

# UGANDA

## Leveraging HIV and AIDS funding to strengthen health systems beyond HIV programs in hard-to-reach communities: **The case of Bukooli Islands Women Integrated HIV and AIDS Initiatives (BIWIHI); Namayingo District, Uganda**

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### PROBLEM

Community service organizations (CSOs) are increasingly having difficulty raising funds to support HIV and AIDS and other health programs.

Dolwe Island is a habitable island for fisher folks and female sex workers on Lake Victoria in Uganda in Namayingo District. In 2011, its community lacked functioning government health facility, and the HIV rate in the area was at 19% compared to the national prevalence of 6.8%.

The only functional health facility on the island was BIWIHI, a local CSO that had only one roomed structure managed by a nursing assistant and an enrolled nurse to provide HIV and AIDS and other health services to a population of over 500 people. Services were provided at a cost. Some community members travel 5 to 6 hours on the lake to government health facilities on the mainland to receive free HIV and AIDS and other health services.



### PROCESS



In 2011, STAR-EC identified and partnered with BIWIHI, a CSO based in Dolwe Island, to improve and increase community access to HIV and AIDS services. STAR-EC provided funding, technical capacity building, maternity coaches, and medical equipment including microscopes, motorcycles, and other logistical support for medical supplies.

STAR-EC also facilitated a district health team of clinicians, counselors, nurses, and laboratory staff to conduct regular integrated clinical outreach to the islands. Clinical services provided during the outreach visits included HIV testing and counseling, voluntary medical male circumcision, HIV and AIDS risk reduction counseling, condom promotion, antiretroviral therapy provision, and financial performance reviews.



### RESULTS

HIV prevalence in Dolwe Island dropped from **19%** in 2011 to **4%** in 2015.

**100** village health teams and peer educators **were trained**.

BIWIHI **financial capacity** was **strengthened**; local revenue is now being raised to fund its activities.

**Improved community access** to essential HIV and AIDS services.

Clients now come for services from other islands and the **patient load** has **increased** from **1,401** in 2011 to **4,168** in 2015.

**Infrastructure improvement** from **one** to **ten** rooms

### CONCLUSIONS

With innovative approaches and adequate training and capacity building of CSOs, fishing communities can raise local resources to fund HIV and AIDS programs in their communities. This can lead to reduced HIV transmission and improved health status of the community.

- No. of Confirmed TB cases
- No. of family planning users
- No. of males reached with VMMC
- Pregnant women tested during ANC
- No. of individuals tested and received results

