



KAGUMU

DEVELOPMENT ORGANIZATION

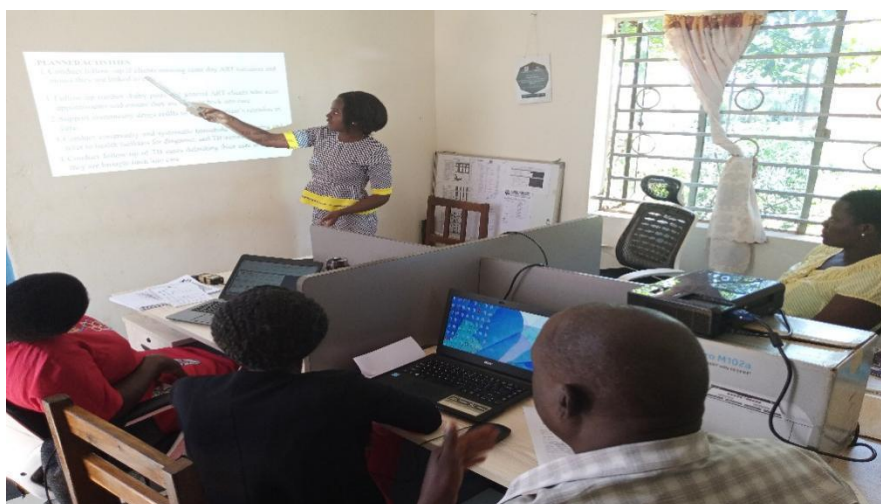
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**Annual report on the Local Partner Health Service Eastern Region (LPHS-E) Project
Activities conducted in pallisa cluster and Tororo district of Mbale cluster from April to
September 2022**

Date: 21st/10/2022



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ACKNOWLEDGEMENT

Kagumu Development Organization (KADO) would like to appreciate all the key players involved in the implementation of the LPHS-E project for their generous contributions right from the month of April to September 2022. Appreciation goes to USAID and the American people for their spirit of generosity with all the financial and technical support allocated to KADO to ensure effective implementation and sustainability of project. KADO also acknowledges Baylor Uganda for recognizing and allocating KADO the USAID funds for the LPHS-E project clusters of both Pallisa and Tororo district and above all the technical support and advice that was crucial in enabling our organization to conduct all planned activities and reaching out to set targets. KADO is also grateful to the District Local Government of Kibuku, Pallisa and Tororo district for the continued moral and technical support in terms of provision of human resource who tirelessly worked very closely with us during the implementation of the project activities. The Community structures including KP/PP peers and associations; VHTs/CHEWS are also greatly hailed for their active participation and frontline involvement in the LPHS-E activities that enabled KADO to make scores in various areas of project targets.

EXECUTIVE SUMMARY

Kagumu Development Organization received financial support from USAID through Baylor Uganda to implement a project entitled “Local Partner Health Service Eastern Region Activity” (LPHS-E) in pallisa cluster and Tororo district of Mbale cluster from April to September. It was a six (6) months a project covering Tororo district under Mbale cluster and Kibuku, Pallisa districts under Pallisa cluster. KADO was assigned tasks to support six (6) Pallisa Health facilities; Pallisa Hospital, Agule HCIII, Gogonyo HCIII, Kameke HCIII, Kibale HCIII, Kamuge HCIII. Five (05) Kibuku Health Facilities; Kadama HCIII, Kibuku HCIV, Tirinyi HCIII, Buseta HCIII, Bulangira HC III And Four (04) Tororo Health facilities; Tororo hospital, Bison HCIII, Mukuju HC IV, Malaba HCIII

The project beneficiaries were the HIV lost/ missed appointment clients, HIV sexual partners, mother baby pair clients, clients with on-suppressed VL, Index clients, APN clients, bedridden ART clients, TB defaulters from care, TB Index contacts, KP/PP clients (sex workers, MSMs, Trucker Drivers, Transgender), KP/PP sexual partners, KP/PP Network contacts, AGYW, MSM, sex workers, trucker drivers, The project was implemented in corroboration with Pallisa, Kibuku and Tororo local government and lower government Health facilities. This is therefore, an annual project report covering planned activities for the months of April to September 2022. The overall goal was to enhance patient retention and active follow up through strengthening community systems for sustainable bi-directional community-health facility referrals and linkages to services delivery

OUTPUTS REALIZED for Tororo District

- **1140** lost clients were tracked and brought back to care in year one.
- **413** sexual partners were offered APN services.
- **357** partners of Index were offered HTS services.
- **43** of the index partners offered APN WERE IDENTIFIED and linked to care.
- **1031** mother baby pairs were brought back on care in the year one.
- The TX Cur clients were fairly maintained with the highest number in the month of April and August.

- **43** of the **43** new HIV positives identified in the project life were all linked to care, **133** clients with un suppressed viral load were given adherence counseling and other services.

Tororo Realized outputs:

- **3777** KPs provided with HIV Prevention
- **3694** PPs provided with HIV prevention services
- **4039** were served with PrEP Refills.
- **976** KP/PPs were referring for HTS.
- **27** identified positives were linked to treatment and care.
- **98** KPs with unsuppressed VL were given adherence counseling and other appropriate services.
- **4611 self-test kits were distributed** to sexual partners and social network contacts of KP and AGYW in hotspots areas.
- **10382 pieces of condoms were distributed** to sexual partners and social network contacts of KP and AGYW in hotspots.
- **KADO** managed to secure and distributed **1727 packs of lubricants to the KP social networks.**

PALLISA CLUSTER REALIZED OUTPUTS:

- **1197** lost clients were tracked and brought back to care for all Pallisa cluster sites.
- **137** sexual partners were offered APN services.
- **953** partners of index were offered HTS services.
- **956** mother baby pairs were brought back on care in the year one.
- The TX Cur clients were fairly maintained with the highest number in the month of July.
- **21** of the **20 new HIV positives** identified in the project life were all linked to care.
- **262** clients with unsuppressed viral load were given Adherence counseling.

The major challenge were

- Delayed submission of activity facility reports by some CHWs as some facility in-charges move with facility stamps making it hard for the CHWs to stamp the paper work make timely submission in time.
- Health workers conflict with the **KP** peers for **KP** activities, in bringing back to care, it was realized that the clients prefer disclosing their information to fellow peers than the **CHWs**.
- In consistencies in signatures by some **CHWs** delays payment process.
- Delays in approval of cost share budget constrained field visits in the months of April, May and June.
- **TB** trucking has low response from the CHWs due to limited knowledge on how to use **TB** registers.

INTRODUCTION: USAID’S Local Partner Health Services-Eastern Activity (LPHS-E). This project was secured through a vigorous process that involved responding to a public call for proposals, organizational capacity assessment and award. KADO emerged successful among the other sub-recipients of this grant that applied in the Bukedi cluster, Eastern Uganda faces unique challenges with socio-economic factors and cultural practices contributing to low attainment of the UNAIDS 95-95-95 goals. According to the 2016-2017 Uganda Population-based HIV Impact Assessment, for the Mid-East region, HIV prevalence among adults aged 15-64 years was estimated at 5.1%, and viral load suppression among HIV positive adults aged 15-

64 years was 52.9%. The population depends mainly on lower-level health facilities with over 60% of health centers (HC) in the region at health center II level where infrastructure and resources are limited. Accordingly, 29.5% and 28% of adolescents aged 15-19 in the respective sub region of Bukedi and Bugisu have begun childbearing. Regional reports indicate that patients have been lost to follow-up (LTFU) over time. Indicators of retention of PLHIV on continuous, quality treatment show program underperformance, particularly for pregnant and postpartum women, KPs, adult men, children, and adolescents. The drop out and LTFU have been exacerbated by the COVID-19 pandemic lock down and related restrictions.

COVID-19 has also revealed and underscored the insufficient support for community-led HIV treatment retention interventions in Uganda as well as disruption in implementing community models that have proved to be effective not only in providing drug refills but also in carrying out treatment literacy, support for GBV, and other peer-to-peer community engagement regarding disclosure support, among others.

The sexual and health access behaviours of KP/PPs, when combined with the changes in underlying contextual and structural factors such as changes in social norms, poverty, gender inequities and stigma in the region have further enhanced HIV transmission and eventually non-attainment of UNAIDS 95-95-95 goals. The People's Voice, Uganda; Community Priority Recommendations for PEPFAR Uganda for 2021. The report is shared by all stakeholders.

PROJECT GOALS:

To enhance patient retention and active follow up through strengthening community systems for sustainable bi-directional community-health facility referrals and linkages to services delivery.

PROJECT OBJECTIVES:

- To accelerate quality health service delivery conditions for a productive population that contributes to economic growth and national development.
- To provide sustained, equitable access to essential, high-quality health services responsiveness to people's needs without financial hardship, thereby protecting poor and underserved people from illness, death, and extreme poverty in Uganda.
- To increase uptake and adoption of HIV/TB prevention measures among the KPs &PPs within the project area of Tororo district.

IMPLEMENTED ACTIVITIES IN THE FROM APRIL TO SEPTEMBER 2022

Planned activities under objective 1&2: High Quality, targeted HIV prevention and HIV testing services provided at scale.

1. Conduct PrEP screening and distribution of HIV self-test kits to sexual partners and social network contacts of KP and AGYW in hotspots of Tororo.
2. Conduct follow up of HIV positive KP and PP as well as KP/PP negative clients for linkages and PrEP enrolment at community hot spots of Tororo.
3. Conduct Follow up of KP/PP lost clients and bringing them back in Tororo.
4. Strengthen EPOA model to reach all KP and PP for HTS service in Tororo.

Planned activities under objective 3&4: All diagnosed people living with HIV and TB are promptly initiated on ART and those already on treatment to be retained in care.

1. Conduct follow -up if clients missing same day ART initiation and ensure they are linked to care.
2. Follow-up mother -baby pairs and general ART clients who miss appointments and ensure they are brought back into care.
3. Support community drugs refills to improve patient's retention in care.
4. Conduct community and systematic household TB screening and refer to health facilities for diagnosis, and TB treatment initiation.
5. Conduct follow-up of TB cases defaulting from care and ensure they are brought back into care.

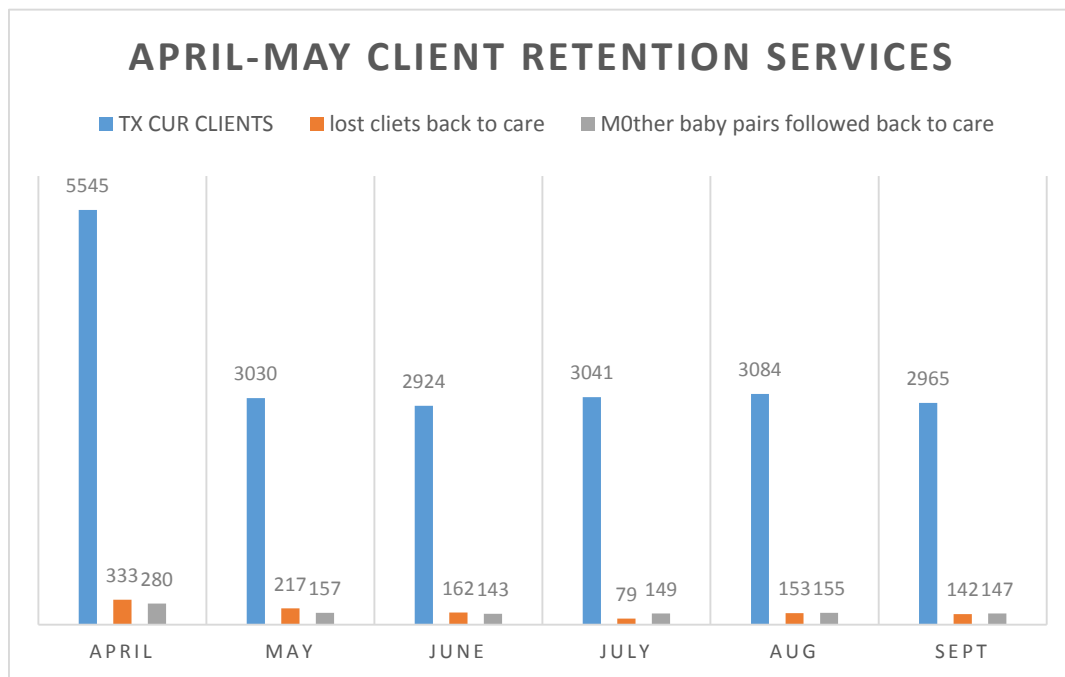
Details of Achievements for Tororo District:

THEMATIC AREAS	PERFOMANCE INDICATOR	SOURCE OF VERIFICAT ION	AGGREGA TION	Mont hly Targe t	TOTA L TARG ETS	Total Achie ved	Bal
HIV Testing	Number of TX Cur clients	Facility HTS Registers , Project reports	sex, age, facility, hotspot	380	2282	20589	-18307
	Number of Index sexual patners offered APN			41	246	413	-167
	Number of patners of Index offered HTS services			41	246	357	-111
	nunmber of sexual patners of index tested pos			6	38	43	-5
	Number pos sexual patners linked			6	38	43	-5
	nve sexual patners linked			35	208	243	-35
Retention	No of lost/Missed appoitments	Missed Appoint ment & appoint ment registers , project reports.		0	0	1140	-1140
	Number of Cients lost to follow			0	0	269	-269
	Number of clients transferred			0	0	112	-112

	Number of clients Dead			0	0	102	-102
	Number of Mother baby pairs			19	111	1031	-920
GBV	N umber of GBV clients screened	GBV Facility registers		44	264	1116 8	-10904
	number of GBV Referred			0	0	346	-346
	Number of GBV supported			0	0	325	-325
TB/ HIV services	TB client Screened in community	TB facility registers , project reports,		47	282	5835	-5553
	TB case presumed			0	0	1032	-1032
	TB casas confirmed			4	23	85	-3754
KP Services	Number of KPs provided with HIV Prev	KP/PP follow up Facility registers , PrEP registers project Activity Reports.		0	0	3777	-3777
	Number of PPs provided with HIV prev			0	0	3694	-3694
	Number of KP/PP Screened for PrEP			0	0	1527	-1527
	Number of KP/PP PrEP Initiation			0	0	3037	-3037
	Number of KP/PP Missed refills			0	0	2611	-2611

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- The TX Cur clients was fairly maintained with the highest number in the month of April and August.
- **43** of the **43** new HIV positives identified in the project life were all linked to care
- **133** clients with un suppressed viral load were given Adherence counselling and other services

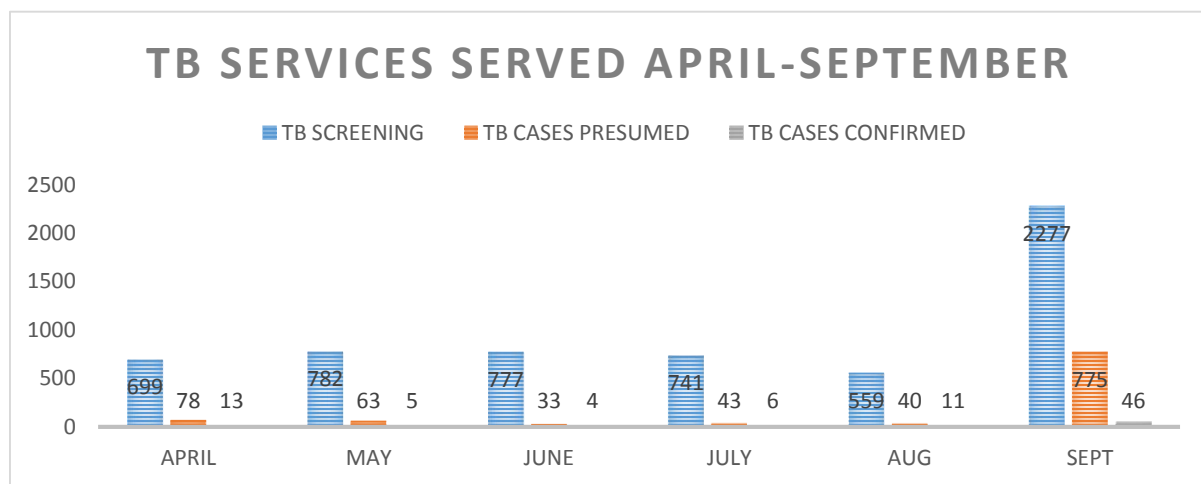
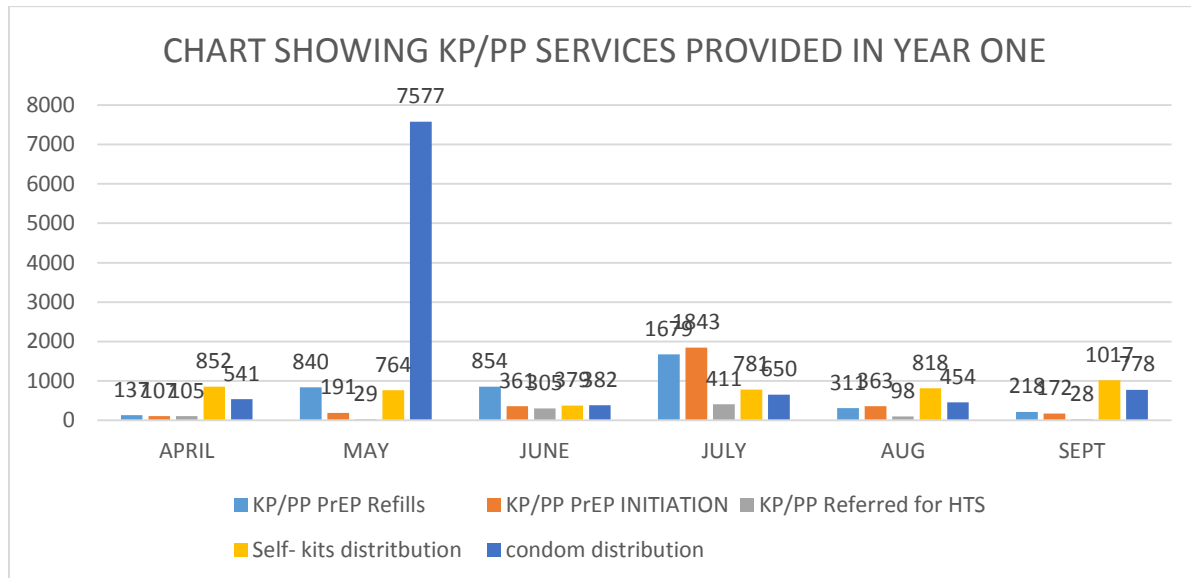


- A total of **3777** KPs provided with HIV Prevention.
- A total of **3694** PPs provided with HIV prevention services.
- **4039** were served with PrEP Refills.
- **976** KP/PPs were refer for HTS and 27 identified positives were linked to treatment and care.
- **98 KPs** with un-suppressed VL were given adherence counselling and other appropriate services.
- **A total of 4611 self-test kits were distributed** to sexual partners and social network contacts of KP and AGYW in hot spots areas.

OTHER ACHIEVEMENTS

- **A total of 10382 pieces of condoms were distributed** to sexual partners and social network contacts of KP and AGYW in hot spots

- **KADO** managed to secure and distributed **1727 packs of lubricants to the KP social networks.**



Details of Achievements for pallisa District:

THEMATIC AREAS	PERFOMANCE INDICATORS	Source of verification	Frequency	Total targets	Total Achieved	Bal
HIV Testing	Number of TX Cur clients	Facility HTS Registers,	Monthly	4289	5486	-1197

		Project reports				
	Number of Index sexual partners offered APN			194	137	57
	Number of partners of Index offered HTS services			948	953	-5
	no sexual partners of index pos			30	22	8
	Number pos sexual partners linked			31	21	10
	Negative sexual partners linked			158	168	-10
Retention	No of lost/Missed appointments brought back to care.	Appointment & missed appointment registers. Project reports	Monthly	0	1197	-1197
	Number of Clients lost to follow			0	204	-204
	Number of clients transferred			0	100	-31
	Number of clients Dead			0	32	-32

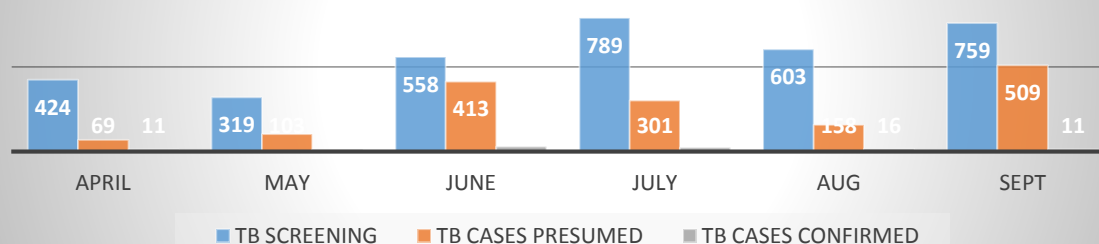
	Number of Mother baby pairs			670	956	-286
	Clients with un suppressed VL Identified and given services		Monthly	0	262	-122
GBV	N umber of GBV clients screened	GBV facility registers. Project reports	Monthly	1290	1296	-6
	number of GBV Referred			0	556	-493
	Number of GBV supported			0	380	-364
TB/ HIV services	TB client Screened in community	TB facility registers & project reports	Monthly	715	3452	-2737
	TB case presumed			0	1553	-1553
	TB casas confirmed			35	101	-67

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KADO Staff Attend an Onsite TS by Baylor Team At Kamuge HCIII on the Right and Butebo HCIV on the left

TB SERVICES GIVEN APRIL TO SEPTEMBER



KADO field staff received facility based technical support and mentor-ship from the cluster TB technical persons which strengthened TB implementation.

CHALLENGES ENCOUNTERED:

- Delayed submission of activity facility reports by some CHWs as some facility in-charges move with facility stamps making it hard for the CHWs to stamp the paper work make timely submission in time.
- In bringing back to care, it was realized that the clients prefer disclosing their information to fellow peers than the CHWs.
- In-consistencies in signatures by some CHWs delays payment process.
- TB trucking has low response from the CHWs due to limited knowledge on how to use TB registers.

BEST PRACTICES:

Participatory monitoring between KADO and Baylor team was very crucial in gap filling especially at facility level and attaining of targets during the implementation period

Twinning with Baylor Technical teams enabled KADO to improve in support supervision which increased the level of performance of some facilities for example Tirinyi HCIII data entry in the month of July and August rose and were awarded above 85% especially in the field of bringing back to care lost clients during the Donner visitation.

LESSONS LEARNT: Most KP/PPs do not know how to use the self-test kits and it is very necessary to demonstrate to them how to use before serving the kits.

Meeting with KP peers and Sharing their experiences and challenges was very instrumental in reaching solutions to their field challenges as well as creating harmony during year one project implementation.

RECOMMENDATIONS FOR YEAR TWO:

- Optimization of TB programming, mobilization and re orientation of the CHWs on the use of TB registers.
- Involving expert client peers in following the missed appointments cases that have stigma as it was realized that some clients don't disclose information to CHWs.
- Increasing on the burn rate through timely programming.
- To increase on Compliance to all set programs by our supervisors especially finance.
- Timely programming, effective monitoring of data documentation to ensure that, our entire site has green lights on dash board.
- Wipe out complains of delayed payments through effective supervision of CHWs paperwork.
- Catch up plans to ensure that all services are given to the eligible clients.
- Timely payments shall be maintained to boost the morale of our CHWs.
- Promoting the use of coupon approach to minimize on the number of KP peers in the follow-up activities.

Conclusion:

The support from Technical teams of Baylor and all stake holders at district, facility and community level were crucial for the success of year one LPHS-E project implementation.

APPENDIX1: ACTIVITY PHOTOS



PHOTOS SHOWING KADO AND BAYLOR TECHNICAL OFFICERS IN A JOINT SUPPORT SUPERVISION AT KAMEKE HCIII AND KADO OFFICE.



KADO BAYLOR STAFF IN A PARTICIPATORY SUPPORT SUPERVISION AT TIRINYI



KP PEER WAS DISTRIBUTING HIV SELF-TEST KITS TO THE KP/PPS AT A HOT SPOT IN



KADO STAFF MEETING WITH THE KP PEERS IN TORORO DURING THE YEAR ONE