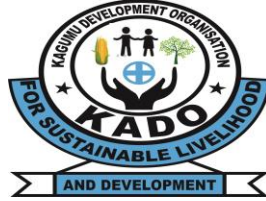


**KAGUMU DEVELOPMENT ORGANIZATION (KADO)
P.O Box 260, Pallisa (U)**



PROJECT ANNUAL REPORT 2017/2018



PROJECT: STRENGTHENING COMMUNITIES TO ENHANCE HEALTH SERVICES IN EAST CENTRAL UAGNDA.

PROJECT COVERAGE: BULAMAGI, NAWANYINGI, NABITENDE, NAWANDALA, NAMBALE, NAMUNGALWE SUBCOUNTIES, NORTHERN AND CENTRAL DIVISION, IGANGA DISTRICT.

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INTRODUCTION

Kagumu Development Organization (KADO) is a registered Non-Governmental Organization with a mission to improve lives of communities by empowering them to participate in social and economic development initiatives. KADO's areas of focus include; Health systems strengthening, economic empowerment, Advocacy and Child Protection.

EXECUTIVE SAMMARY

KADO in partnership with Iganga district local government with support from USAID RHITES-EC is implementing a project entitled "*strengthening communities to enhance health services in east central Uganda*" in the sub counties of; Bulamagi, Nawanyingi, Nawandala, Nabitende, Nambale, Namungalwe, Northern and Central division of iganga Municipality. The project targets Key Populations and Priority Populations, pregnant women and lactating mothers, adolescents and youth (10-19 years), youth out of school (12-30 years), child mothers and child fathers (15-24 years); girls and young women (10-24 years), and survivors of Gender Based Violence (GBV). The goal of the project is to strengthen Community-Facility and Facility-Community linkages and referrals, increased demand, access to and utilization of health services among adolescents, youth and young women in Iganga district.

The project objectives include; To strengthen Community -Facility and Facility-Community linkages and referrals, To promote adoption of positive health behaviors, increased demand, access to and continuous utilization of health services, and to implement gender and youth-sensitive interventions that promote involvement of women, men, and youth (adolescent girls and young women) in accessing and utilization of health services in 8 Lower Local Governments of Iganga district by September 2018

This report includes activities which were implemented from December 2017 to June 2018. The main activities particularly support the implementation of TX NEW surge plan and included: **Community awareness campaigns, targeted HTS outreaches/camps, home to home, bars to bar HTS and link positive clients to care, WASH promotion campaigns, linkage and follow-up of lost clients into care. A total of 6,947 People were reached of which 3023 males and 3918 females. A total of 2,297 people were tested for HIV and 98 positives were identified of which 47 were females and 51 males. 724 people were tested for HEPB of which 21 positives identified referred, 703 children were immunized. In addition, 422 people were tested of Malaria of which 117 were identified positive and referred for treatment.**

DETAILED DESCRIPTION OF ACTIVITY IMPLEMENTATION

Activity 1.1: Presentation of a detailed implementation plan to RHITES EC

This activity was conducted to prepare for district entry/engagement meeting for 60 leaders and technocrats. In the meeting the gaps to be addressed and strategies for project implementation was established. The meeting was attended by 15 DHT members in a one day meeting.

Activity 1.2: Conduct district entry/engagement meeting for 60 leaders.

This activity was implemented in collaboration with the 8 Lower Local Governments of Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern

division. The one day meeting targeted key district and sub-county leaders and technocrats including other Implementing partners (IPs). The meeting created a clear understanding of the project goal, objectives and activities including implementation guidelines. It also made stakeholders ascertain their roles and responsibilities which enabled effective and



From right to left is chief administrator, assistant DHO, DISO and participants posing for a photo after the meeting

efficient involvement and support.

A total of 60 leaders attended the meeting and a way forward was generated.

ACTIVITY 2.2: Organize 24 Community awareness campaigns on adoption and promotion of positive behaviors and HIV testing in response to TX_NEW.

KADO together with Health facilities and the support from Iganga district held 3 awareness campaigns in each of the 8 lower local governments of Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern division. KADO targeted 100-200 people per show/trigger event in each sub-county/Division.



Some of the individuals mobilized to access health services.

Community Health Workers, peer educators and stepping stone facilitators were given Social Behavior Change Communication (SBCC) materials for use to educate community members through door to door mobilization and sensitization during outreaches. Key messages included; family planning, immunization, Malaria test and treatment, VMMC, HTS, ANC/EMTCT. The projects' major target were the KPs, PPs, boda-boda riders, trucker drivers, female sex workers and a total of **2,800** people were educated. This increased community awareness and adoption of positive health behaviours.

ACTIVITY 2.5: Conduct 16 targeted HTS outreaches/camps in 8 Lower Local Governments in the newly mapped hot spots in response to TX_NEW.

KADO together with the Community Health Workers, clan leaders and religious leaders supported government extension workers (Parish Chiefs, Health Assistants, Community Development Officers) to mobilize targeted community members to attend 2 integrated health out



A health worker testing people during the integrated outreach

reaches/camps in 6 sub-county/2 division of; Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern division in order to provide a range of health services provided by health workers. Hot spot areas were mapped and outreaches organized targeting about 100 people per outreach that included; boda-boda riders, out of school youth, female sex workers, truck drivers.

1,006 males and **1,307** females totaling to **2,313** were reached with **health** services. **756** people received HTS services of whom **340** were males and **416** were females, **17** people tested positive i.e. **07** males and **10** females and were linked to care. **724** people received **HEP B** services, **21** positives identified and referred, **703** were immunized. **422** people were tested for Malaria of whom **117** were identified positive, **411** people received other services like Family planning, immunization, ANC, POLIO, VITA, DPT, T.T, Health education, VSMC. This activity contributed to increased access and utilization of health services in the projects' coverage area.

ACTIVITY 3.8: Map 20 homes/ bars suspected of HIV and Organize 48 home to home, bars to bar HTS and link positive clients to care.

KADO together with health workers, VHTs, stepping stone facilitators that were trained in each sub-county/division mobilized the selected homes for the HTS services. This targeted couple testing, youth, young women, KPs and PPs and other service deserved by community members to drop in centers and health facilities for HTS, care and treatment and psycho-



An individual being counseled for testing during home to home in Nawandala Sub County

social support. The VHTs, expert clients, linkage facilitators identified the homes where the household heads and other individuals had doubtful sexual behaviours and the health workers organized HTS services to these individuals and the positives were linked to care in the different health facilities.

1022 households were reached with HTS services of whom **442 were** males and **574 were** females. **230** household heads were tested of whom **95** were males and **135** were females, **33** household heads of whom **13** males and **20** females were identified positive and were linked to care. This activity contributed to increased access and utilization of health services in the projects' coverage area.

Activity 2.4: Mobilize 320 households at risk of HIV and Organize WASH promotion campaigns integrated with HTS for eligible household members in response to TX_NEW.

KADO organized 3 WASH campaigns in each of the 8 lower local governments. KADO facilitated trained VHTs, clan leaders and youth leaders to work with government extension workers (Parish Chiefs, Health Assistants, Community Development Officers and Health Assistants) in each of the 8 Lower Local Governments to expedite the promotion campaigns at community level

There was demonstrations at selected homes after which other household heads were supported to replicate. Attention was directed towards improving community water sources, safe water chain in the home, improving home sanitation and hygiene. A total of 399 people Received HTS services, 39 members people identified positive and were linked to care.

40 households were assessed under WASH CAMPAIGN basing on hygiene and sanitation of their latrines, water points, drying racks, bath rooms, rubbish pit, state of the house, compound, hand washing facility, containers, etc. The HTS was conducted in homes at risk of HIV in each of the sub counties visited. This activity improved water, sanitation and hygiene practices



AVHT coordinator demonstrating on how to make a local wash hand facility at the toilet

among the target households including access and utilization of HTS services.

ACTIVITY: 1.3: Identification and selection of 240 Community Health Workers, clan leaders and religious leaders to support project Implementation.

KADO together with the Health Sector and Community Based Services sectors identified and selected 30 key VHTs and other community resource persons from each sub-county/ division for orientation on community-facility and facility-community linkages and referrals, social mobilization of community members to access and utilize health services at health facilities and during out reaches, conducting physical follow-up of lost clients(ART,TB,ANC/PM TCT) and data capture and reporting using standard tools provided by RHITES-EC.

KADO identified 240 community health workers, clan leaders and religious leaders (20 per Sub-County) that will act as change agents to reach adolescents, youth, young women and KPs and PPs with Social Behavior Change Communication Messages. The 20 peer educators identified were to be trained with aim to equip them with the knowledge and skills to mobilize KPs and PPs and link them to health facilities for HTS and other



KADO coordinator and the VHT coordinator of Nabitende second right during the identification

services. Identification of stepping stone facilitators by KADO took four days in the 8 sub counties of Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern division. The identification enabled the selection of the right participants for the training and engagement in the project.

Activity 1.4: Conduct orientation of 240 Community Health Workers, clan leaders and religious leaders to support project Implementation.

KADO trained 240 VHTs, clan leaders and clan leaders 30 per Sub County that act as change agents to reach adolescents, youth, young women and KPs and PPs and different community members with Social Behavior Change Communication Messages. The one day training aimed at equipping them with knowledge and skills to mobilize KPs and PPs and link them to health facilities for HTS and other services.

167 males and 95 females were trained as change agents. This increased community health workers' SBCC skills and mobilization of communities for health services.



Participants of Central division pausing for a photo after the orientation with the CDO on the right (with spectacles) and health assistant at the left (first left)

Activity: 2.1: Conduct 8 targeted dialogue sessions on identification of barriers to HTS services for the audiences of; men, adolescents, business community, female sex workers and fisher folks in the project area.

KADO implemented this project in collaboration with the district health team, local communities. The activity was implemented in the eight sub counties of Bulamagi, Nawanyingi, Nawandala, Nabitende, Nambale, Namungalwe, Northern and Central Division of Iganga. In each sub county, the participants in the meeting included (but not limited) to; local leaders that included district and sub-county councilors, and government extension workers (Parish Chiefs/Town Agents, Community Development Officers, Health Workers), community health workers, religious and cultural leaders. This enabled the stakeholders to identify the barriers to access and utilization of health services among men, adolescents, business community, female sex workers and fisher folks in the project area.

These officials were involved in the meeting to discuss and identify barriers to HTS services for the audiences of; men, adolescents, business community, female sex workers and fisher folks in the project area. A total of 240 participant attended the meeting in all 8 sub counties of Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern division.



The district official at the Centre in the yellow dress together with the SAS (in black dress) posing with the participants after the meeting with the Executive Director of KADO at the front at Nambale sub county.

The key issues identified as barriers to access and utilization of health services in the district particularly in the targeted sub counties were;

- **Bribery among health workers:** Some health workers to some extent ask for money from patients before they work on them yet the patients have no money to pay them. This scares away the patients from accessing and/or utilizing health services(this was said by 40% of the sub counties)
- **Use abusive languages:** Some health workers abuse clients and patients who come for the health services according to the nature of the disease the patients have. This limits patients' utilization of health services. Said in all sub counties
- **Drugs not delivered in time:** This makes clients not to come for the health services since the drugs to give them are not available, said in all sub counties.
- **None compliance to medical ethics by health workers:** Some health workers do not conform to the medical code of conduct and they do not take care of the clients and patients as required. 50% of the sub counties.
- **Packaging of information to clients e.g. sex workers:** Some health workers do not properly deliver information to the clients and patients and they end

up violating the patient's health rights hence limiting client's turn up for health services as got from 75 % of the sub counties.

- **Mixed feeling and communications by different stakeholders:** This is especially common where there are different service providers who provide different health information. This makes clients not to decide where to go for health services.
- **Biasness, programs that are dominating for women than men:** Some services target mainly women leaving men unattended to. This makes men not to access the health facilities for services, all sub counties stressed this out.
- **Lack of public relations among health workers:** Some health workers do not respect the clients in the communities and this makes them not to go for health services where such health workers are located.(75% of the sub counties said it out)

SOLUTIONS

- There should be extension of services to those homes, especially to those areas.
- There should be counseling of couple to encourage them to test together.
- The VHTs should map those homes and so that they take services to them.
- The VHTs coordinators and expert's clients should go to homes.
- The ladies for these business men when they come for immunization they should test them to find their status.
- Health workers should be mentored through continuous professional development

Activity 2.3: Organize 24 school awareness campaigns on HTS, VMMC, Viral load testing and promotion of positive behaviors and practices.

The activity was implemented in collaboration with RHITES-EC district program officer of Iganga, Iganga District Health Team (DHT), District Education Officer & District Community Development Officers) to hold education and awareness raising campaigns on HTS, VMMC, Viral load testing and promotion of positive behaviors and practices in three secondary schools. A total of 353 were health educated of whom 130 males and 223 females, 85 were tested and one positive client was identified and linked to Iganga municipal council health Centre III for care.



A health worker counseling an orphan after HIV testing at Kiringa secondary school in Nawandala Sub County.

Activity 3.1: Identify 240 Youth, Young Women and Male champions to be trained as role models/peer educators.

KADO identified 240 youth, young women and male champions that act as change agents and reach adolescents, youth, young women and KPs and PPs with Social Behavior Change Communication Messages. The 30 peer educators identified per Sub County were trained/equipped with knowledge and skills to mobilize KPs and PPs and link them to health facilities for HTS and other services.



VHT's of Nambale Sub County noting the different identified youth, young women and male champions

The selection was aided by the VHT coordinators and the Health Assistants at the sub county together with the CDO and the target were; the youth, young women and men out of school with the ability to read and write.

Activity 3.2: Train 240 Youth, Young Women and Male champions on community mobilization and Interpersonal Communication skills.

KADO equipped the youth, young women and male champions with social mobilization knowledge and Interpersonal skills to mobilize their peers to access and utilize HTS, Family Planning, VMMC, Viral Load Monitoring and ANC/PMTCT services at health facilities, and during integrated health out reaches. Non-residential trainings were conducted at sub-county/division for 30 participants, for five days.

A total of 240 youth, young women and male champions were trained from the 8 sub counties of; Bulamagi, Nawandala, Nabitende, Namungalwe, Nawanyingi, Nambale, and Central and Northern divisions of the projects' coverage area.



A district official training the selected youth on how to use a female condom in Nabitende at Nabitende sub county headquarters.

Activity 3.4: Organize 8 sub-county/division gender and youth dialogue meetings.

KADO in collaboration with the district health team and the sub county officials implemented this activity. The activity was implemented in the eight sub counties of Bulamagi, Nawanyingi, Nawandala, Nabitende, Nambale, Namungalwe, Northern and Central Division of Iganga. In each sub county, the participants in the meeting included (but not limited) to; Political leaders that include district and sub-county councilors, and government extension workers (Parish Chiefs/Town Agents, Community Development Officers, Health Workers),

Community health workers, religious and cultural leaders, youth councilors at the parish and sub county levels.

These officials were involved in the meeting to discuss and identify barriers to HTS services for the audiences of; men, adolescents, business community, female sex workers and fisher folks in the project area.

A total of 246 participants were reached from all the sub counties, with 152 males and 94 females.

The key topics in the meeting were;

- Why is there less male involvement in ANC/PMTCT?
- Causes, effects and prevention of GBV.
- How to overcome the above.



The chairperson LC III of Nambale sub county addressing the participants during the youth and gender meeting.

Some of the findings included among others;

- Nature of the conditions i.e. most public facilities operate from Monday to Friday yet males are always available on weekends.
- High stigma among the Males.
- Religious beliefs where people say that family planning is against GOD'S plans who said that people should produce and subdue the earth (*Genesis 1:28*).

Causes and prevention of GBV

- Poverty
- Substance and drug abuse
- Lack of cooperation within families
- The phrase of equality.
- Early marriages.

Prevention of GBV.

- Set bye-laws to regulate these cases.

- Provide income generating activities.
- Avoid early marriages.
- Use of elders to settle conflicts.

Activity 3.5: Identification and selection of 160 stepping Stone Facilitators and KPs/PPs Peer Educators

KADO identified 160 Stepping Stone Facilitators and KPs/PPs Peer Educators (20 per Sub-County)

that will act as change agents to reach adolescents, youth, young women and KPs and PPs with Social Behavior Change Communication Messages. The 20 peer educators identified were trained and equipped with



Standing is the religious leader from Central Division being involved in the identification of key population and priority population peer educators at Vic shelter.

knowledge and skills to mobilize KPs and PPs and link them to health facilities for HTS and other services care.

Activity 3.6: Train160 Stepping Stone Facilitators and KPs/PPs Peer Educators

KADO trained 160 Stepping Stone Facilitators and KPs/PPs Peer Educators (20 Sub-County) per sub county that act as change agents to reach adolescents, youth, young women and KPs and PPs with Social Behavior Change Communication Messages. The five days non-residential training equipped them with knowledge and skills to mobilize KPs and PPs and link them to health facilities for HTS and other services. Four (4)

trainings of 40 participants each was conducted, facilitated by four national trainers.

The national curriculum designed by ASSIST was utilized to train the participants.

A total of 160 stepping stone facilitator peer educators were trained having 20 peer educators per Sub County.



Standing at the front is the trainer facilitating the stepping stone approach to the key population and priority populations in Central division.

PENDING ACTIVITIES BY THE END OF FINANCIAL YEAR JUNE 31ST, 2018

- **Activity 1.6:** Conduct follow -up of lost clients (ART, TB, ANC /PMTCT) and return them back to health facilities for care and treatment
- **Activity 1.9:** Facilitate 160 Stepping Stone Facilitators and KPs/PPs Peer Educators to mobilize their peers to access and utilize health services
- **Activity 1.10:** Facilitate Sub-County/Town Council PLHIV networks quarterly performance review meetings
- **Activity 1.12:** Support 12 weekly coordination meetings at surge facilities and one coordination meeting to document learning in response to TX_NEW.

- Activity 3.3: Facilitate 240 Youth, Young Women and Male champions to mobilize their peers to access and utilize health services

ACHIEVEMENTS

- The project was successfully accepted in the district and launched of 51 district and Sub county leaders and technocrats attended.
- 240 VHTs, clan leaders and religious leaders were successfully identified, selected and trained to support project implementation in the project areas.
- 240 Youth, young women and male champions were successfully identified, selected and trained to support project implementation in the project areas and also aid in the mobilization of the target groups.
- 160 stepping stone facilitator peer educators were successfully identified, selected and trained to support the project activities and also do health education and sensitization of the communities about HIV/AIDS.
- A total of 6947 People have been reached of whom 3023 males and 3918 females.
- A total of 2297 people have been tested for HIV and 98 positives were identified and linked to care, (47 were females and 51 males.)
- **724** people received **HEP B** service, **21** positives identified and referred, **703** were immunized.
- **422** people were tested for **Malaria**, **117** were identified positive and referred.
- WASH promotion campaigns were conducted, in the targeted 320 households in the 8 sub counties of the project area.
- 920 households were reached with HTS services.
- 19 Bars were reached out as targets for HTS.
- 03 lodges in all sub counties were reached out
- 03 video (bibandas) were visited for HTS
- 06 shrines were visited as targets for HTS.
- Other spotted areas reached with HTS services included a welding workshop in northern division, a petrol station in Northern division. In addition, a local shoe making Centre in central division, a saloon and 03 video Centre (Bibandas)

CHALLENGES

- Limited number of testing kits especially the confirmatory (stat pack).

- Inadequate circumcision kits.
- Bad weather with heavy rain sometimes hinders the activity especially during outreaches in rural areas.
- Stigma among some community members as they are not willing to test for HIV.
- Status disclosure among couples still high.
- Hepatitis B is on increase and no serious attention put forward
- People fear to be tested by the health workers within their area.

Lessons learnt

- High demand for testing.
- Increased cases of Hepatitis B.
- There are reduced health programs targeting schools.
- There are more HIV clients in local communities than in the town
- Some clients are enrolled to care in more than one health facility hence new all the time.
- Some clients prefer getting drugs from far not nearby facilities.

RECOMMENDATIONS

- Ensure that both circumcision kits and HIV testing kits are readily available in facilities.
- Integrate hepatitis B services to be handled in daily testing.
- Surge health facilities should provide their monthly work plans to KADO to enable early mobilization and coordination for outreaches.
- Health facilities should adopt and directly communicate to peer educators and stepping stone facilitators trained by KADO to mobilize for out reaches as a means of sustainability as these are currently community structures.