



# MIGRATION HEALTH PROMOTION

**A**lthough migration ultimately benefits society, if not properly managed it can generate socioeconomic inequalities, gender imbalances and increased health vulnerability of migrants and host communities. The IOM Health Promotion programme aims at improving access to health services for migrants and other mobile populations and supporting access to high-quality health services for neglected populations, including host communities. IOM Uganda's health promotion program

gives technical support to the Government of Uganda in addressing issues of health including HIV, malaria, SRHR, TB and mobility/migration.

## OUR APPROACH

IOM Uganda's approach is guided by the four pillars of the World Health Assembly Resolution on Migrants' Health, which are adapted to the broader health and mobility perspective in the Ugandan context.

The four pillars are articulated through implementing a package of integrated interventions that ad-

dress both direct health needs and social determinants of health at individual, institutional and structural levels. Upon identifying spaces of heightened vulnerability to poor health, where migrants and host communities interact, this program employs a combination of prevention approaches derived from the above pillars. The targeted, Most-at-risk-populations (MARPs) are mostly truck drivers, female sex workers, as well as mining and fishing communities.

## Four Pillars for the Health of Migrants

- Policies and legal framework on health, border and mobility management.
- Operational research, evidence, and data gathering and sharing.
- Enhanced capacity of health systems and border management
- Inter-sectoral and multi-country partnerships and networks

# OUR PROGRAMMES

## IOM IN KARAMOJA

IOM is a member of the Joint UN Program of Support on AIDS in Uganda (JUPSA), whose third programming cycle is strategically focused on Karamoja. Along with 10 other UN agencies, IOM is co-implementing the Karamoja United Nations HIV Programme (KARUNA-HP), for the period 2016- 2020.

HIV was for a long time significantly lower in the Karamoja region. Following the disarmament and resultant peace after years of civil strife, rapid changes including population movements and expanding economic development opened up the local populations to inward and outward migration. This further modified protective socio cultural values and practices such as no sex outside marriage thus predisposing them to vulnerabilities including risk to HIV and sexual reproductive ill health. Hence Karamoja is facing a real threat of increased rise in HIV and SRH crises.

### STEMMING THE HIV TIDE

The major goal of KARUNA-HP is to help reduce new infections in 10-24-year-olds (especially adolescent girls) in Karamoja, with a target of a 70 per cent fall by 2021.

KARUNA-HP is implemented in the seven districts of Karamoja: Nakapiripirit, Napak, Amudat, Abim, Kaabong, Koto and Moroto.

IOM Uganda specifically works in the three districts of (Kaabong, Amudat and Moroto), with a view to scaling up to other districts. The IOM component, working with hard-to-reach mining and cross-border communities, is co-delivered with the non-governmental organization coalition Riamiriam as an implementing partner.



Peter Lolem from Kosiroi village in Tapac sub-county, Moroto district, tested for HIV after an outreach campaign. He also tested with his wife. Both were negative.

### KARUNA-HP OBJECTIVES

- Scale up Sexual and Reproductive Health and HIV Prevention, Testing and Counselling (SHR & HIV-PTC) services among adolescents and young people.
- Tackle socio-cultural and economic factors blocking young people from SHR & HIV-PTC services.
- Strengthen national and Karamoja capacity for planning, coordinating, financing and tracking SHR & HIV-PTC programmes.

### PRIMARY BENEFICIARIES (10-24 YEAR-OLDS)

- Population Segment estimated at 350,000
- 80,000 in school (60% boys; 40 girls)
- 65,000 in primary schools and 15,000 in secondary.
- 270,000 out of school (60% girls).
- Most At-Risk young people estimated at 30,000.

## RECENT PROGRAMMES

### PHAMESA

Between 2014 and 2017, IOM Uganda implemented the second phase of the Partnership on Health and Mobility in East and Southern Africa (PHAMESA II) Partnership on Health and Mobility in East and Southern Africa (PHAMESA) programme – funded by the Swedish International Development Agency (Sida) and Norwegian Agency for Development Cooperation - NORAD.

PHAMESA supported strengthening of health services (HIV and Sexual and Reproductive Health and Rights) in the districts of regions

of Rakai district, Bweyale and Kiryandongo. The specific goal was to improve the health of migrants and host communities.

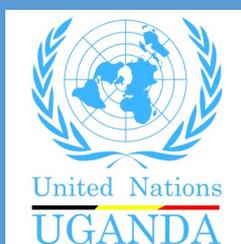
Among other **achievements**, PHAMESA:

- Conducted studies on issues such as health vulnerability in the mining sector, Access to Health Care for Urban Migrants in Kampala, and a mapping of all the health facilities along the transport corridor .
- Supported capacity building initiatives for Government officials, civil society and academia on health and mobility, and provided technical support to Uganda AIDS Commis-

sion, Ministry of Agriculture and Ministry of Works and Transport.

- Reached nearly 70,000 migrants and host community members with migrant-sensitive information; provided equipment that improved diagnosis and treatment of STIs and Malaria; and supported 12 Village Savings and Loan Associations as a way of addressing the social determinants of health.
- Supported integration of migration health education into curricula at Makerere University and the Mt Elgon Labor-Based Training Institute.

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