



UGANDA PROFESSIONAL DRIVERS' NETWORK (UPDN)

1ST QUARTER REPORT (1st March-26th June 2019)



Commented [S1]: If we are following a calendar year, the 1st quarter should run from 1st Jan to 30th March 2019, this current quarter should be 1st April to 30th June 2019. You hence need to properly define which quarter you are reporting on.

Prepared by ...Jovia.....

Date

Sign

Approved by Ndugu Omongo

Date.....

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1.1 INTRODUCTION:

The 1st quarter 2019 experienced a slow start yet there were a great deal of activities to be implemented. Being the first year with the funding from TASO; it is upon the UPDN to complete the process of activities already started in second quarter and ensure that the ongoing activities are implemented in the next quarter as well.

During the quarter; activities such as web site design, strategic plan development, data collection, among others, were on the verge of implementation. While activities such as out reaches Stakeholders meetings and field visits were ongoing and will continue through the 2nd quarter as well. It is expected that some of the ongoing activities such as our strategy development and field mapping will be completed within the 2nd quarter to pave ways for other engagement promises made during the different meetings.

1.2 PROJECT ACHEIVEMENTS:

Activity 1.1: Website design and upgrade

UPDN engaged the services of our IT service provider (Hismack Ltd) to design and host for the Network a seamless, dynamic and interactive website able to meet our future data needs. This is currently ongoing and will be reported when it is completed.

Activity 1.2: Data collection and analysis by M & E

UPDN planned to collect data from service delivery points serving truckers to be able to analyse and use the results to negotiate for improvement. We are still to engage partners like MARPI how we can obtain this data for analysis. We project to have this started by August 2019, upon agreement with partners.

Activity 1.3: Peer leaders meeting

The peer leaders engaged in monthly meetings to share experiences and best practices on how to have fruitful engagement with the community. This has been so helpful to the peer leaders as they engage and pick out the best practices and it also works as a learning process to the peers.

UPDN E.D meeting selected peers to discuss challenges and generate wayforward for



Activity 1.4: Field visits (Mapping exercise)

UPDN conducted field visits in Tororo, Elegu and Pakwach hot spots to map health facilities offering HIV/AIDS services to truck drivers and the kind of services available. It also intended to establish partnership and identify the pertinent gaps in behavioral change communication for positive living. The spots visited are long known for both business and commercial sex work with high risk potential for HIV transmission.

Tororo

In Tororo, a host of influential individuals and business community members were targeted. For instance the management of Tororo cement that hosts hundreds of truck drivers daily; was reached and engaged, it was then agreed during the meeting that the venue is one of the best spots for IEBC materials that we are continuing to engage potential partners to bridge.

Commented [S2]: It would be good to begin with a brief on the project and the project objectives to which this report relates such that you create an alignment between the reported activities and the project objectives to which they relate

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Elegu

Meanwhile in Elegu border meetings were held with the host community and the truck drivers who vindicated the need to have a facility to support health needs and as a border point, a lot of sex work related activities yet not facilities to mitigate health risks including STDs.

Pakwach

In Pakwach; Just like in other hot spots truckers were engaged at the parking facility and had a meeting with OPEC boys. They said they were able to support Truckers HIV needs like condom distribution when AMICAAL implemented the ADMARPS project that ended in 2013.

Whereas Pakwach has Health Center IV, just close to the parking where truckers would easily access health services (testing counseling, drug refills among others); it remains in-accessible to truckers due ~~luck of a truckers focal person and to non-truckers specific friendly services and specific truckers contact person.~~

Activity 1.5: Quarterly stakeholder Coordination meetings

In the 1st Quarter 2019, UPDN held 03 stake coordination meeting aimed looking for opportunities to leverage resources through strategic partnership and sharing best practices for improved quality services to truck drivers in Uganda. In the 1st meeting held with North Star Alliance, it was resolved that UPDN will from that effect refer truckers to those facilities operated by North Star Alliance. The organisation operates health facilities for truckers in Malaba, Katuna and Namanve, in addition to others run by MARPI, TASO, MILDMAV, etc

While another engagement was held with stakeholders in Mbuya to discuss service delivery challenges faced by truckers receiving services from Mbuya Knowledge room. This meeting was held in May and was attended by partners like Reach out Mbuya, IDI, District Health Officer Kampala, Eng.Balimwezo; the Mayor of Nakawa division where the centre is located, NAFOPHANO and thirty four truck drivers. Among other things, the stakeholders agreed to approach different donors to support strengthen the centre to open during night to be able to serve truckers best as that is the time many are available, then the partners also agreed to look for how the facility could offer services beyond ~~HTCHGTAVCT.~~

In Natete Drop in Centre Training institute was to discuss how the truckers can benefit from Drop In Centre programing; it was clear that truck drivers can access quality services from the DIC although there is strong need for concerted efforts to operationalize SOP that defines minimum package at these facilities to attract demand from the targeted truckers.

Road safety being a health issue that our target community remains directly attached to; we organised a joint road safety and HIV outreach camp in Mbuya, where the traffic police also participated. This was intended to pilot our plan to integrate HIV programs into road safety and driver welfare.

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Commented [S6]: Which training institute are you referring to here



Stakeholders engagement meeting with Police and Truck Owner



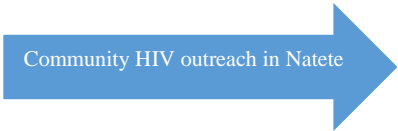
Group photo of community peers taken in Mbuya after a meeting



A stakeholder coordination meeting at Mbuya, the Mayor, DHO, NAFOPHANO, MARPS NETWORK attended in Mbuya in March

Activity 1.6: Community Health Outreaches

In conjunction with Mbuya Outreach, UPDN carried out 03 community HIV and STI outreaches in Mbuya Natete and Kiswa Health Centre IV, and reached 357 (M103 & F93) truckers. Up to 13 of the tested truckers had HIV reactive results, unfortunately due to the current poor tracking mechanism, they were all lost to follow up.

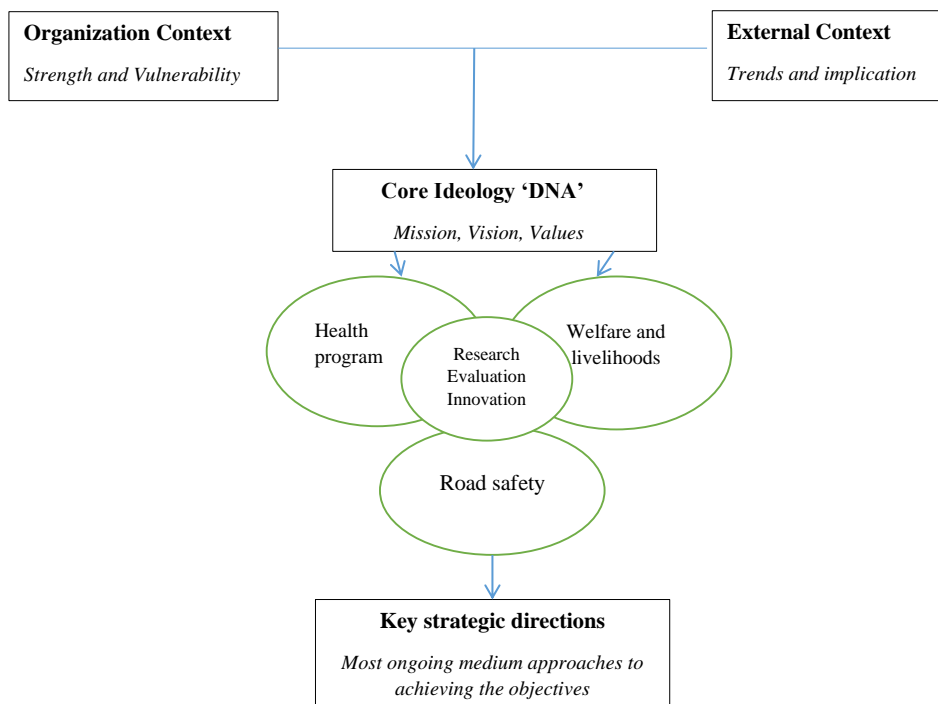


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Activity 1.8: Strategic planning Development process

UPDN with the help of strategic partners, driver's representatives, board and the UPDN staff launched the strategic development process. A meeting with 10 key stakeholders. The above process started at Eastern Route Hotel Kireka and the consecutive meetings have continued at UPDN offices. This process is scheduled to take place for the next five Saturdays and we expect that the strategic plan shall be out by August 2019.

Strategic Planning Framework



Activity 1.9: Management meetings

UPDN management meets every week on Friday to share reports of previous weeks and plan for the coming months. The management monthly meeting has greatly supported timely and efficient program implementation schedules and enhanced the working environment within UPDN.

Activity 1.10: Demand Creation for HIV services

We had planned to conduct routine community meetings where we share information on available HIV support programs within Uganda for Truckers. We are currently compiling this information and intend to roll out the information sharing events by September, 2019.

1.3 KEY CHALLENGES:

- Limited community knowledge on available HIV and STI support services and facilities offering the different services.
- There is a lot of transport needs that would require additional resources like vehicle and fuel to be able to reach this scattered community.
- Different facilities are still offering different service packages. There is need to harmonise and have Standard Operating Procedures to define minimum packages
- There is lost to referrals in that truckers are always moving; those referred during outreaches always get lost.
- There are truckers who have been on ART but test during the outreaches and have negative results, thereafter they go discrediting credibility of community outreaches.

Commented [S8]: This is something that should be seriously investigated. A person who is HIV positive cannot convert to a negative status whatever the circumstances.

1.4 WAY FORWARD:

- UPDN is in the process of compiling service delivery points in Uganda for truckers with minimum packages for dissemination.
- We are approaching different partners to discuss possibility of them leveraging resources and supporting our transport needs gap.
- Upon documenting above, the report will support advocacy for minimum HIV service package for facilities serving truckers
- The issue of lost to referral; we are discussing with different stakeholders how we can refer clients across different partners in the region since truckers cross to other countries in the region. We are also engaging the community and partners on appropriate referral mechanism for truckers.
- There is need for service providers to explain to clients that those with suppressed viral loads may show negative HIV results.

Commented [S9]: This is not true, viral suppression does not change the persons HIV status.

1.5 LESSON LEARNED:

- The community still has cultural superstitions about HIV such as; marijwana smokers do not get HIV, 'kachabali' does not spread HIV, after sex if you are circumcised and you wash immediately you cannot get HIV.
- Limited knowledge on available HIV service delivery points for Truckers in Uganda among the community.