



Uganda Harm Reduction Network

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Annual
Report



Table of Contents

About UHRN.....	1
Mission	1
Vision	1
Strategic Goal.....	1
Core Values.....	2
Strategic Direction	2
Introduction.....	3
Thematic Areas Performance	4
Thematic Area 1: Capacity Enhancement and Movement Building.....;	4
Thematic Area 2: Policy and Advocacy.....	7
Thematic Area 3: Research and Knowledge Management	9
Thematic Area 4: Access to Health and Justice Services	10
4.1. Access to Health	10
UHRN Annual HTS Cascade.....	11
The 2020 MAT Cascade	13
4.2. Access to Justice	13
Table 1: Cases interfaced with by PWUDs	14
Summary of cases managed.....	14
Partnership and Networking	16
Coping Up with Covid-19.....	17
Thematic Area 5: Monitoring and Evaluation	18
Lessons Learned	19
Challenges Encountered	20
Recommendations	21
Resource Mobilization	23
Cost of Our Response 2020.....	23

Acronyms

AIDS - Acquired Immune Deficiency Syndrome	MSPH - Makerere School of Public Health
ARASA - AIDS & Rights Alliance for South Africa	NGO - Non-government Organization
ART - Antiretroviral Therapy	NIH - National Institutes of Health
BAI - Bodily Autonomy and Integrity	NPC - National Population Council
BBA - Building Bridges for Advocacy	NSP - Needle and Syringe Program
CDC - Center for Disease Control	OSIEA - Open Society Initiative for East Africa
CND - Commission On Anti Narcotic Drugs	PEPFAR - President's Emergency Plan for AIDS Relief
COVID-19 - Corona Virus	PPE - Personal Protective Equipment
DIC - Drop In Center	PrEP - Pre-Exposure Prophylaxis
EPA -Enhanced Peer Approach	VLS - Viral Load Suppression
HEP - Hepatitis	PWID - People who inject drugs
HIV - Human immune deficiency virus	PWUD - People who use drugs
HRAPF - Human Rights Awareness Promotion Forum	PWIDS - People who Inject Drugs
HRI - Harm reduction Intervention	REAct - Right Evidence Action
HRM - Harm reduction movement	RHSP - Rakai Health Science Program
HRRHI - Harm Reduction and Reproductive Health Initiative (HRRHI)	SRHR - Sexual Reproductive health and Rights
HTS - HIV Testing Services	STIs - Sexually Transmitted Infections
ICASA - International Conference on AIDS and STIs in Africa	SW - Sex Workers
IDI - Infectious Disease Institute	TAAG - The Action Access Group
IEC - Information Education and Communication	TB - Tuberculosis
JAR - Joint AIDS Review	UAC - Uganda Aids Commission
KPs - Key Populations	UHRN - Uganda Harm Reduction Network
KPTWG - Key Population Technical Working Group	UKPC - Uganda Key Populations Consortium
MAT - Medically Assisted Therapy	UNDP - United Nations Development Programme
MJAP - Makerere Joint Aids Program	
MOH - Ministry of Health	
MSM - Men who have sex with men	

Board Chairperson's Message

I am pleased to introduce to you the 2020 Annual report for Uganda Harm Reduction Network (UHRN). For the year 2020, UHRN has worked to realize the ambitions of the visionary like-minded community of people who use drugs in Uganda. This year has been a journey of transformation and change, sometimes laden with tears and uncertainty.

We cannot end the year without reflecting on the impact of COVID-19 to the delivery of programs with restricted public movement which affected access to services, among marginalized populations especially PWUD living with HIV, the factor of stock-outs of commodities like NSP, condoms, self-testing kits and family planning methods and the rate of psychological distress.

Amidst those challenges, the institution has made significant impact to the community of PWUD. We thus thank the Open Society Initiative for Eastern Africa (OSIEA) for supporting the Needle and Syringe Program during COVID-19 crisis, FRONTLINE AIDS, Global Fund and UNAIDS for the relief aid.

The Board continued to play its role and some of our 2020 outstanding resolutions included strengthening the membership base to increase from the current 38; coordinate and strengthen the fundraising arm for UHRN secretariat and diversifying harm reduction programming to suit the COVID-19 normal.

Special thanks to harm reduction partners who have immensely supported the harm reduction agenda and we recognize the new partnerships established with Makerere School of Public Health and Makerere Institute of Statistics and Population Studies. As part of our achievement, we have broadened our knowledge management and learning HUB through which we have partnered with Makerere School of Public Health, Wisconsin University and FRONTLINE AIDS.

We remain grateful for the generous support from a cross-section of stakeholders and we look forward to continuing working with you to enrich our vision.

Thank you

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Board Chairperson

Executive Summary



I hereby with honour present to you UHRN's annual report 2020, which highlights our remarkable contribution to the health and human rights response among people who use drugs in Uganda. During this exciting and challenging year, UHRN has made remarkable contributions aimed at tackling the health and human rights of PWUD. I therefore present to you our remarkable achievements but also challenges faced during the financial year 2021.

Using innovative strategies such as adopting to virtual online platform, UHRN built the capacity of over 183 members across the country; Through partnership and networking with the government of Uganda, MUSPH, HRI, among others; Increased service package for people who use drugs; Inclusion of "Harm Reduction" Theme in the ICASA 2021; Strengthened partnership and networking for UHRN and other organisations, to lobby for food relief, hygiene and sanitation and human rights of PWUD in Uganda; Increased funding for harm reduction from international donors and lastly UHRN reviewed also its policy documents for updated harm reduction programming.

As earlier highlighted, this year was exciting but also challenging due to the outbreak of COVID-19 that jeopardized the provision of key harm reduction and health services for PWUD. We also witnessed social disruption, unsafe living conditions, discrimination in accessing social services and a lack of social capital which in turn increased the mobility of people who use drugs to look for safer environment;

Law enforcement continued to obstruct harm reduction community meetings in the manner of operationalization of the laws such as; NGO Act and Narcotics Act, the 2013 Public Order Management Act; Increased arrests, detention and torture by law enforcement in a manner of implementing the Anti-narcotics and psychotropic substance act of Uganda but also enforcing COVID-19 guidelines; limited domestic investment for harm reduction interventions.

Based on the challenges, our key recommendations are; Strengthen its mitigation measures to sustain the gains in HIV and harm reduction programming for PWUD amidst COVID-19; Strengthen advocacy from the government to embrace harm reduction as the over-arching strategy to respond to drug-injecting related risks and harms; Strengthen capacity orientation about the need to establish harm reduction interventions; Expand the scope of harm reduction interventions to include alternative services such as income generation for PWUD and Conduct another situational analysis to understand the needs and issues of PWUDs in the context of COVID.

I wish to thank all the key players such as the UHRN staff, donors, partners and network members and community of people who use drugs for their contribution to the successful harm reduction programming this financial year.

Yours sincerely

Wamala Twaibu
Executive Director

Uganda Harm Reduction Network

About UHRN

Uganda Harm Reduction Network (UHRN) is a drug user led national network established in 2008 and Reg. No. INDR150983987NB under NGO Act 2016 to respond to the drug use crisis in Uganda.

The network works to advocate for practical interventions aimed at supporting and addressing issues of people who use and inject drugs (PWUIDs) especially youth.

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 and Inject Drugs (PWUIDs) in Uganda.

Mission

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

Vision

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



Core Values

- Transparency, Integrity and Accountability
- Respect for dignity and diversity of all persons
- Meaningful involvement and participation of drug user community
- Leadership and Stewardship
- Team work

Strategic Direction

- Strengthening Uganda Harm Reduction Network for sustainability
- UHRN to be a "National Hub" of capacity enhancement for PWUIDs led and serving organisations
- Watch dog for PWUID's improved access to health and justice services
- Engaging in policy analysis and Advocacy initiatives
- Generating evidence through research and documentation

Introduction

This report highlights the progress of UHRN's activities based on its core thematic areas, which include;

Thematic Area 1

Capacity Enhancement and Movement Building

Thematic Area 2

Policy and Advocacy

Thematic Area 3

Research and Knowledge Management

Thematic Area 4

Access to Health and Justice Services

Thematic Area 5

Resource Mobilization

Thematic Area 6

Monitoring and Evaluation

Thematic Area 1: Capacity Enhancement and Movement Building

UHRN built the capacity of its community members, partners and networks in the various areas. These included;

- Bodily Autonomy and Integrity (BAI),
- SRHR,
- Documentation
- Reporting,
- Rights Evidence Action (REAct),
- Resource Mobilization,
- Advocacy,
- Human Rights and Harm Reduction
- Monitoring and evaluation.



This was conducted through training, mentorship, coaching and exchange learning visits in a bid to create a strong and vibrant movement that can advocate for harm reduction interventions in Uganda. Coaching, mentorship and training were also conducted to member networks that included;

- The Action Access Group (TAAG) in Buikwe,

Harm Reduction and Reproductive Health Initiative (HRRHI) in Mbarara, Mbale Youth for Harm Reduction and Economic Empowerment in Mbale, Women with Mission in Mbale, Gulu Youth for Harm Reduction in Gulu, Teenz Link Uganda Wakiso, Makindye Youth Development and Harm Reduction, among others.



Mentorship and coaching visits with member networks



Exchange Learning visits were conducted with different partners among which included HRAPF, Palliative Care Uganda, Butabika National Referral Hospital, Childs I Foundation, Women with Mission, West Nile Rainbow Initiative among other partners.

The exchange learning visits facilitated learning and knowledge sharing from UHRN and partners, operations in regards to the harm reduction programs for people who use drugs, and sharing opportunities for collaboration and networking to advance advocacy for human rights of people who use drugs in Uganda.



Exchange Learning visit at UHRN with HRAPF staff

Organizational Policy and Programs Review.

This year, UHRN undertook an organizational policy and programs review of its Strategic Plan 2021-2025, Advocacy Strategy, Child Protection Policy, Monitoring and Evaluation Framework, Anti-Fraud Policy, Risk Management plan, Delegation Plan among other policies to ensure compliance with laws and regulations, give guidance for decision making and streamline UHRN internal processes.



National Harm Reduction Community Summit.

The 1st Annual National Harm Reduction Community Summit was organized and driven under the theme **Building Bridges for Advocacy (BBA)**.

The summit brought together over 100 dynamic, passionate advocates, policy makers, media, law enforcements, service providers, opinion leaders and harm reduction and HIV community Activists across the country.

The summit created a forum for community members to openly share information, insights, experiences and best practices about relevant issues that affect people who use and inject drugs and empowered leaders around drug policy and harm reduction advocacy efforts through intergenerational connections.



UHRN Team leader during the Harm Reduction Summit

Community Member sharing during the Harm Reduction Summit

Key Achievements

- Increased knowledge and skills on the concept of harm reduction and people who use drugs
- Evidence based on advocacy, where by the exchange visit will generate knowledge and provide evidence.
- Uganda Harm Reduction Network as a resource hub
- Strengthened collaboration and networking between various partners and member organizations

Thematic Area 2: Policy and Advocacy

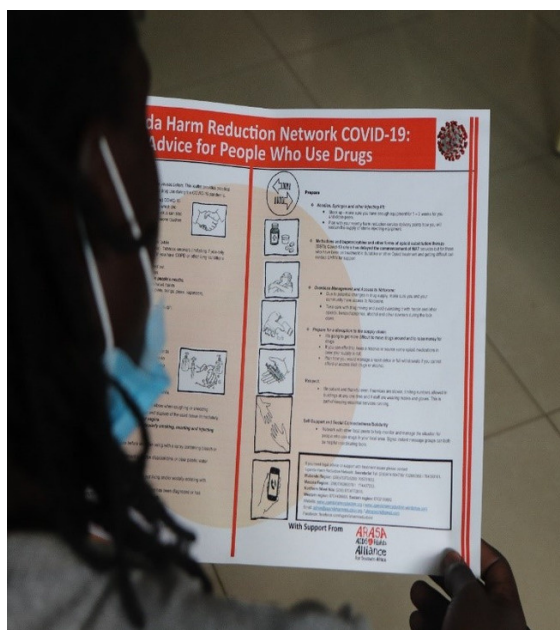
Participated in critical advocacy spaces both at global, national and district level. At the International level, UHRN participated in the 2020 CND meeting in Vienna and the AIDS 2020 Virtual Conference.

At the national level UHRN participated in the Joint AIDS Review (JAR) meeting, National HIV Prevention Committee Meetings, MoH Key Population Technical Working Group Meetings and the National MAT taskforce meetings which together have given UHRN mileage towards her successful advocacy story.



Information, Education and Communication Advocacy Materials

Several harm reduction advocacy materials were developed. These included guidelines, Standard Operating Procedures, fact sheets, posters and survey reports for Medically Assisted Therapy, Needle and Syringe Program, Sexual Reproductive Health and Human rights.





IMPORTANCE OF LAW ENFORCERS IN THE DELIVERY OF MAT



- **MAT reduces criminality.** Petty crimes are reduced in geographies where MAT has been implemented.
- MAT provides an avenue for **diversion** of petty offenders from the criminal justice system
- Provision of MAT **reduces the cost of incarceration** and is a cheaper option for rehabilitation



WHY LAW ENFORCERS

- Law enforcers have a big role in violence prevention and response services which are key to increasing access to MAT services
- Engagement of law enforcers creates an enabling environment for PWID service delivery
- Law enforcers should use a humane approach while dealing with MAT clients
- MAT clients are reformed people or in the process of reforming and need support in their journey to recovery.
- MAT is a strategy for harm reduction and demand reduction and law enforcers also have a role in supply suppression
- MAT clients may not need to be arrested for taking drugs rather should be referred and supported to access MAT treatment
- Sensitization of other law enforcers using a top bottom approach is critical in MAT implementation
- Law enforcers can also be an integral part of MAT in creating an enabling environment for services delivery and should be at the forefront in advocacy services in the country.

Key Achievements

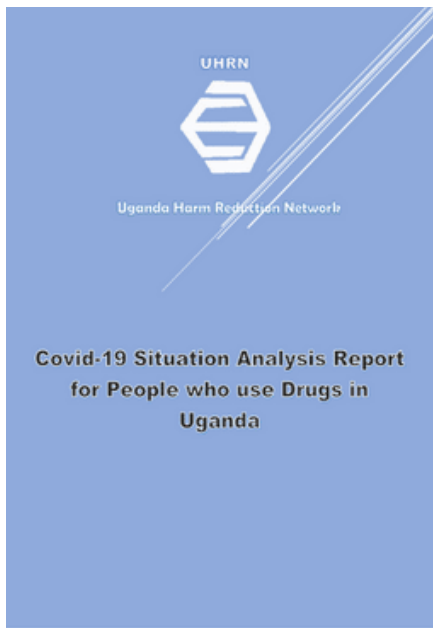
- These engagements have given birth to roll out of the essential services for PWUD community such as the first Medically Assisted Treatment services for PWUD communities with opioid dependence at Butabika National Mental Referral Hospital in Uganda.
- Influenced the inclusion of “Harm Reduction” Theme in the ICASA 2021.
- Secured allocation for harm reduction in the Global Fund in Country
- UHRN has strengthened its collaboration with partners at the community, district, national and global level. UHRN is currently a subscriber member to UKPC, NPC at UAC, KPTWG at MoH, member of CND, UNDP African Region Key Population Advisory Group, International Drug Policy Consortium



Thematic Area 3:

Research and Knowledge Management

UHRN is a harm reduction knowledge hub. This year UHRN conducted several research studies which included;



- With support from the government, UHRN has conducted the On-spot testing of Boda Cyclists who use drugs in the divisions of Kampala. The program included assessing feasibility of on-spot testing of motorcyclists who use drugs and development of information communication materials. This has generated evidence to inform our advocacy agenda from Ministry of Works and Transport and Uganda police.
- Harm Reduction Investment Assessment in Uganda funded by Harm Reduction International.
- Assessment of the Social Economic Impact of COVID-19 on people who use drugs in Uganda.

<https://ugandaharmreduction.files.wordpress.com/2020/06/covid-19-situation-analysis-report-for-pwuds.pdf>

UHRN also participated in the National HIV/AIDS Expenditure Assessment spearheaded by the Uganda AIDS Commission and the HIV&AIDS Prevention Shadow Report 2020 funded by Frontline AIDS.

Key Achievement

Evidence based programing for harm reduction programs and advocacy in Uganda.

Strengthened partnership and networking with research institutions and academia

Thematic Area 4:

Access to Health and Justice Services

4.1: Access to Health

UHRN has made tremendous efforts in extending health services to people who use drugs. The health care package services offered include; Behavioral Change Communication, Needle and Syringe Exchange, Psycho Social Support, Overdose Management, Screening and Referral for Medically Assisted Therapy (MAT), HIV testing and Counseling and STI screening.

In partnership with government health facilities in Kampala, Wakiso, Masaka Region and Luweero, UHRN delivered HIV Testing Services targeting people who use and inject drugs. The services that were delivered under HTS included; pre and posttest counseling, HIV testing, referral and linkage for ART, provision of secondary HIV prevention services including; PrEP, condoms, IEC material distribution, risk reduction & addiction counseling



UHRN Annual HTS Cascade

PROJECT	KPs Category	Target KPs Offered HTS	Achieved KPs Offered HTS	% achieved KPs Offered HTS	Target KPs Tested newly HIV Positive	Achieved newly HIV Positive	% achieved new HIV Positive	Target of Linkage	# of Linkage	% Linkage	Target of PVLS	# of PVLS	% achieved of PVLS	Target of PREP Eligible	# of PREP eligible	% achieved of PREP eligible	Target of PREP Initiated	# of PREP Initiated	% achieved of PREP Initiated
IDI	PWID	245	425	173%	29	37	128%	29	28	97%	132	0	0%	560	345	62%	336	6	2%
RHSP	PWID	440	384	87%	40	33	83%	40	30	75%	40	11	28%	280	351	125%	168	18	11%
MILDMAY	PWID	365	652	179%	36	49	136%	36	37	103%	60	3	5%	832	527	63%	56	21	38%
MJAP	PWID	2520	1016	40%	36	31	86%	36	18	50%	60	0	0%	832	1289	155%	56	0	0%
TOTAL		3570	2477	69%	141	150	106%	141	113	80%	292	14	5%	2504	2512	100%	616	45	7%

Source: UHRN Annual cascade 2020

Under the Needle and Syringe Program (NSP), UHRN deployed the static and peer led distribution strategy through the Drop in Centre and network members.

A total of **287** clients including; **197** Males, **77** Females and **13** Transgender were reached with **15,408** pieces of new clean needles and syringes together with Tourniquets, Cotton balls, Swabs, Water ampoules, condoms, lubricants and safe injecting info note.



UHRN's Peer aka RAS Signing for NSP Supplies at the DiC



A Team of Peers Packing their Weekly Batch of NSP Supplies for distribution to their Clients

Medically Assisted Therapy (MAT)

14th September 2020 marked the day Uganda opened up its doors and started offering Medically Assisted Therapy (MAT) to people who inject with drugs (PWIDS) at Butabika National Referral Hospital.

UHRN screens and provides initial preparation, refers and link eligible MAT clients to Butabika National Referral Hospital and supports continuation of psychosocial support services. Currently there are 81 PWIDs enrolled on MAT in the period September – December 2020



The 2020 MAT Cascade

Since the establishment of MAT in Uganda, UHRN reached 228 PWIDs through the SNS. Out of 228 PWIDs reached 181 were male and 47 were female as illustrated in the table below.

Gender	Annual Target	PWIDs Screened For MAT	PWIDs Eligible For MAT	PWIDs Initiated On MAT
Male	150	181	111	70
Female	150	47	17	11
Total	300	228	128	81

Source: Sept–Dec, 2020 MAT Cascade

- Out of 181 male PWIDs reached, 111 were Eligible for MAT and 70 were initiated on MAT.
- Of the 47 females PWIDs reached, 17 were eligible for MAT and 11 were initiated on MAT.
- All the 81 PWIDS are enrolled at MAT clinic at Butabika national referral hospital.

4.2. Access to Justice

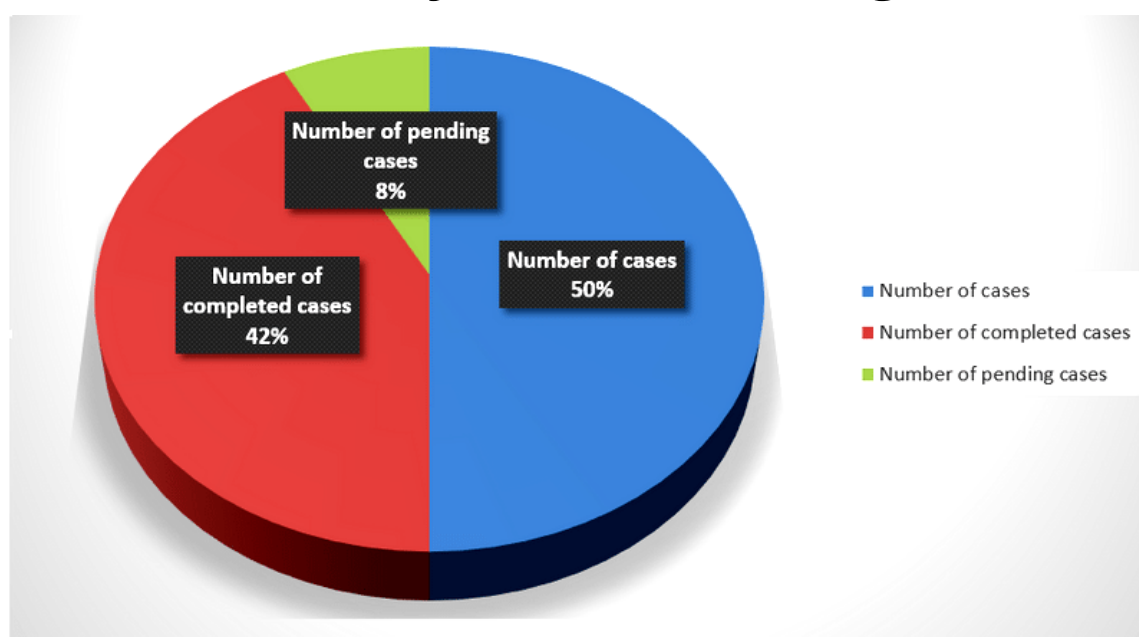
The UHRN Access to Justice Department was created to develop, consolidate, coordinate and implement initiatives to expand access to human rights and legal aid services for people who use drugs. The department supports and advances access to human rights and legal aid services through community paralegals and legal aid networks and partners UHRN through her 'Access to Justice' unit recorded 2008 cases of PWUD as illustrated in the table below

Table 1: Cases interfaced with by PWUDs across the harm reduction implementing regions of Uganda in 2020

Nature of cases	Number of cases					Number complete					Number pending				
	C	W	WN	E	N	C	W	WN	E	N	C	W	WN	E	N
Assault	1	0	1	0	1	1	0	1	0	1	0	0	0	0	0
Drug use	11	64	15	7	11	11	56	7	7	11	0	8	8	0	0
Police raid	491	97	102	101	45	331	97	97	68	45	160	0	5	33	0
GBV	28	18	9	1	4	27	18	7	0	0	1	0	2	1	4
Frequenting a place used for smoking opium	64	11	1	72	3	64	11	1	67	2	0	0	0	5	1
Rogue and vagabond	24	21	2	32	28	24	21	2	32	21	0	0	0	0	7
Simple robbery	11	0	1	4	0	7	0	1	4	0	4	0	0	0	0
Counterfeit	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Threatening violence	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0
House break-in	78	2	0	9	0	62	2	0	1	0	16	0	0	8	0
Drug trafficking	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Possession of drugs	190	121	51	101	65	190	109	51	97	64	0	12	0	4	1
Public nuisance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Theft	18	19	0	69	1	12	18	0	41	1	6	1	0	28	0
TOTAL	918	354	182	396	158	731	333	167	317	145	187	21	15	79	13

Source: Access to Health and Justice / REACT 2020

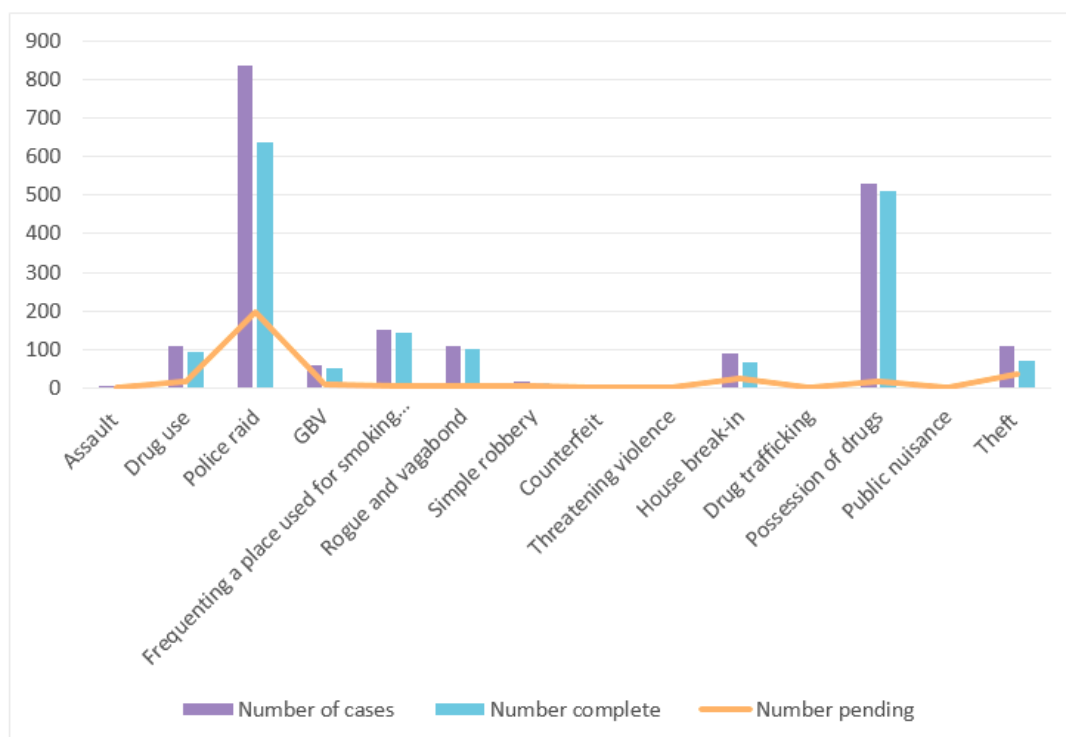
Summary of Cases Managed



Source: Access to Health and Justice / REACT 2020

The graph below illustrates the number of human rights violations cases faced by PWUD in 2020. Among the case, police raids and possession of drugs cases have been highly reported. These have been responded to by the PWUD Community paralegals through mediation, counselling and psychosocial support, family reintegration and referrals for litigation to HRAPF, UGANET and Alliance for Key Population Advocacy.

Cases of Human Rights Violations of PWUD in Uganda 2020



Key Achievements

- UHRN has influenced the establishment of the Multi stakeholder MAT task force to create an enabling environment for delivery of MAT and other harm reduction interventions in Uganda
- Increased number of harm reduction champions and allies has been registered.
- UHRN in collaboration with other like-minded partners has influenced the development standard operating procedures for handling people who use drugs by the Narcotics department of police.
- Increased reporting and documentation of PWUD human rights violation cases through the Rights Evidence Action (**REAct**) system.
- Strong Community structures strengthened to continue advancing advocacy for promotion and protection of the rights and health of people who use drugs.

Partnership & Networking

UHRN has cultivated relationships with community based organizations, Ministries Department and Agencies (MDAs), national civil society organizations, International NGOs and Donors which has advanced the advocacy for harm reduction programming at the community, national and international level.

This has further improved meaning full participation for the community of people who use drugs in key advocacy spaces as well enhancing the visibility of the community for people who use drugs.

Palliative Care Association of Uganda (PCAU) courtesy visit to UHRN to foster partnerships and improve the quality of life of people who use drugs with chronic diseases like HIV/AIDS and cancer with other palliative care needs



The Executive Uganda Harm Reduction Network representing in the National HIV Prevention Committee



Butabika Hospital clinical team, Ministry of Health Uganda, Clinicians, MAT trainers and IDI Makerere team visit to A visit to UHRN DIC



Coping Up With COVID-19

On March 21st, 2020 Uganda confirmed its first case of COVID-19 and this led to introduction of various prevention measures. The situation put marginalized groups especially people who use drugs at increased risk and led to a myriad of challenges to PWUD including decline in access to HIV care and treatment, gender-based violence, unintended pregnancies, stigma and discrimination, mental disorders and drug withdrawal symptoms.

It's on that note Uganda Harm Reduction Network constituted an emergency response mechanism to address the challenges caused by COVID 19 to the community of people who use drugs with a number of innovations that included;

- Rolled out virtual counselling services through; phone calls, for PWID on risk reduction, addiction management.
- Constituted a mobile response team of 25 PWID peers to sustain ART and condom refills for clients who couldn't access the health facilities and the DIC.
- Procured and distributed Covid 19 Personal Protective Equipment (PPE) for the community Drop-in-Centers to avert the Covid19 risks amongst DiC service providers during the day-to-day delivery of HIV and harm reduction services at the DiCs. These included; 500 Face Masks, Soap and Jik
- Popularized MoH COVID 19 prevention/safety guidelines to increase PWUD community awareness of the phenomenon to inform practice change to avert the risks. This involved Printing, branding and dissemination of COVID 19 prevention info graphic Tools for PWUD such as; Posters, Brochures and T-shirts
- Procured and distributed 20 bicycles to enhance PWID Peer Approach (EPA) for continued provision of HIV and Harm reduction services and commodities within the hotspots amidst the COVID-19 crisis.
- Procured and distribute basic food relief hand-outs to 150 UHRN PWUD clients



HTS deliveries using motor cycle

Thematic Area 5

Monitoring & Evaluation

Summary of Key UHRN achievements in Financial Year 2020

THEMATIC AREA	CODE	INDICATOR	ANNUAL TARGET	ANNUAL ACHIEVEMENT	% ACHIEVED
Thematic Area 1: Capacity enhancement and movement building					
	1.1	# of grass root drug user led and serving networks and CBOs oriented to address the legal policy for PWUIDs	35	25	71.4%
	1.2	# of mentorships trainings for PWID peer educators and community paralegals conducted	6	5	83.3%
	1.3	# of UHRN member organizations provided with technical support and capacity enhancement.	15	12	80.0%
	1.4	# of UHRN Regional offices established	5	3	60.0%
Thematic area 2: Policy and Advocacy					
	2.1	Number of stakeholder dialogues conducted for law enforcements and other duty bearers to increase awareness on the harm reduction strategy	8	5	62.5%
	2.2	Number of stakeholders sensitised on human rights of PWUIDs	250	176	70.4%
	2.3	Number of MAT community empowerment meetings for PWID communities for improved demand & uptake of MAT	15	8	53.3%
	2.4	Number of MAT orientation meetings for health workers, police and legal aid service providers to improve attitude and increase providers' awareness on the PWID service needs including MAT.	5	6	120.0%
	2.5	Number of PWIDs sensitized on MAT for improved demand & uptake of MAT	300	228	76.0%
	2.6	Number of health workers, police and legal aid service providers sensitized on MAT to improve attitude and increase provider's awareness on the PWID service needs including MAT.	50	32	64.0%
Thematic area 3: Research and Knowledge management					
	3.1	# of published journals	3	2	66.7%
	3.2	# Researches conducted	3	1	33.3%
	3.3	# of needs assessments conducted	6	4	66.7%
	3.4	# of community scorecard assessments	4	2	50.0%
Thematic Area 4: Access to Health and Justice					
4.1: Access to Health					
	4.1.1	# of harm reduction Drop in Centers created for PWUIDs	2	1	50.0%
	4.1.2	# of targeted PWUD HTS hotspot outreaches conducted	100	42	42.0%
	4.1.3	# of MAT Satellite centers influenced to be established	2	1	50.0%
	4.1.4	# of PWID reached with HIV Prevention services	3,570	2,477	69.4%
	4.1.5	# of PWUDS reached by comprehensive sexuality education and/or life skills based HIV education	2100	2487	118.4%
	4.1.6	# of new positive PWIDs identified	141	150	106.4%
	4.1.7	# of PWIDs linked to care	141	113	80.1%
	4.1.8	#PWIDS Initiated on PREP	116	45	38.8%
	4.1.9	# of condoms distributed	11,000	9,000	81.8%

	4.1.9	# of IEC materials distributed	1,000	700	70.0%
	4.1.10	# of PWID community peer educators trained as ambassadors to enhance response to HIV, TB, SRHR, harm reduction and other health services	55	28	50.9%
	4.1.11	# of referrals conducted	912	650	71.3%
	4.1.12	# of clean needles and syringes distributed	60,000	43,911	73.1%
	4.1.13	# PWIDS reached with clean needles and syringes	300	287	95.6%
	4.1.14	# of PWID Behavior change cross-learning sessions between PWIDs and service providers to facilitate sharing of knowledge and information on Drug related harm, drug use and ART	10	7	70.0%
	4.1.15	# of clients enrolled on MAT	75	62	82.7%
4.2. Access to Justice					
	4.2.1	Number of community paralegals trained on how to manage and report human violations against PWUIDs	60	15	25.0%
	4.2.2	Number of human rights violation cases for PWUIDS registered	1,000	850	85.0%
	4.2.3	Number of human rights violation cases for PWUIDS handled	1,000	572	57.2%
	4.2.4	Number of community sensitization on access to MAT, diversion strategy, human rights roles and responsibilities of duty bearers and right holders	20	16	80.0%
	4.2.5	Number of duty bearers and rights holders sensitized about the laws and policies affecting service up take for PWUIDs	120	80	66.7%
Thematic area 5: Resource Mobilization					
	5.1	Number of new projects secured	15	10	66.7%
Thematic area 6: Program Monitoring and Evaluation					
	6.1	Number of M&E systems adopted	3	2	66.7%

Lessons Learned

- The establishment of the harm reduction and human rights committee and its role in bringing together human rights advocates, legal institutions, health workers, law enforcement and representatives from the community of people who use drugs advances a pooled voice for advocacy for fair treatment and recognition of human rights for people who use drugs.
- Stakeholder engagements has enabled creation of allies and champions that advocate for supportive environments that address human rights violations for PWUDs and enable access to quality accessible and affordable services in Uganda.
- The use of Information Education and Communication materials has been instrumental in the sensitization about risks associated with the behaviors of people who use drugs and have been used as BCC to PWUDs for PrEP and ART uptake.
- A comprehensive package for harm reduction interventions at the service delivery point increases health seeking behaviors for HIV, SRHR, Hep B and C, overdose management and other services amongst PWIDs

Challenges Encountered

- Social disruption, unsafe living conditions, discrimination in accessing social services and a lack of social capital has increased the mobility of people who use drugs to look for safer environment. This led to;
 - Increased exposure to risk factors such as high transmission of HIV among PWUD.
 - Raised issues such as late diagnosis, poor treatment-seeking behavior, treatment default and potential for transmission of HIV and STIs to others.
 - Increased mobility of PWIDS which has negatively affected retention in care and follow up.

- Persistent stigma and discrimination towards PWUDs in the communities, accompanied with labelling, denial, and exclusion. The factor of stigma and discrimination has continued to pose low uptake of essential services such as HIV, MAT, PrEP, STIs among other services. The likely effects include higher transmission of HIV, STI services.

- The outbreak of COVID-19 prevention jeopardized the provision of key harm reduction and health services for PWUD. The containment policies and other restrictions by the government of Uganda to response to the COVID-19 pandemic presented challenges for people who use drugs. COVID-19 presented a significant impediment to harm reduction outreach, service provision, linkages to broader health systems, and the funding mechanisms for harm reduction services. Harm reduction services must continue to operate amidst the pandemic and its associated challenges context of a future recession.

- Law enforcement has obstructed harm reduction community meetings in the manner of operationalization of the laws such as; NGO Act and Narcotics Act, the 2013 Public Order Management Act. Under the POMA, S.8 of POMA, the police can stop a public meeting if they think the public meeting venue is unsuitable for purposes of traffic or crowd control or that the meeting will interfere with other lawful businesses. Assemblies without notice are prohibited (Article 7(4), Article 8(3)), its organizers or participants subject to a two-year prison sentence under Article 117 of the Penal Code, that an assembly without notice may be dispersed without regard to other factors (Article 9(2)). This article deters the organizing of the communities of people who use drugs to access and share information and also health services that are much needed by them and hence violating the rights to health, freedom and association.

- Arrests and detention of PWUD by law enforcement in a manner of implementing the Anti-narcotics and psychotropic substance act of Uganda, subject to subsection (3) of the act, any person who in his or her possession any narcotic drug or psychotropic substances commits an offense (2) any person who commits an offence under subsection (1) of the act is liable to conviction. The act penalizes possession of illicit drugs with 10 to 25 years in prison.
- Low domestic investment in harm reduction services in Uganda; the government of Uganda has not committed funds to fund harm reduction interventions. All available funding is from international donors. This is likely to compromise sustainability of harm reduction programs especially during time of international funding withdraw. The Funding gaps and service closures result in increased HIV and hepatitis C infections and other blood bone viruses among people who use the drug.



Recommendations

- ★ Given the fact that covid-19 pandemic is still prevailing in the country, UHRN should continue to strengthen its mitigation measures to sustain the gains in HIV and harm reduction programming for people who use drugs. These measures may include use of self-testing kits, Client ratio and peer zoning, strengthening PWUD mobile crisis response team to respond to human rights violations and health needs for PWUD, strengthening multi dispensing drugs to PWUD living with HIV, ART, PrEP home - based deliveries e-counselling, online virtual engagements.
- ★ UHRN and likeminded CSOs should strengthen advocacy from the government to embrace harm reduction as the over-arching strategy to respond to drug-injecting related risks and harms. This calls for enabling legal and policy provisions as well as domestic financial allocations that support the provision of comprehensive harm reduction services including services such as OST and NSP programs.

- ★ UHRN should conduct policy and legal review to remove decriminalization of drug use. UHRN should focus on conducting legal review on instruments such as antinarcotics and psychotropic substances ACT.
- ★ Scaling up advocacy and coordination among the CSOs and engagement with public sector and international partners to support harm reduction services. This can be done through the establishment of the network of harm reduction champions among drug users, CSO leaders and development partners.
- ★ Given the fact that, there are continuous rampant arrests and detention of PWUD by the criminal justice system, UHRN should strengthen capacity orientation of policymakers, justice law and order sector including police, and the public about the need to establish harm reduction interventions
- ★ Establish a formal working and coordination mechanisms between Government and Non-public sector including private sector partners involved in rehabilitation as well as NGOs/CSOs currently supporting harm reduction. This will provide an opportunity for advocacy for harm reduction but also address the gaps in awareness.
- ★ UHRN should expand the scope of harm reduction interventions to include alternative services such as income generation that would enable the people who use drugs have a source of livelihood especially those enrolled on the MAT program.
- ★ Given that COVID-19 still prevail in the country and still an impediment to harm reduction programming, UHRN should conduct another situational analysis to understand the needs and issues of PWUDs in the context of COVID. This will facilitate the development of post-Covid-19 plans with defined priority issues/areas to be addressed and relevant strategy to address them based on evidence.

Resource Mobilization

UHRN's resource mobilization program has expanded to 10 funders in 2020 compared to the 7 funders for 2019. This has supported the UHRN's program performance for the year 2020. The 2020 funders have included Rakai Health Sciences Program, Infectious Disease Institute, Mild may Uganda, OSIEA, FRONTLINE AIDS, NIH/ MSPH, ARASA, TASO, Harm Reduction International and Makerere Joint AIDS Program.

Cost of Our Response



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