

GREAT LAKES INITIATIVE ON AIDS (GLIA) COMPONENT 2 ANNUAL REPORT 2010

FUNDED BY WORLD BANK



NAFOPHANU/ ATGWU



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Foreword

The two implementing networks; NAFOPHANU and ATGWU are pleased to share the project report for the Great Lakes Initiative on AIDS.

Since its inception, GLIA project has covered one of the most sensitive areas in the HIV response that is, within cross-boarders and migrant populations. With the nature of their work and set up along the pilot Northern corridor and between regional boarders posts, HIV & AIDS services were minimal and in some areas not available.

The Commercial Sex Workers, trucker drivers and other people in the zone could not access services at defined centers and in case of short for drugs for foreign truckers say on ARVs, they would never access emergency treatment yet others take more than 3 months without having gone back home for refills.

However, now with the harmonized protocols, the migrant populations in the six member countries-Uganda, Kenya, Burundi, Tanzania and Zanzibar, DRC Congo, Rwanda can easily access HIV services whenever they are.

Great lakes initiative on AIDS has greatly contributed to reduction of the spread of HIV in Uganda through delivery of a mult-dimensional unique service provision modalities within the established Wellness Centers (Knowledge Rooms).

The services range from information sharing, HCT (moon light) referrals, DSTV, internet, IEC materials, condom distribution and education, and the wellness centers as well act as rest corners for the truckers where they access washroom facilities which

are used for showering as a substitute of going to sex worker's rooms which expose them to HIV infection hence reducing the risk of the HIV among this mobile population.

GLIA Component 2 project- Wellness Center's activities are being manned by 18 moderators, each center comprising of 2 community members, 2 PLHIV and 2 trucker driver's representatives.

The project has so far reached over 30,000 people of different categories who visit the centres to access a variety of services. The major project achievements heightened in the report indicate that GLIA has contributed to the national response by addressing issues of the most at risk populations.

However the project is faced with a major challenge of extension after the phasing out of World Bank funding. We recommend that the governments of Great Lakes countries and development partners support the networks to keep the GLIA activities afloat.

We greatly thank UAC, MOH, and I.O.M for having kept the project focused on reducing of HIV transmission among the migrant populations. The project continues to face the challenge of sustainability for maintenance of the Wellness Centers, facilitating moderators, carrying out HCT, Condom Distribution and other activities.



Stella Kentutsi

Executive Director NAFOPHANU/
Network Representative



Romano Ojiambo

General Secretary ATGWU

Acronyms

AIDS	-	Acquired Immuno -Deficiency Syndrome
ATGWU	-	Amalgamated Transport and General Workers Union
BUNASO	-	Bugiri Network of AIDS Service Organizations
GLIA	-	Great Lakes Initiative on AIDS
GPA	-	GLIA Project Assistant
HCT	-	HIV Counseling and Testing
HIV	-	Human Immuno Deficiency Virus
IEC	-	Information Education and Communication
IOM	-	International Organization for Migration
KCC	-	Kampala City Council
MOH	-	Ministry of Health
NAFOPHANU	-	National Forum of people living with HIV and AIDS
NSC	-	National Steering Committee
PLHIV	-	People Living with HIV
SALT	-	Stimulate, Analyze, learn and Transfer
STAR EC	-	Strengthening TB and HIV and AIDS Response in East and Central Uganda.
UAC	-	Uganda AIDS Commission
UCOBAC	-	Uganda Community Based Association for Child Welfare
URHB	-	Uganda Reproductive Bureau
WC	-	Wellness Centers

Acknowledgements

GLIA as a project is unique with approach of targeting the most at risk populations. During its implementation the National Forum of People Living with HIV and AIDS (NAFOPHANU) in partnership with Amalgamated Transport and General Workers Union (AT-GWU) took charge of the activities. However this would not have been successful if partners like UAC, MOH, World Bank, and IOM had not dedicated their technical support to the project.

We also take this opportunity to thank STAR EC, URHB and UCOBAC in Naluwerere, Kiswa Health Center and KCC in Mbuya, STAR SW and Uganda Cares in Ntungamo District for the support that was extended to the Wellness Centres in terms of Capacity building, HCT, condom distribution, community outreaches, among others.

The Great Lakes Initiative on AIDS (GLIA) was established in 1998 by Ministers of Health drawn from Burundi, Democratic Republic of Congo, Kenya, Rwanda, Tanzania and Uganda.

The objective was to increase the learning and building capacity of the participating networks to enhance effectiveness of selected PLHIV and transport sector networks, with the aim of developing the capacity of the networks and of their member organizations.

The mission of GLIA is to contribute to the reduction of HIV infection and to mitigate the social-economic impact of the epidemic in the Great Lakes Region.

The GLIA project was divided into components; one, two, three, and four. Component two is what the PLHIV constituency and transporters implemented.

Countries in the Great Lakes Region are particularly affected by the HIV & AIDS epidemic with a prevalence rate that ranges between 5% and 15% in adult population.

More than 6 million people in the region are living with HIV & AIDS and more than 3 million children currently living have been orphaned by AIDS (Report on the Global HIV & AIDS epidemic, 2002,UNAIDS)

Among other components, GLIA Component 2 deals with HIV & AIDS support along the Northern transport corridor, and implemented by both ATGWU and NAFOPHANU with coordination from Uganda AIDS Commission.

This component focuses on support to HIV & AIDS related networks with the main activity as establishment and functioning of Wellness Centers (WCs) which also act as Resource Centres. These WCs were established in three pilot districts of the country which include; Mbuya – Kampala, Naluwerere-Bugiri, and Rubaare-Ntungamo.

Other activities included; Capacity building of networks, SALT Visits, Rapid Assessment in Bugiri District, Technical dissemination and training workshops.

The main purpose for these Wellness Centres is to provide Information, Education and Counseling, Guidance and Hope to the target population; who are the community, PLHIV, Commercial Sex Workers and truck drivers. The centers are also used as communication centres through the internet.

The report briefly indicates the successes, best practices, lessons learnt, achievements, challenges that were encountered during the project implementation.



Mr. Sam Enginyu (right) MoH, and Mr. Edward Mugimba (MoGLSD) at the Review of Child trafficking report at Hotel Triangle, Kampala

Project Activities

1. Wellness Center Set Up and Management

Assessment on Wellness Center's (WCs) location was conducted by GLIA stakeholders and later the three centres in Mbuya - Kampala, Rubaare - Ntungamo, and Naluwerere - Bugiri District were established and are all operational and functional.



Youth at Rubaare WC

2. Technical Institutional Capacity Building Support

The networks received support from GLIA to procure office equipments. These included computers and accessories, office furniture and other office appliances.

3. Technical Dissemination Training Workshops

The Networks organized a workshop in February 2010 targeting truck drivers, Community members, and PHAs all selected from districts along the Corridors. The training intended to equip the participants with various skills in Administration Management and Financial aspects which are relevant in service delivery to the target population.

4. National Steering Committee Meetings (NSC)

Quarterly meetings were conducted to guide the project implementation and evaluate the progress.

5. AIDS Competences

Commercial sex is one of the big sources of income for women in Mbuya hot spot and in most cases they fail to negotiate for safer sex. This puts them and their partners at a risk of getting HIV and other Sexually Transmitted Infections.

Previous engagements with these community members through programmes targeting them have uplifted their attitudes towards such activities and the spirit of involvement in matters that concern them. There were positive attitudes towards individual roles and responsibilities that can be enhanced by service delivery to communities. As a result of continuous exposure Mbuya adult community members are individually aware of their strengths and challenges in fighting HIV & AIDS in particular and individual development generally. They however lack opportunities and catalysts for coming together to plan for collective approaches.

However, two SALT visits were conducted targeting major hot spots along the transport corridors; Mbiko and Mbuya to equip both Commercial Sex Workers and truck drivers on basic life skills and HIV information, condom use, and family planning issues.

I.E.C materials including brochures, posters, fliers, T.Shirts, and a project documentary was also produced.

6. Rapid Assessment

A study on child trafficking was conducted and successfully accomplished in Bugiri district and the report was disseminated to the stakeholders.

Trafficking in Uganda is both internal and regional between countries. According to media reports, Uganda is a source and destination country for men, women, and children trafficked for the purposes of forced labour and sexual exploitation. Ugandan children are trafficked within the country, as well as to foreign countries for cheap labour and commercial sexual

exploitation. This study confirmed that Child trafficking was real and indeed takes place in Bugiri Town Council, but many people in the district know or understand little about it.

The study found out that children constitute the majority of the poor in Uganda as explained by low economic indicators that show the children's economic situation to be far from the internationally accepted standards.

Children also experience poverty as an environment that is damaging to their mental, physical, emotional and spiritual development.

Many children are growing up without adequate livelihood and security; including lack of economic resources for proper survival, protection and development. Poverty is a key factor which undermines child protection and tends to render children more prone to exploitation, abuse and neglect.

7. Launch/ Inauguration



The inaugural ceremony for Naluwerere Wellness Center was conducted on the 9th of July 2010 by the Minister in Charge of the Presidency with a purpose of engaging district leadership in owning the project activities.

The other WCs were not launched due to limited funds.

8. Project Assessment/Review

Mr. William Matovu, a consultant was engaged to conduct the review on behalf of the implementing partners.

The major activity undertaken by the networks under component 2 of GLIA project was the establishment of the 3 knowledge centres as indicated above. The review revealed that the knowledge centres are well utilized and are achieving the intended purpose. The trucker drivers, commercial sex workers, PLHIV and the surrounding communities are accessing the services. The wellness centres serve as rest corners, referrals to health services points, provide basic HIV & AIDS services like counselling and testing, condoms among others.

In conclusion, the project was very relevant to the situation. Hot spots have been linked to HIV & AIDS service points. There is strengthening collaboration and co-operation between the GLIA countries and agencies in the Great Lakes region. But also collaboration and co-operation for partners engaged in HIV & AIDS within, especially the transport corridor, has been strengthened. Furthermore, dialogue and sharing of regional and local experiences for a coordinated response have been achieved. Advocacy for increased national competences in the GLIA countries and sharing of research findings and best practices has also been achieved.

However, much as the project has created great impact to the beneficiary communities, there is need for its continuity/sustainability. Involvement and proper handover of the facilities so far put in place will be key but importantly there is need for further fundraising or extension of the project to enable the phased process to the handover to the local governments.

9. Stakeholders Meeting

A stakeholder meeting was conducted in Rubaare and the L.C V Chairperson, Mr. Karazarwe pledged total commitment

and support to the WC. The issue is being followed up by the networks

10. Self Assessments

The two networks did a self assessment to review the capacity and impact of project.

Project Achievements

- GLIA project has added value to the gaps in the national response specifically to the mobile and migrant populations and below are the key achievements;
- Set up and equipping of Wellness Centers
- Training of WC moderators and supervisor
- Training of Country/Network Focal persons
- Capacity building in managerial skills for stakeholders in Uganda through information sharing and participation in local, national and regional meetings.
- Wider sharing of information between the member countries as well as other regional bodies
- Documentation of best practices
- Carrying out HCT and referrals



An expert carrying out an HCT Test at Mbuya WC



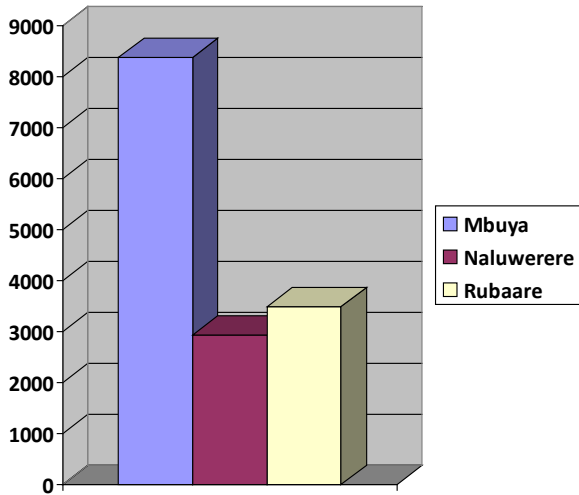
Mr. Ouma Mugeni ATGWU representative presenting a Networks Status report at Naluwerere WC Launch in 2010

- Development of I.E.C materials
- Built linkages with affiliated HIV stakeholders such organizations including; Star EC, UCOBAC, Goal, ART Health centres among others
- Condom procurement and distribution
- Community empowerment through sharing, assessing, learning and transfer of knowledge from community to community through the AIDS Competence Program.

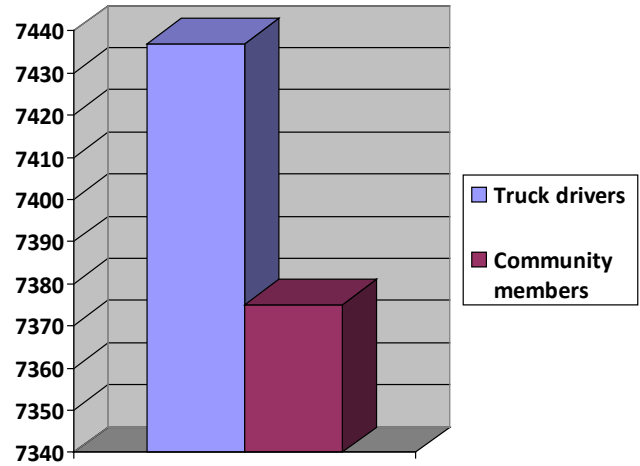
TABLE: THE NUMBER OF PEOPLE WHO ACCESSED SERVICES IN THE 3 WELLNESS CENTERS IN 2010.

	BENEFICIARIES per WC	TRUCKERS	OTHERS	FEMALE	MALE	PLHIV	CSW	HCT	REFERRALS	CONDOM DISTRIBUTION
MBUYA	8389	6948	1441	114	8275	48	11	305	18	7798
NALUWERERE	2937	331	2606	522	2415	126	89	1202	15 (7F&8M)	180,000
RUBAARE	3486	158	3328	53	3433	50 (31M, 19F)	75	259 (52F, 207M)	143 (56F, 87M)	6721 (12 F PCS)
TOTAL	14812	7437	7375	719	14123	224	175	1766	178	194519

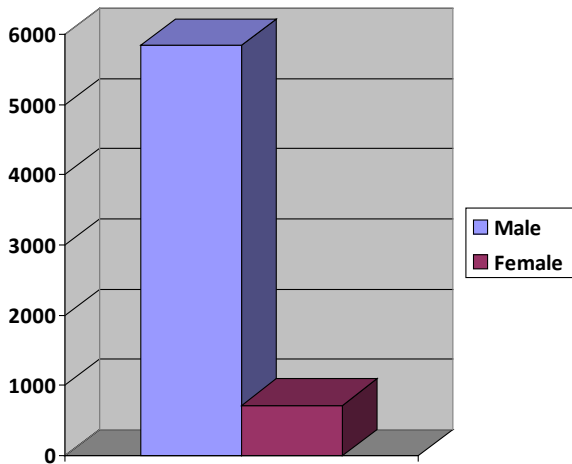
Below is a Graph showing the number of people who accessed the 3 WCs.



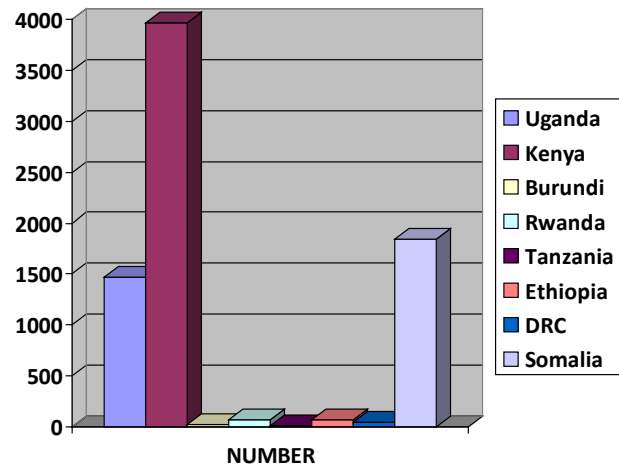
Graph showing the number of truckers and community members who accessed services in the 3 WCs.



Graph illustrating the number of people who accessed WCs by Gender



Number of truckers who accessed WCs by Nationality



Lessons Learnt

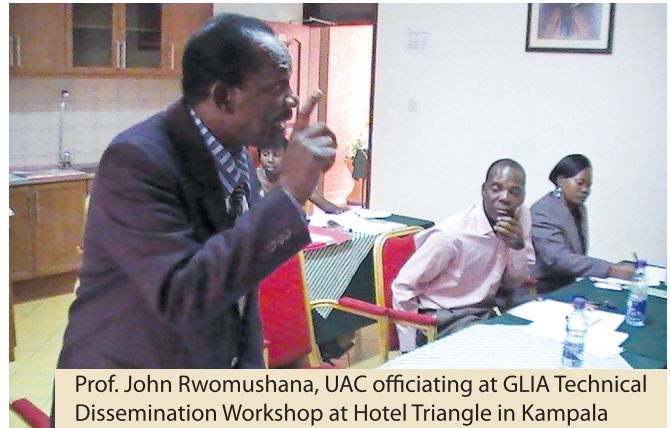
- The role of Wellness Center Moderators and GLIA Assistants is significant in the implementation of the project activities.
- Networking with other Stakeholders including the communities, District Local Governments and local NGOs has contributed to enormous positive impact in the project implementation including information sharing, capacity building, skills sharing and service provision like HCT, condoms.
- The location and working modalities of the Wellness Centers i.e. along the corridors where the truck drivers are always occupied with recreational facilities during their stop over is important.
- The community involvement in the primary arrangements of the project has been crucial in generating strategies for sustainability and ownership.
- Good coordination capacity of UAC that brings different partners on board and allows full participation in the implementation as embodied in the national response strategy.
- The project is implemented through already existing strategic structures/partnerships
- SALT visits in Mbiko and Mbuya hotspots
- Self assessment of the networks

Gaps & Constraints

- Sustainability of the entire project is uncertain
- Follow up on the truckers is hard due to their mobility
- Low coverage of GLIA project country wide.
- Stigmatization while visiting health facilities
- Over expectations from clients especially on the treatment levels.

Success stories

- Since inception, Rubaare WC has attracted community members who come to watch current affairs on TV, football.



Prof. John Rwomushana, UAC officiating at GLIA Technical Dissemination Workshop at Hotel Triangle in Kampala

- These facilities have also attracted business men and police



HIV Counselling at Mbuya WC

- In Rubaare, the community also is able to follow the legislative assembly of Uganda sessions on TV everyday.
- In addition, the toilets that were constructed have helped the communities within the WCs vicinity since there were no public toilets in place.
- Naluwerere WC has attracted elders, the unemployed youth and women towards Civic Education
- In Naluwerere Commercial Sex Workers have been able to have protected sex by the use and availability of female condoms.
- All the WCs have attracted different partners ranging from KCC in Kampala, Star EC, BUNASO, and GOAL, URHB in Bugiri and Star Southwest and Uganda Cares in Rubaare.
- Also in Bugiri district, a health facility was put up near the WC to cater for referrals.
- Internet services have been used by mostly truckers and civil servants to access information.
- The centres have been reported to reduce a lot of loitering and idling in the respective communities.

Recommendations

- » Stakeholders should be mainstreamed for effective service delivery.
- » Enhance networking and partnership building with local government/ districts and existing organizations for proper project implementation and sustainability.
- » Do job and financial analysis of the wellness center in the project implementation and base on that to review their facilitation.
- » Enhance harmonized protocol along the corridor.
- » Enhance the role of MoH and health centers
- » Resource mobilization for the facilitation.



Youth consult Newspapers at Naluwerere WC.

- » Coaching and monitoring of wellness center Moderators and Supervisors.
- » Continuous lobbying to the MoH and the districts to provide consistent HCT and other health related packages to the Wellness Centers is instrumental to the Networks in providing services to the beneficiaries.
- » Local fundraising and resource mobilization is an important approach which can be taken up by Implementing Networks to support the project activities when the fund phases out.



Outgoing L.C.V Chairperson, Mr. John W. Karazarwe at a courtsey visit to Rubaare WC during GLIA Stakeholders meeting in Ntungamo District

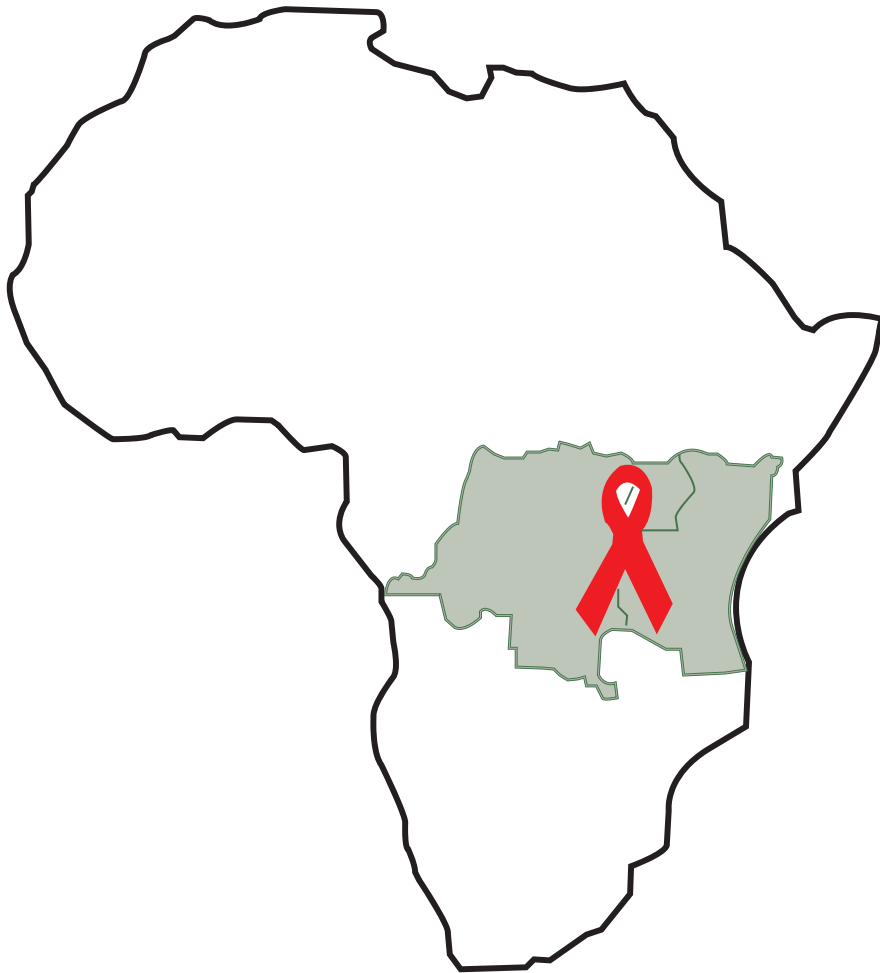
- » Plans to integrate the project activities in the Networks existing interventions are to be developed
- » A comprehensive exit strategy should be planned by GLIA Kigali to prepare the Networks in handling the process and this may require an external person.
- » Mainstreaming GLIA activities into National programs.

Conclusion

Despite some constraints, component 2- GLIA project has registered a number of achievements particularly, the impact it has had on the communities around the three WCs and the surrounding community it served.



District HIV Focal Person (Busia District), Lillian Tatwebwa (UAC), and ED Friends of Christ Revival Ministries, Mr. Francis Okecho during the GLIA Mission to Eastern Uganda.



Burundi
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AIDS KNOWS NO BORDERS

Contact us

NATIONAL FORUM OF PLHA NETWORKS IN UGANDA

Plot 213, Sentema Rd.

P.O.Box 70233, Kampala, Uganda

Tel: -256 414 271 015 / 701 444 448

Email: info@nafophanu.org

Web: www.nafophanu.org

AMALGAMATED TRANSPORT AND GENERAL WORKERS' UNION

P.O.Box 30407, Kampala

Tel: +256-41-232508

Fax : +256-41-341541

Email: atgwu@utlonline.co.ug or mail@atgwu.or.ug

Web: www.atgwu.or.ug