



The Civil Society Fund

The Link



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Getting to Zero

Editor's Word

A world free of HIV/AIDS — that is precisely what this year's World AIDS Day theme inspires us to aim for.

In this issue of *The Link* newsletter, we bring you highlights of the steps CSF is taking to contribute to the national goal of reducing new infections.

You will also read about new research findings which show how early anti retroviral therapy, started at a CD4 count between 350 and 550 cells/mm³, can reduce the risk of HIV transmission to an uninfected partner by at least 96%.

Faridah Namatovu, an OVC program officer at Community Awareness and Response on AIDS, has kindly shared about her work life. We hope you will enjoy her story.

Thank you for your partnership with CSF in the year 2011. We look forward to stronger relationships in 2012!

Warm regards,

Julia K. Sseppuuya.

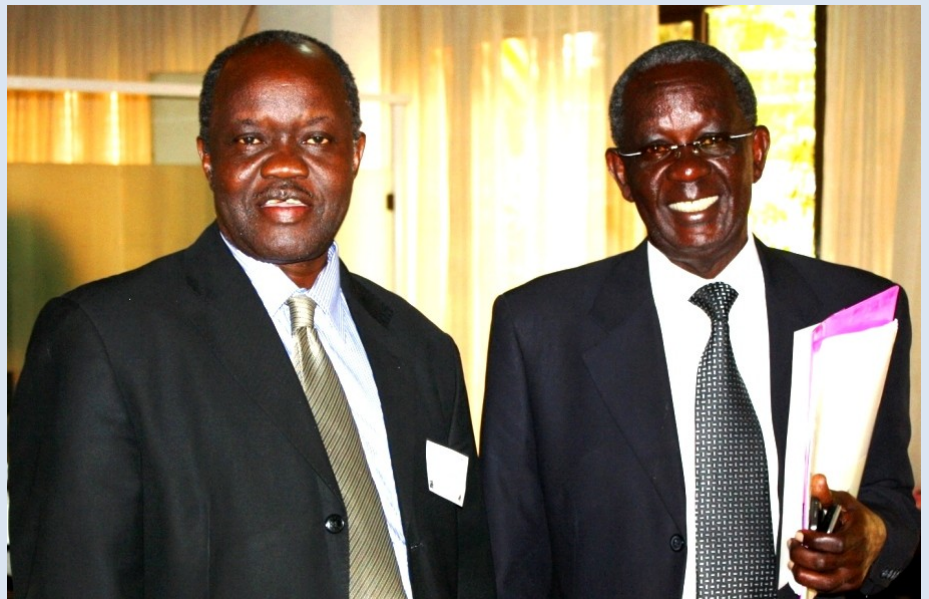
On behalf of the CSF Communications Team

Please email your comments and article contributions to: info@csf.or.ug

About CSF

The goal of CSF is to ensure that civil society provision of prevention, care, treatment, and support services in HIV/AIDS and OVC are harmonized, streamlined, effective, and in support of the Government of Uganda's National Strategic Plan, National Priority Action Plan, and other national plans and policies.

A note from the CSF Steering Committee Chairperson



Dr. Joel Okullo, the CSF Steering Committee Chairperson (left) and Dr. David Kihumuro Apuuli, the Uganda AIDS Commission Director General

Every December 1st, the world commemorates World AIDS Day. The global theme for this year is "Getting to Zero" with three targets of zero new HIV infections, zero discrimination and zero AIDS-related deaths. In Uganda, our theme for this year is "Re-engaging leadership for effective HIV Prevention".

Uganda made record success in the HIV/AIDS fight during the 1980s because of the strong political leadership in the struggle against the epidemic. With renewed commitment from leaders at all levels of our nation, we can once again succeed in bringing down new infection rates and surpass our past achievements.

This will call for a concerted effort from all of us, whether as individuals, households, institutions or communities.

Thankfully, the Government of Uganda through the Uganda AIDS Commission and the Ministry of Health has provided the roadmap that will guide us to success in this fight. The new HIV prevention strategy launched on World AIDS Day, December 1, 2011, aims to reduce the current incidence rate of about 124,000 new infections annually by 30%. Let us diligently implement this new strategy, and constantly be inspired to actualize our theme of zero new infections.

Combination HIV Prevention is currently recommended as the best approach to fight HIV. It calls for multi-pronged campaign strategies at individual, community, and societal levels to address biomedical, behavioral and socio-structural issues which surround HIV prevention and treatment. CSF will strive to be part of this agenda in the coming year.

CSF contributes to new national HIV strategy

By Dr. Denis Bwayo

Although we have come a long way from the high HIV prevalence rates seen at the peak of the epidemic in the early 1990's, Uganda is still grappling with a big burden of HIV/AIDS. Current estimates indicate that up to 1.2 million Ugandans are HIV-positive including 150,000 children with an estimated 64,000 deaths from AIDS last year. Sadly, Uganda is today among those few countries in East and Southern Africa with an increasing number of new infections.

The new national HIV prevention strategy (NPS) launched on World AIDS Day, December 1, 2011, seeks to reduce the current incidence rate of about 124,000 new infections annually by 30%. Key to this will be reduction of heterosexual and mother-to-child HIV transmission.

Core to the NPS will be Combination HIV Prevention — defined by UNAIDS as “The strategic, simultaneous use of the different classes of prevention activities (biomedical, behavioral, socio-structural) that operates on multiple levels (individual, community, societal), to respond to specific needs of particular audiences and modes of HIV transmission,



Dr. Bwayo, CSF Senior Technical Advisor

and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities.”

CSF is proud to have contributed to the development of the NPS and the revised National Strategic Plan. The Uganda Network of AIDS Service Organizations (UNASO), a CSF sub-grantee, coordinated civil society contributions to the development of these two documents.

CSF will contribute to the roll out of the NPS by disseminating copies of these documents to sub-grantees, aligning all current sub-grantee projects to the new strategy, and issuing a new Request For

Applications (RFA) titled *Reduction of New HIV Infections Through Enhanced Community Engagement in Combination HIV Prevention*.

Through this RFA, CSF expects to contribute to: empowering individuals and communities to effectively demand for quality HIV/AIDS services and to demand for inclusive delivery of these services; increasing adoption of safer sexual behavior; creating a sustainable enabling environment that mitigates the underlying socio-cultural, gender based and other structural drivers of the HIV epidemic; and achieving a well coordinated HIV prevention response.

The foundation of the new grants to be awarded in January 2012 is community engagement. Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people (adapted from Fawcett et al, 1995).

This will include significant involvement of various levels of leadership within the districts in which these projects will be implemented.

AIC circumcises 42 men on World AIDS Day



AIC staff circumcising a man

The AIDS Information Centre (AIC) circumcised 42 males on World AIDS Day, December 1, 2011, during an outreach conducted at Bussedde in Jinja district under the Safe Male Circumcision Program. Out of these, 40 were also tested for HIV. Thirty-eight of the clients were aged between 15 and 45 years and four were above 50 years.

With funding from the Civil Society Fund, AIC started providing safe male circumcision (SMC) services at its branches in November 2011. This was meant to contribute to the reduction of new HIV infections among the sexually active and most at risk populations.

On the same day, AIC also conducted integrated outreaches not only in Jinja, but also in Mayuge, and Kaliro districts, in the sub-counties of Buwenge, Busakira, and Namwiwa respectively. In addition to SMC, services provided included HIV Counseling and Testing (HCT), reproductive health, child health, Malaria screening, and health educational talks. A total of 357 clients received HCT services, out of whom 353 were HIV negative and four tested positive. A total of 7,200 male and 56 female condoms were distributed in Jinja and Mayuge Districts.

Upcoming events

- * **January 2012:**
Award of Combination Prevention grants
- * **February 2012:**
Gender Mainstreaming training for HIV/AIDS CSOs
- * **February 2012:**
Launch of Gender blended learning modules
- * **March 2012:**
Regional Experience Sharing Workshops

Preventing HIV transmission through treatment

By Dr. Joseph Kabanda

As research into a cure for HIV/AIDS continues, scientists are discovering more ways of preventing further spread of the virus. Currently, there is considerable evidence that Anti Retroviral Therapy (ART) can be effective in preventing heterosexual transmission of HIV. This is possible if the HIV positive partner, in a heterosexual relationship, is receiving stable treatment, has an undetectable viral load and has no other sexually transmitted disease (STD).

Research findings from the HPTN 052 study that was conducted among discordant couples in Malawi, Zimbabwe, Botswana, Kenya, South Africa, Brazil, Thailand, the US and India showed that antiretroviral treatment prevents HIV from being passed from the infected to the uninfected sexual partner.

HPTN 052 refers to the randomized trial to determine the effectiveness of two treatment strategies in preventing the sexual transmission of HIV in serodiscordant couples. A total of 1,763 discordant couples, in which the HIV+ sexual partners had a CD4 cell count between 350 to 550 cells/mm³, were recruited in the study and they were randomized into two arms i.e. either to start ART immediately or to defer ART until the CD4 count dropped to a range



Dr. Joseph Kabanda, CSF HIV Care, Support & Treatment Specialist

of 250 to 200 cells. Almost all the study participants were heterosexual couples.

Results from the study showed that early ART – started at a CD4 count between 350 and 550 cells/mm³ – reduced the risk of HIV transmission to an uninfected partner by at least 96%. According to this study, early treatment for prevention purposes reduced serious illness caused by opportunistic infections by around 40%. A reduction in opportunistic infections also means reduced chances of transmission of HIV from an infected individual to a non infected partner.

The strategy of providing anti retroviral treatment for the purpose of prevention is a multi-component intervention. Its effective implementation requires maximizing all steps involved in identifying infected individuals during HCT, linking them to care and initiating treatment,

good adherence counseling, as well as continued support for initial and sustained behavioral change. CSF recognizes the need and greatly contributes to the scale up of provision of all those services that are key components of an effective “Treatment for prevention” strategy through working with CSOs and all other types of sub-grantees.

CSF supports sub-grantees to engage into innovations, such as community camp testing and moonlight testing which significantly increase the number of people who know their HIV status and get linked into HIV care, support and treatment. Under the CSF lead agency model, Joint Clinical Research Center (a CSF sub-grantee) carries out point of care CD4 testing during HIV testing in order to increase linkage to care and ART initiation for those who test positive for HIV.

Treatment as prevention strategy is still faced with challenges of scarce resources. For example, according to the United Nations General Assembly 2010, only 200,413 (53.5%) of women and men with advanced HIV infection were receiving ART by September 2009. CSF will continue to work with the communities, civil society organizations and the government to ensure that the gaps in care between the undiagnosed individuals, linkage to care, access to ART, and adherence get addressed.

Gender Corner: Why mainstream gender in programming?

By Armstrong Mukundane, CSF HIV Program Officer, and Gender Focal Person

CSF is developing a gender strategy to guide the mainstreaming of gender into its programs. This is in line with Uganda’s national strategy documents (National Strategic Plan and the National Strategic Program Plan of Interventions) which highlight gender issues as drivers of HIV/AIDS transmission and opportunities for expanded and improved prevention, care, and support services for vulnerable populations.

In order to increase the overall effectiveness and impact of CSF’s interventions,

programming for gender has been articulated as a priority in key CSF program documents. Recognizing that OVC and HIV/AIDS interventions impact females and males differently, CSF would like to ensure that the needs of both are brought on board during the design, implementation, monitoring and evaluation of its projects.

To further augment its efforts of mainstreaming gender, CSF has trained 79 staff from 41 OVC sub-grantees. CSF is also developing a training manual which will be adapted into a blended learning format. This continuum of interventions

should increase efficacy while providing equal opportunities for both genders.

Gender inequality is one of the driving forces behind the spread of HIV. For instance, biological and social factors make women more vulnerable to HIV, especially in youth and adolescence. Access to productive resources including land, credit, knowledge, training and technology is strongly determined along gender lines, with men frequently having more access to all of these than women. Mainstreaming gender into our HIV/AIDS and OVC programs and services is a stitch in time to achieve sustainable change.

A day in the life of an OVC program officer: Faridah Namatovu



Faridah (left) participating in an HCT activity in Kayunga

My name is Faridah Namatovu. I work at Community Awareness and Response on AIDS (CARA) where I double as an HIV counselor and a monitoring and evaluation officer. CARA is a non-governmental organization working in the districts of Kayunga and Mukono in central Uganda. It implements programs in HIV prevention; human rights promotion and protection; food security and nutrition; and water and sanitation in rural communities. Its mission is to save communities from HIV infection and reduce suffering caused by AIDS and other challenges. The Civil Society Fund supports CARA to carry out HIV prevention activities through behavioral change communication and strengthening the capacity of orphans and other vulnerable children (OVC), their caregivers and service provid-

ers. OVC are supported in the core program areas of education, food security and nutrition, psychosocial support, legal, and child protection.

My typical workday begins at 7:30am. The first thing I do at the office is to pull out my laptop and check on the day's work plan to make adequate preparations for the day's field activities. I then attend to clients who visit in the early morning hours, after which I set off for the field.

My work involves interacting with OVC and their caregivers who benefit from the project. They share with me their experiences and the impact of the project interventions on their lives. I also counsel them on HIV testing and treatment. After the field activities, I go back to the office to analyze the data I have gathered and compile a report.

My best day is Tuesday when all project staff sit together to share reports and experiences. This keeps me updated on everything we are doing in the field. What spoils my day is finding children living in poor conditions in the communities we serve yet the project cannot support all of them. I always ask God to enable us do something to improve the quality of life for such children.

Being single enables me to meet all my targets because I can focus exclusively on my work. I enjoy listening to gospel music as I work on project reports.

CSO Profile: MADIPU



Masaka Union of Persons with Disabilities is a community-based organization run by persons with disabilities from the grass root level in Masaka District. The organization

strives to promote the equal opportunities and active participation for all PWDs in the development processes of Masaka District.

MADIPU uses CSF funds to implement a project entitled "Promotion of increased knowledge on HIV/AIDS prevention and greater access to HIV/AIDS services among Persons with Disabilities in Masaka District".

MADIPU address: Labour Building, opposite Kyotera Road, Masaka Town, P.O.BOX 1232 Tel: +256 772 331328 or 0782568088. Email: madipapwds@yahoo.com

Inside CSF

Congratulations

We congratulate Ruth Nanyonga (MEA Program Officer) and her groom Stephen Kiggundu on their wedding which took place on 10 December 2011 at Namirembe Cathedral in Kampala.



Welcome

With joy, we welcome our new colleagues: Proscovia Nnamulondo (Communications Officer) and Dr. Joseph Kabanda (HIV Care, Support & Treatment Specialist)

Farewell

Simon Peter Mayanja, (Senior M&E Specialist); and Florence Mpabulungi Tagoola (Senior Quality Assurance Advisor) are moving on to pursue other career interests. The CSF family wishes you success in all your endeavors.

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