

Towards an AIDS Free Generation in Uganda

Communities taking lead in reaching all children

3rd Quarterly Progress Report

TAFU2

Project Details

Project Title:	Towards an AIDS Free Generation – Starting with children in Uganda (TAFU II)
Partner Name:	Appropriate Revival Initiative for Strategic Empowerment (ARISE)
Reporting Period:	January – March 2018
Project Location:	Ntungamo District
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Date of submission:	20 th April 2018

The overall goal of this project is:

(A) A reduction in new HIV infections among children

(B) More children living with HIV are enrolled and retained in treatment in the five target districts in Uganda.

The specific objectives are to:

- 1. Improve uptake and retention of HIV-positive mothers and their exposed infants in PMTCT care**
- 2. Increase access to and retention in life-long care and treatment for HIV positive children**
- 3. Increase the number of children tested**

1. EXECUTIVE SUMMARY

1.1 Background

In Uganda currently 96,000 children under the age of 0-14 years are estimated to be living with HIV and 37% of these children are not reached with paediatric ART service while 30% of identified HIV+ children are lost in treatment and care system in Uganda. Apparently, ARISE in partnership with Aidsfonds based in Netherlands is implementing a two-year project known as Towards an AIDS Free Generation starting with children in Uganda (TAFUII) that is aiming at addressing barriers in accessing Paediatric HIV services and create linkages to health facilities

The project is running in five districts of Ntungamo, Kyenjojo, Mityaana, Mubende and Soroti with different implementing partners in their respective districts including ARISE in Ntungamo District.

Having realised that health facility based programs are not reaching all children, Aidsfonds through ARISE is employing a community based approach to compliment on facility based program approaches to emphasise on tracing, referral, enrolment and retention of all HIV+ children and positive living pregnant mothers in care and treatment.

In Ntungamo, the project is being implemented in three Sub Counties of Rubare greater (both Town Council and Rural), Nyakyera and Ntungamo.

This is done in collaboration with all health centres in the listed sub counties together with community structures i.e. VHTs CoRPS and local leadership at all levels.

2.1 PROJECT DESCRIPTION

With approximately 96,000 children living with HIV in Uganda, ARISE and other partners through “Towards an AIDS Free generation in Uganda (TAFU)” continues to ensure universal and uninterrupted access to HIV services for children. This is done through addressing barriers that hinder children of 0-14 years from access to care, treatment and retention of HIV services.

In Ntungamo District, the project covers three Sub Counties of Rubaare greater, Ntungamo S/C and Nyakyera S/C working with Nine (9) health facilities and these are; (Rubaare and Ntungamo HCIVs, Butare & Nyakyera HCIIIs, Nyarubaare, Nyaburiza, Nyanga, Kiyooro and Ngomba HCIIIs)

The project has capacitated volunteers/ community structures (VHTs and CoRPS) who are acting as the linking pin between the communities and health workers, these will be supporting and following up HIV exposed and/or +ve children together with their caregivers in ensuring that they are tested, enrolled and retained into care. VHTs and CoRPS play an important role of tracing, identifying, referring and following up children exposed to HIV, create awareness and community mobilization.

The community based approach is being used to find and link children living with HIV to care by addressing barriers at family and community levels through creating and strengthening linkages between community structures and health facilities

1.2 Summary of achievements

- ❖ 2133 households with children between age of 0-14 have been identified in all targeted sub counties
- ❖ 410 HHs have been reached with information about VCT, Paediatric HIV, EMTCT and Nutrition through house hold visiting by CoRPS and VHTs in all targeted sub counties
- ❖ 209 clients have been referred for HTS. (82 pregnant mothers and 127 children) in all targeted sub counties
- ❖ 6 lost to follow ups and 3 new first time entrants (children) have been brought back into care and newly enrolled on HIV treatment respectively through tracing, referral and linkages by VHTs and CoRPS in all targeted sub counties.
- ❖ 5 positive pregnant mothers were identified and enrolled into PMTCT care and treatment. Three in Ntungamo Sub County, one from Nyakyera S/C and one from Rubare S/C
- ❖ Sub county and one group in Ntungamo Sub County³ family support groups have been identified and formed to be trained and supported in VSLAs. Two groups in Nyakyera
- ❖ Commitment from the district stakeholders (DHT and Local leadership) to address some of the barriers within their mandate

- ❖ Parents and Care givers are able to respond to the needs of their children living with HIV through self-referrals
- ❖ Increased community Knowledge on Paediatric HIV through community dialogues and home visiting.
- ❖ Improved relationship between health workers and community structures (VHTs and CoRPS) through back to back referrals and coordination meetings at health centers

1.3 Constraints and challenges

- ❖ Drug stock outs and other medical supplies.
- ❖ Domestic violence as a result of discordance and lack of disclosure in families.
- ❖ High levels of Stigma and discrimination in the community especially in HIV+ve children schools
- ❖ Lack of nutrition educational support for HIV+ children and their mothers and this affects drug adherence.
- ❖ Alcoholism among parents and care takers has caused poor adherence to drugs for their +ve children and +ve mother themselves.
- ❖ Low levels of income and food insecurity in most of the positive living families.
- ❖ Long distance faced by community members from their homes to health facilities in accessing HIV services.
- ❖ Low male involvement most especially in PMTCT programming.

2. STATUS OF IMPLEMENTATION, PROCESS AND OUTCOMES

2.2 ACHIEVEMENTS AND RESULTS

2.2.1 Achievements for Outcome Area 1: Communities and families empowered

- Communities trace, refer and follow up on children

- ❖ VHTs and CoRPS conducted household visits to identify families with children of 0-14 years and pregnant mothers in their families and communities. A total of 410 HHs were reached and a number of issues including VCT, Paediatric HIV, EMTCT, disclosure of HIV status and Nutrition awareness discussed.

Out of 410 Households visited, 209 clients were referred for HTS (82 pregnant mothers and 127 children) 6 lost to follow-ups were brought back into care and 3 new first time entrants (children) were linked to health facilities for HIV treatment and care services.

-Communities are supportive to children with HIV

- ❖ 11 community dialogue meetings were conducted in all targeted areas to create awareness about: Paediatric HIV, ART and care and treatment, poor sanitation, stigma and discrimination among people living with HIV, economic barriers (food insecurity, transport, and waiting time and the health facility).

Local leaders, church leaders and all relevant stakeholders committed themselves to support children with HIV by encouraging parents, caretakers and guardians to take their children for HIV testing, counselling, care and treatment

- ❖ Three school dialogue sessions were also conducted at Kabira P/S, Nyakasa P/S and Mutanoga P/S in all targeted S/Cs. These schools were identified as having high stigma rate among the positive living children.

-Families take their children to HIV services

- ❖ Continuous empowerment of families through sharing knowledge on paediatric HIV services e.g drug adherence, disclosure, PMTCT, ANC, nutrition awareness was carried out. A total 209 families in all targeted Sub Counties were reached and agreed to take their children for HIV testing services with the help of VHTs and CoRPS referrals.

-Families increase financial means

- ❖ Three (3) family support groups have so far have been identified and formed to be trained and the training will be conducted by experts (District Commercial Officer) in economic empowerment and entrepreneurship skills to ensure beneficiaries are given more knowledge on saving and credit schemes.

-Increase Caretakers knowledge on children and HIV services

- ❖ Parents and caretakers' knowledge on children and HIV services increased through community dialogues and coordination meetings with health workers and household visits by VHTs and CoRPS in all targeted sub counties

2.2.2 Achievements for Outcome Area 2: Strengthened community structures to trace, refer and follow up

-Improved coordination between health facilities and communities

- ❖ VHTs and CoRPS referred a total of 209 clients for various HIV care services and these included new entrants (3 first-time referrals), 6 lost to follow ups, and those that completed ART referrals for HIV positive children and women. This was achieved through coordination and dialogue meetings in communities and health centres to create and strengthen linkages between health centres and communities and improve the capacity of VHT/CoRPS to play the linking role between Health workers and communities.

-Improved collaboration between VHTs, CoRPs and health facilities

- ❖ Coordination meetings between VHTs, CoRPS and health workers at facilities held. This created a strong working relationship between the health workers and community members in seeking for paediatric HIV care and treatment services.

With improved collaboration, health workers trust VHTs and CoRPS with clients' information to enable them trace, refer and bring them back into care. 2 meetings were conducted Ntungamo S/C at Ntungamo H/C IV and Butare H/C III, 1 at Nyakyera H/C III and 1 at Rubare H/C IV

-VHTs and CoRPs are capacitated to trace, refer, counsel and follow up

- ❖ Coordination meetings of VHTs and CoRPS both at the facility and community has helped to improve their capacity and knowledge to trace and follow up on the +ve children who drop from care and other positive living mothers and bring them into care system. 5 meetings in Nyakyera S/C, 3 in Ntungamo S/C and 1 meeting in Rubare S/C

From these meetings VHTs and CoRPS were equipped with skills and information to observe confidentiality as key in handling clients

VHTs and CoRPS were facilitated with their monthly stipend to help in repairing their bicycles and motivate them in running the project day by day activities.

2.2.3 Achievements for Outcome Area 3: Improved coordination and paediatric service capacity

-Effective strategies documented, shared and used by others

Under Joint lobby and advocacy for improved service delivery

- ❖ Conducted 3 advocacy meetings in all three sub counties with key stakeholders to discuss emerging issues that hinder HIV/AIDS service delivery.
 - District level duty bearers meeting was conducted and a position paper presented. The major objectives of these dialogues were to;
 - + lobby the government through the District Local Government to have adequate supply of pediatric ARVs, all line ARV drugs for adults and test kits by end of 2018
 - + address and reduce the level of stigma and discrimination among the community members by 2018
 - + address the issue of domestic violence among HIV affected families to ensure drug adherence

During the meeting, different commitments were made by the district stake holders and agreed to address the following barriers under their mandate;

- Making internal redistribution of drugs and other medical suppliers,
- Making emergency orders from Nation Medical Stores through DHOs office,
- Formulation of byelaws to address domestic violence and Alcoholism, reducing stigma and discrimination by enhancing sensitization.

-Improved service delivery

Still hampered with drugs stock-outs and other medical supplies, inadequate staffing, long distances, high levels of stigma and discrimination, domestic violence and low male participation, however we are engaging the district stakeholders to address those issues for an improved service delivery

2.2.4 Achievements for Outcome Area 4: Strengthened capacity of local CSOs

- ❖ ARISE staff and director were capacitated with basics in financial management, project approaches through partners meetings, support visits and Skype discussions.

2.3 REFLECTION AND LESSONS LEARNT

2.3.1 Context monitoring

None at the moment

Advocacy efforts

- ❖ Through advocacy platforms, ARISE has engaged various key stakeholders e.g. Local leaders, cultural leaders, religious leaders, people with disabilities(PWDS), PLHIV Networks, technocrats at sub county and district different levels on issues affecting paediatric HIV and PMTCT service delivery

The district stakeholders and other implementing partners during the advocacy platform came up with good action points that included;

- ✚ Internal redistribution of Drugs from Health facilities which received more drugs to those which received less. DHT/DHO was to take the lead with immediate effect
- ✚ There is need to expedite accreditation process for Ntungamo health Centre III to HC IV in terms of medical supplies since it still receives supplies of a HC III. This is to be done by the District council and area Members of Parliament
- ✚ Making emergency orders. DHT to be responsible
- ✚ There is need to reactivate DACCs and SACCs .This is to be done by the chairperson LCV with in a period of one month
- ✚ Intensifying sensitization about HIV/AIDS using radios by all duty bearers(IPs, DHE, Political and Religious leaders) with immediate effect
- ✚ Ordinance on Gender Based Violence should be passed by the District Speaker and Secretary for Health within a period of 4 months
- ✚ A platform for disseminating information on HIV/AIDS at the district should be organized by DHE within a period of 2 weeks
- ✚ District should commit 5% in the budget to support HIV activities by secretary for health and Finance Secretaries with in this budgeting process.

2.3.3 Partnerships and linkages

- ❖ Partnership and linkages created through dialogues, coordination meetings and advocacy platforms with District Health Team, Local leaders, Uganda Red Cross Ntungamo, Aids Information Centre (AIC), PHA Networks, Katuna MARPS and RHITES-SW. This has created a strong referral system in implementation process of TAFU II project activities.
- ❖ ARISE and the existing Sub County PHA Networks under NAPHOFANU and other ASOs for example AIC, Katuna MARPS, Red Cross, and TPO are collaborating well in gathering and organising advocacy platforms on issues affecting HIV/AIDS Service delivery

2.3.4 Sustainability

- ❖ Engagement and linkages with partners mentioned above through community mobilisation, joint monitoring, nutrition education and support at family, school and health facility will strengthen referral system for paediatric HIV and PMTCT care services.

2.3.5 Challenges

- ❖ Drug stock outs and other medical supplies in most of the health facilities especially Nevirapine syrup and second line ART drugs, shortage of test kits at the health facilities for example Nyakyeru, Butare and Ntungamo Health centers. This has forced them to refer clients to go to far away facilities of Itojo hospital, Rubare HCIV, Kitwe HCIV among others.

This issue was solved by district health team (DHT/ DHO) by making internal redistribution of ARVs and test kits and making emergency orders from the National medical stores.

- ❖ Domestic violence as a result of discordance and lack of disclosure in most of the families; This is being addressed through continuous sensitization and couple counseling during community dialogue meetings, coordination meetings, home visiting and advocacy platforms.
- ❖ High level of Stigma and discrimination at family, community and facility especially in HIV+ve children.

This is addressed by working together with the community structures and resource persons to enhance awareness on paediatric HIV care and treatment, strengthening family support groups and capacity building for community resource persons most especially expert clients.

- ❖ Lack of nutrition educational support for HIV+ children and their mothers which affects drug adherence and this is mostly found in families, communities and in schools.

This issue is being addressed by integrating TAFUII with existing program e.g. The Inclusive Dairy Enterprise (SNV-TIDE project) which promotes school milk program to fight malnutrition in children.

- ❖ Alcoholism among parents and care takers has caused poor adherence to drugs for their +ve children and +ve mother themselves, this is being worked upon by the project team through engaging the sub county leadership and the district leadership through byelaws and ordinances to regulate time for bar operations.
- ❖ Low levels of income and food insecurity in most of the HIV affected families, this is being addressed through identifying the family support groups which will be linked into VSLA and other community programs like Uganda Women Entrepreneurship programs, Operation Wealth Creation and training families to use available resources to get food for example backyard gardens.

- ❖ Long distance to health facilities also poses a challenge to HIV service delivery like drug adherence because most of the clients miss their appointments for refills others don't go for HTS. This is being addressed by linking up with other partners for example Aids information centre (AIC), TPO, RHITES-SW to conduct out reaches. For refills, members were advised to join family support groups so that they can benefit in Village saving and loans associations (VSLAs).
- ❖ Low male involvement most especially in PMTCT programming;

Solution:

- Engage men in dialogue meetings and encourage them support their spouses
- Engage religious leaders and cultural leaders to create awareness for men about fighting paediatric HIV and participate in PMTCT programming
- Identification of male champions who will help reach out to fellow men

2.3.6 Best practices

- ❖ Active Involvement, partnerships and collaboration with structures at Sub County and district level.
- ❖ Improved partnerships and collaboration with community resource persons (CoRPS), Village health team (VHTs) and families still good approach to identify lost to follow up clients and new HIV+ve clients for referred and retention.
- ❖ Formation of family support groups to be supported in Village saving and Loans Association Scheme (VSLAs) will help caregivers get saving skills and save some money for household needs, share information HIV related issues, how to practice backyard garden and be food secure to overcome nutritional challenges

2.3.7 Success stories.

BENON'S LIFE SAVED

Isaac a 33 year old man from Nyakyera Sub County found an abandoned 3 Months old baby (Benon Twongyeirwe) in his compound with a bottle of syrup among other things in Feb 2017. Isaac was overwhelmed by the baby's condition and rushed to call his aunt Mbabazi Grace. On arrival, she found the baby hungry, weak and in a very sorry state. Grace rushed the baby together with an identified bottle of syrup to Nyakyera H/C III where the baby was given first aid and the syrup identified as pediatric HIV drug. Grace was advised to keep the baby on medication and go for refills at Ntungamo H/C IV.

At home, Grace informed the family that the child was HIV +ve. Benon was medicated as advised but developed vomiting. This forced the family to stop medication.

Isaac said that when they stopped the child from taking drugs, the child's health developed wounds, cough, skin rash and illnesses.

In November 2017, during routine home visits by Gordon Kamukama (VHT) identified Benon who had dropped from care for three months. He sensitized & counselled them about paediatric HIV and related issues, then referred the child back into care at Ntungamo H/C IV for drug refills.

He invited Isaac and Grace to attend the community dialogue meeting to discuss the importance of drug adherence, nutrition and psychosocial support.

A follow up meeting on Benon's health was arranged to assess his condition.

Currently, Benon's health has improved and the care takers are very happy for the interventions made by VHT and ARISE staff



ARISE District VHT Coordinator advising caregivers of Twongyeirwe Bebon to ensure drug adherence and remain in care.

2.3.8 Photo

- Photos sent in a separate folder.

3. ACTIVITIES PLANNED FOR THE FOLLOWING QUARTER FOR THE YEAR

During the 4th quarter of April – June 2018, ARISE Planned the following Activities TAFU11 Project Program.

ARISE 4th quarter work plan TAFU April-June 2018

		4 th QUARTER			TARGET OUTPUTS	
ACTIVITY	RESPONSIBLE PARTY	April	May	June	VHT,CORP and HFs	COMENTS
Sub activity: Conducting meetings at community level between VHTs and CORPS	ARISE	X	X	X	36 Meetings	Dates to be determined plan
Primary Activity : Coordination meetings between VHTs, CoRPs and HFs	ARISE	X	X	X	37 meetings	To be achieved from the s
Sub activity: Attending of district information sharing meeting at the end of the Quarter	ARISE	X	X	X	One meeting per months	Dates to be determined by
Primary Activity: Facilitate information Sessions at schools with children and teachers.	ARISE	X	X	X	Number of meetings conducted	Dates to be determined
Sub activity; Facilitate community dialogue meetings on pediatric HIV care and support	ARISE	X	X	X	4 community dialogue meetings in all sub counties.	Dates to be determined du
Primary Activity: Identify Households affected by HIV	Dst VHT/V HTs,C ORPS	X	X	X	All number of Households identified	Dates to be determined du
Primary Activity: Household visits by VHTs and CoRPs	VHT/C ORPS	X	X	X	All Households to be visited	VHTs and CORPS to fol plans under dist VHT coo
Primary Activity: Start and support peer support groups	ARISE / VHTs and CORPS	X	X	X	Number of peer groups supported	Towards the end of the qu
Primary Activity: Enroll identified families in VSLAs	ARISE / VHTs and CORPS	X	X	X	All VSLAs groups to be identified	Dates to be determined
Primary Activity: Train VSLA members to facilitate start-up of VSLAs	ARISE	X	X	X	All the selected members to be trained	Dates to be determined

Primary Activity: Joint lobby and advocacy at district and national level for improved pediatric HIV services	ARISE	X	X	X	All district members to be availed with the information	Dates to be determined
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3.1 Activities carried forward

- ❖ Identification of more Families
- ❖ Training and supporting FSGs to benefit in VLSAs
- ❖ Coordination meetings between VHTs, CoRPs and HFs
- ❖ Community dialogue meeting

3.2 Changes in work plan for the next quarter

No changes so far made