

SUSTAINABLE DEVELOPMENT INITIATIVES (SDI)



Innovations To Increase Access to Quality HIV/TB Services in the Fishing Communities of Kalangala Islands

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Background: Inequitable access to health services is a threat to achieving Universal Health coverage. Providing health services to hard-toreach populations is very challenging in geographically inaccessible. The prevalence of HIV and TB is highest in fisher populations despite lack of access and utilization of health services in these populations. Sustainable Development Initiatives (SDI), with support from the Ugandan Academy for Health innovations and Impact, designed and implemented a community based strategy to increase demand and access to quality health services.

The SDI project was implemented from October2017and ended December 2018

SDIs approach to increase service delivery: SDI used a multi-faceted strategy to increase demand for HIV /TB services, access and utilization of guality HIV/TB services in Kalangala We (Figure1). Islands used community mobilizations and tracking patients disengaged from care, supported access to health services by supporting facilities to conduct integrated outreaches (HIV/TB testing, Viral load camps, Antenatal visits and Immunization)



Figure 1: SDS approach to supporting HIV/TB services in Kalangala Islands

We used innovative approaches to reach men and women with HIV testing services and ANC services respectively (Figure below) . We used video libraries and outreaches to landing sites to reach men. Integrated outreached(s) improved access to reach children.



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- Ugandan Academy of Health Innovations and Impact
- Kalangala District Local government
- Staff of Bufumira and Lulamba HC3s, Kakyanga HC2 and Bukasa and Kalangala HCIVs
- The Fishing Community groups

Results: By the end of the project 5558 fishers had been tested, and 447 (8% testing yield) had been diagnosed HIV positive and linked to care (Figure 2). Overall viral suppression in patients testing at viral load testing camps was 91.3%



With regard to TB services, 211 patients were tested for TB and 18 (8%) diagnosed and linked to TB treatment units (Figure 4).



Figure 4: TB positivity rate in the screened population was high

Integration of services increased uptake of immunization and deworming services for children. Overall, 977 children accessed vaccination and deworming services and 40 children (9–15 years) accessed HPV1 vaccination

Discussion: Our model significantly increased uptake of HIV and TB testing. Integration of other essential health services increased utilization of child health services including immunization. Our model is sustainable and scalable in the context of hard to reach populations.



