



# UGANDA HARM REDUCTION NETWORK- (UHRN) ANNUAL REPORT 2017



## ABOUT UHRN

Uganda Harm Reduction Network (UHRN) is a youth led drug user initiative established in 2008 and registered under Reg. No. 181733 to respond to the drug use crisis in Uganda. The network works to advocate for practical interventions aimed at supporting and addressing issues people who use and inject drugs. The Network also seeks to provide a national platform for health and policy programs that promote good practices and advocate for a supportive environment for the adoption, implementation and expansion of harm reduction programs for people who use drugs (PWUDS) in Uganda.

UHRN is a network of 25 NGOs and CBO Members, covering 30 districts of Uganda. Together with the Network members, we help to create AIDS Free Uganda by making sure PWID are not left behind. We provide HIV/TB prevention, care and treatment services to PWID and advocate for supportive environment for the implementation and expansion of harm reduction services to PWID in partnership with other stakeholders.

The network also seeks to provide a national platform for health and policy programs that promote good practices and advocate for a supportive environment for the adoption, implementation and expansion of harm reduction programs for people who use drugs (PWUDS) in Uganda.

## VISION

A healthy society of PWUDs free of HIV/AIDS, TB and HEPs in Uganda

## MISSION

To improve the health, human rights and socio-economic well-being of PWUDs through leadership building, collaborations and capacity enhancement of UHRN members to uphold Harm Reduction Interventions (HRIs) in Uganda.

## STRATEGIC GOAL

Strengthened systems and capacity of UHRN secretariat and members to build a vibrant harm reduction movement (HRM) that contributes to the realization of universal health access targets in Uganda

## OBJECTIVES

1. To promote effective prevention, treatment, care and support for people who use drugs living with and affected by HIV, Hepatitis, TB and other related health issues in Uganda.
2. To raise awareness and increase knowledge on SRHR" to full realization of drug user's sexual reproductive health and reproductive rights in Uganda.
3. To increase young people's knowledge on drug use, HIV prevention, Viro hepatitis and enable them to make informed choices about drug use and their sexual behavior through skills development.
4. To advocate for policy and law reforms in order to reduce the criminalization and stigmatization of people who use drugs in Uganda.
5. To promote and lobby for the adoption and inclusion of harm reduction interventions as means of reducing drug related harm among people who use drugs in Uganda.
6. To maintain a sustainable national network that is effective, transparent and accountable to its membership.
7. Building of partnerships, synergy and develop leadership capacity/skills building for people who use drugs on issues of prevention, health interventions, policies, ethics, and technologies at all levels.

## List of Acronyms

ARASA	AIDS and Rights Alliance for Southern Africa
ART	Anti-Retroviral Therapy
AWAC	Alliance of Women Advocating for Change
CBOs	Community Based Organisations
CHAU	Community Health Alliance Uganda
CID	Criminal Investigation Department
HBV	Hepatitis B Virus
HCT	HIV counseling and testing
HEPs	Hepatitis
HIV	Human Immune Virus
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HRAPF	Human Rights Awareness and Promotion Forum
ICWEA	International Community of Women Living with HIV and AIDS in Eastern Africa
IDUs	Injecting Drug Users
KP	Key Populations
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MAT	Medically Assisted Therapy (MAT)
NAFOPHANU	National Forum of People Living with HIV and AIDS Networks in Uganda
NSP	Needle Syringe Program
OSIEA	Open Society Initiative for East Africa
OST	Opioid Substitution Therapy
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITCH	Partnership to Inspire Transform and Connect the HIV response
PREP	Pre exposure prophylaxis
PWUDs	People Who Use Drugs
PWUIDs	People Who Use and Inject Drugs
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
TASO	The AIDS Support Organisation
TB	Tuberculosis
TEU	Transgender Equality Uganda
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UHRN	Uganda Harm Reduction Network
UNAIDS	United Nations Programme on HIV and AIDS

## Executive Summary

Drug users are a socially hidden population with high risk behaviors, this group is one of the traditional key populations with a high HIV/STI burden. Revitalizing HIV prevention programs for drug users especially those who inject drugs is paramount. Efforts to involve drug users in programming could increase access to services to this hard to reach sub-populations. The needs and risks of people who use drugs require innovative, comprehensive and effective HIV, TB and HEPs prevention interventions.

Uganda Harm Reduction Network has conducted various activities throughout this year among which is the population size estimates and rapid assessment studies. The results of the survey data revealed that 80% of 95 respondents in Kampala and 63.3% of 30 in Mbale had tested for HIV in the past 12 months. Up to 9.2% of 76 respondents in Kampala who reported testing for HIV in the past 12 months were seropositive and none in Mbale indicating a higher HIV prevalence among the PWID in Kampala. This data suggests that the HIV prevalence for PWID in Kampala is higher than that of the general population in Uganda which is 6.0%.

Based on these results, it goes without mentioning that it is challenging to end HIV and AIDS by 2030 as required by the Sustainable Development Goals when a considerable sect of the general population; people who use and inject drugs whose specific needs with regard to HIV response are being ignored. Nationally there has been laxity in embracing essential HIV treatment and prevention strategies for people who use and inject drugs living with and affected by the epidemic thereby creating a situation of alienation of PWUIDs from the movement to end HIV and AIDs.

Uganda Harm Reduction Network therefore calls upon stakeholders to join hands, to embrace such essential harm reduction programs including Needle and Syringe Programs (NSP) and Opioid Substitution Therapy (OST) as part of the HIV prevention strategies in Uganda to cater for the specific HIV response needs of PWUIDs if Uganda as a Nation is to end HIV/AIDS by 2030.

## Message from the Executive Director



I am exceedingly honored and profoundly humbled to present the UHRN Annual report 2017; our mission is to improve the health, human rights and socio-economic well-being of PWUDs through leadership building, collaboration, and capacity enhancement of UHRN members to uphold Harm Reduction Intervention (HRI) in Uganda. Most of you who will read this report you will note that we have focused more on the results, activities and interventions.

Highlighting impacts is important because it enables us to measure the success of our interventions; we have adopted evidence based programming through documentation done during the activities we conduct. In addition we have taken national research studies and this has supported and boosted our evidence based programming.

In this report we share our nine essential interventions/ strategies which we believe are fundamental to promoting the well-being of our community. We also share with you our success stories on advocating for essential services to help people who inject drugs in Uganda.

Every success story you read and the achievements indicated in this report would not be possible without our dedicated peers, partner organizations, network members and the community of people who use drugs. As Uganda Harm Reduction Network struggles to conduct its activities this year, we remain focused to our vision of a healthy society of PWUDs free of HIV/AIDS, TB and HEPs in Uganda.

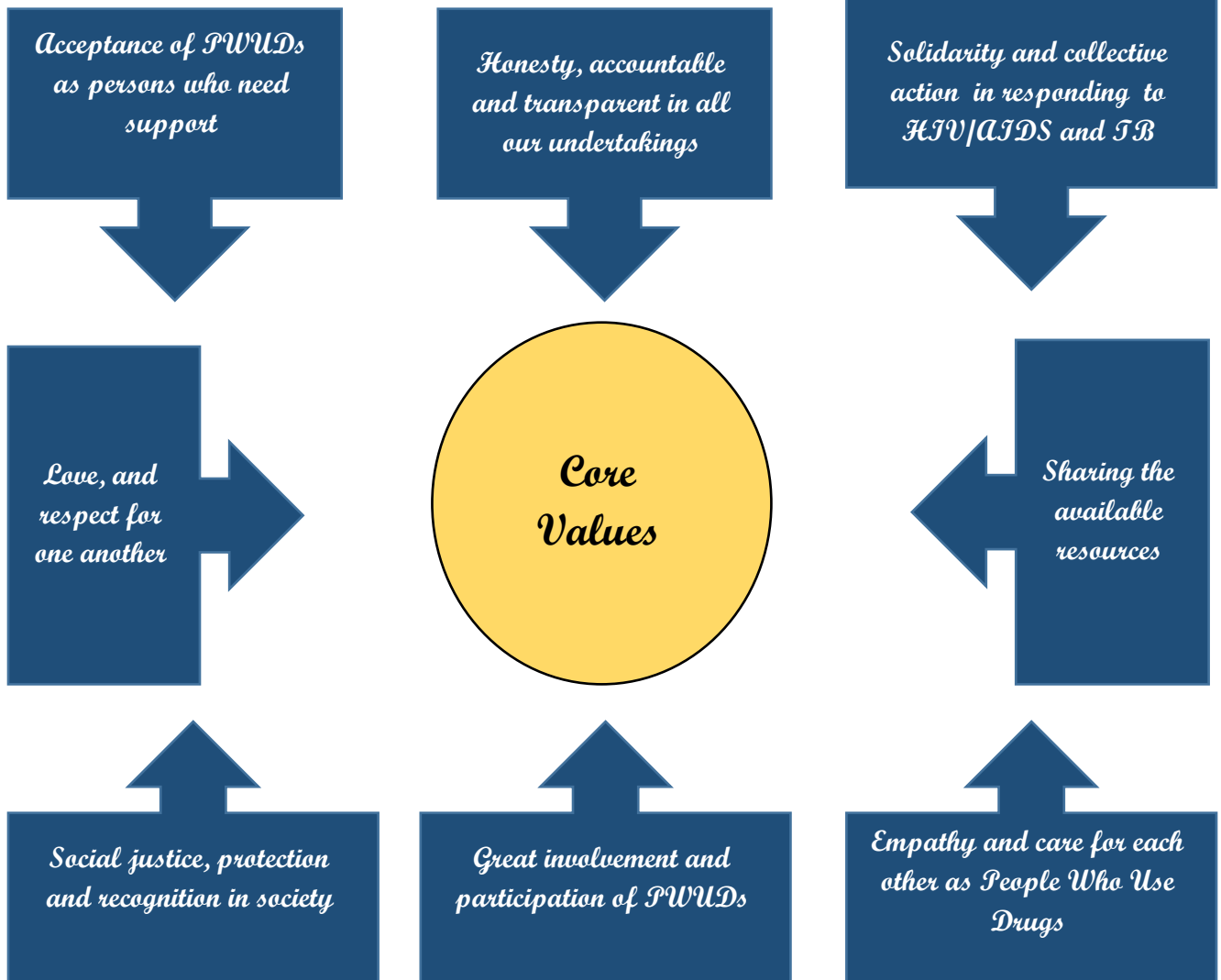
Yours

.....

Sincerely

Wamala Twaibu

## Our Values

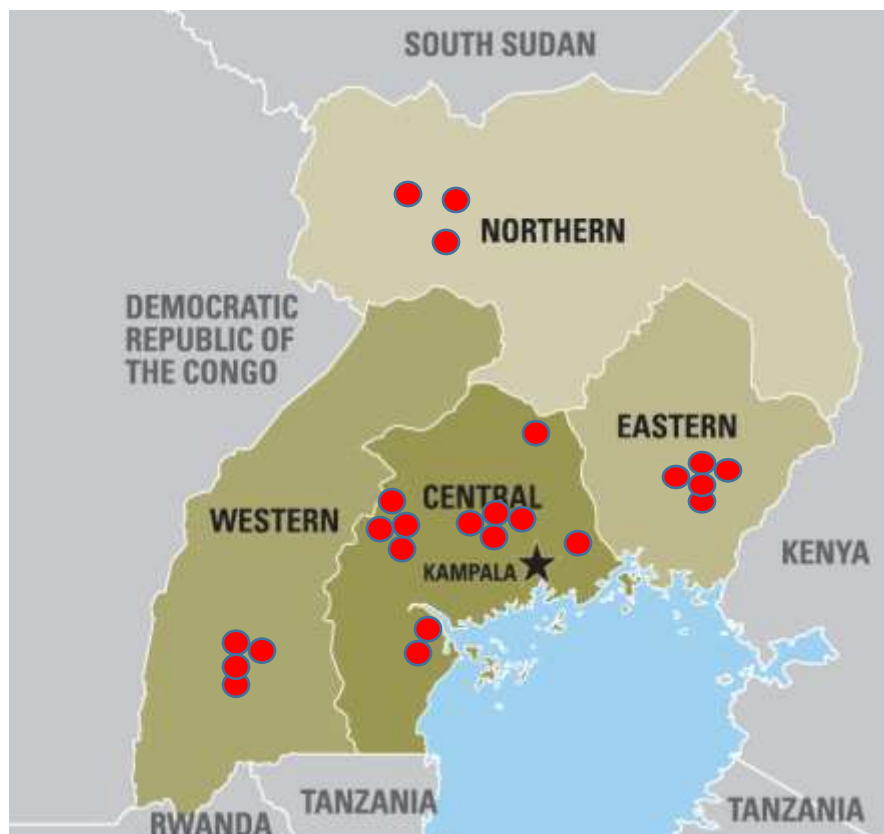


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## UHRN Coverage, Membership and Networking



The Map shows the regions across the Country where UHRN operates; Northern, Eastern, Western, and Central parts of the country covering over 30 districts in Uganda.

UHRN membership is spread across the four regions with a concentration of more CSO's and CBOs in the Central Region of Uganda.

UHRN has grown its membership by registering more 6 CSO's and CBOs led by Key population Individuals who use drugs.

### Projects and program coverage by Region/District in 2017:

No	Project Title	Coverage	Goal
1	HIV and Harm Reduction Eastern African Regional Project	Mbale, Kampala, Mbarara and Gulu	To increase access of people who inject drugs in Uganda to essential HIV and harm reduction services
2	Partnership to Inspire Transform and Connect the HIV response (PITCH)	Kasese, Kampala, Tororo, Busia and Mbarara	Promote attitude change among policy makers and other duty bearers to embrace efforts to address PWIDs stigma and discrimination and Equal access to comprehensive HIV/SRHRs related services for PWUIDs in Uganda
3	Institutional strengthening and building a strong movement of PWIDs	Western, Eastern, Northern and Central Regions	Building the Harm Reduction Movement and Response Mechanism
4	HIV/TB (UGA-C-TASO) and Health Systems Strengthening-HSS (UGA-S-TASO)	Wakiso, Mukono and Kampala	To increase uptake of HIV and TB services among key affected populations



## 2017 Key Highlights

The year 2017 was one with intense advocacy and community engagement activities. Our main achievements during the period were:-

**Risk Management Training of Uganda Harm Reduction Network Member Organisation**



UHRN took part in the Global Fund concept writing process representing the community of PWUIDs to forward and make sure that the concerns of PWUIDs are included in the final write up of the proposal.



**Ministry of Health Letter Authorizing Uganda Harm Reduction Network and Community Health Alliance Uganda to demonstrate Needle and Syringe Program (NSP) in designated Health facilities in Uganda**

TELEPHONE: General office  
34007623154309  
PNS office: 340072  
TELE FAX: 231088  
TELE FAX: 04372 000 AL THE UHLA



MINISTRY OF HEALTH  
Plot 6, Lumumba Rd, Mandoola  
P.O. Box 7172  
KAMPALA,  
UGANDA

IN ANY CORRESPONDENCE WITH  
THIS INQUIRY PLEASE REFER TO  
ADM.LIB/261/00

29 September 2017

The Executive Director  
Community Health Alliance Uganda (CHAUG)  
KAMPALA

Dear Sir

**DEMONSTRATION OF THE NEEDLE AND SYRINGE PROGRAM (NSP) FOR  
DRUG USERS IN SELECTED HEALTH FACILITIES IN UGANDA**

Reference is made to your letter dated 30/04/2017 which you were pleading commitment to support ministry of Health in the demonstration of the Needle and Syringe Program (NSP) for Drug users in selected health facilities in Uganda to eradic programming.

Training of UHRN paralegals across the country in Human Rights, reporting and documentation of arrests of People who Inject Drugs.



UHRN carried out an organizational capacity assessment of its members to establish the level of capacity on key capacity elements under organizational, programmatic and partnership areas



Uganda Harm Reduction Network in Partnership with Community for Health Alliance Uganda disseminated research findings of the rapid assessment and population size estimation of People who Inject Drugs in Kampala and Mbale Districts



## Summary Performance of Our Areas of Focus 2017

In 2017 Community Systems Strengthening remained UHRN's core area in programming. UHRN carried out an organizational capacity assessment to establish the level of capacity on key capacity elements under organizational, programmatic and partnership areas for individual organisations, trained network member organizations to build their capacity in documentation, reporting and governance.

In building a strong movement of people who use drugs, UHRN strengthened its network by formalizing 7 drug users groups into Community Based organisations across the country to have a legal collective voice.

UHRN intensified efforts in policy advocacy at the nation level in a bid to create a favorable policy environment for harm reduction interventions in the country. This was done through engaging members of parliament, law enforcement officers, local and opinion leaders among others.

### UHRN in Numbers

**839**

Population size estimation of PWID in Kampala and Mbale Districts

**7**

Registered CBO's led by PWUDs and other Key Populations in Kampala, Buyikwe, Busia and Wakiso

**205**

Clients referred for Harm Reduction Service at MARPI-Mulago, Butabika and Reachout Mbuya

**10**

UHRN paralegals across the country trained in Human Rights, reporting and documentation of arrests of PWUIDs

**120**

Police officers trained and engaged on issues of Harm Reduction

**125**

Health officers Sensitized on issues of Harm Reduction and how to manage PWUIDs

**66741**

Condoms distributed during outreaches

**6219**

Targeted IEC materials distributed to PWUIDs

**75**

Drug use assessment and practical counseling PWUIDs at UHRN secretariat



**Creating an Enabling Environment to Conduct Harm Reduction Activities in Uganda**

*A group photo (Law enforcement officer, Local leaders, community members, health workers and opinion leaders) during the "Support Don't Punish Campaign" Celebrations in Mbarara.*

Uganda Harm Reduction Network (UHRN) has been at the forefront of law enforcement officers sensitising and training them on harm reduction issues, and imploring them to use harm reduction approaches in executing their work bearing in mind that drug and substance use is not a criminal matter but rather a public health issue. Uganda Harm Reduction Network (UHRN), Community Health Alliance Uganda (CHAU), Kenya AIDS NGO Consortium (KANCO) and Open Society Initiative of East Africa (OSIEA) organised a series of meetings to sensitize CID officers (Police Narcotics department) about Harm Reduction concept as well as looking at some clauses in the Narcotics Drugs and Psychotropic Substances (Control) ACT, 2015. A total number of 120 law enforcement officers have been sensitised and trained in case management of drug users, linking police work to public health and human rights approaches when handling People who Use and Inject Drugs (PWIDs). This has created a good working relationship between Police, UHRN's and communities of PWUIDs.



*One of the training sessions of the Anti-Narcotics Police department in Kampala*



## Engaging MPs in Health Advocacy



To create an impact in health policy changes, the parliamentarians should not be left behind. Uganda Harm Reduction Network (UHRN), Community Health Alliance Uganda (CHAU) together with and Kenya AIDS NGO Consortium (KANCO) held a meeting with the parliamentary committee on HIV/AIDS and other health related matters to discuss policy support on implementation of NSP & OST interventions in Uganda. It was a key opportunity for Uganda Harm Reduction Network and Community Health Alliance Uganda to build resilient and constructive relationships with the legislators, and share expert advice on the way forward for drug policies and implementation of NSP & OST interventions in the Country. With presentations from the Police Anti-Narcotics department and psychiatric experts from Butabika Mental Referral Hospital, the MPs were sensitized on the significance of harm reduction interventions in the fight of HIV/AIDS. Henceforth, why it is important to amend the Anti-narcotic Act-2015 which prohibits some of the harm reduction

interventions such as NSP and OST. The committee members recognized the role of CSOs in the HIV response, policy reforms and stressed that the new trends of the epidemic require new approaches, harm reduction inclusive. They called on harm reduction advocates such as UHRN to engage the committee more to help them understand issues of harm reduction interventions such as NSP and OST and policy gaps affecting service delivery.



*Parliamentary committee on HIV/AIDS and other health related matters session in progress*

## Advocacy Campaigns: - Support Don't Punish

UHRN commemorated 26th June the international day against drug abuse and trafficking illicit substances by conducting radio and television talk shows and a sensitization meeting in celebration of the Support Don't Punish Campaign in Mbarara district western part of Uganda. The campaign aimed at raising awareness on the harms being caused by the war on drugs in Uganda while placing its primary mandate on promoting drug policies that respect human rights and promote public health with an aim of changing laws and policies which impede access to harm reduction interventions and other evidence-based services; and end the Criminalization of people who use drugs. The event was attended by a section of local leaders, law enforcement officers, the community of Drug Users, Health service providers, media and staff from UHRN and CHAU.

**Table showing the different sections of people at the Support Don't Punish Campaign, June 2017.**

No.	Category	Number
1	Law enforcement Officers/Police (RDC, RPC, DPC, OC's of 5 divisions and CID officers antinarcotics dept.	13
2	PWUID communities and CBO's	14
3	Local Leaders (Division mayors, councilors, youth representatives)	13
4	Media personnel (Radio and TV west, Daily Monitor and the Observer	4
5	UHRN staff	4
6	CHAU staff	1



The event was graced by the Mbarara District Health Officer who appreciated the level of knowledge and expertise UHRN and CHAU staff has over the subject of drugs and the vast treatments available as he acknowledged the existence of methadone-a vital treatment drug for dependence in the essential drug list for Uganda. He informed the participants how the MoH is also interested in the findings from the PWIDs research size estimate that CHAU and UHRN affirmed to have conducted to boost advocacy as well as inform its programming for PWUIDs.



He thanked UHRN and CHAU for sensitizing them about issues of drug use that they didn't know about, and encouraged the CSOs present to embrace harm reduction programs and spread the harm reduction gospel beyond Mbarara.

### Experts meeting on development of NSP Treatment Guidelines

Uganda Harm Reduction Network (UHRN) and Community Health Alliance Uganda (CHAU) have been at the forefront of advocating for the development of comprehensive treatment guidelines of PWUIDs. To kick start the process in partnership with Human Rights Awareness and Promotion Forum (HRAPF) held a meeting comprising; harm reduction experts, addiction management and mental treatment team from the Ministry of Health, private sector, CSOs and the Anti-Narcotics Unit of the Uganda Police Force to discuss the development of comprehensive treatment guidelines for harm reduction as well as Standard Operating Procedures for the implementation of the Needle and Syringe Program (NSP). This was one of the several meetings held with relevant stake holders to allow UHRN to pilot the NSP program which is a preventive HIV strategy for PWIDs and also a deliverables in the HIV and Harm Reduction project.

*“The government through Ministry of Health granted permission to UHRN to pilot NSP in four Government health centers in Uganda. The four referral hospitals include Mbarara Regional Referral Hospital in Mbarara District, Gulu Regional Referral Hospital in Gulu District, Mbale Regional Referral Hospital in Mbale and MARPI-Mulago Hospital in Kampala District for the year 2017/18”*

During the meeting, various stakeholders acknowledged the need for SOPs for PWIDs treatment though the Anti-narcotics Act curtails some of these activities that help addictive drug users to recover. For the proper implementation of the HIV and Harm reduction project, they advised the Ministry of Health for the mean time to write a letter copied to the relevant authorities to authorize UHRN to pilot NSP in the project districts as they embark on the long process of developing the treatment guidelines.

Dr. Patrick Tusiime who represented the Director General Health Services (DGHS), appreciated the fact that there were so many partners interested in the process of implementing the harm reduction approach to drug use in Uganda. He appreciated Uganda for finally acknowledging the drug problem and committing to address it. He further emphasized the need to involve everybody regardless of their beliefs.

In his concluding remarks, he alluded to the fact that the hard-line stand Uganda had taken to the problem of drug use is an approach that has been seen over time not addressing the problem and is contributing to the failure of the plan to end HIV by 2030.



*A team of health experts during the meeting*





**Strengthening of community systems for a sustained HIV response among people who use and inject drugs**

*A group photo of community members during one of the engagement meetings in Mbale.*

Since inception, UHRN has spearheaded advocacy efforts to meaningfully engage community members in HIV and Harm reduction programs in Uganda through; Project designs, capacity building, sensitizations and trainings, supporting the registration of drug user CBOs and being involved in research studies.

**Paralegal training**

UHRN with support from Open Society Initiative of East Africa (OSIEA), carried out a 2 day training of 10 paralegals from across the project areas. The training was on the law that affects PWUIDs in Uganda. This exercise aimed at equipping the members with knowledge and skills so that they are able to document and keep record as well as raise awareness about the laws that affect PWUIDs and their human rights that ought to be observed. In doing so, the training looked at the concept of human rights under which it exhaustively and critically talked about the different human rights entitlements of PWUIDs, the general limitations on human rights, the non-derogable rights, the penal code act and the narcotics and psychotropic substances act (systematically explaining the dangerous provisions and the implications on the rights and health of PWUIDs and also looking at the roles and responsibilities of paralegals and how HRAPF and UHRN can work together within the community.





## Community Trainings

UHRN conducted several trainings of peers and community members on use, promotion and distribution of condoms, drug and alcohol misuse, injecting drug use and blood borne viruses, harm reduction, Needle and Syringe Programmes (NSP) and Opioid Substitution Therapy (OST), documentation and report writing and behavior change among others. The purpose of these trainings was to equip Peer Leaders and the community members with requisite knowledge and attitudes for condom usage for HIV prevention, communication and reporting, process of community mobilization of PWUDs, principles of mobilization, management of community mobilization, activities that spur community mobilization and engagement in an organizational context and harm reduction interventions like NSP and OST. 604 community members were reached during the trainings.



*Training of peer leaders and community members in Mbarara*

## Supporting the registration of drug user CBOs

With support from PITCH and GF projects, UHRN supported the registration of seven (7) grass root organizations to formerly register as CBOs at district level. These include; Teenz Link, The Action Group, The Men's Rights Ambassadors, Sisters in Mix, Youth in Harm Reduction Gulu, Youth Initiative for Harm Reduction Mbarara and Makindye Youth for Health and Development Ltd.

The registered CBOs have amplified voices of drug users for HIV and harm reduction services, improved organizing and mobilizing of hidden PWUIDs for access to HIV and Harm Reduction services and sensitizing the community on health and harm reduction services. They have been instrumental in delivering services in harm reduction mandate including referring fellow peers who are in need of services to partner organizations for services. These organizations have made follow ups on the PWID cases, document cases and report for further recommendations and management.



**Research: - Generating and utilizing strategic information on Injecting Drug Use-related HIV epidemics**

*Panellists during the dissemination meeting*

Lack of data and evidence has been a major stumbling block for policy makers and relevant stake holders to introduce programs that address issues that affect Injecting drug users in the country. To solve the data problem, UHRN and CHAU in partnership with the London School of Tropical Hygiene conducted and finalized two research studies; Population size estimation and Rapid Assessment on harm reduction among people who inject drugs in Kampala city and Mbale district in Uganda.

Uganda Harm Reduction Network and Community for Health Alliance Uganda held a dissemination meeting for the research findings of the rapid assessment and population size estimation report of people who use and inject drugs in Kampala and Mbale district. The research question was looking at the current situation of injecting drug use in Uganda and what are the links between injecting drug use and HIV and Hepatitis C (HCV) risk? With a detailed description of the situation of injecting drug use from the insider’s perspective and Population size estimation, **the research study estimated to reach 775 Injecting Drug Users, 186 in Mbale and 589 in Kampala.**

The research report had the recommendations as follows;-

**Government of Uganda or Ministry of Health to:-**

- 1) Embrace Drug-related Harm Reduction as the overarching strategy to respond to injecting drug use. This calls for enabling legal and policy provisions as well as financial allocations that support the provision of comprehensive harm reduction services including services such as OST and needle/syringe exchange.
- 2) Establish Rehabilitation Centres, a Rehabilitation Fund and an Advisory Committee in line with the Narcotic Drugs and Psychotropic Substances Act 2015.

## **CSOs**

- 1) Implement advocacy programs to call for provision of appropriate harm reduction interventions such as needle and exchange programs and OST.
- 2) Design appropriate service delivery models such as Drop-in centres to target drug users since evidence shows that they live in a hidden environment with limited services.

## **Donors**

- 1) Provide technical support for harm reduction - based on experiences elsewhere, and more funds for further research

## **And all partners to:- (GoU, CSOs, Police, Local Leaders, Others)**

- 1) Intensify programs that prevent young people from accessing injectable drugs and initiating drug use. These include employment and skilling programs to under-privileged youth, counseling and mentorship programs, and school re-entry programs. This calls for collaboration across sectors.
- 2) Provide rehabilitative support to drug users before they transition to injecting.
- 3) Given influence of friends and norms - Interventions should not just target individual behavior but social norms as well.
- 4) Conduct more IEC on hepatitis C to raise awareness among PWID, service providers and others.
- 5) Support PWID to realize their rights during times of arrest and detention.
- 6) Provide training to health workers and other service providers in handling people who inject drugs in order to reduce stigma and improve the quality of services for PWID.



*A cross section of the participants who attended the dissemination meeting*





## Media Engagements



**TV Talk Show: UHRN's Wamala Twai and Commissioner Tinka Zarugaba of Anti-Narcotics Police during the support Don't Punish Campaign, discussing the war on drugs and how it has influenced drug laws and policies which have consequently had a negative impact on the lives of people who use and inject drugs.**

## Drug use is a public health, not criminal justice matter!

With the enforcement of the Narcotic Drugs and Psychotropic Substances (control) Act in 2005, Uganda became part of the global movement to suppress people who use and inject drugs (PWUIDs).

At Uganda Harm Reduction Network (UHRN), we believe that drug and substance use is not a criminal offense but an addiction that needs to be addressed through a public health approach.

Criminalization of this public health issue has created complex obstacles for people motivated to eliminate their drug dependence. As many try to seek necessary health care and support, they instead face litigation, judgement, imprisonment, stigma and violence. This leaves drug users vulnerable to serious negative consequences, including HIV/AIDS, hepatitis C infections, prison overcrowding, extrajudicial killings, sexual violence, marginalization, violence and coercion.

Although thought by many as the best way to curb the war on drugs, rampant arrests have not been effective and will never work as long as supply of drugs still prevails.

When drug addicts are arrested, they do not get any special treatment in prisons, making the road to recovery a difficult one as a result of the withdrawal symptoms (diarrhea, headache, nausea, joint pains, headaches, frequent vomiting, shivering and sweating) which they experience in confinement. When PWUIDs who are HIV positive and undiagnosed status are arrested, they default treatment yet there is a



direct link between the criminalization of drug use, HIV/AIDS and mental health challenges. A study conducted in Kampala by the Most at Risk Population (MARPs) network in areas highlighted HIV prevalence at 47 per cent among injecting drug users. However, little attention is being given to them and yet they may have a major contribution to the 11 per cent HIV prevalence of the total population of Uganda.

Sadly, these figures have not spoken out to the duty bearers and policymakers as the drug problem has been viewed as a criminal justice issue.

To avert the situation, UHRN believes in encouraging PWUIDs to seek treatment, and thus emphasize need to ensure people who use and inject drugs that they will not face prison for doing so – an assurance that UHRN offers in its annual "Support Don't Punish Campaign".

The campaign aims at reducing the transmission of HIV by calling for law and policy reforms as well as urging governments to invest in programmes essential for tackling HIV among people who use and inject drugs.

Interventions may include needle and syringe programmes (NSP), opioid substitution therapy (OST), behavioural treatment services for HIV-positive drug users, crisis selling and other support services to help people adhere to medication.

We should all lobby and advocate for a national platform for better health and policy programmes that promote good practices and supportive environment that fosters implementation of harm reduction programmes for people who use and inject drugs in Uganda.

Chris Baguma,  
chairperson,  
ugandaharmreduction.org

### Online articles about drug use

1. <http://www.aidsalliance.org/news/989-breakthrough-as-uganda-announces-harm-reduction-pilot>
2. <http://observer.ug/lifestyle/50845-injectable-narcotic-drugs-threaten-fight-against-hiv>
3. <https://www.kuchutimes.com/2017/10/uganda-harm-reduction-network-dedicated-to-helping-people-who-use-drugs-in-uganda/>

In 2017 UHRN intensified its engagement with the media (online, print, TV and Radio) to create awareness and educate the masses about Harm Reduction concept, the need to embrace harm reduction interventions in the fight of HIV/AIDS and advocating for conducive environment for UHRN and its partners to conduct harm reduction activities.



## HIV Epidemic Overview among PWID



- Number of PWID worldwide is estimated at almost **12 million** (range: 8.6 million -17.4 million, WDR 2017)
- About **1.55 million** PWID were estimated to be living with HIV worldwide (global HIV prevalence of 13.1%, WDR 2017)
- Globally, **new HIV infections** among PWID increased by one third from 114,000 in 2011 to 152,000 in 2015
- UNAIDS estimates that 152,000 PWID were newly infected with HIV globally in 2015, and accounted for about **10% of new HIV infections**

## Capacity Building

UHRN in collaboration with CHAU, KANCO and OSEIA organized a series of workshops aimed at building the capacities of UHRN CBO's, Partners, Staff, CCM members and PWUIDs in areas of harm reduction programing, looking at global overview of HIV situation among PWIDs, common reactions to drugs and dependence, key principles and values of harm reduction, distinguishing drug related interventions, comprehensive package and evidence, barriers to effective implementation, international best practice, drug policies and harm reduction in East Africa, implementation tools (international guidelines and good practice, standard operating procedures).





With the exposures to risks like police raids, physical attacks through the mob justice or attacks from the clients being served due to uncontrolled emotions, stigma and discrimination, extortion, bias and prejudice, punitive laws, incarceration, forced eviction, arrests and detention, breach of confidentiality, false reporting and misconceptions which have impacts on the lives and work of both the community and the organisation, UHRN CBO's and staff were trained in risk management. The training was aimed at equipping the UHRN staff and network members with knowledge and skills on risk management so that they are able to navigate the environment in which they live and work in.



**UHRN staff and Member organisations during the Risk Management Training in Kampala**

### **UHRN CBO support supervision**

UHRN conducted support supervision of the four CBO'S registered under the HIV and HARM Reduction regional project in the four district of Uganda; Mbarara, Mbale, Gulu and Kampala where Uganda Harm Reduction Network has registered four new community based organisations including; Youth Community Empowerment Group in Mbale ,Makindye Youth for Health and Development in Kampala, Youth in Harm Reduction - Gulu and Young Initiative for Harm Reduction - Mbarara The support supervision aimed at Strengthening community systems for a sustained



HIV response among people who inject drugs. The support given to the CBOs included but not limited to:- Strengthening peer capacity in monitoring and finance , Equipping CBO's with requisite knowledge on case management and building the capacity of the human resource and programs persons in effective PWUID programing

**UHRN staff pose for a photo with members of Mbale Youth**

## PWID Personal story

My name is Mwanika Bonny. I am 33 years old and a father of two. I am an addict of a cocktail of heroin, nicotin\_unprocessed tobacco for seven years. Last year in October, I was invited to a learning session by a gentle man called Fred who introduced himself as a peer working for an organization that offers information on health and rights. This gentle man was brought to our ghetto in Kireka by the chairman of our group, "The Cracks". I was told the learning would be in a hotel within Kireka, at first I was hesitant to go thinking it was some sort of set up but on realization that most of the "crack crew" was going, I was compelled to attend as well.

At the learning session, I met a group of young gentlemen and lady who taught us about drugs, observance of the rights of people who use drugs from a public health perspective, they introduced a term called harm reduction. During the learning, I learnt that through harm reduction an addict like me can quit drugs, harm reduction can avoid me from contracting diseases like HIV.AIDs, TB, and Hepatitis resulting from the act of taking illicit drugs. The learning was a turning point for because four days after the training, I called one of the trainees; Madam Beatrice who directed me to their office and I went there seeking for help so that I get clean. At the office, Madam Beatrice referred me to the counselor who took me through a counseling session and also prepared me for what to expect at the rehabilitation center in Butabika. Then later, was sent back to madam Beatrice who then requested the referral officer to prepare for me a referral to Butabika hospital. Harm Reduction staff were so supportive because upon acquisition of the referral form, four UHRN staff accompanied me to Butabika where I was admitted to Kirinya ward with mentally ill patients. UHRN staff got concerned as to why I was being admitted to a ward for the mentally ill when there is an alcohol and drug unit and the admitting doctor responded that, "the alcohol and drug unit is full, it only has capacity up to thirty beds, so depending on severity of other cases we normally try to find how to fit them in other wards"

I was admitted in Butabika for 8 weeks during my time here, I got visits from my mother and UHRN staff who offered my constant guidance and counseling and monitored my progress with consultation and this gave me hope. After the 8 Weeks when I was discharged, I reported to UHRN from where my family members we called and handed over to my brother who then took me back to Soroti to my mother. Since then I have not tasted any other drugs, my mother is supportive and has offered me work to do and I am making the lost time with my children. I am thankful to UHRN and Butabika for they have restored life and brought me back on track again. The message I have for people out there is that "Harm Reduction works and their approach is persuasive that through learning my heart and thoughts were changed"





Certified Public Accountant

**REPORT OF THE INDEPENDENT AUDITORS TO UGANDA HARM REDUCTION NETWORK**

**Report on the financial statements**

We have audited the accompanying financial statements of Uganda Harm Reduction Network set out on pages 9 to 15, which comprise the Statement of financial position as at 31<sup>st</sup> December 2016 the Statement of payments and receipts, and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory notes.

**The Committee's responsibility for the financial statements**

The committee members' are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and the requirements of the NGO regulations. This responsibility includes designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

**Auditor's Responsibility**

Our responsibility is to express an independent opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion proper books of accounts have been kept and the financial statements, which are in agreement therewith, give a true and fair view of the state of financial position of Uganda Harm Reduction Network as at 31<sup>st</sup> December, 2016 and of its financial performances and cash flows for the year then ended.

**Report on other legal requirements**

As required by the NGO regulations, we report to you, based on our audit, that: we have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of our audit.

*Tabira Annet Kevin*  
**Certified Public Accountant**

18<sup>th</sup> - 09 - 2017

Ref: TAKN/A34/17



**TAKN & Associates**

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*Tabira Annet Kevin, ACCA, CPA (U), B.AED*

**Uganda Harm Reduction Network**  
*Annual report and financial Statements*  
*For the year ended 31st December 2016*

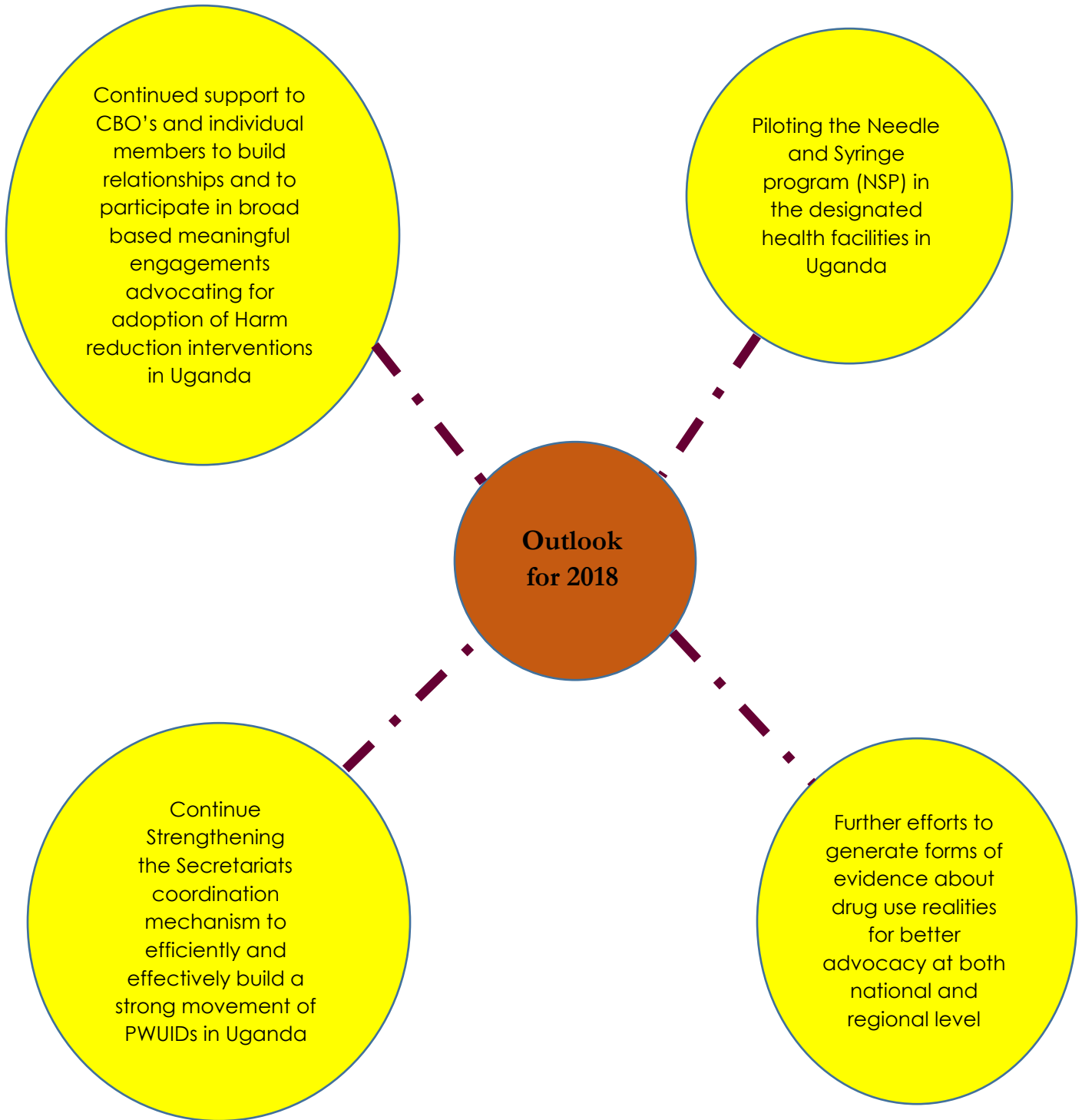
**DONOR FUNDS STATEMENT OF PAYMENTS AND RECEIPTS**

	Notes	2016' Shs	2015' Shs
<b>INCOME</b>			
Donor Funds	1	399,301,542	8,992,525
<b>Total incomes</b>		<b><u>399,301,542</u></b>	<b><u>8,992,525</u></b>
<b>EXPENDITURE</b>			
<b>Programme expenses</b>	2'		
Arasa Project		31,089,355	8,317,000
ITPC		4,750,000	-
Pitch Project		18,597,958	-
Global Fund project		87,967,880	-
<b>Office Expenditure ( Global fund)</b>	3'		
Administrative expenses		7,925,427	-
Staff costs		114,732,548	-
Office rent		7,500,000	-
Capital expenses		18,070,000	-
Utilities		1,260,000	-
<b>Total Expenditure</b>		<b><u>291,893,168</u></b>	<b><u>8,317,000</u></b>
<b>Surplus/ (deficit)</b>		<b><u>107,408,374</u></b>	<b><u>675,525</u></b>

# Out Look for 2018

In the coming year UHRN will continue important work in in advocating for the health and rights of the People Who Use and Inject Drugs across the country.

This will include:





# 2017 In Pictures



## Staff and Board Members

### Board of Directors

Name	Profession	Role
Dr. Birungi Hope(PhD)	Social worker	Chair person
Mr. Omogo Ndugu	Truckers	Member
Ms. Stella Kentusi	Social worker	Member
Mr. Ameto Brian	Drug User	Vice Chair
Mr. Kigozi Fredrick	Accountant	Treasurer
Ms Namwanje Justine	Sex worker	Member
Mr. Wamala Twaibu	ED UHRN	Secretary

### Secretariat staff



**Baguma Christopher**  
Programs Manager



**Wamala Twaibu**  
Executive Director



**Olimba Mark**  
Finance and Admin Officer



**Katende Dan**  
Research & Documentation



**Ajuna Syrus**  
Community Out Reach Coordinator



**Medina Gift**  
Referral & Networking



**Beatrice Ajonye**  
Advocacy and Communications



**Masereka Kenneth**  
Monitoring and Evaluation



**Mukanza .W. Agatha**  
Clinician



**Muhwezi Edward**  
Counsellor



**Ombigo Diana**  
Office Administrator



# Our Partners



UGANDA AIDS COMMISSION



THE REPUBLIC OF UGANDA  
Ministry of Health



NAFOPHANU

