

# Towards an AIDS Free Generation in Uganda

Communities taking lead in reaching all children

## 4<sup>th</sup> Quarter Progress Report

### TAFUII

#### 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:	April –June 2018
Project Location:	Ntungamo District
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Date of submission:	20 <sup>th</sup> July 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**
- 4. Strengthen the capacity of local CSOs**

## **1. EXECUTIVE SUMMARY**

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### **1.1 PROJECT BACKGROUND**

In Uganda currently an estimated 96,000 children under 14 years are believed to be living with HIV, ARISE and other implementing partners through “Towards an AIDS Free generation in Uganda (TAFU II)’ continues to ensure uninterrupted access to HIV services for children in Uganda. This is done through addressing barriers that hinder children of 0-14 years from access to care, treatment and retention of HIV services at family, community and facility levels.

The project is being implemented in three Sub Counties of Nyakyera, Rubare and Ntungamo within nine health centres of; Rubaare and Ntungamo HCIVs, Butare & Nyakyera HCIIIs, Nyarubaare, Nyaburiza, Nyanga, Kiyooro and Ngomba HCIIIs.

TAFU II project has capacitated volunteers/community structures (VHTs and CoRPS) who are acting as the linking pin between communities and health workers at the facilities, their role is to create awareness, identify/support and follow up of HIV exposed and +ve children together with their caregivers in ensuring they are tested, those found positive enrolled and retained into care and treatment.

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

## **1.2 Summary of achievements**

- 3333 households of children between 0-14 years old were identified and listed by VHTs and CoRPS in all three sub counties of Nyakyera, Ntungamo and Rubare.
- 1200 HHs have been reached with information about VCT, Paediatric HIV, eMTCT and Nutrition through the approach of house hold visiting by CoRPS and VHTs.
- 263 clients were referred for HIV treatment and care services in this quarter, 83 were pregnant mothers, 180 children (81M, 99F). Out of these referrals, 160 completed the referral cycle.
- 17 positive pregnant mothers were identified and enrolled into PMTCT care and treatment with the help of VHTs and CoRPS through tracing, referring and follow ups and these were as follows, four (4) mothers from Ntungamo, two (2) from Nyakyera S/C and eleven (11) from Rubare S/C and out of 17, seven mothers (7) managed to deliver in health facilities.
- 03 lost to follow ups and 07 new first time entrants (children) have been brought back into care and newly enrolled on HIV treatment. (10 Children from Ntungamo S/C; 4 males and 6 Females, 9 Children from Rubare S/C; 4 males and 5 females & 3 Children from Nyakyera S/C; all are males)
- A total of 5 VSLA groups were formed from all the three sub counties of Nyakyera, Ntungamo and Rubare. (Two (2) groups from Nyakyera, one (1) group from Rubare and two groups from Ntungamo S/C). These groups were fully trained for three days each and are ready to be supported with their seed capital.
- ARISE hosted an exchange learning visit during quarterly partners meeting in Ntungamo district and a number of issues were discussed and best lessons shared by each partner

## **1.3 Constraints and challenges**

- Most clients referred tend to hide their referral forms from health workers fearing that their sero - status results will be written on the forms for CoRPS to access them. This is however being worked on through enhancing sensitization in the communities.
- Distant places to health facilities which has caused most clients referred not to go to the facility for services leading to home deliveries for some pregnant mothers and other HIV infected caregivers as well as their children. ARISE is working with DHT to ensure the piloting of Differentiated Service Delivery Model currently in Rubare and Itojo can be scaled up to other health facilities as well as conducting out reaches.
- There is negligence and carelessness in most of the parents/caregivers of children living with HIV. This affects adherence and poor response to treatment. This issue is being addressed by engaging parents and caregivers of the affected children through counselling and sensitization

- Food insecurity and low levels of income is still outstanding in most of the positive living families. Family support groups have been identified and formed into village savings and loans association to address that challenge of food insecurity and low income levels in the HHs

## **2. STATUS OF IMPLEMENTATION, PROCESS AND OUTCOMES**

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### **2.1 PROJECT DESCRIPTION**

Towards an AIDS Free Generation Uganda (TAFUII) project is a community based program, aiming at addressing barriers that hinder children living with HIV to access care and treatment.

**Overall goal of the project is:** (A) Reduction in new HIV infections among children, (B) more children with HIV are enrolled and retained on treatment in the five targeted districts of Uganda

The approaches of the project that will be used are, to find and link children living with HIV into care, create and strengthen linkages between community structures and health facilities and this is going to be by;

- Working with households to address their social economic barriers by: Creating awareness on paediatric HIV care and support, Address stigma at household level, facilitate economic empowerment and Assist families in coping with other individual barriers.
- Working with community structures and resource persons to address structural barriers at community level by: Creating awareness on Paediatric HIV care and support at community level, addressing stigma within community structures, Starting and strengthening peer support groups and Building the capacity of the community resource persons, structures to trace, support, refer and follow up children living with HIV.
- Work with VHTs, HCII, and HCIII to create a strong co-ordinated system of tracing, identification, care and follow up for children living with HIV by:
  - a) Improving co-ordination between VHTs and Health facilities.
  - b) Creating and strengthening linkages between HCs and community structures.
  - c) Building the capacity of VHTs to play the linking role between the health facilities and community structures.
  - d) Advocating to health facilities, districts, government to use other entry points to find and link HIV positive children to care.

### **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 with support from ARISE conducted household visits in identifying and registering families with children of 0-14 years, pregnant mothers in their families and communities. 1200HHs were reached and a number of issues that included stigma and discrimination, Paediatric HIV, eMTCT, disclosure of HIV status and nutrition awareness were discussed. 263 clients were referred for HIV treatment and care services and completed the referral

cycle. Out of these referrals, 83 were pregnant mothers, 180 children (81M, 99F). These household visits helped to improve community members' knowledge about paediatric HIV and this is seen through caregivers willingly taking their children for HTS as reported by the VHTs and CoRPS.

#### **-Communities are supportive to children with HIV**

- A total of 82 community dialogue meetings were conducted in all three sub counties of Nyakyera, Ntungamo and Rubaere to create awareness about Paediatric HIV, care and treatment, sanitation & Hygiene, stigma and discrimination, income generating activities and nutritional issues, among others. This was done through community structures (VHTs and CoRPS) by mobilizing community members for dialogue meetings.

During these meetings, key stakeholders i.e. facility in charges, health workers, Health unit management chairpersons, local and church leaders were involved, this helped to increase more knowledge on paediatric HIV to community members that were able to attend and all emerging issues concerning paediatric HIV responded to thus care takers are now seen supporting their children to go for HIV care and treatment.

#### **-Families take their children to HIV services**

- ARISE in collaboration with the health facility workers of Nyakyera H/C III and Ngoma H/C II has managed to mobilize for the community outreaches in Ngoma and Ngomba parishes to carry out HIV counselling and testing and other child health related services like Immunisation among others. At least 137 both pregnant and breast feeding mothers turned up for outreach services and 2 pregnant and 2 breast feeding mothers were found positive and referred for HIV services respectively at Nyakyera health centre III.

#### **-Families increase financial means**

- ARISE has identified and formed 5 Village Saving and Loans Association Scheme (VSLA) groups in all 3 sub counties of Nyakyera, Rubare and Ntungamo. These groups include; Kibingo Tukwatanise group with 27 members (18 females 09 males), Kagorora Development Association group has 19 members (16 females 03 males) these are in Nyakyera S/county, Kikoni Magaramarungi with 34 members (21 females 13 males), Butare Twetunguure group with 27 members (25 female 02 males) in Ntungamo S/county and Kyabukuju Twebiseho group with a membership of 28 members (2males 26 females) in greater Rubare sub county.

All groups were trained and equipped with skills in enterprise selection and income generating activities to help them address some the economic barriers in families with children living with

HIV that hinder them from accessing paediatric HIV care and treatment services. They are yet to be supported with seed capital

### **-Increase Caretakers knowledge on children and HIV services**

- 7 school sessions were conducted during the time of distributing hand outs/booklets (Happy made by zed). ARISE in collaboration with the responsible teachers who were trained in each school conducted sessions for pupils and were sensitized about paediatric HIV related issues. Over 687 pupils were met and reached with information about paediatric HIV, care and treatment services and the topics in the teachers' guide with the talking points for pupils that aims at fighting stigma and discrimination in schools.

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

#### **-Improved coordination between health facilities and communities.**

- ARISE has continued to engage, support and facilitate health workers in conducting community dialogue meetings and community out reaches, this was done through VHTs and CoRPS who play an important role in mobilising communities to attend the meetings.

A total of 82 community dialogue meetings/ school sessions and out reaches inclusive were conducted, through these meetings VHTs and CoRPS were able to refer a total 675 clients for HIV care and treatment . 12 children lost to follow up were brought back and 10 new entrant children enrolled into care and treatment services respectively. This intervention has made community entry so easy for the service providers.

#### **-Improved collaboration between VHTs, CoRPs and health facilities**

- Joint activities between the VHTs, CoRPS and health workers at facility level were conducted, VHTs, CoRPS together with health workers managed to come up with a joint monthly activity work plan basing on days of ART. This was done from the 4 health facilities which offer ART services in ensuring that VHTs always participate in HIV related activities that include counselling and health education about adherence to treatment, retention, nutrition and information about paediatric HIV.

Through these sessions, most positive living clients realised the importance of adherence and taking their children for HIV care and treatment and this has increased more children to be enrolled on ART services.

This has also strengthened partnership between VHTs, CoRPS together with health workers in reaching more children living with HIV.

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

- ARISE has carried out 41 coordination meetings and 33 Coordination meetings of VHTs and CoRPS both at a community level and facility level respectively to enhance their capacity about the linking role. These meetings have also played a big role in improving working relationships between VHTs/CoRPS, communities and facilities as well as increasing their knowledge and skills in tracing, refer, counsel and follow up on the +ve children who drop from care and other positive living mothers with in the community.

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

#### **-Effective strategies documented, shared and used by others**

- Some strategies are being piloted to see their effectiveness. For example the strategy of VHTs and CoRPS exchanging visits i.e. from one parish to another to do joint mobilization and sensitization is being used to strengthen structural linkages.

#### **Under Joint lobby and advocacy for improved service delivery**

#### **-Improved service delivery**

- There is an improvement in service delivery for example through coordination meetings between health facilities and community structures, health facility workers have carried out a number outreaches to respond to issues of long distances travelled by clients. This took place in parishes of Ngoma and Ngomba in Nyakyera S/C.
- There is also an improvement in medical supplies through timely orders, internal redistribution of drugs and emergency orders.

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

## **2.3 REFLECTION AND LESSONS LEARNT**

### **2.3.1 Context monitoring**

- The working environment both political and technical is still supportive

## **Advocacy efforts**

- ARISE in partnership with other implementing partners participated in celebrating the day of African child together with district on 20<sup>th</sup> July 2018. The theme for the day was, “Leave no child behind for Africa’s Development”. During the arrangement and preparation of the day, ARISE was able to hold a radio talk show together with district heads of department and this gave ARISE an opportunity to talk about paediatric HIV and nutrition

### **2.3.3 Partnerships and linkages**

- Continuous Partnership and collaboration with other implementing partners that include TPO Uganda, Uganda Red Cross Ntungamo, Aids Information Centre (AIC), PHA Networks, Katuna MARPS and RHITES-SW has created a strong referral system in implementing the project activities especially when organising for advocacy issues affecting HIV service delivery.

### **2.3.4 Sustainability**

- Formation of Village Saving and Loans Association Scheme (VSLA) and engagement of PLHIV Networks would play a very important role in ensuring and strengthening referral system for paediatric HIV and PMTCT services within the community.

### **2.3.5 Challenges**

- Home deliveries are still high due to cultural influence, ignorance and far distances to the Health facility. This was realized in a community meeting in Ngoma parish where the community cried out that the government should provide gloves to use in delivering because the place is hilly, it’s not easy for a woman in labor to access the facility.
- Poor adherence to drugs, children don’t adhere as it’s instructed by the medical worker due to the carelessness, negligence and myth conception of their parents/care givers that drugs have side effects in the child’s life. However more sensitization is still on going.
- Early marriages, forced sex and defilement have contributed much on HIV transmission in young children. This is done by parents/caregivers to orphans and vulnerable children with interest of getting dowries from them, children are not ready even they don’t go ahead and test for HIV and this has increased domestic violence in most of the families.

### **2.3.6 Best practices**

- The impact of partners exchange visit has built more trust and confidence in the structures (VHTs and CoRPS) working on TAFUII project. It has also given the going forward through improving in weak areas identified during the filed visit and sustaining the already achieved results.

- The community has so far complied with the project approach, they have tried to test their children, mothers go for ANC, families with positive children have joined VSLAS, this has raised hope that people are aware, therefore stigma is reducing.
- Village saving and Loans Association Scheme (VSLAs)formed have helped caregivers get saving skills and save some money for household needs, share information on HIV related issues, how to practice backyard garden and address nutritional challenges

### **2.3.7 Success stories.**

#### **JALIAH'S RETURN TO CARE IMPROVED HER HEALTH**

Jariah is a 14 year old girl living positively; she stays with her aunt Aryatuha Dinah in Rugoma Ruhooko parish Ntungamo S/county. All her parents died of HIV. She's in Primary five (5) at Bright star primary school. Her Aunt helps her to take the medicine. During house hold visiting by the VHT Bitariho Sabastian, he identified Jariah had deliberately refused drugs for two months asking the care taker as to why she is taking drugs every day when actually she's not sick. After stopping the drugs she started getting sick and would miss school some times. The VHT had organized community dialogue meeting in Nyakashozi Ruhooko where Dinah the aunt to Jariah attended the meeting, after the meeting Dinah the (Aunt) talked to the District VHT coordinator to at least visit the family and share with her niece (Jariah) about her life experience. The VHT Coordinator and the VHT visited the family, counseled the girl about the benefits of adherence, challenges and outcomes of not adhering to drugs. The girl was convinced; she gained hope and promised to get back on treatment and that she won't miss drugs again.

Testimony from the care taker and Jaliah herself now says that Jariah is now adhering; she's doing well and has no problem. She attends school regularly. Great thanks goes to the VHT and ARISE staff



*Jaliyah's Aunt narrating her health's improvement to ARISE District VHT coordinator.*

### 2.3.8 Photo

- Photos will be sent in a separate folder.

## 3. ACTIVITIES PLANNED FOR THE FOLLOWING QUARTER FOR THE YEAR TWO

Activity	Responsible Party	YEAR TWO	Target Outputs (if applicable)
		Q1	
<b>Primary Activity 1: Identify VHTs and CoRPs</b>	Local CSOs, VHTs, CoRPs		40 VHTs, 20 CoRPs
Sub-activity 1.1: District entry meetings	Local CSOs		
<b>Primary Activity 2: Training/coaching VHTs to link children and pregnant women exposed to HIV to HFs</b>	Local CSOs	X	60 VHTs coached
Sub-activity 2.1: Facilitate a VHT coordinator in each of the districts	Local CSOs	X	1 VHT Coordinators facilitated
Sub-activity 2.2: Conducting regular coordination/supervision meetings for VHTs	Local CSOs, VHT-coordinators	X	15 meetings conducted
<b>Primary Activity 3: Coordination meetings between VHTs, CoRPs and HFs</b>	Local CSOs		

Sub-activity 3.1: Facilitation of coordination meetings at community level between VHTs and other CoRPs	Local CSOs, VHTs	X	15 meetings conducted
Sub-activity 3.2: Strengthening existing referral systems/tools	Local CSOs, VHT-coordinators	X	referral forms printed
Sub-activity 3.3: Attending district health information sharing meetings	Local CSOs, VHT-coordinators	X	8 meetings per district: 40 meetings
<b>Primary Activity 4: Training VHTs and CoRPs in pediatric HIV and counselling</b>	Local CSOs		
Sub-activity 4.3: Training VHTs in pediatric HIV care and support, counselling and data recording	Local CSOs	X	40 VHTs trained
Sub-activity 4.4: Facilitate CoRPs to do community mobilization	Local CSOs	X	20 CoRPs facilitated
<b>Primary Activity 5: Community/school dialogues on pediatric HIV</b>			
Sub-activity 5.1: Facilitate community dialogue meetings on pediatric HIV care and support	VHTs, CoRPs	X	36 community dialogue meetings conducted
Sub-activity 5.3: Facilitate information sessions at schools with children and teachers	Teachers, local CSOs	X	36 information sessions conducted
<b>Primary Activity 6: Identify households affected by HIV</b>	VHTs, CoRPs, local CSOs	X	320 households identified
<b>Primary Activity 7: Household visits by VHTs and CoRPs</b>	VHTs and CoRPs	X	320 households visited
<b>Primary Activity 8: Start and support peer support groups</b>	Local CSOs, VHTs and CoRPs	X	6 peer-support groups started and supported
<b>Primary Activity 9: Enrol identified families in VSLAs</b>	Local CSOs, VHTs and CoRPs	X	5 VSLAs, consisting of 30 members each
<b>Primary Activity 10: Train VSLA members to facilitate start-up of VSLAs</b>	Local CSOs	X	30 VSLA members trained
<b>Primary Activity 11: Training and coaching of local CSOs</b>	program management	X	4 CSOs capacitated
<b>Primary Activity 12: Coordination/learning events with local CSOs</b>	program management	X	6 events conducted
<b>Primary Activity 13: Joint lobby and advocacy at district and national level for improved pediatric HIV services</b>	local CSOs, and national coordinator	X	to be determined
<b>Primary Activity 14: Participation in national level stakeholder meetings</b>	Local CSOs, and national coordinator	X	to be determined
<b>Primary Activity 15: Effectiveness studies</b>	Aidsfonds, local CSOs, national coordinator, consultant	X	to be determined
Sub-activity 15.1: Monitoring by local partners	local CSOs	X	40 monitoring visits conducted
Sub-activity 16.2: Sharing lessons learnt through newsletters, articles, publications	Aidsfonds, Local CSOs, and national coordinator	X	to be determined

#### 4.1 Activities carried forward

- Identification of peer family support groups.
- Giving seed capital to 5 VSLA groups
- Joint lobby and Advocacy meetings

