



## KAGUMU DEVELOPMENT ORGANIZATION (KADO)

### PROJECT CLOSURE REPORT

**GRANT DESCRIPTION:**

**PROGRAM TITLE:** SUPPORTING UGANDA'S RESPONSE TO THE HIV/AIDS & TB  
REDUCTION STRATEGY

**GEOGRAPHICAL COVERAGE:** SOROTI, SERERE, KABERAMAIDO, DOKOLO,  
AMOLATAR AND APAC DISTRICTS

**GRNAT NAME:** UGA-C-TASO

**GRANT NUMBER:** 752

**PERIOD:** 2016-2017

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**AUGUST 2018**

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## **ACKNOWLEDGEMENT**

KADO would like to thank the different stakeholders for their marvelous contributions during the implementation of the HIV/TB project in the six districts of the upper Lake Kyoga Region.

KADO is also immensely indebted to the Principal Recipient for their continued technical support under this project,

Thanks to the district local governments of Serere, Kaberamaido, Amolatar, Apac, Dokolo and Soroti for the continuous and timely support during the implementation of the project activities through the provision of the testing kits, other medical supplies and as well as the health workers who closely worked with us in the field from the inception up to the end of the project.

KADO would also like to thank the trainers both internal and external trainers who conducted the rigorous trainings for the VHT on condom use and the peer educators on HIV prevention across the six project districts in the upper Lake Kyoga region of Northern Uganda.

Our appreciation also goes to other HIV implementing partners in the districts of operation such as BAYLOR and UGANDA CARES for the provision of testing kits, personnel and other medical supplies during the implementation of targeted home based (boat to boat) HCT and the youth camps.

Special thanks goes to KADO staff for their contribution in terms of data collection which aided the compilation of this project report.

## **EXECUTIVE SUMMARY**

This is HIV/TB end of project report covering the period between April 2016 and December, 2017. The project was implemented in the six districts of Soroti, Serere, Dokolo, Kaberamaido, Amolatar and Apac in the upper Lake Kyoga Region of Northern Uganda.

The project was to contribute to strengthening functional community health systems for effective HIV/AIDS/TB prevention and service delivery in Uganda by 2018. However, the project was specifically to;

Build and strengthen community structures for effective health systems coordination, management and accountability of HIV/AIDS, TB in Lira District by December 2017. Strengthen effective community based response to HIV/AIDS/ TB prevention, control and management in Amolatar, Apac, Dokolo, Kaberamaido, Serere, Soroti and Lira Districts by June 2018.

The key project activities among others were;

Bi-annual Joint Youth camps, training of the peer educators, Targeted home based (boat to boat) HCT outreaches, training of the VHTs on condom distribution, Quality Assurance visits, Facilitation of 10 MDR expert Clients at Soroti and Lira MDR sites, Monitoring of the out of school activities by the DCDO and SCDO and monthly facilitation of the peer educators.

This report therefore, presents detailed information on the introduction, project goals and objectives, implemented activities, detailed description of implemented activities, achievements, challenges, lessons learnt, conclusions recommendations and appendices.

## **INTRODUCTION**

This HIV prevention and management project started in the April- June quarter 2016 with funding from GLOBAL FUND through TASO UGANDA which was the principle recipient of Global Fund. This project was implemented in the Upper Lake Kyoga Region in the Six (6) Districts of; Soroti, Serere, Kaberamaido, Dokolo, Amolatar and Apac. Under the HIV component the project targeted reaching the out of school youth with HIV prevention messages through behavioral change communication, providing HCT services more so along the water bodies (landing sites) through targeted home based HCT, training of the peer educators among other interventions while as TB component supported the facilitation of MDR expert Clients to follow up and support other MDR TB patients.

This end of project report was compiled to update the project stakeholders on the project implemented activities.

## **SUMMARY OF PROJECT ACTIVITIES**

- District entry meetings
- Sub-county entry meetings with technocrats and stakeholders, Opinion leaders, parents and Local leaders (120 per sub-county).
- Training of peer educators targeting 15 per sub-county for five days on HIV/AIDS prevention.
- Mapping for out of school youth targeting (1875 youth per District).
- Bi-Annual Joint youth camps on HIV/AIDS in the Six Districts.
- Training of Community Condom distributors targeting 280 VHTs per District in the Six Districts.
- Conduct Home based (Boat to Boat) Outreach testing and linkage to care targeting 98 events per district in the Six Districts.
- Conduct 150 Quality Assurance visits in the six districts.
- Conduct 120 SR M&E visits in the Six Districts.
- Monthly Facilitation of 10 MDR expert Clients at Soroti and Lira MDR sites.
- Facilitation of the peer educators
- Monitoring of the out of school activities by the DCDO and SCDO.
- Facilitation of one youth drama groups to provide key messages to the youth
- Review meeting with the MDR Expert Clients.

## **QUANTITATIVE SUMMARY OF OUTPUTS**

**120** district leaders and technocrats and **90** youth leaders were oriented on the project goal and objectives during the project launch across the six project districts.

**1414** opinion leaders and **297** sub-county leaders were oriented on the project during the sub-county project entry meetings.

**448** peer educators were trained on HIV prevention and facilitated throughout the entire period of implementation.

**11701** out of school youth were mapped out by the trained peer educators and mobilized to access and utilize of HIV prevention services.

**10** MDR expert clients were identified and trained to support other MDR patients at Soroti MDR site and Lira MDR site and all these were facilitated on a monthly basis.

**150** drama shows were conducted and people were reached with key HIV prevention messages.

**6** Biannual performance review meetings were conducted

**105** quality assurance visits conducted

**135** SR M&E visits were conducted

**99807** out of school youth reached with BCC messages out of the **170** youth camps conducted in the six project districts of Soroti, Serere, Dokolo, Amolatar, Kaberamaido and Apac.

**59199** people tested during the youth camps of which **772** were HIV positive.

**1622** VHTs trained on condom distribution across the six project districts

**31726** people were tested during targeted home based HCT outreaches of which **17055** were male and **14671** were female with a total of **650** HIV positives registered and successfully linked to care to the respective health facilities in the six districts.

## PROJECT IMPLEMENTED ACTIVITIES

### DISTRICT ENTRY MEETINGS.

The success of any intervention greatly depends on the level of involvement of the key stakeholders' right from the inception point. The project launch was conducted in each of the six project districts of Soroti, Serere, Kaberamaido, Amolatar, Apac and Dokolo, this was done through district entry meetings. Two district entry meetings targeting 20 district leaders and 15 youth leaders in each of the project districts.



*Standing in front is KADO Executive Director briefing participants during district entry meeting in Kaberamaido district*

A total of 120 district leaders and technocrats and 90 youth leaders were oriented on the project. The district entry meetings enhanced ownership of the project and this provided a leveled platform for the smooth implementation of project activities.

### SUB-COUNTY ENTRY MEETINGS

KADO together with the sub-counties implemented thirty (30) sub-county based entry meetings across the project sub-counties in the districts of Dokolo, Soroti Kaberamaido, Serere, Apac and Amolatar of the upper Lake Kyoga region. Two meetings were held in each project sub-county, the first meeting targeted 20 participants comprising of the



*Afternoon session on the left and morning session on the right during sub-county entry meetings in Otuboi sub-county Kaberamaido district*

sub-county leadership and the technical team while the second meeting comprised of the opinion leaders



and the parents targeting 100 participants. A total of 297 sub-county leaders and technical team and 1414 opinion leaders attended the sub-county entry meetings.

The opinion leaders who attended the meeting included the following, Local Council



*Afternoon session in progress during sub-county entry meeting in Kamuda sub-county Soroti district*

one  
chairpersons,  
Religious  
leaders, Cultural  
leaders, Elders,  
VHT  
coordinators,  
representatives  
of PLWA  
members of PTA  
prosperous

business men and women in the community influential parents among other people in the community. The purpose of these meetings was to win the support of the local leaders and Parents in the respective sub-counties in the different districts. These sub-county entry meetings provided a leveled ground for the implementation of the project activities henceforth this strengthened the relationship between KADO, sub-county leadership and the community at large.

### **MAPPING OF OUT OF SCHOOL YOUTH AND OTHER PEER NET WORKS**

This activity was implemented with the help of the trained peer educators and the local leaders such as local council one chairpersons of the respective communities. During the mapping exercise the 15 trained peer educators in each of the 30 project sub-counties mobilized 25 out of school youth from different backgrounds giving a total of 375 peers per sub-county. The purpose of the mapping exercise was primarily aimed at creating a network of out of school youth who would be the primary target beneficiaries to be reached during the bi-annual joint youth camps.

A total of 11701 out of school youth were mapped out against the planned target of 11250 across the thirty project sub-counties.

## TRAINING OF PEER EDUCATORS

This was sub-county based training that targeted the 15 selected out of school youth in each of the project sub-counties with in the age group of 10-24 years. The identification of these peer educators was done by the district health office in collaboration with sub-county local governments and lists of the selected peer educators were submitted to KADO in preparation for the training.



*Standing in front is a trainer for peer educators training in Katine sub-county Soroti district.*

The identified 450 peer educators from the six project districts of Soroti, Dokolo, Amolatar, Kaberamaido, Apac and Serere underwent a five days' comprehensive training. During the training, the peer educators were among other things subjected to HIV testing,

trained on referral , HIV prevention messages were given, Drivers of HIV, myth about



*Trained P/Educators of Kobulubulu s/c Kaberamaido district receiving certificates of completion.*

HIV, condom use, behavioral change communication (BCC) messages were given, counselling skills were also given. However, out of 450 peer educators who were identified, only 448 peer educators successfully completed the five days training and were awarded

with the certificates of completion as a way of motivation and recognition for the exemplary spirit of volunteerism for the good of the community. After the training the peer educators were issued with report forms and attendance lists to aid their work of

sensitization to their fellow peers in the community and submit monthly reports which was the basis for their monthly facilitation.

The training which was aimed at equipping knowledge and skills among the selected peer educators translated into a positive attitude towards health seeking behavior.

### **BI-ANNUAL JOINT YOUTH CAMPS**

This activity was implemented in all the 30 sub-counties in the six project districts of Serere, Soroti, Dokolo, Amolatar, Kaberamaido and Apac. The youth camps



*A health work/counsellor of Apac Hospital giving key messages on female condom use during the youth camp in Akokoro sub-county Apac district*

were implemented in partnership with other implementing partners in the district and these included BAYLOR UG and Uganda Cares, these greatly enhanced the implementation of this activity through provision of testing kits.

The youth camps

targeted the out of school youth who were identified during the mapping exercise.

The youth camps were organized in such a way that different people who attended the youth camps benefited differently through Behavioral Change Communication by the helped of the hired professional counsellors. The messages delivered to the participants included the Basic Facts about HIV/AIDS, Abstinence, Be faithful, Condom Use, Safe male Circumcision, PMTCT, HCT, Reproductive Health and Social Cultural Drivers of HIV/AIDS using the BCC forms. A wide range of activities were organized in the youth camps that included Sports (Friendly matches), Dancing competition ,News reading on HIV/AIDs in the local Language, Quizzes on HIV/AIDs ,Music performances by the peer educators and other out of school youth at the youth camps. There were also

performances by the hired drama groups that disseminated HIV prevention messages to the crowds.

The table below presents detailed achievements for the youth camps that were implemented.

Quarter	No. of Events	No. of out of school youth reached with HIV prevention messages	No. of people tested for HIV	No. of people tested HIV positive
July - September, 2016	30	23207	13130	213
Jan - March, 2017	10	4600	2055	12
April- June, 2017	50	34366	27154	340
July- Sept, 2017	30	11906	6112	95
Oct- Dec, 2017	50	25728	10748	112
<b>Total</b>	<b>170</b>	<b>99807</b>	<b>59199</b>	<b>772</b>

### TRAINING OF COMMUNITY CONDOM DISTRIBUTORS (VHTS)

This one day training targeted most active VHTs with in the areas of high prevalence of HIV in the six project districts of Dokolo, Apac, Amolatar, Kaberamaido, Soroti and Serere.



*VHTs of Dokolo Town council attending the training at the district health office board*

Fourteen trainings were organized per sub-county targeting 20 VHTs per training, the selection of these participants was a responsibility of the district health office and as well as the identification of the hot



spot areas for HIV where the trainings were to be organized.

Out of a total target of 1680 VHTs, 1622 were trained in the 84 trainings that were conducted across the six targeted project districts of the upper Lake Kyoga region.

### **TARGETED HOME BASED (BOAT-TO-BOAT) AND OUTREACH TESTING AND LINKAGE TO CARE.**

KADO implemented this activity on selected landing sites in the six districts of Kaberamaido, Serere, Soroti, Apac, Amolatar and Dokolo. The implementation of this activity started in

Before activity implementation planning was done in all the six districts by two KADO



***In a white t-shirt is a health of Kadungulu H/C3 Serere district testing fisher men on murondo landing sites during the boat to boat targeted HCT.***

staff together with the District Health Team (DHT) of the respective districts. The purpose of the planning meeting was to identify and map out the landing sites where the targeted HCT would be implemented in the respective districts.

The VHTs took a lead role in mobilizing the participants for this activity and it was believed that their involvement would ease the mobilization of the target population for this activity and indeed this approach worked out very well given the good numbers that turned up to receive the HCT services. The activity was implemented in partnership with the district local

governments through provision of man power in terms of the health workers who were always drawn from the host facilities in the project sub-counties however, these were supported by a team of other health workers from the Health sub districts.

A total of 662 events were implemented in the six districts starting from the month of October 2016 throughout the entire period of project activity implementation and these events translated into the following outputs as seen below.

**THE SUMMARY OF OUTPUTS FROM HOME TO HOME (BOAT TO BOAT) HCT IN RESPECTIVE QUARTERS OF IMPLEMENTATION.**

QUARTER	NO. OF EVENTS	NO.OF PEOPLE TESTED FOR HIV		NO. PEOPLE TESTED HIV POSITIVE	
		MALE	FEMALE	MALE	FEMALE
OCT- DEC, 2016	98	3180	3208	83	73
JAN - MAR, 2017	52	1186	1566	28	39
APR - JUNE, 2017	148	4163	3566	69	65
JULY - SEP, 2017	168	4277	3198	50	31
OCT - DEC, 2017	196	4249	3133	123	89
<b>TOTAL</b>	<b>662</b>	<b>17055</b>	<b>14671</b>	<b>353</b>	<b>297</b>

**FACILITATION OF YOUTH DRAMA GROUP TO PROVIDE KEY MESSAGES TO THE YOUTH.**

Drama shows are very attractive because of the entertainment component imbedded and therefore a proper channel for mobilization and knowledge transfer. Sub-county



***Youth Alive with a purpose a youth drama group in Kamuda sub-county Soroti district presenting on stage during youth camps***

based drama groups were hire and facilitated to perform the shows in the youth camps in the different

sub-counties in the six project districts. The drama shows were organized in such a way that for each youth camp one drama group was hired to provide key messages on HIV

prevention to the target population, the youth out of school in particular. A total of **99807** people were reached with HIV prevention messages during the drama shows that presented in the youth camps. After the drama presentation the Master of ceremonies (MC) engaged the crowds in the discussion of the key messages delivered by the different drama groups to ascertain the level of knowledge gain and transfer. Those who interpreted the messages delivered by the drama groups were awarded with gifts such as t-shirts. One drama group was identified by the district and hired to perform in the two youth camps in the sub-county and the facilitation was in cash form upon successfully presentation.

### **BI-ANNUAL PERFORMANCE REVIEW MEETINGS**

This was a one day meeting that targeted both the district leaders and the technical staff of the district purposely to review the progress of the project activities.



*A performance review meeting in progress in Dokolo district held in the district council hall*

The meetings attracted the district leaders and the technical teams of the districts to discuss the progress of the project in terms of

implemented activities in the six districts of Soroti, Amolatar, Serere, Dokolo, Apac and Kaberamaido.

The performance review meeting helped to harmonize KADO's working relationship with the districts and also gave an opportunity to share the progress and the challenges faced during the implementation. The districts appreciated KADO's contribution in the fight against HIV/AIDs and this resulted into continued support in terms of mobilization of the testing kits and other medical supplies for the implementation of HCT activities in the districts.

### **QUALITY ASSURANCE VISITS BY A YOUTH COUNSELLOR AND HEALTH WORKER.**

This was a half day meeting that involved bringing together all the trained peer educators in respective project sub-counties to share the experiences the lessons learnt



*A professional counsellor from Apac hospital conducting a quality assurance session with peer educators of Akokoro sub-county Apac district.*

from the previous activities implemented, challenges encountered and as well as collecting the monthly reports from the peer educators.

The Quality Assurance visit that involved a team of two staff from the district and one SR staff, the meeting

ideally helped to bridge the knowledge gap amongst the peer educators. This was done through discussing a number of topics that were selected by the participants themselves. The hired counsellor assessed the performance of the peer educators by engaging them in the discussions and presentations on the topics of their choice.

Also during the meeting the peer educators were oriented on how to compile monthly reports.

This activity was integrated with the SR M&E visits since it was implemented in the same sub-counties on the same day. During the Quality Assurance visit the peer educators, the health worker who was identified by the district to participate in that meeting was officially assigned as the focal person for the peer educators in the respective sub-counties.



### **SR MONITORING AND EVALUATION VISITS.**

This activity was done both in the community and in the health facilities by the use of developed monitoring tools. The monitoring team comprised of one district official and one KADO staff and the monitoring team spent one day in each sub-county following up the implemented activities in then sub-county.

A total of 105 M&E visits were conducted in the thirty (30) project sub-counties in the six districts of Serere, Soroti, Dokolo, Amolatar, Kaberamaido and Apac throughout the entire period of the project implementation.

The monitoring team followed up the HIV positive clients who were identified and linked to the health facilities for care both during the youth camps and the Targeted home to home (boat-to-boat) and outreach testing and linkage to care however, there are still some bit of stigma among the general population as some people did not report to the health facilities which they were referred to at the time of screening.

### **FACILITATION OF PEER LEADERS.**

The facilitation of peer leaders' monthly activities at parish level was conducted in the six districts. The peer leaders were facilitated on a monthly basis and the facilitation was upon successful completion and submission of reports for the particular month, this



implied that the number of reports determined how much each peer educator was to be paid for a particular month.

The facilitation of the peer leaders was done in the presence of the district official to confirm that they were facilitated and also to check on the quality of reports submitted by the peer educators.

## FACILITATION OF MDR EXPERT CLIENTS

A total of 10 MDR expert clients were facilitated starting from the month of July 2017.

Each MDR Expert Client was facilitated for 16 days following the revised budgets. The



*MDR Expert Clients of Soroti and Lira on the Left and Right respectively receiving their monthly facilitation at Soroti and Lira RRHs.*

revised budget catered for SDA of 12,000 and transport refund of 20,000. Each MDR expert

client earned a monthly pay of 512,000.

In both Soroti and Lira the facilitation was done on the scheduled days of the Clinic days at the two MDR sites as agreed upon in the review meeting. This facilitation was done in the presence of the DTLs in the all the two districts of Lira and Soroti.

## NON IMPLEMENTED PROJECT ACTIVITY AND REASONS FOR NON-IMPLEMENTATION

- Review meeting with the MDR Expert Clients
- Delay by TASO to approve the budget for the review meeting with the MDR expert clients since it was not originally on our budget so we made a reallocation however the approval took long hence leading to delayed implementation of the planned activity.

## CHALLENGES FACED

- ❖ Delayed approvals of re-allocation of funds by the Principle Recipient (TASO) this delayed the implementation of some project activities such as the facilitation of the Peer educators and the MDR Expert Clients. This was as a result of poor budget negotiation and inflexibility by the TASO team where these two activities were integrated with other activities hence making the implementation very difficult and as such a significant amount of money was refunded which compromised our performance in terms of absorption of funds.
- ❖ There was higher expectations from the peer educators who expected to be paid a reasonable amount but because of the budget constraints the pay was not attractive hence some of them kept on dropping hence affecting the implementation of some project activities such as bi-annual joint youth camps in terms of mobilization of the peers and the rest of the community members.
- ❖ The hard to reach landing sites in some districts affected the implementation of the targeted home based (boat to boat) HCT. This partly explains why the set target was not met and also at times the targets for each event could not be realized resulting into fewer numbers tested.
- ❖ There was also interference from other HIV implementing partners in the district such as BAYLOR UG and ASSIST in Kaberamaido, Serere, Soroti and Apac districts respectively who were also implementing HCT activities in the same districts of operation. These Organizations offered a higher pay to the health workers in a bid to fail our activities in the districts.
- ❖ The mapping of the out of school youth by the peer in the community came with a higher expectation among the community members. This was so because the whole idea of mapping of the out of school youth was misunderstood by peers educators these in turn gave wrong information to the fellow peers. This made the implementation challenging because most youth expected tangible benefits from bi-annual joint youth camps which was not the case hence at times accounting fewer numbers at the events.
- ❖ We did not reach out to the islands because of budget constraints because the built did not cater for the procurement of the life jackets and hire of the Boats.

This therefore implies that quite a significant number of people were not reached with HIV prevention messages/ services.

## **LESSONS LEARNT**

Integrating project activities with the aim of minimizing operational costs is ideal however, it's important to consider when, where and how these activities will be implemented. For instance the monthly facilitation of the peer educators was integrated with the joint youth camps which were to be implemented on a quarterly basis yet the timing for the two activities was not the same, also the monthly facilitation of the MDR expert Clients was integrated with the rest of the project activities but this was also not possible because MDR expert clients were only at Soroti and Lira Regional Referral Hospitals. This therefore explains why a request for the re-allocation in line with the above activities was presented to the Principle Recipient and subsequently it was approved to that effect which in the end eased the implementation of those activities.

Project launch through district entry meeting is a healthy practice because it gives the project team an opportunity to interact with other key project stakeholders in the districts of operation. This will enhance ownership of the project by the stakeholders hence leading to the realization of the project goal and objective.

The use of the expert clients in the provision of post counselling services is very helpful in the provision of counselling services to the HIV positive clients and as well as enhancing the referral system and follow up of the HIV positive clients

It is import to hold project review meetings with the districts in order to harmonize the performance gaps and seek for the collective solution to inform the decision making by the key project stake holders.

There is a higher prevalence of HIV in the areas around the landing sites than in the areas that are far away from the landing sites.

## RECOMMENDATIONS

- ❖ There is need to continue following up the HIV positive clients that were linked by KADO to the respective facilities for care and treatment. This can be best done by the help of the Expert clients who were directly involved in the identification during targeted HCT and Joint youth camps.
- ❖ Project activities should be budgeted for independently other than integrating them this will eliminate the unnecessary delays during implementation.
- ❖ The trained peer educators should be utilized by the districts as part and parcel of the health system in the district. This can be done by linking them to their respective health facilities in the district henceforth these will help to reach out to their fellow peers both in the community and at the health facility level with HIV prevention messages.
- ❖ There is need by the districts to allocate specific areas of operation to different implementing partners in the district. This will help to eliminate the collision and waste of the resources by the implementing partners.
- ❖ There is need to consider reaching out to the Islands in the project districts of Serere, Apac, Amolatar, Kaberamaido and Dokolo in the next grant if the resources can allow in order to provide HIV services to such marginalized people who live in such hard to reach areas.

## SUCCESS STORY

One Florence Akello in the picture below is a health worker/ counsellor at Apac hospital confessed that there was a poor attitude towards the use of the female condoms before KADO's intervention through the implementation of this HIV project. However, through



continuous sensitization of communities during the implementation of activities such as bi-annual joint youth camps, quality assurance and targeted home based (boat to boat HCT) there was increased uptake of HIV prevention messages and above all increased demand for the use of female condoms among the out of school youth in the project sub-counties.

One Jesca Apio of Aduku town council seated in front of the counsellor in the photo above told the fellow out of school youth that she did not know a female condom and always wanted to have protected sex with her partner but all in vain but one day when she attended a youth camp at Aduku town council in September, 2016 she learnt about the use of a female condom and its associated benefits which she later shared with her partner. She further confessed in November, 2017 that through KADO's intervention she was able together with her partner to have protected sex using a female condom which she said helped them in child spacing in their marriage which was not possible before KADO's intervention according to Apio.

## **CONCLUSIONS**

The smooth implementation of this HIV project that translated into the realization of the project specific objectives was anchored on the fact that there was full engagement of the key project stakeholders both at the level of the district and the sub-county right from the inception meetings which helped to build resilience and spirit of ownership during the project implementation.



## APPENDICES

### Appendix 1 Activity photos



*Facilitation of MDR expert clients of Lira district at Lira district Health office*



*KADO staff reviewing the reports of the peer educators during the monthly facilitation of the peer educators*