

Abstract

Cheap and enthusiastic - HIV clinic treatment clubs provision key HIV services, PLHIV play an integral role

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Issues: In a survey among PLHIV in Kayunga, Uganda, 54% identified the following gaps or barriers in health services:

- 1) lack of basic care commodities,
- 2) community stigma,
- 3) food supply/proper nutrition, and
- 4) difficulties among ART enrolled patients.

Description: Makerere University Walter Reed (MUWRP) supported HIV treatment clubs in the following: Group support - meetings were held at 4 ART clinics with the primary aims of building organizational capacity and learning how the clubs wanted to assist the District HIV program.

Trainings - Eighty percent of the clubs were trained in one or more of the following fields:

- 1) tracing lost-to-follow up ART patients,
- 2) basic health care package (BHCP) distribution, and
- 3) counselling pertaining to stigma, adherence, disclosure, gender violence, nutrition, family planning, or HIV prevention with positive techniques.

Community Support - The clubs were supported in collaboration with civil society groups.

Lessons learned: Once MUWRP support to the clubs began, membership increased more than 3 fold, expanding to 920 members. This occurred during an eight-month time interval: May 2007-January 2008. Club members were responsible for the following outcomes:

- 1) assisting in tracing/provision of counselling to 115 lost-to-follow up ART patients,
- 2) distribution of 770 BHCPs, and
- 3) assisting in the development/implementation of a District prevention with positives messaging campaign, including the harmonization of District HIV prevention messages.

To address nutritional needs among ART patients, the clubs piloted a market-driven communal farm. Two subsequent harvests have benefited all the contributing members and nutrition is discussed at regular club meetings with supervision from a MUWRP nutritionist. The clubs are now expanding this activity and 3 more farms have started.

Next steps: Utilize HIV treatment clubs as an effective way to address the full spectrum of HIV services in resource limited settings by successfully linking PLHIV with group support, training, and community service groups.