



**Elizabeth Glaser  
Pediatric AIDS Foundation**  
Fighting for an AIDS-free generation

# STORIES

## Layered Services

How peer-led, family support groups are providing platforms for integrating socioeconomic empowerment into health activities



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THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

Since 2000, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been supporting HIV and AIDS care and treatment services in Uganda, including the prevention of mother-to-child transmission of HIV (PMTCT).

EGPAF-Uganda is a leading provider of technical assistance to Uganda's Ministry of Health (MOH) and provides clinical service delivery support at the facility, district, regional, and national levels. We work to increase access to comprehensive, high-quality, HIV prevention, care, and treatment, as well as TB services for women, children, and families living with and affected by HIV and AIDS. EGPAF-Uganda currently supports services at 808 health facilities in 18 districts in the Southwest Region.

Under the United States Agency for International Development (USAID) Regional Health Integration to Enhance Services in South West Uganda (RHITES-SW) project, EGPAF holistically strengthens family health. Using a family health support group (FSG) model, an array of services addressing interlinked problems at the household and community levels are offered to family units. This model empowers communities with knowledge and skills to improve nutrition; water, sanitation, and hygiene; HIV and AIDS; socioeconomic status; psychosocial support; and the prevention of gender-based violence. It is implemented by peer facilitators, recruited and trained using comprehensive curricula developed by EGPAF for family health. We worked with district teams

to develop the terms of reference for the type of person to best serve as a peer facilitator in their community. For example, we considered high school education and community leadership experience an added advantage for peer facilitators. After the training, the peer facilitators mobilized and mentored groups of 15-20 women and took them through a standardized curricula.

FSGs are not new in parts of Southwest Uganda, such as Kanungu District, where the USAID Community Connector project, as well as project ACCLAIM, had previously worked with community leaders and support cadres to improve maternal and child health (especially attendance of antenatal care). Therefore, we were mindful from the project's inception to build on existing opportunities and expand their focus to include other public health areas.

Getting buy-in from the district and sub-county (local government structures) was another important first step, as they are critical decision-makers on social programs in their communities. EGPAF, therefore, built on existing relationships with the districts to complete work plans and identify key experts to support the formation and ongoing support team for the peer group facilitators.

Together with the district teams, we also selected trainers of trainers (ToTs)— family health experts through the district, including district maternal and child health focal persons, district health educators, health assistants, health

facility in-charges, and community development officers. We worked with these trainers to conduct a regional ToT workshop and the curricula modules were delivered in a phased structure to ensure facilitators had enough time to reflect on information and its applicability in their communities. A select number of the ToTs continue to provide ongoing support supervision for the facilitators in their areas. This group helps each peer facilitator get resources, information, and training from a diverse group of experts to help them effectively serve their communities.

Once the peer facilitators were ready to work, EGPAF started raising awareness and support for them through community structures, such as local councils and faith and culture leaders. In some villages, we promoted services through our six tent service delivery models, as well as community announcements at meetings and in busy areas such as markets.

After the training and community marketing activities, each peer facilitator reached out to women in their community and some women self-referred themselves to peers after hearing the messaging through other community members. The peer facilitators then formed groups of 15-20 mothers or women of reproductive age (15-49 years)—targeting pregnant women, breastfeeding mothers, and adolescent girls living within the project village.

The peer facilitators trained women through a series of structured sessions on topics related to maternal, newborn, and child health (MNCH), gender-based violence (GBV), nutrition, family planning, and PMTCT. The peer facilitators not only provide information, but they also offer psychosocial support to help women in their journey and are keen to lead by example.

The peer facilitators were provided manuals and illustrated course aides to use in their meetings. For sessions on nutrition, however, the peer facilitators provide a hands-on learning experience and demonstrate food preparation processes. Sessions are typically held for two to three hours at convenient locations in the community (churches, water points, and homes for the food preparation courses) because the peers aim to create a culture of using local resources. For sessions on nutrition, however, the peer facilitators provide a hands-on learning experience and demonstrate food preparation processes. Every woman contributed and classes were held at one of the homes with easy access to a kitchen and other materials that mothers would realistically use.

The USAID RHITES- SW project trained 282 peer facilitators (six from each sub-county) to reach more than 10,000 mothers and children with targeted learning and support through an integrated package for healthy living and access to health services.



FSGs are strategic platforms for layering an array of services that address interlinked problems at the household and community levels. Members of the E.G. Bakyara Tukundane FSG thought they had come together to simply learn about being healthy; however, they were pleasantly surprised to have been able to expand beyond health promotion and address issues of poverty, inclusive education, girl and women empowerment, gender-based violence, and governance, among others.

The story of the Bakyara Tukundane group, and others like it, are highlighted here to emphasize EGPAF-Uganda's commitment to integrating services, creating greater accessibility to family health, and illustrate how solutions in one health sector may be found when addressing factors in others.





## BREASTFEEDING: A MOTHER'S GIFT

Topista Kyohairwe is a family health peer facilitator in Buhweju District. She is part of a well-known group of trusted health peer leaders implementing the FSG model, using a community-based approach to improve outcomes related to maternal, neonatal, and child health, as well as nutrition. They are trained and supported on key family health topics including family planning, HIV prevention, malaria control, and newborn care including breastfeeding. These peer leaders are supported by maternal and child health experts including clinicians and midwives. In selected districts, the peer facilitators include two younger and two older women to ensure all women of reproductive age have a peer in her age group.

Topista is a working, breastfeeding mom. Whether she is going to visit a new mom, a troubled teenager, or facilitate a family health conversation in her community, she carries her training manual in her hands and her baby on her back. While doing the outreach, she takes time to feed her child and keep herself hydrated and well-fed along the way.

Topista is able to be an engaged and empathetic facilitator because she knows all too well the struggles young mothers face. “Some of the younger girls are worried their breasts will fall, others don’t have anyone to show them properly how to hold and feed the baby for enough time,” she says. Therefore, Topista encourages mothers to

breastfeed and reminds women that breastmilk is the best gift they could give their infants to support their health. She also addresses myths around breastfeeding, such as the notions that a mother should not breastfeed while pregnant, that breast milk alone does not provide enough nutrition for the baby during the first few days of life, or that babies should not be fed frequently. Topista explains that these are all misconceptions.

“When mothers in our area have a baby, we visit them at home to help them position the baby and help them take their time with each breast. Today, at a group session, we prepared a healthy meal with dairy, protein, and many vegetables. Pregnant moms, children, and breastfeeding moms are the first to eat at the meeting because good milk also comes when we eat well and are happy,” Topista explains.

Since the peer facilitators are mindful to integrate breastfeeding messages into all their teaching, Topista and the other peers have noticed more women in their groups breastfeeding. Facilitators also always end discussions with a reminder of the interconnected nature of health issues, emphasizing that breastfeeding, peace at home, family planning, HIV testing and care, adherence to antiretroviral treatment for mother and baby, assuring malaria control, and hygiene must all work together.



Despite not meeting its breastfeeding targets, Uganda is still making promising progress, and this initiative is one way EGPAF is helping bridge the information and support gap needed to empower women to succeed at breastfeeding.

It is also one way in which RHITES-SW is integrating services as support starting at the facility level when a mother gives birth and is then transferred into the community as the peer facilitators are directly linked to health centers. This allows the peers to reinforce the same messages and support received at the facility when they visit mothers and their newborn babies at home or in group sessions.











## BUSINESSWOMEN

Vangilista Nayebare remembers how burdened the women in the Bakyara Tukundane group seemed in the beginning: “They didn’t dress well [they] were struggling to survive and keep their homes clean. If the children didn’t go to school, it was because they lacked fees [so] they stayed home,” she recalls.

“Depressed and ashamed,” is how another group member described their collective tone at the time.

However, things would change. In 2017, Medius and Vangelista made the decision to do more to improve their lives; therefore they underwent EGPAF’s training through RHITES-SW to become peer facilitators. Despite low motivation and self-confidence at the beginning, they were determined to help the women in their community. Each peer facilitator was trained and provided with a curricula and other tools to enable them to reach and mentor 15-20 women. So Medius and Vangelista encouraged their group to turn their lives around with one small change at each step.

They first focused on improving their hygiene and then their nutrition, including teaching the women of the community how to grow their own healthy food. Next, they focused on childcare, pregnancy, family planning, maternal health services, and HIV and AIDS prevention, testing, and treatment. Empowered by this new knowledge, women were on a road to better lives. Midway through the course, the women started to feel better, and by the

time the classes ended, they were the envy of the village. Empowered by their personal success, the women craved more out of life and devised and implemented a business idea to rear chicken and grow coffee beans, creating a collective business and source of income for their community and families.

Alex Nuwagaba, the community development officer, Kichuzi Subcounty, Ibanda District, visited the group’s project and encouraged them to develop a business plan and apply for a grant through the Uganda Women’s Entrepreneurship Program (UWEPO), a government grant program aimed to improve access to financial services by women as well as equip them with skills for enterprise growth, value addition, and creation of market for their products and services. The women followed Nuwagaba’s suggestion and were granted over 3 million UGX (US\$ 857.00).

The women used this funding to expand their business and purchase kuroiler chickens, a high yielding breed with increased egg production and higher potential for sales. They are saving the profits from these sales to ensure every member can buy a cow to provide milk both for her family’s nourishment and for sale.

Bakyara Tukundane women are reaching more and more homes, teaching and modeling the power of FSGs and working together. They also continue to leverage services and resources available to prosper and live healthy.











## “I LOVE MYSELF, AND I WANT TO BE SAFE”

“I was ashamed of myself. We were so poor, the children were always sick, and I resented my man and our life. My children were not doing well.” Confessed Joan Kyomuhangi, member of Bakyara Tukundane Group. “When Ayebaare [the family health support group facilitator], came to visit our home and told me about the family health group, I wanted to disappear. But she didn’t make me feel bad. She was kind and I heard her.”

Joan was initially apprehensive about participating in a family health group; however, after a few invites, Joan agreed to attend the meetings. There, she realized her autonomy and learned she is capable of changing her life. In fact, Joan heard the testimonies of other women and became determined to start right away. Therefore the next day, she cleaned her compound and bathed her children. A few days later, she started growing her own vegetables as she had learned in the group. Soon, she started cooking her children’s food using the food she grew. Further, profits from Joan’s vegetable garden enabled her to save up and buy 150 chairs, which she and her husband now rent out for weddings.

“We are doing much better,” Joan says.

Joan also approached her husband about getting a complete health check, including an HIV test. This was not an easy task for Joan, but with Ayebaare’s support,

her husband finally agreed and they went to the health center to get it completed.

“We both tested negative for HIV, but I insisted on discussing condoms. This was good because we are still using them now. I love myself, and I want to be safe.”







## THE WEDDING PLANNER

Night Frugancia is a happily married, 42-year-old wedding planner. However, things were not happy when she first joined the family health group in 2017 and she and her husband were not sure about their health status.

Night was worried about HIV and STIs; however, her husband was apathetic and believed if he were sick, there would be no hope for him. Therefore, he claimed it was pointless to even bother with tests. This made Night very afraid because she did not want to live her life with this uncertainty.

With the help of the group's facilitators, she convinced her husband to go for testing. At the facility, Night and her husband were counseled and took several tests including those for HIV and STIs. The couple tested negative and the health care worker recommended taking certain precautions to help them stay healthy.

After this visit, Night regained her optimism and felt like she had a second chance at life. In fact, she enrolled in a baking and decoration course after her first set of classes in the family health support group. Today, she is a woman managing her own affairs and the go-to baker and wedding/event planner.









USAID Regional Health Integration to  
Enhance Services in South West Uganda



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*Until no child has AIDS.*





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