



**USAID-STAR-SW PROJECT
AIC MBARARA REGION
FINAL PROJECT REPORT**

Project Title: Strengthening the HIV/AIDS and TB/HIV Response in Isingiro District, South Western Region of Uganda.

Reporting Period: October 2014

Agreement Start and End Date

| | |
|------------------------------|---------------------------------|
| Agreement Start Date | Agreement End Date |
| 1 st January 2012 | 30 th September 2014 |

District of Operation;

Isingiro District- USAID/STAR SW Funding

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| Prepared By: | Reviewed By: |
| Name: Kyobutungi Judith | Name: Berigija Alice |
| Title: Liaison Officer- AIC Isingiro | Title: Regional Manger – AIC Mbarara Region |
| Phone:+256704366192 | Phone: +256772532323 |
| Email:jkyobutungi@aicug.org | Email:berigija@aicug.org |
| Signature | Signature |
| Date the Report was prepared:20/10/2014 | Data the report was reviewed: 24/10/2014 |

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AIC would like to convey its appreciation to all Health centre in charges and staff for co – implementing with AIC and to other implementing partners namely Medical Teams International, Mayanja Memorial Hospital, Millennium Village project Marie Stopes TASO Mbarara and AIC staff for the continuous quality delivery of services in the period April 2012 to September 2014. Last but not least special thanks go to the clients in the community who turned up to utilize the services.

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2.0 Acronyms

| | |
|----------------|--|
| AB | Abstinence and Being Faithful |
| ABC | Abstinence, Being Faithful and Condoms |
| AIC | AIDS Information Center – Uganda |
| AIDS | Acquired Immune-deficiency Syndrome |
| ANC | Antenatal Care |
| ART | Anti-retroviral therapy |
| BCC | Behavior Change Communication |
| CD4 | Cluster of Differentiation 4 |
| CSO | Civil Society Organization |
| EID | Early Infant Diagnosis |
| CSWs | Commercial Sex Workers |
| FHDs | Family Health Days |
| FSG | Family support Group |
| FP | Family Planning |
| F2 | Female Condom |
| HCIV | Health Centre Fours |
| HCT | HIV Counseling and Testing |
| HIV | Human Immune-deficiency Virus |
| IEC | Information, Education and Communication |
| VHTs | Village Health Team |
| MARPs | Most-at-risk populations |
| OIs | Opportunistic Infections |
| PHAs | Persons Living with HIV&AIDS |
| PMTCT | Prevention of mother-to-child transmission of HIV |
| PTC | Post-Test Club |
| PWDs | People with Disabilities |
| PWP | Prevention with Positives |
| SMC | Safe Male Circumcision |
| SRH | Sexual Reproductive Health |
| STIs | Sexually Transmitted Infections |
| STAR SW | Strengthening the HIV/AIDS and TB/HIV response in south western region of Uganda |
| TB | Tuberculosis |
| TZ | Tanzania |

Project Goal

- To increase access to coverage of and utilization of quality comprehensive TB and HIV/AIDS prevention, care and treatment services. AIC was mandated to scaling up integrated comprehensive HIV prevention services in Isingiro district in order to contribute to the project goal.

1.1 Project Objective

- To increase uptake of HIV/AIDS and TB services within Isingiro district.
- To increase demand for comprehensive HIV/AIDS and TB prevention, care and treatment services.
- To establish and strengthen Networks, Linkages and referral systems between health facilities and communities.
- To deliver quality HIV/AIDS and TB services in all supported health facilities and community organizations and activities.
- To create awareness among the targeted beneficiaries, MARPS and vulnerable populations.

1.1.3 Executive Summary

AIDS Information Centre - Uganda (AIC) was established on the 14th, Feb 1990 to offer HIV counseling and testing services in Uganda.

AIC Mbarara region was established in 1993 as a result of growing demand of people who wanted to know their HIV status in South Western Uganda.

AIC developed an innovative model for collaboration with Local governments, health facilities and other AIDs service organization in capacity building for scaling up HCT and other AIDS services.

AIC employed combination HIV prevention, structured package of behavioral, biomedical and structural interventions to increase coverage and access to HIV prevention services in Isingiro district.

A comprehensive package of multiple integrated prevention intervention targeting key populations of the commercial sex workers, truckers and the fisher folks were engaged, Biomedical interventions included HCT, SMC, PMTCT, Condom programming, referrals for screening and treatment of STIs, ART,PEP,PWP.

Behavioral and structured intervention included interpersonal communication, community mobilization campaigns, community dialogue on HIV prevention with MARPs to address community sexual and gender bias.

To attain sustained efforts in HIV prevention, care, support and mitigating the effects of HIV/AIDS, AIC worked with the district and communities to further promote and increase people's comprehensive knowledge of individual HIV status and HIV prevention health seeking behaviors.

AIC promoted SMC, education on correct and consistent condom use, AB, disclosure, discordance at individual, family and community levels through interpersonal communication. AIC linked the HIV positive individuals to care and treatment.

This report gives details of the contribution of AIC towards to national goal of reduction new HIV infections highlighting the achievements during the period April 2012 to September 2014.It outlines the best practices, lessons learnt, our success stories and challenges faced

1.1.4 General Summary of Results and Successes

During project life time;

- 106,092 individuals were reached with HCT services.
- 1,131 tested HIV positive were linked to care and support services.
- 5,477 couples also received HCT services and the other psychosocial services.
- 5,859 men accessed HCT services and were circumcised.
- 195 condom outlets established.
- 2,152,313 male condoms and 18,245 female condoms were distributed through outreaches and established outlets.
- 305 dialogues meetings with MARPS were held that enabled AIC to extend HCT and sexual reproductive services to 2,418 CSW 1,671 uniformed personnel and 1,535 truckers.
- **144** family support meetings were conducted reaching **3,654** members.
- **6** Quarterly meetings with PLHIVs were conducted reaching **141** PLHIVs network members.
- **55** discordant couples were reached in discordant couple clubs.
- **20** meetings with VHTs were held with at least **1,535** VHTs attending and oriented in various health issues. A total of **54,135** clients were referred from community to facilities and **9,422** accessed services at the health facilities.
- **513** peer educators were facilitated to conduct psycho social support services.
- **21** Ariel club meetings held with **1,324** children reached with PWP services.

- **210,686** individuals were given ABC messages for HIV prevention messages.
- **11** family health days were conducted reaching **6,864**.

1.1.4. Major Challenges encountered during Project implementation.

- Delayed kick off of planned activities, because activities which were planned to start in October 2011, but kicked off in April 2012.
- Change of planned activities
- Inadequate Ministry of Health data collection tools.
- Inadequate and sometimes stock outs of HIV test kits.
- Some places were hard to reach during rainy seasons.

1.1.5 Lessons learned

- Clear identification and partnership with key stakeholders is mandatory to project success and sustainability.
- Proper and timely planning and easy flow of information is another factor to project success.
- Partnership with implementing partners enhances comprehensive service delivery.
- Working within existing structures and involving district officials

2.0 Summary Table of STAR-SW project indicators

| PPLP Indicators (PEPFAR and Non-PEPFAR) | | | | | | | | | |
|--|------------------------|--|--|--|--|--|--|--|--|
| Reporting Period : April 2012 through September 30, 2014 | Life of Project Target | FY 1 Target (Indicate months in bracket here April 2012-Sept 2012) | FY 1 Actual achievement (Indicate months in bracket here April 2012-Sept 2012) | FY 2 Target (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 2 Actual achievement (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 3 Target (Indicate months in bracket here Oct 2013 - Sept 2014) | FY 3 Actual achievement (Indicate months in bracket here Oct 2013-Sept 2014) | Cumulative Life of Project Achievement | |
| No. reached with HCT Services. | 250,000 | 12,000 | 11,639 | 100,000 | 44,343 | 50,000 | 50,110 | 106,092 | |
| No. reached with Couple HCT | 33,000 | - | 1,374 | 30,000 | 2,081 | 3,000 | 2,022 | 5,477 | |

| PPLP Indicators (PEPFAR and Non-PEPFAR) | | | | | | | | |
|---|------------------------|--|--|--|--|--|---|--|
| Reporting Period : April 2012 through September 30, 2014 | Life of Project Target | FY 1 Target (Indicate months in bracket here April 2012-Sept 2012) | FY 1 Actual achievement (Indicate months in bracket here April 2012-Sept 2012) | FY 2 Target (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 2 Actual achievement (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 3 Target (Indicate months in bracket here Oct 2013 - Sept 2014) | FY 3 Actual achievement (Indicate months in bracket here 2013-Sept 2014) | Cumulative Life of Project Achievement |
| No. tested and linked to care | 2,474 | 152 | 52 | 1,524 | 624 | 692 | 355 | 1,131 |
| SMC | 5,760 | 0 | 84 | 2,880 | 2,850 | 2,880 | 2,925 | 5,859 |
| No. of male Condom distributed | 2,092,000 | 132,000 | 134,233 | 960,000 | 621,179 | 1,000,000 | 1,396,901 | 2,152,313 |
| No. of female Condom distributed | 19,500 | - | 1,308 | 4,500 | 3,627 | 15,000 | 13,310 | 18,245 |
| No. of condom outlets established | 194 | 44 | 22 | 50 | 73 | 100 | 100 | 195 |
| No. of dialogue meetings with MARPs | 360 | | 0 | 180 | 173 | 180 | 132 | 305 |
| No. of CSW reached | 3,497 | 597 | 242 | 2,400 | 663 | 500 | 1,513 | 2,418 |
| No. of Uniformed Personnel reached | 1,500 | 0 | -0 | 500 | 257 | 1,000 | 1,414 | 1,671 |
| No. of Truckers reached | 1,497 | 797 | 449 | 350 | 635 | 350 | 451 | 1,535 |
| No. of Fisher folks reached | 4,047 | 398 | 242 | 3,249 | 694 | 400 | 1,148 | 2,084 |
| No. of moonlight activities done | 52 | 12 | 12 | 12 | 11 | 28 | 26 | 49 |
| No. of people reached during moonlight | 8,338 | 398 | 375 | 1,440 | 1,298 | 6,500 | 6,044 | 7,717 |
| No. of FSG meetings. | 276 | 12 | 12 | 132 | 132 | 132 | 126 | 270 |
| Quarterly PLHIV meetings | 7 | 3 | 2 | 4 | 4 | 0 | 0 | 6 |

| PPLP Indicators (PEPFAR and Non-PEPFAR) | | | | | | | | |
|---|------------------------|--|---|---|---|--|---|--|
| Reporting Period : April 2012 through September 30, 2014 | Life of Project Target | FY 1 Target (Indicate months in bracket here April 2012-Sept 2012) | FY 1 Actual achievement (Indicate months in bracket April 2012-Sept 2012) | FY 2 Target (Indicate months in bracket Oct 2012 - Sept 2013) | FY 2 Actual achievement (Indicate months in bracket Oct 2012 - Sept 2013) | FY 3 Target (Indicate months in bracket here Oct 2013 - Sept 2014) | FY 3 Actual achievement (Indicate months in bracket here 2013-Sept 2014) | Cumulative Life of Project Achievement |
| Quarterly meetings with Discordant couples. | 20 | 0 | 0 | 16 | 16 | 4 | 3 | 19 |
| No. of VHT meetings held | 1,870 | 6 | 6 | 12 | 8 | 12 | 6 | 20 |
| No. of VHTs met during VHT meetings | 1,870 | 190 | 183 | 840 | 560 | 840 | 420 | 1,163 |
| No. of Referrals from community to facility | 15,950 | 950 | 915 | 10,000 | 9,197 | 5,000 | 44,023 | 54,135 |
| No. of Referrals from community that reached facility | 15,112 | 915 | 512 | 9,197 | 6,342 | 5,000 | 2,568 | 9,422 |
| No. of quarterly referral network meetings coordinated meeting for each HSD/HCIV | - | - | - | - | - | - | - | - |
| Peer educators facilitated | 516 | - | - | 300 | 300 | 216 | 213 | 513 |
| No. of Ariel club meetings. | 24 | - | - | 12 | 12 | 12 | 9 | 21 |
| No. reached with ABC messages. | 60,000 | 10,000 | 11,639 | 30,000 | 148,937 | 30,000 | 50,110 | 210,686 |
| No. Family health days (FHD) | 17 | 3 | 2 | 6 | 5 | 8 | 4 | 11 |
| No. of people reached during FHD | 31,200 | 13,000 | 1,371 | 15,000 | 3,750 | 3,200 | 1,743 | 6,864 |
| No. of clients followed up | 3,260 | - | - | 3,000 | 1,255 | 260 | 69 | 1,324 |

| PPLP Indicators (PEPFAR and Non-PEPFAR) | | | | | | | | |
|--|------------------------|--|--|--|--|--|--|--|
| Reporting Period : April 2012 through September 30, 2014 | Life of Project Target | FY 1 Target (Indicate months in bracket here April 2012-Sept 2012) | FY 1 Actual achievement (Indicate months in bracket here April 2012-Sept 2012) | FY 2 Target (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 2 Actual achievement (Indicate months in bracket here Oct 2012 - Sept 2013) | FY 3 Target (Indicate months in bracket here Oct 2013 - Sept 2014) | FY 3 Actual achievement (Indicate months in bracket here Oct 2013-Sept 2014) | Cumulative Life of Project Achievement |
| No. HIV positive clients followed with PWP services in the community | 3,260 | - | - | 3,000 | 1,255 | 260 | 69 | 1,324 |

3.0 Project Implementation by Strategic Objective

Objective 1: Increase demand for comprehensive of HIV /AIDs prevention, care and treatment services in the district.

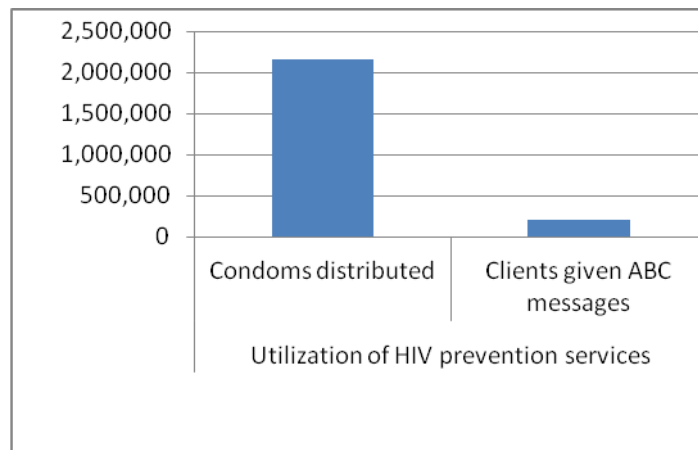
AIC planned to reach **60,000** individuals with ABC messages reached **210,686** with messages. AIC created demand for the utilization of HIV prevention and care services, through the use of VHTs and MARPs peer leaders and with the use of motor bike riders in hot spot areas and Peer educators. Documentation is key in achieving any set target.



Bicycle riders in the field mobilizing the masses for the services



Bicycle riders educating and distributing condoms



The graph shows the number of condoms distributed & ABC messages given out during project life time

Objective 2: Increase uptake of HIV/AIDS services within the district.

3.1 HCT Output

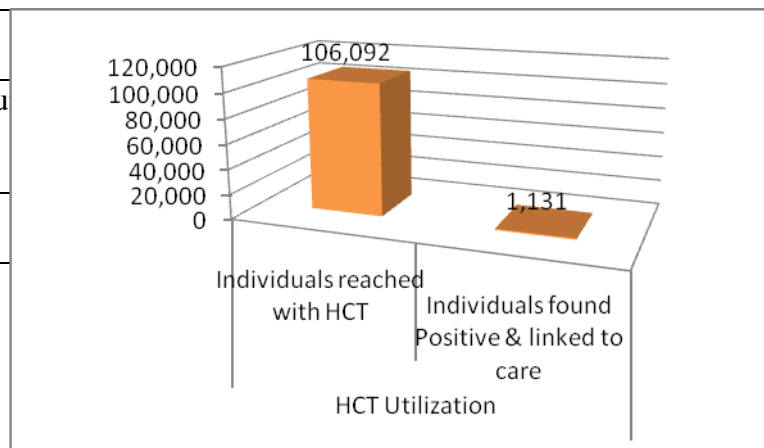
HIV prevention was done in various forms including HCT to community, HCT to couples and moonlight HCT to MARPS population. AIC planned to reach 250,000 people with HCT services but managed to reach 106,092 people.

This was due to delayed kick off of activities coupled with stock outs of HIV consumables during the project period. If stock outs were managed and activities began in the planned time, this target may not have been a problem.

The table shows number of individuals reached

| HCT Utilization | |
|------------------------------|----------------------------------|
| Individuals reached with HCT | Individuals found linked to care |
| 106,092 | 1,131 |

with HCT & those linked to care



3.2 HCT to couples

Couples were another area of focus in terms of HIV/AIDS prevention during the project time. AIC planned to reach **33,000**, but reached **5,477** with HIV prevention package which included HIV counseling and testing, condom distribution, referral and linkages and ABC messages.

The target was affected by lack of budget line, thus integrated with in other HCT activities, in addition to stock outs of HIV test kits.

3.3 Safe Male Medical Circumcision (SMC)

Safe male medical circumcision was another activity implemented by AIC in Isingiro district as a means of HIV prevention. AIC planned to reach **5,760** with SMC services however, **5,859** men were circumcised after being counseled, tested and given their HIV test results. This was achieved through commitment of health centre in charges who did the site preparation and VHTs who did the good mobilization.

3.4 Family Health days

Family health day were activities which targeted the HIV positive families with the intention of identifying exposed infants and providing psycho social support to HIV infected families. Through family health days **6,864** were reached instead of **31,200** individuals that were planned to be reached. The set target was not achieved because the activities were stopped for some time, later it handed over to the district. In other words the planning for this activity was inconsistent.

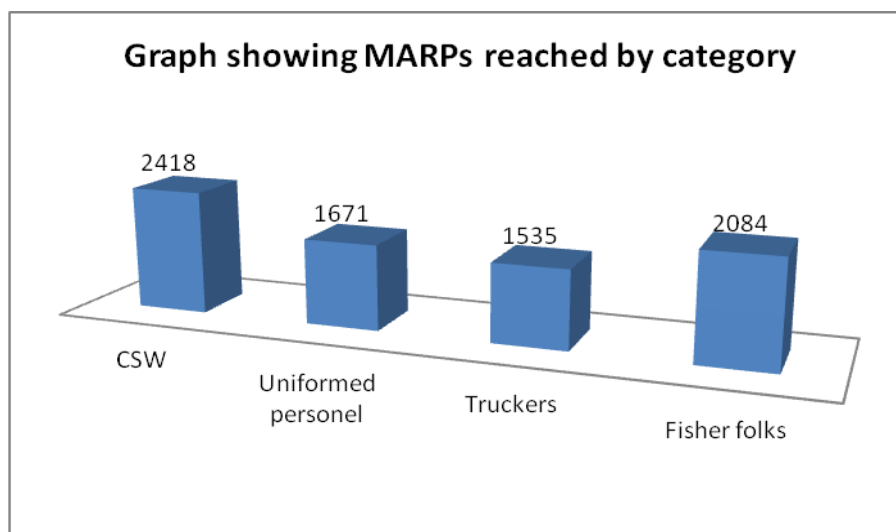
Objective 3: To create awareness among the targeted beneficiaries, MARPS and vulnerable populations.

4.0 MARPS dialogue

Most At Risk Populations (MARPS) that include uniformed personnel, Trucker drivers, and commercial sex workers were given HIV prevention messages, Condom use and Faithfulness through dialogue meetings. This was done through Mobilization and sensitization of MARPS leaders who would pass on messages to their peers. Dialogue meetings with MARPS were conducted that enabled AIC to extend HCT and sexual reproductive health services. AIC planned to reach 7,756 MARPS but reached 7,708 MARPs in the below category.

The table below shows number of categories reached during MARPs Dialogue meetings with MARPS

| | Number of Categories reached during Dialogue meetings with MARPS | | | |
|-------------|--|---------------------|----------|--------------|
| MARPS | CSW | Uniformed Personnel | Truckers | Fisher folks |
| Target | 742 | 1,500 | 1,497 | 4,047 |
| Achievement | 2,418 | 1,671 | 1,535 | 2,084 |



Moonlight activities.

Moonlight HCT prevention activities were conducted targeting MARPS (Truck drivers and CSW) as a special group. Services included HIV testing and counseling, Condom distribution and education as well as ABC massages. A total of 49 of moonlight HCT activities were done. All these were done in the hot spot areas of Kaberebere, Kabuyanda, Kikagate boarder, Rugaaga, Ngarama, Endiinzi, Kyeirumba, Nyakitunda, Kajaho trading centres. 7,717 people were reached with different HIV prevention services.

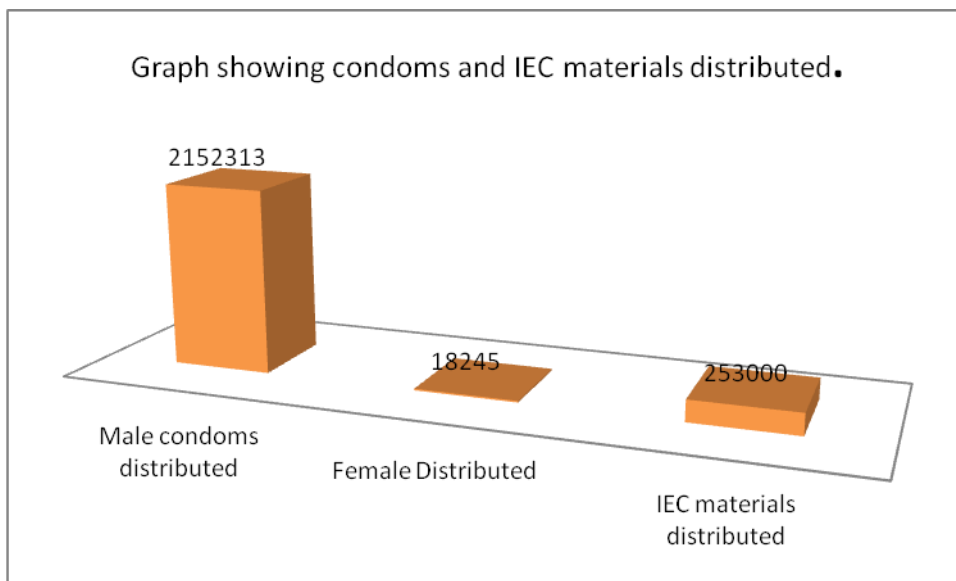
4.1 Condom Education and distribution .

AIC targeted to distribute **2,092,000** and managed to distribute **2,152,313** male and **18,245** female condoms. This aimed at increasing adoption of safer sexual behaviors and practices. In addition, it empowered women to have control on condom use by accessing female condoms. They were distributed in out reaches to the community through the existing structures of the VHTs, PLHIVs, family support groups meetings, discordant meetings, meetings with MARPs peer leaders, and through the established condom outlets.



AIC staff demonstrating proper condom use to MARPs at Rukungia Landing site

Peer educator demonstrating proper condom use.



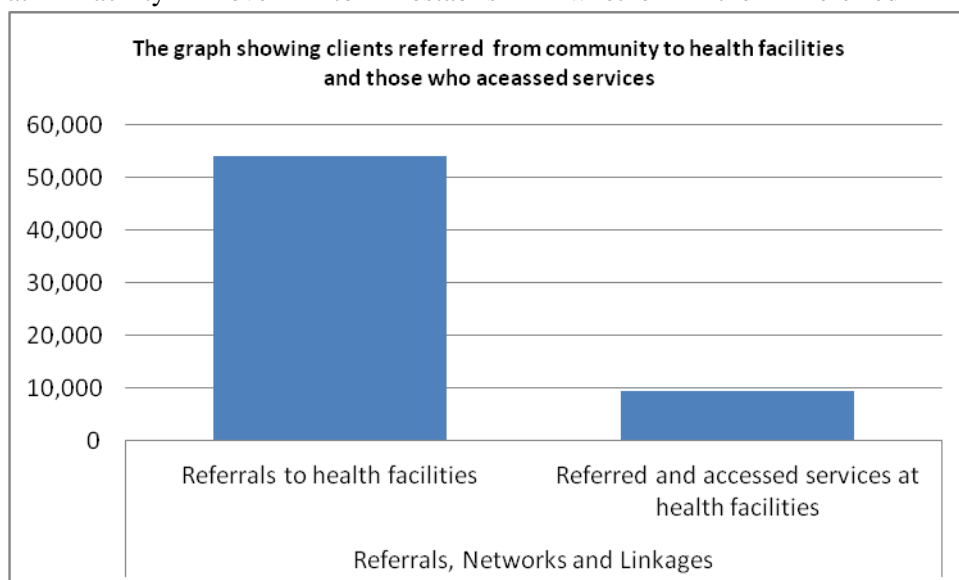
Objective 4: Networks, Linkages and referral system established or strengthened within and between health facilities and communities.

5.0 Referrals, networks and linkages.

In order to facilitate community members to access prevention, care and support services, this activity was planned to be achieved through conducting of monthly coordination meetings with VHTs. During these meetings, mentorships on referrals, networks and linkages, MOH data collections would take place to enable VHTs and peers get knowledge and skills. VHTS attached to health facilities of Kabuyanda, Rwekubo, Nyamuyanja, Nakivale and Rugaaga health centres were facilitated to refer and link clients in to care.

AIC targeted to refer **15,950** clients to health facility for HIV/AIDS services; however we were able to refer **54,135** people to health facilities in the district, this was achieved through existing structures of VHTs and Peer educators.

Although, many individuals were referred to the health facilities, there was inadequate documentation at facility level to establish whether the referred received services.



A total number of **54,135** were referred from the community to health facilities to access service however, with the help of VHTs, **9,422** reached health facilities and accessed services.

Village Health Team meetings (VHTs)

During the project VHTs were part and partial in implementation, **100** meetings were held with them and **2,392** VHTs attended the meeting. New VHTS were trained and oriented on how to work with AIC in mobilization and support of HIV prevention and care services. VHTS meetings were conducted in partnership with health centre staff to discuss referrals, linkages and community dialogues. These were carried out at health centres of Kabuyanda, Rwekubo, Nyamuyanja, Nakivale and Rugaaga to review VHT performance and **9,422** clients were referred to healthy facility and accessed the service they were referred for.

6.0 Prevention with Positives

6.1 HIV Positives Followed Up

In order to ensure good adherence for HIV positives clients, a mechanism was put in place For HIV positives to be followed up with PWP services in the community during the project life. AIC targeted to follow up **3,260** clients who missed appointment and some who were lost but managed to follow up **1,324**. This was a result of clients giving wrong addresses associated with some degree of stigma.

Isingiro district neighboring with TZ, Tanzanians came in through Kikagate and Bugango borders, disguising themselves as if they are Ugandans and accessed the services and went back which made it difficult for follow up purposes.

In addition, refugees would come in and out, made the follow up a challenge. Also this activity was halted for some time, which disorganized its implementation, thus impacting on the target achievement.

6.2 Family Support Group Meetings

During the project cycle, **270** Family Support Group meetings were held. FSG meetings took place at Rwekubo, Kabuyanda, Nyamuyamja, Rugaaga, Nyakitunda, Ruhira, Nyarubungo, Nshungyezi, Nakivale, Kibengo and Rubondo Health centres. **3,654** members were enrolled in the Family support groups in the above mentioned sites and **534** mothers and children were graduated from the group. **373** were graduated HIV negative, and **161** turned HIV positive were referred to their site ART clinics for care. Unfortunately, **6** children died and **5** children were lost because their parents shifted to unknown places.

6.3 Ariel Club Meetings

21 Ariel Club meetings were held at Kabuyanda, Rwekubo, Nshungyezi and Nakivale health centres where **420** children attended the meetings and were supported during the project time. AIC targeted to enroll all the children in Ariel club; however **220** children were not enrolled because of distance and parents picked drugs for them. These meetings would take place during school holidays to enable the beneficiaries attend.

This activity was under budgeted as it was only catering for refreshments without any other thing and lacked playing materials to keep children busy, children were facilitated with only writing materials. This activity somehow remained clinical in nature yet the initial plan was the psycho social support.

6.4 Meetings with Discordant couples

3 Discordant couples clubs were established and held quarterly meetings based at facility. 19 meetings were held where **152** couples were supported. During these meetings activities conducted included HIV testing of the negative partner, CD4 testing, psychosocial support counseling, demonstration of proper and correct condom use were done. All meetings took place in Kabuyanda, Rwekubo, Nakivale and Nyarubungo Health centres. The project succeeded in having all discordant couples remain discordant during the project time.

6.5 PLHIV Meeting

Meetings with PLHIV took place quarterly and **6** meetings were achieved. These were done at Isingiro town council, Nyamuyanja, Masha and Ngarama sub county PLHIV networks. **6** PLHIV sub county networks of Masha, Nyakitunda, Nyamuyanja, Ngarama, Isingiro town council and Birere Sub County were activated. In addition to the meetings, the following activities which included HIV

testing of exposed infants, TB screening of the PLHIV network members and activating of PLHIV sub county networks were conducted. **16** infants were identified and were tested for HIV and they were found HIV negative and **26** PLHIVs were screened for TB. Various topics were discussed focusing on adherence, income generation; nutrition, and reproductive health issues.

Support of peers at Health Facilities

513 peer educators at Health facilities were supported and facilitated to do their work well as well as supported on adherence issues during the project time.

7.0. Major Challenges

- Delayed kick off of planned activities, since activities were planned to start in October 2011, but kicked off in April 2012.
- Inadequate Ministry of Health data collection tools.
- Inadequate and sometimes stock outs of HIV test kits.
- Some places were hard to reach, yet services needed to be taken there.

8.0 Lessons learnt/best practices

- Clear identification and partnership with key stakeholders is mandatory to project success and sustainability.
- Proper and timely planning and easy flow of information is another factor to project success.
- Partnership with implementing partners enhances comprehensive service delivery.

9.0 Tools and Methods used to achieve planned activities

During the project cycle different measures were put in place to achieve the targets .This was done through setting up Performance Monitoring Plan (PMP), Monthly and quarterly work plans with monthly activity schedules. Conducting staff meetings and evaluating the PMP in order to review performance give feedback to concerned staff. Quarterly review meetings with the donors would assist in performance review. Preparation, compiling and submission of reports to District leadership and donors were a method of ensuring achievement of planned activities. These tools helped to plan and manage the process of monitoring, evaluating, and analyzing progress toward achieving results identified in project every financial year. This helped in informed decision-making, resource allocation, learning, and adapting in a project specific.

Challenges

- Inadequate data collection tools.
- Inadequate staffing, which affected proper updating of registers.

Way forward/Response

- Ensuring of enough data collection tools.
- Employing data clerks at facility to ensure proper updating of registers.

10. Other Issues

10.1. Management and Staffing

The Regional Centre with its offices in Mbarara headed by Regional Manager, Finance Administrative Officer, Monitoring and evaluation Department, Prevention department supported Liaison office that was based in Isingiro working with the existing community structures within the district to register above sited achievements.

10.2 Sustainability

- Involvement of District structures, community support groups namely VHTS, MARPS leaders and Peer educators who were equipped with different skills in referral and Linkages, Counseling skills, data collection skills, importance of documentation and Community mobilization skills was a way of empowerment in order to ensure Sustainability.
- Working hand in hand with the District Health Office, in charges of healthy facilities and staff in the planning, implementation and transition process to enable them own the activities as the district and to create room for the smooth and continuous running of the activities.
- Trainings, Orientation, coaching, mentoring and on job Support given to the health workers and Peer educators at different High Volume Sites to keep them motivated in performing their day to day work.

10.3. Coordination with DHO Office and Local Partners

- AIC as part of the District Health Team (DHT) has attended the district Health meetings conducted on a monthly basis.
- AIC/STAR-SW has been participating in the IP and CSOs review meetings organized by the districts by presenting their findings, achievements, Challenges and recommendations. This has helped greatly in updating the district on how they stand as far as HIV activities are concerned.
- LCS, VHTS, PLHIV networks and the District Local Leaders have always been involved in the implementation process most especially when it comes to mobilizing their communities in taking up the services offered by the project at different places.
- Preparation and submission of activity reports to DHO's office was maintained.
- Being a member of Isingiro District Network of AIDS Service organization

11. Capacity Building (Done by EGPAF/STAR-SW to Strengthen our Organization)

The organizational staffs were able to benefit from the following trainings by STAR SW.

- Orientation on USAID/EGPAF - STAR SW project.
- Site visits to existing CSOs to learn the best practices.

- Financial management and documentation.
- Conducting MARPs dialogue meetings.
- Writing success stories.
- Orientation on new ART guidelines 2014.
- Family support group formation and implementation.
- Peer Educators Training.
- Quality Improvement perspective.

Success Stories.

In the course of project implementation there was some impact created by the services that were offered, as evidenced below;



“My name is Nyamwiza Jenesta 40 years of age, my husband is Kagimu Samuel, we live in Kashojwa Mishera-Fish landing site Isingiro district. I operate a bar and my husband is a fisherman. In the month of February 2014, in an outreach at Mishera fish landing site, I tested HIV positive and I was referred to the nearby health centre, but I did not tell my husband of my test results so I did not go to the health centre for treatment, I started falling sick from time to time.

I decided to hide and go to health centre without telling my husband, when I reached there, they counseled me and advised me to come with my husband on the next appointment.

On reaching home I told him and he accepted to go with me to the health centre on appointment date. He was tested for HIV and he turned HIV negative, we were counseled and

he accepted to stay with me the way am, now he escorts me to the health centre on appointment and even helps me in the bar when am feeling weak. Am healthy and life is so good with my family, am great full to the people who came to test at the landing site since there were no services” Satisfied Client.



*“I Came for ANC services at this health facility and i was tested for HIV, and I turned HIV positive and enrolled in to care that same day and was given a next appointment and was advised to come back with my husband, we kept appointment and came with my husband who was also tested HIV positive, we began taking our drugs well and we don’t miss appointment, and attended all FSG meetings and now my baby is 2 years and has been discharged HIV negative. We are healthy and happy this was because of attending these meetings.” **Tuhimbisemukama Agnes and Nuwabaine***

