



# Uganda STAR-EC Project

## WEBSITE

<http://starecuganda.jsi.com>

## FUNDING SOURCE

USAID

## COUNTRIES

Uganda

## REGIONS/PROVINCES

Eastern Central Uganda

## OBJECTIVES

1. Strengthen decentralized HIV/TB service delivery system, with emphasis on health centers and community outreach.
2. Improve quality and efficiency of HIV/TB services within health facilities and community service organizations/ groups.
3. Strengthen networks and referrals systems to improve access to and coverage and utilization of HIV/TB services.
4. Intensify demand generation activities for HIV/TB prevention, care, and treatment services.

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## PROJECT DESCRIPTION

Uganda has a population of 28 million people, 85% of whom live in rural areas. The country has had considerable success in reducing HIV prevalence over the past 15 years; however, despite successes in the late 1980s and early 1990s, the decline in prevalence has stagnated over the past five years and no longer shows a downward tendency. In partnership with the Government of Uganda and the Ministry of Health, USAID and PEPFAR are supporting access to HIV and AIDS and TB prevention, care, and treatment services.

The Strengthening TB and HIV & AIDS Responses in East-Central Uganda (STAR-EC) project is a six-year project under a cooperative agreement between JSI Research & Training Institute, Inc. and USAID/Uganda. The STAR-EC project is focused on increasing access to and coverage and utilization of quality comprehensive HIV/TB prevention, care, and treatment services within district health facilities and their respective communities. JSI is increasing demand for access to TB/HIV preventive, care, and support services, increasing access to these services, conducting the lot quality assurance sampling (LQAS) surveys at the district level, and capacity building of civil society and indigenous organizations. The project is based in Jinja, Uganda and works in nine districts in the East Central region.

## UPDATE: October 2014

The project activities completed during Quarter 3 of PY6, April to June 2014, brought together STAR-EC, health facilities, civil society organizations, communities, the private sector, and families in an effort to deliver high-priority prevention, care and support, and treatment services focusing on a continuum of response (CoR). During this reporting period, 286,448 individuals (130,957 males and 155,491 females, including those tested in PMTCT of HIV and VMMC settings) received HTC and test results, exceeding STAR-EC's end-of-program target by 11%. During Q3, the mobile outreach program started moving to Health Centres II. A total of 42,739 males were circumcised and received other VMMC services at 22 sites, representing 123% of the Q3 target (which was 32,500 males). STAR-EC has continued to expand the evidence base for maternal and child health by supporting Option B+ for treating HIV-positive mothers and protecting their babies from infection. A total of 38,855 pregnant and lactating women accessed HTC services and received their results for PMTCT purposes, a 152% achievement of the Q3 target. Dedicated teams of linkage facilitators and health workers helped to rapidly enroll 3,120 new clients onto ART and strengthened links between community volunteers and health facility staff in an effort to connect those clients to needed services. Antiretroviral therapy (ART) services were strengthened at the existing 95 health facilities, coupled with intensification of provision of CD4-count tests for more appropriate clients' enrollment and clinical follow-up.

At present, STAR-EC is entering the final stages of program implementation and will be closing out in March 2015. The project is prioritizing high-impact activities, focusing on key pivot intervention areas to ensure that a critical mass of key affected populations are linked and retained in services in line with the CoR. Final implementation activities are determined using STAR-EC program data and reporting, LQAS surveys, national data, and USAID's guidance. The four key pivot areas to be address from October to December 2014 are (1) HTC, including scale up of PITC, roll out of targeted community HTC to key populations, and improving linkages from HTC to VMMC; (2) Care and Treatment, including strengthening referral linkages and retention, improving access to CD4 testing, improving quality of care and treatment services, strengthening pediatric testing and treatment, and the prioritization of pregnant women, clients infected with TB/HIV, and children under five years of age; (3) PMTCT, including improving utilization of eMTCT services, scale-up of Option B+, strengthening linkages between eMTCT and ART, increasing retention and adherence along the CoR, and expanding community based interventions; and (4) VMMC, including increasing the number of outreaches, strengthening QA/QI for VMMC through regular site assessments, promoting vigorous safety standards, and increasing demand among older men.

