

FINAL PROGRAM REPORT

Community HIV Prevention, Testing, and Linkage to Care Program

Implementing Organization:

Africa Leadership Institute (AFLI)

Technical Partner:

Karamoja Peace and Technology University (KAPATU) Project, under the AFLI-KAPATU
Memorandum of Understanding

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Yumbe District & Bidibidi Refugee Settlement

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LIST OF ACRONYMS

Acronym Full Meaning

AFLI	Africa Leadership Institute
ART	Antiretroviral Therapy
CLRA	Community Linkage and Retention Assistant
HIV	Human Immunodeficiency Virus
KAPATU	Karamoja Peace and Technology University
MEL	Monitoring, Evaluation, and Learning
MoU	Memorandum of Understanding
SBCC	Social and Behavior Change Communication
UNAIDS	Joint United Nations Programme on HIV/AIDS
VfM	Value for Money
DHIS2	District Health Information Software 2

GLOSSARY OF TERMS

Adherence (Treatment Adherence)

The extent to which a person living with HIV consistently follows their prescribed antiretroviral therapy regimen to achieve optimal health outcomes and viral suppression.

Case Identification

The process of detecting individuals who are HIV-positive through testing strategies such as index testing, contact tracing, and community outreach.

Community-Based Service Delivery

A model of delivering health services directly within communities rather than at health facilities, aimed at improving access, coverage, and equity.

Community–Facility Linkage

The coordination and referral system that connects community-level health services with formal health facilities to ensure continuity of care.

Contact Tracing

A strategy used to identify and test individuals who have been in contact with a person diagnosed with HIV, often through index testing approaches.

Continuity of Care

The sustained provision of health services to a client over time, ensuring consistent treatment, follow-up, and support across different service points.

Counselling (HIV Counselling)

A structured process that includes pre-test and post-test guidance, emotional support, and information to help individuals understand HIV testing, results, and treatment.

Index Testing

A targeted HIV testing approach that involves offering HIV testing services to the biological children, sexual partners, and close contacts of individuals diagnosed with HIV.

Linkage to Care

The process of enrolling individuals diagnosed with HIV into treatment services, including initiation of antiretroviral therapy and follow-up care.

Lost to Follow-Up (LTFU)

Refers to individuals who have discontinued or missed scheduled HIV treatment or care appointments and are no longer actively engaged in care.

Mobile Outreach Services

Health services delivered through organized field activities conducted by outreach teams in community settings, particularly in hard-to-reach areas.

Operational Research

Research conducted within program settings to generate evidence on what works, improve implementation, and inform policy and practice.

Positivity Yield

The proportion of HIV tests conducted that result in a positive diagnosis, used as a measure of testing efficiency and targeting effectiveness.

Psychosocial Support

Non-clinical services that address the psychological, emotional, and social needs of individuals, particularly those living with HIV.

Referral System

A structured mechanism through which clients are directed from one service point (e.g., community outreach) to another (e.g., health facility) for additional care.

Retention in Care

The ability of a health program to ensure that individuals diagnosed with HIV remain engaged in treatment and follow-up services over time.

Stigma (HIV-Related Stigma)

Negative attitudes, beliefs, and discrimination directed toward individuals living with or affected by HIV, which can hinder access to services.

Testing Coverage

The extent to which HIV testing services reach the target population within a defined geographic or programmatic area.

Value for Money (VfM)

An assessment of how efficiently and effectively financial resources are used to achieve program outcomes, considering cost, quality, and impact.

1. EXECUTIVE SUMMARY

This report presents a comprehensive assessment of the performance, outcomes, and strategic learning generated from the implementation of a community-based HIV prevention, testing, and linkage to care program in Yumbe District and Bidibidi Refugee Settlement. Implemented within one of Uganda's most complex humanitarian settings, the program was designed to address persistent gaps across the HIV care continuum—particularly in case identification, timely linkage to treatment, and sustained community engagement.

Operating in a context characterized by high population mobility, socio-economic vulnerability, and limited access to facility-based health services, the program adopted a decentralized, community-driven service delivery model. This approach sought to extend the reach of HIV services beyond traditional health facilities, improve early diagnosis, and strengthen continuity of care through enhanced community–facility integration.

The program achieved several notable outcomes. It significantly expanded access to community-based HIV testing, with strengthened index testing and contact tracing contributing to improved identification of at-risk individuals. Exceptional performance was recorded in client retention and re-engagement, with near-universal success in tracing and returning individuals lost to follow-up back into care. In parallel, the program strengthened referral and linkage systems, ensuring more efficient transitions from diagnosis to treatment.

In addition, sustained community engagement efforts contributed to increased awareness of HIV prevention and treatment services, alongside gradual reductions in stigma and barriers to service uptake. The establishment of functional coordination mechanisms between community teams and health facilities further enhanced service integration, accountability, and continuity across the care cascade.

Despite these achievements, the program encountered structural and operational challenges inherent to humanitarian contexts. High levels of population mobility, logistical constraints, and limited operational resources affected outreach coverage and follow-up capacity. Furthermore, while testing coverage was high, relatively low HIV positivity yield highlighted the need for more targeted, data-driven approaches to improve case-finding efficiency and cost-effectiveness.

Overall, the program demonstrates that well-coordinated, community-based HIV interventions can deliver high-impact outcomes in fragile and resource-constrained environments. The results underscore the importance of integrated service delivery models, strong community engagement, and adaptive, data-informed programming. At the same time, they point to critical areas for refinement—particularly in targeting strategies and operational resourcing—to enhance efficiency, scalability, and long-term sustainability.

2. PROGRAM CONTEXT AND RATIONALE

Yumbe District, located in Northern Uganda, hosts Bidibidi Refugee Settlement—one of the largest refugee settlements globally—characterized by a high concentration of displaced populations living under conditions of socio-economic vulnerability, mobility, and constrained access to essential health services. These contextual dynamics significantly heighten the risk of HIV transmission and undermine the effectiveness of conventional, facility-based HIV service delivery models.

Despite Uganda's progress in scaling up national HIV prevention and treatment programs, critical service delivery gaps persist in humanitarian and hard-to-reach settings such as Yumbe. Structural and systemic barriers—including long distances to health facilities, limited health infrastructure capacity, stigma and discrimination, and weak community–facility linkage mechanisms—continue to impede timely HIV testing, early diagnosis, and sustained treatment adherence. These challenges are further compounded by the transient nature of refugee populations, which disrupts continuity of care and complicates patient tracking and retention efforts.

Evidence from global and national HIV programming demonstrates that community-based interventions—particularly index testing, contact tracing, peer-led counselling, and mobile outreach services—are essential in bridging these gaps. Such approaches extend the reach of HIV services beyond health facilities, enabling targeted engagement with underserved populations, improving case identification, and strengthening linkage to care. However, their effectiveness depends on coordinated implementation frameworks, strong community engagement, and robust monitoring and evaluation systems.

In response to these contextual challenges, the Africa Leadership Institute (ALI), in collaboration with Karamoja Peace and Technology University (KAPATU), designed and implemented an integrated community-based HIV program tailored to the unique needs of refugee-hosting communities. The program adopts a comprehensive, continuum-of-care approach that links HIV prevention, testing, counselling, and treatment services through community-driven delivery models and strengthened health system coordination.

The intervention is anchored in a systems-strengthening perspective, emphasizing:

- Expansion of community-level HIV testing and index case identification

- Strengthening of referral and linkage mechanisms between community outreach and health facilities
- Provision of psychosocial support and adherence counselling to improve treatment outcomes
- Enhancement of community awareness and stigma reduction initiatives
- Integration of monitoring, evaluation, and operational research to inform adaptive programming

The partnership with KAPATU provides a critical technical and academic dimension to the program, ensuring that implementation is grounded in evidence-based approaches and that program-generated data contributes to broader policy learning and knowledge generation.

Overall, the program is positioned not only as a service delivery intervention but also as a strategic model for strengthening community health systems, improving HIV outcomes in fragile settings, and informing scalable, policy-relevant approaches to HIV programming in Uganda and similar humanitarian contexts.

3. PROGRAM OBJECTIVES

The program is guided by a set of interrelated strategic objectives designed to address critical gaps across the HIV prevention, testing, treatment, and care continuum in humanitarian and underserved settings. These objectives collectively aim to improve health outcomes, strengthen service delivery systems, and enhance community-level engagement in HIV programming.

Objective 1: Strengthen Community-Based HIV Case Identification

To enhance early detection of HIV cases through targeted, evidence-based approaches, including index testing, partner and family contact tracing, and community outreach services focused on high-risk and underserved populations. This objective seeks to improve case-finding efficiency and expand access to HIV testing beyond traditional facility-based models.

Objective 2: Improve Access to HIV Counselling, Psychosocial Support, and Treatment Adherence Services

To ensure that individuals undergoing HIV testing and those diagnosed with HIV receive comprehensive, client-centered counselling and support services. This includes pre- and post-test counselling, adherence support for individuals on antiretroviral therapy (ART), and psychosocial interventions that address stigma, mental health, and social barriers to sustained treatment engagement.

Objective 3: Increase Community Awareness and Promote HIV Prevention Behaviors

To strengthen community knowledge and awareness of HIV prevention, testing, and treatment services through sustained sensitization campaigns, dialogue platforms, and targeted communication strategies. This objective also focuses on reducing stigma and misinformation, thereby fostering an enabling environment for uptake of HIV services.

Objective 4: Strengthen Coordination, Referral, and Linkage Systems Between Community and Health Facilities

To improve the efficiency and effectiveness of the HIV care continuum by reinforcing coordination mechanisms between community outreach teams and health facilities. This includes strengthening referral pathways, improving tracking and follow-up of clients

(particularly those lost to care), and enhancing collaboration with district health systems to ensure continuity of care.

Objective 5: Enhance Monitoring, Evaluation, Research, and Learning Systems

To establish robust monitoring and evaluation frameworks that support data-driven decision-making, performance tracking, and continuous program improvement. This objective also promotes operational research and documentation of best practices, enabling the generation of policy-relevant evidence to inform HIV programming in similar contexts.

Strategic Orientation

Collectively, these objectives are designed to:

- Strengthen the continuum of HIV care from prevention to treatment
- Enhance equity in access to HIV services among vulnerable populations
- Improve program efficiency and accountability through data and coordination
- Generate evidence and learning to inform scalable and sustainable HIV interventions

4. IMPLEMENTATION STRATEGY

The program adopted a multi-tiered, community-centered implementation strategy designed to effectively deliver integrated HIV services within a complex humanitarian setting. The approach combined decentralized service delivery, strong community engagement, and institutional coordination to ensure comprehensive coverage across the HIV prevention-to-care continuum.

4.1 Community-Based Service Delivery Model

At the core of the implementation strategy was a **community-driven service delivery model**, which extended HIV services beyond health facilities into villages and refugee settlement zones. Mobile outreach teams conducted regular, structured field activities, including:

- Community-based HIV testing
- Index testing and contact tracing
- Counselling and psychosocial support
- Referral and linkage to treatment services

This approach ensured equitable access to HIV services for underserved and high-risk populations, particularly those facing geographical, social, and economic barriers to facility-based care.

4.2 Structured Outreach and Service Delivery Cycles

Program activities were implemented through systematic outreach cycles, including:

- Weekly outreach activities for HIV testing and case identification
- Monthly follow-up and counselling sessions to support adherence and retention
- Quarterly coordination and review meetings to assess program performance and strengthen collaboration

This structured scheduling enabled consistency in service delivery, improved coverage, and facilitated timely identification and response to emerging program challenges.

4.3 Strengthening Community–Facility Linkages

A key pillar of the strategy was the integration of community and facility-based services to ensure continuity of care. This included:

- Establishing referral pathways between outreach teams and health facilities
- Supporting health facilities in tracking missed appointments
- Conducting follow-up visits for clients lost to care
- Facilitating timely linkage of HIV-positive individuals to ART services

Community Linkage and Retention Assistants (CLRAs) played a central role in bridging the gap between communities and health facilities, ensuring that clients were effectively navigated through the care continuum.

4.4 Human Resource Model and Capacity Strengthening

The program leveraged a multi-disciplinary workforce comprising:

- Community Linkage and Retention Assistants (CLRAs)
- Counsellors and peer educators
- Community mobilizers and outreach teams
- Health facility staff and district health officials

To enhance program quality and effectiveness, the strategy incorporated:

- Continuous training and mentorship of outreach personnel
- Capacity building in HIV service delivery and data management
- Supportive supervision and performance monitoring

This investment in human capital strengthened service delivery and ensured adherence to national HIV guidelines.

4.5 Community Engagement and Social Mobilization

Recognizing the role of social and behavioral factors in HIV outcomes, the program prioritized active community engagement through:

- Sensitization meetings and awareness campaigns
- Community dialogue platforms addressing stigma and misinformation
- Engagement of local leaders, refugee structures, and community volunteers

This participatory approach fostered community ownership, improved trust in HIV services, and enhanced uptake of testing and treatment services.

4.6 Monitoring, Evaluation, and Adaptive Learning

The program integrated a robust monitoring, evaluation, and learning (MEL) framework to support evidence-based implementation. Key components included:

- Routine data collection from outreach and facility activities
- Monthly and quarterly performance reviews
- Continuous documentation of lessons learned and best practices
- Operational research conducted in collaboration with KAPATU

This system enabled real-time performance tracking, informed adaptive management, and strengthened accountability.

4.7 Research Integration and Technical Support

Through its partnership with Karamoja Peace and Technology University (KAPATU), the program embedded a strong research and technical support component, which:

- Provided evidence-based guidance for program design and implementation
- Supported capacity building and technical supervision
- Facilitated operational research on community HIV interventions
- Contributed to knowledge generation and policy-relevant insights

This integration ensured that program implementation was continuously informed by data, research, and best practice.

4.8 Cross-Cutting Implementation Principles

The implementation strategy was guided by key cross-cutting principles to enhance inclusiveness, quality, and sustainability:

- Equity and inclusion: Ensuring access for women, youth, refugees, and marginalized populations
- Human rights and confidentiality: Upholding ethical standards in HIV testing and counselling
- Community ownership: Strengthening participation and accountability at the local level
- Evidence-based programming: Using data and research to inform decision-making

Strategic Summary

Overall, the implementation strategy reflects a systems-oriented and adaptive approach that combines community outreach, institutional coordination, and evidence generation. By strengthening both service delivery and underlying systems, the program not only improved access to HIV services but also established a replicable model for community-based HIV programming in fragile and humanitarian contexts.

5. PERFORMANCE ANALYSIS

This section provides a comprehensive assessment of program performance across key result areas, drawing on quantitative outputs, qualitative observations, and implementation trends over the reporting period. The analysis evaluates the effectiveness, efficiency, and relevance of interventions in achieving intended outcomes within a complex humanitarian context.

5.1 HIV Case Identification and Testing Performance

The program demonstrated consistent progress in expanding community-based HIV testing and index case identification, supported by systematic outreach and strong collaboration with health facilities.

Across reporting periods:

- Quarter 1 (Oct–Dec 2024): 15 index clients identified, with at least one HIV-positive case detected and linked to care
- Quarter 2 (Jan–Mar 2025): 17 index clients identified, with minimal or no positive cases detected
- April 2025: 9 index households reached, with all tested contacts returning negative results

Performance Interpretation

- The program achieved strong coverage in index testing and contact tracing, indicating effective community access and engagement.
- However, the low HIV positivity yield across most periods suggests:
 - Potential saturation in previously reached populations
 - Limited targeting of higher-risk or hidden populations
 - Possible need for refined risk profiling and hotspot mapping

Strategic Implication

While outreach reach was high, case-finding efficiency requires optimization to maximize program impact and cost-effectiveness.

5.2 Linkage to Care and Retention Outcomes

The program recorded exceptionally strong performance in client retention and re-engagement, particularly for individuals lost to follow-up.

Key outcomes:

- Quarter 1: 119 clients followed up; 100% successfully re-engaged in care
- Quarter 2: 78 clients followed up; all resumed treatment
- April 2025: 31 clients followed up; all returned to care

Performance Interpretation

- The program achieved near-perfect re-engagement rates, significantly exceeding typical retention benchmarks in similar contexts.
- This success is attributable to:
 - Timely follow-up (often within 14 days of missed appointments)
 - Strong coordination between CLRAs and facility staff
 - Effective use of locator information and peer networks

Strategic Implication

The community linkage and retention model is a high-impact intervention, demonstrating strong potential for scale-up and replication in other districts.

5.3 Counselling, Psychosocial Support, and Adherence Services

The program delivered integrated counselling services, including:

- Pre-test and post-test counselling
- Adherence counselling for newly diagnosed clients
- Ongoing psychosocial support for individuals and families

Performance Interpretation

- Counselling services enhanced client readiness for testing and treatment adherence
- Psychosocial support contributed to:
 - Improved retention in care
 - Reduced stigma and fear
 - Increased disclosure and engagement

Strategic Implication

Comprehensive counselling and psychosocial interventions are critical enablers of sustained HIV treatment outcomes, particularly in vulnerable and stigmatized populations.

5.4 Community Awareness and Behavioral Outcomes

The program implemented sustained community engagement activities, including:

- Monthly sensitization meetings
- Quarterly dialogue sessions
- Continuous dissemination of HIV prevention information

Performance Interpretation

- Increased awareness of HIV services and prevention strategies
- Improved community acceptance of HIV testing
- Gradual reduction in stigma-related barriers

However:

- Behavioral change outcomes remain incremental and require sustained engagement

Strategic Implication

Long-term investment in social and behavioral change communication (SBCC) is essential to sustain demand for HIV services and improve prevention outcomes.

5.5 Health System Coordination and Service Integration

The program strengthened coordination between community and facility systems through:

- Regular coordination meetings
- Support for missed appointment tracking
- Referral and follow-up mechanisms

Performance Interpretation

- Improved continuity of care and referral efficiency
- Enhanced collaboration between community actors and facility staff
- Strengthened accountability in client management

Strategic Implication

Integrated service delivery models are essential for closing gaps in the HIV care cascade, particularly in decentralized and resource-limited settings.

5.6 Monitoring, Evaluation, and Learning Performance

The program established functional MEL systems, including:

- Routine data collection and reporting
- Monthly and quarterly performance reviews
- Operational research and documentation

Performance Interpretation

- Strengthened data visibility and program accountability
- Enabled adaptive management and continuous improvement

- Generated evidence for policy and program learning

Strategic Implication

Investment in MEL systems enhances **program effectiveness, transparency, and scalability**, particularly when linked to research partnerships.

5.7 Efficiency and Value-for-Money Considerations

The program demonstrated strong efficiency outcomes, particularly in:

- High retention rates relative to investment
- Cost-effective service delivery through community-based approaches
- Leveraging community health workers and peer educators

Performance Interpretation

- The program achieved high impact at relatively modest cost, particularly in retention and linkage outcomes.
- However, low positivity yield may affect cost-efficiency of testing interventions if not addressed.

Strategic Implication

Future programming should prioritize targeted testing strategies to improve cost-effectiveness while maintaining coverage.

5.8 Overall Performance Assessment

Strengths

- Exceptional performance in client retention and re-engagement
- Strong community reach and service delivery coverage
- Effective community–facility linkage systems
- Functional monitoring and learning frameworks

Limitations

- Low HIV positivity yield in index testing
- Logistical and resource constraints affecting outreach intensity
- Structural challenges related to mobility and geography

Analytical Summary

Overall, the program demonstrates high effectiveness in retention, linkage, and community engagement, while revealing critical opportunities to improve case-finding efficiency and strategic targeting.

The results underscore the value of community-based HIV programming in humanitarian contexts, while highlighting the need for adaptive, data-driven approaches to maximize impact.

6. FINANCIAL AND VALUE-FOR-MONEY ANALYSIS

6.1 Overview of Financial Framework

The program was implemented using a results-based budgeting approach, ensuring that financial resources were directly aligned with strategic objectives, outputs, and measurable outcomes. This approach strengthened accountability by linking expenditures to program performance across key result areas, including HIV testing, counselling, community engagement, health system coordination, and monitoring and evaluation.

The total estimated program budget was USD 88,080, distributed across five core intervention areas as well as capacity building and program management components . This allocation reflects a deliberate emphasis on frontline service delivery, particularly community-based HIV testing and case identification.

6.2 Resource Allocation and Strategic Prioritization

Financial resources were structured to support the program's operational model and strategic priorities:

- **Community HIV Testing and Case Identification (USD 21,000):**
Represented the largest share of the budget, reflecting the program's emphasis on expanding access to HIV testing through outreach and index testing strategies.
- **Monitoring, Evaluation, Research, and Learning (USD 14,300):**
Demonstrated a strong commitment to evidence-based programming, performance tracking, and knowledge generation.
- **Program Management and Administration (USD 15,000):**
Supported coordination, financial oversight, and compliance, ensuring effective program governance.
- **Community Awareness and Prevention Education (USD 9,800) and
Counselling and Psychosocial Support (USD 9,480):**
Enabled demand creation, behavioral change interventions, and sustained treatment adherence.
- **Health System Coordination and Referral Strengthening (USD 7,200):**
Focused on improving linkage and retention mechanisms.

- Capacity Building and Technical Support (USD 11,300):
Strengthened human resource capacity and technical quality through partnership with KAPATU.

Strategic Insight

The budget demonstrates a balanced investment portfolio, combining direct service delivery with system strengthening and capacity development—an approach consistent with best practices in sustainable health programming.

6.3 Cost Efficiency and Operational Performance

The program achieved notable efficiency gains through:

- Utilization of community-based service delivery models, reducing reliance on costly facility-based interventions
- Engagement of Community Linkage and Retention Assistants (CLRAs) and peer educators, enabling cost-effective outreach and follow-up
- Integration of multiple services (testing, counselling, follow-up) within single outreach cycles

Efficiency Outcomes

- High client retention rates (near 100%) were achieved at relatively low cost
- Outreach activities delivered broad population coverage with limited operational resources
- Follow-up mechanisms effectively reduced loss to care without requiring high-cost interventions

Interpretation

The program demonstrates strong operational efficiency, particularly in retention and linkage outcomes, which are typically resource-intensive in similar contexts.

6.4 Value-for-Money Assessment

Value-for-money (VfM) was assessed across three key dimensions:

1. Economy (Cost Minimization)

- Competitive use of community-level human resources
- Cost-effective procurement of outreach and service delivery inputs
- Lean administrative and management costs relative to total budget

2. Efficiency (Output Maximization)

- High outputs achieved per unit cost, particularly in:
 - Number of clients followed and re-engaged
 - Community outreach coverage
- Integration of services improved resource utilization

3. Effectiveness (Outcome Achievement)

- Strong outcomes in:
 - Client retention and re-engagement
 - Community awareness and service uptake
- However, lower-than-expected HIV positivity yield indicates:
 - Potential inefficiencies in testing strategy targeting
 - Opportunity to improve cost-effectiveness through refined approaches

6.5 Cost Drivers and Financial Risks

Key cost drivers included:

- Community outreach operations (transport, logistics, staff facilitation)
- Human resource costs for CLRAs and counsellors
- Monitoring, supervision, and reporting activities

Financial Risks Identified

- Underfunded transport and supervision budgets, limiting outreach reach and oversight
- Geographical dispersion of target populations, increasing operational costs
- Potential inefficiencies associated with low-yield testing strategies

Mitigation Measures

- Leveraging community-based personnel to reduce operational costs
- Integrating activities to maximize outreach efficiency
- Strengthening supervision and coordination within available resources

6.6 Cost-Effectiveness Considerations

While the program achieved strong outcomes in retention and service delivery, cost-effectiveness varied across intervention areas:

High Cost-Effectiveness Areas

- Client follow-up and retention
- Counselling and psychosocial support
- Community engagement and awareness

Moderate Cost-Effectiveness Areas

- Community-based HIV testing (due to low positivity yield in some periods)

Strategic Insight

Improving targeting of high-risk populations and adopting differentiated testing approaches would enhance cost-effectiveness without increasing overall expenditure.

6.7 Financial Accountability and Oversight

The program maintained robust financial accountability mechanisms, including:

- Monthly expenditure tracking
- Quarterly financial and programmatic reviews
- Alignment of financial reporting with program performance
- Oversight and technical support from KAPATU

These systems ensured:

- Transparency in resource utilization
- Accountability to stakeholders and partners
- Alignment between financial inputs and program outputs

6.8 Strategic Financial Lessons

Key financial and operational lessons include:

- Community-based models offer high returns on investment, particularly for retention and linkage
- Investment in human resources and community structures yields significant program impact
- Adequate funding for transport and supervision is critical for operational effectiveness
- Data-driven targeting is essential to improve cost-efficiency of testing interventions

6.9 Conclusion

Overall, the program demonstrates strong value-for-money performance, with efficient use of resources and significant impact in key outcome areas, particularly client retention and community engagement.

While improvements are needed to enhance the cost-effectiveness of HIV testing strategies, the program provides a financially sound and scalable model for community-based HIV

programming in humanitarian settings, balancing service delivery, system strengthening, and evidence generation.

7. KEY ACHIEVEMENTS (REWRITTEN)

The implementation of the Community HIV Prevention, Testing, and Linkage to Care Program yielded significant results across multiple dimensions of the HIV care continuum. The achievements reflect both programmatic effectiveness and systems-level strengthening, particularly within a complex humanitarian setting.

7.1 Expansion of Community-Based HIV Service Delivery

The program successfully extended HIV services beyond traditional health facility settings through structured outreach interventions. Mobile service delivery models enabled access to hard-to-reach and underserved populations, including refugee communities and remote villages.

Key Results

- Increased geographic coverage of HIV testing services
- Improved access for vulnerable populations with limited mobility
- Enhanced equity in service delivery

Strategic Significance

This achievement demonstrates the effectiveness of decentralized, community-based models in overcoming access barriers and strengthening primary health service delivery in fragile contexts.

7.2 Strengthened HIV Case Identification through Index Testing

The program operationalized index testing and contact tracing approaches, resulting in improved identification of individuals at risk of HIV infection.

Key Results

- Consistent identification and enrolment of index clients
- Systematic elicitation and testing of contacts and family members
- Improved integration of facility and community data for case finding

Strategic Significance

The program established a functional model for targeted case identification, contributing to improved early detection and strengthening the first stage of the HIV care cascade.

7.3 Exceptional Performance in Client Retention and Re-Engagement

One of the most notable achievements was the program's ability to trace and re-engage clients who had defaulted from care.

Key Results

- Near 100% re-engagement rate for clients lost to follow-up across reporting periods
- Timely follow-up interventions (often within 14 days)
- Strong collaboration between community teams and health facilities

Strategic Significance

This outcome highlights the effectiveness of the Community Linkage and Retention Assistant (CLRA) model, positioning it as a best practice for improving retention in HIV care, particularly in mobile and vulnerable populations.

7.4 Improved Linkage to HIV Treatment and Continuity of Care

The program strengthened referral and linkage systems, ensuring that individuals diagnosed with HIV were connected to treatment services.

Key Results

- Effective referral pathways between community outreach and health facilities
- Increased proportion of clients successfully linked to ART services
- Reduced delays between diagnosis and treatment initiation

Strategic Significance

Strengthening linkage systems contributed to improved continuity of care, a critical determinant of long-term treatment outcomes and viral suppression.

7.5 Enhanced Counselling, Psychosocial Support, and Adherence Outcomes

The integration of counselling and psychosocial support services significantly improved client engagement and treatment adherence.

Key Results

- Delivery of comprehensive pre- and post-test counselling services
- Provision of adherence counselling for newly diagnosed clients
- Ongoing psychosocial support for individuals and families

Strategic Significance

These interventions addressed both clinical and social determinants of health, reinforcing the importance of client-centered care models in HIV programming.

7.6 Increased Community Awareness and Reduction in HIV-Related Stigma

Through sustained community engagement, the program contributed to improved awareness and gradual reduction of stigma associated with HIV.

Key Results

- Regular community sensitization meetings and dialogue sessions
- Increased knowledge of HIV prevention, testing, and treatment
- Improved community acceptance of HIV services

Strategic Significance

The program contributed to creating an enabling social environment, which is essential for increasing uptake of HIV services and sustaining long-term behavior change.

7.7 Strengthened Community–Facility Coordination Systems

The program enhanced collaboration between community outreach teams and health facilities, improving service integration and accountability.

Key Results

- Regular coordination meetings with health facility staff
- Strengthened referral and follow-up mechanisms
- Improved tracking of missed appointments and client outcomes

Strategic Significance

This achievement underscores the importance of integrated service delivery systems in strengthening the HIV care continuum and improving program efficiency.

7.8 Establishment of Functional Monitoring, Evaluation, and Learning Systems

The program developed and implemented effective monitoring and evaluation systems to support performance tracking and adaptive management.

Key Results

- Routine data collection and reporting systems operationalized
- Monthly and quarterly program reviews conducted
- Documentation of lessons learned and best practices

Strategic Significance

The establishment of MEL systems enabled evidence-based decision-making and positioned the program as a source of policy-relevant learning.

7.9 Integration of Research and Technical Capacity Strengthening

Through its partnership with KAPATU, the program integrated research and capacity building into implementation.

Key Results

- Operational research on community HIV strategies conducted
- Capacity building for program staff and outreach teams

- Development of knowledge products and technical documentation

Strategic Significance

This integration strengthened the program’s contribution to policy, research, and knowledge generation, enhancing its relevance beyond service delivery.

7.10 Demonstration of a Scalable and Replicable Model

Overall, the program demonstrated a viable model for delivering HIV services in humanitarian and resource-constrained settings.

Key Results

- Successful implementation across multiple health facilities and communities
- High performance in key outcome areas (retention, linkage, awareness)
- Strong alignment with national HIV priorities

Strategic Significance

The program provides a **scalable, cost-effective, and policy-relevant model** for community-based HIV programming in Uganda and similar contexts.

Summary of Achievements

Collectively, these achievements highlight the program’s success in:

- Expanding access to HIV services
- Strengthening the HIV care continuum
- Enhancing community engagement and ownership
- Building resilient and integrated health service delivery systems

The program’s results demonstrate that well-coordinated, community-based interventions can deliver high-impact outcomes, even in complex humanitarian environments.

8. KEY CHALLENGES

Despite the program's strong performance across several result areas, implementation was affected by a range of structural, operational, and contextual challenges inherent to humanitarian and resource-constrained settings. These challenges influenced program efficiency, reach, and sustainability, and provide critical insights for future program design and scale-up.

8.1 High Mobility and Transience of Target Populations

The refugee and host communities in Yumbe District are characterized by significant population mobility, driven by:

- Resettlement patterns within and outside the refugee settlement
- Seasonal migration linked to livelihood activities (e.g., farming)
- Informal relocation without notification to health providers

Implications

- Disruption of continuity of care for clients on ART
- Increased difficulty in tracking and tracing clients lost to follow-up
- Reduced accuracy of locator information and client records

Analytical Insight

Population mobility remains a systemic constraint in humanitarian settings, requiring adaptive tracking systems and flexible service delivery models.

8.2 Geographic and Logistical Barriers to Service Delivery

The program operated across widely dispersed communities and multiple health facilities, many of which are located in hard-to-reach areas.

Key Constraints

- Long distances between client residences and health facilities
- Limited transport infrastructure and mobility for outreach teams

- Insufficient logistical support for supervision and follow-up activities

Implications

- Increased operational costs and time required for outreach and follow-up
- Reduced frequency and coverage of field activities
- Challenges in timely supervision and performance monitoring

Analytical Insight

Geographical barriers significantly affect service delivery efficiency and equity, particularly in decentralized health systems.

8.3 Resource and Funding Constraints

While the program was implemented efficiently, several resource limitations affected operational effectiveness:

Key Gaps

- Inadequate transport facilitation for Community Linkage and Retention Assistants (CLRAs)
- Limited funding for supervision and field monitoring
- Insufficient operational funds for sustained outreach intensity

Implications

- Reduced capacity for frequent follow-up and supervision
- Increased workload burden on community-based personnel
- Potential compromise in program quality and coverage

Analytical Insight

Sustained investment in frontline operational resources is critical for maintaining program effectiveness in community-based health interventions.

8.4 Low HIV Positivity Yield in Testing Interventions

Although the program achieved strong coverage in HIV testing, the proportion of positive cases identified remained relatively low in several reporting periods.

Implications

- Reduced cost-effectiveness of testing interventions
- Potential misalignment between testing strategies and high-risk populations
- Need for improved targeting and prioritization

Analytical Insight

Low yield highlights the need for data-driven targeting approaches, including hotspot mapping, risk profiling, and differentiated service delivery models.

8.5 Data and Client Tracking Limitations

Accurate and timely data is essential for effective program implementation; however, challenges were observed in:

Key Issues

- Incomplete or outdated client locator information
- Delays in data reporting and consolidation
- Limited integration between community-level and facility-level data systems

Implications

- Reduced effectiveness of client follow-up and tracing
- Potential gaps in monitoring program performance
- Constraints in evidence-based decision-making

Analytical Insight

Strengthening data systems and digital tracking mechanisms is essential for improving program responsiveness and accountability.

8.6 Socio-Cultural Barriers and Persistent Stigma

Despite progress in community sensitization, socio-cultural barriers continue to influence HIV service uptake.

Key Issues

- Ongoing stigma associated with HIV testing and disclosure
- Reluctance of some clients to disclose sexual partners during index testing
- Cultural norms affecting health-seeking behavior

Implications

- Reduced effectiveness of index testing and contact tracing
- Delayed uptake of testing and treatment services
- Limited community engagement among certain groups

Analytical Insight

Behavioral and social barriers require long-term, sustained engagement strategies beyond short-term interventions.

8.7 Human Resource and Capacity Constraints

While the program leveraged community-based personnel effectively, certain capacity limitations were identified:

Key Issues

- High workload for CLRAs due to large catchment areas
- Need for continuous training and mentorship
- Limited staffing relative to program scale

Implications

- Potential burnout and reduced performance among frontline workers

- Variability in service quality and data management
- Constraints in scaling program activities

Analytical Insight

Investing in human resource capacity and support systems is critical for sustaining program performance and scalability.

8.8 Operational Coordination Challenges

Although coordination mechanisms were established, some gaps remained:

Key Issues

- Delays in information sharing between health facilities and community teams
- Inconsistent availability of updated client data
- Limited visibility of program staff at facility level

Implications

- Reduced efficiency in client tracking and follow-up
- Missed opportunities for timely intervention
- Weak integration of community and facility services in some instances

Analytical Insight

Strengthening real-time coordination and communication systems is essential for optimizing integrated service delivery.

8.9 Summary of Key Constraints

The challenges encountered during implementation can be broadly categorized as:

- Structural challenges: mobility, geography, and socio-economic conditions
- Operational challenges: logistics, funding, and coordination
- Programmatic challenges: targeting efficiency and data management

Conclusion

While these challenges are significant, they are not unique to this program and reflect broader systemic issues associated with HIV service delivery in humanitarian and resource-limited settings. Importantly, the program demonstrated resilience and adaptability in mitigating many of these constraints.

Addressing these challenges through targeted investments, adaptive programming, and strengthened systems will be critical for enhancing program impact, improving efficiency, and ensuring sustainability in future interventions.

9. LESSONS LEARNED

The implementation of the Community HIV Prevention, Testing, and Linkage to Care Program generated critical operational and strategic insights relevant to HIV programming in humanitarian and resource-constrained settings. These lessons reflect both successful practices and areas requiring adaptation, and provide a foundation for improving future program design, implementation, and scale-up.

9.1 Community-Based Service Delivery Models Are Highly Effective in Humanitarian Contexts

The program demonstrated that decentralizing HIV services through community outreach significantly improves access, particularly among hard-to-reach and vulnerable populations.

Key Learning

- Mobile and community-based service delivery reduces structural barriers such as distance, cost, and stigma associated with facility-based care.

Implication

Scaling community-based models is essential for expanding equitable access to HIV services, especially in fragile and refugee-hosting settings.

9.2 The CLRA Model Is a High-Impact Strategy for Retention and Continuity of Care

The use of Community Linkage and Retention Assistants (CLRAs) proved to be one of the most effective program components.

Key Learning

- Community-based personnel with local knowledge are highly effective in tracing clients, building trust, and facilitating re-engagement in care.

Implication

Investing in community health workers and peer-led models is critical for improving retention outcomes and strengthening the HIV care continuum.

9.3 Early and Proactive Follow-Up Is Critical for Client Retention

Timely follow-up interventions—particularly within the first two weeks of missed appointments—were instrumental in achieving high re-engagement rates.

Key Learning

- Rapid response mechanisms significantly reduce loss to follow-up and prevent long-term disengagement from care.

Implication

Programs should institutionalize early warning and rapid follow-up systems as a standard component of HIV service delivery.

9.4 Strong Community–Facility Collaboration Enhances Program Effectiveness

The program highlighted the importance of coordinated action between community teams and health facilities.

Key Learning

- Effective communication, shared data, and joint accountability improve referral systems and continuity of care.

Implication

Integrated service delivery models are essential for closing gaps across the HIV care cascade and improving overall system performance.

9.5 Community Engagement and Social Mobilization Are Essential for Service Uptake

Sustained engagement with communities played a critical role in increasing awareness and reducing stigma.

Key Learning

- Involving local leaders, peer educators, and community structures enhances trust and acceptance of HIV services.

Implication

Behavioral change and stigma reduction require continuous, participatory engagement strategies, not one-off interventions.

9.6 Targeted and Data-Driven Approaches Are Necessary to Improve Case-Finding Efficiency

While the program achieved broad testing coverage, low positivity yield in some areas highlighted limitations in targeting strategies.

Key Learning

- Blanket testing approaches may not be cost-effective without prioritizing high-risk populations and geographic hotspots.

Implication

Future interventions should adopt risk-based targeting, hotspot mapping, and differentiated testing strategies to improve efficiency and impact.

9.7 Robust Monitoring and Data Systems Are Critical for Adaptive Programming

The program underscored the importance of reliable data systems in guiding implementation and decision-making.

Key Learning

- Timely and accurate data enables performance tracking, identification of gaps, and continuous improvement.

Implication

Strengthening monitoring, evaluation, and digital data systems is essential for enhancing program accountability and responsiveness.

9.8 Adequate Investment in Operational Logistics Is Essential for Program Effectiveness

Operational challenges related to transport and supervision highlighted the importance of logistical support.

Key Learning

- Even well-designed programs can be constrained by insufficient investment in frontline operational resources.

Implication

Sustainable program implementation requires adequate funding for transport, supervision, and field operations.

9.9 Capacity Building and Continuous Mentorship Improve Service Quality

Training and mentorship of program staff and community workers contributed to improved performance.

Key Learning

- Ongoing capacity development enhances technical competence, data management, and service delivery quality.

Implication

Programs should institutionalize continuous learning and mentorship systems to sustain quality and performance.

9.10 Integrating Research and Learning Strengthens Program Relevance and Policy Impact

The collaboration with KAPATU demonstrated the value of embedding research within program implementation.

Key Learning

- Operational research and documentation of best practices enhance program credibility and inform policy dialogue.

Implication

Integrating research into program design strengthens evidence-based decision-making and scalability.

9.11 Adaptability Is Essential in Complex and Dynamic Contexts

The program operated in a highly dynamic environment characterized by mobility, resource constraints, and evolving community needs.

Key Learning

- Flexibility in planning and implementation is critical to respond to changing conditions and emerging challenges.

Implication

Programs must adopt **adaptive management approaches** that allow for continuous adjustment based on context and data.

Summary of Lessons

Collectively, the lessons learned highlight that:

- Community-based approaches are effective and scalable
- Strong systems for retention, coordination, and data management are critical
- Targeted, evidence-based interventions improve efficiency and outcomes
- Sustainable impact requires investment in both service delivery and system strengthening

Conclusion

The program provides valuable lessons for HIV programming in humanitarian settings, demonstrating that integrated, community-driven, and data-informed approaches can deliver high-impact results. These insights offer a strong foundation for refining future interventions and informing broader HIV policy and program development in Uganda and similar contexts.

10. STRATEGIC RECOMMENDATIONS

Building on the program's performance, lessons learned, and identified challenges, the following recommendations are proposed to strengthen future HIV programming in Yumbe District and similar humanitarian contexts. These recommendations are structured across programmatic, operational, systems, and policy dimensions to enhance impact, efficiency, and sustainability.

10.1 Strengthen Targeted HIV Case-Finding Strategies

To improve case identification efficiency and optimize resource utilization, the program should transition from broad-based testing approaches to more targeted strategies.

Recommended Actions

- Implement risk-based targeting frameworks to prioritize high-risk populations
- Utilize hotspot mapping and epidemiological data to guide outreach activities
- Strengthen index testing protocols, including improved partner elicitation and follow-up
- Introduce differentiated testing approaches (e.g., self-testing, targeted outreach for key populations)

Expected Outcome

Improved HIV positivity yield and enhanced cost-effectiveness of testing interventions.

10.2 Scale and Institutionalize the CLRA Model

Given its demonstrated effectiveness, the Community Linkage and Retention Assistant (CLRA) model should be strengthened and scaled.

Recommended Actions

- Expand CLRA coverage to underserved areas and additional health facilities
- Formalize CLRA roles within district health systems
- Provide structured incentives, supervision, and career development pathways

- Integrate CLRAs into national community health strategies

Expected Outcome

Sustained improvements in client retention, adherence, and continuity of care.

10.3 Strengthen Community–Facility Integration and Referral Systems

To enhance continuity of care, stronger integration between community outreach and facility-based services is required.

Recommended Actions

- Establish real-time referral and feedback mechanisms between community teams and facilities
- Digitize and standardize client tracking and referral systems
- Strengthen coordination through regular joint review meetings and shared accountability frameworks
- Improve documentation and use of locator forms for client follow-up

Expected Outcome

Improved efficiency in referral, reduced loss to follow-up, and strengthened care continuity.

10.4 Invest in Operational Logistics and Field-Level Capacity

Operational constraints, particularly related to transport and supervision, should be addressed to improve program effectiveness.

Recommended Actions

- Provide transport support (e.g., bicycles or motorcycles) for community-based workers
- Increase funding for support supervision and field monitoring
- Ensure adequate operational budgets for regular outreach and follow-up activities

Expected Outcome

Enhanced outreach coverage, improved supervision quality, and increased program efficiency.

10.5 Strengthen Monitoring, Evaluation, and Digital Data Systems

Robust data systems are essential for adaptive programming and accountability.

Recommended Actions

- Introduce digital data collection and client tracking systems
- Integrate community-level data with national systems (e.g., DHIS2)
- Strengthen data quality assurance and timely reporting mechanisms
- Build staff capacity in data analysis and use for decision-making

Expected Outcome

Improved data accuracy, real-time performance monitoring, and evidence-based program management.

10.6 Enhance Community Engagement and Behavioral Change Interventions

Sustained community engagement is critical for addressing stigma and improving service uptake.

Recommended Actions

- Expand social and behavior change communication (SBCC) strategies
- Strengthen engagement of local leaders, peer educators, and refugee structures
- Develop targeted interventions for youth and other vulnerable groups
- Promote community-led dialogue platforms to address stigma and misinformation

Expected Outcome

Increased demand for HIV services and improved community acceptance of testing and treatment.

10.7 Strengthen Capacity Building and Workforce Development

Continuous investment in human resource capacity is essential for maintaining service quality.

Recommended Actions

- Provide regular training and mentorship for outreach teams and health workers
- Strengthen competencies in HIV service delivery, counselling, and data management
- Develop structured performance management and support systems

Expected Outcome

Improved quality of service delivery and enhanced program performance.

10.8 Expand Operational Research and Knowledge Generation

To inform adaptive programming and policy development, research should be further integrated into program implementation.

Recommended Actions

- Conduct operational research on testing strategies, retention models, and community interventions
- Document and disseminate best practices and lessons learned
- Strengthen collaboration with academic and research institutions (e.g., KAPATU)
- Translate program findings into policy briefs and technical guidance

Expected Outcome

Strengthened evidence base for HIV programming and increased policy influence.

10.9 Align Program Design with National and Global HIV Priorities

To enhance sustainability and scalability, the program should align with broader policy frameworks.

Recommended Actions

- Integrate program interventions into district and national HIV strategies
- Align with global targets such as UNAIDS 95-95-95 goals
- Strengthen collaboration with government, donors, and implementing partners
- Advocate for policy support for community-based HIV service delivery models

Expected Outcome

Improved sustainability, scalability, and policy relevance of program interventions.

10.10 Adopt Adaptive and Resilient Program Management Approaches

Given the dynamic nature of humanitarian settings, programs must remain flexible and responsive.

Recommended Actions

- Institutionalize adaptive management frameworks based on real-time data
- Incorporate risk mitigation strategies into program planning
- Strengthen contingency planning for mobility and resource constraints

Expected Outcome

Improved program resilience and responsiveness to changing contextual conditions.

Conclusion

The recommendations outlined above provide a strategic roadmap for enhancing the effectiveness, efficiency, and sustainability of community-based HIV programming. By strengthening targeting approaches, investing in systems and human resources, and integrating research and policy alignment, future interventions can achieve greater impact and contribute meaningfully to national and global HIV response efforts.

11. CONCLUSION

The Community HIV Prevention, Testing, and Linkage to Care Program implemented by the Africa Leadership Institute (ALI), in partnership with Karamoja Peace and Technology University (KAPATU), demonstrates a highly effective, community-centered model for HIV service delivery within a complex humanitarian setting.

The program successfully addressed critical gaps across the HIV care continuum by expanding access to testing services, strengthening case identification through index testing, and achieving exceptional outcomes in client retention and re-engagement. The near-universal re-engagement of clients lost to follow-up represents a particularly significant achievement, underscoring the effectiveness of community-based approaches and the central role of Community Linkage and Retention Assistants (CLRAs) in bridging service delivery gaps.

Beyond service delivery, the program contributed to broader health system strengthening, including improved coordination between community and facility-based services, enhanced monitoring and evaluation systems, and increased community awareness and engagement. The integration of research and technical support through KAPATU further strengthened the program's capacity for evidence-based implementation and policy-relevant learning.

However, the program also highlights persistent structural and operational challenges inherent in humanitarian and resource-limited contexts. These include population mobility, logistical constraints, and the need for more targeted approaches to improve HIV case-finding efficiency. Addressing these challenges will be essential to maximizing impact and ensuring cost-effective use of resources in future programming.

Importantly, the program provides compelling evidence that well-designed, community-based HIV interventions can deliver high-impact results, even in fragile and underserved environments. The model's strengths—particularly in retention, community engagement, and system integration—offer valuable insights for scaling similar approaches within Uganda and across comparable settings.

Looking forward, sustaining and expanding these gains will require:

- Strengthened targeting strategies to improve case identification efficiency
- Continued investment in community-based human resources and operational systems

- Enhanced integration of data, research, and adaptive program management
- Alignment with national and global HIV priorities to ensure sustainability and scalability

In conclusion, the AFLI program represents a practical, scalable, and policy-relevant model for advancing HIV prevention, testing, and treatment outcomes in humanitarian contexts. Its demonstrated effectiveness in strengthening the HIV care continuum positions it as a strong foundation for future programming and a valuable contribution to Uganda's broader HIV response.