

Final Report; Evaluation of the Project “Strengthening community structures for sustained ART provision in Lyantonde district 2012 -2013”

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1. Evaluation Period and Evaluation Team

The evaluation, which is part of the project plan, was conducted during the period November 21 – 27, 2013.

The evaluation team consisted of Lars and Marianne Rönnbäck, Pharmacists without Borders, Sweden (Farmacevter utan gränser, Sverige - FUG).

The evaluation was implemented with support of Haq Makumbi and the team of RACOBAO office in Lyantonde, Uganda.

The team of RACOBAO participating in different meeting and field visits and that we met in the RACOBAO office were Lillian Kasozi (Head of Finance & Administration), Vincent Mayega (Livelihood officer), Achilles Waswa Kawooya (HIV/AIDS Officer), Gorretti Namubiru (Accountant), Nansalire Irene (Administrative Assistant) Jackson Sserukeera (Community based trainer – Kinuuka, Kasagama) Ronald Karamuzi (Communit based trainer – Mpumudde, Kaliiro, Gordon Sendagire (Field officer – Kacheera), Josephine Babirye (Documentation officer), Samuel Wasswa (Field officer – Sembabule), Mohammed Nsubuga (Driver), Emmanuel Mulari (Gardener/Guard) and Zaveri Mubiru (Gardener/Guard). Also participating in the meetings was the Canadian student Molly, who was working as a volunteer at RACOBAO.

2. Abbreviations and Explanations

ART; antiretroviral treatment

DAC and SAC; District Aids Committee and Sub-county Aids Committe

DHC; District Health Center

Forum Syd; A Co-funder organization

FUG; Farmacevter utan gränser, Sverige, meaning Pharmacists without Borders, Sweden. Co-funder.

HIV; Human immunodeficiency virus

KAP; Knowledge, Attitude and Practice

MoU; Memorandum of Understanding

NGO; Nongovernmental organization

PLHIV; People living with HIV

RACOBAO; Rural Action Community Based Organization. Implements the project

STD; Sexually transmitted disease

3. Background



Picture 1; Lars Rönnbäck visiting RACOBAO office in Uganda, November 2013

RACOBAO (Rural Action Community Based Organization) in partnership with FUG, the funding partner, has been implementing a two year ART adherence project (2012-2013) in Lyantonde district, Uganda. The project is also supported by Forum Syd Sweden.

The program of this evaluation trip was implemented in Lyantonde district for evaluation of the ongoing project and in Sembabule district for evaluation of the preparedness for implementing a similar project in 2014 – 2016.

We have evaluated the activities planned and the activities performed and implemented for the current project. Specific attention has been given to what has been successful, what still needs attention, what could have been handled differently and how issues have been handled or solved.

The schedule for the mission (appendix 1) was presented by RACOBAO and included two major field visits where we took part of the experiences from the project in Lyantonde district and also experienced the situation in Sembabule district where a similar project as in Lyantonde will start up in cooperation with RACOBAO in Q1 2014.

4. Summary and Recommendation

Our impression is that RACOBAO has reached their objectives for the project in Lyantonde district. The staff of RACOBAO and the organization in Sembabule district are well prepared and eager to start the new project in 2014.

Our recommendation is therefore to continue the good work in Lyantonde district and to start a similar project in Sembabule district.

The basis for this summary and recommendation, as well as the objectives for our evaluation including responses and impressions, are presented in detail in chapter 5.

5. Evaluation Details

5.1 Status of the Current Project in Lyantonde (Appendix 2)

The status of the current project, in relation to the objectives in the project plan, was presented in a written report by Vincent Mayega, see Appendix 2, and orally completed by the RACOBAO staff during an initial meeting at our arrival in Lyantonde.

The project objectives for this period were:

- a. Refresher training for existing, volunteers, counselors
- b. Refresher training for treatment helpers
- c. Refresher training health workers, lower health units
- d. Meetings for the district NGO forum
- e. Community sensitization meetings
- f. Facilitate quarterly meetings of the PLHIV networks
Train members of DAC and SAC in advocacy
- g. Training for the RACOBAO staff
- h. Learning visit for board members and staff

This status report is satisfying and good as it covers all relevant objectives with comments on activities and achievements. See Appendix 2 for details.

5.2 Field Visits to Different Places in Two Districts, Lyantonde and Sembabule



Picture 2; Visiting the Health center 3 in Kinuuka, Lyantonde district

5.2.1 Lyantonde District; Visit Program:

- i. Health center 3 and drug storage in Kinuuka. Meeting with the manager of the health center, presentation of the activities of the center and inspection of the drug storage.
- ii. Meeting with a group of people living with HIV (PLHIV) in Kinuuka together with one treatment helper and staff of RACOBAD
- iii. Meeting with a group of PLHIV and expert clients in Mpumudde.
- iv. Meeting with a woman taking care of her nephew with HIV (orphan) and her own children. The women suffered from aching and swollen legs with an unclear diagnosis and therefore had problems in picking up the drugs for the child because of the distance.
- v. Visit to the District Health Centre in Lyantonde

5.2.1.1 Field Visit in Lyantonde District



Picture 3; Visiting PLHIV network under the leadership of Milly (treatment helper) in Kinuuka, Lyantonde district, Uganda.

In Kinuuka, Lyantonde district, we met a network of PLHIV, mainly consisting of widows living with their children and supporting each other in a good way. This network was both impressive and very well-functioning. The problems that were raised by the group were the distance to get drugs and the

lack of enough financial resources. However they had access to a treatment helper ensuring that the treatment functions well. The treatment helper, a lady seemed skilled and informed us about different things concerning the whole group.

-the treatment helper especially mentioned some needs like the need of bicycles (cost about 100 USD each), rain protection clothes and stationaries etc.

Also the different members of this group gave brief presentations and reports informing about their situation.

In another group meeting for PLHIV in Mpumudde, Lyantonde district, we met a group of patients belonging to a much bigger network of patients established as part of the project during several years. This network had been working since 2010, starting with only ten people, but now they were about 400 in total. 14 people of the main group participated in the meeting, all of them in a good health condition and open for discussion about their situation and their needs. For example they raised the question about how to reach out to remote areas better and the need of more treatment helpers. Also the need of support for better nutrition and how to get rid of side effects that they all suffered from because of their different treatments.

Here some other specific questions were also raised, such as problems with syphilis and cancer. We also discussed the situation for orphan children who are lacking nearly everything. The group was satisfied with the fact that they had got training, better skills and the stigma connected to the diagnoses is no longer such a big problem. All these patients were open with their diseases.

Also the fact that treatment of adults often leads to newborn children who are HIV negative was mentioned and discussed.



Picture 4; Meeting with a network of patients in Mpumudde.

5.2.1.2 Meeting with Nyanonga, 6 years



Picture 5; The situation for orphans suffering from HIV is fragile, Nyanonga 6 years old.

During the field visits we gave special attention to the situation for children affected by HIV in one way or another. In a very remote village we had a meeting with a lady taking care of an orphan with HIV, the name of the child is Nyanonga, 6 years old.

This meeting was a strong and moving experience for us as it gave a picture of the situation for children and how the project is supporting also treatment and care of children with HIV.

In this situation with Nyanonga, the treatment was functioning, though the situation for these adults and children is difficult and also extremely fragile. The fact that they live far away, have limited resources and the lady herself is suffering from extremely swollen legs, due to poor peripheral circulation, creates a situation that easily can change to the worse for the family. Participating in the meeting was also another treatment helper, a lady that has been trained by the project and who is of great importance for the sustainability of the situation for these people.

After consulting a doctor in Uganda, the circulatory failure was diagnosed and the woman has been given diuretics for treatment.



Picture 6; Peripheral circulatory problems for the aunt of Nyanonga make the situation in total very fragile.

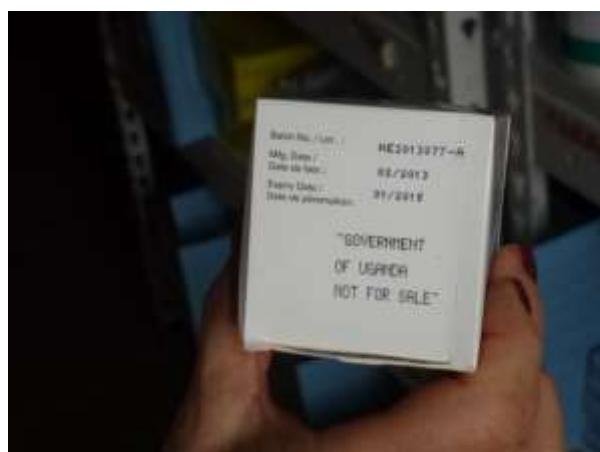
5.2.1.3 Inspection of Drug Storages in the Visited Health Centers

We have performed inspections of the drug storages in all the health centers that have been visited (in total three different places).

From these inspections we can conclude that all drugs are kept in very good conditions, stock-keeping is very good and drugs available in the storages are managed according to "first-in first out" principles. Shelf-lives are controlled and no drugs that had passed their shelf-life were available.

The range of different products for various treatment programs was big and also other products than HIV-medicines, needed for treatment of these patients were available. Temperature conditions in the storage rooms seemed to be under good control.

We could not see any signs of falsified medicines even though of course we were unable to check this properly, only by looking. But from information given by the staff at these centers falsifications don't seem to be a major problem. It needs to be mentioned that we have not made any visits to ordinary pharmacies, only drug storages at Health Care Centers.



Picture 7 and 8; Marianne Rönnbäck controlling products available, stock-keeping, batch numbers and shelf-lives in drug storages in Uganda

5.2.1.4 Observation Summary from Lyantonde Field Visits

The field studies in Lyantonde district were concluded at the District Health Centre in Lyantonde in a meeting with Dr. Obbo, Director of the Center. In this meeting we discussed the project achievements, problems and recommendations for the continuation in Sembabule.

Problems as presented by Dr. Obbo;

- Discontinuation of ART because of patients moving or having very far way to go for picking up their medications, stigma, spiritual beliefs, side-effects etc. resulting either in terminating treatment or not getting a proper treatment program started.
- Stigma for parents on behalf of their children resulting in children not being tested. The special problems with orphans were also discussed.

We also talked about the district cooperation with a number of other NGOs and organizations in the area of HIV and ART. Dr. Obbo is very satisfied with the cooperation with RACOBAD and recommends both to continue the work in Lyantonde to achieve sustainability and try to get services as close as possible to the people in the district. He also recommends to work in accordance with the set-up of the Lyantonde project in other areas, as the project has achieved very good results.

Dr. Obbo gives strong recommendations for Mr. Haq Makumbi with regard to leading the work at RACOBAD.

Dr. Obbo especially mentioned the following opinions regarding the project;

- The drug supply chain is functioning, drugs are available at the health centers. Staff has been trained in medicines management, IT and how the supply chain is functioning in order to ensure a well-functioning supply.
- There is a need of supporting and developing the social system and improving nutrition, which can be done by the health-workers.
- Training human resources for the management and handling of drugs is a challenge.
- Prescriptions are made by doctors and/or clinical officers, but repeat prescriptions and follow-up of treatment and side effects are made by health workers like midwives, nurses etc.
- A general challenge is education, as health workers move to another clinic and the newcomers are thus not trained
- Mobility of patients' and clients' abilities to come to the health centers to get their drugs is still problematic.
- Some times the health centers are lacking certain drugs, due to shortages or distribution problems to the centers.
- Quite many patients are abandoning the drugs due to side effects.

We updated some statistical figures about the prevalence of HIV with Dr. Obbo. The HIV prevalence is 11,5 % for Lyantonde district (compared to the national level of 7,3 %) and it is increasing. One of the reasons to the increase is the ongoing sex business around the Trans African Highway, where Lyantonde is situated. This sex business is also creating problems with other sexually transmitted diseases like syphilis, gonorrhea etc. According to Dr. Obbo other STD:s have high prevalences, there is no tracking of the spreading of these diseases and no other projects to prevent them than what is achieved as a result of the HIV-projects as such. There is no problem with access to antibiotics for treatment of bacterial STD:s.

Condoms are easily available and free but they are very often not being used.



Picture 9; Lovely Hotel, a couple of hundred meters from the Trans African Highway in Lyantonde, probably a source for transmission of HIV and other STD:s.

More Advices from Dr. Obbo:



Picture 10; Dr. Obbo, Director of Lyantonde District Health Center

There are some important advices from Dr. Obbo in order to improve the situation both for HIV and other STD:s in Uganda. These advices are:

- More testing is needed, especially there is a problem to get men to test themselves while women always are being tested when they get pregnant.
- Need of changing the sexual behavior among people. Cultural influences on behavior should be avoided such as wife sharing and wife inheritance among relatives. Legal age to get married is 18

years but quite often girls of the age 14 – 16 years are being forced to marry and thus thrown out of their families. Child marriages are illegal but still an existing problem.

RACOBAO is working with cultural clubs chaired by women to handle this kind of problems, for example introducing traditional skills such as handicrafts for women to be able to support themselves and thus being able to refuse marriages.

-Take the health care services closer to the patients.

-The RACOBAO concept is well functioning, so there is reason to “copy” this project to other districts.

5.2.2 Sembabule District; Visit Program:

- i. Visit to the Health care station and drug storage
- ii. Meeting with a 45 year old patient in bad condition
- iii. Visit to the District Health Center in Sembabule regarding the new project
- iv. Meeting with a 59 year old patient living with HIV

5.2.2.1 Sembabule District Field Visits and Observation Summary



Picture 11; Field visit in Sembabule, visiting village with patients together with RACOBAO staff and treatment helper at local level Mrs. Resty.

In Sembabule we met with one of the health care stations (in Lwebitakli) responsible for ART which will become one of the cooperating partners in the coming project. The midwife who is responsible

Showed us the storage of drugs. This storage also fulfills the criteria for good storage of drugs. We had a short talk with her and obviously she doesn't have any major problems with the ART except that also she mentions the distance problems for patients.

Further in Sembabule we met with a patient, also a moving and important meeting, as the man was only 45 years old but suffering very severely from his HIV infection as he had abandoned the treatment 6 months ago due to the fact that he could not afford going to get his drugs because of the distance.

Our observation of this patient again shows us how fragile the supply system is and how severe the consequences can become when the supply network fails. Drugs are available but the patients don't get them as they can't reach them because of long distances. We gave support to the family to make it possible for the man to go to Masaka for blood count (CD4), to restart a correct medication.

According to recent report from RACOBALO this patient came to the hospital, but died shortly after as his condition was too severe to recover, despite new treatment.

The supply of drugs is functioning rather well from the central level and up to the different lower level health centers where HIV-drugs are stored. But the weakest link in the supply chain is the last link, e.g. from the health center to the end-user, the patient. In this context it could be emphasized, that however many health centers there are in Lyantonde and Sembabule districts, the distances are still very long for many patients, due to the size of the districts, the lack of and cost for good communication, the poor standard of roads etc. It is not uncommon for patients with a one way walk of two to three hours or sometimes even longer time go to the DHC to receive their drugs. Picking up the medication has to be done once every month. Given that many of the patients are in a poor physical condition and often suffer from multiple diagnoses it is understandable that the long distances pose a significant obstacle for them. In addition, these people often live under very poor conditions meaning that they cannot afford local transport to the DHC.

In essence, many patients cannot afford to collect their life supporting drugs due to long distances, poverty etc.

The last field visit in Sembabule was also with a patient, 59 years old, but in this case in a very good health condition. He and his wife, also HIV-infected, received treatment from Lyantonde, by their own choice, though they live in Sembabule. The man paid a lot for going to get his drugs. He has been diagnosed as HIV positive since 2010. He went for testing after having recurrent fever attacks.

We also met with the deputy director of the District Health Care Center Mrs. Teo (Nurse) in Sembabule District Health Care Center and discussed the upcoming project. Mrs. Teo is the HIV focal person for Sembabule district.

Regarding inspection of drug storages in Sembabule district, they were in as good order as described for Lyantonde district, please refer to section 5.2.1.3.



Picture 12; Nurse Teo, Deputy Director in Sembabule District Health Care Center

The meeting with nurse Teo can be summarized in the following points;

- The district is very well prepared for starting the new project.

Initial discussions have already taken place with RACOBAO and a Memorandum of Understanding (MoU) will be written on a local level with RACOBAO and mutually agreed upon, before starting the project. The MoU will include also documentation from the project in Lyantonde, to be used in the new project.

-The district deputy does not see any problems or obstacles to cooperate with RACOBAO in the set-up of the project and the running of it. They have already cooperation with other organizations like Lutheran World Federation and Mildmay. Another cooperation project is with World Vision concerning safe circumcision for men.

-The set-up of the organization and work in the new project, will take place according to the MoU.

-The objectives of the new project will be according to the project plan. See preliminary project plan.

-The time plan for the new project, is to start up during the first quarter of 2014.

-The documentation available of the RACOBAO model from Lyantonde will be used in the new project in Sembabule.

-There are no specific issues or concerns raised regarding the new project by the province deputy. They are prepared to start the cooperation and they know RACOBAO very well.

5.3 Work in the RACOBAO Office with Preliminary Reporting on FUG Website and Facebook

After each field visit we spent some time in the RACOBAO office for concluding our experiences and also to immediately report on FUG website and FUG facebook site.

These reports are still available on each site respectively.

6. Final Meeting and Debriefing in RACOBAO Office

Our last meeting with RACOBAO was an initial preliminary oral report of our findings and debriefing of the evaluation trip.

The experiences from the field visits and the different meetings were shared and discussed. From this meeting the following notes need to be mentioned also in this report;

- Final report (financial 2 and factual report) to FUG and Forum Syd from the last 2 year project in Lyantonde will be presented by RACOBAO at the latest on February 1. There are no outstanding questions or issues from RACOBAO on this report.
- There is a referral directory from 2012 covering the Lyantonde NGO Network forum and concluding different services offered by different NGO:s. The directory was set up to establish a systematic control of ongoing services and networking for effective service delivery. RACOBAO has been chairing the NGO Forum for the last year. The forum is well-functioning.
- We had a discussion with staff of RACOBAO office on the work situation in the office. The office also seems to function very well. Some things have changed during the last years, especially due to movement of staff. The workload does not seem to be too heavy, as far as we could evaluate.
- We had a discussion about how to achieve sustainability of the program. An important factor to establish sustainability is working at local level and strengthening already existing local structures.
- KAP (Knowledge, Attitude and Practice within PLHIV) studies are made in the end of every year. Different indicators are measured. Statistics and experiences of the work are available at the District Health Office in consolidated reports.
- We had a discussion on the situation for children and child-headed households. From our field visits and experiences we recommend that continuous work should be done in the area of supporting children that in one way or another are affected by HIV. This might be a good area for further continuation of our support after 2016.
- We had a discussion about the networks of PLHIV. They are important structures at the local level influencing a lot for these people's daily lives.
- We had a discussion about gender issues in the project. RACOBAO is a gender sensitive organization and there is a gender policy. However there is still work to be done in the gender area. Sometimes it is necessary to work with separate groups in order to meet different needs especially for women.

The network of widows in Kinuuka is a good example of strong women network, where women are able to participate in an open and meaningful way.

- We discussed the idea of writing an article about the RACOBAO project in Lyantonde in an international journal (e.g. WHO Bulletin or similar). The RACOBAO people are interested in doing this and a first draft will be presented by RACOBAO and worked on in cooperation with FUG in Sweden.

7. Enclosures

Appendix 1: Program for the monitoring visit, presented by RACOBAO

Appendix 2: List of RACOBAO Staff, provided by RACOBAO

Appendix 3: Status report on FUG Project 2013, written by RACOBAO

Appendix 1

Program for monitoring visit to Racobao November 2013

TETANTIVE PROGRAM FOR HOSTING FUG PARTNERS OF FORUM SYD ON THEIR MONITORING VISIT TO RACOBIAO SCHEDULED FOR 22nd -26th NOVEMBER 2013

Date and Day	Activity	Description	Venue	Person Responsible
22/11/2013 Friday	Arrival at Entebbe International airport and travel to Lyantonde	Pick-up from Entebbe and travel to Lyantonde Check in at a motel	Entebbe Sky Blue	Haq Irene and visitors
4:30:30-5:30 pm 22 rd Nov Friday	Meeting with RACOBIAO management.	Share the program for the visit. Sharing current over view of RACOBIAO and the FUG project implementation	Conference room	Director and the Management team of RACOBIAO and visitors
Saturday 23 rd Field visits 10 :00 -11:00 am	Visit Kinuuka Health center III	The accredited health center for ART clinic following RACOBIAO's intervention under the FUG project. Learn about the achievements of accrediting the Lower health units as static ART sites.	Kinuuka	Haq , Vincent ,Achilles , Sserukeera And visitors
Saturday 23 rd November 12: 00- 2:00	Visit treatment helpers and their clients and the PLHIV social support group	Learn about the work of treatment helpers in enhancing ART adherence and how the social support group is working for improved adherence to ART treatment	Mpumudde	Haq , Vincent ,Achilles ,and Ronald and visitors.

24 th . November. 2003 Sunday 9:00 am - 5:00 pm	Visiting Lake Mburo national park	Sunday being a resting day visitors will visit lake Mburo national park , a nearby game park and view the African Fauna and flora	Lake Mburo national park	
				Visitors& Haq
Monday 25 th , November 2013 8:00 -5:00pm	Visitors will travel and visit Sembabule district	RACOBAO has plans to extend the ART adherence project under FUG 2014/2015 to Ssembabule district. Visit Project sites and Sharing with the district officials	Sembabule district	Haq, and visitors
26 th Nov. 2013 9:00- 10:00am	Visit Lyantonde district Feedback meeting Departure to Queen Elizabeth National park.	Learn from the District Health Officer and the HIV focal person about the district partnership and the impact of the FUG project. Feedback on the visitors' impression from the field. Make action points for implementation. Visitors will continue to share ideas on how to enhance project efficiency and effectiveness.	District Health Officer and the HIV focal person. Conference room Kasese	Haq , Vincent ,Achilles , Ronald, Serukeera and all the management of RACOBAO and visitors FUG hired driver and visitors

Appendix 2

List of staff in RACOBAL office with e-mail addresses

NO	NAME	POSITION	E-MAIL ADDRESS
1	HAQ MAKUMBI	DIRECTOR	hmakumbi@racobao.org huqquer@gmail.com
2	LILLIAN KASOZI	HEAD OF FINANCE & ADMINISTRATION	accounts@racobao.org
3	VINCENT MAYEGA	LIVELIHOOD OFFICER	vincentuga@yahoo.com
4	ACHILLES WASSWA KAWOOYA	HIV/AIDS OFFICER	Wasswa76@yahoo.com
5	GORRETTI NAMUBIRU	ACCOUNTANT	gnamubiru@racobao.org
6	NANSALIRE IRENE	ADMINISTRATIVE ASSISTANT	racobaouganda@racobao.org
7	JACKSON SSERUKEERA	COMMUNITY BASED TRAINER – KINUUKA, KASAGAMA	sserukeerajackson@yahoo.com
8	RONALD KARAMUZI	COMMUNITY BASED TRAINER – MPUMUDDE, KALIRO	rkaramuzi@gmail.com
9	GORDON SENDAGIRE	FIELD OFFICER - KACHEERA	
10	JOSEPHINE BABIRYE	DOCUMENTATION OFFICER	jbabirye@yahoo.com
11	SAMUEL WASSWA	FIELD OFFICER - SSEMBULE	
12	MOHAMMED NSUBUGA	DRIVER	
13	EMMANUEL MULARI	GARDNER/GAURD	
14	ZAVERI MUBIRU	GARDNER/GUARD	

RURAL ACTION COMMUNITY BASED ORGANISATION (RACOBAO)

Report to FUG partners

PROJECT TITLE: Strengthening community structures for sustained ART provision in Lyantonde district 2012 2013.

1.0 Introduction:

This is a brief report that is aimed at giving FUG partners a brief overview on progress of project implementation since 2012 to date.

Rural Action Community Based organization (RACOBAO) in partnership with FUG the funding partner has been implementing a two year ART adherence project (2012-2013) in Lyantonde district.

2.0 RACOBAO Vision, Goal and Objectives

2.1 Vision

A Uganda where all people are living a dignified life and are actively participating in the development of their communities.

2.2 Goal

Contribute to the full realization of rights of the most vulnerable people.

2.3 Objectives:

Objective 1

To strengthen referral networks for provision of ART treatment and support services to 1,000 PLHIV in Lyantonde by 2013.

Activities

- Conducted training sessions for 60(26F) volunteer counselors to support HIV and AIDS affected persons and consequently there has been an increase in the number of PLHIV accessing care and treatment from 2452 PLHIV in 2011 to 3,289 in 2012.
- Conducted refresher training for 30 volunteer counselors on HIV & AIDS. The counselors have been able to enroll more PLHIV into care and treatment with the skills and knowledge acquired.
- Conducted refresher training for 60 treatment helpers. The training was aimed at boosting skills and knowledge required to provide support to PLHIV on ART to boost ART adherence.

- Conducted refresher training for 15(11F) health workers from lower health units. The training has increased performance at the lower health units based on the skills and knowledge acquired during the training.
- Conducted 4 quarterly interface meetings for the treatment helpers and health workers from lower health units. These meetings are meant to harmonize their working relationships and provide a meaningful linkage between their clients and the health workers.
- Conducted 08 quarterly meetings for the District NGO forum. The meetings have provided a foundation for a strengthened referral mechanism among service providers.
- Produced a referral directory and referral tools. These have provided a strong function in the efforts to have PLHIV access a comprehensive care package.

Objective 2

To advocate for increased ART service delivery, including lobbying for ART distribution to lower level facilities, Lyantonde district by 2013.

Activities.

- Conducted community sensitization meetings on the rights of PLHIV to ART services. This has increased adherence to ART in Lyantonde district from 89% to 95% in 2012(Lyantonde HMIS report, 2011/2012)., 03 lower health units have been accredited as static ART centers by government.
- Mobilized PLHIV and formed 04 PLHIV networks. The PLHIV networks have been able to apply and receive their own funds from NAFORPHANU a national HIV/AIDS organization in Uganda. This has enabled them undertake care and social support services among those infected by HIV and AIDS.
- Facilitated 08 quarterly meetings of the PLHIV networks. The meetings have provided a meaningful channel for peer counselling and promotion of greater involvement of PLHIV.
- Train 30 members of DAC and SAC in advocacy. The sub-county HIV and AIDS budgets have been increased from 2% to 6% for the year 2013/2014 as result of increased advocacy from local leadership community structures.

Objective 3

. To strengthen capacity about HIV, advocacy, lobbying, gender and ART board, management, and staff.

Activities.

- Conducted a Training for 15 RACOBAO staff in ART management. The RACOBAO staff is able to support health workers at lower health units during ART clinics.
- Conducted learning visit for board members and staff. The board members were able to learn more about programmatic work related to HIV and AIDS.
- Follow-up trip Fug representative. To be hosted in the 2nd last week of November,2013

Objective 4

Conduct joint quarterly field monitoring and M&E technical support supervision

Plans

- RACOBIAO hopes to continue working with lower community health structures to own the process when the project expires in the year 2013.
- To complete the pending activities before the year ends 2013.
- To continue preparing for the Sembabule ART project 2014-2015.

Sustainability

- PLHIV have been mobilised into groups and networks and their capacity built to conduct their own advocacy for better services
- The project has partnered with and built the capacity of existing community structures such as DACs and SACs in order to fulfil their mandates towards better accessibility and adherence to ART. These community structures now have the capacity to function on their own
- Building the capacity of the health workers in the ART accredited government health units who are in turn training other health workers so that capacity of the units to continue serving their respective communities is assured