



INTEGRATED SOLUTIONS FOR NCD UGANDA

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ISO-NCD Uganda Programs Report 2026

Reporting date: 12th December 2025

Project Location: Semuto Town council, Nakaseke District.

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Executive Summary

Integrated Solutions for NCD Uganda (ISO-NCD Uganda), rolled out its community-based NCD screening, awareness creation, community health worker/VHT and Peers training, and Community Care Hub (CCH) Model, with the goal to contribute to the reduction on the burden of NCDs in rural Uganda, by improving prevention, access to affordable treatment, and continuity of care through community-driven, sustainable, and integrated health solutions, in Semuto town council, Nakaseke District. The program is currently implemented in the villages of Kikadwa, Sengalya, and Migingi and Town cell, Semuto town council. Operations were launched in July 2025, following a successful research study of Integrating Village Health Teams (VHTs) into the Management of Diabetes and Hypertension among people living with HIV, that had a number of recommendations and community NCD intervention gap that needed urgent attention.

During the first six months of the program, the organization focused on laying a strong operational foundation through district and facility engagements, strengthening the capacity of VHTs and peer leaders, comprehensive community mapping and case identification, and the establishment of community care hubs linked to Semuto Health Centre IV. We delivered targeted community events and door to door activities focused on health education and opportunistic screening for hypertension, and screening for Diabetes following the Ministry of Health (MoH) guidelines. We initiated a patient-centred community insurance scheme to improve access to affordable treatment and continuity of care for people already living with NCDs, particularly diabetes, hypertension, and related mental health conditions.

Baseline Assessment and Data-Driven Planning

During the initial phase of implementation, ISO-NCD Uganda conducted a community-based baseline assessment through systematic case identification to inform evidence-driven planning and service delivery in Semuto Town Council, Nakaseke District. This exercise focused on identifying

individuals living with or at high risk of non-communicable diseases and understanding key barriers to continuity of care at community level. Through this process, ISO-NCD Uganda identified a total number of 320 people living with hypertension, with 210 being females and 110 being males out of 1482 total screened, and 54 people living with diabetes, comprising 34 females and 20 males out of 500 total screened between the ages of 35–83 years.

Beyond case identification, the assessment generated critical insights into lived experiences of people with chronic illness. Common challenges documented included drug fatigue, stress, stigma, and non-adherence to long-term treatment. The major factors contributing to non-adherence were identified as long distances to health facilities for medication refills, high cost of medicines, and limited knowledge about the potential complications associated with missed or irregular treatment. These findings provided a practical baseline for the programme, directly shaping the design of ISO-NCD Uganda’s Community Care Hub Model, VHT-led referrals and follow-up, health education interventions, and the introduction of the community insurance scheme, aimed at reducing financial and access barriers to sustained NCD care.

State of implementation of the activities (according to activity plan / log frame)

Output 1: Community entry and activity initiation

During the initial stages of the program implementation, from July–September 2025, ISO-NCD Uganda made steady progress in operationalising activities outlined in the project log frame, with a strong focus on systems establishment, community entry, and service delivery in the areas of operation of Semuto Town Council, Nakaseke District.

The program prioritised strengthening partnerships with the district, the health facility within our area of operation, and community leadership. Meeting with the DHO was conducted, providing formal entry for programme implementation. Introductory and partnership meeting was also held with Semuto Health Centre IV, specifically engaging the NCD, HIV/ART Clinics. During these engagements, findings from earlier research on NCD care among people living with HIV were presented to inform alignment with existing service delivery structures. Verbal approval to operate was secured at both district and facility levels, and all required documentation for the Memorandum of Understanding (MOU) and operational licensing was submitted and is pending final signature. In addition, Local Council leaders across Town Cell, Kikadwa, Sengalya, and Mingingi villages were engaged to facilitate community entry, mobilisation, and acceptance of project activities. Overall, one district entry process was completed, one facility partnership was formalised (pending MOU), four villages were engaged, and referral pathways and mentorship roles were jointly agreed, placing the project firmly on track toward institutional integration within the PHC/NCD system.

Output 2: Equipping and Training of VHTs and Peers

During the reporting period, ISO-NCD Uganda prioritised the strengthening of frontline community capacity through structured training and equipping of Village Health Teams (VHTs)

and peer leaders. A total of 10 VHTs and peer leaders were recruited from Mingingi, Town Cell, Kikadwa, and Sengalya villages within Semuto Town Council and actively engaged in programme implementation. To build and sustain their competencies, an initial training was conducted followed by the monthly in-service refresher trainings, and 5 refresher trainings were conducted from July to December 2025, focusing on practical skills and knowledge required for effective NCD prevention, early detection, and community-based care.

The training curriculum covered key areas including hypertension and diabetes risk factors, symptoms, and prevention, correct blood pressure measurement techniques and interpretation, random blood glucose testing, and mental health support for people living with chronic illness. Additional sessions addressed referral tools and communication pathways, household health education approaches, and record-keeping and digital reporting, ensuring alignment with both community and facility-level systems. These trainings enhanced VHT confidence, improved the accuracy and reliability of BP and glucose measurements, and strengthened their capacity to mobilise households for screening and follow-up.

VHTs are central to the ISO-NCD Uganda model and serve as the backbone of community service delivery. They are responsible for health education and awareness creation, community-based screening, case identification, referrals and follow-ups, supporting treatment adherence, providing basic psychosocial support, and linking patients to Semuto Health Centre IV and other health services. Their proximity to households and trusted status within communities have been critical in ensuring that people living with or at risk of NCDs are identified early and supported consistently.

To enable effective service delivery, ISO-NCD Uganda equipped all trained VHTs with essential screening and protection tools. These included automatic easy-to-use blood pressure machines, glucometers, personal protective equipment (gloves and masks), and standardised documentation materials such as referral books, home visit registers, and follow-up notes. Additional consumables include cotton, alcohol swabs, and other basic utilities that were also provided to support safe and accurate screening at household and community levels. Through this combination of training, mentorship, and equipment provision, VHTs have played an important role in ensuring that communities in Semuto Town Council receive timely, appropriate, and people-centred NCD services.

Output 3: Community screening, awareness creation, and health education

During the reporting period, ISO-NCD Uganda implemented a range of community awareness and education activities aimed at increasing knowledge of non-communicable diseases and promoting early screening and care-seeking behaviour within Semuto Town Council, Nakaseke District. A total of six (6) community awareness events were conducted in high-traffic and socially relevant spaces, including markets, church gatherings, and community bars, enabling the project to reach diverse population groups. These were complemented by 12 door-to-door mobilisation drives, led by trained VHTs, which allowed for more personalised health education, identification of at-risk

individuals, and direct linkage to screening and referral services. In addition, one (1) structured dialogue with community savings groups was held, creating an opportunity to discuss NCD prevention, treatment adherence, and the role of community financing in sustaining access to care.

Monitoring, Evaluation, and Learning (MEL) activities generated important insights that are shaping ongoing programme adaptations. Analysis of screening and participation data revealed that men accounted for only 38% of individuals screened, and women accounting for 62%, highlighting persistent gender-related barriers to engagement and the need for more targeted male-focused strategies. The data also indicated a high prevalence of uncontrolled blood pressure among adults aged 40–65 years especially among women who also accounted for 14.2% (210/1482) hypertensive patients, men hypertensive accounted for 7.4% (110/1482) underscoring the urgency of strengthening routine monitoring and long-term adherence support within this age group. Furthermore, a strong association was observed between poor dietary practices, alcohol consumption, and elevated blood pressure and glucose levels, reinforcing the importance of integrated lifestyle and behavioural change interventions alongside clinical care.

Several key lessons emerged from these findings. Community engagement activities were found to be more effective when conducted during evenings and weekends, particularly in improving male participation. Ongoing mentorship and supervision of VHTs proved essential in enhancing data accuracy, consistency, and completeness. These lessons are informing refinements to outreach strategies, service delivery schedules, and capacity-building approaches as the programme moves into the next quarter.

Activities conducted by VHTs monthly

- BP and glucose monitoring and screening
- Psychosocial support sessions within groups
- Mental health support
- Adherence counselling
- Nutrition and lifestyle education

Screening, Follow-up & Home Visits

| Service Area | Achievement |
|---------------|-------------------------------|
| BP checks | 1,482 (320 with Hypertension) |
| Glucose tests | 500 (54 confirmed diabetic) |
| Home visits | 186 |

| | |
|---------------------------------------|-----|
| High-risk cases followed up | 74 |
| Referrals to Semuto HCIV | 109 |
| Patients receiving monthly medication | 0 |

Output 4: Establish NCD Community Care Hubs.

Progress was also made toward developing and equipping community care hubs. During quarter 4, one (1) Community Care Hub was established as part of a phased rollout approach. Comprehensive community mapping and case identification were conducted, resulting in 74 individuals identified as at risk of NCDs in Town Cell. Of these, 34 NCD clients were formally registered into the programme, to receive routine services including blood pressure and glucose monitoring, adherence counselling, mental health screening, nutrition and lifestyle education, and psychosocial support. While only one of the three planned hubs were established during the quarter, this deviation was intentional to allow for demand-driven, quality-assured scale-up. Expansion of additional hubs has been prioritised for the next two quarters (Q2–Q3), based on the strong uptake and demonstrated readiness observed.

In relation to service integration, foundational steps were taken to link NCD services with HIV and other chronic care platforms. Although integrated outreach clinics are planned for later quarters, service integration was operationalised through structured referral linkages with Semuto Health Centre IV’s NCD, HIV/ART, and Sickle Cell Clinics. Joint agreements were reached on patient referral flows, drug refill scheduling, and clinical mentorship arrangements, ensuring continuity of care between community-based services and facility-based management.

Significant achievements were recorded under community-based awareness, screening, and health education. During the reporting period, six (6) community events were conducted, complemented by 12 door-to-door mobilisation drives and two community radio awareness programmes. These activities reached approximately 1,800 community members with NCD prevention and health promotion messages. VHTs conducted 1,482 blood pressure checks with 320 total confirmed with high blood pressure (22%) and 500 blood glucose tests with 54 total confirmed diabetics (10.8%), alongside 186 home visits for patient follow-up and adherence support. A total of 74 high-risk individuals were referred to Semuto Health Centre IV for further management. Although men accounted for only 38% of those screened, targeted mitigation strategies including evening and weekend events, male-focused bar outreaches, workplace engagement, and community radio messaging were recommended. ISO-NCD Uganda launched the Community Care Hub Insurance Scheme, setting a monthly premium of UGX 10,000 per member to support access to essential medicines and routine monitoring. Initial enrolment began during quarter 4 and remains ongoing. Although still in the early implementation phase, the scheme has been well received and is expected to play a critical role in reducing out-of-pocket costs and improving treatment adherence as enrolment increases.

Challenges

Despite the significant progress achieved during the reporting period, the implementation of the ISO-NCD Uganda programme also revealed several contextual and operational challenges common to community-based NCD care in rural settings. These challenges emerged through routine monitoring, VHT feedback, and community engagement activities, and had implications for service uptake, treatment adherence, and continuity of care. In response, the programme adopted a proactive, adaptive management approach, using real-time data and community insights to design and implement targeted mitigation measures. The challenges and corresponding responses outlined below reflect ISO-NCD Uganda's commitment to learning, responsiveness, and continuous improvement, ensuring that emerging barriers are addressed promptly while safeguarding progress toward programme goals.

These challenges included;

- High alcohol use among men leading to poor adherence and missed events
- Limited drug stocks at Semuto HCIV which leads to poor adherence to medications, delays in patient refills.
- VHT fatigue during peak farming season which may lead to reduced home visits.
- Low male participation which results to under screening in that particular group.

Conclusion

Overall, the first six months of implementation demonstrated that ISO-NCD Uganda has successfully established a foundation for delivering integrated, community-based NCD prevention and care services in Semuto Town Council, Nakaseke District. Through effective district and facility engagement, strategic capacity building of VHTs and peer leaders, comprehensive community mapping, and the phased establishment of Community Care Hubs, the programme has registered some successes in community screening, case identification, and community reach. Evidence from routine monitoring highlights that both the high burden of uncontrolled NCDs and the effectiveness of decentralised, VHT-led approaches in improving early detection, referrals, follow-up, and patient engagement. However, challenges such as male under-participation, alcohol-related non-adherence, and intermittent drug stock-outs persist.

References

Website: <https://www.ncdsolutions.org/>;

LinkedIn: www.linkedin.com/in/integrated-solutions-for-ncd-uganda-iso4ncdu

PHOTO STORIES.

Photos from the VHT/Peers training.



Photos from group refresher trainings.



Photos from VHT/Peers engagements



VHT Teddy (Photo1) conducting a health education talk during a savings group meeting And and organised group session by VHT Aron.



Photos from Community engagements



VHT Aron, counselling a patient living with hypertension in Kimegera Village.





VHT Kato, screening a resident in Kikadwa Village during the door to door in Kimegera Village

