NATIONAL FORUM OF PLHA NETWORKS IN UGANDA (NAFOPHANU)

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Elections 2011: Uganda, What Have You Done?!

By Anna Mugambi

"Guts are a combination of confidence, courage, conviction, strength of character, stick-to-itiveness, pugnaciousness, backbone, and intestinal fortitude. They are mandatory for anyone who wants to get to and stay at the top." (D. A. Benton)

What have you done?! Turned the HIV&AIDS scenario upside down, that's that! Well done Ba Ssebo na Ba Nnnyabo! Lately, especially where HIV&AIDS is concerned, Uganda has been in the limelight for all the wrong reasons. The proposed HIV&AIDS and Homosexual Bills have not done the country any favors- what with the proposed criminalization and the ultimate price-death- as punishment for both under certain conditions! And yet, something wonderful and exciting has happened, and I cannot believe no one is talking about it.

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Cover Photo: Topher Kamara, Berna Namono, Prima Ndeka, and Molly Okello who excelled in the recently concluded general elections.

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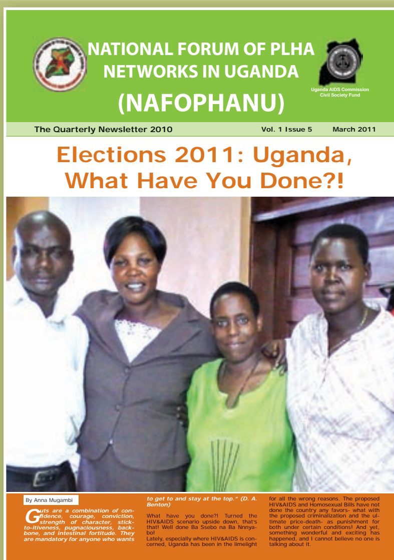

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Word from the Editor

Welcome to the fifth newsletter edition.

The great news is that the number of new HIV infections "has dropped by about one-fifth over the past decade but millions of people are still missing out on major progress in prevention and treatment," according to the annual UNAIDS report released in 2010. AIDS-related deaths also fell by nearly 20 percent over the past five years, according to a UNAIDS press release. An estimated 1.8 million people worldwide died from AIDS-related illnesses in 2009 compared to the roughly 2.1 million that died of similar causes in 2004.

The report, which was based on HIV data obtained from 182 countries and includes country-by-country comparisons, found that "among young people in 15 of the most severely affected countries, the rate of new HIV infections has fallen by more than 25 percent, led by young people adopting safer sexual practices".

However, our country HIV interventions ought to devise a new all-encompassing policy that places renewed emphasis on testing, prevention, discordance management and a holistic approach to treatment that involves counselling and nutrition, as a weapon to fight the pandemic amicably.

Ten years ago, the world's governments committed to reduce child mortality, improve maternal health and combat HIV & AIDS, TB and malaria. Yet a child born in a developing country is still over 13 times more likely to die within their first five years; between 8-10 women die in childbirth every 10 minutes and for every two people who start on HIV treatment, five others become newly infected with HIV.

This is unacceptable and we should support all forthcoming strategies to ensure that people don't die before their time. Today, People openly living with HIV have also joined politics and indeed need our full support. We had five PLHIV win positions in the just concluded general elections. This will help advocate for the rights of PLHIV more effectively.

We would like to thank our Partners, Donors, District PLHIV Forums, National Networks, and friends of the fraternity for the relentless support extended towards the Forum. We hope to continue working with you in future.

The bad news is the painful demise of Francis Maganda, former BOD member, and Molly Mulaaza, an advocate and chair person of Kalangala PLHIV Forum. May they rest in peace.

Enjoy the rest of your reading,

Betty

Elections 2011: What Have You Done?!

One of the most electrifying things to happen to the HIV&AIDS fraternity in Uganda, East Africa and I dare say - the world, is the election to public office, of individuals who have openly come out with their HIV Positive status during the just concluded 2011 General Elections held in Uganda. Yes. You read me right ... "elected to public office".

Ms Prima Ndeka merged Mayor, Rakai District, Mrs Kaconco Peace, as Woman Councilor, Ntungamo District, Mr. Kamara Topher, as District Councilor, Kanungu District, Ms Aryema Rehama as Woman Councilor, Nyamwamba Division Kasese, Municipality, Berna Namono, Woman Councilor Buduuda District and last but not the least, Molly Okello as Councilor and NRM Chairperson Bata S/C Dokolo district.

Where are the camera crews jostling for space in Rakai, Ntungamo, Kanungu, Kasese and Dokolo? Where are the story seekers to interview these People Living with HIV?

These are stories that touch the very core of humanities fear of contagion and death and, I dare say -ultimately, these are stories of the hope, unyielding determination and unbelievable courage of individuals who have refused to let a condition determine the course their lives. One would have thought that there would be tens of cameras to capture this momentous occasion. One would have thought that this is a story from Africa that demonstrates our people, our humanity and our uniqueness.

At the National Forum of PHA Networks in Uganda (NAFOPHANU), and indeed (one can hope), in every office in Uganda that has dedicated its existence to the interests of People Living with HIV&AIDS, my office mates are ecstatic. This is what we believe in and work for – the recognition of a Constituency, a People who have so long been looked down upon and who have something to offer in a struggle that is almost always not of their own making.

Ms Stella Kentutsi, the Executive Director of NAFOPHANU: "The incredible journey that our members have taken has been long and odious. I am pleased and thoroughly convinced that the advocacy efforts of NAFOPHANU and other very vocal and supportive Stakeholders in Uganda in the past and present, on behalf of our Constituents, have borne fruits that can be seen. The fact that Ugandans have come out and spoken in such a manner shows that we have not worked in vain. People Living with and affected by HIV have something to say. HIV has touched almost every individual in Uganda. They are here with us, they are you and me."

I can honestly say that is one of the most moving things to happen to me whilst in Uganda as a Volunteer with Voluntary Services Overseas (VSO). I am totally awed by the drive, courage, dream(s) and vision of these individuals who have braved incredible odds to emerge as winners under seemingly insurmountable odds. We are happy, we are pleased and encouraged by the tenacity of these individuals. We will extol and gush; we will praise and laud the actions and sheer chutzpah of the members we serve. Funny, this actually feels like a victory of sorts.

When the news of these wins started trickling in the office, I started searching the internet for any other precedents and after an inordinately long and I must admit disappointing search; I came up with ONE story in South Africa that almost comes close to the unbelievable phenomenon going on in Uganda. (I may be wrong, but this is the only one that I got in THE WHOLE OF AFRICA!)

Peace Kaconco

"The New York Times in January 2009 profiled South African Justice Edwin Cameron, who "became the first -- and still remains the only -- senior office holder anywhere in southern Africa, and perhaps in all of Africa, to announce he was infected with HIV." According to the Times, nearly 10 years ago Cameron "stunned" the judicial panel considering him for South Africa's highest tribunal -- the Constitutional Court -- when he told them, "I am not dying of AIDS.
I am living with AIDS." Soon after, Cameron also made the "extremely rare" decision to challenge then-South African President Thabo Mbeki's policies regarding HIV&AIDS, knowing that Mbeki "held the power to decide whether to name him to the Constitutional Court," the Times reports.

After revealing his HIV status and challenging Mbeki, Cameron was "promoted to the appellate court but never sought again to win appointment to the Constitutional Court until last year, assuming until then that his clash with Mbeki over AIDS would ruin his chances -- an assumption fellow judges and lawyers say was almost certainly accurate."
After Mbeki was forced to resign in September by the ruling African National Congress, Cameron "finally ascended to the Constitutional Court this month (Jan 2009)," the Times reports." (www.medicalnestoday.com)

Well, things are changing, New York Times, things have changed!
Please understand my excitement: though HIV&AIDS stigma and discrimination exist worldwide, and although they manifest themselves differently across countries, communities, religious groups and individuals, in sub Saharan Africa, the level of prejudice, negative attitudes, abuse and maltreatment directed at People Living with HIV and AIDS is extensive and wide - ranging.
They occur alongside other forms of stigma and discrimination, such as racism or homophobia and can be directed towards those involved in what are considered socially unacceptable activities such as prostitution or drug use. In Government, employment, restrictions on travel, in the communications and in families, stigma and discrimination makes it impossible for a PLHIV to live a "normal" life.

That is why the stories of success by these individuals' are so important and hopeful -to challenge, to dare, to inspire, to motivate, to encourage and to give hope to millions of people out there who think that HIV is an inability or that HIV disqualifies you in any way.

I will not narrate their personal stories; I know each and every intimate detail of them and could write a book detailing their stories (Hmmmm ... as Sidney Hook once said, "Idealism, alas, does not protect one from ignorance, dogmatism, and foolishness), struggles and their dreams.

Political, religious and traditional leaders in Africa must lead by example in the struggle against HIV-related stigma and discrimination. They can do so by HIV testing and openly disclosing their HIV status or condemning acts that fuel HIV-related stigma and discrimination.
While it is a known truth that some politicians are living with HIV across our Continent, most of these politicians remain anonymous, thus sending wrong signals that only the poor and depraved are susceptible to HIV infection.
If political leaders openly disclose their HIV status, it will undoubtedly give a human face to the fight against HIV-related stigma and discrimination.

Who are these outstanding achievers to whom this article is dedicated? Who are these people who have trodden where very few have dared tread before? And who are these stalwarts who have voted them in?

I wish someone can come in and help them tell their stories. I wish someone, anyone, can say something ... anything.

> Rakai was the birthplace of HIV&AIDS in Uganda. According to www.thebody.com, while HIV prevalence went down greatly in adults, it hardly changed in adolescents - it started low and remained low. How cool is it that we have a PRECEDENT here? ■

The writer is the Capacity Building Officer NAFOPHANU & VSO Volunteer.

Vienna 2010: Another challenge for treatment advocates?

HIV Activists showing cause for Treatment disatisfaction

By Paddy Masembe

So, another AIDS conference behemoth rolls into Vienna town. Thousands of delegates from across the world meet, for this the 18th International AIDS Conference, still the largest event of its kind in the world.

The theme, 'rights here, right now' reflects growing concern that in spite of advances in treatment access, harm reduction, and HIV prevention, gains are patchy, and many people fail to benefit from interventions that could have a significant effect on their quality of life, from cultural, social, economic and political factors.

A presentation during the opening ceremony indicates a possible shift in the discourse around HIV treatment, adding the spectre of yet another intervention promising much but available to only a few.

Sharon Lewin, an Infectious Disease Physician based in Monash University in Melbourne, Australia, gave an intriguing presentation proposing that not only is a cure for HIV possible, but that it is required, given the long-term side effects of treatment with ART. Recent findings cited by Lewin suggest that a 'sterilising cure', through bone marrow transplantation, can eliminate latently infected cells, leading to complete viral suppression without ART (Antiretroviral Therapy).

Additional methods, using gene therapy, and making cells resistant to HIV are currently under intense research, and the closing slides of this presentation, with their clear emphasis on looking forward to a time when there is a cure for HIV, is a sign that the context of HIV treatments may be undergoing a paradigm shift: for this is the first time that the notion of a cure has been given such prominence (the opening ceremony, so clearly sanctioned by the International AIDS Society).

The notion of a cure for HIV is clearly startling and exciting, but as always with significant developments in HIV, raises serious questions. If a cure is eventually found, who will benefit? Will the lessons from rolling out ART access be applied here? Who will fund what will undoubtedly be an expensive treatment? Will the 'cure' become, like ART access, an issue as much about morality and ethics as science?

There is much at this conference about human rights, inequitable access to treatment and prevention, and the need for increased and targeted funding in a world already in economic meltdown. The promise of a cure for HIV adds another layer to what is already a complex, and contested landscape. One hopes that if a cure for HIV is found within the next 30 years, the current trauma characterising ART access is not resurrected in yet another domain.

Climbing the mountain of universal access has been – and still is – an immense challenge. Do we have confidence that civil society and all those engaged in the current fight against HIV, and advocacy for treatment and support, have the maturity to tackle the paradox of yet another expensive, but ultimately beneficial, treatment therapy? ■

Paddy Masembe is a Board member of NAFOPHANU

UYP wins an International Award

By Sam Ocen, Uganda

28 July 2010

Uganda Young Positives won a prestigious award for the demonstrated leadership in the HIV and AIDS response in the country. The award was presented to UYP together with other twenty four organizations worldwide at the International AIDS Conference in Vienna-Austria.

The Biennial Global Award is given to outstanding organizations with an outstanding community leadership and action on HIV and AIDS.The Red Ribbon International Award initiative recognizes organizations which excel in advancing community issues at community level throughout the world.

As an initiative supported by UNDP and UNAIDS, it aims at increasing community response towards the AIDS epidemic through offering awards to community based organizations that demonstrate exemplary work which others can learn from thereby multiplying the resultant impact to the communities served.

Out of 720 nominations from over 100 countries, the 25 winners were selected to have demonstrated the highest degree of remarkable effort in terms of innovation, impact, sustainability, strategic partnerships, gender sensitivity and social inclusion.

From the initial 720 nominations, 100 organizations were shortlisted and then subjected to further review until the team of judges settled for the 25 award winning finalists. The winners were selected by a Technical Review Committee of civil society representatives who are experts in community response analysis.

to celebrate and honour these groups which have mobilized themselves to meet the needs of the most vulnerable in their communities with energy, passion, and compassion. The Red Ribbon award winners give a resounding voice to the voice-

Sam Ocen receiving his award at Vienna Conference 2010, Austria

The winning organizations were all well represented at the Vienna conference. "I feel very proud now than ever before that my efforts are finally given such high profile recognition" remarked Sam Ocen, the Founder and National Coordinator of Uganda Young Positives, while receiving the award at the Premise Hall in Vienna-Austria.

The Red Ribbon Award, named after the global symbol in the movement to address AIDS, is a joint effort of the UNAIDS family. The award recognizes outstanding community organizations for their work in reducing the spread and impact of AIDS. It is an eye outlook to the community response in prevention, care and treatment efforts.

"Grassroots and community based organizations are at the heart of the global response to AIDS," said UNAIDS Deputy Executive Director, Management & External Relations Jan Beagle, "UNAIDS is proud less. "Each of the winning organizations receives international recognition for their innovation and leadership in responding to the AIDS epidemic.

The organizations participated in the International AIDS Conference held in Vienna where they were guests of honour at a formal Award Ceremony and they hosted a forum for dialogue and exchange between policy makers and community representatives. "Communities really hold the key to finding solutions to their own problems," said Dr. Helene Gayle, President and CEO of CARE, and a member of this year's jury panel. "So while those of us with a lot of outside expertise may know the theories, community organizations are best suited to reach those most in need when it comes to applying them."

Congratulations once again to Uganda Young Positives for the job well done in the HIV response in the country. ■

The author is the President of UYP

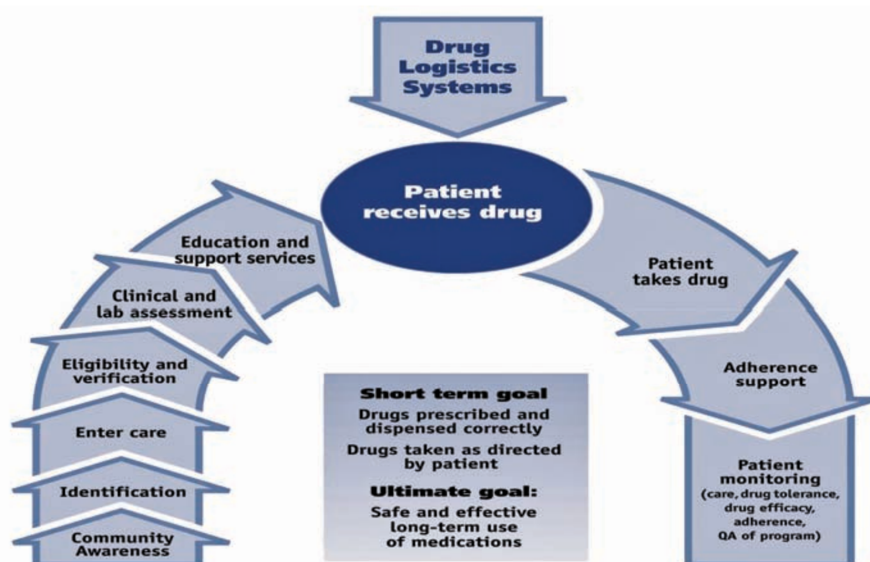
AIDS groups slam government strategies On ARVs supply chain

By Betty Iyamuremye

A report issued by National Medical Stores(NMS) and Ministry of Health about the availability of life savers in Uganda sent a strong message to people Living With HIV during a dialogue session on the availability, supply and distribution of ARVS mid last year at Ivy's hotel in Kampala.

This dialogue was organized by the National Forum of PLHA Networks in Uganda(NAFOPHANU) Mr. Anthony Ddamba who represented NMS disclosed that the ARV supply chain in Uganda is composed of: Manufacturers, Central decision makers (GoU) and other funders (Development partners), Central warehouses (NMS and JMS), District and hospital stores, and Final clients.

SUPPLY CHAIN MANAGEMENT



He says quantification of ARVs is done centrally, and involves Government of Uganda, Development partners, and the process is coordinated by the STD/ACP of the Ministry of Health, this sent a lot reservations as to why people living with HIV are left out of this critical stage of managing these drugs.

Mr. Ddamba said the Government of Uganda contributed a total of Ush.60bn towards procurement of ACTs and ARVs in FY 2009/2010 with MoH receiving 13bn in Q1 and NMS receiving 47bn in Q2-Q4.

Additionally, In FY 2009/2010, NMS utilized part of the 47bn earmarked by the GoU for ACTs and ARVs to procure the following ARVs:

TABLET FORMULATION	PACK SIZE	QUANTITY
LAMIVUDINE/ZIDOVUDINE/NEVIRAPINE	60	339,000
LAMIVUDINE/ ZIDOVUDINE	60	157,980
NEVIRAPINE	60	10,000
EFAVIRENZ	60	55,000

He emphasied that Development Partners are heavily involved in the procurement of ARVs, and these include but no limited to Clinton Health Foundation (CHAI), UNITAID/UNICEF, and Global Fund.

STORAGE & DISTRIBUTION OF ARVs

- ARVs are warehoused nationally at NMS and JMS
- NMS serves the all Government health facilities
- JMS serves all private, faith-based and community health facilities

ORDERING OF ARVs.

- Facilities order for ARVs using facility reports
- The supply of ARVs is integrated with the supply of other medicines
- Reports have to be submitted by the Districts/Hospitals within the order deadline date of the NMS delivery schedule
- The country is zoned into 5 zones, each with a specific set of districts and with set order deadlines.
- The zoning of the country makes it easier to plan for ordering and scheduling deliveries

Among the challenges faced he sighted; Huge treatment gap that is not yet quantified, multiple donors and little coordination, competing priorities for Government expenditure, Donor commitments usually limited to specific time periods, Multiple procurement agents for various HIV/AIDS commodities, depending on the source of funding, with sometimes little coordination.

Others included; irregular ordering by facilities, currently facility ordering level stands at 45%, incomplete orders by facilities, and late/emergency orders.

Mr. Ddamba says NMS is committed to lobby for budget increment for ARVs, improved coordination of financing, procurement and distribution by GoU and development Partners/Donors, training of facilities on ordering, and adherence to delivery deadlines by facilities and delivery schedule by NMS.

Inorder to reduce on the poor forecasting and wrong orders, NMS says there is a research development training office which helps to do this and works hand in hand with MoH though this is not NMS' core function. He added that Development partners too can also assist them in improving the facilities' skills.

Participants demanded to know the policy of ARVs procurement procedures, and Mr. Ddamba reiterated that first priority should be given to Quality Chemicals if its price range is within 0-15%, of which he comfirmed that it fits within. However, the drugs purchased from Quality Chemicals are majorly first line drugs.

The HIV fraternity called for proper coordination of ARVs supply chain and quantification. Adding that medications should be properly prescribed and thoroughly explained to the clients at health facilities.

"Let us stop lamenting and put into action whatever is said. This is the only way to put across the message and the only way it can be listened to and worked upon", Frank Rwekikomo, NUMAT representative then, said.

Dr. Namagala Elizabeth (AIDS Control Program), who represented Ministry of

... continued to page 10

NAFOPHANU AGM 2010 AT GREEN VALLEY HOTEL IN KAMPALA

Dr. Zainab Akol (MOH) addressing the delegates

Diana Ogwal receiving a certificate of recgnition

Prossy Nanyonzi receiving a certificate

Lillian Mworeko reacting to issues

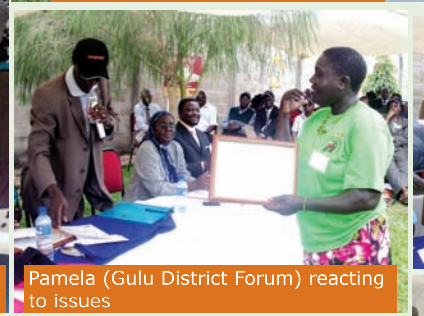
Prossy Ayo (Tororo Dist. Forum reacting to issues

Northen representative reacting to issues

The Forum Auditor presenting the financial statements

James Kigozi (UAC) receives a certificate

Dr. Lillian Mungerera reacting to issues


Pamela (Gulu District Forum) reacting to issues

Flavia Kyomukama reacting to issues

Dickens Rwabwogo reacting to issues

Ms. Stella Kentutsi, now Executive Director, NAFOPHANU, in attendance

District delegates

Mr. Julius Byenkya (UNAIDS) addressing delegates

Shelter from the Storm

By Flavia Kyomukama

Many of us are into relationships that are abusive. These relationships offer protection in terms of housing, food social standing, particularly in HIV infected couples. An abusive relationship makes one feel they are at the mercy of others.

But ... are you sure you cannot start a new life without the stress? The house you are living in may belong to another though you may have contributed to its acquisition. This does not mean you should die for it. Property is not hard to acquire, but peace of mind is not. Not with constantly being stressed and continuously abused, peace of mind is hard to achieve.

My relationship was abusive but I stuck to it because people told me not to leave a mansion. But the mansion was hell. When I eventually was thrown out, I rented a one room and I had peace in my one room. In two years I had a house of my own and other assets. That I was able to accomplish all this by myself was proof to all those who doubted my ability as a woman, I could and will do it! I will accomplish all I set out to do, with my peace of mind.

Don't worry. The hands that gave you will always give you another. And this business of dying from abuse because of a house should not be a distracter. If you decide to remain in this relationship be independent as much as possible. Work harder and earn an income. If you decide to leave then plan before you leave, make saving and plan your future And always remember this person you saw at old age you just have to bear their manners and they your manners. But if the abuse goes on take a step leave the abusive marriage or relationship. As for me, I left without a coin in the pocket but I managed to use my brain – medulla oblongata, to make ends meet. When I left after 12 years in this relationship, my other threw my few things at the gate of our mansion. Among the things he "gave" me were empty Vaseline tins. Was this a relationship? Relationships are mutual and based on the principle of equity but a partner who gives what I was given at the gate was not worthwhile at all. But I thank God I had dealt with the children issues. I had finished with reproduction at the time I was thrown to the world to swallow me.

Many educated women and men have low confidence levels and they ask where will I go? But there are many opportunities out there. A pen does not remember and just be open seek God's Countenance and you will be free. And sometime when you take a move the other will start realizing how important you are and start to be different and respect you. However many times respect comes with economic might. You know you must be free from yourself first if you want to make a step. Self stigma and living as if you have no inert ability to live on is the reason we see people being killed in houses yet they were big in offices and earn a lot and yet still feel insecure.

> *.... if you are in a relationship or intending to be in one think twice, learn the person closely , some can pretend for even two years or more ...*

Therefore if you are in a relationship or intending to be in one think twice, learn the person closely , some can pretend for even two years but look at the small things, if the other doesn't seem to respect you at the beginning know that's going to continue unless you make it clear you doesn't like it from the beginning

Let not property take your heart, property is made by healthy people, if you are maimed you may never make property so abusive relationships that main, you physically emotionally and sexually are not worthwhile.

Life has no spare parts, make sure you oil the ones you possess regularly, by being happy and opportunistic at all times, and don't allow for pessimism, where I will go, what I shall do, what will people say. Just imagine if the other died, would you bury yourself in the same grave? Give me a break! So please oil and service your life as if you many die tomorrow don't wait for bruises like I got because I was the kind who said I will never leave the relationship except with a bulldozer. Indeed the bulldozer came and I was left by the roadside 12 years into a relationship I thought meant much in terms of shelter. But it was not shelter rather it was a hiding under the baobab tree. Don't stick there, make the move that will leave you healthy and you die form a disease that is not preventable. Remember, if you want your portion of the contribution as you leave a relationship, you could go to court but make sure you don't stop a bullet like Kiyingi and many others who died trying to fight for property. If you start court proceedings and they become exceedingly stressful, just imagine that also people die and leave the property, use your energy in a better place. If you have all the support to follow up the case then go ahead and claim what is rightfully your contribution.

Hey, I am not saying break your relationship but I am saying if the relationship isn't working do not stick around lest you pay with your life physically of emotionally and for PLHIV, stress can quicken your distance nearer your God to thee.

God bless you as you enjoy you relationships. Never say never. Everything that has a beginning has an end. ■

The writer is a Representative of National Networkson NAFOPHANU Board

Over looked and ignored:

Are Women being let down by HIV & AIDS Programmes?

By: Anna Mugambi

Women are not participating at the same level as men in decision-making processes to find sustainable solutions. As with other areas of policy-making, such as crisis management, peace processes and sustainable solutions to complex problems, the case of HIV&AIDS is no exception: the voices of women are not being heard.

According to estimates from the UNAIDS 2010 AIDS Epidemic Update, around 30.8 million adults and 2.5 million children were living with HIV at the end of 2009. An estimated 630,000 women are currently leaving with HIV/AIDS in Uganda.

Young women constitute a growing share of new infections, representing about two-thirds of all new cases among people between the age of 15 and 24. In 2009, the World Health Organization reported that HIV was the leading cause of death of women between 15 years and 44 years in low and middle income countries.

But in sub-Saharan Africa women and girls make up 60% of those affected by the disease. In addition, girls and young women are 2.5 times more likely to become infected with HIV than young men. HIV is spreading among women and girls because of social, economic and cultural factors that deny them access to HIV prevention and treatment services. A poor woman or girl may not be able to deny a man sex because she needs money. Because of their lack of decision-making power in matters of sex, as well as other factors like poverty, they become more exposed to the risk of becoming infected than men.

Women in developing countries, and in sub-Saharan Africa in particular, are being let down in efforts to stem the HIV&AIDS crisis because the issues that affect them are being ignored,The ABC prevention strategy (A for Abstinence, B for Be faithful, and C for use a Condom),which is being promoted by some organizations in Africa, is wholly inappropriate in many countries where women know little if anything about HIV and are afraid to ask their husband or boyfriend to use a condom.

Fear of violence and destitution stifles many HIV&AIDS education efforts in Uganda. Women found to have HIV are often blamed for bringing the virus into the home and are abandoned by their families. Unequal property and inheritance rights also reduce women's security, which can lead them to endure abusive relationships and be left homeless when their partner dies of an AIDS related disease.
Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness, and use of condoms.
Women with HIV&AIDS may suffer greater stigma than men. Historically, they have been excluded from drug clinical trials and omitted as a focus of research studies on HIV&AIDS. Furthermore, there are multiple biological, social, economic, and environmental risk factors that increase women's likelihood of contracting HIV. The physiology of the female genital tract makes women inherently more vulnerable to HIV than men. Additionally, social and gender inequalities, such as poverty and unequal educational and occupational opportunities, force women to rely on male partners for financial support, making it more difficult for them to insist on interventions that reduce their risk of acquiring HIV.

And yet the voices of women are not heard. And the fact that women's voices are largely absent is as alarming as it is a telling statement and is alarming because a growing number of women are becoming infected by their partners. It is also alarming because outdated, reactionary and repressive gender norms are cited as being the main factor in this universal exclusion process.
There is growing concerns about a critical issue that is affecting the health of women in low income countries all over the world: the growing threat of the AIDS epidemic to women.

The Growing Threat to Women

Women are at a greater risk of heterosexual transmission of the virus. Biologically women are twice more likely to become infected with HIV through unprotected intercourse than men. In Uganda, women are less likely to be able to negotiate condom use and are often likely to be subjected to non-consensual sex.

Sexual violence also leaves many women at a higher risk of being exposed to HIV, and the lack of condom use and forced nature of rape means that women are immediately more vulnerable to infection.

Some cultural practices leave women with few rights within sexual relationships and the family. Often men make the majority of decisions, such as whom they will marry and whether they will have more than one sexual partner. This power imbalance means that it can be more difficult for women to protect themselves from getting infected with HIV. For example, a woman may not be able to insist on the use of a condom if her husband is the one who makes the decisions.

Marriage does not always protect a woman from becoming infected with HIV. Many new infections are now occurring within marriage or long-term relationships as a result of unfaithful partners. In a number of cultures in Uganda, a man having multiple sexual partners is seen as the norm.

Mother-to-child transmission directly affects women and at the same time increases the spread of HIV. This occurs when an HIV positive woman passes the virus to her baby during pregnancy, labor and delivery, or breastfeeding. Although there are drugs that can reduce the chances of a child acquiring HIV from its mother, they are largely either unavailable in many health facilities or unaffordable by a large proportion of people in Uganda.

Also, millions of women have been indirectly affected by the HIV and AIDS epidemic. Women's childbearing role means that they have to contend with issues such as mother-to-child transmission of HIV. They as well bear the responsibility of caring for AIDS patients and orphans and this too is an issue that has a great effect on women. In Uganda, a great percentage of all caregivers for persons living with HIV and AIDS are women. This care giving is usually in addition to many other tasks that women perform within the household, such as cooking, cleaning, and caring for the children and the elderly. Women often struggle to bring in an income whilst providing care and therefore many families affected by AIDS suffer from increasing poverty.

One of the ways that women are speaking out is during international events like International Women's Day. March 8 is International Women's Day; a day set aside to promote women's social and political rights and also a time of celebration of womanhood. Women all over the world commemorate this day through several activities. The global theme for this year's commemoration is "Equal access to education, training and science and technology: Pathway to decent work for women".

International Women's Day (IWD) was first declared in 1910 with the first IWD event held in 1911. 2011 sees 100 years of International Women's Day having been celebrated around the world. Widespread increased activity is anticipated globally on 8 March 2011 honoring 100 years of International Women's Day. The Vision of the celebrations of the day is to get the whole world behind supporting and celebrating 100 years of International Women's Day in 2011.

> *"Some cultural practices leave women with few rights within sexual relationships and the family.*

The International Women's Day Centenary 2011 celebrations will strive to make the women of past proud, the women of current inspired, and the women of the future envisioned. Women have made great strides in equality yet there is still a great deal to be achieved on many fronts and the 2011 IWD Centenary will provide a unique and global opportunity to reignite, inspire and channel women's equality for the future.

International Women's Day is set aside specifically to commemorate and celebrate womanhood but many women do not even know of its existence. While the event is commemorated on a large scale with rallies, business conferences, marches and networking in major cities and centers- many women at grassroots level (for example rural areas and farming communities) remain ignorant of the day and what it stands for. NAFOPHANU this year will take the lead in supporting 40 districts to celebrate women's day 2011 in Uganda and activities prior, during and after the celebrations will make sure that women have the chance to know of this important day and its significance in their lives.

HIV&AIDS among women is an epidemic with multiple biological, social and environmental risk factors and is dependent on the combined efforts of political leaders, scientists, philanthropists, businesses, and individuals and importantly must strengthen women's empowerment, rights and role in societies worldwide. ■

The writer is the Capacity Building Officer, NAFOPHANU & VSO Volunteer

PLHIV assembly elects new Board

Towards the close of 2010, NAFOPHANU held an Annual General Meeting.

The meeting was held on the 17th September 2010 at Green Valley Hotel in Ggaba. The assembly of PLHIV had general elections which saw the Chairperson, Dr. Stephen Watiti retain the chair and other few changes within the members of the executives were made. The Vice Chairperson is now Okello Molly, Stella Kentutsi is Executive Secretary, Paddy Masembe-Treasurer, Ogwal Diana representing the Northern region, Christine Obuya-Women representative, Flavia Kyomukama representing National networks. Others include; Raymond Ruyoka is Youth representative, Grace Namuyomba for Eastern region, William Mulindwa representing the Central region, Dickens Rwabwogo, representing the Western region and finally, Maj. Cassette Wamundu representing the Armed Forces-UPDF. ■

Service providers' tool kit for discordant couples

By Ochwo Joseph Othieno

There is imperical evidence that HIV discordance rates are the increase in Uganda. This calls for concerted efforts from partners to strengthen service providers' capacity to effectively support couples to prevent infections of the uninfected person and for person and for partners to support each other in practicing health living with HIV.

Under the RATN support program, AIDS Information Centre -Uganda(AIC) was given responsibility to coordinate and support development of this tool kit for couples and service providers.
The development of these materials is part of the efforts to improve service provider knowledge and competences in supporting couples visiting health facilities for HIV service and strengthen community support linkages for discordants/ concordant positive and negative couples.
Through a consultancy firm, AIC conducted a three day workshop to allow different partners to contribute to this development of this tool kit. The workshop took place at Bativa Hotel in February 2011 in Kampala.

While officially opening the stakeholders review meeting for the development of this kit, the Executive Director AIC, Raymond Baguma said the Kit will create a uniform and systematic way of handling discordants at health services , sighting the fact that discordance is quiet unique in the fight against HIV today. He says, little information and skills is available at health facilities while dealing with these couples and therefore the development of the kit was timely and would effectively cover the gaps while the couples are still at the health facilities, and when they go back to the community. The tool would also enhance the trust between couples and the service providers.

According to the recent research carried out by AIC, more than 30% of couples tested discordant continued to live together. ■

The writer is the Program Manager, UYP.

AIDS groups querry ARVs supply chain

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Health says their role in the chain management could not be over emphasised. She says the role of MOH in ensuring ARV supplies include;
- Resource mobilization:
Proposal writing, request for funds/disbursements
- Product selection
- Quantification of ARV needs
- Procurement (Procurement unit for GFATM)
- Accreditation/re-accreditation of ART sites.

The networks in Northern Uganda asked the ministry as to why Northern region which is bigger than all the other 4 regions receives the same services as other regions.

"The region has fewer districts as compared to the other regions and 2 regional offices are underway in Lira and Arua to improve the health services", the doctor responded.

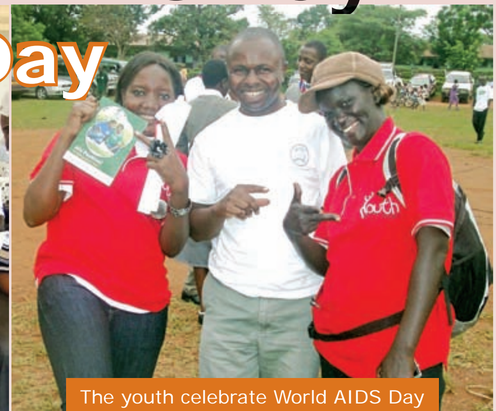
In the central region, participants highlighted that there was withdrawal of services from the Masaka-Rakai corridor , however, MoH says the decision for withdrawal of services in this corridor was not known but plegded to follow up the issue.
Some of the resolutions of the dialogue session were; total commitment by Ugandans to forge ways of securing funds other than completely rely on donations, and a very strong advocacy team is needed to air out HIV major challenges for better health management.

Others include; improved communication and information flow systems, For better results of self sustainability, means like a small amount of tax should be imposed on every one for procuring ARVs and a leaf should be borrowed from some African countries that have been successful in this field like Rwanda, Zimbabwe etc, accreditation and reaccreditation of health workers should be on a constant basis, among others. ■

ADVOCACY DAYS: World AIDS Day & Philly Lutaaya Day

MUK Students at World AIDS Day National celebrations, Kitebi

Hon. Biira, Julius Byenkya at World AIDS Day National celebrations, Kitebi

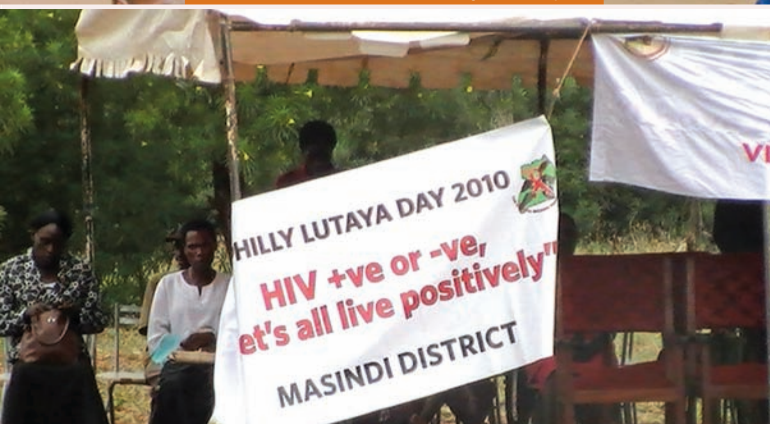

The youth celebrate World AIDS Day

Nakapiripirit women's groups celebrating World AIDS Day

The Child Fund beneficiaries present as Dr. Akol Zainab (MOH) embraces them on WAD

Procession on World AIDS Day in Kampala

The Boda boda men displaying the condom gadgets



Procession to Boma Grounds on Philly Lutaaya Day in Nakasongola

Members of the 8th Parliament give their speeches on WAD at Kitebi

Philly Lutaaya Day in Masaka District

AIDS-orphanhood or being a child in danger of orphanhood due to HIV and AIDS; mental, social and physical wellbeing

By Gabriel Amori

Bereavement is a natural part of life, and if managed well, should not result in any clinically significant mental disorder. But the impact of other traumas and factors on mental health are still a subject of studies.

A child living in a family affected by HIV and AIDS goes through many changes; these children have to witness the physical deterioration and pain of their HIV-infected parents, especially when they are unaware of the nature of the illness affecting their parent(s) or refuse to acknowledge HIV infection. Children are anxious about their source of livelihood and their ability to retain the family home after the parent's death; separation from siblings is a frequent and important source of trauma especially in rural Uganda. The serial loss of adult figures and guardians such as parents, teachers or mentors is also likely to create a sense of insecurity or abandonment.

However, I think that we now know quite a lot about children who have lost a parent - the impacts on mental health, physical health and education are important. But we know far less about children whose parents are unwell with HIV or AIDS (or other illnesses like TB) — and it's essential that we understand what their needs are and how best we can help them.

While there could be identified significant mental health problems in these children, there are wide variations in categories of children and the specific circumstances that predispose their vulnerability as OVC. For example, in some cases our OVC are those who are purely made up of those who have lost one or both parents to AIDS related illnesses while in some cases there are those who themselves are sero positive while some are having parents who are sero positive or sick with AIDS! In each case the magnitude of the psychological effect on any of these children will vary according to other environmental factors including access to services, hygiene, food security, love, ability to have access to basic personal and domestic needs and hospitality.

The diverse variations in social, cultural and economic circumstances will play a great role in determining a child's mental and social stability. In most cases, there are dominant internal disorders such as depression, suicidal ideation, anxiety and especially post-traumatic stress rather than externalising disorders (behavioral problems, anti-social behavior) in children orphaned by AIDS. Different orphans often had nightmares, stress disorders related to past stressful experiences.
Other stressors may include food insecurity, the likelihood of psychological distress. The AIDS orphans have more emotional and social adjustment problems, there were other important factors in the poor outcomes, including whether the father was present, whether the child could attend school, household income, clothing conditions, food security and emotional support within the fostering family.

While it may look important having one parent still living, however sometimes orphans in single-parent families have a harder time economically than children placed with other relatives. In Kamuli Eastern Uganda for example, our Pastor David who is a widower found it easier to keep his children with his parents and the youngest with her maternal grandparents while he spent time looking for resources to provide for the needs of the orphans while living on his own. On the other hand widows are more closely knit to their children and often we find them absorbing other orphans to be supported by them. This is the case with two widows in Nebbi district West Nile Region of Uganda where two widows Stella and Pastor Jessica have played the role of looking after their orphaned children. In all cases however, the common factor is that all these leaders have extended the ovc program support to include children from the congregation and community.

Studies have found orphanhood to be the only significant predictor of poor mental health outcomes. One example was a study by Atwine et al in rural Uganda, which interviewed 123 orphaned children and 110 matched non-orphaned controls aged 11–15. In a multivariate analysis that considered other living circumstances, only orphan status remained significant. Psychosocial disorders, especially depression were significantly more common among orphans.

Case study

The mental health of the child is often affected by the mental health of the caregiver, so it is important to consider adoptive family, and especially adult or elderly caregivers who may be as isolated and stigmatised as the AIDS-affected child.

Paul Mangeni (not the real name) is 51 years old. He was married to Esther (not her real name) with whom they had three children. But now he is left with two of the three children the younger one being HIV positive, as well as a widower himself. His wife and second child a boy died within a span of a month in the late 80s before the advent of ART helplessly in his and his mother in law's hands of AIDS.

Paul recalls, *"When the funerals took place, it was very painful. I had to welcome the body of my wife and two weeks later that of my five year old son to their graves, with my family and relatives. Many people including the priest in his speech at the burial of my wife made statements that people should be careful the way they live their lives!"*

Thereafter Paul chose to look after these remaining children. His sero positive daughter, who is now 13 *(in picture)*, seems to be slightly mentally challenged. Thanks to prophylaxis, she is still alive and studying in a boarding school; but requiring a lot of attention.

"It is very hard to be a father of a child whose health needs are permanent and additionally with an un-clear mental stability. Because sometimes I feel tired, I feel angry, I feel depressed. Even now, whenever I receive a call from my girl's school, I know straight away she needs medical care and I feel depressed knowing that this situation is not about to come to an end!"

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Commentary

Uganda, US building on success in fighting AIDS

By Jerry P. Lanier

World Aids Day is both a day of remembrance and celebration. We must all remember those who have lost their lives to AIDS. It is in their honour that we work each and every day to provide HIV prevention, treatment, and care to millions of people and to make progress against this epidemic.

Yet, it is also a day to celebrate those whose lives have been improved and saved in Uganda and throughout the world, thanks to the global fight against this devastating disease. On the World Aids Day, it is important to remember that we have a shared responsibility to build on the successes achieved to-date by making smart investments that will ultimately save more lives.

There is much success to build on: In Uganda, the United States, through the US President's Emergency Plan for Aids Relief (PEPFAR), has directly supported life-saving antiretroviral treatment for more than 207,000 men, women and children.

PEPFAR is also directly supporting 845,000 people in Uganda with care and support programmes, including 50,000 orphans and other vulnerable children. US support continues to grow. PEPFAR is not ending. Instead, building on the success of PEPFAR and other global health programmes, President Barack Obama has put forward an ambitious Global Health Initiative, which will support coordinated programmes aimed at reducing lives lost from HIV/Aids and other health challenges.

And through US investments in the Global Fund to Fight Aids, Tuberculosis and Malaria, many more people will benefit from prevention, care and treatment. Our commitment to combating the HIV/Aids epidemic in Uganda has not wavered. We will continue to support those currently receiving treatment from PEPFAR. We are already looking at ways of improving programme efficiencies and effectiveness, making smarter investments, increasing our value for money.

In addition, thanks to increased support from Washington, we will have additional resources for treatment services. This started with an infusion of antiretroviral drugs to the National Medical Stores in September, enabling the Ministry of Health to continue treatment while waiting for the next tranche of Global Fund drugs.

An increase in funding in the short- and medium-term will enable us to reach 36,000 additional patients with direct treatment support this year and next year. But the US government is obviously not - and should not be - the sole supporter of prevention, care, and treatment either globally or in any particular country.

Therefore, we are committed to continuing our intense engagement in support of the national multi-sectoral response led by the Uganda Aids Commission, the Ministry of Health, and other ministries. We are also committed to helping Uganda improve the functioning of the Global Fund and identify additional bilateral and multilateral funding.

We were pleased by the continued commitment of government funds to purchase antiretroviral drugs, and encourage the government to increase its support to HIV/Aids and health in general in the years ahead. To meet the need, Uganda's national government must resume the central role in leading the national response on health in general, and HIV/Aids in particular. This will require increased investment in leadership and coordination at all levels of the national response.

We will continue to work with the government, civil society, and the private sector, laying out a shared strategic vision and joint responsibilities.

TheSpecial Guest at Wold AIDS Day National celebrations Ruth Awori giving her speech

In this way, we can develop a roadmap towards joint strategic framework for cooperation, linked to the National HIV/Aids Strategic Plan and the new National Health Sector Strategic and Investment Plan.

On this World Aids Day, we honour the lives lost and celebrate the lives saved. Working together, we must remain dedicated to building on success made by making smart investments to save even more lives. ■

Mr. Lanier is the US Ambassador to Uganda.

The article was first published in The Daily Monitor.

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"However", Paul says "I am now participating in a group called 'UNERELA+ PLHA Support Groups (supported by Civil Society Fund through NAFOPHANU) with some other parents of the same situation as I. They provide comfort, support and counseling for each other. We have workshops where we learn about growing vegetables to feed our children; and in our psychosocial groups we learn about how to engage in income generating activities to boost our incomes through sell of our produce and products, in that way we can be able to take care of the children and ourselves even after the project comes to an end."

"As a group, we are no longer grieving. We are no longer filled with sorrow, because our children receive scholastic material needs to go to school under the wrap around program of the CSF. Even children who used not to go to school are now healthy being fed with porridge, given medication and able to stay in school without falling sick. Even when they fall sick, we are now able to treat them with ART unlike the difficult days when we lost our loved ones helplessly without solutions at hand. The religious leaders who introduced us to the Support Groups themselves are either living with HIV or affected by HIV and AIDS. So we feel the same and support each other."

Some beneficiaries of the UNERELA+ OVC program

Of the UNERELA+ activities among orphans and other vulnerable children we have now reached 60 children within our pilot phase in four districts.

Pastor David Balubenze of Kamuli *(in picture with recipients of wrap around)* is quoted to have said that the children have not stopped testifying about the packages

they received; *"They say that they have never seen or heard of an organization which investigates their needs in Kamuli and actually provides what was promised and mentioned!"*

The school enrollment and stability/attendance both at primary, secondary and vocational levels have improved and one could clearly tell the joy and restoration of hope in the lives of the children whenever they received their items.

The mature girls can no longer worry about personal needs that come along with body changes and the sexual reproductive health. Items like bathing towels, sanitary towels, Vaseline and petticoats among others have been provided.

UNERELA+ hopes that with resource allocation increased, skills in making of sanitary towels locally will be provided to the girl child and this will help the girls sustainably.There has been routine counseling and consistent uptake of ART by children in their respective service centers with provision of transport and food supplements. So far there are no cases of deaths and persistent illness among the children reported to UNERELA+.

Some of our implementation challenges

Negligence on the part of care givers due to lack of skills for example in some instances we have found an HIV positive child of 3 naked yet clothes had been bought. UNERELA+ had to talk to the elderly woman not to keep the attire bought for church service because that's not why they were bought. The visit that followed revealed a positive change.

Basic nutritional supplements are among the wrap around needs provided to sero positive children who are on treatment. Plans to link the nutritional aspect of the program to a Nutrition organization "NU-LIFE" based in West Nile are underway so that in future UNERELA+ does not need to struggle supplying food supplements to the children. NULIFE director has in principle accepted the proposal.

Sustainability is being addressed through provision of start-up funds for income generating activities to families and care givers. Families have considered this a life changing opportunity for them.

Most caregivers survive on small scale borrowing and this had led to confiscation of the property which had been declared as collateral and yet business is not doing well as most of the money is as well used to support the needs of the families. Some of them had resorted to hiding; a situation that cannot happen again with the income generating input provided by UNERELA+.

For example, **Sister Stella Canrach** (standing left of picture taken in front of her house) a beneficiary of the ovc program has involved PLHIV as well as persons with disability in her saloon, tailoring and Bakery projects because she understands their need. According to her, restocking her shop would make her a much better person, and UNERELA+ supported her and she is doing much better.

She says as a woman leader in the church, she cannot avoid responsibility as people reach out to her for help, she cannot say no, they would rather struggle together.

With challenges related to rent, Stella decided to move her business back to her small house and with her built clientele, customers look for her. She has utilized wedding seasons as an opportune time to pass on prevention messages as well as the importance of pre-marital testing and counseling. The four children in her care some of whom are of the deceased church leaders are now happy.

Christine Minderu, Widow (PLHIV) from Koboko districts falls ill so often, she has pain on one side of her abdomen. She also

has dizziness and a constant headache since she started cipro. She also suffers numbness of the leg. Her daughter (left of picture taken in front of their house in Koboko - next page), has completed S.4 but has not picked her results sue to financial difficulties; she could not pay for a school text book which is a school requirement.

Since the support from the program, Christine said, she will now focus on produce marketing since with paralysis cultivation would be difficult. Christine has dedicated her life to serving her community by spreading prevention messages.

UNERELA+ supported her to start rice marketing. Christine's daughter was then able to pick her results and what a happy day for them!

Christine is doing well now that she has some rice to sell and some to eat. ■

The writer is the National Coordinator of UNERELA +

In Brief

NAFOPHANU holds Retreat

The Forum organized a retreat which brought together old Board, Founder members, Former staff and different partners to review progress and forge a way forward. This took place on 4th March 2010 at Botanical Imperial Hotel. Issues discussed included the mileage the Forum has covered, challenges, recommendations, and the way forward.The retreat was funded by International HIV AIDS Alliance.

World AIDS DAY 2010

For the first time in the Response, The Forum with support from Uganda AIDS Commission-PC, was able to organize the national celebrations for World AIDS Day.
The ceremony was commemorated at Kitebi Primary School in Kampala.

The function brought together Representatives from Development Partners, Uganda AIDS Commission, Ministry of Health, The staff of Kitebi Primary School, Kampala City Council, the community and entire HIV /AIDS fraternity. While addressing the congregation, Hon. Loyce Biira Bwambale, the Chief Guest thanked participants for turning up in big numbers and also ppreciated the 'theme' that Ugandan AIDS partners adopted which she said was appropraite and will work to commit government and all other concerned partners in HIV and AIDS response.

Other guests that gave speeches on the Day included; Uganda Aids Communication, UNAIDS, ICW, Members of Parliament, Kampala district PHA forum Representative, a child living with HIV, Ruth Awori who was also the Special Guest, among others.

Other districts that were financially facilitated to celebrate WAD were;
South Western (Bushenyi, Ibanda, Kirihura, Rukungiri, Mbarara, Kanungu, Ntungamo)
Western (Kabarole, Bundibugyo, Kyenjojo, Kamwenge)
Central (Wakiso, Mpigi, Mubende, Kampala)
Central II (Luwero, Kiboga, UPDF, Kibaale)
Eastern (Kaberamaido, Kamuli, Budaka, Mayuge, Kaliro, Namutumba, Manafwa, Pallisa)
Northern (Oyam, Amolator, Dokolo, Pader, Gulu, Kitgum)
West Nile (Nebbi, Koboko, Adjumani, Moyo)
North Eastern (Kotido, Nakapiripirit, Katakwi)

THEME: "UNIVERSAL ACCESS AND HUMAN RIGHTS"
"I HAVE A DUTY TO PROTECT EVERY CHILD FROM HIV

Philly Lutaaya Day

AND AIDS...DO YOU?"

In addition to the funds availed by the Uganda Aids Commission-PC, the Forum spearheaded the national celebrations of Philly Lutaaya Day. The commemoration was held in Nakasongola District in November 2010.

The Guest of Honor Rev. Gerald Wamala re-echoed his gratitude in a special way to those who have come out openly and disclosed their sero-status. He thanked UAC and NAFOPHANU for choosing Nakasongola to host such a wonderful event.

He further said as church, they are much involved in advocacy especially in encouraging the you to abstain from sex before marriage.

However, he asked all people to stay pure and holy and that all HIV and AIDS organizations should as well include reli-

Joyce Kadowe, UAC, Namanya Bharam, UNASO and Lilian Mworeko, ICW at the Retreat

gious issues in their HIV responses.
He further called upon Advocates to stop discrimination and stigma and he urged them to use the 'talking tool' to sensitize and provide accurate and concise information about HIV and AIDS.
Other district supported to commemorate PLD were;

- **Kasese** joined by Kabarole Kyenjojo
- **Bugiri** joined by Tororo Busia Iganga Jinja
- **Lira** joined by Dokoro,Apac Oyam, Amolrata
- **Kumi** joined by Soroti, Mbaale,,Kaberamaido,,Katakwi
- **Isingiro** joined by Mbarara, Bushenyi, Kabale, Ntungamo
- **Yumbe** joined by Koboko, Moyo.
- **Masaka** joined by Sembabule ,Rakai Lyantonde, Kalangala, Mpigi
- **Nakasongola** joined by Masindi Luweero
- **Mukono** joined by Kampala ,Wakiso, Kayunga

Theme: "NEGATIVE OR POSITIVE, LET'S LIVE POSITIVELY"

PC Regional Coordination meetings

The Partnership Committee work plan October 2010-March 2011 included support to Self Coordinating Entities (SCEs) to coordinate their networks within their areas of jurisdiction. NAFOPHANU was selected as a beneficiary.
The purpose of the coordination meetings was to enhance networking, coordination and advocacy of PLHIV networks in Uganda. With objectives;

- To give and get feedback from the PLHIV rep resentatives and district forum executives re spectively
- To disseminate the NAFOPHANU Strategic Plan
- Capture advocacy issues to inform planning.

The meetings took place between February and March 2011 and the regions visited included;South Western , Western, West Nile, Northern, Eastern, North Eastern, Central 1, and Central 2

Advocacy Issues from all regions

- OVC have very limited or no support
- No PHA specific income generating activities
- TASO creates own PLHIV groups other than using already existing PLHIV groups under the district forum
- UPDF has a wider area to cover with divisions spread across the county yet with minimal resources. Also reported mass HIV counseling and testing for Officers and their families. Besides, there is need to link up with Uganda Police and Prisons to make complete a constituency of armed forces.
- Hard to reach areas have problems accessing ART since outreaches stop in easy to reach areas. Advocacy needed for all PLHIV to access services wherever they may be.
- Most partners do not share their projects which leaves networks unaware of what is going on in their areas or with individual PLHIV
- Need to identify partners in each district and share contacts with all stakeholders.
- Need to advocate for PLHIV activities to be included in district budgets even if DAT/Cs are almost non-functional. Even where they are functional, members to the committees are presented with already prepared plans and stakeholders are not involved in the planning.
- HIV mainstreaming in district programmes is still minimal
- ART stock-outs still being reported (eg in Nakasongola for 6 months now. Only 2 ART centres (Military Hospital and Health Centre IV) with inadequate medical personal who get overburdened on clinic days.)
- CD4 count machines not easily available (e.g. they are available in Hoima, Bombo, Kiboga and Kinyara (strictly for their workers). Masindi samples are taken to Gulu by TASO and IDI. Even where available, PL HIV from distant sub-counties find it difficult to access the services. In Nakasongola, World Vision Uganda used to bring their samples in Mengo but now phased out and so do without which is dangerous to PLHIV.)
- PMTCT services are restricted to Health Fa cilities only and participation of PLHIV is limited and there are no follow-ups after the child is born children are referred to ART clinic and in the Nutrition Centers at the Health Unit there is not enough to support the children
- There was lack of Meaningful Involvement of PHIV (MIPA) hence functions that are meant for people Living with HIV end up being hijacked by other officials.
- Stigma and discrimination of People Living with HIV in the Community where by for example associating with PHIV means you are also HIV positive hence people end up avoiding PLHIV.
- Most District HIV committees are not functional and even when they are there most PLHIV are not involved because they are not informed of the meetings.
- Donor conditions make it difficult for Forums to be involved in the grants bidding whereas we have the real needy people, build our ca pacities for us to be able to also benefit.

Recommendations and way forward

- There was need for Health centers lacking CD4 count machines to put patients on treatment based on clinical assessment but not to delay treatment because the machine is not available.
- Advocate for the Districts to utilize the Expert Client as health facilitators rather than use untrained school leavers because of Nepotism whenever there is an opportunity of remuneration. Money id spent to train these expert clients so use them is only way.
- NAFOPHANU should find out about which organizations were working in which Districts and recommend the PHIV in each area to them.
- Strengthen further advocacy Department to help some of these issues that keep arising
- Regular communication of emerging issues to Secretariat and PLHI representatives.
- Communication would be sent in three weeks on Donor Area of operation to all the participants in the meeting
- Meaningful involvement (MIPA) of PLHIV by donors and stakeholder but not to involve them when there is a Crisis and this should be put in the NSP.
- Positive Health Dignity and Prevention should be used more often
- Recognition of PLHIV who have been with the Forum for long.
- Members welcomed the idea of the National conference and finally the international Conference
- Rotational hosting of the NAFOPHANU meetings by districts

WHY NOT US?!

By Princess Nuru Nabbumba

Like the vast group of PLHIV in the world, young people living with HIV in the world are a diverse group.

During the Vienna youth force meeting prior to the XVIII International AIDS conference, YPLHIV representatives of IDUs, MSM, sex workers and those who had just been diagnosed with HIV were represented but there was hardly any representation from young people born with HIV.

When you zero down to Uganda, no one expected children born with HIV to grow from childhood to adulthood. There is always a perception that children born with HIV can't survive and have a normal life. But many thanks to better and accessible treatment that many of those of us that were born with HIV have survived into adulthood.

However, this posses a big challenge especially when it comes to addressing the sexuality needs of this unique group of young positives.

HIV workers are very reluctant to talk about sex and sexuality with this group due to lack of time,embarrassment, burnout and culture as well. Hospitals are designed for HIV treatment and not to talk about sex, yet it is key in youth development.

Health workers also tend to think that PLHIV should not have sex and emphasizing abstinence especially for young people living with HIV with warnings of re-infection with another strain of HIV hence pushing many of them to in for young people with an assumed negative status to avoid re-infection.

As the saying goes 'your lack of planning does not constitute an emergency on my part'. As young positives who fall under this category (infected at birth) we demand for recognition of our sexual and reproductive health rights and change of attitudes by health workers to stop viewing us as merely patients but as sexual beings and people with ability to make the right choices concerning our own sexuality, greater and meaningful involvement in HIV programs that concern us and we demand for data on young people (as per UNAIDS definition 15-24) living with HIV in the country.

"As the saying goes 'your lack of planning does not constitute an emergency on my part'.

NOW MAKE IT HAPPEN!!

Hon. Beatrice Wabudeya, Minister in Charge of the Presidency at the the launch of Naluwerere Wellness Centre in Bugiri District last year.