

USAID LOCAL PARTNER HEALTH SERVICES - EASTERN



DHO Kapchorwa, Dr. Siraj Masai receives ECHO Zoom equipment from the USAID LPHS-E Human Resources Manager, Mr. Gilbert Enotu and Cluster 3 Project Management Specialist, Dr. Joseph Wamala.



The Kapchorwa District Health Team test the ECHO Zoom equipment in the DHO's office.



The Deputy Chief Administrative Officer of Kibuku District (blue jacket), Mr. Paul Alau receives ECHO Zoom equipment from the USAID LPHS-E Human Resources Manager, Mr. Gilbert Enotu.



The Kapchorwa District Health Team test the ECHO Zoom equipment in the DHO's office.



Health facility in-charge at the Bukwo District Health Officer's Office test the functionality of the echo zoom equipment with a data meeting.

MESSAGE FROM THE PROJECT DIRECTOR



Dear Esteemed Reader,

Welcome to the third edition of the USAID LPHS-E Activity Bulletin. In this bulletin, we'll provide you with a comprehensive update on the progress, achievements, and upcoming plans for our project.

In the last quarter, our partnerships with other national and regional implementing partners enabled us to attain several milestones. During the National Health Supply Chain Week, the Ministry of Health recognized Bison HC III, in Tororo District one of the 161 antiretroviral sites for leadership and management for digitalization of the health supply chain.

More achievements included two of our laboratories, (Tororo and Pallisa General Hospitals) retaining their South African National Accreditation System (SANAS) accreditation. We participated in a joint quarterly review meeting with the USAID Uganda Learning Activity and successfully rolled out the Ministry of Health revised HIV prevention, care, and treatment guidelines in all 161 anti-retroviral therapy (ART) sites.

As we share more of our project highlights and milestones in the pages below, we would like to thank you for your continued support of the USAID LPHS-E Activity.

We look forward to another productive and exciting quarter ahead.

Happy reading.

Alexander Mugume

Project Director, USAID Local Partner Health Services-Eastern

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DISTRICTS RECEIVE ECHO ZOOM EQUIPMENT TO PROMOTE COLLABORATION, LEARNING

To foster district-led programming and increase collaboration among health facilities, USAID LPHS-E procured echo zoom equipment for 10 districts.

In each of the District Health Offices (DHO, the USAID LPHS-E team installed equipment consisting of a 50" smart television, a laptop, and a webcam/speaker system. Districts that benefited from the equipment are Tororo, Bududa, Manafwa, Mbale City, Bukwo, Kapchorwa, Bulambuli, Pallisa, Butaleja, and Kibuku.

The aim of distributing the equipment is to improve communication between the district health offices, facilities, implementing partners, and the Ministry of Health. The equipment will support the district health teams to attend virtual meetings. The district teams will use the equipment to provide continuous professional development and mentorships to health workers.

Said Mr. Alex Mugume, Project Director of USAID LPHS-E, ***"Technology is crucial in***

improving service delivery in healthcare since it cuts down time spent traveling to attend meetings."

This was during a handover event in the Mbale City Health Office. Mr Mugume said for further strengthening of the healthcare system, USAID LPHS-E will continue to collaborate with districts. He requested the districts to purchase surge protectors and burglar proofing to ensure the safety of the equipment.



Health facility in-charges test the new ECHO-Zoom equipment at the Bukwo District Health Office.

TEAM SPOTLIGHT

In the spotlight this quarter, is Ms Irene Kwala, a Registered Midwife at Nakaloke HC III, Mbale City. Kwala, passionate about cervical cancer screening shares with us what motivates her.

Q. When did you first hear about cervical cancer and what exactly did you hear?

A. I was still working at Bumandala HC III in Mbale District when I first heard about cervical cancer. We would see women bleeding from unknown causes. We would refer them to Mbale Regional

Referral Hospital.



Irene Kwala a Registered Midwife at Nakaloke HC III, Mbale City.

Q. How did you know it was cervical cancer?

A. When I transferred from Bumandala to Nakaloke in March 2022, there were two or three staff conducting cervical cancer screening using acetic acid. At the time we would get two cervical cancer cases a month. When I heard that cervical cancer is one of the leading causes of maternal death, I got interested.

Q. How did you move from there?

A. I requested a colleague to mentor me in the screening. She taught me how to do it. Shortly after, mentoring me, we received a mentor from Mulago National Referral Hospital based in Kawempe, Kampala District.

Q. What more did the mentor from Mulago give the team?

A. In addition to teaching us how to screen the women, she advised us about giving health education talks to women who come from the facility for the family

planning services. She advised us to utilize the ART Clinic Day to pass on messages to HIV clients on the eligibility criteria.

Q. So, what are some of the criteria she told you during the mentorship?

A. The Mentor was adamant that HIV-positive women who come to the ART Clinic should never leave without cervical cancer screening. Mere ARVs can't change their lives. They have a high probability of suffering from the cancer.

Q. What motivates you to keep going?

A. Cervical cancer is deadly. When mothers die, it disorganizes families. Children are left as orphans. Yet to save a mother's life, it takes only five minutes to conduct a cancer screening. It is not a lot of time to prevent an unknown maternal death.

Q. What are your dreams as far as cervical cancer is concerned?

A. I would like to practice more. With more practice, I can become an expert.

MILESTONES AND ACHIEVEMENTS

USAID LPHS-E's Bison HC III, scoops award at National Health Supply Chain Week

During the National Health Supply Chain Week held at the Serena Hotel in Kampala, Bison HC III in Tororo District was one of the few supply chain excellence awardees. Bison received the award for leadership and management for digitalization of the health supply chain. Bison is one of the 161 anti-retroviral therapy (ART) sites that USAID LPHS-E supports in the Bukedi and Bugisu sub-regions, of Eastern Uganda.

The Ministry of Health and implementing partners are digitizing the health commodities supply chain. The partners have instituted electronic systems for health facilities to place orders, manage inventories, and weekly stock tracking.



USAID, CDC & MoH collaborate on HTS data quality assessment in 10 facilities

During the quarter, USAID SITES and CDC METS partnered with the Ministry of Health to conduct data quality assessments in the region.

The team assessed Osukuru HC III, Merikit HCIII and Nagongera in Tororo District, Bududa General Hospital in Bududa District, Bubulo HC IV in Manafwa District, Kabeywa HC III in Kapchorwa, Busolve Hospital in Butaleja, Budadiri HC IV in Sironko, Kibuku HC IV in Kibuku and Muyembe HC IV in Bulambuli District.

The assessment enabled the team to assess the data security measures in place for all clients, and those specific for KPs. During the assessment, the team gave short sessions to the facility teams on documenting HTS as per current guidelines.

Issues for improvement identified during the DQA included giving the team a refresher training on how to assign serial numbers to clients and consistently transfer them to other documents like registers. Other recommendations included routine mentorship on the entry of data into Methadone Assisted Therapy (MAT), antenatal care, and perinatal care registers. The team advised USAID LPHS-E to offer continuous professional development and support the health facilities to start up Quality Improvement projects on the update of data capture and HMIS reporting tools.

Pallisa and Tororo General Hospitals retain SANAS accreditation

In July 2023, the USAID Local Partner Health Services (LPHS-E) implemented by Baylor-Uganda, Pallisa and Tororo general hospitals hosted the South African National Accreditation System (SANAS) team.

The South Africa National Accreditation System (SANAS) returned to Pallisa and



HIV Testing Services DQA ongoing at Merikit, Tororo District.

Tororo general hospitals in Eastern Uganda for another reassessment of their laboratories. For both hospitals, the SANAS certification had expired. The team conducted the SANAS reassessment for Pallisa General Hospital after one year of the initial certification. For Tororo General Hospital, the team conducted the reassessment after four years of accreditation.

USAID LPHS-E team prepared the sites for the exercise through human capacity training such, ISO 15189 training.

“We gave them corrective and preventive action training, bio-risk management, and hardware installation. It included equipping the laboratory with missing items such as first aid kits, spill kits, and eye wash station,” said Mr Solomon Okot, the USAID LPHS-E Laboratory Coordinator.

Typically, SANAS assesses laboratories for conformity in providing required services. The accreditation process looked at various systems and processes including sample collection, turn-around time for results, laboratory safety, sample handling, and storage. Both laboratories passed the assessment with minor non-conformities.

The activity that was carried out from July 21st to 25th, 2023 involved the hospital laboratory staff, USAID LPHS-E as the prime implementing partner, and SANAS staff as the accreditors. At the end of the assessment, Pallisa General Hospital had three minor non-conformities while Tororo General Hospital had six major non-conformities and one minor conformity.

Accreditation is referred to as the official recognition by an authoritative third party that a facility is competent to perform specific tasks. It must have established a documented management system to ensure consistent implementation of its processes. Passing an accreditation authenticates the results the laboratory gives patients.

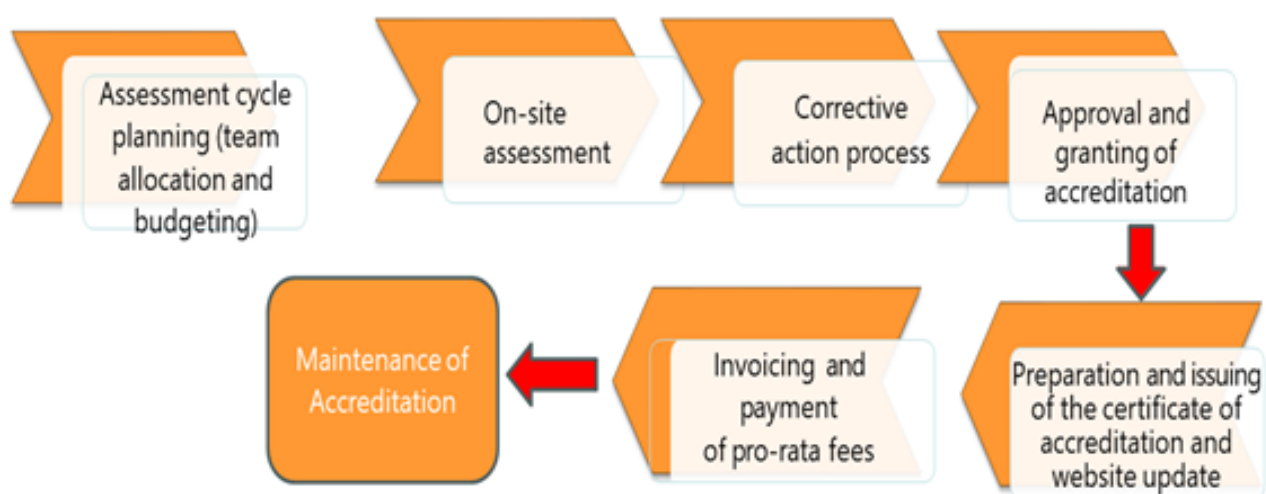
Dr David Okoth, Medical Superintendent of Pallisa General Hospital welcomed the feedback from the accessors and promised to close the identified gaps on the non-conformities.

“We have plans to expand the current laboratory structure to increase the quantity and quality of results,” he said.

The SANAS accreditation certificates are a formal recognition that an organization is competent to perform specific tasks. International assessment and accreditation are a reflection of sound QMS. Uganda subscribes to the South African National Accreditation System (SANAS) therefore, laboratories are accredited by SANAS. Laboratory accreditation provides a means of evaluating the competence of laboratories to perform specific types of testing, measurement, and calibration.

A SANAS-accredited laboratory gives Government bodies and regulators confidence to make informed decisions on results. It indicates that the laboratory has demonstrated that it has achieved a prescribed level of technical competence to perform specific types of conformity assessment activities. Hence, the laboratory is capable of producing results that are accurate, traceable, and reproducible, which is a critical component in governmental decision-making.

Process for Maintenance of SANAS Accreditation



USAID commends Kapchorwa Hospital, Busiu Health Center during SIMS activity

For the July-September quarter, USAID conducted the Site Improvement through Monitoring Systems (SIMS) activity at Kapchorwa General Hospital, Kapchorwa District, and Busiu HC IV in Mbale District.

The USAID Uganda Health Activity (UHA), and USAID Strategic Information Support (SITES) supported the USAID team from Kampala. The areas that the team assessed included Operations and Management, ART clinics, Prevention of mother-to-child transmission (PMTCT), Supply chain, Infection Prevention Control, Gender-Based Violence, Data Management, and Laboratory services.

At the end of the assessment, Kapchorwa General Hospital scored 92% while Busiu HC IV got 93%.

In the feedback meeting with the USAID LPHS-E team, a Monitoring, Evaluation and Learning Specialist from USAID SITES, Ms. Justine Katwesige said the team was impressed with the Kapchorwa Hospital Laboratory's ability to utilize reagents. The Lab Manager reviews the registers, stamps them, and appends his name, signature, and date.

"This is not common in other facilities we have assessed in several districts. He is really doing a good job.

The assessors noted that the hospital has teamwork and proper management of Prevention Mother to Child Transmission (PMTCT) and Early Infant Diagnosis (EID).

In Busiu HC IV, the health workers impressed the assessors with well-optimized weights for children. **"This is uncommon. Most people don't take a keen interest in this,"** said Katwesige.

USAID acknowledged that the District Health Office plays a big role in



The USAID Uganda Health Activity, Supply Chain Advisor, Mr. Rajab Musitwa, addresses Kapchorwa General Hospital and USAID LPHS-E staff during a SIMS assessment at the site.

influencing the health facilities to own the SIMS assessment, while USAID LPHS-E offers technical assistance to the sites.

USAID identified quality data recording, dissemination, and HIV testing as some of the areas that needed improvement. It urged the USAID LPHS-E team to continue to use the audit tool to improve the Continuous Quality improvement processes in the facilities.

SIMS is a comprehensive activity used to compare the services offered against preset standards set by the Ministry of Health. After a given period, USAID assesses a facility to ensure quality services are offered to clients.



Dr. Patrick Serunjogi, the Pediatric and Adolescent Specialist reviews files together with the health workers at Busiu HC IV, Mbale District in the Maternity Ward.

USAID makes a KP-TDY Visit at MAT Clinic

In July 2023, USAID conducted a Key Population Temporary Duty (KP-TDY) for the Methadone Assisted Therapy (MAT) Clinic hosted at Mbale Regional Referral Hospital.

The purpose of the TDY was to support the coordination and integration of USAID-Uganda's Key Populations (KP) programming portfolio in the context of 95-95-95. The team aimed to provide technical recommendations and direct technical assistance that will facilitate the implementation of a robust quality program using the state-of-the-art KP interventions, including the going online vision, for scaling up access to HIV prevention, care, and treatment for KPs.

At the MAT Clinic, the technical support visit aimed to ascertain the team's progress in offering comprehensive services to persons who inject drugs (PWID) in accordance with the national Standards Operating Procedures.

“We are impressed about the team's commitment to providing quality services to clients impressed the visitors,” said Ms. Sarah Melillo, a team member from USAID Kampala.

The visitors advised the MAT clinic to adhere to the Ministry of Health guidelines. Without the services that the MAT Clinic offers, PWIDs are among the key populations getting HIV infection.

The MAT team's commitment to providing quality services to clients impressed the visitors. The visitors advised the MAT clinic to adhere to the Ministry of Health guidelines. Without the services that the MAT Clinic offers, PWIDs are among the key populations getting HIV infection.

USAID implementing partners have made tremendous progress in identifying and reaching KPs in the country. However, some critical gaps in

identifying case findings for all KP sub-populations, and linkage to treatment remain. It is, therefore, crucial that USAID IPs continue with service delivery, and focused programming to facilitate equitable access to health services for key and priority populations.



Ms. Sarah Melillo listens to the Data Officer of MAT Clinic, Ms. Immaculate Akello about the MAT operations.

USAID LPHS-E participates in USAID RHITES-E Closeout Event

After six years of implementation in the Bugisu, Bukedi, and Karamoja regions in Eastern Uganda, the USAID Regional Health Integration to Enhance Services-Eastern (RHITES-E) held a close-out event for its partners.

At the close-out event, USAID RHITES-E shared its innovations, good practices, and lessons learned while on its life journey in the two regions. Some of the innovations include family health change

packages with proven best practices such as Standard Operating Procedures (SOPs) on how to tackle different thematic areas and achieve results in Water Sanitation and Hygiene (WASH) and COVID-19.

More best practices shared during the close-out event included the regional technical working groups' role in transitioning family health to districts and HIV and TB in resource-limited settings.

“This change package highlighted activities and approaches with innovative features that have produced outstanding results in improving the quality of services in Eastern Uganda. They have a potential for replication and adaptation,” said Mr. William Mubiru, former Chief of Party of USAID RHITES-E.



USAID LPHS-E exhibition stall at the USAID RHITES-E close-out event.

In his speech, the USAID LPHS-E Project Director, Mr Alex Mugume thanked USAID RHITES-E for supporting the Activity in coaching, mentorship, and coordination during the smooth transmission and continuity of health systems strengthening functions like the laboratory, supply chain, and monitoring and evaluation.

“RHITES- E has supported us in building strong partnerships with the districts for a coordinated epidemic response. It has linked us to other USAID partners within the region and beyond,” said Mugume.



Dr Rebecca Mekaka, the Deputy Chief of Party of the USAID North East Activity poses for a picture with the former USAID RHITES-E Chief of Party, William Mubiru, and USAID LPHS-E Project Director, Alex Mugume during the RHITES-E close-out event.

USAID Uganda Learning Activity orients technical managers on CLA

Globally, Collaboration, Learning, and Adaptation (CLA) is a critical component of USAID programming. USAID requires its implementing partners to incorporate CLA in their activity implementation.

To foster the adoption and application of CLA and CLA approaches within the USAID project cycles, USAID Uganda Learning Activity (ULA) embarked on a capacity-building exercise. For USAID LPHS-E, MEL and Technical Directors, technical managers, the Communications Officer, and the Cluster I HRIS Officer attended the orientation.



Communications Officer, Mr. Emmy Sidney Akuma and HRIS Officer Mr. Daniel Opuch give feedback after group work during the CLA orientation.

By using CLA, the project can improve its collaboration, knowledge sharing, and decision-making for better health outcomes.

“Our team will equip your staff with skills to develop and utilize learning questions to inform activity implementation, utilize learning outputs to evaluate theories of change and assumptions, and provide support on how to adapt your activities and strategies,” said Mr. Bev Roberts Reite, ULA Chief of Party.

The orientation included a CLA self-assessment to evaluate the organization's CLA practices. The assessment helped to facilitate training and mentorship sessions with the participants to enhance their capacity in CLA methodologies. Topics covered during the orientation included what CLA is and its importance and using the CLA self-assessment tool to identify strengths and gaps.

“This was a new experience for me. I had no idea that CLA is applicable to human resource management. I can apply some of these processes in my work, like the hiring process,” said Mr Gilbert Enotu, the USAID LPHS-E Human Resources Manager.

During the orientation, the ULA team collaboratively explored how CLA can empower the team to adapt to emerging challenges and leverage opportunities for more impactful health interventions.

Health workers training on the revised HIV guidelines

In April 2023, the Ministry of Health/AIDS Control Programme disseminated the revised prevention, care, and treatment of HIV/AIDS in the Bugisu and Bukedi sub-regions in Eastern Uganda.

USAID LPHS-E embarked on rolling out the process to 161 ART sites it supports in Bukedi and Bugisu sub-regions in August 2023. As the regional comprehensive HIV

partner, USAID LPHS-E is expected to facilitate the facility training of trainers and the follow-on site-level training as part of the rollout process.

The Activity shared key updates in the HIV guidelines with the front-line health workers and supported the implementation of the revised guidelines at the facility level. It was open to all health workers, both technical and HRH supporting the HIV work in the health facility, excluding guards and cleaners. The training lasted four days in each facility. Three days were dedicated to for HIV guidelines and one day to the guidelines for the integrated community model.



Training on the community component of the revised 2022 Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda ongoing at Kachonga HC III in Butaleja District.

USAID LPHS-E shared the rollout schedule with the District Health Officers and health facilities and the In-charge ahead of time. Trained district-based regional mentors and USAID LPHS-E staff facilitated site level Continuous Medical Education introducing the new guidelines to the health workers.

The Ministry of Health sent a three-member team as external supervisors to the rollout every week. The USAID LPHS-E technical managers and Directors participated in the supervision of the rollout.

DQA, TB, quarterly review meetings held to improve activity implementation

During the quarter, the USAID Uganda Learning Activity (ULA) visited the region to conduct a TB Data Quality Assessment (DQA).

Health facilities that participated in the DQA were Kapchorwa General Hospital, Tegeres HC III in Kapchorwa District, Nabitsikhi HC III and Bumbo in Namisindwa District, and Buseta HC III and Kasasira HC III in Kibuku District.

The purpose of the DQA was to identify the strengths and weaknesses of performance indicator data, as determined by applying the five data quality standards (validity, reliability, precision, timeliness, and integrity).

Other objectives of the DQA included determining if the data were of sufficient quality to influence management decisions. The assessors wanted the USAID LPHS-E team to participate in, and reinforce, data quality practices to build USAID's capacity and confidence in the collection and use of data.

DQAs are essential to understand data quality strengths and weaknesses based on consistent use of definitions, data collection methods, and calculation techniques of implementing partners (IPs). The DQA checked for validity, Integrity, precision, reliability, and timeliness of reporting.

From the DQA, the assessors commended the sites using cough monitors both within the health facilities and during community outreaches to enhance TB case identification and the TB CAST campaigns have enhanced TB case identification.

Some of the good innovations around case finding identified during the assessment included intensified and consistent follow-up of DR TB clients to ensure adherence to treatment; an



Technical managers in a TB DQA debrief meeting held in the Cluster 1 Boardroom, Mbale City.

d health facilities transportation of DR TB clients to Mbale RRH.

The team was impressed with the timely GeneXpert results turnaround time which ranged from three to five days.

Areas identified for improvement included modifications implemented during quarterly TB data verification/validation exercises not consistently reflected in the different data sources, specifically the original 106a copy versus the carbon copy. The assessors recommended continuous mentoring and coaching of health facility data teams and TB focal persons in proper and complete reporting. USAID LPHS-E was requested to work with DTLS to support the facility teams to improve documentation of TB in registers and in the HMIS during and after reporting.



The USAID LPHS-E Project Director, Mr. Alex Mugume hands over a laptop to Mr Edit Lamu, the Tororo District Tuberculosis and Leprosy Supervisor during a quarterly data review meeting at Mt. Elgon Hotel, Mbale City.

In addition to the DQA, USAID in partnership with Mbale Regional Referral Hospital and the Ministry of Health held TB regional quarterly review meetings. For the Bukedi region, the meeting was held at Mt. Elgon Mbale Hotel while for Bugisu at the Eastern Palace Hotel in Bududa

District. District Health Officers, Biostatisticians, District TB and Leprosy Supervisors, and District Lab Focal Persons attended the meetings. From USAID, M&E Officers, TB/HIV Technical Officers, and Lab teams also attended the respective districts they support.

COMMUNITY ENGAGEMENT

Partners collaborate on rolling out iDARE methodology in the region

Low achievements of some indicators in the Bugisu and Bukedi sub-regions required a strategic change. The indicators included the percentage of; pregnant mothers who attend antenatal care in the first trimester, clients retained in care within the first month of testing HIV positive, and clients with suppressed viral load.

During the roll-out, the partners helped build the capacity of local governments, health facilities, and communities to identify, design, and implement local solutions to health problems. These solutions can be adapted and applied in any context with low-cost implications.

Ms Joyce Draru, the Gender Youth Advisor, USAID SBICA said, ***“The iDARE methodology will help health facilities to come up with modalities that benefit clients who struggle to receive comprehensive HIV/TB care.”***



EID mentorship and iDARE baseline survey ongoing at Busolwe general Hospital, Butaleja District.

To improve these TB indicators USAID LPHS-E collaborated with USAID Social Behavior Change Activity (SBICA) to roll out the Identify, Design, Apply/Assess, Record, Expand (iDARE) methodology.

The partners rolled out the (iDARE) methodology in Busolwe Hospital in Butaleja Budadiri HC IV in Sironko District, and Malaba HC IV in Tororo District.

The team tasked the ART In-charge, to support the clinical team to open Quality Improvement journals that will help track the tested changes. The team will make physical visits and also conduct online mentorships.

“We will use the methodology to dialogue with Traditional Birth Attendants about referring any pregnant woman to the health facility. The women tend to listen to them more.” Sister Betty Nabirye, Midwife at Malaba HC IV, Tororo District.

To roll out the methodology in other health facilities in the region, USAID SBCA will work with USAID LPHS-E and the USAID Uganda Health Activity over six months. After the roll-out, the team will review the progress of the implemented interventions.

9 KP Community Society Organizations trained on resource mobilization

Nine Community Society Organizations (CSOs) benefited from a resource mobilization training held by USAID LPHS-E in partnership with the Infectious Diseases Institute (IDI)

USAID LPHS-E partnered with the Infectious Diseases Institute to conduct a five-day training in August 2023 at Mbale Courts Hotel. Participants who included Executive Directors, Program Coordinators/Officers, and finance teams came from Mbale, Tororo, Busia, Soroti, Katakwi, Kibuku, Namutumba, Bugiri, Sironko, and Kampala districts.

“We wanted to enhance the leaders’ capacity in resource mobilization, grants management, financial management, and compliance,” said Silver Kasigeire, one of the facilitators.

Course content included; an introduction to resource mobilization; donor mapping, raising money in the community; fundraising methods for different audiences, and marketing and resource mobilization. Other training sessions included developing a resource mobilization strategy; tracking, identifying, and putting together fundable proposals; developing a case statement; abstract writing, project design, and proposal writing.

Through their Drop-In Centres (DIC), Community Society Organizations (CSOs) act as an entry point for HIV prevention among the Key Populations (KPS). However, with the stiff competition for donor funding, the CSOs must improve their skills in grant application and management.

IDI and USAID LPHS-E hold training to improve security for KP organizations

Together with the Infectious Diseases Institute (IDI), the USAID LPHS-E conducted physical and digital security management training for Drop-in Centre (DIC) leaders in the region.

The training held in Kampala aimed to teach Key Population leaders in organizations strategies for handling risks and threats linked to their work.

“The training focused on international standards for human rights defenders’ protection, with necessary adjustments to address the Ugandan legislative context on KP activities. It also looked at gaps identified from the pre-training engagements and assessments,” said Mr. Moses Karis Oteba, a Protection Officer and Wellbeing Lead at Defenders.

Physical safety and security covered the security management cycle and why security management is important, context analysis, security incidents and threat analysis, risk assessment, and security/safety planning.



Digital safety: 10 Ways for women to stay safe online.
Nina Chavan, Senior Executive Human Resources at CMS Computers Limited, LinkedIn Account.

Risk vulnerabilities when doing human rights work that participants shared during the training include unskilled or reckless staff. Other concerns are the possession of valuable equipment, unsecured computers or mobile phones, office location, and the number of entrances and exits.

Digital safety and security tackled secure browsing, mobile security, backup, and phishing. The facilitator shared the different ways hackers use phishing, and malware to jeopardize people's efforts. The Facilitator carried out a quiz test on phishing all participants had to differentiate between genuine and phishing emails. Practical exercises were carried out, for example, installing Apps Lock, Telegram, Signal Private Messenger, Virtual private network (VPN), encryption

using flow-crypt (email, text, and phone), Last Pass, and KeepassXe such as passwords and password managers, activating two-factor authentication (2FA).

“By incorporating these digital and physical security measures, board members can continue their work confidently, knowing that their data and physical environments are protected against potential threats,” said Oteba.



A USAID LPHS-E's Community Officer, Isaac Emuran orienting Community Health Workers on TB screening and filling out all requisite documents.



Ministry of Health integrated service community model follow-up assessment exercise at Pallisa General Hospital, Pallisa District.



The USAID LPHS-E Community Strengthening Manager, Mr. Yusuf Namanya giving remarks at the launch of the Catalyst study at Bison HC III, Tororo District. One of the objectives of the Catalyst study is to describe patterns of PrEP use and its effectiveness in the context of informed choice.

ABOUT USAID LPHS-E

The USAID Local Partner Health Services Eastern (USAID LPHS-E) Activity is a five-year initiative that builds on USAID investments and national advances in the region to increase access to and use of high-quality integrated services that accelerate the ability and capacity of health services to respond to health needs of the area residents. USAID LPHS-E is implemented by Baylor Uganda and supported by the Uganda Muslim Rural Development Association (UMURDA), Mbale Area Federation of Communities LTD (MAFOC), and Kagumu Development Organization (KADO) to strengthen HIV/TB health services penetration in the targeted communities.



Map generated by Daniel Opuch.

Objectives

To improve the health of Ugandans in the eastern region by supporting the achievement of the USAID Mission's following sub-purposes:

- Quality facility-based HIV and TB prevention services provided to scale.
- Quality, targeted, high yield, facility-based HIV testing and counseling services provided to scale
- All diagnosed people living with HIV and TB promptly initiated on ART/TB treatment.
- All diagnosed people living with HIV and TB who are on treatment achieve viral suppression.
- And, the target districts have the institutional capacity to sustain epidemic control and maintain the response.

Districts of operation:

In Eastern Uganda, USAID LPHS-E operates in 15 districts and one city. The districts are grouped in clusters as follows:

Cluster 1: Bududa, Manafwa, Mbale, Namisindwa , Tororo and Mbale City,

Cluster 2: Bulambuli, Bukwo, Kapchorwa, Kween, and Sironko,

Cluster 3: Budaka, Butaleja, Butebo, Kibuku and Pallisa