INTEGRATED COMMUNITY BASED INITIATIVES-ICOBI

Accelerating better health and holistic human development in Uganda

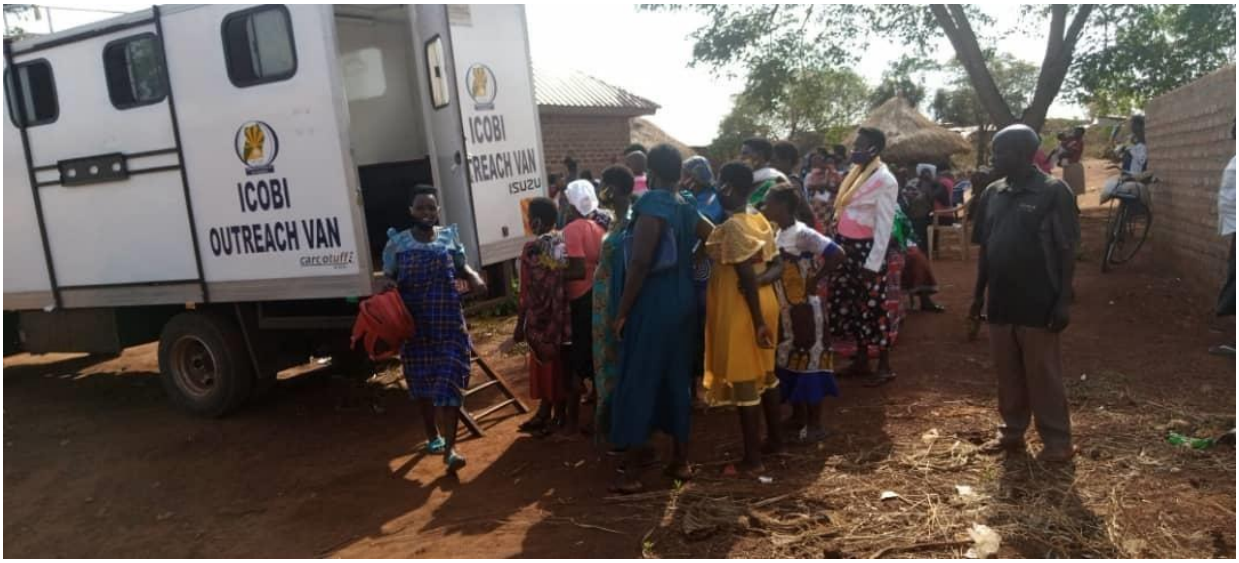
ANNUAL REPORT

2020-2021

ICOBI Profile

ICOBI has operated in Uganda since 1994 first as a small Community Based Organization to current national NGO covering over 35 Districts of Uganda. Since inception, COBI has implemented a number of community-based and family-centered programs that have empowered our community, improved their and wellbeing, especially those affected and infected with HIV/AIDS. Our work over the years further emphasizes our mission for improving the quality of life of people through holistic and sustainable programs that meet the essential human needs of families.

ICOBI will in the coming years continue to focus on Promoting Healthy and prosperous families, with emphasis on Health Education and Promotion, Maternal and Child Health including Family Planning, Prevention and Control of Infectious Diseases especially Malaria, Tuberculosis and HIV/AIDS/STDs, and Nutrition and Food Security as well as Research and Innovation. These key areas form the core programs of ICOBI. Having the countrywide positive influence in developing and implementing sustainable programs, ICOBI is one of the few organizations that are positioned to successfully address rural and urban family and community problems.

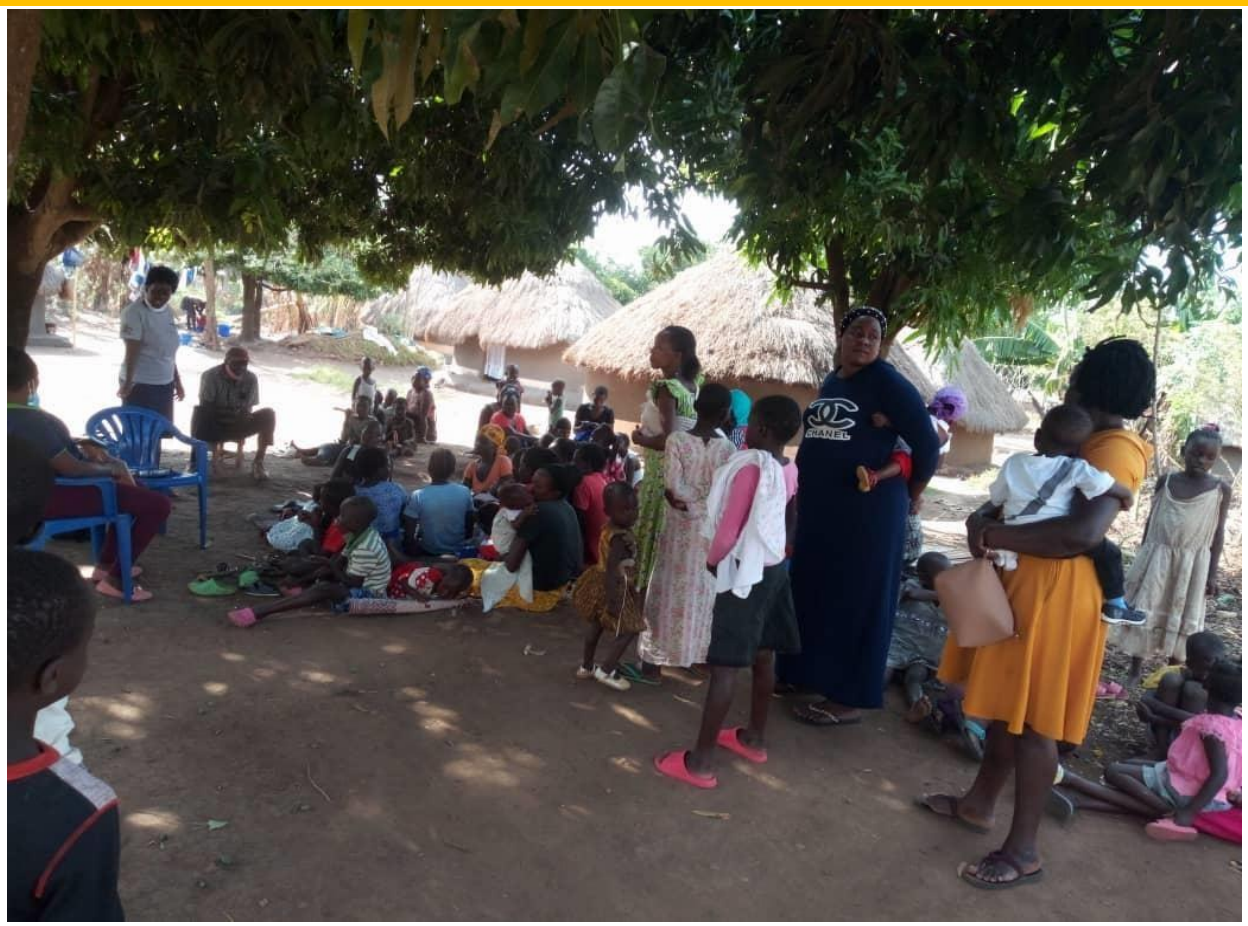


ICOBI team conducting outreaches with a mobile van

Key results of focus

- A strong team of community health advocates, committed to better health and prosperity of people especially in rural areas.
- Applied technology and research for development; looking for appropriate simple technological and research solutions that can address human problems
- Self-sustaining community health programs; ensuring that communities are organized to take charge of their health needs.

ICOBI team extending services to rural communities in Kiryandongo District



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List of Acronyms

AIDS:	Acquired Immune deficiency Syndrome
ART:	Antiretroviral Therapy
CHEWS:	Community Health Workers
CHI:	Community Health Insurance
CRS:	Catholic Relief Services
DHT:	District Health Team
GBV:	Gender Based Violence
HIV:	Human Immunodeficiency Virus
ICOBI:	Integrated Community Based Initiatives
MoH:	Ministry of Health
NHIS:	National Health Insurance Scheme
PMTCT:	Prevention of Mother to Child Transmission (of HIV)
SOCY:	Sustainable Outcomes for Youths and Children
UHMG:	Uganda Health Marketing Group
UPHSP:	Uganda Private Health Support Program
VHTs:	Village Health Teams
UFPA	Uganda Family Planning Activity

MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear all,

I take this opportunity to thank everybody who has worked with us in the past year i.e. 2020/2021. Special thanks to our development partners who have supported ICOBI programs focusing at achieving better health for the rural population. The support you have extended to ICOBI has enabled us reach many Ugandans with essential services; we have saved millions of lives for men, women and children and also promoted positive health behaviors.

In the past year, we have worked with a number of partners like
Uganda Health Marketing Group (UHMG), Uganda Private Health Support Program (UPHSP), Elizabeth Glaser Pediatric Foundation (EGPAF), and University of Washington Department of Global Health based in Seattle USA, Catholic Relief Services (CRS) among others. The above partners and others have greatly contributed towards ICOBI goals especially in the area of Child and Maternal Health, HIV/AIDS, implementation research and Behavioral change.

With support from the University of Washington, ICOBI has been able to conduct research activities which have informed policy direction at national level. The DoART study has been key in informing ART delivery in Uganda amidst limitations of health workforce and congested ART sites.

To promote sustainable and better health care system at community level, ICOBI has been able to pilot micro health insurance scheme in currently 4 Districts. These Districts are Rukungiri, Wakiso, Jinja and Sheema where we target existing groups involved in savings and lending activities to integrate health care into their services. We hope this activity will inform the final design and implementation framework of the National Health Insurance Scheme (NHIS) in Uganda.

I therefore extend further appreciation to staff, communities, local leaders and District Health Teams for the great support we have received in this reporting period. Your support and contributions have not been in vain but critical to saving life. We hope for even better collaboration and partnerships in the coming year so that we reach more people and save more lives.

Let us continue to work hard, let us mobilize all possible resources to support these great initiatives. Am hopeful that this report will provide further insights into what ICOBI stands for and what we do in different communities across Uganda.

For God and my Country

Mutatina Boniface

ACHIEVEMENTS FOR THE YEAR 2020/2021

Research and Innovations

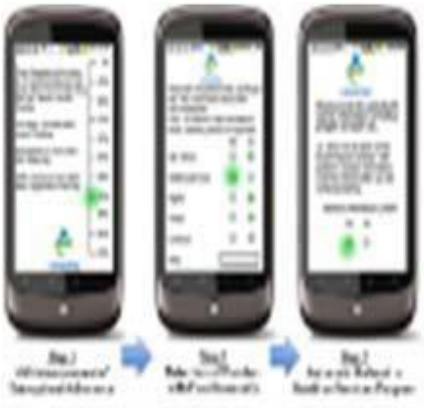
From June 2020 to July, 2021, ICOBI has continued to actively engage in implementation science to evaluate program strategies that can be most cost effective especially in ART initiation, delivery and retention into care. ICOBI has been at fore front of working towards the UNAIDS 90:90:90 goals in these efforts. The two three studies conducted include;

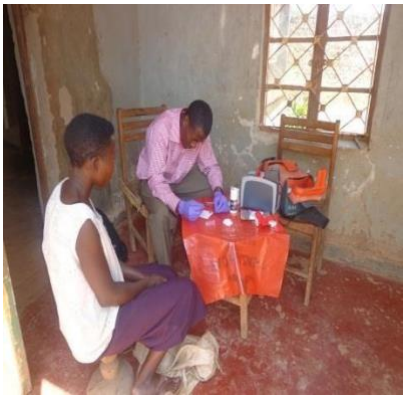
a) An evaluation of strategies to increase testing and linkages of HIV positive Individuals to care and HIV negative men to male circumcision in sub-Saharan Africa. (Linkages Study); This study resulted into a number of publications in this period that include,

- Ruanne V Barnabas, Heidi van Rooyen, Elioda Tumwesigye et al (2016); Uptake of antiretroviral therapy and male circumcision after Community-based HIV testing and strategies for linkage to care versus standard clinic referral: a multisite, open-label, randomized controlled trial in South Africa and Uganda. The Lancet HIV · March 2016
- Norma C Ware, Monique A Wyatt, Stephen Asiimwe, Bosco Turyamureeba, Elioda Tumwesigye et al (2016|) ,How home HIV testing and counseling with follow-up support achieves high testing coverage and linkage to treatment and prevention: a qualitative analysis from Uganda

b) Delivery Optimization for Antiretroviral Therapy (The DO ART Study): A prospective, interventional, randomized study of community-based ART initiation, delivery, and monitoring in South Africa and Uganda. This study is still on going with focus on data analysis and reports and publications will be coming in the next year report. This study is trying to test differentiated models of care: Piloting first ever home HIV Testing and ART Initiation at home, Impact on outcomes including viral suppression. 2015 - 2017 (Support: UW, BMGF, and PI Stephen Asiimwe).

ICOBI is also piloting innovative approaches to data collection through systems like Mobenzi. The system uses phones for real time data capture and also follow up visits.





Social support and protection

Community Health Plan for All

Overview

To advance social support and protection at household and community levels, ICOBI has in the past year actively implemented key activities. These have mainly been around community mobilization and sensitization on Community Health Insurance concept and linking groups to CHI providers. ICOBI is also a key partner in the implementation of SOCY Project being spearheaded by CRS in South Western Uganda. We therefore take a close review of these two programs in this reporting period;

CHPFA is a project funded by USAID through Uganda Private Health Support Program (UPHSP) that has been running for one year as a pilot and is now in its second year. It's run on a prepayment arrangement where people in organized groups especially VSLAs/SILC groups, SACCOs, etc. pay a defined premium that is collected by ICOBI mobilizers and banked on the scheme account. When the enrolment increases and money accumulates, it is paid to the private not for profit (PNFP) health facilities that are partnering with ICOBI to provide high quality health care services to the enrolled clients.

Coverage and duration

The project is being implemented in 4 Districts which include; Sheema, Rukungiri, Wakiso and
Jinja. This activity aimed at establishing community systems for health care started in April, 2017 and will run till this year August, 2021.

ACHIEVEMENTS SO FAR

- A total of 468 saving groups were trained, their capacity built and strengthened to start and manage community health saving schemes in the 4 Districts of Sheema, Rukungiri, Jinja and Wakiso.

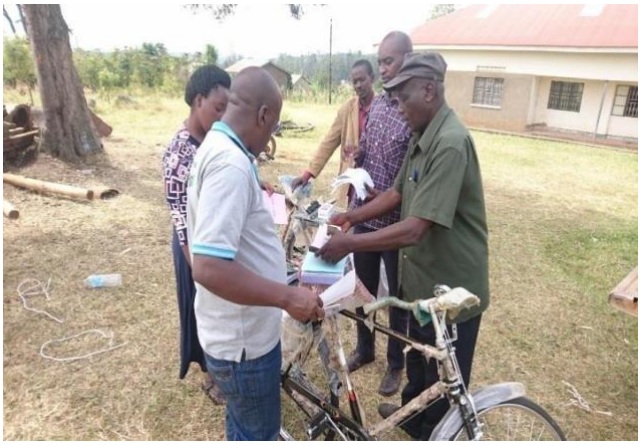
- There is increased awareness about the need to save for health among organized community groups however; a lot more efforts are still needed.
- A total of 76,000members from 2,092 households have been enrolled into the program so far
- A total of 435 saving groups have been enrolled into the project in the two quarters out of the 480 trained. The rest of the groups are also steadily enrolling into the program.

Project performance across target Districts

District	Groups Enrolled	Households	Total Members
Jinja	38	289	867
Rukungiri	56	256	976
Sheema	307	760	4,900
Wakiso	39	65	389
Total	440	1,370	7,132

Community education on CHI

Empowering CHI volunteers



Sustainable Outcomes for Children and Youths in 5 Districts of South Western Uganda (SOCY)

Summary of Scope

ICOBI is implementing a household-based response to empower vulnerable children, youths and their caregivers to reduce their vulnerability and improve their wellbeing. The project is implemented in the Southwestern districts of Bushenyi, Rukungiri, Kiruhura, Kabale and Isingiro. The project targets to reach a total of 150,453 direct beneficiaries. This activity will run ICOBI from April 8, 2015 to December, 2021. The
Project is anticipated to Serve 625,000
OVCs from 101,500 households of which ICOBI has 24%

- The program is in 17 districts in central and western Uganda, and ICOBI operates in 7 districts under different partners led by CRS.
- It is a flagship project both for CRS and USAID and the whole world because it was formulated using the successes from SCORE and SUNRISE programs > it is based on evidence not trial.

Goal

The program is aimed at improved, coordinated and effective OVC service delivery system that ensures improved access to essential health, nutrition, social services resulting in better health status and lower HIV/AIDS vulnerability

Purpose

To improve the health, nutrition, education and psychosocial wellbeing of VC and reduce their abuse, exploitation and neglect

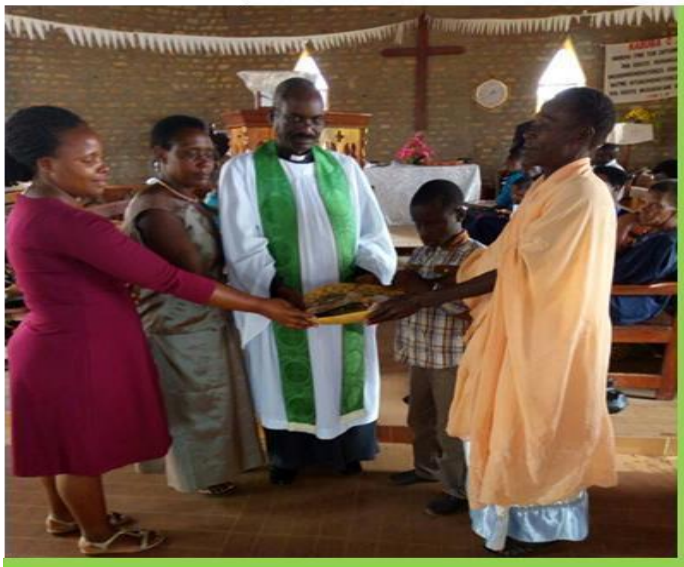
ICOBI key tasks in the program

- Establish maps of OVC high burden areas for program targeting and enrolment of OVC, youth and their caregivers
- Support at least 24,958 households of OVC and youths develop household improvement and case management plans.
- Enhance community based and household case management services to 24,958 households
- Improve coordination of socio-economic and facility-based service providers to promote evidence based planning and functional referral systems

Achievements registered in the past year 2021/2021

Activity	Out put
Number of households reached Conducting home visits for timely and effective case management & follow up	15,235
Number of beneficiaries (OVC served)	44,421
Number of Referral and linkages for HIV services	48,929
Number of Referral and linkages for birth registration	6,658
Number of monthly Sub-county Case conferencing meetings conducted	102
Number of quarterly Sub-county referral reflection meetings conducted	60
Number of children enrolled and served under education subsidy	1,049

COMMUNITY MOBILIZATION HAS RESTORED DISABLED'S HOPE



Rodgers was born Blind and both Parents died of AIDS while he was still a young boy.

He is among Sustainable outcomes beneficiaries with House hold code TP/ICOBI/3352/5 in Kitagata Parish, Kyeizoba-Bushenyi District.

Rodgers and his three siblings are living with a helpless grandmother called Baryomumeri Ednansi who basically tills her small land to acquire food for the house hold.

During one of the home visits, the social worker identified the household vulnerabilities and linked Rodgers to Nyamitanga School of the Blind in Mbarara to acquire special needs education as he was out of school. During follow up, it was found out that he could not afford other needs like scholastic materials and transport.

The Social worker and Parasocial worker engaged the Parish Priest were able to make a contribution of 140,000/- to cover a term.

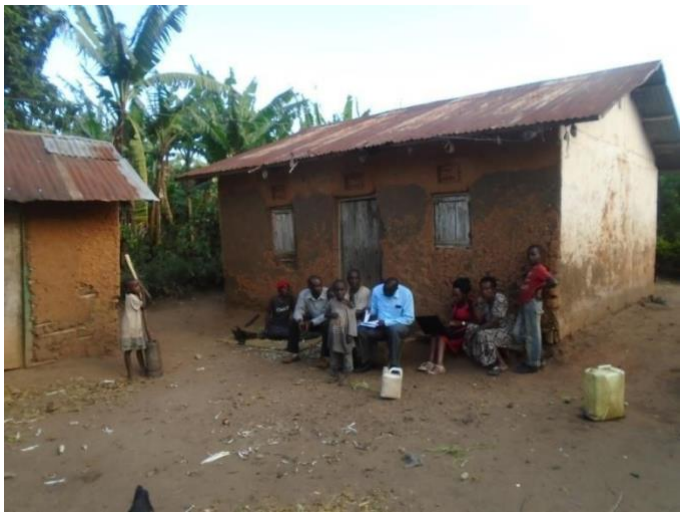
Rogers 13 years now in Primary three is now realizing the dream of becoming a teacher when he grows up.

Rogers & his Grand Mother (Right) receiving support from Parish Priest, Social worker and Para social worker at Kabuba COU Bushenyi District.

Photo Credit: Ayesiga Vaster- Social worker working in Kyeizooba one of SOCY sub-county.

"Things have changed since the SOCY project that supported ICOBI. They visited our home, we were referred for HTC and we were able to know that we are HIV Negative yet everyone knew that we had HIV.

SOCY team on home visit to OVC household team



Project orientation meeting for SOCY

Integrated Community Livelihood Improvement Project (ICOLIP)

ICOLIP is a community economic empowerment initiative which has taken major steps to mobilize and organize caregivers into SILC groups. ICOLIP's SILC groups have selfselected members. The village based groups are located in 30 parishes and 6 Subcounties in Sheema district where ICOBI South Western Regional Office is located. ICOBI promoted and has been encouraging OVC households to save as individuals in their respective groups and in SACCO. The group concept emerged as an offshoot at the tail end of USAID funded EMPOWER through which OVC interventions were channeled. Key achievements in the reporting period

- Increased SILC groups from 458 to current 785 in 2021
- Increased SILC group's membership from 8,720 to over 19600 currently ie 13,720 females and 5,880 males.
- Improved group savings from $ 60,000 to $80,000 in the last year
- Reduced sell of property among OVC households to meet homestead basic needs
- Increased social support networks at community level
- Integration of health insurance into most SILC groups to prevent catastrophic health expenditures among the poor households at community level Total share out in FY 2019/2020 was Shs 4,147,119,256

Below are ICOBI SICL group members in weekly meetings

Community Based HIV Prevention, Mitigation and Control

Integrated Health service delivery

ICOBI has worked with a number of partners in the last year to ensure continued community

HIV response with focus on HIV prevention, mitigation and control. Under the USAID RHITES

SW Project, COBI has implemented a number of activities to achieve the key objectives below; Strengthen referrals and linkages for integrated health services (including services for

HIV prevention, care and treatment, malaria, family planning, TB, MNCH, Nutrition, ECD, GBV and WASH

- Improve clients' retention in care for continuum of health services by strengthening clients tracking and follow up systems
- Provide comprehensive HIV prevention packages targeting mainly the key and priority populations and support prevention for People Living with HIV/AIDS

Key achievements for 2020/2021 include the following

- A total of 34,500 clients were identified from the community, referred and linked for provision of integrated health services
- 1,079 lost clients were followed up and traced back to ART care
- 1,200 males were mobilized for VMMC services
- A total of 740 clients were provided with HTC services at home through index client tracing and testing approach
- A total of 3,600 KP and PP group members were offered HTC and other health care services
- 140,000 condoms were distributed in over 20 hotspots in South Western Uganda

COMMUNITY HEALTH EDUCATION AND PROMOTION

SOCIAL MARKETING FOR BETTER HEALTH

Evidence has shown that ensuring easy access to quality and affordable health products can be achieved through strengthened community structures and engaged private service providers who can thereby promote timely and sustained access to care. Therefore, with support from UHMG and USAID funding, ICOBI is implementing family and household focused community level Social Marketing Activities, to create demand and increase accessibility for socially marketed, quality and affordable health products and services among communities in Sheema, Mbarara and Kanungu districts.

Project Goal

The goal of the project is to create an integrated, sustainable heath market that maximizes private sector and social marketing channels to reach a significant number of families and households in Sheema, Mbarara and Kanungu districts.

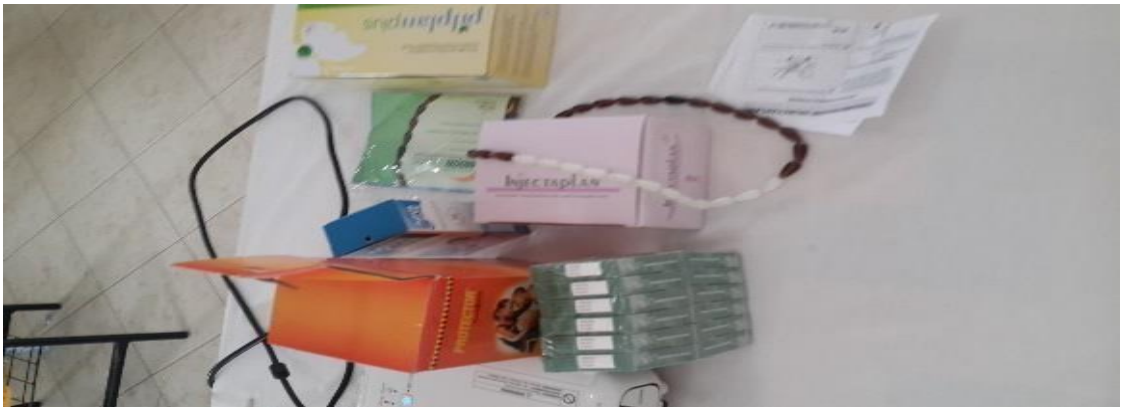
Objectives of the Project

- To increase access to quality and affordable health products and services in 60% of households in Sheema, Mbarara and Kanungu districts.
- To increase the demand of socially marketed health products and services in 50% of households of Sheema, Mbarara and Kanungu districts.
- To strengthen private health systems and drug shops for sustained and equitable access to health products and services in Sheema, Mbarara and Kanungu districts.

Key achievements in FY 2021/2021

- ☐ Identified, recruited and trained 69 Social marketing Assistant (SMAs) who are based at every sub-county in 3 districts of project coverage.

- ☐ Procured health products from UHMG which includes Protector Condoms, moon beads, and sanitary pads –stay dry, Condom "0", aqua safe and stay dry-panty liner.
- ☐ Identified private health facilities for strategic partnership to give service to people who have been referred from communities by SMAs
- ☐ Procured and supplied all SMAs with field tools which include; bicycles, filed bags, gumboots, and an umbrella.
- ☐ Held 12 radio talk shows during the period on radio west in Mbarara which was done once in a month.
- ☐ Referred 3,678 people to both government and private health facilities for service
- ☐ Conducted over 500 communities meeting at village level while sensitizing populations about family planning and other health talks. We continue to utilize the channel of identified and established SILC gathering groups
- ☐ Identified and established more 27 youth friendly corners where the youth meet and share their views about health
- ☐ Conducted 206 market booths around market places and towns in all 3 implementing districts.
- ☐ We entered into partnership with InPact as CBO which is a sub-grantee that is helping to conduct activities on behalf of ICOBI in Kanungu district



Some of the products on promotion under SMA

ICOBI team visiting InPACT in Kanungu District

ICOBI drama team on HIV prevention

Sexual Reproductive Health and Rights Project

During the year 2019/2020, ICOBI continued implementation of SRHR activities with support from SIDA through Reproductive Health Uganda. This Project has been ongoing smoothly in the two Districts of Mbarara and Ntungamo in South Western Uganda. Below is a summary of the key indicators and achievements during the reporting period.

S/N	Indicator	Year 3 2020/2021
1	Total Number of beneficiaries reached with integrated SRHR/HIV services in SRHRU program districts	22,928
	By Sub-populations (A beneficiary counted once regardless of the services received)	
	a. MSM reached with SRHR/HIV Services	171
	b. FSW reached with SRHR/HIV Services	3,097
	c. Teenage Mothers reached with SRHR/HIV Services	3,382
	d. Slum Dwellers reached with SRHR/HIV Services	5,513
	e. PWD reached with SRHR/HIV Services	320
	f. Orphan and Vulnerable Children/Youths	4,589
	g. Other categories (including school going children)	5,856
	By Services (A beneficiary may receive more than one services)	

	a. HTS	16,962
	b. VMMC	714
	c. PAC	160
	d. STI Management	3,223
	e. Family Planning Methods	2,210
	f. Sexual Gender-based Violence	156
2	Number of health facilities (HC II, III & IV, hospitals) that meet quality assurance standards for the integration HIV and SRHR information and services for adolescents, young people	18
3	Number of completed referrals to total referrals made for SRHR and HIV related services	10,534/12,247 86.01%
4	Number of health facilities without stock out of STI medicines, HIV testing kits and condoms	14
5	Number of health workers trained/mentored/coached in Sexual Reproductive Health (SRH) and HIV service provision	72
6	Number of condoms distributed to end users	210,193
7	Number of IEC materials distributed	66,091
8	Number of community dialogue sessions held on socio-cultural/gender based/ other structural drivers of the HIV epidemic	96
10	Number of districts level dialogue meetings to demand and hold districts accountable for provision of comprehensive, quality SRHR/HIV	6
11	Number of policy makers championing priorities of SRHR and HIV for young, vulnerable and key populations	4
12	Number of community gatekeepers who champion adoption of safer sex practices among young, vulnerable and key populations	144
13	Number of community SRHR advocates trained/mentored to develop/implement an advocacy strategy on SRHR and HIV for young, vulnerable and key population	12
14	Number of Peer Educators trained/mentored in Sexual Reproductive Health (SRH) and HIV service provision	50

Challenges, lessons learnt and recommendations

Challenges

- Limited ability to reach all target populations and district areas with HIV/AIDS interventions especially prevention services due to resource constraints
- Lack of adequate resources for staff capacity building efforts to strengthen service delivery
- Loss of some critical staff in the organization due to phase out of projects
- Stiff competition for funding with international organizations

Lessons learnt

During this year, a number of good practices and lessons were identified. The following are among the key;

- Collaboration and partnerships are a good practice to address service gaps and leverage resources to serve the target population
- Community leadership engagement in activity implementation ease mobilization and improves trust among the beneficiary communities
- Regular review meetings with key stakeholders engaged in service provision helps to share work plans timely and avoid duplication of services as well as conflicts
- Where possible home and family centres are more appropriate to increase uptake and address barriers

- Working with community resource persons like peer leaders, VHTs etc increases mobilization and community awareness about the projects under implementation.
- High levels of transparency and accountability for donor funds improves organizational reputation for further collaboration

Recommendations

From experience and evidence obtained from the program implementation this year, the management team recommends that a number of strategic actions be adopted to further enhance implementation in the coming years;

- ICOBI should ensure resource diversification and this might need developing a business plan to ensure continuity in case of any project phase out. This will retain core team members and ease further capacity for service delivery.

- ICOBI should ensure further strengthen adherence to current management and financial practices for transparency and accountability. This will improve donor confidence and hence increase funding opportunities

- ICOBI should form strategic partnerships with national, regional and international bodies and agencies for resource mobilization efforts.

- Systems and departmental strengthening for effective reporting and accountability is also needed. This applies to especially M&E and Finance department where the organisation is facing staff turn over

- There is need to reactivate senior management and board teams in resource mobilization for the organisation to keep running programs as per the strategic plan

SUCCESS STORY FORM SOCY PROJECT

Effective case management to achieve suppression on ART for vulnerable children

Mackline (not her real names) is a 15 year old HIV positive child from ihimbi village, Nyabikoni Parish, central division Kabale District. Macklin household was enrolled in SOCY project in November 2019 as household (KAB/066-KAB/0014) because the child was positive and not suppressing and too vulnerable to afford taking care of herself alone. At the time of enrolment Mackline was referred to SOCY by Kabale regional referral Hospital as a total orphan who is staying with the grandmother and other off springs in central division Kabale district.

Macklin household was later taken up or enrolled by ICOBI-SOCY on 5/11/2019. On enrolment, she was found to be missing ART appointments, failure to take drugs in time and sometimes forgetting, skipping dates for viral load testing and failure to have what to eat some times. She was provided with IAC by the facility counselor and ICOBI case manager who later identified some reasons that causes non-suppression and among them was lack of enough food to eat or no food to eat which sometimes led her not to take the treatment on empty stomach.
In the subsequent quarters, the household was regularly home visited and provided with different interventions like psychosocial support by the case manager, given knowledge and information on HIV infection and prevention. The household was also visited by the peer from the referral facility to further support ART adherence.

In addition to intensive adherence counseling through home visits, ICOBI under the support of SOCY Project provided emergency support food which led to good Adherence on ART and viral load suppression. The social worker has linked the family to LADA to start up a back yard garden in order to have better nutrition services. However the child is under the hands of the health facility and under ICOBI program in order to keep close monitoring. ICOBI team will continue providing psychosocial support, continuous home visits and other project interventions.

Immaculate delivering emergency food support to Macklin family

Key Development Partners during the year 2019/2020


USAID
FROM THE AMERICAN PEOPLE


UNIVERSITY OF WASHINGTON
INTERNATIONAL CLINICAL RESEARCH CENTER


Sida


Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria


IDI
INFECTIOUS
DISEASES
INSTITUTE


CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

National Secretariat, Ismail Road plot 66 Mbuya. Kampala

P.O BOX 16331, Kampala

Website: http://www.icobi.or.ug

Liason Office

Sheema Municipality in Sheema District

Along Mbarara-Kasese Road

P.O BOX 342, Bushenyi

Tel 0485-660466