



WWM

WOMEN WITH A MISSION

Report for Mapping of People Who Use and Inject Drugs in hotspots in the districts of Mbale, Tororo, Busia and Malaba



With support from



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Executive Summary

The report presents the findings of the Mapping of People Who Use and Inject Drugs in hotspots in the districts of Mbale, Tororo, Busia and Malaba. This was conducted in Mbale, Malaba, Tororo and Busia.

In Mbale District the study was conducted in Industrial Division, Namakweke Subcounty, Doko Sub-county, Sub county and Central Division Western Division. In Malaba data was collected in Malaba Town council, in Busia District the study focused on Customs Ward. In Tororo District we focused in Tororo town council. In all the sub counties and divisions, the study scope was narrowed to the villages and finally to the hotspots.

Using the wisdom of crowd, the study team was able to estimate the number of people who use drugs per hotspot, names of hotspots and the peak hours. Collective opinion of a group of PWUIDs was used to gather information rather than that of a single PWUID; each crowd's opinion was independent of those around them and based on their individual knowledge. This helped to aggregate individual opinions into one collective decision. This was followed up by use of PWUID Diaries, one on one interviews, Focus Group Discussions (FGDs).

Among the commonly injected drugs across the study geographical scope included; brown sugar, pethidine, Morphine, concaine. Cristal meth and Coctails of liquid drug. And the commonly non injected drugs include; Alcohol, Tobacco, Marijuana, Cigarettes, Kajani, Khart, Mira, Fuel, Paint and Shisha,

PWUID belong to different categories including; doctors, elites, sex workers, young people in and out of school, drivers, bodabodas, law enforcement, house wives and bar attendants.

The mostly frequented places by PWUID included; streets, park yards, brothels, markets, video halls and garages.

Essential services accessibility by PWUIDs is still low across all study areas. The available health facilities included; Bugema, Koloni Health centres, Mbale Main Referral Hospital and Nakaloke H/C, Maluku H/C ART. Namakweke in Mbale. In Tororo the mentioned health facilities included; ST Anthony Medical Centre, Divine Mercy and Tororo main hospital. In Busia the facilities included; Busia Masafu HCIV and Red Cross and in Malaba, facilities included; Malaba HCIII, Emari private clinic, White Horse Clinic and Vienna clinic. However, all these lacked essential harm reduction services such as Needle and Syringe program and Medically assisted Therapy services.

PWUID mentioned that they access legal aid services from HRAPF, WWM, UHRN and MYCEG.

Among the challenges faced by PWUID include; knowledge gaps with law enforcement officers on harm reduction which is fuelling human rights violation of people who use drugs across the study districts, lack of integrated health services access required by People who use and inject drugs, insufficient knowledge by people who use and inject drugs peers to support, counselling, referrals, linkages, human rights violations documentation and reporting. And this limited access to essential services by people who use and inject drugs in most of the hotspots visited, lack of targeted behavioural change communication toolkits for implementing risk-reduction such messages on safe injecting practices.

Among the highlighted recommendations include, Women with A Mission to fundraise so as to undertake a comprehensive mapping exercise of people who use and inject drugs and their drug use hotspots; Women with A Mission and Civil Societies implementing harm reduction programs should conduct advocacy campaigns on policies and laws that affect the health rights of people who use and inject drugs; Women with A Mission and civil societies implementing harm reduction programs should scale up sensitization and education to the law enforcement officers on public health specifically harm reduction and human rights of people who use drugs; Women with A Mission and civil societies implementing harm reduction programs should scale up sensitization and education to people who use drugs grass root groups on their health rights and responsibilities; Women with A Mission and civil societies implementing harm reduction programs should advocate for an integrated health services Access for PWUID, with special emphasis on essential service packages such as needle and syringe program and medically assisted therapy treatment in Uganda; Women with A Mission and civil societies implementing harm reduction programs should advocate for dissemination of targeted behavioral change communication toolkits under national BCC frameworks and the Technical Guidelines for Universal Access to HIV Prevention, Treatment and Care for People who use Alcohol, Drugs and Other Substances guidelines; Advocate for a “comprehensive package for harm reduction”, this package targets harms caused by opioid use disorders and comprises three drug-use specific interventions – needle and syringe programmes, and medically assisted therapy and use of naloxone for opioid overdose. These should be combined with HIV testing services; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom

programmes; targeted information, education and communication; prevention, vaccination, diagnosis and treatment of viral hepatitis; and prevention, diagnosis and treatment of tuberculosis form the recommended package underlying these guidelines.



WWM and civil societies implementing harm reduction programs should scale up sensitization and education to people who use drugs grass root groups on their health rights and responsibilities...

Acronyms

ART	Antiretroviral Therapy
BCC	Behavioural Change Communication
EMTCT	Elimination of Mother-to-Child Transmission
FGDs	Focus Group Discussions
GBV	Gender-based violence
H/C	Health Centre
HIV	Human immunodeficiency virus
HRAPF	Human Rights Awareness and Promotion Forum
IEC	Information Education Communication
MAT	Medically Assisted Therapy
MYCEGr	Mbale Youth Community and Empowerment Group
NDPSA	Narcotic Drugs and Psychotropic Substances
NSP	Needle and syringe programs
OST	Opioid substitution therapy
PEP	post-exposure prophylaxis
PrEP	Pre-Exposure Prophylaxis
PWUIDs	People Who Use and Inject Drugs
SBCC	Social and Behavior Change Communication
STI	Sexually Transmitted Infections
TB	Tuberculosis
UHRN	Uganda Harm Reduction Network
VMMC	Voluntary medical male circumcision
WWM	Women with A Mission

Acknowledgement

Women with A Mission takes this opportunity to express its gratitude to the CSOs and the people who have been instrumental in the successful completion of this PWUID hotspot mapping. Women with Mission`s greatest appreciation goes to Open Society Initiative for East Africa (OSIEA) for its unconditional financial support towards completion of this PWUID hotspot mapping exercise.

Women with A Mission would like to also express special gratitude to the Uganda Harm Reduction Network (UHRN) team for the technical support and guidance towards the completion of this exercise

WWM is grateful to all of those with whom she has had the pleasure to work during project especially the PWUID paralegals. Again, thank you for being flexible about the hours with the consultant.

We pray that the results of this study continue contributing to the improved services for people who use and inject drugs in Eastern region but also in Uganda at large.

Yours sincerely

Betty Balisalamu

The Executive Director

Women with A Mission



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1. Introduction

1.1 Overview

This report presents the findings of the mapping of Hot spots among people who use and inject drugs in Mbale, Malaba, Tororo and Busia. The report includes an analysis and synthesis of available size estimation data for people who use and inject drugs, estimated number of people who use and inject drugs in Mbale, Tororo, Busia and Malaba, the characteristics of people who use and inject drugs including their locations, injecting patterns, and human rights violation cases, services availability and accessibility.

1.2 Background

Drug use is a growing problem in Uganda and in most cases people who use drugs start with non-injecting forms of drug consumption such as chewing, smoking and sniffing before transitioning to injecting (*Matayo Baluku*¹, *Twaibu Wamala*²). Injecting drug users are even more at risk because of needle sharing, and other risk taking behaviours. Interventions specifically targeting drug users are minimal. According to United Nations Office on Drugs and Crime (UNODC) World Drug Report (2018), 275 million people aged 15-64 years globally had used drugs at least once i.e. 5.6% of the global population, 450,000 deaths occurred in 2015 out of which 37% or 168,000 being directly drug-use related. Of the 15.6 million People Who Inject Drugs (PWIDs) worldwide, 16.7% suffered adverse drug use disorders in 2016 and needed treatment (Degenhardt et al., 2017). The 2016 United Nations Political Declaration on HIV and AIDS acknowledges

that “some countries and regions have made significant progress in health-related risk and harm reduction programmes”, but also noted “the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs”. Concurrently, the final resolution from the 2016 UN General Assembly Special Session (UNGASS) on the world drug problem invited national authorities to consider “including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate Medically Assisted Therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use”.

Uganda as a country has paucity of data on drug use and harm reduction interventions are also almost non-existent. A recent rapid assessment conducted in Kampala and Mbale as part of the HIV and Harm Reduction in Eastern Africa Regional Project, a three-year (2015-2018) initiative funded by the Global Fund and implemented in eight countries of Burundi, Ethiopia, Mauritius, Seychelles, Uganda, Tanzania and Zanzibar revealed that; People Who Inject Drugs cut across all socio-demographic characteristics and include male and female, youths and adults, the rich and the poor, the educated and the uneducated, among others. The PWID who participated in the survey were mainly young adults with an average age of 27.4 (Females, 25.9; and Males, 27.8); Ghettos

or hideouts were the most popular venue for injecting used in the past three months, followed by homes and the supplier's premises. Others included dedicated rooms and friend's homes; Heroin was the most injected drug in both Kampala and Mbale. Brown heroin was the most injected drug in Mbale reported by over three quarters of the PWID while in Kampala the same proportions had injected brown heroin as white heroin. Overall, brown heroin was injected by 44.8% in both sites, followed by white heroin reported by 30.4%.

The study also reported that, there are no comprehensive drug-related harm-reduction services in Uganda. For instance, there are no organisations providing needle and syringe exchange services or Opioid substitution therapy (OST). Key informant interviews and review of service reports indicated that the few commonly available services to PWID include psychosocial counselling, HIV counselling and testing, condom distribution, lubricants, enrolment on antiretroviral therapy (ART), and referral for further management in case of overdose. Most services are provided under the framework of HIV&AIDS services generally and do not specifically target PWID.

The issue of regulation of drug use made headlines with the recent enactment of the Narcotic Drugs and Psychotropic Substances (Control) Act of 2015 (NDPSA) in Uganda. This Act introduces a much more rigorous and criminal law based legal regime governing drug use and clearly domesticates the international 'war on drugs.' The war on drugs has negative implications of the individual users of drugs who are harassed, forced to hide, and regarded as unapprehended criminals. In particular, the criminalisation of individual drug use is viewed to increase the vulnerability of this group to numerous negative socio-economic outcomes, including a severely heightened risk of HIV infection. The adoption of the

NDPSA proceeded largely without rigorous consideration of the probable human rights implications of this Act on PWUDs.

1.3 Methodology used

The overall approach involved use of people who use drugs Diaries: This technique was used for estimating the number of people who use drugs per hotspots, volumes of drug used and their names, risky behaviours. In this application, diaries were completed by a sub-sample of people who use drugs. In addition key informant interviews were also conducted with leaders of hotspots, drug testers; key information elicited included numbers, types and occupations of people who use drugs. 12 focus group discussions were conducted with groups of people who use drugs in Mbale, Malaba, Tororo, and Busia. The main topics for discussion were the nature and characteristics of the people who use and inject drugs and their work, estimates of people who use and inject drugs, numbers at the spot, and health seeking behaviour. These were used to generate mainly qualitative data to illustrate several of the features identified through the diaries and health-seeking behaviour questionnaires. Key informant interviews: Interviews were carried out with Women with A Mission peers, Mbale Youth Empowerment Group Leaders, selected law enforcement officers, drug testers, and hotspot chairpersons.

1.4 Summary of methodology

Methodology	Remarks
PWUD Paralegal Diaries	This was used to capture life of people who use drugs as it is lived by people who use drugs themselves over time (ie documenting how one's typical day looks like).
Key Infomart interviews	Key Informant Interviews involved interviewing people who had particularly informed perspectives on drug use and hot-spots, drugs used and health centres with people who use tailored services. The target population involved, hotspots gate keepers, testers, bar managers, civil society heads, and paralegals among others.
Focus group discussions	Data collection also involved conducting 12 Focus Group Discussion (FGD) with selected groups of people who use drugs in Mbale, Malaba, Tororo, and Busia. The method was used to solicit participants' attitudes and perceptions, knowledge, experiences, and practices, on use drugs, hot spots for people who use drugs, number of people who use drugs per hotspot and peak time.

PWUID Diaries

The overall method involved use of PWUID Diaries, this technique was used for estimating the number of people who use drugs per hotspots, volumes of drug used and their names, risky behaviours. In this application, diaries were completed by a sub-sample of people who use and inject drugs.

Key informant interviews

In addition, face to face interviews were conducted with leaders of hotspots and drug testers; key information elicited included numbers, types and occupations of people who use drugs.

Focus Group Discussions (FGDs)

12 Focus Group Discussions were conducted with groups of people who use drugs in Mbale, Malaba, Tororo, and Busia. The main topics for discussion were the nature and characteristics of the people who use and inject drugs and their work, estimates of people who use and inject

drugs numbers at the hotspot, and health seeking behaviour. These were used to generate mainly qualitative data to illustrate several of the features identified through the diaries and health-seeking behaviour questionnaires.

“ Key informant interviews: Interviews were carried out with Women with A Mission peers, Mbale Youth Empowerment Group Leaders, selected law enforcement officers, drug testers, and hotspot chairpersons.

2. Analysis

2.1 Demographics of the respondents

The demographics of the respondents were based on the descriptive statistics of the PWUIDs. Demographic characteristics of PWUID based on their age, sex, and how long they have been in the area.

2.2 Respondent's age

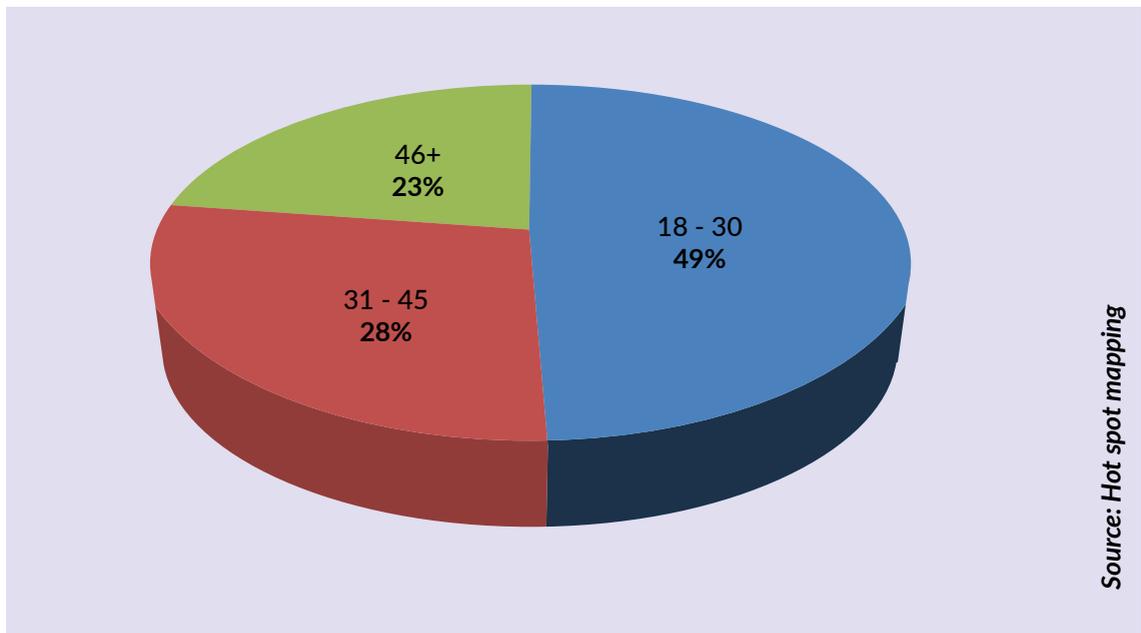
The PWUIDs who participated in the survey were mainly age bracket 18 – 30, followed by those between 31 – 45, and then 46 plus. The youngest PWUID was aged 18 and the eldest was aged 47. The figures below show the age distribution of the PWUIDs in the sample for the survey.

From the qualitative data, majority of PWUD were described to be of age 20 but those who inject drugs are in ages from 26 and above. The reasons that were highlighted for age and drug use is money for drugs and availability of drugs.

2.3 Sex of the respondents

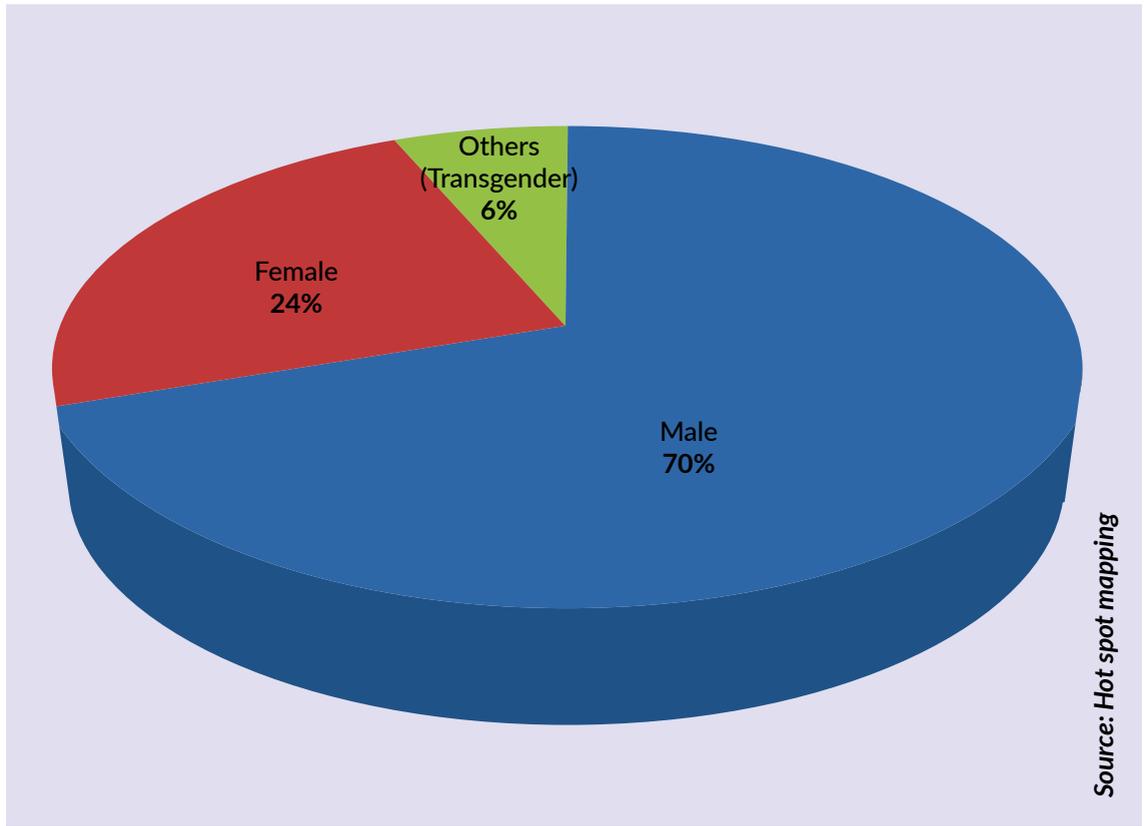
As far as sex of the respondents is concerned, majority of the respondents were male (76) and female were (24).

Figure 1: Respondents age



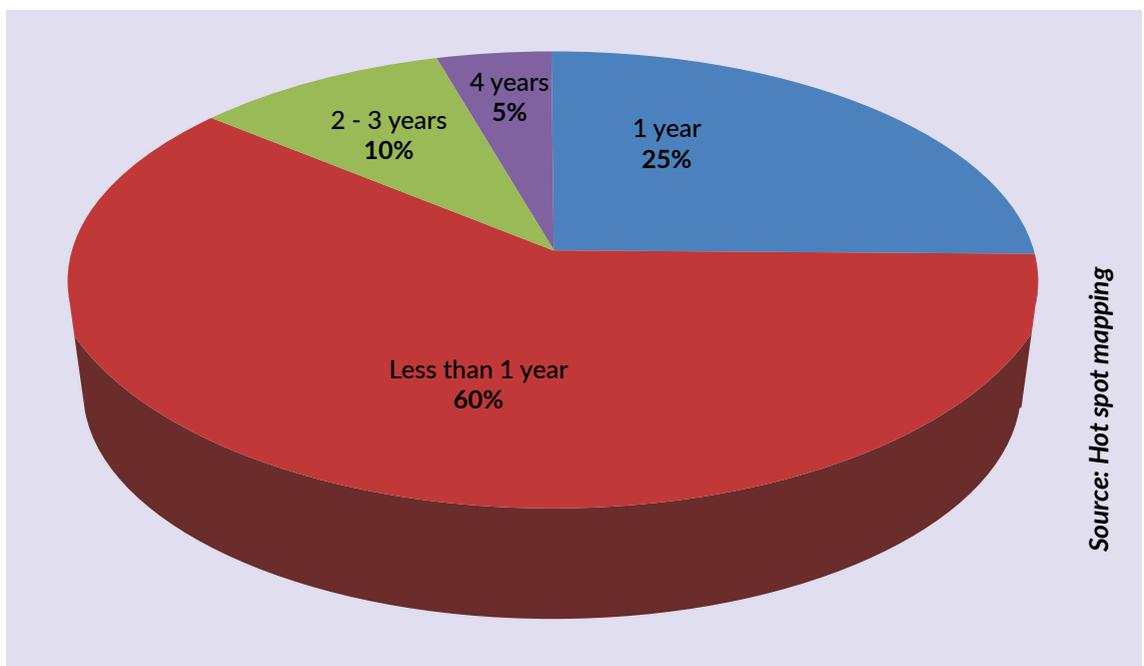
Source: Hot spot mapping

Figure 2: Sex of the respondents



The percentage of male PWUID respondents in the study were higher than the rest of the gender (70%), followed by female (24%) and those who identified as trans genders were (6%).

Figure 3: Number of years PWUID has stayed in the area



Data shows that, majority of the PWUIDs who participated in the study had stayed in the hotspot for less than one year, followed by those who revealed they had stayed in the hotspots for 2-3 years and a few had stayed for 4 years. It was reported through the focus group discussions that, PWUIDs

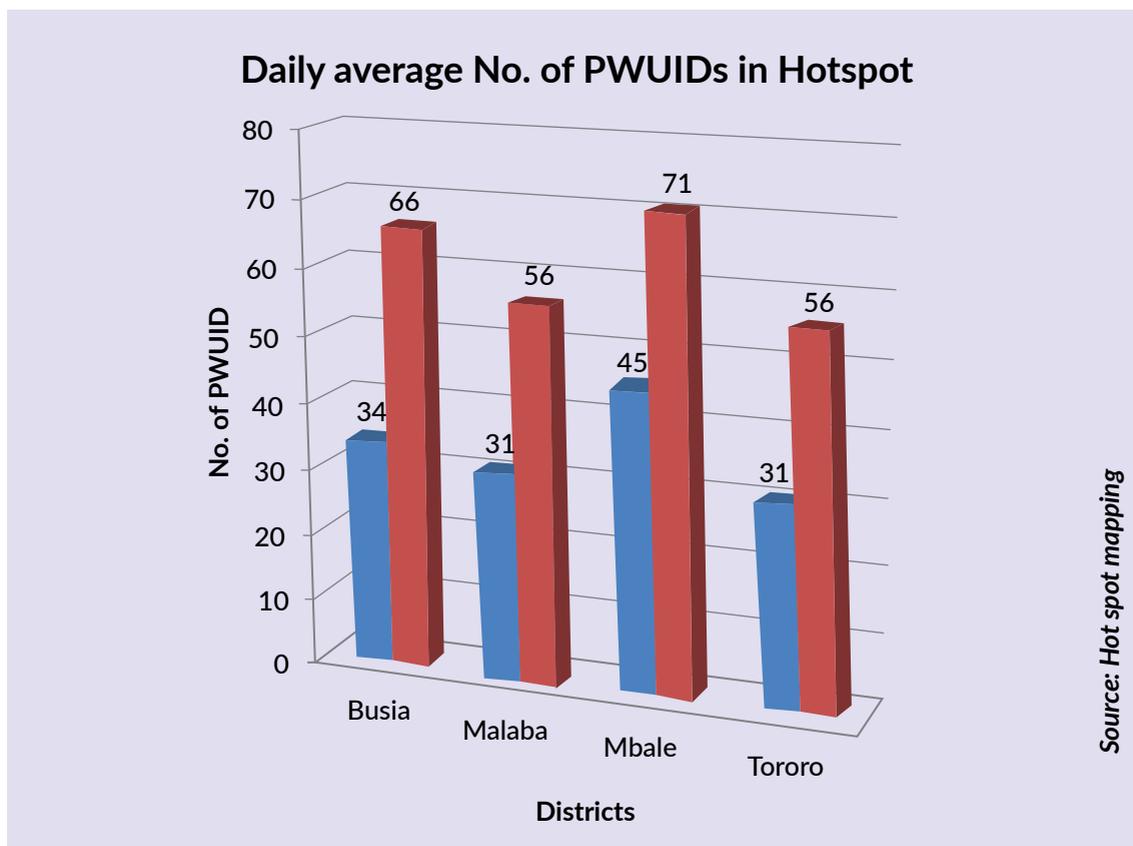
are always mobile based on the availability of drugs and law enforcement officers raiding their hotspots. The over raiding of the hotspots by the police was reported through the focus group discussions to be the major factor that makes PWUID mobile.

3. Number of People Who Use and Inject Drugs (PWUIDs)

Results from the PWUID diaries show that the average (lowest and highest) daily number of people who use and inject drugs per hotspot vary according to districts as illustrated in the graph. In Busia the highest is 66 and lowest is 34, in Malaba (31

lowest, 56 highest), Mbale (35 lowest and 65 highest) and Tororo (23 to 56).

Figure 4: Number of People Who Use and Inject Drugs (PWUIDs)

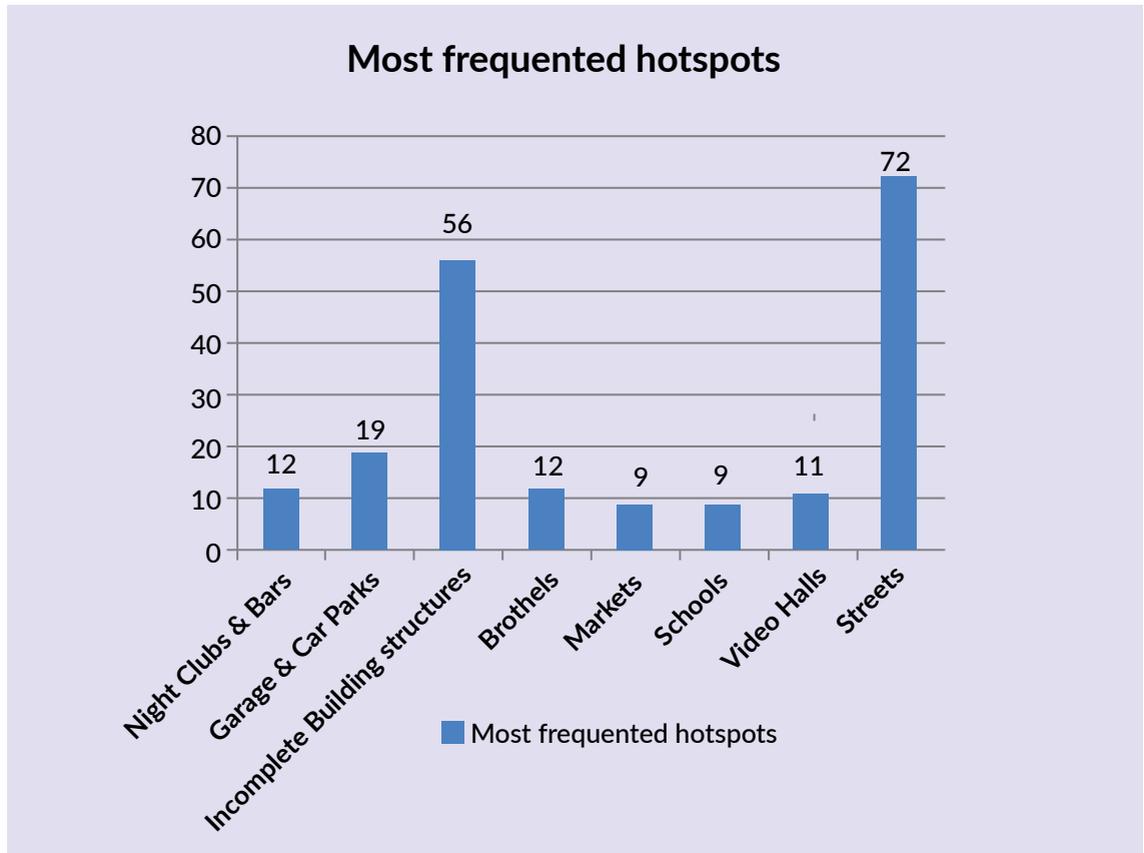


3.1 Nature / characteristics of hot spots for PWUID vs. frequenting

Information from persons who use and inject drugs indicates that drugs are not used or injected in organised structures but most of the hotspots are found in isolated

places and highly populated social centres like streets, park yards, brothels, markets, video halls and garages, homes ,shrines, forests, washing bay, cemeteries among others as illustrated in the graph below;

Figure 5: Nature / characteristics of hotspots for PWUID

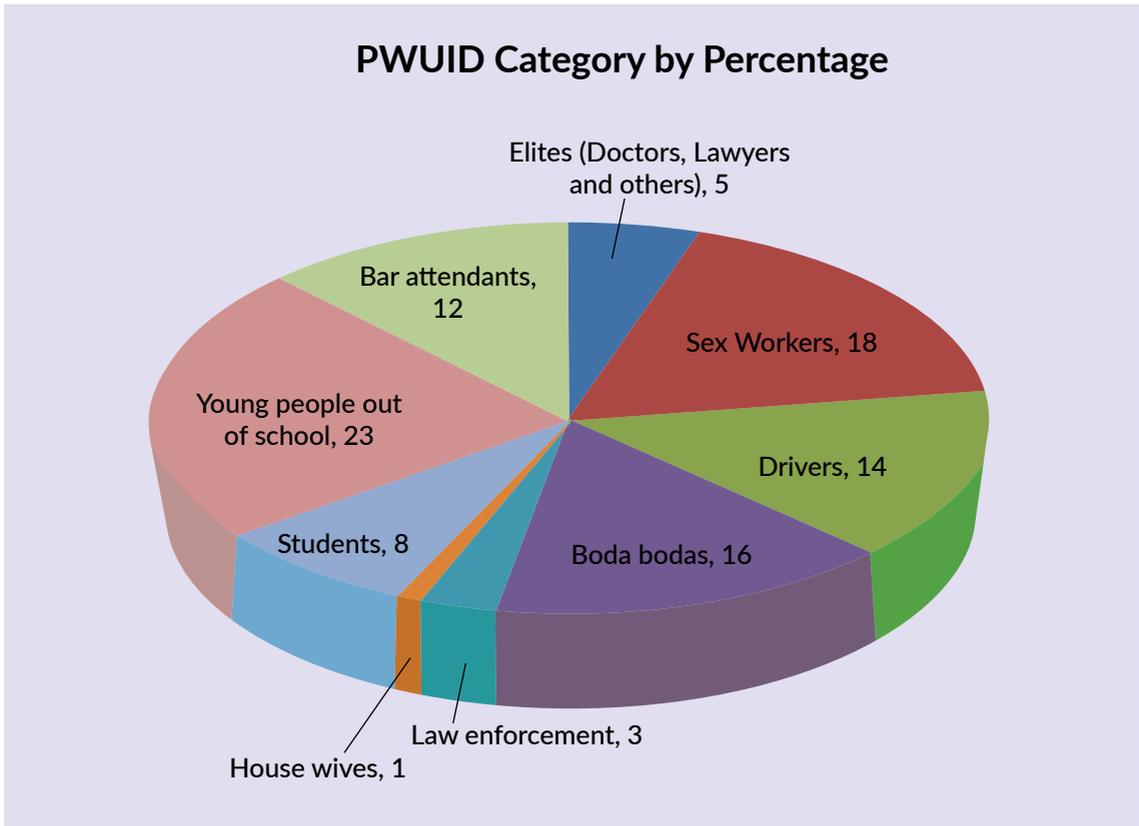


The most frequented hotspots were noted as; bars, garages, incomplete buildings, brothels, markets, schools, video halls and streets as illustrated in the graph above. And the most frequented being streets and incomplete building structures.

3.2 PWUID categories

PWUID belong to different categories including; doctors, elites, sex workers, young people in and out of school, drivers, boda boda riders, body builders, Fishermen, law enforcement, house wives and bar attendants, as illustrated in the pie chart below;

Figure 6: PWUID categories



The focus group discussions revealed that, there are different categories of people who use drugs but they use different hotspots.

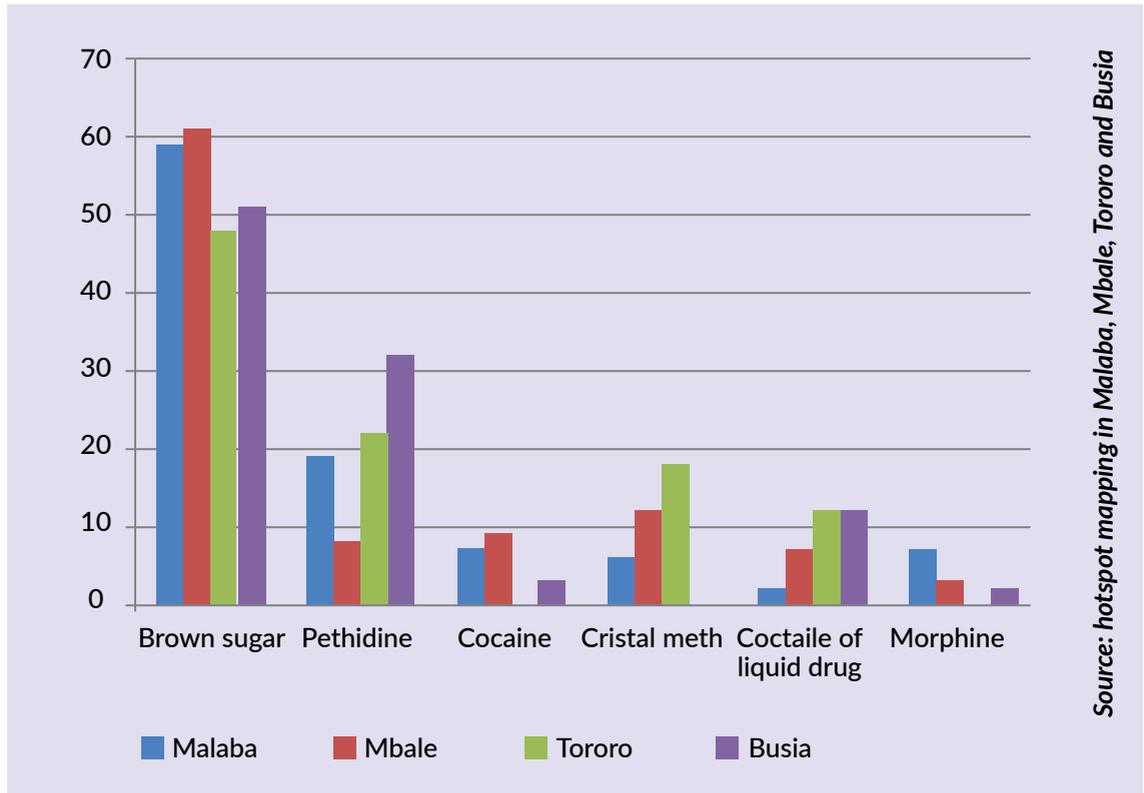
and other drugs like Diazepam , Cordine and CPZ are also used.

3.3 Drugs injected

Findings were analysed by drugs injected by districts. Findings indicated that; in Mbale brown sugar is mostly injected (59%), followed by pethidine (19%), Morphine (7%) concaine (7.1%), Cristal meth (6%) and Coctaille of liquid drug (2%). In Malaba district, findings indicated that, brown sugar is mostly injected (61%), followed by Cristal meth (12%), cocaine (9%), pethidine (8%), Coctaille of liquid drug (7%) and morphine (3%). In Tororo district the most injected drug still is brown sugar (48%), followed by pethidine (22%) and Cristal meth (12%). In Busia district brown sugar is mostly injected (51%), followed by pethidine (32%), Coctaille of liquid drug (12%), cocaine (3%) and Morphine (2%),

“ PWUID belong to different categories including; elite, sex workers, young people in and out of school, drivers, boda boda riders, body builders, Fishermen, law enforcement, house wives and bar attendants...”

Figure 7: Drugs injected by percentage in the four districts

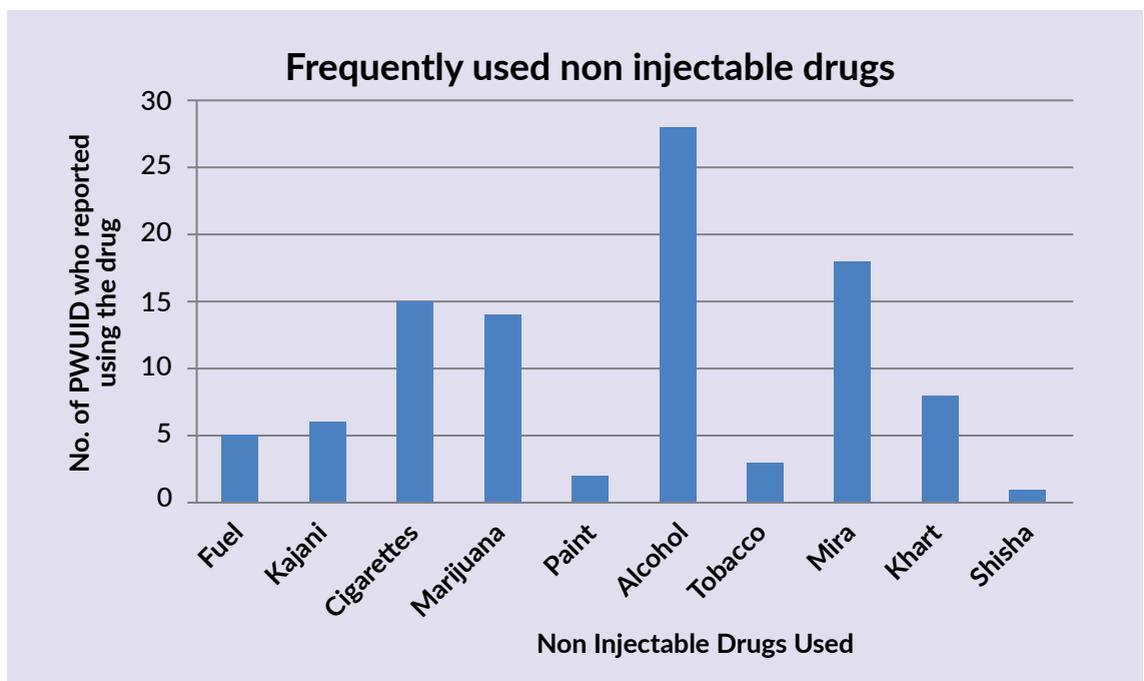


3.4 Non injectable drugs used

In relation to the non-injectable drugs used by PWUD, results from the mapping exercise conducted showed the following

mostly used drugs; Alcohol, Tobacco, Marijuana, Cigarettes, Kajani, Khart, Mira, kuba, RT, Fuel, Paint and Shisha, the results are illustrated in the table below;

Figure 8: Non injectable drugs used

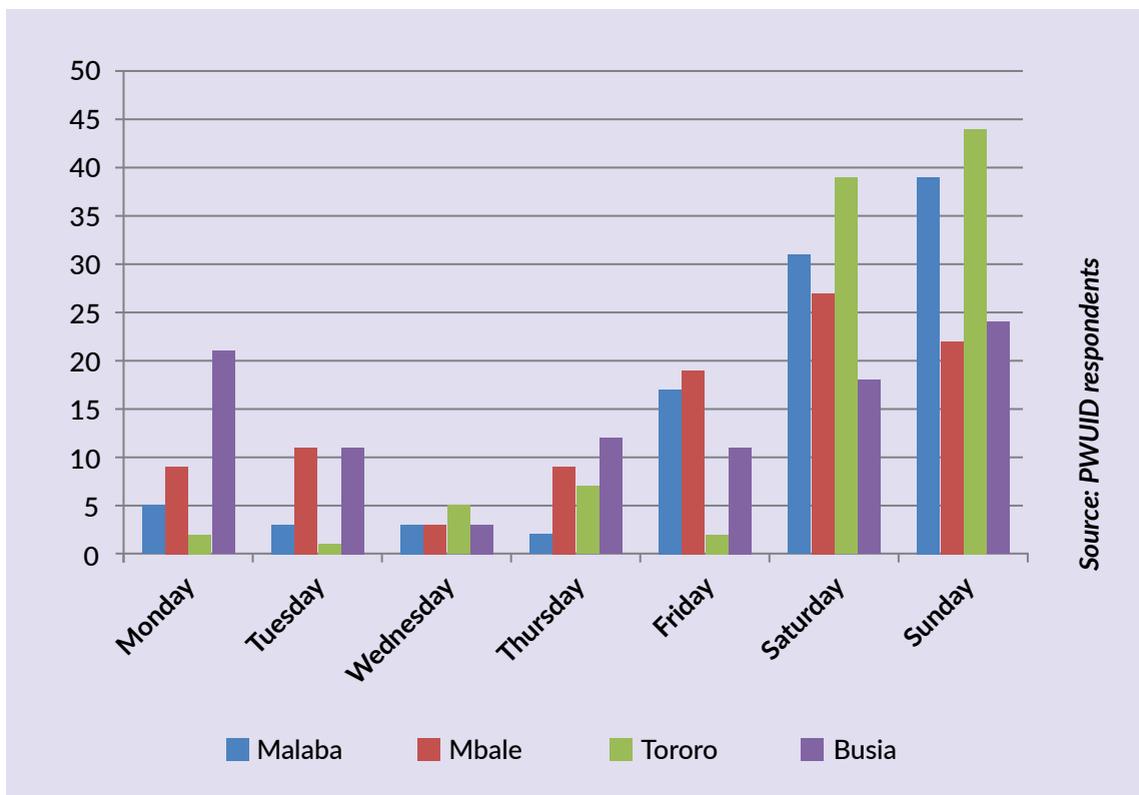


3.5 Peak days

According to the mapping exercise, peak days comprised of the weekends (Saturdays and Sundays) which accounted for 31% on Saturdays and 39% on Sundays for Malaba, 27% on Saturdays and 22% on Sundays for Mbale, 39% on Saturdays and 44% on Sundays for Tororo and 18% on Saturdays and 24% on Sundays for Busia. Use and injection of drugs was also high on Fridays as 17% and 19% from Mbale. The other days shared the remaining percentages

with Malaba having 5%, 3%, 3% and 2% for Monday to Thursdays respectively, Mbale reported 9%, 11%, 3% and 9% for Monday to Thursday respectively. In Tororo it was reported having 2%, 1%, 5% and 7% for Mondays to Thursdays respectively and finally from Busia Mondays are peak days with 21%, 11%, 3%, and 12% for Tuesdays to Thursdays respectively.

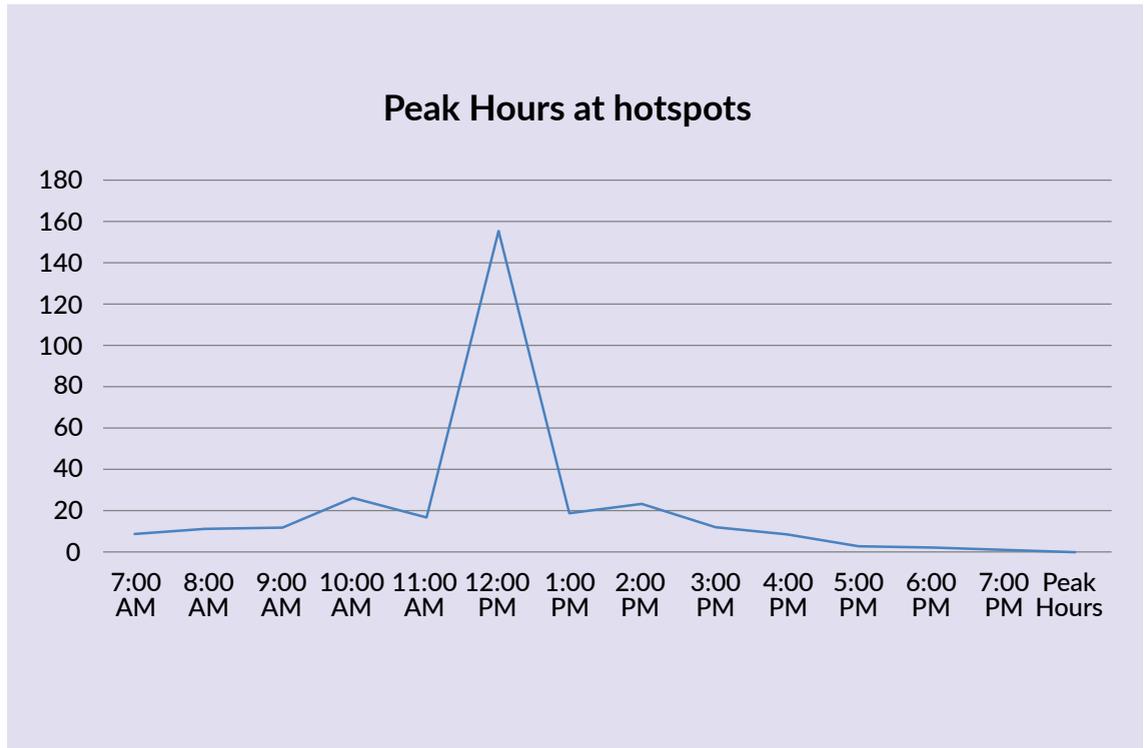
Figure 9: Peak Days



3.6 Peak Hours

Generally, PWUIDs use and inject drugs any time of the day. However, some hours were reported more frequencies than others as illustrated in the figure below;

Figure 10: Peak Hours



All participants agreed that peak hours are between 6am to 12:00 noon, can you help me change this.

Majority of participants presented highest peak hours to be 12:00pm and peak hours follow after 12:00PM. This time was presented to be the busiest time in for people who use drugs at various hotspots.

3.7 Names and numbers of PWUID per hotspots

Using the wisdom of crowds, the names of hotspots and the number of people who use and inject drugs per hotspots were elicited by PWUID participants. Collective opinion of a group of PWUIDs was used to gather information rather than that of a single PWUID; each crowd's opinion was

independent of those around them and based on their individual knowledge. This helped to aggregate individual opinions into one collective decision.

All the details are illustrated in the table 5 below;

Table 5: Illustrating names and numbers of hotspots and estimated number of people who use and inject drugs per hotspots in Mbale, Tororo, Sironko and Malaba Districts.

Mbale District											
Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
Industrial Division		Lorry park	Mukibaati	3	109	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana	All day	9am-9pm	M U G A N D A J O H N	0 7 8 8 9 7 5 6 4 4 0 7 5 3 7 7 1 4 9 7 6
			Kirasha	12	76	Brown Sugar	Cigarette, Alcohol, Tobacco, Marijuana	All day	6pm		
			central restraurant and bar	16	89	Heroin, corcotail of cocaine	Alcohol, Tobacco, Marijuana	All day	10am - 11pm		
			Tropical bar	1	39	Pethidine, Brown Sugar	Marijuana, Kajani	All day	From 11:00am		
			Wimpe bar	12	59	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana	Evening	3PM		
			Zaake	2	45	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana	All day	All time		
			Wakada	3	44	Brown sugar	Alcohol, Tobacco, Marijuana	All day	All time		
			Eritanja	0	56	Morpine, Pethine, Brown sugar	Alcohol, marijuana, Khart, cigarette	All day	All time		
			Toms Joint	1	45	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana, Mira	Evening	6PM		

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
Industrial Division			Wakooli House bar	6	56	Morpine, Pethine, Brown sugar	Alcohol, Tobacco, Marijuana, Mira	Evening	6pm	M U G A N D A J O H N	0 7 8 8 9 7 5 6 4 4 0 7 5 3 7 1 4 4 9 7 6
			Fire base	3	32	Morpine, Pethine, Brown sugar	Alcohol, Tobacco, Marijuana, Mira	All time	All time		
			New york bar	2	33	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana, Mira	All time	All time		
		Shamba Cell	Total sports	0	22	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana, Mira	All time	All time		
			Acholi Bar	2	9	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana, Mira	Saturday,Sunday	5pm		
			Entertaining Bar	2	13	Heroin, Cocaine, Cristal	Mira, Khart, Alcohol	Saturday,Sunday	5pm		
			Watts bar	23	45	Brown Sugar	Mira, Khart, Alcohol	Saturday,Sunday	5pm		
			Umeme Bar	34	45			All time	9am		
		Aswan Cell	Joharnesburg	23	34	Brown Sugar	Khart, Alcohol	All time	9am		
			Gagamel	2	56	Brown Sugar	Kajani, Khart	All time	8PM		
			You fell	1	45	Heroine, Cocaine	Cigajets, Marijuana, Kajani	All time	9am		
			Total promise	2	47	Heroine, Cocaine	Cigajets, Marijuana, Kajani	All time	9am		

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non-injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
Industrial Division			Amigozi bar	0	28	Heroin, Cocaine, Cristal Meth	Alcohol, Tobacco, Marijuana, Miira,	Evening	6pm	MUGANDA JOHN	0788975644 0753714976
			MbaleMuzima	1	34	Pethidine, Brown Sugar	Alcohol, Tobacco	Evening	6pm		
Namakweke subcounty			Mukiralo	2	37	Brown Sugar	Alcohol	All time	9am		
			Safe	11	29	Brown Sugar	Alcohol, marijuana, Khart	All time	9am		
			Kikindu	2	98	Pethidine, Brown Sugar	Alcohol	All time	9am		
			Railway	3	92	corcotail of drugs, morphine	Alcohol, Khart	All time	9am		
Dokosubcounty		Aswan Cell	Stage	2	23	Brown Sugar	Alcohol, marijuana, Khart	All time	9am		
			Lukwago`s bar	11	24	Brown Sugar	Alcohol, marijuana, Khart	All time	9am		
			Munnomukabi bar	1	34	Brown Sugar	Alcohol, marijuana, Khart	All time	9am		
			Freedom ba	1	27	Brown Sugar	Alcohol, marijuana, Khart	Evening	6pm		
			Mukimwanyi	2	67	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		
Nakaloke Sub county			Kamukamu	2	69	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
			Elgon bar	1	39	Brown Sugar	Alcohol, marijuana, Khart	All time	All time	MUGANDA JOHN 0788975644	
			Matakojo bar	0	34	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		
			Mwandala	0	23	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		
			Nkoma safe	1	23	Brown Sugar	Alcohol, marijuana, Khart	All time	All time	0753714976	
			Elven ten	3	5	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		
			Virgin Hunters	1	23	Brown Sugar	Alcohol, marijuana, Khart	All time	All time		

Busia District

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
			Guetto wise	5	29	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time	TABULE UMARU NYAKAIRU 0780992310	
			Okwale	2	98	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time		
	Customs Ward	Solo B	Black street Guetto	4	34	Brown Sugar, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time		

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal					
										Name	Phone No				
Central Division	Customs Ward	Solo B	Urban	3	66	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	6pm	6pm	TABULE UMARU NYAKAIRU	0 7 8 0 9 9 2 3 1 0				
			Katanga	2	23	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			Sophia	2	24	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			Opande- Marachi	2	45	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			K-Plant	12	29	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			Team Kalooli	1	20	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			Team Kikoosi	1	28	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						
			Team Kefomu	0	29	Brown Suga, Morphine	Alcohol, marijuana, Khart, fuel, paint	All time	All time						

Tororo District

Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
Western Division			Pine Guetto	3	45	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Kantana	0	33	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Malaba	1	45	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Guetto Base	2	48	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			D13	2	35	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Booke	1	67	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Naluwerere Boys	3	109	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Mudakore village	2	99	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		
			Asinge B	2	56	Brown Sugar	Alcohol, marijuana, Khart, fuel, paint	All day	All time		

Malaba District											
Sub-county/ Division	Parish/ ward	Village/ cell	Hot spots	IDUs	UDs	Drugs injected	Non- injectables used	Peak Day	Peak Hour	Contact Paralegal	
										Name	Phone No
Malaba Town council	Obore Ward	Obore	Railway	2	33	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time	KAFFERO JOB 0779075423	
	Asinge	Malaba B East	Omuse	2	45	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Winkers bar	1	23	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Queens palace	1	35	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Dombolo	2	98	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
	Akolodongo ward	Malaba Central A	Maama Kulusum	2	12	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Kingstone	1	34	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Shakers Pub	9	13	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		
			Spikers	1	28	Brown Sugar	Shisha Alcohol, marijuana, Khart, fuel	All day	All time		

Source: data from hot spots in Malaba, Tororo, Mbale and Busia

3.8 PWUID service coverage

Prevention services coverage

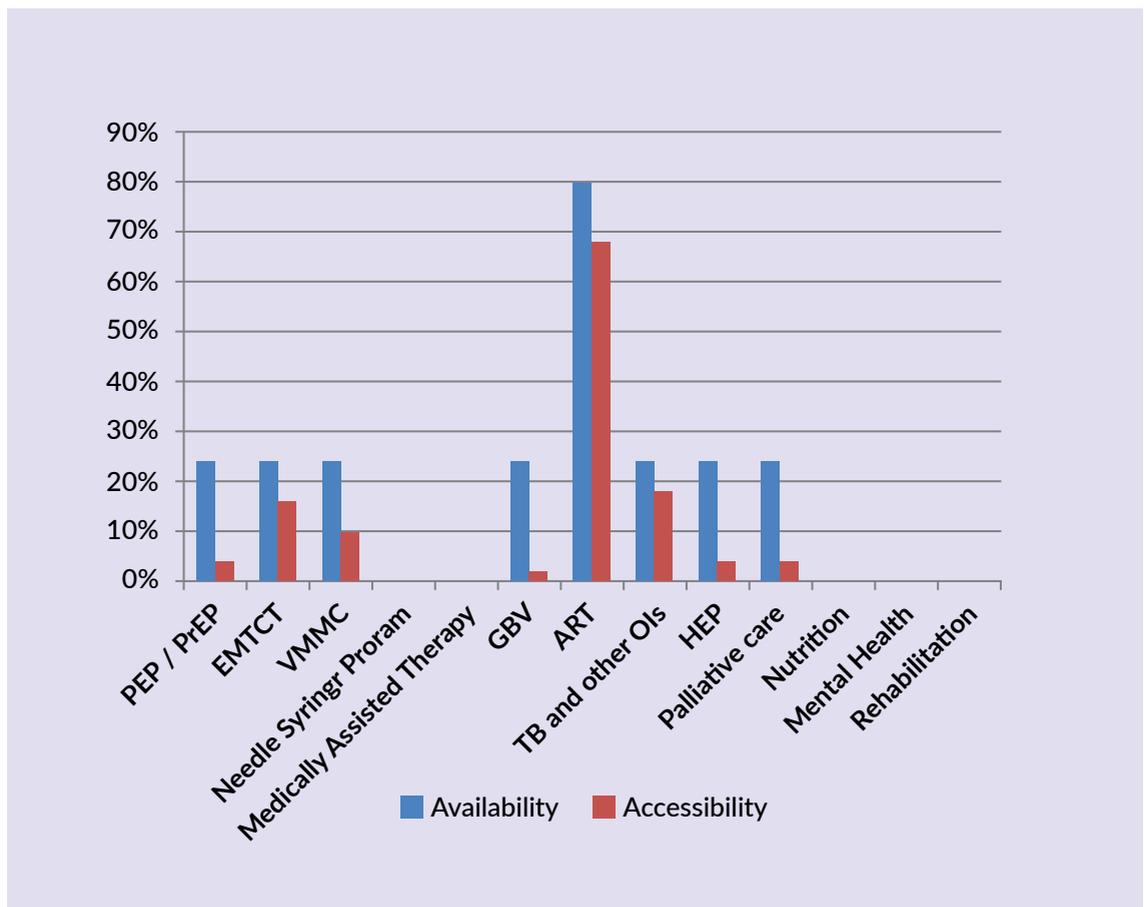
Findings showed that, existing services for people who use drugs in Mbale, Busia, Tororo and Malaba are still on small scale, fragmented, and un-coordinated and not standardised to ensure quality delivery and impact.

Participants were asked about the availability of essential services for people who use drugs in the four districts including;

- Needle and syringe programs (NSP)
- Medically Assisted Therapy (MAT)

- Condoms & water-based lubricants, HIV testing and counseling services
- STI management, Targeted IEC / SBCC
- Sexual & reproductive health and others services including: PEP
- PrEP
- EMTCT
- VMMC
- GBV

Figure 6: Availability and accessibility of PWUID services in the 4 districts



The above graph illustrates that, accessibility of services by PWUIDs to essential services is still low compared to availability of these services. Respondents were assessed about services from Bugema, Koloni Health centres, Mbale Main Referral Hospital and Nakaloke H/C, Maluku H/C ART. Namakwekwe in Mbale. There were no Needle syringe Program and MAT in all health facilities. In Tororo the mentioned health facilities include; ST Anthony Medical Centre, Divine Mercy and Tororo main hospital. In Busia the facilities include; Busia Masafu HCIV and Red Cross and in Malaba, facilities included; Malaba HCIII, Emari private clinic, White Horse Clinic and Vienna clinic.

3.9 Legal Aid services

On the issue of access to legal services by people who use and inject drugs, participants mentioned that Women With a Mission, Human Rights Awareness and Promotion Forum, Uganda Harm Reduction Network and Mbale Youth Community and Empowerment Group are the only organisations that support them with legal aid services.

The above-mentioned Civil society Organizations have commendable support to PWUIDs in the areas where mapping was done. They offer a wide range of services;

Providing legal services to PWUIDs in contact with the criminal justice system by securing bonds from police,

Representing PWUIDs in the courts of law,

- Creating awareness on the Rights and responsibilities of PWUIDs.
- Providing Information, Education and Communication (IEC) awareness with targeted key messages on legal and human rights

- Training law enforcement bodies like police in matters of Human rights, law and access to essential services for PWUID
- Training community PWUID paralegals to respond to human rights violations of PWUID in contact with the criminal justice system

 ...accessibility of services by PWUIDs to essential services is still low compared to availability of these services.

4. Challenges

A number of challenges were encountered though these never limited the quality of the findings of this mapping exercise. For instance, the time allocated and other logistical resources were not sufficient to reach the wider audience of PWUIDs in the target districts. However, during the interviews, it was established that the issues raised around the hotspots used by PWUIDs were representative of others given the repetitiveness of the responses. Therefore, the findings of this report are representative of the general scenario in regard to hotspots used by PWUIDs.

There is lack of integrated health services access required by People who use and inject drugs

There was insufficient knowledge by people who use and inject drugs peers to support, counselling, referrals, linkages, human rights violations documentation and reporting. And this limited access to essential services by people who use and inject drugs in most of the hotspots visited.

There were no targeted behavioral change communication toolkits for implementing risk-reduction such messages on safe injecting practices.

5. Recommendations

Women with A Mission should fundraise to undertake a comprehensive mapping exercise of people who use and inject drugs and their drug use hotspots.

Women with A Mission and Civil Societies implementing harm reduction programs should conduct advocacy campaigns on policies and laws that affect the health rights of people who use and inject drugs.

Women with A Mission and civil societies implementing harm reduction programs should scale up sensitization and education to the law enforcement officers on public health specifically harm reduction and human rights of people who use drugs.

Women with A Mission and civil societies implementing harm reduction programs should scale up sensitization and education to people who use drugs grass root groups

on their health rights and responsibilities

Women with A Mission and civil societies implementing harm reduction programs should advocate for an integrated health services Access for PWUID, with special emphasis on essential service packages such as needle and syringe program and medically assisted therapy treatment in Uganda.

Women with A Mission and civil societies implementing harm reduction programs should advocate for dissemination of targeted behavioral change communication toolkits under national BCC frameworks and the Technical Guidelines for Universal Access to HIV Prevention, Treatment and Care for People who use Alcohol, Drugs and Other Substances guidelines.

Advocate for a “comprehensive package

for harm reduction”, this package targets harms caused by opioid use disorders and comprises three drug-use specific interventions – needle and syringe programmes, and medically assisted therapy and use of naloxone for opioid overdose. These should be combined with HIV testing services; antiretroviral therapy; prevention and treatment of

sexually transmitted infections; condom programmes; targeted information, education and communication; prevention, vaccination, diagnosis and treatment of viral hepatitis; and prevention, diagnosis and treatment of tuberculosis form the recommended package underlying these guidelines.

6. Conclusion

This study focused on the mapping of Hot spots among people who use and inject drugs. This was conducted in Mbale, Malaba, Tororo and Busia.

Using the wisdom of crowd, the study team was able to estimate the number of people who use drugs per hotspot, names of hotspots and the peak hours. Collective opinion of a group of PWUIDs was used to gather information rather than that of a single PWUID; each crowd’s opinion was independent of those around them and based on their individual knowledge. This helped to aggregate individual opinions into one collective decision. This was followed up by use of PWUID Diaries, one on one interviews, Focus Group Discussions (FGDs)

Among the commonly injected drugs across the study geographical scope included; brown sugar, pethidine, Morphine, concaine. Cristal meth and Coctaille of liquid drug. And the commonly non injected drugs include; Alcohol, Tobacco, Marijuana, Cigarettes, Kajani, Khart, Mira, Fuel, Paint and Shisha,

PWUID belong to different categories including; doctors, elites, sex workers, young people in and out of school, drivers, bodabodas, law enforcement, house wives

and bar attendants

The mostly frequented places by PWUID included; streets, park yards, brothels, markets, video halls and garages.

The available services for PWUID include; Condoms, HIV testing and counseling services, STI management, Targeted IEC / SBCC, Sexual & reproductive health however these do not cover all the areas. Others like PEP, PrEP, EMTCT, VMMC and GBV are also not widely spread to PWUID reach. There were no NSP and MAT which are essential for PWUID.

Access to legal services is to a few PWUID and not covered to all hotspots and this can be accessed when a PWUID contacted HRAPF, WWM, UHRN and MYCEG. Human rights violations of PWUID is still on high both by the law enforcement operatives and the community. One of the recommendations was to strengthen grassroot movement for advocacy for harm reduction within Eastern Uganda but also have a wider coverage of research to effect programming among PWUID

7. Reference

1. UNODC. World drug report 2018. In. Vienna: UNODC; 2019. <https://www.unodc.org/wdr2018/>.
2. When and how do individuals transition from regular drug use to injecting drug use in Uganda? Findings from a rapid assessment Matayo Baluku, Twaibu Wamala
3. http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf
4. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/24/PDF/N1611024.pdf>

8. PWUID interview guide

Introduction and Consent

Good morning / afternoon my name is We are here on behalf of Women With Mission to conduct the Mapping of People who Use and Inject Drugs and their Hotspots. This mapping exercise aims to generate data on the number of drug user hotspots, number of people who use and inject drugs per hotspots, names of hotspots. The information will support in programming for people who use and inject drugs. You have been selected to participate in this study which will take about 15 to 20 minutes to complete. The information you provide will be put together with others like you to get an overall picture on the people who use drugs, their numbers, characteristics and names of hotspots. All information will be kept confidential and participation is voluntary.

Do you accept to participate? Yes No

Should we continue? Yes No

Continue only if respondent answers yes

Thank you for taking the time to participate.

Before we begin, do you have any questions for me?

SECTION 1: Respondents Bio-data and location

Date of Interview.....

District:

Respondent's name:.....

1. Respondent's: Age: 1) 18 - 30, 2). 31-45 3) 46+

2. Sex: 1. Male 2. Female

3 How long have you been in this area? 1). Less than a year 2).1year 3). 2-3years, 4) 4+ years

4.	How many people who use and inject drugs are in the towns of Tororo, Busia, SironkoandMbale?	
5	Where do PWUID operate from?	
6	What are their hotspots?	
8	Who are the people who use and inject drugs?	
7	What are their socio-demographic and other characteristics?	
8	What human rights and harm reduction services targeting PWID are available?	
9	What are the enablers and barriers to accessing and utilizing them?	

ⁱ *When and how do individuals transition from regular drug use to injecting drug use in Uganda? Findings from a rapid assessment* Matayo Baluku¹, Twaibu Wamala²

ⁱⁱhttp://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

ⁱⁱⁱ<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/24/PDF/N1611024.pdf>

Who We Are

Women with A Mission (WWM) is an indigenous human rights non-profitable organisation with its secretariat in Mbale, Eastern Uganda which was established to respond to the Gender inequality, Sexual Gender Based Violence, Human Rights Violations and Health related problems against Marginalised Groups. WWM works to advocate for enforcement of human rights, gender equality and justiciability of the rights to health in Uganda and for a supportive legal environment for adoption, implementation and expansion of harm reduction programs.

Vision

We envision a society where gender equality and human rights especially in health systems prevail.

Mission

To promote gender equality, health, social justice, human rights and integrated development of Marginalised Groups.

Objectives

- To address comprehensive Sexual Reproductive Health needs and Sexual Gender Based Violence through a number of key interventions including comprehensive sexuality education, reduce recourse to unsafe abortion, supporting the prevention, care and treatment of Sexually Transmitted Infections (STIs) and HIV/AIDS, and

addressing stigma and discrimination, prevention and response to Sexual Gender Based Violence and improving maternal health.

- To promote access to justice for Marginalised Groups through provision of legal aid services by ensuring equality before the law, rule of law and rights of Marginalised Groups are protected and respected or to enable them enforce their legal rights through the legal process.
- To create awareness on the national, regional and international human rights and legal regime.
- To network and collaborate with key strategic partners, government, communities and individuals at national, regional and international level.
- To enhance the capacity of Marginalised Groups and key stakeholders to participate effectively in the promotion and protect of the rights of Marginalised Groups.
- To undertake research and advocate for laws and policies that support Sexual Reproductive Health Rights and gender equality and also advocate for legal and policy reform in order to reduce the criminalization and stigmatisation of Marginalised Groups.

Our Target Groups

1. People Who Use and Inject Drugs Sex Workers
2. Lesbians, Gay, Bisexual, Transgender and Intersex (LGBTI) persons.

3. People Living With HIV and TB (PLHIV/ TB)
4. Women and Girls

Core Values

1. Non Discrimination
2. Gender Equality
3. Justice
4. Efficiency and Effectiveness
5. Transparency and Accountability
6. Team Work
7. Integrity

Slogan

Advocating for Rights of the Marginalised
Groups

Geographical Focus

WWM has its secretariat in Mbale, Eastern Uganda but its geographical focus is the whole country.



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