19 cases that are among health workers

We shall also aim to re-align the project intermediate result areas (IRs) to the CDCS IRs. We shall collaborate with USAID Uganda Learning Activity (ULA).

8. SUMMARY FINANCIAL MANAGEMENT REPORT

Table 8.1: Activity Financial Analysis

Activity Financial Analysis				
a. Total Estimated Cost (Life of Activity)	$75,372,562			
b. Start/End Date	Start: September 30, 2016		End: September 29, 2021	
c. Total Obligated Amount (to date)	**$72,756,287.42**			
d. Total estimated cost share expected over the life of the activity (if applicable)	$3,768,628			
e. Total actual cost share to date (if applicable)	$2,992,868.73			
f. Total estimated leverage expected over the life of the activity (if applicable)	N/A			
g. Total actual leverage to date (if applicable)	N/A			
h. Total Expenditure invoiced to USAID/ Uganda to date	$63,889,390.32			
i. Expenditure incurred but not yet invoiced	NIL			
j. Total Accrued Expenditure (both invoiced and not invoiced)	**$63,889,390.32**			
	Actual this Quarter	**Projections for the next three quarters**		
	Quarter 4, FY20	Quarter 1, FY21	Quarter 2, FY21	Quarter 3, FY21
Average Quarterly Expenditure Rate by funding source	**$5,972,014**	**$3,729,676**	**$3,859,245**	**$3,502,964**

The project has continued to manage its cost and put in place robust cost saving mechanisms, including:

1. Close monitoring of procurements, ensuring that all project procurements are competitively bid, and seeking discounts and price reductions from potential vendors. Majority of project procurements are conducted through framework agreements, which capitalize on quantity and bulk purchases to achieve price competitiveness;
2. Harmonization of activity implementation, and planning of events around duty stations of participants to minimize payment of per diems and allowances;

Rational use of transportation across the supported facilities. Trip consolidation has been firmly entrenched in the project operations, and all travel requirements are critically analyzed and harmonized to ensure optimum utilization of available project motor vehicles.

Table 8.2: Major procurements in FY20Q4 (July-September 2020)

USAID RHITES-EC MAJOR PROCUREMENT REPORT FOR FY20 Q3 (JUL - SEPT 2020)		
No.	**Item Description**	**Actual Expenditure USD**
RENOVATIONS WORKS		
1	Bemarks Uganda: 4th Installment (100% practical completion) for renovation works at Mbehenyi HC III Maternity Busia District	14,913
2	Freematex Ltd: 4th Installment (100% practical completion) for renovation works at Jinja Regional Referral Hospital Maternity Ward	22,716
3	Kojex Investments: 4th Installment (100% practical completion) for renovation works at Magada HCIII Maternity Ward in Namutumba	14,489
4	CMD Investments: 4th Installment (100% practical completion) for renovation works for Maternity Ward, Malongo HCIII	23,620
5	Technical Masters Ltd: 4th Installment (100% practical completion) for renovation works for Maternity Ward at Bulesa HCIII	17,152
6	Builcon Ltd: 4th Installment (100% practical completion) for renovation works for Maternity Ward at Butagaya HCIII	23,706
7	Arch Forum: Consultancy Services for Management & Supervision of Renovation Works at 6 Health Facilities Supported under RHITES-EC Project (Fourth interim payment for 100% completion of works)	24,645
8	ICM Consultants: Consultancy Services for Management & Supervision of Phase 3 Renovation Works at Health Facilities Supported under RHITES-EC Project (First interim payment for 20% Advance)	6,012
9	Freematex Ltd: 20% Advance payment for Phase 3 Renovation works at NAWANDALA HCIII & Construction of 5-Stance VIP Latrines	15,903
	Sub Total	**163,156**
LABORATORY SYSTEMS STRENGTHENING		
1	Supply and delivery of Laboratory specimen transportation cool boxes.	7,323
2	Supply and Delivery of motorcycle rear tyres (size 18")	6,510
	Sub Total	**13,833**
SUPPLY CHAIN MANAGEMENT		
1	Repair of Motorcycles	6,931
	Sub Total	**6,931**
MONITORING & EVALUATION		
1	Supply and Delivery of Spring & Suspension Files	27,665
2	Supply and delivery of 4 computers	7,045
	Sub Total	**34,711**

USAID RHITES-EC MAJOR PROCUREMENT REPORT FOR FY20 Q3 (JUL - SEPT 2020)		
No.	Item Description	Actual Expenditure USD
VIRTUAL COMMUNICATIONS		
1	Supply, installation, and commissioning of Local Area Network (LAN) to support virtual communications.	68,771
2	Provision of internet bandwidth services at facilities supported with virtual communications	29,368
3	Fabrication, supply, delivery, and installation of wall mounted cages for smart ultra HD 50" TV Screens.	11,149
4	Supply, delivery, installation & commissioning of Hybrid Solar System at supported health facilities (50% Payment)	78,999
5	Payment for supply & delivery of additional Ultra HD Smart TV screens for selected high volume Health Facilities to aid virtual communication platforms	14,007
	Sub Total	**202,293**
GENERAL PROGRAMME MANAGEMENT		
1	Supply and delivery of Kyocera Toners	13,848
	Sub Total	**13,848**
PANDEMIC INFLUENZA & OTHER EMERGING THREATS (PIOET)		
1	Supply and delivery of medical disposable masks.	12,040
2	Supply, delivery & installation of handwashing facilities (tanks, cages, etc.)	16,275
3	Supply and Delivery of PPE Materials	22,219
	Sub Total	**50,535**
	GRAND TOTAL	**485,307**

9. MANAGEMENT AND ADMINISTRATIVE ISSUES

9.1 KEY MANAGEMENT ISSUES

During FY20, RHITES-EC managed to maintain a robust implementation team to respond to programmatic and operational challenges to achieve project results despite following key personnel changes; Samuel Kiirya, the Director Clinical Services left and was replaced with Dr. Robert Iriso while Dr. Nathan Tumwesigye the Chief of Party also left and was replaced with Dr. Augustin Muhwezi. Other mid-level project staff left the project but all were replaced and implementation of planned project activities was not interrupted and the project continued to post impressive results despite COVID-19 challenges. The project recruited additional data clerks, clinicians, and counselors to support community ART delivery model and patients continued to receive essential HIV services during COVID-19 lockdown. This team was supported by several volunteer linkage facilitators. The project secured vehicle movement waivers from districts which enabled continued provision of essential services and deliver of key commodities.

During FY20, USAID conducted fraud risk assessment, Forensic Data review and Financial review for RHITES-EC. The project management team developed and implemented actions plans to respond to identified areas of improvement.

RHITES-EC received additional funds from USAID to respond to the COVID pandemic and this enabled implementation of lifesaving interventions including procurement of PPE, hand sanitizers, WASH facilities and training of project , district and facility teams in IPC which minimized the spread of COVID-19 with no project supported staff contracting Covid-19 in FY20.

RHITES-EC received timely approval from USAID for FY20 construction activities and sub granting CSOs and ART clinics.

9.2 RESOLVED MANAGEMENT ISSUES

During FY20Q1, USAID team visited 3 health facilities and 1 community in Jinja and Kaliro districts for WASH, Family Health and HIV program support. Issues arising from the visit included and were addressed as follows.

Family Health

- Malaria: tracking of nets along the distribution chain is now done on a monthly basis and the numbers of mothers who receive LLINs in the distribution log are compared with the numbers in the ANC register and any discrepancies are addressed.
- MNCH: RHITES EC continues to actively engage District leaders to functionalise CEmONC sites within the region. Mentorships have also been on going with special focus on the 4 busy hospitals (Jinja, Iganga, Bugiri and Kamuli) to improve surgical and emergency response skills. Under child health, Micro plans of health facilities within poorly performing sub counties in Bugweri, Iganga and Busia have since been reviewed for better implementation.
- Nutrition & WASH: Targeted mentorships have been conducted at 58 (8 hospitals, 7 HCIVS and 43 HCIIIs) health facilities to expedite NACS integration, these mentorships were also leveraged to integrate WASH in into the Family health Program. Internal harmonization meetings were also conducted with family health (MNH, Child health, Nutrition, WASH, family planning, SBCC, Linkages) and malaria teams

HIV/PMTCT-EID

- Viral suppression: In addition to deploying 80 counsellors and 22 clinicians to provide Intensive Adherence counselling, we have also supported 90 clinics to establish non-suppressors clinics.
- TX-CURR: In a bid to curb client losses; the project has put in place a weekly monitoring system to quickly identify and follow up clients that miss refills. QI initiatives to improve return for 2nd visit for newly initiated clients and follow up of clients that miss appointment continue under the MoH QI priorities platform.

10. PLANNED ACTIVITIES FOR NEXT YEAR INCLUDING UPCOMING EVENTS

MALARIA

The following are proposed malaria activities for FY 2021

- Targeted Clinical Audits, CMEs, guided by program data to address performance gaps along the malaria case management cascade using QI approaches.
- Working with already trained Resident District mentors to strengthen oversight and technical support for malaria interventions at health facility level.
- To continue engaging biostatistician and medical records assistants on the weekly and monthly reporting requirements and provision of up-to date reporting tools (HMIS 033b. Weekly reminders for sites to submit the weekly malaria surveillance reports.
- Project staff will support sites to monitor malaria commodities' status on a weekly basis to inform redistribution and supporting sites to quantify and to order malaria commodities during the bi-monthly cycles.
- Conducting targeted community awareness and demand creation activities including radio talk shows and community dialogue meetings.

MNCH

- Onsite facility capacity building sessions/mentorships on quality of care along the maternal newborn health care continuum for improved performance on poorly performing key indicators especially PNC at 6 weeks, Perinatal Death surveillance and response (PDSR).
- Conduct Skills building sessions of key cadres on obstetric operations
- Equipping of the 6 newly renovate maternity/ labour wards including Nawandala HC III and 2 theatres at Jinja RRH and Mayuge HC IV.
- Scale-up community demand creation and advocacy skills for respectful, quality MNCH services, linkages to other services, and referral for care and treatment.
- Participate in National-level engagement/meetings e.g. Technical Working Group (TWG) meetings at the National level for example: Safe motherhood Working Group, MCH Technical Working Groups meetings, MPDSR TWG and National newborn Steering committee meetings.
- Above-site support for RMNCH through performance review sessions for MNCH, joint mentorships with the District health teams to facilities implementing the RBF approach to ensure compliance to the quality standards of care.
- Functionalize or strengthen activities of the District maternal perinatal death surveillance and response (MPDSR) committees.
- Joint work planning and benchmarking with other USAID Implementing Agencies for MNH support.
- Support integrated MNCH/FP/HIV outreaches to underserved communities.

CHILD HEALTH

- Data driven mapping of poorly performing districts and sub counties and developing micro action plans to strengthen coverage and quality of the Essential Child Health Package (ECHP) at facility and community level.
- Promotion of child survival through general and targeted mobilization of families and communities to adopt positive child health practices and utilize child health services.
- Strengthening capacity of health care facilities and communities to provide quality child health services through QI based mentorship, training on IMCI/ETAT and support supervision.
- Strengthen integration of child health activities within the program, collaborations, and partnerships with other MNCH stakeholders.
- Strengthen data quality for child health at facility and community level through onsite mentorship on documentation, data cleaning, basic analysis, reporting and data use.
- Conduct periodic performance review meetings, developing and implementing action plans.

FAMILY PLANNING

- Increase demand and uptake of family planning by increasing knowledge and addressing myths and misconceptions among adolescents, young women, and their male partners.
- Strengthen capacity of health workers at facilities through use of data to identify gaps and conduct targeted mentorships and coaching to provide quality FP services.
- Increase access to family planning services at community level through active and participative VHT involvement.
- Increase access to FP services through integration of FP with other routine facility and community-based services.
- Collaborate with other implementing partners in EC region to increase access to FP services.
- Strengthen management of FP supplies and commodities at health facilities.
- Improve data and reporting for FP services.
- Strengthen the FP quality improvement and learning agenda.

NUTRITION

- Conduct data driven targeted quarterly onsite nutrition mentorship and coaching to underperforming sites.
- Conduct cluster level bi-annual nutrition collaborative and learning sessions for high-volume facilities.
- Facilitate monthly nutrition data aggregation and harmonization in selected high-volume facilities (HC III - hospitals).
- Support quarterly nutrition dialogue meetings with key community resource persons and gatekeepers in the highest malnutrition burden districts (Iganga, Jinja, Luuka, Mayuge, Namayingo).
- Support community structures to mobilize caregivers of children 0 -23months and support maternal, infant, and young child feeding practices as community level.
- Conduct refresher training of DNCCs on revised governance SOPs and drafting of DNAPs in Jinja, Luuka, Namayingo and Kaliro districts.
- Facilitate quarterly field support supervision and subsequent multisectoral nutrition performance review meetings.
- Continue partnering with other nutrition partners within the region for improved and sustained quality service delivery at facility and community level.
- Together with nutritionists within the region, participate in regional and national nutrition technical, thematic working group meetings and commemorations (such as World Breastfeeding Week, August).

WASH

- Spearhead annual district-based WASH stakeholders' meetings to improve WASH stakeholder coordination.
- Bi-annual facility clean clinic audits and action planning in 64 high-volume facilities based on the conventional IPC assessment tool.
- Bi-annual onsite IPC performance review in high-volume facilities guided by IPC assessment data in all high-volume facilities.
- Orient key community resource persons and facilitate integrated home-to-home improvement campaigns guided by quarterly data.
- Support Health Educators and Health Assistants to conduct targeted community dialogues on WASH in high-burden communities guided by quarterly community data; targeting 27 sub counties with the sugarcane growing districts.
- Quarterly sub county level VHT performance review meetings.
- Participate in commemorations, learning and experience sharing events at regional, national, and international level.

HIV TESTING SERVICES

During FY21, the project will provide targeted HIV testing services focusing on facility testing at high yielding entry points and index testing for community testing approaches to test 135,637 individuals and identify 1,326 newly tested HIV positive individuals and link 95% to HIV treatment. A total of 10,069 HIVST kits will be distributed through health facilities by pregnant women and lactating mothers, index testing at health facility and community, KP/PP outreaches and through DICS by trained KP peer leaders. Index testing will be used to reach 4,147 individuals comprising of partners, exposed children, siblings of exposed children and social networks and identify 871 HIV positive individuals with a 21% yield and 66% contribution to overall HIV positive individuals identified. Newly identified HIV positive individuals ≥15 years served at facilities

will be introduced to Recency HIV testing to reach 400 clients. Provider competencies will be improved through mentorship and orientation on revised HTS tools especially the adult and children and adolescents screening tools to enhance targeted testing. QI approaches will be used to improve poor performing indicators. A service provider will be assigned at OPD to screen all attendees for HTS eligibility. Certified health facilities for index testing will continue to be supported to adhere to WHO minimum standards for index clients and re-assess the 5 sites that were not certified in FYQ4 and put on remedial actions.

HIV PREVENTION

- Optimize HIV case finding through scale up of EPOA social network testing, index client testing/ APN and HIV self-testing and link HIV positive clients to ART and negative clients to PrEP services.
- Improve ART initiation, retention in care, viral load coverage and suppression through community ART initiation, flexible refills at DICs, formation of KP-led community client-led ART delivery (CCLAD) models involving groups of 5 – 10 FSW with the leader responsible for collecting 3-6 monthly ART refills, CDDPs, provision of intensive adherence counseling (IAC) to the virally non suppressed KP/PP and weekly data reviews to identify missed appointments.
- Train and mentor health workers including MCH health workers and peer educators at target sites in revised guidelines for PrEP.
- Strengthen collaboration with KP-led CSOs/ KP networks and peer educators.
- Strengthen HIV prevention M&E systems to ensure real time program monitoring and data utilization through quarterly onsite mentorship and site support for health facilities and drop-in centers (DICs) for effective implementation of HIV prevention package and documentation focusing on addressing gaps identified during performance reviews, daily update of the tracker to promote real-time data reporting and usage.
- Conduct KP/PP outreaches (apart from EPOA).
- Conduct targeted small group (3-6 people) peer outreaches while observing COVID19 infection prevention and control measures.
- Support community dialogue sessions and materials dissemination to address gaps in knowledge, attitude, efficacy, and skills necessary for adoption of the promoted services and behaviors among KPs and create awareness, especially on the benefits of timely HIV testing, early initiation of treatment, treatment adherence, understanding of the U=U messaging through testimonies and other targeted mobilization interventions for KPs.

VOLUNTARY MEDICAL MALE CIRCUMCISION

- Support health facilities (HF) to conduct VMMC camps (circumcise 15,000 clients).
- Support 23 HF to provide routine static site VMMC services (circumcise 5,943 clients).
- Conduct integrated VMMC CQI assessments and onsite refresher in emergency management of AEs.
- Conduct VMMC data quality assessment, intensify spot checks and support supervision.
- Working with the SBCC team, targeted mobilization of men aged 15+years will be conducted:
  - Prioritizing VMMC camps in areas with relatively higher demand
  - Peer to peer mobilization e.g. for boda-boda riders
  - Mobilization targeting communities where older men are likely to be (e.g. Institutions of higher learning and sugar cane plantations)
  - Offer clients flexible services including choice of circumcision center, time, and service provider

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

- RHITES-EC will use data to identify poorly performing sites and provide targeted PMTCT/MNCH integrated mentorships including mentorship on the new tools such as the last mile option B plus reporting and utilization of the HEI tracking tool.
- We shall scale up EID/EPI integration in all health facilities. The lay immunizers will be oriented on screening mothers for HTS, identifying HEI and linking them to EID services.
- RHITES-EC will continue to support improvement in the quality of PMTCT data through targeted data triangulation meetings held at the respective districts and onsite technical support.
- Scale up activities for the Bring Back Mother Baby campaign in health facilities with poor retention and attach linkage

facilitators/mentor mothers to mother-baby pair clinics.

- Conduct a regional stakeholders' meeting that will review PMTCT performance and key issues affecting the PMTCT services in the region.
- RHITES-EC will support ART community drop offs and VL/EID bleeding for mothers that have disclosed to their partners to improve mother-pair attendance which was affected by the COVID-19 Pandemic.
- RHITES-EC will provide support to HCIIs through extending PMTCT services for mother baby pairs that access them for MNCH services. Focus will involve screening, identifying, and bleeding HEI for EID testing with referrals of samples using the hub system.
- Formation of G-ANC/PNC groups for the 36 facilities trained to provide psychosocial and prevention services to the adolescent girls and young women.

HIV CARE AND TREATMENT

- Support and facilitate completion of the rollout, uptake, and implementation of the 2020 revised consolidated guidelines for prevention, care, and treatment of HIV at supported health facilities.
- Continue to facilitate mentorship of health facility teams to consolidate gains in program implementation including post-training mentorships for uptake of 2020 revised HIV guidelines.
- Support rollout and implementation of cervical cancer screening and management of pre-cancerous lesions amongst women 25-49 years living with HIV at priority sites and the region.
- Scale up and deepen implementation of DSDM to optimize and improve treatment outcomes including retention in care and viral suppression.
- Continue to support monthly data collection and data driven targeted mentorship and coaching of health facility teams.
- Scale up and support the national rollout of the collaborative on pediatric and adolescent HIV care quality improvement initiative aimed at improving performance along the HIV care cascade.
- Support district and facility teams to continue implementing with fidelity strategies to improve client retention in care to achieve TX_Curr targets through weekly and monthly site support and reporting.
- Support district teams to conduct monthly ART outreaches to high volume HC IIs /satellite clinics and underserved landing site and island communities.
- Support provision of third line ART services in the region including spearheading formation of the regional third line ART committee to quicken the process of reviewing and interpreting HIV DR testing results, recommending, and switching eligible clients to appropriate third line ART regimens, and capacity building through mentorship of district and facility teams.
- Continue to support identification, assessment for, diagnosis and management of Advanced HIV disease to improve patient treatment outcomes and retention in care.
- Continue to monitor and support districts and health facilities in the response to COVID-19 pandemic while facilitating continuity of HIV care and treatment services through observing infection prevention and control measures as per the Ministry of Health guidance and SOPs.
- Conduct quarterly care givers meetings to address adherence challenges among children and adolescents <19 years.
- Conduct performance review meetings for clinicians, counselors, and data clerks to address performance related gaps across all HIV indicators for continuous improvement of the quality of services provided.
- Conduct "Warriors" Camp for adolescents with non-suppressed Viral load to support them address adherence and retention in care challenges for improved treatment outcomes.
- Scale up peer counseling and empower clients with self-Management skills to overcome related stigma and adherence challenges.
- Procurement of YAPS data collection tools.
- Orient 76 YAPS, 8 mentors and 42 supervisors on the YAPSMIS, data collection and reporting tools.
- Technical support supervision to the YAPS program by the MoH, District health, education and community-based services departments, district mentors and facility supervisors.
- Facilitation of the 76 YAPS transport and lunch to conduct their mandated activities.

TB

- Targeted on-site mentorship prioritizing health facilities with poor performance on the indicators.
- Facilitation of Support supervision by the regional and district TB focal persons.
- Facilitate health facility based lay volunteers (cough monitors) to provide active TB case finding services.
- Facilitate subcounty health workers and community volunteers to conduct community TB case finding activities like contact tracing and TB screening in congregate settings and community hotspots.
- Support provision of TPT to eligible clients.
- Continue and scale-up CQI support for the national TSR collaborative.

QUALITY IMPROVEMENT

During FY21, intensive support will be channeled toward the PMTCT/Pediatric and adolescent collaborative. About 65 health facilities with 80% of the children and adolescents are prioritized. The regional and district QI committees will continue receiving support to play their supervisory roles with extra attention toward Infection prevention and control (IPC) support.

SUPPLY CHAIN MANAGEMENT

The project will focus on the establishment of the Medicines and Therapeutics Committees at the 12 district referral centres; orient high volume sites on DHIS2 Use and work with the district health teams to obtain facility specific DHIS2 user rights; continue to support the implementation of the various Medicines management interventions SPARS, RxSolution; leverage on the collaborations with the central level warehouses (MAUL, NMS, JMS) to ensure the availability of key commodities not availed through the normal supply chain but, to also support the gap fill through donations, emergency orders; continue providing support to health workers to ensure proper quantification and ordering through the on-site mentorships; support the submission of weekly stock status reports and bimonthly orders/reports through routine SMS reminders, and conduct analysis of Supply chain performance indicators for dissemination to the DHTs to guide decision making.

LABORATORY SYSTEM STRENGTHENING

- RHITES-EC will continue providing operational support to the 9 Laboratory sample/test results transmission hubs in the region (Jinja RRH, Iganga GH, Bugiri GH, Masafu GH, Kamuli GH, Kigandalo HCIV, Kidera HCIV, Bumanya HCIV and Buyinja HCIV), including weekly sample and test results transportation for health facilities on the Islands.
- Support electronic tracking of Laboratory samples and test results through the 9 hubs, through IT and Technical support.
- Support implementation of the National Advanced HIV Disease (AHD) management tool kit at priority health facilities, through on-site technical support.
- Provide technical support for EID point-of care testing at Jinja RRH, and coordination support for scaling up EID Point of Care testing to selected sites in accordance with the MoH EID Point of Care testing scale up plan.
- Support implementation of the South African National Accreditation System (SANAS) process at Iganga GH Laboratory, through QMS trainings, on-site mentorships, and assessments, in collaboration with MoH/NHLS and AGHPF.
- Support implementation of the SLMTA supplemental program for Cohort 3 Laboratories (Bugiri GH, Bumanya HCIV, and Kigandalo HCIV), through training workshops, on-site mentorships, and audits, in collaboration with MoH/NHLS and AGHPF.
- Renew annual service contracts for Laboratory automated equipment.
- Provide coordination support for maintenance of GeneXpert machines, in liaison with CAROGA Microhaem and NTRL.
- Support maintenance and calibration of Laboratory ancillary equipment at hubs and lower health facilities, in collaboration with MoH central equipment calibration centre.
- The project will roll out the National HIV rapid testing certification framework during FY21, through a Regional stakeholders' meeting, district- based training of HIV testers, site audits and tester evaluation.

HUMAN RESOURCES FOR HEALTH

During FY21, RHITES EC will continue to support the districts in equitable HRH planning and recruitment, performance management for health workers, innovations aimed at reducing absenteeism, and maintenance of a functional HRIS. The project will continue to support the key missing cadres at health facility and community to offer services and achieve the project PEPFAR targets. Advocacy efforts towards reviewing the public facilities staffing norms will continue and will be intensified.

DISTRICT STEWARDSHIP

Over the next year, the following strategies will be implemented under district stewardship and coordination in a bid to improve on the poor performing indicators and sustain the good performance across the different technical areas.

- Each of the 12 districts will be supported to hold a quarterly IP coordination meeting in accordance with the MoH COVID-19 guidelines of social distancing.
- We shall support inter-district learning visits by selected members of DHOs' forum and regional DHOs' forum learning meetings.
- We will be targeting 48 performance review meetings
- 4 regional DHOs' forum learning sessions in the year.
- Joint monitoring and supervision of supported programs.
- Providing wrap around support for JRRH G2G project-Wrap around support is additional Technical Assistance that will be provided to the RRH from USAID Implementing Partners (IPs). The implementing partners include; RHITES-EC, UHSS, SITES, and ULA. The wrap around support is designed to:
  - Reinforce the RRH in meeting its programmatic and accountability commitments under the G2G Project.
  - Position the RRH to, over time, responsibly manage increasing levels of assistance directly from USAID, and eventually assume a greater role in Uganda's health system, independent from donor assistance
  - Strengthen linkages with the community, including assisted partner notification.
  - Support laboratory quality assurance, equipment maintenance and transport of samples.
  - Implement HIV prevention activities including VMMC.
  - Building the capacity of RRH to use data for quality improvement and report on PEPFAR indicators.

MONITORING AND EVALUATION

- Conduct Data quality assessments for Family Health, HIV and VMMC data.
- Support HMIS rolls through facility-based mentorships.
- Implement Point of Care Uganda EMR in selected high-volume facilities.
- Conduct monthly data cleaning in 12 Districts.
- Distribute HMIS tools across 12 Districts of EC region.
- Hold a quarterly Biostatisticians forum.
- Support monthly HMIS reporting for the 12 districts.
- Facilitate data clerks to support surge facilities to compile weekly report.
- Support key resource persons to ensure timely and quality VHT reporting
- Strengthen efforts to clear Uganda EMR backlog.
- Ensure PEPFAR finer disaggregated data is timely captured in HIBRID.
- Continue to collaborate with SITES and METS to ensure adequate supply of HMIS tools.

SOCIAL BEHAVIORAL CHANGE COMMUNICATION

- Continue implementing the MOH COVID-19 campaign.
- Equip and deploy audience appropriate mobilisers including; health workers, VHTs, peers and KP/PP networks to mobilize and refer audiences for critical health services.
- Targeted mobilization of pivot age group males for VMMC.
- Continue working with the KP peer structures to mobilize KP/PPs for HIV services.
- Continue implementing the teenage pregnancy prevention communication plan.
- Targeted mobilization for family health services through CSOs, the wheel and family life schools.
- Targeted placement of exposures on 5 local radio stations and 1 TV station.

COMMUNITY SYSTEMS STRENGTHENING

- Scale up enrollment of stable clients into community DSDM.
- Continue use of the Bring back to care approach for through accountability of lost clients.
- Conduct weekly clinic attendance monitoring for one-time identification of missed appointments and follow up.
- Conduct Prior appointment reminders calls and home visits through Parish based volunteers and VHTs to prevent missed appointments.
- Link clients to peer support groups for psychosocial and adherence support, such groups include CCLAD/CDDPs at community level, Adolescent clinics, YAPs, KP peers etc.
- Employ ODK to truck clients who receive refills from other facilities (visiting clients).
- Conduct quarterly Retention RCA to identify and address barriers to retention.

YOUTH

- Conduct monthly and quarterly family planning dialogue meetings with AGYW stakeholders, peer leaders and caregivers at 46 health care facilities and surrounding communities in the 8 districts of Bugweri, Bugiri, Busia, Kaliro, Kamuli, Luuka, Mayuge and Namayingo.
- Conduct mentorship sessions for health service providers on needs of children adolescents and young people at 58 high volume health care facilities and surrounding communities.
- Conduct quarterly coordination meetings with AGYW key stake holders and OVC partners to review data on key AGYW indicators and strengthen referrals/linkages in 7 high HIV, adolescent pregnancy and GBV burdened districts.
- Conduct monthly AYPLHIV Peer support groups and AYPLHIV peer leader follow up meetings on ART adherence, retention and VL suppression at 40 high volume facilities in 8 non-YAPS districts of Buyende, Kaliro, Kamuli, Mayuge, Namayingo, Namutumba, Bugweri and Luuka.
- Conduct monthly performance review meetings with youth officers, DBTs, AYG Volunteers and AYPLHIV peer leaders.
- conduct district quarterly YAPS coordination and feedback meetings in Busia, Bugiri, Iganga and Jinja.
- Conduct YAPS mentorship and support supervision (50 people, 5 days a month for 9 months) in in Busia, Bugiri, Iganga and Jinja districts.
- Form GANC groups and conduct monthly peer group meetings at 36 GANC facilities in 12 East Central Uganda districts
- Conduct three 3-day quarterly review meetings to assess progress of GANC activities.
- Identify, organize and link 32 AGYW groups in the 34 sub counties in 10 Jinja, Mayuge, Bugweri, Kamuli, Namayingo, districts to economic empowerment initiatives.

GENDER

- RHITES-EC will implement GBV prevention and post violence care activities for 10,100 clients (females, males, community members, etc.) in 4 sites located in 10 districts. We will address specific plans for the following GBV prevention operational priorities.
- Conduct quarterly coordination meetings with GBV stakeholders.
- Orient service providers on knowledge and skills to conduct routine enquiry/GBV screening for intimate partner violence.
- Conduct facility performance review meetings, coaching and mentorships to improve case management, documentation of GBV data in the implementing facilities.
- Orient health workers and lay providers (Volunteers) to conduct active GBV screening and clinical enquiry among the teenage mothers, unsuppressed clients, and provision of essential medical care for survivors.
- Facilitate inter and intra linkages/referrals for psychosocial support and other services
- Conduct routine enquiry/GBV screening for intimate partner violence at all HIV testing sites to clients who are offered partner notification services.
- Use Quality Improvement approaches to conduct phased scale up of tested changes in Jinja and Iganga districts on screening for case identification and management of GBV survivors among Key and priority population group.
- Conduct quarterly review meetings with key implementers to review SGBV indicators and share learnings.
- Refresh capacity of GBV Focal persons and service providers on monitoring, documentation and reporting on GBV indicators through coaching and mentorships.

ANNEXES

ANNEX A
SUCCESS STORIES

SUCCESS STORIES ARE DISPLAYED HERE AND HAVE ALSO BEEN SUBMITTED AS SEPARATE ATTACHMENTS

ANNEX B
SF 425

ATTACHED

ANNEX C
FINANCIAL EXPENDITURE REPORT BY FUNDING STREAMS

ATTACHED

ANNEX D
PIPELINE ANALYSIS

ATTACHED

ANNEX E
MAJOR PROCUREMENTS

ATTACHED

ANNEX F
SPECIAL REPORTING REQUIREMENTS — CONSTRUCTION

ATTACHED

SUCCESS STORY

Restoring Hope Through Prevention of Mother to Child Transmission of HIV (PMTCT): A TASO Jinja Community Drug Distribution Point Care Group Supports Vulnerable Triplets Remain HIV Negative

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

Nathan, Hudson, and Christopher are triplets born to Christine (39 years), a subsistence farmer living in Nkombe Village, Mawoota Parish, Mayuge District in East Central Uganda. Christine is one of 7,343 clients that receive care and treatment at The AIDS Support Organization (TASO)—Jinja, a non-governmental organization supported by USAID's Regional Health Integration for Enhanced Services in East Central Uganda (USAID RHITES-EC). Christine also belongs to Bukatube Community Drug Distribution Point (CDDP), a community HIV care group that provides HIV drug refills and care, including six-monthly clinical reviews to clients at a designated point in her home parish. It is this same support group that saved the lives of Christine's unborn triplets.

During a routine clinical review in the community, Christine's blood sample was obtained for a viral load test. When the test results were obtained, Christine's had a high viral load of 90,121 copies/ml. Christine's pregnancy test also revealed that she was three months pregnant. As part of routine care, six monthly reviews are conducted for patients in CDDPs'. During these reviews, a team comprising a counselor, expert client, laboratory personnel and clinician monitor treatment adherence and viral load suppression. The team also conducts pregnancy tests for all sexually active women to confirm pregnancy in a timely manner and support pregnant women to prevent HIV transmission to their unborn babies.

The TASO team (data officer and counsellor) visiting the triplets at Amani Children's Home. *Photo: USAID RHITES-EC*

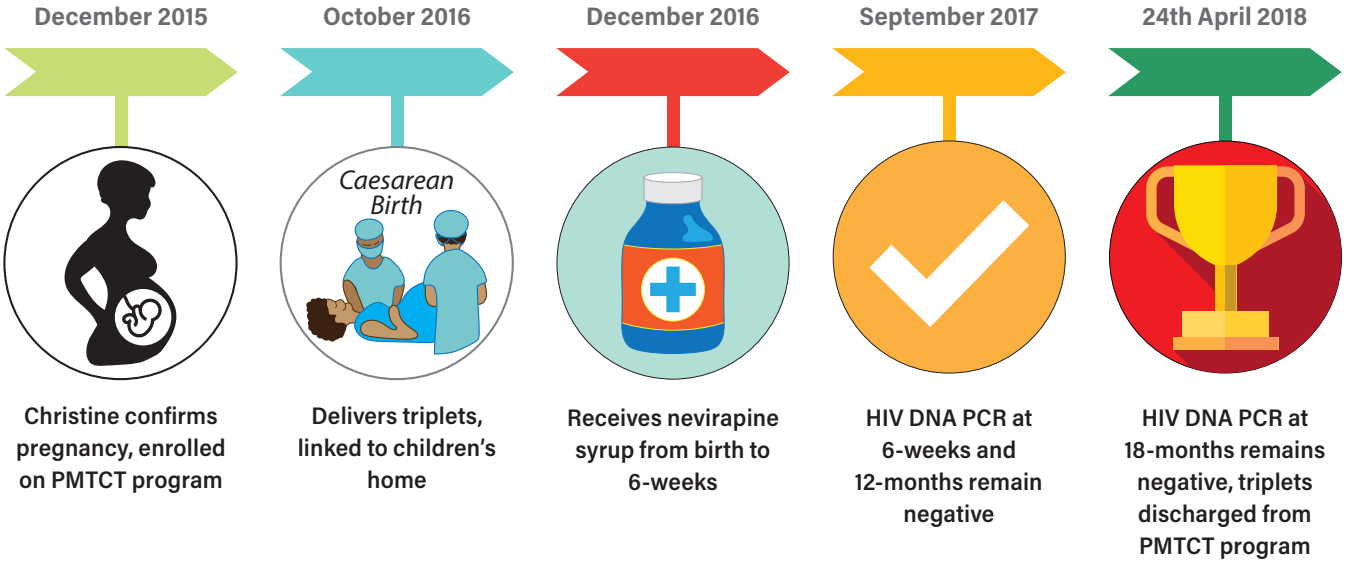
> *"I was picking up my medicines but was afraid to take them because my partner did not know that I was HIV-positive. In addition, my partner was not prepared for the pregnancy," Christine said.*

With support from a counselor and an expert client, Christine was transferred back to TASO–Jinja for antenatal care (ANC) where she was enrolled in the prevention of mother-to-child transmission (PMTCT) and intensive adherence counselling

December 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

Figure 1: The PMTCT Journey of the triplets from pregnancy to successful discharge as healthy HIV negative infants at 18-months of age



(IAC) programs. Throughout the pregnancy, members of the CDDP support team scheduled special visits at her home and offered her psychosocial support.

Christine was asked to bring Peter (her partner) to the prevention of mother-to-child transmission of HIV (PMTCT) clinic, where the TASO team encouraged him to test for HIV. Peter tested HIV-negative. Through discordant couple counselling sessions, the couple stayed together. Peter supported Christine to continue attending ANC, eMTCT clinics and IAC sessions. After three consecutive monthly IAC sessions, Christine's viral load was undetectable.

On 12th October 2016, Christine gave birth to triplets at Jinja Regional Referral Hospital. Unfortunately, Peter, a subsistence farmer earning less than $30 USD monthly, was unable to take care of Christine and the triplets. With Support from the TASO Jinja Team, volunteers and Jinja District Probation Officer, the triplets who were 21 days old, were referred and linked to Amani Children's Home. The parents continued to visit them once a month. The TASO Jinja team also provided a drug (Nevirapine syrup) to the triplets daily for a total of six weeks to prevent HIV transmission. TASO conducted follow-ups for polymerase chain reaction (PCR) and anti-body tests at six weeks, 12 months, and 18-months. On 24th April 2018, the triplets were discharged from the PMTCT-EID (Early Infant Diagnosis) program with HIV negative results!

At three years old, the triplets were reunited with Peter and Christine in the presence of district, village, and culture leaders, as well as relatives to ensure that there is a full-time support system for them.

> *"We would like to thank TASO, Amani Children's Home, USAID RHITES-EC, family members, local leaders, the District Probation Officer and Community Development Officer for supporting our children during the first years of their lives. If it were not for them, the children would not be as healthy as they look today," said a grateful Peter and Christine.*

With support from USAID RHITES-EC, TASO provides care and treatment to 7,343 clients, 96% of whom have achieved viral load suppression. In addition, 90% of pregnant women who have gone through the PMTCT program from 2016 to 2019 have delivered HIV-negative babies.

SUCCESS STORY

Closing the HIV Viral Load Gap Along the HIV Care Continuum: The Buyinja HCIV Experience

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

Wilbur, is a 38 year old man living with HIV. He lives in Makada Village, Bugemba Subcounty in Namayingo district with his wife and six children. On 10th October 2019, Wilbur received test results from Buyinja Health Center (HC) IV showing that he had a high viral load (VL) of 1, 319 copies/ milliliter of blood, putting him at risk of opportunistic infection and HIV transmission.

Wilbur was supported by trained health workers to disclose his status to his wife. His wife and children were tested and found HIV negative. Wilbur soon started attending monthly intensive adherence counseling (IAC) sessions with a psychosocial counselor to identify barriers to treatment failure and ensure that he receives relevant support to achieve viral load suppression.

> *"My wife was very supportive during this period and I completed the sessions successfully, by following every medical instruction. She reminded me to take my medication timely and to attend my clinic appointments," Wilbur reveals.*

Following the Uganda Ministry of Health Guidelines for management of non-suppressed persons living with HIV (PLHIV), Wilbur received another viral load test after completing his three consecutive monthly IAC sessions.

A viral load sample being taken from a patient at Kamuli General Hospital ART Clinic.

On 13th March 2020, Wilbur received good news. He had a suppressed viral load!

This could not have been possible without support from USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) project that supported 134 sites, including Buyinja HC IV intensify activities to improve viral load coverage for all PLHIVs in care. The health facilities line-listed all patients due for viral load bleeding and those with missing viral load tests and placed yellow stickers on their files, to show that they are due for VL testing. These clients were contacted by phone to remind them to come for viral load tests. Those who were unable to come due to transport costs were reached in their

December 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

Blood samples for HIV viral load testing being taken off from patients at Kamuli General Hospital.

communities and homes and samples were obtained by qualified laboratory personnel.

Thanks to the phone calls, Wilbur was among patients due for viral load testing that were contacted. Wilbur had just returned from Hoima (located 328 km from his home) because he was not feeling well.

> *"I was surprised to receive a call reminding me to report to the healthcare facility the following day for a viral load test. I am very happy that I came because I have reduced my wife's risk of getting HIV," intimated Wilbur.*

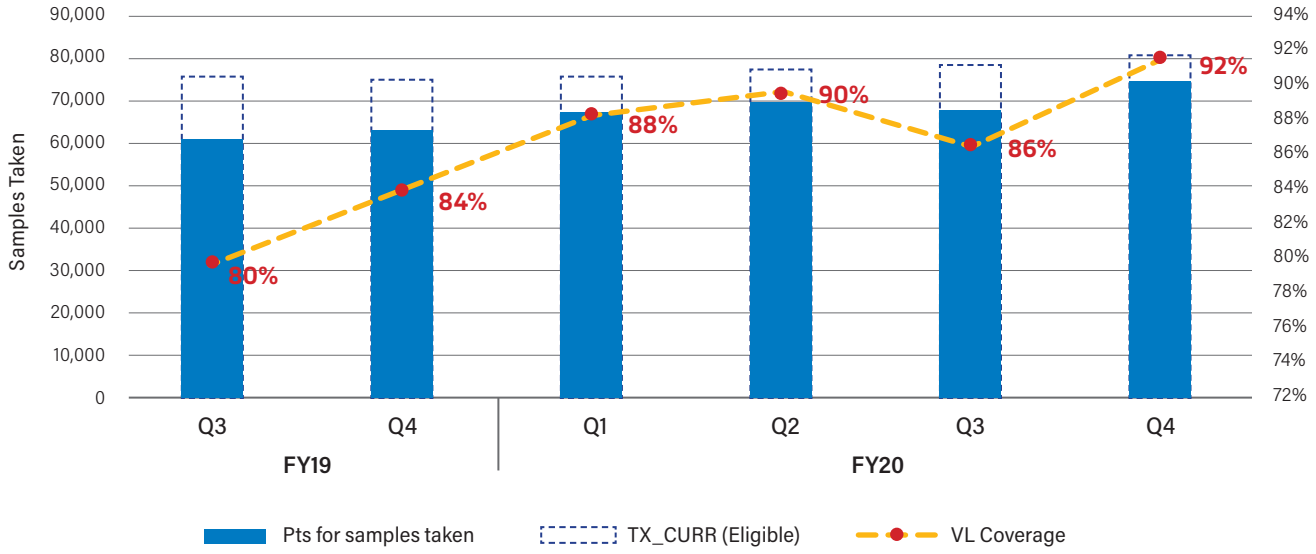
Wilbur's blood sample was taken off at the ART clinic instead of at the laboratory, an intervention that has enabled the healthcare facility to closely monitor viral load testing to avoid losing patients' along the viral load testing cascade and reduce lab waiting times.

To identify all patients due for the viral load test, the healthcare workers at the HIV treatment clinics carryout file audits to identify the due patients and appropriately label each file. These files have appropriate stickers to show

Key Interventions to Improve VL Coverage at Healthcare Facilities

- Conducted file audits to identify patients due for HIV Viral Load (VL) testing;
- Pre-visit phone calls to patients who are due to remind them about their, VL appointment
- Streamlined VL clinic processes at ART points of care, including adult, adolescent, pediatric and mother-baby care points to ease identification, following up, onsite testing and awareness of new VL testing dates.
- Integration of VL sample removal into community follow-ups of patients who missed their clinic appointments & home delivery of ART for due clients.
- Conducted viral load mop up campaigns called weekly VL camps at facility and at household levels for patients due for VL test are mobilized for sample removal at facility or in the community.
- VL camps for children & Adolescents integrated in care givers' meetings

Figure 1: The HIV Viral Load Coverage Trends for the 12 districts of East Central Uganda improved from 80% in April–June 2019 (FY19 Q3) to 92% in the performance period July–September 2020 (FY20 Q4)



clients' viral load test status. Red indicates non-suppressed; green represents suppressed; and yellow shows that a client is due for a viral load test. To further support viral load coverage, health education and counseling about viral load testing and suppression is given clients so that they participate in their care and obtain appropriate care even if they are far away from their parent healthcare facility. Wilbur also received this health education and is now aware of his next VL test.

"My next viral load is due in February 2021, and I plan to have it done on that day. In addition, I now take my medication every day and on time," says a confident Wilbur.

By ensuring that HIV clients receive viral load tests by conducting onsite mentorships of health workers and viral load camps at healthcare facilities and communities, viral load coverage at Buyinja HC IV improved from 77% in April 2019 to 95% to September 2020. The same interventions were implemented at 134 healthcare facilities in East Central Uganda leading to an improvement in VL coverage from 80% in April–June 2019 (FY19 Q3) to 92% in the performance period July–September 2020 (FY20 Q4).

SUCCESS STORY

Implementing Strategic Interventions to Improve 3-Dose Uptake of Intermittent Preventive Treatment (IPTp3) by Pregnant Women Receiving Antenatal Care

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

Barbara (26 years) was seven months pregnant and had developed a high temperature, lower abdominal pain, general body weakness, headache and was vomiting. Barbara was also bleeding. These symptoms had persisted for a week and Barbara had tried to treat them by taking some herbs. When she did not recover, she presented with these symptoms at Lubira Health Center (HC) II in Bugweri District. Barbara was immediately referred to Busesa HC IV where a rapid diagnostic test revealed that she had malaria. A laboratory test also confirmed that she had a high number of malaria parasites.

Barbara lost her baby and was at the verge of losing her life because she had not taken the recommended medication for the prevention of malaria in pregnancy. Barbara was lucky to survive this ordeal.

To avoid instances like this from occurring, in 2016 Uganda adopted a policy of providing 3 or more doses of intermittent preventive treatment (IPTp) with sulphadoxine-pyrimethamine (SP) (commonly known as Fansidar) for malaria prevention during pregnancy. Through IPTp, pregnant women are given a dose to reduce maternal malaria episodes. Malaria in pregnancy is associated with several complications, including maternal and fetal anemia, placental malaria parasitemia, neonatal low-birth weight and neonatal mortality.

A pregnant woman receives Fansidar for malaria prevention from a health worker during her routine ANC visit at Bugembe Health Centre IV. *Photo: USAID RHITES-EC*

In October 2019, in East Central Uganda only 36% of pregnant women attending antenatal care (ANC) had received three or more doses of Fansidar (IPTp3) for prevention of malaria. This was a suboptimal performance.

To address this performance gap, the USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) project supported over 250 healthcare facilities in the 12 East Central Uganda districts to implement a bundle of tested and proven quality improvement

December 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

interventions, based on a successful pilot addressing key barriers hindering uptake of IPTp3 amongst pregnant women attending ANC at 25 healthcare facilities.

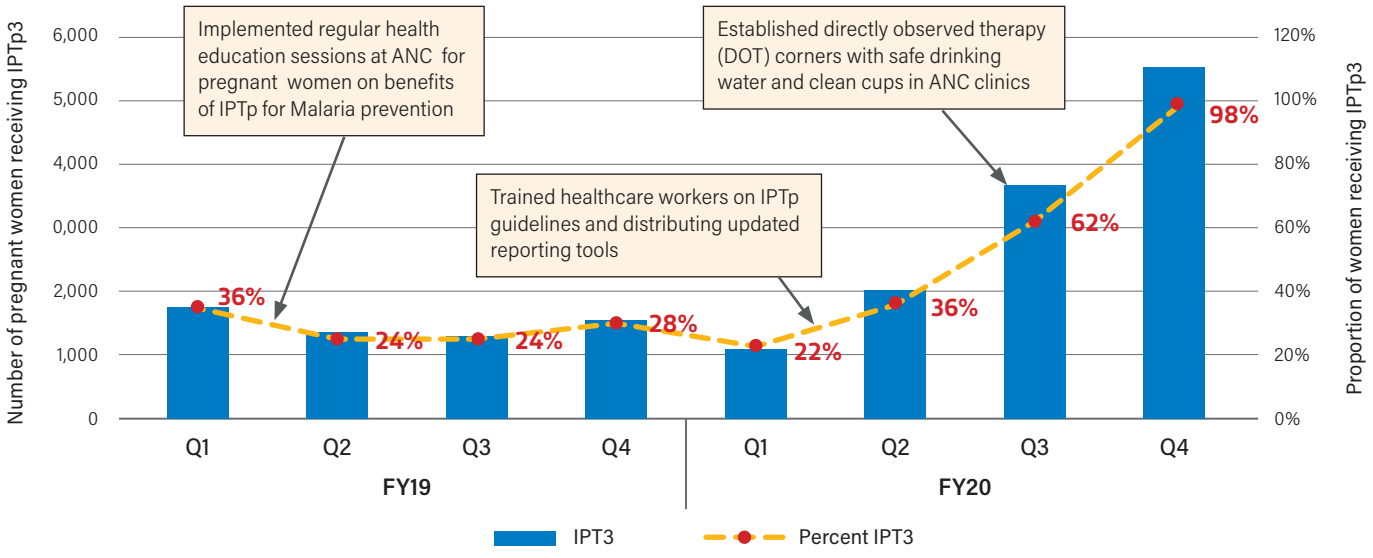
Client-focused interventions aimed to change perceptions and behaviours and included: Conducting tailored, regular community sensitization meetings and health education sessions for all pregnant women attending ANC to address concerns and emphasize the importance of taking Fansidar; and establishing a directly observed therapy (DOT) corner in the ANC Clinic. This DOT corner has a jerrican with safe drinking water and clean cups to ensure that pregnant women swallow Fansidar at the healthcare facility. The change to administering the medication in the healthcare facility was made to address a gap in treatment compliance by a significant number of pregnant women.

At the health facility level, interventions address provider knowledge and skills gaps as well as supply chain challenges previously identified during mentorship and malaria clinical audits carried out at healthcare facilities. The project thus collaborated with district-based mentors in November 2019 to reorient ANC staff (midwives and in-charges) at all the healthcare facilities on the Ministry of Health guidelines. The guidelines stipulated that at least

Key Interventions to Improve IPTp3 Uptake in Pregnant Women

- Conducting health education for pregnant women during ANC, about the benefits of Fansidar;
- Setting up DOT corners with clean cups and safe drinking water to ensure that pregnant women swallow Fansidar at the healthcare facility;
- Conducting onsite training of ANC staff on the latest guidelines of malaria in pregnancy;
- Redistribution of Fansidar from facilities having high stocks but low ANC Numbers to high volume ANC facilities with dwindling stocks;
- Facilitated placing of emergency orders for Fansidar from NMS by the district medicines supervisor; and
- Conducting community sensitization meetings across the whole region but with an increased frequency in high malaria burden areas, including riverbanks, lake shores, rice-growing communities, swamps, and wetlands.

Figure 1: Percentage of pregnant women who received IPTp3 in East Central Uganda significantly increased from 36% (FY19 Q1) to 98% (FY20 Q4)



3 doses should be given to all pregnant women, with each dose being given at least 1 month apart, until the time of delivery. Poor compliance with this guideline was partly attributed to knowledge gaps on the part of the healthcare workers. To address supply chain challenges, Fansidar was redistributed from facilities having high stock levels but low numbers of ANC attendees to high-volume ANC facilities with dwindling stocks. RHITES-EC also facilitated the district medicines supervisors to place emergency orders for Fansidar with the National Medical Stores (NMS) the government medicines warehouse.

"The district medicines management supervisor was also engaged to ensure streamlined supply chain system for Fansidar by placing emergency orders to National Medical Stores (NMS). He also supported us to redistribute Fansidar from healthcare facilities having high stocks but low ANC numbers to high volume ANC facilities with dwindling stocks in January 2020," says Kaunda Ivan, District Inventory Officer of Bugweri District.

As a result of implementing these strategic interventions, there has been a marked improvement in East Central Uganda from 36% coverage of IPTp3 in pregnant women in October 2019 (FY19 Q1) to 98% in September (FY20 Q4).

SUCCESS STORY

Giving Babies a Shot at Being Healthy in East Central Uganda: The Bugweri District Experience

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

Baby Uthman is 18-months old. He lives with his parents in Mulanga Village, in the recently created Bugweri District. He missed his immunization against Diphtheria-Tetanus-Pertussis (DPT3) at 14 weeks due to lack of transport.

> *"We did not have money to transport Uthman for his vaccinations and failed to go because the health center is far away from us," says Amina, Uthman's mother.*

He also did not receive his measles vaccine at the recommended age of nine months until later, increasing his risk of contracting preventable diseases targeted by these vaccines.

Bugweri district, a newly created district in 2018, had only fully immunized 58.1% of infants by one year of age for the period FY20Q1 (October-December 2019). USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) thus identified and prioritized Bugweri as a "Learning district" in which the project would intensively implement interventions to improve immunization coverage. The project subsequently held a performance review meeting with the Bugweri district leadership and health team which enabled us to identify gaps and areas of improvement. This suboptimal performance was attributed to the poor road network limiting access and utilization of health services; high transport costs to healthcare facilities;

An infant receiving immunization and vitamin A supplementation from a healthcare worker at a health-care facility in East Central Uganda, *Photo © USAID RHITES-EC 2020*

December 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

and long waiting times at healthcare facilities that have demotivated some mothers from bringing their children to the Expanded Program on Immunization (EPI) Center at Busesa Health Center IV.

The district also grappled with the presence of religious sects that do not support immunization, and community myths and misconceptions about immunization. For example, some individuals reported that "Immunization is a poison treatment meant to kill people". Following the Performance review meeting, poorly performing sub-counties (on immunization service delivery) were identified and action plans were drawn.

To address these myths and misconception, USAID RHITES-EC, in collaboration with the district health team and the healthcare facilities, held weekly radio talk shows and community dialogues on immunization. These platforms gave the healthcare workers from Bugweri an opportunity to listen to widespread views and experiences in the community. These radio talk shows and community dialogues also provided a platform for the trained healthcare workers to dispel many of these fears about immunization.

USAID RHITES-EC project has further supported Bugweri district to implement a social behaviour communication door-to-door campaign. Through this door to door campaign engaged 320 village health team (VHT) members to increase the community's access to immunization services in poorly performing sub counties. Each VHT was given basic information about immunization. They mapped children in their villages; reviewed their status; and provided basic education to households on immunization and linked them to a nearby healthcare facility.

Uthman's parents were among the community members who were approached by a VHT member.

"The VHT visited our home and educated us about immunization. He also patiently responded to our questions," Amina explained.

As a result of this visit, Uthman eventually received his third DPT dose by a trained health worker during an immunization outreach mobilized by the VHT.

Targeted Interventions to Improve Uptake of Immunization Services

- Worked with the District Health Team (DHT) to introduce daily immunization services at healthcare facilities.
- Use of data on immunization to map and identify underserved parishes and villages to serve as outreach sites.
- Oriented and equipped audience appropriate mobilisers with knowledge on adolescent SRH to better understand teenage mothers, Interpersonal Communication Skills (IPC) skills, and value clarification and mobilization tools. These skills would help the mobilizers deliver the appropriate immunization messages to their audiences.
- Generated lists of villages and parishes and assigned VHTs to map out communities based on the burden of unvaccinated children.
- VHTs and service providers were deployed to conduct targeted mobilization for Immunization and other child health services.
- Facilitated VHTs and peer leaders to conduct group sessions and home visits to sensitize households about the benefits of timely immunization services recommended in the Ministry of Health schedule.

"The health workers came and all the children who had not been immunized, received their shots. Health workers should continue to come to the community", said Amina.

USAID RHITES-EC project has also implemented the Reaching Every Community/Child (REC) strategy, a "bottoms" up approach that seeks to improve immunization coverage at healthcare facilities. With support from district health team (DHT) leaders, healthcare facilities re-established weekly outreaches to link health services to communities. The DHTs also conducted onsite mentorships and supportive

supervision to ensure that healthcare workers were immunizing children. They further monitor the use of immunization data for action planning and management of resources through immunization micro-plans to facilitate reaching out to underserved communities. These RED/REC activities were augmented by intensified VHT led interpersonal communication and mobilization activities contextualized and adapted to address each subcounties challenges in order to improve the immunization coverage.

With support from the Uganda Ministry of Health and the Global Alliance for Vaccines Initiative (GAVI), Bugweri district also received a vehicle, motorcycles, gas-fueled fridges to conduct weekly targeted outreaches to hard-to-reach areas. As a result of these collaborative efforts, Bugweri district improved from the worst category of immunization service delivery (Category 4) in October 2019 to the best category of immunization service delivery (Category 1) by June 2020. Bugweri district also improved the proportion of fully immunized from 58.4% during FY20Q1 (October-December 2019) to 81.2% in FY20Q4 (July-September 2020). At the regional level (12 districts of East Central Uganda) similar approached have been used with significant gains noted with infants who are fully immunized by 1 year increasing from 51% in FY20Q1 to 80% by FY20Q4.

Figure 1: Significant RED/REC Category improvement noted for Bugweri district and nine other districts in East Central Uganda

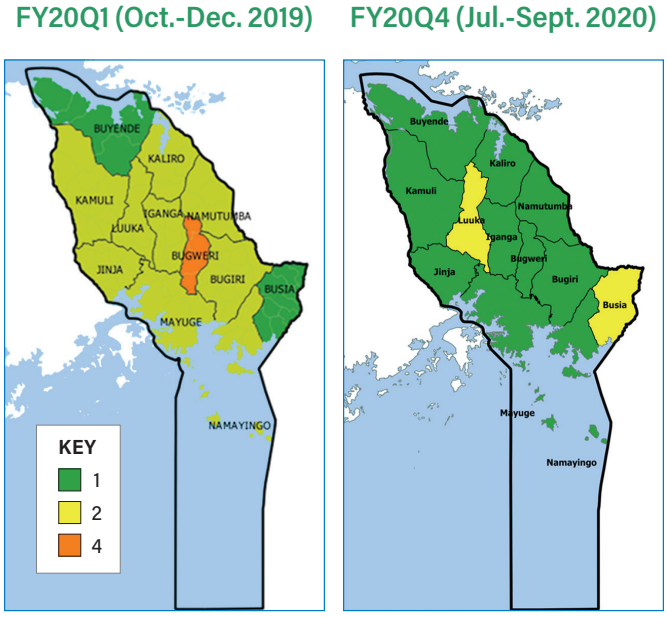
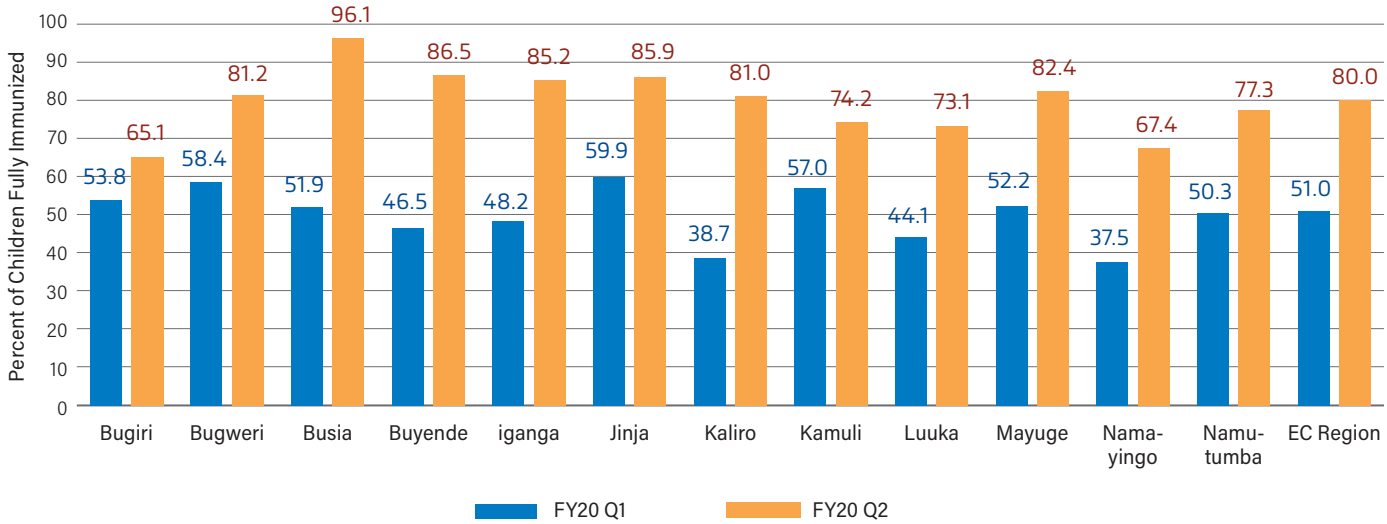


Figure 2. Improvement in rates of infants who are fully immunized from 58% in FY20Q1 to 81.2% by FY20Q4 for Bugweri district, similar gains have been noted at the regional level from 51% to 80%



SUCCESS STORY

Community Based Family Planning: Empowering Women with the Ability to Administer their Contraceptive of Choice

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES–EC)

Florence, 25 years, is a mother of five children (four boys and one girl) from Iganga District. She got married at 17 years and had never used any family planning method because she feared the possible side effects.

> *"I used to hear other women complaining about over bleeding and irregular menstruation periods, and barrenness, (so) I was afraid," said Florence. "I also wanted to ask the health workers if this was true, but I found long queues of waiting patients every time I visited the health centre to address my concerns, so I gave up," Florence added.*

A nurse provides family planning education and counseling to women at Nambale HC III in Iganga District. *Photo by Andrew Katende*

In June 2020, Elizabeth, a community health worker/village health team (VHT) member, visited Florence at her home. Elizabeth is one of 15 VHTs in Nambale Subcounty in Iganga District. She was trained by USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) to provide short-term family planning methods, counsel and refer clients that require long and permanent methods to nearby healthcare facilities. When Florence saw Elizabeth, whom she had known for five years, she felt comfortable and agreed to receive family planning services from her. Her preference was for Sayana® Press as she would be able to self-administer it in future. "I was so confident that she would not give me something that she did not believe in," Florence explained. Sayana® Press is a safe and easy-to-use injectable contraception. The injectable can be administered by any trained (non-medical) person, including community health workers, pharmacists, and the women seeking family planning services themselves. Florence received her first dose of Sayana® Press from Elizabeth.

December 2020

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

A nurse trains and observes a young woman administering Sayana® Press, an injectable family planning method, at Nambale HC III, Iganga District. *Photo © USAID RHITES-EC 2020*

Three months later, Florence took her sick baby to Nambale HC III for treatment. While awaiting treatment, a health worker provided health education about family planning. She was excited to hear the healthcare worker reaffirm that Sayana® Press can be self-administered. After the baby received medication, the health worker counselled and taught Florence how to inject herself.

"Following the healthcare worker's demonstration of how to self-administer Sayana® Press, I no longer go to the healthcare facility or VHT for family planning services. The VHT delivers it home and I conveniently inject myself every three months. I have not experienced any major side effects since I started using the Sayana® Press self-injection," says Florence.

Overall, the various FP interventions implemented by USAID RHITES-EC have contributed to an improvement in new family planning users in East Central region Uganda from 76,417 In FY20 Q1 (October–December 2019) to 91,789 in FY20 Q4 (July- September 2020). Out of 5,336,416 contraceptives dispensed during period FY20 (October 2019 to September 2020): 868,832 (16%) were distributed at household level by VHTs, 638,814 (12%) were dispensed during outreaches, and 3,790,093 (71%) were dispensed at health facilities and 38,677 (1%) dispensed at pharmacies in the community. During the period when COVID restrictions were instituted, there was remarkable increase noted in family planning commodities dispensed by VHTs: 31% (53,607) from 172,592 in Jan–Mar 2020 to 226,199 in Apr–June 2020. This was attributed to availability of FP commodities and sensitization of clients in communities for family planning services by VHTs amidst limited movements of clients to health facilities due to COVID 19 pandemic lockdown.