



END OF PROJECT CONSOLIDATED NARATIVE REPORT



On your left is Meeting indicating stakeholders attending a project review held on the 14th of November 2025 and on your right is dialogue meeting cultural & religious leaders

July- November 2025

Project: *From Coverage to Impact: Tackling Viral Load Suppression and HIV Prevention Challenges in Tororo's Young Population*

Implementation Area: *Western Division, Tororo Municipality*

Implementing Partner: *TDYAN Youth Voices & Action Network Uganda (TDYAN YOVANU)*

Name of Sub Recipient (SR): *Uganda Development and Health Associates.*



1. Introduction

This reporting period reflects four months of steady, sometimes intense, work in Western Division, Tororo Municipality. The project continued to push toward its central goal: improving viral load suppression and strengthening HIV prevention systems for young people and adults who often fall through the cracks of conventional community health structures.

Across these months, the team found itself moving through congested trading centers, quiet homesteads, busy hotspots, church lawns, boda stages, and the patient benches of local health facilities. Every activity whether a home visit or a quiet follow-up discussion under someone's mango tree fed into the same purpose: **reducing new infections, improving continuity in HIV care, and ensuring no one is left behind.**

This report therefore brings together all activities implemented from July to October 2025, with special emphasis on October and November follow-up data submitted by community structures.

2. Executive Summary

Between July and October 2025, TDYAN continued its push to strengthen HIV prevention, early diagnosis, linkage to care, and viral load suppression in Western Division, Tororo Municipality. A total of **496 individuals** were reached through community dialogues, home visits, index testing, targeted outreaches, and linkage support. These efforts contributed directly to the project's objectives by:

- Strengthening early HIV diagnosis through home-based index testing
- Improving immediate linkage to ART for newly identified positives
- Expanding access to PrEP among HIV-negative individuals at substantial risk
- Supporting viral load suppression through follow-ups and intensified adherence counselling
- Deepening community understanding of HIV, treatment, and prevention through small-group dialogues
- Building referral confidence between VHTs, peer educators, and facility teams
- Mobilizing community leadership structures as allies in prevention

Across all months, the project facilitated **8 new HIV-positive clients into care**, supported **62 PrEP initiations**, conducted **10 home visits**, **5 index testing home**



visits, 2 community outreaches, and ran 2 stakeholder review meeting and 2 governance meetings. The period also saw persistent demand for HIV information from young people and adults alike, a sign that stigma has begun to soften and trust in community facility linkages is growing.

Participants' feedback revealed something quietly important that people are starting to feel “safer asking questions,” “more informed,” and “no longer afraid of being seen at the health centre.” These shifts, though subtle, are often the earliest signs of systems changing. These activities created tangible gains in ART uptake, PrEP initiation, and household-level awareness of HIV services.

The reporting period closed with a **district-led review meeting on 14 November 2025**, which offered an honest and constructive reflection on what is working and what still needs attention. Several key issues emerged.

First, district leadership emphasized the need to bring the project's prevention and treatment messaging more deliberately into **school environments**, noting that adolescents spend most of their time at school together with teachers who influence their attitudes and health-seeking behavior. The TB focal person put it plainly: school health cannot be an afterthought.

Second, the meeting deepened the conversation around **disclosure challenges**, especially among women facing risks of intimate partner violence and men avoiding testing. The in-charge of Bison H/CIII shared that some men “use their wives as confirmatory objects” rather than seeking testing for themselves, a dynamic contributing to non-suppression and new infections. These observations reinforce what community teams were already encountering during home visits.

Third, participants flagged persistent **confusion between PrEP and PEP**, with frontline staff describing clients who request one service while actually needing the other. Facility teams noted growing demand for PrEP but also concerns about **impending stock outs**, with the HIV/TB focal person cautioning that supplies “may not reach January.” District leadership reassured the meeting that UDHA had initiated urgent follow-up with suppliers.

The review also highlighted the need to **revitalize drop-in centers**, strengthen school-based stigma reduction, and intensify PrEP/PEP literacy efforts. Facility teams expressed appreciation for the project's impact, with the district biostatistician



remarking that TDYAN had shown “amazing work in a short time” and urging donors to maintain support.

Across implementation and review, one thread remained constant: participants reported feeling more informed, less fearful, and increasingly willing to access services. As one community member put it, “*I am no longer afraid of being seen at the health centre.*” These quiet shifts in confidence signal the beginning of deeper, sustained change.

The combined field results and review meeting insights make it clear that while progress is strong, continued collaboration between community structures, facilities, and district leadership will be essential to maintain momentum in viral load suppression, PrEP access, and youth-centered HIV prevention.

Highlights of core achievements during the period include:

Testing, Linkage, and Prevention

- 50 individuals tested through index testing
- 184 individuals reached through community outreaches
- 8 newly identified HIV-positive individuals linked to ART care
- 62 individuals initiated on PrEP (53 male, 9 female)
- 7 individuals referred for TB screening
- 61 people reached through home visits
- 7 IAC follow-ups conducted with non-suppressed clients

Engagement with Leaders and Community Structures

- 1 project inception meeting (20 participants)
- 4 community dialogues with cultural and faith-based leaders (60 participants)
- 2 governance meetings (7 members each)
- 2 quarterly review meetings (30 participants)
- Faith leaders openly committing to support HIV prevention and testing
- Traditional gatekeepers agreeing to encourage young men to test rather than use their wives as “confirmatory proxies”

Community-Level Shifts

Feedback from communities revealed increased openness toward HIV services:



“I am no longer afraid of being seen at the health center,” said a young woman during a home visit.

“We must stop preaching fear. Our youth need correct information,” shared a faith leader during a dialogue.

Youth-friendly services at Bison HCIII grew stronger, with district leadership acknowledging TDYAN’s impact:

“It is amazing the kind of work done in such a short time... you know how to reach key populations.” District Biostatistician

Insights from the 14 November Review Meeting

The review meeting provided additional direction:

- School environments must be prioritized for HIV and stigma reduction education
- Disclosure challenges especially among men continue to drive non-suppression
- Confusion between PrEP and PEP is common, requiring intensified literacy
- High demand for PrEP risks stock-outs
- Drop-in centers should be reactivated
- Nutrition counselling is essential for adherence
- Facility-community referrals have become more efficient due to the project

Overall, the project succeeded in expanding service uptake, reducing fear, and strengthening community-facility trust laying a strong foundation for sustained HIV prevention and viral load suppression.

3. Activity Breakdown (July - October 2025)

As reported by field teams

3.1 Inception and Stakeholder Engagement

- 1 inception meeting held
- 20 participants (local leaders, health workers, duty bearers)
- Introduced project goals, VLS priorities, PrEP literacy needs, and adolescent-focused interventions
- Leaders pledged support for youth-friendly activities and referral mobilization



Outcome: Clear alignment between community leadership, facilities, and the project team.

3.2 Community Dialogues with Leaders

- 4 dialogue meetings held
- 60 participants engaged

Key themes included stigma, cultural myths, disclosure fears, school-based vulnerabilities, and support for youth-friendly corners.

Gatekeepers expressed renewed responsibility:

“If we leaders do not talk about HIV openly, our young people will continue to hide.”

Outcome: Leaders committed to mobilizing communities during ceremonies, church gatherings, and informal spaces.

3.3 Community Outreaches

- 2 outreaches reaching 184 people
- 4 hotspots visited (truck drivers, sex workers, people who inject drugs)
- 63 linked for PrEP
- 8 new HIV-positive clients escorted into care

Outcome: Extended reach into high-risk mobile populations

3.4 Index Testing

- 5 index client households visited
- 50 individuals reached across age groups
- 13 children tested (0-9 yrs)

Outcome: Widened household coverage and early identification of family exposures

3.5 Home Visits (Missed Appointments / Drop-Outs)

- 10 home visits
- 61 individuals reached



- Provided adherence support, counselling, family testing, TB/GBV/FP screening

Outcome: Multiple treatment interrupters returned to care.

3.6 Follow-ups for Non-Suppressed Clients

- 7 follow-ups
- IAC sessions delivered
- Clients prepared for VL testing

Outcome: Improved readiness and lower anxiety around viral load processes.

3.7 Facility Linkage Work

- 8 positives linked to ART
- Strengthened coordination between peers, VHTs, and health workers
- Reduced waiting time for clients arriving at facilities with referral notes

3.8 Governance & Oversight

- 2 board meetings
- 2 quarterly review meetings (30 participants each)

Outcome: Enhanced accountability and continuous quality improvement.

4. Key Results (Outputs & Outcomes)- *Organized by the project's thematic result areas*

4.1 Strengthening HIV Testing & Early Diagnosis

Outputs

- 2 outreaches conducted
- 50 individuals tested through index testing
- 184 people tested through general community outreaches

Outcomes

- Increased uptake of testing among adults 25+ (largest demographic)
- Improved household-level awareness on family testing



- Parents showed willingness to test children during index visits

Participant voices

- “We never knew the health workers could come home like this. It makes testing feel less frightening.”
- “When you explained why children should also test, it made sense. Before, we honestly didn’t know.”

4.2 Linkage to Care & Retention Support

Outputs

- 8 newly identified HIV-positive individuals escorted to care
- 10 home visits to return treatment interrupters
- 7 IAC sessions for non-suppressed clients

Outcomes

- All newly diagnosed individuals successfully linked to ART
- Improved readiness for viral load testing among non-suppressed clients
- Reduced missed appointments due to personalized follow-ups

Voices from the field

- “If the peer wasn’t visiting me, I would have given up. But now I see I can continue.”
- Facility team reported: “We now receive clients with clear referral notes, making it easier to continue care.”

4.3 HIV Prevention: PrEP, Literacy & Risk Reduction

Outputs

- 63 individuals referred for PrEP
- 62 successfully initiated (53 male, 9 female)

Outcomes



- Notable uptake among men aged 25+ engaging in mobile work and transactional environments
- Improved understanding of PrEP as prevention, not treatment
- Growing self-referrals after outreach explanations

Participant voices

- “I have always feared medicine, but now I understand PrEP is for people like us who move a lot.”
- “Thank you for explaining slowly. I had heard about PrEP but never knew where to start.”

4.4 Engagement with Faith & Cultural-Based Institutions

Outputs

- 4 dialogue meetings with leaders
- 60 participants reached

Outcomes

- Leaders expressed openness to support testing drives and youth forums
- Improved referral support from gatekeepers
- Reduced misinformation in faith-based settings

Participant voices

- “If we leaders do not talk about HIV openly, our young people will continue to hide.”
- “This project has reminded us that HIV work is not only for health workers.”

4.5 Viral Load Suppression Support (VLS Tracking)

Outputs

- 7 follow-up visits for non-suppressed clients
- IAC support offered at household level

Outcomes



- Clients demonstrated improved understanding of adherence
- Strengthened coordination between community teams and facility laboratory units

Field feedback

- “I did not understand the meaning of viral load until the peer showed me my results and explained them.”

5. Consolidated Demographic Reach (July - November)

Aggregate Table for All Activities

Activity Category	Age Group	Male	Female	Total
Follow-up Meetings	0-9	0	0	0
	10-19	1	3	4
	20-24	0	0	0
	25+	1	3	4
Subtotal		2	6	8
Outreaches Conducted	0-9	0	0	0
	10-19	1	1	2
	20-24	18	2	20
	25+	118	44	162
Subtotal		137	47	184
Index Testing	0-9	3	10	13
	10-19	6	6	12
	20-24	0	1	1
	25+	0	24	24
Subtotal		9	41	50
Home Visits	0-9	0	0	0
	10-19	5	6	11
	20-24	0	1	1
	25+	14	35	49
Subtotal		19	42	61
Board Meetings	25+	6	8	14
Review Meetings	25+	14	16	30



PrEP Initiations	20+	53	9	62
Dialogues with Cultural & Religious Leaders	25+	42	18	60
Project Inception Meeting	25+	9	11	20
GRAND TOTAL	-	231	169	480

Interpretation of Trends, Outputs & Outcomes

- Outreaches (184 people): Highest male turnout due to hotspot engagement with truck drivers, and security guards and factory workers
- Index testing (41 females, 9 males): Higher female participation reflects caregivers’ openness during household visits
- Home visits (61 people): Critical for re-engagement; majority female due to caregiving roles and higher dropout fears
- PrEP Initiation (53 men, 9 women): Men showed greater readiness for PrEP, especially those working in mobile trade environments
- Review meetings & dialogues (90 participants): Demonstrated strong stakeholder engagement and widening support for youth-friendly services

6. Most Significant Change Stories

Story 1: A Mother’s Relief

During an index testing visit, a mother quietly shared, “I have worried for months but feared going to the facility.”

Testing her household and confirming all were negative lifted a burden she had carried alone. She later told the VHT, *“Now I can sleep. I will come for testing every year.”*

Story 2: A Returned Defaulter

One young man in his 20s had stopped ART for eight months. He explained during a home visit, “I thought the facility people would abuse me for stopping.” After



supportive counselling, he resumed treatment and completed IAC. His viral load test was scheduled for early November. He now calls the peer educator “my reminder.”

Story 3: A Shift Among Community Leaders

A prominent faith leader, once reluctant, later said in a dialogue session, *“We must stop preaching fear. Our youth need correct information.”*

His church has since referred four congregants for testing.

7. Lessons Learned

- Repeated engagement with the same households or community clusters produces deeper understanding and stronger adoption of prevention behaviors.
- Clients respond well to one-on-one outreach when facing stigma, fear, or misinformation.
- Community gatekeepers significantly influence whether young people seek HIV services.
- Strengthening facility-community referral flow reduced waiting time and confusion for clients.
- Young men respond strongly to PrEP messaging that is practical, non-judgmental, and tied to their work realities.

8. Challenges

The implementation period revealed not only field-level barriers but also systemic issues highlighted during the review meeting held on 14 November 2025.

- The high mobility of key populations, especially truck drivers and sex workers, continued to complicate consistent follow-up. Teams sometimes reported that by the time a revisit was planned, individuals had relocated.
- Some households remained hesitant during index testing until deeper trust had been established.
- Limited transport support occasionally affected timely referrals and escorting of clients to facilities.
- Hotspot outreach required flexibility. Teams often had to adjust their schedules around the working hours of key populations, sometimes conducting activities late in the night.



- The review meeting raised concerns around **school health**, with the district TB focal person emphasizing that adolescents and young people, along with their teachers, spend most of their time in school environments. He noted that

“School health for this project is also to be looked upon since the adolescents and young people are found at school including their teachers.”

- Disclosure difficulties among women remained a major barrier to adherence, often compounded by fear of losing relationships or facing intimate partner violence. A 28-year-old client on ART from Central Village shared,

“I don’t know if my husband is negative or positive like me, and I cannot even tell him anything because he is very tough. You need to help me maybe. He was even violent with me during pregnancy.”

- The meeting also noted that disclosure challenges are not only a women’s issue. The in-charge of Bison H/CIII explained,

“Actually, the issue of disclosure is worse in men than women and these men fear to come for testing. They prefer using their wives as confirmatory objects meaning if the woman is positive that means the husband is positive, but if she is negative same to the man, which is not true, and this is causing a lot of non-suppression and new positives.”

- Several clients facing GBV were identified during home visits and later prioritized for follow-up counselling. This linkage between HIV care and domestic safety remains a critical challenge.
- Confusion between PrEP and PEP was repeatedly observed in community interactions. As one health worker put it,

“At times when these clients come to the facility, you find they will tell you, ‘I have come for PrEP,’ but when you have a conversation with them you realize the client needs PEP, not PrEP. So, there is still need to continue talking to them about these services.”

- The review meeting revealed concerns about **PrEP stock outs**. The HIV/TB focal person noted the high demand against low supply, saying,

“There is going to be stock out of PrEP very soon because the remaining one is not reaching January and yet its expiry date is December.”



- UDHA and district leadership, however, clarified that restocking arrangements were underway. The district biostatistician assured participants,

“No, you should not worry. On Monday there is a meeting organized by UDHA to talk about the same issues, and the previous communication the district received needed UDHA to write to the suppliers of PrEP and it will be supplied.”

- The health facility in-charge further highlighted that Bison H/CIII has a youth-friendly corner with committed youth coordinators, though earlier district allocations did not factor in its potential for supporting adolescent services.
- The team also updated district leadership about expired HIV self-testing kits found in the community. Incorrect results had already been reported, which risked reducing community trust. The in-charge Bison Health Centre III, Mr. Tom, clarified,

“I want to report that all the expired testing kits have been disposed and now we have good kits. We just received new ones recently, so no worries.”

- Students on ART continued to face stigma at school, reinforcing the need for targeted engagement with senior women teachers, male teachers, and school health committees.
- Medication sharing emerged as a serious barrier to treatment adherence. One elderly client explained that her adult son, who she suspected might also be living with HIV, was taking her drugs:

“He is my son. I am even the one taking care of his children, but he is very violent and I cannot discuss the topic with them.”

- Participants in the meeting also agreed that reawakening drop-in centers, which previously served as safe spaces for HIV and TB programming, would significantly strengthen service access for young people and high-risk groups.

9. Recommendations

- Increase frequency of follow-up visits for non-suppressed clients; consistency builds adherence.
- Facilitate more community dialogues with faith and cultural leaders to sustain stigma reduction gains.



- Strengthen PrEP literacy with tailored messaging for women and adolescents, especially those in unstable relationships or at high risk.
- Provide intermittent transport support to VHTs and peers during high-volume follow-up periods.
- Continue expanding index testing; households respond positively when approached respectfully.
- Integrate school-based HIV literacy and strengthen engagement with teachers, as emphasized in the review meeting.
- Clarify PrEP and PEP distinctions during all community engagements and facility interactions.
- Strengthen coordination with UDHA and TASO to ensure stable PrEP supply at Bison H/CIII, in line with review meeting resolutions.
- Revitalize and strengthen drop-in centers to provide safe, youth-friendly access points for HIV, TB, and general health information.
- Use existing community platforms such as churches, burials, weddings, and radio to continuously communicate HIV, TB, and malaria prevention messages.
- Integrate HIV, TB, and malaria services at facility level since available funding often cuts across these thematic areas.
- Promote utilization of facility data for evidence-based advocacy and lobbying for additional resources.
- Strengthen nutrition counselling and support as part of adherence reinforcement.

10. Acknowledgement

TDYAN extends heartfelt appreciation to TASO, UDHA, the Western Division leadership, partnering health facilities, VHTs, peer educators, community gatekeepers, and all young people and adults who opened their homes and hearts to this work. Your commitment, patience, and courage remain the backbone of this project.