

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



USAID
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Program Year 2 Annual Report

Achievements, Challenges, Lessons Learned and Way Forward
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List of Acronyms

3TC	Lamivudine
AB	Abstinence and Being Faithful
ABC	Abstinence, Being Faithful and Condoms
ACP	AIDS Control Program
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
ART	Antiretroviral therapy
AZT	Zidovudine
BCC	Behaviour Change Communication
BCPs	Behavioral Change Communication Programs
CBDOTS	Community Based Directly Observed Therapy – Short course
CBOs	Community Based Organizations
CD4	Cluster of Differentiation 4
CDFU	Communication for Development Foundation Uganda
CDR	Case Detection Rate
CHAI	Clinton Health Access Initiative
CME	Continuous Medical Education
CPP	Continuous Professional Development
CORPs	Community Owned Resource Persons
CPHL	Central Public Health Laboratories
CSAs	Community Support Agents
CSO	Civil Society Organization
CSWs	Commercial Sex Workers
CTX	Co-trimoxazole
DAC	District HIV&AIDS Committees
DHMTs	District Health Management Team
DHO	District Health Officer
DLFP	District Laboratory Focal Person
DOTS	Directly observed treatment short course
DTLS	District Tuberculosis and Leprosy Supervisor
EFV	Efavirenz
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	Early Infant Diagnosis
FLEP	Family Life Education Program
FOC-REV	Friends of Christ Revival Ministries
FSG	Family Support Group
GBV	Gender Based Violence

List of Acronyms

GLIA	Great Lakes Initiative on HIV&AIDS
GoU	Government of Uganda
HAART	Highly Active Anti-Retroviral Therapy
HBC	Home based care
HC	Health Centre
HCP	Health Communication Partnerships
HCWM	Health Care Waste Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
HSD	Health Sub-District
ICF	Intensified Case Finding
IDAAC	Integrated Development Activities and AIDS Concern
IEC	Information, Education and Communication
IMAI	Integrated Management of Adult Illnesses
IMCI	Integrated Management of Childhood Illnesses
IMPAC	Integrated Management of Pregnancy and Childbirth
IYCF	Infant and Young Child Feeding
JCRC	Joint Clinical Research Centre
JMS	Joint Medical Store
JSI	JSI Research & Training Institute, Inc.
LG	Local Government
LMIS	Logistics Management Information System
LTAG	LQAS Technical Advisory Group
LQAS	Lot Quality Assurance Sampling
m2m	mothers2mothers
MARPs	Most-at-risk populations
MCPs	Multiple Concurrent Partnerships
MDD	Music, Dance and Drama
MDR	Multidrug resistant TB
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MoH	Ministry of Health
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
MUCOBADI	Multi Community Based Development Initiative
NACWOLA	National Community of Women Living with HIV&AIDS in Uganda
NAFOPHANU	National Forum of People Living with HIV&AIDS in Uganda
NMS	National Medical Stores

List of Acronyms

NSAs	Network Support Agents
NTLP	National Tuberculosis and Leprosy Programme
NTLRL	National Tuberculosis and Leprosy Reference Laboratory
NUMAT	Northern Uganda Malaria AIDS and Tuberculosis Program
NVP	Nevirapine
OIs	Opportunistic Infections
OP	Other Prevention
OVC	Orphans and other Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Persons Living with HIV&AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
PrEP	Pre Exposure Prophylaxis
PTC	Post-Test Club
PWDs	People with Disabilities
PWP	Prevention with Positives
PY	Program Year
Q	Quarter
QI	Quality Improvement
QoC	Quality of Care
RDC	Resident District Commissioner
SACs	Sub County HIV/AIDS Committees
SATs	Sub-County HIV/AIDS Task Forces
SCHW	Sub-County Health Worker
SCMS	Supply Chain Management System
SMC	Safe Male Circumcision
STAR	Strengthening TB and HIV&AIDS Responses (at district level)
STAR-E	Strengthening TB and HIV&AIDS Responses in Eastern Uganda
STAR-EC	Strengthening TB and HIV&AIDS Responses in East Central Uganda
STIs	Sexually Transmitted Infections
SURE	Securing Uganda's Right to Essential Medicines Project
TASO	The AIDS Support Organization
TB CAP	Tuberculosis Control Assistance Program
TB	Tuberculosis
ToT	Trainers of Trainers
TSR	Treatment Success Rate
UAC	Uganda AIDS Commission
UBTS	Uganda Blood Transfusion Services
UDHA	Uganda Development and Health Association

List of Acronyms

URHB	Uganda Reproductive Health Bureau
USAID	United States Agency for International Development
UVRI	Uganda Virus Research Institute
UWYDI	Uganda Women and Youth Development Initiative
VHT	Village Health Teams
WHO	World Health Organization
YAU	Youth Alive Uganda
YAWIA	Youth and Women in Action in Uganda
ZTLS	Zonal Tuberculosis and Leprosy Supervisor

Letter from the Chief of Party



Dear Colleagues,

It is with great pleasure that we share with you this Annual Report that highlights in narrative, figurative and pictorial forms, representative achievements of the Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) program during Program Year II. Over the past twelve months, STAR-EC has been privileged to implement activities in East Central Uganda in partnership with the district local governments and civil society organizations working in the region. The results presented in the Annual Report are the result of this collective effort.

On behalf of JSI Research & Training Institute Inc. (JSI) and STAR-EC, we would like to take this opportunity to thank the American people who through the United States Agency for International Development (USAID) have generously continued to provide funding for this program. We would also like to thank the Government of Uganda that through the Ministry of Health has provided guidance to STAR-EC through the provision of up to-date policies and guidelines; the provision of technical assistance; taking lead on numerous trainings of district health staff; and the provision of support supervision in the region. To our partners on STAR-EC namely the Bantwana Initiative; Communication for Development Foundation Uganda (CDFU); mothers2mothers (m2m); and Uganda Cares, we would like to say a big thank you for the technical expertise and innovation that you have brought to the program.

All the different stakeholders' participation in STAR-EC activities continues to be highly valued and as we enter into another implementing period, we would like to share with you the results that have been achieved so far; the challenges that we have faced; and the proposed way forward. JSI is indeed grateful for the opportunity to contribute towards improving the access to, coverage of, quality and utilization of comprehensive HIV&AIDS and TB services in East Central Uganda.

Enjoy the reading!

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Samson Kironde', with a long, sweeping flourish extending to the right.

Dr. Samson Kironde
Chief of Party, STAR-EC

Executive Summary

This report covers the period October 2009 to September 2010 which is the second year of the STAR-EC five-year program. The report is submitted in accordance with the provisions of Cooperative Agreement No. 617-A-00-09-00007-00 between USAID and JSI Research & Training Institute, Inc., the prime partner for the STAR-EC program in East Central Uganda.

The overall goal of the STAR-EC program is to increase access to, coverage of, and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities in supported districts in the East Central Uganda. This report documents the major activities that were implemented, achievements made and challenges faced during Program Year (PY) 2.

The STAR-EC program was officially launched on April 14th 2010 in Jinja. The launch that was attended by representatives from USAID; the Ministry of Health; the supported districts; civil society organizations; other district based implementing partners; and some of the program beneficiaries. The STAR-EC launch presented an opportunity for various stakeholders to showcase their activities. Presentations, posters, banners and skits and were used to explain to the audience the role they play in implementing STAR-EC supported activities.

During PY2, STAR-EC witnessed a rapid expansion of program activities. This expansion was realized through providing grants to 11 civil society organizations and financial and technical support to 76 public health facilities. For instance, as a result of these efforts, the number of STAR-EC supported HTC sites increased from 37 at the end of PY1 to 76 at the end of PY2. The number of STAR-EC supported PMTCT sites rose from 35 to 68 over the course of 12 months; while the service outlets for HIV&AIDS care increased from 4 to 62. Furthermore, there was a rapid scale up of ART services from 4 hospitals to 26 facilities (including 4 hospitals, 12 HCs IV, 10 HCs III) in the supported districts over this reporting period. In addition to the four pre-qualified CSOs, STAR-EC brought on board an additional seven new CSOs through a competitive granting mechanism. These helped to increase the scope of services and accessibility of interventions. This program year further witnessed the roll out of safe male circumcision services at seven static sites. Details of the achievements made against the targets set for PY2 are shown in Table 1 of this section.

STAR-EC supported health systems strengthening in the supported districts using the WHO recommended six building blocks (service delivery; human resources for health; strategic information; medical products, financing; and leadership/governance).

Interventions aimed at improving service delivery included conducting physical infrastructure and equipment needs assessments; refurbishment of laboratory work tops at Bugiri General Hospital; procurement of four pick-up vehicles, 20 motorcycles and 100 bicycles to improve outreach services; and the procurement of assorted furniture for health facilities. Additionally, there was a focus on service improvement through establishing quality of care teams at district and facility levels; training staff of STAR-EC partners in quality assurance and quality improvement; and the disseminating policy documents, treatment guidelines, job aids and HTC cue cards.

Improvement of human resources for health was pursued through working with the Ministry of Health and other stakeholders to train and enhance knowledge, attitudes and skills of health workers in delivering health services. STAR-EC further supported the districts to identify ten individuals to undertake a course in laboratory technology at the Medical Laboratory Training School in Jinja. After completing this training, the personnel are expected work for the districts. Other human resource initiatives included implementing innovative models of care including task shifting through 'mentor mothers' at 20 PMTCT sites.

During PY2, STAR-EC made big strides towards availing medical products and technologies to health units and CSOs in the region. For example, STAR-EC met the costs for transporting samples from health units to JCRC in Jinja for CD4 testing and DNA PCR; procured 18 binocular microscopes for several health facilities and two CD4 machines for Iganga and Bugiri General Hospitals; secured a donation of a CD4 machine for Kamuli General

Hospital; and provided an Automated Clinical Chemistry analyzer for Iganga General Hospital.

Other procurements during PY2 included HIV test kits, basic care kits, maama kits, co-trimoxazole, home based care kits and safe male circumcision equipment. A total of 64 laboratories participated in TB External quality control where 1,810 sputum smears were rechecked through the National Tuberculosis Referral Laboratory sputum smear rechecking scheme. The capacity of the health systems at district and health facility levels to adequately forecast and utilize available commodities was strengthened. As a result of this intervention, there was a marked improvement in supply chain management as evidenced by correct use of logistical management information systems, maintenance of fairly adequate stock levels (when there were no national stock outs), signifying accurate quantification and adherence to good storage practices.

Interventions aimed at improving the strategic information systems of its partners included training of health workers on utilization of Ministry of Health management information reporting tools; conducting on-spot data quality assessments; training of Local Government and CSO personnel in the application of the LQAS methodology; and sharing baseline survey findings with key district officials and decision makers.

In connection with health services financing, STAR-EC worked with districts to provide financial support to health facilities and grants to CSOs through disbursements based on clear, transparent criteria and demonstrated increased capacity to receive, utilize and account for funds. During PY2, STAR-EC disbursed of UGX 497,322,650 to support district-led activities. Funds were also provided to CSOs to conduct various activities complementary to those delivered at health facilities. Additional financial support was provided centrally through provision of technical support, equipment, drugs and supplies.

This reporting period, STAR-EC made an effort towards strengthening governance and leadership for health. In this regard, districts were guided and supported to select HIV&AIDS coordination committees at district and sub-county levels and to conduct quarterly meetings to generate action plans. STAR-EC also supported districts to train a total of 675 village health team members to strengthen referrals and linkages at community level. In furtherance of this effort, STAR-EC mapped all the HIV&AIDS service providers in the region and worked with the Uganda AIDS Commission and districts to revitalize district and lower level PLHIV Networks. CSOs were also oriented into community mobilization strategies; their roles and responsibilities in co-ordination, establishing networks and linkages.

Efforts aimed at increasing access to and utilization of services were coupled with interventions targeting improving health seeking behavior and creating demand for health services. In pursuance of this objective, STAR-EC received, reprinted and disseminated a number of information, education and communication (IEC) materials and job aids on different health program areas. To reinforce messages disseminated through IEC materials, peer to peer communication and community dialogues STAR-EC started airing a one hour interactive radio program on one of the regional radio stations called Nile Broadcasting Services. Eighteen radio programs were aired during the reporting period.

It is worth noting that although most of the targets were achieved and even surpassed in a number of areas (as highlighted is in Table 1), implementation during PY2 was not without challenges. Such challenges included human resource constraints; intermittent stock outs of essential drugs and consumables notably HIV test kits; delays in reporting by partners; frequent changes in national guidelines for certain services; re-districting in our geographical area of coverage; and the increase in the number of people seeking services compared to the capacity currently available within the districts.

Table 1: Program Year 2 summary results

Intervention area	Key Indicators (Numbers)	PY1+ achievements (implementation from July 2009 -Sept 2009)	Program Year 2 (October 2009 - Sept 2010)							End of Program Life Target Vs Achievements			
			Q1	Q2	Q3	Q4	Overall PY2 Cumulative Total Achieved	End of PY2 target	% of PY2 target achieved	End of Program Life Target	Program Cumulative achievements to date (total PY1+ and PY2)	% of end of Program Life Target achieved	Comments
HIV Testing and Counseling (HTC)	Individuals who received HTC and their results	10,376	32,446	22,553	63,941	59,363	178,303	120,000	149	600,000	188,679	31	HIV test kit stock-outs existed in Q1 and Q2
	Individuals trained in HTC	64	107	0	26	123	256	200	128	400	320	80	
	Outlets providing T&C services	37 service outlets (only 2 were static)	51 static and 87 parishes (outreach sites)	55 static and 102 parishes (outreach sites)	64 static and 258 parishes (outreach sites)	76 static and 280 parishes (outreach sites)	76 static and 280 parishes (outreach sites)	80 static sites	95% of static sites targeted	148	76 static sites	49	
PMTCT	Pregnant women with known HIV status (includes tested and received results)	No implementation during PY1	13,017	12,772	21,238	18,956	65,983	50,000	132	482,600	65,983	14	Overall program target increased from 300,000 to 482,000 following a USAID directive
	Pregnant women who received ARVs to reduce the risk of mother to child transmission	No implementation during PY1	234	334	523	668	1,759	900	195	26,350	1,759	7	New MoH longitudinal ANC and PMTCT registers are being pretested to eliminate double counting. Scale up on training and service outlets led to increases in Q3 & 4
	Persons trained for PMTCT	No implementation during PY1	0	61	34	82	177	160	111	400	177	44	
	Service outlets providing PMTCT	No implementation during PY1	49	50	68	68	68	58	117	73	68	93	
Sexual and Other Behavioral Risk Prevention (General Population)	Targeted population reached with abstinence and/or being faithful messages	39,737	20,410	33,279	36,752	12,419	102,860	66,000	156	283,000	142,597	50	
	Individuals trained to provide AB services	234	237	0	47	280	564	400	141	1,265	798	63	
	MARPs reached with individual or small group level HIV prevention based on evidence and meet minimum required standards	12,179 were reached through "other prevention" interventions	3,084	2,829	4,618	2,232	12,763	10,000	128	50,000	12,763	26	PY 1 indicator changed from OP. A new indicator on MARPs was created during PY 2. Current program cumulative total doesn't include PY1 achievements
	HIV+ patients in HIV care or treatment (pre-ART or ART) who started TB treatment	0	0	34	80	205	205	1,000	21	4,900	205	4	
	TB patients who had an HIV test result recorded in the TB register	13	355	481	480	486	1,802	1,100	164	5,500	1,815	33	
	Individuals trained to provide HIV/ TB related palliative care	64	20	75	202	578	875	200	438	700	939	134	

Intervention area	Key Indicators (Numbers)	PY1* achievements (implementation from July 2009 -Sept 2009)	Program Year 2 (October 2009 - Sept 2010)							End of Program Life Target Vs Achievements			
			Q1	Q2	Q3	Q4	Overall PY2 Cumulative Total Achieved	End of PY2 target	% of PY2 target achieved	End of Program Life Target	Program Cumulative achievements to date (total PY1* and PY2)	% of end of Program Life Target achieved	Comments
Anti-Retroviral Therapy (ART)	HIV + individuals receiving a minimum of one clinical care service (CXT)	283	1,493	3,554	8,414	7,041	7,041	9,000	78	26,000	7,041	27	Some health facilities especially in Kamuli and Iganga did not report during Q4 as they had not yet been trained in the use of the new MoH revised patient monitoring tools thus the absence of some data
	Adults and children with advanced HIV infection newly enrolled on ART	61	351	388	338	699	1,776	1,500	118	8,200	1,837	22	Services have been scaled up to sites (HC III's) which provide a minimum care package thus the high increase in Q4
	Adults and children with advanced HIV infection receiving ART (CURRENT)	372		1,709	2,723	3,119	3,119	3,023	103	9,323	3,119	33	The exact number served in Q1 could not be ascertained
Safe Male Circumcision (SMC)	Males circumcised	0	0	0	112	691	803	1,500	54	15,360	803	5	There were no funds or trained personnel to support this activity before Q3
	SMC surgical sites	0	0	0	3	7	7	8	88	15	7	47	
Strategic Information (SI)	Local organizations provided with TA for SI activities	4	4	4	4	13	13	4	325	6	17	283	
	Individuals trained in SI (including M&E, surveillance and/or HMIS)	122	25	66	171	117	379	66	574	85	379	446	
Policy Analysis and Systems Strengthening	Individuals oriented/trained on new/revised HIV&AIDS-related policies and guidelines	347	0	0	124	0	124				471		
	Local organizations provided with TA for HIV-related institutional capacity building	4	4	4	4	13	13	13	100	13	13	100	

* PY1 (March-September 2009) involved only 3 months of actual implementation, the rest was program start-up activities

1.0 Introduction

1.1 Background

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

The Uganda Demographic and Health Survey 2006, showed that the East Central region is characterized by one of the highest total fertility rates in the country, averaging 7.5 births per female¹. Additionally, this region had an estimated HIV prevalence of 6.5%², which translated into approximately 73,000 Persons Living with HIV (PLHIV), the majority of whom neither knew their HIV status nor accessed the treatment and care needed to maintain good health. Other drivers of the HIV epidemic in the East Central region included: multiple concurrent and cross-generational sexual relationships due to a high level of polygamy; significant transactional sexual activity especially in those districts situated along the northern transport corridor; a high number of residents involved in the high HIV risk occupation of commercial fishing; migrant plantation workers; and the presence of a significant number of uniformed personnel at the armed forces barracks and prisons in the region. This situation was exacerbated by the low HTC service coverage which ranged from 0.5% - 8.8% in the region and ART service coverage that ranged from 2.5 - 10.4%³.

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

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

1.2 Major Objectives of STAR-EC

STAR-EC has five major objectives that include:

Increasing access to, coverage of, and utilization of quality comprehensive HIV&AIDS and TB prevention, care and treatment services within district health facilities and their respective communities;

Strengthening decentralized HIV&AIDS and TB service delivery systems with emphasis on health centres (HCs) IV and III and community outreaches;

Improving quality and efficiency of HIV&AIDS service delivery within health facilities and civil society organizations

Strengthening networks and referral systems to improve access to, coverage of, and utilization of HIV&AIDS and TB services; and

Intensifying demand generation activities for HIV&AIDS and TB prevention, care and treatment services.

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

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

3. PEPFAR annual Progress Report, 2009.

2.0 Major result areas and progress during the Program Year

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

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

During the October 2009 – September 2010 period, STAR-EC improved access to HTC services by increasing the number of supported sites in nine districts from 37 at the beginning of quarter (Q) 1 (October 2009) to 76 at the end of Q4 (September 2010). This represents an increase from 46% of the target (n=80 facilities) at the beginning of the program year (PY) to 95% at the end of PY2. During PY2, STAR-EC supported the training of 256 health workers on HTC service delivery. A sub-total of 107 (85 female, 22 male) health workers were trained in rapid HIV testing, 60 (35 female, 25 male) in provider initiated testing and counseling (PITC) and 89 (49 female, 40 male) in child and adolescent HIV counseling and testing services.

Over this reporting period, URHB and FLEP (two of STAR-EC's pre-qualified CSOs) were supported to provide HTC services through static, outreach and, home-based HTC and community camping while targeting hard-to-reach populations. FLEP provided HTC services in Kigandalo and Malongo sub-counties in Mayuge district;

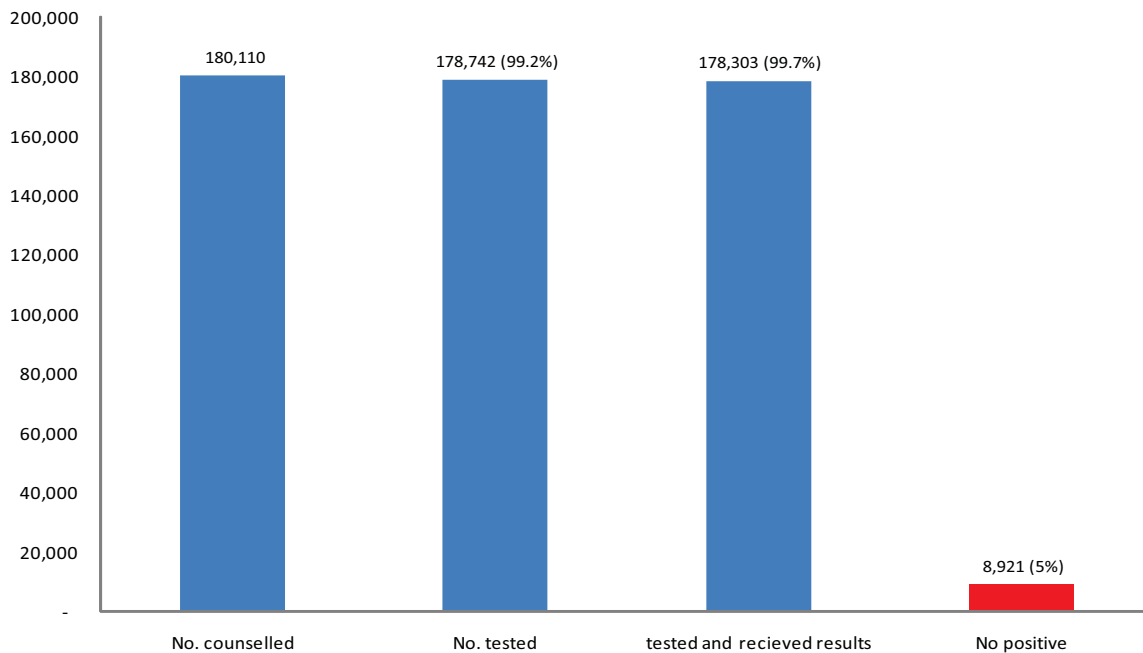


A couple receives a certificate during a recent Couple week drive in Bugiri district

Nabitende, Waibuga and Nambale sub-counties in Iganga; and Balawoli and Namasagali sub-counties in Kamuli district. A total of 26,718 people were counseled. Of these 26,707 were tested while 26,209 people (14,418 females, 11,791 males) received HIV testing and results from FLEP. Of those tested, 1.6% were found to be HIV positive.

URHB offered static HTC services in Namutumba, Kaliro and Bugiri districts alongside community outreaches and home based HTC targeting mainly most at risk populations (MARPs) (including fisher-folk, 'boda boda' motorcyclists, long distance truck drivers and commercial sex workers). URHB targeted the fisher-folk in Bugiri district by conducting outreaches at Lufunda landing site, Mutumba sub-county and Lolwe Parish in the Sigulu Islands. Altogether, a total of 17,921 clients were counseled; 17,841 of these (99.5%) were tested while 17,773 clients (9,124 females, 8,649 males) received their test results. Four point four % of those tested were HIV positive in these fishing communities. Seven new community based CSOs received grants during PY2 to provide HTC services during the last month of Q4 after careful mapping out of areas already covered by FLEP and URHB as well as the 76 district health facilities already providing HTC in order to avoid duplication of services. These new partners contributed a total of 5,287 people who were counseled of whom 5,172 (97.8%) were tested and received their results. Of those tested, 155 (2.9%) were HIV positive.

Figure 1: PY2 HIV testing and counseling cascade

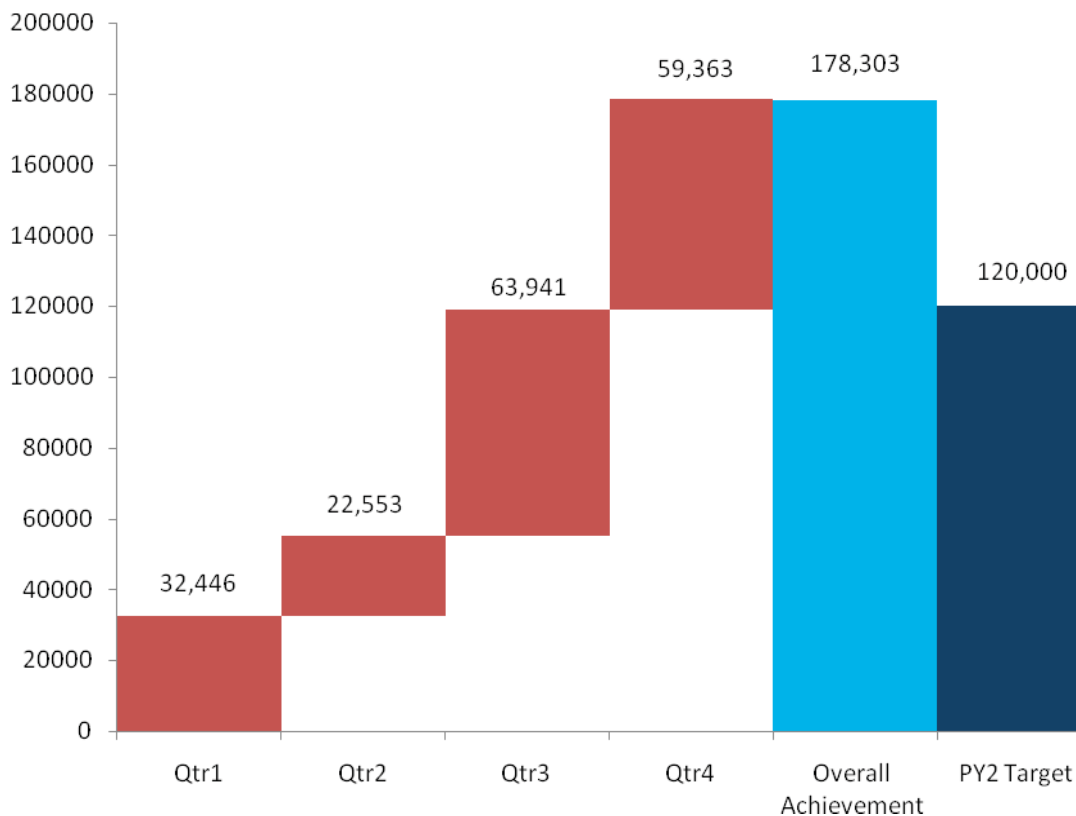


Note: The MEEPP database did not contain some parishes or could not simply recognize them, therefore there was no place to enter some data. As a result, a lower number of 153,282 persons was reported in the MEEPP database instead of a total of 178,303 persons who were counseled, tested and received their results.

Source: STAR-EC progress reports

Overall, a total of 178,303 people (70,764 males and 107,539 females) were tested for HIV and received results corresponding to 149% achievement of the PY2 target. These results were realized from the 11 CSOs (four prequalified and seven new) and the 73 health facilities. Of those tested, 8,921 (5,426 female, 3,495 male) people were HIV positive corresponding to a positivity rate of 5% (n = 178,742). A total of 7,558 couples compared to the overall target of 6,000 accessed HTC services during PY2. Additionally, 355 (4.7%) of the couples were discordant and while 321 (4.2%) were concordant positive, the rest were concordant negative. Overall, the increase in the number of couples tested during PY2 was a result of a proactive approach adopted by STAR-EC that deliberately targeted couples for HTC during designated couple HIV counseling and testing weeks. For instance, a total of 3,158 couples (1,108 in Q3 and 2,050 in Q4) were served during the 'couple HIV counseling and testing weeks'.

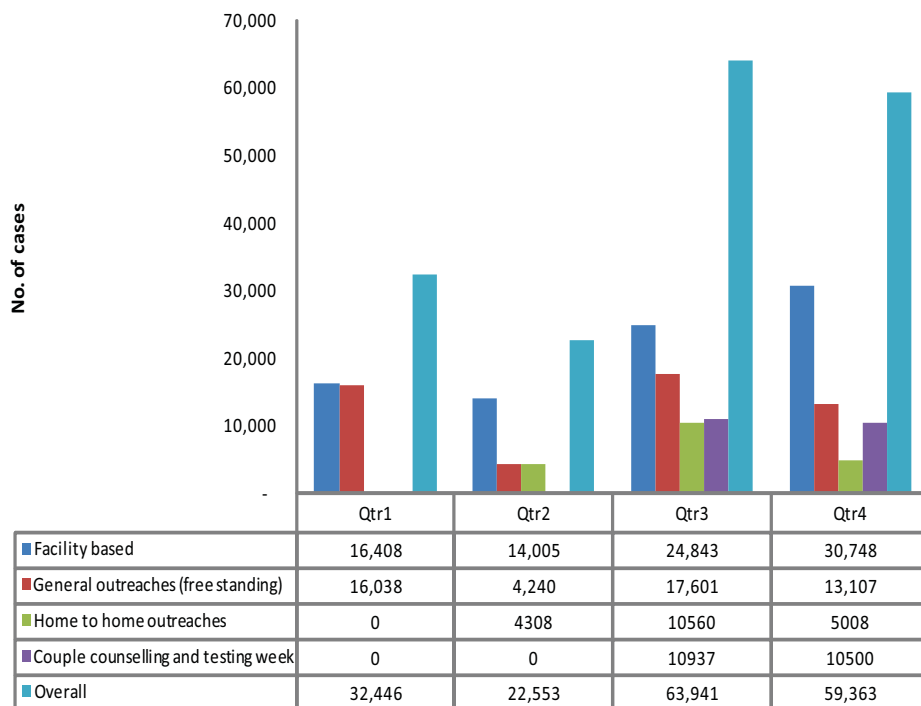
Figure 2: Overall HCT Performance for PY2 by quarter



Source: STAR-EC progress reports

It is worth noting that during PY2 implementation of HTC services in the districts progressively shifted to outreach as opposed to facility based services as a means of improving access of HTC to communities. This is further illustrated in Figure 3 below.

Figure 3: HTC utilization by service outlet (of those who were counseled, tested and received their results)



Source: STAR-EC progress reports

Lessons learned

- STAR-EC has succeeded during PY2 in making HTC services more accessible through the creation of effective partnerships. For instance, Uganda Cares provided some HIV test kits and Partners' House and TASO Jinja received and enrolled discordant couples for further care
- It is imperative that STAR-EC maintains a substantial buffer stock of HIV test kits in order to be able to sustain the unmet need for HTC services in the districts under our support.
- The innovative 'couple HIV counseling and testing week' approach is a very effective way of reaching more couples with HTC.

Challenges

The main challenge faced by the program during PY2 was the lack of test kits at the National Medical Stores (NMS). As a result, all the test kits that were procured by STAR-EC to act as a buffer stock for the entire PY2 ended up being consumed without any additional supplies coming in from NMS, districts hence experienced shortages for certain months. Strategically, the program has budgeted for a larger proportion of buffer stocks in PY3.

Way forward

- In PY3, STAR-EC will concentrate more on targeted HTC outreaches as a means of reaching more couples and MARPs with HTC. To achieve this STAR-EC will work hand in hand with the 11 CSOs it is supporting to provide HTC together with the district health facilities.
- Community based campaigns promoting behavior change and safe male circumcision will be integrated with HTC so as to capture synergies



An HIV exposed new born baby being enrolled into the PMTCT/EID strengthening program in Bugiri hospital

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

STAR-EC improved access to PMTCT services by increasing the number of supported sites in the nine districts from 35 at the end of PY1 to 68 at the end of PY2. These health facilities include four hospitals, 12 HC IV and 49 HC IIIs and three HC IIs. This performance demonstrates that the program has so far extended PMTCT services to 100% (n= 12) of HCs IV and 83% (n=59) of HCs III and 1.5% (n=201) of HC IIs. The program's scale up plan aims at extending services to all hospitals, HCs IV, HCs III and 30% of HCs II. During PY2, STAR-EC supported the training of 177 health workers from 68 health facilities in PMTCT-related interventions. Some of these individuals received more than one form of training; therefore the break-down of this training is not mutually exclusive. A total of 97 (95 female, two male) health

workers from all the aforementioned health facilities across the nine districts were trained using the newly adopted Ministry of Health (MoH) Integrated Management of Adult Illness (IMAI)/Integrated Management of Pregnancy and Childbirth (IMPAC) PMTCT training methodology. These trainings were facilitated by MoH master trainers.



A dried blood spot sample being taken off an infant by a health worker in Bugiri hospital

STAR-EC in collaboration with MoH and the Clinton Health Access Initiative (CHAI) facilitated the training of 49 (30 female, 19 male) health workers from Kamuli district (29) and Mayuge district (20) on using the early infant diagnosis (EID) strengthening approach. A total of 31 (18 female, 13 male) health workers from Bugiri district were also facilitated to attend a PMTCT/EID strengthening training approach.

Following these trainings, the program has emphasized active screening, care and referral/follow up for the HIV exposed infant and their mothers. These trainings have also been coupled with mentorship visits undertaken to ten facilities in Mayuge and Kamuli districts in collaboration with the MoH EID strengthening team. Mentorship for the Bugiri district sites will be undertaken early in PY3. STAR-EC plans to roll out the PMTCT/EID strengthening program to the other districts during the course of PY3.

Over this reporting period, STAR-EC supported health facilities offering PMTCT and/or ART to access CD4 services at Kamuli General Hospital and Polymerase Chain Reaction(PCR) test services at the Joint Clinical Research Centre of Excellence Laboratory at Kakira. This collaboration enabled the CD4 and PCR testing services to become both geographically and financially accessible to clients there by reducing the time spent before an eligible client can access antiretroviral therapy (ART). In addition, all of the supported districts were facilitated to host family support group meetings at 17 high volume PMTCT sites (including hospitals and HCs IV).



A Family Support Group session at Kamuli General Hospital



A 'mentor mother' offering one-on-one counseling to a HIV positive mother during ANC at Iganga Hospital

The criteria for joining the family support group as per the national guidelines include being an HIV positive pregnant mother; an HIV positive woman with a baby who has not yet reached two years of age; or being a spouse to such a mother. The support groups are utilized to encourage mothers and their spouses to adhere to the set antenatal appointments, encourage couple testing and disclosure, support adherence to treatment and to ensure delivery at a recognized health facility offering PMTCT. They also serve as a follow up early infant diagnosis(EID) point for PCR tests for all HIV exposed babies.

During this program year, STAR-EC recruited a Program Coordinator, two Regional Managers and a Trainer to provide adequate support to the implementation of the m2m PMTCT support model within the supported sites. In addition, 39 'mentor mothers'* were identified and trained as expert patient-peer educators and placed at 20 health facilities to assist in providing education and psychosocial support to pregnant women and new mothers accessing PMTCT services. In addition to ensuring intra-facility referrals, 'mentor mothers' also assisted in improving health unit–community inter-linkages via village health team members. STAR EC plans to implement this support model at 30 additional PMTCT sites giving priority to high volume PMTCT sites.

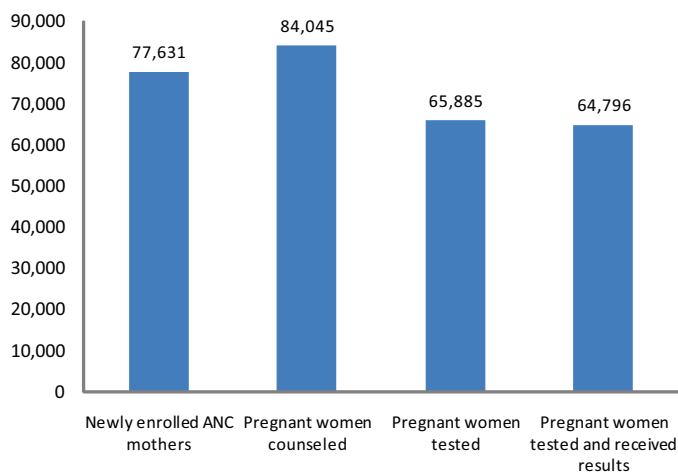
Table 2: Individual interactions between 'mentor mothers' and PMTCT clients during PY2

Description of activity	No. of women served
New antenatal individuals offered one-on-one counselling and education	7,236
Return antenatal individuals offered one-on-one counselling and education	2,028
Male partners offered education in antenatal clinic set-up	709
Total antenatal women offered one-on-one counselling and education	9,264
New post natal individuals offered one-on-one counselling and education	3,732
Support group sessions held in m2m implementing sites	28
Antenatal women attending support group visits	156
Post natal women attending support group visits	538

*'Mentor Mothers' are a group of HIV positive mothers who have passed through the PMTCT experience

As a result of implementing the above mentioned PMTCT activities during PY2, 84,045 pregnant women were counseled, 65,885 were tested for HIV with 64,796 of those tested receiving their results (4.5% of those tested were found to be HIV positive). Overall, the number of pregnant women with known HIV status was 65,983 during this program year (this includes 1,187 pregnant women who reported at health facilities with an already known and documented HIV infection).

Figure 4: HIV Counseling and testing cascade for pregnant mothers attending ANC during PY2 in the nine districts



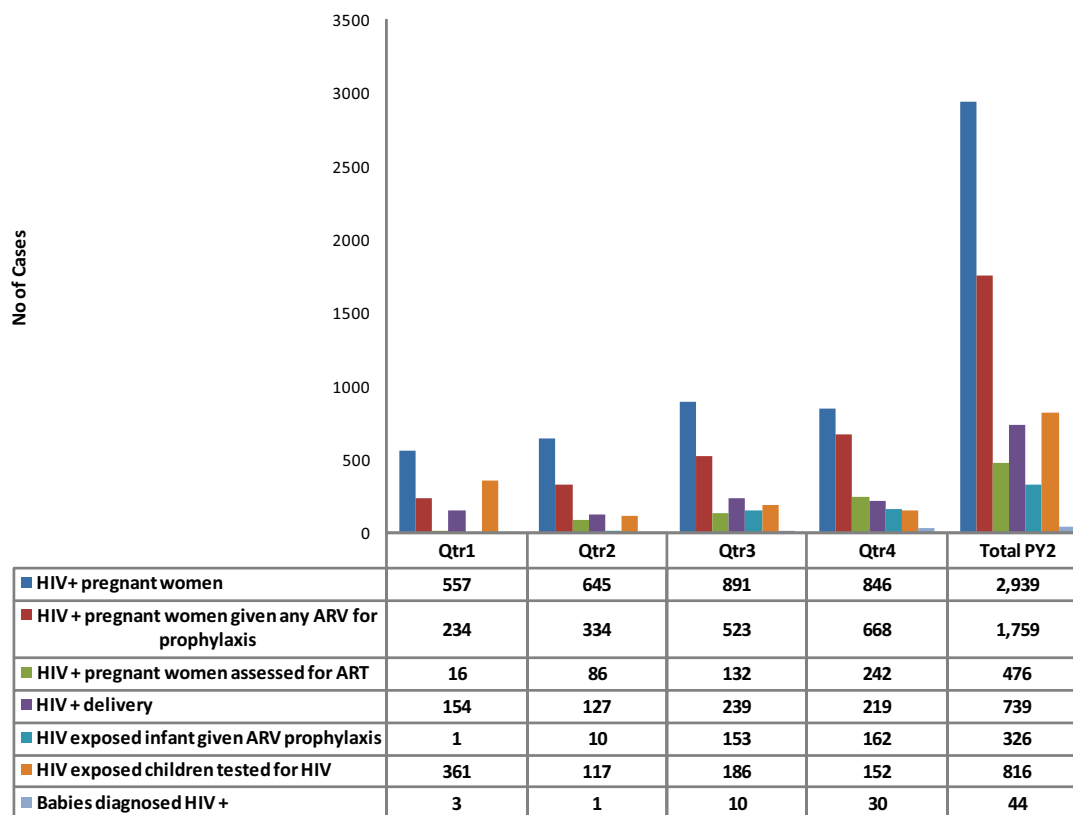
Note: The figures illustrated in the graph above exclude 1,187 pregnant women who reported at health facilities with a known and documented HIV infection

Source: STAR-EC progress reports

Overall in PY2, a total of 1,759 (60%) HIV positive women received antiretroviral regimen to reduce the risk of mother-to-child transmission of HIV. A proportion of 43% (n=1,759) of all HIV positive women received single dose nevirapine, 18% received AZT and single dose nevirapine, 34% received combivir and nevirapine while 5% received HAART. However, across the quarters, enrollment onto a PMTCT prophylaxis increased from 42% (n=557) in Q1 to 79% (n = 846) in Q4. Similarly, while the overall proportion of HIV positive pregnant women assessed for ART eligibility was only 27% (n = 1,759), there was a marked improvement from only 7% (n = 234) being assessed for ART eligibility during Q1 to 35% (n= 675) during Q4. Regarding the provision of ARV prophylaxis for the infant, overall 44% (n = 739) of all the babies born to HIV positive mothers were enrolled onto prophylaxis during PY2. This indicator improved markedly across the four quarters from less than 1% (n = 154) in Q1 to 74% (n = 219) in Q4. This steady improvement across the four quarters of PY2 can be attributed to the PMTCT and ART trainings laboratory services support and the integrated approach to PMTCT and ART implementation using both facility and outreach services to target the mothers, their HIV exposed babies and their spouses. In particular, through STAR-EC support, health facility staff working together with expert clients and Village Health Teams (VHTs), undertook EID follow up outreaches in the communities that were designed to track the mother-baby pair that had otherwise missed out on their scheduled appointments at the facilities.

Consequently, 816 HIV exposed babies accessed EID services through PCR (virological) tests while nine received ELISA (immunological) tests from Buyinja HC IV and Bugiri Hospital during Q3. A total of 44 babies were diagnosed as HIV positive during PY2. The relatively high number of babies accessing EID in Q1 is attributed to the concerted EID campaign during the October 2009 Child Days drive. Similarly, due to the long turnaround time for the PCR results, most results were only received by facilities during Q3 and Q4. Figure 3 illustrates in detail the PMTCT/EID outcomes by quarter for PY2.

Figure 5: PMTCT outcomes by quarter during PY2



Source: STAR-EC progress reports

Early Infant Diagnosis service provision becomes a reality at Wabulungu HC III, Mayuge district: A client tells her story

In PY2, STAR-EC in collaboration with the Ministry of Health strengthened early infant diagnosis services in all the supported districts including Mayuge. Prior to this, such services were dogged by long results turnaround time leading to loss to follow up of the mother-baby pairs. As a result of this intervention, quality EID service provision has become a reality at Wabulungu HC III, a facility offering PMTCT/EID and ART in Mayuge istrict.

Betty is a 35 year old retired primary teacher and mother of four. She currently resides at Magamaga Township in Mayuge district. Nine months ago while she was seven months pregnant, she attended ANC at Wabulungu HC III where she was diagnosed HIV positive. Without hesitation,

SUCCESS STORY

Betty disclosed to her husband who, unfortunately, has still refused to test for HIV to date. Despite this, Betty says she adhered well to her PMTCT prophylaxis and delivered a bouncing baby girl in February of this year.

Baby Faith was born at Wabulungu HC III and received the full course of ARVs for prophylaxis. One and a half months after she was born, baby Faith accessed her first PCR test at the health centre which turned out negative two weeks later. Baby Faith is now six months of age and has just been weaned off exclusive breast feeding by her mother. Due to her dedication to the PMTCT program at the health facility, Betty was soon elected as the chairperson of the Wabulungu health centre family support group by her peers. She now serves as an icon to newly diagnosed HIV positive pregnant mothers at the facility and in her community around Magamaga town-ship. Currently both Betty and the baby are on co-trimoxazole. Betty's most recent CD4 results show that she is not yet eligible to commence on HAART.

Fortunately, Betty's older children, three boys are all HIV negative. Due to this, Betty is also determined to do whatever it takes to ensure that her only baby girl also remains HIV negative. Betty also says she is thankful to God because her husband has continued supporting her family despite having a negative attitude towards himself testing for HIV.



Betty and her 6 month old baby sharing her personal experience during a PMTCT talk show on radio NBS, Jinja

Owing to her experience, Betty has participated in the PMTCT radio talk show supported by STAR-EC where she called upon all pregnant women to embrace HIV counseling and testing services offered free of charge at government health facilities so that they can be able to protect their babies from HIV. She also called on men to escort their wives to attend antenatal care and delivery so that they can also get tested for HIV. At the end of the talk show she offered her gratitude to USAID, STAR-EC and the Government of Uganda for the improved HIV&AIDS services at Wabulungu HC III.

Lessons learned

- Implementation of quality PMTCT services is dependent primarily on continued mentorship of the trained health workers on a regular basis in addition to availability of regular

...during all this time Betty says she is thankful to God because her husband continued supporting her family despite having a negative attitude to the PMTCT program....

PMTCT supplies (including HIV test kits and ARVs for prophylaxis)

- Creation of partnerships between STAR-EC and the MoH/ACP to conduct regular support supervision has been key in improving overall PMTCT performance Family support groups serve as important follow up avenues for HIV positive mothers who would otherwise be lost to follow up

Challenges

- All facilities supported during PY2 continued enrolling some of the mothers on single dose despite the revised PMTCT policy advising use of combination therapy/HAART
- Referrals for HAART by non-ART providing sites are still a major challenge because ART centers (26) were fewer than the PMTCT sites (68) and coverage of ART outreaches to lower units was still limited
- Most of the health workers were not filling out the feedback section of the referral forms which makes it difficult for follow up to ascertain whether clients actually received the services to which they were referred

- Stigma and lack of disclosure are also some of the factors hindering mothers to take up the role of ‘mentor mothers’ at health facilities in order to support their peers
- Occasional stock outs of essential commodities such as test kits and ARV drugs at health facilities has made referrals difficult as people who are referred get demotivated due to inadequate services offered by the health facilities
- Poor male involvement in PMTCT is still a problem in the region

Way forward

- During PY3, STAR- EC has planned to provide assistance to family support groups at all the 68 PMTCT sites, including the 30 sites implementing the m2m PMTCT support model
- The scale up of the m2m PMTCT support model to 30 sites from the current 20 will be accomplished during PY3
- During PY3, STAR-EC will continue working with MoH and NMS to build the capacity of health workers to better manage their logistics systems
- The program will continue to mentor health workers in the new developments of PMTCT and EID in order to ensure implementation of quality PMTCT according to the revised national guidelines
- In PY3 STAR-EC plans to embrace the planned PMTCT/EID strengthening program that has been developed by the MoH
- In PY3, STAR-EC will strive to streamline intra-facility and facility-community referrals using the ‘mentor mothers’ in the facility in collaboration with NACWOLA community support agents and VHTs in the community. In as far as is practical, we will try to ensure that other community support groups become part of the VHT mechanism or at least closely collaborate with it
- STAR-EC will support the rolling out of the revised PMTCT National Policy that incorporates changes in when, for how long, and what type of antiretroviral drugs are given to mother-baby pairs

2.1.3 Care and Support

2.1.2.1 Clinical Care

During PY2, service outlets providing HIV care were scaled up from FOUR at the beginning of October 2009 to 62 health facilities (four hospitals, 12 HCs IV, 46 HCs III) at the end of September 2010 resulting in a coverage of 100% of hospitals, 100% of HCs IV, and 72% of HCs III in our geographical area of coverage in East Central Uganda. STAR-EC scale up support entailed training health workers and, procurement of registers/job aids, basic clinical equipment and co-trimoxazole. Thirty four health facilities received support to access free CD4 cell count testing every fortnight.

Only 61% (38 of 62) of the sites reported data to the program translating into coverage of only 48% of the PY2 target (80 sites). Sites that did not report expressed lack of competence to use the revised patient monitoring tools for HIV/ART. These sites have been identified and health workers will receive orientation/mentorship on recording and reporting as they await a five day formal training. Despite non-reporting by 24 sites (failure to use pre-ART registers), an unknown number of PLHIV still received co-trimoxazole prophylaxis and treatment of opportunistic infections at these facilities.

According to reports from the 38 sites, a significant proportion of PLHIV accessed care outside the traditional four hospitals as a result of support from STAR-EC. A total of 7,041 PLHIV (4,041 males, 3,000 females) were newly enrolled in care and received co-trimoxazole prophylaxis (101% of targeted 7,000 for PY2). Up to 61% of enrolled PLHIV (4,280) were served at newly established clinical care sites including 12 HCs IV (2,674 clients) and 22 HCs III (1,606 clients).

Table 3: Clients provided with care at different levels of health facilities

Level of health facility	No. of health facilities	No. of clients served	% served at each level
Hospitals	04	2,761	39
HCs IV	12	2,674	38
HCs III	22	1,606	23
Total	38	7,041	100

Source: STAR-EC progress reports



An HIV positive orphan (7years old) brought in by his grandmother being fast tracked for ART

It is also worth noting that some of the supported CSOs also initiated co-trimoxazole prophylaxis for 240 newly identified HIV positive clients during the HTC outreaches and home based HTC visits, prior to referring them to care facilities for enrollment and HIV care.

Challenges:

The inter-linkage between PMTCT and care services has been very weak. For example only 282 HIV positive pregnant women (10% of 2,974 HIV positive pregnant women identified during ANC) were enrolled into care. On the other hand, lack of effective referral leads to mothers getting lost along the way.

Way forward:

STAR-EC will train and post 'mentor mothers' to high volume PMTCT sites with a view to improving intra-facility linkages and referrals. Emphasis shall be placed on physically escorting the mother from the PMTCT service point to the care/ART service point, and on critical documentation at enrollment (e.g., record expected date of delivery in pre-ART register).

2.1.2.2 Clinical/Preventive services – additional pediatric

Pediatric care services were scaled up from three Baylor-Uganda supported facilities to 12 pediatric ART facilities (including four hospitals and eight HCs IV) to achieve coverage of 100% hospitals and 67% HCs IV in the region. All 26 adult ART sites are targeted to also offer pediatric care and treatment services. During this reporting period, 60 health workers (21 males, 39 females) were trained on the revised pediatric HIV&AIDS care and treatment policy. As a result, 584 children aged less than 18 years were enrolled in general care at 26 health facilities contributing to about 8.3% of all (adult and children) PLHIV enrolled in care. This is however still below the national target of 14%.

In addition, about 15 facilities (three hospitals, eight HCs IV, four HCs III) were trained on the EID strengthening program and EID care points set up to link and follow up all HIV-exposed infants. So far, 78 exposed infants have been enrolled into care and co-trimoxazole newly enrolled on ART. Of the 816 exposed infants tested with PCR, only 44 infants (5%) turned out to be HIV positive. A total of 39 HIV positive infants had been initiated on ART by end of PY2.

Challenges

Children enrolled in care are fewer than expected. Only 584 enrolled out of 1,021 expected children (expected = 14.5% of 7,041 new PLHIV). PLHIV women are not freely bringing in children for HIV testing either due to limited awareness of EID benefits or due to personal fear of stigma and discrimination.

Way forward

- During PY3, STAR-EC will focus on getting more children in care by supporting facility nurse counselors to gain skills in child and adolescent HTC
- The “*Know Your Child’s HIV Status Day*” campaign shall be held quarterly at each facility on a Saturday suitable for both school-going children and formally employed parents
- PLHIV support groups shall be mobilized for child HTC outreach services at their parish meeting venues
- Concurrently facilities will offer routine testing and counseling on the children’s wards to capture those admitted children who may have underlying HIV infection
- Specialized child counselors shall be facilitated to provide ongoing psychosocial support to children and parents

2.1.2.3 Support Care

2.1.3 Treatment - Antiretroviral (ARV) services

The STAR-EC program rapidly scaled up ART services from four hospitals to 26 facilities (four hospitals, 12 HCs IV, 10 HCs III) that are equitably distributed among the nine districts (see Appendix 1). This entailed training 89 health workers (30 males, 59 females) on comprehensive HIV&AIDS treatment/ART and procurement of patient HIV care cards; ART registers; assorted furniture (21 tables, 42 chairs, 63 benches) and assorted stationery (7,000 spring file folders, 42 staplers and punching machines, 42 reams of ruled paper, 21 packets of pens). Furthermore, 124 health workers (57 males, 67 females) were trained on the MoH revised patient monitoring tools for HIV/ART. By the end of PY2, all of the current ART sites had gained capacity to promptly compile quarterly ART reports and were submitting them direct to MoH. The program has continued to work closely with SURE, SCMS, JMS, NMS and CHAI to ensure adequate supplies of ARV medicines to all 26 ART sites.

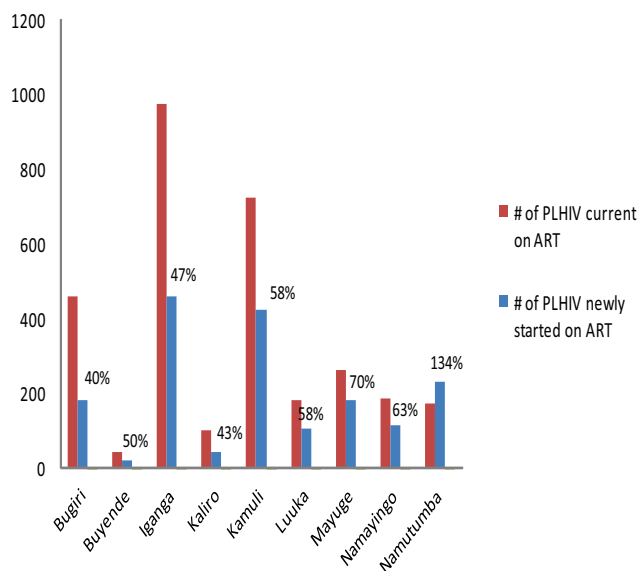
As a result of all these activities, 3,119 current clients (1,038 males, 2,081 females) have been treated with ART of whom 57% (1,776) were newly initiated on ART during PY2 alone. This translates into 118% of our PY2 annual target (1,500) for new clients initiated on ART. However, of all current ART clients, only 6% are children below 15 years (173) compared to the national target of 14%.

ART cohort analysis shows that about 60% of clients started on ART are still alive at one year of treatment (134 alive of 222 started in the July-September 2009 period) with the remaining 40% either lost to follow-up, transferred out, or dead. The Quality of Care Improvement collaborative approach has been kick-started at all ART sites and will mainly focus on addressing the issue of loss to follow up.

A comparison of recent uptake of ART services per district shows that Mayuge district had the highest uptake with 70% of current clients being new on ART while Bugiri district had the slowest uptake with only 40% of current clients as new on ART (see Figure 6).

Namutumba district data had anomalies (two facilities reported current clients to be fewer than the number newly started on ART. Perhaps they later transferred these clients to other facilities outside the district). The reasons for the low intake in the three districts – Bugiri, Iganga and Kaliro will be explored during the annual review meetings

Figure 6: Uptake of ART services by district



with district health workers.

Challenges

Poor documentation of ‘transfers-out’ and deaths is leading to a seemingly poor picture of a high attrition of ART clients.

Way forward

STAR-EC intends to establish ART adherence support and intensify community follow-up activities. Under this plan, expert clients /peer educators and ART Aide nurses will be facilitated to make phone calls where possible and to visit homes of clients in order to establish reasons for missing appointments but also to confirm deaths and document the probable cause of death. Information gathered from this shall be updated in the registers prior to compiling data reports.

Table 4: Distribution of all ART sites in the EC region (Coverage of ART)

Level of Facility	Districts									Total
	Bugiri	Buyende	Iganga	Kaliro	Kamuli	Luuka	Mayuge	Namayingo	Namutumba	
Hospital	Bugiri		Iganga		Kamuli General Kamuli Mission		Buluba*			5
HCIV	Nankoma	Kidera	Busesa Bugono	Bumanya	Namwendwa Nankandulo	Kiyunga	Kigandalo Kityerera	Buyinja	Nsinze	12
HCIII		Buyaga* (outreach)	Namungalwe Busembatya	Nawaikoke Namugongo			Mayuge Wabulungu	Banda Sigulu	Namutumba Ivukula	11

*Buluba Hospital is supported by the IRCU project, while Bugaya HC III is a recently created satellite ART outreach site.

Table 5: Proportion of enrolled PLHIV who are on ART, per district (Access to ART)

Indicator	Districts									Totals
	Mayuge	Iganga	Kamuli	Namayingo	Namutumba	Kaliro	Buyende	Bugiri	Luuka	
# of PLHIV enrolled in Clinical care in PY2	959	1,347	1,695	456	585	290	299	981	429	7,041
# of PLHIV current on ART in PY2	266	974	726	188	173	102	44	461	185	3,119
Proportion (%) of PLHIV that are on ART	28	72	43	41	30	35	15	47	43	44

Source: STAR-EC progress reports

2.1.3.5 Clinical/Additional TB/HIV

During PY2, STAR-EC maintained close collaboration with the Ministry of Health National TB and Leprosy Program through provision of financial and technical support to the South East zone quarterly meetings. A total of four meetings were supported in which the District TB and Leprosy Supervisors (DTLS), District Laboratory Focal Persons (DLFPs), District Health Officers (DHOs) and some of the health sub-district TB focal persons from STAR-EC supported districts were facilitated to participate in the meetings. This forum has provided an opportunity to share the challenges encountered under TB control. Consequently, there has been an increased involvement of the DHOs and the District Health Teams (DHTs) in TB control activities.

Over the reporting period, STAR-EC together with the MoH and other partners conducted joint TB/HIV support supervision visits to selected districts in the South East zone. This activity was conducted twice during this reporting period focusing mainly on TB and TB/HIV activities, laboratory, TB infection control and recording and reporting at health care settings. Six facilities in the STAR-EC supported districts of Kamuli and Mayuge were supervised during this exercise. Some of the main findings of this supervision exercise included inadequate implementation of TB infection control, poor utilization of intensified case finding (ICF) tools; inadequate TB patients follow up at two, five and eight months; insufficient support supervision at all levels in the districts; and poor documentation in the relevant registers across all the districts. Following this exercise, STAR-EC and MoH/NTLP officials conducted

on-job mentorship to the districts on intensified case finding, recording and reporting, TB DOTS implementation and TB case management. Additionally, Bugiri district which had reported a high default rate (70%), during the previous quarters had its data validated during this exercise. It was discovered that some patients had transferred to other facilities and had completed treatment. Some of the patients had been registered by TASO and managed in their site in Tororo.

During PY2, with technical support from the Tuberculosis Control Assistance Program (TB CAP), STAR- EC trained a total of 97 (24 female, 73 male) health care providers as trainers on TB/HIV co management and TB infection control. Consequently health sub-district (HSD) teams of trainers were formed for each district. The HSD teams of trainers were in addition supported to scale up the trainings at lower level facilities. A total of 498 (332 female, 166 male) health care providers were trained in all the districts. Following the training, health care providers were supported to carry out a TB infection risk assessment of their facilities. Basing on their assessment TB infection control plans were written with participation of the staff. By the end of this reporting period, a total of 45 facilities had TB infection control plans displayed.

Also during this reporting period, STAR-EC supported the training of one staff member from Kaliro district for a one month's DTLS training course conducted at Buluba Hospital. He will be replacing the current DTLS due to retire later this year.

At the national level, STAR-EC was actively involved in the different meetings including TB/HIV PEPFAR-/USAID coordination meetings, revision of NTLP and the MDR guidelines and writing of the NTLP strategic plan. In addition, STAR-EC participated in the National TB/HIV coordination committee meeting during which the program staff presented a paper on the experience with ICF tools implementation in the STAR-EC supported districts. STAR-EC also participated in a meeting with the STAR-E and the ZTLS to lay out strategies in supporting poorly performing districts in the zone.

TB/HIV collaboration at facilities

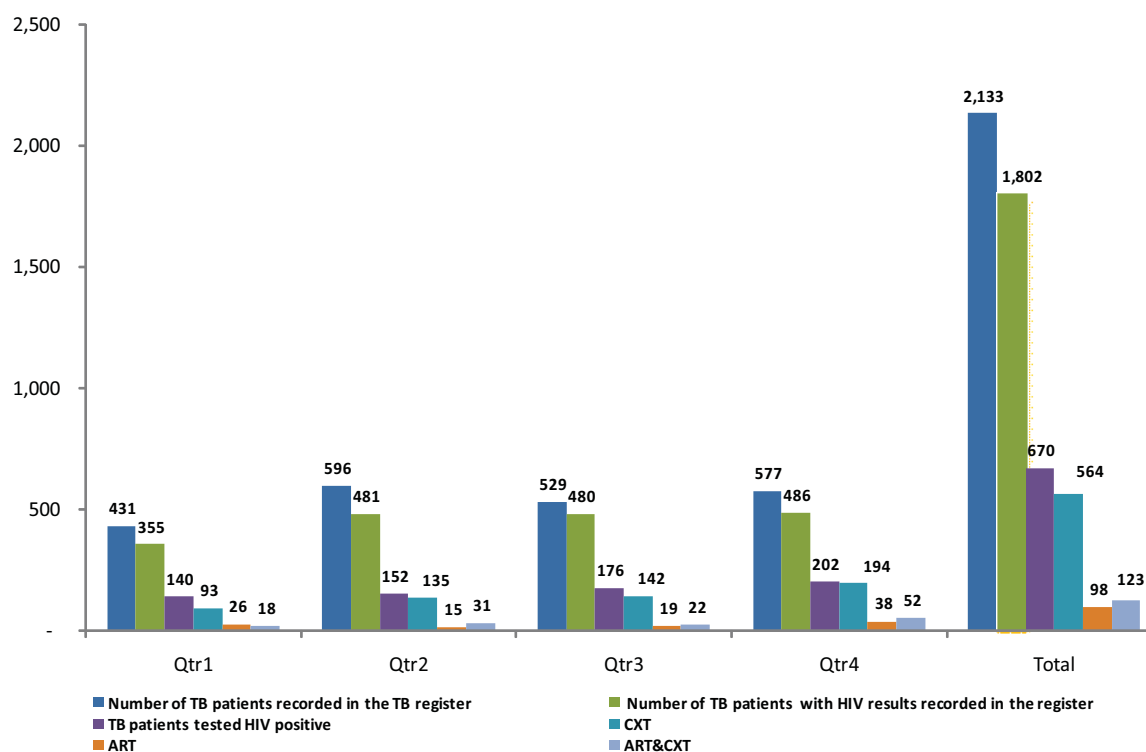
Table 6: TB/HIV outcomes during PY2

Indicator	Q1	Q2	Q3	Q4	Total	
Number of TB patients recorded in the TB register	431	596	529	577	2,133	
Number of TB patients with HIV results recorded in the register	355 (82%)	481 (81%)	480 (91%)	486 (84%)	1802 (84%)	
TB patients tested HIV positive	140 (39%)	152 (32%)	176 (37%)	202 (42%)	670 (37%)	
TB/HIV patients started on treatment	Co-trimoxazole Preventive Therapy (CTX)	93 (66%)	135 (89%)	142 (81%)	194 (96%)	564 (84%)
	ART	26 (19%)	15 (11%)	19 (11%)	38 (19%)	98 (17%)
	ART&CXT	18 (13%)	31 (20%)	22 (13%)	52 (26%)	123 (22%)

Source: STAR-EC progress reports

During PY2, a total of 2,133 patients were recorded in the TB register. Of these, 1,802 (84%) were tested for HIV and received their results while 564 (84%) were started on co-trimoxazole preventive therapy (CPT). The target is to have all patients tested and those found with HIV started on CPT. The low access to these services is as a result of frequent stock outs of essential commodities including test kits and co-trimoxazole at facilities. During PY3 STAR-EC will continue to support facilities to place timely requisitions to NMS. Overall only 17% were able to access ART and 22% received both ART and CPT treatment. The lower coverage is was due to limited linkages and internal referrals between the TB and HIV care services. To address this situation, STAR-EC is supporting high volume facilities to initiate TB clinics which coincide with HIV clinic days.

Figure 7: TB/HIV service provision by quarter during PY2



Source: STAR-EC progress reports

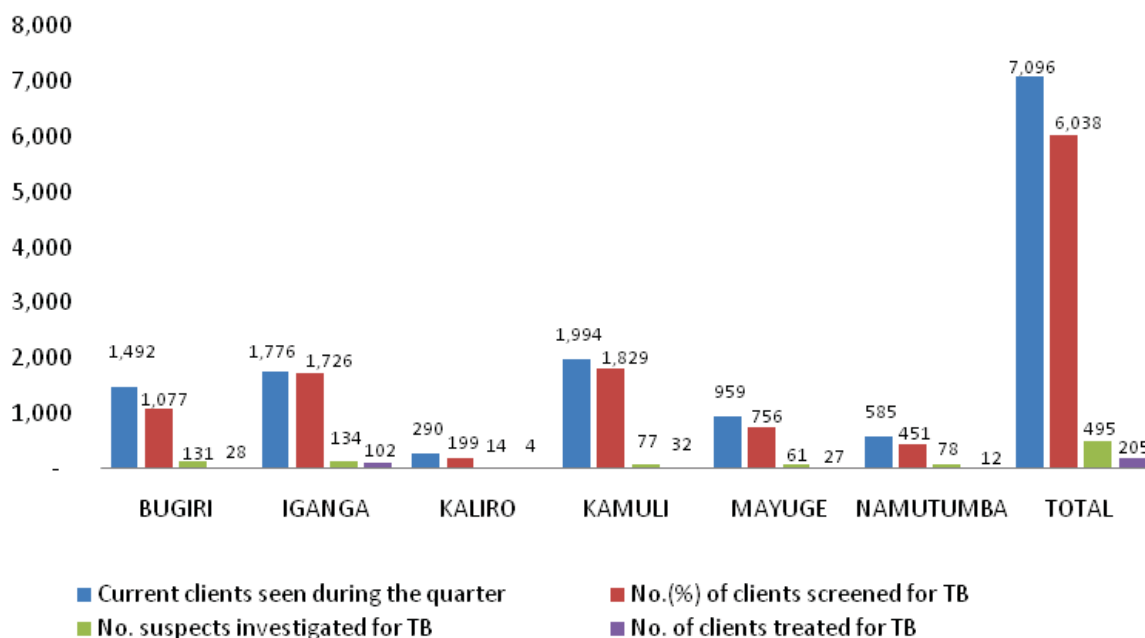
TB screening among HIV care sites has tremendously improved due to the improved recording and reporting and also due to improved awareness among health care providers. During Q4, data collected from HIV chronic services sites providing ART and care services indicated that 86% of patients were screened for TB where as during the Q3 only 52% of patients screened. Data is now routinely captured in the relevant cards and registers.

Table 7: TB status of patients in HIV Chronic care services (Care & ART) in Q4

District	Indicators			
	Current clients seen during the quarter	No. (%) of clients screened for TB	No. of suspects investigated for TB	No. of clients treated for TB
Bugiri	1,492	1,077 (72%)	131	28
Iganga	1,776	1,726 (97%)	134	102
Kaliro	290	199 (69%)	14	4
Kamuli	1,994	1,829 (92%)	77	32
Mayuge	959	756 (79%)	61	27
Namutumba	585	451 (77%)	78	12
Total (%)	7,096	6,083 (85%)	495	205

Source: STAR-EC progress reports

Figure 8: TB screening of HIV positive clients by district



Source: STAR-EC progress reports

Challenges, way forward

- Inadequate/inequitable allocation of resources towards TB control activities by the local governments requires that STAR-EC will continue to support the districts to plan and include TB control activities in their work plans
- Lack of essential commodities like co-trimoxazole and HIV test kits has presented a problem and needs to be supplanted by STAR-EC support to facilities to order in a timely manner
- There are limited linkages and internal referrals between the TB and HIV care services at the facility level. STAR-EC shall continue to support the collaboration through sensitization of staff and conduct continued professional development sessions and on the job mentorship
- Poor documentation and failure to update ART, pre-ART and TB registers. Following STAR-EC support, there has been improvement in this regard during Q4. STAR-EC will continue to support facilities to document in the relevant registers

Lessons learned

- DHOs should participate in zonal quarterly meetings to share challenges since they take decisions in allocation of resources to TB control activities
- Conducting TB clinics in high volume sites that coincides with HIV clinics may improve accessibility to ART for TB/HIV co infected patients

TB Control Activities

Intensified case finding

There has been an improvement in TB case detection in all the districts except Kamuli and Mayuge districts. Kamuli district had only 12 functional diagnostic units out of 20 facilities due to lack of microscopes and trained laboratory staff. During the Q4 of PY2, Kamuli district recruited more laboratory staff and STAR-EC provided binocular microscopes. Furthermore, there has been poor utilization of ICF tools in the districts of Kamuli and Mayuge districts. See Table 8 for a summary of TB case detection rates by district.

Table 8: Quarterly TB case detection rate by district

District	Year					Average
	2008	2009/2010				
		Q1	Q2	Q3	Q4	
Iganga	25.9	49.7	50.5	56.6	51.0	52.0
Kamuli	32.1	28.8	22.4	33.3	28.8	28.3
Kaliro	26.2	33.9	28.4	22.4	31.4	29.0
Namutumba	24.0	28.0	25.0	40.0	53.4	36.6
Bugiri	31.1	45.6	50.0	43.7	36.8	44.0
Mayuge	51.1	42.3	48.6	33.6	46.5	42.8
Total	31.7	38.1	37.5	38.3	41.3	38.8

Source: NTLP Annual and district progress reports

STAR-EC trained health care providers on the use of intensified TB case finding tools (ICF) using every opportunity during meetings, TB/HIV co-management trainings and TB DOTS trainings. In addition, support was given to health care providers through on-site support. Though overall there was slow utilization of the forms in the facilities, it has been noted that where the tools have been well utilized, there has been better performance in CDR for instance in Iganga district.

During the year, STAR-EC supported 13 sub-counties and the prisons which have limited access to diagnostic facilities to conduct sputum outreaches. Initially based on the promising results from three outreaches that were conducted during Q2, STAR-EC scaled-up to cover 10 more sub-counties with limited TB diagnostic facilities. A total of 31 TB patients were diagnosed as a result of these outreaches. Owing to the lessons learned thus far, STAR-EC plans to scale up sputum outreaches through integration with HTC outreaches.

In addition, STAR-EC trained NACWOLA and URHB community support agents (CSAs) in the use of the ICF form. A total of 93 (23 male, 60 female) CSAs from Mayuge, Bugiri and Kaliro districts were trained on ICF, psychosocial support, follow up and referral of TB suspects in the communities.

The public-private partnership is one of the pillars of the Stop TB strategy. In pursuit of this strategy, STAR-EC supported districts to engage and collaborate with the private sector. Because of the cultural beliefs and myths surrounding the TB disease, many times patients first seek medical care from traditional healers or herbalists. Against this background, STAR-EC supported Iganga and Bugiri districts to conduct sensitization dialogues with traditional healers and herbalists so as to address the delays in referring TB suspects for medical treatment. Four such meetings were conducted at health sub-district level and a total of 120 traditional healers participated. STAR-EC plans to encourage similar meetings in other districts during the PY3

In line with the MoH policy aimed at strengthening delivery of health services at household level and empowering communities to take part in making decisions that affect their health, STAR-EC supported the training of 675 VHT members in Namutumba, Iganga, Mayuge, Bugiri and Kaliro districts on ICF; referral of TB suspects; and the provision of psychosocial support. Following this training, STAR-EC conducted three performance review meetings in Namutumba, Bugiri and Iganga districts during which VHT team members highlighted the challenges they encountered. These include:

- Health workers' failure to recognize VHT referrals;
- lack of readily available transport for the VHTs; and
- lack of village referral forms and registers.

On the other hand, health workers reported that there was an increase in out-patient attendance and generally utilization of services at the facilities. As a way forward, it was agreed that health workers participate in future performance review meetings. STAR-EC will also support the dissemination and reproduction of the referral registers and forms.

Implementation of TB DOTS

There has been progressive improvement in the coverage and quality of TB DOTS implementation in the districts of East Central Uganda except for Kamuli district. The low TB DOTS implementation in Kamuli district, however, is as a result of the negative attitude of the sub-county health workers (SCHWs) and lack of support supervision to the SCHWs by the HSD TB focal persons. During PY3, STAR-EC will strengthen support supervision by the DTLS and HSD TB focal persons and also work with the DHOs to ensure that non-performing SCHWs are replaced.

Table 9: Quarterly TB DOTS coverage (%)

District	Quarter			
	Q1	Q2	Q3	Q4
Bugiri	50	70	72	63
Iganga	34	40	44	67
Kaliro	81	67	91	90
Kamuli	34	26	39	38
Mayuge	60	64	65	65
Namutumba	0	62	-	93

Source: District progress reports

Treatment success

At approximately 70%, the Treatment Success Rate (TSR) in the East Central region is still below the national target of 85%. However, the quality of TB DOTS generally improved during the Q4 following the distribution of bicycles and continued support to the sub-county health workers. There was poor performance in the districts of Kamuli, Bugiri and Iganga districts due to the fact that all these had poor support supervision by the then DTLSs in 2009. The DTLSs were later replaced in late 2009. In addition, when the DTLS of Kamuli passed away there was no immediate replacement. During the data validation exercise it was discovered that some patients in Bugiri had transferred to a TASO outreach site in Bugiri district therefore the treatment outcomes of these patients were never captured.

In an effort to consolidate TB DOTS, STAR-EC supported SCHWs' performance review meetings in all the districts. The meetings were also attended by the DTLS and the HSD TB focal persons. The objectives of the meetings were to share the challenges and best practices which among others include reviewing the unit registers and identifying the gaps in documentation and referral of patients in lower level facilities. Among the challenges, it was noted that some patients do not reach their destinations when referred. The SCHWs were therefore urged to follow-up patients in the communities.

Table 10: TB treatment success rate by district and quarter (%)

District	Quarter				Total
	Q1	Q2	Q3	Q4	
Iganga	66.1	53.5	56.5	69.6	61.4
Kamuli	34.9	56.5	41.8	75.9	52.3
Kaliro	78.6	80.0	81.8	83.3	80.9
Namutumba	78.6	70.6	63	80.0	73.1
Bugiri	65.4	21.1	55.6	69.6	52.9
Mayuge	78.8	80.6	86.2	77.9	80.9
Total	67.1	60.4	64.2	76.1	66.9

Source: District progress reports

SUCCESS STORY

Lutalo enjoys his health again

Lutalo, 46 years, is a resident of Golofa on Lolwe Island-Sigulu Sub-County. Lutalo spent four months coughing and in spite of all the treatment he got, the situation continued to get worse. In May 2010, he decided to visit Siwoda HCII to find out whether they had stronger drugs for cough but received a negative response. He had body aches and had lost weight but did not



Lutalo swallowing drugs under the observation of Lydia

know what was happening to him. Bogere Stephen, a health worker at Siwoda health centre had heard about URHB Medical Centre in Bugiri district and their activities on the islands so he decided to refer Lutalo to URHB. However, Lutalo was unable to travel immediately due to lack of money for transport. Neither did he know anyone in Bugiri. After mobilizing some money from friends and relatives Lutalo finally made it to Bugiri. On arrival at URHB, Lutalo was well received and provided both accommodation and food for the 2 days he spent being investigated. He was tested and found to have TB. He has since been taking drugs under the observation of Lydia, his health worker treatment supporter

at the HC II. Sputum follow up at 2 months was negative. Lutalo is doing well and has gained weight from 44 to 55 kilogrammes in just three months.

URHB supports Bogere to collect drugs from its branch in Bugiri every month. 'I feel better, I have the strength now and when I went to test after two months, I tested negative, however I was told by the health worker to continue treatment for a total of eight months. The chest pain has subsided, I no longer cough so much and I have appetite for food. I know that if I default, "mbera ng'eyelinye mu nsalika" (it will seem like I betrayed my own self). I promise to continue swallowing my drugs as prescribed because I now see hope ahead of me of getting better," says Lutalo.

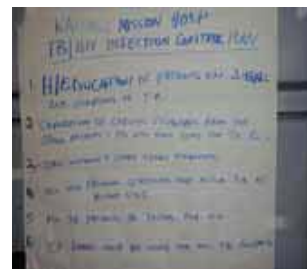
TB infection control in health care settings

Following the training of health care providers on TB infection control there has been gradual adoption and implementation of infection control measures



TB suspects in a separate waiting area at Kamuli Mission Hospital

(administrative and environmental) at health care facilities. Health care providers now realize and appreciate the need to prevent TB transmission. STAR-EC has continued to provide technical support to facilities to implement the first line TB infection control measures. 45 facilities have now TB infection control plans displayed at their facilities and some have adopted the triaging system of TB suspects.



TB infection control plan displayed at Kamuli Mission Hospital

TB in children

Over the reporting period, a total of 125 children were treated for TB. Trends show that there has been increasing knowledge on the diagnosis and treatment of TB in children among health care providers. This has contributed to an increase in the number of children diagnosed with TB in Q3 and Q4. However, the treatment outcome of the children is not captured independently and is therefore not reflected in the district reports. STAR-EC will increase support to districts to capture this information during PY3.

TB logistics management

During the reporting period, STAR-EC trained 84 (34 female, 50 male) health workers on TB logistics management. The program also supported the DTLs to collect drugs from the zonal office to the district and the peripheral units. Facility staffs were supported to order drugs in a timely manner based on the deadlines set by NTLP. Support was also given on proper documentation at all levels including in the stock cards, dispensing logs, TB registers and patients cards.

Advocacy, Communication and Social Mobilization (ACSM)

Under advocacy, communication and social mobilization, STAR-EC supported radio talk shows and drama shows in the districts and World TB Day commemoration for Kaliro district. This support will continue during PY3.

Challenges and way forward

- Inadequate documentation in the relevant registers, TB case management and sputum follow up. STAR-EC will continue to support NTLP resource persons to provide on job mentorship
- TASO Jinja and TASO Tororo continue to enroll and manage TB patients from Iganga and Tororo respectively. This information is never shared with the respective districts; these patients are therefore reflected as defaulters or are never reported on, thereby affecting treatment success and CDR of the respective districts. This has mostly affected the TB/HIV co infected patients in Bugiri districts. As a way forward, STAR-EC shall encourage and support stake holders' coordination meetings where such issues will be addressed

Lessons learned

- Dialogue with traditional healers improve the relationship with healthcare providers and therefore improves referral of TB suspects
- There is need to intensify focus on interpersonal communication between the health workers and patients so as to improve on drug adherence and treatment outcome
- There is need to involve laboratory personnel in the review meetings because they directly participate in the care, follow up and determination of treatment outcomes of TB patients
- Obtaining the telephone contacts of patients or their next of kin can help improve follow up and subsequently improve the TSR
- Integrating sputum outreaches into other services such as HTC is one way of intensifying case finding in the communities

2.1.6 Laboratory Services



Laboratory staff performing TB diagnostic procedures during refresher training at Buluba Hospital

While contributing to health systems strengthening in the supported districts, STAR-EC continued to support increased access to quality laboratory services. In order to achieve this objective, STAR-EC worked with a number of stakeholders including the Central Public Health Laboratories (CPHL), the Uganda Virus Research Institute/HIV Reference Laboratory (UVRI/HRL), the National TB Reference Laboratory (NTRL), the Uganda Blood Transfusion Services (UBTS) and Jinja Regional Referral Hospital. In addition, STAR-EC collaborated with other implementing partners that included the African Medical and Research Foundation (AMREF), the Northern Uganda Malaria AIDS and Tuberculosis Program (NUMAT) and the Joint Clinical Research Centre (JCRC) in supporting systems strengthening in the region. Through this partnership, a wide range of support was provided in support of quality service delivery in the region.

Highlights include:

- In consultation with CPHL, STAR-EC strengthened the capacity of three general hospitals to perform on-site clinical laboratory monitoring tests for general clinical care and ART management (CD4, CD4% and lymphocyte counts) through the provision of CD4 machines and Clinical Chemistry Analyzers
- In partnership with NTRL, the diagnostic capacity of 16 health facility laboratories to perform microscopic procedures for the diagnosis of TB, malaria and opportunistic infections was improved by providing Binocular Olympus CX2 microscopes.
- In collaboration with NTLP/NTRL and the Mildmay Training Centre, laboratory staff received in-service training on TB sputum smear microscopy and laboratory methods for management of roll out of ART programs. This training was aimed at enhancing staff technical capacity to offer quality laboratory services. The summary of the outputs of the various interventions are highlighted in Table 11.

Table 11: Laboratory outputs that STAR-EC contributed to during the period Oct 2009-Sept 2010

Activities	Outputs
Increased access to essential laboratory tests for general clinical care including ART monitoring	128,180 HIV antibody tests, 6,937 CD4 cells counts, 12,373 TB tests, 252,041 blood slides for malaria, 128 liver function tests, 37 renal function tests and 927 white blood cell counts were performed to support the ART service delivery
Conducted a Comprehensive laboratory needs assessment	Mapping of 69 health facility laboratories with their respective and specific needs for various intervention areas namely infrastructure rehabilitation, equipment, human resources, quality control and infection control implementation including formulation of essential interventions was done
Procured and provided laboratory equipment	STAR-EC procured 2 CD4 machines for Iganga and Bugiri General Hospitals and secured a donation of a CD4 machine for Kamuli General Hospital from Partec East Africa Ltd. One automated clinical chemistry analyzer was provided to Iganga General Hospital 16 Binocular microscopes were procured and provided to 16 health facility laboratories Serviced and repaired the old CD4 machine at Kamuli General Hospital
Provided Technical laboratory support supervision	Staff at of 68 health facility laboratories received technical laboratory support supervision and mentorship on good laboratory practices
Strengthened skills of laboratory service providers	41 laboratory staff from 36 HCs sponsored for a refresher course in sputum TB microscopy at St. Francis Hospital Buluba 26 laboratory in-charges for 26 HCs sponsored for course in Laboratory methods and management of roll out of ART programs offered at Mildmay Training Centre 10 vacancies for 'microscopists' secured at Medical Laboratory Training School. These 'microscopists' will train as Laboratory Assistants
Implementation of Quality control for TB and HIV testing	64 facility laboratories participated in TB external quality control (1,810 sputum smears were re-checked through the NTRL sputum smear rechecking scheme). Accuracy in reporting by the laboratories was at 96% facility laboratories in HIV proficiency testing
Advocacy for laboratory support	Regionally, STAR-EC convened several consultative meetings with of MoH (CPHL, UVRI/ HRL, NTRL, UBTS) and other implementing partners, namely AMREF, NUMAT, AFENET & MLTS. Issues discussed included approaches to strengthen EQC system, infrastructure rehabilitation processes, pre-service training of 'microscopists' Nationally, participated in meeting convened by MoH. Issues discussed included development of policy guidelines for the delivery of laboratory services, bi-annual meeting of the MoH-Infrastructure and Equipment sub-Committee (ISEC), review of the HTC policy and roll out of laboratory accreditation processes

Table 12: Number of various laboratory tests performed in during PY2

Type of laboratory test	Quarter				Total
	Q1	Q2	Q3	Q4	
HIV antibody	19,667	21,757	45,520	41,236	128,180
DNA-PCR for HIV	*	*	372	360	732
TB sputum microscopy	2,408	2090	3,640	4,235	12,373
Syphilis antibody	3,974	2,982	4,856	5,628	17,440
CD4 cells count	1,312	1,310	2,482	1,833	6,937

Type of laboratory test	Quarter				Total
	Q1	Q2	Q3	Q4	
Hb estimation	*	*	4,727	3,930	8,657
White blood cells count	88	37	61	741	927
Malaria test	58,907	55,352	76,979	60,803	252,041
LFTs	5	122	1	0	128
RFTs	3	34	0	0	37

*Data not collected due to inadequate documentation by the facilities at the time

Source: STAR-EC progress reports.

Regarding external quality control implementation, a total of 64 health facilities participated in the NTRL sputum smear blinded rechecking scheme. A total of 1,810 TB sputum smears were rechecked out of which 1,730 of them were accurately reported by the health facility laboratories yielding a 96% accuracy reporting during the period October 2009-June 2010 as summarized in Table 12. The best performing districts were Kaliro and Namutumba with an accuracy level exceeding 98%.

Table 13: Quarterly performance per district in the TB NTRL external quality control sputum smear blinded rechecking scheme during the period Oct 2009-Jun 2010.

District	No. of sputum smears submitted for EQA			Cumulative totals (Oct '09-Jun '10)		
	Q1 (Oct –Dec '09)	Q2 (Jan-Mar '10)	Q3 (Apr –Jun 10)	Total no. of sputum smears submitted	No. accurately reported by Health facility labs	% of accuracy reported by health facility labs
Bugiri	92	107	111	310	302	97.4
Iganga	211	231	252	694	658	94.8
Kaliro	60	10	28	98	96	98.0
Mayuge	71	77	77	225	215	95.6
Kamuli	109	129	119	357	335	93.8
Namutumba	47	43	36	126	124	98.4
Total	590	597	623	1,810	1,730	95.6

Data for the new districts of Buyende, Luuka and Namayingo is included in their respective 'mother districts'

Source: NTRL data

SUCCESS STORY

Acquisition of a CD4 machine and Clinical Chemistry analyzer takes health care to new heights at Iganga General Hospital

During PY2, STAR-EC procured and installed a CD4 machine and an Automated Clinical Chemistry Analyzer at Iganga Hospital Laboratory was among the three hospitals (others are Bugiri and Kamuli) that benefitted from this support. The Iganga District Laboratory Focal Person and Head of Iganga Hospital Laboratory, Mr. Kakaire Kirunda, gleefully recounts his experience when the machines were delivered and installed at the hospital laboratory. "The mid mornings of the two consecutive Wednesdays of 22nd and 29th September 2010 were historical for Iganga Hospital; the spirits were high among patients as well as health workers present at the OPD as 'rumours' filtered through that for the first time, hi-tech machines were to be installed at Iganga Hospital Laboratory. In fact, more whispers sieved through the anxious patients from one patient to another that the machines were a donation from STAR-EC." According to Kakaire, "there was an ecstatic mood among patients when a CD4 machine and Clinical Chemistry analyzer were installed at Iganga



Iganga laboratory In Charge, Mr. Kakaire Kirunda operating the CD4 machine (left) and Clinical Chemistry analyzer (right) provided to Iganga Hospital by STAR-EC

General Hospital as many of them were heard saying: 'Thank God we have lived to witness the day when we can access CD4 testing right here instead of travelling long distances to access the service from Jinja or Kampala.'

When asked what he had to say about this support, Kakaire replied, "This is a great achievement by Iganga hospital, Iganga district and the whole region. It is a huge step towards improving the

quality of health care in the region. Nobody would have ever imagined that such high-tech machines would soon be available at our facilities. "This support will enable easy access by patients to essential laboratory tests for both ART and general clinical care and turnaround times will significantly reduce."

According to reports from the hospital, the beneficiaries of the CD4 services are not only from Iganga district but also from the neighbouring districts of Namutumba, Luuka, Kaliro, Mayuge and Jinja. In a period of only 2 weeks since the new machine was brought in, a total of 52 CD4 tests were carried out for patients from 2 health facilities (Iganga Hospital and Kiyunga Health Centre IV in Iganga and Luuka districts respectively).

Challenges

- Up to 29% of the unqualified but employed laboratory staff in the region serve as 'microscopists'
- There were episodes of stock outs of HIV test kits and related supplies for HTC services
- Inadequate availability of secondary infection control containment facilities (incinerators) in the region
- Physical infrastructure of 29% of health facility laboratories is inappropriate and requires rehabilitation while 62% lacks running tap water and 52% lacks electricity
- Many laboratories lack basic essential laboratory equipment for performing essential basic tests
- Inadequate availability of essential reference text materials for quality control and infection control for implementation of good laboratory practices

Way forward

STAR-EC is working vigorously in collaboration MoH, other implementing partners and district health authorities to address the afore mentioned challenges in the upcoming PY3. To this effect, STAR-EC has:

- Offered 10 scholarships to the districts for ‘microscopists’ to enroll for the Laboratory Assistants Course that will commence in November 2010
- Planned to strengthen the coordination of the districts’ laboratory logistics and management systems continuously
- Planned to procure incinerators to be placed at selected high volume sites during PY3
- Initiated renovation processes for 20 health facility laboratory structures to provide essential work space provisions
- Plans to procure and provide basic laboratory equipment and essential reference text material to at least 50 health facility laboratories

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

During this reporting period, STAR-EC implemented a balanced approach to promotion of three key behaviors that can prevent or reduce sexual transmission of HIV: Abstinence (or delayed sexual debut among youth), being faithful (or reduction in number of sexual partners), and correct and consistent condom use (ABC). STAR-EC employed peer-to-peer interpersonal communication, small group discussions, peer support group activities, and targeted community dialogues to implement sexual and other behavioral risk prevention activities. These activities were implemented through 13 supported that included: the AIDS Information Centre (AIC), Integrated Development Activities and AIDS Concern (IDAAC), Family Life Education Program (FLEP), Friends of Christ Revival Ministries (FOC-REV), Multi Community Based Development Initiative (MUCOBADI), National Community of Women Living with HIV&AIDS (NACWOLA), Uganda Development and Health Association (UDHA), Uganda Reproductive Health Bureau (URHB), Uganda Women and Youth Development Initiative (UWYDI), Youth and Women in Action In Uganda (YAWIA) and Youth Alive.

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

Promotion of HIV Prevention through AB targeted youth aged 10-24 year as well as persons in marriage and/or cohabiting relationships. STAR-EC employed ‘*Choose freedom*’ sessions, Behaviour Change Communication Programs (BCPs), formation and support of youth clubs as well as monthly community youth meetings in which youth peer educators reached fellow peers. Couple-centric activities included home-to-home visits, dialogue sessions, fidelity seminars as well as formation and facilitation of couple support clubs.



A model couple conducting a dialogue session during home-to-home visits in Bugiri district

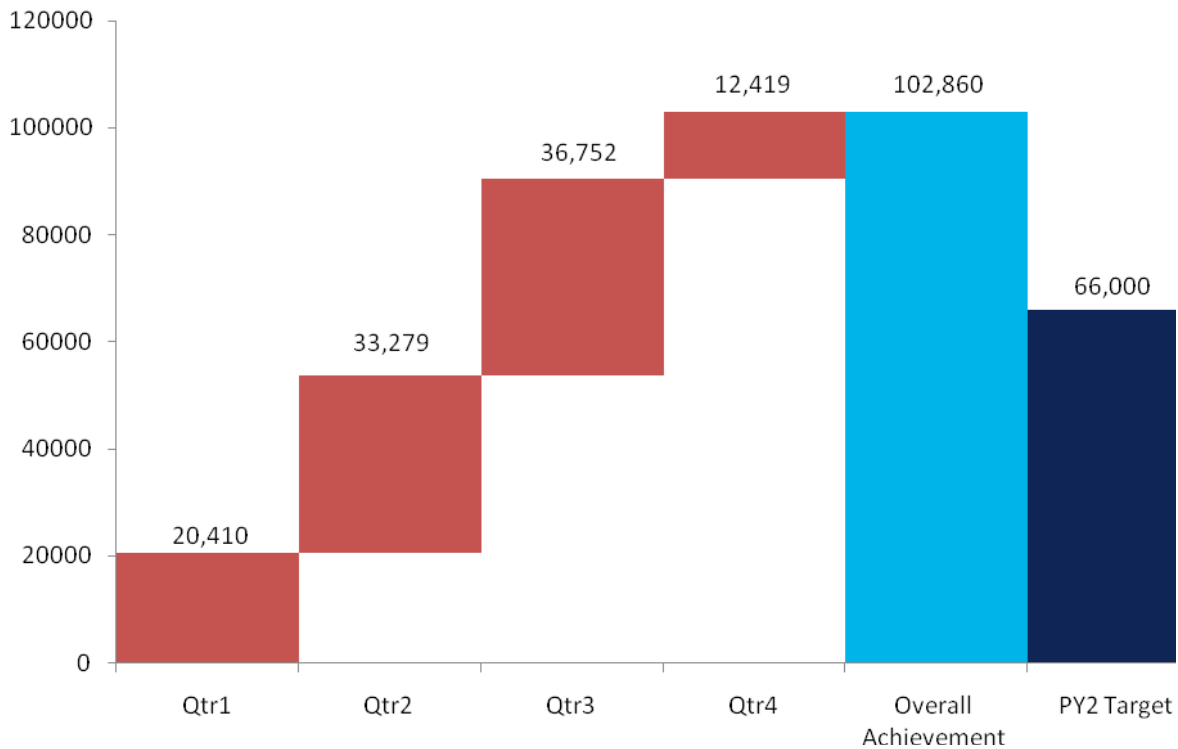
During PY2, STAR-EC supported the training of 564 individuals in the provision of AB services. A total of 77 youth peer educators in provision of HIV prevention interventions and messages as well as youth friendly services. Through the efforts of trained youth peer educators, a total of 52 youth clubs with a membership of over 1,300 individuals were formed which meet regularly for monthly community youth dialogue meetings, share experiences on how to live a healthy and productive life.

The messages shared during the youth dialogue sessions included setting life goals, self esteem, avoiding early marriages, what young people should know about ABC, ways to abstain from sex, love and affection as well as ways of expressing affection without having sex. STAR-EC supported youth clubs with sports equipment to facilitate peer sustainability activities such as football, netball and other board games for entertainment. Sports are being used for mobilization and creating awareness, however the clubs which are formed are to provide an environment and opportunity for sustained behaviour change and recreation among youth.

Additionally, STAR-EC trained 24 Trainers of Trainers (ToTs) from supported CSOs in Abstinence and/or Be-Faithful programming who in-turn trained 195 model couples and 10 religious leaders. Promotion of be-faithful activities was led by trained 'model couples' who continued to conduct home-to-home visits and couple dialogue sessions through which their peers with HIV prevention interventions including couple testing, partner testing, disclosure of sero-status to spouses, safe male circumcision (SMC), partner reduction, spousal communication, as well as parent-child communication. Religious leaders integrated HIV prevention messages into the premarital and marital counseling as well as the fidelity seminars. Three couple support groups were formed in Bukenga parish, Bulange sub-county, Namutumba district; Busowa parish, Buwunga sub-county, Bugiri district; and Ndifakulya, Bugiri Town Council, Bugiri district with a total membership of 108 members. These support groups meet regularly during monthly community couple dialogue meetings to share experiences. In addition, STAR-EC facilitated trained couples, youth peer educators and religious leaders with 339 bicycles for community mobilization and education.

Over this reporting period, a total of 102,860 individuals were reached with AB interventions and messages of which 49% were females. The quarterly performance is as shown in the following graph.

Figure 9: Cumulative number of individuals reached with AB interventions in PY2



Source: STAR-EC program records

This level of performance is attributed to an increase in the number of trained peer educators, formation of many support groups, increase in the number of CSOs implementing AB through a competitive granting mechanism,

and improved facilitation of community workers with transport and IEC materials.

Challenges and way forward

- FLEP, URHB and all new CSOs have been implementing AB programs using only youth peer educators and home-to-home couple dialogue sessions. During PY3, STAR-EC will support these partners through capacity building provided by Youth Alive Uganda to add BCPs, fidelity seminars, as well as 'Choose freedom' sessions to their programming
- There has been limited participation by female youth in monthly community youth meetings in Bugiri district. STAR-EC is working with CSOs to identify more female youth peer educators who will innovatively mobilize their fellow girls
- Late submission of accountabilities from some CSOs which has affected timely disbursement of funds. In PY3, STAR-EC will ensure timely tracking of accountabilities and reports from partners to ensure provision of faster feedback
- It has been difficult to trace referrals made by peers for active follow up because partners such as health facilities do not complete the referral registers making tracing of clients for feedback difficult

Lessons Learned

- Networking among CSOs and with health facilities has contributed to provision of comprehensive package of services
- Iteration of prevention messages and use of peers has been important in eliciting behavior change. Model couple home-to-home activities have led to higher number of couples seeking to test together

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

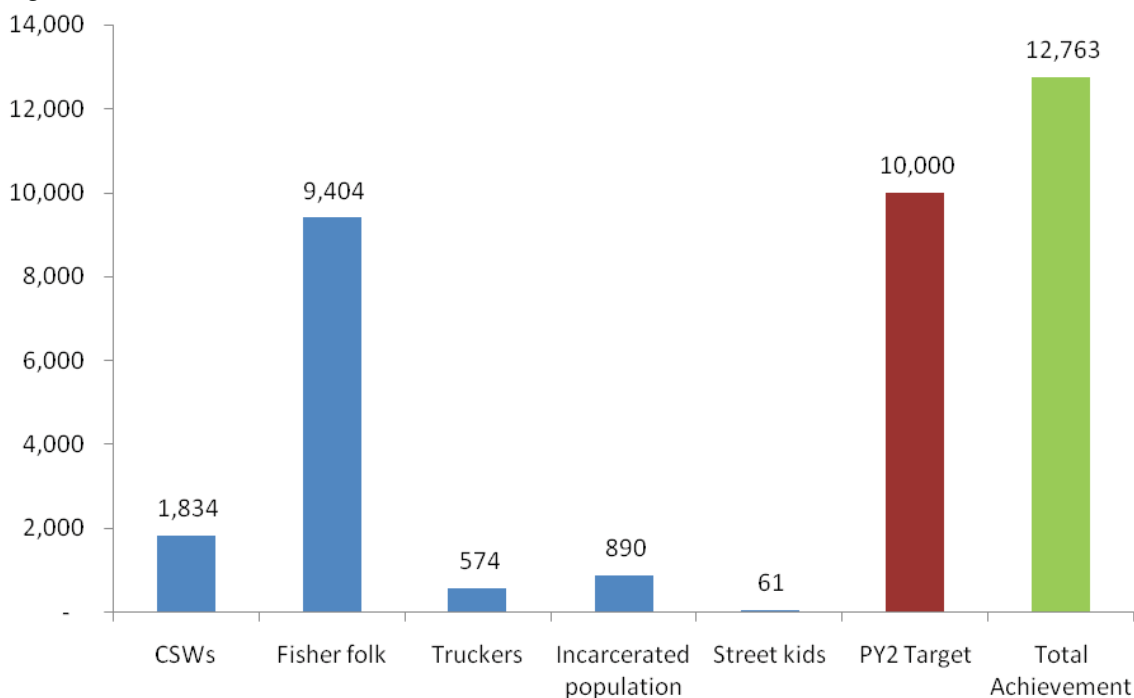
Promotion of HIV prevention through other HIV&AIDS prevention initiatives beyond AB targeted most at risk populations (MARPs) including long distance truck drivers, commercial sex workers, fisher folk and incarcerated populations. Other persons from the general population reached with these interventions included 'boda boda' motorcyclists, migrant plantation workers as well as bar and lodge attendants. The STAR-EC program supported CSOs to conduct integrated outreach services as well as peer-led activities in reaching these populations.

STAR-EC supported the training of 87 peer educators/condom distributors drawn from the above categories of MARPs to reach their peers with other prevention messages; condom education and distribution; screening for sexually transmitted infections; and referrals health facilities for proper management. The peer educators also convened monthly peer dialogue meetings to share experiences on how to adopt healthy lifestyles. During PY2, female peer educators from Lolwe Islands, Bugiri district formed a volley ball club for recreation for girls and women at the island. STAR-EC held discussions with Bugiri district and the Great Lakes Initiative on HIV&AIDS (GLIA) regarding strengthening the package of HIV&AIDS services at the GLIA centre in Naluwerere so that long distance truck drivers and CSWs can access a comprehensive package of services including moonlight HCT, HIV prevention activities, condoms, IEC materials, gender based violence reduction and alcohol and drug abuse prevention.

During PY2, CSWs in Naluwerere in Bugiri district started a peer support club which was supported to hold peer dialogue sessions to assess their needs and alternative ways of reducing their vulnerability to acquiring HIV&AIDS. Through these dialogue sessions, the support club requested for expansion of space to cater for the needs of CSWs at the GLIA centre, sports equipment including volley ball and netball and board games so that they can engage in some recreational activities. STAR-EC has supported the club with the equipment and will in PY3 expand space to cater for moonlight services at the centre. The club also identified and requested for training and start-up kits for income generation to boost their financial status and thereby reduce vulnerability to HIV&AIDS. Other categories of MARPs supported included fisher folk living and working within islands in Mayuge and Bugiri districts for whom monthly integrated outreaches were conducted to provide comprehensive HIV&AIDS services.

During PY2, 208 condom outlets were utilized to reach 12,763 MARPs with HIV prevention interventions in East Central Uganda.

Figure 9: MARPs reached in PY2 with ABC interventions



Source: STAR-EC quarterly progress reports

Challenges and way forward

- There has been low coverage of OP interventions due to limited number of peer educators working with MARPs. More peer educators will be trained during PY3 to cover more parishes and sub-counties
- Some commercial sex workers have expressed the need for more information on STIs such as candida and syphilis yet the field staff and volunteers do not have adequate knowledge on these diseases. To address this gap, some CSOs have utilized medical workers in peripheral health units to provide such information during outreaches
- There has been low participation of women in the condom education sessions. CSOs will in PY3 identify and purposively train women as condom educators and distributors and promote the 'stepping-stones' concept

Lesson Learned

- There has been an increase in the demand for female condoms among CSWs
- Innovation in reaching MARPs has been useful for example using 'scenario nights' where truckers are engaged in quizzes, dialogue sessions and discussions
- Integration of HCT, STI screening, condom education and distribution into these scenario events has increased uptake of these services by CSWs and truckers. STAR-EC partners have in PY3 scheduled service delivery at times favourable to these clients

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

During PY2, STAR-EC initiated the Prevention with Positives (PwP) service in 21 health facilities (34% of 62 clinical care sites) by training 61 health workers (16 males, 45 females) on positive prevention counseling that includes promotion of condom use and family planning among PLHIV; disclosure of HIV status and partner testing; utilization of PMTCT/ART services; and HIV stigma and sexuality issues. STAR-EC implemented PwP interventions at community level through NACWOLA's 295 service outlets.

Additionally, 30 PLHIV peer educators were trained on PwP and they offered the service during their community interactions with PLHIV. These PLHIV were drawn from some FSGs and PTCs so that they contribute to focusing the discussions during the FSGs and PTCs meetings. NACWOLA implemented PwP activities interventions in all the districts using its well established network of PLHIV living within most communities of the East Central Region. STAR-EC trained over 600 CSAs to support PwP activities at facility and community levels. STAR-EC also facilitated FSGs at health facilities to meet on a monthly basis to share experiences, collect drugs, discuss partner testing and disclosure, family planning, correct and consistent condom use, discordance, adherence to drugs, benefits of PMTCT as well as how to start up IGAs.

STAR-EC delivered 440 cartons of condoms to NACWOLA for distribution by the CSAs community support agents during their door-to-door activities. As a result, 9,669 individuals (3,857 males, 5,812 females) have been reached with a minimum package of prevention with PwP interventions. STAR-EC initiated linkages with the pre-exposure prophylaxis (PrEP) study in Jinja where discordant couples identified at health facilities and during couple testing weeks were referred for other HIV prevention services.

Challenges and way forward

- NACWOLA had focused only on PLHIV and had neglected demand for condoms from other individuals from the general population. STAR-EC provided sufficient supplies of condoms to NACWOLA so that they could be provided to all persons who need them
- PwP services were lacking at facilities due to inadequate skills and supplies. In PY3, all 80 clinical care sites will be trained and supported to offer PwP services. STAR-EC will liaise with STRIDES for Family Health to ensure availability and uptake of family planning among PLHIV. In addition, condom dispensers will be procured and installed at each facility to ease access by PLHIV and HIV negative individuals. Positive living counseling will be routinely offered to every PLHIV attending care clinics
- Disclosure has sometimes had negative effects by leading to gender based violence (GBV). STAR-EC worked with DHOs and health facility in-charges to organize on-job mentorship for health workers to improve quality of counseling. STAR-EC is integrating GBV sessions in community dialogues on prevention care and treatment thereby tackling the GBV issue at community level. 'Influencers' such as aunties and mothers-in-law are reached through home visits

Lesson Learned

- Support groups such as FSGs, PTC, and psychosocial support clubs have provided an opportunity for PLHIV to share experiences and learn about positive prevention, partner notification, and mutual disclosure
- Dissemination of the STAR-EC HIV prevention strategy has clarified PwP interventions and activities for partner CSOs

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

During PY2, STAR-EC initiated SMC services in seven health facilities within East Central Uganda. This was preceded by visits to Rakai Health Sciences Project (RHSP) and Makerere University Walter Reed Project (MUWRP) - the two US Government funded flagship projects that provide training on SMC in order to learn about best practices and their experience in rolling out SMC services. STAR-EC participated in joint support supervision pre-visits to Kidera HC IV, Bumanya HC IV, Kigandalo HC IV, Nsinze HC IV and Buyinja HC IV with the SMC training team from MUWRP to assess readiness of theatre before teams of service providers were admitted at the Kayunga training site. The MUWRP also conducted post training follow up and mentorship visits to sites where teams which had returned to assess implementation and provide support to the sites. Thereafter, STAR-EC program worked with district and health facility leadership in selecting teams of service providers to be trained in providing SMC services and also conducted a needs assessment exercise for SMC readiness at nine theatres. This exercise focused on the availability of staff, instruments, equipment and theatre space to roll out SMC services at health facility level. Information generated from the needs assessment was used to benchmark SMC interventions within

East Central Uganda and in particular to draw facility-specific plans necessary for improving infrastructure and providing equipment and surgical instruments.

Through MUWRP and RHSP, 21 service providers (12 male, 9 female) from the 7 sites were trained during PY2 leading to the initiation of SMC activities at seven static sites in Bugiri, Buyende, Iganga, Kaliro, Kamuli and Namutumba districts. STAR-EC supported continued medical education for 176 health workers at supported sites to facilitate integration of SMC in health talks into all service care points within the health facility.

In order to effectively support individual and group counseling SMC sessions, STAR-EC distributed various IEC to health workers to assist them while conducting community mobilization activities in schools and communities.



Men eagerly awaiting their turn to receive SMC services at Bumanya HC IV, Kaliro district

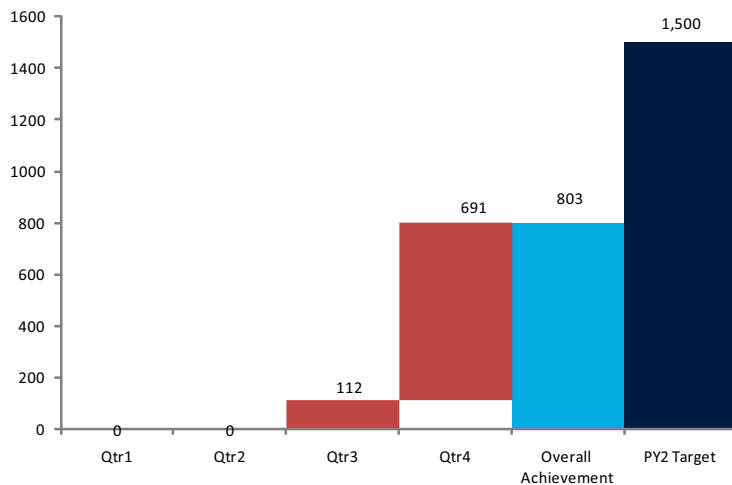
These included 20,000 Safe Male Circumcision brochures in both English and Luganda; 80 SMC flip charts and 200 health worker information booklets.

Over this reporting period, STAR-EC supported orientation and sensitization of 20 VHT members at each of the 7 facilities on SMC as well as community education, sensitization and mobilization in secondary schools and nearby communities by site teams. These two interventions have greatly contributed to the increase in demand for the service. Sites have also been supported to follow up clients who had received SMC services but failed to come back to the sites for the seventh and or thirtieth day follow up. During these follow up health workers provided post-circumcision instructions, assessed any adverse events, reinforced abstinence messages during the healing period, and educated spouses

and other family members to provide support to the circumcised persons.

During PY2, STAR-EC procured and distributed SMC supplies and commodities including; surgical gloves, anaesthetic drugs, sutures, dry gauze, medicated paraffin gauze, cotton, crepe bandage, detergent, and alcohol to support service provision at the sites. Over this period, 803 males received SMC services at the seven sites in East Central Uganda since May 2010 when the service was initiated.

Figure 10: Number of males who received SMC services in East Central Uganda during PY2



Due to the high demand for the service and in order to avoid interruption of other services at the health facility,

sites have set up clinic days when clients can receive the service. Q1 and Q2 of PY2 were devoted to needs assessment and training of service providers.

Challenges and the way forward

- There is a limited number of sites offering the services as well as a limited number of trained SMC service providers at each of the sites. This has led to lower number of males receiving SMC services in the region than would otherwise be the case. Additionally, staff duty rosters and leave time is interrupted due to the heavy workload on the few trained staff. STAR-EC intends to continue working with MUWRP and RHSP to train an adequate number of health workers at each site to facilitate integration of SMC services
- Dilapidated infrastructure, including lack of running water, blocked sewerage systems, broken sluice systems, non-functional scrubbing areas and power interruptions. STAR-EC started with a few facilities that had basic infrastructure and equipment such as hospitals. However, there are plans to scale up to 12 sites by end of PY3 through supporting additional sites to attain basic infrastructure, equipment and instruments
- Increased demand for neonatal circumcision by parents after getting knowledge of availability of SMC services. However, training at MUWRP and RSHP does not equip trainees with skills in neonatal circumcision STAR-EC will continue conducting sensitization and mobilization targeting adolescent and adult males while awaiting guidance on neonatal circumcision from MoH as well as from the training institutions
- Due to few training institutions for SMC service delivery, time lag to secure placements for training is too long. This causes delay in implementation of our scale up plan

Lessons learned

- Demand for SMC is increasing and therefore strengthening quality of SMC services at the sites as well as follow up of clients to ensure support during the healing process remains critical and imperative
- SMC has contributed to increasing HTC outputs at the sites since all persons due to SMC are offered an HIV test. This has boosted the number of persons reached with HTC services at the facility level

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

2.2.1 Improving leadership and governance at district and lower levels

In an effort to strengthen decentralized TB and HIV&AIDS service delivery systems and to promote the roles and enhance the capacities of TB and HIV&AIDS community governance structures, STAR-EC during the past year, in collaboration with the Uganda AIDS Commission, conducted an assessment of district TB and HIV&AIDS co-ordination structures with a view to ascertaining the existence and functionality of the structures, as well as identifying their capacity building needs. The assessment revealed that while most districts had co-ordination structures in form of District AIDS Committees (DACs) and District AIDS Task Force (DATs), many of these committees were either not active or functioning at very low ebb due to number of factors including lack of resources to convene meetings and for funding field activities. STAR-EC intervened, by supporting the districts of Bugiri, Iganga, Kamuli, Mayuge and Kaliro to orient the structures on their roles and responsibilities and fill up any vacant positions of the committees. In relatively new districts like Namutumba, the districts were supported to select and form co-ordination structures. Districts have also been guided to select lower level committees at sub-county and some at parish levels and supported to organize quarterly meetings to generate action plans that will guide the district leadership in providing resources for HIV&AIDS activities. Key among the emerging issues the districts have embraced and done have been joint support supervision exercises and ensuring that all civil society organizations involved in TB and HIV&AIDS work are registered with the districts.

To ensure community participation in promoting access to improved TB and HIV&AIDS services in the communities, STAR-EC supported districts to embrace the MoH policy guidelines about the promotion and use of Village Health Teams (VHTs) as way and means of helping communities to identify their health related needs, lobby for funding for the identified needs, identify and to create networks and linkages that will enable communities access health

services as well as planning, budgeting and monitoring and evaluation of health services at village level. The districts of Bugiri, Iganga, Namutumba and Mayuge were sensitized about the roles and responsibilities of villages health teams, supported to identify, select and train village health team members. A total of 675 villages health team members from the four districts were trained from different villages and more will be trained from other districts in the next planning year.

In recognition of the crucial role that organizations and/or networks of people living with TB and HIV&AIDS play in mobilization and promoting access to TB and HIV&AIDS services, STAR-EC worked with NACWOLA and NAFOPHANU to train people living with HIV&AIDS in community mobilization, home visits, referrals and networking. District level networks for NAFOPHANU were oriented on their roles and responsibilities in co-ordination, establishing networks and linkages and were supported to elect new members to fill up the gaps on the different committees.

To promote the efficiency and effectiveness of implementing program activities, STAR-EC requested districts to select



Namutumba quarterly DAC/DAT meeting

staff from the health department that serve as District Focal Point Persons (DFPPs). The selected staff were oriented by STAR-EC on their roles and responsibilities and the reporting structure. The DFPPs have been assisting STAR-EC in co-coordinating supported activities in the district, compiling and submission of the required reports, financial accountability and data. Other roles include, but are not limited to, organizing regular meetings of different health services stakeholders within the districts as well as participating in and/or representing their respective districts at different forums organized by STAR-EC and MoH.

2.2.2 Support to strategic information collection and dissemination

During this program year, STAR-EC's Strategic Information Directorate played a big role in supporting partners to improve their strategic information functions. Some of the activities implemented by the Directorate included providing both Local Government (LG) and CSO personnel with technical assistance aimed at improving the quality of reporting. To this end, STAR-EC trained/retrained and improved on the knowledge and proper utilization of MoH HMIS reporting tools among the different cadres of health workers of its partners. Subsequently, STAR-EC developed monthly summary tools for each sub-technical area and trained the personnel on the utilization of reporting tools that were specifically tailored to address demands from the new generation PEPFAR indicators.



Data Quality Assessment exercise at Bugiri Hospital - September, 2010

The first workshop was held in October 2009 and two others in May 2010 where all district HMIS, ART, PMTCT, HTC and TB focal persons were trained as ToTs. The district focal persons (trained ToTs) cascaded this training to lower health facility levels in each district. The seven new STAR-EC implementing partner CSOs were also provided with the same training in September 2010. During the year, follow-up visits were made to each individual STAR-EC implementing partner including LG health facilities. On-spot support supervision was given to various individuals and health facilities that had gaps in adhering to set standards. The directorate also conducted different data quality assessments and improvements in all supported district health

facilities. All identified gaps were rectified and technical support towards data quality improvement was given by the STAR-EC Strategic Information Directorate staff.

During the year, STAR-EC participated and contributed to various partnership level meetings, conferences and workshops. One of them included the MoH Resource Centre HSSP III HMIS tools review workshop where different indicators were reviewed, some were dropped and new ones adopted. During this workshop, some of the new generation PEPFAR indicators were adopted by MoH while others (especially those that involved data disaggregation) were not incorporated within the new HMIS tools. STAR-EC also participated in various meetings organized by the STAR-E LQAS project in order to support the national institutionalization of LQAS process. Also related to the provision of technical guidance to the national management of LQAS activities, the Chief of Party of STAR-EC was chosen to be the chairperson of the LQAS Technical Advisory Group (LTAG).

A harmonization meeting was held between STAR-EC and Baylor Foundation Uganda at Nakawa House, Kampala. This meeting focused on the implementation of ART services in Buyinja HC IV, Bugiri and Kamuli General Hospitals and mainly involved working out ways of avoiding partner intervention and data reporting overlaps. Among those present in this meeting were representatives from STAR-EC, Baylor Foundation Uganda, CDC and USAID.

STAR-EC conducted its annual follow up LQAS household survey and health facility assessment during August and September of 2010. During PY2, a total of 85 participants (81 LG and 4 CSO personnel) were trained in the application of the LQAS methodology. These included 27 participants who were newly trained from the three new districts of Luuka, Namayingo and Buyende. Earlier on in May 2010, STAR-EC had partnered with the MSH/STAR-E LQAS project on facilitating the Service Performance Assessment and Improvement (SPAI) workshop where action plans were developed in relation to the baseline LQAS and HMIS result findings for the districts of Mayuge and Bugiri. Also in attendance and participation were the DHOs and eight other health team members from each district. Both Chief Administrative Officers also attended the opening and closing ceremonies where they were briefed on the objectives and achievements of the workshop. 20 participants from both districts attended this action oriented workshop. Plans are underway to have other districts undergo a similar exercise.

During PY2, the Strategic Information (SI) team members attended a training organized by the Uganda Monitoring and Evaluation and Management Systems (UMEMS) on how to improve Performance Monitoring Plans (PMPs).



District participants manually tabulating LQAS survey results

Other trainings received included that on developing Performance Indicator Reference Sheets (PIRS) as well as the Annual Monitoring Plan. All these three documents were duly finalized and sent to USAID for approval. During the first two quarters, STAR-EC had managed to update its Performance Monitoring Plan (PMP) in line with the new generation PEPFAR indicators. This PMP includes the Uganda AIDS Commission National Strategic Plan 2007/08-2011/12 indicators as well as the STAR-EC program level indicators. Additionally, STAR-EC and the STAR-E program managed to borrow and share ideas on improving each other's PMPs. In the process, both program's PMPs were harmonized and a final STAR-EC PMP was submitted to USAID during that time. STAR-EC Strategic Information team also participated in a five-day data use workshop organized by CDC where data management and utilization, challenges and the way forward on proper data utilization were discussed for lifetime program implementation

Over this reporting period, STAR-EC developed a comprehensive electronic indicator database that has been helpful in data storage and data quality improvement as well as reporting. On a monthly basis, all program data that has been collated from the field is entered and cleaned within this database. This database has been able to perform analysis at various aggregated and sub-group levels that have been helpful for aiding program decision making. It is also currently helping the program to track all program level indicators and collates all data received from different STAR-EC grantees. Eventually, some grantees will be able to report to STAR-EC by using this database through the web. It is also the intention of STAR-EC to let its partners utilize this database beyond

program life.

During this year, STAR-EC was able to set up an in-house resource centre that is being utilized by all its staff and implementing partners. Program resource materials have also been regularly uploaded on the STAR-EC website. These have included different STAR-EC program reports and information on other activities that have already been executed. The STAR-EC resource centre is now fully stocked with resource materials that have been helpful to STAR-EC staff in improving on their knowledge that is utilized when providing continuous technical assistance to LG and CSO staff.

The Strategic Information team was able to share the six original districts baseline survey findings (both household LQAS and health facility data) with key district authorities and decision makers that included the Resident District Commissioners, the District Chairpersons, the Chief Administrative Officers, the District Health Officers and their team and the District Community and Planning officers. Other stakeholders included CSOs operating within the STAR-EC supported districts. Here results were shared, discussed and action plans drawn by the district participants themselves with technical guidance from STAR-EC. Most of these action plans have been embedded in the districts' annual budgeting and work planning that takes place before the government's financial year (every June). This dissemination exercise was also utilized as a way of discussing the current progress in relation to previous quarters and years. Additionally, in each district, quarterly district performance reviews were also held and achievements discussed in relation with targets. Action plans would be drawn for any identified gaps and STAR-EC district local government focal persons were tasked with follow up of such plans.

Additionally, organizational capacity assessments were conducted on all the seven new CSOs that successfully competed for and were awarded grants. STAR-EC is in the process of focusing action towards addressing the identified gaps.

STAR-EC also initiated the summary "*Weekly Bullet Points*" aimed at keeping key stake holders informed about the weekly activities of the program. These have been shared with USAID and other development partners throughout the year.

2.2.3 Improving Human Resources for Health (HRH)

With support from the Uganda Capacity Project, MoH and Ministry of Public Service, officials from STAR-EC and the supported district administrations attended a three-day workshop where they developed district specific Human Resources for Health (HRH) action plans to be incorporated into the overall 2010/2011 budgeting. During the workshop, participants were given information on the National Health Policy (NHP) II and basic principles in human resources for health planning and management. The different districts established the proportion of approved unfilled positions of health workers and developed detailed recruitment plans for financial year 2010/2011. Consequent to this meeting, STAR-EC in collaboration with the Uganda Capacity Project supported Bugiri and Namutumba districts that had been identified as having serious human resources for health constraints to identify and recruit for key vacant positions. In furtherance of the effort aimed at ameliorating the human resource constraints facing the health sector in the districts, STAR-EC has shared with the SDS project its mandate in the area of human resources for health and is helping districts to identify key priority areas for possible funding from this new USAID funded district initiative. STAR-EC continues to make the available HRH more effective through in service training, on job supervision, mentoring, and provision of basic clinic equipment.

Training of human resources for health



A nursing officer instructing participant during an IMAI/IMPAC practicum at Jinja Hospital

During PY2, STAR-EC supported the districts to identify 10 individuals to undertake a course in Laboratory Technology from Medical Laboratory Training School, Jinja, and are expected to work for the districts after graduation. In a similar effort, STAR-EC collaborated with various partners especially MoH, to conduct training activities aimed at improving knowledge, attitudes and skills of health workers in delivering quality comprehensive TB/HIV care and prevention services in the region. STAR-EC supported various trainings approved by MoH basing on the identified knowledge gaps among health workers in the region. Table 14 shows the number of individuals trained per technical area. STAR-EC in collaboration with Uganda Cares and MoH/ACP conducted post training follow up to 89 health workers trained on comprehensive HIV&AIDS care and management including ART from 26 ART sites in the region. Further, STAR-EC technical staff participated in the development and adaptation of the

new EID/PMTCT strengthening module.

Table 14: Training Outputs by technical area during PY2.

Technical Area	Sex		Total trained
	Males	Female	
HTC	87	169	256
PMTCT	34	143	177
Care and support	220	286	506
Clinical prevention services - additional TB/HIV	420	455	875
Sexual and other behavioral risk prevention.(AB)-model couples			195
Sexual and other behavioral risk prevention(AB) for others	119	55	174
Prevention with positives	33	58	91
Institutional capacity building for Village Health Teams			135 teams (675 individuals)
Institutional capacity building.-others	115	66	181
Demand creation	66	24	90
Injection safety and waste disposal	16	13	29
Health care improvement	60	42	102

Source: STAR-EC progress reports

2.2.4. Improving delivery of health services

STAR-EC supported the integration of quality improvement (QI) in other areas of service delivery other than HIV and TB. This was done by ensuring that health facility in-charges as well as heads of departments are members of core QI teams. The heads of sections oversee and report on improvements in their individual areas. Through weekly radio talks, drama groups and peer led activities, demand for health services has been created and feedback from consumers has been received. These, in addition to support offered in terms of equipment such as microscopes, logistics such as motorcycles and bicycles, buffer supplies of drugs, test kits, maama kits have improved the quality of service delivery. Further to this, facility assessments were carried out by STAR-EC with technical support from MoH and other partners with a view to establishing benchmarks for providing support for improving human resources, equipment, supplies and infrastructure.

During PY2, 22 staff from all the 11 supported CSOs were oriented in quality assurance, quality improvement, service standards and delivery of services according to policy guidelines. In a related undertaking, policy

documents, treatment guidelines, job aids and HTC cue cards were also disseminated to all the supported health facilities.



District authorities, CSOs and STAR-EC staff receiving feedback of the MoH integrated support supervision.



The Ministry of Health support supervision team reviewing ART registers at Kiyunga HC IV

STAR-EC also facilitated district level partners to participate in the integrated support supervision by the Ministry of Health AIDS Control Program. The objectives of the supervision were to assess the extent of policy implementation, the general state and coverage of HIV&AIDS services, presence and utilization of HIV plans. Although focusing mainly on HIV&AIDS services, the exercise provided an opportunity for assessing

dissemination of policies, human resource and infrastructure needs as well as assessing the planning capacity and coordination of health partners at district level. It was also noted that inconsistent supply of medicines and essential commodities is a major hiccup to delivery of quality services. The supervision team pledged to improve the supply chain so as to limit stock-outs to the very minimum.

2.2.5 Supporting infrastructure and equipment needs

STAR-EC worked closely with MoH Reference Laboratories, MoH Infrastructure Division and the district authorities to collectively identify critical needs through several consultative meetings. This was followed by a comprehensive physical infrastructure and equipment needs assessment that was conducted in 69 health facility laboratories and nine minor operating theatres. A total of 20 laboratories (among which, 4 had improvised work space serving as laboratories while 16 had permanent but dilapidated and inappropriate structures) and out patients departments (OPD) at 12 HCs where patients wait for services, were identified for refurbishment. On the other hand, nine minor operating theatres with critical needs ranging from poor drainage systems, non-functional sluice rooms as well as dilapidated scrubbing areas were identified for consideration for rehabilitation during PY3.



An improvised laboratory work space at Magada HC III (left), a leaking water drainage system at Buyende HC III Laboratory (centre) and a dilapidated sewerage/toilet system at Bugiri Hospital Operating Theatre (right)

Through STAR-EC's advocacy, a laboratory room at Iganga General Hospital where the CD4 machine and Clinical Chemistry Analyzer were installed was rehabilitated with funding from Iganga District Local Government as cost share. To ensure adherence to recommended technical standards, a copy of the MoH National Medical Equipment Policy 4th Edition 2009 and general specifications for building materials from the MoH-Infrastructure Division was acquired to serve as guiding document for the rehabilitation processes. In addition a Consultant Engineer was hired by STAR-EC and tasked to provide technical support for the refurbishment of worktops at Bugiri Hospital and development of specifications for power inverters for Kamuli, Bugiri and Iganga hospital laboratories including minor repairs of operating theaters at selected sites in order to improve the environment for provision of SMC and other surgical services. By the end of September 2010, these processes had already

commenced and works will be finalized during PY3. The preliminary activities for major renovations to be done in PY3 are already underway.

2.2.5 Ensuring equitable access to medical products

Logistics needs assessment

During PY2, the logistics needs in the region were assessed using a tool developed in collaboration with the SURE program. The objectives of the assessment were to establish the level of training in logistics management, use of Logistics Management Information System (LMIS), the reporting rate and timeliness of orders from facilities to NMS, storage practices at the facilities and to assess the stock situation at health centers. 10 sites were visited and mentorship was also done. To further validate this assessment, support supervision was carried out in partnership with the MoH logistics team using the Uganda ART Monitoring Tool. A total of 40 sites were visited including the 26 ART sites. Some of the assessment findings were as follows:

a) Positive findings

- Majority of the health workers had been trained in logistics management in the previous two years
- Reporting had generally improved. Most sites had submitted order forms for the two order cycles preceding the visit
- LMIS tools were available and in use. Nonetheless, updating stock cards was still a major challenge for health workers due to the heavy workload
- Some health workers were able to improve on their stores and records management as shown by the photo below:



Mayuge HC III supplies store before and after mentorship

b) Identified gaps

- Although some supplies were available, no site had the desired quantity to comfortably start implementing either option A or B of the new WHO PMTCT guidelines. Pediatric Fixed Dose Combinations (FDCs) were also below minimum levels at most sites
 - Order forms for fluconazole had not been submitted in the two cycles preceding the visit
 - There were generally poor storage practices at the facilities with a lack of adherence to the principle of FEFO (First to Expire First Out) or FIFO (First In First Out) making it impossible to track supplies.
- Pallets and shelving were conspicuously absent leading to stacking of cartons and inevitably, poor tracking of commodities.



ZTLS mentors a health worker at Kityerera HC IV on management of stock cards for TB Drugs

Capacity Building for Logistics Management

During PY2, STAR-EC supported the training of 84 (50 male, 34 female) health workers from all the supported districts by NTLP in TB logistics. Consequent upon the above-mentioned assessment, health workers from two districts were later followed up during mentorship visits. As a result of this training, Mayuge district improved in supply chain management as evidenced by correct use of LMIS, adequate stock levels signifying accurate quantification and adherence to good storage practices. However, Namutumba did not register a noticeable improvement. During PY3, the DTLS will be mentored to support the facilities in good logistics management.

In furtherance of the effort aimed at improving logistics management, STAR-EC in collaboration with the Clinton Health Access Initiative carried out a continuous medical education (CME) for 47 male and 45 female health workers (23 clinical officers, 23 nurses, 18 nursing assistants, 19 midwives, 4 pharmacy technicians and 2 medical

records assistants) from the supported districts to improve on the quantification of the newly introduced FDC pediatric ARVs.

Improving Quantification and Ordering of Drugs and Supplies

STAR-EC initiated the coordination and facilitation of district laboratory, PMTCT, TB focal persons as well as ART facility in-charges to support facilities in making bi-monthly requisitions to NMS and JMS. Prior to this, the 18 focal persons were re-oriented in the principles of quantification so that they were able to ascertain the accuracy of the orders they obtained. With this approach, all the districts were able to achieve 100% reporting rate for the different commodities. In the same vein, analysis of the bi-monthly end of cycle and New Patients Report for ART from the facilities was done for three cycles to determine the quality of reporting. The analysis showed that:

- Requisitions for the different combinations of non-fixed drug combinations did not tally. This would lead to a stock out of one of the component drugs
- Some facilities were overstocked to the tune of months of stock above the maximum
- Consumption was less as compared to the reported patient numbers. This could have been due to the double counting of clients and continued inclusion of lost-to-follow-up and self-transferred clients by the records assistant

Basing on these findings, supplies from facilities that were overstocked were re-distributed. Errors in patient numbers were identified and feedback was given to facilities on subsequent support supervision visits.

Provision of Supplies and Equipment

In this reporting period, STAR-EC procured 5,000 Maama Kits so as to alleviate chronic shortages of basic maternity supplies, 3,500 Basic Care Package kits for prevention of opportunistic infections among PLHIV and 76,202 test kits for HTC especially during the couple testing week. In addition, 1,203 tins of co-trimoxazole 960mg were supplied to 72 health centers to buffer periods of stock out. A total of 13 CSOs supported by STAR-EC also received a month's initial start up dose of co-trimoxazole 960mg for people tested HIV positive during community outreaches before referring them to health facilities for further clinical management. Following the launch of the SMC policy, STAR-EC procured a few supplies in order to rapidly roll out the service. These included equipment such as instrument trolleys, surgical sets, examination beds for 2 hospitals, blood pressure machines, weighing scales, stethoscopes, hemoglobinometers as well as pharmaceuticals like anesthetics and associated sundries. Early Infant Diagnosis and HIV chronic care were also supported with the procurement and distribution of equipment as listed in Table 15

Table 15: Different Commodities Procured and Distributed to Facilities

Description	Purpose	Source	No. of Facilities	Comments
ARVs for PMTCT	PMTCT	MoH/ACP	51	Due to non-delivery by NMS
Pediatric ARVs	Pediatric ARVs	CHAI	26	Due to non-delivery by NMS
Sharp disposal boxes, gaggles	Waste management	STAR-EC Procurement	19 in Kamuli, 8 SMC sites	Other districts had received through AIDSTAR One
Autoclaves, instrument drums	SMC	STAR-EC Procurement	3 Hospitals	Kamuli General, Iganga, Bugiri Hospitals
Weighing scale, digital thermometer, stadiometer, Infantometer, infant Slater scale, tongue depressor, head circumference tape, MUAC tape	EID	STAR-EC Procurement	5	5 sites were trained in Mayuge at the time
Digital Thermometer, Blood pressure machine, height measure, stethoscope	HIV chronic care	STAR-EC Procurement	26	

Source: STAR-EC progress reports

Lessons learned

- Identification and orientation of focal persons who mobilize facilities to make and submit requisitions, on principles of quantification improves the quality of commodity orders
- On-the-job mentorship is required for an in-depth understanding of logistics principles and subsequently leads to improvement
- Overstocking of commodities can be avoided by encouraging facilities to rationally re-distribute drugs and supplies to other sites with low stock

Challenges

- Stock out of different commodities due to rationing. There were frequent discrepancies between what facilities ordered and what was being delivered by NMS. The new kit system is also exacerbating the situation as some high volume HCs III are allocated the same quantities as other non-active HCs III
- Heavy staff workloads result into poor record keeping
- NMS was not consistently on top of its delivery schedule resulting in prolonged stock outs

Way forward

- On-job mentorship at the health centres for staff that has not been trained at the general district level to increase on the capacity already developed. There will also be training in the use of Fluconazole and its requisition
- Procurement of buffer stocks of supplies such as test kits as well co-trimoxazole both for adults and children to rectify shortages due to rationing
- Continue the analysis of report and order forms and give feedback to facility staff and the DHOs. This will improve on the quality of reporting and also guide re-distribution of supplies
- STAR-EC will continue to support facilities to consistently order from NMS and follow up those orders to ensure that they are received
- Requisition and distribution of new versions of dispensing logs and order form booklets to the facilities

2.2.6 Health Financing

During PY2, STAR-EC disbursed of UGX 497,322,650 to support district led activities. In a related development, a total of UGX 82,731,500 was released to CSOs to conduct various activities complementary to those delivered at health facilities (see Table 16).

Table 16: Funds released to new civil society organization grantees during PY2:

	Name of Civil Society Organization	Release during PY2 (UGX)
1	AIDS Information Centre	5,794,500
2	Integrated Development Activities and AIDS Concern	7,464,000
3	Friends of Christ Revival Ministries	11,648,000
4	Multi - Community Based Development Initiative	9,613,500
5	Uganda Development and Health Association	10,825,000
6	Uganda Development and Health Association	10,827,000
7	Uganda Women and Youth Development Initiative	8,651,000
8	Uganda Women and Youth Development Initiative	8,727,500
9	Youth and Women in Action	9,181,000
	Total	82,731,500

Source: STAR-EC progress reports

Apart from direct fund disbursements, STAR-EC made procurements worth UGX 244,642,690 for the CSOs to facilitate implementation of activities. These include motor cycles, bicycles, digital cameras, video camera, tents, assorted items for games and sports, T-Shirts and caps, banners, home based care kits, condoms and dildos. It

should be noted that more funds were spent to provide an array of technical assistance, medical equipment and also to avail drugs, test kits and other consumables buffer stocks to supplies normally obtained from the NMS.

2.3 Result 3: Improving quality and efficiency of HIV&AIDS and TB service delivery within health facilities and civil society organizations

2.3.1 Collaboration with the Health Care Improvement (HCI) Project

Over this reporting period, STAR-EC worked in collaboration with the Health Care Improvement (HCI) Project and MoH to train and establish Quality Improvement teams in 4 hospitals and 21 health centres. During PY2, 14 teams (68 health workers) were trained by STAR-EC and 11 teams were handed over to STAR-EC by the HCI project. These teams have been mandated to implement and test changes that are expected to lead to improvements in services. The teams use quality improvement tools to identify gaps in service delivery and devise



Ministry of Health official training health workers in Quality improvement



Members of the District QI team mentoring health workers in Malongo HC III in Quality improvement

practical ways of addressing them. The team at Buyinja HC IV realized that only a few health workers could confidently manage HIV&AIDS clients yet the client numbers were growing bigger every other day. They introduced case management sessions during which health workers present clients that have challenged their clinical acumen with a purpose of jointly reaching a better management decision. This has increased the number of staff who can manage HIV&AIDS clients. Likewise Bumanya HC IV identified causes of stock outs of ART and PMTCT drugs as not ordering in time and failure to follow up orders. Specific members of the QI team were allocated to ensure timely submission of orders and follow up with NMS. This has completely eliminated stock outs at the facility.

STAR-EC continued to use the district structures to roll out and coordinate quality improvement activities in all supported districts. Through a collaborative approach, six District Quality Improvement teams were identified, trained and supported on a monthly basis to mentor health facility teams. This particular support from the district enhances reporting, accountability and serves as a motivation for facility health workers. It further helps to build their capacity in managing clients and to confidently monitor the National Quality of Care (QoC) indicators. All facility QI teams were coached on the correct use of the MoH patient data collection tools and 15 teams coached on how to monitor and report on National QoC indicators.

Cognizant of the fact that lack of knowledge and skills continues to play a big role in compromising the ability of health workers to deliver services to the required standards, STAR-EC facilitated weekly continuous professional development (CPD) sessions for health workers. During PY2, 37 CPD sessions were facilitated and 237 health workers in Kamuli, Kaliro, and Bugiri districts benefited from them. During these sessions, several topics like, PMTCT, TB/HIV co-management, early infant diagnosis, antiretroviral treatment, use of patient monitoring tools, infection control and others were addressed. Further, teams from seven health facilities including Namugongo, Namwiwa, Sigulu, Banda, Nawaikoke, Nankandulo and Namungalwe were facilitated to model according to the QI team of Busesa Health Centre IV which has successfully reduced patient crowding and patient waiting time.

SUCCESS STORY

It is small individual changes that lead to a big change: The experience of Busesa Health Centre IV Quality improvement team

The HIV clinic had become a big problem at Busesa Health Centre IV, Iganga district. Clients used to complain about waiting for too long (more than 4 hours in the clinic) and health workers would spend the entire day in the HIV clinic leaving very late in the evening. Some staff would even dodge the clinic because of the workload. According to one member of staff at Busesa HC IV: "The issue of long waiting time was raised by a QI team member in one of our meetings and as we brainstormed on factors contributing to this, we discovered that all clients waited at the clinician's room to be seen irrespective of whether they had any complaints or not. It was a nightmare to locate clients' files since they were being stored in different places in a haphazard manner. There was no following up of staff on whether they turned up for duty or not and the clinic flow was a mess. Aiming at alleviating the



A nurse in Busesa HC IV attending to clients who present without complaints and only need drug refills



A flow chart that informs clients the steps they go through while at the clinic

problem, the QI team agreed to assign a nurse every clinic day to attend to clients who present with no complaints and only need seprin and ART drug refills. We also started arranging and storing client

files according to return dates to ease retrieval. We enforced duty rosters in the HIV clinic and we developed flow charts to ease client movement from one station to another. Now all staff assigned to the clinic are always available on every clinic day, the clinic is more organized, clients spend about 30 minutes to one hour and by latest 2.30pm we are done with the HIV clinic". This testimony given by the district QI team leader at Busesa HC IV on how small individual changes can improve service delivery has inspired other district QI teams from other facilities to learn from this experience.

Lessons learned

- Regular support by the district QI teams motivates health workers to continuously improve their performance. It also helps districts to quickly address constraints whose solutions are within their reach
- Facilitation of district coordination structures serves as a motivation to the district QI teams to regularly support facility health workers and coordinate HIV&AIDS and TB services
- Benchmarking visits greatly motivate facilities and help to make QI a reality especially to teams that are still in their infancy

Challenges and way forward

- The thin staffing in most of the health units limits the ability of the QI teams to meet regularly and review progress of some of the implemented changes
- While it has been noted that regular mentorship by the district QI teams greatly improves the performance of the facility QI teams, this mentorship competes with many other priorities in the district plans. During PY3, efforts will be made towards ensuring adequate integration of QI activities in many of the district supervision visits and meetings

- Quality improvement is greatly contributed to by a number of players who need very rigorous coordination. There is therefore need to create a platform for regular interaction and information sharing between the various stakeholders providing services in the same geographical area
- Some of the changes in service quality can only be implemented with additional resources especially human resources, but this need may not always be readily addressed. During PY3 STAR-EC will continue collaborating with the Uganda Capacity Project and will closely work with the SDS project to address some of the human resource constraints
- Given the big client load that characterizes most HIV clinics, space is a great constraint to the quality of care offered. It greatly compromises privacy as well as infection control. During PY3 STAR-EC has planned to establish waiting shades at some of the facilities so as to alleviate space constraints

2.3.2 Injection Safety and Waste Disposal Interventions

Over this reporting period, STAR-EC participated in the partners' review meeting on health care waste management (HCWM) organized by the AIDSTAR One Project and subsequently conducted a survey in 25 health facilities. The findings indicated that most facilities lacked HCWM supplies and final disposal pits and incinerators. Only 24% could correctly segregate waste. Only 20% of the health workers had ever been trained on HCWM principles and the district budgets had no mention of HCWM activities. Following this, STAR-EC in collaboration with AIDSTAR One trained 29 (16 male, 13 female) health workers from the extended DHT of Mayuge District on principles of HCWM. It is expected that these will supervise and sensitize the lower health workers on the importance of HCWM and influence formulation of policies that promote good HCWM practices. Training and formation of district and site HCWM teams will continue in PY3. STAR-EC procured and distributed 1,360 safety boxes to 19 health centers in Kamuli district and the seven sites currently providing SMC services. Additionally, health facilities were supplied with biohazard bags and buffer stocks of surgical and examination gloves and supported to quantify and order for the right quantities of disposable syringes. During PY3, STAR-EC plans to comprehensively support the facilities to effectively and safely manage the generated health care waste through, training, provision of protective gear to waste handlers and provision of incinerators at 9 sites in the region.

2.3.3 Post Exposure Prophylaxis (PEP)

Sensitization of health workers on the use of ARVs for Post Exposure Prophylaxis (PEP) against HIV infection was done at 3 facilities but will continue to cover all 26 ART sites. Only six exposed individuals (5 female, 1 male) accessed ARVs for PEP (3 occupational exposure and 3 sexual assault cases).

Challenges

- There was no dissemination of the "National Policy Guidelines on Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C. November 2007". The Ministry of Health is expected to print PEP documents and IEC materials as they roll out this policy

Way forward

- STAR-EC has collaborated with the Infection Control/PEP Coordinator at MoH to incorporate in the PY3 work plan all issues regarding PEP policy printing, dissemination, community sensitization, and training health workers

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

2.4.1 Improving leadership at district and sub-county levels

STAR-EC worked in collaboration with the Uganda AIDS commission (UAC) to strengthen the district and some selected sub-county HIV coordination structures. During Q1 STAR-EC carried out an assessment of district coordination structures in the supported districts of the East Central region. The results that were shared with each district have guided our subsequent interventions in the region. During the second quarter STAR-EC in collaboration



Quarterly DAC meeting in Kaliro

with UAC conducted an orientation of the district coordination structures in the districts of Kamuli, Kaliro, Bugiri, Mayuge and Iganga. During this orientation, the coordination committees were reviewed to fill up vacant positions of those members who had left the committee for various reasons. For example, after redistricting some members moved over to the new districts. In the relatively new district of Namutumba where there was no coordination mechanism, the district was oriented on formation of a District HIV/AIDS committee (DAC) and District HIV/AIDS Taskforce (DAT). Following this orientation, STAR-EC has facilitated the districts to conduct quarterly review meetings of District HIV committees and semi-annual review meetings for the DAT. In some districts such as

Kaliro STAR-EC has supported formation and orientation of Sub-county HIV/AIDS Committees (SACs) and Sub-county HIV/AIDS Taskforces (SATs) in the sub-counties of Namwiwa, Namugongo, Kaliro Town Council and Bumanya. STAR-EC also supported the districts coordination mechanisms to carry out support supervision on a quarterly basis.

Supporting Village Health Teams (VHT)



VHT training session in Kigandalo Mayuge district



Participants attentive during VHT training in Namugongo Kaliro district

Following the policy guidelines from the Ministry of Health, STAR-EC has supported districts in the sensitization, identification, selection and training of village health teams (VHTs) as a key structure for mobilization, referrals and networking. During PY2 STAR-EC supported the districts to train VHT members. In this effort, Iganga trained 120 VHT members from 24 villages of Ibulanku sub-County, Namutumba trained 140 VHT members from 28 villages of Nsinze sub-county, Bugiri trained 115 VHT members from 23 villages of Budhaya sub-county, Kaliro selected and trained 200 VHTs from 40 Villages of Namugongo Sub-County and Mayuge trained 100 VHT members from 20 villages of Kigandalo sub-county. The VHT training was comprehensive and based on the standard training materials developed by MoH. The VHTs have been linked to health facilities and utilized for mobilization, referral and networking. STAR-EC has also integrated the other trained community volunteers such as the community support agents (CSAs) under the VHT structures. During the identification of VHT members, the CSAs who are people living with HIV and have been trained to mobilize PLHIV and other affected community members to access services were targeted.

Strengthening capacity of PLHIV networks

STAR-EC recognizes the key role people living with HIV play in the response to TB, HIV&AIDS services. In the East Central region, STAR-EC has worked with NACWOLA to support PLHIV. Over this reporting period, NACWOLA trained 700 PLHIV on community mobilization, home visits, referrals and networking. STAR-EC also supported NAFOPHANU to conduct orientation of district level networks. A total of 180 PLHIV members participated in these meetings. During this orientation, the district network members were taken through the



PLHIV doing a role play during orientation in Kaliro Town council

coordination mechanism from the national and lower levels and the roles and responsibilities of PLHIV forum and other coordination entities such as HIV service organizations. The networks were also able to review the committees and replace those who were missing or who had passed away. The districts of Namutumba and Kaliro were also supported to come up with these committees. The district level networks were supported to develop work plans and solicit for resources. STAR-EC has also supported NAFOPHANU to conduct orientation of sub-county PLHIV networks in 13 sub-counties of Mayuge and six sub-counties of Kaliro attracting 485 PLHIV (303 female, 182 male). During this orientation, PLHIV from different associations were brought together and facilitated to select sub-county network committees



Group work on referrals wheel during the workshop

Strengthening capacity of CSOs to deliver quality services

Over this reporting period, STAR-EC trained 36 (22 male, 14 female) staff from each of the 11 supported local partner organizations in referrals and networking. The main purpose of this training was to strengthen the capacity of STAR-EC partners in conducting referrals and promoting networks. In addition 2 District Peer HIV Network leaders from all districts were invited to attend. This four-day workshop consisted of 11 interactive activities and three presentations aimed at helping STAR-EC's local partner NGOs/CBOs and PLHIV network leaders to identify actions they can take to better serve their clients by strengthening their referral networks in their catchment areas.

Community mobilization and empowerment training

During this program year, STAR-EC organized training for CSOs and PLHIV network representatives on community mobilization. The training



Role play by participants on developing partnership



A trainer demonstrating during a skit in the community mobilization training

mainly focused on 11 CSOs supported by STAR-EC and six PLHIV networks that are involved in mobilizing resources for increased access to HIV&AIDS and TB services in their respective communities. The main purpose of this workshop was to support CSO and PLHIV networks to come up with practical

strategies in mobilizing community members to access HIV&AIDS, TB and other services. The workshop was attended by 145 participants from all the districts including the District Health Educators (DHEs).

Mapping of TB, HIV& AIDS and other wrap-around service providers

Over this reporting period, STAR-EC supported the districts to carry out a comprehensive mapping exercise of TB and HIV and other wrap-around services providers in their respective districts. The objective of this mapping exercise was to increase coordination for referrals and networking among service providers so as to increase access to comprehensive HIV and TB services. One of the key initial activities for the mapping was carrying

out consultations with key national stakeholders in the targeted districts and the nature of services they provide. Stakeholders consulted included UNASO, NAFOPHANU, Uganda Project Implementation and Management Centre, Civil Society Fund/Technical Management Agency, Management Sciences for Health and the International HIV&AIDS Alliance. Community based services departments were also consulted for the data base they have for registered organizations. Validation of this information was carried out by community development officers and was based at parish and sub-county levels where each of the identified CSO/CBOs was visited at their offices and interviews held with key organizational leaders.

The mapping exercise established the types/categories of service providers in the East Central Region. The organizations mapped in the district and their respective types/categories are indicated in Table 1:

Table 17: Types and categories of organizations in East Central Uganda

District	National	International NGO	CBO	Public Agency	Cultural Institution	FBOs	Network	Private Maternity Home	Total
Iganga	18	2	21	0	0	1	0	0	42
Mayuge	12	3	18	0	0	1	5	0	39
Namutumba	6	0	10	0	0	0	0	0	16
Kaliro	10	1	29	0	1	0	0	0	41
Bugiri	12	4	26	0	7	0	0	0	49
Kamuli	5	3	58	0	0	6	1	1	74
Total	63	13	162	0	8	8	6	1	261

Source: STAR-EC progress reports

As illustrated in Table 17 above, 261 service providers were mapped with Kamuli district (at 74) posting the highest number while Namutumba district with 16 had the lowest number of service providers. The majority of the service providers (62%) in the region are CBOs operating at community level. National NGOs constitute only 24%. There is limited presence of International NGOs in the region (5%). The mapping highlights need for the relatively big organizations in the region to strengthen the capacity of CBOs for sustainable HIV and TB interventions.

Furthermore, the mapping exercise captured the type of services offered by the service providers as well as the number of beneficiaries served over the last one year. The findings indicate that the majority of service providers are involved in delivery of HIV prevention services although most of these organizations are not giving the whole package of prevention services. Other services include OVC support, HTC/VCT, home based care and TB (TB control and treatment). The most underserved areas included pediatric HIV&AIDS care, palliative care – clinical, advocacy and ART. This therefore calls for improved referrals and networking system so as to access clients to a continuum of TB and HIV&AIDS services.

The results of the mapping further indicate that the organizations in the region target a broad range of beneficiaries including MARPs. The key beneficiaries include PLHIV, OVC, 'boda boda' motorcyclists, community members and persons with disabilities (PWDs). The categories that are underserved include; fisher folk, migrant workers, long distance truck drivers, and formally employed workers, people in uniform, discordant couples, youth and children.

2.4.2 Referrals by community support agents and other volunteers

The five hundred NACWOLA trained community and facility based support agents continued referring people for various HIV related services especially at health facilities. STAR-EC supported the review and printing of

12,000 new referral forms and 100 registers. Emphasis was put on effective referral where the client who has been referred for services is followed up to ascertain whether they have received the service. In total 10,826 new clients were referred for various services. Among those referred 6,718 were female while 4,108 were male. Most of the clients were referred for clinical related services such as HTC 5,698, PMTCT 737, TB screening 951 and ART adherence at 671. This is due to the fact that clinical services are offered at public health facilities which are free of charge. There were few referrals made for other wrap around services such as food security and nutrition (61), material support(2) and income generating activities(7). This was due to the fact that there are few service providers in the region offering such services. The community support agents also lack a referral guide for such services. STAR-EC has conducted mapping of service providers and will ensure that community support agents have a directory of service providers to guide their referrals.

Table 18: Referral services made by type of service.

Referral services offered by Community Support Agents						
Types of services	Old			New		Total
	F	M		F	M	
ART	153	59	212	275	191	466
ART adherence counseling	375	245	620	401	270	671
HIV counseling & testing	749	313	1,062	3,478	2,220	5,698
PMTCT (counseling, testing, ARV, prophylaxis, infant feeding counseling	243	51	294	649	88	737
TB screening / Treatment	278	195	473	505	446	951
STI services	158	52	210	156	99	255
Co-trimoxazole	72	42	114	155	99	254
Treatment for other medical conditions	161	121	282	206	174	380
Home Based Care	0	0	0	13	6	19
Food/Nutrition Support	1	1	2	34	27	61
Material Support	3	2	5	1	1	2
Education support for children	3	8	11	23	29	52
Family Planning	132	24	156	136	65	201
Discordant couple services	2	2	4	5	6	11
Legal support	5	6	11	3	0	3
Microfinance/IGA	0	0	0	3	4	7
Post Test Club	1	0	1	19	28	47
PLHIV group services	60	61	121	167	97	264
Youth Support Group	2	0	2	489	258	747
Overall referrals services	2,398	1,182	3,580	6,718	4,108	10,826

Challenges

- Inadequate supply of IEC materials for VHTs such as follow up charts, village registers, monthly report forms and participants hand book
- Due to low or negative attitudes, some health workers do not accurately and adequately complete referral forms making it difficult to follow up and ascertain where clients received services
- Stigma and discrimination of PLHIV is still prevalent within the communities and this has led to many

clients getting lost to follow up for fear of stigmatization

- Stock out of essential commodities such as test kits and drugs for PLHIV at health facilities has made referrals difficult as people who are referred get demotivated due to inadequate services offered by the health facilities
- Inadequate capacity of PLHIV in the region to engage stakeholders meaningfully and ensure that comprehensive services are offered at health facilities and community level for maximum benefit of the people living with HIV&AIDS
- Limited wrap-around services providers such as those providing food security and nutrition already have pre-selected beneficiaries and are therefore unable to take on new clients referred by community support agents

Way forward

- During PY3, STAR-EC will support all the districts to conduct orientation of lower level HIV coordination mechanisms and to train VHTs in selected sub-counties
- STAR-EC will work with the Uganda AIDS Commission to strengthen the capacity of the district HIV focal persons to perform their work more effectively
- Sensitization through drama and radio talk shows will reduce stigma and discrimination. In addition, STAR-EC has supported districts to organize CMEs with health workers to reduce stigma and discrimination

STAR-EC will work with NAFOPHANU to organize targeted training and mentorship to strengthen PLHIV networks to engage stakeholders that provide HIV and TB services.

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

Information Education and Communication (IEC) materials and Job aids

STAR-EC received, reprinted and disseminated a number of information, education and communication (IEC) materials and job aids on different health program areas from MoH and other partners. 7,600 Luganda comic books that encourage young people to test for HIV and develop life skills and 500 posters on 'something-for-something' love were received from Young Empowered and Healthy. 200 A4 and 100 grain sack TB/HIV flipcharts, 2,000 TB/HIV Luganda posters were disseminated. A total of 58 TB signposts that direct community members to TB screening and treatment services were received from NTLP and put at health facilities that provide TB services in all the supported districts. Fourteen flipcharts, 28 health worker booklets, 8,000 Luganda and 4,000 English brochures on SMC were received from Health Communication Partnership (HCP) and disseminated to seven health facilities providing the service in the East Central region.

Additional IEC materials that were disseminated include 500 pocket leaflets on STIs; 200 posters promoting condom use, 300 posters on condom promotion, STI treatment, cross generational sex; 2,500 couple HTC posters; 3,200 couple HTC leaflets received from HCP; 550 health care waste management posters from AIDSTAR One; 3,000



Some IEC materials disseminated during the PY2

ART Luganda posters; 28 ART flip charts; 8 TB grain sack flipcharts; and assorted PMTCT job aids from the MoH. STAR-EC also reprinted and disseminated 2,000 posters and 2,000 leaflets adapted from Lake Victoria Fisheries Organization to fishing communities in Mayuge and Bugiri districts.

Give-aways for Peer Educators

STAR-EC produced and distributed 2,000 T-shirts and 2,000 caps to peer educators, model couples and VHT members with specific health messages translated into the local language. 1,200 gumboots with a message “Know your HIV status” were procured and distributed to community volunteers. 3,000 wall and 250 desk calendars with TB and HIV&AIDS messages were distributed.



VHT members receiving T-shirts and Caps after the training in Iganga district

Interactive one-hour radio program on Nile Broadcasting Services (NBS) FM Radio Station

To reinforce messages disseminated through IEC materials, peer to peer communication, community dialogues and also to contribute towards increasing knowledge about HIV&AIDS and TB in the region, STAR-EC started airing a one hour interactive radio program on one of the regional radio stations called NBS. Eighteen radio programs were aired during the reporting period. Topics for discussion included: HTC, couple HTC, HIV prevention (ABC Strategy), PMTCT, SMC, TB (what it is, signs and symptoms, TB prevention and HIV/

TB collaboration), TB treatment, role of TB treatment supporters, HIV care and treatment and Home Based Care. Guest speakers included DHOs, District Health Educators (DHEs), DTLs, STAR-EC technical staff and MoH officials. Listeners were given the chance to call in and express their views as well as ask questions. STAR-EC plans to utilise the questions commonly asked on the radio program in the development of Q&A (question and answer) leaflets (booklets) that will be produced for peer educators and VHTs for use in the community.

Community Drama Performances

During this reporting period DHEs, two representatives from 26 drama groups and CSOs were trained in script writing during a three-day workshop. The trained drama groups conducted 170 community drama performances during the reporting period and reached 35,336 people (17,790 females, 17,546 males) with TB and HIV&AIDS messages on prevention, case detection and treatment. During drama intervals, community members were given opportunities to interact with health workers in small groups. While in those groups, they discussed what they had learned from the drama and were given a chance to ask questions. In such discussions, community members use the opportunity to present their respective health problems such as STIs HIV counseling, testing and stigma. Those who cannot be given a particular service are referred to nearby health centers. Some of the issues that arose from the discussions included:

- Some community members do not trust the rapid HIV testing carried out during outreaches. Their assumption is that health workers should use big machines to test for HIV.
- Some men in the community will not test as a couple. *‘If I asked my husband to go with me for an HIV test, he would think that I do not trust him and this can result into separation’.* Community member during a small group discussion in Namutumba



Drama performance during an MDD festival in Iganga



Small group discussion during a drama performance in Iganga

- Need for assisted disclosure of HIV sero-status. *‘If I test HIV positive, I keep it to myself because it is very difficult to tell my wife that I have HIV.’* Male participant during a small group discussion in Iganga district.

During PY2, Youth Alive Uganda organized a regional music, dance and drama (MDD) festival in Iganga. Eight drama groups participated in the festival. The groups were: Katengeke Drama Group from Iganga; Babulyakuseka, Nawaikoke and Kavule drama groups from Kaliro; Abangibasa, Edhikolyoka and Nawandyo from Namutumba; Kamuli mini-TASO from Kamuli district. The skits, poems and songs presented conveyed HIV&AIDS and TB prevention messages, direction to service delivery points and dispelled myths and misconceptions about TB and HIV&AIDS. Approximately 1,000 individuals (600 female, 400 male) attended the festival. During intervals, community members were invited to join small groups where they discussed their health problems with counselors. As a result of the messages passed out at this festival, a total of 120 individuals (50 female, 70 male) were counseled, tested and received their HIV test results from health workers of Nakalama HC II.



Community members receiving HTC services during a drama performance in Iganga



One of the drama groups with a trophy after the festival

Application of multi-pronged mobilization approaches to reach couples with HTC services

During PY2, STAR-EC organized couple HTC campaign weeks in June and September 2010. In June 2010, 1,108 couples received HTC services compared to 1,079 couples tested during the previous six months. Forty-two couples were found discordant and 19 concordant positive during the couple HTC week. Those found discordant were referred to Pre Exposure Prophylaxis (PrEP) program run by the Infectious Disease Institute in Jinja (Partners' House). During the Couple HTC weeks in PY2, 7,558 couples were tested and 335 were found discordant and 321 concordant positive. This was realized through application of multi-pronged mobilization activities involving interpersonal communication by peer educators, model couples, print materials, radio communication (announcements and radio program) and trucks with public address systems. Couples were given certificates provided by the MoH (given out to couples during the national couple HTC campaign). The certificates congratulated couples for testing together and they signed commitments to specific values like talking openly about HIV with each other; remaining faithful to each other; correct and consistent use of condoms in the relationship (for discordant and concordant couples); and supporting each other in seeking treatment, care and support services. The certificates encouraged more couples to seek HTC services.



Couples receiving HTC services in Mayuge District

Support to Districts and CSO activities

The support focused on assisting CSOs and districts to implement community activities that contribute to STAR-EC result areas and integration of services to demand generation activities. As a result, CSOs and districts have intensified the provision of HTC services during community drama performances. CSOs have also been advised to share outreach schedules and reports with districts to avoid concentration in the same locations. STAR-EC also shared the designed BCC/IEC strategy with prequalified CSOs to guide their demand creation activities. The strategy highlights key communication issues to be addressed, the audiences to be targeted, objectives to be achieved and the approaches to communicate the issues to the target audiences.

During the year, STAR-EC conducted joint support supervision visits with the USAID team to MARPs (fisher folk and CSWs) activities in Mayuge and Bugiri districts. The issues highlighted included:

- More targeted IEC materials need to be disseminated to the fisher folk and CSWs
- More innovative channels (like painting of boats with HIV prevention messages) need to be applied in order to reach the target audiences
- The peer educator selection criteria need to be revised to select peer educators of varying age groups and to select a good number of males and females
- Need to support more community dialogue activities
- Need to intensify linkage of CSWs to other programs like income generating activities

STAR-EC has been working with partners to ensure that the identified gaps are addressed.



A peer educator talking to the USAID and STAR-EC team at Namoni landing site in Mayuge



Peer educators after a discussion with USAID and STAR-EC staff at the knowledge room in Naluwerere

Participation in National Initiatives

During PY2, STAR-EC participated in the Ministry of Health IEC/BCC meeting to develop the SMC communication strategy. STAR-EC also participated in reviewing existing PMTCT materials in order to adapt them to the current situation. Once the materials are finalized, STAR-EC will reproduce copies to be used in the supported districts. The program staff also participated in the Ministry of Health partners' meeting aimed at renewing the national efforts in HIV prevention. The meeting discussed the trends in HIV&AIDS communication, what led to early success, evolution of messaging in Uganda, current challenges in HIV&AIDS communication and the way forward. The way forward includes MoH working with the Uganda AIDS Commission to finalize HIV prevention communication guidelines as per recommendations from the meeting.

Support to National Commemoration Events

STAR-EC supported Kaliro district to commemorate the World TB Day on 31st March 2010. Two banners with the theme of the day "On the move against TB: Innovate to accelerate action" were procured. One was placed in the trading centre and the other at the venue for the launch for mobilization purposes. Multi pronged mobilization



Namwiwa Drama group presenting a dance during the World TB Day Commemoration in Kaliro District

strategies resulted in over 1,500 people attending this function. During the commemoration event, health workers were facilitated to conduct TB and HIV&AIDS health education, collect sputum samples from suspected TB cases and conduct HTC. 16 samples were collected and screened (none were found positive) and 200 individuals were tested for HIV (111 males, 89 female). Out of the total number of people tested one male and one female were found HIV positive and appropriate referrals were done.

STAR-EC supported the district local governments of Bugiri, Iganga, Kamuli, Kaliro, Mayuge and Namutumba to organize World AIDS Day events. Eight banners with the national theme 'Universal Access and Human Rights and Slogan: *Access is my Right, Testing is my Responsibility*' were produced. These were hung in public places and at the respective district function venues. 60 T-shirts and 60 caps with World AIDS Day messages were produced for URHB and given to service providers and

selected district officials.

Due to the attendant publicity about the services, 9,634 people were tested for HIV within a week to commemorate World AIDS Day in all supported districts.



Community Members receiving HTC services During World AIDS day at Ivukula sub-county Namutumba



URHB staff counselling clients for HIV testing during World AIDS Day Commemoration in Namutumba

STAR-EC also joined MoH and UAC to commemorate the International Candlelight Memorial, which is one of the major events in the World AIDS Campaign. STAR-EC published a supplement in the New Vision newspaper that was in line with this year's theme "*Many Lights for Human Rights*".



FLEP staff show casing their role under STAR-EC at the launch

STAR-EC launched during a colourful Ceremony

During this reporting period, the STAR-EC program was launched at the Crested Crane hotel in Jinja during a well attended ceremony. The Minister of Health, who was invited as the Guest of Honor for the function was represented by the Resident District Commissioner (RDC) of Iganga district. The function was attended by representatives from USAID, MoH, partner organizations, CSOs and the press. STAR-EC and partner organizations showcased their work in the region



A community drama group performing at the launch

through poster presentations, displays in stalls, testimonies from beneficiaries and drama performances.

Lessons learned

- Participation in national meetings like BCC partners meetings, MoH advocacy and IEC meetings gives the program opportunities to access materials and job aids produced by other partner organizations and reduces duplication of efforts
- Application of multi-pronged mobilization strategies result in more participation by community members in health campaigns
- The interactive radio program and focused discussions with MARPs uncovers issues that can guide planning and focus communication programs

Challenges

- Some health workers shelve disseminated job aids and do not use them during counseling sessions
- At times supply cannot meet demand. Some couples were disappointed in Kaliro because they reached the HTC testing sites (outreach) and found that all test kits had been used
- Some health facility walls are overcrowded with outdated communication materials that include posters. Removing them from the wall requires talking to health unit staff who are at times reluctant to do so until they are instructed by their superiors
- There is a language and reading barrier in some communities of the East Central region. Some community members prefer Lusoga materials and others say Lusoga is hard to read. This is very common in places that have different dialects like Lulamogi and Lusiki so they prefer reading Luganda materials

Way Forward

- Support supervisors will be encouraged to follow-up on disseminated job aids
- STAR-EC will continue working with health facilities/districts to forecast and submit requests for different health supplies in time
- Attempts have been made to talk to supervisors of health unit staff whose facilities have outdated IEC materials crowded onto the walls
- Some materials should be translated into Luganda while others that include posters and T-shirt messages to be translated into Lusoga

3.0 Grants and Sub awards

STAR-EC's four prequalified grantees, FLEP, NACWOLA, URHB and Youth Alive Uganda continued to play a critical role in implementation of STAR-EC program activities during PY2, providing varied services as summarized in Table 18 below:

Table 18: CSO coverage of the districts by technical intervention area

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

Source: STAR-EC progress reports

Acronyms:

HTC - HIV Testing and Counseling

AB - Abstinence and Be Faithful

REF - Referral

OP - Other Prevention

CM - Community Mobilization

PP - Positive Prevention

BCP Behaviour Change Programmes

PC – Palliative Care

In accordance with the PY2 work plan, the prequalified CSOs extended services to additional sub-counties in order to increase the geographical scope of STAR-EC's service delivery. FLEP took on three additional sub-counties in Iganga to provide services in HTC and OP in a total of nine sub-counties in the three districts of Iganga, Kamuli and Mayuge. Youth Alive Uganda started implementation in twenty nine sub-counties, bringing its total coverage to forty nine sub-counties in the four districts of Iganga, Kaliro, Kamuli and Namutumba. NACWOLA continued to have a presence in all the supported districts while URHB continued to work in the three districts of Bugiri, Kaliro and Namutumba. It should be noted, however, that none of the CSOs extends coverage to all parishes within the sub-counties where they work. While none of the supported districts has all sub-counties with all parishes receiving the full array of interventions in AB, OP, HTC, TB, REF, PP, PC, CM, STAR-EC expects to improve coverage during PY3 through work carried out by the seven new CSOs that have been brought on board.

During PY2, disbursements of UGX 1,072,656,140 were made against the planned annual budget of UGX 1,183,319,549, bringing total funds disbursed to-date to UGX 1,613,682,989 against a 2 year budget total of UGX 1,725,027,399. By the end of PY2, an average of 93% of the cumulative budget and 38% of the total five-year grant funds for the four prequalified grantees had been disbursed. Table 19 below shows grant tracking for the four pre qualified CSOs.

Table 19: Grant tracking for STAR-EC support, May 2009 – September 2010

Grantee	Total 5 year Grant (UGX)	Disbursement PY1 (UGX)	Disbursement PY2 (UGX)	Total Funds disbursed to date UGX	Cumulative % disbursement on budget to date	% disbursement on 5 year budget	Grant Balance (UGX)
FLEP	999,999,400	105,092,450	266,812,809	371,905,259	97%	37	628,094,141
NACWOLA	1,088,708,400	114,264,299	269,465,124	383,729,423	79%	35	704,978,977
URHB	1,027,056,000	178,574,630	235,902,500	414,477,130	100%	40	612,578,780
YAU	1,076,753,000	143,095,470	300,475,707	443,571,177	100%	41	633,181,823
Total	4,192,516,800	541,026,849	1,072,656,140	1,613,682,989	93%	38%	2,578,833,721

Source: STAR-EC progress reports

During PY2, URHB and NACWOLA brought new staff on board in order to address challenges both organizations had faced in submitting timely and accurate accountabilities on a monthly basis. The new staff was inducted by the grants team on STAR-EC financial reporting guidelines, and although both CSOs improved in this area, their utilization of funds for PY2 was affected. While FLEP and Youth Alive Uganda are on schedule with their implementation as of end of PY2. Both NACWOLA and URHB were behind schedule for the reasons noted above. STAR-EC worked with both of these organizations to help them improve both their financial and program reporting so that their implementation of activities will fall in line with their respective work plans. During PY2, the STAR-EC grants team continued to provide support to CSO's to improve the accuracy and timeliness of their program reporting. As a result of these visits, grantees have made substantial improvement in submitting accountabilities as compared to PY1. STAR-EC will continue to work closely with URHB and NACWOLA during PY3 to build on improvements that have been witnessed during the latter part of PY2.

During PY2, STAR-EC undertook a competitive grants program in order to identify additional CSOs to work at providing expanded services to underserved areas within STAR-EC's geographical areas of coverage. Through this process, seven new CSOs were selected to work with STAR- and the supported districts and a work planning and budget workshop was conducted to ensure that these new CSOs were providing targeted activities in the desired areas of coverage. The CSOs entered into formal agreements with STAR-EC.

Training CSO Staff



The new CSOs provide a range of interventions including AB, OP, HTC and TB. Geographical areas of operation for the new CSOs were selected in a way so as to cover those sub-counties that are underserved and hard to reach, and areas where there is a high concentration of MARPs. In addition, efforts were made to avoid duplication of services in areas where other CSOs are currently operating. Below is a list of the seven* new CSO's and their area of coverage.

Table 20: New civil society organization grantees, area of coverage and funds released

Name of Civil Society Organization	Intervention areas	District	Sub-counties covered	Total Grant (UGX)	Release during PY2 (UGX)	Grant Balance (UGX)
AIDS Information Centre	HTC, AB, TB	Mayuge	Mayuge T/C, Imanyiro, Buwaya	26,000,000	5,794,500	20,205,500
Integrated Development Activities and AIDS Concern	AB, HTC, SMC, TB	Namutumba	Namutumba Rural, Bulange	26,000,000	7,464,000	18,536,000
Friends of Christ Revival Ministries	HTC, AB, OP, TB, SMC	Bugiri and Namayingo	Banda , Sigulu	26,000,000	11,648,000	14,352,000
Multi - Community Based Development Initiative	HTC, AB, OP, TB, SMC	Namayingo	Buhemba, Buyinja	26,000,000	9,613,500	16,386,500
Uganda Development and Health Association	HTC, AB, OP, TB, SMC	Mayuge	Wairasa, Mayuge	26,000,000	10,825,000	15,175,000
Uganda Development and Health Association	HTC, AB, OP, TB, SMC	Iganga	Bukooma, Bulongo	26,000,000	10,827,000	15,173,000
Uganda Women and Youth Development Initiative	HTC, AB, TB, SMC	Iganga	Nakigo, Bulamagi	26,000,000	8,651,000	17,349,000
Uganda Women and Youth Development Initiative	HTC, AB, TB, SMC	Kamuli	Kamuli T/C, Namwendwa	26,000,000	8,727,500	17,272,500
Youth and Women in Action	HTC, AB, OP, SMC	Kaliro	Namwiwa, Bumanya	26,000,000	9,181,000	16,819,000
TOTAL				234,000,000	82,731,500	151,268,500

*Two of the CSOs were awarded more than one grant
Source: STAR-EC progress reports

Finance induction training was held for the new CSOs in mid-July to familiarize them with relevant rules and regulations and to provide them with an understanding of how to manage STAR-EC funds.

Grantee Procurements

In addition to direct fund disbursements, procurements were made for the CSOs to facilitate implementation of activities. Table X shows items procured during PY2 by STAR-EC - for the CSOs.

Table 21: Procurements made for the Civil Society Organizations

Items	Quantity	Cost UGX
Motor cycles	6	40,920,000
Bicycles	963	149,265,000
Video camera	1	950,000
Digital cameras	4	2,250,000
Tents	6	12,800,000
Balls, nets, indoor games	assorted	13,888,000
T/ Shirts & caps, banners	270	7,300,000
Home based care kits	150	13,529,690
Condoms	80,000	2,264,000
Dildos	164	1,476,000
Total		244,642,690

Source: STAR-EC quarterly reports

Sub Partners

STAR-EC's four sub recipients – Bantwana Initiative, Communication for Development Foundation Uganda (CDFU), mother2mother (m2m), and Uganda Cares continued to add value to the implementation of STAR-EC program activities during PY2. During the course of PY2, seconded staff from each of the partners were recruited and are now on board.

During PY2, Bantwana Initiative in coordination with the Uganda AIDS Commission led four activities, including strengthening district level HIV coordination structures; strengthening activities of VHTs; mapping of health and other wrap around service providers in the region; and strengthening PLHIV networks and orientation on district networks.

CDFU continued to provide support to BCC activities, including hosting weekly radio programs on TB and HIV&AIDS. m2m recruited and trained mentor mothers who have now commenced provision of services to the various health facilities.

Uganda Cares participated in training of district health workers in management of STI and opportunistic infections, comprehensive HIV&AIDS care and treatment, ART using the IMAI approach; training of trainers on TB/HIV&AIDS, PMTCT, lab sputum TB diagnostic procedures and laboratory methods and management in roll out of ART programs. Technical support was provided in conducting comprehensive laboratory needs assessment, support and in the procurement of laboratory equipment.

Support to District Health Structures

STAR-EC support to district health structures during PY2 included centrally managed training activities, provision of various supplies and direct funding of district led activities.

Funding was provided to support health workers in implementing HIV&AIDS and TB interventions. STAR-EC provided support for HIV and TB outreaches that were held concurrently in all the supported districts during World AIDS Day, World TB Day and Couples Week. In addition to supporting numerous activities, STAR-EC's finance and technical staff provided continuous support to district staff, specifically the selected district focal point persons (DFPP) to facilitate the timely and accurate submission of accountabilities.

During the early part of PY2, District staff faced challenges in submitting financial accountabilities for funds released for activity implementation, which in turn led to delays in subsequent release of funds which affected timely implementation of activities by the district health structures. Because STAR-EC funds releases are based on proper submission of accountabilities by the districts and as noted there were some delays in receiving these accountabilities, none of the districts received all funds for the PY2.

To mitigate these challenges, during PY2 changes were made in the timing of fund releases to districts. A reporting back time lag of one month was implemented to enable districts to have time to collect accountabilities from the various implementers and submit them to STAR-EC, while funds for the following month are now released to ensure that implementation is not affected. Four of the six original districts in our geographical area of coverage made timely submissions under this new arrangement, and STAR-EC is working closely with the other two districts to ensure that they improve.

During PY2, disbursements of UGX 497,322,650 were made to support district led activities. By the end of PY2, the amount released comprised an average of 73% of the total PY2 budget funds set aside for district-led activities. It is anticipated that implementation by the districts and consequently fund burn rates will increase in the next program year due to the improved coordination structures involving participation of the district focal point persons that have been put in place towards the end of PY2. Table 22 below shows funds released to support district led activities.

Table 22: Support provided by STAR-EC for District-led health activities

District	Budget PY2	Disbursements (UGX)	% Disbursed
Bugiri	71,017,500	63,672,450	90
Iganga	139,191,500	105,630,700	76
Kaliro	83,735,500	72,895,000	87
Kamuli	96,070,150	54,492,500	57
Mayuge	157,160,000	108,022,500	69
Namutumba	132,904,000	92,609,500	70
Total	680,078,650	497,322,650	73

Source: STAR-EC progress reports

4.0 Conclusion

In general, PY2 was an extremely busy one and significant progress was realized towards achieving targets. It also marked the expansion of the coverage of services through bringing on board additional district based CSO partners and supporting many public facilities to be accredited to provide services like ART; providing health workers with the necessary medical equipment; and conducting a number of assessments to guide implementation in PY3. It also marked the introduction of pediatric ART in some facilities and the roll out of the EID strengthening approach and of SMC services, all with their own opportunities and challenges. Assessing our own performance, most planned activities and targets were achieved. A few challenges experienced included delays in accountability by some partners; delayed delivery of supplies from NMS; increased workload for health workers with introduction of new services such as SMC; and overwhelming unmet demand. Owing to the expansion of services and the increasing workload, STAR-EC together with its partners started to roll out interventions aimed at improving the health delivery system and the quality of services. This balanced approach in pursuit of improved access to and delivery of quality services will continue to be emphasized during PY3.

STAR-EC wishes to acknowledge and appreciate all partners and stakeholders who made these achievements possible.

Appendices

Appendix 1: STAR-EC training outputs during PY2

Type of training and technical area during PY2.	Total	Female	Male
PMTCT			
Integrated management of pregnancy and child birth using the IMAI approach.	97	95	2
Early Infant diagnosis (EID) strengthening Training.	49	30	19
EID/PMTCT strengthening approach.	31	18	13
HCT			
Provider initiated HIV testing and counseling(PITC)	60	35	25
Rapid HIV testing	107	85	22
Child and adolescent HIV counseling and testing.	89	49	40
CARE AND SUPPORT			
Management of opportunistic infections and sexually transmitted infections.	85	53	32
Palliative Care pain and symptom management	30	20	10
Pediatric HIV management including ART	60	39	21
Comprehensive HIV management including ART (IMAI/IMCI).	89	59	30
Training on the revised monitoring tools for HIV care	124	67	57
Pediatric ART and logistics management	92	45	47

Type of training and technical area during PY2.	Total	Female	Male
Training on Laboratory methods for ART roll out.	26	3	23
HEALTH CARE IMPROVEMENT.			
Training of health care improvement initiative	102	42	60
CLINICAL/ADDITIONAL TB/HIV			
ToTs for TB/HIV co-management and TB infection control.	97	24	73
Training on TB/HIV co-management and TB infection control.	498	332	166
CB-DOTS Training	155	56	99
Refresher training on sputum TB microscopy	41	9	32
Training on TB logistic management	84	34	50
PREVENTION WITH POSITIVES.			
Prevention with positives counseling concept for PLHIV	32	13	19
Prevention with positives counseling concept for health care workers.	59	45	14
SEXUAL AND OTHER BEHAVIOURAL RISK PREVENTION.			
Training for youth peer educators and condom distributors.	164	55	109
Training for model couples on AB	195		
Training religious leaders on AB	10	0	10

Type of training and technical area during PY2.	Total	Female	Male
CAPACITY BUILDING REFERRALS AND NETWORKING.			
Village health teams (VHTs) training.	135		
Community mobilization and empowerment for CSOs and district technical leader.	145	44	101
Training on referrals and networking	36	22	14
DEMAND CREATION			
Script writing for drama groups representatives and district health educators.	62	20	42
Training on Men and HIV Curriculum	28	4	24

Source: STAR-EC progress reports

Appendix 2: Details of specific support provided to the respective health facilities during the reporting period

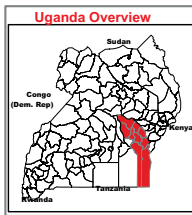
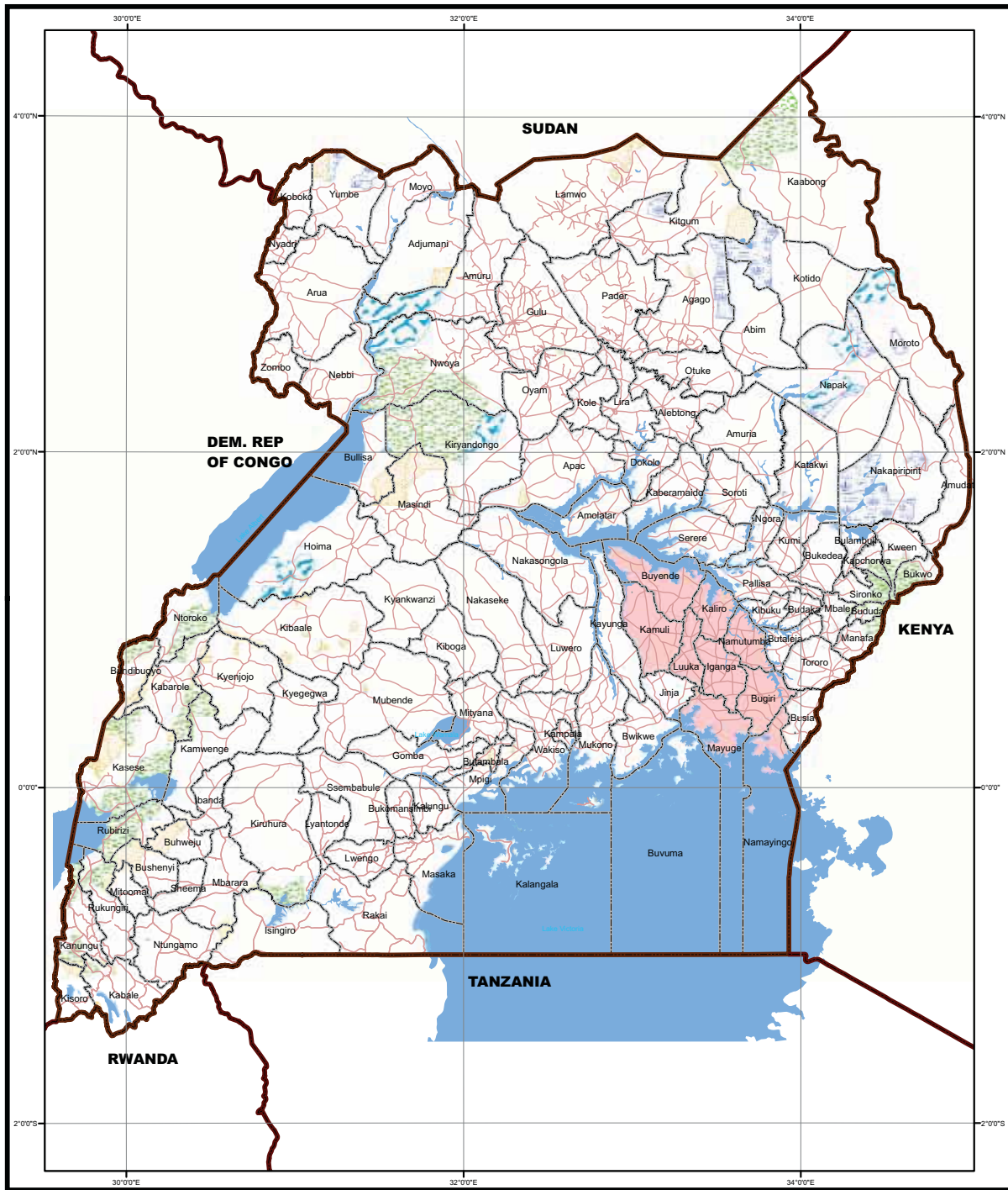
Type of Support	Name of Health Facility
Provision of Binocular Olympus CX21 Microscopes to strengthen diagnostic capacity of health facilities	Bumooli HC III, Bukoova HC III, Busembaya HC III, Irongo HC III, Waibuga HC III, Bumanya HC IV, Bugaya HC III, Irundu HC III, Nkondo HC III, Nankandulo HC IV, Malongo HC III, Bulange HC III, Ivukula HC III, Magada HC III, Nabisoigi HC III & Buyende HC III
Supporting Health facilities to refer blood specimens for CD4 testing to strengthen the districts' specimen referral system	Bugiri Hospital, Buyinja HC IV, Nankoma HC IV, Sigulu HC III, Banda HC III, Buluguyi HC III, Nsinze HC IV, Ivukula HC III, Namutumba HC III, Bulange HC III, Magada HC III, Iganga Hospital, Bugono HC IV, Namungalwe HC III, Kiyunga HC IV, Busesa HC IV, Busembatya HC III, Nambale HC III Kidera HC IV, Kamuli District Hosp, Kamuli Mission Hosp, Namwendwa HC IV, Nankandulo HC IV, Bugulumbya HC III, Buyende HC III, Bumanya HC IV, Namwiwa HC III, Namugongo HC III, Nawaikoke HC III, Kigandalo HC IV, Malongo HC III, Mayuge HC III, Wabulungu HC III, Kityerera HC III, Bulamagi HC III, Gadumire HC III, Baitambogwe HC III, Lulyambuzi HC III, Bunyiroo HC III, Balawoli HC III, Bupadhengo HC III, Bugaya HC III.

Type of Support	Name of Health Facility
Sponsor Laboratory staff for in-service training in sputum TB Microscopy at Buluba Hospital	Baitambogwe HC III, Balawoli HC III, Busembatia HC III, Budini HC III, Bugaya HC III, Bugiri Hospital, Bugono HC IV, Bulange HC III, Bulesa HC III, Bulopa HC III, Bupadhengo HC III, Busesa H HC IV, Butansi HC III, Buwaiswa HC III, Buyende HC III, Buyinja HC IV, Iganga Hospital, Irundu HC III, Ivukula HC IV, Kamuli General Hospital, Kigandalo HC IV, Magada HC III, Malongo HC III, Mbulamuti HC III, Nabukalu HC III, Nakandulo HC IV, Nambale HC III, Namugongo HC III, Namungalwe HC III, Namwendwa HC IV, Namwiwa HC III, Nankoma HC I, Nawaikeke HC III, Nsinze HC IV, Wabulungu HC III, Waibuga HC III
Sponsor Laboratory staff for in-service training in laboratory methods and management at Mildmay	Bumanya HC IV, Kigandalo HC IV, Iganga Hospital, Kamuli General Hospital, Bugiri Hospital, Bugono HC IV, Busesa HC IV, Namungalwe HC III, Nankandulo HC IV, Kityerera HC IV, Kidera HC IV, Namwendwa HC IV, Nawaikeke HC III, Kiyunga HC IV, Buyinja HC IV, Nsinze HC IV, Mayuge HC III, Kamuli Mission Hospital, Sigulu Island HC III, Banda HC III, Namutumba HC III, Wabulungu HC III, Namugongo HC III, Ivukula HC III, Nankoma HC IV, Busembatya HC III
Provision of laboratory technical support supervision to HC to strengthen good laboratory practices among laboratory staff including validation of documentation and data	Banda HC III, Bugiri hospital, Bulesa HC III, Buluguyi HC III, Buwunga HC III, Buyinja HC IV, Kayango HC III, Mayuge HC III, Nabukalu HC III, Nankoma HC IV, Bugono HC IV, Bukoova HC III, Bulamagi HC III, Busembatya HC III, Busesa HC IV, Ibulanku HC III, Iganga hospital, Iganga Islamic HC III, Iganga town council HC III, Irongo HC III, Kiyunga HC IV, Lubira HC III, Makuutu HC III, Nambale HC IV, Namungalwe HC III Waibuga HC III, Bumanya HC IV, Gadumire HC III, Namugongo HC III, Namwiwa HC III, Nawaikeke HC III, Balawoli HC III, Bishop Hannington-Namisambya HC III, Bugaya HC III, Bugulumbya HC III, Bulopa HC III, Bupadhengo HC III, Butansi HC III, Buyende HC III, Irundu HC III, Kamuli general hospital, Kamuli miss. hosp, Kidera HC IV, Kitayunjwa HC III, Lulyambuzi HC III, Mbulamuti HC III, Nabirumba HC III, Namasagali HC III, Namwendwa HC IV, Nankandulo HC IV, Nkondo HC III, Baitambogwe HC III, Buluba Hospital, Buwaiswa HC III, Kigandalo HC IV, Kityerera HC IV, Malongo HC III, Mayuge HC III, Wabulungu HC III, Bukonte HC III, Bulange HC III, Ivukula HC III, Magada HC III, Namutumba HC III, Nsinze HC IV,

Source: STAR-EC progress reports

Appendix 3: STAR-EC districts coverage in Uganda

USAID UGANDA UGANDA: STAR-EC DISTRICTS COVERAGE (OCTOBER 2010)



Legend

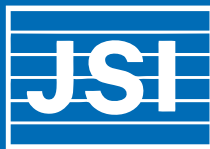
- National Border** (thick brown line)
- District Border** (dashed line)
- DISTRICT**
 - STAR-EC Coverage (9 in Nos) (pink shading)
 - None (white)
- Land use Type**
 - National Park (green with tree icons)
 - Game Reserve (blue with tree icons)
 - Forest Reserve (orange with tree icons)
 - Rangeland (blue with tree icons)
 - Water (blue)

Data Sources:
 Uganda Admin Boundaries - UBOS 2006/2010
 Thematic Information - STAR-EC/Uganda

Map Disclaimer:
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United States Government.

Draft

Map Prepare Date: October 14, 2010 (USAID/Uganda)
 File: UG-08-29_A3_STAR-EC District Coverage_14Oct2010.mxd



Kampala Liaison Office

STAR-EC

4th Floor, Nakawa House | Plot 3-7 Port Bell Road | P.O Box 40070, Kampala, Uganda

Tel : (+256) 414 222864, (+256) 312 262164

STAR-EC Headquarters

Plot 10 Kiira Lane, Mpumudde Division, P.O Box 829, Jinja

Tel: +256 434 120225, +256 434 120277, +256 332 260182, +256 332 260183

Fax: +256 434 120232

www.starecuganda.org