Joint Clinical Research Centre (JCRC)

Get children in your care tested for HIV

REPORT ON THE JCRC - HCP PEDIATRIC VCT & ART CAMPAIGN IN KAMPALA DISTRICT

Prepared by
Natif Barbra - JCRC

Contributing Editors
Christine Namatovu - JCRC
Ruth Musekura - HCP

Held from April 18th 2008 to May 31st 2008

Table of Contents

TABLE OF CONTENT

Glossary of Acronyms 3
Executive Summary 4

Chapter One
1.0 Introduction 5
1.1 Campaign Overview 5
1.1.1 Areas of Coverage 5
1.1.2 Objectives of the Campaign 6
1.1.3 Target Audience 7
1.1.4 Why focus on caretakers of children? 7

Chapter Two
2.0 Planning and Implementation 8
2.1 Monitoring and Evaluation 8
2.2 Counselling 8
2.2.1 Briefing in use of tool 8
2.2.2 Confidentiality 8
2.2.3 Quality Control 9

Chapter Three
3.0 Laboratory 10
3.1 The procedure to VCT 10
3.2 Procuring to Testing Kits 10
3.3 Quality Control 11
3.4 Handling of Indeterminate results 11
3.5 Issuing of Results 11

Chapter Four
4.0 Publicity and Communication 12
4.1Introduction 12
4.1.1Pre Publicity 13
4.2 Interpersonal Communication Interventions 13
4.2.1 Community Mobilisation 14
4.2.2 Awareness Drives 14
4.2.3 IEC Materials 14
4.2.4 Edutainment 14
4.2.5 Giveways 15
4.3 Mass Media Communication Interventions 16
4.3.1Print Media 16
4.3.2 Radio 17
4.3.3 Television 17

Chapter Five
5.0 Achievements of VCT Activation 18
5.1 VCT Results per Division 19

Chapter Six
6.1Evaluation of Campaign 21
6.1.1 Knowledge about the VCT exercise 22
6.1.1a) Knowledge about the VCT By Age 23
6.1.1b) Knowledge about the VCT By Gender 24
6.1.1c) Knowledge about the VCT By Village 24
6.1.1d) Knowledge about the VCT exercise 26
6.1.2 Motivation to take the test 24
6.1.2a) Adolescents 25
6.1.2b) Caretakers 25
6.1.3 Has client been test before? 27
6.1.4 Why not tested before? 27
6.2 Evaluation of Counselling 27
6.3 Evaluation of Lab 28

Chapter Seven
7.0 Factors that Contributed to the Success of the Campaign 29

Chapter Eight
8.0 Recommendation 29

Glossary of Acronyms

ART	-	Anti-Retroviral Therapy
CLVs	-	Community Liaison Volunteers
HCP	-	Health Communication Partnership
JCRC	-	Joint Clinical Research Centre
PCR	-	Polymerase Chain Reaction
UNAIDS	-	The Joint United Nations Programme on HIV/AIDS
USAID	-	United States Agency for International Development
UWESO	-	Uganda Womens Efforts to Save Orphans
VCT	-	Voluntary Counselling and Testing

EXECUTIVE SUMMARY

Current statistics indicate that approximately 110,000 children in Uganda are living with HIV. Of these 50,000 children are eligible for ART, however only 12,000 have actually been started on treatment. In a bid to increase the uptake of HIV testing and Anti-retroviral treatment services among children, the Joint Clinical Research Centre, (JCRC) in partnership with the Health Communication Partnership (HCP) implemented a pediatric VCT and ART in Kampala.

The major objective of the campaign was to increase awareness of testing and treatment services for children at risk of HIV. Caretakers of children and adoloscents who are at risk of HIV were the primary target audience for the JCRC-HCP campaign basing on the findings of a 2007 focus group discussion that indicated that uptake of ART has been shown to increase when caretakers are aware of HIV testing, care and treament services, and believe accessing these services will make a difference in the childrens lives as well as thier own.

The campaign targeted the slum communities of Kampalas' 5 divisions in Kawempe, Makindye, Nakawa, Rubaga and Central division. The rationale behind the selection of slums was based on the premise that most of the people living in these communities have the willingness to test but financial constraints such as transport hinder them from accessing these services.

Using a media mix of mass media and interpersonal communication interventions, the campaign employed, radio and televison talks show and spots, print media advertisements, fliers, posters, billboards, edu-tainment, thematic music, dance and drama, and community mobilisation to raise awareness about HIV testing and treament services by actually carrying out a free HIV Testing exercise for children and thier caretakers.

The HIV rapid test was done on all the blood samples and for the indeterminate samples, the DNA-PCR test was done for the children 2 years and below, and Elisa test was done for those above 2 years. Prior to carrying out the HIV rapid test all the participants underwent pre-test counselling and were later counselled at post-test before handing them thier results.

By the end of the campaign a total of 1675 people(children and their caretakers) accessed VCT services, 59% (982) of whom were children.

The prevalence rate among children below 2years living in the slum communities of Kampala was estimated at 2% which is slightly higher than the national rate of 1% while the prevalence rate among adults was estimated at 10% a figure that is higher than the 6.7% national prevalence rate. Kisenyi slum had the highest prevalence rate of 14% among children 2 years and below, that is out of the 21 children who were tested 3 of them where HIV positive.

The results also indicated that there is up to 29% levels of ignorance (not testing child because too young and not knowing about importance of VCT) and 20% lack of access to testing and treatment services.

Namuwongo had the highest number of residents (39%) who said they were ignorant about VCT and its importance. Other notable villages that were ignorant about VCT and its importance included Kireka Police Barracks 21% in Nakawa division and Kisenyi 16% in Kampala Central Division. Overal residents of Nakawa division had the highest mentions(73%) of villages that had no(lacked) access to VCT services.

In terms of communication (knowledge about the VCT exercise), meet participant mentioned radio for mobile drives (52%) to be their leading source of information about the campaign. Other channels such as friends/ relatives, mega phone for community leaders played an equal significant role in awareness for publicity of the campaign.

All the children who turned out positive were refered to as JCRC for care and treatment services

CHAPTER ONE

1.0 INTRODUCTION

HIV prevalence in Uganda is estimated at 6.7%. (UNAIDS, 2005). Current statistics indicate that approximately 110,000 children in Uganda are presently living with HIV. The number of children on antiretroviral (ARV) treatment has lagged far behind compared to that of adults. As of September 2005 the numbers of people currently using antiretroviral drugs was 67 369 most of whom are adults. Of the estimated 50,000 children eligible to be on ARVs, only 12,000 have actually been started on treatment.
Approximately 25,000 babies are infected with HIV each year in Uganda. Without treatment 66% of them will die before they are three. 75% will die before they turn five.(Nabukeera Barungi, 2007). These deaths are all the more senseless because Anti retroviral Therapy (ART) when taken properly and consistently, can allow HIV positive children to live productive lives well into adulthood.

In a drive to raise the uptake of testing and treament services for children, the Joint Clinical Research Centre (JCRC) in partnership with Health Communication Partnership (HCP) embarked on a pediatric communication & Voluntary Counselling & Testing (VCT) campaign in Kampala aimed at encouraging caretakers of possible HIV positive children to get them tested for HIV and seek for treatment if positive.

The pediatric campaign held in Kampala between April 18th to May 31st was a continuation of JCRC's nationwide pediatric ART awareness campaign which has been in implementation since November 2007. JCRC has been implementing a similar campaign at its Regional Centres of Excellence, that is; Gulu, Mbarara, Kabale, Fort Portal, Kakira and Jinja, with the major objective of increasing awareness of testing and treatment services for children at risk of HIV.

This report outlines the experiences of JCRC Kampala VCT event right from planning, implementation , evaluation , challenges and the lessons learnt through out the campaign process.

1.1 CAMPAIGN OVERVIEW

1.1.1 Campaign Areas of Coverage

The main areas of mobilisation for the Kampala pediatric VCT campaign were the marginalised slum communities in Kampala. (see table1 below)

In Kampala, the areas of coverage included all the five divisions of Kampala namely: Kawempe, Makindye, Nakawa, Rubaga, and Central divisions.

Nabukeera Barungi, Nicolette, (2007) Literatutre Review on "Factors affecting ART Uptake, Adherence and Prevention of Transmission among HIV positive children and adoloscents in Uganda."

Table 1 shows the campaign venues, divisions and the targeted areas.

Weeks	Division	Date & Time	Friday Onsite Testing Venue	Saturday Onsite Testing Venue
WEEK 1	KAWEMPE	Friday 18th April 2008 2:00 pm Saturday 19th April 200 9:00 am to 5pm	St Anthony Primary School-(Mpererwe)	**Bwaise Growers-Nabukalu Zone** Community Health Centre Refferal Kawempe Health Centre (KCC Clinic) Growers)
WEEK 2	MAKINDYE	Friday 25th April 2008 2:00 pm Saturday 26th April 2008 9:00 am to 5pm	Namuwongo1 Bukasa Zone (Play ground) Community Referral: Hope Clinic Lukhuli	**St. John Baptist Primary School-Kibuba Mutwe/ Kabalagala.** Community Referral: Kirunda Buziga Health Center (KCC)
WEEK 3	NAKAWA	Saturday 3rd May 2008 9:00 am to 5pm		**Acholi Quarters Banda, Kireka Police Baracks.**
WEEK 4	RUBAGA	Saturday 10th May 2008 9:00 am to 5pm		**Nateete Police Play Ground**
WEEK 5	CENTRAL	Saturday 17th May 2008 9:00 am to 5pm		**Kisenyi, (**behind Old Kampala Mixed Day and Boarding School).Community Referral JCRC Mengo
WEEK 6	MAKINDYE	Saturday May 31st 2008 9:00 am to 5pm	Namuwongo 2	**Namuwongo 2** Bukasa Zone (play ground) Community Referral Hope Clinic Lukhuli

The marginalised slum communities of Kampala were highly targeted in the JCRC VCT actitivations with the justification that most of the people living in these communities have the willingness to test but transport to the existing testing sites is often a hindrance. (Musisi 2007) And so the JCRC campaign looked at extending testing and ART services to the more vulnerable and marginalised populations of Kampala.

To view the Counseling and Testing register, see Appendix 3.

1.1.2 Objectives of the Campaign

The key objectives of the campaign included the following:

• Motivate caregivers of children who are likely to be HIV positive to take them for HIV testing and if positive advise the caretaker on where to seek AIDS treatment and care.

• Increase awareness about availability of HIV testing services and treatment for children.

• Encourage care-givers of children who are already on ART to help children under their care adhere to AIDS treatment.

1.1.3 Target Audience

The following audiences were the key focus during the JCRC Campaign:

• Caretakers of children who are likely to be HIV positive

• Families and relatives of children and adolescents who might be HIV positive

• Caretakers of children who are on HIV/AIDS treatment.

1.1.4 Why focus on caretakers and children?

Focus group discussions with caretakers of HIV positive children and adolescents living with HIV carried out by (Musisi, 2007) revealed the following reasons why children were not being tested:

• Caretakers lack awareness that HIV testing services exist and are free.

• Financial costs, such as lack of transport to treatment centres.

• Frustations with services where they are long queues.

• Delays in receiving test results.

• Untrained and unprofessional counsellors and a host of other psychosocial issues revolving around disclosure, stigma and discrimination.

CHAPTER TWO

2.0 PLANNING AND IMPLEMENTATION

In order to ensure the implementation of a focused campaign, the communication function designed a comprehensive plan that stipulated the objectives, target audience and the process of mobilisation among other issues. The plan was shared with top management prior to implementation.

A cross section of departments pertinent to the campaign i.e counselling, laboratory, estates, communication,data, monitoring and evaluation and lastly the JCRC Administration were involved in the planning process from the very start.

In preparation of the campaign a series of planning meetings were held with the JCRC section heads from Counselling, Laboratory, Communication, Data, Monitoring & Evaluation and Estates, to map out the tasks that each section was going to implement.

2.1 MONITORING AND EVALUATION

In order to collect detailed information for a comprehensive analysis and evaluation of the campaign exercise, a Counselling and Testing tool register was created . The register was created with categories that captured the demographic and communication aspects of the VCT event. i.e Inorder to measure the impact of our communication, a category of how the client came to know about the campaign was included in the monitoring and evaluation tool including questions on why not tested before.

2.2 COUNSELLING

Approximately 12 counsellors were involved in the VCT exercise. The number of counsellors involved varied depending on whether it was a Friday or Saturday. Saturdays required more counsellors on the ground due to the high turn up of people.

2.2.1 Briefing on Use of Tool

Counsellors were briefed on how to use the M & E tool a few days before the campaign exercise to ensure proper data recording.

2.2.2 Confidentiality

To protect the confidentiality of the clients, serial Indentification Numbers were created with a CT, Serial No and K series respectively. The CT denoting Counselling and Testing, and the K representing the division, i.e. Kawempe had the code K, Makindye M and so forth.

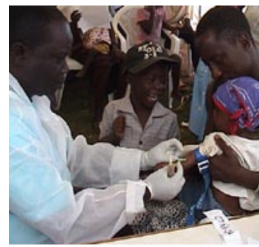
2.2.3 Quality Control

For quality control purposes JCRC counsellors recieved prior training in child counselling to be able to efficiently handled pediatric pre-and post test counselling especially with the children aged (10-17yrs).

Ms Hellen Nakyambadde a JCRC counsellor takes time to fill out the M & E tool.

Sr. Sanyu a JCRC Counsellor gets ready to carryout post-test counselling session.

JCRC lab staff help in getting a childs blood sample.



The campaign exhibited a good representation of Male caretaker involvement in getting children tested for HIV.

A caretakers' blood sample is withdrawn during the VCT exercise in Makindye division.

A pictorial collage of the VCT exercise

CHAPTER THREE

3.0 LABORATORY

The laboratory had a total of 10 staff for the Friday (half day) activity and approximately 29 staff for the Saturday (full day) activity

The Friday lab staff capacity was as follows:

Phlebotomists	2
Data Entry Clerk	1
Lab techs doing the actual testing	4
QA/QC person	1
Runner	1 (result runner)
Receptionist	1
Total	10 people in total for Friday

3.1 The procedure of the VCT was as follows

1. First the client is counselled, and the counsellor gives them an ID No.
2. The lab also gives them a Lab No.
3. The client heads to Phlebotomy area for bleeding.
4. Samples are entered in a work list
5. The centrifuge spins the blood, and the blood plasma is then distribute to the lab techs, to do the actual testing.
6. After testing results are written, and
7. A second test is done for the positive results.
8. The runner then takes results to counsellors
9. The counsellor then hands the results to the client and counsels them accordingly.

Indeterminent results were brought to JCRC for confirmatory testing
Turn Around Time for the negatives is faster than for the positives
For the +ves, TAT is more than 30 mins.

3.2 Procuring of Testing Kits and Lab commodities

Forecasting and procuring of testing kits (Determine and Sav) and lab reagents was done by the JCRC Lab Logisitics officer ahead of the event. For proper planning and forecasting, a total of 2500 kits were stocked for the event to avoid scenarios of kits running out in the middle of a VCT exercise.

3.3 Quality Control

For quality control purposes, the Laboratory team used the recommended Ministry of Health Algorithm for the VCT exercise. HIV rapid test was done on all the blood samples, the indeterminate samples had DNA-PCR, and Elisa confirmatory tests done for children and adults respectively.

A cut-off of 200 clients was set for a full day exercise and a cut off of a 100 was set for a half day exercise. It was estimated that approximately 100 people would be tested during the half day testing events and 200 people on a full day. The requirements for kits were calculated based on this information.

3.4 Handling of Indeterminate Results

Samples were carried to the JCRC lab for DNA PCR for the children who were 2 years and below and ELISA test were done for those above 2yrs and above including the adults.

The individuals with these results were given referrals to JCRC Kampala to follow up their confirmatory results.

The results from the confirmatory DNA PCR and ELISA were handed over to the counsellors., who handed them over to the respective clients.

Its important to note that all the indeterminate results turned out negative after the DNA-PCR and Elisa tests for the below 2 and above 2yrs respectively.

3.5 Issuing of results

All the participants of the JCRC VCT exercise who were tested received their results, save for 113 clients who have not yet collected their results.

CHAPTER FOUR

4.0 PUBLICITY & COMMUNICATION

4.1 Introduction

Communication planning and implementation of the campaign involved planning for a mix of both mass media and interpersonal communication interventions. Using a multi media communication intervention, the campaign involved a series of integrated communication approaches such as community mobilisation, radio spots, radio and television talkshows, edutainment through drama skits, posters, billboards, and Information Education Communication (IEC) support materials, to raise publicity before and during the campaign.

4.1.1 Pre-publicity

Pre publicity approaches included community mobilisations, talks shows, adverts in the print media including fliers and posters that were distributed to all caregivers in the targeted communities.

4.2 INTERPERSONAL COMMUNICATION INTERVENTIONS/APPROACHES

Interpersonal communication was carried out either between two people or more; or through addressing a group of people, through skits, drama, dance, and community mobilisation.

A door to door, one on one talk with caretakers, and adoloscents

This picture shows distribution of leaflets(fliers) to the public and engaging them in one on one interpersonal communication sessions relating to the campaign.

4.2.1 Community Mobilisation

For community mobilisation to start, it was important to first of all seek for approval from Kampala City Council authorities to carry out the VCT exercise in selected communities of Kampala district. A Letter of introduction from the JCRC Director was given to the mobilising agency (Lowe Scanad) to seek permission to carry out the VCT exercise in selected areas surrounding KCC Clinics.

The aim of carrying out the exercise near KCC Clinics, was to guide the local people in a

particular community to a nearby health centre where they could access HIV testing, care and treament services, even after the event.

During counselling, clients were informed of notable hospitals and other HIV testing and treatment service providers where they could go to seek for HIV testing and ART services for children.

Community Liaison Volunteers were instrumental in raising pre-publicity about the campaign in specific communities in which they operate.

JCRC's Kampala, Community Liasion Volunteers (CLVs) were informed about the VCT activity. Organisations working with Orphans and Vulnerable Children (OVCs) such as UWESO, Nsambya Babies Home, Sanyu Babies Home among others were contacted through formal communication to bring children at risk of HIV for testing, during the campaign exercise.

4.2.2 Awareness Drives

Two days before the activation, an awareness drive would be carried out in the whole division using a mobile truck with loudspeakers through which the agency drive crew would communicate the following

- The venues for the activations
- The free testing days
- The time
- The target audience who were children and thier caretakers.

Mobile truck adorned with campaign poster in preparation for community mobilisation in Mpererwe, Kawempe Division

Children walk beside the Mobile truck during the Campaign activations in Kireka, Nakawa Division

During the drives, Information packs (IEC materials and promotional fliers) were distributed to communities so that those members who were not able to turn up for the testing event were informed of what the campaign was all about and where to seek services in future. Mega Phones were also instrumental in raising awareness about the exercise.

See appendix for a copy of this letter.

Using a mega phone a drive crew member makes announcements about the testing venue, time, and target audience.

4.2.3 Information, Education and Communication (IEC) materials

IEC materials such as posters and booklets with literature on *Basic Facts about ART, Question and Answers about Children and HIV* booklets were distributed to caretakers of every child who was tested and members of the community who attended the activations. The IEC materials were both in English and the local language, Luganda.

Mobilisation team pin up posters in the communities

4.2.4 Edutainment through Drama Skits, and Music

A persuasive message encouraging caretakers of children at risk of HIV, to get them tested, and adhere to thier treatment was staged in form of an 'interactive' skit. (See Appendix 2 for script).

Crew entertains caretakers and children with skits and drama related to the campaign

JCRC Sushine Adherence group stages an informative drama

JCRCs United Affected Organisation client drama group entertains the community at Acholi Quarters Banda, Nakawa Division.

At the end of the skit, the audience was required to answer a few questions relating to the message in the skit, and those that gave correct answers were awarded a campaign freebie, such as tee-shirts and campaign booklets, answering questions on children and HIV.

Engaging the audience with a Question and Answer Session about the campaign

Children get to ready to answer questions from the skit

AND THE WINNER IS..The children who successfully answered the skit questions walked away with IEC booklets and a T-Shirt

4.2.5 Giveaways

Planning and procuring of commodities to distribute as give aways (freebies) for all those individuals who participated in the VCT was done a head of time. Items that included information booklets and JCRC branded Tee shirts bearing a campaign message of (Get Children in Your Care Tested for HIV) were printed and distributed during the campaign.

Children display thier JCRC t-shirt freebies which they recieved after testing, looking is Ms Sophie Kasuswa, JCRC Phlebotomy Section Head.

Picture 21
Children pose for the camera after recieving campaign branded tee shirts

4.3 MASS MEDIA COMMUNICATION INTERVENTIONS

In order to raise awareness about the campaign, it was important for the planners to involve the mass media to reach a large and heterogenous audience.
A media mix of print, radio, and television was used to create awareness about the pediatric campaign.

4.3.1 Print Media Advertisement

The print advertisement, was basically informing the public of the free testing exercise in Kampala. The ad (see below) which was run in both leading English Daily newspapers, and *Bukedde*, a Luganda newspaper, also indicated the time and venues for the VCT event.

Front | Back

Free HIV testing for children

If you have a child who is sickly, an orphan, or who has lost one or both parents to AIDS, now is your chance to get him/her tested.
If he has HIV, he can get treatment and live a long and healthy life.

Be a tower of strength, Become their key to life.

Produced by Joint Clinical Research Centre (JCRC)

TEST CHILDREN FOR FREE AT THE FOLLOWING PLACES

KAWEMPE
MAKINDYE
NAKAWA
RUBAGA
CENTRAL

Produced by Joint Clinical Research Centre (JCRC)

Shows a copy of the English print advert that publicised the JCRC pediatric VCT & ART campaign, prior to the actual campaign exercise.

To raise publicity for the campaign, letters were sent to News Editors of all the leading newspapers informing them about the pediatric VCT campaign and requesting the Editors to treat the campaign as a newsworthy component. As a result of contacting the media houses, 2 newspapers, *The Weekly Observer* and *The New Vision*, accorded the JCRC campaign good reportage, see below.

JCRC in campaign to test children for HIV

Figure 2

Coverage of the JCRC pediatric campaign in The Weekly Observer of Thursday May 8th, 2008

4.3.2 Radio

Radio spots and talkshows were aired on selected radio stations whose listenership was representative of our target audience within Kampala. For the Luganda speaking audience, talkshows were held on CBS 88.8FM'S *Health Moments* programme on Friday April 18th and Friday April 25th. To capture the English speaking audience, talk shows were held on *Radio One* 1 FM 90s' *Health Net* programme, Sunday April 20th and Sunday April 27th.

4.3.3 Television

Television talkshows were also held on Uganda Broadcasting Corporation (UBC) TVs Health Talkshow on Friday April 18th and Friday May 2nd while NTV accorded the campaign free coverage on the news broadcast of May 17th and 18th.

During the UBC talkshows, a number of listeners called in with a wide range of question on pediatric ART issues.

Both the radio and television talkshows aimed at

1. Raising awareness about the availability of free HIV testing and treatment services for children
2. Informing the public of where they could find the JCRC team to access free testing services for children that week.
3. Increasing awareness about ART treatment and importance of adherence for children.
4. Motivating caretakers of children who are likely to be HIV positive to bring them for HIV testing and seek advice about AIDS treatment and care.

CHAPTER FIVE

5.0 ACHIEVEMENTS OF THE VCT ACTIVATIONS

A total of 1,675 people were tested during the Kampala district Pediatric VCT exercise that was covered in the divisions of Kawempe, Makindye, Nakawa, Rubaga and Central Divisions. 59 percent (982) of the individuals tested were children and 41 percent (693) were adults.

The test results for Kampala indicated an HIV prevalence rate of approximately 2 percent for children under 2 years of age. 2 percent of the children between 2 – 16 years old and 10% of adults (18+) who accessed VCT tested positive for HIV.

In total 5 percent (86) of all individuals who accessed VCT services during the event tested positive for HIV. The number of female who turned up for the campaign was more that of males. 59 percent (986) of the individuals tested were female and 41 percent (690) were male.

TABLE 1:
Number, Prevalence and Percentage of Individuals Tested in the JCRC Kampala Pediatric VCT & ART Campaign

	INDETERMINATE	NEGATIVE	POSITIVE	TOTAL	Prevalence	% Age
Children <=2yrs	*9	179	4	194	2%	12%
Children >2 and <=17	0	773	15	788	2%	47%
Adults	0	626	67	693	10%	41%
Total	9	1580	86	1675		

The samples were insufficient to complete the DNA PCR when the blood was carried to the JCRC lab.

Figure 3:
Percentage Of Individuals Accessing VCT Services During The Kampala Pediatric VCT & ART Campaign By Age Group (N=1675).

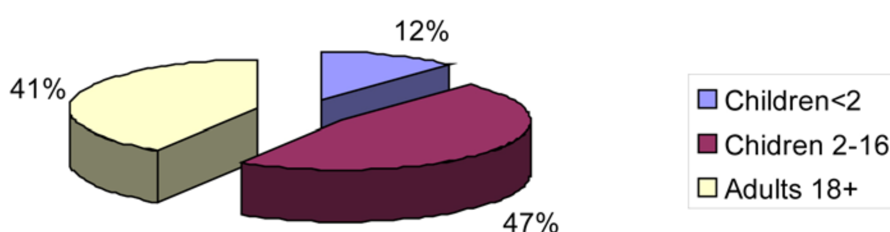


Fig 3 shows that 41 percent (693) of the individuals who accessed services during the VCT exercise were over 18 years. Children between 2 years and 18 years represented 47 percent (788) of the people who accessed services. Only 12 percent (194) of individuals who were tested for HIV during the campaign were infants under 2 years old. The infants were tested for HIV exposure, and if exposed, were referred to a hospital for further testing and assessment.

TABLE 2:

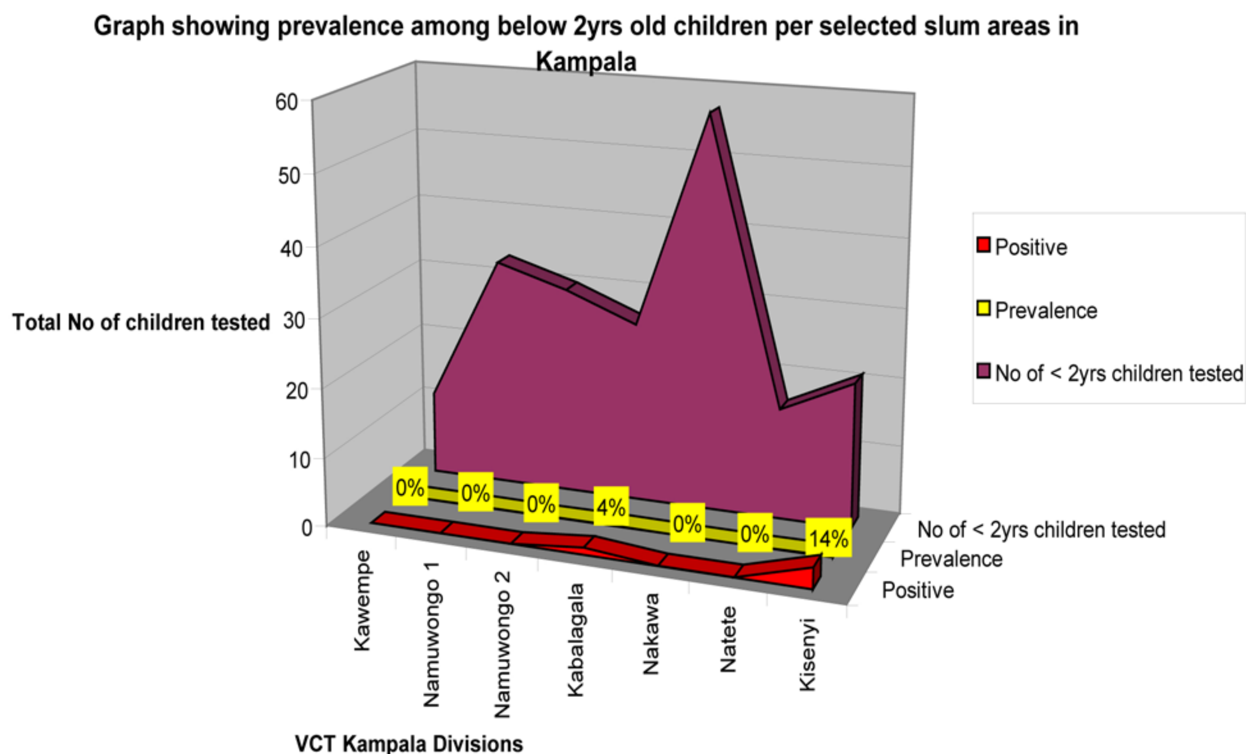
Number of People Tested By Sex and Region during the VCT Campaign

Kampala Divisions & VCT Campaign areas	FEMALE	MALES	TOTAL
1. KAWEMPE: Mpererwe and Bwaise	161	179	340
2. MAKINDYE: Namuwongo	119	71	190
MAKINDYE: Namuwongo	138	90	228
MAKINDYE: Kabalagala	119	85	204
3. NAKAWA: Acholi Quarters, Banda	205	125	330
4. RUBAGA: Natete	145	71	216
5. CENTRAL: Kisenyi	99	69	168
Total	986	690	1676
Percentage	59%	41%	100%

5.1 VCT RESULTS PER DIVISION

The division results show that Kisenyi slum had the highest prevalence rate of 14% that is 3 children of the total number of 21 children below 2 years who were tested turned out positive.

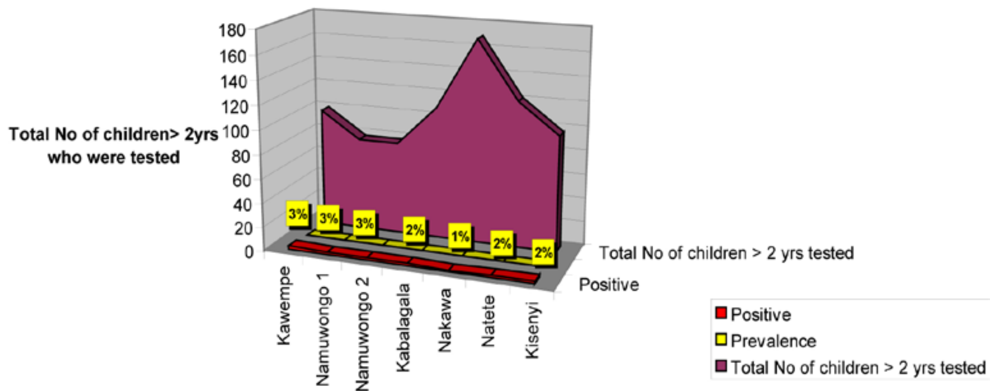
CHILDREN <=2yrs



	Kawempe	Namuwongo 1	Namuwongo 2	Kabalagala	Nakawa	Natete	Kisenyi
Positive	**0**	**0**	**0**	**1**	**0**	**0**	**3**
Prevalence	**0%**	**0%**	**0%**	**4%**	**0%**	**0%**	**14%**
No of < 2yrs children tested	**12**	**33**	**30**	**26**	**57**	**16**	**21**

CHILDREN >2 and <=17

Graph Showing HIV prevalence among 2-17 year old children, in selected slum areas of Kampala

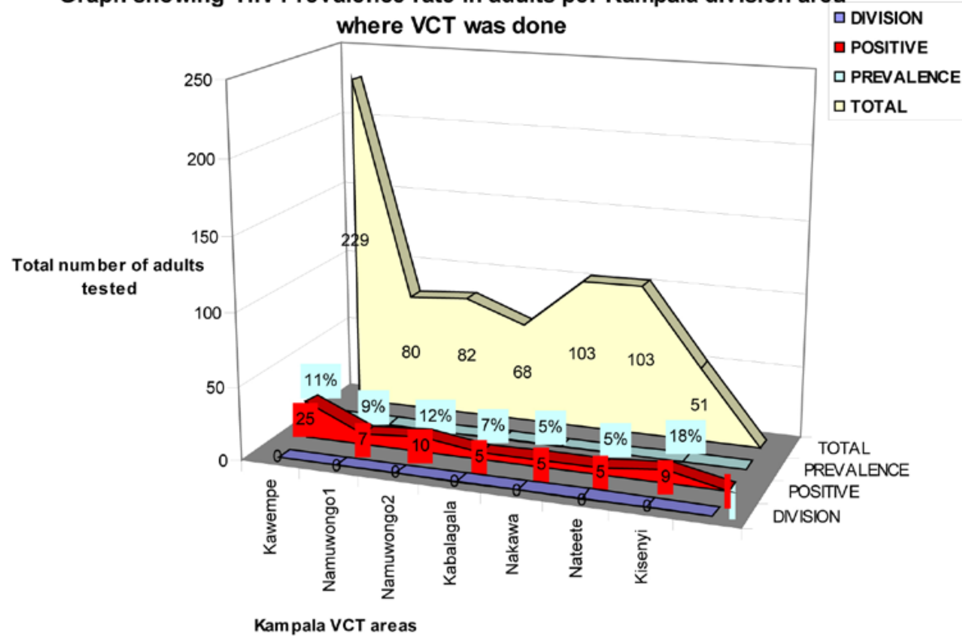


Areas where VCT was done, per Division

	Kawempe	Namuwongo 1	Namuwongo 2	Kabalagala	Nakawa	Natete	Kisenyi
Positive	3	2	2	2	1	2	2
Prevalence	3%	3%	3%	2%	1%	2%	2%
Total No of children > 2 yrs tested	99	77	77	110	169	121	96

The results also indicate that Kisenyi had the highest prevalence rate, although other divisions such as Kawempe had a notable incidence of HIV positive adults as reflected in the table below.

ADULTS 18+



	Kawempe	Namuwong o1	Namuwong o2	Kabalagala	Nakawa	Nateete	Kisenyi
DIVISION	0	0	0	0	0	0	0
POSITIVE	25	7	10	5	5	5	9
PREVALENCE	11%	9%	12%	7%	5%	5%	18%
TOTAL	229	80	82	68	103	103	51

General prevalence rate among children living in slum areas of Kampala is 2%, and that of adults is 10%.

6.0 EVALUATION OF CAMPAIGN

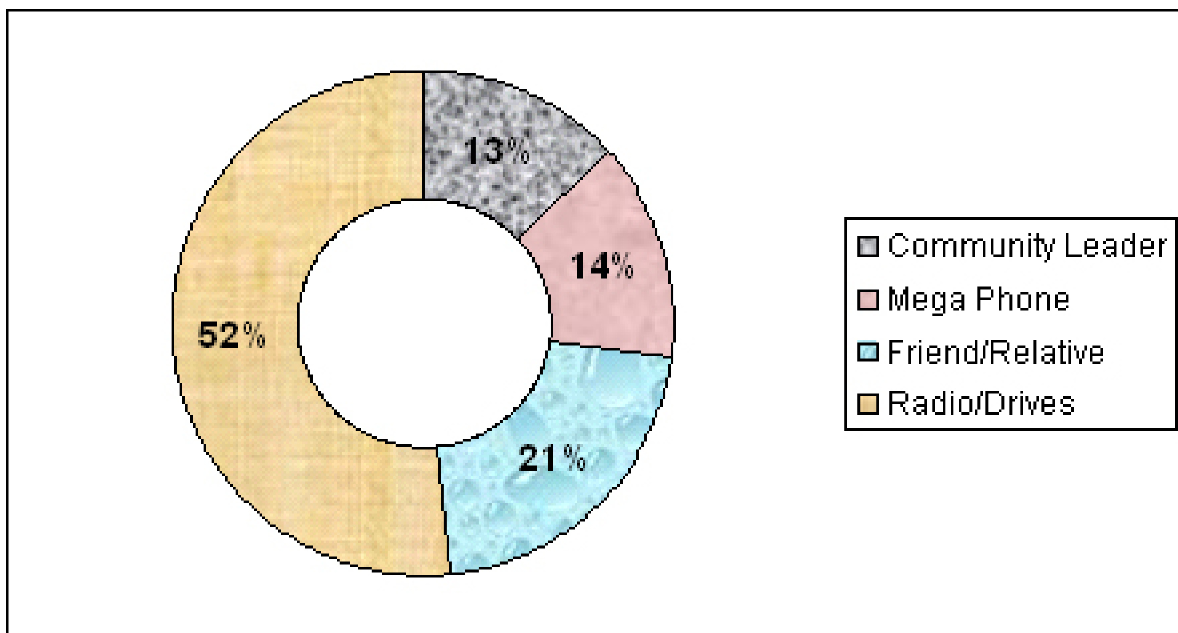
6.1 EVALUATION OF COMMUNICATION IMPACT

To evaluate the impact of our communication, we used a VCT register which included questions that collected data on the demographics of the client, and those that captured data relating to the overall evaluation of the impact the communication campaign. The Monitoring and Evaluation (M& E) tool register probed for answers to the following questions.

6.1.1 Knowledge about the VCT exercise.

The question regarding (knowledge about VCT exercise) hoped to establish the means and communication channels through which the VCT participants (individuals who turned up for the event)came to learn about the VCT exercise.

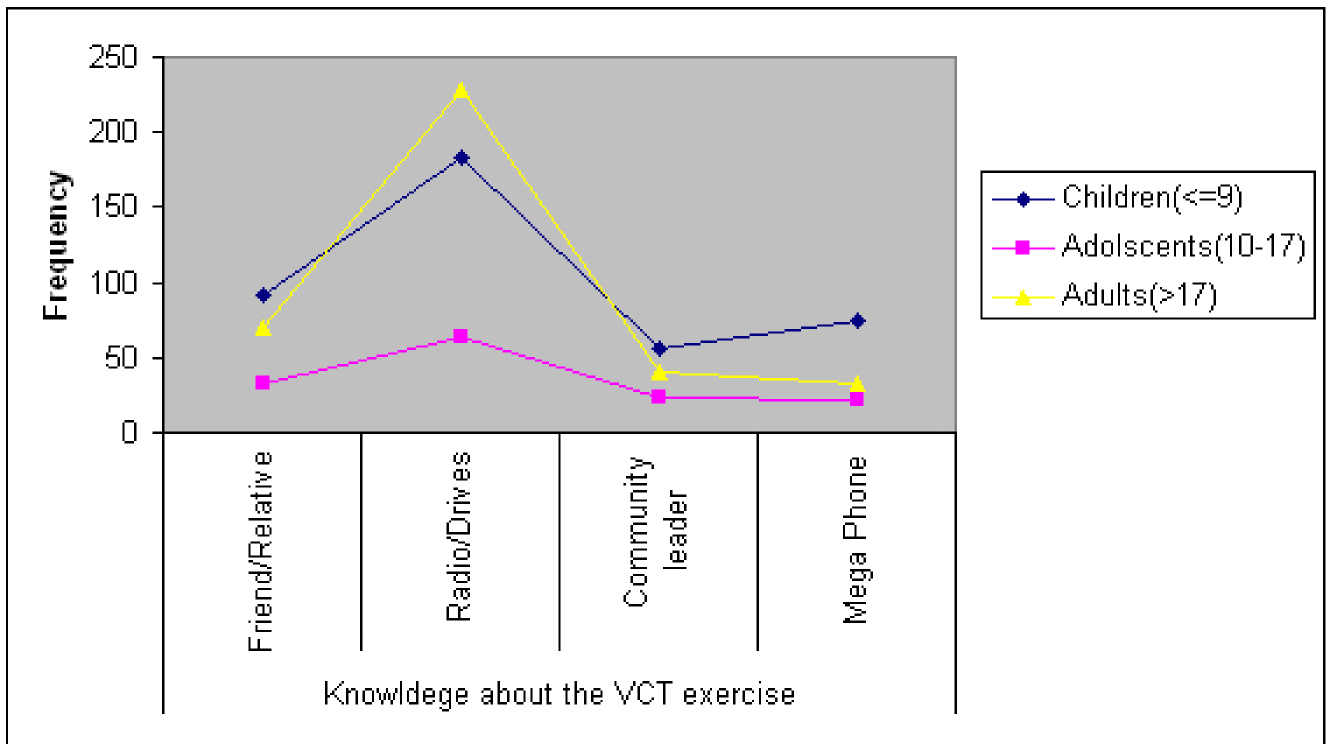
6.1.1a) Knowledge about the VCT Exercise



The pie chart above shows that access to information about the VCT event was a combination of both interpersonal and mass media efforts with radio and mobile drives taking the lead VCT awareness channels followed by interpersonal channels such as friends, mega phone and community leaders.

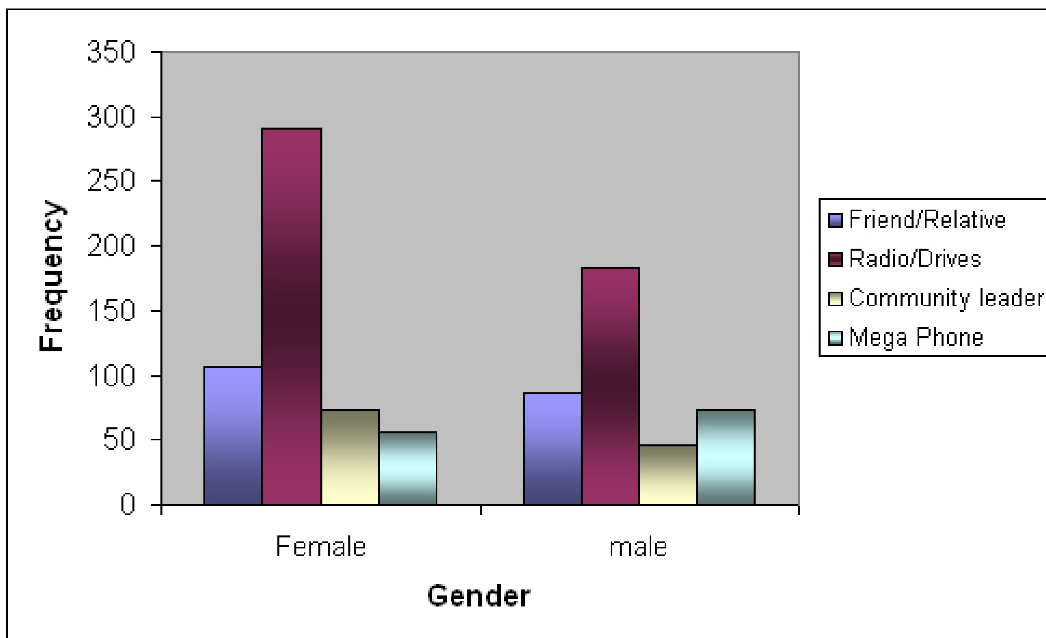
In terms of age, Children(9yrs), Adoloscents (10-17), and Adults(above 17) all mentioned radio as the dominant channel through which they go know about the VCT event. (see graph 2 below)

6.1.1b) Graph showing Knowledge about the VCT exercise - By Age group



In terms of gender, more females than males got to know about the VCT exercise through radio/drives.

6.1.1c) Knowledge about the VCT exercise - By Gender



6.1.1d) Knowledge about the VCT exercise – By village

Considering knowledge about VCT exercise per village, its important to note that interpersonal channels such as a friend/relative, community leader and mega phones, were mentioned concurrently with mass media channels like radio that served as sources of information about the VCT campaign in these villages. See table below showing the interplay of the combination of both mass and interpersonal channels in raising awareness.

Frequency	Friend/ Relative	Radio/ Drives	Community leader	Mega Phone	Total
KASATO	0	1	1	3	5
KITORO ZONE	0	0	0	5	5
LUBIRI	0	4(80%)	0	1	5
BUKASA	0	6(100%)	0	0	6
BWAISE	0	5(83%)	1	0	6
KINAWATAKA	2	2	2	0	6
MAKERERE	0	6(100%)	0	0	6
KAKAJO	3(43%)	2	1	1	7
KISUGU	2	3(43%)	1	1	7
KASUBI	0	2	1	6(67%)	9
BULENGA	6 (60%)	4	0	0	10
KIGANDA ZONE	5(50%)	4	0	1	10
KISAASI	0	18 (69%)	8	0	8
KASANVU	5	10(67%)	0	0	15
MUGALU	2	13(72%)	3	0	18
KABALAGALA	3	17(85%)	0	0	20
KIBULI	6	12(57%)	0	3	21
BANDA	8	10(41%)	0	6	24
KAWEMPE	4	24(86%)	0	0	28
MENGO	8	0	13(45%)	8	29
MPERERWE	2	35(92%)	1	0	38
KIKUBAMUTWE	12	19(48%)	9	0	40
KISENYI	9	13 (32%)	10	9	41
ACHOLI QUARTERS	15	19(40%)	5	9	48
NATETE	12	35(51%)	4	17	68
KIREKA POLICE BA	24	65(46%)	21	30	140
NAMUWONGO	43	74(47%)	29	12	158

Table showing selected villages which had 5 or more response as sources of thier knowledge about the VCT exercise.

6.1.2. Motivation to take the Test

The second area of communication analysis looked at what motivated the adolescent or the caretaker to bring thier children for testing and to also take the test.

Using a sample size of 100 repondents most of the adolescents (76.5%)aged (10-17) were motivated by the benefit of knowing thier status. While a good number of them 7 of them where motivated by thier friends and relatives, while a good number were influenced by thier school teachers. Some of the other reasons include, pregnacy, lost parents, parents are positive, and others were encouraged by their parents.

(See table below for details)

Adolescents

6.1.2a) Motivation for the adolescents to take the test

Motivation	Frequency	Percent
Been sexually active	1	1.02
Pregnant	1	1.02
Lost Parents	2	2.04
Encouraged by parent	2	2.04
Parents are postive	2	2.04
School teacher	4	4.08
Been sickly	4	4.08
Friend/Relative	7	7.14
Benefits of knowing status	75	76.53
Total	98	100
Frequency Missing = 130		

6.1.2b) Caretakers

Motivation for the caretakers to take the test

Motivation	Frequency	Percent
Was Worried	1	0.22
Parent tested postive	4	0.88
To confirm HIV status	7	1.54
Lost Parents	37	8.11
Was passing by	42	9.21
Encouraged by friend	51	11.18
Was sickly	66	14.47
Heard from radio	73	16.01
To know HIV status	175	38.38
Total	456	100
Frequency Missing = 227		

Most of the caretakers were motivated by the benefit of knowing their status (175). A good number of caretakers were persuaded by the radio messages (73). Other reasons are reflected in the above table.

6.1.3. Has Client been tested before?

The third level of analysis of the M& E tool sought to establish whether the VCT participant were taking the test for the very first time, or they had been tested before.

The table below shows that only 370 VCT participants were taking the test for the second time, while over 1000 were taking the test for the very first time. (See table below)

Table showing Clients who had been tested before and those who were taking the test for the first time

Tested Before?	Frequency	Percent
No	1075	74.39
Yes	370	25.61
Total	1445	100

6.1,4 Why not tested before?

Finally, the fourth and last category of the communication analysis looked at the reasons why these clients were not tested before.

A varied number of reasons were given including those that confirm the findings of Musisi 2007s' focus group discussions , that guided this campaign. ie.

- Ignorance about VCT & its importance. The results show a 29% level of ignorance about VCT and its importance.
- Financial constraints (16%)
- Lack of knowledge about the available VCT services near to them, which is stated as having no access. (20%) said they had no access.

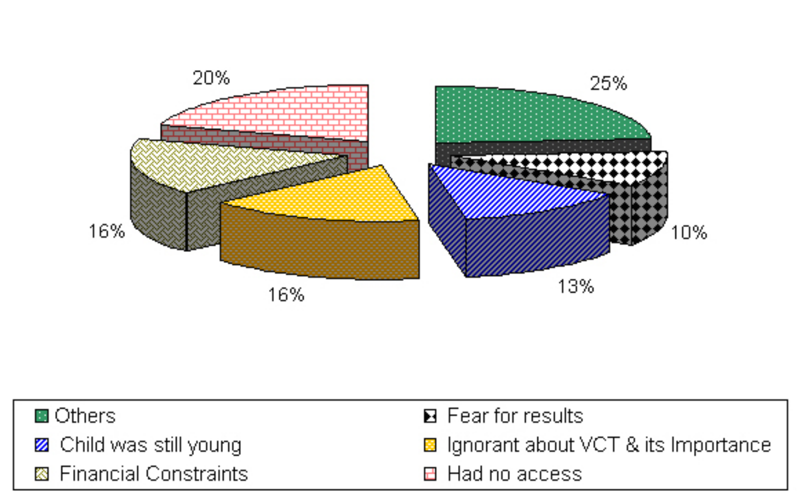
Table showing reasons why client had not been tested before

Constraints	Frequency	Percent
Had never disclosed to the child	1	0.12
Child was at school	3	0.35
No sexual partner	3	0.35
Husband refused	4	0.47
Mother tested negative	5	0.59
Not Ready	6	0.71
Was living upcountry	10	1.18
Parent had never tested	12	1.42
Lack of knowledge about Testing centres	17	2
Been Healthy	27	3.18
Reluctant	50	5.9
Too Busy	65	7.67
Fear for results	86	10.14
Child was still young	111	13.09
Ignorant about VCT & its Importance	138	16.27
Financial Constraints	139	16.39
Had no access to VCT services	171	20.17
Total	848	100
Frequency Missing = 227		

Most of the communities where the VCT was carried out such as Kisenyi and Nateete are surrounded by leading hospitals and HIV/AIDS referral health centres. To claim (lack or no access) to VCT services wouldn't not make for a valid reason as Kisenyi slum for-example neighbors The Aids Information Centre (AIC), and Joint Clinical Research Centre (JCRC)

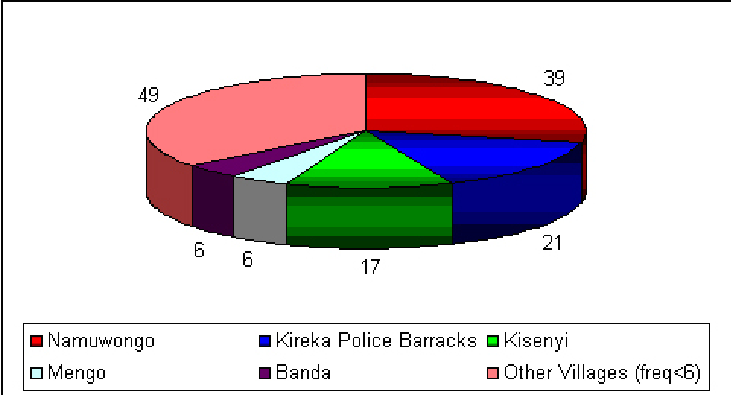
Pie Chart showing a graphical representation of the constraints that hindered clients from taking an HIV test.

Why not tested before?



The pie chart above shows reasons of having no access or (better still lacking awareness about near by VCT service providers), as one of the leading constraint to HIV testing. Ignorance about VCT and its importance scored a high percentage of 29% (reasons of child being too young and ignorance). Financial constraints were also mentioned as contraints to testing. Other reasons included fear of confronting the facts of the results.

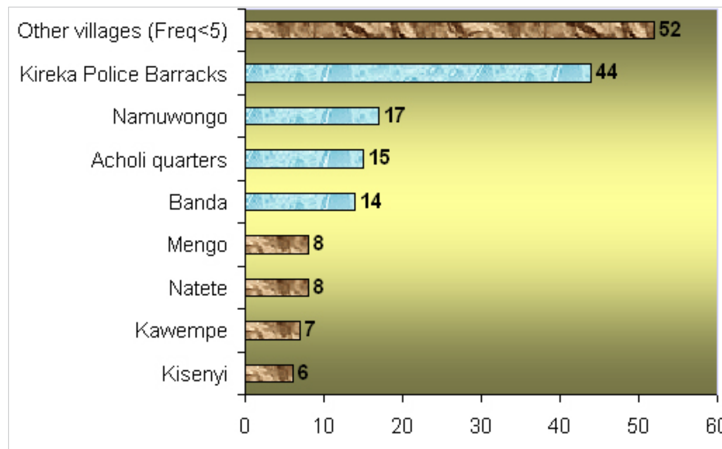
Villages that were ignorant about VCT and its importance



*Other villages refers to the remaining villages combined together

The above table shows that residents of Namuwongo 39% had the leading levels of ignorance about VCT and its importance. Other notable villages that were ignorant about VCT and its importance included Kireka Police Barracks 21% and Kisenyi 17%. The other village category had significant levels of ignorance reaching a high rank of 49%, of all the combined villages not mentioned in the graph.

Villages that had no access to VCT services



*Other villages refers to the remaining villages combined together

Of the villages that said they had no access to VCT services, Kireka Police Barracks 44% in Nakawa Division had the greatest number of respondents give that as a reason why they had not been tested before. This was followed by Namuwongo 17% in Makindye Division, and Acholi quarters (15%) and Banda villages (14%) in Nakawa Division. Overal residents of Nakawa division had the highest mentions(73%) of villages that had no access to VCT services. Kisenyi and Kawempe division had the lowest responses of participants who mentioned lack of access to VCT services as a hinderance to uptake of VCT & ART servies.

6.2 EVALUATION OF COUNSELLING

The counselling exercise was successful and appreciated by the parents/ caretakers. All the people who were tested received counselling.

6.2.1 Group Counselling

There was a huge number of adults and children demanding for testing services. Group counselling would have been a good method but this was limited because of mixing parents/caretakers with children. Language barriers and the fact that clients were not coming at the same time in some of the places also affected use of group counselling. Counsellors resorted to handling small groups as well as individual caretakers and children and this took a long time.

6.2.2 Care taker problem.

There were a number of unaccompanied children who were interested in getting tested. Some of these, their parents were away for work or staying far in the villages.There were children that were brought by care takers other than the primary care takers and for other children it was not easy to tell whether the person they came with was the primary caretaker. Such children did not benefit from the testing services.

6.2.3 Adults without children

The exercise was intended to take services to the communities to encourage parents and care takers to bring children for testing and care.The main target audience therefore was children with their caretakers. However there were a number of adults without children that were damanding for counselling and testing services in the communities where the campaign was carried out.These were not tested because the campaign was targeted for children. Some adults preferred to first know thier status before bringing their children for testing.

6.2.4 Waiting time

In some of the testing centres where the exercise took place, clients came in at the same time and they had to wait long before being counselled, at blood draw points and for results.However the music and drama groups kept them entertained, educated and informed about ART, this improved the quality of the waiting time. The clients who came in late were not tested.

6.2.5 Ensuring Privacy and confidentiality:

Counsellors used screens during pre and post test counselling. The efficiency of the screens was compromised because of the fact that the VCT places were crowded. It was therefore difficult to prevent other people from seeing or hearing.

6.2.6 Referrals/Follow Up

All those adults and children who tested HIV positive or indeterminate were referred to JCRC for further testing. A number of those reffered had a complaint of lack of transport to reach JCRC.

6.3 EVALUATION OF LAB

For quality assurance purposes, we had to enforce the cut off, as we couldnt work on all the clients that turned up.

Some members of the JCRC laboratory technical team

JCRC Data officers who were instrumental in coding the results

Due to the huge turn up, the time spent at issuing of results was cut short.
The VCT was a smooth exercise for the laboratory team, except on one occassion when there was no power in the venue creating challenges of centrifuging blood samples and printing of results. This resulted in some clients failing to get thier results because of the delays in the procedures. This particular venue in Namuwongo was repeated later and clients who had missed out in the earlier exercise were handled.

CHAPTER SEVEN

7.0 FACTORS THAT CONTRIBUTED TO THE SUCCESS OF JCRC PEDIATRIC VCT & ART CAMPAIGN.

1 Targeted Campaign: The campaign was target to children, and thier caretakers, and that enabled us to succeeded in attaining the objectives of the campaign that is increasing the uptake of testing and treatment services for children.
2 Strong Leadership and Committment from the Section heads; combined with dedication and enthusiasm of all the staff involved in the VCT. This was a multi disciplinary activity that involved different departments who tirelessly worked for the success of the VCT activations.
3 Use of a stategic Media mix: The campaign use both mass media and interpersonal communication intervention to reach its target audience with the campaign message, thus foresterring a huge turn up of people for this exercise.
4 Team Spirit demonstrated by JCRC staff: From the start to the finish of the campaign, JCRC staff display a teamspirit that was demonstrated in the harmonious involvement and contribution of all the pertinent departments to the VCT Communication Campaign, i.e, the laboratory, counselling, estates, monitoring and evaluation, data, administration and communication departments all worked in harmony.
5 Early procurement of testing kits and lab reagents, IEC materials, campaign freebies, counselling register, ready in time for the exercise.
6 Commiment and Support of the JCRC Top Management and Administration towards the campaign exercise. They always responded with enthusiasm when called upon to help in a seemingly challenging situation. Management motivated the staff to participate in the activities by giving them a moderate allowance.
7 Weekly review meetings with section heads to evaluate and review the performance of the VCT exercise per completed division. The meetings helped the team keep in line with the campaign objectives. This was an opportunity to identify areas of improvement.
8 Timely release and analysis of divisional results.

CHAPTER EIGHT

8.0 RECOMMENDATIONS

To raise the uptake of HIV testing and ART treatment services, HIV/AIDS program activities ought to engage the communities more; particularly the vulnerable communities by extending thier services to them, and not wait for these individuals to come in search for these services, as most are hindered by transport cost challenges, and yet they are more at risk as the findings of this report showed; i.e a 2% prevalence rate among children 2 years and below, and a 10% prevalence rate for adults living in slum communities, a figure that is higher than the national statistics of 1% and 6.7% among children below 2years and adults respectively.

To attain a successful VCT campaign exercise, multi-media and interpersonal communication approaches should be used to target a specific group of people , as was the case with JCRC campaign. Activities that target the general public often overwhelm the technical staff and require a big human resouce capacity.

To raise the national level of Ugandans who have taken the HIV test, health providers should reach out to the communities with VCT services as there was a large number of people(adults) who were willing to take the HIV test but JCRC could not test everybody as the campaign was targeted to children, particularly to slum communities, and not all the slums were covered.

VCT Campaign exercises are more efficient when held on a full day preferrably on a weekend (Saturday) with full participation of all the required technical human resource capacity.

APPENDIX1 LIST OF CLVs

Table Showing List of Community Liaison Volunteers (CLVs)
Who were contacted for community mobilization during the JCRC Kampala Pediatric ART & VCT Campaign

Table Showing List of Community Liaison Volunteers (CLVs) that were contacted for community mobilization during the JCRC Kampala Pediatric ART & VCT Campaign

NO	NAME	CONTACT	RESIDENCE
1.	Lanyero Evelyn	0772-212719	Luzira Prison
2.	Sande Mbabazi	0752-615742	Mutungo Parish
3.	Mrs. Kasirye Joan. A.	0772-935262	Bukoto 11
4.	Mwecumi Alice	0772- 576 384	Ntinda
5.	Zavuga Aidah Prossy	0772- 656 096	Naguru 11
6.	Sendagala Eva	0772- 451 810	Naguru 11
7.	Magezi Richard	0712- 805 041	Kiwatule
8.	Nandudu Winnie	0712- 947 112	Naguru 1
9.	Zaituni bint Haruna	0782- 113 574	Mutungo v
10.	Mwanje Nicholas	0752- 413 285	Mbuya 1
11.	Onyange Gorreti	0782- 993 137	Naguru 11
12.	Nabukenya Resty	0312- 281 024	Bugolobi
13.	Nsubuga Davis K	0772- 879 907	Kyanja
14.	Babirye Emmy	0772- 667 526	Mutungo 1
15.	Kabahenda Janipher	0752- 635 069	Banda
16.	Kundhuba Patrick	0774- 557 221	Banda
17.	Asio Mary Magdelen	0772- 850 584	Mobile Police Patrol Unit
18.	Katumba Thomas	0712- 873 636	Butabika - Kirombe
19.	Kamahoro Judith	0712- 688 714	Mbuya 11
20.	Nerinda Aidah	0712- 627 458	Bukoto 1
21.	Bamwite Linda	0772- 670 976	Kyambogo
22.	Namutebi Lydia	0772- 370 271	Nakawa Parish
23.	Nassiwa Teo Walugembe	0782- 129824	Bukoto 11
24.	Nkonge Sarah	0782- 015 641	Luzira
25.	Basoga Betty	0782- 315 988	Kiswa
26.	Kazibwe Joseph	0772- 301 875	Kasasiro zone
27	Nzabandora Benard	0772-528 051	Kakiri
28	Sergio Abigaba Apuuli	0772- 413 662	Kyanja
29	Namigadde Ruth	0772- 183 724	Makindye Salama Rd
30	Mukiibi Mathias	0782- 734 500	Biira – Mityana Rd

APPENDIX 2 Pediatric ART Drama skit

SKIT ONE.

The skit is between two caretakers of children infected with HIV. One of them Mukyala Nei, is ignorant about the fact that Luke, the child she is taking care of, is infected with HIV. As a result, she is faced with prolonged problems emerging from Luke's continuous illness.

Zaawe is a caretaker of Sarah who is also an HIV infected child. However she is aware of Sarah's status because she took her for testing and now on ART.
(The skit begins with Zaawe sweeping her compound. Mukyala Nei enters while panting)

Zaawe :(*surprised*) Hey Mukyala Nei, what brings you in like this, is there any thing wrong at home?

Mukyala Nei: (panting) my good neighbour, I feel that I have come to the end, Iam really fed up. Iam on the verge of breakdown.

Zaawe: (*Inquisitively*) what is wrong, tell me, what do you mean?
Mukyala Nei: Last week, I sold my goat, the other month I sold off part of my land, I am almost selling all my belongings, all because of him
Zaawe: Who?
Mukyala Nei: Luke

Zaawe: What's wrong with Luke?
Mukyala Nei: Hoo……..Iam even exhausted, first give me a mug of drinking water before I tell you.

Zaawe: This seems to be a big matter, I have never seen you in such a bad mood, let me get you the water. (Exits to go and get water)
Mukyala Nei: Iam really fed up, I have always kept quiet, now let me say it out.
(*Zaawe comes back with a cup of water*)

Zaawe: Here you are, calm down and tell me what is wrong with Luke.
Mukyala Nei (after drinking the water) I think you already know that my son, the father of Luke passed away a year ago.
Zaawe: Of course I know that, don't you remember that I attended the burial?
Mukyala Nei: Good. I took care of Luke not knowing that he will be like this

Zaawe: What is wrong with him?

Mukyala Nei : Luke has been getting sick now and then, the last six months, he was attacked with Tuberculosis and as per now he is still on treatment, he often falls sick with fevers, coughs and diarrhoea. I take him for treatment whenever he is faced with these illnesses. Now he doesn't eat well, he has developed skin rashes. Imagine its again me to get treatment for him, Next time its this, another time its that .for sure Iam fed-up.

Zaawe: But it's normal to get sick
Mukyala Nei: No, for Luke it has now turned out to be abnormal, every time he falls sick I have to sacrifice something in order to secure money for treatment. As you know these days, treatment is very expensive. Transportation, consultation fee, purchasing drugs, drinks, this, that generally there are many costs involved.

Zaawe: Oh, Iam sorry for all that. But have you taken time to take Luke for HIV testing?

Mukyala Nei: HIV testing, for what? Luke is still a young kid. HIV is for the adults.
Zaawe: No Ma dear friend, children can also get HIV from their HIV+ mothers.
Mukyala Nei: But how?

Zaawe: This can happen during pregnancy, when giving birth or through breast feeding.
Zaawe: As you very much know that Iam also a caretaker of Sarah, the daughter for Nakamanya……..

Mukyala Nei: (*interrupts*) you mean Nakamanya your daughter that lives in Kagolo
Zaawe: Exactly. Sarah was once sickly like Luke, she was always attacked by various diseases and at the beginning I was also undergoing the difficulties that you are exactly going through.
Mukyala Nei: Oh Sarah is too healthy and playful. Tell me the doctor who treated her, so that he can help me with Luke.
Zaawe: No it was not a doctor, I was advised by my friend in JCRC to take Sarah for HIV testing and……..

Mukyala Nei: (Interrupts) Hey, before you go any further, you want to tell me to do the same? Do you mean that Luke is infected?
Zaawe: No that's not what I mean. In fact I don't blame you for your temper. That's exactly how I behaved when she told me the same. But now I feel relieved.
Mukyala Nei: How?

Zaawe: I did exactly what she told me and though Sarah's results came out HIV+, I was advised on how to handle the situation.
Mukyala Nei: You mean Sarah was tested HIV+?

Zaawe: Yes and Iam not bothered with that because now Iam okay with it. It was then that I got to know the cause of the continuous infections that always attacked Sarah.
Mukyala Nei: But my Luke cannot be HIV positive because all I know is that his father died of severe Malaria and headache.

Zaawe: Before the testing, that is what I also thought because for my case there is nothing that shows that Sarah's Mother is HIV+ for she is still leaving a healthy life.
Mukyala Nei: Eh, you may have a point.
Zaawe: Yes as soon as I knew that Sarah is HIV+, I started arranging the treatment she needs. It's because of the early treatment that has helped her develop in both body and mind. That's why you see her healthy.
Mukyala Nei: Zaawe you seem to have a point. So tell me what should I do?
.
Zaawe: Take Luke for HIV testing. There are many JCRC treat centres and health centres with a Treat for Life Logo. In fact you are lucky because now there is free HIV testing for Children at JCRC regional centre on… (Date for the testing).

Mukyala Nei: By the way, who is this JCRC you are talking about?
Zaawe: JCRC is Joint Clinical Research Centre. It's where I always go to get Sarah's HIV medicine or ART.
Mukyala Nei: What is ART?

Zaawe: This is Anti Retroviral Therapy. It's a package that is offered to a person living with HIV to prolong and improve quality of life.
Mukyala Nei: You mean they are drugs?

Zaawe: Yes, they are drugs which are taken by HIV infected persons to fight HIV by preventing

it from multiplying in their bodies.

Mukyala Nei: (*nods her head in agreement*) Ok….. So in case Luke's results come out HIV+, he will right away get ART.

Zaawe: Not every child with HIV needs ART. The staff at the health centre or testing centre will decide if your child needs ART after finding out some details.

Mukyala Nei: Thanks my dear friend for all you have told me. Let me go and prepare Luke for HIV testing. By the way remind me of the dates of the free HIV testing for children.
(*Zaawe tells her the day and dates plus the venue for the free HIV testing for children*,)

QUESTION & ANSWER SESSION.

Six Participants preferably caretakers will be invited on stage and divided into two groups of three standing opposite one another. A bucket containing questions written on placards will be placed between the two groups. At intervals, one member from each group will be required to pick a placard from the bucket and the opposite group will be required to answer the question written on the placard. If it fails, the question bounces back to the group that picked it. The group with the most number of points wins. The game will be facilitated by the promoter who will always read out aloud the question written on the placard.

Members in the winning group won a t-shirts and a Q and A booklet on children and HIV.

Questions will include:

1. Mention three diseases that always attacked Luke
2. How do children become infected with HIV?
3. Who advised Zaawe to take Sarah for HIV testing?
4. Why did Zaawe take Sarah for HIV testing?
5. When and where are the free HIV testing Days for Children going to take place?
6. What is the name of the sign that is found on every health centre that offers informa tion and services of ART?
7. What is ART?

True or false questions.

8. Young children do not get infected with HIV.
9. ARVs are only for adults.
10. ARVs prolong and improve quality of life.
11. ARVs are beneficial to children who have HIV infection.
12. Children cannot become infected through breastfeeding.

ART uptake and adherence

• It's vital for the caretakers to stick to the prescribed medication especially when it comes to the right dosage and right time to give it to their patients.

• ART refers to a package of care (ARVs, counselling, and routine follow-up visits to a health care facility) that is offered to a person living with HIV to prolong and improve quality of Life.

• ARVs are drugs which are taken by HIV infected persons to fight HIV by preventing it from multiplying in their bodies.

• Not every child with HIV needs ART. The staff at the health centre or testing centre will decide if your child needs ART.

• If your child is on ARVs, it's important to follow the doctor's instructions carefully. E.g. the child must take the medicines everyday. For reminder you may use a calendar or alarm clocks.

• At the beginning of ARVs, there may be some side effects on the child. Side effects include feeling tired, headache, skin rashes, dry mouth, vomiting, diarrhoea, sleeping interruptions etc.

• When these side effects appear, don't worry, they always disappear way in 4-6 weeks after the body gets used to the drugs.

• It's always important to tell your doctor about these side effects as soon as they appear.

• As a caretaker, you are responsible for making sure that your child stays healthy on treatment.

• You need to involve someone you trust to help you take care of the child especially when you are ill, or absent due to working or travelling.

• When the child gets older or asks you why he is taking medicine everyday, you should be honest and supportive in explaining about his HIV status. The sooner the child understands why he is taking the daily medicine, the more he can help you in remembering the medicine everyday.

• Nutrition is very important to keep your child healthy. It's important that you feed your child three times a day with a variety of locally available quality foods as much as possible.

• It's also important to prevent infections, start by washing hands regularly and using a mosquito net to prevent malaria.

• For more information, go immediately to the nearest health facility having a symbol of Treat for Life.

SKIT TWO

The skit is still about Mukyala Nei who in the first skit went ahead to take Luke for HIV test, Luke was tested HIV+ and after the CD4 count he was given ART.

(*The skit begins with Mukyala Nei quarrelling with Luke who is off stage.*)
(*Calling*) Luka. Lukaa…………...where are you?

Mukyala Nei: (Talking to herself) Iam fed up of this shouting. Ever since you started taking ART you gained strength to go out and play from far. Now I have to either S-H-O-U-T or search the whole neighbourhood for you to take your medicine.
(*Zaawe comes in without mukyala Nei noticing but hears the foot steps*)
(without looking at Zaawe)Now tell me where have you been? Do I have to ring a bell for you to know that this is your medication time? How many times have I told you that by this time you have to be home?
Can't you answer? It seems you have an insect in your head. Answer me or else I will……….
(*Turns and realises Zaawe*)
Eh it's you Zaawe, you mean all along you have been standing here without a word? (*Realising*

the clay) Eh where are you going with that clay?

Zaawe: It's for Sarah, she asked me to bring it, she is dreaming of being a great artist in future. In fact look here she gave me a birthday present of a doll she made from banana fibres. (*Pulls out a banana fibre doll*)
Mukyala Nei: (*Laughs*) Hahahaha, Zaawe you don't cease to amuse me. You also believe that she will become a future artist?
Zaawe: (nods her head in agreement) yes why not. Iam her Key to Life. If I give her the medication as prescribed, nothing will stand in her way in achieving her dream.
By the way Mukyala Nei, tell me, is this what you go through whenever its time for Luke's medication?

Mukyala Nei: Eh Zaawe, this is less, sometimes I have to shout and shout. Luke is too stubborn. By the way thanks a lot for the advice you gave me the other time. Because of ART, Luke has gained his full strength and health. Now he even has the guts of going out to play.
(Whispers)But it's too tiresome. Iam now Luke's servant. Imagine I have to stop whatever Iam doing when it clocks time for Luke's medication. Sometimes I have to cancel journeys in worry of Luke's medication. For example today, I had to close the shop so that I can rush back to make sure he takes his medication, can you imagine? By the way how do you handle it on your side?

Zaawe: Thanks my dear friend for sticking onto the Luke's medication as prescribed by the doctor. As Luke's Tower of strength and key to life, you have to sacrifice some chores in order to save Luke. If not, you can also reschedule them to a period that does not encroach on Luke's ART medication.

Mukyala Nei: But now if I have to travel without him?

Zaawe: You need to involve someone else that you trust to help you take care of Luke. This is important especially when you are ill, travelling or working.

Mukyala Nei: Ok, so my husband; Taata Nakatudde, can help me on this.
Zaawe: Yes if you trust him.

Mukyala Nei: Zaawe, it seems Luke is already getting tired of taking the medication. For the past one week he is resentful whenever I call him to take the medicine. He always complains of headache and some times he vomits.

Zaawe: Just as Sarah was, when a child starts taking ARVs, they can have different side effects.

However, they usually go away in 4-6 weeks after the body getting used to the drugs.
Mukyala Nei: Eh…..thanks God, I was getting worried. I thought that the illnesses are coming back

Zaawe: However you need to tell your doctor about the side effects Luke has so that he can help you.
By the way as Luke is growing up. Have you thought of telling him why he is taking medicine each day?

Mukyala Nei: Oh no, why should I disclose to him that he is HIV+? He is still too young for that and even; why should I tell him?

Zaawe: There is no specific age in which you should tell Luke. The sooner he understands why he is taking the medicine, the more he can help you in remembering to take the medicine ev-

eryday.

Mukyala Nei: Ha aa! How do I begin? It seems difficult.
Zaawe: Sometime he may ask you, if he does; be honest and supportive in explaining about his HIV status. You can also get help from a doctor or nurse at the clinic to help you explain this to Luke.

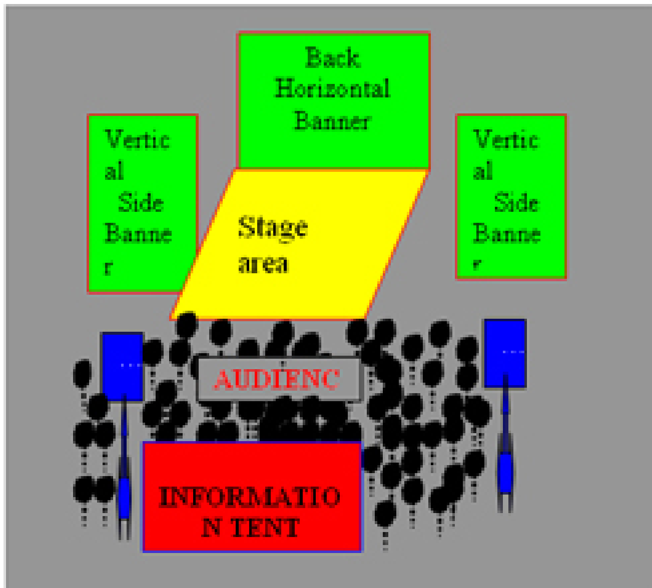
tMukyala Nei: Thanks a lot my dear neighbour, for the second time you are helping me. (*Looks out*) See him there he comes. Luke enjoys playing football. Can you imagine he said that he dreams of becoming Uganda's Henry Thierry?
(*They all laugh*.)

Yes I am his Tower of strength and Key to his health and happiness. If I make sure that he takes his medicine everyday, gets the health care and support he needs, nothing will prevent him from achieving his dream.

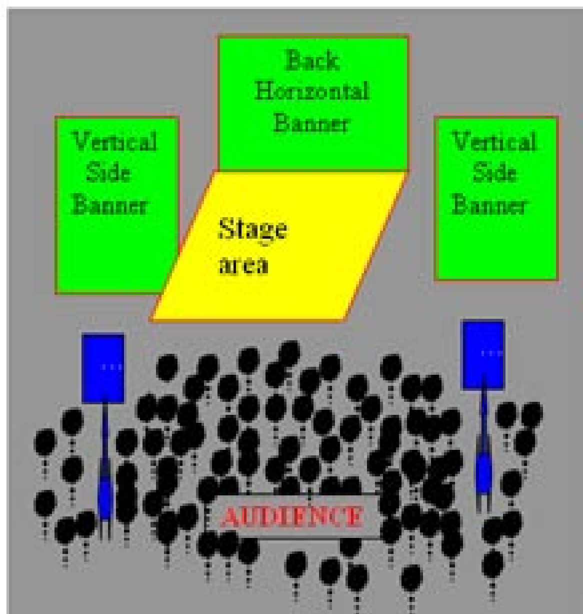
QUESTION & ANSWER SESSION.

Six caretakers will be invited on stage. A bucket containing questions about ART uptake and adherence written on Placards will be placed in front of them. At intervals, a member of each team (team of three) will be required to pick a placard from the bucket and he/she will be required to answer the question written on the placard. Caretakers that answer the questions right will move to the second round until an overall winner is got.

The game is aimed at testing whether the audience has understood what was presented in the session. It promotes members of the community to take children for HIV testing since there are already existing care takers within the community.



MARKET ACTIVATION REPRESENTATION



VILLAGE MEETING REPRESENTATION

Appendix 3 J C R C **Pediatric** V C T & A R T Communication Campaign Register

DATE			RECORDS OFFICER												
LOCATION	VILLAGE				PARISH			DISTRICT							
SERIAL NO.	IDNO:	AGE (In years/months)	SEX(M/F)	CONTACT INFORMATION		KNOWLEDGE ABOUT THE VCT EXERCISE	MOTIVATION TO TAKE THE TEST		HAS CLIENT BEEN TESTED BEFORE?		WHY NOT TESTED BEFORE? CONSTRAINTS/FACTORS	HIV TEST RESULTS(FOR CURRENT EXERCISE)			REFERRALS MADE (IF POSTIVE)
				Village/Parish	Phone		Caretakers	Adolescents	Yes	No		Positive	Negative	Indeterminat	