



Mildmay Uganda Contributes to the HIV fight through Ending Inequalities Among Adolescent Girls, Young Women and Boys

Mildmay Uganda is a National Non-Governmental Organization that was established in 1998 as a Center of Excellence for provision of Comprehensive HIV & AIDS prevention, care treatment and training services. It has over time evolved and diversified its services to include health systems strengthening programs, delivery of comprehensive healthcare, health training and education, research as well as other complementary social services. With support from PEPFAR through the Centers for Disease Control, Mildmay Uganda works in partnership with the Ministry of Health in Eight districts of Central Uganda to support the district health systems provide Comprehensive HIV Prevention, Care and Treatment services with the aim of accelerating HIV epidemic control. Mildmay Uganda's vision is to transform communities for sustainable health, while our mission is to empower communities for health and sustainable livelihoods by providing quality healthcare, developing human resources for health, and generating evidence to influence health policy.

Ending AIDS

Mildmay Uganda is contributing to ending AIDS through the PEPFAR-funded project on Accelerating Epidemic Control in Mubende region. This project is being implemented in the districts of Mubende, Kassanda, Mityana, Luwero, Nakaseke, Nakasongola, Kiboga & Kyankwanzi through the support of CDC in collaboration with the Ministry of Health and the district local governments. In partnership with the district health teams, the project supports HIV prevention services such as HIV testing services, Elimination of Mother To Child Transmission (eMTCT), Voluntary Medical Male Circumcision (VMMC), GBV prevention and post-GBV services, and service packages to reduce HIV incidence among Adolescent Girls and Young Women. The care and treatment services include ART services, adherence and psychosocial support, TB treatment and prevention, advanced disease management and access to high quality laboratory services. The project also enhances data use for programming and client care, and supply chain management. Through this project, close to 100,000 PLHIV are being maintained on ART across the 8 districts, with 5% of these being children below 15 years of age.

Ending Inequalities Among Adolescent Girls, Young Women and Boys through DREAMS

Mildmay Uganda has been implementing the DREAMS initiative since 2016. DREAMS stands for Determined, Resilient, Empowered, AIDS-free, Mentored and Safe. The purpose of this initiative is to reduce the incidence of new HIV infections among vulnerable Adolescent Girls & Young Women (AGYW) between the ages of 10-24 years. Through this initiative over 168,377 Adolescent Girls and Young Women have been reached and served with various packages tailored for the different age categories. DREAMS has contributed to the reduction in incidence of new HIV cases among vulnerable AGYW by bringing together evidence-based approaches addressing structural drivers that increase girls' and young women's HIV risk. These include poverty, lack of education and lack of meaningful interactions.

DREAMS provides interventions focused on building three types of assets: Human, Social and Economic Assets. These include access to Behavior change communication, Life skills training, Peer-led mobilization, Parenting skills, HIV testing services, post-violence care, Post-Exposure Prophylaxis (PEP), condom provision, linkage to family planning services, PrEP, ART and Voluntary Medical Male Circumcision for their partners. Social-economic interventions include community

mobilization for norms change & GBV prevention, male partner engagement, peer support groups, financial literacy, market-led vocational training, and creation of saving groups among others.

The AGYW, partners and community safety networks are reached through Community mobilization & sensitization, male engagement (finding partners, organizing them into peers' groups, champions) and parenting education to impart good parenting skills. AGYW, their male partners and other men are engaged in community dialogues as a platform for norms change communication for prevention of GBV.

Overall, over 168,377 AGYW have been served; with 99.9% remaining HIV negative. The 57 AGYW that turned positive (0.05% positivity) have been linked to HIV care and treatment. Community mobilization for norms change enhanced community safety nets, partner tracking and community support to the AGYW, Social assets building through meaningful interactions at safe spaces, BCC sessions enabled girls to develop interpersonal communication skills and ability to demand for their rights and services. Community dialogues for boys/male engagement heightened the male involvement as enablers and service beneficiaries.



Equipping Girls and Young women with vocational skills

Training in parenting skills, HIV and GBV prevention increased service uptake for AGYW in knowing their status, care and treatment and ensuring they remained negative. Increased identification of VAC and GBV and post violence care service uptake. Through improved parenting skills, children with early signs of dropping out of school have been supported to return or keep in school.

VSLA groups have empowered the AGYW to plan and save, which has increased their economic resilience. In addition to training in the traditional female trades, AGYW have been able to train in male dominated skills like mechanics, electric installation and are able to obtain gainful employment.

Increasing access to Laboratory services through Point-of-care testing (POCT) to close the gap HIV epidemic control gap

Mildmay Uganda supports 109 laboratories including eight laboratory Hubs (District referral laboratories) in the eight districts of Mubende Region. Three of the supported hubs (Mubende regional referral hospital, Mityana hospital and Luwero hospital achieved accreditation to ISO15189 by the South African National Accreditation system (SANAS).

International standard ISO 22870, Point-of-care testing (POCT) - Requirements for quality and competence, defines POCT as: "testing that is performed near or at the site of a patient with the result leading to possible change in the care of the patient". Advancement in testing and diagnostic technologies have led to new diagnostic tools and equipment that require minimal skills and training for use in several areas of health care including HIV diagnosis, CD4 testing, syphilis & hepatitis screening, and HIV Viral Load quantification among others. POCT enables more rapid clinical decision making in the process of diagnosis, (rule-in or rule-out), treatment choice and monitoring, and prognosis, as well as operational decision making and resource utilization. It reduces results turnaround time and eliminates the challenges of expensive sophisticated infrastructure and equipment, in addition to the need for highly trained technicians to deliver quality diagnostic services.

The Ministry of Health in Uganda developed Policy and Implementation Guidelines for POCT which provide extensive guidance on device approval and regulation, country entry protocol, roles of stakeholders, selection criteria, evaluation and approval, quality assurance and biorisk management. Mildmay Uganda as a key player in the HIV epidemic response, has embraced this key intervention and has supported the fictionalization of 157 HIV POCT sites. Impressively, 95% of these sites passed external assessment for HIV serology proficiency testing. In addition, in line with MOH efforts to support the accelerated roll out of early infant diagnosis and viral load testing for pregnant and breastfeeding women on HIV treatment, 11 HIV Early Infant Diagnosis (EID)/Viral load POCT testing sites have now been functionalized in the region. These sites were able to test 2073 EID and 1457 viral load samples in one quarter alone. All the 11 sites participated in external proficiency testing and returned successful results depicting good and acceptable quality of results. These interventions have significantly contributed to the national efforts to address inequalities that are holding back progress in ending AIDS.

POCT will continue to play a major role in ending HIV/AIDS and as the country continues to identify innovative strategies of closing existing gaps towards this goal, the types of point of care tests and equipment and the manner in which the different POCT devices and technologies are used will continue to be optimized in line with technology advancement, country priorities, operational costs, logistics, data management, fitness for purpose and mechanisms of ensuring quality and Biosafety.

Reducing inequalities among the young people and adolescent through the Peer supporter model

Mildmay Uganda in collaboration with MoH has been implementing the YAPS (Young People & Adolescent Peer-supporter) model in Mubende region in Central Uganda since June 2019. The model aims at improving care and treatment outcomes for adolescents (10-19 years) and young people (20-24) living with HIV. This population faces multiple challenges and vulnerabilities which negatively impact on their health outcomes. These include lack of food, transport to the facilities for their medication, violence, stress, and depression due to lack of school and general lack of livelihoods.

The YAPS work with health workers to support services across the 95-95-95 cascade both at facility and community levels. These include mobilization of fellow adolescents and young people and screening and testing them for HIV, health education, linkage of the HIV positive ones to HIV services, adherence counselling, psychosocial support including home visits among others. They are supported by a mentor, based at



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district level and a supervisor based at the health facility. The model utilizes a multi-sectoral approach to provide a comprehensive package of services to adolescents and young people. Key stakeholders at community level include Community based organisations, Village health teams, Non-Government Organisations, the education sector, religious and local leaders. Mildmay Uganda is currently implementing the model in 36 health facilities across the region with 80 active YAPS (60 female and 20 male).



A team of Young People & Adolescent Peer-supporters under YAPS celebrate after winning the Second Runners Up position in Mr. Y+ 2022/2023 Beauty Contest.

The YAPS have provided health education sessions to over 94803 adolescents and young people, of these 76757 were screened for HIV and 34038 were found eligible for HIV testing. Of these 30402 were tested for HIV and 818 were newly identified as HIV positive (yield of 3%) and 816(99.8%) were linked to HIV services including antiretroviral therapy. In the same period the viral suppression rate improved from 88% to 92% for adolescents 10-19 years and from 92% to 96% for young people 20-24 years. The 6 months retention improved from 83% to 92% and 12-months retention improved from 90% to 95%.

The have also benefited from this intervention as well. Currently all YAPS are 100% virally suppressed and the program has supported them overcome stigma and gain confidence in themselves. Mildmay Uganda will scale up the intervention to more of its supported sites in the region to support the adolescents and young people attain the UNAIDS targets of ending the HIV epidemic by 2030.

Through the PMTCT model, Mildmay Uganda has enrolled peer mothers in each of the supported sites (142) to provide education and psychosocial support to mothers and their partners, community nurses for home-based sample collection and strengthening integration. Targeted site mentorship, quarterly continuous professional education, performance review and data use done to bridge capacity gaps while improving quality of services. The turnaround time for EID results have been reduced by mapping more facilities to the hub system, providing a backup rider, and liaising with Central Public Health Laboratory (CPHL) for delayed results. In October 2020, sites were supported to adopt the triple elimination plan of HIV, Syphilis and Hepatitis B which are the major contributing factors to HIV transmission among infants. Over 50 HC IIs were supported for PMTCT/EID outreach services and 10 sites had Point of EID care PIMA machines functionalized.

Ensuring continuity of HIV Care services during the Ebola outbreak

During the Ebola outbreak, Mildmay Uganda under the leadership of Ministry of Health and in partnership with the district leadership has supported the continuity of Essential health services for People Living with (PLHIV) in Mubende and Kassanda districts. This has been achieved through coordination of the district, facility and community stakeholders for service continuity and uptake. The measures undertaken have involved community sensitization about availability of services at all health facilities through use of community resource persons such as Community leaders and Village Health Teams(VHTs), use of community radios, and radio talk shows. To enable access to services, acquisition of travel permits for health care workers, linkage of clients to the nearest facilities for drug refills, and home drug deliveries for those unable to access facilities were conducted. Multi-month drug dispensing has been scaled up across the region and this has enabled stable ART clients to receive drug supplies for three months and beyond. This has mitigated treatment interruptions among PLHIV on ART. Currently, close to 90% of the PLHIV on ART in Mubende region are receiving ART supplies for 3 or more months. Through the laboratory hub systems, blood samples for routine monitoring have been collected both at the community and facility level.

Mildmay Uganda Hospital offering Health Services beyond HIV/AIDS care

In commemoration of World AIDS day, it shall never go without acknowledging Mildmay hospital which has for long been at the forefront of managing cases of HIV/AIDS. The health facility which started as a small centre of excellence in taking care of persons living with HIV/AIDS, is celebrating 25 years of saving lives. "It has been a journey of growth since 1998 when we began as an HIV facility during such a heavy burden of the virus in the country," remarks Dr. Yvonne Karamagi, Director of Medical Services, Mildmay hospital.

To date, the health facility serves close to 15,000 people living with HIV/AIDS, 1,300 of whom are children (0-19years). Describing how the HIV programme has evolved since the health facility was started up in 1998, Dr. Karamagi explained that there were no free Anti Retroviral drugs (ARVs) until 2004 when the PEPFAR (U.S President's Emergency Plan for AIDS Relief) started. "We were the first to give free ARV drugs under the PEPFAR programme," she remarks. Mildmay Uganda hospital remains indebted to the Ministry of Health, Ministry of Gender, Labour & Social Development and Ministry of Education for the strategic guidance and technical oversight for the work they do. The U.S government is appreciated for the support provided PEPFAR through Centres for Disease Control and Prevention (CDC).

Before that, the drugs were reportedly very expensive, as there were very few sponsors. At such a time of scarcity, children were prioritised when it came to giving healthcare services. "We however, found out that the children who were HIV positive, used to share the ARVs with their parents. Obviously, no child could stand seeing their parents suffer. That taught us to give Care in a family-centred approach, a method we have maintained to date," Dr. Karamagi further explains, while narrating the journey by Mildmay Uganda since 1998.

She prides in such persons under Mildmay care, who have lived with HIV/AIDS for more than three decades (over 30 years), mentioning some of the breakthroughs that the hospital has registered especially in curbing transmission from mother to the baby. "For the last five years, we have had no single baby turn positive from this facility as long as the mothers start with us, on the antenatal program when they get pregnant," stated Dr. Karamagi.

Key hospital services beyond HIV care

Whereas Mildmay hospital has for long been known as a centre of excellence in handling HIV/AIDS cases, the hospital has grown into a 24-hour general hospital offering Maternity, Paediatric, Laboratory, General Medical Services, Eye Care, Patient Admissions, surgical services, obstetrics and gynaecology, pharmaceutical, X-Ray & Ultrasound scans, Mental Health, Geriatrics and Nutrition Services with such special care only synonymous with the facility. The hospital also offers health services through health insurance partners such as UAP, AAR, ICA, Prudential, GA, Liberty blue, APA, Case Medicare, Sanlam and through whose partnership, the hospital continues to offer various services.



Mildmay Uganda Hospital partners with the Rotary Club of Lubowa to offer health care services through the Community Outreach program

"We also offer community services where we engage in corporate social responsibility with the communities around us," explained Dr. Karamagi. The hospital conducts community outreach activities among the poorer communities, identifying young people or pregnant mothers and children and link them to the hospital.

With a 34-bed capacity, the hospital continues to grow and improve in service delivery with a vision of becoming a leading health-care provider. The hospital is ISO certified (ISO 9001) as well as its laboratory (ISO 5198) which implies that management of service delivery follows a standard code of quality. "These quality standards help to keep us in check with an ultimate goal of ensuring customer satisfaction," the hospital boss intimated.