

Towards an AIDS Free Generation in Uganda

Communities taking lead in reaching all children

Quarterly Progress Report

TAFU2

Project Details

Project Title:	<i>Towards an AIDS Free Generation - Communities taking lead in reaching all children (TAFU)</i>
Partner Name:	<i>Appropriate Revival Initiative for strategic Empowerment (ARISE)</i>
Reporting Period:	<i>1st july – 29th sept 2017</i>
Project Location:	<i>Ntungamo district</i>
Prepared by (Name & Title):	<i>Mwesigye Innocent (Project Officer)</i>
Reviewed and approved by (Name & Title):	<i>Mugizi Dan (Programs coordinator)</i>
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The overall goal of this project is: (A) A reduction in new HIV infections among children and (B) more children with HIV are enrolled and retained in treatment in the five target districts in Uganda

The specific objectives are to:

- 1. Empower families and communities to take, and retain, their HIV positive children into care**
- 2. Strengthen community structures to be able to trace, refer and follow up with HIV positive children and their families**
- 3. Improve coordination and paediatric service capacity to find and link HIV positive children to care**
- 4. Strengthen the capacity of local CSOs**

1. EXECUTIVE SUMMARY (max. 1 page)

Background/description

In Uganda currently 96,000 children under the age of 0-14 years were estimated to be living with HIV/AIDS and 37% of these children were found not to be on treatment / reached with Paediatric ART services and on top of that, it was realised that 30% of the children positive are lost in HIV care in Uganda, ARISE in partnership with Aidsfonds based in Netherlands is implementing a two-year project Known as Towards an AIDS Free Generation in Uganda (TAFU11) project program that is aiming at increasing the number of HIV Positive children on treatment in Five districts of Ntungamo, Kyenjojo, Mityaana, Mubende and Soroti with different implementing partners that include; Community Health Alliance Uganda (CHAU), Health Need Uganda (HNU), The National Forum of People living with HIV Network in Uganda (NAFOPHANU), Appropriate Revival Initiative for strategic Empowerment (ARISE).

Aidsfonds through ARISE will strongly implement Towards an AIDS free generation in Uganda (TAFU11) program that is going to be community based programme in addressing barriers hindering children living with HIV in access to treatment by;

- Capacitating community groups to take lead in reaching all children.
- Strengthening collaboration between community structures and health facilities towards a more effective tracing, referral and follow up system for children affected by HIV
- Using and building on national and district level strategies, Policy guidelines and service delivery systems.

As mentioned above ARISE will be using community structures approach that include VHTs and CORPs in tracing children living with HIV, who are not yet enrolled in health care or have dropped out refer them to health centres and follow up on them after they are enrolled into care and retained.

Therefore the program will be aiming at ensuring that it enrolls and retain more children leaving with HIV into care and reduce new infections among children whereby concerted efforts will be at the community level, civil society, VHTs and health facilities, capacity strengthening and

building strong linkages as well as working relationships is needed for each of the actors to take up their specific role and create functioning coordinated system which facilitates the identification, enrolment and retention of HIV positive children and pregnant women.

1.1 Project description

ARISE in partnership with Aidsfonds based in Netherlands is implementing a two-year project from (July 2017- July 2019) Known as Towards an AIDS Free Generation in Uganda (TAFU11) project program that is aiming at increasing the number of HIV Positive children on treatment in Five districts of Ntungamo, Kyenjojo, Mityaana, Mubende and Soroti with different implementing partners that include; Community Health Alliance Uganda (CHAU), Health Need Uganda (HNU), The National Forum of People living with HIV Network in Uganda (NAFOPHANU), Appropriate Revival Initiative for strategic Empowerment (ARISE).

1.2 Summary of achievements

ARISE an implementing partner of Towards an AIDS free generation in Uganda (TAFU11) project program in Ntungamo district was able to host Aidsfonds programs manager from Netherlands and the National coordinator of TAFU 11 here in Uganda for the district official introduction of the project on the date of 18th August 2017 in relation to that, all the district heads of department were present and the meeting was successful whereby the CAO on behalf of the district pledged his support towards the project program. The baseline survey was conducted in Ntungamo district together with the hired team from Makerere University whereby deferent category of people were reached starting from the district level up to the community level so as to capture the general information about paediatrics.

A number of activities were conducted according to the drawn quarterly work plan that included the following; One district entry meeting was held on 20th September 2017 with a total number of 40 members 21M and 19F in the district council hall and the objectives of this meeting was to ensure community ownership, getting acceptance in the district, introducing the program, identifying ways of coordination/collaboration and facilitate easy community entrance. A three days Training/coaching VHTs to link children and pregnant women exposed to HIV to HF's was also conducted from 21st to 23rd September 2017 with a total 62(30M, 32F) members 42 VHTs and 20 CORPS, the objectives of the training was to equip participants with knowledge on how to improve uptake and retention of HIV-positive mothers and exposed infant in PMTCT care, Increase number of children tested and Increase access to and retention in life long care and treatment at the end of the training a tool kit comprised of VHT Manuel, VHT Flip chart on paediatric HIV, Flyer, Note books, file bags and Calendars were provided to all participants.

1.3 Constraints and challenges

- There is a need of high resolution/digital Camera to facilitate in tacking pictures for reporting process during the project implementation of activities. Despite the challenge ARISE have been improvising by using smart phone in taking pictures. Where resource could be available ARISE will be in position to purchase a high resolution/Digital Camera in next quarter.

2. STATUS OF IMPLEMENTATION, PROCESS AND OUTCOMES

2.1 PROJECT DESCRIPTION

With an estimation of 96000 children of 0-14years to be living with HIV/AIDs, Aidsfonds through ARISE will strongly implement Towards an AIDS free generation (TAFU11) program that is going to be community based programme whereby it will be addressing barriers hindering children living with HIV in access to treatment.

The Project program will be using the community structures approach that include VHTs and CORPs in tracing children living with HIV, who are not yet enrolled into health care or have dropped out refer them to health centres and follow up on them after they are enrolled into care.

Therefore the program will be aiming at increasing enrolment and retain more children leaving with HIV into care and reduce new infections among children whereby concerted efforts will be at the community level, civil society, VHTs and health facilities, capacity strengthening and building strong linkages as well as working relationships will be required for each of the actors to take up their specific role and create functioning coordinated system that facilitates the identification, enrolment and retention of HIV positive living children and pregnant mothers.

Overall program project goal is;

A reduction in new HIV infections among children and more children living with HIV are enrolled and retained in treatment.

The specific objectives are to:

- Improve uptake and retention of HIV-positive mothers and exposed infants in PMTCT-care
- Increase the number of children tested (both infants and children up to 14)
- Increase access to and retention in life-long care and treatment for HIV-positive children

2.2 ACHIEVEMENTS AND RESULTS

During the 1st quarter ARISE the Implementing partner was able to achieve the following:

- Three (3) sub counties Rubaare s/c, Ntungamo s/c, and Nyakyera s/c together with the Nine (9) health facilities that include Rubaare & Ntungamo HCIVs, Butare & Nyakyera HCIIIs and Nyarubaare, Nyaburiza, Nyanga, Kiyooro & Ngomba HCIIIs were identified and selected to be under the project.
- A baseline data collection was conducted by makerere university research team led by Dr Joseph Lujumba in partnership with ARISE in Ntungamo district targeting a group of people that included DHO, DHE, Ass DHO, HIV focal Person, CDO, Coordinator/Chairperson PHA Network, PMTCT mothers, Male partners of mothers in

PMTCT, Caregivers of Children living with HIV (mixed male & female), Children living with HIV in Care (who have been disclosed to 9 years+), Village Health Teams that helped to set the implementation process.

- District entry meeting was held at the district council hall targeting a group of people that included, District Health Team(DHT), CAO ,DEO ,DCDO-District ,CDO-Sub county ,Probation and welfare officer ,RDC, District Chairperson, Secretary for health , H/F in charges, Sub county chief , VHT representative, CBOs/NGOs, Representative of PLHIV network ,Unfinished business IPs (EGPAF, Baylor, Mild may) and a total of 40 (21M , 19F) participants were able to attend where the objective of the meeting was to create Community ownership ,get acceptance in the district, Introduce the program, Identify ways of coordination and facilitate easy community entrance.
- The local implementing partner ARISE also identified and selected VHTs and CORPs following the generated checklist where by 60 that is 40 VHTs and 20 CORPs were selected from the 3 sub counties ready to be trained and coached.
- A three (3) days coaching and training of VHTs, CORPs was conducted during the quarter and total of 62 (30M, 32F) were coached and trained according to the VHT's approved training Manual and at the end of the training every VHT and a CORP was provided with the VHT manual, report forms, VHT flip chart on paediatric HIV.

2.3 REFLECTION AND LESSONS LEARNT

- Involvement of district key stake holders and other community leaders at the sub county level to influence decision making would help to reduce barriers in access for services.
- There is need of more interventions of community in order to improve on demand for quality HIV/AIDS.
- Follow up of patients referred to health facilities in ensuring that after getting treatment they should be taking the drugs as prescribed the doctor so as to increase drug adherence and retention among the HIV patients.
- Support supervision can also lead to identifying emerging issues and pave way for improvement.

2.3.1 Context monitoring

2.3.2 Advocacy efforts

- Ensure improved referral forms at all health facilities that would simplify tracing, referral and follow-up of HIV positive children and HIV positive women through the help of Village Health Teams and facility Health Workers.
- Ensure there is increased male involvement towards HIV testing and treatment
- Promote Condom use among discordant couples for HIV prevention
- Confidentiality among the Health workers, VHTs, CORPs and other community members should be highly valued.

2.3.3 Partnerships and linkages

- Engagement of community groups formed by community member's initiatives and other CSOs to mobilise and identify families that need HIV testing and treatment.
- Use of religious leaders, change agents for example expert clients in the community among other responsible personalities to help in elimination of stigma and discrimination within HIV paediatric children.

2.3.4 Sustainability

- The use of existing local government structures such as the political leaders starting from level 1 in supporting advocacy would promote ownership of the project program.

2.3.5 Challenges

- Untimely disbursement of funds has caused some delays in the implementation of 1st quarter activities
- The remaining activities were left pending and as an implementing local partner transferred them to 2nd quarter.
- High expectations by the VHTs and CORPs in terms of allowances and transport refund during a three days training and coaching.

Solutions to above Challenges

- All raised concerns to be dealt with during the second quarter of implementation.

2.3.6 Best practices

2.3.7 Success stories

2.3.8 Photo

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3. ACTIVITIES PLANNED FOR THE FOLLOWING QUARTER

During the 2nd quarter of Oct – Dec 2017, ARISE has planning to implement the following number of activities under TAFU11 Project Program.

Planned Activity	Targets	Resp.	Month		
			1	2	3
A 1. Conducting meetings at the community level	VHTs and CORPS, community members	ARISE staff	x	x	x
A2. Coordination meetings between VHTs and CORPs and HFs	VHTs and CORPS meetings with health workers	ARISE and Health workers	x	x	x
A3. Strengthening of existing referral systems / tools	development of referral tools and provided to VHTs	ARISE with support from local government	x	x	x
A4. Facilitate Community	Communities selected	ARISE,VHTs and local	x	x	x

dialogue meetings on paediatric care/PMTCT	and meetings organised by VHTs	leaders supported involved			
A5. Community/School dialogue meetings	All selected schools under the project	ARISE, CORPS and VHTs	x	x	x
A6. Facilitate information sessions at schools with children and teachers	All school children to be reached with the message	ARISE	x	x	x
A7. Training of school teachers in identification, counselling support adherence.	Schools	ARISE with school administration	x	x	x
A8. Facilitate Identification of households affected by HIV	community households	VHTS and CORPS with ARISE	x	x	x