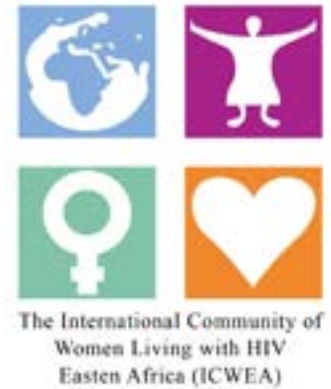


Global fund approves \$335m for Kenya, considers ICWK priorities



By Inviolata Mbwavi and Patricia Asero

The Global Fund Technical Review Panel on August 18th, 2017 approved Kenya's Funding request for \$335,631,852, which was submitted in May this year after finding the application technically sound and strategically focused.

The panel recommended that Kenya proceeds with the grant making process. International Community of Women Kenya Chapter (ICWK) has been part of the writing team.

Inviolata Mbwavi the Coordinator of ICW K says, "So far most of the activities and budget proposed by ICWK and other networks of People Living with HIV are still



Patricia, Inviolata and a young man consulting on networks that need institutional strengthening

intact."

The grant will among others support five networks with institutional strengthening, community

mobilization, demand creation and recruitment of key staff and community champions. This support falls within the PMTCT

(Prevention of Mother to Child Transmission) and treatment and care modules where ICWK has strong interests.

Harnessing AGYW potential through health is critical

ICWEA Member Rwanda

The world today is home to 1.8 billion young people between the ages of 10 and 24. The youth population is growing fastest in developing countries. With young people making up about 60 per cent of Africa's population, they form a critical mass that can transform the growth and destiny of the continent. But this will only happen if investments are made in youth. The returns on investment in young people, particularly young women and adolescent girls, can be enormous, with the potential to catapult developing



Uwase (Second from the left) with other participants at the summit

economies forward and eliminate extreme poverty.

Recently, UNFPA organized a special event on harnessing the youth potential through health,

where Miss Uwase Nadege who is an ICWEA member was a speaker representing AfriYAN Rwanda (African Youth and Adolescents Networks on Population and Development) with the aim of

advocating for investments in the health of young people, especially adolescent girls and young women. This was at a Youth Connect summit in Rwanda.

It was agreed at the event that for inclusive economic growth and sustainable development on the continent, issues affecting young people must be addressed. Specifically, young women and adolescent girls.

Prioritizing human capital development, including empowering women and girls to be able to exercise their rights, and expanding quality health and education systems, is key to harnessing the demographic dividend.

Uganda releases new HIV survey results

- 6% prevalence among adults, ●higher prevalence among adult women at 7.5%,
- 1.3m Ugandans living with HIV, ●57.4% viral load suppression among adults

KAMPALA - The Minister of Health in Uganda Jane Ruth Acen recently released preliminary results of the Uganda Population HIV Impact Assessment survey conducted from August 2016 to March 2017 in all the districts of Uganda.

The survey was conducted to provide estimates of HIV incidence, HIV prevalence, viral load suppression, syphilis, hepatitis B infection, and other important HIV/AIDS programme indicators. A total of 16,670 women and 12,354 men aged 15-64 years were interviewed and tested for HIV, syphilis and hepatitis B.

Results indicate the current prevalence amongst adults aged 15 – 49 years is 6% and 0.5% in children under the age of 5 years. Prevalence amongst 5 – 14 year olds is 0.5%. The total number of adults and children of all ages living with HIV in Uganda is approximately 1.3 million.



Dr Acen, Dr Diana Atwine and the US Ambassador to Uganda Deborah R. Malac at the media centre where results of the survey released

The results indicate a higher prevalence among adult women at 7.5% compared to 4.3% among men. It is also high among residents of urban areas (7.1%) compared to 5.5% in rural areas.

While the results show some progress on the response to HIV, there are key pertinent issues that need to be addressed in the fight against

HIV in the country. Key among them are issues on Human resources for health.

Uganda has a human resources for health gap of more than 25,000 health care workers yet the number of people living with HIV has increased because of the treatment programs. During the JAR 2016, Uganda committed to institutionalize the positions of professional counselors in the health sector among other cadres. The progress has not been forthcoming as expected. The situation is made worse by the fact that some of the donors (particularly PEPFAR) supported cadres that are critical in the HIV response such as counselors and biomedical engineering technicians among others are

Viral load testing is a critical measure of whether HIV treatment programs are effective. Preliminary findings revealed that the viral load suppression was only at 57.4% for people aged 15-49 yrs, and at 35% among young men and women living with HIV aged 15-24 yrs. This needs urgent attention. There is need to address the root causes of poor adherence and

retention in HIV care among the young men and women (who are categorized as the population with persistently high rates of new HIV infections). This will require an array of interventions to address the specific needs of young men and women in HIV care and treatment setting.

Cases of drug stock-outs and essential medicines continue to be reported in rural and hard to reach areas. This too seriously affects the vulnerable communities (women living with HIV and their children – who are the majority of the service recipients). This undermines the impact of treatment expansion.

Although, the government has previously made strong commitment to conduct targeted HTS for people living with HIV and the most vulnerable groups who are at high risk of HIV including Adolescent Girls and Young Women, the country still has a discriminatory policy and legal environment which continues to undermine access HIV prevention tools and treatment. Paying attention to such critical areas will be key in bringing the prevalence down further.

Dr Acen reads the preliminary results while the Ag Director General Dr Anthony Mbonye listens

FP2020: Making family planning an option for all women and girls everywhere



Girls like these need to be supported with FP options for them to achieve their goals in life

London - In July 2017, policy-makers, donors, and advocates from around the world gathered at the Family Planning Summit in London, UK, to discuss efforts to reach the Family Planning 2020 goals and ensure that more women and girls around the world are able to plan their families and their futures.

Participants at the one day summit noted that when women and girls have access to family planning,

they are able to complete their education, create or seize better economic opportunities, and fulfill their full potential—in short, entire families, communities and nations benefit.

According to the FP2020 website, voluntary family planning saves lives and has the power to boost the development of entire countries. It empowers women and girls to complete their education, create or seize better economic opportu-

nities and, ultimately, achieve their full potential. Enabling women to make decisions about their health and their futures is not only the right thing to do, family planning is one of the best buys in international development, creating more stable and more prosperous societies around the world.

There are approximately 214 million women including those living with HIV in developing countries who want to time, space or pre-

vent a pregnancy, but are not using modern contraception. However, over the past five years since the London Summit on Family Planning in 2012, many countries have made impressive progress toward expanding access to voluntary family planning services thanks to strong leadership from governments and other partners.

- For the first time in history, 300 million women and girls across 69 of the world's poorest countries are now using modern contraceptives.
- As a result of the more than 300 million women using modern contraception in 2016, more than 82 million pregnancies, 25 million unsafe abortions and 125,000 maternal deaths are averted annually.
- We reached this record high number of users by building on existing global, national, and local initiatives to help 30 million additional women and girls use the contraceptives of their choice since 2012.

It's essential that this momentum continues to ensure that family planning is an option for all women and girls, everywhere.

ICWEA in partnership with Buganda Youth Council

The International Community of Women Living with HIV has established a partnership with Buganda Youth Council to address the rising HIV prevalence and Gender Based Violence cases. The partnership was born out of earlier work supported by Global Fund TASO where ICWEA has been carrying out dialogues with youth, religious and cultural leaders in 18 kingdoms/and cultural institutions in the country.

HIV prevalence is at 6 % with new infections mostly happening among young women aged 15-24 with 570 girls in this age group

reported to be getting infected weekly.

Violence and the threat of violence can increase women and girls' vulnerability to HIV by making it difficult or impossible to set the terms of an equal relationship. Violence can also be a barrier in accessing HIV prevention, care, and treatment services. Lillian Mworeko the Executive Director of ICWEA says, "We were attracted to Buganda Kingdom because of the strong structures that ICWEA sees as important in addressing both GBV and HIV."



Minister Kiberu and Lillian Mworeko of ICWEA at one of the meetings held recently

The Minister for Youth in Buganda Kingdom welcomed the partnership and pledged the Kingdoms support in ensuring that whatever plans are arrived at are supported.

During the meeting, ICWEA and the members of Buganda Youth Council discussed the causes of GBV and HIV within Buganda Kingdom and how best they can be addressed.

Uganda pushes for DSDM, absorption of PEPFAR funded healthcare workers

ICWEA with support from Advocacy for Better Health and Path is advocating for the roll out of the Differentiated service delivery models for implementing a project that advocating for the Differentiated Service Delivery Models (DSDM).

DSDM refers to a strategic mix of approaches aimed at modifications of client flow, schedules and location of HIV care & treatment service for improved access, coverage, and quality of care.

The model best serves stable HIV clients. Over 60% of patients in Uganda are considered stable on treatment. Differentiated HIV Care and Treatment approaches will improve the quality of services offered to these clients and will maximize efficiency and cost effectiveness of the country ART program.

Some of the benefits of DSDM include:

- Reduced clinic visits for stable clients leading to decreased systems and client challenges such as workloads for health care workers, reduced overcrowding and shorter waiting times.

- Reduced number clients coming to the health facility, reduced travel costs for the clients and reduced data load for the HCW due to reduce encounters

To support DSDM, ICWEA is advocating for the absorption of PEPFAR supported healthcare workers into the government system.

According to Dr Vincent Oketcho the Chief of Party for Strengthening Human Resources for Health at Intrahealth, the healthworkers in question are 3154 in number. A total of 642 have been absorbed, 547 have left and 1965 still need to be absorbed.

Dr Oketcho says that there was an understanding between government of Uganda and PEPFAR that critical cadres of healthcare workers be recruited at National, regional referral hospitals and district level be recruited on contract basis.

The contract was for one year anticipating that thereafter government would have put in place mechanisms for absorbing these health workers.



Christine Mwebesa from the Health Service Commission shares her thoughts on the healthcare workers

These health workers are needed because there is already a glaring health personnel gap of over 25,000 healthcare workers. ICWEA believes that if these cadres are not absorbed or lost, then the already registered gains in the HIV response will be lost.

A task force consisting of key ministries has been put into place to look into the issues of the PEPFAR funded contract workers, a step towards

ICWEAS Dorothy re elected to the CCM

UGANDA: Dorothy Namutamba the Program Manager at ICWEA (right) was elected to the Country Coordinating Mechanism for Global Fund in Uganda. The CCM is the Highest Decision making body for the Global fund in the Country. Congratulations to Dorothy and and the ICWEA family.



Representatives of most HIV affected communities share their input on the proposed DSDM recently (right) National Planning meeting for CSOs on DSDM and Absorption of PEPFAR health workers

