WHAT IS THE GLOBAL FUND SUPPORTING IN UGANDA

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Background

In older adolescents and young people, prevalence is almost four times higher among females than males. (The National HIV and AIDS Strategic Plan 2020/21 – 2024/25).

UNAIDS statistical estimates put HIV prevalence at 6.8% for women and 4.2% for men; 2.8% among young women and 1.1% among young men, and also indicate that 51,007 people were newly infected with HIV (5,364 children 0-14yrs; 45,644 adults 15+yrs, among them 26,606 were women 15+yrs).

GLOBAL FUND SUPPORT TO WOMEN AND GIRLS

- FOR ALL: Prevention, care and treatment for HIV Tuberculosis and malaria is free for all Ugandans including HIV counseling, testing, treatment and adherence support
- FOR ALL: Free management of sexually transmitted diseases and infections including cancer screening
- FOR ALL: Key challenges are around discrimination based on age; testing and medication for syphilis, gonorrhea and other STIs and are compounded by stock outs of medicines and commodities
 - FOR ALL: Conduct outreaches/mobile clinics/door-to-door HIV testing/ TB identification and management services provided by lay providers including sex workers
 - FOR ALL: Provide psychosocial and mental health support services to affected individuals and families
- **FOR ALL:** Hold dialogue meetings with parenting forums at district, sub county and village levels to promote adherence in adolescent girls and young women.

Who is supporting and key interventions for adolescent girls & young women

Interventions for AGYW are guided by the national age appropriate service package in the AGYW strategy (2020-2025)

- The Global Fund support increased the number of districts with comprehensive AGYW activities from 31 to 39, to cover 64% of the highest burden 61 districts in Uganda. Coverage of combination HIV prevention services is undertaken in 20 districts.
- This supplements PEPFAR DREAMS implemented in 19 districts includes educational subsidies. Additionally, UNICEF and other UN agencies support Kampala and the Karamoja region.
 - Programs focus on behavior change interventions and community empowerment because most of the causes of vulnerability among AGYW are behavioral and life style in nature.
- Scale up interventions to reduce harmful cultural practices (forced, child and early marriage, FGM etc)
- Commodities are available for AGYW including condoms, HIV testing kits and ARVs are advered under the relevant HIV prevention, care and treatment modules
- Holding national advocacy and accountability forums for all AGYW
- Health clubs or social support clubs to address self-stigma and increase adherence to treatment among AGYW and their spouses and to strengthen prevention interventions.

SUPPORT FOR YOUNG PEOPLE

- Dialogue meetings with youth leaders in addressing HIV and TB related stigma, discrimination and violence within communities to improve uptake and retention in care
- Youth anti-stigma clubs in and out-of-school to identify, rejuvenate and support clubs
- Youth livelihood empowerment programmes that integrate education on HIV, TB and malaria-related stigma, discrimination and yiolence reduction
- Training of community paralegals, including training of peer paralegal amongst key and vulnerable populations, AGYW, PLHIV and TB survivors to provide legal information, support and referrals.
- Comprehensive training of youth friendly health care service providers on PrEP, SRH, condom use, linkages, referrals, etc

WHAT MORE IS NEEDED?

- There is too much focus on prevention and not enough for people living with HIV who need better support also tailored to AGYW living with HIV.
- Uganda has developed adequate interventions and efforts to streamline programming, service delivery and coordinate the various streams of work meant to benefit women and girls. However there is need to increase investment/grants to reach out to the bigger need in the community and reach out to other new districts
 - We need to be clear about what portion of this work is specifically supporting women and girls.

Strengthening systems for HIV prevention implementation (particularly community systems) to move towards people-centered and differentiated/tailored approaches				
Social protection interventions	Prevention initiatives for school drop out	Keeping girls in school	Community mobilization & dialogue campaigns	
Conduct a TOT in life skills (HIV and behavioral), SRH, GBV, MHM	Refresher training for 30 service providers (Para social workers, paralegal workers, stop GBV Champions and community activists) on GBV prevention, care and post care management.	Education subsidies to 126,400 in-school AGYW aged 10-19 years	Community mobilization and dialogue campaigns (for the targeted schools in 20 districts) to help families appreciate the long- term benefits of educating girls	Procurement of emergency sanitary wear
TOT in life skills (HIV and behavioural), SRH, GBV, MHM plus refresher in financial management	monthly awareness interactive sessions on HIV/TB and one-on-one and group risk reduction sessions	Training parents, mentors and teachers in making reusable pads for both in school and out of school AGYW		
Training for in life skills (HIV and behavioral), SRH, GBV, MHM plus refresher in financial management	Formation of social support clubs to strengthen drug adherence systems for In school adherence club mentorships	Procuring kits for making reusable pads for out of school AGYW 2000 kits		
 Develop national family strengthening program for economic empowerment of families and AGYW 	Hold dialogue meetings to sensitize out of school social support club members on treatment literacy (1 day meeting targeting 52 people in each of 3 meetings in the 20 districts.)			
 Support the development of Leadership modules and training for young men and women leaders 	Hold dialogue meetings with parenting forums at district, sub county and village levels to promote adherence in AGYW			
	Formation of clubs to strengthen drug adherence systems for out of school adherence club mentorships (Facilitate schools to form clubs to strengthen drug adherence systems at school)			
	Meeting to sensitize out of school social support club members on treatment literacy (1 day meeting targeting 50 people in each of 10 sub counties in the 20 districts.)			

Thank you for listening!

Lets ensure that the grants in a more meaningful way benefit women and girls as well!