Restoring of hope and dignity for the Grannies and their orphaned grandchildren.

As grandmothers and their orphaned grandchildren in Uganda have been on the forefront of the devastating effects of HIV and AIDS, we have supported their livelihood in 2015.

To date we are providing medical care, food security, social and economic empowerment to 300 grannies’ households and provided educational support to 311 of their orphaned grand children.

We have moved on to involving them in advocacy activities, mainly intended to influence and stimulate policy change and effective government action to address the plight of grandmothers and AIDS orphans in Uganda and Africa. As well as to raise awareness of the human devastation caused by the HIV/AIDS pandemic in sub-Saharan Africa, specifically to grannies and OVC.

We are pleased to have the ongoing support of the Stephen Lewis Foundation to the program as well as the support of the community and the media.
Our Successes with the Antiretroviral Therapy program

In efforts to contribute to the global and national efforts of attainment of SDG 3 by 2030, we have continued to provide antiretroviral therapy to 2,168 people infected with HIV&AIDS, including children in our community. To date, we have witnessed tremendous improvements in the span and quality of life of people living with HIV (PLWH). Many of our clients have been able to return to work and their children and OVC are back in school, growing up onto adulthood.

We have focused on enforcing adherence, which is crucial for treatment success, adopting a community and Home Based Care strategy where patients are visited at home for their periodic refills, opportunistic infection assessment and treatment in addition to psychosocial and adherence support. This strategy has gone a long way in ensuring success of treatment and retaining many of the patients we enrolled in the ART program.

On the other hand, some patients have experienced failure in their treatment when the ARV drugs cannot suppress the virus. Reasons range from poor adherence to treatment due to social factors and alcohol, the advanced stage of the disease when medication is started, and decreased susceptibility of the HIV virus itself to the drugs due to various reasons.
Our efforts on Tuberculosis diagnosis and treatment

TB is a leading cause of morbidity and mortality among people living with HIV and as such it remains a serious health risk for our clients living with HIV&AIDS.

For this reason St Francis believes that if we are to raise up our commitment to fight TB in our communities, we must seize all the opportunities that are available already, as well as the opportunities that may come in the future.

St Francis’ TB program has screened 2198 clients and has enrolled 167 on treatment.

In an effort to achieve new targets in tuberculosis diagnosis St Francis, in line with the efforts of the Ministry of Health, promotes tools and guidelines to improve TB/HIV collaboration as part of access to HIV and TB prevention, care and treatment of its clientele and adopted the World Health Organization’s new TB guidelines.

We have adopted Isoniazid Preventive Therapy, which recommends that adults and adolescents who are living with HIV, irrespective of their degree of immune suppression, be enrolled on treatment. Our clients on ART, who were previously tested for TB, and pregnant women are also candidates of IPT.

We have gone ahead to incorporate into our TB program, the World Health Organization (WHO) evidence based simplified TB screening, a logarithm that assesses the current cough, fever, night sweats, and weight loss to identify those eligible for a further diagnostic work-up for TB or other diseases to ensure infection control.
Although the program still comes with many challenges, we are still very hopeful that as more stakeholders come in to support our work, we shall be in position to achieve our TB management and treatment goals.

**Giving Priority to maternal and child health and Elimination of Mother To Child Transmission Of HIV(eMTCT)**

At St Francis we realize the need to prioritize and accelerate Reduction of Maternal and Neonatal Morbidity and Mortality and the National Child Survival Strategy.

St Francis Health care services believes that systematic improvement of health services for pregnant women can save lives effectively in our rural settings. Since a majority of maternal deaths occurs during and immediately after delivery, many of our interventions have concentrated on Pre, ante, and post natal period as well as eMTCT.

The maternal and child health program started at St Francis in 2006 after realizing a huge gap that was existing in the elimination of Mother to Child Transmission of HIV (eMTCT) and the continuum of care in maternal healthcare, care for newborns and child care within our communities.

Our fully fledged maternity is open for the mothers in the community to check in at any day of the week and we have beefed this up by engaging in community outreach, targeting the mothers in the hard to reach areas. This way we have saved so many lives of mothers and newborns.

In the same way, the eMTCT program, which aims to remove the risk of transmission of HIV from the mother to her baby, has been able to identify and offer treatment therapy to the HIV positive mothers in the communities.
In 2015 we managed to save the lives of 40 babies born to HIV&AIDS positive mothers (elimination of Mother To Child Transmission of HIV), we conducted 248 safe deliveries, tested 800 mothers and pregnant women for HIV, enrolled 113 mothers in the eMTCT program and trained and 60 village health team members.

**Rehabilitation of HIV positive children in Buikwe and Jinja districts: Omoana Rehabilitation Centre**

Omoana rehabilitation centre is another children’s project under St Francis Health Care services, where HIV positive children whose health has been compromised and who are in stage 3 and 4 of HIV/AIDS can rehabilitate and afterwards are taken back to their original families once their health has stabilized.

The goal of Omoana centre is to rehabilitate HIV & AIDS Positive or malnourished children, through provision of Anti Retroviral Therapy, nutritional support, psychosocial support, training of the care takers and then re-integration once they have regained their health.
Usually when Children are born with HIV, they face a lot of challenges growing up, such as stigma in homes and communities; they are also denied access to quality medication, nutrition and education. So St Francis realized these children need intervention through rehabilitation.

To date, the center has rehabilitated 166 children, 136 of whom are actively attending school in their respective areas with the support of the center. Others are in the recovery phase. All of these children are taking anti-retroviral drugs.
Sensitization of treatment supporters

Youth empowerment and mentoring

The Youth empowerment program at the centre is comprised of the Shadow Idols group and the source of the Nile young positives club.

The groups were formed to give an opportunity to the youth to access adolescent sexual reproductive health information and services, HIV and STI prevention, life skills and to meet successful professionals to help mentor the youth so these young people can be able to envision the future.

We have made Saturday a youth friendly day where young people can meet and get involved in a number of activities such as peer counseling, life skills, adolescent reproductive health sensitization, straight talk/young talk reading, games and sports, music, dance and drama, as well as accessing medical services if they need them.

In 2015, the program reached 1,800 youth from the community with these youth friendly services.

However, we still welcome many more partners who feel they can contribute to our youth program.
Our Success with Behavioral based HIV & AIDS prevention.

We are strengthening HIV prevention in Buikwe district by fostering individual-community behavioral change through engendered rights advocacy and increased coordinated uptake of HIV services. Our main goal is to contribute to the reduction of the HIV prevalence in Buikwe district from 9.4% to 8% by August 2016.

To date, we have reached 13,252 people, including children with HIV, with counseling and testing services in all sub-counties. 14,917 people have been reached with behavioral change communication messages by the 60 VHTs and 60 peer educators that we have trained. 302 men have been reached through safe medical male circumcision. 126,641 condoms were distributed by the VHTs within
the period of one year. 900 community local leaders, political, cultural and religious leaders were reached with BCC messages and information on HIV drivers in communities. With this intervention, we can witness behavioral change practices amongst the people of our community.
Empowering food insecure HIV & AIDS affected households with integrated agricultural skills in Buikwe district.

We have addressed food security, nutrition and subsistence farming issues of the households affected by HIV&AIDS directly, through strategies that assist vulnerable families to restore food security. At the same time, we transferred indigenous knowledge and practices, and taught them local conditions, family labor, seasonality of food availability, culture and other resources available to the households. Labor saving technologies and practices such as working together in groups (informal or production groups e.g. Farmer Field Schools), backyard gardening as well as fostering in-kind (seeds and farming inputs). Also, Behavior change communication on food consumption and nutritional practices was adressed. Regular nutritional assessments and activities to improve nutrition among vulnerable children and households were carried out. Then households were trained in better nutritional practices, as well as safe handling of food. This project has also ensured full adoption to organic farming and setting up of community seed banks for local/ indigenous crops.