



BAITAMBOGWE COMMUNITY HEALTHCARE INITIATIVE  
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## BAITAMBOGWE COMMUNITY HEALTHCARE INITIATIVE (BACHI)

### USAID LSDA UPMB– STRENGTHEN COMMUNITY RESPONSE TO HIV AND TB

## FINAL PROGRAM PERFORMANCE REPORT

**Project Title:** Strengthen Community Response to HIV and TB.

**Implementing Partner:** Baitambogwe Community Health Care Initiative (BACHI).

**Funder:** USAID LSDA through Uganda Protestant Medical Bureau (UPMB).

**Geographic Scope:** Mayuge District (Baitambogwe, Imanyiro, Wairasa, Magamaga, Buwaya, Bukatube, Kaluba, and Mayuge Town Council).

**Implementation Period:** March 2022 – 30<sup>th</sup> September 2024

### 1. Project Summary and Objectives

The USAID-LSDA-UPMB-supported project aimed to enhance community responsiveness to HIV and TB in rural and peri-urban communities of Mayuge District. The overarching goal was to reduce new HIV infections and mitigate community transmission of TB through evidence-based interventions. The project focused on both prevention and care, emphasizing linkage to services, adherence to treatment, gender-sensitive programming, and strengthening of local health systems and community capacity.

### 2. Methods of Work Used

BACHI implemented a multi-layered, community-led model which emphasized collaboration, outreach, and capacity strengthening:

- **Facility Collaboration:** Joint planning and service delivery with Buluba Hospital, Kyando, Kaluba, and Buwaya HC IIs. Facility staff were instrumental in case identification, ART initiation, and review meetings.
- **Community Mobilization:** Extensive use of Village Health Teams (VHTs), local council leaders, and peer educators for hotspot mapping, home visits, and group sensitizations.
- **Service Delivery:** Integrated outreaches providing HIV testing, TB screening, PrEP initiation, GBV response, and referrals for ANC/PMTCT. Assisted partner notification (APN), social network testing (SNS), and index testing were also applied.



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- **Capacity Building & Supervision:** Continuous technical support and performance review meetings with 18 VHTs, fostering accountability and peer learning.
- **Data Monitoring:** Weekly collection and analysis of service delivery data ensured quality, accuracy, and adaptive programming.

### 3. Cumulative Results and Outcomes

Activity	2022	2023	2024
Hotspot mapping	15 hotspots identified in Mayuge district	Not implemented	Not implemented
Community HIV case finding	Not applicable	Not implemented	3435, 20 HIV positive all initiated on ART
Index client testing	Not implemented	165 indexes tested, 08 confirmed HIV positive and initiated on ART treatment	514, 01 HIV positive initiated on ART
SNS	Not implemented	905 tested for HIV, 16 were confirmed positive all initiated on ART	669, 04 HIV positive all initiated on ART
HIV self-test kit distribution	168 kits distributed, 14 reactive, 08 confirmed HIV positive and initiated on ART	05 kits distributed, 01 reacted, confirmed HIV positive and initiated on ART	274, 01 reactive case confirmed HIV positive and initiated on ART
Community PrEP uptake	06 initiated, 30 supported with refills	Not implemented	296 PrEP new 44 PrEP CT
Referral of pregnant women for PMTCT services (ANC 1)	204	759, 05 mothers were newly diagnosed with HIV and initiated on ART.	645



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Referral for GBV response	80	Not implemented	177
Follow up on lost clients	Not implemented	Not implemented	93
Community TB case finding	210 clients were sensitized, 13 cases confirmed TB positive all initiated on anti TB treatment	120 clients sensitized, 11 confirmed TB positive and initiated on anti TB treatment	254 clients were sensitized, 94 presumptive cases and 18 confirmed TB positive
Community EID bleeding	17 infants were bleed with no positive results for HIV	29 infants were bleed with no HIV positive identified	Not implemented
VMMC for 15+males of age	320 referred, 309 circumcised	525 referred, 514 circumcised	Not implemented
Cervical cancer screening for HIV positive women of reproductive age	41, all tested negative	113 all tested negative	Not implemented
Community viral load bleeding and monitoring	17	186	Not implemented
Community TPT initiation	10	51	12
Facility -lay tester HIV screening and testing	Not implemented	332 children and adolescents tested, 12 confirmed HIV positive and initiated on ART	Not implemented

#### 4. Gender Integration and Equality Outcomes



- **Closing Gender Gaps:** The program ensured women and men were both targeted through gender-responsive outreach activities. Special emphasis was placed on involving male partners in HIV testing and PMTCT services, narrowing traditional gaps in male participation.
- **Opportunities Created:** VHTs, peer educators, and mobilizers (both male and female) gained training and field experience, strengthening their roles as community health actors and expanding employment and leadership opportunities.
- **Differential Impacts Addressed:**
  - **For Women:** ANC1 referrals and GBV response support addressed vulnerabilities often disproportionately affecting women. Women accessing PrEP and PMTCT services reported improved access to safe services.
  - **For Men:** Male engagement strategies like VMMC, self-testing and targeted sensitizations increased their uptake of VMMC, HIV testing and prevention services, previously a gap area.
- **Remaining Inequalities:** Partner disclosure fears, especially among women, revealed ongoing gender power imbalances. Men continued to show slightly lower levels of health-seeking behaviors, warranting future focus.

## 5. Impact and Key Learnings

- **Impact Assessment:**
  - Increased trust in health facilities, as evidenced by higher attendance and service uptake.
  - Strengthened community-facility linkages and improved case detection, especially for TB.
  - All HIV-positive clients were successfully initiated on ART, a major success metric.
  - PrEP uptake, while below target, established a foundation for future scale-up.
- **Key Learnings:**
  - Regular support supervision and structured review meetings drove accountability and improved outcomes.
  - VHT-led referral and follow-up mechanisms proved effective in client tracking and linkage to services.
  - Peer-led HIV and TB prevention strategies are effective in low-resource settings when properly supported.
- **Challenges:**
  - Fear of partner disclosure and stigma hindered some clients from testing or accessing care.
  - Financial constraints and user costs for services outside government facilities limited some clients' access.

## 6. Recommendations and Way Forward

- **Strengthen VHT Capacity:** Further training, logistical support, and formal integration into health systems is needed.



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- **Sustain and Scale Education Campaigns:** Focus on risk perception, benefits of early treatment, and gender equity in healthcare.
- **Expand Male Engagement:** Develop tailored interventions for male partners and heads of households.
- **Introduce Incentives or Support for Disclosure:** Partner-focused counseling and community dialogue may help reduce stigma.

## 7. Success Story Highlight

*“A New Start for Jane”* – Jane, a 24-year-old from Wairasa, learned of her HIV status through a community HIV self-testing outreach. Afraid to visit the health center due to stigma, she received counseling from a VHT who accompanied her for confirmatory testing. Jane was started on ART the same day and later became a peer mobilizer, helping 6 other young women test and seek care. Her story reflects the power of peer engagement and respectful support.

## 8. Financial Summary

BACHI utilized the grant funds in line with USAID and UPMB guidelines, allocating resources primarily to service delivery, staff facilitation, logistics for outreaches, and capacity-building efforts. A detailed expenditure report is attached as an annex, showing:

## 9. Conclusion

The USAID-LSDA–UPMB initiative made a tangible impact in HIV and TB prevention and treatment in Mayuge district. Through community-led, gender-responsive strategies and strong facility collaboration, the program achieved high performance against key indicators. With continued investment and scale-up, these gains can be sustained and expanded to further close gender and access gaps in HIV/TB care.

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