



CASE STUDY

Going beyond formation of QI Teams: Evidence based intervention gains AGYW get when community QI teams are functional

What was the problem?

The disintegration of society and decline in economic activities following 20 years of insurgency in northern Uganda exposed Adolescent Girls and Young Women (AGYW) to every day risk factors that are widely documented in literature for HIV transmission. As a result, northern Uganda has HIV prevalence of 9.1% among women aged 15-49 with prevalence rates being even higher among young women because of gender-based violence, cross generational sex and early marriage, transactional sex, multiple sexual partnerships, poverty, illiteracy and drug abuse. Coupled with their own biological susceptibility, AGYW have an increased risk of HIV infections. The limited AGYW-specific interventions meant a missed opportunity to address the AGYW related challenges that increase their vulnerability while enabling risky behaviors to thrive and further transmission to occur.



AGYW group receives maize seed for planting in their group farm from the QIT members

What is the intervention?

The PEPFAR-funded quality improvement (QI) project, USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project established a community-based QI model of addressing HIV risk among AGYW comprising of setting up and making functional community QI teams (QITs) to: (1) build skills of AGYW to stop risky behavior and to influence safer sex practices with their partners; (2) mobilize community resources to support AGYW and their partners to stop risky behavior; and (3) link AGYW, their partners, and their communities to HIV prevention services and commodities. The model of QITs was premised on the understanding that targeting individual-level behaviors without addressing the larger contextual and structural landscape within which the AGYW live would give rise to recycling of risky behaviors and render HIV prevention efforts in vain and that QITs are a means to address the diverse contextual needs of the AGYW in order to ensure that layered services offered to them had an enabling environment for their effectiveness. The AGYW nominated members of the community with whom they would work to address HIV risk factors within their communities. The selected members included; church leaders, parents/caregivers, elders, local/cultural leaders, community health workers among others and the peer leader. The nominated community QI team members were invited for a meeting, requested to

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provide time to voluntarily participate in community activities, oriented on their roles, and supported to select a leader. Subsequent meetings were used to exploring reasons for increased risk of HIV in the community with perspectives of the both the AGYW and the other community members, making plans and follow up on their implementation.

What is the outcome?

The engagement with the AGYW in the different communities, showed that social-economic factors influence risky behaviours; for example, among the out of school AGYW, limited economic potential exposes them to HIV risk when they engage in transactional sex to provide for basic needs. Furthermore, similar factors influenced whether a young girl continued with their education –a known social vaccine for HIV. The QITs prioritized areas for improvement: 1) increasing AGYW linked to social economic empowerment activities; 2) increasing AGYW participating in income generating activities; and 3) increasing AGYW and male partners with a known HIV status.

The role of the community in addressing HIV risk factors

The community QI teams planned and implemented activities aimed at improving service delivery among the beneficiaries. The QI teams mobilized AGYW and their sexual partners for health camps to increase uptake of health services as well as created awareness on DREAMS in community members to garner support from parents/caregivers for peers to regularly participate in the activities. In some communities, male gender champions were identified to create positive attitude and change among parents/caregivers towards supporting AGYW. Other examples of the QI team are described in the table below.

Roles of the community	Examples of how it has been played
Support the AGYW to access resources to support them get economically empowered	<ul style="list-style-type: none"> ○ With the support of the QI teams, members of the community provided rent free land to AGYW to cultivate to earn money for the VSLA groups to increase available funds for loans. ○ QI teams have mobilized resources such as money from the community to support the AGYW to start income generating activities.
Improve and support the engagement of AGYW in HIV prevention activities	<ul style="list-style-type: none"> ○ The QI team meets the groups of AGYW to discuss their challenges and progress. ○ Follow up with AGYW through home visits to discuss reasons for drop out and benefits they will get when they return to groups. ○ Document the AGYW who have left the community.
Support mobilization of male sexual partners to take up HTS and other health services	<ul style="list-style-type: none"> ○ QI team mobilized male partners through home visits to test for HIV. ○ Men have been engaged to support their female partners to take contraceptive methods of choice.

We assessed how community QITs function and the gains AGYW get from them in northern Uganda through in-depth interviews with 32 members of 8 QITs, observing QIT meetings and reviewing QIT documentation journals and work plans covering a period of one year. The findings were validated using routine data on QIT work using run charts. The quotations included in the text best represented the range of ideas voiced around the gains.

AGYW and their partners receive risk prevention services

Seventeen out of 32 respondents mentioned that because of benefits from peer groups such as income generating activities and social and sexual behavior change of their AGYW, parents were motivated to support the activities of QITs and peer groups. According to half of the respondents, underlying parents support is the fact that QITs are composed of persons well known and respected in the community.

QITs have attracted the involvement of parents in the affairs of AGYW

QITs have addressed gender-based violence mostly perpetuated by men

At least half of the respondents mentioned about addressing gender-based violence. All instances of gender-based violence reported by QITs were perpetuated by male partners on their victims and were mostly caused by a man going out with other women or demanding AGYW proceeds from sale of her agricultural products by force to meet expenses for the second partner. Respondents mentioned that, they have visited the men and engaged both partners into a mutual discussion where instances of violence were reported. In all cases, the intervention restored harmony among both parties. In many instances, the violence ended once the male partner dropped the secondary partner. All violence related cases were reported for young women who were married and living with partners.

QITs have addressed gender-based violence

Other voices from the community on the QI team's work

Sarah a parish coordinator who has supported both communities with and without a QI team, describes the benefits of having a community improvement team.

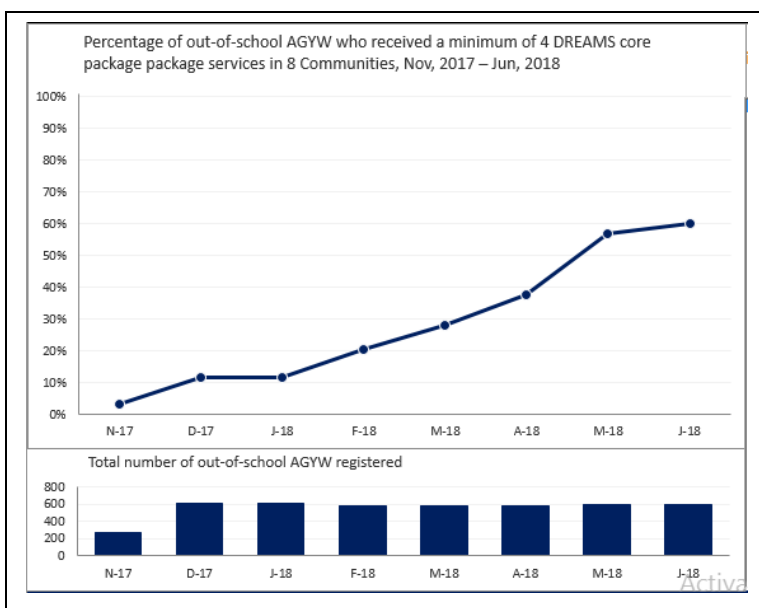
"The community members' specifically cultural leaders and religious leaders

have been involved in mobilising the community and speaking about behaviour change. They have reached out to the parents and encouraged them to get involved in supporting their girls. On our QI team, we have a businessman who has provided ideas on profitable ventures the girls can get involved in to earn money."

Alex a male sexual partner reported that his household has benefitted from DREAMS through the economic activities implemented.

"Since my wife started to participate in the village savings and loans association (VSLA), she is able to take care of the needs of the household, I am therefore saving more money for other activities because my wife helps provide."

Sophia a health assistant who coordinates DREAMS activities at the sub-county level explained that, communities with QI teams have better mobilisation and community ownership.



“The QI teams have supported the AGYW to access resources, through linkage to government services. Members of the QI team have advocated for them to be prioritised to get resources such as seeds.”

Gloria a peer leader in the community reports, that the QI team helped to get parents to get actively involved in supporting them to stay HIV negative.

“When the community team came together, decisions were made about stopping over night discos, mobilising men to get tested and ensuring that the parents allowed AGYW to participate in group activities.”



Members of the community QI team meeting with a coach at Awelobutorio, Oyam district photo by Juliana Nabwire

Lilian a DREAMS beneficiary explained that, she was stuck on what to do until the QI team gave her capital to start her small food business.

“The QI team gave me a life line when they provided capital for me to start my own business. I have the ideas but did not have the money to start. I got 10,000 Ug shillings and started to sell Nyori (local mix of beans and maize). They supported me through visitation and advise. I Have saved 70,000= in one month and plan to expand my business through baking”

Scalability

We learned that; 1) the QI teams can be able to contextualize their implementation of the program to ensure that it addresses their priority needs and 2) community engagement provides opportunity to build local capacity to address challenges as well as a platform to advance sustainability efforts.

The function of the QITs rely on goodwill of the community members and strong leadership of the team since it is voluntary work. These criteria lead to members likely to continue to devote time and energy to QI work because they share a strong sense of community and a shared identity; for example in some of the communities, they have identified eligible AGYW who were not enrolled on the program and registered them.

The inclusive community of stakeholders keeps improvement activities going since the various stakeholders tap into their various networks to communicate their activities and mobilize communities and AGYW for example; religious leaders and local council

QITs have an understanding of the larger context of risk behaviors in their communities and therefore when guided they can develop their menu of activities from a landscape analysis of risk behaviors in the community. This implies that QIT activities can be scaled beyond the current communities to support address the risk of HIV/AIDS through adaptation of the tools.