

UGANDA HARM REDUCTION NETWORK (UHRN)



ANNUAL REPORT 2016



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FORWARD

We would like to extend particular thanks to our partners:- Kenya AIDS NGO Consortium (KANCO), Community Health Alliance Uganda (CHAU), Uganda AIDS Commission (UAC), UNDP - African Key Population Expert Group regional office, International AIDS Alliance, International Treatment Preparedness Coalition (ITPC), International Drug Policy Consortium (IDPC), UNAIDS, Most at Risk Populations Initiative (MARPI), Crane Survey, Most at Risk Populations Network (MARPs Network), Open Society Initiative of East Africa (OSIEA), Human Rights Awareness and Promotion Forum (HRAPF), AIDS and Rights Alliance of Southern and Eastern Africa (ARASA), for generously supporting Uganda Harm Reduction Network (UHRN) programs.

More thanks to the staff of UHRN secretariat who worked tirelessly in 2016 in Implementing the planned activities, the community of people who use and inject drugs, UHRN member organisations, the Civil Society organisations (CSOs), the police Anti-narcotic department, Uganda AIDS Commission (UAC) and the Ministry of Health officials who have made UHRN's work a success.

We are pleased to present the Uganda Harm Reduction Network progress to date in this report. As you, the reader, share in our experience through this journey thus far, please keep in mind that we are working; in the back-drop of a culture that derides and actively stigmatizes drug users and anyone that associates with them, in a political landscape that has punitive laws (Anti-Narcotic Law 2015) that directly target our beneficiaries and in extreme cases ourselves.

Nevertheless, UHRN under the prevailing circumstances has built a strong network of member organizations in the country that advocate and lobby for Harm Reduction Interventions in Uganda. We are further determined to continue this amazing journey having formed a firm footing upon which to scale up the much-anticipated Harm Reduction Interventions through effective networking.

OVERVIEW









Uganda Harm Reduction Network (UHRN) is a youth led drug user initiative established in 2008 and registered under Reg. No. 181733 to respond to the drug use crisis in Uganda. The network works to advocate for practical interventions aimed at supporting and addressing issues of men and women who use drugs. The network also seeks to provide a national platform for health and policy programs that promote good practices and advocate for a supportive environment for the adoption, implementation and expansion of harm reduction programs for people who use drugs (PWUDs) in Uganda. Currently UHRN's geographical focus includes the following regions and districts: **Central Region** (Kampala, Mukono, Wakiso, Kalangala, Lyantonde, Rakai, and Nakasongola), **Eastern Region** (Busai, Tororo-Malaba and Mbale), Western Region (Kasese, Mbarara, and Kabale-Katuna) and Northern Region (Gulu and Arua).

Our Vision: “A healthy society of PWUIDs free of HIV/AIDS, TB and HEPs in Uganda”.

Our Mission: To improve the health, human rights and socio-economic well-being of PWUIDs through leadership building, collaboration and capacity enhancement of UHRN members to uphold Harm Reduction Interventions (HRIs) in Uganda

Our Strategic goal: Strengthened systems and capacity of UHRN members contributing towards the realization of universal health access targets in Uganda.

Core Values

-  Acceptance of PWUIDs as persons who need support and treatment not victims
-  Social justice, protection and recognition in society.
-  Honesty, Accountability and Transparency
-  Sharing the available resources.
-  Love and respect for one another.
-  Great involvement and participation of PWUIDs
-  Solidarity and collective action in responding to HIV/AIDS and TB
-  Empathy and care for each other as People Who Use and Inject Drugs

LIST OF ACRONYMS

AJWS	American Jewish World Service
ARASA	AIDS and Rights Alliance for Southern Africa
AWAC	Alliance of Women Advocating for Change
CDC	Centre for Disease Control
CHAU	Community Health Alliance Uganda
FARUG	Freedom and Roam Uganda
HEPs	Hepatitis
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HRAPF	Human Rights Awareness and Promotion Forum
HRIs	Harm Reduction Interventions
ICWEA	International Community of Women Living with HIV and AIDS in Eastern Africa
ITPC	International Treatment Preparedness Coalition
MSF	Medicins Sans Frontieres
NAFOPHANU	National Forum of People Living with HIV and AIDS in Uganda
OSIEA	Open Society Initiative for Eastern Africa
PEPFAR	Presidential Emergency Plan for AIDS Relief
PITCH	Partnership to Inspire Transform and Connect the HIV response
PWUDs	People Who Use Drugs
TB	Tuberculosis
TEU	Transgender Equality Uganda
UAC	Uganda AIDS Commission
UHRN	Uganda Harm Reduction Network
UNYPA	Uganda Network of Young people living with HIV and AIDS
WONETHA	Women's Organization Network for Human Rights Advocacy
PLHIV	People Living with HIV

EXECUTIVE SUMMARY

Dear friends and partners, warm greetings from Uganda Harm Reduction Network (UHRN) and thank you for supporting us to make a positive impact on many lives of drug users in 2016. This report presents our achievements, challenges, lessons learnt during 2016 as well as our plans for the future. In the year 2016, we embarked on making the legal environment conducive for Harm reduction activities in Uganda with a Global Fund Regional fund;- “HIV and Harm Reduction Project”. We successfully engaged and sensitised the communities of people who use and inject drugs, law enforcement officers, Ministry of Health, Uganda AIDS Commission, CSO's and CBO's on the relevance of having a conducive environment for Harm Reduction activities in Uganda.

In 2016 Uganda Harm Reduction Network (UHRN) implemented few field activities but also focused on internal systems reviews and strengthening to improve its HIV and Harm Reduction programing. With the Regional Global Fund resources, UHRN conducted staff recruitment for the Program Manager, the HR/Finance officer, 3 programs officers, Community Systems Strengthening Officer, Monitoring and Evaluation Officer, Addiction Counsellor and Office Administrator and secured a decent office space located in Makindye.

UHRN conducted 9 community engagement meetings in Mbale (2), Gulu (1), Mbarara (1) and Kampala (5), reached 5 opinion leaders who publicly support Harm Reduction;- Ministry of Health_ACP, UAC, Law enforcement Antinarcotics Department Police. From these engagements, UHRN has reached 315 injecting drug users, disseminated 8300 male condoms and distributed 1341 IEC materials in form of posters, fact sheets, stickers and banners and a documentary where PWUIDs air out their concerns. More so, 3 advocacy campaigns; - Support Don't Punish Campaign a global advocacy campaign that raises awareness of the harms being caused by the war on drugs, Routine Viral Load Testing campaign aimed at increasing knowledge and skills on how PLHIV can live a positive and developmental life, Harm Reduction Works campaign with the aim of changing attitude amongst policy makers and other duty bearers to embrace & promote harm reduction interventions (NSP & MAT) and efforts to address PWID's stigma and discrimination in Uganda.

UHRN submitted an abstract to the AIDS 2016 Conference in Durban which was accepted and 2 staffs attended the conference and had a poster presentation titled “Community Mobilisation and Organising for people who use drugs in Uganda” a model used by Uganda Harm Reduction Network during mobilization of drug users to access health services or for any community engagement.

As this report is being written police harassment and arrests, social stigma and discrimination remain a great challenge in reaching out to drug users with services amidst the uncertain legal and political atmosphere in the country. Nonetheless we recommend, policy makers, law enforcement officers, CBO's CSO's and other relevant stakeholders to advocate for government and its relevant agencies to embrace harm reduction interventions in the country as this will foster health service delivery to drug users in Uganda without discrimination in the fight of HIV/AIDS.

Wamala Twaibu

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Executive Director

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INTRODUCTION

With funding from Global Fund (Regional funding) – for HIV and Harm Reduction project, Open Society Initiative of East Africa (OSIEA) – for Institutional strengthening and building a strong movement of people who use drugs, AIDS Fond and AIDS Alliance International – for Partnership to Inspire Transform and Connect the HIV response (PITCH) Project, and other short term funding from AIDS and Rights Alliance for Southern Africa (ARASA), International Treatment Preparedness Coalition (ITPC) in 2016, UHRN has made strides in engaging relevant stakeholders to advocate and embrace harm reduction interventions in the country by implementing various project activities.

To a greater extend, Uganda Harm Reduction Network achieved most of its 2016 planned activities. Dialogue meetings and coordination meetings at different levels to gather support and will of policy makers, law enforcement officers, Ministry of Health, community meetings, IEC material development and documentary were all achieved. The activities provided yet another opportunity of networking and partnership with the Anti-Narcotics Police department, Health service providers, legal service providers and likeminded CSO's and CBO's. The bigger picture is that more partners and relevant stakeholders are beginning to understand the concept of Harm reduction.

The annual report highlights the activities and results (impacts), achievements, challenges and recommendations during the year 2016, as the organization took off to vigorously scale up its core programming through the following focus areas:-

- 1) Creating an enabling environment to conduct harm reduction activities in Uganda
- 2) Strengthening of community systems for a sustained HIV response among people who inject drugs in Uganda/
- 3) Generating and utilizing strategic information on drug use related interventions in Uganda/region



1.0 CREATING AN ENABLING ENVIRONMENT TO CONDUCT HARM REDUCTION ACTIVITIES IN UGANDA

1.1 Policy and Law Reforms Advocacy

A high level National consultative meeting on UNGASS 2016 convened by The Ministry of Health of Uganda, in collaboration with CSOs in mid -March 2016, in Kampala with over 50 participants from both government departments and CSOs where Uganda Harm Reduction (UHRN) was part, came up with a country position paper on drug policy which was to be presented at the United Nations General Assembly Special session on drugs 2016 (UNGASS2016) in New York April 2016. A follow-up post-UNGASS activity planning committee was formed which held a series of meetings that came up with a plan to have a follow-up meeting to strategize on implementing UNGASS2016 recommendations. As a result, a drug control strategy meeting spearheaded by Ministry Health and supported by OSIEA was convened at Serena Hotel Kampala in December 2016. During the meeting it was resolved that the Ministry of Health come up with a national coordination committee comprising of representatives from key stakeholders, Government departments and CSOs to come up with a road map for formulation of drug policy by:-

- 1) Developing a national Drug Control Strategy that would guide the country towards demand reduction, suppression and harm reduction policy
- 2) Discuss the capacity building of CSO/NGOs on drug policy formulation approaches
- 3) Discuss the implementation of sensitization and awareness campaign that would influence the drug policy review process towards demand reduction, supply suppression and harm reduction

Uganda Harm Reduction Network will be part of the process to champion Harm Reduction agenda in the drug policy formulation process.



UHRN and CHAU staff in attendance during the meeting

1.2 Engaging Law Enforcement Officers

Community Health Alliance Uganda together with Uganda Harm Reduction Network organized and facilitated an orientation meeting with 45 participants from the Anti-Narcotics Department of Uganda Police and ministry of health. The aim of this dialogue was 1). To orient the Anti-narcotics team on harm reduction programming in Uganda, 2). To analyze the impacts of anti-narcotics law on HIV prevention among PWIDs in Uganda and 3) To partner with the Anti-narcotics Department in the fight against HIV and HEP B & C among the drug using community in Uganda.

The event was presided over by the Commissioner Anti-Narcotics Department, Uganda Police Mr. James Kyomukama who thanked CHAU and UHRN for organizing such an informative event that will help create awareness among the police officers who handle issues related to drug use.



A group photo after the orientation meeting)

At the end of the meeting on behalf of the fellow officers, the assistant commissioner in the Department of Anti-narcotics, Uganda police, appreciated and picked interest in harm reduction issues as they had well grasped what harm reduction is all about and promised to include harm reduction approach during their operations appreciating the fact that drug use should be handled as a public health issue as he requested for more awareness trainings to the law enforcement officers.

1.3 Engaging the MARPs Steering Committee and Technical Working Group Ministry of Health and Uganda AIDS Commission

Community Health Alliance Uganda in collaboration with UHRN with support from the Global Fund Regional Harm Reduction project facilitated the key population steering committee meeting at Uganda AIDS commission secretariat. The aim of this meeting was to give updates to the committee on the HIV and Harm Reduction project in Uganda and also request and encourage the members to advocate for harm reduction interventions in the country.

The Executive Director, Community Health Alliance Uganda (CHAU), during his opening remarks thanked the committee for having accepted to meet to get the updates and the overview of the HIV and Harm Reduction project being implemented by Uganda Harm Reduction Network (UHRN). Being a member of the Country Coordinating Mechanism he emphasized advocating for issues that affect drug users in the country and also lobby for increased

funding for harm reduction interventions during consultations and Global fund in country concept development. He clearly stated that UHRN and CHAU do not promote drug use but inform stakeholders that there is drug use in the community which transforms into diseases including HIV, HEPs B & C which need everyone's attention and stressing that CCM, UAC and the Key Populations Steering Committee at the Ministry of Health are the right avenues where policy advocacy should start and requested the committees to push harm reduction agenda forward though it may not be easy at the start.



Key Population Steering committee meeting at UAC

The Executive director UHRN emphasized advocating for the 9 harm reduction interventions if we are to address issues that concern drug use in Uganda. This will help us reduce HIV infections since the infection rate is high in the left out populations like injecting drug users therefore a need to advocate for Needle and syringe exchange program and Opioid substitution therapy if we as a country is to realize the 90 90 90 target by 2020.



A group photo after meeting with MARPs Steering Committee at the Uganda AIDS Commission Secretariat

1.4 Dialogue meetings

UHRN together with CHAU organised a dialogue meeting looking at the “Impact of the Antinarcotic Act and its effects on health service provision for Drug Users in Uganda.” The dialogue also acted as an opportunity to introduce the HIV and Harm Reduction Project in Uganda that is being implemented by UHRN and CHAU to the CSO’s and other stake holders who attended the meeting. The objectives of the dialogue meeting were: - 1). Introduce Harm Reduction programming in Uganda, 2). Analyze the impact of Anti-Narcotic Law on HIV prevention provision of services among people who use and inject drugs in Uganda. 3). Build capacity of CSOs in Harm Reduction programming. The guest speakers present advocated for harm reduction programming in Uganda, and encouraged the CSO’s present to introduce and advocate for Harm Reduction in all the spaces that they occupy and also include it in their programming.



The Key note speaker Dr. Shaban Mugerwa from the Ministry of Health gave an overview of Ministry of Health policy on Key Populations, lack of current data on drug use in Uganda and ministry’s commitment to harm reduction program and needle exchange in particular, he in particular presented the status of HIV epidemic among PWUDs in Uganda with the challenge of scanty data with only a few studies which are individual studies and generally sub-national putting HIV prevalence in PWIDs range from 11.7% -17% Vs that of 7.3% in the general populations. He encouraged the CSO’s present not to wait for Uganda Harm Reduction Network to advocate for issues of drug users but also advocate to create awareness on existence of PWID and the need to have their Human rights protected, the right to health, harm reduction principle, targeted comprehensive interventions, information generation in this population and also the need to conduct research/Surveys both at National and

sub-national level to generate the necessary information/evidence to guide programming and inform policy



Left:- Ms Linette du Toit of HRAPF presenting the Preliminary Assessment of the impact of the Narcotic drugs and psychotropic substances (Control) Act 2015 Act on PWUD



Right:- Mr Wamala Twaibu ED UHRN giving an overview on UHRN's efforts to advocate for the provision of services for people who use drugs in Uganda

2.0 ADVOCACY CAMPAIGNS

2.1 Support Don't Punish



Support Don't Punish Campaign is a global advocacy campaign to raise awareness of the harms being caused by the war on drugs. The campaign aims to promote drug policies that respect human rights and protect public health, to change laws and policies which impede access to harm reduction interventions and other evidence-based services, and to end the criminalization of people who use drugs. **“A global advocacy campaign calling for drug policies and laws based on health and human rights”**. Always celebrated every 26th of June of a calendar year. Being the first of its kind in Uganda the campaign was launched in August due to the pre campaign activities like engaging and sensitizing, policy makers, health service providers, the CSO's Law enforcement officers, community leaders and the community of people who use drugs to understand what the campaign is all about. The launch was attended by representatives from CDC, Department of Narcotics from Uganda Police, Uganda Aids Commission, drug user community, Ministry of Health, Researchers and academia, journalists, religious leaders, CSOs that implement programs for key populations, and network organizations for key populations in Uganda. The launch was interactive where by speaker by speaker shared their ideas and experiences on drug use and its vulnerability to HIV and AIDS in Uganda, with speakers from the Police Anti Narcotic department, Ministry of Health, Uganda AIDS Commission -UAC, Human Rights Awareness Promotion Forum – HRAPF and Academicians being engaged by the audience.

The Executive director UHRN explained why the campaign is always celebrated yearly, and called upon all stake holders to call for action for Drug Policies and laws Based on Public Health and Human Rights, and also to lobby and advocate for the adoption and implementation of Harm Reduction Services/Interventions for PWUIDs in Uganda. He called upon all the CSOs present, law enforcement and the Ministry of Health Officials in the meeting not to leave the

lobbying and advocacy work for UHRN and CHAU alone but to also add their voices to lobby and advocate for government to embrace harm reduction interventions and reform laws and policies that criminalize drug use in Uganda. He informed the audience that UHRN does not support the use of drugs but lobbies, advocates and promotes the health and rights of people who use drugs in Uganda and therefore called on all stake holders not to treat drug users as criminals rather treat them as people who need health services.

Dr Peter Kyambadde National coordinator Key Populations Programs Ministry of Health, (**Pic Right**) acknowledged that Uganda as a country doesn't have a full-fledged rehabilitation Centre to deal with drug users, the only rehabilitation Centre in Uganda is Butabika hospital whose main focus is on mental patients, thus the much congestion in this Centre cannot allow services to reach to the drug users who are referred for a service. He informed the members how Drug users have not been mentioned or catered for in most government policy documents because of the scanty or no data available for programing purposes. He therefore called upon UHRN, CHAU and other CSOs to gather credible data which can convince Government to embrace harm reduction interventions.



The Support Don't Punish Campaign Launch strengthened networking of Harm Reduction Network, CHAU with the Uganda national stakeholders including the department of Narcotics Department of the Uganda police force, Ministry of Health, CDC, among other CSOs and drug user networks and also shared information on the drug user community and the stakeholder involvement in the situation of drug use in Uganda.

At the end of the day, Mr Zarugaba Tinka (**Pic Left**) from the Police Anti Narcotic department recommended that the organization that implements harm reduction programs for people who use and inject drugs to involve government in the implementation of their programs so as to increase knowledge and awareness to the government on harm reduction programs and also to increase integration of harm reduction programs with government programs such as community policing program by Uganda police. UHRN was advised to establish the epidemiological perspective of drug use community that is exploring an estimate of the magnitude of drug users and the drug use hotspots in Uganda, to ease the programming for drug users in Uganda.

2.2 Harm Reduction Works



Above: Mr Richard Okwii educating the participants on how NSP works

Uganda Harm Reduction Network (UHRN) launched the 'Harm Reduction Works' Advocacy Campaign in Kampala-Uganda that was graced by the Commissioner Ministry of Health in charge of communication and advocacy Mr. Richard Okwii. The main objective of the campaign was to change attitude amongst policy makers and other duty bearers to embrace & promote harm reduction interventions (NSP & MAT) and efforts to address PWID's stigma and discrimination in Uganda. The event also focused on raising awareness on the value of promoting harm reduction interventions (NSP & MAT) and efforts to address PWID's stigma and discrimination in Uganda.

The commissioner Ministry of Health in charge of communication and advocacy Mr. Richard Okwii echoed the need for IDUs to be provided with needles and syringes and then rehabilitated though it can't happen in a day, the MoH is glad that UHRN is coming up with these issues eventually. As Uganda is struggling with middle income status, once you have a population that is affected, you can't achieve middle income status, that's why MoH is supporting initiatives focusing on reducing HIV and HEPs.



A group Photo of PWUIDs after the "Harm Reduction Works" launch

2.3 Routine Viral Load Testing

With the support from ITPC funding, a consortium comprising of NAFOPHANU, UNYPA, and UHRN organized and facilitated the RVL launch that was attended by HIV/AIDS support organizations and network organizations of People Living with HIV and AIDS in Uganda. The launch was attended by academia, researchers, politicians, international bodies in the fight against AIDS and networks of People Living with HIV and AIDS and People who use and Inject Drugs (PWUIDs). Among the network organizations included; PINA Uganda, MoH (ministerial department), Parliamentary Committee (government), Uganda Network of AIDS Services (local AIDS partner), MSF (funders), AIDS Development Partner, UAC (government), POMU, UNAIDS (funders).

The event was graced by Dr. Kiyaga, the National Coordinator for RVL at the MoH / MoH AIDS control program, who thanked the partners for empowering the patients group and making their voices heard. To achieve milestones in health programming, it is important to include the community in an event like this where patient groups are coordinated and making their voices heard and patient groups own each and every program. He urged all partners to put their voices together to drive this agenda. However he urged the participants that, partners should not only concentrate on patients who have managed to come for the HIV service but they should also think about those who cannot walk up to the health units or organizations which provide HIV and AIDS services.

There are so many people who are still stigmatized down in the communities but have not got a chance to have their voices heard to receive a service, many fear to approach doctors but can be free with the fellow people in the community, therefore the approach of having all the community representatives in such a launch will benefit not only the Key Populations who have come to this function but also those whom you are going to extend the information from here. Dr. Kiyaga; National Coordinator RVL MoH



When talking about the third 90, Dr. Kiyaga, urged partners to shift from CD4 monitoring to RVL monitoring, he said that CD4 was an indirect way of imagining what the effect? But RVL is a superior monitoring tool, therefore working together with our partners; we shall achieve the third 90. When we do the VLT we shall have sufficient results.

The launch increased knowledge and skills on how PLWHIV can live a positive and development life specifically by prioritizing RVL for PLWHIV. PLWHIV shared testimonies on the importance of RVL and through music dance and drama, the activity called upon all stakeholders to scale up RVL for PLWHIV to support

the RVL program in Uganda. It was recommended that, the AIDS Development Partners to strengthen their lobby and advocacy so as to expand the national blood testing laboratory such that remote districts of Uganda can have access to routine testing and access results in a stipulated time possible. Another recommendation was that AIDS Development Partners to think about the exit strategy for the donor funding, this will enable to sustain the current HIV/AIDS programs which are funded by the donors.

2.4 Safe and Legal Abortion Campaign

UHRN together with Alliance of Women Advocating for Change (AWAC) held a press conference in Tororo - Malaba together with sex workers and women who use drugs to advocate for safe abortion services and sexual reproductive health services, in conjunction with Human Rights Awareness Forum (HRAFP) and Mariestoppes Uganda. The major objective was to enhance sex workers and women who use drugs activists understanding and the importance of mobilizing to advocate for access to quality and stigma free safe abortion

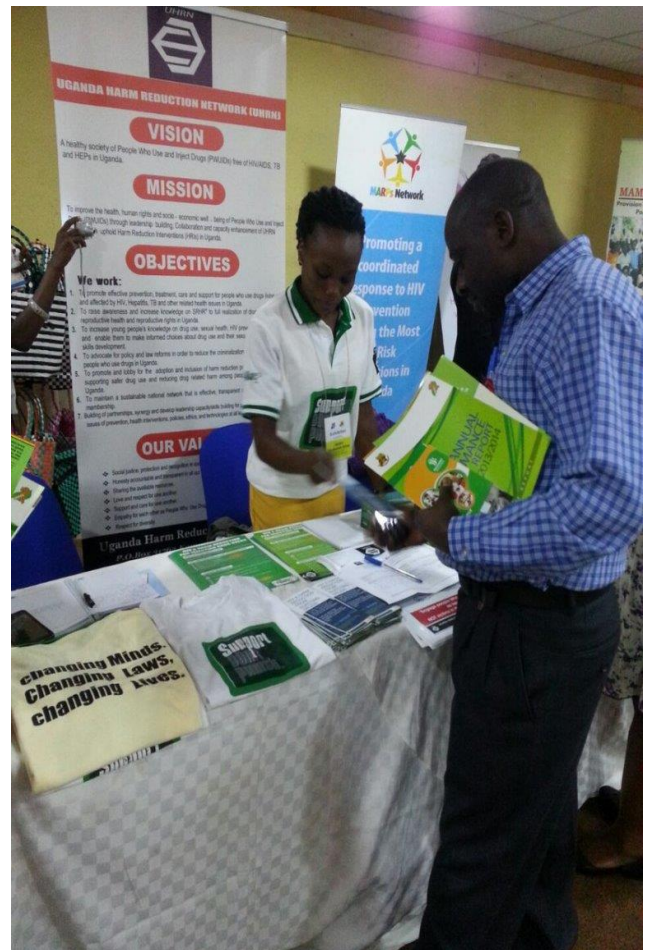


and other SRHR services for sex workers and all women who use drugs in Uganda. This was achieved through a press conference launching the campaign which brought together communities of women who use drugs and sex workers fraternity and other CSOs activists working to promote access to SRHR services. The participants were equipped with the information and knowledge on the importance of mobilizing sex workers and women who use drugs to advocate for access to quality and stigma free legal abortion and other SRHR services for sex workers and all women who use drugs in Uganda as well as strengthen the capacity of sex worker and harm reduction activists to advocate for quality and stigma free safe abortion and other SRHR services thus influence existing policies and laws on abortion.



A group photo of sex workers, women use drugs and other PWUIDs who attended the launch

3.0 UHRN 2016 IN PICTURE



1. UHRN team and a participant at AIDS 2016 conference in Durban who visited UHRN.
2. UHRN displays its IEC materials during the National Joint AIDS Review
3. A group Photo of Communities of PWUIDs in Mbarara after an engagement meeting
4. Pre – Support Don't Punish activity by UHRN staff

4.0 COMMUNITY SYSTEMS STRENGTHENING

4.1 Community Engagement

UHRN Conducted 9 Community Engagement Meetings in the four districts of operation of the project-5 in Kampala, 2 in Mbale, 1 in Mbarara and 1 in Gulu and reached 315 injecting drug users

The engagement aimed at;

- 1) Orienting injecting drug users on the HIV and Harm Reduction project that is implemented in the four districts of Uganda.
- 2) Discussing what has been complemented in the one year of HIV and Harm Reduction Project implementation
- 3) Discussing injecting drug users' expectations in the HIV and Harm Reduction Project. **(Feed Back Session)**

UHRN team received feedback and expectations from injecting drug user communities. The injecting drug user communities shared their expectations from the HIV and harm reduction project. However some drug users shared their personal stories during the engagement sessions

4.2 Personal stories

Magooma Nesan testifies that he uses a cocktail of drugs "Mugo ogw'obuwunga in its local name. "Mugo" is a mixture of "mugo" (a mixture of Herion and Marijuana). Its an expensive drug for most of injecting drug users who use it. He said that, the shortage of mugo, at one point made him almost lose his life. From this point i had a self-reflection and decided to seek help at Embassy hospital and rid myself of the drug addiction. The hospital required a fee of 140,000 UGX which i did not have. I therefore ask UHRN to help the injecting drug user community to advocate for a MAT clinic so as to help injecting drug user communities.

Another injecting drug user from Mbale testified that, he has taken a cocktail of drugs including tramadol "obukerenda" in the local name, cordine, for seven years. That he has used these drugs to burn the stress and because he is HIV positive. Sometimes these drugs make me over eat and my family wonders why, we are asking UHRN to advocate for establishment of methadone clinic to enable drug users have access harm reduction interventions.

"A drug user from Mbale, one of the intervention areas for UHRN narrates that he has been a drug user for 20 years, he started taking drugs to escape daily realities including poverty and unemployment after his family abandoned him. He says that, he started with soft drugs (alcohol and mairungi) to hard drugs (heroin and cocaine) and this was done in a group. He used and injected cocaine and marijuana and this made him brave enough to deal with all daily realities. "During all this period my life has always been surrounded by arrests and torture" he said. He added that he was arrested for 3 months, however this did not stop him from using drugs but rather amplified his desire and craving and need for the drugs. Not only did the law enforcement turn against him but even the community called him a criminal and always counted him among people who rob the community. The second time he was arrested while injecting drugs, he spent two days without taking any drug and this made him develop turkeys almost dying in the prison, that the officers had nothing to do for him but just to take him to a health facility. He says that even in the hospital they did not attend to him since the first health workers lamented that, he was already addicted to drugs and therefore no any single drug could bring him to normal. Having spent two days in a hospital without any help, he decided to discharge himself out of the hospital and walked to meet his friends in one of the hot spots in Mbale, where his friends gave him a shot of the usual drugs he took, and he came back to normal.

He adds that because the group sharing of drug doses and injecting equipment, he later found out that he was HIV positive-he became distressed and later learned of UHRN through a friend, who invited him to one of UHRN's meetings from where he learnt a lot, was inspired and faith in recovery and response to his HIV needs was restored. " I started receiving materials from UHRN outreaches and also connected him to the hospital for test and further treatment. Though I am still a drug user, I am able to access health services without fear of arrest and humiliation from the health workers since UHRN bridged this gap and I also now have control over my intake and who knows with UHRN support am slowly heading to withdrawing from drugs" He said with a smile of hope".

Key message

*The nine harm reduction interventions are a key to deal with people who use and inject drugs;
Needle and exchange program*

OST, HIV Tuberculosis and counseling, ART, prevention and treatment of sexually transmitted disease, condom distribution, IEC, vaccination diagnosis and treatment of viral hepatitis, prevention, diagnosis and treatment of tuberculosis

UHRN team received feedback and expectations from injecting drug user communities. The injecting drug user communities shared their expectations from the HIV and Harm Reduction Project.

Query/Experience/issue	Response
Most of the injecting drug users in the hot spot areas are HIV positive and find it difficult to reach the health centres for testing and medication due to fear of discrimination and stigma.	<ul style="list-style-type: none"> ✓ Extend community outreaches to the drug user hot spot areas in order to extend services to injecting drug users who are HIV positive ✓ Provide home based care to injecting drug users ✓ Referral to clinics that are user friendly
Young people are adopting drug use at a young age and this is leading to increasing rate of prevalence of HIV among young people	Sensitization of young people about harms associated with drug use
Some injecting drug users lack knowledge on condom use and this has led to rise of HIV cases among the communities of injecting drug users	Training on condom use
Injecting drug users showed concern over the bursting of condoms when they engage in random sexual intercourse after getting high	Condoms and lubricants as a package
Arbitrary arrests and while in police custody injecting drug users complained of Police harassment	Engagement meeting/ dialogues with law enforcement stakeholders at lower level including crime preventers, local leaders
Injecting drug users lack knowledge about laws and policies, human rights. Injecting drugs users want to know the laws that affect them and the human rights attached to them	Sensitization on laws, policies and human rights

Mbale Communities



Gulu Group photo



Kampala Group photo



Mbarara Group photo



4.3 Capacity building for Peers

In a bid to build capacity of UHRN peer leaders, UHRN conducted a capacity mentorship and orientation of peer leaders in advocacy, communication and leadership for the peers to be community ambassadors of attitude change in strengthening PWID advocacy base and efforts to lobby and demand for the inclusion and adoption of harm reduction interventions in the National Health Strategic plan to meet the unmet needs of PWIDs. The orientation training was held at Uganda Harm Reduction Network secretariat comprising of 4 Male and 4 Female; 3 from upcountry (Kasese, Tororo, Busia) and 5 around Kampala. The objective of the 2 days capacity mentorship & orientation was to strengthen capacity of UHRN's PWID group leaders in advocacy, communication and leadership equipping them with skills & knowledge in advocacy, communication and leadership.



Picture taken during the training at UHRN Secretariat

4.4 Key Populations CBOs and Health Service Providers' Capacity Building on Routine Viral Load Testing

The campaign dubbed "Be healthy, Know your Viral Load" is one of the global campaign aimed at orienting Key Population leaders and health service providers on the importance of advocating for RVLT to scale up advocacy for and delivery of equitable RVLT services to all PLHIV on ART in Uganda and to reach out participants including; Key Population leaders and health service providers, the participants were equipped with information and knowledge on the importance of advocating for rights based routine viral load testing (RVLT) services in monitoring HIV treatment among people living with HIV on ART in Uganda.

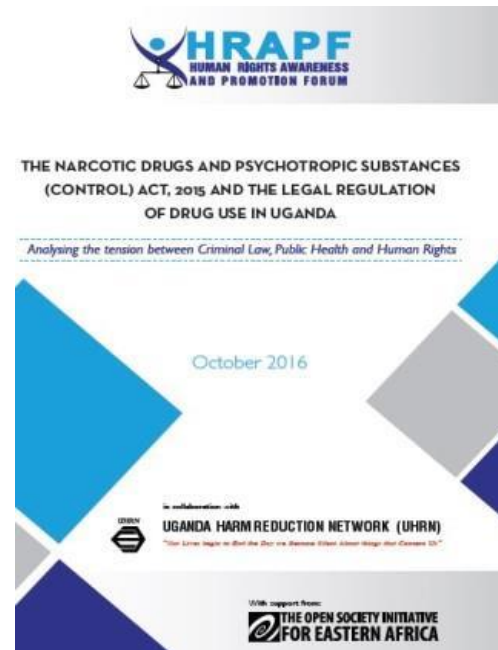


5.0 RESEARCH

5.1 Report Launch analyzing the Drug laws in Uganda.

HRAPF in partnership with UHRN conducted a four months research study on Legal regulation of drug use in Uganda; analyzing the tension between criminal law, public health and human rights, supported by Open Society Initiative of East Africa. The geographical scope of the study was Kampala district and the two organizations played important roles in this study where HRAPF-conducted the research while UHRN-did community mobilization and identifying members for the interviews and focused group discussions. At the end of the four months, the two organizations came up with a detailed report which was launched on 26th/10/2016.

The report was launched by Uganda Harm reduction Network (UHRN) and the community of people who use and inject drugs. The occasion was an opportunity for UHRN to lobby government to decriminalize drug use and embrace Harm Reduction strategies in the fight of HIV among people who use and inject drugs.



During the report launch the Programs Manager UHRN, urged government, law enforcement, Judiciary, CSOs and other stake holders to treat drug use issues as a public health matter rather than a justice matter and therefore called upon all the stake holders, CSO's and relevant government agencies to take interest in the report recommendations and implement them.



The report shows the analyses of the Narcotic Drugs and Psychotropic Substances (Control) Act (NDPSA) and the other laws currently in place as part of the legal regulation of drug use in Uganda. The report

specifically interrogates the NDPSA, in terms both of its provisions and the manner and extent to which they have been enforced thus far, in light of Uganda's human rights obligations and the existing regulatory climate. The ultimate question posed and answered by the study was whether an appropriate balance has been struck between the State objective to reduce crime and the human rights and public health imperatives implicated by drug use.



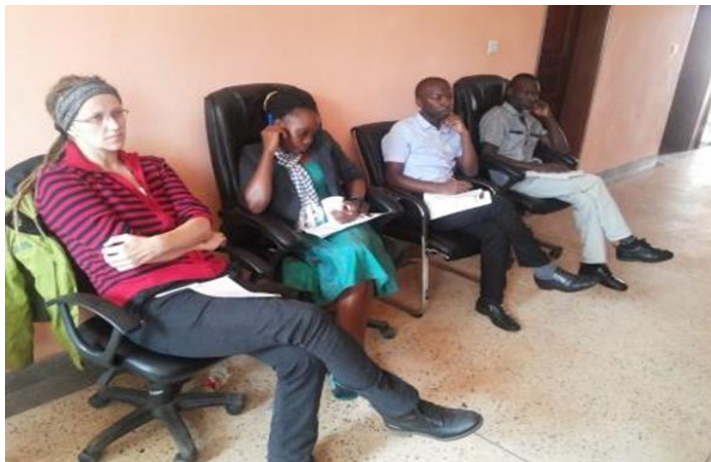
The report further shows the analyses of the newly enacted Narcotic Drugs and Psychotropic Substances (Control) Act of 2015 (hereinafter the NDPSA) and the current legal and policy environment relevant to drug use in Uganda as a means of assessing both its compliance to relevant domestic, regional and international law, as well the impact of this regime upon the health and welfare of persons who use drugs in Uganda. The report also contains a critical human rights-based assessment

of the Act, and related legislation, as well as a qualitative study on the effect of the legislative climate it introduces and reinforces, upon the rights and welfare of PWUD. Based upon the insights generated, it recommends specific reforms aimed at creating a more rights-friendly legal atmosphere in which the public health dimensions of drug use are surfaced, and foregrounded. This climaxed into the launch of the research report by UHRN and its members.

6.0 CAPACITY BUILDING

6.1 Staff Capacity Building

With support from CHAU team, UHRN staff's capacity in procurement was strengthened. CHAU finance Manager and the Human resource Personnel oriented UHRN procurement committee and the staff about the procurement processes ranging from minutes taking during procurement meetings, Sourcing Quotations, bid analysis & developing the bid analysis reports. This session informed UHRN team about the do's and don'ts during the procurement process, this helped the team to develop procurement minutes, do a bid analysis and procure UHRN Office Equipments and Supplies.



UHRN staff during the training

UHRN new staffs were oriented by Project coordinator and the Community outreach officer on how to conduct drug user tailored community-based outreaches for PWUD. The aim of the orientation program was to equip the programs team with strategies on how to mobilize the PWUIDs, how to conduct themselves and also get to know the terminologies/best language used while in the field.

6.2 Financial Management

A one day capacity building for UHRN staff in financial management was conducted by the Finance Manager Community Health Alliance Uganda (CHAU) at the UHRN secretariat; the aim of this exercise was to equip project staff with knowledge on how to manage the finances of the Global Fund project. Staff learnt about the important source documents to have during an audit. A copy of financial manual and Global fund operational guidelines was shared.

6.3 Harm Reduction Advocacy



UHRN represented by the ED attended a 3 day capacity building workshop of country CSOs on Harm Reduction Advocacy training in Nairobi, Kenya organised by KANCO. The aim of the meeting was to introduce harm reduction concept to all CSO's present and the CSO's were encouraged to advocate for harm reduction programming within government setting and other relevant stakeholders

6.4 Documentation and Reporting

UHRN staff Attended the Global Fund HIV and Harm Reduction regional project quarterly review meeting in Mombasa December 4th – 8th 2016 organized by KANCO Regional Global PMU team. The meeting brought together all the East African implementing partners of the HIV and Harm reduction project and review the progress performance of individual countries and set out the priorities for the second year. At the end of the meeting, implementing partners had come up with harmonized project Work plans for Year 2, new reporting format for the Project and EARHN activities and work-plan. The meeting was an opportunity for countries to look back and focus on the implementation strategies on how to utilize the funds that were un spent during the first year of implementation since the burn rate from All implementing countries is below average.

The implementing countries agreed to focus on priority issues in 2017 which included:-

- 1) Evidenced project implementation Reporting
- 2) Improved Burn rates from All SRS
- 3) Improved Accountability and Transparency.

UHRN and CHAU staff during the meeting



7.0 MEDIA ENGAGEMENTS

Uganda Harm Reduction Network released a press statement to both local and international media to raise awareness that the addiction to drugs is a health concern, not a genuine instance of injustice. Using the press UHRN informed all relevant stakeholders more especially the government and law enforcement officers that criminalization of a public health issue has created huge and complex obstacles to PWUD access to HIV/AIDS and TB services. This was done in response to media reports where one prominent musician in the country by the names of Jackie Chandiru had effects of drug doze and taken for medication as police insisted to apprehend her after getting medication.

42 NEW VISION, Monday, April 18, 2016 HEALTH & BEAUTY

Chandiru's battle with drug abuse

Lately, singer Jackie Chandiru has been in the media owing to her battle with drug abuse. She talked to **Allan Gumizamu** about her addiction and the road to recovery at a rehabilitation centre



Early last year, Jackie Chandiru admitted to abusing drugs. She mostly used heroin by then. She said she started using drugs in search of inspiration for her music. She said she tried to stop using the drugs when she was preparing for her wedding that took place in March last year. However, she continued consuming them until it got to the extent that in order to feel the impact of the drugs, she had to inject them directly into her veins through any part of the body. This left scars all over her body.

Heart disease aggravated
Prior to her addiction, Chandiru's health had been deteriorating and she had been diagnosed with heart complications. She said after every performance, she would feel as if her heart was filled with water and it would palpitate. She says she would feel better whenever she took heroin.

Chandiru was to be referred to India for an operation, but she did not undergo the surgery because she could not afford it.

Therefore, the effects of drug abuse were severe on Chandiru's body because she has a heart condition.

In early January, New Vision journalists visited Chandiru at her home in Muyenga, a Kampala suburb and found her in a sorry state. Her legs and arms wrapped in bandages. She claimed that she had been involved in an accident.

However, her sister revealed that she had wounds and scars all over her arms and legs caused by the constant heroin injections.

Chandiru tried in vain to quit drugs towards her wedding
Her sister says at first, the family turned a blind eye when Chandiru used to inject herself with drugs. However, on one occ

about a month ago, Chandiru locked herself in her bedroom for about four hours, which scared her family. After repeatedly knocking on the door without Chandiru responding, family members broke the door and found her bleeding from all over her body. They rushed her to a clinic, from where she was referred to Mulago Hospital. Chandiru spent some days at Mulago before doctors recommended that she check into a rehabilitation centre.

Life in rehab
Chandiru has been at Busanwaya Rehabilitation Centre on Entebbe Road for about one month. Her condition is slowly improving and her wounds are healing. According to Cynthia, one of the family members who regularly visits her at the centre, Chandiru seems to be coping well with the strict regulations at the rehabilitation centre. There are many activities at the centre that keep her busy. One of them is listening to her music and playing pool. She no longer craves drugs and she said she is forgetting the drugs. She is scheduled to spend three months at the centre.

DRUG ADDICTION
Dr Ruth Bukirwa of Nsambya Hospital explains that drug addiction is a brain disease. The consumption of large amounts of drug especially cocaine, alters the functional structure of the brain. Dr Moses Ddamulira, a senior physician at Nsambya, noted that youth aged between 18 and 30 years are prone to drug addiction. The earliest signs of drug addiction are loss of appetite and sleeplessness. Others are weight loss and remarkable change in physical appearance. Ddamulira advised the families of drug addicts to quickly take them to rehabilitation centres or they risk running mad. Ddamulira said Butabika is the most accessible rehabilitation centre in Uganda. He said private rehabilitation centres tend to be expensive. Other rehabilitation centres include Sensory Rehabilitation Centre and Busanwaya Rehabilitation Centre on Entebbe Road.

8.0 ADVOCACY TOOLS

8.1 Documentary

UHRN with funding from Global Fund set out to document and capture the Voices of PWIDs, about drug laws and policies that inflict harsh penalties on them as it impedes access to HIV, TB, Hep C prevention, treatment and care services in Uganda. With the buildup of Support Don't Punish (SDP) campaign, it's necessary to have a documentary that captures the voices of PWUID from the districts of Gulu, Mbale, Busia, Tororo, Mbarara and Kampala. The documentary film titled *"The Voices of PWID about drug laws and Policies"* is one of the Advocacy tools used by UHRN in advocating for Harm Reduction Interventions in Uganda and other relevant stake holders for government to reform drug laws and policies that impose harsh penalties on people who use drugs. The documentary can be accessed via **Youtube at;** <https://youtu.be/79A9zavKzNs>

Other advocacy avenues for UHRN include:-

- ✓ Facebook-UgandaHarmReduction
- ✓ Twitter-uhuganda
- ✓ Website-ugandaharmreduction.org
- ✓ Blog-Ugandaharmreduction.wordpress.com

9.0 INTERNATIONAL FORAS

9.1 AIDS Conference 2016 Durban

For every two years the AIDS conference takes place in one of the cities in the world. This time around the International AIDS Conference 2016 took place in Durban South Africa from 18th – 22nd July 2016 to break the silence, banish stigma and discrimination, and ensure total inclusiveness within the struggle against HIV/AIDS with the theme, Access Equity Rights Now, resounded across a series of opening day briefings focused on protecting the most vulnerable populations and on scaling up prevention and treatment for all. UHRN represented by the Executive Director and the Programs Manager attended the event where they made presentations and attended various sessions.



UHRN on behalf of UNDP - Africa's Key Population experts group had a poster presentation titled ***"Sex workers, Men who have sex with men, transgender persons and People who use drugs take a lead in providing strategic direction to the HIV response in Africa"***. The presentation was looking at the model framework developed by the Key Population Experts in Africa intended to fill critical gaps in providing HIV services for key populations, identify strategies that respond to the ever shifting and complex set of challenges in the design and implementation of key population focused HIV services and present the priority outcomes and outputs with corresponding indicators as identified by key population experts. The Model Framework is a living document having three goals on ***eliminating stigma and violence, ensuring***

access to quality services, and generating evidence. These goals are further divided into six outputs and ten strategies with specific outcome and output indicators for each of the Key Population groups.



UHRN had a poster presentation titled ***“Community Mobilisation and Organising for people who use drugs in Uganda”*** a model used by Uganda Harm Reduction Network during mobilisation of drug users to access health services or for any community engagement. The model looks at the needs of the drug user community, the processes UHRN goes through while organising and mobilizing these communities, the principles (Diversity, representation, participation, responsiveness, Shared humanity and Inclusiveness) used in

managing the drug users. The model also looks at the activities that spur the process of community mobilisation from targeted interventions, structural interventions and organizational development and how the communities are engaged during the planning process and implementation across all UHRN projects.

Sessions attended by UHRN at the AIDS 2016 Global village Durban

UHRN attended and participated in various session at the Human Rights and HIV/AIDS Networking Zone and the PWUD & Harm Reduction networking Zone. UHRN attended in different capacities as presenters, panellists and participants. UHRN was part of the panel at the PWUD & Harm Reduction Networking Zone during a question and answer session “Access to Justice – As Crucial as a clean Needle” moderated by Naomi Burke Shyne of Open Society Foundation (OSI) and chaired by Andrea Schneider of THCA. UHRN was giving a perspective and the significance of paralegals, engaging of law enforcement officers, the role played by each party to ensure that the drug user accesses justice.



Panel of discussants during the session

UHRN was also part of the panel of presenters at the Human Rights and HIV/AIDS Networking Zone at the Global village AIDS 2016 during a presentation “Police, Rights and HIV”. The interactive session was focusing on constructive, human rights and evidence-based programs with police that can be scaled up to end AIDS by 2030. The leading question of the day was, ‘why police isn’t a leading partner in HIV prevention? UHRN was sharing their experience in engaging police and other law enforcement officers in the fight against HIV/AIDS.



The Executive Director UHRN was part of the launch of the Journal of the International AIDS Society special issue ‘Police, Law Enforcement and HIV’ covering topics related to the role of law enforcement in the HIV response. The journal provides an opportunity to critically evaluate the role of police in the HIV response; to learn from the experience of those working successfully with police against HIV and discrimination; and to plan more effective partnerships for the future. It also shows research on how adverse police behaviors directly impact HIV risk is currently available. As a result of negative police behaviors, for example, people living with HIV (PLHIV) and Key Populations (KPs) are led to engage in risky behavior, such as injection of drugs with used equipment or selling sex with no protective measures. However, while research on the negative impact of harmful police practices on HIV risk is well documented, far less well documented are attempts to amend and change these behaviors, for the better. For more information follow the link <http://ijasociety.org/index.php/ijas/issue/view/1481>.

10.0 LEARNING VISITS

10.1 Learning Visit

The management team of the network of drug users in Zanzibar - ZanPUD paid a learning visit to UHRN secretariat to interact with UHRN management team and staff to learn and get new ideas from Uganda which they can be able to replicate when they get back home in Zanzibar. ZanPUD team had a good time engaging UHRN staff on issues ranging from:- Community mobilization, referral systems used by UHRN, implementation of the HIV and Harm reduction project and more especially how UHRN engages the police and the local community leaders. However on the other hand the visit was not a one way line of learning, UHRN had to also learn from ZanPUD how they do it best in engaging government officials since they are hosted by a government entity that controls drugs in their country.



ZanPUD team at UHRN Secretariat during the learning Visit

11.0 MEMBERSHIP AND NETWORKING

Uganda Harm Reduction Network being member organisation, it has a network of member organisations. UHRN has subscribed to a number of partner organisations and at the same time organisations have subscribed to UHRN network and they include;

11.1 Network members of Uganda Harm Reduction Network

Name of organization	Organization category
Rainbow Mirrors Uganda	CSO
Generation Free of HIV/AIDS Awareness Initiative (GFHAI)	CSO
Real Agency for Community Development (RACD)	CBO
Alliance of Women Advocating for Change (AWC)	CSO
Organization for gender empowerment and rights advocacy (OGERA UGANDA)	CSO
Peer to Peer Uganda (PEERU)	CSO
Lady Mermaid Bureau (LMB)	CSO
Come Out Post Test Club (COPTC)	CSO
Mbale Youth Community Empowerment Group (MYCEG)	CBO
Teens Link Uganda (TLU)	CBO
Sisters In Mission (SIM)	CBO

UHRN is a member of Regional and International Networks;

- 1) AIDS and Rights Alliance for Southern Africa (ARASA)
- 2) International Drug Policy Consortium (IDPC)
- 3) Eastern Africa Harm Reduction Network (EAHRN)
- 4) Mental Health Innovation Network (MHIN)
- 5) Vienna NGO committee on Drugs
- 6) Kenya AIDS NGO Consortium (KANCO)
- 7) Law Enforcement and HIV Network (LEAHN)

UHRN has supported 2 drug user community organizations to formally register in their districts. The supported community organizations include Mbale Youth Community Empowerment Group (MYCEG) in Mbale District and Malaba Empowered Youth for Development (MEYD). Mbale community group has been registered and offered a certificate



11.2 Partnership and Networking

UHRN is enjoying a good working relationship with key partners in civil society and public entities with whom it has established both formal and informal working relations. UHRN has formally signed Memorandum of Understanding with 4 organizations among which include; **AIDs Information Centre**, **National Forum of PLHA Networks in Uganda (NAFOPHANU)** and **Human Rights Awareness and Promotion Forum (HRAPF)** who offer health, support and legal aid services to drug user communities; and **Community Health Alliance Uganda (CHAU)** and **MARPS Network** which offer technical support to UHRN secretariat.

12.0 UHRN IEC MATERIALS



Aglobal Advocacy Campaign Calling for Drug Policies Based on Health and Human Rights.

"Embrace & Promote Harm Reduction Interventions for People Who Use and Inject Drugs"

**Change Bad Laws
Change Bad Policies
And,
Change Lives**

UHRN logo:  www.supportdontpunish.org

Community Health Alliance Uganda logo: 



www.supportdontpunish.org

SUPPORT THOSE IN ACTIVE #ADDICTION DONT PUNISH

**Change Bad Laws
Change Bad Policies**

"Embrace & Promote Harm Reduction Interventions for People Who Use and Inject Drugs"

**And,
Change Lives**

UHRN logo:  

HIV & HARM REDUCTION FOR INJECTING DRUG USERS

WHAT IS HARM REDUCTION?

Services, treatments and Programmes that reduce Harm associated with the use of Drugs among People who Use and Inject Drugs.

HIV AND HARM REDUCTION INTERVENTIONS

- Needle & Syringe Programmes (NSP)
- Opioid Substitution Therapy (OST)
- Condom Promotion and Distribution
- Targeted Information, Education and Communication.
- HIV Testing and Counseling
- Antiretroviral Therapy

N.B. Harm Reduction is a public health approach that helps and empowers people who use and inject drugs to take steps to protect their health.

Unsafe injecting drug use can cause harm and bloodborne infections such as HIV and Hepatitis.


UNSAFE INJECTING

-  Needles and Syringes can retain blood after use.
-  This blood may contain **HIV** if someone who is **HIV**-positive used the equipment.
-  The more blood in the syringe, the longer it takes HIV to die
-  It is Vital to not share this equipment, always use your own!

BENEFITS OF OST

- Reduces the need to inject and therefore the risk of harm or **HIV** infection.
- Reduce withdrawal symptoms.
- Improves mental and physical health.
- No need to buy street drugs.
- Can take methadone throughout pregnancy and after childbirth.
- Find links to other healthcare service such as HIV care.


UHRN logo:  




www.supportdontpunish.org


"Embrace & Promote Harm Reduction Interventions for People Who Use and Inject Drugs"

DO NO HARM!

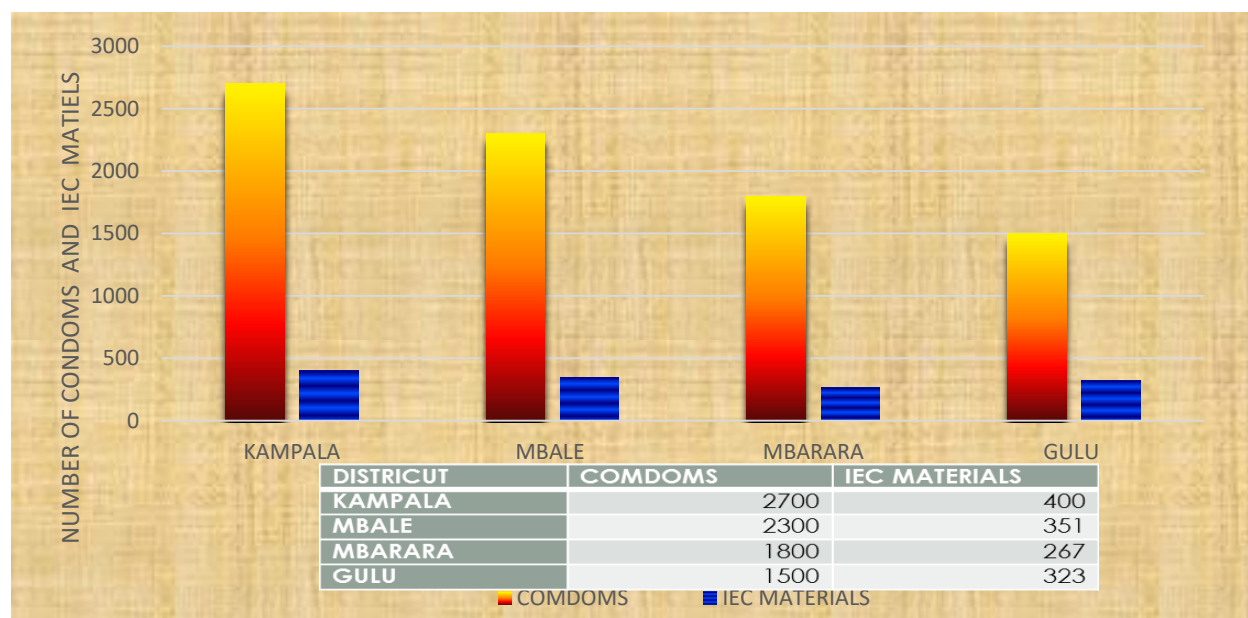


**"Engage people who use and Inject Drugs (PWUIDS) as key partners
NOT victims in the fight against HIV/AIDS"**

UHRN logo:  **UGANDA HARM REDUCTION NETWORK (UHRN)**
"Your Name Matters in Ending the Drug and Bloodborne Infection Epidemic in Uganda"

Community Health Alliance Uganda logo: 

A Graph Showing Number of Condoms and IEC Materials Distributed per District

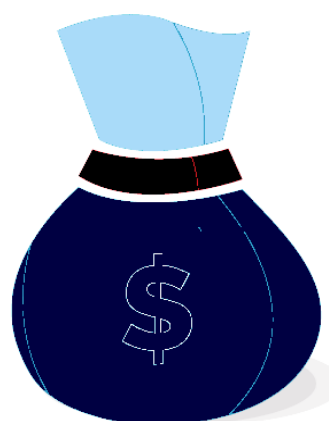


13.0 INCOME AND EXPENDITURE

13.1 Funds received in 2016

UHRN's total income in 2016 was **USD 111,800** and total expenditure was **USD 91,800** which was spent in program activities, administrative costs, Capacity assessment and human resources. OSIEA funding was received late 2016 and only USD 10,000 was used with a balance of USD 20,000 to be carried forward for the year 2017 project implementation. An external audit for the 2016 financial year is on-going at the time of producing the report.

Global Fund USD 67,550 (HIV and Harm Reduction)



OSIEA USD 30,000 (Community Engagement)



PITCH USD 7,650 (Advocacy)



ARASA USD 6600 (Advocacy)



14.0 UHRN 2016 HIGHLIGHTS

Summary of 2016 Highlights



With support from Regional Global Fund support we managed to acquire new UHRN Office space with Furniture and ICT equipments which made it conducive & accommodative for the UHRN team, members and partners



Holding of a press conference in Tororo - Malaba together with sex workers and women who use drugs to advocate for legal and safe abortion services and sexual reproductive health services, in conjunction with HRAF and Mariestoppes Uganda.



UHRN attended and participated in various sessions at the International AIDS Conference 2016 took place in Durban South Africa from 18th – 22nd July 2016, at the Human Rights and HIV/AIDS Networking Zone and the PWUD & Harm Reduction networking Zone. UHRN staff attended in different capacities as presenters, (2 poster presentations) and panellists for some sessions.



Uganda Harm Reduction Network together with Community Alliance Uganda (CHAU) conducted a Support Don't Punish Campaign Launch the first of its kind in Kampala-Uganda calling for better drug policies that prioritize public health and human rights and aims to promote drug policy reform, and to change laws and policies which impede access to harm reduction interventions.



Uganda Harm reduction Network and Community Health Alliance Uganda organized and facilitated an orientation meeting for the Anti-Narcotics Department of Uganda Police and Ministry of health officials about HIV and Harm reduction programing



Uganda Harm reduction Network (UHRN) and the community of people who use and inject drugs launched the report that analyses the NDPSA and the other laws currently in place as part of the legal regulation of drug use in Uganda



UHRN conducted engagement meetings with injecting drug users in Mbale, Mbarara, Gulu and Kampala on HIV and harm reduction project for East Africa.



Uganda Harm Reduction Network (UHRN) Launched the 'Harm Reduction Works' Advocacy Campaign in Kampala-Uganda. An Advocacy campaign which is an initiative under the Partnership to Inspire Transform and Connect the HIV response with an aim of changing attitude amongst policy makers and other duty bearers to embrace & promote harm reduction interventions (NSP & MAT) and efforts to address PWID's stigma and discrimination in Uganda.

Appendix 1: Secretariat staff

Name	Role
Wamala Twaibu	Executive Director
Baguma Christopher	Programs Manager
Ajuna Syrus	Out Reach Coordinator
Ajonye Beatrice	Communication and Advocacy Officer
Nyakayisiki Jackline	Networking and Partnership Officer
Masereka Kenneth	Monitoring and Evaluation Officer
Katende Dan	Research and Documentation Officer
Olimba Mark	Finance and Administration
Muhwezi Edward	Addiction Counselor
Ombigo Diana	Administrative Officer

Appendix 2: Board of Directors

Name	Profession	Role
Dr. Birungi Hope(PhD)	Social worker	Chair person
Mr. Omogo Ndugu	Truckers	Member
Ms. Stella Kentusi	Social worker	Member
Mr. Ameto Brian	Drug User	Vice Chair
Mr. Kigozi Fredrick	Accountant	Treasurer
Ms Namwanje Justine	Sex worker	Member
Mr. Wamala Twaibu	ED UHRN	Secretary

OUR PARTNERS



UGANDA AIDS COMMISSION



THE REPUBLIC OF UGANDA
Ministry of Health



NAFOPHANU

