



THE NATIONAL FORUM OF PLHA NETWORK IN UGANDA

NAFOPHANU



Uganda AIDS Commission
Civil Society Fund

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The Quarterly Newsletter

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Angelina Wapakhabulo speaking at the NAFOPHANU Annual General Meeting
on 12th July, 2008 at Pope Paul VI Memorial Hotel

5 years of existence

Editorial

Welcome to the May, June and July 2008 edition of National Forum of People Living with HIV/AIDS Networks (NAFOPHANU) newsletter. This newsletter is produced on a quarterly basis with support from the civil society fund.

It acts as a mouthpiece for people living with HIV/AIDS in the country by highlighting issues such as lessons learnt from HIV/AIDS responses and the best practices in the fight against the epidemic.

It is a free newsletter distributed mainly through our networks. Copies can also be obtained from our Information, Education and Communication centre at NAFOPHANU head offices. Plot 213, Sentema Road - Mengo.

This newsletter is intended to reach out mainly to People Living with HIV/AIDS (PHA) who are encouraged to share their experiences. It also provides valuable information to AIDS Development Partners, government, donors, friends of PHA and the public.

The National Forum of PHA Networks in Uganda was established in May 2003 after identification, acknowledgement and recognition of gaps among PHA initiatives in the National Response. This was reached through a process that involved a minimum of five joint consultative meetings of People Living with HIV/AIDS (PHA) initiatives in Uganda, with support from UNAIDS and the HIV/AIDS Partnership (Uganda AIDS Commission).

The final consultative meetings involved a wide range of PHA, from individuals to leaders of both National and community based PHA networks and support groups.

In all the meetings it was significant that PHAs needed to come together into a coalition or partnership that would strengthen their advocacy position, coordination, information publication and sharing, and standardized capacity building. It was therefore conclusively decided that the PHA coalition or partnership should be formed. This was done in May 2003.

Vision

A well organized, recognized, and coordinated forum of PHA networks and groups to effectively contribute towards national efforts to have a healthy, socially responsible and economically productive population free from AIDS and its effects

Mission

To unite, support building of capacities and coordinate all networks and groups of PHA in Uganda for a concerted effort to the HIV and AIDS national response.

Objectives

To Strengthen Advocacy Capacity of the National Forum of PHA networks and Groups

To Enhance resource Mobilization and Resource Management

To Build and Strengthen Partnerships with Networks and groups with other Stakeholders in the National Response

An Improved Information Sharing and Communication System among Networks and Groups of PHA

Editorial Board

Betty Iyamuremye, Kibanga Samuel James, Stella Kentutsi, Ekwang Morris

Special thanks to all our partners

For any information please contact us

P.O BOX 70233 Kampala, Uganda

Plot 213 Sentema Road- Mengo

Email: nafophanu@infocom.co.ug

Fax +256 414 270976, Tel: +256 414 270015



Board Chairperson Dr. Stephen Watiti, Mild May Centre - Kampala

Word from NAFOPHANU Chairman

I assumed office as chairman of NAFOPHANU Board in July (2008). I have found the place interesting because of disciplined, interesting and easy to work with staff. Majority of our staff are HIV positive and are open about their status.

The challenges of NAFOPHANU are enormous and the organization has a long way to go. This organization champions issues to do with HIV and AIDS, some of which are advocacy among People Living with HIV/AIDS, human rights, stigma, and positive prevention in fighting HIV.

It is estimated that 1.2% of the world population is infected; I believe it could be more but people do not want to come out to testify or even test.

It should be noted that even the HIV drugs

are expiring in the stores because people are not coming out to demand for the drugs. The organization is funded by AIDS development partners. I want to see a world where people are free of HIV/AIDS and stop dying from curable disease. People should know that even if you have the disease, you can live a good life. NAFOPHANU therefore, encourages people to test for HIV/AIDS and also to take care. In our two years term, we want to advance the course of prevention of HIV/AIDS. We shall mobilize money, educate, inform and communicate to the world about HIV/AIDS. We shall use media most especially electronic media to reach to more people. I acknowledge the government's work in the fight against HIV/AIDS and even for the work done to the infected and affected.



Samuel James Kibanga

Word from the National Coordinator

Welcome to this issue of NAFOPHANU newsletter. The National Forum of People Living with HIV/AIDS Network in Uganda (NAFOPHANU) came into existence after it was realized that the People Living with HIV AIDS were not being heard enough and needed proper coordination.

With the support of donors, the government through Uganda AIDS Commission, networks, organizations, associations and friends of people living with AIDS came together in May 2003 to form themselves into a Forum.

NAFOPHANU therefore acts as the coordinating entity set of the national response (AIDS Control) activities among PHA organizations.

The founding organizations are about 53 including, TASO, AIDS Information Centre, National Community of Women Living with HIV/AIDS, National Guidance and Empowerment Network and Friends of Canon Gideon Byamugisha Foundation etc.

The main purpose of forming this organization was to enhance the principles of Greater Involvement of People Living with HIV/AIDS in the response (GIPA) and Meaningful Involvement of People Living with HIV/AIDS MIPA in the response.

NAFOPHANU is therefore an umbrella organization of all networks whose main task is to advocate for the rights of people living with HIV/AIDS in the country and strengthen partnerships. NAFOPHANU looks at four major areas.

It acts as a mouthpiece of these networks in areas of advocacy on the issues affecting people living with HIV/AIDS in the country. Such issues include access to unconditional treatment, HIV/AIDS prevention with a special emphasis on positive prevention and positive living

Resource mobilization and management: We train networks in resource mobilization and management and link them to potential resource providers. In some cases, we act as the lead agency for these networks by receiving resources which we pass over to them.

We act as the information hub on issues pertaining people living with HIV/AIDS in the country.

We strengthen partnerships with all stakeholders in the national and local (districts) HIV/AIDS responses as a way of increasing access to resources, positive prevention and meaningful involvement.

NAFOPHANU end of Transition Period activities May-August 2008

By Stella Kentusi – Programme Manager

The National Forum of PLHA Networks in Uganda is an umbrella organization that coordinates all forums, associations and groups of PLHAs in Uganda. Since its inception in 2003, NAFOPHANU has undertaken numerous activities amidst challenges. The transitional period is over and a lot has taken place. Have a glance at the numerous activities and events;

National Strategic Plan (NSP) 2008/09-2012/13 sensitisation

The one-day NSP sensitization for District Forum leaders was undertaken for the 8 operational regions of NAFOPHANU. This was intended for the district forum leaders to align all their programmes according to the new NSP.

Annual General meeting (AGM)

The AGM took place on Saturday 12 July 2008. It was attended by District Chairpersons and Coordinators, National networks, Development partners, members of staff and well wishers. Deliberations went on smoothly and a new Board of Directors was elected.



Lillian Mworeko, former NAFOPHANU Board Chairperson hands over office to Dr. Stephen Watiti on 26th July 2008 at Metropole Hotel, Kampala

Strategic Plan Review meeting

As part of the restructuring process, the NAFOPHANU Strategic Plan 2004-2009 has been reviewed. A new strategic direction has been forged to soar the Forum to new heights

UBC Television Programme

As part of advocacy, image branding and information sharing and dissemination, NAFOPHANU has two bi-monthly programmes on UBC Television. Catch us every first and third Friday of the month from 9:30-10:30 P.M in a live talk show as we discuss pertinent issues such as positive prevention, treatment and PMTCI.

CBS FM Radio Programme

The radio advocacy and information sharing programme has been ongoing since the beginning of July. Do not miss us every Thursday 2:30-3:00 PM

Consortium of Advocates for Access to Treatment (CAAT)

Due to problems associated with access to ART, the Consortium of Advocates for Access to ART was formed. Meetings are held every month with different partners to forge a way forward in regard to timely access, no shortage and stock outs, and change of regimen among others.

District Forums and Networks

- Kampala District Forum held its annual meeting on Saturday 28 June 2008 in the NAFOPHANU Boardroom. Thereafter, elections were held and Mr. Richard Sserunkuuma was elected Chairperson of the District Forum.

- Mityana District Forum held its annual general meeting.

- A team of NAFOPHANU staff visited Wakiso District Forum of PHAs for support supervision and UBC TV coverage. TAPA, Kakiri Caring Family and Namayumba Drama Group Networks under Wakiso were visited as well as Kiyita Family Alliance for Development (KIFAD) which is a partner organization with Wakiso District Forum of PHAs.

- On 29 June 2008, the National Coordinator together with officials from KIFAD toured capacity building projects in Nabweru Sub-County and later had a discussion with counselors that were trained with support from CCF.

- Isingiro District Forum held its annual meeting on Wednesday 2 July 2008 at the District Head Quarters. A new Executive was elected and sworn in by the District Focal Point Person and NAFOPHANU witnessed the occasion.

- The National Coordinator visited Kabale District Forum of PHAs from 17-20 July 2008. He visited the District Forum offices, a number of networks, the partners and district leadership.

- The National Coordinator visited Kalangala District Forum of PHAs from 30 July to 2 August 2008. The visit exposed him to the activities of the Forum, their partners, the networks and the relationship between/among them all.

The 2008 - 2010 NAFOPHANU BOARD



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Review of the constitution

A review committee of the NAFOPHANU constitution, guided by a lawyer, met and recommended a number of changes which were incorporated by the General Assembly.

Housed networks

The Forum houses a number of networks in the spirit of fraternity and brotherhood. They are; FOCAGIFO, POMU, UYP, KADFO and SALT

Global Implementers Exhibition

NAFOPHANU exhibited at the Global Implementers conference from 3-7 June 2008 at Serena Hotel using two of its networks i.e. FOCAGIFO and Wakiso District Forum of PHAs.

Candlelight Memorial Day celebrations

This was celebrated in Luwero and NAFOPHANU sent representatives. The theme was, 'Never Give Up, Never Forget'.

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NETWORK SUCCESS STORY

By Stella Kentutsi, Programme Manager

Family Spirit Child Care Centre

While in Masindi, do not miss out to visit one of the classic examples of what a community can achieve with minimal efforts and finances but with a strong heart, full of love and compassion. Visit the Family Spirit Child Care Centre.

This is one of the 11 networks under Masindi District Forum of PHA Networks found (MADNET) in Nyangahya LC1 in Masindi Town Council. It started in 2003 as a CBO by positive living people after the realisation of the suffering and deepening frustrations brought by HIV/AIDS, strife and war. The main objectives include;

- To create a community orphanage and other vulnerable children's care centre.

- To create a community education centre which is vocational to enable OVCs acquire skills of survival.

- To identify OVCs in the community and help them

- To solicit funds to educate the OVCs.

- To strengthen partnerships by collaborating with other organizations

To fulfill the above objectives, the child centre has about 60 OVCs and 8 volunteer teachers. It has nursery and primary school sections up to P.6 though there are some toddlers who are kept there. Most of the children are boarders and come from all regions of Uganda. The children are smart, happy and healthy even when most are HIV positive. The management identifies the children by visiting villages. There are no school fees requirements since the children are needy and uniform is freely distributed. What is in offing though, due to high costs of living, the centre will charge some little money from children who attend school from the nearby surrounding communities.

The centre has basic amenities such as NWSC water stand pipe, electricity, a television set that keeps



Pupils of Family Spirit Child Care Centre marching in protest against corruption in Masindi District mid this year

the children in the evenings and over the weekend. They have also planted cariantra trees to help feed the goats as they plan to get a cow. Children are fed on a balanced diet.

The child care centre carries out a number of activities to support the children who keep at school all year round. They include; local poultry project (20 birds so far), 3 goats, 3 pigs and back door gardening. In case of medical needs, the centre has a voluntary medical doctor who treats the children at his cost.

To increase awareness and call for support, the Family Spirit Child Care Centre participated in anti-corruption week in December 2007. The Children are given ARVs obtained from TASO, Masindi Hospital and recently JCRC. The centre has encouraged adherence to ART since time is set aside for all to swallow their drugs simultaneously.

A number of partners have come in to support the centre. These are NGO Forum, MADNET, Action AID, Philly Lutaaya Initiative, VSOs (Dr. Chris) and the com-

munity around the school is fully supportive. This is but a drop in the ocean; kind hearted people are needed to come to the centres rescue.

Despite the above picture, the centre has numerous challenges. They include; no fence around the premises, stigmatizing children, few mattresses that they share beddings, the toilet is full and new one under construction needs funds to complete, no deck/DVD player for entertainment, no security, inadequate funds, high cost of living as prices of various commodities have shot up, no source of income to pay teachers, special cases of OVCs need a lot of help and time, propertyless children, feeding children is becoming rather high with a hike in food stuffs, inadequate scholastic materials, change of regimen for OVCs, limited accommodation etc. They have tried to solve most of these problems without external help.

So now you know, give a helping hand to the sweet innocent children of Family Spirit Child Centre Masindi! You never know, you could make a difference in their life!

Transition Period activities

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M&E tools

M&E tools were developed and distributed to collect data for planning purposes. The four tools included; District networks (their activities, funders, areas of specialization and challenges), PHA resource persons in Uganda, ART access and capacity gaps for district forums. Information collected from all the districts will help in the planning process.

Joint AIDS Review (JAR)

The consultations were held with all district forum leaders so that challenges were identified and priorities laid down before submission to Uganda AIDS Commission Partnership conference due October 2008.

Recruitment of staff

The Forum has new staff members. The National Coordinator and Programme Manager reported on 2 May while the Administrative Assistant, Monitoring & Evaluation and Advocacy officers reported on 1 July 2008. The Information, Education and Communication Officer (IEC) has just reported.

Internship

8 interns from Makerere University, Islamic University in Uganda, St. Lawrence University, Uganda Christian University and Makerere Business School were enrolled to do their internship in the Forum up to August 15th 2008.

Website rejuvenation

Plans for the revival of NAFOPHANU website are in very high gear. <http://www.nafophanu.org> will give each visitor an insight of what NAFOPHANU is all about. Each district should brace for a customized NAFOPHANU e-mail.

The Great Lakes Initiative on AIDS (GLIA)

The project has component two of its programmes which caters for PHAs and truck drivers in the six countries of DRC, Tanzania, Kenya, Rwanda, Burundi and Uganda. The Forum is heavily engaged in it to ensure that PHAs enjoy the benefits as positive living is encouraged.

Capacity building for District Forum leaders

The training in proposal writing, resource mobilization, financial management and financial reporting took place from 28-31 July 2008 for all the districts of Uganda.

Table 3: Summary of training in proposal writing and financial management

SN	REGION	VENUE	M	F	TOTAL
1	Central I & II	Buwama Community Training Centre – Mpigi	19	17	36
2	Eastern & North-Eastern	Wash and Willis Country Home – Mbale	12	14	26
3	Western and South-Western	Ankole Riverline Hotel – Mbarara	14	15	29
4	West Nile and Northern	St. Augustine Guest House – Lira	14	17	31
TOTAL			59	63	122

Advocacy skills training

Advocacy skills training for West Nile and Karamoja districts took place 23-26 July 2008 and 2-5th August respectively. The four-day residential training was intended to equip the PHA leaders in the two regions with advocacy skills.

Board governance training

The training of the new Board in Board governance skills took place at Metropole Hotel Kampala on 25 July 2008. They were joined by the Institutional Mentor, a representative of the AIDS Development Partners (NUMAT) and members of staff.

Joint Board retreat

This took place on Saturday 26 July 2008 at Metropole Hotel Kampala. It was attended by the new Board members, old Board Members, AIDS Development Partners, former and current staff members. Partners included CSF, Irish AID, Uganda AIDS Commission, World Vision, NUMAT, International HIV/AIDS Alliance, OXFAM among others. This was intended to share experience, expectations and forge a strategic direction for the Forum.

Stephen Lewis Fund Projects

Cheques for the remaining recipients of the fund were dispatched. Monitoring and evaluation of the project continues.

Global Fund

NAFOPHANU was one of the successful applicants to the Global Fund.

Help Ugandans access the ART



The National Coordinator NAFUPHANU addressing a group of women in Kabale in one of his visits to national networks mid this year.

By CAAT Cordinator

As tons of drugs expire in the medical store, Uganda continues to suffer a shortage that has increased the vulnerability of HIV/AIDS persons.

Inconsistent supply of ARVS is not the only problem; there is change of regimens without prior notice to the patients.

And without shame, now the National Medical Stores wants Shs80 billion shillings to destroy the expired drugs.

There is also inadequate supply of CD4 count machines to check the CD4 cells and viral load among other things.

This led NAFOPHANU to form the Consortium of Advocacy for Access to ART (CAAT) in early 2007 with all HIV/AIDS organizations as eligible members.

The organization is used by NAFOPHANU as an advocacy tool to ensure that all people living with HIV/AIDS access treatment.

The group hosts monthly meetings with participants from organizations like

Health Rights Action Group (HAG), HEPS-U, TASO, World Vision, National Community of Women Living with HIV and AIDS (NACWOLA), International Community of Women Living with HIV/Aids (ICW), Positive Men's Union (POMU), Uganda Young Positives (UYP) etc to discuss the way forward.

The organizations attend meetings because some of them partnered with NAFOPHANU to establish CAAT.

Despite the intervention, lack of self esteem associated with stigma is a problem. Up to now Ugandans can not freely talk about their HIV status because of anticipated outcomes.

HIV/AIDS and the world of work are still foes.

All employees are supposed to have a policy of openness in a company or place of work as a form of advocacy but it's still not forthcoming. This role of CAAT in changing this attitude however is hindered by lack of funds.

The organization receives some funds from Uganda Cares but it is still insufficient for this kind of work.

Breaking the stigma

By Friends of Canon Gideon Foundation Team

HIV/AIDS can catch anyone and it is indiscriminate in nature. It is only foolishness that should make you hushed about your status.

In fact, more bold and foresighted prominent members of our society have taken the initiative and spoken out about their positive HIV/AIDS status.

Prominent among them is Rev. Canon Gideon Byamugisha.

Not only did he speak out but formed Friends of Canon Gideon Foundation (FOCAGIFO) which has given hope especially to young people.

Rev. Canon Byamugisha is the first African practicing priest to break the silence. Despite the negative fear and stigma associated with HIV/AIDS, he declared publicly that he was living with the virus in 1992.

He decided to form this association (FOCAGIFO) to build and enhance the capacity of the church congregation and other communities of HIV/AIDS through his good will.

The Foundation also aims to train and support orphans and vulnerable children at primary level of education. It gives them scholastic material to help in advancement of their goals.

The Foundation provides students with fees for vocational training. It further offers materials and capital to its members on graduation.

The Foundation boasts of being a founder member and having good will with NAFOPHANU. "Rev Canon Gideon is a founder member and former chairman of NAFOPHANU" says Ritah Busingye Director FOCAGIFO.

The Foundation is built on the model of friends and Ritah says friends are the Foundation's biggest backers.

The association dreams of constructing its offices on the land given by Rev Canon Gideon in Jinja-Kalori Katooke, Kampala for an administrative block, hotel and training wing.

It hopes to increase on the number of graduating students to about 300 annually.

"Our pledge is to graduate 300 children every year. We now graduate between 50 and 100," said Ritah Busingye.

Currently the Foundation is working in three districts of Kampala, Wakiso, and Kanungu.



By Fred Barongo, PC Rep for PHAs

It is acknowledged that the HIV epidemic is entering another phase. The current status and trends in Uganda is creating new challenges in designing, implementing and supporting an appropriate response to the disease. There is evidence of new infections (incidence) increasing with 132,500 cases reported in 2005, more women are infected more than men across the age spectrum from birth up to 49 years and the gender impacts of the disease is significant.

There is likely to be an increase in the number of new cases (incidence), more PHAs will need ART and the number of AIDS death is likely to increase.

Today many more HIV positive people are looking healthier because of the ART.

The challenge of managing the epidemic interventions now calls for more focused communication messages and approaches.

The PHAs must be more involved in stopping the spread of the virus in all ways through behaviour change communication and prevention with positives programmes, stigma and discrimination reduction interventions, effective programme designs and implementation.

Meaningful involvement of the PHA at all levels is bound to be more important than ever before in managing the response. However, for people living with HIV to take on a greater role in the response, they need increased skills, capacity, empowerment and support.

There is an urgent call for reinvigorating the spirit behind the Paris AIDS Summit Declaration of 1994 that conceptualized the Greater Involvement of People living with and affected by HIV/AIDS (GIPA) principle.

The Declaration acknowledged the central role of People living with and affected by HIV (PHA) in HIV/AIDS education and care, and in the design, implementation, monitoring and evaluation of national and international policies and programs, in order to successfully tackle HIV/AIDS.

The Declaration committed governments to develop and support structures, policies and programs to facilitate the greater involvement of people living with HIV and AIDS.

This is done with the understanding that no one can speak for a person living with HIV better than a person living with the virus. In Abuja at ICASA 2005, it was noted that the GIPA principle needed to move from emphasizing numbers but also to place emphasis on the quality of PHA and their capacity to advocate and influence critical actions in the HIV response.

This denotes Meaningful Involvement of PHA (MIPA) and thus the use of the term GIPA/MIPA was born.

People living with



Happy to be alive! Representatives from Northern Uganda seem to say

In countries where PHAs have been involved in the HIV/AIDS response, a positive and significant correlation between the level of PHA involvement and effectiveness of the response to the epidemic has been noted.

Evidence shows that PHA involvement makes programmes and policies more effective and development focused, no matter whether these programs and policies are targeting HIV-positive persons specifically (e.g. support, care and treatment) or a broader audience such as prevention.

The involvement of PHAs provides a role model for other HIV-positive persons; helps to empower them, helps to counter stigma and reduce discrimination; and it brings a sense of urgency to the AIDS response. The PHA have and can contribute in areas of peer support, peer education, advocacy, public education, sensitization and community mobilization, programme planning and implementation, public policy and legislation.

The government of Uganda has developed a five year National HIV/AIDS Strategic Plan (2007/08-2011/12).

The overall goal of this plan is to achieve universal access targets for HIV prevention, care, treatment and social support by 2012. Among the strategic actions of the plan are to expand on the range and improve access to prevention, care, treatment and social support programmes like HCT, PMTCT, HBC, and ART.

This ambitious plan to roll-out programme coverage will certainly increase the HIV-associated workload sharply.

Efforts to further increase access to treatment, maintain and improve the quality of care are bound to come against the wall due to severe limitations in the health system.

For instance, do we as a country, have enough health workforces to manage the expanded range of these programme? Is it possible to achieve these targets with the current level and trends in government health sector spending? What emergency responses can we adopt at the national level? Working with empowered and skilled PHA individuals, groups, networks and organisations should be one of the mainstays of the response.

During the 2008/09 Budget the Minister of Finance, clearly stated that the health system in Uganda continues to suffer from poor service delivery and inefficiency, including medicine stock outs, poor attendance by health workers, corruption and poor services. In the budget the government made health one of its top three priorities.

The government made a positive step to increase budget allocation to the health sector to the tune of 98 billion Uganda shillings. It notably allocated 60 billion for procurement of ART which shows commitment to the issues of access to ART.

However, further commitment by government has to be shown by increasing the level of funding to the Ministry of Health from the estimated 10% in the next years in line with the Abuja Declaration that requires about 15% of the GDP to go for Health sector.

Under-funding is a serious cause of poor working conditions which leads to 'brain drain', attrition, low motivation, lack of proper training and career development planning and thus poor service delivery.

The involvement of PHAs provides a role model for HIV-positive persons

HIV/AIDS can help stop it

It is no secret that Uganda is facing a workforce crisis in the health sector. The ratio of patient to health worker is unacceptably high. Uganda currently has only one-third of the health professionals needed to meet the World Health Organisation's recommended minimum standards for basic primary care services.

For example the Ministry of Health intends to increase Prevention of Mother-to-Child Transmission (PMTCT) coverage to all facilities offering maternal services up to Health Centre IIIs. Health workers are crucial in the provision of PMTCT but severe shortages of the health staff compromises the quality and availability of HIV/AIDS care - other problems like gender, power relations, stigma and discrimination, etc, notwithstanding. Absurdly, nurses in government health centres reportedly engage in group counselling and hardly provide post-test counselling because they are overwhelmed by the task at hand. Needless to say that many of these nurses lack professional counselling skills in HIV/AIDS which the PHAs can be empowered to provide.

Imagine the trauma that women go through after they discover they are HIV+ but do not get adequate post-test counselling and management! Surely, there is need for an effective emergency response at the national level, because the cost of inaction or mis-action will thwart the intended benefits of the programme.

Access to programmes like PMTCT is a necessary condition, but will not be enough to save lives at risk unless priority is given to ensure the necessary personnel to provide quality care is in place.

The government needs to deal with national policy barriers that block the possibility to shift tasks to lower level health workers and other categories like the PHAs. 'Task shifting' should be from doctors to nurses and nurses to community workers, including the People Living with HIV/AIDS.

Civil service should institutionalise the position



Ms Milly Katana; Partner International HIV/AIDS Alliance has been at the forefront

of counsellor in the health service to promote professional case management and referral to other support groups and organisations.

The Ministry of Health should Recruit, Treat, Train and Retain (RTTR) strategy for HIV positive professionals.

Anecdotal evidence points to the fact that health workers are a vulnerable group in the HIV/AIDS response, because due to stigma many of them fear to face their fellow workers and to queue with their clients for HIV/AIDS treatment.

HIV/AIDS, in addition to creating extra-ordinary demands for healthcare in areas where health systems are already weak and overwhelmed, is also decimating the health workforce.

In conclusion, being a signatory to the Paris Declaration of 1994 on Greater Involvement of People Living with HIV/AIDS (GIPA) Principle and other agreements, Uganda, can show commitment through the strengthening efforts focusing meaningful involvement of PHAs across all sectors.

People Living with HIV/AIDS in different sectors would also be willing to be involved in their respective professional fields. Meaningful involvement of PHA can be achieved through a double pronged empowerment framework that promotes PHA roles and responsibilities at both personal and at community levels in scaling up universal access.

At personal level PHAs should be empowered to participate in activities that enhance their ability to manage the HIV virus and their own livelihood.

PHAs also can be empowered to engage in self-care management and training; seek medical care from appropriate service providers; promote positive prevention and promote shared confidentiality/ disclosure.

At wider community level they need to be empowered to participate and engage in activities that increase their capacity to contribute to broader HIV/AIDS strategies.

At community level PHAs can be empowered to promote evidence-based advocacy that concerns PHA rights; participate in policy formulation and policy analysis; promote the building of networks and partnerships; monitor and evaluate the performance of AIDS service providers; participate in the process of proposal development and mobilization of resources; and participate in the design of information, education and communication messages.

Barongo is from Uganda Institute of Information and Communications Technology (UICT), Nakawa: His email is fabarongo@uict.ac.ug or fabarongo@yahoo.com

POMU -Gulu

By George Epelluk

This is an organization of positive male union which was started on April 1st 2006 with the help of TASO-Gulu

It was founded by 20 executive members trained by TASO, now registered under the district NGO forum and it is under the leadership of Gulu District Forum of PHAS.

At the moment there are 360 male

registered members in active participation.

The mission statement of POMU - Gulu is to mobilize HIV positive men in Gulu to contribute to HIV/AIDS prevention. The vision is a well mobilized positive man empowered, responsible and meaningfully contributing to HIV prevention at family and community level.

The core values of the POMU-Gulu

members are: commitment at individual and collectively, transparency, truthfulness and teamwork.

The objectives of the POMU-Gulu are to mobilize for active participation of the HIV positive men to participate in HIV prevention services, build the capacity positive to carry out positive prevention and have the institutional and organizational capacity of POMU-Gulu strengthened.

PHA networks key in policy and decision making



NAFOPHANU stake holders strategic planning review on 26 July, 2008 at Metropole Hotel

Kampala District Forum for People Living with HIV/AIDS Networks (KADFO+) is an umbrella organization for networks, groups, associations and clubs involved in the fight against HIV/AIDS in the district.

The Forum has a total of over 30 group members. The organization is affiliated to the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU). NAFOPHANU was formed out of the need to unite, support, build capacities and coordinate all People living with HIV AIDS (PHAs) in Uganda for a concerted effort to the national HIV response. Therefore the district forum vision, mission, goals and objectives are derived from the national forum's.

The objective of the organization is to provide a more formal, systematic and all inclusive coordination structure for PHA networks that allow PHAs to play a policy and decision making role in HIV/AIDS related issues in Kampala.

The organisation since its birth has registered a number of achievements including the district PHA network mapping exercise conducted June 2004. This enabled the district

forum to collect information (location, leadership, activities, etc) about all PHA networks that operate in the district.

It was registered in September 2005, as community based organization (CBO).

The organization held a community mobilization/positive development workshop at Mulago in December 2005. This enabled members to acquire knowledge and skills in networking, fundraising, public speaking and planning.

It held another workshop on information dissemination and networking at Nsambya in December 2005. The PHA leaders were trained and certified in disseminating information and guided on how to access services.

The organizations opened up an office using technical, financial and material support from NAFOPHANU.

The organization is implementing "Stephen Lewis Foundation's funded-livelihood support project to foster positive living through piggery, chicken and revolving fund projects.

The organization however lacks enough resources to do all its work and members are not willing to volunteer time to bridge the manpower gap.

The organization lacks leadership and skilled personnel to help it with proposal writing, financial management, monitoring and evaluation. Like many HIV/AIDS organizations, it operates in a restrictive environment (stigma, poverty, negative attitudes from different sectors and levels of society, etc).

Despite these limitations, the organization plans to carry out a needs assessment exercise among members. Inter-PHA group exchange visits for members to learn, exchange ideas and best/promising practices.

It also plans to remap the district PHA networks and comprehensive registration of PHA individual members in Kampala.

The organisation's mission is to have a society free of HIV/AIDS and its effects.

Support on AIDS through telephone helpline

By Anne Peace Baguma

You have tried to break the stigma but you have failed, it's not the end. There is an option and is just a call away. Support on AIDS and Life Through Telephone Helpline was started in 2003 by Maj. John Rubaramira Ruranga. The organization is here to watch the challenges that lay a head to reduce new infections, prevent mother to child infection, and facilitate universal access to affiliated services. The critical emphasis is to integrate the continuum of HIV prevention, care and treatment, and reverse the trend in the number of people with HIV. In addition it is to consolidate and scale up access to Anti-viral Therapy (ART), while providing much improved social support to reduce the socio-economic impacts of the epidemic.

Currently 6.4% of adults and 0.7% of children are infected with the HIV making around one million people nation wide. The magnitude of the epidemic has geographic, socio-demographic and socio-economic heterogeneity. Women, urban residents and people residing around Kampala, central and mid northern regions are most disproportionately affected.

As the epidemic has matured, the population groups most severely affected have shifted from the young unmarried individuals to older and married or formerly married individuals.

Currently, HIV prevalence peaks among women aged 30-34 years and men aged 40-44 years, shift of five to ten years from the early 1990s. Evidence from sub-national longitudinal studies and from indirect

estimates indicates high magnitude of new infections with HIV incidence ranging from 0.2-2.0 percent in different regions of the country. SALT will try to address the information gap as well as to provide counseling to the stigmatized persons who do not want to go to service centre.

In the next four years, SALT wants to see that the incidence of HIV and AIDS is reduced by 40% by the year 2012, wants to see that the social, cultural and economic effects of HIV and AIDS are mitigated at individual, household and community levels.

It is on this background that SALT joins other partners in scaling up her services to bridge the information gap as well as to provide communication, advocacy, research and documentation, counseling and referral services for HIV/AIDS via traditional and modern information technology to the stigmatized persons who still fear to openly seek services from available centres. SALT will also create awareness to those who are doubly marginalized in terms of geographical hard to reach locations, gender, age, disability and economic status.

SALT is empowered by thematic areas in the National Strategic Plan (NSP) to address the following; prevention, care and support, information on HIV/AIDS through ICT and IEC material. Research and documentation on the needs of clients on HIV/AIDS response lobbying and advocating for scaling up HIV and AIDS services to the doubly marginalized.

The association has a vision of a well informed Ugandan society free and empowered to seek high quality HIV/AIDS



prevention, care, treatment, support and other related support services.

The organisation has a task of being a knowledge management centre providing excellent information, counseling and referral services for HIV/AIDS and other related needs via the telephone and other interactive technology.

The group has a target of increasing quality information provision and advocacy for universal access on HIV/AIDS services to twenty thousand people. The strategic direction is to broaden the scope of operations beyond telephone to include other interactive technology.

The group intends to expand and strengthen existing efforts in the prevention and control of HIV/AIDS by providing information on complimentary services through ICT to people by the year 2013. It further intends to scale up on line counseling and referral services by 9% annually of our desired twenty thousand people.

MICROBICIDES INTERNATIONAL CONFERENCE INDIA 24-27 FEBRUARY 2008

By James Lule

The international microbicides conference was held at the Ashok Hotel New Delhi India from 24th – 27th February 2008.

The conference was striving to achieve the following objectives:

- Provide updates on recent microbicides research.
- Provide a forum for discussion of new developments in microbicides research in social science, behavior, community and advocacy issues including

basic science.

- To provide an opportunity for knowledge sharing between microbicides research, public health workers, community and advocacy organizations.

More than one thousand delegates from around the world attended this conference. Africa alone had more than three hundred seventeen (317) delegates. The Indian minister of health and family welfare opened it. Candle lighting was made and showing delegates a video revealing the feelings of people about HIV/AIDS.

The conference ran for three days, which contained:

- Cross track sessions.
- Round table discussions.
- Symposia and satellite meetings.
- Poster session and exhibition.

The Speaker's emphasis was on advocacy, behavioral change so as to be more encouraged, and stressed it that women need to get an HIV/AIDS preventive method being microbicides. Global support is needed to achieve these objectives. "Microbicides research striving towards HIV prevention"



A woman and her baby in an ART Clinic waiting room at Kisiizi Hospital in Uganda

Help young people fight the lethal HIV/AIDS

By Sam Ocen

Uganda Young Positives is a community based non governmental organization which brings young positive people for action in scaling up prevention, care and support services.

The organization deals with people between 10 and 29 years.

It started in 2003 and for three years of active life, UYP has impacted on the lives of young positive people.

In collaboration with UNAIDS and UNFPA, UYP is able to carry out massive mobilization for the young positives at different levels in the country for scaling up efforts for positive prevention among young people.

The vision of UYP is a well mobilized, coordinated and empowered group of young positives that are willing and able to respond to the challenges of living positively and working towards the national HIV/AIDS prevention strategy.

With the duty to support the above vision, UYP has a mission to promote better quality of life for the young people living with HIV/AIDS and reduce HIV prevalence rates among the young people.

The group has a target of unifying HIV/AIDS young people to respond positively to HIV/AIDS challenges in Uganda by improving their participation in promoting care and support.

The organization aims at reducing stigma and discrimination associated with HIV/AIDS in 20 districts in Uganda by the year 2011. UYP also advocates for a

comprehensive care and support package for the young positives and to develop skills among young positives necessary for living productively as well as to initiate support groups of young positives for experience sharing and networking at all levels.

The association has values as team work, God fearing and respect for one another, good health, sound mind, honesty and integrity, creativity and innovation, openness and transparency.

UYP is executing actions like IEC production and dissemination as well as operating income generating activities (IGAs) and building partnership and networking. UYP in its efforts to give the fight against HIV/AIDS a human face, forms drama groups/clubs and runs a youth friendly clinic. It holds health talks in schools and communities, mobilising young positives, running home based care projects, conducting trainings and conducting peer counseling, mobilising resources.

UYP tackles problems like young positives' stigma and discrimination. It also addresses poor drug adherence, re-infection of the young positives as a result of non-disclosure especially in relationships. It addresses inadequate skills of parents in supporting young positives to live positively. It addresses the need for livelihood support, poor access to ARVs by the young positives and escalating opportunistic infections including STDs

Since inception, UYP has a number of achievements. UYP has a five year

strategic plan which steers the organisation's activity implementation.

UYP has built strategic partnership with UN and bilateral (UNFPA, UNAIDS, WHO), government (MoGLSD, MoH, UAC) local NGOs (NAFOPHANU, FOGAGIFO, UYDEL).

UYP has mobilized young positives country wide and established offices with full time personnel and volunteers.

Services offered by UYP include psycho-socio support for young people, support group for on going counseling for the young positives, referral training and income generating activities (IGAs)

UYP is executing actions like IEC production and dissemination as well as operating income generating activities (IGAs) and building partnership and networking.

Global HIV/AIDS

estimates, end of 2007

Source: <http://www.avert.org/worldstats.htm>

The latest statistics on the world epidemic of AIDS & HIV were published by UNAIDS/WHO in July 2008, and refer to the end of 2007.

	Estimate	Range
People living with HIV/AIDS in 2007	33.0 million	30.3-36.1 million
Adults living with HIV/AIDS in 2007	30.8 million	28.2-34.0 million
Women living with HIV/AIDS in 2007	15.5 million	14.2-16.9 million
Children living with HIV/AIDS in 2007	2.0 million	1.9-2.3 million
People newly infected with HIV in 2007	2.7 million	2.2-3.2 million
Children newly infected with HIV in 2007	0.37 million	0.33-0.41 million
AIDS deaths in 2007	2.0 million	1.8-2.3 million
Child AIDS deaths in 2007	0.27 million	0.25-0.29 million

More than 25 million people have died of AIDS since 1981. Africa has 11.6 million AIDS orphans. At the end of 2007, women accounted for 50% of all adults living with HIV worldwide, and for 59% in sub-Saharan

Africa.

Young people (under 25 years old) account for half of all new HIV infections worldwide.

In developing and transitional countries, 9.7 million people are in immediate need of life-saving AIDS drugs; of

these, only 2.99 million (31%) are receiving the drugs.

The number of people living with HIV has risen from around 8 million in 1990 to 33 million today, and is still growing. Around 67% of people living with HIV are in sub-Saharan Africa.

Regional statistics for HIV & AIDS, end of 2007

Region	Adults & children living with HIV/AIDS	Adults & children newly infected	Adult prevalence*	Deaths of adults & children
Sub-Saharan Africa	22.0 million	1.9 million	5.0%	1.5 million
North Africa & Middle East	380,000	40,000	0.3%	27,000
Asia	5 million	380,000	0.3%	380,000
Oceania	74,000	13,000	0.4%	1,000
Latin America	1.7 million	140,000	0.5%	63,000
Caribbean	230,000	20,000	1.1%	14,000
EastEurope & Central Asia	1.5 million	110,000	0.8%	58,000
North America, West&Central Europe	2.0 million	81,000	0.4%	31,000
Global Total	33.0 million	2.7 million	0.8%	2.0 million

* Proportion of adults aged 15-49 who were living with HIV/AIDS

UGANDA

Uganda is often held up as a model for Africa in the fight against HIV & AIDS. Strong government leadership, broad-based partnerships and effective public education campaigns all contributed to a decline in the number of people living with HIV & AIDS in the 1990s.

Although there is a lot to learn from

Uganda's comprehensive and timely campaign against the AIDS epidemic, emphasizing Uganda's success story must not detract from the devastating consequences that AIDS continues to have across the country: personally, socially and economically. There are currently an estimated 940,000 people living with HIV in Uganda, and a further 1.2 million children who have been orphaned by AIDS¹.

The current HIV prevalence in Uganda is estimated to be 5.4% amongst adults. The number of people living with HIV is higher in urban areas (10.1% prevalence) than rural areas (5.7%); it is also higher among women (7.5%) than men (5.0%).

It is feared that HIV prevalence in Uganda may be rising again; at best it has reached a plateau where the number of new HIV infections matches the number of AIDS-related deaths.

PICTORIAL



Basket weaving in Kalangala



HIV education in school, Uganda



An educational sign promoting abstinence in a Ugandan primary school

POEMS

THE WEED

An evil weed grew up in our village
 Small and insignificant,
 AIDS rose to illumination
 A tiny speck
 That brought chill to the human race
 On a death spree,
 Against mankind.

Invisible then
 But not any more
 It does its work fervently
 'Him' 'her' 'that one' 'there he goes'
 They used to say
 Now it is them.
 The village evil rises.

It drives man to insanity
 For the answer still hides
 While it still strikes
 Stamping all with AIDS! AIDS! AIDS!
 A shame to our village
 Silently overshadowing us
 Engulfing us to no more
 Surely God will hear us.

THE DISTANT CRY

Are now snatched away by the roaring beast,
 The scourge of AIDS.
 It has wiped out so many,
 The young and the old,
 The beautiful and the ugly.
 Yet not telling the difference between the
 Rich and the poor.

The antagonizing feeling of loneliness has
 A life that is started with many hopes;
 A life that is cherished with dreams,
 And prophecies;
 That endow one's bosoms with laughter,
 Happiness, meaning and love;
 Captured most of us.

The parentless are reaching out to the
 Gods but no answer!
 The hopeful songs are almost dying out;
 The distant cry of the mother who has
 Lost a child is not being heard.
 Ears have been shut, eyes closed,
 To the suffering few, though many.
 The African has claimed, 'it is a curse
 Upon the land.'

"Blood has to be shed for the immorality"
 Ancestors are weeping in their graves,
 "Save our children, our leaders"
 But the cry seems to be far from the
 Gods.

It's a prayer needing an answer,
 A humble prayer from a mourning African.

But hope is coming, though slow
 The help that comes from afar.
 Alas! The prayer of the African is being
 Answered.

It is a fight against the roaring beast
 AIDS.
 Though not easy, we've been powered by
 The gods and the ancestors,
 And slowly, the beast is giving way to a
 New life and hope for the African.

Courtesy of Mengo S.S. Life Club

Special thanks to all our partners

For any information please contact us:

P.O BOX 70233 Kampala, Uganda, Plot 213 Sentema Road- Mengo

Email: nafophanu@infocom.co.ug, Fax +256 414 270976, Tel: +256 414 270015