

**International Community of Women Living With
HIV & AIDS Eastern Africa (ICWEA)**

Annual Report

April 2012 – March 2013

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1. Acknowledgement

ICWEA dedicates all the achievements in this financial year to all women living with HIV and to members who never tire to advocate even when environments under which they do that work are turmoil and with limited or no resources.

We owe the success of our struggles as women living with HIV to our partners and donors, who continue to believe in us, in our work and to value advocacy as an important agenda as other agendas of service delivery, to our partners who continue to believe in our processes, appreciate our capacity and have continuously walked this long journey with us.

We are grateful and owe all this, our work to all our partners and funders since 2005 when ICWEA was founded and to our partners and funders during this financial year. We are grateful to: AIDS Free World, AWID, African Women's Development Fund (AWDF), AVAC, Hivos, Ford Foundation, Norad, Robert Carr Network Fund, Stop TB Challenge Facility Fund, UNAIDS/PEPFAR/FSP and UNAIDS Uganda. We appreciate WOFAK that has been able to host ICW Kenya Chapter Volunteer.

We appreciate the support and contributions of all coalitions that ICWEA has been part of, we are grateful to the good working relations with the Global Networks.

To all partners, coalitions and CSOs that we have worked with at all levels, you have made this possible and lastly but not least to the entire network of ICW and particularly the Global Advocacy Office, we owe all this to you.

2. Background

The International Community of Women living with HIV Eastern Africa (ICWEA) is a registered regional advocacy network and membership based organisation founded in 2005 that exists to give visibility to women living with HIV. ICWEA believes that gender inequalities and the lack of sexual & reproductive health & rights for women are at the heart of the HIV epidemic. Our advocacy is based on evidence of our daily lived experiences and we use participatory processes to address the priorities of women living with HIV, including young women.

2.1 Vision

Our vision is a world where all Women Living with HIV:

- Have a **respected and meaningful involvement** at all political levels; local, national, regional, and international, where decisions that affect our lives are being made;
- Have full **access to care and treatment services**; and
- Enjoy **full rights** particularly; sexual, reproductive, legal, financial and general health rights; irrespective of our culture, age, religion, sexuality, social or economic status/class and race.

2.2 Mission

A regional network, run for and by women living with HIV that promotes all our *voices* and *advocates* for changes that improve our lives

2.3 Core values

- Self-determination,
- Mutual Respect, Honesty, Integrity and Confidentiality
- Commitment to advocacy,
- Accountability,
- Self-determination.

3. Summary of Achievements for 2012/2013

3.1 At National levels during the year, Uganda Chapter elected a new board while Kenya and Tanzania renewed the Term of office for the respective Country Boards. At the regional level, a new board was elected in December 2012 and in March 2013, the first ICWEA Board handed over power to a new board that was elected at country level through transparent, democratic and representative process. For the first time in the history of ICWEA, the regional board has 50% representation of young women living with HIV including 2 women living with HIV from the MARPs.

3.2 ICWEA increased and strengthened its partnerships and collaboration with new partners including the regions of ICW West and ICW Southern Africa and the Global Advocacy Office. In 2012, ICWEA led a process of development of a joint proposal to Robert Carr Network Foundation and this proposal has been funded enabling the three regions including the Global Advocacy office to implement a joint project for women living with HIV, *“HIV&AIDS and Sexual Reproductive Health Rights project among women living with HIV”*.

3.3 During the year, ICWEA registered increased participation and engagement of its members and staff at policy fora and programmatic levels of national, regional and International. ICWEA was a member of the Leadership & Accountability Committee for the XIX International AIDS Conference and through this position, was able to develop and coordinate a non-abstract session on Sexual Reproductive Health & Rights (SRHR) during the Conference with its chair and two of the panelists from East Africa, all Core Group of Advocates for Sexual Reproductive Health and Rights (SRHR). ICWEA

supported the participation of four (4) women living with HIV to attend the XIX International AIDS Conference.

- 3.4 ICWEA meaningfully participated at the April 2012 AWID Forum in Istanbul Turkey, while at national level notable were participation of ICWEA members and staff in the eMTCT Programmes and meetings in Burundi, Kenya, Tanzania and Uganda.
- 3.5 In Uganda, three (3) young women living with HIV were selected and seconded as research assistants for the Uganda Stigma Index Survey coordinated by the National Forum of people living with HIV (NAFOPHANU) bringing into the context SRHR and gender issues.
- 3.6 The representation role remain core to ICWEA's work and the network work was able to effectively represent women living with HIV on the Leadership & Accountability Committee of the XIX International AIDS Conference 2012 in Washington, on the Uganda National Task Force for the Stigma Index Survey, on the Burundi CCM and Burundi High level forum for eMTCT. ICWEA further was/is a Secretary to Uganda Stop TB Partnership – ACSM working group, the Secretary to the Africa Coalition on TB/HIV and a member of the WHO Task Force for Hormonal Contraceptives & HIV. ICWEA chairs the Uganda National Steering Committee of the Stigma Index Survey.
- 3.7 During the year, ICW Kenya Chapter got fully registered as ICW Kenya Chapter in April 2012.
- 3.8 During this financial year, ICWEA conducted four (4) Assessments on different issues that affect women living with HIV and these include: (i) Assessing the gaps in access to Family Planning by women living with HIV, (ii) Understanding the Perspectives & Experiences of women living with HIV regarding Option B+, (iii) Understanding the perspectives of Health Care providers on the World Health Organisation (WHO's) Technical Statement on Hormonal Contraception and HIV risk and (iv) Assessment of the availability and accessibility of TB, TB/HIV services in the 2 districts of Uganda.
- 3.9 In 2012, ICWEA extended its programmes and activities to cover all 5 East Africa Countries of Burundi, Kenya, Rwanda, Tanzania and Uganda. Since the extension of programmes in Burundi and Rwanda, great achievements in the respective two countries have been registered including the chair of ICW Burundi being elected on the Country Coordinating Committee (CCM) for the Global Fund and also nominated to the High Policy Committee for the Elimination of Mother to Child Transmission (eMTCT) while in Rwanda, the Network was able to access funding from UN Women and UNAIDS.
- 3.10 ICWEA has developed a database of its members easing communication with the membership. To-date information and data for two thousand eight hundred twenty six (2,826) members has been entered into the database and cleaned up. Membership mobilisation and Data entry is an on-going activity.
- 3.11 Capacity and skills building of members and women living with HIV remain a core activity of the network and in 2012/12, ninety one (91) women living with HIV of which fifty (50) were young women living with HIV from Burundi, Kenya, Rwanda, Tanzania and Uganda were empowered with skills in SRHR, twenty three (23) in TB/HIV and understanding biomedical science and microbicides. This has led to increased engagement of women living with HIV in identifying and addressing their SRHR issues including opportunistic infections like Tuberculosis (TB), cancer and other SRHR issues for women living with HIV.

All in all, ICWEA has increased its visibility at national, regional and international levels. Participation of members has been scaled up and generally recorded a registered growth of the organisation.

4. Progress made in relation to the strategic plan

4.1 Institutional capacity and organizational development (where the membership board meetings in Uganda, Kenya and Tanzania shall fall)

4.1.1 Governance

ICWEA values the important role of governance at all levels of its structure and invests in governance processes.

Between November and December 2012, ICWEA held general membership meetings in the three countries of Kenya, Tanzania and Uganda with a total of 148 women living with HIV including young women attending. In Uganda, a new board was elected while in Kenya and Tanzania the board's term of office was renewed and vacant posts filled.

In December 2012, the five Countries of Burundi, Kenya, Rwanda, Tanzania and Uganda elected country representatives hence constituting a Regional Board and in March 2013, the first ICWEA Board through transparent, democratic and representative processes, handed over power to a new board. For the first time in history of ICW, the ICWEA board is represented by 50% young women living with HIV including a representative of MARPs – a transgender woman and the Treasurer to the board is a woman living with disability.

4.1.2 Strategy Development and Organisational positioning

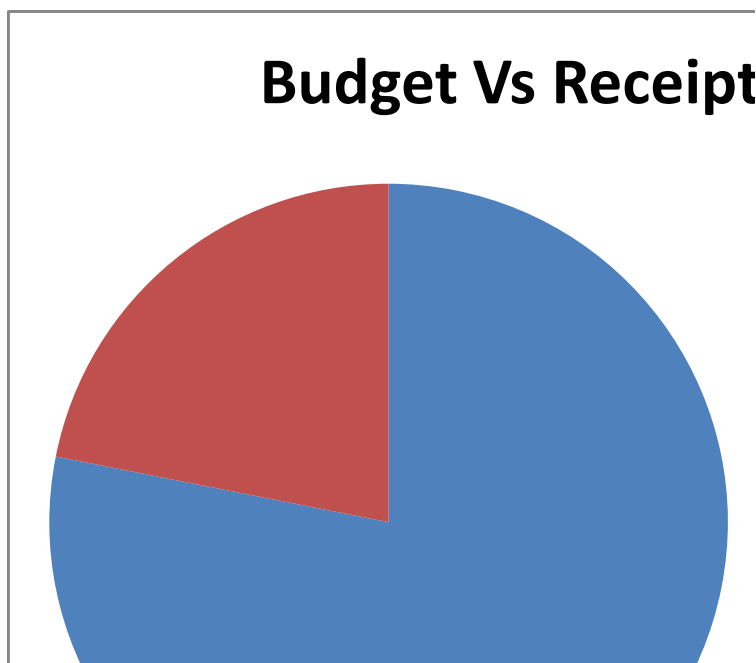
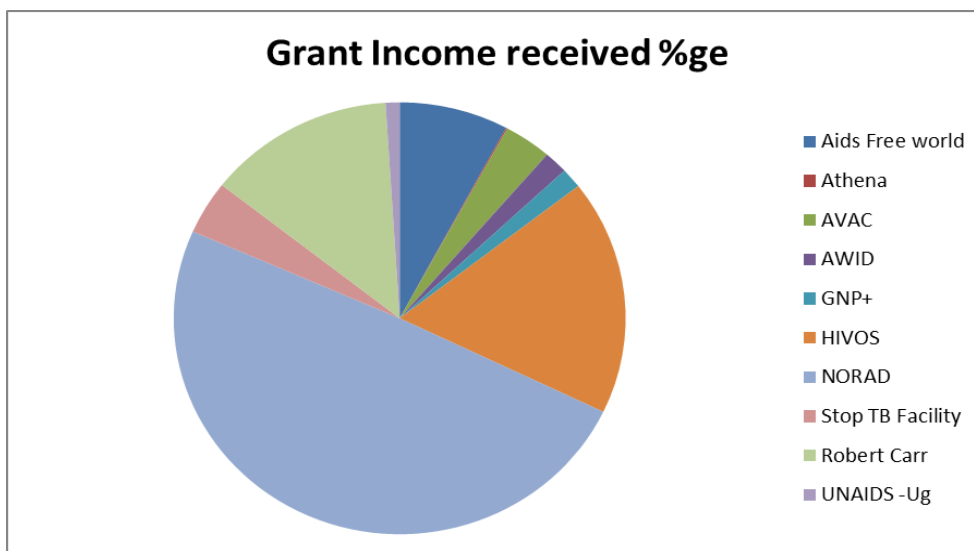
ICWEA with support from AIDS Free World recruited a Strategy & Policy Advisor with effect from October 2012. With her support, ICWEA carried out a global policy mapping and review of important policies shaping the HIV environment at global level which in turn shapes HIV & AIDS policies at national levels. The Policy Mapping included in total the review of a minimum of 15 strategies and related documents as well as 16 websites. This review is informing the development of ICW Eastern Africa Regional Strategic Plan including the Advocacy Agenda. Some of the key policies that have been reviewed include the UN 2011 Political Declaration on HIV and AIDS, UNAIDS Global AIDS Response Progress Reporting 2012, UNAIDS 2011 – 2015 Global Plan, UNAIDS 2011 New Investment Framework, WHO 2011 – 2015 Global Health Sector Strategy, Global Fund Strategy 2012 – 2016, PEPFAR Blueprint: Creating an AIDS-Free Generation 2012, World Bank - Meeting the Challenge: The World Bank and HIV/AIDS, July 2012, DFID Strategy and Gates Foundation Strategy.

During this financial year, ICWEA undertook a review of the 2008-9/12-13 Strategic Plan and started on the Development of the 2013-14/18-19 Regional Strategic Plan. The report of the review is available and informing the development of the new strategy and serving as an evaluation of the organisation.

The Process of development of the 2013-14/18-19 Regional Strategic Plan scheduled to be concluded by 31st August 2013 started during the 2012/13 financial year. The following consultative meetings took place: a consultative meeting with ICWEA Outgoing and Incoming boards, ICWEA staff and Twenty Four (24) ICWEA members from Uganda. A Technical Working Group (TWG) to makes the day-day today decisions around the RSP development was constituted including 2 members of staff, 2 board members and 2 ordinary members). The representation covers all the five countries of Burundi, Kenya, Rwanda, Tanzania and Uganda and has two young women living with HIV. The number of members for a face-to-face consultation was limited due to limited resources. An on line survey to ensure more ICWEA members contribute to the process of the development of the Regional Strategic Plan, in-depth interviews with key partners and stakeholders are all in due course

4.1.3 Fundraising and Resource Mobilisation

ICWEA continues to fundraise and mobilise resources for taking forward work that benefits women living with HIV including young women. This continues to be very challenging and difficult as most partners are yet to invest in advocacy and networks of women living with HIV and it is also made worse as ICWEA is seen as an “International Organisation” hence cannot attract funding at the national level where most funding like the Global Fund can be accessed. ICWEA was able to attract new funders including AIDS Free World, AWID, and Robert Carr Network Fund and UNAIDS Uganda. In all, ICWEA was able to raise 28% of the total budget for the financial year 2012/13. This is a drop in the ocean but we are grateful to partners that are standing with us.



4.2 Capacity building for members and WLHIV

4.2.1 Sexual Reproductive Health & Rights (SRHR)

During the financial year, ICWEA empowered and enhanced capacity and skills of of ninety one (91) women living with HIV of which fifty (50) were young women living with HIV from Burundi, Kenya, Rwanda, Tanzania and Uganda in SRHR and twenty three (23) in TB/HIV. This increased the engagement of women living with HIV in identifying and addressing their SRHR needs including other needs like opportunistic infections and

knowledge gap.

ICWEA carried out mobilisation, mentoring and training workshops for twenty six (26) and twenty five (25) women living with HIV including young women in Burundi and Rwanda respectively through a three day workshop in each country.

During these trainings, women living with HIV including young women were able to identify the challenges they face that include but not limited to Stigma and discrimination at the health care facility, the work place, in schools and in banking institutions. These have a direct negative impact on women living with HIV including young women's access to SRHR and MH which also hinder them from accessing PMTCT and safe motherhood.

“We used to go to the Banks to borrow from the big microfinance and we are asked whether we are HIV and the interests would be raised for those who are HIV positive - we continue to face poverty and not all of us are educated. This affects our capacity to get employment. I gave up. in 2008/9 used to work in the bank and since I was working there I knew the procedures and used to hide my status and even getting drugs I would get from another district and they didn't know my status, was even afraid of joining any association and was scared that my bank rate interest would be increased. We request that you act as our spokespersons at the insurance bodies so that we can access loans – am actually a farmer and supply schools with green bananas, yams but whenever I go to seek loans am asked for a higher rate”. (Participant from Rwanda)

“Even at home when they know, they even want to stop paying school fees. I have seen it in my own home. This cousin of mine got married and the wife was so discriminative against me and did everything taking away forks – so we continued to live together, they were not doing it because of ignorance because my sister in law was well aware of what the effects of this, they knew I was positive, they even refused to take me to hospital – sometimes when you are taking the medication, at one point efforts were made by the doctor who was encouraging my family to help me because he noticed that my elder sister had brought me to the hospital and when she came to get the results she said please don't give her medication I think my family wanted me to die they wanted me to die. What I am asking you who have a loud voice, do some loud voice, raise awareness even those who know about stigma can affect a person and they cause us a lot of pain and am also calling upon the teachers and lecturers and other authorities to work towards eliminating stigma”. (Participant in Rwanda)

In Burundi and Rwanda, the trainings were followed by policy dialogues bringing together Policy makers followed by Press Conferences. In Burundi, the Policy dialogue was attended by eight (8) Policy Makers that included among others a representative from PEPFAR, the National AIDS Programme for the Ministry of Health and the National AIDS Council and in Rwanda the Policy dialogue was attended by eleven (11) Policy makers and AIDS Development Partners.

In both Rwanda and Burundi, Press Conferences were held and both were facilitated and addressed by women living with HIV including young women. In Burundi the Press Conference was attended by five (5) media houses while in Rwanda, it was attended by six (6) media houses. In each the issues addressed varied and these were the issues that women in the respective country felt important to bring to the attention of policy and the public for onward attention. The same issues were presented to Policy makers, programmers and

partners during the policy dialogue and support was pledged. For example below are the excerpts from some partners at the policy dialogues:

“I would like to say in my capacity as the representative of Pefpar, Burundi has been chosen to benefit from the Global Plan to Eliminate Mother to Child Transmission & keeping their mothers alive (EMTCT). This plan is being implemented in 4 provinces and funds have been granted to Burundi to help the country to accelerate the implementation of the EMTCT and in my capacity I will ensure that organisations to be selected are the organisations of women living with HIV, and women who have experience in EMTCT. My other commitment and first obligation is to make this organisation known. The Pefpar plan also supports issues around SRHR and may be this is the opportune time for young women living with HIV to present their issues for attention” (Representative from Pefpar/US Embassy - Burundi).

“The objectives of ICW are very important and shall contribute greatly to the attainment of the national goals. The right to access information is very important and paramount. Young people are victims of the pandemic and bringing them on board is a plus to ICW. Such policy dialogues should involve all leaders from the president up to the family so that in the near future we don't face such violations of human rights” (Representative from the National AIDS Programme for the Ministry of Health - Burundi).

4.1.2 TB/HIV

During this financial year, ICWEA continued to implement TB, TB/HIV Activities. Through the TB/HIV Project, 24 women living with HIV from Mubende and Mityana districts in Uganda were trained in TB, TB/HIV science and research, policy analysis and monitoring and evaluation of services as Core Group of Advocates for TB/HIV. The Core Group of Advocates carried out an assessment women's access to TB/HIV services and gaps in the service delivery system. The report documented the gaps, challenges and best practices of health facilities. The lived personal experiences of women in accessing TB, and TB HIV services has been paramount while engaging the health care service providers at different facilities and the policy makers both at the district and the national level to address the issues and thus work towards increasing the accessibility and availability of the TB, TB/HIV services for women living with HIV in the district.

Finally a policy dialogue was held where findings of the assessment were shared with National Policy makers. Generally the work done by ICWEA and women from the grass root is acknowledged by several partners.

“The steps taken do to this research/assessment by ICWEA and to engage women at the grass root is well appreciated. The findings presented in this meeting could even trigger a bigger research. It well fits and creates linkage to the gaps in policy and programmes at national level and I recommend that you develop policy briefs from this report targeting different policy makers like MOH, members of Parliament and National Medical Stores” – CCM member during the National Policy dialogue meeting.

The Core Group of HIV women living with HIV TB Advocates at the community level have a better understanding of TB and TB/HIV, policy structures that surround the issues and they are able to engage with the relevant decision making processes at different levels that include the health facilities, and at the district local government so as to address the women's issues and health gaps from an informed perspective. One advocate working at a Health Centre shared that she now sits on the Advisory Board for the Health facility.

“I participate in key meetings where decisions are being made, I have been consulted on all issues pertaining to Clients health and priorities for the health facility, but this is because I have been recognised for the TB work I was engaged in at my community and at the health facility”. “I have advocated for an X-ray machine to be put in place in the health facility and the hospital has now ear marked one of the buildings which will be the X-ray room”



Discussion group in Burundi during the SRHR training workshop

In addition to Capacity enhancement of ICWEA members and Women Living with HIV, ICWEA enhanced the capacities of the media and Civil Society Organisations (CSOs) on topical issues including hormonal contraceptives and HIV.

4.3 Access to care treatment & support services

In a bid to address a common issues that impact on women living with HIV, ICW East, South and West have joined ICW Global Advocacy office to bring to the front perspectives of women living with HIV particularly on Option B+ (where women who are HIV positive and pregnant are started on treatment for life in order to reduce Mother to Child Transmission). For example all Regional Coordinators of ICW East, South and West Africa are members of the working group for the Global Plan for the elimination of Mother to Child transmission (eMTCT) & Keeping their Mothers Alive by 2015. ICW East & Southern Africa, in partnership with ICW Global Advocacy office and GNP+ mobilised women living with HIV and conducted Focus Group Discussions in Uganda & Malawi respectively. In Uganda in addition to FGDs for women in their respective age groups, a FGD for men only was conducted. A report is in place and has been shared widely with the Inter Agency Task Team (IATT) members and countries and anticipating that the recommendation, concern that women living with HIV have will be addressed as the plan gets implemented and in particular that countries that are now going to adopt the implementation of option B+ will have lessons to learn from this report and avoid the would be mistakes. The report can be accessed on ICWEA website (www.icwea.org)

ICW in general has advocated for investment in community engagement and accountability mechanisms in the implementation of the global plan for eMTCT and particularly women

living with HIV and to ensure that the human rights of women including their Sexual Reproductive & Health rights are respected and protected.

4.4 Advocacy, Representation & Participation at Policy making levels

During this financial year, ICWEA participated in several policy fora and meetings including the XIX International AIDS Conference 2013 in Washington DC, the TB/HIV Conferences and meetings, the AWID Forum in April 2012 in Istanbul – Turkey, the WHO Hormonal Contraceptives Communication’s meeting in May 2012 in Montreal.

Two ICWEA staff attended the Association for Women’s Rights in Development (AWID) Forum and organized and run an entire session on 22nd April 2012 Istanbul, Turkey entitled, ‘*The Transformative power of SRHR and its commodification for women living with HIV*’, one of the only two sessions related to HIV at the Forum. Despite the fact that the session was towards the closing ceremony and only limited to English speakers since there was no translation, it registered high attendance of over 18 delegates (18 registered).

During the closing ceremony, ICWEA delegates boldly challenged the Forum to prioritise sessions on HIV&AIDS, bring women living with HIV to the planning, after all over 50% of all people living with HIV are women and the Forum cannot ignore this fact.

The feedback from participants from the post forum evaluation by ICW was positive as below:

“I had to leave the session early to catch a flight so I don’t have much feedback to offer, but I was happy to see a session that finally addressed HIV/AIDS. It was a glaring oversight on the AWID agenda. I hope this will be addressed in future sessions”.

“The insights of the session stay with me and guide my work”

“Thank you for the seminar and the important input you gave on HIV at the forum”.

“The session was very interesting for me and it fully met my expectations. It was quite shocking to hear about the human rights violations experienced by HIV+ women such as the coercion to undergo sterilization. It was quite shocking also to hear that this is being done by faith-based groups and religious organisations with impunity and no attention to the issue on behalf of the state. From human rights perspective, it is a failure of state obligation to protect individual’s human rights from attacks on behalf of non-state actors. It was also interesting for me to hear about the challenges that grassroots NGOs face in accessing the Global Fund resources and I think more prominence has to be given to this problem by international movements as it shows the need for a greater accountability of international bodies”.

ICWEA wrote a feedback in form of the evaluation and shared with the AWID team it is hoped that it will inform the next Forum to ensure that HIV &AIDS is high on the agenda as it is a human rights issue that affects mainly women.

AWID was at the same time an avenue for networking and partnership building and from this networking, AIDS Free World committed funding to support Policy and Strategy Development of the organisation for a whole year.

ICWEA registered increased participation and engagement of its members and staff at policy and programmatic fora at national, regional and international levels. ICW members from the

region attended the XIX 2012 International AIDS Conference in Washington DC and in particular four women living with HIV including two board members were supported to attend. The Secretariat team mobilized well for the session on “*Sexual Reproductive Health & Rights (SRHR) for PLHIV & Key Affected Populations – An opportunity for reaching the MDGs*”. The session was chaired by an ICW member from Nairobi and also two of the panellists were ICW members from Eastern Africa – the Core Group of Advocates. ICWEA presented a poster presentation titled, “*Policy Makers, Programmers & Health Care Providers are important allies in Improving Maternal Health*”. It featured the achievements of ICW Eastern Africa towards improving maternal health and was also based on the SRHR Programme that ICW Eastern and Southern Africa have been implementing since 2010 to-date that has a focus on working with policy makers through policy dialogues meetings coordinated and facilitated by women living with HIV.

ICWEA, while at the XIX International AIDS Conference in Washington DC 2012 hosted a series of meetings with women living with HIV from across Africa and these included a meeting for 18 women living with HIV from Sub Saharan Africa, a meeting of Core Group of Advocates that were attending the Conference and a meeting with ICW staff from all Regions as well as the Global office. The representation of ICW members at the conference playing different roles as speakers, session chairs and moderators added value to the conference.

Some of the key highlights from the Conference that ICWEA took away with were strategic positioning of the network and women living with HIV in the implementation of the Elimination of Mother to Child Transmission (eMTCT) especially in the 4 East Africa target countries.

4.5 Participation and engagement of women living with HIV

In Uganda, three (3) young women living with HIV were selected and seconded by ICWEA as research assistants of the Uganda Stigma Index Survey coordinated by the National Forum of people living with HIV (NAFOPHANU) bringing into the context SRHR and gender issues. The stigma index report has been released and highlights violations of rights of women living with HIV and notable is a 11% of participants reporting having been coerced into sterilisation, a violation that ICWEA since 2010 was the first to expose to be happening in Kenya, Tanzania and Uganda.

In all countries women meaningfully participated and engaged in the elimination of Mother to Child Transmission (eMTCT) Programme design, implementation. Members and staff in Kenya, Tanzania and Uganda continue participating in monthly Technical Working Group (TWG) meetings and programmes. This is a TWG that is composed of women living with HIV from the focus countries for the Global Plan hosted by ICW Global Advocacy Office.

In Uganda, ICWEA participated at the International Candlelight Memorial Observance held on 22nd May 2012 at Kasangati Ssaza grounds, Wakiso district with the theme of “***Re-engaging Leadership for effective HIV Prevention: Promoting Health & Dignity Together***”. The Core Group of Advocates sent messages to the Chairperson of Uganda AIDS Commission who acknowledged receipt and confirmed issues raised would be dealt with. Below are some of the messages:

“Could you please pass on this message for me to the Officers at the Ministry of Health that improved & comprehensive ANC & PMTCT services are paramount in enabling mothers in reducing mother to child transmission (MTCT) during delivery and after delivery. No mother would wish to infect their babies with HIV but the conditions they deliver in are full of stigma and discrimination, violence and denial of services”

“Involving women living with HIV at all levels where decisions on issues that impact on their lives are made for example in the planning, budgeting and implementation. HIV increases because those already living with it are not involved in designing interventions for prevention. Allocate some funds to organisations of women living with HIV so that they implement activities around HIV like counseling and testing, advocacy, sensitization among others”.

ICW Eastern Africa participated in the World AIDS Day Commemorations activities at Kasensero – Rakai - Uganda, where the first care of AIDS was identified. Five (5) staff members and two board members attended the function and it was presided over by the President. ICWEA put up stall, displayed and distributed IEC materials. This stall further served as a market for ICWEA members to sale their Income Generating products (IGAs). It was a historical moment as the President lamented to the high HIV prevalence rates in the country and the only country with increasing rates in the country. The President emphasised the need for scaling implementation of combination prevention strategies and need for correct messages.

4.6 Influencing Policy and decisions at International, regional and national levels

ICWEA was able to influence policy and decisions at different levels including International levels. During this financial year, ICWEA was a host to an AVAC Advocacy Fellow whose presence contributed to this and other achievements. ICWEA for example, was able twice to influence the Technical debates and discussions around Hormonal Contraceptives and HIV (HC-HIV) during the World Health Organisation (WHO)’s January/February 2012 and May 2012 meetings in Geneva and Montreal respectively. ICWEA presented recommendations/statement from a consultative meeting with women from Sub Saharan African on HC-HIV and the findings from interviews with key Family Planning & Reproductive Health Service providers in Uganda on their understanding and translation of WHO guidance respectively. ICWEA’s sees Family Planning from a broader and comprehensive of the SRHR and from a human rights framework [rights of women to information, to ask and challenge and to choice].

ICWEA in all the 5 East African Countries engaged in advocacy activities that eventually led to the greatest achievement of the East African HIV&ADS Prevention & Management Bill that was passed by the East African Legislative Assembly’s (EALA) at its April 2012 sitting in Nairobi Kenya. This was an exciting moment for the region and Civil society organisations in general and women living with HIV in particular. The passing of the bill was a landmark for the civil society fraternity for the hard work that had been invested in and also for setting a foundation for advocacy & challenge the HIV Prevention & Control Bill in Uganda and for repealing the Kenya and Tanzania HIV&AIDS Acts.

4.7 Research and documentation

ICWEA strives to advocate from evidence by conducting research and assessments and by documenting the lived experiences of women living with HIV. During this financial year, ICWEA conducted three (3) Assessments & one (1) study on different issues and to understand perspectives of women living with HIV and service providers and they include: (i) Assessing the gaps in access to Family Planning by women living with HIV, (ii) Understanding the Perspectives & Experiences of women living with HIV regarding Option B+, (iii) Understanding the perspectives of Health Care providers on the World Health Organisation (WHO’s) Technical Statement on Hormonal Contraception and HIV risk and (iv) Assessment of the availability and accessibility of TB, TB/HIV services in the 2 districts of Uganda.

4.8 Partnerships and Networking

Working in partnerships and coalitions has made ICWEA realise greater outcomes than it would single-handedly. In 2012, ICW Eastern, West & Southern Africa and ICW Global Advocacy Office wrote a joint proposal to Robert Carr Network Fund for scaling up SRHR and in particular scaling up participation of women living with HIV in the implementation and monitoring of elimination of Mother to Child Transmission and Keeping their Mothers Alive by 2015 (eMTCT) and the proposal titled, ***“HIV&AIDS and Sexual Reproductive Health Rights project among women living with HIV”*** was funded for one year – 2013 coordinated by ICWEA. ICWEA in partnership with ICW West Africa completed the implementation of the PEPFAR funded project through UNAIDS under the auspices of Free Space Processes (FSP) and the East & Southern SRHR Programme funded by Norad that started in 2010. We continue to work in closer collaboration with the National Networks of People Living with HIV in all the East Africa Countries, the National organisations and network of women living with HIV and in particular, WOFAK in Kenya that has in this financial year hosted ICW Kenya Volunteer. The National Council of People Living with HIV in Tanzania (NACOPHA) has been instrumental in supporting mobilisation of women living with HIV in Tanzania and in strengthening the Country Chapter’s governance.

ICWEA Secretariat continues to be a member of coalitions including a Coalition on Maternal Health, a Coalition on the HIV & AIDS Bills and a member of the African CSOs coalition on health financing. With limited resources pulled together, the coalitions have been able to sustain advocacy around the HIV & AIDS Bill, engage in advocacy for increased health financing and challenging the persistent drug stock outs.

Crossing learning is seen as key in informing advocacy especially on issues that affect women living with HIV in different parts of the world for example cervical cancer, forced & coerced sterilisation and maternal mortality which are cross-cutting in Sub Saharan Africa. This creates a basis for more nuanced collaboration and exchanges of strategy, skill and solidarity between the different regions of Africa. During this reporting period, ICWEA hosted a meeting with three representatives from Kenya, Namibia and South Africa to share experiences and lessons learnt while working on force/coerced sterilisation of women living with HIV and the outcomes of the meeting will be useful as ICWEA takes to do work around coerced sterilisation and SRHR violations of women living with HIV in the region.

4.9 Communication, mobilisation and awareness raising

ICWEA continued to raise awareness on topical issues for example HC/HIV, PreP, TB/HIV and the Global Plan for eMTCT and Option B+.

ICWEA members were able to elect their representatives to the Regional Board. This serves as a governance structure but also as a communication and feedback channel especially in Burundi, Rwanda and Tanzania where the Chairpersons of the country boards are the contact persons.

ICWEA has developed a social networking zone on its website and through twitter and Facebook, members are able to engage in discussions, ask questions and give feedback.

The structure of the Core Group of Advocates provides a communication channel and mechanism through which women including young women living with HIV are able to share their experiences, give feedback on service delivery at the grassroots and thereby informing advocacy at the national, regional and international levels.

4.10 Membership Mobilisation and mentorship

Mentorship to women living with HIV has been a process and we see an increase of members in positions where they can influence: participants of the SRHR programme – one member now seating on the IATT, the Chairperson of ICWEA Board originally a core group of advocates, one member from Burundi now a member of the CCM in Burundi and the eMTCT Committee, ICWEA staff a member of the UNAIDS Forum of PLHIV, recommending 2 women living with HIV – members of the core group of advocates to the stigma index research team and the mentorship is also seen by ICWEA taking a strategic decision to have 50% of the board members as young women living with HIV.

In 2012, ICWEA extended programmes and activities to Burundi and Rwanda and since then achievements in the respective countries have been registered including the chair of ICW Burundi being elected on the Country Coordinating Committee (CCM) for the Global Fund and also nominated to the High Policy Committee for the Elimination of Mother to Child Transmission (eMTCT) while in Rwanda, the network for women living with HIV was able to access funding from the UN Women and UNAIDS.

ICWEA trained and mentored 23 women living with HIV in advocacy, research and documentation and are now core advocates for TB/HIV, they did a TB/HIV assessment of the service delivery and are engaged in actual day-to-day work around TB/HIV.

4.11 Website Management

ICWEA website (www.icwea.org) this financial year has been made more active, making it an interactive forum for the membership. This is work in progress with two staff members undergoing training on website management and social networking.

4.12 Data Base Development and Management

ICWEA data base during this financial year has been cleaned to take into consideration change of addresses and contacts of members and also members that have passed on. The exercise is quite challenging as the contacts that have been provided most of them are no longer functional making it hard to follow up with all members. To-date the cleaned up members with valid contacts either a phone or email total to 2,826. Also this is work in progress.



Panellists during the Press Conference in Burundi

5. Challenges & suggested solutions

Stigma and discrimination against women living with HIV remains a big challenge and hinders participation of young women living with HIV. It further deters women living with HIV from accessing prevention, treatment, care and support services. Formation of a Core Group of Advocates including young women living with HIV is one way through which this device is planned to be addressed and tackled. ICW plans to use the evidence from the Stigma Index Surveys being carried out in most countries to advocate for programmes and increased resources for stigma and discrimination reduction. Some of the countries that already have reports of this survey include Kenya, Uganda and South Africa among others.

ICWEA and generally organisations of women living with HIV face funding challenges and this financial year, ICWEA was only able to realise 28% of the total budget. This meant less programmes were implemented and hence were not able to meet the needs of the membership and importantly were not able to reach out to other countries in the region. Most of the work was mainly done in Uganda. ICWEA is working towards development of its funding mechanism.

6. Lessons learnt

When women living with HIV are empowered, they create great change. This we have documented as we assess women living with HIV including young women that one would say were naïve to advocacy at the time when ICWEA started working with them. The list is endless but we have the best practices in Burundi, Kenya, Rwanda and Uganda. In Kenya, Women living with HIV are championing the advocacy and community engagement in eMTCT, women are the technical experts at meetings organised by UNICEF and other IATT members.

7. Considered success stories

The workshops & Policy dialogues held in Burundi & Rwanda have led to increased visibility and recognition of ICWEA and women living with HIV in the respective countries. A representative from the National AIDS Programme for the Ministry of Health committed to supporting the network and reports from Burundi indicate that the relationship has been strengthened, ICW members seat on policy bodies like the CCM and the eMTCT committee. In Rwanda the network has been able to attract funding from UN Women and UNAIDS.

Activities in Burundi & Rwanda led to increased ability by women living with HIV including young women in identification and clear articulation to the Policy makers and Programmers of the key issues, and challenges that they face and with ability to suggest solutions to the identified challenges. This was very well documented as women in Burundi & Rwanda facilitated the Policy Dialogues, developed Press statement addressed the media.

8. Conclusions

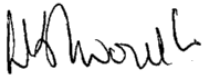
ICWEA shall continue to invest in empowerment of women livign with HIV and the Core Group of Advocates is a model that will be replicated and strengthened as a structure in the coming year.

Gender and Sexual Reproductive Health and Rights remain central to getting to Zeros and ICWEA shall continue investing in it.

FUND ACCOUNTABILITY

	Notes	31 Mar 2013 Ushs	31 Mar 2012 Ushs
Current Assets			
Accounts Receivable	1	-	500,000
Prepayments	2	8,960,382	20,932,644
Cash and Bank Balances	3	<u>987,547,388</u>	<u>1,052,453,588</u>
Total Current Assets		<u>996,507,770</u>	<u>1,073,886,232</u>
Current Liabilities			
Payables	4	-	<u>6,703,840</u>
Total Current Liabilities		-	<u>6,703,840</u>
Reserves			
Reserves	5	<u>996,507,770</u>	<u>1,067,182,392</u>
Total Liabilities		<u>996,507,770</u>	<u>1,073,886,232</u>


The Financial Statements on pages 15 to 21 were approved by management on ----- and were signed on its behalf by:



Regional Coordinator

ICWEA

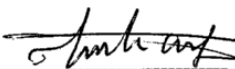
Date: 03/07/2013



Regional Board Treasurer

ICWEA

Date: 03-07-2013



Regional Finance Officer

ICWEA

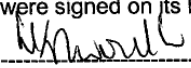
Date: 03/07/2013

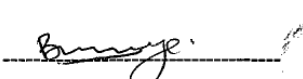
The accounting policies on page 17 and the notes on pages 18 to 21 form an integral part of the organization's Financial Statements.

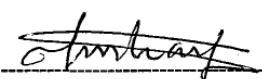
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2013

	Notes	31 Mar 2013	31 Mar 2012
		Ushs	Ushs
Income			
Grants Received	6	783,871,674	1,662,890,078
Other Income		<u>3,015,000</u>	<u>-</u>
Total Income		<u>786,886,674</u>	<u>1,662,890,078</u>
Expenditure Incurred			
Costs in furtherance of objectives			
Programme Costs	7	548,665,166	641,584,578
Administrative Costs	8	88,524,888	105,650,154
Support Costs	9	220,371,242	219,231,882
Total Expenditure		<u>857,561,296</u>	<u>966,466,614</u>
Deficit for the period		<u>(70,674,622)</u>	<u>696,423,464</u>
Adjustments:			
Deficit for the period		(70,674,622)	696,423,464
Fund Balance at 01 April 2012		<u>1,067,182,392</u>	<u>370,758,928</u>
Balance as at 31 March 2013		<u>996,507,770</u>	<u>1,067,182,392</u>

The Financial Statements on pages 15 to 21 were approved by management on _____ and were signed on its behalf by:







Regional Coordinator

Regional Board Treasurer

Regional Finance Officer

ICWEA

ICWEA

ICWEA

Date: 03/07/2013

Date: 03-07-2013

Date: 03/07/2013

The accounting policies on page 17 and the notes on pages 18 to 21 form an integral part of the organization report.