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**THEME: EVALUATION OF PROGRAMS AND  
POLICIES**

**SUB-THEME: LESSONS ON INTEGRATING  
POPULATION, REPRODUCTIVE HEALTH AND HIV  
PROGRAMS**

**PROPOSED ABSTRACT TO BE PRESENTED**

The documentation of lessons learnt, best practices and recommendations on the reduction of HIV spread through increased access to quality, client friendly services and community sensitisation.

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## **ABSTRACT**

The documentation of lessons learnt, best practices and recommendations on the reduction of HIV spread through increased access to quality, client friendly services and community sensitisation.

### **Introduction**

This study provides findings/ results of lessons learnt and best practices of the Red Ribbon Project in Tororo District of Uganda Implemented from March 2015 to December 2016. The purpose of the Project was to improve the capacity of 11 Health Centres to conduct quality HIV services in Tororo District.

The Red Ribbon Project was an -18- month series of activities supported by Radiohjalpen through Plan International Swedish National office. The Project was implemented by Plan International Uganda in collaboration with Tororo DLG. The specific objectives of the project were:

- (i) to strengthen the capacity of the Health Centers IIIs & IVs in Plan International Uganda supported communities to offer quality HIV prevention and control services in Tororo district by September 2016.
- (ii) to reduce risky behaviour among the HIV risk groups and increase the participation and involvement of community structures and to promote HIV prevention and control services in Plan International Uganda supported communities in Tororo district by September 2016.
- (iii) To strengthen collective community response to HIV prevention in Plan International Uganda supported communities to empower them to hold service providers accountable in Tororo district by September 2016. The Red Ribbon project was launched in Tororo district in April 2015 with District and Local stakeholders.

The Project was therefore, evaluated against the five broad evaluation themes of Relevance and Appropriateness, Effectiveness, Efficiency, Impact and Sustainability,

### **Methodology**

The main objective of this study was to assess the performance of the Project in terms of implementation, outcomes (compared to the baseline) and to present key lessons and recommendations to inform future programming. This Study was given authorisation by Tororo District LG under the CAO's and DHO's office.

The study used both qualitative and quantitative data collection techniques. Qualitative data included structured questionnaires of 291 randomly selected household members and purposively selected four (4) focal group discussions (FGD), and 33 interviews from key informants targeting District Policy Makers, Political Leaders and Health Unit Staff, DHTs, Red Ribbon Project Staff, and Community structures. The quantitative secondary data for assessing the performance of HIV outcomes in 11 health facilities was obtained from the district/HC HMIS database and annual project reports. The data collected was analysed by the application of a Statistical Package for Social Sciences (SPSS V 16) and MS Excel 2007. The data were collected by a team of 10 dedicated research assistants and 3 Consultants, with support of District Technical Staff and technical staff from Plan International (MER and CDF). The Study was reviewed by the MER to ensure quality of study processes and deliverables.

## FINDINGS

### *Project Relevance and Appropriateness*

The Project was highly relevant in addressing priority HIV and AIDS needs of community members in Tororo district due to inadequate awareness creation and information on available HIV/AIDS services, limited access to health services and unavailability of friendly HIV/AIDS services. The project was implemented at a time when Uganda's HIV prevalence has increased from 6.4% in 2006 to 7.3% in 2011 amid incapacitated health facilities in terms of infrastructure, medical supplies and staffing. It was therefore important to scale up HIV and AIDS prevention and control projects targeting and placing vulnerable community members especially children at the forefront.

In terms of design, the project and its activities were well aligned with the national HIV/AIDS priority response efforts as addressed in the *National Strategic Plan for HIV/AIDS (2015-2020)* and other strategy and policy documents. The design positioned the project to contribute to country level efforts towards achieving the Millennium Development Goals (MDGs) particularly MDG- 6 Combat HIV/AIDS, malaria and other diseases.

The Project implementation strategies were appropriate through its targeting and involving the most vulnerable members of the community (men, women, boys and girls) in implementing the project.

By working closely with existing community structures, the Project ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.

## *Project Effectiveness*

The Project succeeded in increasing availability and access to HIV and AIDS health information and services, increasing awareness and knowledge of HIV and AIDS information, as well as providing HCT services and other economic options.

The Project was able to meet its targets as follows: 40 (100%) trained Health workers in logistics management and MYCHILD card, 30 (100%) trained records assistants in EHMIS, 3(50%) support supervisions by DHT to health facilities, 45 (100%) strengthened HUMC members, 153 (100%) trained VHTs on HIV package, 22 (42%) post-test clubs established, 7 (64%) teen clubs established, 11 (100%) parent support groups established, 153 (100%) peer educators, 114 (100%) health workers mentored quarterly for quality assurance and procurement of 63% of the HIV Rapid test kits target was achieved to support project implementation.

The monthly supervisions of health facilities improved by 26.8% from 55% at baseline to 81.8% at the end of the project.

In terms of infrastructure, Study established that, out of 11 health facilities, positive improvements were recorded in the areas of functioning computers, electricity, internet access, access to ambulance, running water, 24 hour access and presence of auditory facilities and toilet/latrine facilities.

The study results revealed that, 92.1% of households evaluated, considered health workers to be the most effective community structure followed by local councils (87.6%), and VHTs (86.6%) among others. The teen club being a new structure within some communities introduced by the Red Ribbon project in 2015 was ranked least with 46%.

The study results showed that Project implementation was largely successful with 15 out of 24 (63%) of the critical activities fully (100%) implemented during the project period. The project due to delays had a no-cost extension of 3 months up to March 2017 to allow for end of project evaluation and audit to be conducted.

As result of these Project interventions, all the 11 (100%) health facilities at the end of the Project self-reported that they provided Home based HCT (HBHCT) compared to only 2 (18%) during baseline in 2015. This was an improvement over the year by 82%. The HCIII health facility staff reported that the HBHCT services did not exist in HCIIIs before the Red Ribbon Project began. The CBHCT services increased by 9% over the project implementation period.

However, study results confirmed that with the target of 75% (396) of targeted outreaches achieved, a total of 20,092 clients were tested under CBHCT and 4488 during HBHCT by the Project.

Additionally, the study established (using HMIS data) that in 11 health facilities, there was an increase by 57% from 45340 clients in 2015 to 71061 clients that received HCT (HBHCT and CBHCT) services in 2016. This was followed by the number of 4<sup>th</sup> ANC visits which increased by 41% from 8,938 visits in the baseline to 12,601 at the end of the project. The other improvements were recorded in PMTCT (26%) and PNC (25%). The lowest increase of 7.8% was recorded on ART and deliveries (8%). The results confirm the effectiveness and ripple effect of the project in HIV/AIDS service delivery.

The study results show that, the Project achieved 55% (10,954/20,000) of its set target for the women and girls and 86% (8584/10,000) of targeted men and boys in the project area. This confirms that the Project was very effective in meeting its objectives. This is above expected 10% increase in availability and accessibility to quality HCT services by 72% in 11 health facilities planned for the entire project. Based on these data, we recommend that this project be rolled out throughout the district of Tororo.

The overall Project results also show that the interventions were significantly effective in meeting the beneficiaries' needs, namely improving access to quality HIV services, improving clinical environment, facilitating awareness creation, strengthening the health system and reporting, and popularizing the project locally. Together, these interventions contributed to increase in ANC, skilled delivery, PNC and referral services leading to reduction of HIV related health facility based deaths. The Project did have some challenges: it did not meet all its targets and desired outcomes in part because of delays and funding cutbacks which limited the number of interventions that could be carried out. It is recommended that the next project embarks on bridging the gaps left behind while consolidating the achievements reaped under this phase.

### **Project Efficiency**

The Project was efficiently managed both at Program Management level, and program fund management.

The Project had a full-time Project Coordinator who oversaw the entire management of the project and supported by the 7 part-time staff. As a result, the project demonstrated overall positive target compliance to set output targets as 63% of the process indicators (activities) showed positive compliance (met) to the targets.

The Study established that Plan International Tororo support unit itself has a strong computerized financial system with internal controls and external audits which all showed good evidence of sound management of project funds. By looking at the financial report of the Project, it was evident that standard financial management approaches were being used in the way project funds were handled and managed. These included having a well-defined authorization and approvals terms for any funds disbursements, which were also dependent on project activities and timelines.

The Project financial reports showed that there was value for money in respect of the ratio of management/administrative costs and activity (programme) costs to the entire project cost. The evaluation therefore, established that there was minimal variance of the costs incurred to the budget with the variance of the overall budget pegged at 9% compared to 2% in program (activity) budget, This is generally acceptable and reflective of minimal fiduciary activities. The positive cost variance (savings) on some activities signified either over budgeting, use of volunteers and a low burn rate on some activities. It was established that the total administrative and direct costs were 24% of total budget consumed against 76% of programme (activity) costs. This is very reasonable considering the coordination requirements of this project.

### **Project Impact and Significant Changes**

The impact envisaged by the Project was achieved to greater extent with the Most Significant Changes noticeable at community and individual levels. Four distinct broad domains of change were identified:

#### ***Improved capacity of health facilities***

The study established that the Project built the capacity and provided support to the existing staff at health facilities through training, mentoring, support supervision and provision of medical testing kits as well as medical job aids to support project activities. However, the current average staffing level at 11 Red Ribbon project supported facilities in 2016 increased to 68%. This shows that this average project health facility staffing level was slightly below the Health Sector Strategic Investment Plan (HSSIP) current level at 69% and target of 70% for 2015 (UBOS, 2015) and is slightly above Tororo district (health department) at only 58% .The project attracted the recruitment of one pharmacist in Mukuju health centre IV and 2 records assistants in some 2 facilities.

#### ***Increased Awareness and Knowledge of HIV and AIDS Issues among the community members***

The study established that awareness and knowledge levels had increased positively in all knowledge indicators assessed from baseline compared to current levels. For example, the knowledge of the community members on benefits of HIV testing increased by 23% from 73% at baseline in 2015 to 90% in 2016. Similar increases in knowledge and awareness were noted in PMTCT indicators.

### ***Increased access and availability HIV friendly Services***

As a result of increased awareness and knowledge, it was reported at the health facilities that there was a general increase by 1.2% from 96.7% at baseline (2015) to 96.9% at end-line evaluation (2016) in the proportion of community members visiting the health centres for various HCT services.

Similarly, the percentage of household members who reported having undergone an HIV Test during project implementation period increased by 8.5% from 61.6% during the baseline to 70.1% at end-line. By sex, there was a marked increase by 11.8% from females compared to males at 10.1%. There was no significant difference between the numbers of males against females that went for HIV testing, depicting that, the project was targeting both men and women.

The Percentage of households who had taken an HIV test within the past 12 months and received test results with partner increased by nearly half (49.1%) from 21.3% in 2015 to 70.4% at the end of the project. The uptake of services was high both among the females and males. By sex, the proportion of females increased by more than half (51.1%) from 23.3% at baseline to 74.7% end-line and males 49.5% from 16.7% in 2015 to 66.2% in 2016.

### ***Increased Demand for HCT services***

The total demand for HCT services among members in the community increased by 8.9% from 76.3% in 2015 to 85.2% at the end of the project. The Evaluation results confirm that, the community members (males and females) willingly demanded for HIV tests at the health facilities and outreach centres as a result of increased information base for them to make quick decisions given easy access and availability of HCT services supported by the project. When respondents were asked during baseline whether they have ever been tested for HIV, 83.4% responded in affirmative. This rose to 91.1% at the end of the project causing an increase by 7.7%. In comparison by sex, there was a high increase in demand for HCT services by 21.4 % in males than females. The interviews with the health staff revealed that the high increase in HCT uptake by men was as a result of CBHCT services which were introduced by the project. Additionally, the project had a strong focus on participation of men in HIV prevention and control. This project despite its short period was able to

deliver a good result on men's participation in the arena of HIV prevention and control.

### ***Improvement in Behaviour Change***

The proportion of respondents reporting primary abstinence increased by 27.3% from 34.9% to 62.2%. At baseline, fifty one (51.2%) reported being faithful compared to 84.2% at the end-line evaluation, causing an increase by 33%. Furthermore, 88% of HH reported knowledge of using condoms as a contraceptive compared to 82.3% at baseline.

Due to the behaviour change factor, the prevalence of having multiple partners reduced by 9.2% from 30.8% in 2015 to 21.6% at end of project. The reduction by 9.5 was recorded among the males compared to females who recorded an increase by 7.5%. This shows a positive trend of success recorded by the project over the 18 months period. This is effect has reduced the perceived level of risk of infection from HIV among community members by 11.8% from 25% during baseline to 13.2% at the end of project citing the use of condoms, abstinence, undergoing HIV testing and delaying onset of sexual debut

Similarly, reduced Stigma and Discrimination was noted in the project and therefore, a positive change in behaviour among community members was seen in the care for HIV positive family members, disclosure of HIV secrets for positive family members and the way HIV positive teachers should be treated at school.

### **Project Sustainability**

The Project investments has been sustained through effective partnerships built by the Tororo district, 10 sub-county LGs, local advocacy groups as well as active community participation in all the 11 health facilities. The project has already strengthened 153 VHTs, 45 HUMCs, Tororo DHT-District Committee, 30 trained records assistants in E-HMIS, 40 health workers for high impact HIV care, built the capacity of 22 PTC, 7 TCs and staff capacity of 11 health centres, sensitised the community members, LCs, and other LG departments including the police, education, health, community services. These partners will continue to support the project beyond its life span. The project has also handed over one address system for PTCs and supported health facilities with drugs and equipment. The DHT has also promised to use part of the PHC funds to support the maintenance of project assets in each of the 11 health facilities.

For long-term sustainability of this project, the Ministry of Health and district health authorities must commit to providing a cost-effective budget for technical and



support services for sustaining the provision of HIV/AIDS services in the 38 parishes in 10 sub-counties of Tororo district with or without the Red Ribbon project.

There is still an opportunity for the Plan International through Red Ribbon Project to work in collaboration with MoH and other local agencies in supporting more HIV/AIDS activities in Tororo especially in rural setting. If the Ministry of Health or Plan international extends this project throughout the country, then every vulnerable person can have a safe and dignified HIV/AIDS Service delivery.

### **Project Challenges**

Despite the various achievements by the Project over 18 months (2015-2016), there are perennial challenges in ensuring high quality HIV/AIDS delivery services. These challenges include poverty among the population and financial challenges in affording HIV/AIDS services, poor quality facility infrastructure, inadequate staffing levels, insufficient drugs and equipment at health facilities, weak e-HMIS for health facilities, poor health seeking behaviours among the parents, poor handling of patients (poor customer care), reluctance of DLGs to support community volunteers for health, illiterate population, poor internet connectivity, dominant silent cases on gender based violence and child abuse, poor health funding by the District Local Governments, dominant subsistence agricultural production and inadequate HIV/AIDS quality services delivered to the population. Therefore, Plan International alone cannot address these gaps without the commitment of both government and other partners.

### **General Recommendations**

To overcome the challenges faced by the Red Ribbon project in 11 facilities in Tororo district, the evaluation recommends:

- Continuous community awareness among the vulnerable population seeking HIV/AIDS (HCT, PMTCT, ART, ANC, delivery and post-natal) services at health units through the support of VHTS, peer educators, health workers and HUMCS;
- The district authorities providing adequate budget for maintenance of the HCT project outreaches and their sites
- The district authorities strengthening the recruitment of the needed health workers to improve staffing levels in some health facilities;
- The district teams undertaking continuous support supervision and mentorship of records personnel in E-HMIS, VHTS in CBHMIS, and health workers in high impact HIV/AIDS for continuous quality improvement in overall service delivery;
- The government providing adequate funding to operationalise the project in other parts of the country to create a big positive impact especially targeting children;
- Ensuring that all the existing project support structures especially VHTS, peer educators, PTC, TC, family support groups and HUMCS are motivated and

supported for sustained results in basic and comprehensive emergency HIV/AIDS care;

- Plan International (with or without Red Ribbon project) and its partners should continue working directly with Tororo District LG to continuously provide advocacy and social accountability interventions to improve on service delivery (staffing & drugs) and health unit infrastructure.

Despite the limited resources, the Red Ribbon Project model has proved effective in meeting overall project HIV/AIDS Service delivery targets set by Plan International and project Donor. Perhaps the performance would have been better if there were adequate resources to implement all the planned activities.

It is therefore, recommended that this Project be rolled into other areas towards the improvements in HIV/AIDS services in Uganda.