



MAYANJA MEMORIAL HOSPITAL FOUNDATION



ANNUAL REPORT

September 2010

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List of Acronyms

AB	Abstinence and Being Faithful
ACDO	Assistant Community Development Officer
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
CBO	Community Based Organization
CDO	Community Development Officer
CSF	Civil Society Fund
CVC	Community Volunteer Consellor
CSO	Civil Society Organization
DCDO	District Community Development Officer
DFLO	District Focal Linkages Officer
DHO	District Health Office
GoU	Government of Uganda
HBHCT	Home Based Management of Fever
HC	Health Centre
HCT	HIV Conselling and Testing
IDEA	Intergrated Development Alliance for Health
IDO	Integrated Development Options
IEC	Information, Education Communication
MARPs	Most at Risk Populations
M&E	Monitoring and Evaluation

MJAP	Mulago Mbarara Teaching Joint AIDS Program
MMHF	Mayanja Memorial Hospital Foundation
MoH	Ministry of Health
Ois	Opportunistic Infections
OP	Other Prevention
OVC	Other Vulnerable Children
PLHIV	Persons Living with HIV
PMP	Performance Monitoring Plan
PLP	Paediatric Linkage Project
STIs	Sexually Transmitted infections
TB	Tuberculosis
TSO	Technical Support Organisation
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This report presents the key achievements of Mayanja Memorial Hospital Foundation for the period of October 2009-September 2010. MMHF is an NGO based in south western Uganda implementing interventions in the areas of HIV Counselling and Testing, Basic Health care and support, Abstinence and Faithfulness, Other HIV and AIDS prevention activities, Maternal Health, System strengthening, OVC and Institutional Capacity Building. The foundation interventions are aimed at providing community outreach services in order to promote quality and sustainable health for all. MMHF worked in partnership with MJAP and the district local government to implement a community HCT program in the district of Mbarara, additionally MMHF implemented the BCC and PLP projects with support from Civil Society Fund in 10 districts of south western Uganda¹.

Overall, a total of 30758 (15457 females and 15301 Males) individuals were counselled, tested and received their results against a target of 30,000 people. Couple counselling was promoted and 1,988 individuals were counselled, tested and received their results together.

MMHF employed rapid scale-up of prevention education and services by supporting activities that target these Most-At-risk populations with a comprehensive package of prevention services through a peer-to-peer model. MMHF provided services such as prevention education, condom promotion and distribution, counseling and testing to 508 Most at risk individuals.

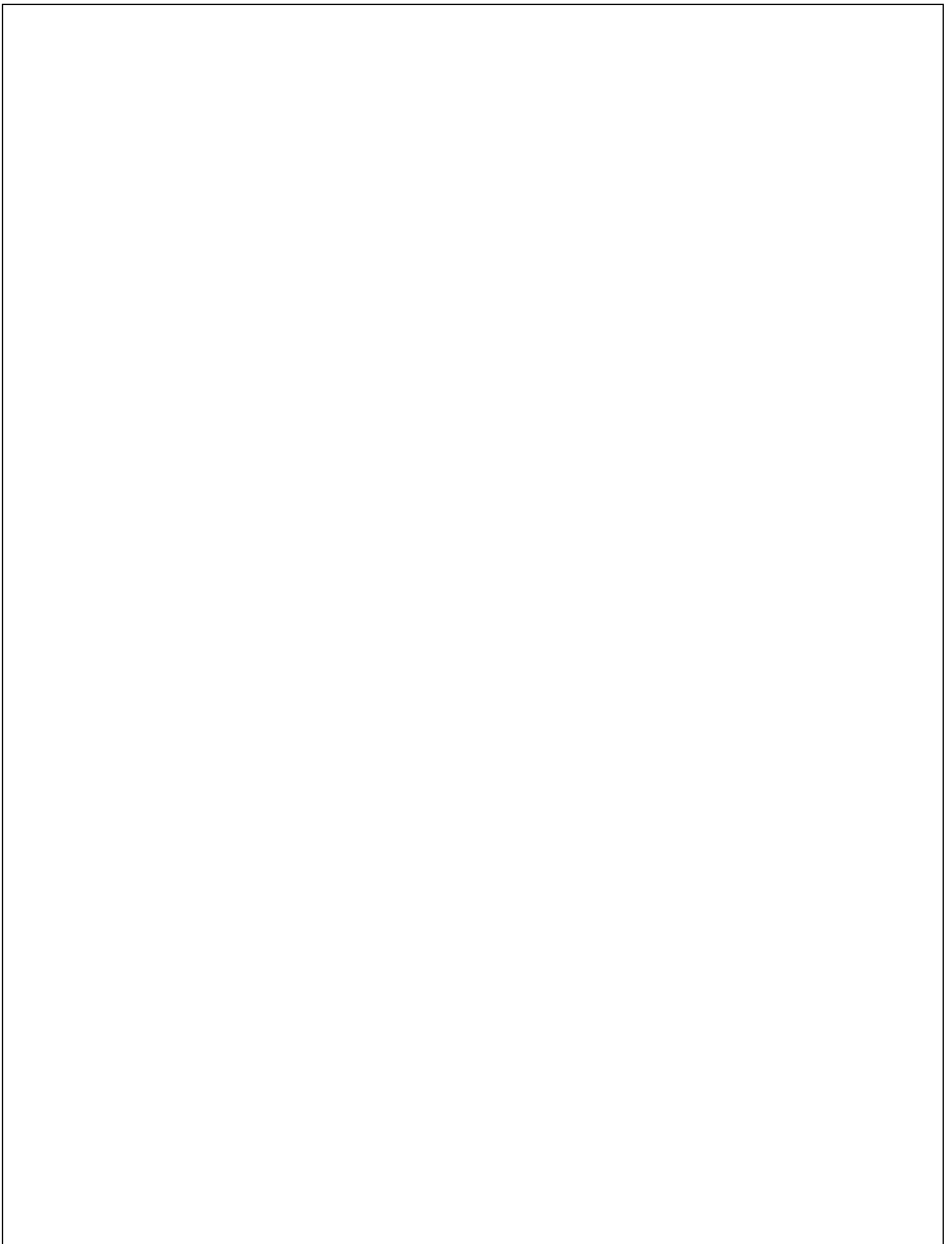
MMHF contributed to HIV&AIDS prevention efforts in South Western Uganda in the districts Mbarara, Ibanda, Kiruhura and Isingiro a total of 8228 individuals were reached through a comprehensive package of activities that included abstinence among out-of-school youths especially those living within communities that put them at high risk like in urban and peri urban setting for example boda-boda, and 5573 people were reached with Be-faithful promotion among persons in mutual relationships and those cohabiting.

¹ Kiruhura, Bushenyi, Mbarara, Rukugiri, Isingiro, Ibanda, Kisoro, Kanungu, Isingiro and Kabale

A total of 2,618 HIV positive children were assessed and referred for services and 5,089 other OVC were assessed and referred for services, however not all who were referred received services, a total of 7,345 children overall were assessed and referred for services.

MMHF through experience and collaboration realised that maternal health interventions are a critical component in the target area of operation. Together with the Progressive Health Partnership (PHP) MMHF was able to reach out to a total of 650 expecting mothers in Mbarara and Kiruhura districts.

In Kashongi sub county, Kiruhura district MMHF continued working in partnership with PHP to identify and install rain water harvesting tanks on communal buildings. A total of thirty eight (38) 20,000 litre tanks were installed in this reporting period alone.



1.0 INTRODUCTION

Mayanja Memorial Hospital Foundation (MMHF) is an NGO established in 2004 to provide community outreach services in order to promote quality and sustainable health for all. It was formed to provide support to community especially in far reaching areas. The organization is currently operating in 13 districts of South Western and 2 districts Central Uganda.

The Foundation aims to empower Community for social development through improving equity, access, efficiency; quality and sustainable health care service delivery for vulnerable communities in Uganda. MMHF's Objectives are to:

- 1 To prevent and mitigate the impact of HIV/AIDS in vulnerable communities in Uganda
- 2 To promote safe motherhood interventions in Uganda
- 3 To prevent and control communicable and non communicable diseases
- 4 To build capacity of community structures for improved service delivery
- 5 To build capacity of MMHF human resource and infrastructure

Key Achievements

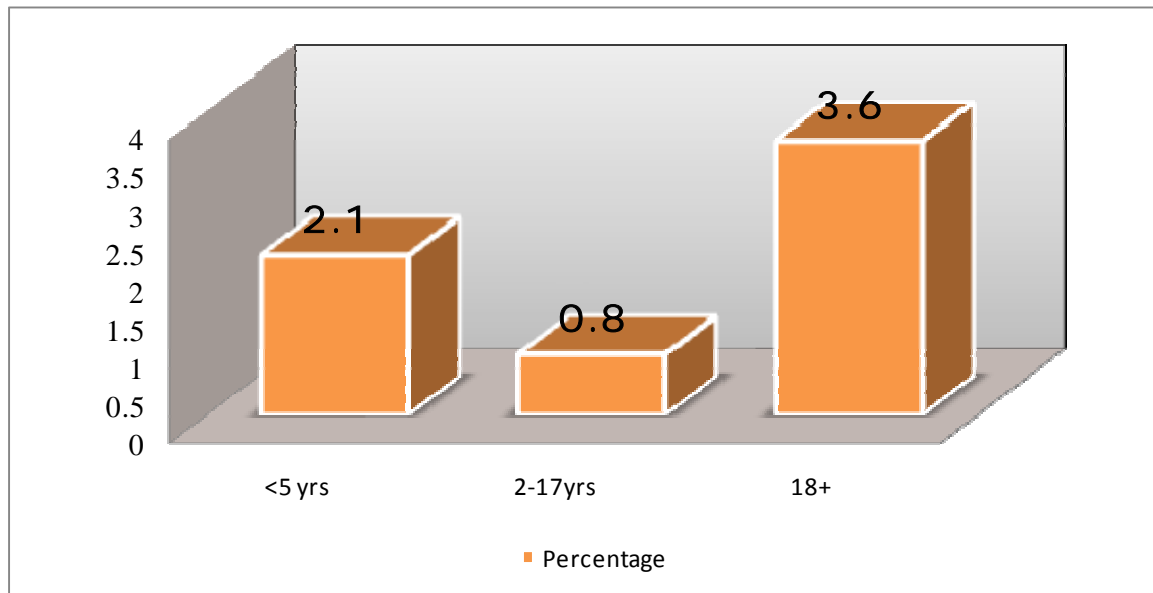
- 30758 (15457 females and 15301 Males) individuals counselled, tested and received test results.
- 1988 couples counselled, tested and received their HIV test results together
- 508 Most at risk populations were counselled, tested, and received their results
- 30 individuals were trained in community HIV counselling and testing according to national standards
- 259 Condom outlets were established under the HCT project.
- 8228 individuals who were reached with abstinence messages
- 5573 (2931 Males 2842 females) people who were reached with be faithful messages
- 240 individuals trained in provision of ABC promotional services.
- 2618 HIV positive children were assessed and referred for services
- 5089 Other OVC were assessed and referred for services.
- 7345 Overall were assessed and referred for services.
- 37 safe water tanks harvesting tanks were installed in Kashongi sub county
- 650 mothers were reached with safe motherhood interventions

2.0 HIV Counselling and Testing

Mayanja Memorial Hospital Foundation implemented HIV counselling and testing activities with funding from USAID channeled through Realizing Expanded Access to HIV Counselling and Testing in Uganda (REACH-U) project² with an aim of expanding access to, coverage and utilization of HIV counseling and testing services in Mbarara, Lyatonde and Rakai districts. A total of 30,758 individuals received counseling and testing in this reporting period.

The totals indicate that prevalence rate is low with 910 individual clients testing HIV positive a percentage rate of 3. The figure below illustrates HIV prevalence by age category in the target area.

Figure 1: HIV Prevalence disaggregated by age group



Source: MMHF records

All positive clients were referred to the relevant health facilities for on going care and support.

² REACH(U) is a 5 year USAID funded project with a mandate of increasing access to HIV/AIDS counselling in Uganda

MMHF staff also provided site based technical and routine field support supervision to 30 intergrated trained counselors aiming at strengthening the quality of community HCT services and their intergration into other services

Mayanja Memorial Hospital Foundation continued to target hard to reach populations with HCT services through community-based approaches at household level such as home-based HCT using the ‘community camping’ to ensure a wider community reach since it enable intergrated trained consellers to meet community members at whatever time they returned to their homes.



Consellers carrying out HIV testing in the confort of a home in the cimmunity(Photo Muzoora Abel)

Community Camping is an approach where the counselling team stays temporarily in a particular parish and village for a particular period of time providing HCT as well as prevention massages and on going counseling services to the community.

Health education and sensitization targeting mass gatherings like churches and other communal gatherings was done mainly by ITCS, local leaders, CVCs and other VHT members, peer groups and other psychosocial support groups such as PTCs and PLWHAs to encourage the community take up HCT services.

Table 1: Number of individuals counselled, tested for HIV and received results per sub-county in Mbarara district between Oct 2009-Sept 2010

Sub-County	Achievement
Rubindi	9,330
Ndejja	16,309
Biharwe	5,112

Source: MMHF HCT records

2.1 HCT Training

In a bid to improve access to HCT services to individuals and communities, MMHF trained its intergrated trained counsellors in HIV rapid testing and counselling. Training in rapid was done for 30 ITCs; individuals were drawn from in and around Mbarara district and included different categories of service providers such as nurses, counsellors and community health workers. The goal of HIV rapid training was to impart new knowledge and skills to trainee to enable them perform tests in a safe and professional manner.

The community camping approach was introduced to the trained counsellors and its dynamics emphasized.



Intergrated trained counselors attending a practical training session on HIV rapid testing in 2009



TCs demonstrating counselling techniques during a training session(MMHF photos)

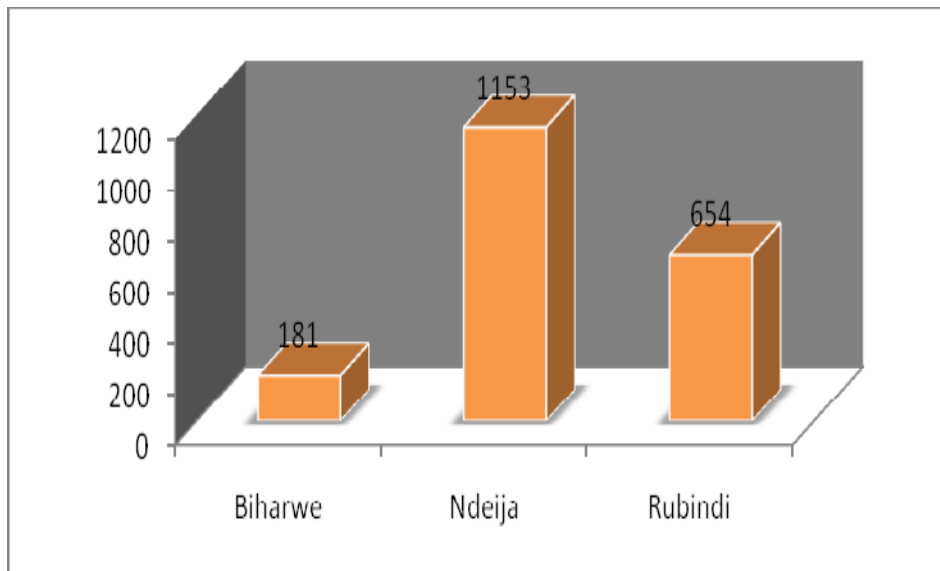
2.2 Couple HIV Counselling and Testing



An ITC providing couple counseling at Kibale Parish, Ndeija sub county, Mbarara district (MMHF photos)

MMHF continued to focus on couple counselling and disclosure as a key strategy in home to home counselling and testing. Poor male involvement in many communities is still contributing to low number of couples being tested however with the *community camping* approach more males have come on board since the majority have been found in the comfort of their homes by the integrated trained counselors (ITCs) A total of 1,988 couples were counseled, tested and received their test result as a couple for HIV and be making 6.5% of the total number of clients.

Figure 2: Number of couples counseled and tested for HIV and given results per Sub County



Source: MMHF records

2.3 Most at Risk Populations (MARPS)

The most at risk populations continue to be a target group for HIV counselling and testing this is a result of their life styles and way of living unlike in the past years where focus was broad to include boda boda riders, salon and bar attendants, this reporting period focused on uniformed service groups, truckers and incarcerated populations, this is in line with PEPFAR reporting requirements. Strategies include visiting bars, lodges and using peer to peer approach. In spite of the limited categories, in this reporting period over **508** MARPs both male and female were counselled, tested and received their HIV test results in Mbarara district.

2.4 Lessons learned

- The *community camping* approach was an effective way of reaching a wider community reach since it enabled counselors to meet community members at what ever time they returned to their homes.
- *Community camping* was a strategy that established a bond between health service providers and the community. This led to establishment of trust and reduce stigma thus increasing the uptake of HCT services.
- Home based community HCT encouraged more male involvement, couple counseling and testing. It also offered feasible and socially acceptable strategy of delivering the much needed HCT care especially to communities that have poor access to static services and hard to reach populations.
- Rigorous support supervision and monitoring, coupled with steady supply of HIV test kits and consumables defines project success.
- Involvement of stakeholders, such as local council, religious leaders, in planning and implementation of activities is important in ensuring the success and sustainability of activities.
- When providers for HCT services do provide a start dose of Septrin, it improves the effectiveness of referral and compliance to the medication by the clients

SUCCESS STORY: ‘Community camping’ Impacted Mzee Bakehena and his family

Bakehena Pio is a 70 year old resident of Omukarungu village, Karwensanga Parish, Rubindi Sub County in Mbarara District, commonly referred to as ‘mzee’ by the community and family members, Pio lost his fourth wife in 2004, “Ooh I thought I was finished,” Pio exclaims shaking his head as he narrates the story. Mzee Pio like many of his village mates did not know their sero status until Mayanja Memorial Hospital Foundation with support from the REACH(U) Project camped their counselors in Rubindi to move home to home counseling and testing for HIV.



Mzee Pio Bakehena (centre) with his two wives Kobukyekye, 56 left and Nyamwaija, 70 at their home in Rubindi

“Thank God my family is free from HIV,” says Bakehena with excitement, “I thought I was already sick and would die of AIDS I had lost all the hope” he continues with a lot of excitement and tears in his eyes. He promised to remain living positively and be faithful to my wives, “I will also spread the message of testing to others so that they may know their status and not die in ignorance like I was.

My appreciation goes to the Village Health team members, counselors from Mayanja Memorial Hospital Foundation and REACH (U) Project for the support ‘I will now encourage other people to go for testing’

A counselor together with a village health team member ended up in Bakehena’s compound, “oooh!!! So these are the people you were telling me about? Mzee Pio asked, facing the village health team (VHT) member, he welcomed them, “together with the counselor we sat in my sitting room worried about what he was going to tell me after he had introduced himself and told me about what had brought him, I found it necessary to call my three wives and 10 children who were around at that time to attend the counseling session,” After the counseling session the Bakehena family accepted to be tested for HIV. Blood samples were collected from each member, tests were done later after Bakehena and his 3 wives consented and received their tested results together as couples, the 8 children who were 18 years and above received their results individually and only two who were under 18 years the results were given to their parents. Fortunately all the test results were negative.

3.0 Orphans and Other Vulnerable Children(OVC)



Some of the children referred receiving items from Ibanda Children Development centre one of the CSOs supported by MMHF.

During this reporting period Mayanja Memorial Hospital Foundation (MMHF) continued to work closely with the local governments and other partners to implement the Paediatric Linkages Project (PLP) with an aim of improving livelihoods of HIV positive OVC and their families through improving access to and utilization of quality comprehensive services.

The project targeted to refer and link 4,000 HIV positive children accessing HIV/AIDS care services and 10,000 other OVC who are living in the households of HIV positive children to service providers offering community based services

A total of 2,419(1,136 males and 1,283 female) positive children were assessed and referred for services totaling to 60.5% of the targeted number of children to be referred and linked to care givers.

HIV negative OVCs were also targeted for services out of the targeted number,a total of 4,926(2,472 males and 2,454 females) amounting to 49.3 were assessed and referred for services.The services offered mainly included psychosocial support,legal support,social economic,care and support,medical care,education, food and security among others as detailed in the table below.

A total of 2,105 households were assessed for services in the 10 target districts.

Table 2: Details of support offered to OVC through MMHF support

Type of support	Sex		Total
	Males	Females	
Education	1,498	1,405	4,401
Socio-Economic Support	1,042	1,085	2,127
Food Security & Nutrition	456	579	1,035
Medical Care	253	349	602
Psychosocial Support	849	936	1,785
Legal Support	3	2	5

3.1 Civil Society Organisations supported

MMHF supported 14 CSOs to provide various support intervention to OVC. Psychosocial support was mainly given to all the linked and referred children. Socio-Economic support by providing books and other scholastic materials were given. Anti-retroviral therapy to HIV positive children was provided through referral networks with community health units. Supported CSOs also worked directly with individual OVC in order to promote positive behaviors such as delay in sexual debut, avoidance of early marriages and exchange of sex for money and other gifts.

Table 3: CSOs in partnership with MMHF for service delivery

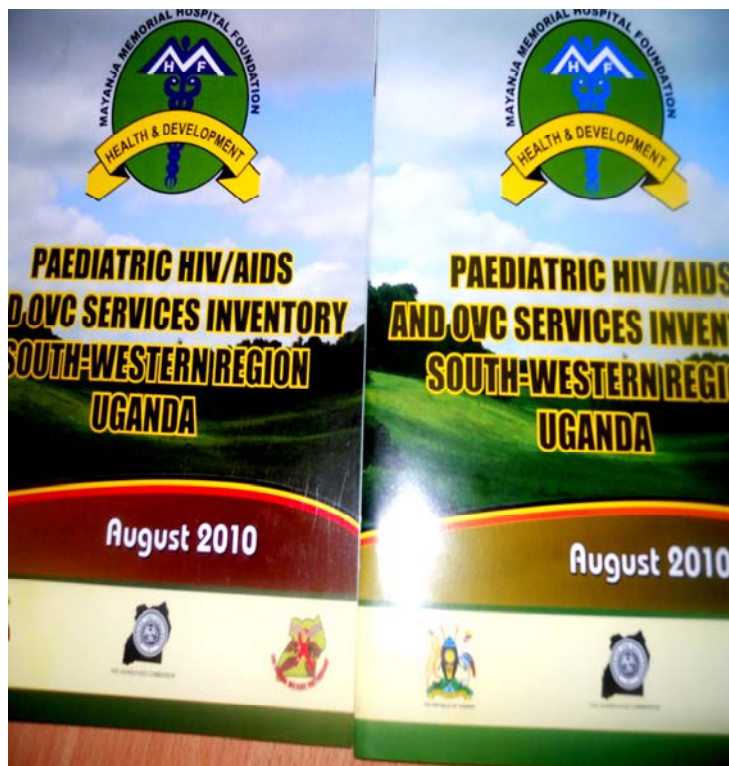
District	CSO	District	CSO
Bushenyi	St. Charles AIDS Program	Kiruhura	KDA
	BUKOBATA	Kisoro	Peach Education Trust
Ibanda	Ibanda Child Dev't Center	Mbarara	Good Care
Isingiro	FAOC		Mbarara Post-Test
Kabale	Katuna OVC Cluster	Ntungamo	ARISE
	Kyabuhangwa Women Dev't	Rukungiri	AGAPE Nyakibale
	Junamagara Ministries		
Kanungu	CARDIC		

Source: MMHF records

During this reporting period, 10 district based launch meetings were held informing district leaders about the project and their key roles highlighted, as a strategy to bring all players on board MMHF conducted district based workshops of CBOs and ART service providers to review and harmonize on the referral and linkage systems, more than 50 CSO and 30 ART site staff participated and referral and linkages strengthened further.



MMHF staff posing with some of the beneficiaries and their received items in Ibanda



Some of the Inventory booklets that were printed to ease OVC referral and linkage (MMHF photo)

Between October 2009 and September 2010 over 450 OVC service providers in the region were mapped and the information was disseminated to the district and other stakeholders. Late this reporting year inventory booklets were published and distributed to different stakeholders.

MMHF continued to facilitate the referral and linkage by printing and distributing referral cards-CBO to ART and ART to CBO to facilitate the referral and linkages. These were distributed to CSOs and ART health units

3.2 Lessons Learnt

- Being part of a group is a good approach. It helps them get services in a convenient manner and also learn new ways of doing things. If this was complemented by supporting them set up mechanisms for income generation then the circuit would have been near complete.
- The methodology of using expert clients in the mobilization of HIV positive patients is good since the patients see that person as one of their own and open up to him. This is a good approach that needs to be strengthened. This was particularly so in case of mobilizing patients for services at the ART sites
- Working with and through existing mechanisms and structures enhances service delivery and also goes a long way in ensuring sustainability. The project was delivered through local government structures and public institutions and this improved ownership and enhanced the sense of belonging for the beneficiaries and other stakeholders. Working with existing PLHIV networks also helps reach the patients faster
- The issue of referral when introduced to the beneficiaries correctly and using the appropriate methods can be very successful. The health department has been using this for medical purposes and it can be adopted in mainstream service provision of CSOs. Some CSOs want to ‘own’ the children they are looking after under the pretext that they are doing a lot of work even when they lack the capacity of providing for those children.
- CBO have no capacity to offer comprehensive services to children. It is not easy for a single organization to provide comprehensive service to OVC.

Partnership for Services Referrals shapes Anthony's Future



Anthony in 2010 at Ibanda Parents school where he was referred to attain education. Photo by Anna Tukorekwa

Remembering the past, Mzee Rwamushana shakes his head and says “*my friend I had given up on this young boy Anthony*” a 13 years old boy, resident of Karuganju, Kabwohe town council, Shema district, Anthony lost both of his parents before the age of three in 2008, his life was never the same again, like any typical orphan Anthony was picked and taken to stay with the already burdened uncle who had so many other children to look after at his home in Ibanda district.

Education was a far dream for Anthony his uncle could not take him to school even affords basic needs. Fortunately Anthony was picked by Muzee Rwumushana from his uncle's place and started staying with him in the nearby village close to Ibanda town.

In 2009 Athony heard from his peers that children were being referred to Ibanda Child Development Centre for support in educations and other needs, “*I heard that children were being sent to the Child Development Care by Jamson the District Focal Linkage Officer (DFLO) ibanda and I also went there*” Athony narrates, when asked why he went to Ibanda CDC he recalled “*I wanted to go to school and learn to speak english like other children*”

Together with Mzee Rwamushana, Athony moved to Ibanda Child Development Centre however the story was not as good as expected, the programs had stoped recruiting more children into the organization.

Thanks to referral, net work and linkages, Athoney was refered to a near by private primary school called Ibanda Parents school. The Director looking at Athony's condition and desire for education, decided to admit him in the boarding section and now the school canters for his dues (one hundred and fifty thousand shillings) per term.

Athony was very happy and his life has greatly changed just like any other child he hopes to become a future doctor, explained to how the project has led to his being in that school, In his words “*I thank paedtric Linkages project and Mayanja Memorial Hospital Foundation for promoting the concept of refferal, Ibanda Child Development Centre (CDC) for refering me to Ibanda Parents School, I thank you all.*”

(MMHF records 2010)

4.0 Promotion of HIV prevention through abstinence, condom and being faithful

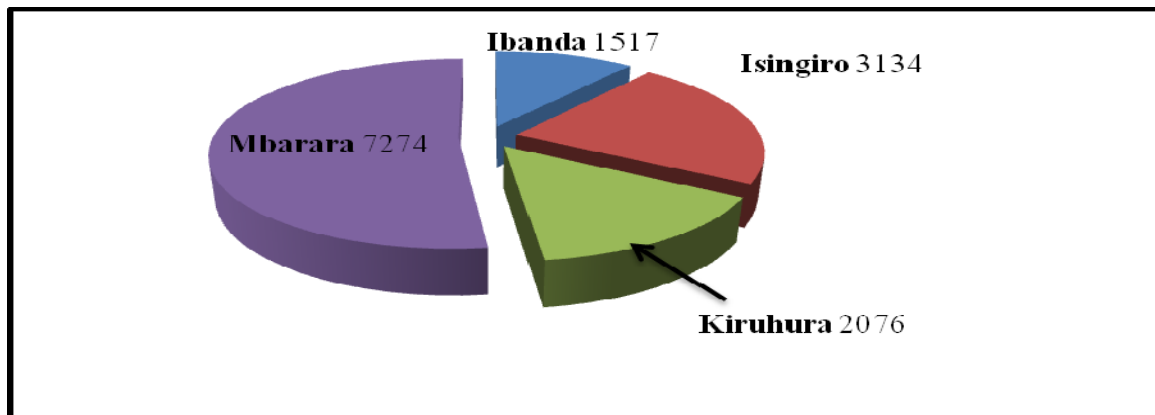


Participation in a group discussion during couple peer education training

As part of national effort to curb HIV/AIDS through Be-faithful promotional intervention, Mayanja Memorial Hospital Foundation continued to work with communities in Mbarara, Ibanda, Isingiro and Kiruhura districts through couple peer to peer model strategies to increase awareness on mutual fidelity and mobilize communities for counselling services.

Strategies carried out by couple peer educators to reach a great number of people included education through drama and couple dialogue. Program monitoring and quality assurance was done through support visits to implementing peer educators.

Figure 3: Number of people reached with HIV Prevention messages per target district



During the project period, a total of 13,903 (721 males and 6618 females) individuals received messages promoting abstinence and be faithful messages through individuals peer to peer counselling sessions. Abstinence and faithful promotional activities targeted out-of-school youth, couples and the general community to increase risk perception on HIV infection among those sexually active.

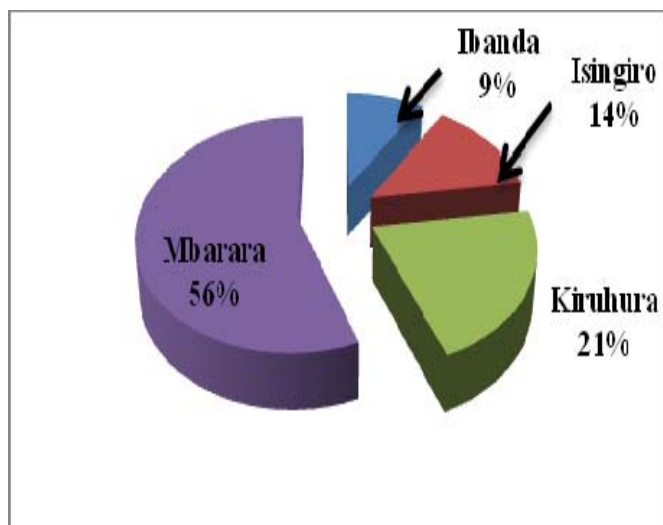
Table 5: Number of couples and Youth reached with HIV Prevention messages

CATEGORIES	TARGET PLANNED	ACTUAL	PERCENTAGE
Youth and MARPS	4000	5773	144
		Male	
		Female	
Couples	8000	8228	102
		Males 4282	
		Female 3946	

MMHF records

With support from Civil Society Fund 240 individuals were trained to promote HIV & AIDS messages through abstinence, condom use and/or be faithful targeting youth out of school and couples or

Figure 4: Number of people reached with ‘Other prevention’ messaged in the target districts



The Uganda 2004-05 Sero-behavioral Survey reported an increase in casual sex, multiplicity of partners, and decrease in condom use with causal partners. During this period, MMHF implemented activities aimed at delivering ‘other prevention’ messages to MARPS and youth out of school. 80 peer educators were trained to deliver these messages .The peer educators included commercial sex workers, long distance truck drivers,urban motorcycle riders (commonly referred to as boda boda),discordant couples,bar and lodge owners.

Through a network of peer educators, MMHF reached 5773 individuals with other prevention activities to achieve these results MMHF and partners IDO and IDEA procured equipments such as bicycles, gumboots and stationary.

4.1 Lessons learned

- In order effectively reach the youth with messages, innovative approaches like debates and focus group discussions were found to be very effective.
- Bring groups with similar experiences for example couples together enabled a richer discussion on AB messages
- There is a need for orientation of lodge and bar operators on condom messages to mobilize them
- Enhanced performance due partnership members which eased the work during the implementation.
- When the implementation schedule is shared with everyone involved in implementation especially at the parish, Sub County level and other Developing Partners, mobilization becomes easier.
- Continuous Support Supervision is very important especially to peer educators in the field.
- Demand for HCT is high but the access is still limited since they are just referred to nearest service providers

4.2 Challenges and the way forward

- There was limited appreciation for data collection and documentation by communities, youth were reluctant to sign attendance lists and peer educators did not consistently collect data and success stories. This however has been tackled through continuous routine support supervision to the peer educators by field officers.
- Long distances and poor roads have affected the effectiveness of the peer educators since in some places house hold are far a part. This however has been solved by providing bicycles and gumboots during implementation.
- Weather is not friendly during support supervision because it has been a rainy season.
- There was need for IEC materials and Job aides to be used by the peer educators to pass on the messages. The communities that received the messages requested for reading materials to take home.
- The late release of funds disturbs the smooth implementation.

5.0 Safe Motherhood

Mayanja Memorial Hospital Foundation (MMHF) realised that safe motherhood interventions are a critical component in the area of operation in reduction of maternal mortality and morbidity. MMHF together with the Progressive Health Partnership of Duke University continued to complement their previous efforts in Kashongi Sub County Kiruhura district and Rubindi Sub County in Mbarara district to implement a safe motherhood initiative.



MMH staff carrying out Ultra sound scans at Rubindi HCIII-Mbarara district to an expecting mother (MMHF photos).

The initiative provided prenatal services to over 650 pregnant women in rural south western Uganda.

Key Services included health education, physical examinations, provision of essential medicines, ultrasound scans (with a portable, battery-run machine), and distribution of long-lasting insecticide-treated bednets to prevent malaria. To evaluate these efforts, MMHF in partnership with PHP carried out a home-to-home follow-up by visiting women who had already received services. The follow-up examined issues such as the quality of communication by PHP and MMHF staff during the intervention and whether the women were taking their medications and using their bednets.

6.0 Rain Water Harvest

During this reporting period the PHP and Duke University implemented a communal rainwater harvesting program by installing rainwater tanks onto public buildings; carrying out a water, sanitation, and hygiene education campaign; and forming community-led committees to oversee the rainwater harvesting tanks in Kiruhura district, Kashogi Sub County. A total of 76 public buildings (primary schools, churches, health centers, mosques, and government offices) throughout the sub-county were identified and 38 tanks have been installed. The tank size is 20,000 liters.

PHP together with MMHF trained community members to conduct a WSH-education campaign throughout Kashongi. Education talks were carried out in churches, markets, schools, and health centers. Focus group discussions with community members were carried out with community members.



Complete constructed water tank on at Kashongi 1 primary school in kashongi sub county Kiruhura district(MMHF photos)

By the end of our project from last summer, community members in Kashongi almost unanimously identified poor water quality and water access as their most urgent needs,

frequently expressing the problem in terms of its detrimental effects on children. Kashongi contains a sparse scattering of unsafe boreholes and ponds which are on average 45 minutes from community members, according to our survey results from the summer of 2009. The unsafe drinking water from these boreholes and ponds wields a disproportionate effect on child mortality and morbidity primarily through two pathways: diarrhea and malnutrition. Furthermore, the substantial portion of time spent fetching water creates a significant welfare loss, contributing to the poverty of many families. Anecdotal evidence also indicates that the long distance to water places women and girls at risk as they are often in transit by themselves.

