

**INTEGRATED COMMUNITY HEALTH INITIATIVE ORGANIZATION**

**(ICHIO)**

**ANNUAL REPORT**

**2016/2017**

**VISION**

To have a robust community healthcare system which is efficient, effective and sustainable with integrated approaches to meet the core health needs of the community

**MISSION**

To provide essential public health intervention to congregate settings, landing sites and islands in Uganda through full community participation, effectiveness and inter-sectoral collaboration

**GOAL**

To have an Empowered, Healthy and Productive Community

**VALUES**

Integrity

Team work

Flexibility

Innovativeness

Community participation

Transparency and Accountability

**MOTTO**

Community Health our Priority

## **ACKNOWLEDGEMENTS**

We would like to extend special thanks to MSH- Track TB, for the great support towards the implementation of our HIV/TB activities, in a similar way, we wish to recognize the tremendous support from KCCA, particularly Makindye Division, where we highly acknowledge the buy in of the DMO, Dr. Felix Onzima.

The Makerere University School of Public Health has also supported us technically through our patron, prof Lynn Atuyambe and technical advisor; Mr. Samuel Etajak, under the same umbrella, we wish to acknowledge the support of the student's body, Makerere University Environmental Health Students Association (MUEHSA) which has been a great platform of advocacy for our activities.

Great thanks to the ICHIO team who have taken the primary responsibility of making sure all the activities are successfully performed. The executive director and his deputy; Mr. Tadeo Tumusiime and Mr. Daniel Lukooya respectively, together with the Monitoring and Evaluation officer for the community rise against TB project Ms. Ronah Basemera have played an outstanding role towards the achievements of this financial year.

Last but not least, we sincerely appreciate the Community of Makindye Division, including our community TB champions, cluster heads, and the local leaders.

Tumusiime Tadeo

**Executive Director ICHIO Uganda**

## **EXECUTIVE SUMMARY**

### **Introduction**

ICHIO is operating in four thematic areas of HIV/AIDS and TB; Tobacco control and drug abuse; WASH and NTDs all targeting congregate settings like islands, schools, camps , slums among others with aim of promoting health through empowering the community for productivity. The organization has about 10 partners including the community and implementing some of the projects. Some have been concluded like the “Katwe Gwanga Mujje Tweyonje” and Community Cluster Head WASH (CCH) project in Kisenyi II parish Central Division KCCA in 2015/16 and 2017 respectively. The current project is “Community rise against tuberculosis” basing on cluster approach in Makindye Division KCCA.

### **Methodology.**

The clusters comprising of 15-25 households are identified and the village champions/leaders for the respective clusters. They are equipped with register booklets and payment is performance based upon case identification. They identify the cases basing on case definitions of persistent cough for 2 weeks, night sweats and unexplained weight loss. The cases are then referred to nearest health facility for diagnosis and confirmation.

### **Results.**

In 2017, nine (09) new cases of TB case were detected by our community TB champions out of which eight (8) were bacteriologically confirmed each with potential to transmit the disease to 10 others and the chain continues. This gives a cumulative total of 19 new cases so far identified through this intervention in the first two months.

### **Future plans.**

Strengthening supervision of the TB Champions by the ICHIO team to ensure they are active for increased detection of TB cases. The approach on success would roll-out to other KCCA Divisions.

### **Conclusion.**

This approach in TB case detection can be effective since the community is much involved and more capacity building for the TB Champions is vital.

## **ACRONYMS AND ABBREVIATIONS**

AIDS	Acquired Immuno Deficiency Syndrome
HIV	Human Immno Deficiency Virus
ICHIO	Integrated Community Health Initiative
INTAC- ICHIO	National Technical Advisory Committee
KCCA	Kampala Capital City Authority
NTDs	Neglected Tropical Diseases
STHs	Soil- transmitted helminthes
TB	Tuberculosis
WASH	Water Sanitation and Hygiene

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2
EXECUTIVE SUMMARY.....	3
ACRONYMS AND ABBREVIATIONS.....	4
1.0 INTRODUCTION.....	6
2.0 ICHIO GOVERNANCE AND MANAGEMENT.....	6
2.1 GOVERNANCE.....	6
2.1.1 EXECUTIVE COMMITTEE.....	6
2.1.2 BOARD OF DIRECTORS.....	7
2.1.3 NATIONAL SECRETARIAT.....	7
2.1.4 ICHIO NATIONAL TECHNICAL ADVISORY COMMITTEE (INTAC).....	7
2.1.5 ICHIO PATRON.....	7
2.2 MANAGEMENT.....	7
2.2.1 MEMBERSHIP.....	7
2.2.2 FINANCIAL MANAGEMENT.....	8
3.0 PROGRAMS.....	8
3.1 HIV/TB and Drug/Substance Abuse Control Programs.....	8
3.2 ICHIO-RESPONSE TO TB/HIV.....	9
3.2.1 Methodology.....	9
3.2.2 Monitoring and Evaluation.....	10
3.2.3 Results.....	10
3.2.4 Achievements.....	12
3.2.5 Future plans.....	12
3.2.7 Recommendations.....	12
3.2.8 Conclusion.....	13
3.3 HIV/AIDS.....	13
4.0 FUTURE PROJECTS.....	13
4.1 Drug/substance abuse control.....	14
5.0 PARTNERSHIPS.....	14
6.0 FUTURE PLANS.....	15

6.1 FINANCES.....15

## **1.0 INTRODUCTION**

ICHIO-UGANDA is a registered Non-Governmental Organization incepted MARCH 2015 by a group of Environmental Health students at Makerere University School of Public Health. This followed an observation of the prevailing health situation on Islands, landing sites and other congregate settings, characterized by unsafe water, poor hygiene and sanitation practices, high prevalence of HIV/TB, high rates of drug/substance abuse, Neglected Tropical Diseases (NTDs) like STHs and bilharzia including other preventable diseases.

ICHIO aims at a Uganda free from preventable diseases as a result of an empowered healthy and productive community through implementing integrated health approaches systematically to contribute to the improvement and sustainability of the Public Health Interventions at local and national level. While working in line with the existing structures we wish to add an extra effort to ensure equity & continuity in Primary Health Care delivery particularly in the areas of WASH, HIV/TB, Drug abuse & NTD Control while embracing One Health concept in order to effectively contribute to Sustainable Development Goals.

## **2.0 ICHIO GOVERNANCE AND MANAGEMENT**

### **2.1 GOVERNANCE**

Integrated Community Health Initiative Organization (ICHIO) is governed at different levels through the organization structure, at every structural level the members are expected to fulfill the given organization roles as detailed in the ICHIO constitution. The organization governing bodies are as follows;

#### **2.1.1 EXECUTIVE COMMITTEE**

The executive committee is the highest governing body of the organization. ICHIO executive is composed of 9 members including the chair person, vice chairperson, general secretary, treasurer and six other members.

The committee members are entitled to the following duties; resource mobilization, overall financial management, overseeing progress of the implemented activities, policy development and they are also expected to have custody of all organization documents and records.

### **2.1.2 BOARD OF DIRECTORS**

ICHIO has 10 board members whose main purpose is to oversee the organization activities, as well as reporting to the general assembly.

### **2.1.3 NATIONAL SECRETARIAT**

The ICHIO National Secretariat is composed of the Chairperson, Secretary, Executive Director, Deputy executive directors and the Program managers. This body is obliged to provide technical support to the organization and its programs, to coordinate, manage, monitor and evaluate the activities, to mobilize resources and also to facilitate implementation of decisions of the General Assembly, Executive Council and ICHIO National Technical Advisory Committee (INTAC)

### **2.1.4 ICHIO NATIONAL TECHNICAL ADVISORY COMMITTEE (INTAC)**

This is a 14-member committee composed of representatives from parallel organizations and associations. This committee is expected to play supportive roles in planning and coordination of ICHIO activities, assessment of the organization progress, resource mobilization and procurement of goods and services.

### **2.1.5 ICHIO PATRON**

The organization patron is selected and approved in the presence of the general assembly. His/her roles include resource mobilization, advocacy and also in charge of presiding over an extraordinary general assembly to hear an appeal arising from a petition for removal of chairperson, general secretary and treasurer of the executive.

## **2.2 MANAGEMENT**

The organization management is guided and controlled by what is stipulated in the constitution in regard to a given management role.

### **2.2.1 MEMBERSHIP**

ICHIO has different categories of membership which are as follows; Corporate, Associate, National, Ordinary and International membership. To become a member of any of the above categories, one must fulfill the necessary requirements and the executive committee has the authority to approve, disapprove or terminate one's membership.

### **2.2.2 FINANCIAL MANAGEMENT**

Issues relating to finance and accounts are under the overall supervision of the executive director who periodically reports to the executive committee about the organization's financial performance. The organization has a finance and audit committee whose primary function is to assist the governing board in fulfilling its responsibilities on;

- The financial reporting and budgeting processes
- The system of internal controls and risk assessment
- The compliance with legal and regulatory requirements
- The qualification, independence and performance of the external auditors
- The qualifications, independence and performance of the internal audit function

## **3.0 PROGRAMS**

ICHIO has continued to extend technical support in communities to consolidate the achievements of year one (1) projects. The programs supported include “Katwe Gwanga Mujje Tweyonje”, and Community Cluster Head WASH (CCH) project in Kisenyi II parish.

Currently we are implementing “Community Rise against Tuberculosis” in Makindye division.



### **3.1 HIV/TB and Drug/Substance Abuse Control Programs**

#### **Overview**

HIV/AIDS continues to be a global public health threat with the challenge being mega in developing countries where Uganda falls. This has been worsened by TB/HIV co-infection thus duo burden. ICHIO aims at contributing to the current efforts targeting the End of the burden of HIV/AIDS and TB in Uganda, through implementing integrated health approaches systemically to contribute to the improvement and sustainability of the Public Health Interventions at local and national level thus generating an Empowered, Healthy and Productive Community.

The program started its implementation in the 4<sup>th</sup> quarter of second year of operation, and it's collaborating with a number of organizations and the community itself to ensure effectiveness and efficiency.

### **3.2 ICHIO-RESPONSE TO TB/HIV**

In August 2017, Integrated Community Health Initiative Organization (ICHIO-Uganda) with support from MSH-TrackTB project commenced a pilot project named “COMMUNITY RISE AGAINST TUBERCULOSIS” that is taking place in Makindye division, Kampala City. This intervention developed by ICHIO Uganda is aimed at increasing tuberculosis case identification and treatment success in Kampala. A recent population-based TB prevalence survey in Uganda indicated that 46% of Tuberculosis cases were missed/were undiagnosed; these remain in the communities and hence continued spread of the disease. This pilot approach is a community-based initiative implemented in collaboration with Management Sciences for Health – Track TB project, the office of the Division Medical Officer Makindye division KCCA and both private and Public health facilities. It is currently running in Makindye Division, Kampala district only with hope of rolling to other divisions upon its success.

#### **3.2.1 Methodology**

The target communities are organized in clusters (15-25 household) with respective volunteer cluster heads who are tasked with identifying any member with signs of tuberculosis according

to the community case definition. This includes persistent cough for more than two weeks, persistent fevers, weight loss and night sweats. The cluster heads report these suspected cases to the community TB champions who follow them up to collect sputum samples and or refer to the nearest clinics for further medical attention. The community TB champions are also community members or already established VHTs. The samples collected are stored temporarily at the nearest clinic before being collected by the hub rider to the designated health facilities with GeneXpert machine (Alive Medical Services and Kisugu KCCA Health Centre). Those confirmed with TB are document in the established KCCA diagnostic and treatment units (DTUs) and started on treatment immediately.

The champions are closely monitored by supervisors from ICHIO Uganda. Performance based payment model is used in which for this pilot project identification of at least one case by a Community champion is a prerequisite for him/her to be refunded SDA and transport measured by public means and this is given at the end of the month through mobile money. Every new case identified increases the amount of money a champion gets. Consideration is also made for some visits where a significant number of samples were collected/referrals made but follow the same criteria of identifying at least one case for qualification.

### **3.2.2 Monitoring and Evaluation.**

Every community TB champion has a referral booklet and a note book to ensure essential information is documented and these are validated during field visits by supervisors. In addition, the monitoring and evaluation coordinator makes random checks through telephone calls of the champions and the partnering health facilities and document weekly progress which is cross matched during data validation. A review meeting was held on 6/10/2017 to discuss the project progress in September in order to identify issues to be addressed. In these meetings, all Community champions are expected to report their monthly progress which is later cross verified by the field supervisors and clinic focal persons for the respective areas.

### **3.2.3 Results**

In the month of September 2017, our community TB champions were able to identify 09 new TB cases of tuberculosis out of which 8 were bacteriologically confirmed each with potential to transmit the disease to 10 others and the chain continues. Fortunately, all identified TB cases have already started treatment those HIV positive initiated on ART as well. This gives a cumulative total of 19 new cases so far identified through this intervention in the first two months.

These details are shown in the table below

**Table 1: Table showing the distribution of TB cases identified by ICHIO-Community TB Champions (August 2017)**

<b>Name of TB Champion</b>	<b>Clusters visited</b>	<b>screened</b>	<b>Presumptive</b>	<b>Samples collected</b>	<b>No. tested</b>	<b>confirmed cases</b>	<b>Started on treatment</b>	<b>Remarks</b>
Bbuye Mudde	2	14	5	5	5	1	1	
Ibrahim Ramathan	2	25	16	11	11	0	0	Delayed results
Nabala Stanley	2	12	5	5	5	1	1	
Nabirye Suzan	1	10	6	6	6	2	2	
Senkusu Francis	4	60	5	2	2	1	1	
Nampa Salama Mbide	1	2	1	0	0	0	0	
Nalunga May	0	0	0	0	0	0	0	Not worked
Nakalema Florence	3	36	7	7	7	2	2	
Hawa Sempa	0	0	0	0	0	0	0	
Mugasha Darison	4	24	7	7	6	2	2	
Kigundu Ronald	4	38	05	05	00	00	00	Invalid results due to faulty Xpert machine
<b>Total September 2017</b>	<b>23</b>	<b>221</b>	<b>57</b>	<b>48</b>	<b>42</b>	<b>9</b>	<b>9</b>	All started on treatment
Total August 2017	15	229	82	82	82	10	09	One died
<b>Cumulative total (August September 2017)</b>	<b>38</b>	<b>250</b>	<b>139</b>	<b>130</b>	<b>124</b>	<b>19</b>	<b>19</b>	One 2 years old child with EP Adenitis and one PCD

### **3.2.4 Achievements**

- Overall 19 new cases so far identified in the last two months. 09 for the months of September (refer to the table above).
- Monitoring and evaluation through weekly phone calls and monthly field visits was started in the month of September and showed improvement in data reporting and accountability.
- Monthly review meetings were started and increased motivation and accountability of the community TB champions towards this cause. The meeting also eased reporting and enabled champions to know the location of the ICHIO office where they can always reach out in case of any inquiries.
- A database was developed that is updated weekly after phone call follow ups and field visits on the champions progress in identifying TB cases. This is done by the Monitoring and Evaluation coordinator who sits at the ICHIO office in Ggaba.

### **3.2.5 Future plans**

Weekly field supervision of each community TB champions by ICHIO supervisors will be enforced more strongly. These will validate information provided by the champions with the referral clinic data.

### **3.2.6 Challenges**

- Breakdown of geneXpert machines at alive and Kisugu during the month grossly affected the effort as samples were being rejected and some results were invalid.
- Some Community TB champions were not active in the search for the presumptive within the community.
- Communication challenges between the ICHIO team and Community TB Champions due to inadequate facilitation.

### **3.2.7 Recommendations**

ICHIO and Partners should ensure:

- Monthly airtime and transport facilitation to the implementing team to boost the intervention.
- Provision of some material incentives like T-shirts to the champions for identification and motivation.
- Continuous capacity building of the TB Champions in case identification.

### **3.2.8 Conclusion**

The project has improved over the last one month and with more focused effort, more than the expectations will be achieved. The community TB case identification will be a success.

## **3.3 HIV/AIDS**

ICHIO in partnership with Martyrs family clinic Ggaba have continued to deliver services in the hard to reach and vulnerable communities of Uganda, in landing sites, islands and other congregate settings, characterized by unsafe water, poor hygiene and sanitation practices, high prevalence of HIV/TB and high rates of drug/substance abuse and other preventable diseases.

16 community-based sensitization programmes have been carried out regarding the prevention and treatment of HIV/AIDS. These included schools, tertiary institutions and other congregate settings.

### **3.3.1 Future of HIV/TB Program**

- ICHIO is to strengthen its collaboration with local, national and international organizations to have joint implementation of projects in HIV/AIDS and TB.
- ICHIO has also collaborated with Track TB Project-MSH to run a pilot implementation research study to increase on the TB case identification within Kampala, and this will be in Makindye division. It will be a community based intervention that will employ community members and they will be code named “Community TB Champions“ and it will run for a period of six months from July-December 2017. With the outcome of the intervention, it will be modified accordingly so as to scale up the intervention in the whole Kampala and or entire country at large.

- There will be special projects in both HIV/AIDS aiming at increasing awareness on the preventive measures, treatment and linkage of the clients to care.
- We also plan to have more community outreaches where voluntary counseling and testing (VCT) will be done, those confirmed positive will be linked to HIV care at the different health facilities, and ensure reduced transmission of the HIV virus to the negative persons.

#### **4.0 FUTURE PROJECTS**

ICHIO Uganda to continue with the fight against HIV and Tuberculosis including Multiple drug resistant TB which is a big threat to the TB control efforts in the country. This will be done through a number of new approaches that can best suit the current social dynamics more so in Kampala city which accounts for over 20% of the national TB burden.

Water Sanitation and Hygiene will also remain one of our main priority areas so as to consolidate our achievements of the year 1 projects and spread our tested and proven interventions elsewhere.

##### **4.1 Drug/substance abuse control**

For the past two years, there was no direct project implemented regarding the drug/substance abuse though well aware of existence and reported increasing trend of youths engaging in a number of drug abuse activities; the drugs mostly abused being marijuana, shisha, alcohol, tobacco, cocaine among others. This has resulted into increased mental illness and a lot more physical and social consequences among the youth. Based on above considerations therefore ICHIO-Uganda has been prompted to plan and implement some Drug abuse control projects in these three coming years (2018-2020). This will involve identification of the drug users hotspots and engage drug users in sensitisation on the risk associated, alternative life styles through equipping them life skills and where needed linking drug addicts to care. To ensure effectiveness, ICHIO will collaborate with a number of organizations that are serving in the line of drug/substance abuse control in Uganda so as to reach a number of affected persons especially in the hard to reach communities of islands, landing sites and other congregate settings like slums, schools, prisons the uniformed personels among others.

Also preventive measures will be implemented in training institutions to pass on the information about the dangers of such acts thus protecting the next generation.

## **5.0 PARTNERSHIPS**

1. School of Public Health- Makerere University
2. MSH- TrackTB project
3. Village Health Teams (VHTs)
4. Makindye Division KCCA
5. Central Division KCCA
6. Slum Dwellers Federation-Kampala
7. Beyond Our Doors Uganda
8. 10 CBOs in Kisenyi parish notably of all “Kakajjo Twezimbe Women's Group”