

## IOM and UN partners strive to tame Karamoja's rising HIV tide



Peter Lolem

Richard M Kavuma

**11 October 2017:-** When Peter Lolem attended a community dialogue near his home in Moroto in May, it was more out of curiosity, because the youthful father of three thought he knew enough about HIV/AIDS. But the message on this day was particularly sharp and persuasive: AIDS is here and it still kills. If you have a girlfriend/boyfriend, make sure you use a condom. Stick to one sexual partner. If you are a married couple, still get regularly tested together – just in case. See, even if you are found HIV-positive, at least you will know, and you can start getting treatment.

“I had already tested once before, but I told myself ‘why not test again?’” Lolem says smiling shyly.

Fortunately for him, the result was negative. And so was that of his wife, whom he later persuaded to take the test.

“Yes, I had been worried, because you never know...,” he says.

We are seated in a mud-and-wattle shelter at Kosiroi trading centre in Tapac sub-county, Moroto district. Limestone mining is the major economic activity here. Young men roam the centre’s lone street, eyeing us curiously. At least five try to join us and we have to find the words to nudge them away. On a hot afternoon like this, hardly anything else goes on other than, maybe, drinking.

Kosiroi hosts many mobile people, including miners, truckers and even sex workers. Hence it is one of the areas targeted by IOM Uganda as part of the Karamoja United Nations HIV Project

(KARUNA-HP). The project was conceived and is being implemented by the 10-member Joint United Nations Programme of Support on AIDS in Uganda (JUPSA), some working through a host of local partner organizations. KARUNA's goal is to reduce new infections among 10-24-year-olds in Karamoja by 70 per cent by 2020.

## **OPENING UP**

For a long time, the HIV/AIDS prevalence was significantly lower in Karamoja than in the rest of Uganda; but it has been rising. Estimates show that prevalence rose from 3.5 per cent in 2005 to 5.3 per cent in 2011, but it has not got much attention.

The relative peace that followed the disarmament has opened up Karamoja to migration into and out of the region, and loosened the shield provided by demographic isolation and socio-cultural norms (like no sex before marriage). Modern trends and lifestyles have left Karamoja at a real risk of an exponential rise in HIV and Sexual and Reproductive Health (SRH)-related crises. Moreover, the region is grappling with limited and poor-quality health services, long distances to health facilities and a shortage of skilled health workers.

The KARUNA project targets about 350,000 young people, of whom 80,000 are in school and 270,000 have either dropped out or have never had any education. Gender dynamics are particularly pronounced in Karamoja, hence the project's emphasis on adolescent girls, most of whom are out of school.

To achieve their goal, IOM and its JUPSA partners are working to scale up services for SRH and HIV prevention, testing and counselling among adolescents and young people; tackle socio-cultural and economic factors impeding uptake of the services; and strengthen national and regional capacity for planning, coordinating, financing and tracking SRH and HIV P/T/C programmes.

The community dialogue that convinced Lolem to take his second HIV test was organized by AMICAALL, the Alliance of Mayors Initiative for Community Action on AIDS at the Local Level. AMICAALL is the implementing partner for IOM in the districts of Moroto, Kaabong and Amudat.

According to Victoria Kajja, the IOM Uganda National Migration Health Promotion Coordinator, IOM and AMICAALL are targeting thousands of underserved people in isolated locations.

"These are populations in hard-to-reach mining and cross-border areas; they are usually too far away from any health service provider," Kajja says.

Kajja adds that accessing these communities has been as challenging as it is for them to reach service points. Sometimes they get cut off from reach by heavy rains which wash off the road. Under KARUNA, IOM and AMICAALL have been conducting outreaches to sensitize these populations about SHRH and HIV prevention, counselling and testing, providing HCT services in the community, and making referrals.

"We have also trained the staff at the nearest health facilities to these sites, about how to provide migrant-sensitive services," says Joseph Otim, IOM Uganda's Moroto-based Project Assistant.

## **NEW DAWN**

Lolem is not a native of Kosiroi. Originally from Namalu in Nakapiripirit, he came here to mine limestone, which is picked by trucks on a daily basis. He agrees that compared to when he was younger, HIV/AIDS has become a bigger problem in the sub-region. That is a surprise to him because during normal interactions, locals fear HIV/AIDS because they know it leads to death. “Maybe the problem is that you have more young people in the towns drinking and even girls going to discos,” Lolem says. “And when people are in those places you cannot trust them, because some men use money to engage girls and AIDS can spread like that.”

As we leave Kosiroi, the IOM vehicle has lost its position as the main attraction of the one-street town. Instead all attention is on a slim teenage girl dancing in the middle of the road with a fairly older man clutching a bottle in his left hand. With an intoxicated look, they stagger around and shake this way and that way to the bemusement of the growing crowd. Even children as young as five are watching the spectacle and clapping for the drunken dancing duo.

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