

KALUNGU DISTRICT HIV AND AIDS BULLETIN

Sub-counties in Kalungu District Lwabenge Kyamushwa Lukaya Town Colunca Kalungu Bukulula

JANUARY- MARCH 2016

A MESSAGE FROM THE DHO



I feel privileged to share with you a snapshot of work progress in the district through this well thought yet innovative HIV/AIDS bulletin.

Like many districts of the central region, the HIV prevalence among the general population of Kalungu is estimated to be at 13% however, its much higher in some areas like the fisher

folks of Kamuwunga, Kalangala and Bulingos(at 28.8%). The district has a total of 11 ART and 20 eMTCT sites offering HIV services to 20,000 people.

The district strives to stay ahead of the epidemic through strengthening prevention, care and treatment strategies as clearly spelt out in the Uganda National Strategic Plan for HIV and AIDS. And with involvement of all stake holders, we shall keep attuned to the national call that seeks to have Zero new infections, zero discrimination and Zero AIDS related death. I join the rest of the World to remember the souls of our departed brothers and sisters as well as send words of hope to those infected and affected by the HIV epidemic.

I wish to congratulate the newly appointed District HIV Committee members by the Chief Executive Officer. This team has started its coordination role which is geared at having effective integrated HIV response for all thematic areas of prevention, care and treatment, social support, child protection and systems strengthening as clearly spelt out in the newly authored Kalungu District HIV Strategic Plan 2016/20.

I remain grateful to our Partners whose support has made us realize the set objectives. But a must mention are; Mildmay Uganda, PREFA, AHF-Uganda Cares, Rakai Health Sciences Program, PACE MRC, METS Program and MakSPH.

Why not send gratitude to you the front line health unit managers and the entire team of dedicated health workers whose ingenuity continues to spur us to greater heights day by day.

It's therefore my humble request that this bulletin opens our minds to think of newer innovations that will strengthen the districts response towards HIV/AIDS. May the almighty God bless you all.

NISI DOMINUS, FOR GOD AND MY COUNTRY

HIGHLIGHTS IN THE QUARTER

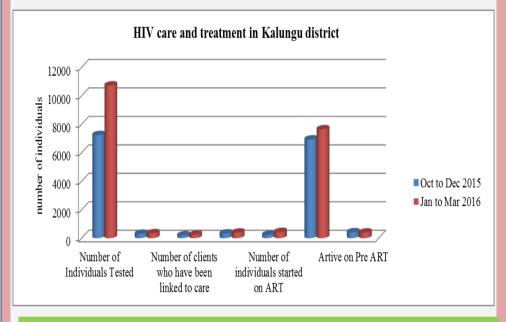
- Furnished Health facilities; client friendly chairs, tents, board games and footballs were supplied by PREFA to support adolescent clinics
- Appointed and functionalized the District Aids Committee
- Targeted outreaches and Moonlight testing was done to MARPs with support from Mildmay
- Carried out HIV support supervision to all ART sites
- Polio End Game Campaign (Switch of tOPV to bOPV, Introduction of IPV, House to House polio campaign) was done.
- Safe Male Circumcision camps were held with support from Rakai Health Science Program in Lukaya, Bukulula and Kyamulibwa HCIII
- Developed a Five years HIV strategic plan with support from Monitoring and Evaluation Technical support Program
- 16 Adolescent clubs and Family Support Groups were supported to meet and have youth friendly service
- Provided Nutrition support to OVC households.
- OVC Circle meetings held in Lukaya, Kyamulibwa and Kalungu Sub

Capacity building efforts

- 2health worker had a TOT for adolescent and youth sexual reproductive Health rights
- 20 Health Facility Incharges trained in management skills.
- Peer mothers and fathers, Youth champions, community resources persons have trained on their roles and mobilizing communities on sexual reproductive health rights.
- A mentorship was held in to the EMTCT sites in March 2016 by MOH supported by PREFA and district.

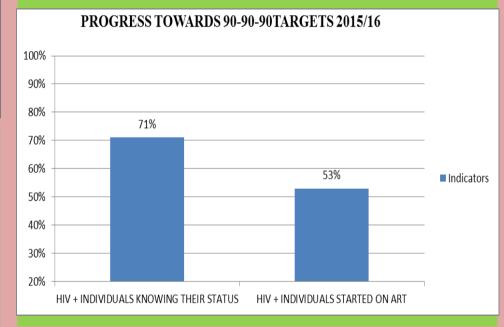
HIV COUNSELLING, TESTING CARE AND TREAMENT

The district targets 15000 individuals to be counselled and tested quarterly, the graph below shows and improvement from 67% October-December to 71.4% Jan-Mar 2016, the number of MARPS identified improved from 4 to 64 Clients due to intensive moonlight outreaches. Also the district noted a slight improvement in rate of new HIV infections from 4.2% to 3.2 %.



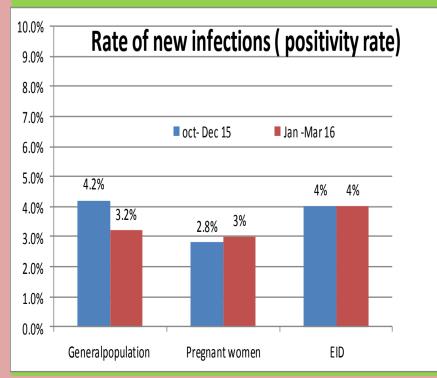
PROGRESS TOWARDS 90-90-90TARGETS

Toward the Global target, the district annual target 2000 HIV+ individuals knowing their status ,1800 Individuals to be started on ART and 1620 with Viral load suppression per quarter



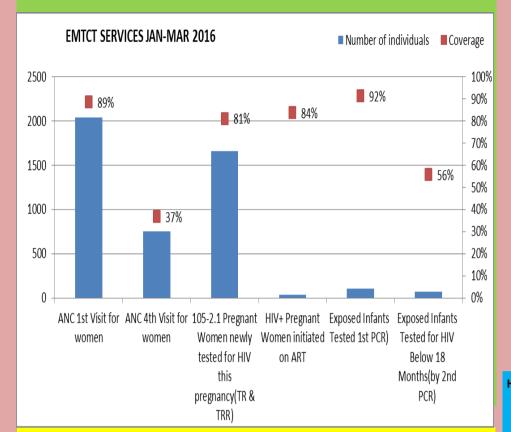
Rate of new infections

The district noted a decrease in new infection rate in general population however it increased by 0.02% among pregnant women as showed in the graph below.



eMTCT ACTIVITIES

The district achieved 89% of the targeted pregnant women to attend first ANC, however the fourth ANC is still low partly because mothers attend late for first ANC



Innovations

- Integration of Continuous quality improvement in the daily activities
- Integration of HCT in all out reach activities

CHALLENGES

- Limited space for laboratories especially in Kiragga and Kiti
- Inadequate storage space for the increased quantities of HIV/AIDs treatment logistics
- Lack of formally trained counselors in provision of counselling skills

UPCOMING EVENTS OR ACTIVITIES

- Scale up family support groups to Kigajju HCII and Thereza Ledokwoska HCII
- Follow up mother baby pair and sustain mother baby pair in care
- Support supervision /mentorship
- .To harmonize new reports with partner (eMTCT retention of mothers and EID at 24 months)
- Full Accreditation of Mukwano Medical Centre HCII and St. Josephs to provide ART
- Usher in District local council leaders

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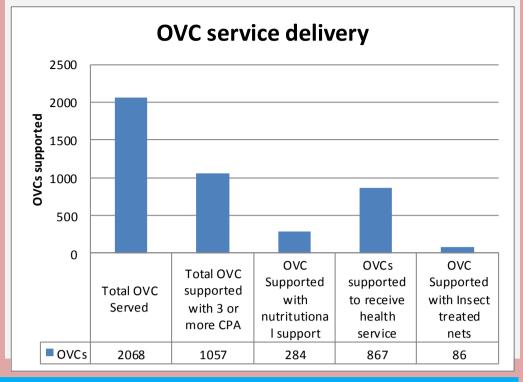
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OVC SERVICES IN KALUNGU DISTRICT

The district has a total of 9642 (Mapping in 2013) Orphans, out of which 2068 were served(21%) by CSOs and local government,1057 (11%) were supported with three or more core program areas, 284 were supported with nutrition



HANDOVER OF 9 GAVI MOTOCYCLES TO HEALTH WORKERS BY DISTRICT LEADERS



LEADERS INCLUDED: FROM RIGHT, CHAIRPERSON LANDBOARD, DEPUTY CAO, SEC FOR HEALTH, RDC,, DEPUTY RDC

END POLIO GAME CAMPAIGN SUPERVISORS AFTER A DEBRIEF MEETING WITH CHIEF EXCUTIVE



Acknowledgements

Kalungu District Local Government takes the pleasure to acknowledge all key stakeholders, for the tremendous contribution made in its endeavor to provide improved health

Services. Notably; Ministry of Health, donors/IPs, district leadership medical staff, VHTs, peer educators, PHA net works and family support groups that have continuously committed their efforts towards the fight against HIV and Aids.

Further acknowledgement goes to (Dr.Mutebi Ronald Reagan, Mr.Ssali Denis and