



**Peace
Corps**
UGANDA

HEALTH PROJECT 20 ANNUAL 20 REPORT

Theme:

**Continuing with health
interventions amidst
COVID 19 Pandemic**

Prepared by: Peace Corps Health Team

Prepared for: Peace Corps health partners and stakeholders

ACRONYMS

BCC

Behavior Change Communication

BRO

Boys Reaching Out

DREAMS

Determined, Resilient, Empowered, AIDS Free and Mentored

EPCMD

Ending Preventable Child and Maternal Deaths

GLOW

Girls Leading Our World

MNCH

Maternal, Newborn and Child Health

OVC

Orphans and Vulnerable Children

PAC

Project Advisory Committee

PCVs

Peace Corps Volunteers

PEPFAR

Presidential Emergency Plan for AIDS Relief

PMI

Presidential Malaria Initiative

RUMPS

Re-Usable Menstrual Pads

USAID

United States Agency for International Development

VHT

Village Health Team

VSLA

Village Savings and Loan Association

VSO

Volunteer Service Overseas

WASH

Water, Sanitation and Hygiene

WHO

World Health Organization

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→ 60TH ANNIVERSARY



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Remarks by Peace Corps staff



James T. Ham
Country Director

Dear Partners and Stakeholders,

This year, Peace Corps celebrates its 60th anniversary of global service, and a partnership with the people of Uganda that is as old as 52 years! Built on the values of peace and friendship, the Peace Corps has inspired generations of Ugandans to learn and work hard for their country's development. I would like to take this opportunity to thank all the partners for the support that has enabled the Health Project to consistently meet its objectives over the years. There is perhaps no better way to celebrate this enduring partnership than to reflect on some of the milestones that have been collectively achieved in the past year.

My experience during the short stay in this beautiful country – now entering into the third year – is one of cooperation and collaboration. I have come to appreciate how so much can be achieved working together with government, partners, communities and all the other stakeholders. It is interesting to note that the objectives of both our Education (primary literacy) and Agribusiness projects are more comprehensively addressed with the integration

of health components. This puts the health activities at the core of our programming and community work.

Although Peace Corps Volunteers had to leave the country early this year due to the threats of COVID-19 pandemic, we continued to engage with host communities, and to complete several unfinished projects. Our hope is that conditions will soon permit the Volunteers to return to the country. Admittedly, the pandemic has taught us to be more innovative in our work and to put in place more sustainable strategies. In addition to the regular Health Volunteers, we are expecting an initial (small) cohort of Volunteers to arrive in the country in 2021 under the auspices of a new program – Advanced Health Program, a successor to the Global Health Partnership Program (GHSP) that closed in 2018.

I would like to end by reiterating Peace Corps commitment to partnership development as a means of building strong, healthy and resilient communities in Uganda. It is my pleasure to invite you to read this edition of our Health Project report.





Remarks

Mariah Cisse
Director Programming and Training

I joined the Peace Corps Uganda team as the Director of Programming and Training in February 2020, and shortly thereafter helped to evacuate all of our Volunteers from the country due to COVID-19 pandemic.

COVID-19 has taken the world by storm and Uganda is not an exception. Unfortunately, Uganda has other serious health challenges such as high infection rates of Malaria and HIV/AIDS that cannot be ignored in the meantime. Peace Corps Uganda's Health Project focuses on: HIV/AIDS prevention, Malaria prevention, Orphans and Vulnerable Children (OVC), Maternal, Newborn and Child Health (MNCH), Ending Preventable Child and Maternal Deaths, and organization capacity building. Although I did not have the opportunity to see Volunteer projects at their host organizations, I did get to observe several training sessions that our Health Project Team facilitated to support HIV/AIDS prevention focusing on the most vulnerable groups in the country. Despite the absence of Volunteers, I witnessed the continued dedication and passion of our team for

taking part in addressing these challenges in the country.

One of the major accomplishments of our Health Project staff after the evacuation of Volunteers was the continuation of malaria prevention activities. They collaborated with partners and communities to assess needs, identify target populations and distributed 15,000 mosquito bed nets to vulnerable groups across the country. They have maintained communication and engagement with our partner organizations and are working hard to ensure a smooth transition when Volunteers are able to return to Uganda.

While COVID-19 has made it challenging to meet the goals of the project, our team remains dedicated to finding innovative ways to remain active and engaged. This has been a time of reflection and we are focused on what we can do even better to ensure a strong, dynamic and sustainable program as we move forward. Thank you for your interest in the Peace Corps Uganda Health Project and please enjoy reading more about our important work in the enclosed report.





Remarks

Cotious Tukashaba
Program Manager Health

I have the honor to present the 2020 annual report on the work of the Peace Corps Uganda Health Project. The report highlights the technical health activities accomplished during the period of October 2019 through September 2020. The interventions were guided by the logical health framework that was approved in December 2018 and running through 2026, PEPFAR interagency priorities within Uganda as well as the Ministry of Health Strategic Plan. The report is also complemented by Peace Corps Volunteer activities before their global evacuation in March 2020 and the continuous partner engagement and support of various health interventions by Peace Corps Health staff during the COVID-19 pandemic.

The year 2020 had started on a very good note and successfully implemented all the activities in the first trimester as planned including; DREAMS, Grassroot Soccer and OVC technical trainings among other interventions. Little did we know that from the month of March, things would change drastically including the global evacuation of Peace Corps Volunteers, country lock down and lots of interruptions that greatly and negatively affected the implementation of Health Project activities.

Given the obtaining global turbulent situation, the Health Team had to plan the continuity of the essential health interventions that align with the framework and were relevant for that period.

In the absence of Volunteers, Peace Corps Health Project revised the mode of operation and focused on priority areas with the host country partners as well as the completion of pending Volunteer projects that were on stand still after the abrupt Volunteer evacuation. The direct staff and partner engagement has also yielded very positive results including completion of some pending projects in the communities we serve, information exchange and learning via WhatsApp group.

I am glad to report that Peace Corps Uganda Health Project implemented Malaria prevention especially targeting vulnerable groups such as Orphans and other Vulnerable Children, Maternal Child Health and HIV prevention activities amidst the COVID 19 pandemic. Partners were guided and incorporated COVID 19 standard operating procedures in interventions which was not originally in their framework but was adopted across all the activities.

As we transition into the “new normal” this financial year 2020/2021, Peace Corps Uganda Health Project remains committed to supporting the national priorities according to the Ministry of Health and hopefully sooner or later, Volunteers will return to Uganda and continue working with their host organizations to empower various communities meet their needs. Join us as we move forward in the “new normal” and continue to foster world Peace and Friendship.

Stay Healthy and Safe

Executive Summary

Peace Corps uses a capacity building approach with Volunteers and host country nationals at the grass root as the key implementers. Volunteers go through intense training in the target local languages and orientation in cross cultural themes in addition to the thematic technical training. During the year under review, forty (40) health PCVs of the 144 PCVs were placed in 22 districts spread in six regions. These were supported by the five Peace Corps Health Project staff who were part of the 53 full time and 20 part-time staff. Above the Peace Corps post structure is 14-member Health Project Advisory Committee who render strategic guidance to the Peace Corps Health project.

The Health Project has one project goal, four objectives: HIV/AIDS prevention, Orphans and other Vulnerable Children (OVC), Maternal, Newborn and Child Health (MNCH) and Organization capacity building. Activity implementation done at two levels by Peace Corps Kampala head office and Volunteers at the host organizations, included the visit by the Peace Corps global Director Josephine (Jody) Oslon, trainings in HIV/AIDS prevention including World AIDS activities, trainings in malaria prevention and control as well as dissemination of HIV, Malaria and COVID 19 key messages.

Key outputs included: reaching out to 1,881 individuals from seven districts with standardized HIV prevention evidence-based interventions and 1,040 individuals from eight districts developed accepting attitudes towards people living with HIV. Reaching 94% (1,292) of the annual targeted (1,377) OVC who were served, 80% of whom (1,032) got to know their HIV status. 971 individuals from nine districts were trained to reduce stigma and discrimination associated with HIV/AIDS.

Furthermore, 40,000 community members were educated on malaria prevention, net use and care, 15,000 insecticide treated mosquito bed nets were distributed to individuals of the most vulnerable groups, 400 Ministry of Health approved Big Books with malaria behavioral change and communication messages were printed. In line with MNCH, 258 infants from Kyotera district were exclusively breastfed for the first six months and 78 individuals from five districts were trained in components of behavior change communication. Peace Corps Uganda Health Project best practices include: hands on technical training model and Care group intervention approach. Emerging practices include: joint sector Project Advisory Committee (PAC) meeting.

Among Peace Corps' key and treasured partners and stakeholders are: PEPFAR, Presidential Malaria Initiative, (PMI), Ministry of Health, Ministry of Gender, Labor and Social Development, Local Governments, Grassroot Soccer, Harvest Plus, VSO and Volunteer host organizations.

COVID 19 pandemic has had a great negative impact on the entire Peace Corps program including evacuation of all Volunteers, teleworking, scaling down of program implementation among others.

Next steps will focus on partner and stakeholder meaningful engagement and support, and preparation for re-instatement of Peace Corps Volunteers. In the appendix, are lists of the following: PAC members, projects implemented and commonly used resources.

Introduction

This health project annual report whose theme is continuing with health interventions amidst COVID 19 Pandemic covers the period: October 1, 2019 to September 30, 2020. It highlights activities that were implemented during the period of twelve months. In addition, the report provides information about the Health Project, Volunteers, partnerships and cross sectoral collaboration within and outside Peace Corps, best and emerging practices, plan moving forward and various lists including commonly used resources.

Peace Corps' development philosophy and sustainability approach

Peace Corps focuses on capacity building of host organization staff, target groups and individuals. Peace Corps Volunteers work with counterparts and supervisors in the respective organizations to implement a range of health interventions in the area of infection and disease prevention. Both the supervisors and counterparts at the host organizations are provided with various technical trainings with the hope that, the work Volunteers implemented can still continue and impact on the lives of the targeted groups and individuals such as youths, Orphans and other Vulnerable Children (OVC), Care givers, men, expectant women, children and lactating mothers at the end of the hosting cycle (2-6 year period).

One of the Peace Corps Volunteers had this to say about Peace Corps' Approach to Behavior Change:



Peace Corps places such an emphasis on capacity building. The educational component is critical to behavior change. We often don't have the financial incentives but we are doing the activities to make a real difference in the lives of women." **Danielle**



About Peace Corps Uganda Health Project

STAFF

Peace Corps Health Team is composed of five staff including the one that joined in the last month of the reporting period in the capacity of Program Specialist-Health. On the right are the details of Peace Corps Health Team:

**Cotious
Tukashaba**

Program Manager

**Joseph
Mwebe**

Program Specialist
Health

**Amelia
Naturinda**

Program Specialist
Health

**Henry
Nsubuga**

HIV/AIDS Coordinator

**Diana
Kabahinda**

PEPFAR Budget
Specialist

About the new staff



Naturinda Amelia is a Public Health Officer whose career goal is to enable health care systems provide quality health care to everyone. She has over 10 years' experience working with district health management teams and other partners to ensure harmonised and coordinated health projects in south western and western Uganda; worked with The AIDS Support Organization (TASO) and Save the Children International (SCI) in HIV/AIDS, Tuberculosis and MNCH projects. Most of her career time has been spent in training, and mentoring health care workers to improve

At Peace Corps, she joins the team excited and motivated to work very closely with Ugandan communities, Peace Corps Volunteers and colleagues to enable communities meet their health care needs through sustainable health models and approaches.

Amelia loves reading and listening to real life inspirational stories and plays volley ball and net ball.

Peace Corps Uganda family

The Health Team is supported by a bigger Peace Corps family of 48 fulltime staff at the head office in Kampala and two regional offices in Mbarara and Gulu. In addition, Peace Corps has a team of over 10 part-time language and cross culture facilitators and technical trainers in different areas. Volunteers and host country counterparts are the key implementers of Peace Corps project. Volunteers are placed at grass root level with organizations following an in-country orientation. This approach is unique to Peace Corps.

Preparation of Peace Corps Health Volunteers

Volunteers gain better understanding of the country specific context, through a series of intense local language, cross cultural and technical training sessions that are provided. These include:

Pre-Service Training (PST):

This covers ten (10) weeks of training that includes three (3) weeks of technical hands on training and seven (7) weeks training in target language and cross cultural themes in satellite areas. Lastly they have one (1) week of technical immersion.

In-Service Training (IST):

This runs for seven (7) days and is conducted after three months of placement in the community.

Just In Time Trainings:

Technical trainings conducted based on identified capacity gaps of individual Volunteers and counterparts as well as organizations. Examples of technical focus areas include: malaria prevention and control, HIV prevention, OVC programming and support and food security such as kitchen gardens.

Mid Service Conference:

This is conducted at the one-year mark of Volunteers' service. The aim is to reflect on the work so far done during the first year and then plan for the second year of service.

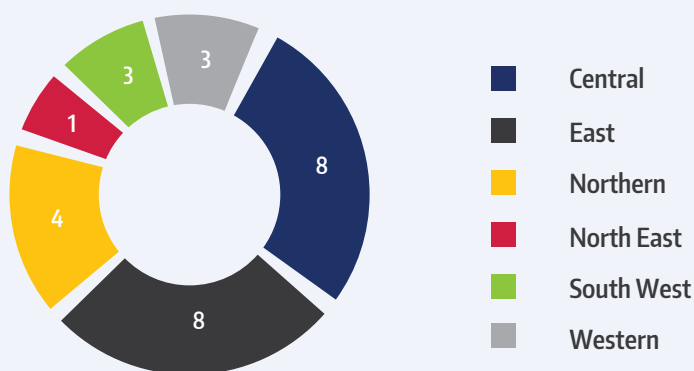
Pre-Service Training was a good introduction to help prepare me to step into a health facility setting. I am looking forward to In-Service Training to help me go deeper. I was grateful to be placed at a site focused on maternal care. Training helped me get a better understanding of Antenatal Care visits, nutrition and exclusive breastfeeding..Peace Corps Volunteer Jade.



Volunteer numbers and placement

During the reporting period, a total of 144 Peace Corps Volunteers were in-country serving in three sectors: Agriculture, Education and Health. Of these, 40 (28%) were in the health sector and placed in six regions and 27 districts including seven (7) DREAMS and 23 OVC PEPFAR districts.

Central and Eastern regions with highest Volunteer placements



Health Project Advisory Committee

As part of quality assurance and stakeholder engagement, it is mandatory that each Peace Corps project constitutes and meaningfully engages a Project Advisory Committee (PAC) for technical and strategic guidance. The Health PAC is composed of 14 members (5 female and 9 male). Meetings are at least once a year. See appendix I for details on composition.

Four Peace Corps health staff are part of the Project Advisory Committee. In addition, four Peace Corps management staff: Country Director, Director of Programming and Training, Learning and Organization Development Manager and Monitoring and Evaluation Specialist support the health PAC.

Emerging best practice

- Joint sector PAC meeting
- Field visits by PAC members

Current Peace Corps Uganda Health Project

Peace Corps Uganda Health Project was revised in 2018 and aligned to ensure it is focused on HIV/AIDS prevention, OVC programming, Maternal and Child Health and organization capacity building.

The current Project Logical Framework with a lifespan of up to 2026 has one goal and four objectives.

Project Goal

Ending preventable child deaths and achieving a resilient and healthy generation of youths by 2030.

Project Objectives

The health project aims at:

1. Increasing the knowledge and skills of child caregivers to end preventable child (age 0-5) deaths and keep them healthy

2. Increasing the knowledge and skills of people living with or affected by HIV/AIDS to improve their well-being and resilience including OVC (age 0-18) and their families
3. Increasing the knowledge and skills of vulnerable youth (age 12-19) to remain HIV-free
4. Improving community health service providers' and/or school staff's skills to address health needs of children and youth

Project Core Areas:

- HIV/AIDS prevention
- Orphans and other Vulnerable Children (OVC)
- Maternal, Newborn and Child Health (MNCH)
- Organization capacity building

HIV/AIDS prevention interventions

HIV/AIDS interventions aim at empowering youths with knowledge and life skills to make informed life choices and live healthy lives. A range of implementation platforms used include: camps, clubs/small groups and workshops. The Evidence Based Curricula used include: Journeys Plus, Grassroot Soccer, One Man Can and Stepping Stones.

Orphans and other Vulnerable Children (OVC) interventions

Host country nationals and Volunteers at organizations supporting OVC are provided with technical training by Peace Corps with support from PEPFAR contractors such as Strategic Information Technical Support (SITES). Volunteers work collaboratively with their counterparts and host organizations to support OVC and care givers in a range of ways including health and economic strengthening to build resilience. The interventions include: HIV prevention trainings, working with HIV testing service providers to bring testing services closer to the community level, malaria prevention and control messaging, the distribution of Insecticide Treated bed nets and disseminating

Ministry of Health malaria messages to OVC and their care givers, Water, Sanitation and Hygiene (WASH) interventions which promote simple and low cost technologies such as tippy taps to enhance hand washing and minimize the spread of water borne diseases. Care givers trainings which indirectly benefit the OVC focus on: nutrition, perma gardening, income generation and Village Saving and Loan Associations.

Maternal, Newborn and Child Health (MNCH)

Maternal, Newborn and Child Health interventions encompass tailored trainings in the following areas: nutrition, malaria prevention and control and Water, Sanitation and Hygiene (WASH). Implementation modalities consist of a care group model during which trained lead mothers reach out and train peer mothers in small groups of 3-6 people. Local language is used as the medium of communication while training on the various health topics. In some areas, the training sessions have also been attended by fathers.

Ending Preventable Child and Maternal Deaths (EPCMD) Program

The Ending Preventable Child and Maternal Deaths (EPCMD) is an interagency agreement that began in 2015 with the US Agency for International Development (USAID). The program is implemented by Peace Corps to equip Peace Corps Volunteers (PCVs) with the necessary training and tools to promote healthy behaviors for Maternal, Newborn and Child Health (MNCH). The agreement is centered on the promotion of key accelerator behaviors shown to dramatically hasten the decline in maternal and child mortality. Through targeted training events, workshops, and customized technical assistance, Peace Corps has introduced its staff, Volunteers, and their counterparts to new and effective interventions to promote and disseminate key messages and stimulate behavior change with individuals, families, and communities at a Volunteer's host institution.

Peace Corps Uganda is among the selected 14 countries in Africa where the EPCMD program is implemented. Other countries are; Benin, Ethiopia, Ghana, Guinea, Liberia, Madagascar, Malawi, Rwanda, Senegal, Sierra Leone, The Gambia, Togo and Zambia. Peace Corps remains committed to global efforts to preventing child and maternal deaths and looks forward to continuing its work beyond 2025 when the life span of the current

project framework expires. Peace Corps Volunteers and their counterparts are trained to implement MNCH activities, such as working with mothers in small groups, engaging men and fathers in MNCH, and capacity building for community health workers.

EPCMD Evaluation

EPCMD program in Uganda was evaluated by staff from Peace Corps headquarter Office of Global Health and HIV with support from in-country health staff as one of the close out activities for the contract between Peace Corps headquarter and USAID.

One of the Volunteer interviewees had this to say on how the EPCMD Pre-Service and In-Service Trainings impacted on her work:

Training affected my work significantly. Knowing a lot about nutrition can only get you so far. Understanding the cultural context and language is critical to making the nutrition education work. It also gives us the context for what are affordable and accessible practices for community members. **Danielle.**



One of the counterparts to a Peace Corps Volunteer gave his perspective on how EPCMD has made a difference:

It has helped us to reach out to more families than before. I didn't have the knowledge before but after our training in Fort Portal (garden to plate training- agriculture sector), I gained some knowledge I didn't have. Now the Lead Mothers and Village Health Teams are able to share freely with us and ask us anything. You can easily consider them our family. **Samuel**



The evaluation exercise revealed the following emerging practices and lessons learned:

Emerging Practices:

- Mother/father Care group model
- On site mentorship for community extension workers
- Multiplication of planting materials (yellow sweet potatoes and iron rich beans) and sharing among the community members

- Boot Camp training model with EPCMD as part of Pre and In-Service Training for PCVs and counterparts
- Introduction of appropriate income generating activities, saving and credit within care groups.
- Targeted interventions with a holistic approach
- Cross sectoral collaboration at different fora
- A multiplier factor of each care group member reaching out to other closer family members

Basic description of a Care Group



A Care Group is a group of 10-15 volunteers, community health educators who meet regularly with a project staff person for training, supervision and support. Care Groups are different from typical “Mother’s Groups” in that each volunteer is responsible for regularly visiting 10-15 of her neighbors, sharing what she has learned and facilitating behavior change at the household level.

Household visits are targeted to the primary child caregiver, usually a mother, but all family members are invited to participate in the home visits.

Lessons learned

1. Mother/father Care group model is one of the key behavior change models for improved health at a peer level
2. Care group model has an enormous multiplier effect once the peers are well oriented, motivated and provided with appropriate training materials in the local language



Jody and two other staff meeting Volunteers

3. On site mentorship of community extension workers as an experiential mode of training and learning promoted hands on learning
4. Community based food and income security program that involves the community’s multiplication and sharing planting materials (yellow sweet potatoes and iron rich beans) among the same community members as an empowering model in the areas of health and income security
5. Peace Corps Health Volunteers and their counterparts learn better and register high project results through hands on training
6. Care groups succeed more by integrating income generation and saving and credit activities

Cross sectoral collaboration

Peace Corps Health Project leverages on the two other sectors: Education and Agriculture in terms of staff support and Volunteer capacity building to complement health interventions. For example, the project has leveraged on agricultural projects and Volunteers to support Village Saving and Loan Associations under the OVC component. In addition, the Health Project has leveraged on education project staff and Volunteers. For example, education Volunteers have mobilized learners in their host schools while health Volunteers trained the learners on HIV/AIDS prevention, malaria prevention and control, and Water, Sanitation and Hygiene (WASH) including menstrual hygiene management.

Post level activities

During the reporting period, the following activities were implemented by Peace Corps Uganda staff with support from host organization staff and external technical trainers:

Visit by Peace Corps Global Director

Peace Corps Uganda was delighted to host Peace Corps Global Director Josephine (Jody) Olsen for three days. The Director’s envoy consisted of two staff from Washington DC based headquarters. The activities included separate meetings with Peace Corps Uganda staff and Volunteers, a field visit to Kayunga for a one day youth camp on malaria prevention and control and meeting with the Prime Minister of Uganda Rt. Hon. Dr. Ruhakana Rugunda.



Section of staff during the meeting with Jody



Jody (3rd from the left) meeting the prime Minister Rt. Hon Ruhakana Rugunda (on the left) and Ambassador Malac (2nd on the left) and James Ham Peace Corps Uganda Country Director (4th on the left)



Farewell to the Jody at Peace Corps office



Jody (center) during press briefing



During Jody's field visit to Kayunga



PCV Kayla Beasley welcoming Jody in Kayunga



PCV Sadia in a malaria session with learners



Participants during group activity



Jody (in center) watching small group activity



Bed net demonstration



Juggling the ball activity

Photo Gallery

Quote

“The field activity was a highlight for my visit to Uganda” Director Josephine (Jody) Olsen



HIV/AIDS

Facts about HIV/AIDS in Uganda

An estimated

1.48 / million people are living with HIV/AIDS

Progress made by Uganda in the fight against HIV/AIDS



1.25 million Individuals (84%) know their HIV status



1.24 million Individuals (84%) are on treatment



0.917 million Individuals (62%) have suppressed HIV



There has been a reduction in new infections from **135,000** in 2010 to approximately 60,000 in 2016 and 51,000 in 2020



New infections among children dropped from **26,000** in 2010 to 4,000 by the end of 2016



Annual AIDS related deaths have reduced from about **10,000** in 2004 to 28,000 in 2016

Facts / Gaps



Everyday 151 individuals in Uganda get infected with HIV. Of these, 67 (44.1%) are young people



Only 45 of young people have comprehensive knowledge of HIV



About 200,000 individuals living with HIV and do not know their status with the majority being men



None adherence to ART and consequently none suppression by men and children



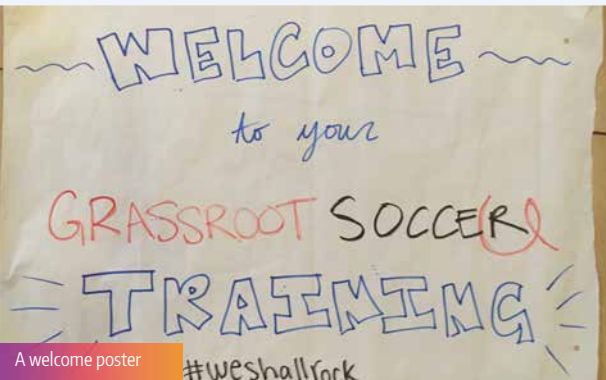
Peace Corps Health Project's contribution
Peace Corps has aligned its Health Project to contribute to the PEPFAR and MoH national programs and the journey to epidemic control through the following tailored interventions:



Technical Trainings
HIV/AIDS prevention trainings
Three trainings on HIV/AIDS prevention were planned and conducted. These were: Grassroot Soccer, HIV prevention in schools using Journeys Plus curriculum, OVC Case Management and training on Stepping Stones curricula.

Grassroot Soccer

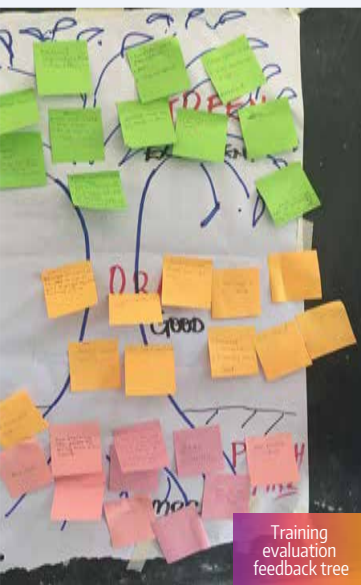
Two Grassroot Soccer trainings were conducted, one national in Kampala and the other regional in Maracha. A total of 85 participants were reached: 51 counterparts and 34 Volunteers. The participants were trained on how to reach out to youth with HIV prevention messages using soccer metaphors.



A welcome poster



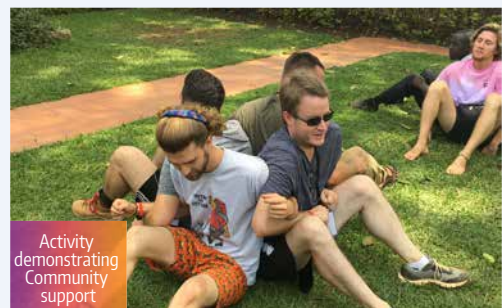
GRS Resources



Training evaluation feedback tree



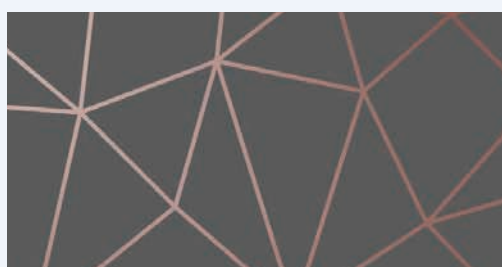
Carrying out a group activity



Activity demonstrating Community support



During a practice activity



HIV prevention using Journeys Plus curriculum training

The Journeys Plus curriculum empowers learners aged 9-14 with skills in the following: self-awareness, self-management, social awareness, relationships and responsible decision making. It also incorporates HIV prevention, post violence care, treatment and support as well as reporting of violence and abuse.

Details:

Forty-eight (48) community trainers (23 Volunteers and 25 counterparts) were trained for five days on HIV prevention in schools using Journeys Plus curriculum including how to deliver the curriculum to the target group at safe spaces. In addition, participants were equipped with knowledge, skills and tools in DREAMS programing, interventions and reporting. The training was conducted by five experienced external technical trainers.

Having model sessions by technical trainers and practice sessions by participants in small groups, both sessions involved observation and feedback using a structured tool. Field visits were conducted to two sites: Seeta Primary school and ISORE a DREAMS community-based organization in Mukono. At the end of the training, each trainee was provided with a training kit that consisted of: DREAMS service package, Journeys Plus curriculum, HIV self-testing kits, Journeys Plus register, branded T-shirt and cloth (kitengi) bag. The training was crowned by talent show. From pre and post test results, a 35% growth in knowledge and skills was registered.

Best practices

- Field visits for hands on learning as part of the training
- Splitting trainees into three small groups with technical trainers rotating in training rooms ensuring that participants are actively and meaningfully engaged.



Participants in small learning groups with the Journeys Plus technical trainers

Orphans and other Vulnerable Children (OVC) training

Forty (40) participants (17 Volunteers and 23 counterparts) were trained for five days. The areas covered were: OVC Case Management, Standard Operating Procedures and tools, OVC M&E and how to train on Stepping Stone curriculum. A field learning visit was conducted at one of the OVC organizations in Mukono. At the end of training, each participant was provided with a training toolkit that contained OVC Case Management Stand Operating Procedures and Tools, OVC service package, Stepping Stones curriculum, quick oral HIV- self testing kits, branded T-shirt and a cloth (Kitengi) bag.



The front and back (respectively) of branded OVC T-shirts distributed as part of the toolkit.

Malaria

Facts about Malaria

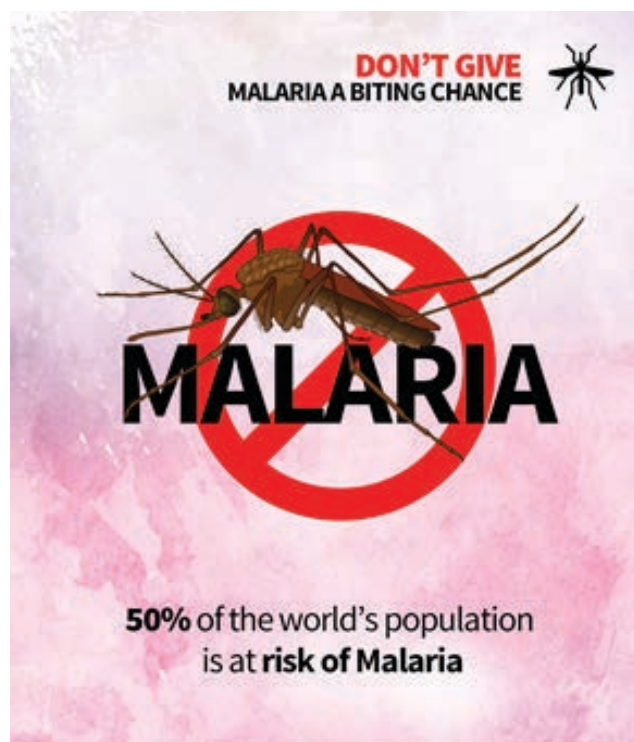
- A single mosquito bite can lead to infection and death
- An estimated 228 million cases of malaria and 405,000 deaths in 89 countries occurred in 2018 (WHO)
- The WHO African Region accounted for 93% of malaria cases and 94% of deaths worldwide in 2018 (WHO)
- More than half of all malaria cases reported globally were in 6 countries: Nigeria (25% of cases); Democratic Republic of the Congo (12%); Uganda (5%); as well as Côte d'Ivoire, Mozambique and Niger (4% each).
- Uganda has the 3rd highest global burden of malaria cases (5%) and the 7th highest level of deaths (3%) (WHO)
- Clinically diagnosed malaria is the leading cause of morbidity and mortality, accounting for 30-50% of outpatient visits at health facilities, 15-20% of all hospital admissions, and up to 20% of all hospital deaths (WHO)
- 14 individuals lose their lives every day in Uganda due to malaria.

Malaria prevention and control interventions

Given Uganda's malaria burden, Peace Corps Volunteers and staff alike have worked with partners and communities to identify and assess the needs of vulnerable groups such as OVC, children under 5 years, lactating mothers and expectant women. Mitigation interventions were integrated in Maternal and Child Health, HIV and EPCMD and implemented. Below are malaria interventions that were implemented:

Training of Trainers

In January 2020, seven Peace Corps Volunteers were trained as Trainers of Trainers and equipped with knowledge and skills to support other Volunteers and host country nationals such as community extension workers across the three sectors of education, health and agriculture in the planning and implementation of malaria prevention and control interventions.



Malaria month campaign practice

As a tradition, every year during the month of April, Peace Corps Uganda steps up her malaria prevention and control intervention across the country through a campaign under the theme: Fight the bite! This year, Peace Corps Uganda secured 15,000 long lasting bed nets from PMI just before the COVID 19 country lockdown. Working with its host country partner organizations, the bed nets were distributed to OVC, children under 5 years, lactating mothers and expectant women in areas where Peace Corps

Volunteers had conducted the barrier analysis. During net distribution, both, malaria and COVID 19 key behavior change and communication messages were disseminated. The messages and visuals focused on the following themes:



Key malaria themes:

What **malaria** is ?

Symptoms of malaria.

How malaria is **spread**

Malaria **prevent** and control

How to use a **treated** mosquito net

Repair and **maintenance** of a treated mosquito net

Testing for malaria before treating

Effects of self-medication.

How to **treat** malaria

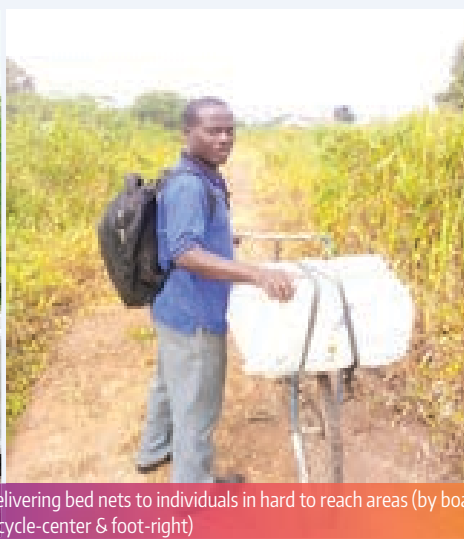
Dangers of not treating malaria

Adherence to malaria medication

Myths and misconceptions about malaria.

Financial **impact** of malaria

Photo show-Malaria interventions



Delivering bed nets to individuals in hard to reach areas (by boat-left, bicycle-center & foot-right)



Bed net demonstration to recipients by VHT



Some of the bed net recipients in Nakaseke



One of the families that received bed nets



Some of the recipients from Mukono



Mother of twins in receiving nets from local leader



Expectant woman in Mubende receiving a net



“The mosquito bed nets are soft and smooth. I like them”. One of the recipients in Luwero.
 “Beneficiaries appreciated the good quality of net distributed” One of the Social Workers in Nakaseke.

Key COVID 19 messages



Maintain at least two-meter distance from others



Avoid touching your face (eyes, nose and mouth)



Wash your hands with soap all the time or sanitize your hands and high touch surfaces frequently



Cough or sneeze in the corner of your bent elbow or use a tissue/handkerchief and immediately dispose the tissue in a closed lid bin. Wash the handkerchief with soap and store it well.



Wear a face mask every time you are in public



Stay home if you have flu or a high temperature and call the MoH COVID 19 help line



Avoid large public crowds or social gatherings



Clean and disinfect frequently touched objects and surfaces

Ending Preventable Child and Maternal Deaths (EPCMD)

EPCMD remains as one of the Health Project objectives aimed at increasing the knowledge and skills of child caregivers to end preventable child (aged 0-5) deaths and keep them healthy. Volunteers together with their counterparts mainly focus on the following accelerator behaviors: malaria prevention, complete immunization and antenatal care, hand washing, improved nutrition as well as exclusive breastfeeding for children below six months.

Peace Corps Volunteer level activities

HIV/AIDS Prevention

2019 World AIDS Month Activities

Peace Corps Health Team organized World AIDS Month Activities an annual event as one of the strategies to create HIV/AIDS awareness ahead of the World AIDS Day on December 1, 2019. The activities in form of competition among

Volunteers were conducted from November 25 to December 31, 2019 and included the following:

- HIV awareness and prevention campaigns including referral or linkage to HIV testing services
- HIV prevention training targeting men e.g. Commercial motorcycle (Boda boda) Drivers, Adolescent Girls and Young Women (AGYW) using appropriate available curricula.
- Malaria control and prevention sensitization using Peace Corps SKILLZ Malaria curriculum targeting OVC and / or People Living with HIV
- Dissemination of MOH approved HIV messages during school assemblies, during and after sporting activities e.g. football and netball.
- Engaging competitions such as writing poems and debate on HIV/AIDS topics

Volunteers working as cross sectoral teams in three districts of Kayunga, Apac and Mubende were supported to successfully organize district World AIDS Day Activities.

Some of the photos from World AIDS Day 2019 Mubende distrcit event



SORAK staff receiving guests



Chairperson Local Council V Mubende



Learner leading a song on HIV



Women Group making presentation on HIV/AIDS

Following the World AIDS Day event in Mubende, Volunteer Edretta Coker-Huges wrote in an email to the health staff:



“Hi there, I just want to thank you people for your support, it has been overwhelming because this is my first big event. You have been so supportive and helpful by calming me down. I will update you momentarily”

Poems on HIV/AIDS

Poems on HIV/AIDS were composed on the on following: HIV, PEPFAR, 90 90 90, adolescents and findings men. Below is one of the poems on HIV by PCV Greenfield Amanda



A straight face masked horror as the words traveled through my ears.
 Reagan Hoffman, HIV positive at 25, hid her truth behind fear of stigma for a decade.
 Stigma remains a barrier to preventing HIV in the Philippines.
 HIV positive youth in Thailand aren't receiving adequate care.
 The voices stopped.
 I inhaled.
 The room reeked of hope.
 62% of people living with HIV are accessing antiretroviral therapy.
 People who have achieved and maintained undetectable viral load cannot transmit HIV.

The United Nations announced a goal of ending the spread of HIV by 2030.
 My face felt sticky and I could taste salt from my sweat.
 Wind snuck through the 13th floor window of a building in Manhattan and toyed with our emotions.
 When I walked out of my first business meeting learning about AIDS, I walked toward ending the spread of HIV.
 Three years later, I'm walking on the same path hand in hand with you.
 I see hope.
 I pray you see hope too.

(See appendix ii for other poems on HIV/AIDS)



Projects implemented

Thirteen health projects in various areas such as: OVC support, HIV awareness, nutrition, WASH, safe schools, worth about \$ 60,000 were planned and implemented in four regions by Peace Corps Volunteers. Over 2,600 individuals so far have benefited from the projects. See appendix iii for more details about the projects that were implemented.



HIV Outputs

1,881	individuals from seven districts reached with standardized HIV prevention evidence-based interventions
1,292	OVC served (Female: 641 and Male: 651), 94% achievement of annual target (1,377)
1,040	individuals from eight districts with accepting attitude towards people living with HIV
1,032	OVC with known HIV status (80% of total served)
971	individuals from nine districts trained to reduce stigma and discrimination around HIV
328	men (Boda boda drivers) reached with HIV, safety on the road and first aid training
313	individuals complete an evidence-based intervention integrating gender norms



Malaria Outputs

40,000	community members educated on malaria prevention, net use and care
15,000	Insecticide treated bed nets distributed to individuals of most vulnerable groups
400	MOH approved Big Books with malaria prevention BCC messages printed
Over 300	community mobilizers, VHTs, para social workers, community development activists, members of VSLAs were involved in malaria prevention activities
15	Peace Corps Volunteers conducted barrier analysis and baseline assessment



Maternal, Newborn and Child Health (MNCH)

258	infants from Kyotera district were exclusively breastfed for the first six months
78	individuals from five districts trained in components of behavior change communication

Impact of COVID 19 pandemic

The pandemic has had a great negative impact on the entire Peace Corps Uganda program including the Health Project. These include: evacuation of all Volunteers, scaling down of program implementation, experiencing

nationwide restricted travel to access and support partners and having to telework using platforms such as zoom and webinars for virtual meetings and trainings.

Some of Health PARTNERS AND STAKEHOLDERS



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



UGANDA



UGANDANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

PEPFAR



THE REPUBLIC OF UGANDA
Ministry Of Gender, Labour
& Social Development

VSO



USAID
FROM THE AMERICAN PEOPLE

President's Malaria Initiative



From a Care Group activity to Ending Preventable Child and Maternal Death Project in three districts of Uganda to Meals for Nutrition (MENU) in Uganda Project.

After Danielle and her husband, the Peace Corps Volunteers and their counterparts attending a garden to plate training in Fort portal that was supported by Peace Corps and Harvest Plus, Danielle worked with her counterpart and established Care Groups in Nkokonjeru Community. They partnered with three (3) Village Health Team (VHT) leaders and Lead mothers within their respective villages of Mulajje, Namaliri, and Kigulu. The team conducted community needs assessment that revealed a need for nutrition education and improved food security across the three villages. The host organization (RONHAI) in response started a series of facilitation in perma gardening. Community members were trained in compost



grow crops and support each other with garden and business management skills.



All the women of the care groups were supported by staff from RONHAI to maintain their gardens and produce vines and seeds for their family consumption and income. They were also supported to join Village Saving and Loan Association to pool their savings and enable themselves access loan at low interest rates.

The Harvest plus team that came for Orange Sweet potatoes vine training, later recommended RONHAI to be part of MENU project in Uganda. A total of 4,520 beneficiaries have already been reached. Thanks to Peace Corps Uganda Volunteers whose initiative made RONHAI become part of the MENU project. This MENU project aims at facilitating access to clean



manure making, climate-resilient garden design, and how to incorporate vegetables into traditional Ugandan meals. Traditionally, Ugandans do not frequently take vegetables daily with meals. From a study done in central Uganda by Nagawa M. et al in 2018 among adolescents, only 47.2% of them ate vegetables and fruits every week, The team organized two-day workshop for the care groups of 30 participants. Orange sweet potato and iron rich beans were also highlighted during the workshop. Participants discussed vitamins, minerals and iron, how to create balanced meals, and the health benefits of good nutrition. Vitamin A and the other micronutrient benefits were discussed. Trainees covered rapid vine multiplication, vine varieties, and how to produce vines and potatoes for large scale buyers. The training emphasized the need for women to work together in their Care Groups



planting materials to farmers for planting and multiplication and currently the project supports three districts of Buikwe, Kayunga and Mukono in Central Uganda.

400 MOSQUITO NETS DISTRIBUTED

TO FLOOD VICTIMS IN NORTHERN UGANDA BY CCI-Uganda

Due to the heavy rains in between December 2019 and the beginning of 2020, the water levels in Lake Kyoga drastically raised. According to scientists, the last time that the lake experienced such a rise in water levels was in 1964. This led to the flooding of many homesteads around the lake. The most affected areas in Lango were the districts of Dokolo, Amolatar, Kwania, Alebtong and Apac. Over 700 homesteads were displaced in Dokolo district alone. Majority were the mothers, pregnant women and children who were at a high risk of getting malaria because of mosquitos. Many of the crops were destroyed, and this led to hunger, limited access to accommodation due to damaged homes and inadequate basic needs.



Lactating Mother

Children's Chance International (CCI-Uganda) did a quick survey and produced a documentary portraying the floods situation in Lango sub region especially in Agwata sub-county Kachung Parish <https://m.youtube.com/watch?feature=share&v=XL9G3Wbr4y8>. This prompted Peace Corps Uganda after watching to take a quick action and donated 400 insecticide treated mosquito bed nets through CCI-Uganda which is one of Peace Corps Uganda's partners and hosted a Peace Corps Volunteer. The 400 mosquito nets were distributed to beneficiaries in Kachung Parish in Agwata Sub-county and Bata Highland in Adeknino Sub-county all in Dokolo district



Children under 5 years

specifically benefitting 400 pregnant mothers and children since they are the most affected by malaria in the region. To see how the project was implemented, follow this YouTube link. <https://www.youtube.com/watch?v=p9lqITnPpuU> The beneficiaries and the community leaders embraced the nets, and said that it will not only reduce on the spread of malaria, but will also keep them warm in the night.

However, the nets could not be enough for all the affected victims due to the scarcity. The communities are still experiencing different challenges such as limited access to basic needs like accommodation, food, clean and safe water among others.



Expectant woman

Single mother of twelve benefits from mosquito bed nets and booster grant

Nakatereke Paulina is a single mother aged over 50 and resident of Nakateete Village, Nakateete Parish, Kisekka sub-county in Lwengo district. She is the household head of a family with seven children and five grandchildren including OVC.

The household's economic, health and social status is low, which prompted Kyamaganda Community Development Organization to enroll the household on OVC Program in October 2019 with the goal to improve on their economic, health and social status.

According to the household assessment that was conducted in October 2019, the household was found in a critical state with no In-come Generating Activity, poor: hygiene, nutrition and health, surviving on hand- to -mouth agriculture. The source of food in this household was the return given after work and this was supplemented with the home grown food which could hardly sustain the large family of more than twelve members. The household members survived on a single carbohydrate meal a day, mainly porridge. As a result, children manifested signs of malnutrition.

Some children dropped out of school at an early age and some of them are child mothers. According to the caregiver, this is because of the current low household economic status which cannot uphold children in school. The members were prone to malaria as they were not sleeping under mosquito bed nets.

In response to the unpleasant situation, the household was provided with mosquito bed nets from Peace Corps and US Presidential Malaria Initiative which at least improved on the health status of the members. In addition, Kyamaganda Community Development Organization with support from Rakai Health Science Program provided booster grant of one



Household members receiving mosquito bed nets



Family members receiving economic booster packages: pigs and maize bran

pig and maize bran in October-December Quarter with hope that the Income Generating Activity will have a multiplier effect to sustain and uphold the household. The household also received farm inputs to cater for food security and to improve on the nutrition of the members especially children. The household will be monitored closely in the subsequent period to access the progress that will be made.

Plans moving forward

- Continue with meaningful partner and stakeholder engagement on different fora
- Support partners complete projects that were not completed following Volunteer evacuation
- Work on health training materials
- Prepare for re-instatement of Peace Corps Volunteers
- Continue with active interagency collaboration and engagement
- Support partners revise their work plans to suit COVID 19 pandemic and Standard Operating Procedures

Appendices

Appendix I: Fourteen (14) Member Health PAC

No.	Title	Name	Last Name	Job Title	Institution
1.	Dr.	Jackson	Agone	Commissioner Curative services	Ministry of Health
2.	Dr.	Samuel	Maling	Professor	Mbarara University
3.	Dr.	Bonaventure	Ahaisibwe	Country Representative	SEED Global Health
4.	Dr.	Rose	Chalo	Dean, College of Health Sciences	Makerere University
5.	Dr.	Andrew	Kambugu	Director	Infectious Disease Institute
6.	Mr.	Joel	Kisubi	Program Management Specialist, Malaria	USAID, PMI
7.	Ms.	Ifeyinwa	Udo	Ag. PEPFAR Coordinator	State Department, US Mission
8.	Ms.	Juliet	Cheptoris	National DREAMS Coordinator	Ministry of Health
9.	Mr.	Richard	Kabanda	Ass. Commissioner Health Promotion	Ministry of Health
10.	Ms.	Amy	Kakiza	Director	VSO
11.	Mr.	Moses	Kiwala	Peace Corps main Supervisor	Children Sure House, Lwengo
12.	Mr.	Anthony	Kizito	Director/Peace Corps Supervisor	Reachout Nkokonjeru
13.	Ms.	Rukia	Nakamate	BCC Specialist	National Malaria Control Program
14.	Mr.	George	Upenyi	Commissioner Community Health	Ministry of Health

Poem One:
Adolescents

By: Eva Nandutu

*As the young and succulent,
Take comfort in own lost lives,
Texting on latest Mobiles.
Disguised as trendy lifestyles.
In-exchange for their VIRGINITY.
To those preying on own hyper sense of
longingness.
Faces hidden, masked with over fitted
coats.
Oh yes! This thing called HIV/AIDS- has
no sympathy.
We are just victims of circumstance.*

*We have seen our own-
Living in the moment's breath,
Risking young selves for belongingness-
A broken generation on a one-way
traffic,
Into the streets-turned highway
walkways.
Fond of sweet bitter memories.
Inter-twined with frustrations and
neglect,
It's a concrete JUNGLE, where dreams
fade like rocks made of sugar.
Oh yes! This thing called HIV/AIDS- has
no sympathy.*

*We are just victims of circumstance
We have seen our own-
Fall trapped to trickery-
Craving relief-*

*To the panting footsteps of invisible
shadows.
Engulfed in self-misery and regret.
Wishing for a "U" TURN.
Revenge and hostility-cracking own
broken hearts.
Safety! No-more a slogan beneath
a-many hustling.
Oh yes! This thing called HIV/AIDS- has
no sympathy.
We are just victims of circumstance.*

*The time is now.
For the sun just set, the future is certain.
If we must be safe! We must play safe
If we must play safe! We must know our
HIV/AIDS status.
We must know our HIV/AIDS status! We
must TEST.
If rushing will crush us-
Let's abstain! If we cannot abstain
Let's be faithful! If we cannot be faithful,
Let's use condoms.
Oh yes! This thing called HIV/AIDS- has
no sympathy.
All are just victims of circumstance.*

*Whether positive or negative status.
Together!!!
WE CAN STOP THE SPREAD OF
HIV/AIDS.*

Poem Two: Men JUST YESTERDAY

By: Eva Nandutu

*The sons of our fore fathers died.
The great warriors of all times.
Died not of a sword nor a gun
For they died a painful death-
To Human Immunodeficiency Virus.
Rumor had it!
They refused to test.*

*The sons of our fore fathers loved
quadruple dance-
At the village square.
To the tunes of the African Drums
While the stars were a blanket over the
world.
It was leg over-bend over style.
They loved it live and sweet.
They refused to test*

*The sons of our fore fathers weakened.
Weakened not of age or lack.
For they weakened.
To Acquired Immunodeficiency
Syndrome.
Rumor still had it.
Many refused to test.*

*The sons of our fore fathers.
Those few!
The few that chose to test and treat-
Still died anyway-
They hid drugs at rooftop for nobody saw.
They pampered the virus with irregular
dosages.
The virus grew wings-Made a hive in their
bodies.
They refused to obey the prescription.*

*The Sons of Our Fathers died.
For they died of pride and Ignorance.
They left us sons and daughters.
They also carried it.
The Human Immunodeficiency Virus.
The tender ones succumbed to it-
The Acquired Immunodeficiency
Syndrome.
History at it again.*



*The sons of the sons of our fore fathers.
Today, we pray.
They hind the warning.
For they must protect-
The sons of the sons of the sons of our
forefathers.*

Poem Three: 90 90 90 I'M INVISIBLE

By: Eva Nandutu

*Three words- 26 letters-Three
words- 32 letters.
You call ME HIV/AIDS
I'm BOLD and BROAD.
Immune to eyesight-
Invisible to naturalists,
I sting-sink
Many hoodwinked-
In prayer-fasting and tithing.
Smoking indigenous tree species.*

*I dine-wine.
In no particular specification.
Fair skin-tall or short.
Curvy-fatty or thinly.
Masculine- Feminine young or old.
Descent-indecent married or single.
Rich-poor small known or unknown.
First time-second time or many times.
I'm a bloody life sucker.*

*I love-live underneath.
Test ME not by your eyes nor rumor
Couples-married cohabiting or one-night
offs.
Test-save yourself from ME
Mothers-pregnant faithful or unfaithful.
Test-save the unborn from ME
Youth-adolescents, teenagers or young
women/men.
Test-save the generations to come from ME*

*My targets beware!
Does your result confirm ME?
Seek Anti-retroviral regimen-
The ONLY antidote-
That withers ME-
Imprisoning my ability to multiply.
Like a sweet-suck on it with loyalty.
Live-love -laugh long*

Appendices III: Health Projects Implemented

Region	Project Title	Amount (\$)	No. of beneficiaries
Western	Community rehabilitation and education center for OVC Youth and Victims of Gender Based Violence	8,200	800
Central	Boda Driver Testing and Training	2,543	50
Central	Boda-Boda Safety Training	5,546	228
West Nile	Building capacities of Community Members as Grassroots Soccer Coaches for Youth	3,645	270
Western	Boda Driver Training and Testing	4,434	50
Central	Seeds of Change for Permagardens	1,034	35
Eastern	Psycho Social Support Center	8,830	180
Western	Harvesting Water Improving Sanitation	1,743	425
Western	Community Water Project	3,399	-
Central	Safe Water Project	6,688	-
Eastern	Improving Hygiene by constructing a bathing area and RUMPS training	3,500	512
Eastern	Improving Girls living condition- Girls Dormitory	7,415	60
Eastern	GLOW/BRO camp for the deaf	2,047	40
Total		59,024	2,650

Appendix IV: List of common resources/materials used

HIV/AIDS prevention

1. Posters: DREAMS and viral load suppression
2. Big books
3. Game of world
4. DREAMS service package
5. Uganda DREAMS Factsheet 2019
6. Presidential Fast Track Initiative-Ending HIV/AIDS
7. Journeys Plus curriculum
8. One Man Can curriculum
9. Grassroot Soccer curricula
10. Oral Quick HIV self-test kits
11. Stickers with key HIV messages
12. HIV risk assessment tool

Orphans and Vulnerable Children (OVC)

1. Case Management Standard Operating Procedures
2. OVC Case Management Tools
3. OVC service package
4. Stepping Stones curricula for adolescents and children

Maternal, Newborn and Child Health (MNCH)

1. Posters
2. Nutrition booklets

Malaria

1. Big books
2. Posters
3. Insecticide treated bed nets

Water, Sanitation and Hygiene (WASH)

1. Flip book
2. Posters

Appendix V: Some of the links to resource materials

Key HIV/AIDS messages cleared by MoH and other resources: <https://uac.go.ug/content/hiv-messages>

Various resources by Obulamu: <https://www.obulamucampaign.org/resources>

COVID 19 information: <https://www.health.go.ug/covid/>

Information about malaria: <https://www.health.go.ug/programs/national-malaria-control-program/>

WASH resources: <https://uwasnet.org/resources/>



We can get to an AIDS Free generation



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