

INFECTIOUS DISEASES INSTITUTE

Quarterly Performance Review *January - March 2010*

Investing in the Future: Impacting Real Lives



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A Client receives counseling at a community outreach in Kiboga

This Quarter's Highlights

Prevention, Care and Treatment (PCT):

- There was continued growth in the second line ART population from 573 in the previous quarter to 599 this quarter.
- A timetable for a senior clinician to be available for consultation in the urgent care room was instituted leading to quick decision making in treatment of difficult cases.

Training:

- IDI -based courses were offered this quarter related to HIV and Malaria.
- District-level capacity building was offered through the lab and malaria training programmes.
- IDCAP completed development of the three week Integrated Infectious Disease Training Course curriculum and a copy was produced for each of the sites.

Research:

- The programme had one new publication, and ten abstracts were presented at different conferences in Spain and the United States of America.

Laboratory Services:

- The MU-JHU Core Lab's overall testing volume increased by 7%, primarily due to increased requests for CD4 testing.

Outreach Programmes:

- The IDI Kibaale-Kiboga Project (KKP) was expanded to include three new districts: Hoima, Masindi and Buliisa.
- In Kibaale and Kiboga 41,287 people were counseled, tested for HIV and received their results.
- In the supported Kampala City Council Clinics, 5,784 individuals were tested for HIV using the routine counseling and testing approach.
- The IDI/KCC Capacity Building Collaboration project funding officially ended on 31st March 2010 but a six month no-cost extension was granted to facilitate completion of activities.

Programme Updates

Prevention, Care and Treatment (PCT)

Client Numbers

The total active client population was 9,386 - up slightly from 9,248 in the previous quarter. There is also continued growth in the second line ART population from 573 in the previous quarter to 599 this quarter. The increment is due to a small number of individuals at IDI who have failed on first-line ART, combined with referrals (from partner clinics) of those who need second-line care.

Other Developments this Quarter

Structured Senior Clinician Cover for the Clinic

Based on concerns expressed in one of the *professor-in-residence* reports (concerning the need for more structured mentoring of clinicians at the IDI clinics), a time table for senior clinician cover was instituted in the clinic in February 2010. Under this arrangement, a senior clinician is assigned to be available in person in the urgent care room with specific roles including the review of difficult cases, review of second-line ART patients and handling other consultations that arise from junior clinicians. The impact of this structured clinic cover will be evaluated after 6 months of implementation.

Database Training for the EARNEST trial in preparation for the launch

Ahead of the initiation of screening and enrollment in the EARNEST trial, training of trial staff at IDI on the study database was held in March 2010. Additionally, the IDI had a successful site initiation visit during which the site was approved to begin study enrolment.

Approaches in Development

Submission of proposals for major extensions of funding for ongoing contracts was made during the quarter. A proposal for 'Scaling-up an urban-setting family planning & HIV integrated service delivery model in Kampala' for TIDES Africa Fund was made. This allows for integration of family planning into the routine clinic activities and will mostly cover networking activities between the different TIDES grantees including IDI. A two year extension by Uganda Civil Society Fund (USAID, DFID, SIDA, Irish Aid, and DANIDA) is being sought for 'Preventing HIV transmission by HIV+ adolescents, discordant couples and amongst Most at Risk Populations (MARPs). This includes funding to support activities for the discordant couples' clinic, the young adults' clinic and MARPs including commercial sex workers and truck drivers.

Professor-in-Residence Programme

During the quarter, Professors Joel Gallant, Beth Kirkpatrick and Walter Schlech were at IDI and offered mentorship to Makerere University postgraduate students; participated in guest lectures; and facilitated sessions for journal club meetings.

Training

IDI-Based Courses

HIV: Courses offered at IDI this quarter included the Advanced HIV/AIDS Core Course, the Training of Trainers Course, the Multi-Disciplinary Course, the Basic ART Management Course and the Data Management Course. Four hundred forty two course participants (442) were trained this quarter (up from 303 last quarter). The trainees came from Uganda and Ethiopia. This quarter more nursing assistants (56%) were trained compared to other health workers, largely because multi disciplinary courses which target that category of health workers in Kibaale and Kiboga districts were conducted. Both districts face a shortage of qualified health workers and this training was expected to improve service delivery.

This quarter the largest training sponsor was the Kibaale-Kiboga Project (sponsoring 34% of trainees); other sponsors included IDCAP, Interact, STOP Malaria, IDI, Becton Dickinson, PRANA Stufing, ITECH Ethiopia and the Rakai Health Sciences Project.

Thirty four fifth year medical students from the Makerere University College of Health Sciences received pre-service HIV-focused training during the quarter.

District-Level Activities

BD laboratory Training Programme: Laboratory training continued to take place on-site, at trainees' places of work. This quarter two on-site courses were conducted in Apac and Hoima districts. One month of self directed on-site learning and supportive supervision in Laboratory Techniques and Management was conducted in Apac district; and 15 trainees and six mentors participated. A total of 11 participants took part in an on-site course in Basic Laboratory Management in Hoima district. In both Apac and Hoima districts, the participants demonstrated Good Laboratory Practices and increased knowledge of Laboratory Management.

On-site follow up of alumni from IDI-based courses was also conducted for two weeks in Rukungiri, Kasese, Kampala, Oyam and Apac districts during the quarter. A total of 20 alumni received onsite supervision and support and the exercise revealed that alumni had implemented what they had learnt and that they regularly shared these lessons with their colleagues.

Joint Uganda Malaria Training Programme (JUMP)

This quarter, the second follow-up of participants who attended a course using a revised curriculum for the Intergrated Management of Malaria was conducted among a total of 62 alumni in Nebbi and Kasese districts; and showed an improvement in procedures related to patient evaluation and management.

Impact Assessment of Cascade Training

During the quarter, JUMP conducted an evaluation on performance of three categories of staff (clinicians, lab staff and data staff) in seven pilot health facilities using existing pre and post training data in the districts of Kasese, Arua and Nebbi. The assessment showed a significant improvement in performance of tasks by clinicians, laboratory and records staff after the training - including in preparation and correct reading of blood slides; the quality of data collected also improved after the training.

STOP Malaria Project Training: Laboratory Diagnosis of Malaria Using Microscopy and RDTs: The JUMP team trained six district health workers from Rakai, Soroti and Bukedea districts (one additional participant came from the IDI laboratory) on malaria laboratory diagnosis based on the JUMP training manual. All participants were awarded certificates of completion and will conduct district-based trainings for other laboratory staff in their respective districts.

Follow up of RDT Trainees: JUMP conducted the first follow up support supervision of 45 health workers in the central region districts of Kiboga, Mityana, Wakiso, Nakaseke, Mpigi and Luwero. The findings indicated improved ability to read and interpret RDT tests amongst all the district laboratories except those in Mpigi (due to poor quality microscopes).

The districts of Mpigi, Mityana, Kayunga and Nakasongola lacked sufficient functional microscopes in HC III and II; and the team of supervisors from the STOP Malaria Project, Central Public Health Laboratory (CPHL) and MOH recommended that these districts should be prioritised for RDT deployment.

Distribution of Diagnostic Guidelines: Diagnostic guidelines/tools were distributed to health workers across nine districts to act as reference materials for routine health practices as well as training guides for staff. The packages of tools included trainees' manuals, facilitators' guides, job aides, WHO manuals and reference slides.

Procurement of Microscopes: IDI procured four microscopes to be used during district-based training; this is expected to improve the ratio of trainees to microscopes and give them improved practical exposure to slide reading during the training.

The AIDS Treatment and Information Center (ATIC):

Information Provided: There were 257 requests for information this quarter; 86 were from sources that had never used ATIC before. This was up from 60 requests last quarter and resulted from proactive telephone calls, emails and SMSs to the healthcare workers, to promote the services.

Continuing Medical Education (CME): ATIC facilitated seven Continuing Medical Education Courses for 195 participants from the IDI outreach programme (IDI-KCC and IDI-KKP) during the quarter. The CME focused on PMTCT.

Outreach to Alumni: A total of 900 IDI alumni were contacted through SMS, emails and telephone calls to inform them about the new Advanced ART course that was being offered.

IDCAP Project Updates:

- This quarter the three week Integrated Infectious Disease Training Course curriculum was completed and a copy was produced for each of the sites.
- The project conducted the first training session of participants from the first phase sites. Participants are divided into two groups (one group acts as the intervention group and the other as the control) each group comprises of 18 participants. The training is intended to impart knowledge in integrated management of infectious diseases. The impact of the course is being carefully evaluated.

- Pilot testing of the Multi Disciplinary Training Modules was carried out on four sites including Lyantonde Hospital, Kinoni HC III, Kangulumira HC IV and Kigandalo HC IV. This exercise was conducted to determine if the content of the module was appropriate and compatible with the target audience; one module was finalized for use in the first on site support session.
- The design and documentation of the on site support process and tools was completed. The tools include checklists, a mentoring diary, sign-in sheets and facilitators' guides.
- The baseline assessment was completed successfully and orientation of the wider District Health Management Team in all districts was conducted.
- Establishment and operationalization of the data surveillance system is ongoing. Thirty six data clerks were recruited, trained and deployed at the sites; computers were purchased and distributed to all sites; power back up systems and data transmission systems were secured from suppliers.

Research

Publications

Boulware, D., Bonham, S. C., Meya, D., Wiesner, D. L., Park, G. S., Kambugu, A., Janoff, E. N., Bohjanen, P., Paucity of Initial Cerebrospinal Fluid Inflammation in Cryptococcal Meningitis is Associated with Subsequent Immune Reconstitution Inflammatory Syndrome (Accepted in the Journal of Infectious Diseases)

Presented Abstracts

The 17th Conference on Retroviruses and Opportunistic Infections, February 16th - 19th 2010, San Francisco, USA

Boulware, D. R., Bergemann, T. L., Meya, D. B., Wiesner, D., Kambugu, A., Janoff, E. N., Bohjanen, P. R., mRNA. Biomarkers of CD4 Immune Recovery with Antiretroviral Therapy in Persons with AIDS in Sub-Saharan Africa.

Hermans, S., Manabe, Y. C., Hoepelman, A. I. M., Kambugu, A. Increased Baseline CD4-count at ART Initiation Improves Survival and Leads to Decreased Incidence of Tuberculosis in an Urban HIV Clinic in Sub-Saharan Africa.

Lamorde, M., Byakika-Kibwika, P., Kayom, V.O., Kalemeera, F., Namakula, R., Boffito, M., Ryan, M., Colebunders, R., Back, D.J., Khoo, S., Merry, C. Nevirapine Plasma Concentrations During Initiation with 200 mg Versus 400 mg Daily in HIV/TB Co-infected Adults on Rifampicin.

Wanyama, J., Kasibante, D., Kayiira, P., Wandera, B., Kambugu, A. Sexual Behavior of HIV-Positive Persons Before and After One Year of Antiretroviral Therapy at The Infectious Diseases Clinic, Kampala, Uganda.

14th International Workshop on HIV Observational Databases, 25th – 27th March 2010, Sitges, Spain

Birabwa, E., Matovu, E., Achieng, M., Kambugu, A., Easterbrook, P. The Role of Prospective Continuous Data Quality Improvement Strategies in Improving Data Quality For an HIV Clinic Database In Uganda.

Castelnuovo, B., Ocama, P., Kiragga, A., Reynolds, S. J., Kanya, M. Progressive Normalization Of Liver Enzyme Elevation During The First 30 Months Of Art in an HIV Positive Patient Cohort in Uganda.

Castelnuovo, B., Ssempe, J., Kiragga, A., Kanya, M., Manabe, Y. Patients On ART in Resource Limited Settings with Episodes of Intermediate Viremia (1,001-10,000 Copies/ML) are at Risk of Impaired Immune-Reconstitution And Treatment Failure.

Hermans, S., Kiragga, A., Schaefer, P., Kambugu, A., Hoepelman, A., Manabe, Y. Incident Tuberculosis During Antiretroviral Therapy Contributes To Suboptimal Immune Reconstitution in a Large Urban HIV Clinic in Sub-Saharan Africa.

Kiragga, A., Castelnuovo, B., Kanya, M., Moore, R., Manabe, C. Y. WHO Immunologic Criteria are More Predictive of Treatment Failure in Patients From a Western Cohort Compared to a Cohort in Resource Limited Settings.

Schaefer, P., Castelnuovo, B., Baisley, K., Hermans, S., Manabe, Y. Effect of The Duration of Antiretroviral Therapy on the CD4 Count at Tuberculosis Diagnosis in Patients From a Large Urban Clinic in Sub-Saharan Africa.

Other activities

During the quarter, the Research Programme received clearance to initiate four new studies:

Prevalence of low serum B 12 levels and associated factors in HAART naive patients attending two outpatient HIV clinics in Mulago Hospital: This study will be conducted by an MMed student and aims at describing serum vitamin B 12 levels and associated factors in HIV positive patients. This vitamin, whose depletion is associated with faster HIV disease progression and is common among HIV positive patients prior to the initiation of HAART, is an important factor in cell mediated immune response in this group.

This cross-sectional study will seek to determine the prevalence of low serum B12 levels among HAART naive HIV positive patients as well as the factors associated with these low levels in this population. A total of 205 patients will be recruited in two clinics in Mulago, the Adult Infectious Diseases Clinic and the ISS Mulago-Mbarara Teaching Hospitals Joint AIDS Programme (MJAP clinic).

Late presentation of HIV infection among males at the Infectious Diseases Institute and Mulago Hospital, Kampala; patient characteristics and barriers to testing and seeking health care: Late presentation of HIV infection poses the risk of advanced stage disease presentation at initiation of HAART. This is associated with poor response to treatment, drug toxicities, Immune Reconstitution Inflammatory Syndrome (IRIS) and high mortality in this group of patients. Opportunities to reduce onward HIV transmission, either by reducing high-risk behaviors or an individual's infectivity, are also missed when there is a delay in seeking care among HIV infected people. Late presentation may be attributed to untimely diagnosis or delay in seeking care following a positive HIV test among other factors.

Previous studies have shown that up to 40% of patients seek treatment late at health facilities and males are more likely to seek treatment late. This study seeks to understand the characteristics of men with late presentation of HIV infection as well as the barriers to seeking care. This will be looked at through comparing the early male presenters with the late presenters and also investigating the barriers to seeking health care in this population.

A total of 92 patients (half of them controls) will be recruited in this case control study, at IDI as well as the Medical Outpatient Clinic in Mulago Hospital.

Effect of divine healing on Pentecostal patients' ability to utilise HIV care and treatment: This study will assess the effect of belief in divine healing on the ability of Pentecostal patients to utilize HIV care and treatment services. A total of 360 patients will be enrolled in this study at IDI. Reliance on faith healing to the exclusion of other forms of treatment can have a public health impact when it reduces or eliminates access to modern medical techniques.

Pastoral care and the changing religiosity/spirituality of HIV+ persons in Kampala, Uganda: This study will evaluate the change in religiosity among patients diagnosed with HIV and whether this has influenced their engagement in HIV treatment and care and/or their quality of life. In this study, both patients and religious leaders will be interviewed. A total of 40 patients and 20 religious leaders will be included in this project.

Laboratory Services

MU-JHU Core Lab at IDI: During the quarter, the Core Lab's overall testing volume increased by 7%, primarily due to increased requests for CD4 testing.

The lab has procured two additional instruments this quarter (Coulter AcT 5diff Autoloaders) for hematology testing.

Laboratory Training: This quarter 26 trainees were trained through district-based laboratory training. The Beckton Dickinson Lab Training Programme carried out two on-site courses in Apac and Hoima districts. (see details on page 5)

IDI Outreach Programmes

IDI Kibaale-Kiboga (KKP): Building Capacity for Scaling Up HIV/AIDS Services:

The project has continued to make progress in all areas. Key activities and achievements this quarter included the following:

- During the quarter, 34,078 people were counseled, tested and received their results. Of these 1,488 were found to be HIV positive. Facilities have been supported with furniture to establish Provider-Initiated Counseling and Testing (PICT) corners to reach more people with counseling and testing services in different departments at health facilities.
- The project supported Kibaale district in organizing a camping outreach in the Lake Albert community landing sites. A total of 1,525 people received HIV counseling and testing; of these 152 tested HIV positive and were referred for treatment to ART-accredited health facilities.
- During the quarter, 210 clients (47 in Kiboga and 162 in Kibaale) were newly enrolled on TB/HIV integrated treatment.
- Strengthening medical logistics systems and providing buffer stocks to safeguard against stock-outs was ongoing across the two districts.
- The drama groups developed by TASO have continued to conduct performances for HCT community mobilization exercises aimed at increasing HIV/AIDS awareness by delivering appropriate messages.

<i>Table 1: People counseled and tested by district by venue.</i>				
	Kiboga	Kibaale	Total	Percentage (%)
Facility based HCT	5,160	2,076	7,236	20%
Community based HCT supported by KKP	12,873	13,874	26,747	75%
Community based HCT supported by other organizations	159	1512	1,671	5%
	18,192	17,462	35,654	
People who tested HIV positive by district				
	Kiboga	Kibaale	Total	Prevalence
Facility based HCT	341	297	638	9%
Community based HCT supported by KKP	394	456	850	3%
Community based HCT supported by other organizations	5	7	12	1%
	740	760	1,500	4.2%

- During the quarter, TASO conducted a total of 18 performances and 2 radio talk shows in each of the districts.
- A total of 60 community volunteers were trained in palliative care by Hospice Africa Uganda (HAU) within the two districts. This gave them knowledge and skills to identify patients within communities with palliative care needs and to provide care or refer them to other care centres.
- Validation tests are on going at district reference laboratories to perform CD4, Blood Cell Counts and Chemistry on-site. Health Center IVs have been provided with laboratory equipment and reagent buffer stocks for basic laboratory tests. The equipment includes centrifuges, microscopes, automatic pipettes and stands, timers, staining racks and spirit candles (used as an alternative to bunsen burners).
- During the quarter, two district hospitals (Kiboga and Kagadi) and two Health Centers (Kakumiro and Ntwetwe HC IVs) were fully connected to the internet. This is expected to improve communication across the main facilities in the districts.
- Renovations were ongoing across 10 health facilities in both districts. These will create more space for quality care in the facilities and are expected to be handed over to the districts during next quarter.
- A CDC site assessment visit was conducted in the districts this quarter and the team was satisfied with the progress to date. The project received positive feedback about the developments to date as well as areas requiring improvement.
- The project was expanded to include three new districts: Hoima, Masindi and Buliisa. During the quarter, a rapid assessment of these districts was conducted and activities are expected to begin in April, 2010.

IDI/KCC Capacity Building Collaboration

- The project funding officially ended on 31st March 2010 with a no cost extension of six months. During these six months efforts will be focused on identifying long term approaches to continuing the partnership with and support for KCC in a sustainable way.
- During the quarter, 5,784 individuals were tested for HIV using the routine counseling and testing approach.
- A total of 432 individuals were enrolled into care and a total of 136 individuals were initiated on ART during the quarter. There was a shortage of ART supply across all the centers as a result of stock-outs in the Ministry of Health supplies. This affected the number of new patients initiating ART and also interrupted the ART refill programme. The project continued to offer logistical support to KCC Health Centers through provision and maintenance of buffer stocks of ARVs and other drugs for treatment of opportunistic infections; laboratory supplies; and other consumables (testing kits and reagents).
- The project continued to support the laboratories across the six clinics with consumables and supplies. A total of 396 CD4 samples were processed at Kiswa laboratory during the quarter and some of the additional tests performed included malaria (7,061), syphilis (583) and pregnancy (573).

Management and Administration

Strategic Planning

During the quarter, the five year IDI Strategic Plan (July 2008 to June 2013) was reviewed by the IDI Board. Some revisions were made in response to changes in the environment and in line with our evolving understanding of how IDI can best contribute, along with others, in the field of HIV/AIDS and related infectious diseases. Modifications included:

- revisions to the structure of the training programme (such as, introducing training in 'integrated infectious diseases' as a distinct sub-programme); expanding 'systems strengthening' training and support; and introducing targets for updating / maintaining capacity ('episodes of support') in the districts;
- introduction of the IDI Outreach Programme covering both urban and rural areas and with particular emphasis on systems strengthening (especially lab services);
- reduced emphasis on achieving formal agreements with institutional partners;
- recognition of greater funder emphasis on supporting existing systems, and sustainability, rather than direct provision of care (eg PEPFAR2);
- some rescheduling of activities over the remaining three years of the plan period.

Development Update

During the quarter the funding available under the NIH-funded TB Clinical Diagnostics Research Consortium subgrant to IDI was increased substantially. Also, a small grant was awarded by Microsoft for research into the use of SMS services to improve TB treatment completion in integrated tuberculosis and HIV care in resource-limited settings.

The main proposal generation efforts this quarter focused on a range of bids to CDC in relation to the second five years of PEPFAR funding. IDI's three bids as prime contractor covered: continued support

for Kampala City Council HIV/AIDS services; pre-service training in HIV/AIDS; and scaling up of comprehensive HIV prevention in Central Uganda. Also, IDI was a major subcontractor on two further bids: to support HIV/AIDS service development in NW Uganda, and also on Mulago Hill.

Finance and Administration: The Finance section continued the internal audit programme with KPMG; with a review of the PCT, Training and Research risk management activities. Controls were generally rated as 'adequate'; and the Research department showed clear evidence of good mitigation of most Research risks. The Head of Finance and Administration advised the Board that he would not seek an extension of his contract, which ends in December 2010. The Board directed IDI management to begin a comprehensive search process, with the objective of having a new Director of Finance and Administration in place before the end of 2010.

Facilities: The Facilities section arranged for building partitioning and furnishings for a newly leased building close to IDI; with over 1,000 meters of classroom and office space. The entire Training department will move to the new building; ATIC and Datafax will move to the top floor of the building; and various research and project activities will also occupy the new space. The first occupants entered the building at the end of the quarter.

Staff Welfare Development: The Human Resources section concentrated on recruitment, policy reviews and staff feedback over the last three months. The Staff Training and Career Development Officers continued to extend their services within IDI; and the two new functions are now focused on increasing the effectiveness of their roles.

Skills Building Workshops for Friends: During the quarter, the Communication, Partnerships and Advocacy (CPA) team coordinated skills building workshops for over 200 Friends. The CPA team facilitated a workshop on conflict resolution in order to equip Friends with basic life skills. Other workshops included hygiene, the use of safe water systems, malaria prevention and condom use.

Sensitisation by the Music, Dance and Drama Group: The IDI drama group continued to fulfill a key role in sensitizing communities about HIV/AIDS. During this quarter, the drama group conducted three mobilization exercises in communities neighbouring the IDI partner KCC health centers to increase awareness and advocate for lifestyle changes. Through this mobilization exercise, a total of 286 people received voluntary counseling and testing and of these 15 were found to be positive and referred to the nearest KCC clinics that provide HIV/AIDS care and treatment services. Several IEC materials and basic health care items were also distributed during the sensitization exercise.

Focus on Excellence: The District-Wide Approach to Building Capacity for Scaling Up HIV/AIDS Services

Background: In September 2008 IDI was awarded a CDC five year grant to scale up HIV/AIDS service delivery, including TB treatment, in the districts of Kiboga and Kibaale. This has now been extended to three additional districts: Hoima, Masindi and Buliisa. To date the project has reached 21 health facilities in Kibaale and Kiboga and will reach an additional six health facilities in the districts of Hoima, Masindi and Buliisa.

The project's success to-date is largely attributed to the use of the "District - Wide approach". This has involved working directly with the districts to build their capacity to plan, implement, manage and monitor HIV/AIDS/TB activities. This has facilitated health system strengthening at the same time supporting the scale up of quality service provision.

Strengthen Human Resource Capacity: District Health Care Workers (HCWs) and Health Management Teams have been trained and mentored to provide high quality HIV/AIDS services (including for TB/HIV co-infection) and the project continues to train and mentor HCWs to improve their knowledge, skills and attitudes. Courses conducted to date include; ART Management, Basic ART, Data Management, Provider Initiated Testing and Counseling (PITC) and weekly CME sessions.

Human resource support has been provided through the use of the short term technical assistance teams; facilitation of 260 AIDS Community Volunteers (ACVs) that support activities in the community and the facility; and adoption of tailored training to cater for all cadres of staff (especially nursing assistants who are the majority of staff and rarely receive training).

Strengthen Ability to Use MoH Procurement Systems: Technical and logistical support has continuously been provided to the targeted districts to develop and strengthen district pharmacy systems so as to ensure adequate and sustained availability of drugs and supplies. The project continues to provide buffer supplies of ARVs and Septrin (whenever necessary) while ensuring transportation of drug supplies to the district stores and to various health facilities to reduce the number of stock-outs and interruptions in provision of ART services.

The project acts as a liaison between the districts and MoH, the National Drug Authority (NDA) and Supply Chain Management Systems (SCMS) in communicating and following up the facility pharmaceutical supplies while mentoring key pharmacy staff in the districts. Sustained supportive supervision and mentorship has ensured MoH ARV reports are collected and sent to the necessary authorities in time to enable uninterrupted medical supplies.

Mentoring is provided to the entire 21 project-supported facilities to help them attain the capacity to make independent requisitions for drugs and supplies; receive drugs and supplies on time upon requisition; and obtain up-to-date stock cards. This has helped the facilities avoid frequent stock outs through submitting reports (MoH bi-monthly drugs and supplies reports) on time. Monthly technical support supervision visits are conducted in Kiboga and Kibaale districts and staff undergo continuous training in logistics management.

Strengthen Ability to Manage Lab Systems And Networks: Application of a Laboratory Quality Management System (LQMS) is the key strategy used in strengthening labs in a phased manner; the key areas of improvement include the human resource base (attitudes, skills, practices, ethics, numbers,

performance management and recruitment); management and operations procedures; development of the hospital labs as model district reference labs; and lab records and documentation.

Technical and logistical support is provided to develop and strengthen district laboratory systems so as to ensure adequate and sustained availability of laboratory reagents and other supplies. Major laboratory modifications have been carried out in some key health facilities and all facilities in need of laboratory buffer supplies have been supported in acquisition and transportation of reagents and other supplies (including test kits) to protect against stock-outs. This has been done concurrently with mentorship to facilities to facilitate testing according to national standards.

In addition the project has provided lab equipment and related supplies and is currently providing free CD4 testing for all clients in care in addition to installation of CD4 machines in each district. In working closely with CPHL the project is strengthening programme and National Lab accreditation systems for the labs in the different health facilities.

Help define/establish referral and counter-referral systems: The project developed a comprehensive referral network with detailed guidelines for HIV/TB-related services. Several community groups are used to strengthen the referral systems; these include AIDS Community Volunteers (ACV's) and HIV/AIDS lay counselors (HCT Counselors). Through these groups, HCT services have been provided to the hard to reach communities where sensitization, mobilization and HIV testing is done. HIV positive individuals are then referred to the nearest accredited health facility for care and treatment. Community volunteers have played a role in following up clients and continued sensitization about available HIV/AIDS services.

Help establish functional grants management systems: Preparatory processes to establish functional grants management systems have been completed and a district-based sub granting management support approach will be used in the next quarter. This will help the districts to independently manage key components of the project while building their own capacity to fully apply and manage donor grants in the future.

The processes that have been completed include Memorandum of Understanding (MoUs) with districts and comprehensive HIV/AIDS work plans that will be used to build capacity for management of health services in line with comprehensive district strategic plans.

Strengthen M&E systems, based on effective use of HMIS: The Project provides support to the two districts to ensure that the MoH / HMIS tools are being filled in correctly and are readily available; and that reports are submitted on time. A series of meetings have also been held with MoH and the two districts' relevant personnel (biostatisticians, HIV focal persons and District Health Officers) to review progress on proper data management systems.

In September 2009, the project undertook an intervention to strengthen the data management systems in the two districts to streamline HIV/AIDS medical records; it convened meetings with HIV clinic in-charges, and trained records staff (ACVs) in data management in addition to recurrent mentorship visits. Details of the clients that are lost to follow-up have been compiled and arrangements have been made to address them accordingly. Plans are underway to develop a basic data storage system to support the districts.

Standard operating procedures, where they are missing: at the district and the facility-level

Quality assurance requirements have been strengthened by ensuring availability and accessibility of standard operating procedures (SOP's) and reference materials in all project supported health facilities including lower level facilities. The project has provided support to health facilities in strengthening proper document control systems consisting of National Standard Operational Procedures and guidelines in technical areas of laboratory management and logistics management.

Partner coordination

The project identified and mapped all existing networks including implementing partners. Since then, regular meetings, frequent visits to facilities and other activities have been conducted to strengthen the partnerships. Regular Project Management Team (PMT) meetings comprising of IDI Senior Management, the district health teams and the project CDC technical advisors have been held. Linkages have also been strengthened with MoH, NTLP and CPHL and the project continues to support District AIDS Committee (DAC) meetings in each district where all implementing partners present progress. Other monthly key meetings have been held with local leaders, district health teams and facility in-charges. A bi-annual meeting for all HIV/AIDS implementing partners in the targeted districts has been regularly held to harmonize implementation of activities.