Leveraging on existing HIV community engagement to respond to COVID-19 pandemic, Challenges and Opportunities: A PLHIV Network perspective'.

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Background

• National Forum of People Living with HIV/AIDS Networks Uganda (NAFOPHANU) is an umbrella organization that coordinates networks of PLHIV, all over Uganda.
• Vision is PLHIV able to live a quality and productive life in as sustainable manner
• Uganda has 1.4 million PLHIV, about 1.2 million active on ART

• PLHIV can access ART from nearby health facility
Covid 19 in Uganda

- As of 5 July 2021, COVID-19 confirmed cumulative cases were 84,979; active on admission 1,072, cumulative recoveries were 57,964, cumulative deaths 2,012, vaccine doses administered 1,027,036, total tests 1,363,101

- **Country in second lockdown**

  — (curfew from 7:00 p.m. to 5:30 a.m. daily, no inter-district travel save for cargo cars, private cars for essential workers with government stickers or IDs, motor cycles only for cargo up to 5:00 pm.)

  — All public places including places of worship and shopping arcades closed, funerals up to maximum 20 persons.

  — PLHIV and other sick people can move with medical records to enable access
Covid 19 - Uganda

Bad news

Good news

• Steady recoveries
• Vaccination
• Adherence to SOPs, albeit force
Covid 19 Vaccine

Been a cycle

• Hope – Fear – Hesitancy – Mad rush – Stock out

• Need to counteract anti-vaccine campaign
Covid 19 and effect on PLHIV

- Long distances to refill centres, no public and private transport; missing appointments
- Acquiring travel permits cumbersome, including disclosing one’s status
- Some facilities do not give ARVs to presumably ‘new’ clients, those that give range from 1-3 months
- No/limited protective gear for health workers and PLHIV peers
- Staff absenteeism as PLHIV bounce at closed facilities yet the directive is to keep facilities open
- Hunger especially the urban centred PLHIV whose livelihood of ‘hand to mouth’ cannot operate
- Stigma has affected PLHIV that are not yet comfortable to disclose
- Sporadic stock outs of ART
- Fear of exposure to COVID-19
Together with UNAIDS, NAFOPHANU conducted rapid assessments on needs of PLHIV in context of COVID 19, late March-early April monkey survey based; reached 78 PLHIV, 55% male; 22 districts

- **60%** of participants **had two or more people** on ART in the household including the respondent
- **23%** (18/78) of respondents had children in the household who were taking ARVs
- **73%** of the respondents knew three months as the usual/standard supply for ARVs (3MMD)
- **68% of all respondents** had ARV supplies for only a month or less. **32% had ARV supplies for 2 or more months**, no significant gender and age differences
- Of the 38 PLHIV who attempted refill previous week, 35% got a partial refill and 65% did not get any refill.
- Could access TB treatment: **52%** (n=27/52), condoms: **57%** (n=35/61), contraception: **33%** (17/51)
PLHIV Perspectives – needs assessment surveys - 2

- June-July 2020 survey, reached 630 PLHIV, 101 districts, 54% F, 46%M
- 53% had 1 month refill, 46% had 2-3 months refill
Amount of ARVs received among those who sought refill in the past week

54% of respondents who received ARVs got 3 months supply, but 32% received only one month supply.

The analysis is based on only 136 respondents that attempted to get ARVs refills.
78% (482/615) of respondents reported facing challenges in accessing ART due to COVID, travel distance, lack of transport and fear of exposure to Coronavirus.
Major needs of PLHIV under COVID-19 context

Almost one in ten of all respondents identified the need for provision of food and means to access their treatment with ease. Other notable areas included:

- Special consideration for PLHIV on masks/PPE redistribution
- Ensure consistent supply of ARVS for three months
- Psycho-social support to address domestic violence counselling for families
- Financial support for income generating activities
- Family planning services, protection against gender based violence
Critical issues for redress

• Issues around drug resistance, unsuppressed viral load, AIDS illnesses, HIV+ babies, hunger and starvation, stigma, emotional/mental, psycho-social support, rights violations, economic issues, SRHR

• Combine bio medical with other behavioral and structural interventions if we are to survive the staggering impact of COVID19 on other lifelong chronic illnesses

• Support to PLHIV coordination structures to reach peers to mitigate the impact on access to life long treatment

• Self medication, herbal treatment and reporting late to facilities

• Exorbitant fees in private health facilities; Covid treatment and death have been too commercialized, lack of oxygen
What NAFOPHANU has done - 1

• Participated in formulation of MOH Covid 19/HIV Guidelines
• Have representatives on MOH Covid 19 Taskforce
• Formed a WhatsApp Group for PLHIV for real time updates
• Part of MOH Covid 19 WhatsApp, partners handy to address PLHIV issues
• Phone calls to PLHIV Coordinators to ascertain district status including ART access
• Food distribution
  - Embassy of Ireland (reached 3,612 households in Karamoja), Aidsfonds (reached 553 households with children living with HIV in 5 districts), UNAIDS (reached over 500 PLHIV in Kampala Metropolitan)
What NAFOPHANU has done - 2

• Hygienic pack; Reckitt Benckiser with UNAIDS; cartons of Dettol soap and Jik worth UGX 813million, distributed to over 26,568 PLHIV

• Toll free helpline

• Lobbying IPs for home deliveries,

• Support to Community Resource Persons (Expert Clients) to reach peers

• Media (radio talk shows, TV, Facebook and twitter postings, Webinars/Zoom presentations, E-posters, Fact sheets, megaphones)

• PLHIV champions who delivered/deliver to peers
E posters

Health diets are a critical response to COVID-19 pandemic, therefore eat healthy foods to boost your immunity

DAVID KABANDA
Board Member, NAFOPHANU
Executive Director, Centre for Food and Adequate Living Rights (CEFROHT)

COVID-19 has already claimed lives of People Living with HIV (PLHIV), so we stand a high risk of contracting the virus.
As a constituency we should follow guidelines issued by Ministry of Health:
1. Regularly wash with soap/sanitise,
2. Wear a face mask,
3. Maintain a reasonable distance of at least 2m,
4. Avoid touching eyes nose and mouth,
5. Disinfect frequently touched surfaces and adhere to ART to boost your immunity.

DR. STEPHEN WATITI
Board Chairman, NAFOPHANU

Despite the challenges that COVID-19 has brought, adherence is core to positive living for People Living with HIV (PLHIV). Therefore PLHIV should have uninterrupted access to life saving ARVS.

STELLA KENTUTSI
Executive Director, NAFOPHANU
Telecounselling

Are you worried about HIV, TB and COVID-19?
For support, please call our Toll Free number:

0800100330

www.nafophanu.org
Masks and hygienic pack
Food distribution
Factsheets/posters

**COVID AWARENESS TIPS**

1. Wear a face mask
2. Regularly wash hands with soap/sanitizer
3. Maintain a reasonable distance of at least 2m
4. Avoid touching eyes, nose and mouth
5. Disinfect frequently touched surfaces
6. Adhere to ART to boost your immunity

**FACT SHEET ON USING JIK AS A DISINFECTANT**

**BACKGROUND**

UNAIDS and Beckitt Benclower 3R on Wednesday 24 June 2020 handed over 380,000 10kg of Dettol soap and 30,000 bottles of 750ml JIK to the National Forum of People Living with HIV Networks in Uganda (NAFOPHANU) with the aim of reducing exposure to the impact of Corona Virus (COVID-19) among people living with HIV (PLWH) in Uganda.

**WHAT IS JIK**

JIK is a home detergent and contains bleach and sodium hypochlorite that is strong and effective in cleaning surfaces and killing germs including those related to sphi COVID-19.

**As per the Ministry of Health Preventive Guideline on COVID-19, you should:**

1. Regularly wash hands with soap and water
2. Regularly clean and disinfect frequently touched surfaces
3. Maintain a reasonable distance of at least two meters
4. Avoid touching Eyes, Nose and Mouth
5. Wear a face mask.

**Directions for Use**

**Washing hands**

Add 5/8 (1 teaspoon) of JIK to 28 liters water and wait for 30 minutes before use. Use treated water after 24 hours to wash your hands.

**Cleaning and disinfecting**

1. Kitchen and bathroom surfaces
   - Add 1/4 cup (62.5ml) of JIK to 1 liter water. Then wash floors, walls, kitchen counters, showers, bathtubs and tiles after 30 seconds.
2. Toilet bowls and urinals
   - Add 1/3 cup (82ml) of JIK into the toilet bowl. Cham and flush. Clean and flush after 30 minutes.

**Washing clothes**

Add 1 tablespoon (5ml) of JIK to half a (0.250ml) of water and apply to the holder of the white garment. Leave for 1 minute then rinse.

**HOW TO WASH YOUR HANDS?**

1. Wet hands with water
2. Apply Enough Soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub fingers to opposing palm with fingers interlocked
5. Rub palms with fingers interlocked
6. Rinse Hands with water
7. Dry hands thoroughly
8. Use towel to turn off faucet
9. Your hands are now safe

**Caution**

1. Never drink JIK as it contains ammonia that is very harmful to your health.
2. Do not mix JIK with any other detergent.
3. Do not breathe in JIK fumes.
4. Do not use in a poorly ventilated room.

**Storage**

Keep away from heat or sunlight and from within reach of children.

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For more Information, visit NAFOPHANU Facebook on: 520 202 999 923, Mongeza, Kampala.
Tel: 0300/644 4488 Email: info@naphansu.org  ⓒ  NAFOPHANU

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In Partnership with UNAIDS

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Peer to peer support

KURAISHI MUBIRU IN DOOR-TO-DOOR DELIVERY OF HIV MEDICINE, FOOI

GOING EXTRA MILE
New vision is celebrating people offering selfless service in the fight against the novel coronavirus. Today, Carol Kasujja writes about Kuraishi Mubiru, the Executive Director of the Uganda Young Positives.

With dozens of cases confirmed in Uganda, the coronavirus (COVID-19) pandemic continues to be a big threat. The measures taken to control the spread of the virus have disrupted every aspect of society. Closing schools, ban on public and private transport, trade in non-food commodities, closure of places of worship, among others, have radically changed the known normal way of life.

Mubiru thought delivery of drugs was going to be an easy job.
Strategies and best practices

• Community mobilisation and sensitisation
• Working with existing structures
• Media
• Integration of disease components and programme areas
• Livelihood support programmes
Leveraging on existing structures

- Working with existing networks and community structures
- Take advantage of community embracing of vaccine uptake and conduct mass vaccination
- Strict enforcement and adherence to SOPs.
- Communication: Capitalize on mobile phones as over 90% of PLHIV have them. However, radio is still the main source of information on COVID19
Need for reprogramming

• Integrate COVID19 and other serious ongoing conditions, not to lose our already immune suppressed members of society; PLHIV on TPT, with NCDs,

• Supply chain is critical at this stage, cannot afford stock out of ART, impact will be enormous

• Support to PLHIV structures to mitigate impact on access to treatment; community systems strengthening is paramount

• Government through Office of the Prime Minister should consider PLHIV as a special category for food aid/cash handout

• Need to start planning for mitigation of COVID 19 on PLHIV now; post pandemic phase

• Increased need for Treatment Literacy

• Stigma reduction
Thank you