

**REPORT OF THE PARLIAMENTARY  
STANDING COMMITTEE**

**ON**

**HIV/AIDS AND RELATED MATTERS**

**ON THE**

**MONITORING VISIT TO SELECTED  
DISTRICTS IN EASTERN AND SOUTH  
WESTERN UGANDA**

**IN FEBRUARY 2003**

## TABLE OF CONTENTS

	Page
<b>LIST OF ACRONYMS.....</b>	<b>III</b>
<b>ACKNOWLEDGEMENT .....</b>	<b>IV</b>
<b>1.0 INTRODUCTION .....</b>	<b>1</b>
1.1 THE UGANDA HIV/AIDS CONTROL PROJECT .....	2
1.1.0 The District Initiatives .....	3
1.1.1 The Community led HIV/AIDS Initiatives (CHAI).....	3
1.2 PURPOSE OF FIELD VISIT .....	3
1.3 METHODOLOGY .....	4
<b>2.0 DISTRICT SPECIFIC REPORTS.....</b>	<b>5</b>
2.1 EASTERN REGION.....	5
2.1.1 Bugiri District.....	5
2.1.2 Iganga District.....	7
2.1.3 Kapchorwa District.....	9
2.1.4 Kayunga District.....	10
2.1.4 Mbale District.....	13
2.1.5 Mukono District .....	16
2.1.6 Pallisa District.....	19
2.1.7 Sironko District.....	22
2.2 SOUTH WESTERN REGION.....	23
2.2.1 Bushenyi District.....	23
2.2.2 Mbarara District.....	24
2.2.3 Kisoro District .....	25
2.2.4 Kabale District.....	26
2.2.5 Masaka District.....	27
2.2.6 Rakai District.....	29
2.2.7 Ssembabule District .....	30
2.2.8 Kampala District.....	31
2.3 GENERAL OBSERVATIONS - SOUTH WESTERN UGANDA.....	33
2.3.1 District initiatives.....	33
2.3.2 CHAI.....	33
2.3.3 Prevention of mother to child transmission (PMTCT) .....	33
2.3.4 Anti-Retro-Viral Drugs (ARVs).....	33
2.3.5 Voluntary Testing and Counselling (VCT) .....	34
2.3.6 Sensitisation Programmes .....	34
2.3.7 Orphans.....	34
<b>3.0 GENERAL COMMENTS AND RECOMMENDATIONS.....</b>	<b>35</b>
<b>3.1 CONCLUSION.....</b>	<b>39</b>
<b>APPENDIX I: DISTRICTS AND GROUPS/PLACES VISITED.....</b>	<b>40</b>

## **LIST OF ACRONYMS**

ARV	Anti-Retroviral
CAO	Chief Administrative Officer
CBO	Community-Based Organisation
CCF	Christian Children's Fund International
CHAI	Community-led HIV/AIDS Initiative
DAT	District AIDS Task Force
DDHS	District Director of Health Services
DHAC	District HIV/AIDS Committee
DHCC	District HIV/AIDS Coordination Committee
IDAAC	Integrated Development Activities And AIDS Concern
LC	Local Council
NACWOLA	National Community For Women Living With AIDS
NGO	Non-Governmental Organisation
PAC	Parish AIDS Committee
PMTCT	Prevention Mother To Child Transmission
PEARL	Programme for Enhancing Adolescent Reproductive Life
RDC	Resident District Commissioner
SHAC	Sub-County HIV/AIDS Committee
STIP	Sexually Transmitted Infections Project
VCT	Voluntary Counselling and Testing

## **ACKNOWLEDGEMENT**

The Committee on HIV/AIDS and related matters wishes to acknowledge the support of all institutions, organisations and Government department officials in the districts visited that generously provided us with their time, materials and information, without which, this work would not have been accomplished. To the community members that participated in the consultative meetings, we appreciate your input.

Special recognition is given to the management team of Uganda HIV/AIDS Control Project co-ordinated by the Uganda AIDS Commission for the facilitation of the field visits.

## 1.0 INTRODUCTION

Parliament on August 16<sup>th</sup>, fully constituted the first ever standing Committee on HIV/AIDS. One of the tasks of this committee is to enhance the capacity of all Members of Parliament to effectively discharge their advocacy, representative, legislative and oversight functions in all aspects of the intensified national response to HIV/AIDS.

The Committee consists of the following members of Parliament:

1. Hon. Dr. Elioda Tumwesigye, MP Sheema North (Chairperson)
2. Hon. Dr. Johnny Bulamu, MP Luuka County (Vice Chairperson)
3. Hon. Dr. Byatikke Matovu, MP Entebbe Municipality (Member)
4. Hon. Dr. Stephen Chebrot, MP Tingey County (Member)
5. Hon. Capt. David Matovu, MP Kooki County (Member)
6. Hon. Hood Katuramu, MP Western PWD (Member)
7. Hon. Jane Babiiha, MP Bundibugyo (Member)
8. Hon. Hanifa Kawooya, MP Sembabule (Member)
9. Hon. Victoria Sebagereka, MP Kayunga (Member)
10. Hon. Eriyo Jessica, MP Adjumani (Member)
11. Hon. Rainer Kafiire, MP Kibuku (Member)
12. Hon. Kasule Lumumba, MP Bugiri (Member)
13. Hon. Mukabera Annette, MP Kisoro (Member)
14. Hon. Kamana Wesonga, MP Bubulo West (Member)
15. Hon. Okot Santa, MP Pader (Member)

This Committee Coordinates HIV/AIDS activities of Parliament and provides a link between Parliament and the AIDS Commission, the Ministry of Health and other local and international actors including other Parliaments on the problem of HIV/AIDS and related matters. The Committee also scrutinizes the HIV/AIDS policies and monitors and evaluates activities of government, local government and other bodies aimed at combating HIV/AIDS. In addition the committee examines and makes recommendations on relevant Bills and other matters relating to HIV/AIDS and in cooperation with the Uganda AIDS Commission and the Ministry of Health, initiates relevant Bills and motions required for combating the epidemic in Uganda. The Committee is required to report to Parliament twice in a year.

In preparation of the first report, members of the Committee had meetings with various stakeholders and carried out field visits and oriented themselves with HIV/AIDS related activities being carried out by the Central and Local governments, Civil Society Organisations, Development Partners and other bodies. The Sixth Parliament authorised Government to borrow USD 50 Million to implement the Uganda HIV/AIDS Control Project.

Implementation of this project is well underway with its unique community led HIV/AIDS intervention (CHAI) sub-project. Under this subproject, community groups in selected districts are given funds to implement their own designed programmes.

The Committee visited sampled communities in some of the first phase districts of this project such as *Kampala, Masaka, Kabale, Mbale, Sironko, Kayunga and Mukono*. The Committee also visited other HIV/AIDS related projects in other districts in South Western and Eastern Uganda like *Rakai, Sembabule, Kisoro, Bushenyi, Mbarara, Iganga, Tororo, Bugiri, Kapchorwa and Pallisa*. This was phase one and it is hoped that during phase two scheduled for the next financial year (2003/2004), the Committee will visit other selected districts in Western and Northern Uganda.

This is a report of the phase one-district visits, which was facilitated by the Uganda HIV/AIDS Control Project co-ordinated by the Uganda AIDS Commission.

## **1.1 THE UGANDA HIV/AIDS CONTROL PROJECT**

This project is part of the World Bank supported multi-country Multisectoral AIDS Programme (MAP). The Government of Uganda received a credit from the International Development Association in various currencies towards the cost of this Uganda HIV/AIDS Control Project. (UACP). The Objectives of UACP include:

- a) Reducing the further spread of HIV infection
- b) Mitigating the health and socio-economic impact of HIV/AIDS at individual, household and community levels; and
- c) Strengthening capacity to respond to the HIV/AIDS epidemic.

The project is operating at three levels i.e., National, district and community. Total project cost is USD 50 million (IDA credit-USD 47.5m, GOU-USD 2.5m). National level initiatives were allocated USD 5m, District level Initiatives-USD 10M, Community –led HIV/AIDS initiatives-USD 15M, VCT Centres-USD 3M and large ticket procurements-USD 17M. The project is implemented in phases. The first phase covered 9 districts, the second phase 21 districts and the next phase is expected to cover 10 Districts. The following are districts in both phase one and two:

Kampala, Masaka, Kabale, Mbale, Sironko, Kayunga, Mukono, Lira, Masindi, Soroti, Kitgum, Arua, Moyo, Kaberamaido, Nakapiriprit, Mayuge, Hoima, Jinja, Kabarole, Kamwenge, Kyenjojo, Kalangala, Mbarara, Bushenyi, Iganga, Rakai, Tororo, Apac, Kamuli and Wakiso.

### **1.1.0 The District Initiatives**

These programmes are initiated at the District level leadership and are multi-sectoral in nature with involvement of NGOs and CBOs. Sectors involved at this level include education, production, health and community based services just to mention but a few. The District HIV/AIDS Committee is the technical co-ordination team that plans and oversees the implementation of the district HIV/AIDS programmes. The Chief Administrative Officer is supposed to be the Chairperson of DHAC but due to heavy work schedule, he/she appoints a District Focal person to carry on the duties of the project.

### **1.1.1 The Community led HIV/AIDS Initiatives (CHAI)**

This is an initiative where groups are formed and proposals are forwarded to the UACP through the DHAC and the Regional Project Co-ordinator. Under this initiative communities are facilitated to plan for and implement their own thought out HIV/AIDS activities.

It should be noted however that CHAI does not give funds for Income Generating Activities (IGAs). The following are the major activities funded under CHAI:-

- Helping orphans and orphan headed families.
- Teaching and sensitisation programmes in communities
- Providing scholastic materials to orphans at school.
- Providing school fees for secondary school orphans
- Catering for widows/widowers.
- Promotion of use of condom
- Construction or repair of shelter for homeless orphans.

The communities are encouraged to provide counterpart funding for the CHAI sub-projects and to mobilise additional resources for HIV/AIDS activities. The critical element of CHAI is strict accountability before the next batch is released.

## **1.2 PURPOSE OF FIELD VISIT**

1. To enhance the capacity of all Members of Parliament to effectively discharge their advocacy, representative, legislative and oversight functions in all aspects of the intensified national response to HIV/AIDS.
2. To monitor and evaluate the implementation of the HIV/AIDS projects in the selected districts.
3. To specifically follow-up on the Uganda HIV/AIDS Control Project.

### **1.3 METHODOLOGY**

The Committee of HIV/AIDS comprising of 15 members was split into 2 teams. Each team carried out field visits in selected districts in Eastern and South-Western regions of Uganda, respectively. Selected districts in Eastern Uganda included Bugiri, Iganga, Kapchorwa, Kayunga, Mbale, Mayunge, Mukono Pallisa and Sironko. In Western Uganda, the team visited districts of Bushenyi, Kabale, Kampala, Kisoro, Masaka Mbarara, Rakai and Ssembabule .

Each team comprised of at least seven Members of Parliament, one Clerk Assistant, one TV journalist, one policeman and one Uganda AIDS Commission official. Each team spent at least 8 days in the field.

The Committee held consultative meetings with the top District officials and DHAC members and discussed the progress and challenges of HIV/AIDS related programmes in each District. The Committee also made on-spot assessments of the various community groups, including those benefiting from CHAI. To supplement information from the consultative meetings, a number of health centres and hospitals were visited to directly observe and assess quality of services and the activities being carried out in the prevention of the spread of HIV/AIDS as well as care for the people living with HIV/AIDS.

The Committee further witnessed the performance of the various Drama Groups, which are used to sensitise the public about the scourge of HIV/AIDS.



## **2.0 DISTRICT SPECIFIC REPORTS**

### **2.1 EASTERN REGION**

#### **2.1.1 Bugiri District**

The Committee visited the District on 4<sup>th</sup> February 2003. While in the district, the committee interacted with the District Officials, officials of the Health Department, Councillors and visited three HIV/AIDS subprojects in the District.

There are few initiatives/organisations involved in the fight against HIV/AIDS in Bugiri District. A few Community Based Organisations carry out the campaign, namely;

##### **a) GOAL**

GOAL organisation named after its founder is involved in sensitisation and advocacy. It principally organises other NGOs' and CBOs' towards the implementation of HIV/AIDS programs in the District. GOAL has a district HIV/AIDS programme whose aim is to promote a co-ordinated and comprehensive response to HIV/AIDS and to strengthen access to the key AIDS related services like VCT and PMTCT.

Their key strategy is greater involvement of people with HIV/AIDS, capacity building, joint planning and coordination with Government and civil society stakeholders. This involvement is geared at gaining a sustainable and effective action at all levels in the district. Since November 2001, GOAL has provided technical and organisational support to 34 partner NGOs' and CBOs' and including Parish AIDS Committees.

The activities that GOAL has so far implemented include,

- Home based care through counselling, psychological support, information provision, basic nursing and referrals.
- Participatory learning activities like Film shows, drama and songs,
- Skills' building in succession planning and writing wills
- Training in positive living and coping strategies for women living with AIDS
- Training in income generating activities and promotion of savings practices
- Organisational support to the independent District network of AIDS Service NGOs' (BUNASO).

##### **b) Integrated Development Activities and AIDS Concern (ADAAC)**

This is a Non Governmental Organisation operating in the Districts of Iganga and Bugiri. Its' main activities include;

- Community support through formation and support of Community initiatives.
- HIV/AIDS Counselling.
- Provision of home care services.
- Resource mobilisation.
- Supply of food staff to AIDS patients, and
- Public HIV/ AIDS campaigns.

**c) NACWOLA**

The organisation has a membership of 140. This group targets only women and carry out the following activities;

- Encouraging women keep records of their heredity and write wills,
- Sensitisation and advocacy,
- Health care and support, and
- Capacity building.

**Other CBOs' operating in the District include**, Kiwoda ,Izaula, URHB, Hukeseho and Romex. The main activities carried out by this Community Based Organisations are HIV/AIDS counselling, provision of home care services, training voluntary workers among others.

The District is in the second phase of the CHAI Program, which is expected to start soon.

The Committee visited two Communities of people living with AIDS. These were,

**d) Bululu Parish AIDS Committee**

It has a membership of 47 and voluntary workers. GOAL Bugiri has helped this group in training field workers. They carry out counselling and home visits.

## Observations

- The islands in the District have not benefited much from the HIV/AIDS Programs and yet they are more vulnerable to HIV/AIDS due to their living styles. This is due to lack of reliable water transport.
- The VCT services are not available in the District.
- The PMTCT program is not yet in operation.
- The community-based care for HIV/AIDS patients is not in place.
- ARVs are not available in the District and information on their availability is not available to the population
- The Sub-County, Parish and Village AIDS Committees are not in place.

### 2.1.2 Iganga District

The Committee toured the District on the 04<sup>th</sup> February 2003. While in the District, the Committee interacted with the LC V Chairperson and Councillors, the RDC, CAO and Heads of Departments.

Iganga is one of the 2<sup>nd</sup> phase Districts that are to benefit from the CHAI Sub-Project. The DHAC Committee is one of the key players in encouraging initiatives to come up. So far, 24 initiatives have been approved by DHAC and forwarded to the Uganda AIDS Control Project.

The District received Shs.42m/= for implementation of the work plan for the District Level Initiatives.

The District has two donor-funded programmes in the fight against HIV/AIDS. These are the **African Youth Alliance** operating in Kigulu and Luuka Counties and the **WHO Italian Initiative for the fight against HIV/AIDS** operating in Bugweri and Busiki Counties.

The other organisations carrying out HIV/AIDS activities in the District include: -

- Integrated Development Activities
- Uganda Red Cross
- National Community of Women living with HIV/AIDS
- Women Task Force
- Islamic Medical Association of Uganda
- Busoga Diocese
- Marie Stopes
- Women Alliance and Children Affairs

A number of HIV/AIDS related programmes are being carried out in the district and include: -

- Voluntary Counselling and Testing,
- Prevention of mother to child transmission,
- TB/Leprosy Control,
- PEARL.

The activities the district is implementing using the 1<sup>st</sup> quarter release from MAP include: -

- Diagnosis and treatment of STDs;
- Treatment of opportunistic infections;
- Carrying out sensitisation;
- Carrying out Home-Based Care and Counselling.

The HIV/AIDS prevalence among VCT clients is 33%. The District has six (6) health units where the VCT services are available.

The Committee visited some HIV/AIDS program implementing groups as follows: -

#### **NACWOLA.**

The Association is involved in carrying out AIDS related activities that include: -

- Counselling their clients;
- Offering food and other relief items;
- Providing drugs to treat opportunistic infection;
- Training clients in income generating activities like tailoring;
- Soliciting funding for activities to benefit their members.

#### **IDAAC**

This is non-governmental organisation, started in 1991 by medical workers in Iganga Hospital. The purpose was to initiate AIDS Clinics to care for AIDS patients.

It currently carries out a number of HIV/AIDS activities that include the following: -

- HIV/AIDS Counselling;
- Home visiting and care;
- Community mobilization;
- Public campaigns against HIV/AIDS;
- Treatment of opportunistic infections;
- Supply of food to AIDS patients.

**Nawampiti Orphan Care and Family Support** (Nakulabye Parish) and Kyebaja Tabona Orphan Care and support family.

The above CBOs applied for CHAI funds. In their work plan, they intend to carry out the following: -

- Pay fees for 85 orphans in each parish.
- Build a care centre in each parish
- To assist 120 homes affected with HIV/AIDS
- They intend to establish CHAI Projects in the remaining 3 parishes
- Will provide 85 uniforms for 85 orphans.

### **Bottlenecks for Iganga district**

The District has been faced with a number of limitations in the campaign against HIV/AIDS. These include the following: -

- The political divisions in the District slowed down the implementation of the HIV/AIDS related programs. The Committee was however informed that this has been resolved.
- The District does not have a substantive District Director of Health Services.
- It took long to put in place the District Tender Board. This affected the building of health units and the eventual delivery of health services and more specifically HIV/AIDS related services to the population.
- Funding for HIV/AIDS activities is limited.
- The cultural practices of widow inheritance and circumcision threaten efforts to fight against HIV/AIDS.

### **2.1.3 Kapchorwa District**

The HIV/AIDS Programs are coordinated by the Health Department headed by the District Director of Health Services. The District HIV/AIDS Committee (DHAC) was set up in 1991 and **is chaired by the RDC.**

The HIV/AIDS Programs are carried out by the District Health Department; Red Cross and Community Based Organisations, which are 32 in number. The activities carried out include VCT, distribution of condoms, home-based care for AIDS victims, sensitisation, capacity building and counselling.

The HIV/AIDS prevalence stands at 5.2%. This statistic is derived from the VCT program. The prevalence rate varies from County to County.

#### **2.1.4 Kayunga District**

The Committee was in Kayunga District on 2<sup>nd</sup> February 2003. While in Kayunga, the Committee interacted with the LCV Chairperson and the District Councillors, RDC, CAO, Heads of Departments of the District and DHAC officials.

The District is using a multi-sectoral approach to the fight against HIV/AIDS. All stakeholders are involved namely the political leadership, NGOs, CBOs, various district departments, churches and other faith-based organisations, youths, women and people living with HIV/AIDS. The District is the process of forming a District AIDS Task Force (DAT) as a political wing in the fight against HIV/AIDS. DAT will be specifically involved in mobilising the community. The District intends in this quarter to form the sub-county AIDS Committees (SAC), the sub-county AIDS Task Forces (SAT), the Parish AIDS Task Forces (PAT) and the Parish AIDS Committees (PAC).

DHAC with the various stakeholders are implementing the HIV/AIDS District Initiatives. The stakeholders include traditional healers, police, prisons, and Kayunga Hospital AIDS Clinic, TB supervisor, PEARL Program to mention but a few. The prominent NGOs in the HIV/AIDS activities are the Human Rights and Civic Education Forum, Lubaga Youth Development Association, Tulibalamu, Religious Leaders/Organisations especially Kayunga Catholic Parish and Asika Obulamu.

The activities that have so far been carried out by DHAC and the stakeholders include: -

- Community mobilisation and sensitisation
- Trained health workers in the STD management
- Sensitised women councillors on land ownership and will-making
- Made home visits to 188 families
- Trained health workers and volunteers in TB management
- Initiated VCT services in Kangulumira Health Centre. Of those tested under the VCT program 28.3% were positive
- Have made condoms available at landing site health units, bars and lodges

### **Community CHAI Initiatives**

The District had some delays in setting up the DHAC and the eventual CHAI sub-projects. This was however resolved. 12 sub-projects were approved and are now implementing CHAI.

### FIELD VISITS

The Committee made on-spot visits to the following groups: -

### **Kangulumira Parish Orphans Education Support Organisation (KAPOESO).**

This is a CBO registered with the District. The main objectives of the organisation are: -

- Mobilising the community to react to problems, needs and challenges of HIV/AIDS
- Sensitise the community to plan for HIV/AIDS intervention relevant to their needs
- To sensitise the communities to implement, manage and maintain plans against HIV/AIDS

### **Achievements**

With the award of Shs.2,310,900/= under the CHAI sub-project, 202 orphans have benefited in terms of uniform and other items.

### **Challenges**

The organisation is faced with a big number of orphans who can not be catered for within the available funds, guardians have withdrawn help from orphans expecting them to be catered for under the CHAI sub-project. Furthermore some needy children but who have parents come for help claiming their parents are dead.

The Association is optimistic despite the challenges. The future plans include provision of scholastic materials and uniform to the beneficiaries, taking on other orphans, catering for more needs for orphans like blankets, medications, and set up income generating activities.

### **Kayunga sub-parish AIDS orphanage care**

The operations of this CBO are within Kayunga town council. The urban lifestyle has led to a number of orphans due to a big number of people dying of AIDS. Arising out of the big number of orphans, the community decided to organise itself to initiate and solicit funds to support the orphans. Currently, the organisation is looking after 102 school going orphans. The Association has in place a community project committee (CPC) that sits every month.

The activities carried out by the organisation include scholastic materials to orphans, fees to orphans, provision of treatment to the clients, visiting AIDS victims and counselling.

### **Constraints**

The major constraints to the organisation are: -

- The big number of orphans
- Delay in the disbursement of CHAI money
- Lack of transport to visit the sick
- Lack of drugs to treat opportunistic diseases

### **Nakatundu Community Development Association**

The Association was started on 05<sup>th</sup> February 1999 and the implementation of its programs commenced on 05<sup>th</sup> November 2001. The main objectives of the Association are: -

- Initiation of development programmes
- Fight against the HIV/AIDS scourge
- To look after orphans and widows

The Association applied for and received Shs.4, 483,000/= under the CHAI program. These funds were used to look after the sick, orphans and widows.

### **Kayunga District Network for People living with HIV/AIDS (KADNET)**

This is an organisation of individuals living with HIV/AIDS. The group has come out to: -

- Show the communities that HIV/AIDS exists
- Sensitise the community against HIV/AIDS
- Encourage those infected to live positively
- Do counselling

This group received Shs. 2,375,000/= under CHAI program. The group offers herbal medicine for opportunistic infections and counselling services to clients.

### **Constraints**

The group has no transport means. They move for long distances without lunch and yet they are sick.

The community requested for: -

- A district vehicle/motorcycle to be allotted a special day for their organisation.
- The accounting procedures to be made simpler.
- Promotion of their herbal medicines elsewhere i.e. nationally.
- The funds to be released on time.



### **Agape Samaritan Civility Program**

This is a church-based organisation. It looks after widows and orphans of HIV/AIDS. The church established the Good Samaritan basket where people put items and money to help orphans and widows.

The activities carried out include: visiting the sick, buying items for them and help construct houses for the widows.

The organisation received Shs.2,215,000/= under the CHAI Initiative to look after the widows and orphans. These funds have enabled it to have 80 orphans in schools; bought five (5) bicycles for councillors look after the orphans and offer items like blankets and soap.

### **Challenges**

The main challenges to the Association are: -

- Tension among the infected which makes them planless.
- All Widows and orphans cannot be catered for.
- Relatives tend to abandon people with HIV/AIDS.
- The accountability standards are too high for the local community.

#### **2.1.4 Mbale District**

The Committee visited the District on 5<sup>th</sup> February 2003. While in the District, the Committee interacted with LCV Chairperson and councillors, the CAO, and Heads of Departments among others. The Committee made on spot visits to four Communities that are implementing HIV/ AIDS activities under the CHAI Sub project.

The District has District HIV/AIDS Initiative that supports integrated, multi sector HIV/AIDS activities directly or indirectly through the NGOs'. The initiatives is implemented by the relevant District Departments, Prisons, Police, Uganda Red cross, People living with HIV/AIDS, AIDS Information Centre, Churches, Family planning association of Uganda, Community based Organisations, to mention a few.

The District is implementing the CHAI activities. The District HIV/AIDS activities under this Program are co-coordinated by the DHAC. A sum of shillings 115,047,500 was disbursed to 14 Initiatives under the CHAI Program. The District has approved and submitted other 93 CHAI Groups with a total required funding of shillings 689,628,750 to the Project Co-ordination Team in Kampala. It is hoped that these funds will come soon.

The activities that have so far been carried out by DHAC include:

- A District work plan for the year 2003 has been drawn up and approved to the tune of 111,000,000 shillings,
- Members of sub Projects have been trained in financial and managerial skills,
- Financial support has been rendered to people living with AIDS,
- There is increased awareness in the District about HIV/AIDS and related issues
- They have insured that all Community Sub Projects are implemented,

### **FIELD VISITS**

While in the District, the Committee visited the following CHAI projects:

#### **BEKHASI BE SHISA**

The Bekhasi Be Shisa (Women of Mercy) is one of the groups that the Committee interacted with. The Committee was touched by the origin of this Association. A man with two (2) wives and 15 children passed away and the wives ran away leaving the children behind and helpless. The neighbours volunteered to contribute Shs.200/= for the upkeep of the orphans. The Association was later formed as a Community Based Organisation and activities expanded to cater for other orphans and widows.

The Association benefited from the Uganda HIV/AIDS Control Project Fund under CHAI to a tune of Shs.10, 788,500/=. Other sources of material and financial help include: the District Health Departments and contributions from the community.

The activities carried out by this organisation include: -

- Sensitisation on HIV/AIDS related issues like positive living, VCT and others.
- Distribution of items like blankets, scholastic materials, and food to the orphans and widows.
- Mobilisation of funds to cater for the orphans and widows.
- Catering for the education of the orphans.
- Offering Counselling services

#### **Bunakhayoti Orphan Care and Family Support**

The Association benefits from the CHAI Project and has so far received Shs.4, 379,900/=. The activities carried out by this Association include:

- Counselling and AIDS sensitisation program
- Condoms distribution.

- Provision of food, blankets and other materials to orphans and widows.
- Provision of education and scholastic materials to orphans.

### **Mbale District Headquarters**

The District has an HIV/AIDS District Committee comprising of 22 members. So far, Shs.250, 000,000/= has been released by the Uganda HIV AIDS Control Project. The funds were in two components namely; Shs.130,000,000/= for district initiatives and Shs.120,000,000/= for the implementation of the CHAI Programs.

### **Observations**

The Committee noted lack of co-ordination of the program in the District. Key individuals are not fully involved in the implementation of the program. For example, the focal person is from the community-based services and if this was from the DDHSs office, the project would have possibly been better implemented.

Although the DHAC consists of 22 people, only two were involved in the appraisal and review of the applications from different communities.

The LC V Chairperson had not been briefed on the operations of the CHAI program. The RDC likewise did not know about the CHAI Program.

Although Shs.130, 000,000/= was received and spent by the District to sensitise people on CHAI Program among other activities, a number of people and groups working in HIV/AIDS related field only learnt of the existence of CHAI funds from the Parliamentary HIV/AIDS Committee.

The Committees necessary for ensuring money reaches the community have not been fully developed. These are the District HIV/AIDS Committee (DHAC), the Sub-county HIV/AIDS Committee (SHAC), the Parish HIV/AIDS Committee (PHAC) and the Village HIV/AIDS Committee (VHAC).

There was an element of people who do not qualify for CHAI money getting the funds. **The Committee came across a one-man association that had accessed Shs.4.7m/= and no accountability could be shown for it.**

The rate at which the district was processing files submitted by various beneficiaries was bogging down the disbursement of funds.

## **Bottlenecks in implementing CHAI Programs in the Communities**

The beneficiaries face pressure from the community to benefit from the fund. There is a general feeling that CHAI money should benefit everybody. There is an increasing number of orphans and widows. This cannot be catered for in the CHAI limited budgets. Uniforms and scholastic materials are inadequate.

There is a delay in the disbursement of funds from Uganda HIV/AIDS Control Project to the district.

## **Bukoto Youth Association**

This is a community-based organisation that was registered with the District meant to operate in Bukoto Sub County. The mission of the organisation is to sensitise the youth towards being productive and morally up right in this challenging world.

The association received funds from the District under the CHAI program. While interacting with people in Bukoto Sub County, the committee noted that one individual accessed the CHAI funds and put it to his own use.

## **Constraints to the implementation of the Project in the district**

In the course of interacting with the Communities and the District officials, the following were identified as the major constraints:

- The first Disbursement of the funds from the Uganda AIDS control Program was done late. This resulted into delay in the implementation of the AIDS programs.
- The District has not been allocated vehicles or Motor cycles for purposes of implementing the program. This has affected movement to the communities to supervise their activities.
- The implementing communities delay to submit their accountabilities
- The numbers of interested groups are more than those that can be financed within the available resources.

### **2.1.5 Mukono District**

The Committee toured the District on 1<sup>st</sup> February 2003. While in the District, the Committee interacted with the LCV Chairperson and Councillors, the RDC, and the DHAC members among others.

The Committee further made site visits to three groups out of the 23 that are benefiting from CHAI.

HIV/AIDS is one of the biggest challenges to the district. The HIV/AIDS prevalence stands at 28% of those that tested under the VCT program. This figure may seem rather high but it could be arising out of the fact that those that come to do so come when they have a suspicion that they could be sick. In response to this challenge, the District Administration has deployed all its relevant departments in the fight against HIV/AIDS.

### **Mukono District HIV/AIDS Control Project.**

The District departments of Health, Education, Production, Human Resource, Security, Gender, Labour and Community Development implement this Project. The District efforts are complimented by participating CBOs and NGOs, which are 29 in number.

The Committee visited some HIV/AIDS Community Based Organisations, which included the following: -

#### **Nsambwe HIV/AIDS Group**

The group benefits from the CHAI program. The group's main activities are counselling the sick, catering for scholastic materials for the orphans and sensitisation of the community on HIV/AIDS.

The group is composed of 43 members and caters for 66 orphans under the CHAI program. The group's main challenges are the big number of orphans and widows who want to benefit from the limited resources.

The group's target is to increase the number of beneficiaries, increase the level of sensitisation and coverage of counselling services, offer treatment to those infected with HIV/AIDS and offer higher education to the orphans.

#### **Nama LC I, Agali Awamu AIDS Association**

The Association has a membership of 25 people. The Association has so far benefited from the CHAI funds to the tune of Shs.4, 750,000/=. The Association looks after 94 children in schools. 55 are in primary schools benefiting from scholastic materials. Fees are paid for 39 students in secondary schools. Activities carried out by the Association include:- offering food and medicine, sensitising the community on HIV/AIDS and condom use, and teaching positive living in the community. Nama LC I contributes 10% of the revenue collection to assist the sick.

### **DISTRICT INITIATIVES**

### **The PMTCT program**

The Prevention Mother to Child Transmission Program has established five blood-collecting centres in the District. The main object of the program is to ensure that expecting mothers do not transmit the AIDS virus to the child. Other activities carried out are provision of VCT services and offering drugs to treat opportunistic infections.

### **Other district initiatives**

The District has a well co-ordinated HIV/AIDS Control Project implemented by various District Departments, Community-Based Organisations and Non-Governmental Organisations.

The AIDS activities are co-ordinated by District HIV/AIDS Co-ordination Committee (DHAC) and the District AIDS Task Force (DATF). Activities that have been carried out in the fight against HIV/AIDS include: -

- Voluntary counselling and testing. Under this activity, 5562 clients have been tested.
- Over one million condoms have been distributed.
- Primary school teachers have been sensitised on behavioural change.

### **Difficulties in the implementation of the HIV/AIDS Programs**

- The accounting standards are too high for the local communities. This has resulted into delays in the submission of accountability and release of money.
- The island population cannot easily be reached due to lack of appropriate transport.
- The increase in the number of orphans and widows is a big challenge to the District in the provision of the necessary services.

### **Proposals**

While interacting with the officials of the District, the following proposals were made: -

- That the health officials should access ARVs due to their exposure to occupational hazards.
- They observed that some organisations offer medical support to the workers who are HIV positive.

## **General Observations**

Mukono District is well placed in the efforts to fight against the AIDS scourge. This arises out of many factors namely:

- The district implemented the Sexually Transmitted Infections Project (STI) that phased out in the year 2000.
- The current CHAI Project has taken root. So far 24 CHAI groups have benefited from the funds. A total of shillings 50,000,000 has been released under this project. This is in addition to shillings 99,015,392 that was released by the Uganda HIV/AIDS Control Project for district initiatives.
- A number of Organisations are involved in HIV/AIDS related activities. The major partners in carrying out these activities number about 29.
- The District is highly involved in the fight against HIV/AIDS using its relevant available manpower and resources
- The local Communities are highly sensitised on issues related to HIV/AIDS. Many of those infected with HIV/AIDS have come out to be the major champions in the fight against the diseases. A number of associations of people living with AIDS have been formed with the sole purpose of carrying out HIV/AIDS activities for the benefit of the Community.
- The PMTCT is being implemented and the Communities are aware of its' availability.
- From the look of things, money seems to be reaching the intended beneficiaries and the utilisation is good.
- The District has a well-trained cadre of staff involved in the implementation of HIV Programs. These include Doctors, Nurses and Counsellors among others.
- The Voluntary Counselling and Testing program is well developed. The District has so far tested 5562 clients.

### **2.1.6 Pallisa District**

The District has in place a multi-sectoral HIV/AIDS District response initiative work plan. Under this work plan, the District has specific interventions related to the HIV/AIDS epidemic. The work plan is implemented by the District, Non-Governmental Organisations and Community-Based Organisations.

The HIV/AIDS interventions include: -

- Training of health workers and counsellors;
- Sensitising communities on HIV/AIDS;
- Delivery and distribution of condoms;

- Monitoring and evaluation of sexually transmitted infections among others; and
- Carrying out the VCT program

Most of the above activities were carried out under the Sexually Transmitted Infections Program (STIP). The project activity ended in 2001. The District applied to the Uganda AIDS Commission to provide the funding and fill the gap left by STIP. Unfortunately, no response has been made.

The delivery of HIV/AIDS services is primarily in the hands of a few NGOs which are not only few but also thin on the ground.

### **HIV/AIDS Prevalence**

Under the Pallisa Hospital site HIV/AIDS Test Program since 1998, the HIV/AIDS prevalence is as follows:

#### **HIV/AIDS testing in Pallisa Hospital, 1998-2002**

Year	Male		Female		Total % positive cases tested
	Tested	% positive	Tested	% positive	
1998	48	12.5%	48	8.3%	10.4%
1999	72	16.6%	69	28.9	22.7%
2000	156	5.7%	137	22.6%	9.9%
2001	336	6.8%	335	13.1%	9.4%
2002	378	5.3%	310	13.5%	9.4%

### **Post Test Club**

Post-Test Club is an Association of clients tested on HIV/AIDS irrespective of their blood sero-status. Those that test positive and agree to go public join the Philly Lutaaya Initiative (PLI). The main activities of the Association are:

- Organising and holding talk shows on HIV/AIDS
- Carrying out counselling
- Mobilisation of the youth and the community in general against HIV/AIDS through music, dance and drama

The main handicaps that the organisation faces in achieving its set goals include: -

- Inadequate funding to finance and implement their program
- Limited material benefits for the people who are HIV/AIDS positive
- They lack the required transport facilities to help them in moving to the communities to carry out mobilisation and sensitisation



- There exists a negative attitude towards HIV/AIDS testing within the community. The group is not able to move around the whole district.
- The HIV/AIDS patients are stigmatised in the community
- The funding is inadequate. The Association cannot provide the services to its clients.
- Many people fear to be tested. This limits the Association from achieving its target numbers.

### **Pallisa AIDS Support Organisation (PASO)**

This AIDS Support Organisation was founded in 1992 and is based in Pallisa Hospital. It is primarily funded by Action Aid Uganda - Pallisa Project.

It was set up with the main objective of building capacity for local communities to take up the challenges of HIV/AIDS, empower orphans to initiate and sustain income generating activities, carry out and create access to quality care and support to those infected and affected by HIV/AIDS.

The organisation has so far been able to achieve the following: -

- It has identified infected and affected people through Voluntary Counselling and Testing (VCT).
- It has supported orphans through empowering them to initiate and sustain income-generating activities.
- It has sensitised communities and raised awareness on HIV/AIDS prevention and care for the infected people.
- It has provided home-based care and care for people living with HIV/AIDS.
- Parish Orphan Committees have been formed.
- Trained Community Counselling Aides in all the villages of Kasodo Sub-County.

### **Pulaka Program Area**

This is a CCF Program and an affiliate of Christian Children's Fund International. The organisation has HIV/AIDS Program as a sub-program under the Health Program. The main activities carried out under this sub-program are: -

- To sensitise communities to avoid risky behaviours, practice safe sex, and carry out voluntary counselling and testing.
- Counselling and psychological support to the infected children and parents.
- Home-based care for people living with HIV/AIDS
- Initiation of income generating activities for the affected families

### **2.1.7 Sironko District**

Like other districts, Sironko district has been seriously affected by the HIV/AIDS epidemic. Data from the VCT sites indicate that in December 2002, 15.4% of those tested were HIV positive. However, deal with the situation the Uganda HIV/AIDS Control Project (UACP) was launched in October 2001. The objectives of the project were:

1. Reducing the spread of HIV/AIDS and sexually transmitted diseases;
2. Mitigation of the social and economic consequences of HIV/AIDS,
3. Building capacity at all levels of implementation.

The project implementation is in two folds: Multisectoral district and community directed HIV/AIDS initiatives (CHAI). The district received a total of Ug.Shs. 26,704,800 for Multisectoral district initiatives and Ug. Shs. 57,582,625 for the CHAI groups.

- The Multisectoral district HIV/AIDS initiative incorporates activities from all the major district departments and NGOs/CBOs. Implementing NGOs/CBOs include: AIC TASO, ACET, Uganda Red Cross, PACODEF, Vision for Development and North Mbale Diocese.
- At community level, a total of 19 CHAI projects are implementing HIV/AIDS related activities including: home care to PLWAs; home visiting and counselling; sensitising communities on HIV/AIDS; provision of scholastic materials to orphans and regular orientation of trainees in promoting behavioural change.

### **Achievements**

The district officials and some of the CBOs officials indicated that the districts has made some achievements through the HIV/AIDS initiatives. Among which include:

- Promotion of sexual practices and behavioural change through electronic media, consensus meetings with traditional surgeons (120) on safe sexual practices during circumcision ceremonies.
- VCT out reaches were conducted in the district. District officials reported an increase in the service utilisation for instance in 2002, twice as many people (1172) were tested compared to 594 in 2001.
- Condom distribution at both health facilities and community outlets.

### **Challenges**

- Meeting the increasing demand of VCT services.
- Increasing demand for CHAI support.
- Inadequate drugs for STDs and opportunistic infectious treatment.
- Inadequate staffing in many departments in the public sector.
- Delayed release of funds leading to delayed implementation of the activities.

## **2.2 SOUTH WESTERN REGION**

### **2.2.1 Bushenyi District**

The Committee visited Bushenyi district on Saturday 1<sup>st</sup> February 2003. The Committee witnessed the launching of the PMTCT Programme by a non-governmental organization in Bushenyi in the names of Integrated Community Based Initiatives (ICOBIs). This organisation is also the Lead NGO implementing the Nutrition and Early Childhood Development Project (NECDP) and the Family Health Project. The Guest of Honour at the PMTCT function was H.E Jimmy Kolker, the American Ambassador to Uganda. The function was also witnessed by the Minister of State for Health, Hon. Wabudeya, officials from UNICEF, USAID, CDC, the National PMTCT programme, the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) and all district political and technical leaders including all LC3 and LC5 councillors. The Committee got an orientation in the PMTCT programme which is to be implemented in 14 health units district wide.

The District Director of Health Services and the Chief Administrative Officer highlighted the following problems among other challenges.

- Understaffing of the health centres.
- Poor communication and accessibility to health facilities
- Lack of ARVs and appropriate care for HIV/AIDS patients in the district. Those available at Mbarara University Hospital were reported to be very expensive and frequently out of stock.
- Difficulties encountered with VCT implementation especially with respect to testing kits and lack of private counselling rooms.

The Committee was informed that the District HIV/AIDS Committee is fully operational and although the district is in the second phase of the implementation of the HIV/AIDS Control Project, it had already mobilised many groups for the CHAI program. Ten groups had so far received CHAI grants and an additional 17 had been approved awaiting funds.

The Committee visited two beneficiary groups, i.e. Kyagaju Anti-AIDS Association and Kabwohe Post Test Club. The two groups are beneficiaries of the CHAI sub-project. The challenges are how to care for their HIV positive colleagues as well as their dependants.

### **2.2.2 Mbarara District**

The Committee visited Mbarara district on 2<sup>nd</sup> February, 2003. It was quite difficult to get Mbarara district officials on Sunday. However, the Committee was able to visit and meet management of Mbarara University Hospital and one community group in Rwampara county.

#### **Mbarara University Hospital**

The Committee toured the Hospital and the facilities for HIV/AIDS care. The Committee further visited the private outpatients' pharmacy which had earlier caused some controversy and is now limited to provision of ARVs at a cost. It was observed that there is need for more space for patients especially during the clinic days. It was reported that there are very few counselling rooms and this affects the privacy needed for the people.

#### **Activities**

- It is the regional centre for Western Uganda.
- Providing ARVs
- PMTCT activities including provision of Niverapine to mothers, which the Ministry of Health supplies.
- Voluntary Counselling and Testing (VCT).

#### **Problems**

- Lack of qualified pharmacist to handle ARVs among other drugs
- Lack of space
- Irregular supply of ARVs and Niverpine.
- Lack of testing facilities. Patients use AIC in town.
- Few counsellors.
- Cost of ARVs is unaffordable to many.
- Accessibility. People come from far to Mbarara.

The Committee was informed of the plans to decentralize distribution of ARVs to Kabale and other towns. It was also noted that the rate in the Hospital for HIV/AIDS was high. On average 100 people per month registering for ARVs is rather high. The Hospital is expecting to benefit from the CD4 count machines and other related equipment to be procured by the HIV/AIDS Control Project.

#### **Katukulu Orphans**

This is a registered NGO with 10 orphans from 4 families. These have accessed CHAI funds and basically the activities are to cater for the orphans in their school requirements including fees. They were advised to build capacity to sustain themselves. They were also advised to offer

services beyond a few related families and explore extending to the rest of the parish.

### **2.2.3 Kisoro District**

The District HIV/AIDS Committee is fully established but the political leadership of the District seemed unaware of its activities. There is no district task force and the HIV/AIDS Control Project is not yet launched in the district. There are thus no CHAI funds yet. The District has submitted the proposals.

The estimated infection rate reportedly dropped from 3.6% to 2.1%. This was attributed to behavioural change among the population e.g. no widow inheritance.

#### **Problems**

- Lack of funds and logistics
- Lack of ARVs and an accredited centre nearby for ARVs
- Lack of counsellors
- Lack of political commitment in the District
- Lack of co-operation between the technical people and political leadership.
- Lack of access to CHAI funds.
- There is need for information on HIV/AIDS in the local languages.

#### **Kisoro Hospital**

The Hospital has 4 counsellors who follow-up patients even after discharge. VCT services are free, counselling is done here but testing is done at Mutolere Hospital, which also does not have Rapid Test Kits. There are plans to put in place 4 testing centres in Kisoro district and currently training of people to manage these VCT centres is underway.

#### **Mutolere Hospital**

This is an NGO hospital with the Catholic Church as the foundation body. The HIV/AIDS program has 215 clients and 700 orphans with about 63 being cared for in secondary schools.

#### **Activities**

- Free monthly VCT.
- Visit to schools for sensitisation.
- Have weekly visits to patients and orphans.
- There are parish programmes where sensitisations are made to the population about HIV/AIDS.

- Supports charity by home visits to the sick.
- Provides financial support to orphans and patients for basic needs like soap and salt.
- Programme for skills development among orphans.

The staff were advised to train medical officers to handle ARVs, have the hospital accredited for ARV provision and then start the program to serve the whole of Kisoro district.

#### **2.2.4 Kabale District**

The district is among the first phase districts with respect to UACP implementation. The Committee met the Chairman LC5, the Deputy RDC, CAO and members of the District HIV/AIDS Committee. At this meeting, which was also attended by the Woman MP, Hon. Hope Mwesigye, many boxes of condoms were given out to youth leaders.

The district HIV/AIDS focal person is a lady from the Community Based Services and it appears project implementation is ongoing as expected. There appears to be good collaboration with the DDHs office. The district has received funds for both the district and community initiatives.

Kabale was among the first Districts to access CHAI funds. Twenty (20) groups have so far benefited from the CHAI sub-project. Another 38 groups have submitted proposals. The District has HIV/AIDS integrated programme whose objectives are to stop the spread of HIV/AIDS, mitigation of the impact of HIV and capacity building.

The Committee visited five groups whose activities include:-

- Mobilization and sensitisation through drama and music.
- Helping orphans with schools fees, uniform and mattresses.
- Counselling
- Distribution of condoms
- Building for orphans.

The Committee also received reports from the groups most of which had fully accounted for the CHAI funds. The Committee advised some of the groups to try and access the District Initiative funds. *Groups visited are appended on the report.*

The Committee was informed that TASO will open an office in Kabale soon. There are post-test groups, which people join after testing which is

one way of encouraging people to go for VCT. VCT is currently being done once a week in Kabale Hospital.

### **Problems**

- Funds are inadequate
- Lack of counsellors
- Expensive ARVs, which are accessed from Kabale Hospital in conjunction with Joint Clinical Research Centre.
- No PMTCT facilities.
- Limited mobility due to terrain. Requested for motorcycles.
- Big number of orphans.

The Committee noted that JCRC arrangement in Kabale is not like the one in Mbale because Kabale is independent and uses their own personnel and get their drugs on loan basis. JCRC had not yet contributed significantly to this unit although it is regarded as its Kabale branch.

### **2.2.5 Masaka District**

The Committee had a meeting with District leaders including the Chairman LC5, the CAO and the District Director of Health Services. The Focal person for HIV/AIDS is from the Medical Department.

The committee was informed that this is the worst hit district with respect to the HIV/AIDS scourge and is among the first phase districts with respect to the UACP.

The Committee was informed that there are 61 groups being supported by the CHAI sub-project. There are also various NGOs, and CBOS which participate in HIV/AIDS programs.

The Committee noted the presence of a committed political leadership to fight the epidemic spearheaded by Mr. Sempijja, the LC5 chairman.

There is a care centre for HIV/AIDS in Masaka Hospital in which Health Care Foundation of the US is helping to provide ARVs to 100 patients who are very sick. The LC V Chairman initiated this. The mode of selection is based on the CD4 count amongst other eligibility criteria as determined by the NGOs in conjunction with Masaka hospital. The main criterion for treating patients is both medical (CD4 count) and social-demographic (must be resident of Masaka).

**Key findings included:**

- There is VCT at 10 centres in Masaka.
- There is capacity building for HIV/AIDS related groups.
- Mitigation is by these groups including CBOs and NGOs.
- Access to ARVs has increased.

The Committee however advised the District to look into the sustainability of treating 100 people through the Health Care Foundation. The Committee was of the view that this fund should be revolving. A person should be gradually phased off the donation as she/he takes on the treatment costs so as to enable others also to start on the treatment. Micro-finance institutions, enterprise/skills development and poverty reduction programs should be availed to these people such that within about 3 years they are weaned off free ARVs but instead by it themselves.

The Committee further noted that the CHAI sub-project is over shadowing the District initiatives yet these get the biggest amount of money.

Activities carried out include the following:

- Social and material support.
- Support to orphans and child headed families.
- Mobile health care services especially by Kitovu Mobile.
- Training of orphans in some trades/skills.
- Training health workers in clinical management of HIV/AIDS.

The Committee was informed that there is an increasing trend of people coming for VCT.

**Problems**

- ARVs are inadequate and expensive
- Resource limitations
- Overwhelming response by the people to the ARV program
- Big number of orphans
- Sustainability of the programs
- Lack of laboratory equipment, appropriate supplies and materials to reduce costs of taking specimens to Entebbe.

**Masaka Hospital**

There are 3 HIV/AIDS related sections; these are VCT services, TASO care and support services and AIDS/ARV clinic.

**VCT**

- The VCT is carried out twice a week.
- PMTCT is to be widened to include treating pregnant mothers also.



## **TASO**

TASO has a centre in the hospital that is providing material and medical support to AIDS patients. There are 120 clients under TASO.

### **Groups visited**

The Committee was impressed by the work done by Kyanamukaka Vigorous Group because this also serves as the centre where blood for research is collected. Among their objectives is to develop talents of their membership for sustainability. They however lack market for some of their handcrafts, which demotivates them.

### **2.2.6 Rakai District**

This is the district where HIV/AIDS cases were first reported and has since then been disproportionately devastated by the HIV/AIDS epidemic. The district has also participated in various research projects whose results have proved pivotal in implementation of various national and international response initiatives. The district is receiving support from the HIV/AIDS Control Project and appreciates the role being played by the CHAI sub-project and other projects by multiple actors in the area. The infection rate has dropped to 12%. There are 48 groups receiving assistance from CHAI.

HIV/AIDS activities in the district include:

- Community based PMTCT implemented by the Rakai project.
- Facility based PMTCT soon to start in Rakai Hospital.
- Training peer groups in schools and other communities.
- Voluntary Counselling and Testing (VCT).
- Treatment and management of opportunistic infections.
- Condom promotion and distribution.
- Support for orphans and child headed homes.
- HIV/AIDS awareness.
- Training counsellors and home visiting. The district has formed and promoted a strong association bringing together all trained counsellors and counsellor assistants and this organization is playing a key role in the district.

The Committee noted that many groups do not access the District Initiative funds.

### **Challenges and problems**

- Increasing demand for the services.
- Poor co-ordination of the various actors.

- No clear policy on issues like condom use.
- Limited funds for HIV/AIDS program implementation.
- Lack of adequate transport.
- Lack of a centre providing ARVs.
- Limited facilities at Rakai Hospital.

The Committee observed that there is need to establish the various task forces and HIV/AIDS technical committees at various levels to enhance co-ordination of various actors.

### **2.2.7 Ssembabule District**

The district has carried out only limited activities since the closure of the STI project. The district has not yet accessed any funds from the Uganda HIV/AIDS Control Project. The District has thus not got CHAI funds yet.

The Committee visited a “traditional healer” in Kakikowa who claims to cure people with AIDS by giving them “blessed” boiled water which she claims to cleanse overnight. The Committee was told that the lady claims to use spiritual powers and has attracted crowds though there is no concrete evidence of healing save for personal testimony of only one person. The environment is clean with pit latrines and since the “medicine” is boiled water, the chances of easily spreading disease are to some extent reduced. It was also noted that it is due to hopelessness that people go there because she offers them hope albeit false.

The Committee observed that the impact of such false healers could be minimised by government providing appropriate services for people living with HIV/AIDS.

The Committee met district leaders and received testimonies from people living with AIDS.

#### **HIV/AIDS activities**

- Music Dance and Drama
- Counselling
- Trained people in VCT using DISH funds
- Distribution of condoms
- Films shows on HIV
- Field visits.

#### **Problems**

- No access to ARVs.
- Delayed implementation of CHAI in the District.

- Socio-cultural problems like nomadism.
- Belief in myth, vision and superstitions.
- Poor communication facilities.
- Lack of funds to train more counsellors (Medical workers).

### **2.2.8 Kampala District**

The Committee ended with Kampala District, met DHAC and visited various groups, which benefit from CHAI. Being a metropolitan area, Kampala has unique problems. These include increasingly high level of prostitution and the fact that most of the people who fall sick in the country are at one time brought to Kampala. Furthermore there are rural or slum areas in the city which are worse off than upcountry villages. The District thus needs more resources than is currently provided.

Some of the activities implemented include:

- Theatre development.
- Provision of uniforms and other scholastic materials.
- Community outreach programmes.
- Training of HIV/AIDS educators and carer givers.
- Condom distribution.
- VCT, PMTCT.
- Empowerment of women.

There are 23 projects already funded by CHAI but there are challenges.

- Sensitisation at Parish level strategy never worked and now the project is trying to use CBOs/NGOs.
- Politicisation of the project in some of the city divisions.
- Lack of manpower for counselling.
- Increased demand due to over-expectation.
- Little funds from CHAI.
- Commercial sex.
- Lack of equipment in some group.
- Expensive and not easily available ARVs.
- Increasing number of orphans

The Committee was particularly impressed by work carried out by the Kamwokya Caring Community. Activities carried out by this organization include care and support for children, women empowerment, vocational training. The organization which began in 1987 and initially supported by Sister Dughan of Nsambya Hospital has so far sponsored 1000 students for formal education and 188 children in informal education 60 of whom are

HIV positive. They also buy drugs for some patients and carry out immunization programmes.

## **2.3 GENERAL OBSERVATIONS - SOUTH WESTERN UGANDA**

### **2.3.1 District initiatives**

The Committee observed that for these initiatives to succeed, there must be commitment and co-operation between the political and technical leaders in the District. It was observed that in some Districts the political leadership is unaware of some HIV/AIDS programmes implemented there.

The Committee further observed that most of the Districts were paying more attention to the CHAI component despite the fact that District Initiatives get more funds.

### **2.3.2 CHAI**

The critical element in this component is the strict accountability before the next batch of funds is released. The Committee was given reports of some of the groups that had received CHAI funds and observed that these groups are adhering to the strict measures of accountability. No group among the visited ones had so far failed to account for the funds.

It was further observed that some groups like Bakyala Twesitule Women's Club in Kyanamukaka, Masaka had started IGA's on their own initiative particularly piggery and vanilla growing.

### **2.3.3 Prevention of mother to child transmission (PMTCT)**

The Committee witnessed the launching of this programme for Bushenyi District. This is a collaborative programme between MOH, Bushenyi Local Government, a local NGO called Integrated Community Based Initiatives (ICOBI) and Elizabeth Glaser Paediatric AIDS Foundation (EGPAF). This programme can prove effective in HIV prevention as it saves the child from infection from its mother.

The Committee observed that this facility has not been widely publicised in most parts of the country. In some districts like Kisoro, it is unheard of and in some others it is beginning.

### **2.3.4 Anti-Retro-Viral Drugs (ARVs)**

The Committee noted that ARVs are very scarce when the need is so high. The Committee found that in Mbarara Hospital ARVs were reported out of stock yet it's the centre for the Western region. Regular stock-outs of ARVs will be very harmful as resistance might develop to these drugs. It was reported that the clients for ARVs are more than 1,800 with new patients amounting to approx. 100 per month.

The Committee was further informed that approximately three out of every four patients admitted in the wards are HIV positive. Mbarara Hospital was also noted to have the second highest rate of HIV among antenatal clinic attendees in the country after Lacor Hospital. The rate in Mbarara is 10% compared to the national weighted average of 6.5%.

It was also reported that laboratory testing and monitoring is a hindrance to accessing ARVs. The minimum cost for testing is 80,000/- which is unaffordable. The costs for a three or more drug combination of ARV drugs range from 57,000/- to 3,000,000/- per month. The Committee however informed the Hospital Officials that Government has tried hard to negotiate for the reduction from more than US\$1,000 to US.\$30 for the lowest 3 drug combination. This is commendable.

### **2.3.5 Voluntary Testing and Counselling (VCT)**

The Committee observed that these services are available in the visited Districts though with hardships in getting enough counsellors and regular supply of appropriate test kits. It was also observed that this is done free in all the health centres visited.

### **2.3.6 Sensitisation Programmes**

The Communities are sensitised through Music, Dance and Drama, which the Committee noted to be good medium of communication. Youth are attracted to such shows and this forms a better platform to pass on appropriate messages. These MDD groups are paid from the CHAI funds and perform in both schools and communities. There is also use of peer groups, which is targeting the particular age group in the fight against AIDS.

In other places like Bushenyi, Sembabule and Kabale there are Post-Test Clubs, which play an important role in counselling and prevention of the spread of HIV/AIDS. This also removes the stigma from some people and promotes voluntary testing.

### **2.3.7 Orphans**

The Committee noted with concern the increasing rate of orphans due to HIV/AIDS. All the groups visited complained of the inability to cope with the increasing number of orphans. The groups cater for the following: Scholastic materials for those in UPE; food, soap and other materials; school fees for those in secondary schools; building houses for the most vulnerable.

### 3.0 GENERAL COMMENTS AND RECOMMENDATIONS

The Committee is happy with the general performance of the Uganda HIV/AIDS Control Project but more so with the success and the unique nature of the Community-Led HIV/AIDS Initiatives (CHAI) sub project. The District Initiatives still need added efforts to be more satisfactory. The committee was not able assess the National Level Initiatives.

The Committee observes that the project was planned for implementation throughout all the 56 districts of the country but is now still limited to only 30 districts and it appears there are no immediate plans to expand to new districts on account of lack of adequate capacity. The Committee is concerned that this project had to be phased when its predecessor, the STI Project had already covered all the districts and one of its objectives was to build capacity. The districts could have been assisted to continue with the new project and where need arises given the necessary technical assistance to implement the new components like CHAI and the multi-sectoral approach. It is clear that there is no significant difference between UACP and STIP with respect to the District Initiatives.

The Committee strongly believes that as originally planned, the project or at least the CHAI sub-project should be rolled out to all the remaining districts of Adjumani, Busia, Kanungu, Kapchorwa, Kasese, Kiboga, Kisoro, Kotido, Moroto, Mpigi, Nakasongora and Sembabule, Bugiri, Bundibugyo, Gulu, Katakwi, Kibale, Kumi, Luwero, Mubende, Nebbi, Ntungamo, Pader, Pallisa, Rukungiri and Yumbe.

The Committee is aware of the presence of various other implementers in different districts particularly the USAID supported AIM, UPHOLD, CMS, AIDSMARK, AIC, TASO, CRD as well as UNICEF. However none of these has put as much money as UACP into Community level HIV/AIDS activities. Furthermore UACP is the only Government controlled HIV/AIDS project, it is a loan to be paid by all Ugandans and all districts should benefit as passed by Parliament while authorising Government to borrow the USD 47.5 million. In particular, it is clear that there are 12 districts that are heavily marginalised and do not have significant HIV/AIDS Support. In particular, they have no AIM, UPHOLD or UACP projects.

The Committee strongly recommends that while plans are being made to extend to all districts these 12 districts be brought on board into UACP in the financial year 2003-2004. These are: **Adjumani, Busia, Kanungu, Kapchorwa, Kasese, Kiboga, Kisoro, Kotido, Moroto, Mpigi, Nakasongora and Sembabule.** Parliament will be asked to withhold appropriating funds

for the Uganda AIDS Commission (FY 2003/2004) if this recommendation is not considered urgently and positive visible steps taken to implement the project in these districts sooner rather than later.

### **District level implementation**

The Committee was informed that what is hindering plans for expanding to new districts is in part due to poor performance of the currently implementing districts. The Committee believes this is due to co-ordination at the district level. The Committee recommends that full-time focal-persons for the project should be hired by the District Service Commissions on project contract terms to spear head the implementation of the project. The project now relies on those already working in the district and busy with other duties or even other projects. Furthermore evaluation should be carried as to what previous training (medical or otherwise) such a focal person should have. The regional officers can stay for regional co-ordination and these can be stationed at the centre but responsible for their respective regions.

The other hindrance at the district level is lack of clarity regarding membership, leadership and roles of the District HIV/AIDS Committees. Clear guidelines need to be developed and sent to all districts and support supervision carried to ensure strict adherence. The Committee noted that in some districts, other officers such as RDCs head DHAC. This should be discouraged and the CAOs should be the ones to perform this role at all times.

There is lack of adequate information concerning the project and in some districts, the political leadership is not well briefed about the UACP. The Committee believes that politicians including MPS, Councillors and Chairpersons of local government councils should be sensitised, informed and appropriately utilised to mobilise people for participation in the project particularly CHAI. Constituency AIDS Task Forces involving the Area MPs and In-Charges of Health Sub-districts should be supported to not only co-ordinate but also advocate better for HIV/AIDS programmes including CHAI. These task forces can be facilitated to meet at least twice a year.

### **Community-Led HIV/AIDS Initiatives**

The Committee observed that there is lack of adequate funding to the activities of most CHAI groups and a lot of expectations have been raised. More groups are coming up with proposals and more need is becoming increasingly evident and clear. The problem of increasing number of



orphans is real and in the absence of a welfare system, the extended family system is being over stretched. The Committee came across a large number of child-headed families. A national comprehensive policy and a strategic plan need to be urgently finalised to give guidance on how to deal with this orphan crisis. Most communities would have wanted to support more orphans as well as pay for many of these in post primary or even post secondary schools but are unable because the funds are limited. The Government secondary school bursary scheme for two students per sub-county although laudable as a right step in the right direction is still like a drop of water in the ocean. While it should be prudent to design other programmes to cater for orphans, more funds should be availed to the CHAI sub-project and this will go along way to mitigating the crisis.

The Committee was concerned that there is no clear vision of the sustainability of the activities under CHAI once UACP support ends. The Committee is aware that a lot of money for district initiatives is spent on sensitisation seminars, music dance and drama and condom distribution among others. The committee therefore recommends that instead of sending money to communities to do exactly the same, a few selected innovative, locally appropriate and high-return income generating or food security projects be supported to mitigate the impact of HIV on communities in a more cost-effective and sustainable way. CHAI money can also be used to pay school fees for secondary education as well as uniform and scholastic materials for both primary and post primary.

In view of the clear outputs from CHAI and the overwhelming response of the communities to CHAI, the Committee recommends to Government **that an additional 10 million dollars should be re-allocated to CHAI** from the District and National Level Initiatives as well as from the Large ticket items. Again all districts should be able to access CHAI funds. The Committee is happy that Civil Society Organisations are being contracted to co-ordinate implementation of CHAI sub-project. This innovation along with the recommendation to hire a full-time district focal person if implemented will go along way to hasten the implementation of CHAI activities.

The Committee noted with concern the bureaucracy in accessing CHAI funds. The process of sensitisation, field appraisal, desk appraisal, DHAC approval is unjustifiably long and needs to be shortened. DHAC members might require more facilitation and regular supportive supervision to help speed up the process. Some groups visited complained of the complex forms required to be filled and the strict accounting procedure. The complex forms are a problem especially to semi-illiterate often-rural

community members. The Committee is happy with the strict accounting procedures but recommends possible translation of the complex forms into common local languages.

### **Voluntary Counselling and Testing Centres**

Three million US dollars had been planned for VCT Centres under UACP. The Committee is concerned that many VCT centres appear not to have all the test kits required to give reliable results. Furthermore at the time of the field visits, some of the test kits were about to expire. Furthermore some of the test kits require constant refrigeration which is difficult in many upcountry units. There also appeared no adequate and proper supervision was being carried out. The committee also noted absence of VCT centres in some districts 20 years after first AIDS cases were recognised in the country. It was sad to note that a district like Bugiri which has stopovers for truck drivers like Naluwerere do not have VCT facilities!

The Committee recommends that the issue of VCT kits be addressed urgently, appropriate quality kits that can withstand room temperatures be procured, PMTCT and VCT testing algorithms be harmonised and better co-ordinated in government supported testing centres and supervision as well as quality control measures be strengthened.

All districts should have HIV VCT centres as a matter of urgency and post-test support services need to be strengthened. The progress noted with respect to reduction of HIV prevalence among pregnant women to the current weighted average of 6.5% should not make us complacent. We need testing centres at least at HSD level in every district (supplemented with mobile VCT services) to get a more national representative picture of the country and to take services nearer to the people. The Committee was happy to learn that a National Sero-survey will soon be carried out. It is important that results from such a survey should give district specific rates that will help guide the district planning process and further support the decentralisation policy.

The Committee noted a big problem of lack of HIV/AIDS counsellors. There is need to advocate for more people to be employed in this category including lay (non-medical) counsellors. There is also need to equip all health workers with counselling skills to enable them provide VCT and provide proper HIV/AIDS care to those HIV affected and/or infected. It might also be prudent to explore ways of introducing a cadre of staff called counsellors in the health/public service structures.

### **Anti-retroviral (ARV) drugs**

The Committee is happy with the allocation by UACP of USD 3 million towards provision of ARVs in the Country. The Committee is also appreciative of the government's ability to negotiate for a significant reduction in the prices of HIV drugs. A sharp reduction was noted to the extent that now with USD 30, one can get a three ARV drug combination. Despite this reduction, the cost of ARVs was still the concern of many Districts visited. Though the prices of ARVs have gone down, they are still unaffordable by the majority in the countryside. The cost of the laboratory tests was also noted to be a major barrier to ARV access. The committee was also impressed with the initiative in Masaka Hospital of providing ARVs free of charge to more than 100 patients. The Committee recommends that lessons learnt here should be a useful resource in scaling up free ARV access to other areas.

The Committee noted the problem of geographical access. Currently only a few regional centres offer ARV services. Frequently even these centres run out of ARV drugs. People travel long and expensive distances only to find no drugs in these regional centres. There is need to build the capacity of at least one Centre per district to provide ARVs. This requires better co-ordination between UACP, the Global Fund, USAID, other Development Partners and NGOs/Institutions involved in HIV/AIDS care and training to ensure accelerated equitable access to ARV treatment.

### **3.1 CONCLUSION**

This was a maiden on-spot assessment trip by the Committee. The Committee believes the trip had significant effect on the districts visited. It also enhanced members' capacity to better perform their legislative, representative and oversight functions. There is need to urgently visit other districts particularly in the Western, Mid-Western, North - Western and North - Eastern regions.

The Committee appreciates the support given by Uganda AIDS Commission to enable the trips to be carried out. The Committee acknowledges with great pleasure the co-operation of the District officials and the CHAI benefiting groups.

## APPENDIX I: DISTRICTS AND GROUPS VISITED IN SOUTH-WESTERN UGANDA

District	Group/Place
1. Kisoro	<ul style="list-style-type: none"> <li>- District headquarters</li> <li>- Kisoro Hospital</li> <li>- Mutolele Hospital-Catholic Religious based organization (NGO)</li> </ul>
2. Kabale	<ul style="list-style-type: none"> <li>- District Headquarters</li> <li>- Kigezi Veterans HIV/AIDS Drama Group</li> <li>- Abayemere Bakyara Group</li> <li>- Kamwezi Women Association</li> <li>- Nyakitabire Community Child Care</li> </ul>
3. Mbarara	<ul style="list-style-type: none"> <li>- Mbarara University Hospital</li> <li>- Katukulu Orphans</li> </ul>
4. Bushenyi	<ul style="list-style-type: none"> <li>- Launching of PMTCT at Bushenyi</li> <li>- Kyagaju anti-AIDS Association</li> <li>- Kabwohe Post-Test Club</li> </ul>
5. Masaka	<ul style="list-style-type: none"> <li>- District Headquarters</li> <li>- Masaka Hospital</li> <li>- TASO Centre</li> <li>- Bakyalala Twesitule Women's Club</li> <li>- Kyanamukaka Vigorous Group</li> </ul>
6. Rakai	<ul style="list-style-type: none"> <li>- District Headquarters</li> <li>- Rakai Counsellors Association (RACA)</li> <li>- World Vision</li> <li>- OGBO</li> <li>- Medicine de Monde</li> </ul>
7. Sembabule	<ul style="list-style-type: none"> <li>- Traditional Healer – Kakikowa</li> <li>- District Headquarters</li> <li>- Minnesota International</li> <li>- Matete Dispensary (Grade III)</li> </ul>