

Towards an AIDS Free Generation in Uganda

Communities taking lead in reaching all children

2nd Quarterly Progress Report

TAFU2

Project Details

Project Title:	Towards an AIDS Free Generation – Starting with children in Uganda (TAFU 2)
Partner Name:	Appropriate Revival Initiative for strategic Empowerment (ARISE)
Reporting Period:	October – December 2017
Project Location:	Ntungamo district
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The overall goal of this project is: (A) A reduction in new HIV infections among children and (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 96,000 children 0-14yrs estimated to be living with HIV, 37 % of these are not reached by Paediatric ART services while 30% of identified HIV+ children are lost. Aidsfonds is implementing Towards an AIDS Free Generation starting with children in Uganda (TAFUII) in five districts of Ntungamo, Soroti, Kyenjojo, Mubende and Mityana. In Ntungamo Aidsfonds is partnering with ARISE in implementation of TAFUII Project. The project uses a community based program approach aiming at addressing barriers hindering children living with HIV and children exposed to HIV to access HIV treatment and care by;

Working with community structures in addressing barriers faced by families in the community towards creating and strengthening linkages between community structures and health facilities, building capacity of VHTs, CoRPS and CHEWs to play the linking role between HFs and communities, advocating to HFs, districts, government to use other entry points to find and link HIV positive children to care and engage in lobby and advocacy as well as aligning activities with other relevant health partners to improve service delivery at health facility level

2.1 PROJECT DESCRIPTION

Appropriate Revival Initiative for Strategic Empowerment (ARISE) continues to implement Towards an AIDs Free Generation starting with children in Uganda (TAFUII Project) in Ntungamo district.

The project covers three (3) selected sub counties of Ntungamo local government that include; Rubaare greater, Ntungamo and Nyakyera sub counties working in collaboration with Nine (9) health facilities of (Rubaare & Ntungamo HCIVs, Butare & Nyakyera HCIIIs, Nyarubaare, Nyaburiza, Nyanga, Kiyooro and Ngomba HCIIIs)

The project continues to strengthen volunteer outreach capacity through working with community structures (VHTs and CoRPS) who act as a linking pin between the communities and health care workers, in supporting and following up on children together with their care takers in ensuring that they are tested, enrolled and retained into care. VHTs work with community Resource Persons (CoRPS) and these include religious leaders, teachers, PLWHIV and expert clients to play an important role of tracing, identifying, referring and following up children exposed to HIV, create awareness and community mobilization.

The community system approach is being used to find and link children living with HIV to care by addressing barriers faced by families in the community through creating and strengthening linkages between community structures and health facilities

1.2 Summary of achievements

- Improved collaboration and coordination between ARISE and District Local government
- Families have been able to take their children for HIV services and so far a total number of 122 children have been referred and out these referrals 02 (1F, 1M) children were found positive and they are newly enrolled and still retained into care, 03 children (All females) were followed up and brought back into care, 115 pregnant mothers were referred for ANC.
- There is increased collaboration and coordination between VHTs/CoRPS and community members in tracing and identifying children living with HIV and pregnant mothers to access paediatric HIV care and PMTCT services.
- There is also increased identification, referral, and follow up of pregnant mothers and their HIV exposed children in accessing and utilization of HIV services.

- Increased community Knowledge on Pediatric HIV through community dialogues and trainings of teachers, VHTs & Corps has been achieved.
- Improved relationship between health workers and community structures (VHTs and CoRPS) has been achieved through coordination meetings
- Out of 1500Hh that have been identified, 250Hh have been visited.

1.3 Constraints and challenges

- Drug stock outs especially for paediatric HIV drugs.
- Food insecurity affecting adherence and increases malnutrition in children who are on treatment
- Stigma and discrimination especially in schools for children living with HIV.
- Long distance faced by community members from their homes to health facilities in accessing HIV services.
- Low male involvement still a very big challenge 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

- As part of TAFUII Project activities, VHTs and CoRPS as they continue to conduct household visits to the families with children and pregnant mothers identified to be living with HIV, the household visits conducted were to support and educate families on HTS, eMTCT services, care and treatment for children living with HIV and disclosure of HIV status. Families that have been reached with this information have been encouraged and accepted to take referral forms and take their children for HIV Voluntary counseling and testing and so far a total number of 122 children have been referred and out these referrals 02 (1F,1M) children were found positive and were enrolled on ART care services and 03 female children were followed up and brought back into care and 115 pregnant mothers were also referred ANC and HTS services.

-Communities are supportive to children with HIV

- The project conducted Community dialogue meetings whereby a number of issues/barriers affecting HIV care services for children and women living with HIV at family level, community and health facility level were discussed among which included drug stock outs for children, low male involvement, long distance from the health facility, Domestic violence. Basing on this information, communities welcomed the project approach and promised to collaborate and coordinate with VHTs and CoRPS in tracing and identifying children living with HIV and pregnant mothers to access paediatric HIV care and treatment.
- The project also conducted training of teachers that included Petron and matron of Schools who were legible to acquire knowledge about Pediatric HIV. During the training, sub County both technical and political staff that included senior assistant secretary (SAS), Community Development officer (CDO), Parish Chiefs, C/P LCIII and health assistant, were also among the trainees and this facilitated easy access to the community and community ownership of the project, a total number of 45 participants 30 teachers and 15 sub county technical staff and political staff were reached with knowledge on paediatric HIV care and treatment.

-Families take their children to HIV services

- After Identification of families with children living with HIV, those families were empowered through being given knowledge on paediatric HIV eg. HIV status disclosure, PMTCT, nutrition, ANC, drug adherence and the importance of pediatric HIV care/treatment. Care takers, parents of those children agreed and accepted to keep taking their children for HIV treatment and retention.

-Families have increased financial means

This intervention is not yet tackled

-Caretakers knowledge on children and HIV has improved

- During household visits by VHTs and CoRPS while identifying families affected by HIV, care takers have been educated and given knowledge on care for children living with HIV and disclosure of HIV status using information tools (VHT training Manual and the flip

chart) on paediatric HIV which helped in increasing care taker's knowledge to take an initiative of taking their children for HIV counselling and testing.

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

-Improved coordination between health facilities and communities

- Through community dialogue and coordination meetings, in which community members, leaders, health workers, VHTs and expert clients jointly discussed issues affecting HIV care services for children and women living with HIV at family, community and health facility levels. This has increased more access to HIV care service for community members, there has been also increased identification and referral of pregnant mothers and their HIV exposed children in accessing and utilizing HIV care services.

-Improved collaboration between VHTs, CoRPs and health facilities

- This has been achieved through discussing the project approach and its intended objectives by introducing VHTs and CoRPS to the communities and health workers. The meetings have created a good working relationship together with the project team and health workers, during the meeting, the focal persons were identified and selected among VHTs and CoRPS at each health facility who would be in charge of arranging referral forms, attend to clients referred and direct them to access health services and in so doing, Health workers shared their work plans and VHTs were called upon to always come and participate in health activities at the facility especially during ART days, The project team was also able to get all health worker's contact numbers for easy coordination and back to back information follow ups on lost clients.

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

Total of 60, (40 VHTs and 20 CoRPS) were given skills, provided with all the materials that would help them to conduct project activities, among the material included 60 bicycles, 60 T shirts, Referral books, report books and note books, Pens to enable them execute their roles and responsibilities i.e. trace, refer, link and follow up on positive children and PMTCT mothers.

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

ARISE participated in HIV Commemoration day on 1st December 2017 in Rubaare Sub County Ntungamo district and its objectives included;

- To commemorate the lives of People living with HIV/AIDS and those that have been affected by HIV/AIDS.
- Sensitizing communities about HIV/AIDS prevention and advocate for the commitment and involvement of various stakeholders in the fight against HIV/AIDS scourge.
- To bring together different actors to come up with a common voice/goal towards HIV/AIDS.
- To encourage community groups to help reduce stigma and discrimination of HIV/AIDS patients in accessing health and social service in their communities.
- To join hands together with the district and other actors to bring the plight of People Living with HIV/AIDS and those affected to the attention of duty bearers so that they can realize the importance improved health service delivery.

Below are some of the achievements;

- World AIDS Day which was last commemorated in 2014 was this year observed in Ntungamo District
- World AIDS Day Commemoration provided the ground for mobilizing communities and individual to continue utilizing the available HIV/AIDS services by dispelling rumors and misconceptions
- Intensified messages on pediatric HIV/AIDS prevention and PMTCT were given to communities which helped to increase their awareness

-Improved service delivery

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

ARISE capacity has been and continues to be strengthened through partner meetings, coaching and mentorship and Skype meetings about program approaches, targets, report writing among others

2.3 REFLECTION AND LESSONS LEARNT

2.3.1 Context monitoring

- The Commemoration of the World AIDS day on the 1st of December 2017 positively influenced and gave impetus to the program as it gave a platform for different stakeholders and implementing partners involved in HIV/AIDS service delivery within the District to come together and leverage / pool resources to organize the function in which information on paediatric HIV/AIDS was disseminated to the community by TAFU2 implementing partner (ARISE) emphasising its community approach of linking communities, families and health facilities.
- However the political environment during this quarter under review (Oct – Dec 2017) characterised by Bye-elections for the Member of parliament affected the program negatively in Ntungamo S/C and Nyakyera S/C as some of the Community Structures (VHTs & CORPS) were taken over by events as they got involved in elections which affected their work of project implementation. This coupled with the long sickness and eventual death of our VHT brought a set back within implementation but which the implementing team has tried to address this by making replacement for the lost VHT and making efforts in orienting him on the project approach.

2.3.2 Advocacy efforts

ARISE has tried to engage the District health team and health facility In-charges to get HIV drugs for children from other health facilities. A case in point was about the child who dropped from care due to failure to access her drugs from a facility where she was getting services. And by ARISE intervention to engage the District Health Officer, the Ntungamo H/C IV In charges, we managed to get drugs from Rwashamaire H/C IV.

The child is now taking her medication as usual and we are still in touch with the care giver to ensure she (the child) adheres to treatment.

2.3.3 Partnerships and linkages

- As a means of strengthening and establishing partnerships and linkages, ARISE has collaboratively worked with various stakeholders and implementing partners among which include: the DHT and DLG, ASOs, CSOs, PHA Networks, etc. in every level of

implementation of TAFU2 project to share the program approaches. The CSO has engaged partners in its activities of training of community structures , community dialogues, coordination and collaboration meetings with HFs, CORPs and VHTs meetings, support supervision, advocacy.

- Also ARISE is working closely with existing Sub County PHA Networks under NAPHOFANU and other ASOs within the District that have been playing a key role in mobilization and advocacy on issues related to HIV/AIDS Service delivery.
- ARISE has also supported the District in commemorating of important day within the District such as World AIDS Day which has not taken place for the last three years since 2014 on top of participating in the planning and development of the District HIV/AIDS strategic plan, district Aids Committee activities among others.

2.3.4 Sustainability

- Continuous involvement of district health team and other stake holders at the sub county and community level would promote a sustainable health seeking behaviour and ensure improved and effective service delivery as well access and utilization of available services thus continuation of program interventions.

2.3.5 Challenges

- Stock outs of essential drugs including ARVs especially children's legumen doses and this has interfered with access to HIV care services thus leading to some clients dropping from care. Having earmarked this challenge from the community members in that some of them have started approaching the ARISE office for their children drug refills, TAFUII project continues to advocate for adequate and constant supply of ARVs and test kits to health facilities.
- Food insecurity in Ntungamo district, HIV positive families are facing a challenge of food insecurity and poverty that is affecting treatment and drug adherence, this issue was mainly pronounced in most of the operational areas for example Rubaare sub county where the family lost their positive leaving child due to lack of food that was attributed to poverty, ignorance and long dry spell that hit the district, the project team continues to engage with the district to enhance nutritional education and sensitization to communities especially of micronutrient foods, having backyard gardens etc.

- Stigma and discrimination is affecting HIV-positive children and HIV-positive pregnant mothers to access HIV services, and this leads to most community members fearing to go for HIV testing and counseling due to stigma and this is a major barrier to HIV exposed children and their mothers to utilization of eMTCT and HIV care services.

Due to TAFUII Project intervention so far, there is an ongoing intensified sensitization about Paediatric HIV and eMTCT care services through community dialogue meetings and engagement of expert clients to ensure that stigma and discrimination is reduced.

- Low Male involvement has posed a major challenge in the fight against HIV/AIDS and thus failure to realize the global target of 90-90-90. This is seen in most men who don't support their women for ANC neither turning up for the community meetings, and this also has a negative bearing on paediatric HIV care services
- Long distance to health facilities is also a barrier to access of eMTCT and paediatric HIV services, community members are said to be traveling long distances in that some of them come from hard to reach areas going to health facilities seeking for drug refills, HIV testing and counselling services, PMTCT services for example Nyanga parish in Rubare S/C is far away from Rubare HCIV and this has always been costly for the community members to access services. Basing on this information, TAFUII project partner is in arrangement with the district health team and other implementing partners for example Aids Information Centre (AIC) to ensure there are outreaches extended to those areas.

2.3.6 Best practices

- Involvement of District Health Team (DHT) in identifying resource persons to help in conducting trainings for example the training of school teachers was a good approach that made teachers share at length with the trainers on the issues/barriers faced by HIV-positive children while at school. Some of the issues/barriers that were raised and discussed on included Disrespect of parents for their HIV +ve children in families which promotes stigma thus affecting drug adherence, Local leaders/community leaders interfering with the cases of children rights abuse/violations and domestic violence which seem to have increased HIV spread among children and high school dropout rate, Poor communication and relationship between teachers and parents of children leaving with HIV, Inadequate health education and sensitization about HIV/AIDS in school due to most teachers having little knowledge on pediatric HIV, talking compounds is no longer seen an important practice in schools.

- Involvement of expert clients is also good approach of reaching people leaving with HIV especially the children and the pregnant mothers.
- Engagement of sub county stake holders during training of teachers on paediatric HIV was a good approach that enabled them to share experience on issues/barriers of accessing HIV services and especially HIV in children. This joint training also helped the project team to identify the role that each stakeholder is to play in tracing and referring children exposed to HIV and in awareness raising and community mobilization.

2.3.7 Success stories

- So far no comprehensive success story since the interventions have taken a little time to yield a good success story

2.3.8 Photo

- Photos have been sent on a separate file.

3. ACTIVITIES PLANNED FOR THE FOLLOWING QUARTER

During the 3rd quarter of Jan – March 2018, ARISE planning to implement the following number of activities under TAFU11 Project Program.

ARISE 3rd quarter work plan TAFU JAN-MARCH 2018						
ACTIVITY	RESPONSIBLE PARTY	3RD QUARTER			TARGET OUTPUTS	COMENTS
		Jan	Feb	March	VHT,CORP and HFs	
Sub activity: 1, Conducting meetings at the community level between the VHTs and CORPS	ARISE	X	X	X	05 Meetings per months	Dates to be determined in the monthly work plan
Primary Activity : Coordination meetings between VHTs, CoRPs and HFs	ARISE	X	X	X	05 meetings per months	To be achieved from the sub activities
Sub activity: 1, Strengthening existing referral systems/ tools	ARISE	X	X	X	Referral tools developed and provided	Follow on referral tools identifying proper usage of the tools.
Sub activity: 2, 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 the district

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; 1. Facilitate community dialogue meetings on pediatric HIV care and support	ARISE	X	X	X	03 community dialogue meetings in all sub counties.	Dates to be determined during the Quarter
Sub-activity 2: Facilitate information sessions at schools with children and teachers	ARISE	X	X	X	Number of schools reached	Dates to be determined
Sub activity; 3, Facilitating VHTs & CORPS to do community Mobilization and referral	ARISE	X	X	X	40 VHTs and 20 CORPs facilitated with bicycles and a monthly stipend	Dates to be determined in the monthly work plan
Primary Activity: Identify Households affected by HIV	Dst VHT/VHTs,CORPS	X	X	X	All number of Households identified	Dates to be determined during the Quarter
Primary Activity: Household visits by VHTs and CoRPs	VHT/CORPS	X	X	X	All Households to be visited	VHTs and CORPS to follow their drawn work plans under dist VHT coordinator
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 quarter
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

3.1 Activities taken forward

- Coordination meetings between VHTs, CoRPs and HFs
- Community dialogue meeting

3.2 Changes in work plan for the next quarter

No changes so far