

Expert clients in Mbale, Soroti and Iganga are counselling people living with HIV/AIDS in the eastern region

The unsung HIV heroes

By George Bita

Sylvia Nalagga had always spent as little time as possible at the health facilities. Not that she had been mistreated, but the harrowing stories she had heard about the unprofessional conduct of some health workers had made her to keep some distance. And so, she would have perhaps not known her HIV sero-status had it not been for an HIV/AIDS peer educator. The HIV/AIDS peer educators, popularly now referred to as expert clients are volunteers encouraging communities to take up voluntary counselling and testing.

Becoming an expert client
James Wataka, a retired soldier, and resident of Mbale tested HIV positive in 2011 and was subsequently taken on by The AIDS Support Organisation (TASO), Mbale branch, as an expert client.

"I underwent training in counselling at TASO in 2011. I then joined the team of counsellors paid by the AIDS Information Centre (AIC)," Wataka, also the chairperson of People Living with HIV (PLHIV) in Mbale, reveals. According to him, about 18,000 PLHIV are on Antiretroviral Treatment (ART) in the district, of which 55 are working as expert clients or peer educators at local health units.

"The locally-trained counsellors come in handy, especially at health centre III and IVs. For the last five years, they have been earning just an allowance from the USAID Star-EC programme," Wataka says.

At Princes Diana Memorial Health Centre IV in northern division of Soroti municipality, two peer educators have been supported in terms of mentorship and training by Baylor-Uganda since 2010.

Jane Atim, 30, and her husband, Julius Echodu, 32, a PLHIV couple, serve as expert clients at the Soroti health facility.

"We now work as peer educators at Princes Diana. Our testimonies have helped many with similar sero-status to open up and live better lives," Atim discloses.

Voluntary work
In Iganga district, Peter Mujubu, a grade III teacher-turned-expert client at Nambaale Health Centre III has equally offered voluntary counselling service since 1998, when he became a PLHIV.

"Every three months, I earn about sh102,000 from TASO to cater for transport and lunch. Meanwhile, the StarEC programme that would boost our welfare as volunteers closed last October," Mujubu laments.

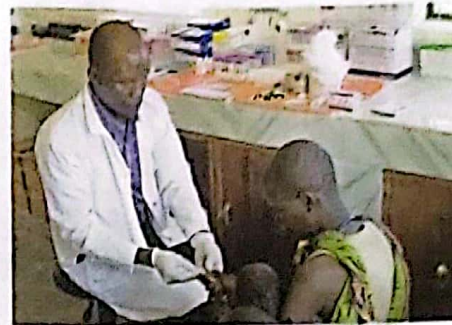
His schedule includes ARV distributions, following up clients to ensure adherence and making reports to TASO. Expert clients in Mbale,



An expert client counselling a man at Nambaale village in Iganga. Photos by George Bita



Wataka counselling a reverend in Mbale



A woman testing for HIV in Nakapiripit district

Soroti and Iganga are doing counselling work in almost all health units throughout the eastern region and beyond.

Situation elsewhere

Tom Opio, the in-charge of Lorengedwat Health Centre II in Nakapiripit district, explains that they have used the services of two expert clients since the laboratory was rebuilt.

"Due to increased screening for HIV/AIDS, the counsellors come in handy. Unfortunately, they are not on the Government payroll, but rely on donor support," Opio says.

Christine Namakiika, the in-charge of Sigulu Islands health Centre III in Namayingo district, says about 4,000 residents are PLHIV, of which 32 serve as expert clients. "Their work is voluntary

The way forward

James Wataka, an expert client, says since the Government requires counselling services at health centres, arrangements could be formally made to take on the locally-trained and experienced peer educators.

Dr James Kirya, the Namutumba district health officer, recommends regular refresher courses for expert clients as the training curriculum keeps changing.

"For them to remain relevant in handling counselling, they should be constantly trained. After all, they are an indispensable asset in the HIV/AIDS fight," Kirya says. Dr Peter Waiswa of Makerere University School of Public Health advocates for special recognition of the expert clients, saying they are among the foot soldiers in the HIV/AIDS fight.

"The Government could facilitate them through training and allowances," he adds.

and only get donor support in terms of transport allowance. However, their experience

with HIV/AIDS helps drive the message home," Namakiika adds.

Dr James Kirya, the Namutumba district health officer, observes that PLHIV need a lot of counselling to enable them cope.

"All health workers undergo training in counselling. But due to the heavy workload, they cannot cope while handling high patient numbers," Kirya explains.

He emphasises that there is a health worker doubling as a counsellor, assisted by several expert clients at each of the seven Antiretroviral Treatment (ART) centres in Namutumba.

Dr Aggrey Batesaaki, the Kamuli district health officer, says the counselling duty would be too much for only health workers.

"The estimated 36 expert clients serving local health units are doing a commendable job. Patients look at them as

Success story

If well handled, the expert clients programme can yield good results.

UNAIDS data of Malawi (2012) reveals that USAID and Catholic Relief Services supported a successful expert clients programme for four years.

The 158 volunteer PLHIV counsellors were attached to 79 health facilities in nine districts in 2011. By 2014, the national prevalence of 10.6% among the youth had been reduced significantly, with ART coverage rising from 35% to 60% by 2012.

role models," Batesaaki says.

What minister says

Sarah Opendi, the state minister for health in charge of primary healthcare, emphasises the need for more manpower at all health centres.

"A district like Namutumba has only one doctor, who doubles as administrator in the health office. Since health workers are also trained as counsellors, the more we have, the better," Opendi says.

She hailed the services of the peer educators or expert clients, saying they have worked tirelessly to give a face to HIV/AIDS and save lives.

She believes the volunteers are a godsend, since the health ministry adapted the WHO (World Health Organisation) test and treat guidelines in 2015 to end the HIV threat by 2020.

UNAIDS wants 90% of all PLHIV to know their status by 2020 so that 90% of them start on ARVs under the current test-and-treat initiative. This is anticipated to cause 90% viral suppression, hence named 90-90-90 strategy.

Statistics

The health ministry data shows that by June 2016, 1.5 million PLHIV existed countrywide, of which only 898 were on ART. The records equally indicate that two adolescents get infected every hour, with a prevalence rate of 9.1%.

Dr Alfred Anyonga, the medical superintendent of Princess Diana Memorial Health Centre, says out of 920 registered clients at the ART clinic, only 445 were still active by March this year.

"HIV/AIDS is much more of a mental health condition, demanding a lot of counselling than just drugs. It is easy for PLHIV to abandon ARVs if expert clients are not there to coerce them," Anyonga says.

WHAT OTHERS SAY

Dr David Muwanguzi, Iganga health officer
Shortage of counsellors creates as much effect as when ARVs run out of stock. That shows just how important expert clients are.



Fida Subira, PLHIV from Kibuku district
I am happy whenever the counsellor comes around to check on me at home. It gives me some relief while listening to his life story.



Mathias Buteraba, Abim health Inspector
The spread of HIV/AIDS has been contained by efforts of these clients. Most of them still have bicycles given by donors to Bujaang trading centre.



Sylvia Nalagga, PLHIV from Namutumba district
I was convinced to go for the HIV test in 2005 after listening to a peer educator's testimony at Bujaang trading centre.

