The State of HIV Preventive Strategies dissemination in the Five Districts of Bunyoro Kitara Kingdom

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Overview

- Bunyoro –Kitara now covers 5 districts in Uganda, including Hoima, Masindi, Buliisa, Kibaale and Kiryandogo districts. It is covering a total area of 18,578.2sq Km.

- The Estimated Population is 1905599 people (MoLG, UBOS Demographics 2012)

- 98% of these people are below the poverty line and depend on farm produce to sustain their families. (UBOS, MoFPED)

- The Kingdom has a total of 160 health facilities out of the 3584 health facilities countrywide (MOH Inventory)
Continued Overview

- Only 1% of these facilities can provide adequate health care packages to patients in the Kingdom. (Eliezah Et al, RHUWest)

- The average HIV Prevalence rate in the mid-western region is 8.2% making it higher than the country wide prevalence rate of 7.3% (UAIS2011).

- 9.1% women and 7.1% men in the region are HIV+ and on these, 6.8% of Banyoro Women and 5.8% of Banyoro Men are HIV+ (UAIS2011)
Continued Overview

- 64 Health facilities are eligible to Provide EMTCT services however not all provide them.

- 90% of women in some districts have multiple partners (HIV, RH and Sanitation survey)

- 70% of sexually active partners do not use condoms (HIV, RH and sanitation survey, MoLG)

- 98% of the sexually Active people in the Kingdom are aware of at least 3 Preventive methods of HIV.
Men (although less affected) Play a big role in the Spread of HIV amongst women in Bunyoro and in Uganda.

Political systems and bureaucracy still affect the roll out of Preventive services

The Demand for change in Socio-economic structure for rural setting is key to fighting HIV prevalence in Bunyoro Kitara Kingdom

Networking as hard as it is, should be Result Oriented
The Roll Out of Preventive Strategies in Bunyoro Kitara Kingdom

In the Case of Roll out of VSMC, EMTCT and Gender Equality Services in the Kingdom
Have you shared the little Information?

For you to help better you need to know better.

• We have Given you the Information
• We have shared what we have.

• Have you Shared?
Capacity Building

- It is important to share knowledge but its very heartbreaking not to distribute it.

- 98% of cultural leaders have the capacity to distribute shared information but less than 1% have done so.

- 99% of Cultural leaders have participated in HIV trainings and conferences, less than 1% have passed on the information or reacted to it.

- Information is very big tool in fighting HIV and Gender Inequalities
Capacity Building in a Rural Setting

Your Visitors at home should access this information

Your Committees should distribute this information

Your relatives should know this information

Your People should Access these services

Our one on Ones have boosted access to services by 60%

(1) HIV & Gender Workshop

(2) Community Elders Share Workshop Information

(3) Community Committees Receive and share Information

(4) Community Dialogues Receive the Information

(5) Households share the information

(6) Responsible institutions Share results with leaders

(7) Cause for new interventions due to shared results

(8) Demand for services and new interventions

No extra funding is required for this process

Your Committees should demand for services

Your People should Access these services

Your Visitors at home should access this information

Your Community should demand for services

Your relatives should know this information
Continued Capacity Building

Building capacity does not end in a conference hall, it goes to the households, the work place, the road, and to the LOCAL BAR.

Knowing your subjects will be valid if you talk to them about issues, in this way, you can serve them better.

The Reason the services are still minimal is because Demand for them is minimal. Yes they are required but access is Minimal.
Statistical overview on Capacity Building In Bunyoro region

- 99% of adults in Bunyoro know about HIV and the Preventive Strategies

- 60% of the total adult Population do not apply these strategies though 30% of these would like to apply.

- 80% of women believe that Human rights do not apply in their community settings.

- Men are aware and proud of their dominancy and involvement in GBV.
Do we need to build More Capacity?

- Yes we do. But what Should be our focus area in building capacity?
  - Behavioral Change?
  - Service Provision?
  - Demanding for services?
  - Community Participation?
  - Social Development?
  - Family protection?
  - Women and Girls? OR
  - THE MEN?
Whats your role?

THINK ABOUT IT!
You can do a lot.
The removal of tissue covering the head of male genitals by skilled health professionals. The inner sector of the foreskin is highly susceptible to HIV infection (Many T-cells yet less Karatin) and once removed can slow/block the absorption of the virus.
Voluntary Safe Male Circumcision

• A Scientifically proven intervention, VSMC is a highly effective HIV prevention intervention that offers excellent value in high-priority countries where HIV is prevalent and male circumcision is uncommon.

• Uganda is one of the 14 High Priority Countries that are striving to scale up VMMC

• In 2007, the World Health Organization (WHO) and UNAIDS recommended VSMC as an additional important strategy for HIV prevention, particularly in settings with high HIV prevalence and low levels of male circumcision, where the public health benefits would be maximized.
What does Culture in Bunyoro Say About Circumcision?

(Voluntary Safe Male Circumcision)
VSMC in Bunyoro Kitara Kingdom

- Over 921,000 Men in the region, an estimated 12,122 men are circumcised.

- Only 8,211 men have accessed VSMC since 2010.

- Of the 8,211 men circumcised in the past three years, 7,647 Men were circumcised between January 2012 and February 2013.

- VSMC reduces the risk of Infection By 60%

Eliezah Et al, HMIS
VSMC Should be

- Rolled out to all Banyoro Men.
- Voluntary
- Done by a professionally skilled Medical Surgeon
- Supported by the Cultural leaders
- Leaders should set an example by accessing VSMC at designated facilities and encourage Men to go for it.
- Painless, fast, and accessible at a health facility.
VSMC at a facility

- Very few facilities can offer these surgeries in Bunyoro Kitara.
- No facility is offering this service in Buliisa district except NGO’s with the Program.
- There is demand for sensitization on VSMC in Bunyoro Kitara.

YES, Its true. Voluntary Safe Male Circumcision reduces the risk of infection by 60%.
It’s your responsibility!!

TELL MEN IN YOUR COMMUNITY TO GO FOR VOLUNTARY SAFE MALE CIRCUMCISION.

- Its fast
- Safe
- Effective
- And protective

Uganda set the target of offering VSMC to 80 percent of uncircumcised men by 2015. However, as of 2011 only 5 percent of this target had been reached. The number of circumcised men therefore equals 23.6%. The levels of wages and working conditions of medical practitioners in Uganda do now allow proper and professional service delivery of VSMC and other health care services.

Scaling up the VSMC program would result in averting 428,000 adult HIV infections over the time period from 2009 to 2025, would result in cumulative net savings of almost US$2 billion over the same time period, and would require approximately 2.4 million MCs to be performed in the peak year.
ELIMINATION OF MOTHER TO CHILD TRANSMITION OF HIV

If they can protect their Wombs from the Cold...... They definitely can protect them from HIV......

Karamagi
Trends in Bunyoro (PMTCT)

- Men DO NOT support women during pregnancy. “They don’t even know what goes on during ANC”

- 42 out of the 70 eligible health facilities can offer adequate PMTCT services

- Cross generation sex is rampant and has increased the level of infection and drug resistance to another level.

- ABC strategy has been neglected thus the reduction in Condom Use

- Early sexual intercourse causing more new yet early age infections
The state of EMTCT services in Bunyoro Kitara Kingdom

As by districts
Hoima District Performance: 2001-12

- 6 out of 37 Health facilities are known to offer PMTCT services
- 123561 Women attended ANC between 2001 and 2012 at the 6 facilities
- Only 40751 delivered from the Health facility
- 72102 Mother never completed ANC visits
- At least 7269 Pregnant mothers tested HIV+ but only 3718 accessed Prophylaxis
- 1836 HIV+ Mothers out of 7269 delivered from the Health Facilities.

Source: AVSI, Eliezah et al, MoH
• 18 out of 47 Health facilities are known to offer PMTCT services

• 165,111 Women attended ANC between 2001 and 2012 from the 18 facilities

• Only 62,414 delivered from the Health facility

• 55,466 Mother never completed ANC visits at the facilities

• At least 11,051 Pregnant mothers tested HIV+ but only 40,844 accessed Prophylaxis

• 2894 HIV+ Mothers out of 11,051 delivered from the Health Facilities.

Source: MOH. RHU Masindi, DISH II
Kibaale District Performance: 2001-2012

- 23 out of 48 Health facilities are known to offer PMTCT services

- 182360 Women attended ANC between 2010 and 2012 at the 23 health facilities

- Only 81250 delivered from the Health facility

- 92501 Mother never completed ANC visits

- At least 5844 Pregnant mothers tested HIV+ but only 1685 accessed Prophylaxis

- 2351 HIV+ Mothers out of 5844 delivered from the Health Facilities.

Source: AVSI, Eliezah et al, MoH, RHU
Buliisa District Performance: 2001-2012

- 6 out of 37 Health facilities are known to offer PMTCT services

- 123561 Women attended ANC between 2001 and 2012 at the 6 facilities

- Only 40751 delivered from the Health facility

- 72102 Mother never completed ANC visits

- At least 7269 Pregnant mothers tested HIV+ but only 3718 accessed Prophylaxis

- 1836 HIV+ Mothers out of 7269 delivered from the Health Facilities.

Source: AVSI, Eliezah et al, MoH
12 out of 19 Health facilities are eligible to offer PMTCT services but 8 are offering.

78,002 Women attended ANC between 2010 and 2012 at the 8 facilities.

Only 59,213 delivered from the Health facility.

42,820 mothers never completed ANC visits.

421 mothers tested HIV+ but access to prophylaxis is not stated.

92 HIV+ mothers out of the 421 delivered from the health facilities.

Source: AVSI, Eliezah et al, MoH
Roll out of Option B+

- Not Launched in Bunyoro Kitara Kingdom
- Not Rolled out in Bunyoro Kitara Kingdom
- Sensitization on this strategy as a preventive measure needs to be done by leaders
- Capacity building on Option B+ should focus on leaders in communities.
- Financing this option should involve participatory research at grassroot levels
What can you do?

A lot!! Remember?

- You can make a change in society through sharing
HIV Counseling and Testing (HCT)

The Only way to know your HIV Status
Facility and Outreach Based Services

Services should be available at all levels: You can play a role in sending HCT services closer to people.
HCT Overview

- Services are not constantly available in Bunyoro Kitara Kingdom.

- Projects on HCT are short term and limited follow up is done

- Access to HAART is still a big problem and almost half of PLHIV are not yet initiated on medication.

- Less than 5% of people that test for HIV return for the next HCT session

Eliezah Et al, MOH.
Gender and HIV IN Bunyoro Kitara Kingdom

Fueling HIV in Bunyoro Kitara
Gender Based Violence.

Isn't she a beautiful woman? Why then is she bleeding?

Isn't he a handsome man? Shouldn't he be stronger?

Yes!! GBV affects and happens to Both Male and female
Understanding gender

- Gender requires one to understand and respect the identity of others.

- Gender Identity is how one Identifies themselves

- Gender Inequality is the supremacy of one Gender from the other

- Men and Women can identify separately but remain similar and equal in access to resources

- Gender Equality is when all Gender Identities are equal.
Consequences of Gender Supremacy/Dominancy

- Identification is crucial as it supports service demand and delivery.

- Culture or not Gender is not limited to Male or Female alone.

- Access to services both at household and at national levels MUST recognise Gender identities.

- The HIV prevalence might increase if gender identity is not given priority.
The Case for Bunyoro Kitara

- 79% of the PLHIV in the Kingdom are women.
- Gender inequality in the Kingdom is rampant and affects all social aspects of women.
- Male dominance is key in fueling new HIV infections.
- Lack of recognition for Human rights based on Gender is present in the region.
- Half of the Women living with HIV report to have been raped.
Continued Cases in Bunyoro

- HIV has affected the supply, quality and demand of education for girls and boys in School.

- The Supply of HIV/AIDs Services in the region is affected by many gender aspects

- GBV is rampant in the Kingdom and plays an extra role in the spread of HIV in women

- Information on Gender, HIV and Human Rights Still lacks in the Kingdom

Source: UNAIDS, UAIS11, RHUWest, Eliezah.
Pictorial Case for Bunyoro

Real Men Protect, Love and cherish their family members

Say No to Gender Based Violence
My Fellow Leaders!!!!!

It's your world—change it!
Support and Love women...

Work with them to Reduce Risky Behavior
Acknowledgement

- Staff of EFIMen
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- Government institutions and
- RHU staff
Thank You