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# COMMUNITY HEALTH REPORT 2022

*Activities by Health Volunteers-2023*

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# Annual Report 2022

## Community Health Program

### Introduction:

ACYP has been working in Kalungu District of Uganda since 2010, dedicated to improving the health and well-being of marginalized communities. A 2021 baseline survey revealed that 35% of children under 18 years were vulnerable due to factors like orphan hood, chronic illness within the family, and poverty. Immunization rates in the remote sub-locations were as low as 60%, and access to consistent medication for chronic conditions was a significant challenge, with 40% of patients reporting treatment interruptions due to stock outs or inability to travel to health facilities. Poor WASH practices contributed to a high prevalence of waterborne diseases, affecting approximately 25% of households annually.

### 1. Program Goals and Objectives:

#### Goal:

To improve the health and well-being of vulnerable children, adolescents, and their families in Kalungu District.

#### Objectives:

- To provide consistent drug adherence support to at least 150 children and adolescents living with HIV/AIDS and tuberculosis.
- To successfully deliver essential medications to at least 90% of identified beneficiaries within their communities on a monthly basis.
- To facilitate access to and increase the uptake of routine immunizations for at least 85% of eligible children under five years in the target communities.
- To improve WASH practices among 50 households through awareness campaigns and the distribution of 100 hygiene kits and construction of 20 community handwashing stations.

## **2. Target Beneficiaries:**

The program directly supported 135 vulnerable children (aged 0-14 years), 87 adolescents (aged 15-19 years), and their families, totalling approximately 497 individuals across five sub-locations in Kalungu District. This included children and adolescents living with HIV/AIDS (189 individuals), tuberculosis (10 individuals), and other chronic conditions like asthma and sickle cell (14 individuals), as well as families facing significant socio-economic hardships that limited their access to essential health services (107 caregivers).

## **3. Program Activities and Achievements**

### **3.1 Drug Adherence Support:**

- **Activities:**

- Conducted 146 individual counselling sessions for children and adolescents on the importance of medication adherence, focusing on understanding their treatment regimens and coping with side effects.
- Established 2 peer support groups for adolescents living with HIV. Provided 300 home visits by ACYP volunteer to monitor adherence, assess family support, and address challenges such as stigma and logistical barriers.
- Developed and distributed 15 culturally appropriate IEC materials on medication management, diet, and healthy living.

- **Achievements:**

- 88% of beneficiaries receiving adherence support demonstrated improved adherence rates, as evidenced by health facility refill data showing consistent medication pick-up and ACYP volunteers reports indicating regular intake. This was a 15% improvement compared to the baseline adherence rate of 73%.
- 90% of peer support group members reported feeling more understood, less isolated, and better equipped to manage their conditions through shared experiences and coping strategies.



- 75% of caregivers reported increased understanding of their children's medication regimens and potential side effects, leading to better support at home (measured through follow-up interviews).

### **3.2 Drug Delivery:**

- **Activities:**
  - Established a monthly drug delivery system utilizing a network of 15 trained volunteers covering the five target sub-locations.
  - Conducted 60 drug delivery trips using motorcycles and bicycles, ensuring timely access to essential medications for beneficiaries in remote areas.
  - Trained 15 volunteers on safe drug storage (using provided lockable boxes and temperature monitoring), accurate record-keeping, and confidential delivery protocols.
- **Achievements:**
  - 95% of registered beneficiaries received their medications within 7 days of their scheduled refill date, significantly improving access.
  - Reported a 25% decrease in treatment interruptions due to lack of medication access, compared to the previous year.
  - Reduced the average travel time for beneficiaries to obtain medication from 2 hours to 30 minutes.

### **3.3 Access to Immunization:**

- **Activities:**
  - Conducted 12 community sensitization campaigns utilizing community health talks, radio announcements on local stations on the benefits of routine immunizations.
  - Collaborated with 3 local health facilities to organize 6 outreach immunization drives in underserved villages, providing vaccines and health education.
  - Provided transportation support (fuel allowances volunteers and motorbike transport for families in extreme cases) to 50 families facing significant barriers to accessing immunization services at health facilities.

- Tracked the immunization status of 87 children under five using a mobile-based data collection tool and provided follow-up reminders (SMS and phone calls) to 80 caregivers for due vaccinations.
- **Achievements:**
  - Achieved an 80% immunization coverage rate for key vaccines (BCG, DPT3, Polio3, Measles) among children under five in the target communities, a 20% increase from the baseline of 60%.
  - 45 previously unimmunized children received their first dose of essential vaccines during the program period.
  - Community knowledge about the importance of immunization increased from 65% to 85% (based on pre- and post-campaign surveys).

### **3.4 Water Sanitation and Hygiene (WASH):**

- **Activities:**
  - Conducted 20 hygiene promotion workshops for families and community members (average 20 participants per workshop), focusing on handwashing with soap at critical times, safe water storage, and proper waste disposal.
  - Distributed 20 hygiene kits containing soap, hand sanitizers, and information on safe hygiene practices to the most vulnerable households.
  - Facilitated the construction of 5 community handwashing stations at 1 schools and 1 community centre through community mobilization and provision of materials.
  - Conducted 150 household visits by volunteers to assess WASH practices and provide tailored advice on improving hygiene and sanitation.
- **Achievements:**
  - 70% of participating households reported consistently practicing handwashing with soap at critical times (before eating, after using the toilet), compared to 45% before the intervention (based on household observations and self-reports).

- Reported a 15% decrease in the incidence of reported diarrheal diseases among children under five in the target communities, as documented in local health facility records.
- Increased community awareness of the link between poor hygiene and disease transmission, with 90% of participants in workshops demonstrating understanding during post-training assessments.

#### **4. Challenges Faced:**

- Logistical challenges related to the poor road infrastructure and the long distances to reach some of the remote villages, leading to delays in drug delivery and monitoring visits.
- Occasional stockouts of specific essential medications and vaccines at the primary health facilities, requiring proactive communication and coordination with district health authorities. For example, there was a two-week stockout of Amoxicillin in July.
- Some deeply ingrained socio-cultural beliefs and practices regarding illness and healthcare seeking behaviors posed challenges in promoting timely immunization and adherence to medication regimens. For instance, initial resistance to vaccination was encountered in two specific communities.
- Limited number of trained volunteers relative to the geographical area and the number of beneficiaries, leading to increased workload and the need for ongoing training and motivation.

#### **5. Lessons Learned:**

- Integrating drug adherence support with community-based drug delivery is highly effective in improving treatment outcomes and reducing the burden on beneficiaries. The 88% adherence rate achieved demonstrates this success.
- Strong community engagement, including the active involvement of local leaders and community health champions, is crucial for building trust and promoting the adoption of healthy behaviors. Communities where local leaders were actively involved showed a 25% higher uptake of WASH practices.



- Proactive communication and strong partnerships with local health facilities are essential for ensuring a consistent supply of medications and vaccines and addressing stockout issues promptly. Regular coordination meetings helped mitigate the impact of stockouts.
- Continuous training, mentorship, and provision of adequate resources (e.g., transport allowances, reporting tools) are vital for maintaining the motivation and effectiveness of volunteers. Volunteers who received monthly refresher training showed a 10% higher rate of accurate data collection.
- Tailoring health education messages and materials to the local context, using local languages and culturally sensitive approaches, significantly enhances community understanding and participation. IEC materials in Luo and Swahili were more effective than generic materials.

## **6. Monitoring and Evaluation:**

The program employed a multi-faceted approach to monitoring and evaluation. Regular monitoring of volunteer activities was conducted through weekly reports and monthly supervisory visits, with 100% of volunteers reports submitted on time. Data on drug adherence rates was collected monthly from pharmacy refill records and verified during 20% of home visits. Immunization coverage data was tracked using a mobile-based platform, with real-time updates from health facilities and outreach drives. Community surveys were conducted at the beginning and end of the reporting period, reaching 210 randomly selected households, to assess changes in knowledge, attitudes, and practices related to WASH and immunization. Focus group discussions were held with 4 groups of beneficiaries and 2 groups of CHWs to gather qualitative feedback on program implementation and impact.

## **7. Conclusion and Recommendations:**

The program in 2022 achieved significant positive impacts on the health and well-being of vulnerable children, adolescents, and their families in Kalungu. The demonstrated improvements in drug adherence (15% increase), immunization coverage (20% increase), and WASH practices (leading to a 15% reduction in diarrheal cases) highlight the program's effectiveness. However, addressing logistical



challenges in remote areas, ensuring consistent drug and vaccine supplies, and strengthening community engagement remain critical for sustained success.

## **8. Recommendations:**

- Invest in more robust transportation options, such as an additional motorcycle, to improve outreach to remote communities.
- Formalize a memorandum of understanding with the Kalungu Department of Health to ensure a more reliable supply chain for essential medications and vaccines.
- Develop a comprehensive community engagement strategy that leverages local cultural practices and addresses specific socio-cultural barriers to health-seeking behaviors.
- Increase the number of trained volunteers and provide them with enhanced training and supportive supervision, potentially through partnerships with local nursing schools.
- Explore opportunities for integrating mobile health (mHealth) technologies to improve communication, data collection, and follow-up with beneficiaries.
- Conduct a more in-depth qualitative study to understand the lived experiences of beneficiaries and identify further areas for program improvement.

### **Prepared by:**

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