NEWSLETTER

July 2021 to March 2022

Uganda Network of AIDS Service Organisations (UNASO)

THE UGANDA HIV PREVENTION RESEARCH COALITION

NEWSLETTER *(July 2021 to March 2022)*

Greetings!

Welcome to this issue of our newsletter.
This newsletter documents the HIV prevention work of various advocates (individuals and institutions) both in Uganda and in other countries.

In this issue, we bring you articles on prevention efforts among people who use and inject drugs, the plight of menstruating girls, prevention among commercial sex workers and prevention efforts by the Positive Men's Union among other articles.
We hope you will find the articles resourceful. Please read on and enjoy!

ABOUT THE CS HIV PREVENTION RESEARCH COALITION

The coalition was started to advocate for accelerated development of new prevention options against HIV/AIDS and to promote access to an uptake of proven approaches. It started in 2010 with support from AVAC under an advocacy fellowship project hosted at HEPS-Uganda.

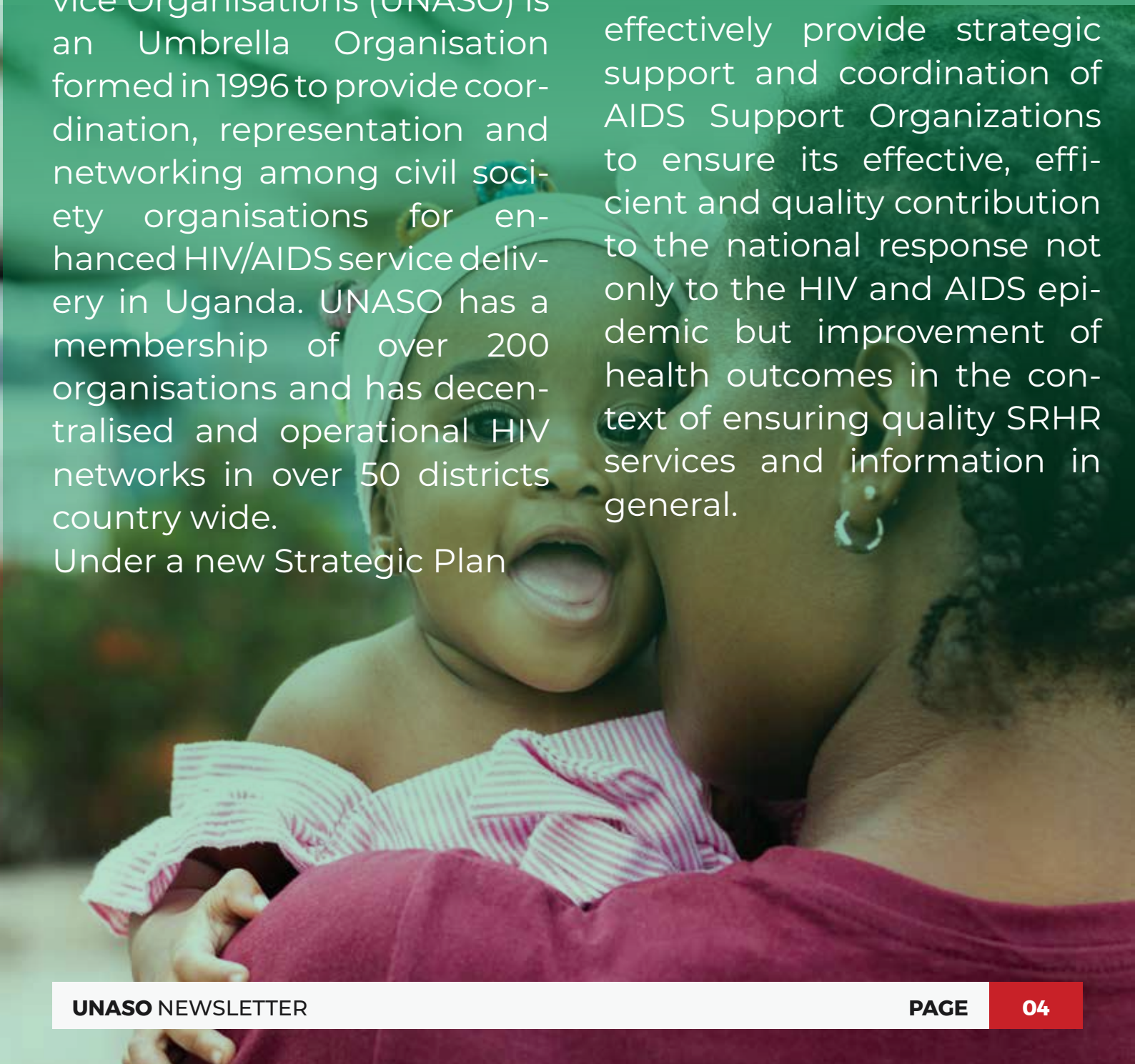
Between 2010-2013, the Coalition was hosted at HEPS-U and thereafter, from 2013 to date the Coalition has been hosted at UNASO. The coalition has over 30 CSOs as members.

The coalition is currently chaired by Bridget Jjukko Ndagaano, the Executive Director of ACTS101

About UNASO

Uganda Network of AIDS Service Organisations (UNASO) is an Umbrella Organisation formed in 1996 to provide coordination, representation and networking among civil society organisations for enhanced HIV/AIDS service delivery in Uganda. UNASO has a membership of over 200 organisations and has decentralised and operational HIV networks in over 50 districts country wide.

Under a new Strategic Plan (2020 – 2024), UNASO intends to accelerate its efforts to effectively provide strategic support and coordination of AIDS Support Organizations to ensure its effective, efficient and quality contribution to the national response not only to the HIV and AIDS epidemic but improvement of health outcomes in the context of ensuring quality SRHR services and information in general.



Our Vision:

A Uganda Society living Disease free life

Our Mission:

To provide strategic support to AIDS Service Organizations to implement integrated SRHR and HIV/AIDS programmes through effective representation, coordination, resource mobilization and enhanced capacities

What do young women in Africa want for HIV prevention? They want choice

Results of REACH study suggests monthly dapivirine vaginal ring would be a viable option for those who can't or choose not to use daily oral PrEP, researchers report at CROI

Originally published by the Microbicide Trials Network on 15th February 2022

In the first HIV prevention study to incorporate the concept of informed choice into its design, nearly all of the adolescent girls and young women who took part in the study accepted one of the two prevention products that were offered: the monthly dapivirine vaginal ring and Truvada® as daily oral pre-exposure prophylaxis (PrEP). Only 2 percent turned down both. And while for the majority, the dapivirine ring was the more popular of the two – having been selected by two-thirds of the participants—most of the young women were able to use their product of choice some or most of the time.

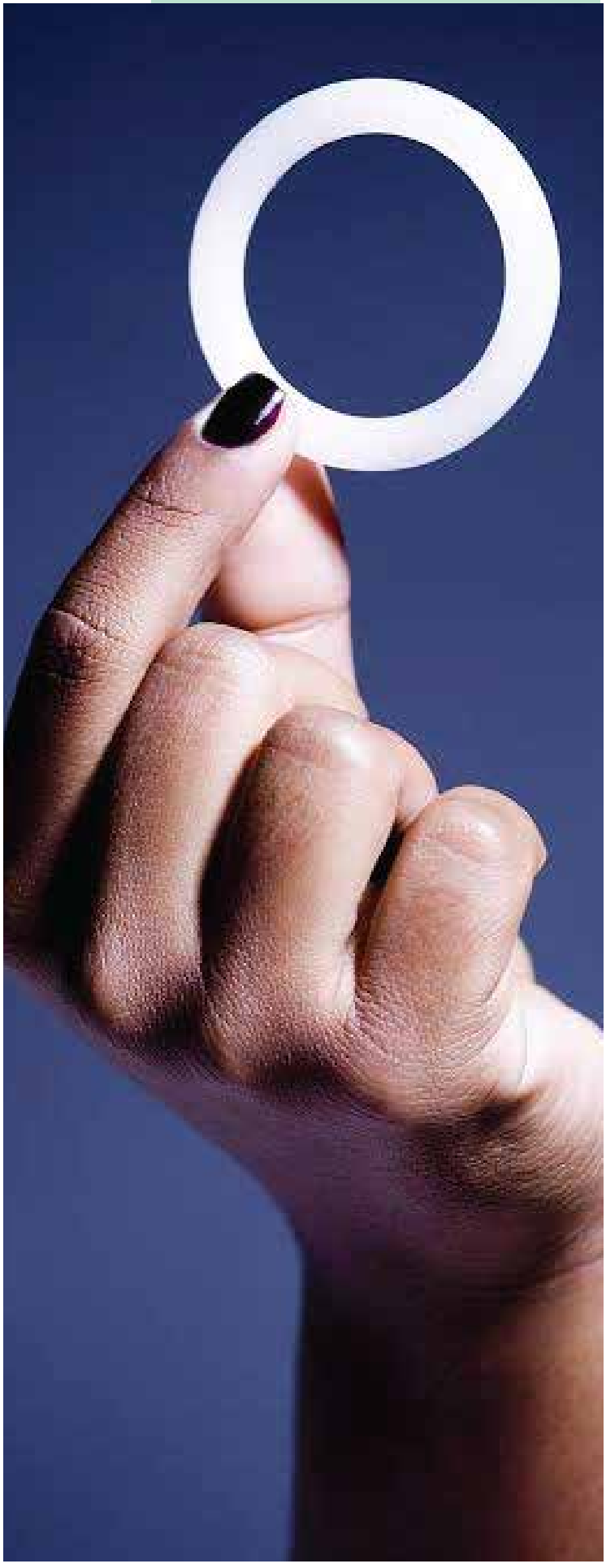
The study, known as REACH, was conducted by the Microbicide Trials Network (MTN) at four clinical research sites in Uganda, South Africa and Zimbabwe. Results from the study's third period, during which participants were able to choose between the dapivirine ring and daily oral PrEP after having experienced using each product, were presented today during the Conference for Retroviruses and Opportunistic Infections (CROI 2022), which is taking place virtually February 12-16.

"We know that with contraceptives, having a range of options makes it more likely of there being one that will meet an individual's needs and preferences and that it can and will be used.

Indeed, REACH is just a small example of what the potential impact could be in the realm of HIV prevention, simply by allowing young women and girls the ability to choose," said Kenneth Ngure, Ph.D., MPH, chair of the department of community health at Jomo Kenyatta University of Agriculture & Technology in Nairobi, Kenya, and REACH protocol co-chair, who reported the study's latest results at CROI.

Of particular relevance are the study's findings suggesting that the monthly dapivirine ring could be a viable option for those adolescent girls and young women who can't or don't want to take daily oral PrEP.

REACH enrolled 247 participants ages 16-21 who were assigned female at birth, 86 of whom were under age 18. All participants used both Truvada as oral PrEP and the dapivirine ring, each for six months, the order of which was determined by randomization. For the final six months of the study, participants were able to choose which of the two products to use, or could decide not to use either, and could change their minds at any time.



Of the 247 participants, 227 took part in the choice period. When asked which product they wanted to use, 152 participants (67 percent) chose the ring, 71 (31 percent) chose oral PrEP and only four participants (2 percent) opted to use neither. (Thirty switched products or changed their minds at least once during the six months, although this data was not presented at CROI; a qualitative analysis looking at the reasons participants selected one product over the other, as well as why some decided to switch or chose neither is underway.) Interestingly, those participants who chose oral PrEP over the ring were among those who had used it most regularly during the six-month period when they were assigned to that regimen.

During the first two periods of the study, when participants used each the ring and oral PrEP, adherence to both products was higher than what had been seen in previous trials involving young women, which the researchers reported at the 11th IAS Conference on HIV Science (IAS 2021). Likewise, data reported at CROI from the study's choice period found participants had also used the ring or PrEP some or most of the time.

For its part, the WHO has expressed interest in seeing what kind of insight REACH can provide for helping to better understand how best to support consistent and persistent use of both oral PrEP and the ring by adolescent girls and young women.

"The approaches we used seemed to work well for the young women and girls in REACH. What may be feasible or scalable at the community level and by health systems is still to be determined, and will likely depend a lot on capacity. But if there's one thing that must be considered it's that young women need to be allowed to make their own informed decisions about what they feel is best for them," commented Gonasagrie (Lulu) Nair, MBChB, MPH, REACH protocol chair and senior lecturer, Centre for Medical Ethics and Law, Faculty of Medicine, at Stellenbosch University in South Africa.

"The study results give evidence to our advocacy for choice in HIV prevention" Said Shakirah Namwanje, the Policy Research and Advocacy Officer at Uganda Network of AIDS Service Organizations (UNASO)

Globally, more than half of all people living with HIV are women, and in sub-Saharan Africa, women account for more than 60 percent of adults with HIV. HIV rates are especially high among adolescent girls and young women. According to UNAIDS, in 2020, one in four new HIV diagnoses in sub-Saharan Africa were in young women ages 15-24, despite making up only 10 percent of the population.

Harm Reduction Services for HIV prevention!

Why the need to embrace the provision of harm reduction services to People Who use and Inject Drugs in Uganda??

By Stanley Nsubuga

Globally, people who inject drugs are 28 times more likely to be living with HIV, have higher rates of hepatitis C (HCV) and tuberculosis than the general population. The UNAIDS 2025 targets focus on three interlinked areas; calling for removing social and legal impediments to access or utilization of HIV services, testing and treatment, and service integration through adoption of people-centered approaches. The World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Program on HIV/AIDS (UNAIDS) strongly recommended harm reduction as an approach to HIV prevention, treatment and care for people who inject drugs.

Evidence

•Provision of harm reduction services has been proven to be effective in reducing the number of new HIV infections among people who inject drugs to practically zero and the most cost-effective approach for HIV prevention among people who use drugs.

•Drug dependence treatment such as opioid substitution therapy, using methadone or buprenorphine, curb the use of opioid drugs. They substantially increase HIV treatment enrollment, treatment adherence and viral suppression among people who use drugs and living with HIV.

"Despite overwhelming evidence of the effectiveness of harm reduction for preventing the spread of HIV and reducing other harms associated with drug use, these kinds of interventions have not been fully embraced and prioritized in Uganda."

Harm reduction service demand, uptake, coverage and funding stills remains insufficient as much attention has been given to people who inject drugs compared to other forms of drug users. These factors, together with criminalization, stigmatization, discrimination, marginalization and violence drive people who use drugs underground and exclude them from proper access to the harm reduction and health services they need to prevent overdose and protect themselves and others from HIV and hepatitis C.

In Uganda, the HIV prevalence among People who Inject Drugs is about 3 times (17%) higher than in the general population (6.2%) and there has been slow but steady progress in implementing harm reduction programs as a component of the response to the HIV epidemic though with a wide range of initiatives tried to date in a variety of settings.

Many policy makers continue to think that harm reduction encourages drug use, and that opioid substitution treatment is about replacing one drug with another. It means that more work should be done. As civil society, we see it as our prerogative to work with the governments and convince them that harm reduction works,"

Wamala Twaibu, Executive Director, Uganda Harm Reduction Network

The Ministry of Health currently endorsed a harm reduction approach in the National HIV Strategic Plan 2020/21-2024/25 and Harm Reduction Guidelines in Uganda, Center for Disease Control (CDC) supports the first Medically Assisted Therapy (MAT) program housed at Butabika National Referral Mental Hospital and Uganda Harm Reduction Network is responsible for creating demand, provide patient education, screening and preparation, refer and link eligible MAT clients, and support continuation of psychosocial support services. In addition, the Open Society Initiative for Eastern Africa (OSIEA) are supporting UHRN to provide the Needle & Syringe Program to the communities of people of who inject drugs.

Therefore, the overarching purpose of drug control should be first and foremost to ensure health and well-being and security of individuals while also respecting their agency and human rights at all times.

I thus call for a public health and human rights approach to drug use with the following recommendations;

Promote access to health care services:
Ensure that all people who use drugs have access to prevention, testing and lifesaving treatment for HIV, TB, Viral Hepatitis and Sexually Transmitted Infections and adequate availability to opioids for medical use to reduce pain and suffering

Human rights, dignity and rule of law:
Protect and promote the human rights of people who use drugs by treating them with dignity, providing equal access to health and social services and decriminalize drug use/ consumption and possession. Adapt and reform laws to ensure that people who use drugs have access to justice and do not face punitive or coerced sanctions for personal use and put in place policing measures that encourage people to access harm reduction and health services voluntary

End stigma and discrimination:

> *"Drug use related harms such HIV/AIDS and viral hepatitis are not individual problems but problems for the society at large. With stigma and discrimination, there will not be an enabling environment for prevention, care and treatment of HIV and the drug problem which puts the entire society at risk,"*
>
> ***Katende Dan, Research and Documentation, Uganda Harm Reduction Network***

People-centered approach:
Support, fund and empower communities, CSOs and networks of people who use drugs in all aspects of design, implementation, and monitoring and evaluation of drug policies and programs as well as in the design and delivery of HIV, health and social protection services

Stanley is a Programs Officer at Uganda Harm Reduction Network (UHRN)

Understanding HIV prevention tools available in Uganda

By Shakirah Namwanje

The human immunodeficiency virus (HIV) remains an epidemic of global and national concern 30 years after. To support the increasing emphasis on biomedical interventions for prevention requires a renewed and reframed focus on HIV prevention messages to motivate engagement in risk-reduction activities particularly for young people. Uganda has demonstrated remarkable success in the fight against generalized HIV - achieving a dramatic reduction in the adult HIV prevalence rate from 19% in 1991 to 6.5% in the early 2000s to 5.8 by 2019, a decrease in new HIV infections by 43% and AIDS-related deaths by 58% (UNAIDS, 2020).

A study was carried out to understand the contribution of research towards ending AIDS come 2030, and assess whether the needs of young people (YP) and key populations (KP)s are addressed – looking at the status of prevention issues in the country.

The study is also meant to identify challenges and constraints, and recommend action to accelerate the achievement of the targets by directly monitoring progress towards achieving the 10 Fast- Track commitments and expanded targets to end AIDS by 2030.

UNASO conducted the survey with a reach of 61 young people participating. The findings were analyzed using Excel and further review of published materials on HIV prevention research undertaken within the region to triangulate the discussion of key findings of the report. The literature search focused on HIV prevention research among young people in Uganda that is aimed at improving HIV policy and programmatic performance towards elimination of HIV by 2030.

When the findings came out, it was seen that 61 respondents reported Male Condoms as the most readily available HIV prevention tool to them, while 35 mentioned Voluntary Male Circumcision (VMC). When asked about the preferred prevention tool by sexually active young people, 33 responded positive for the male condom while 4 mentioned VMC. For the young people who are not sexually active, 9 respondents mentioned the male condom as a tool they would prefer to use.

For the prevention tools that young people find easily accessible, 56 mentioned the male condom while 25 mentioned PrEP. And when asked about the access points for these tools, 53 responded reported accessing them through the Health Center.

When asked to give recommendations to increase access to prevention tools, 43 respondents mentioned the need to sensitize young people about the available prevention tools. To involve young people in HIV prevention research, 29 respondents mentioned education as the main driver, while 5 mentioned encouraging research.

The respondents also gave guidance on what kind of information the new prevention tools should provide and the list included: how to use it, where to access it, how reliable it is, the name of the tool and weaknesses of the tool among others.

The research emphasizes facilitation of VHTs as an important group in regards to young people access to HIV prevention information and services. The survey also implies that there is stigma around young people's access to HIV prevention services as well as unmet need of young people's access.

The survey also shows a knowledge gap for current information on HIV prevention especially the new interventions.

In conclusion, there is need to carry out a more comprehensive study: the "HIV prevention index survey" to further understand young people's challenges to access to HIV prevention and generate evidence for appropriate action.

Shakira is the Policy Research and Advocacy Officer at UNASO

Using the Community Model to Tackle TB

One morning Lydia Naissaka, not real names, was surprised by an uncommon call from a landline. The caller introduced herself as a Community Linkage Facilitator from the TB unit who was following-up on patients who had missed appointments. Lydia responded that she was up-country looking after her sick mum. 'To my relief the CLF assured me that I can still get my refills from the nearby health center III in Kasanda' says Lydia.

By Paul Kalyesubula

To counterpoise the inevitable circumstances that impose geographical barriers to access to treatment that TB patients like Lydia find themselves entangled in, Dr. Herbert Kisamba of the USAID Defeat TB project says that they are working with partners to integrate the community model. 'In a bid to stamp out TB we're rolling out novel approaches to reinforce the biomedical methods'. The national TB strategic plan provides for an integrated approach. Essentially, the community mode entails a range of interventions including community sensitization, screening and referral, contact tracing, Direct Observation on Therapy (DOT)', Dr. Kisamba explains.

Community Screening and Linkage to Care

'Just a day after I received the call I was visited by a team from our health center III. after assessing people in the household and neighborhood, sputum samples were taken from those who were coughing'. 'On a positive note', Lydia concludes, 'None of the specimens taken tested positive for TB'.

Demystifying Misconceptions & Myths Around TB

'When I was diagnosed with TB I was too scared to disclose to my wife; for I presumed she may surmise that I was also HIV positive'. Gerald, a survivor of TB, shares his dreadful experience with stigmatization. 'While as HIV increases one's vulnerability to TB due to an enfeebled immunity system, communities still take HIV as a cause of TB', says Dr. Kisamba. 'it was not until the Community Health Extension Worker (CHEW) insisted on tracing my contacts that my wife learnt that I was on TB treatment' says Gerald.

'On top of being a highly contagious disease, TB is also a comorbidity of HIV/AIDS', explains Sam of the National TB and Leprosy Program (NTLP). 'While as TB is only one among other comorbidities of HIV/AIDS, communities have-fallaciously-perceived TB as a symptom of HIV/AIDS -this is not necessarily the case. In an upshot, stigmatization of TB as a co-infection of HIV/AIDS is stifling community response-encumbering the support households and communities could provide to members with TB'.

Direct Observation on Therapy

Agnes Komuhangi, a community VHT attached to Kakiri Health Centre III, testifies that TB patients have been going without treatment support. 'To ensure that patients are supported in the course of treatment, the strategy of Direct Observers on Therapy (DOTs) has been employed'. 'The criteria for assigning a DOT is premised on emotional and geographical proximity to a patient'. Says Agnes. Kakiri HCIII has assigned 40 DOTs

'To increase awareness about TB, community sensitization outreaches in congregate settings have been strategized'. Dr. Andrew Kisamba adds that slummy areas like landing sites, markets and prisons are selected given their vulnerability to TB. 'Endemically, such places grapple with overcrowding, poor health literacy and seeking behavior'. To increase mass relevance, there's integration with HIV Counselling and Testing (HCT), cancer screening, reproductive health among other services.

Collecting a sputum sample in the field in the course of door-to-door sensitization, contact screening, referral & sputum sample collection

Paul is an Advocacy & Communications Officer at the National Community of Women Living with HIV/AIDS (NACWOLA)

The plight of menstruating adolescent girls and young women amidst the COVID-19 pandemic.

By Faith Mairah

According to the World Health Organization, globally, approximately 52% of the female population is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days. Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls and an important aspect of basic hygiene, sanitation, and reproductive health services to which every woman and girl has a right. The subject of menstruation, however, is too often taboo and has many negative cultural attitudes hence adolescent girls and young women in rural settings suffer most from stigma and lack of services and facilities to help them cope with the physical and psychological pains they undergo during their menstrual periods. Despite these issues, menstrual hygiene management has been routinely ignored by the government in improving access to these services.

The COVID-19 pandemic has affected all segments of the population and is particularly detrimental to vulnerable members of society including; people living in poverty situations, older persons, persons with disabilities, youth, and indigenous people. Evidence indicates that the health and economic impacts of the virus have been borne disproportionately by poor people. If not properly addressed through policy, the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination, and global unemployment in the medium and long term.

In Uganda, the first case of COVID-19 was confirmed on 18th March 2020 which led to a lot of panic amongst the population. The presidential address of 6th June 2021, is in its second wave of COVID-19, and measures were put in place to curb the spread of the pandemic.

This address was followed by another address on the 18th June 2021 which extended further measures for the safety of Ugandans. With the second lockdown in place, young people continue to face challenges in accessing essential and lifesaving Sexual Reproductive Health information and services including menstrual health and hygiene management services and products. The Youth Department of the Sexual Reproductive Health and Rights (SRHR) Alliance Uganda carried out a rapid assessment on the access of menstrual health management services by adolescent girls and young women during this COVID-19 19 pandemic. This survey ran online for one week and accumulated about 120 responses from diverse groups of young people. This was an online assessment through Google forms that aimed at bringing together different voices of young people about the issue to a united call to action to the government and other stakeholders. The link to the assessment form was circulated to different social media platforms like WhatsApp, Facebook, LinkedIn, and Twitter to enable different young people to participate.

The study findings demonstrated that menstruating adolescent girls and young women are facing increased challenges in accessing menstrual services than before COVID-19 as highlighted below:

Before the COVID-19 pandemic lockdown in the country, many adolescent girls and young women in communities and schools didn't have to worry about financial hardships in buying pads since they were taught how to make reusable sanitary pads at school and even provided with the materials or better reusable sanitary pads by civil society organizations that are doing programming on menstrual health and hygiene management in their communities. This all changed when measures were taken to battle the COVID-19 pandemic as schools closed and community gatherings were banned. Unfortunately, duty bearers in charge of caring for and supporting menstrual health management of adolescent girls and young women have seriously ignored these needs focusing mainly on keeping safe from coronavirus and more to caring about putting plates of food on the table. This is making the AGYW more vulnerable to risky sexual behaviors like having sex with multiple partners, having unprotected sex in exchange for menstrual materials and services. Below are some of the direct quotes from the survey;

"A friend of mine ran out of sanitary pads during the lockdown and she had to use handkerchiefs to maintain her hygiene but unfortunately she one day stained and didn't know, she was later on embarrassed by her brothers in open space which made her run away from home to my home for 2 weeks," A female respondent narrated

The distance created by the ban on public transport has made it almost impossible to walk during menstruation (cramps pain being unbearable) to public hospitals to receive treatment and private clinics services close by is very expensive by these AGYW.

One respondent stated, ***"One experience is that last month I got menstrual cramps at night and I could not get tablets due to the curfew hours and went through a lot of pain throughout the night."***

Many adolescent girls and young women in remote areas in eastern Uganda especially those experiencing menarche are suffering in silence from the hardships of accessing menstrual health services due to ignorance, lack of information, and support from parents. These face a high-level stigma after their first menses and require a lot of psychosocial support to understand and accept the changes happening in their bodies and lives. Unfortunately, some of these adolescent girls are forced into child marriage by their parents or guardians as far as some of their cultures dictate.

"A friend of mine called for financial support to get menstrual materials after the father failed to get her pads because all the money was saved for food through this COVID-19 lockdown, this was something she had never reached out to me for in the past 5yrs she has been my friend." A male respondent stated

Many parents and guardians could not work anymore due to the lockdown and closure of most workplaces. Some were laid off work and remained completely jobless yet they were the sole breadwinners of their families. These could no longer provide menstrual health materials to their daughters.

"I'm a health entrepreneur, one day I received a girl who needed sanitary pads since she knew I was working under a certain organization, she thought I would give her pads for free. She claimed not to have money, she had stopped working due to the COVID-19 pandemic. Unfortunately, I didn't help her because I also needed the money since I was selling them. Accordingly, this young lady resorted to non-absorbent materials/clothes which could even lead to further problems" A male respondent narrated

Based on this experience, the adolescents and young people recommend that:

Many adolescent girls and young women and their male peers have misconceptions about menstrual health. This has triggered stigma and discrimination feeding evils of gender-based violence, school dropout due to depression, and many other SRHR issues which arise from poor menstrual health management. Our call to the Government of Uganda is to **pass the School Health Policy** and prioritize youth-friendly services by training healthcare service providers in providing such services.

Extension of such menstruation hygiene products and education to nearby government health centers and further remove all taxes imposed on menstrual materials and treatment as an effort to make disposable sanitary pads affordable to all.

The government should ease the access of the pads at all places like hotels, restaurants, and hang-out washrooms and receptions like how they do with condoms. In addition, just like the way the government is supporting school TV lessons of the students, it should equally support sexuality education sessions on sensitizing the nation about menstrual hygiene and men's involvement in it. This should include sign language interpreters and further consider different categories of persons with disabilities and their needs.

The government should have in place proper guidelines for Civil Society Organizations that support adolescent girls and young women with access to sanitary towels and treatment to continue the service even in this pandemic ban on community gatherings.

Government should also allocate at least 10% budget to support adolescent girls and young women who have access to menstrual health management services including pads, treatment, skills for making reusable sanitary pads, and psychosocial support in their communities even in hard-to-reach areas.

Create or utilize already existing Peer to peer linkages at the community level to enable adolescent girls and young women to access their menstrual services and information from their very own communities without requiring them to move long distances.

In conclusion, COVID-19 is a pandemic that has exposed critical sexual reproductive health issues affecting adolescents and young people that need to be addressed including an urgent need to improve access to menstrual health services by adolescent girls and young women in Uganda and the globe at large.

Action Now!!

Faith Mairah is a Youth Country Coordinator at SRHR Alliance Uganda

AWAC's contribution to HIV response among the minoritized women, in particular Female Sex Workers and AGYW in Uganda

By Joyce Amuron

Female sex workers (FSWs), Adolescent girls surviving in sex work settings especially those with compounded and intersecting vulnerabilities in Uganda bear a disproportionate burden of HIV and Sexual Reproductive Health challenges. This is compounded by the existence of little evidence on the barriers that impede their access to HIV/AIDs and SRH related services. It is important to note that, an estimated 130,359 FSWs in Uganda operate in a criminalized environment and this environment has exposed FSWs to increased risks of HIV infection leading to extreme stigma, discrimination and denial of access to health services in health facilities.

The AWAC as an umbrella network of grass-root female sex workers (FSW) led-organizations in Uganda has promoted and advocated for human rights and access to affordable, acceptable, responsive and quality health and socio-economic services among FSWs and other minoritized women and girls in Uganda. In a bid to enhance access to integrated universal health care services among female sex workers, AWAC established models such as the Drop-In Centre, Community Health and Livelihood Enhancement Groups (CHLEGs), Outreaches and stepping stone out of the need to plummet the rate of HIV/AIDS spread among female sex workers in Uganda.

. Through AWAC clinic days at the DiCs, our members have been provided with integrated Universal Health care services – these include HIV screening and testing, counselling, refills for clients on ART and PrEP, mental health, psychosocial support for GBV survivors, SRH commodities for FSWs, other minoritized women and girls at our DiC safe space. In 2021, AWAC initiated **273 clients on ART and 2957 clients on PrEP**. AWAC has further donated emergency food relief to 1**21 of her members** to ensure their ART and PrEP adherence is not compromised by malnutrition due to a shortage in food during this extraordinarily challenging period

It is worth noting that, prevention of HIV is one of the core focus areas of our service delivery programs. Besides PrEP, this has been enhanced through the distribution of sexual reproductive health commodities and services such as ***family planning to 3089*** female sex workers and other minoritized women as a tandem to promote health equity and UHC as an integral focus area of the 2030 SDG agenda.

We have continued to empower and mentor ***294 FSWs and adolescent girls*** on sexual reproductive health, relationships and behavioural change through a stepping stone workshop series. Most notable of this economic empowerment program has been on the integration of an intersectional focus through economically empowering ***40 adolescent girls and young women (including 13 of these with disabilities)*** in tailoring and design skills to strengthen their economic risk resilience and tide over the immediate impact of COVID-19 on their livelihood sources. This has improved adherence for 13 minoritized AGYWs on ART and increased uptake of PrEP for 27 HIV negative AGYWs benefiting from the "Make Me Visible" Project. Further to note, through our empowerment programs and models such as Community Health and Livelihood Enhancement Groups model, our community members have been able to establish 11 saving groups from the Masaka region, 5 from Kampala including a savings group for AGYW with hearing impairments and 1 from Wakiso these have contributed in savings 74,920,000/= in 2021. This has been an enabler to our groups to save money and further invest in their jointly owned economic ventures. AWAC introduced ***MALAIKA toll-free line 0800-333-177*** which operates for 24hours. Through this toll-free line, over 1025 FSWs have shared their experiences, provided with psychosocial support, sexual reproductive health commodities and services and food relief to improve their ART and PrEP adherence.

Much as AWAC continues to spearhead the resilience of the FSWs movement to demand equitable health services and a free environment from discrimination and stigma of FSWs and marginalized/PLWHIV in Uganda, the government should be at the forefront in the fight against inaccessible health services, and discrimination and stigma against FSWs and other minoritized women/PLWHIV. Since the COVID-19 outbreak, the government has diverted most of its attention to COVID-19 yet HIV is still an epidemic in Uganda. The government should put in place inclusive responsive policies to address the needs of FSWs and other women/PLWHIV at the society periphery such as the inclusion of FSWs and other minoritized women and their children in national health insurance scheme –such that they can access adequate health services without being discriminated and stigmatized in health facilities.

Joyce Amuron is a Communication Associate – Media and Advocacy at the Alliance of Women Advocating for Change (AWAC)

Positive Men's Union (POMU) Helpline for HIV Prevention and Management

About POMU

POMU is an organization for men living with and/or affected by HIV/AIDS in Uganda. It was created by a group of eight HIV+ men at The AIDS Support Organization (TASO) Mulago in 1993. Its aim is to increase male involvement in HIV services so as to mitigate its impact at individual, family, community and national levels.

By Richard Sserunkuuma

Why the helpline?
As part of its efforts to increase male involvement in HIV/TB and other health services POMU launched a helpline service January 2021 to address some of the challenges (e.g. lack of time and being too busy) that hinder men (and others) from seeking and utilizing HIV/AIDS services.

The launch was triggered by concerns of limited counseling and support services at most ART clinics resulting to low service uptake, loss to follow-ups, noncompliance to medical instructions, treatment failures, drug resistance and preventable deaths. Quoting a study by IAPAC, NAFOHANU and KCCA, Richard the E.D. POMU told an audience that seven in every 10 respondents were unable to differentiate between HIV viral load and CD4 count. He added that the situation is worse for those who wished to have an HIV test. "These have difficulties in identifying where to go and how to advance," he said. According to Richard this leaves many frustrated, uninformed and therefore unable to protect others from potential infections.

How does the helpline work?
Mary a helpline counselor told her listeners that they are on standby to provide information, advice, counseling, support and referrals to their clients. She said questions or concerns can be raised by telephoning, WhatsApp, SMSes, twitter and Facebook. "We may not have the answers immediately, but we will know someone who has and we shall certainly ensure giving you accurate information and any possible assistance", she assured her audience adding that Dr. Stephen Watiti, Mildmay Uganda was instrumental in offering accurate information to the counselors. Mary added that clients are at liberty to use English, Luganda, Ateso, Luo, Swahili and Runyakitara as the main languages of interaction. Moses a POMU Board member educated the audience that the helpline will also be a vehicle for users to provide feedback about services they receive at their clinics and POMU on the other hand, will regularly work with partners to correct any failings or build on the successes registered.

A few of the success stories so far

Since its launch some success stories have been registered. These include a return-to-care by a client who had defaulted. “Because I didn’t want my relatives to know my HIV status, I stopped collecting them (ARVs)!” Jane not her real name, who had heard about the Helpline over Radio West, confessed over the phone. She was also worried of retributions from her healthcare providers if she returned.

Robert (not real name) had also declined to take the TB prevention therapy (TPT) drugs though he had received and kept them in his house! “I knew that my counselor would not be angry if I refused to take them,” Robert also a bodaboda rider undeniably admitted. He said he had been told that the TPT drugs would disorganize his health and would lead to loss of his manhood! I asked him for the name of the website but he was not able to provide it to me. After teaching him on the usefulness of the therapy and the counselor’s personal experience with TPT, he in a week’s time called to say he had started taking the tablets and had no problem with them.

POMU Helpline Service contacts: Airtel: 0200904090 MTN: 0393194799
Email: *pomu.uganda@gmail.com* WhatsApp: 0757849849 Facebook: Pomu Uganda Twitter: @PomuUganda

Credits: Dr. Marilyn Crawshaw, retired academic at University of York, UK, NAFOPHANU and ICW-EA for the technical and financial assistance

A POMU Helpline counselor attending to a caller

Richard is the Executive Director at Positive Men’s Union (POMU)

OUR Star ADVOCATE

In this issue, we bring you the story and journey of one of the key advocates in the Uganda health sector, **Mr. Kuraish Mubiru**, the Executive Director at Uganda Young Positives (UYP)

1. What is your full name?
My name is Kuraish Nathaniel Mubiru

2. Did you have a nick-name while growing up?
I was called Carburetor, similar to a car carburetor which makes the car run very fast. I was nicknamed that because I used to run very fast during sports.

3. Where were you born?
I was born in Mulago hospital and I was raised in Wandegeya town.

4. Which schools did you go to?
I went to Wandegeya Muslim Primary School, then Kololo High School, then joined Makerere University.

5. What field of study are you qualified in?
I am qualified in Records and Archives Management, but I am also enrolled at UO People University in the United States pursuing a Bachelors in Public Health.

6. When did you first get involved in advocacy work and what motivated/inspired you?
I first got involved in Advocacy work in 2012 when I met with a fried of mine called Bridget Ndagire Diana, currently working with the National Forum for People Living with HIV Networks of Uganda (NAFOPHANU), and when she told me about the good work she does with the Uganda Young Positives, I quickly picked interest, and before I knew it, I fell in love with advocacy.

7. What was your first area of advocacy?
My first area of advocacy was the greater involvement of Young People Living with HIV in the national Response, because back in the day, especially the early 2000's, the involvement of young people in the response was minimal. As a result, we saw the realization of Youth-led entities, like Uganda Young Positives and Uganda Network of Young People Living with HIV/AIDS (UNYPA) being given attention at national level and by all the stakeholders.

8. What health areas are you currently advocating for?
Currently I am advocating for improved identification of Young People Living with HIV particularly those in the informal sector, improved retention into care, and achieving viral load suppression for this group.
Secondly, I am advocating for greater involvement and meaningful involved of this same group just like we involve those in the formal sector.
Thirdly, I am advocating for the greater engagement of men and boys in issues to do with gender equali-

ty, responding to HIV and AIDS, Sexual and Reproductive Health Challenges like Teenage Pregnancy and early child marriages.

9. What is your vision for this health area?

Our vision is to have a gender equal world, where men and boys co-exist with women and girls without any traces of gender-based violence, SRHR challenges and also to have an HIV-free generation championed by men and boys; because behind any new infection in women and girls, there must be a man; behind every pregnancy, there must be a man; behind every child marriage, there must be a man or young man.

10. What are those moments in your life that have been fun/funny/made you laugh, smile, cry, etc

The day duty bearers at national level accepted to start working with young people in responding to the challenges of HIV and AIDS made me feel very happy and also put a smile on my face. Also, the day I got entrusted with the leadership of the Uganda Young Positives two years ago, made me very happy. One other experience is when I entered the labour room to help the midwife deliver my one and only daughter, made me so happy. I was my daughter's first point of contact, and this made the experience so remarkable.

11. Which players in the advocacy world have been most instrumental in your advocacy journey?

The person that initiated me into the advocacy world, Ndagire Bridget Diana, was my first point of contact.

The Executive Director of the Infectious Diseases Institute (IDI), Dr. Andrew Kambugu is my mentor and strongest supporter.

Dr. Karusa Kiragu, the former Country Representative of UNAIDS in Uganda who left the country last year, she has been very instrumental in my advocacy journey and has been my greatest cheer leader.

My most trusted workmate, Milly Nabukeera, I trust her with all my heart and she is a warrior at the UYP.

Mrs. Stella Kentutsi, she is my board member, and I am also her board member at NAFOPHANU, she is also the premises caretaker at the secretariat, and I am profoundly honored to have her in my life.

Most importantly, the entire fraternity of persons Living with HIV have always been my strong support in my advocacy journey.

12. What message do you have for young advocates out there?
Young advocates should be patient because advocacy is not a one-day journey and neither does it come on a silver platter. It can take years before you realize your advocacy issue, but that does not mean that you should give up. Secondly, they should be lovers of equality. Every time you do something that is leaning on one side, it will break you, and you won't achieve it. They should also, always follow their passion and gut. Every time you follow your passion and gut, the sky can only be the limit. They should also trust in God and believe that He is the number one and last in everything. He is the Alpha and Omega, so every time you trust in him, you will definitely win.

We hope you have enjoyed the few minutes into the life of Mr. Kuraish Mubiru, this issue's star advocate. Look out for our next issue to read about another advocate causing change in the Uganda health sector.

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