

CSC Evaluation and Monitoring Programme

Promoting and Extending Healthcare Services to Uganda's Vulnerable and Rural Communities

John Bosco Tumuhairwe



Uganda, a densely populated country in East-Central Africa, has been grappling with escalating healthcare challenges within its growing population. Healthcare services are unevenly distributed between rural and urban areas, necessitating innovative solutions to offer affordable healthcare, especially in remote areas. An additional challenge is that otherwise successful efforts to expand HIV testing services in the country are undermined by HIV-related stigma, which discourages individuals from seeking treatment and results in low uptake. Vulnerable groups face further barriers to access, such as discrimination within the community.

John Bosco Tumuhairwe, a Commonwealth Alumnus from Uganda, is applying the knowledge and skills acquired through his Commonwealth Shared Scholarship to strengthen healthcare services in rural communities and to fight against the HIV-related stigma. Working at Integrated Community Based Initiatives (ICOBI), John has contributed to the national awareness and recruitment of Community Health Extension Workers (CHEWs), bridging the gap between the public healthcare system and rural residents. He has also increased health insurance awareness and enrolment, and enhanced HIV care and prevention among the vulnerable groups who previously avoided this service due to the associated stigma.



John Bosco presenting his PhD research at the Post Graduate Research Conference at the University of Worcester, June 2023.



John Bosco Tumuhairwe is a Commonwealth Alumnus from Uganda and received an MSc in Public Health - Health Promotion from Leeds Beckett University in 2016. John is passionate about health promotion and has dedicated his work to HIV prevention, care, and treatment, and sensitising the community to reduce stigma towards patients living with HIV. As a researcher and project manager on different projects at the Integrated Community Based Initiatives (ICOBI), John has influenced national policy by demonstrating the importance of Community Health Extension Workers in Uganda, strengthened Community Health Insurance in Southwestern Rural Uganda, and improved HIV care in Ibanda communities where associated stigma persists. Currently, John is a second-year PhD student at the University of Worcester, focused on stigma towards people with dementia living in Extra Care Housing.

Becoming an Effective Community Healthcare Champion and Researcher

Before applying for a Commonwealth Shared Scholarship, John spent a decade in public health and health promotion, interacting with people from the most disadvantaged backgrounds. Witnessing the impact of HIV on people's lives, he became committed to advocating for a stigma-free community and improving health standards. However, he felt he lacked the necessary skills to fully realise his commitment. He believed acquiring a Commonwealth Scholarship would help him close this gap and accomplish his goal.

'My MSc in Public Health - Health Promotion Degree introduced me to all those different health challenges that people face in communities, that need solutions... I am advancing on that skill of writing proposals for grants that could help me extend health promotion services to people in the communities where I come from... I learnt about advocacy, especially how to advocate for the rights of those marginalised in the community and at more risk of ill health... I learnt how to work with communities to create awareness and promote health.'

Studying for a Master's in Public Health through the Scholarship advanced his research skills, furthered his interest in qualitative research, and even motivated him to pursue a PhD degree, which expanded his research from HIV to dementia stigma.



John Bosco presenting his research at the UK Dementia Congress in November 2023 at Aston University, Birmingham.

'...there are over 30 people out of 100 living with dementia in Uganda. But there isn't much being done in trying to care for such people... There is a lot of stigma attached to dementia, and I thought I could use the awareness, knowledge, and skills I acquired through training, through my Master's degree in Public Health and Health Promotion to contribute to knowledge in that field through research.'

John reflects that as a result of the Commonwealth Scholarship, the most significant change to him has been the acquisition of knowledge and skills in Public Health and Health Promotion that he did not have before.

'These skills have enabled me to work in senior research positions where I have been able to participate in data analysis in different studies and co-author research articles for publications. I didn't have enough knowledge in data analysis, presentation and publication before pursuing my MSc Public Health - Health Promotion when I got the Scholarship. All these skills, studies I have implemented, and publications I have done with my colleagues have enhanced my CV and enabled me to win a fully funded PhD that I am pursuing at the University of Worcester.'

Influencing Policy to Recruit Community Health Extension Workers in Uganda

After completing his Master's degree in 2016, John worked with ICOBI as a research assistant on a project investigating the role of Community Health Extension Workers (CHEWs) in HIV care services in Sheema District, Uganda. CHEWs are health mobilisers who reach out to local communities, promote health education, and refer patients for further health intervention or services. Unlike Volunteer Community Health Workers (CHWs), also known as Village Health Teams, CHEWs are paid workers with a minimum level of education and pre-service training, which helps address the shortage in skills and turnover rates among CHWs. The project findings recommended that CHEWs could be rapidly trained to scale-up home-based HIV testing and counselling. They could promptly link a large number of patients from rural, high-cost settings to high quality, low-cost care.

This new concept was submitted to and accepted by the Ministry of Health. Now, the idea is included in the National Community Health Strategy Uganda, which has led to a national programme recruiting CHEWs to serve at every parish level in the country.

‘As a result of my Scholarship, I have been able to demonstrate through research, together with my colleagues at Integrated Community Based Initiatives (ICOBI), the importance of Community Health Extension Workers (CHEWs). The concept of CHEWs that came from our research has been incorporated into the Ministry of Health structures, and they are now recognised as one of the health promotion cadres at the parish level.’

The Community Health Extension Workers connect rural dwellers to healthcare services scarcely available in remote areas. Having CHEWs at every parish level also fosters a sense of belonging and trust among community members.

‘The communities now have [someone] to run to in case they have any health queries...They [CHEWs] may not provide treatment, but they can refer that person to an appropriate organisation or institution for appropriate care and support.’

Promoting Community Health Insurance in Southwestern Rural Uganda

In addition to the CHEWs project, John was a project manager at ICOBI on the ‘Community Health Plan for All’ (CHPFA), which was funded by the United States Agency for International Development (USAID) through the Uganda Private Health Support Program (UPHSP). CHPFA was a community health initiative running between 2017 and 2018 in four districts, aiming to introduce community health insurance to rural districts.



John Bosco (Right) handing over bicycles to community mobilisers for the Community Health Plan For All (CHPFA) Project at ICOBI Headquarters in Sheema District.

Health insurance has been largely absent in rural Uganda, and a community-driven and managed informal microfinance mechanism such as ‘Saving and Internal Lending Communities’ (SILC) is commonly adopted to address such challenges in low- and middle-income countries. These organised groups are responsible for pooling and lending the collective money from the community members to those who need it, for some interest. Community members are used to interacting with groups such as SILC predominantly for supporting funeral related expenses, but they are not used to investing their

money in future health needs. According to the Uganda National Household Survey (2019/20), the median annual household income was UGX 2,280,000 (£481). Even though a household of four people only needs to pay UGX 80,000 (£12) for the whole year, people tend to question ‘value for money’.

‘The particular obstacle or barrier was a misunderstanding of health insurance in the community. What if I pay my money and I don’t fall sick by the end of one year? Will you be refunding the money? There was limited knowledge about health insurance. It was one of the biggest challenges we faced.’



John Bosco sensitising members of a community saving and lending group about Community Health Insurance and saving for health, at Muzira Health Centre 2 in Sheema District.

Working with the local government, district health office, mobilisers in every parish, and health facilities in the Sheema District and Rukungiri District in Southwestern Uganda, John and the project team started by sensitising and educating the community on the benefits of health insurance. They first targeted people from organised groups like Saving and Internal Lending Communities (SILC), as they could easily pay health insurance premiums.

Meanwhile, the project team also reached out via mass media to educate the community on the importance of health insurance.

‘We managed to continue giving information through mass media. We mainly used radios, and we had a talk show every Sunday, where people could call in and ask questions regarding that project. That was the way we managed to address that challenge.’

As a result of the continuous sensitisation about the importance of health insurance, awareness among the community increased: people no longer see their money as wasted if they do not fall ill. Consequently, the uptake of health insurance services increased, with the project enrolling 6,228 beneficiaries across four districts. Moreover, the project inspired one of the health facilities partners to initiate an even bigger health insurance project.

'I am glad that one of the health facilities we partnered with to implement that project has begun a very big health insurance project called Bushenyi Medical Centre Health Cooperative. They began it recently and have started enrolment. They got the knowledge and the motivation from CHPFA.'

Fighting against HIV Stigma and Improving HIV Prevention and Care in Ibanda

With the knowledge and skills acquired from his Commonwealth Shared Scholarship, John secured more funding from the United States Agency for International Development (USAID), this time through Uganda Protestant Medical Bureau (UPMB) and project-managed an HIV prevention and care initiative among key populations in the southwestern district of Ibanda, Uganda, between April and September 2022. Because of good performance in Ibanda District, the project was scaled up to Bushenyi District, another district in Southwestern Uganda.

'I didn't know how to write proposals before getting [my] Commonwealth Shared Scholarship and pursuing a Master's degree... I learnt how to track the progress of a project... how to maximise the use of teamwork to achieve results, how to get positive results from your team, teamwork and how to oversee the implementation of projects. I learnt that from my Master's degree.'

This project focused on individuals who were stigmatised by the community and reluctant to access HIV healthcare, including men who have sex with men, transgender people, female sex workers and long-distance truck drivers. Overcoming this reluctance posed the biggest obstacle in the implementation of that project.

'The community stigmatises key populations. They take it as moral decadence. They don't take it as something usual. There was that stigma towards key populations, which was also hard for us.'

To overcome these challenges, John and the project team implemented 'peer mobilisation' approach. They collaborated with local government, district health office, and community leaders to conduct mobilisation work. They enlisted individuals from national networks who were familiar with the target population to assist the project team in mobilising them for HIV testing and prevention.

'...there are some projects that are harder to implement if you don't have the support of the local community. And you can only get the local community if you have their leaders onboard.'

Through this approach, the project eventually reached over 3,000 people, particularly key populations, who received targeted HIV and TB screening, and over 300 were linked to care services. It also increased awareness about vulnerable groups in the community, and they became less invisible and more accepted by the majority.

'Before, the community didn't accept these people and didn't know that they existed, and also needed to have access to healthcare services as the rest of the community members because it's their right.'

John reflects that the most significant change in his community as a result of the Commonwealth Scholarship has been a reduction in stigma towards people living with HIV and their families.

'This has been a result of my health promotion and sensitisation programmes as part of my work as a Project Manager in different projects.'

The situation before was that people feared going to Health Centres to test for HIV and start treatment for those infected. This has since changed, and people now freely go to Health Centres, get tested and start treatment for those infected.

There has also been an increased uptake of health insurance services, a thing that was non-existent before. This has been a result of continuous sensitisation of the communities about the importance of health insurance through the Community Health Insurance Project that I headed as a Project Manager.'

Applying the skills acquired from Leeds Beckett University, John also worked as a Research Assistant and Officer for the Optimizing Adherence through Implementation Science Study (OASIS). In this study, the team investigated to what extent electronic adherence monitoring can improve adherence in routine HIV care and enable healthcare workers to monitor it remotely. The project helped improve adherence by empowering people to take control of their health. Out of this project, John co-authored and published a paper which further enhanced his research skills and helped him gain admission to a PhD at the University of Worcester with a fully funded scholarship.

Continuing to Advocate for Rights to Good Health

Moving forward, John is pursuing his PhD at the University of Worcester, exploring the stigma toward people with dementia living in Extra Care Housing. He continues fighting stigma, promoting health care, and advocating for the right to good health. He also intends to teach at universities to impart and share knowledge with the next generation of researchers and workers.



John Bosco presenting his research at the UK Dementia Congress in November 2023 at Aston University, Birmingham.

‘One of my future goals is to continue to advocate for better health of our communities. And to ensure that everyone in the community has their rights to good health and healthcare respected.

I will continue to do health promotion programmes because health promotion empowers people to take control of their health.

And then to disseminate knowledge on good health practices that will continue to help people live healthy and better lives.

I will continue to work hard with those concerned to ensure that health inequality gap is addressed for everyone to enjoy their lives and live better, healthy and prosperous lives.’

More about John Bosco Tumuhairwe

Relevant documents/projects:

[National Community Health Strategy Uganda](#)

[Community Health Plan for All \(CHPFA\)](#)

List of publications:

[Factors Affecting Implementation of Electronic Antiretroviral Therapy Adherence Monitoring and Associated Interventions for Routine HIV Care in Uganda: Qualitative Study](#)

[How Home HIV testing and Counselling with follow-up support achieves high testing coverage and linkage to treatment and prevention: A qualitative analysis from Uganda\(X\).](#)

[How community ART delivery may improve HIV treatment outcomes: Qualitative inquiry into mechanisms of effect in a randomised trial of community-based ART initiation, monitoring and re-supply \(DO ART\) in South Africa and Uganda - PubMed \(nih.gov\)](#)

[Community-based antiretroviral therapy versus standard clinic-based services for HIV in South Africa and Uganda \(DO ART\): a randomised trial - PubMed \(nih.gov\)](#)

[Expanding HIV testing and linkage to care in southwestern Uganda with community health extension workers - PubMed \(nih.gov\)](#)

[Initiation of antiretroviral therapy and viral suppression after home HIV testing and counselling in KwaZulu-Natal, South Africa, and Mbarara district, Uganda: a prospective, observational intervention study - PubMed \(nih.gov\)](#)

[How Home HIV testing and Counselling with follow-up support achieves high testing coverage and linkage to treatment and prevention: A qualitative analysis from Uganda\(X\).](#)

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