



St. Francis Health Care Services

For provision of integrated health services to the population affected by HIV/AIDS

Name of group or organization:

St. Francis Health Care Services.

In 1998, St. Francis Health Care Services a community-based organization was established to address the following:

Provision of quality medical treatment and Psycho-social support through a home based care programme.

- Provide counseling to both the infected and affected.*
- Address stigma and discrimination related to HIV/AIDS at the community level.*
- Addressing gender inequalities related to HIV/AIDS such as widow inheritance, vulnerability of women to HIV/AIDS, early teenage marriages of the girl child.*
- Promotion of HIV/AIDS prevention programmes at community level and,*
- Addressing Orphans and Vulnerable Children crisis through, education support, i.e. vocational training of OVC's, income generating activities and helping children to envision what they want to be in future through "Shadow Idol" Programme, a programme that mentor children to envision what they want to be in future.*
- Sensitize the communities about the consequences of the relatives who grab widows and orphans property when the male parents die.*

Out puts

- To date 9, 000 PHA's are registered and receiving Medical and Counselling services both at the Centre and home. This is as a result of reduced stigma and discrimination in the Communities where we serve. PHA's are willing to be visited at home. This was not heard of 10 years ago*
- More people are seeking Voluntary Counseling and Testing (VCT) i.e. 88,000 people have sought VCT since November 2001.a sign of reduced stigma*
- 6000 Non-HIV are using the same facility formerly labeled AIDS Clinic a sign of reduced discrimination of PHA's.*
- 82% T.B cure rate among HIV positive patients.*
- 520 Children are accessing antiretroviral treatment in collaboration with Joint Clinical Research Centre.*
- 2500 Clients receiving ARV. Out of these 520 are children*
- 40 PHA drama group active in prevention music dance and drama activities at a weekly basis.*
- 175 Community Counselling Aides volunteers trained and serving in their own communities.*
- 80 AIDS coordination committees established from the sub-county to the village level*
- 1,200 orphans supported in school and 30 children on vocational training.*
- HIV/AIDS Community Committees established right from the Sub-County to the Village level and they are:- Sub County AIDS Coordination Committee (SACC), Parish AIDS Coordination Committee (PACC) and Village AIDS Coordination Committee (VACC). These structures have further broken the silence hence reducing stigma and discrimination in the communities (peer education).*
- 400 strong Shadow Idol Club established.*
- 75 teachers trained as HIV/AIDS counselors.*

- *4 Shadow Idol Club members have been admitted to public universities on Government Scholarship as a result of Child mentoring programme. “Shadow Idol” programme.*

1. Community Empowerment.

Because of the existing gap in care and support of people living with HIV/AIDS and the high level of stigma and discrimination. St. Francis Health Care Services embarked on mass sensation about HIV/AIDS and its objectives were; to equip leaders with the understanding of the magnitude and impact of HIV/AIDS, to solicit for local political support, social support in the prevention of HIV Infection and alleviate the impact of HIV/AIDS, and the need to establish an effective AIDS Coordination systems from the Sub-County to the village level.

The Committees are described above.

Responsibilities are;

- *To lay strategies for prevention of HIV and care for people with HIV/AIDS.*
- *To coordinate all HIV/AIDS activities at the Sub-County to the village level.*
- *To monitor and evaluate HIV prevention and AIDS care in the community.*
- *To mobilize local resources for the prevention of HIV and AIDS care.*
- *Mobilize the mass population against HIV/AIDS.*
- *The initiative has helped marginalized groups such as women, orphans and the disables to take active role in these committees, for example women form 60% of the people chosen to serve as community counselling Aides.*
- *The youth adolescents have formed active clubs and their leadership decision making when planning HIV/AIDS activities. In the AIDS Committees, the youth and OVC’s are represented on the committees. These committees meet in their own village sittings to plan with St. Francis Health Care Services, and are involved in care and support of people affected by HIV/AIDS, i.e. one school club has built a house for one of the widows in the community. Such actions are planned and executed by the youth themselves.*

2. Greater involvement and empowerment of people living with HIV/AIDS.

- *At the organizational level: One of female and one male PHA’s are elected at the using Board of Directors level.*
- *The community level: PHA’s are members of the AIDS Coordination Committees right from the Sub-County (SACC) to the village level (VACC).*
- *The PHA’s have formed a POST TEST club (drama club) and these are people who have volunteered to destigmatize the community personal testimonies, songs and plays. The OVC’s have also formed a club “Shadow Idol” to increase awareness of the plight of children affected by HIV/AIDS.*
- *8 out 28 staff members are People living positively with HIV/AIDS*

6. Sustainability and action at scale:

The Committees described above and the 120 community counselling aides are part of the community sustainability effort, because these are people’s own resource persons who are living within the communities and are empowered through training to provide counselling and basic medical care to people within their communities, they provide education and information about HIV/AIDS. A community is described as people who live and share common resources and are affected with the same problems. Therefore such system described above can work in any social settings, it could work at any social settings, it could at any level but can best work at local

levels with support from the National level. When it becomes a big structure it is likely to be amorphous leading to lack of clear direction and unmanageable.

7. Gender inequality

The initiative has addressed the rampant widow inheritance, most of the African cultures inherit the widows in order to preserve family structures, but with the advent of HIV/AIDS, this practice predisposes the widows and the intended caretaker to HIV Infection. As a result of our sensitization, awareness about this danger, this practice seems to be dying away. The other factor or practice is the male circumcision in a traditional way, we have sensitized the population to adhere to use one knife per person in order to reduce HIV Infection among the young adult males.

In the AIDS Coordination Committees both men and women are involved in planning meetings at all levels.

8. Innovation:

The AIDS Committees from the Sub-County to the village level involving in HIV/AIDS planning implementation of HIV/AIDS is a unique approach that engages all people to discuss the social economic consequences, the plight of orphans and vulnerable children, in addition, these committees form a forum to open up, break the silence, hence giving AIDS “a human face”.

9. Partnerships

The initiative since its inception in 1998 has formed alliances with both local and international organizations to effectively respond to HIV/AIDS epidemic.

The following have been our partners since 2003

Irish Aid through Development Cooperation Ireland (Prevention and Care Programme)

Inter-Religious Council of Uganda (Palliative Care and ART)

Elton John AIDS Foundation (Education For orphans and Income generating for People living with AIDS. Elizabeth Taylor AIDS Foundation (support for Medication)

The Stephen Lewis foundation (Canada) supporting 120 grandmothers in Income generating activities and 255 OVCs education

Nile Breweries Limited partnership since 2001

Donated 5 bicycles and assorted drugs

Donated patient chairs

*Joint Mass voluntary counselling and testing(**tested 766 people**)*

We are planning a joint home based care for clients within Njeru

*Nile Breweries is supporting prophylaxis (septrin **for 2,388** patients within Njeru town Council*

(i) Political Support

We have formed alliances with the local political systems for political support as a point of entry into the communities where we serve. We enjoy political support and this has built confidence and good relationship between the initiative and local governments.

(ii) Donor Support.

Because of best practices of the initiative our partners like Elton John AIDS Foundation, Development Cooperation Ireland, UNAIDS, Uganda AIDS Commission, Firelight Foundation, Stephen Lewis Foundation and many others have helped us to scale up this initiative.

10. Other Information;

The initiative is located at the source of the mighty River Nile and located at the Trans-African highway, which runs from the Port of Mombassa to Eastern Democratic Republic of Congo,

Rwanda and Burundi. Because of this transport corridor, the long distance track numbering to 400 pack at this small town of Njeru Town Council for over night. This has greatly impacted the area in terms of Morbidity of HIV Infection as a result of this, children may have been orphaned by HIV, and there is a lot of sexual interactions and high commercial sex work that is affecting young girls.

The initiative's response is trying to address this catastrophe by constructing a youth and adolescent centre in this town to equip the young people with life skills to divert them from the rampant sexual trade. We plan to start vocational skills, information centre to avert this problem.

Major Projects implemented in the 10 years

Project Title	Prevention of HIV and Care
Project Description (Brief)	This was a one year grant. Creating awareness about HIV prevention, HCT and treatment of opportunistic infection through home based care. 4000PHAs reached with Treatment and Home based care,
Duration of Implementation	2001-2005
Place of Implementation	Mukono and Jinja Districts
Grant Size	£ 196,344.
Donor	Elton John AIDS Foundation
References	Anne Aslett, Director International Funding The Elton John AIDS Foundation. 1 Blythe Road, London W14 OHG Tel: +44(0)20 7348 4848 Email: anneaslett@ejafuk.com
Project Title	Scaling up prevention and care
Project Description	Involved scaling up HCT, Home based care and Child mentoring. 13,000 People tested, 4000 PHAs treated, 400 children mentored, and 20 secondary Schools reached with prevention and HCT and AFRHS. Development of radio spots and Airing them on local FM radio stations. Approx. one million people reached, Distributed 20,000 Straight Talk and younger talk to adolescents in Mukono District
Duration of implementation	2003-2006
Place of implementation:	Mukono, Jinja and Kayunga Districts
Grant Size:	UGX 300,058,904
Donor	Development cooperation Ireland (DCI)
Reference:	Development cooperation Ireland (DCI) Embassy of Ireland in Uganda P.O.Box. 7791, Kampala Tel:041-344344 Email:mo@dfa.ie
Project Title	Orphans and Vulnerable children support
Project Description:	Support OVC to access education, medical care and food support through IGAS. The care givers were given seed money to begin IGAs in order to be self sustaining in food and scholastic materials for The OVCs 400 families reached with IGA, 1000 OVC supported with medical support and scholastic materials. The fund also helped St. Francis to

	document it's best practices, developed the website; www.stfrancishealthservices.org
Duration	2002-2006
Place of implementation:	3 sub counties of Mukono District
Grant Size	\$ 59,000
Donor	Firelight Foundation USA
Reference	Firelight Foundation 510 Mission Street Santa Cruz, CA 95060 Tel: +1-831-429-2036 Email:jab@firelightfoundation.org
Project Title	Palliative Care and HCT as an entry point to care
	Care and support of people living with HIV, HCT as an entry point to care and support, formation of PHA net works and referral system in communities, Trained 120 community counseling Aides to support the dissemination of information and to visit clients at home and mobilization of communities to undertake HCT
Duration	2005-2006
Place of implementation:	Mukono, Jinja and Kayunga Districts
Grant Size	\$ 119,200
Donor	IRCU (PEPFAR Track 2.0)
Reference	Inter-Religious Council Of Uganda P.O.Box. 7502, Kampala Tel:041-342877 Email: ircu@ircu.or.ug
Project Title	OVC Vocational Training
Project Description (Brief)	OVC were selected from the neediest families who could not support their children to continue with secondary school. They been trained on hand on tools and they are finished 2 years of training. They have been equipped with tools to create their own jobs. They got tools according to their trade and go out to be self employed. 15 girls and 15 boys have been trained
Duration of Implementation	Two years -2006-2007
Place of Implementation	Mukono District
Grant Size	\$ 79,000
Donor	Stephen Lewis Foundation (Canada)
Reference	Executive Director, SLF 260 Spadina Avenue, suite 501 Toronto, Ontario M5T 2E4 Canada, Tel: (416) 533-9292 Ext. 234 Email: exedir@stephenlewisfoundation.org
Project Title	Medical Support(Drugs procurement support)
Project Description (Brief)	Procurement of Drugs to manage opportunistic infections of people living with HIV/AIDS.5000 people receiving medical care
Duration of Implementation	2006
Place of Implementation	Mukono, Jinja and Kayunga Districts
Grant Size	\$ 30,000
Donor	Elizabeth Taylor AIDS Foundation
Reference	Elizabeth Taylor AIDS Foundation, P.O.Box. 55995 Sherman OAKS.CA,91413

	Email: bill5199@adelphia.net
Project Title	Memory book and Succession Planning for OVC and their parents
Project Description (Brief)	OVCs and their parents/guardians were trained in succession planning and memory book writing. 100 OVC, and their guardians/parents have undergone this training and they will continue to train others
Duration of Implementation	2005
Place of Implementation	Mukono/Jinja Districts
Grant Size	UGX. 80,000,320
Donor	Hope for Children Initiative (HACI)
Reference	Hope For African Children Initiative, P.O.Box.7280 Kampala Tel: 041-346121 Email>haci@utlonline.co.ug

8.2: Organization's Board of Directors

St. Francis Health care Services Board of Directors	Profession and qualifications
Mr. Morris Seru - Chairperson	Pharmacist and Health Economist
Mrs. Maria Kafuko - Vice-Chair	Social Worker
Mr. Kulayige Stephen - Treasurer	Accountant
Mr. Mbabazi Dismus - Member (PhD)	Researcher
Rev. Fr. Peter Mubiru	Priest and Educationist
Mr. Peter Mugerwa - Representative of people living with HIV/AIDS	Technician
Ms. Anne Lunyolo - Representative of people living with HIV/AIDS	Teacher
Mr. Faustine Ngarambe - Executive Director	Health Services Management

12. Contact Information:

1. Contact Information or Person for initiative being nominated:

Name : Mr. Faustine Ngarambe
 Position : Executive Director
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