



# Women Changing the Face of HIV & AIDS and Building Peace



Women's  
International  
Peace Centre  
Amplifying Women's Voice and Power

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# Women Changing the Face of HIV&AIDS and Building Peace



In Partnership With

**Akwenyutu People Living with HIV&AIDs**  
APHAS | UGANDA

and





## Acknowledgement

The Peace Centre is thankful to the women of Akwenyutu People Living with HIV&AIDS, Amuria district leadership and the community of Orungo Sub-County who welcomed, embraced and actively engaged in the project implementation.

To **Stephen Lewis Foundation**, thank you for being an empowering development partner. We are grateful for the financial investment that enabled us to enhance the skills of women and girls to work towards the change they desire.



# Contents

<b>ACRONYMS</b>	<b>1</b>
<b>1.0 EXECUTIVE SUMMARY</b>	<b>2</b>
1.1 DRUMS OF OUR LEGACY	2
1.2 AGENTS OF SOCIAL CHANGE!	5
<b>2.0 INTRODUCTION</b>	<b>6</b>
2.1 CONTEXT	6
2.2 SITUATION OF WOMEN LIVING WITH HIV & AIDS	7
2.3 RESILIENCE MECHANISMS BY THE PEACE CENTRE	7
REFLECTIONS ON THE PROJECT JOURNEY	10
IMPACT: ADDRESSING THE INTERSECTIONS OF MILITARISED CONFLICT AND HIV VULNERABILITY TO REJUVENATE PRODUCTIVITY OF COMMUNITIES	11
<b>3.0 SOCIAL TRANSFORMATION</b>	<b>12</b>
3.1 HEALTH SOLUTIONS AND HEALTH SEEKING BEHAVIOUR	13
3.2 ECONOMICS AND LIVELIHOODS ENHANCEMENT	15
3.3 RIGHTS FOR PEOPLE LIVING WITH HIV & AIDS	19
3.4 WOMEN AND LEADERSHIP	23
<b>4.0 REFLECTION</b>	<b>28</b>
<b>5.0 MOVING FORWARD</b>	<b>29</b>
CONCLUSION	29
LEAVING A LEGACY - THE DRUMS SOUND AGAIN!	30
ENDNOTES	31
REFERENCES	31
<b>APPENDICES</b>	<b>32</b>
STORIES OF CHANGE	32
PICTORIAL ENGAGEMENTS	41
A. AGRICULTURAL TRAINING AND OUTCOME	41
B. HIV & AIDS WOMEN'S CONFERENCE	42
C. ENTERPRISE SKILLS ENHANCEMENT AND ENGAGEMENTS	45
D. SEXUAL REPRODUCTIVE HEALTH	46
E. COMMUNITY ACTIVISM	47
F. GIRLS LEADERSHIP CAMP	48

## Acronyms

APHAS	Akwenyutu People Living with HIV&AIDs
CMCs	Community Monitoring Clusters for APHAS
EMDR	Eye Movement Desensitisation and Reprocessing approach
NAADS	National Agricultural Advisory Services
NUSAF	National Uganda Social Action Fund
PLHIV	People Living with HIV (PLHIV),
PRDP	Peace, Recovery and Development Plan for Northern Uganda
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UNSCR 1325	United Nations Security Council Resolution 1325 on Women, Peace & Security
WHO	World Health Organisation



## 1. Executive Summary

### 1.1 Drums of our Legacy

The Women's International Peace Centre (The Peace Centre) seeks to ignite women's leadership through amplifying women's voices and deepening their activism to (re)create peace. The Peace Centre, is feminist in nature, takes lead in combating militarism, while promoting peace and security informed by UNSCR1325 and Sustainable Development Goals.

The Peace Centre has legacy of being bold, daring, passionate about changing lives of women especially those affected by war realities, dating back to 1998. The organisation's dream and targeted actions in post-war societies have resulted into numerous successes at political, economic, socio-cultural and leadership levels<sup>1</sup>. Needless to say, that beneficiaries

go through a humanising process that gives them determination to excel despite challenging environments they were found in.

In hindsight of its mandate, The Peace Centre sought to synergise the leadership potential of women living with HIV&AIDS, in order to fast track their activism and agency towards creating a world of hope for themselves, their families and society at large.

International frameworks on health and peace building that inspired this work:

- Sustainable Development Goals (Transforming our world: the 2030 Agenda for Sustainable Development)



- UNSCR 1325 on Women, Peace and Security
  - International Guidelines on HIV&AIDS and Human Rights 2006
  - Millennium Development Goals (MDGs) – [MDG 6 focuses on achieving universal access to treatment for HIV&AIDS by 2010 and on halting and beginning to reverse the spread of HIV by 2015].
  - Global health sector strategy on HIV&AIDS 2011-2015.
  - Getting to Zero 2011 – 2015 strategy
- ...Informed by this theory of change:

## ✕◀ • Making a much needed difference • ▶✕

### If we ...

- Provide healing for women's bodies

### and ...

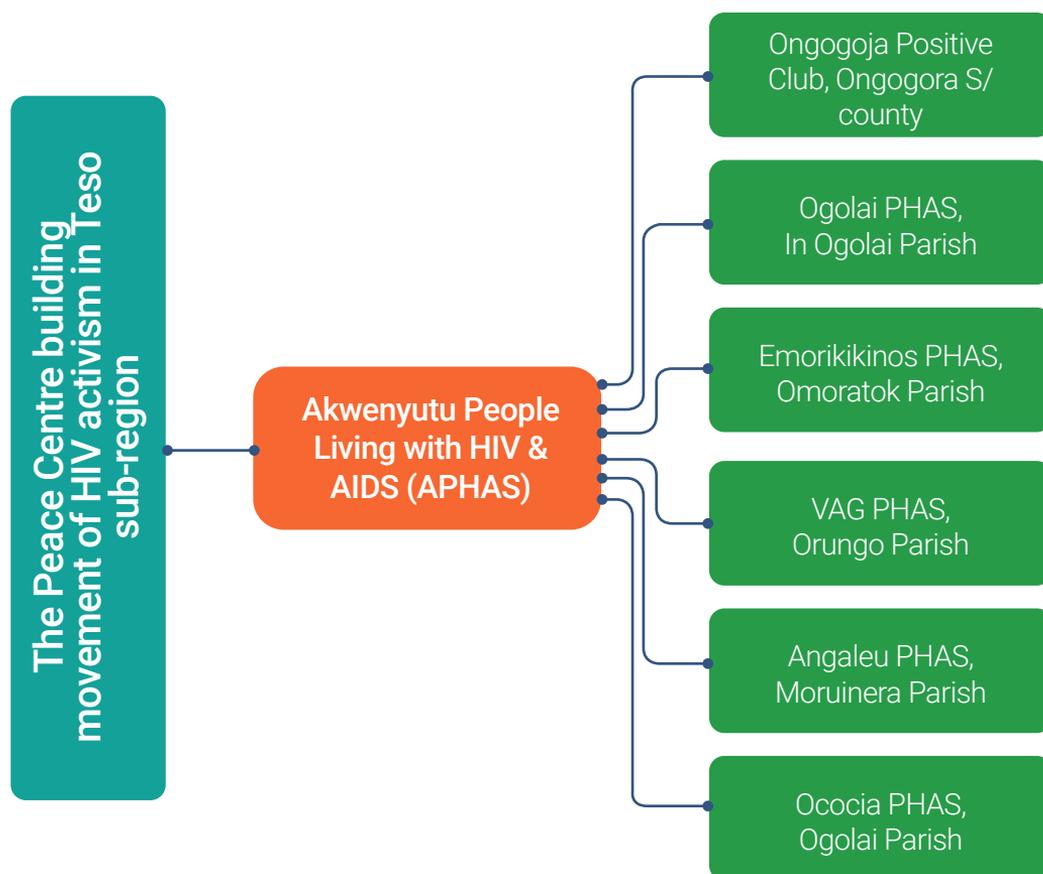
- provide them leadership competencies and opportunities to utilize their potential;

### then

- women will create movements to advocate for responsive interventions and policies towards a peaceful world.

Aggregate results of this project engagement with People/Women living with HIV (PLHIV) that drums-up the legacy of the Peace Centre, are:

- I. Contribution to trauma healing of women's bodies through emotional and psychological recovery to help PLHIV recover from damages inflicted by HIV epidemic. In partnership with Tilburg University, Mbarara University and Makerere University, the Peace Centre provided healing using the Eye Movement Desensitization and Reprocessing (EMDR) technique for trauma healing to PLHIV. This was an effort to address systematic impact of war-trauma.
- II. Long term investment in knowledge, skills and competences, thereby building human capital development for PLHIV to be at the forefront of social change. This is reflected in the new abilities, competencies and leadership of Akwenutu People Living with HIV&AIDS (APHAS) in cascading new knowledge into community-level activities in Teso sub-region. Through APHAS' community-driven peace and security activities, and with technical support of the Peace Centre, the project generated sustainable solutions to the strategic needs of PLHIV and their immediate communities that are reflected in the Section 3 of this Impact Report.
- III. Building local capacities to generate practical solutions to indigenous needs for intersections of war-trauma, HIV&AIDS and gender equality needs.
- IV. Movement building was achieved through:
  - Strengthening the institutional capacity of APHAS with leadership skills, financial management, and strengthening systems and structures. This strengthening provided the organisation with accountability structures making it viable for autonomous funding.
  - Furthermore, The Peace Centre supported the functioning of 6 other support groups to deepen and widen community outreach on peace, security and health responses to HIV&AIDS epidemic. The new groups, started mainly by members of APHAS in the different sub-counties are:
    - » Ogongoja Positive Club located in Ogongora Sub County;
    - » Ogolai PHAs located in Ogolai Sub-County;
    - » Emorikikinos PHAS located in Omoratok Sub-County;
    - » VAG located in Orungo Sub-County;
    - » Angaleu PHAs located Moruineru Sub-County;
    - » Ococia PHAs located in Ogolai Sub-County.



*Figure 1: Movement building approach of the Peace Centre, nurturing more grassroots groups to engage in activism for peace, security and health rights*

## 1.2 Agents of Social Change

Among several groups that the Peace Centre works with to combat HIV&AIDS is Akwenyutu People Living with HIV&AIDS (APHAS) in Uganda. APHAS is founded on the premise of living beyond HIV&AIDS, of building systems and structures where they and those that come after them live a better life.

Overtime and with intensive engagements, People Living with HIV (PLHIV), who also double as survivors of war, have learned that the capacity to rise up and change their situation lies in their hands. They have worked hard to challenge social norms, to become independent, to survive their communities and nations. They may have the HIV as an event of war or in its immediate aftermath, but HIV does not define them.

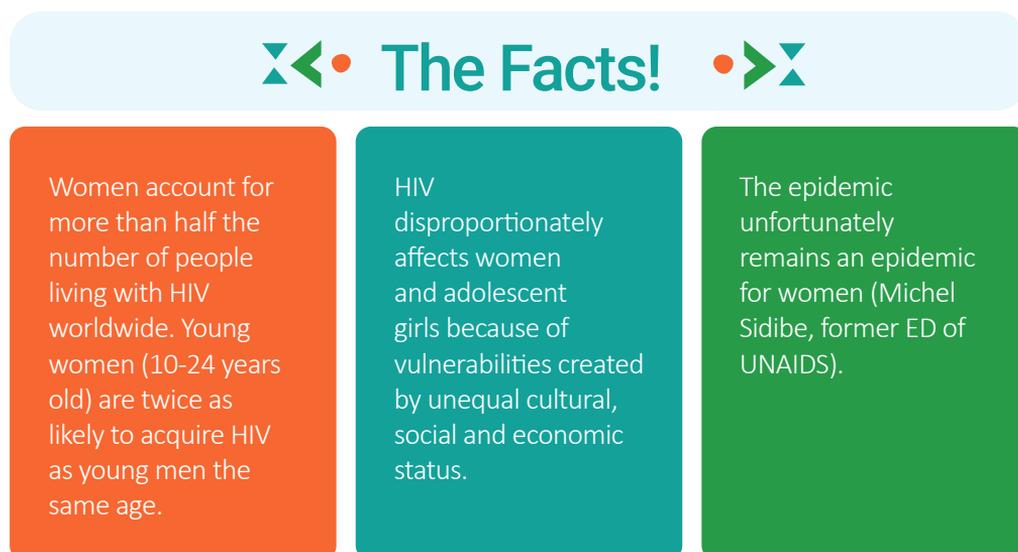
The Peace Centre has been one of the catalysts for the social transformation outcomes registered with APHAS. APHAS cascaded knowledge and skills into wide-scale outreaches to community, built a movement of communities that know right from wrong and engaged in changing mind sets on a number of social development issues reflected in section 3.

## 2. Introduction

### 2.1 Context

The project is situated in a post-conflict setting of Uganda in East Africa, with impact strategies that have room for wider replication for post-war societies that have to deal with intersections of violence, social infrastructure breakdown and HIV&AIDS. The project is part of the range of conflict transformation and peace building processes to address the causes and consequences of instability and war.

Uganda has had history of uprisings where militarised violence was used as means to resolve conflict and assume power<sup>ii</sup>. Amuria district lies in Eastern Uganda in the Teso Sub-Region, an area that witnessed 50-years of restlessness with Karamojong cattle rustlers and Lord's Resistance Army (1987-1992). The breakdown in the rule of law in militarised zones led to massive displacement, loss of property and life and to distortion of public services on which the poor rely. Rampant sexual and gender based violence (SGBV) affected the economic and health status of women and girls. Unfortunately, these atrocities created an environment in which infectious diseases particularly HIV thrived due to lack of functional health infrastructure, with poverty that forced a sizeable number of women who are reported to have traded sexuality as a survival currency<sup>iii</sup>.



*Figure 2: Fast facts for women and HIV&AIDS*

## 2.2 Situation of Women Living with HIV&AIDS

Global Health Observatory Data under the World Health Organisation reported 37.9 million people living with HIV globally by 2018<sup>iv</sup>. Of the approximately 1.2 million people aged 15 to 64 living with HIV in Uganda, 59.23% are women<sup>v</sup>, with worst impact in conflict-ridden communities. Needless to say, that the lack of information and breakdown in social infrastructure in post-war societies implied on lack of adequate testing services, lack of timely prevention mechanisms, with no HIV-related treatment. National HIV and AIDS Response strategy 2015/16 and 2019/2020, reports that young Ugandan women who have experienced intimate partner violence are 50% more likely to have acquired HIV than women who had not experienced violence<sup>vi</sup>.

There are a number of Government led interventions in post-war societies in Uganda to address spoils of war, including vulnerability to HIV. Government of Uganda interventions/plans with response to health are:

- The Peace Recovery Development Plan 3 for Northern Uganda; 2015-2021
- Uganda Women Entrepreneurship Programme
- National HIV&AIDS Strategic Plan 2015-2020
- Equal Opportunities Commission
- National Agricultural Advisory Services (NAADS)
- The National Development Plan (NDP) (2015/16-2019/20)

Government of Uganda services notwithstanding, these interventions meet challenges along the gravity of the war destruction and corruption that has been reported to have redirected most of the funds. Gender needs and demands are not often highly responded to, due to the patriarchal nature of societies and lack of power for women to lobby for fairer resources distribution.

## 2.3 Resilience Mechanisms by the Peace Centre

This particular intervention was in response to the organisation's documentation of women's experiences of war, where sexual violence was the prevalence rather than the norm (Tilburg University 2018, Isis-WICCE & Tufts University 2013). The Peace Centre (existing as Isis-WICCE then, 2013-14) undertook an intervention in Uganda, Liberia and Zimbabwe to address the intersection of war and HIV&AIDS with success on laying a foundation for peace building from a feminist and health perspective.

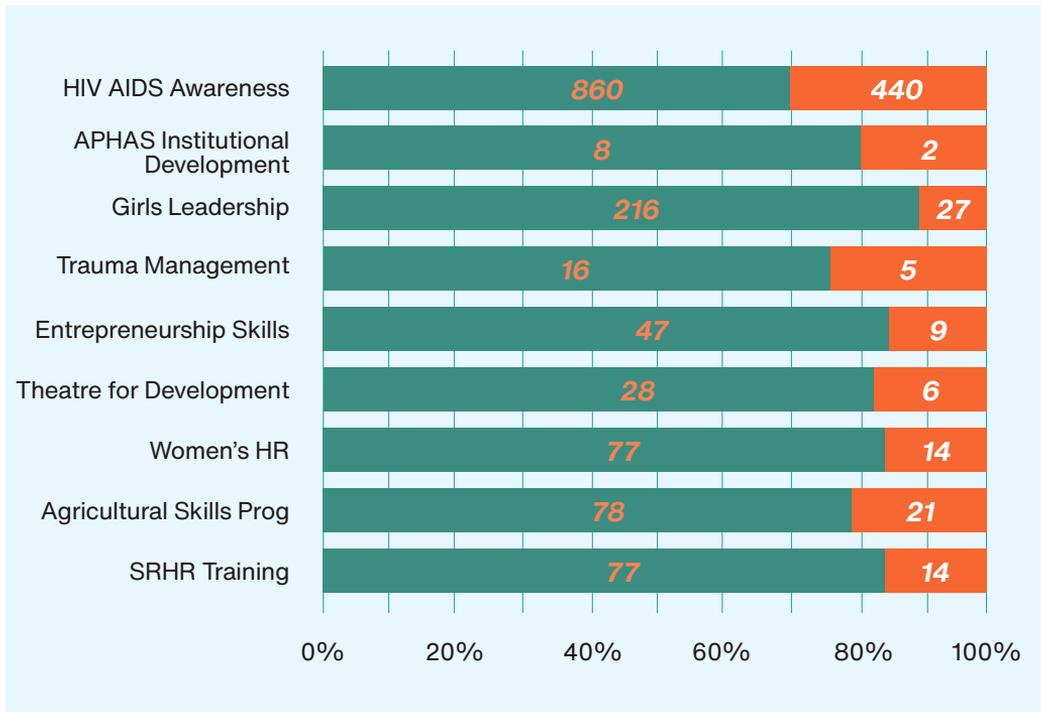
In this particular project, PLHIV in Amuria district, Uganda, were chosen as the agents of change through whom peace and security interventions would respond to social/political consequences to health and rights. The work of different groups that address different aspects of war, collectively contribute to visions for the future through conflict transformation and peace building. The Peace Centre employed a community-driven approach to peace and security.

Flow chart of community-driven initiatives for peace and security<sup>vii</sup>



*Figure 3: Cycle of community-driven interventions*

The Peace Centre has had a 5-year intervention for APHAS. Women and men in APHAS were provided investment to address their plight, make them resilient to have future and hope for themselves, and to transfer the newly acquired skills and competences to the community. The program ran from October 2015 to June 2020, with health as the entry point, given the centrality of health in social development. The graph below shows the number of people who benefitted from knowledge transfers as part of human capital development by the Peace Centre towards improving skills, competences and behaviour on HIV&AIDS:



*Graph 1: Knowledge transfer activities conducted by The Peace Centre*

## Other intervention activities undertaken by the Peace Centre

- Post-training onsite support to facilitate knowledge transfers. Hands on skills in trauma management, agricultural practices, drama dissemination were carried out. These led to strengthening local capacities for peace, leadership and advocacy for social/ behavioural change.
- The Peace Centre provided practical tools for farming and theatre for development regalia to facilitate the work of APHAS. The tools enabled APHAS to have inputs and equipment for mass outreach to communities.
- Support framework for Monitoring, Evaluation, Adaptation and Learning: The Peace Centre in consultation with APHAS set up a monitoring and learning system, to: track changes accruing from project implementation; listen to stakeholders' views and infuse their knowledge into the project; document working practices; ascertain that the project does-no-harm and complements successes of other projects; that project work is meaningful and creates lasting change.

## Reflections on the Project Journey

### My Motherland

**Nkinzi Suzan**

Mother nature the beautiful lands of Orungo  
The place I call home  
I close my eyes, I hear the birds sing,  
I feel the cool breeze on my face  
Home here I am, home it is

Woman a warrior in me awaits  
Out I go to embrace my tomorrows  
A lover has come to my land  
Preaches peace, harmony, health and prosperity  
Fronts a woman

Curiosity awakens in me  
Women of my land  
Labour it all  
They fed, they heal, they cry, they cloth, they nurture  
Armed with the lovers' message  
The voice of a woman is heard on every hill, mountain and the valleys  
Health is fronted, rights are known  
Leadership is embraced and entrepreneurship is central

A cry of a woman is heard from afar  
My feet carry me, my heart bleeds  
Like a lioness my voice roars through the land of Orungo  
The lioness has roared, the trees shake  
A silence and calmness sweeps through the land  
A warrior has risen.

A woman smiles  
Waves and calls out Itunganan yen egogongo ido kocuo – brave and strong woman  
The peace lover and fighter has come to our land  
Mother land has started to blossom  
I hear laughter of children from afar  
Women sing sweet melodies  
Peace, love and harmony has returned to my motherland

The lover who visited my land brought the change, laughter and joy  
Mother land will never be the same  
Woman a warrior in me was awakened.

## Impact

Implementation strategies of The Peace Centre that enabled APHAS to address the intersections of militarised conflict and HIV vulnerability. Project interventions rejuvenated productivity of post-war communities



### Health Solutions and Health Seeking Behavior: interventions

- a. SRHR training
- b. Trauma healing & management
- c. Access to & adherence to HIV related treatment
- d. Home-based care



### Economics and Livelihood Enhancement

- a. strengthen food security capacity
- b. knowledge on farming practices
- c. Provision of tools, seedlings, equipment & land
- d. Entrepreneurship Trainings



### Rights for PLHIV

- a. Knowledge transfers on human rights and advocacy
- b. Counselling skills for communities
- c. Theatre for development
- d. provision of tools, equipment for activism



### Women's Leadership

- a. APHAS Institutional capacity strengthening
- b. Movement building- supporting growth of new groups to increase HIV&AIDS advocacy
- c. foster Supporting women for public leadership
- d. Girls Leadership Camps to groom young people

### 3. Social Transformation

Social transformation comes after a myriad of processes and consistent effort to change personal and community beliefs, values and practices. The Peace Centre and APHAS invested heavily in engaging communities to challenge ascribed norms and gender constructions. They have worked hard to educate communities, that:

- having HIV&AIDS is not a death sentence;
- women can engage in roles that are socially ascribed to men;
- men equally have a huge stake in development work;
- women have increasingly become heads of households following death of spouses during war;
- women may determine the number of children they want to have.

The community has been central and subjects to their self-determination. This project was guided and achieved specific results reflected in four areas below:

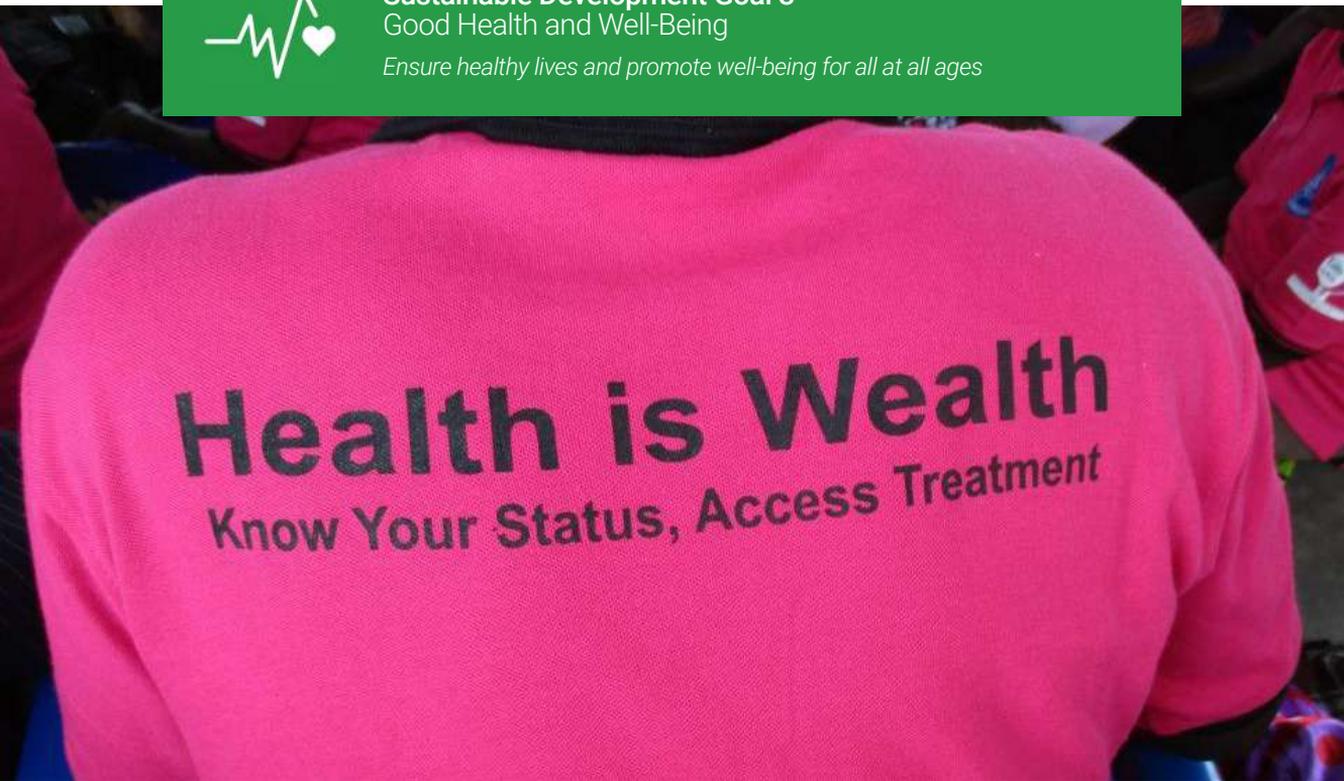


## 3.1 Health Solutions and Health Seeking Behaviour



### Sustainable Development Goal 3 Good Health and Well-Being

*Ensure healthy lives and promote well-being for all at all ages*



**Health is Wealth**  
Know Your Status, Access Treatment

### Introduction

Sexual and reproductive health is a crucial part of general health and central feature of human development. Health is a concern for PLHIV as they are easily exposed to infections that attack their immune system, hindering their productivity and making them vulnerable to dependence, poverty and death. Hence, ensuring women and girls' access to HIV prevention services is critical.

Through the project life cycle, The Peace Centre provided knowledge transfers in the following areas:

### Project Interventions

- a. Sexual and Reproductive Health and Rights (SRHR) training: understanding our bodies; family planning, nutrition, sanitation and hygiene. Knowledge on detection of tuberculosis, cancers and treatment of opportunistic infections as they are increasingly found to be a consequence of HIV&AIDS;
- b. Knowledge on family planning methods, its side effects, and its benefits in spacing children to strengthen the CD4 (Cluster of Differentiation 4) counts for PLHIV.

- c. Trauma healing and training of community practitioners in trauma management and use of community radio dialogues based on the Eye Movement Desensitization and Reprocessing (EMDR) approach for trauma healings techniques<sup>viii</sup> in collaboration with Tilburg, Makerere and Mbarara Universities.

## Innovations during project implementation



Enriched the project with trauma management skills, given the post-conflict setting contexts of the target group, and the severe trauma they were exposed to during war.



APHAS supported to initiate Monitoring Clusters in 8 parishes: APHAS took lead in effecting community change by undertaking home visits and responding to challenges to sanitation and hygiene. APHAS undertook 56 home visits, where they:

- Handled 8 cases of domestic violence
- Sensitised community on Domestic Violence
- Held sanitation and hygiene meetings

## Impact of our Interventions-Changing lives!

- 3.1.1** APHAS conducted community trauma therapy sessions for 125 beneficiaries based on Eye Movement Desensitisation and Reprocessing (EMDR) approach. The emotional and psychological recovery process addressed stress using simple therapy techniques.
- 3.1.2** Provided life's options to HIV positive mothers, who were advised to: space children (2-3years) in order to strengthen their CD4 count; have balanced diet and frequency of meals in order to ward-off infections.
- 3.1.3** Initiated home visits and mutual support to people facing domestic violence or those with difficulty opening up on their positive HIV status. By December 2016, APHAS promoted good neighbourliness and co-existence reaching out to 82 households to support families on understanding and management of HIV&AIDS. They responded to fundamental human needs by offering house-hold consumables (soap, sugar, soap) to bed ridden PLHIV.
- 3.1.4** APHAS worked with 20 households to construct bathing shelters and utensil racks, and 16 households to construct pit latrines. This improved hygiene and sanitation reducing sickness.

- 3.1.5** APHAS counselled communities to take HIV testing, and has strengthened its referral pathways to health clinics (for HIV testing and treatment of opportunistic infections), to Local Councils and police as the situation demands. 120 people (72 women and 48 men) benefitted from counselling activities and subsequently went for HIV testing. APHAS visits to HIV&AIDS patients are carried out with trained health personnel, village health teams or Local Councillors. Trained health personnel have provided early diagnosis, treatment of opportunistic infections and follow-up care.
- 3.1.6** Through home-based care, APHAS encourages PLHIV to adhere to drug routines, provides counselling and attends to bed ridden patients. **In her own words:**

“

I use my own example as a person living positively in our APHAS drama group, to encourage people to test and know their status. It is important to open up as it is helpful for people to live a long life. This approach has helped me convince 6 people to test and start medication.

**Stephen**

- 3.1.8** Emotional and psychological recovery for PLHIV: The project interventions contributed to PLHIV having spaces of mutual support where they could share their stories and experiences, participate in their group processes by participating in joint agriculture and drama activities, preventing members from spousal violence, home visits, counselling communities to address HIV stigma. These activities allowed PLHIV to develop new skills, contribute to helping others and begin to dream again for the desired future of themselves and their families.
- 3.1.9** The project organized a two-day women’s conference on Gender Based Violence and HIV&AIDS bringing together 630 women and men living with HIV and AIDs in Amuria district. The conference gave women and men a platform to share their views on the inter-linkage between HIV and Gender Based violence (GBV). The platform enabled participants to engage service providers and district leadership. Community members also received HIV testing and counselling. 565 people were tested 15 (84.75%) tested positive.

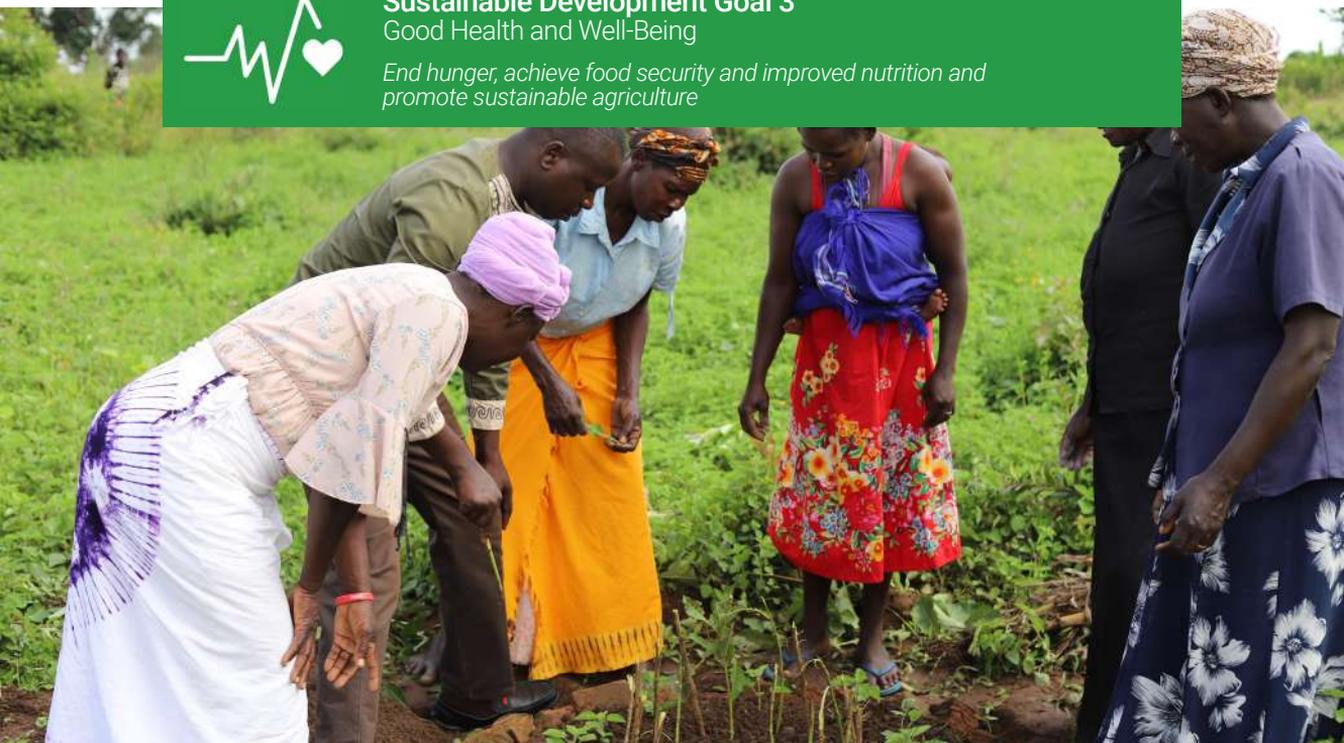
## 3.2 Economics and Livelihoods Enhancement



### Sustainable Development Goal 3

Good Health and Well-Being

*End hunger, achieve food security and improved nutrition and promote sustainable agriculture*



### Introduction

Agriculture is the most dominant sector in Uganda's economy (MAAIF, 2010) and the largest employer with 65.6% of employed population (Uganda Bureau of Statistics, 2011). Majority of women are employed in agriculture as primary producers, with agriculture contributing to 20% of GDP and 48% of Uganda's exports (UBOS, 2018). The contributions of women provide a large proportion of raw materials for the sector. Agricultural sector has huge potential to generate income for the poor (particularly women) and important for food nutrition and food security. However, productivity in agriculture sector is endangered due to HIV&AIDS mortality, absenteeism from farming activities and the crisis of traditionally labour-intensive agricultural systems<sup>ix</sup>.

### Interventions by the Peace Centre

Throughout the project life cycle towards improving the living conditions and health standards of rural communities, The Peace Centre provided APHAS opportunities for:

- a. Knowledge and skills for improved agricultural practices including: user-friendly farming methods, types of pests and control methods, and post-harvest handling methods.
- b. Provision of seeds and farming tools.
- c. Hire of land for farming.
- d. Skills in enterprise development and management.

## Innovations during project implementation



Kitchen gardens and sack mounts were introduced to address the lack of access and control of land by women. APHAS members subsequently planted vegetable in limited spacing.



Kitchen gardening is conducive to the health status of PLHIV as it is not labour intensive.



Introduced a simple irrigation model (a bottle of water with a tiny hole over the plant) to address the 6-months dry season, and ensure that vegetables are available throughout the year to PLHIV.

In her voice!

“

My home here at the sub-county is surrounded by rocks. This used to worry me, I considered the land barren. After agriculture skills training I used the basin farming system, put holes, poured in manure and planted my crops. My family has not lacked food during the dry season, am no longer worried of rocks around me.

**Iremu Agnes**

## Impact of our Interventions-Changing lives!

- 3.2.1** Strengthened the food security capacity for PLHIV, by increasing their access to sustainable livelihood opportunities. APHAS learnt agronomic practices on how seed beds are prepared and how to care for crops to maturity. The group changed from broadcasting model to planting in rows, and learned to produce locally made pesticides and manure for fertilization, leading to increased crop yields. This enabled PLHIV to secure access to higher earnings, increasing their levels of confidence and self-esteem.
- 3.2.2** Improved agricultural practices have enhanced quality and quantity of crop harvest for cereals and pulses, thereby enhancing household food security. Practices such as row-planting, kitchen gardening and sack mounts benefitted Teso Sub-region which is flat and low land characterised by long dry spells, bush fires, hailstorms, floods and water logging<sup>a</sup>.
- 3.2.3** Gardening on smaller spaces such as in sacks overcomes labour-intensive agriculture and reserves women's level of effort that would be drained through the several processes of site preparation, ploughing and weeding, given the health status of PLHIV.
- 3.2.4** Kitchen gardening increases on vegetable growing thereby increasing food nutrition for PLHIV whose health has been compromised. Proper nutrition implies stronger immune system, reducing the threat of attacks to HIV-related opportunistic infections.
- 3.2.5** Reducing dependency with incomes for women and men on the joint farming project. Addressing poverty promotes economic empowerment and helps to reduce women's vulnerability to HIV<sup>d</sup>.
- 3.2.6** Using agricultural proceeds to educate children:  
In her own words:

“

Upon the death of my husband to HIV, I almost gave up on educating children. My son stayed home for almost three years due to lack of fees. Proceeds from my farm have enabled me to take him back to school, he is now in Senior 3. I am more able to run the family from the support and training of this project.

**Maimuna**

**3.2.7** Enterprise development skills have enabled PLHIV to improve and secure household incomes, sustain families and provide for household needs. They have engaged in tailoring, animal rearing, carpentry, savings and revolving fund group activities. The gains provide income for household security, address poverty and give power to PLHIV to make informed choices with incomes they have at hand. In his own words:

“

I am a carpenter, and make tables, chairs and beds from the carpentry skills. When I sold the furniture, I bought a plot of land where am able to grow maize, beans and cassava.

**Odulai**



### 3.3 Rights for People Living with HIV



#### Sustainable Development Goal 16 Peace, Justice, and Strong Institutions

*Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build an effective accountable and inclusive institutions at all levels*



#### Introduction

the effect of activism and awareness raising has been remarkable in promoting women’s human rights. Women’s rights with specific reference to land, property, peaceful homes and access to healthcare and information communication for behavioural change are basic tenets to the livelihoods of people living with HIV. Specifically, the National HIV&AIDS Priority Action Plan (2017-2018) of the Uganda AIDS Commission lays emphasis on: prevention of HIV infection through behavioural change, promotion of STD care and condom use with focused educational messages. To this end, efforts have been made to lay strategies for behavioural change, address community norms and socially accepted practices including the protection of the rights of women and girls (such as widow inheritance and polygamy).

Furthermore, it has been observed that sexual transmission of HIV infection is determined by social, legal and economic relations between sexes<sup>iii</sup>. Women’s vulnerability particularly those living in rural areas is heightened by:

- Inability to read or be reached by written messages.
- Lack of participation in discussion and decisions.
- Their economic and social dependence on men.
- The inability of women to negotiate safe sex by insisting on condom use.

During project lifecycle, The Peace Centre:

- Provided knowledge on the rights of people living with HIV with emphasis on property rights, writing wills, marriage and divorce.
- Initiated knowledge transfers on human rights issues, including: property rights; land tenure system; domestic violence; marriage, separation and divorce; succession and will writing.
- Equipped APHAS with Communication skills (drama) for development to stimulate critical thinking in communities.
- Conducted a leadership dialogue with school administration including Head teachers, Senior men and women and Parents Teachers Association (PTA)
- Provided communication equipment to APHAS to facilitate community outreach, including: laptop and related accessories, Public Address System and a Generator.

## Innovations during project implementation



Hosting drama HIV on market days attracts more people. With such a strategy, women would not need permission from their spouses to attend public gatherings since the drama is hosted within duration of their gender roles. The dramas are combined with Q/A sessions where a number of myths and stereotypes against HIV are clarified.

## Impact of our Interventions-Changing lives!

### 3.3.1 Sample of property-related cases handled by APHAS:



My neighbour sold the family land without the wife's consent. He had earlier sold off a cow that created family misunderstandings. I referred the woman to police, the police came on ground and resolved the issue, the land was returned to the family.

**Alajo 2016**

In northern Uganda the main means of livelihood is agriculture which makes land an important asset and tool for development and a determinant of income earning power. Accessing land for food security, meeting family nutrition needs and living a decent life are key for PLHIV.

- 3.3.2 Using the Government of Uganda Succession Act (CAP 162) Will format, APHAS members were supported to write Wills. This effort is directed towards protecting their immediate family members from losing property in the event of death.
- 3.3.3 Women’s human rights training helped to expose and combat rights violations and oppressions that are based on sex and gender with a view to enforce policies and legislation to address the violations. One of the trainees shared how she used the knowledge to help solve a dispute between her neighbours’.



...my neighbour sold off a portion of land where the wife used to do family gardening. The new land owners uprooted all her crops by the night. The land wrangle persisted for 4 years with the case at the Local Council not resolved. We engaged clan leaders, who collected money together and refunded the buyer. The family is at peace now.

**Atim**

- 3.3.4 APHAS held community sensitisation and awareness activities to combat HIV, support communities still living in stigma and denial, and those affected by violence from 2016 to 2019.



Graph 2: Drama Outreaches

APHAS has reached out to 5,887 people, women (62%), men (17%) and Children (21.35%) through theatre for development. Dramas are run on market days, in schools, health centres and international commemorations (World AIDS Day, 16 Days of Activism and International Women's Day).

**3.3.5** From the drama sessions, 18 women and 8 men openly disclosed their HIV status and requested for guidance, counselling and treatment referrals. This success contributes to the 2020 UNAIDS target for ending AIDS epidemic, which intends to have:

- 90% of all people living with HIV will know their HIV status;
- 90% of those diagnosed with HIV infection will receive sustained antiretroviral therapy.
- 90% of those receiving antiretroviral therapy will have viral suppression.

**3.3.6** APHAS counselled, mediated and provided community support over domestic violence and property wrangles. Furthermore, community sensitisation through drama deepened and widened activism against stigma issues related to HIV status disclosure and access to treatment. In her own words:

“

A woman in our community had wounds all over her body and I was alerted of her pain. I talked to her and she promised to go to the health centre for HIV testing, but she never went there. I paid her another visit and encouraged her to go for a test, we went to the health centre together. She was tested and found positive. She is now on treatment.

**Amado**

**3.3.7** Dramas generated a number of issues that required strengthening of the referral pathway. Cases of violence, property disputes, spousal fights, alcoholism were referred to clan leaders, police, Community Development Officers and local leadership for further action. 22 people who disclosed their HIV status after the dramas were referred to Orungo Health Centre III for follow up actions.

- 3.3.8** Theatre for development is a highly effective and efficient strategy for reaching out to communities. The mass education approach that uses sound and sight converges people in a short time, and is held at people's convenience. It is also a strategy through which people are able to analyse social problems and suggest strategies for response. Through drama, APHAS is able to share information through mass outreach, with less investment.
- 3.3.9** The school leadership dialogue discussed and analyzed the issues that affect the girls in schools and developed an action plan to help them address issues of stigma and discrimination in schools. Some of the actions taken included awareness raising on HIV and AIDS and personal hygiene which has been promoted within the schools. During school assemblies, teachers share information on the consequences of HIV&AIDS, and girls especially are encouraged to keep hygiene when in menstruation period.

## 3.4 Women's Leadership



### **Sustainable Development Goal 16** Peace, Justice, and Strong Institutions

*Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build an effective accountable and inclusive institutions at all levels*



## Introduction

Women's leadership is critical to all sectors of society, given the roles, differentiated experiences and community concerns that they bring to the table. As we progress into the 21st Century coupled with multiple challenges, it is recognised that women's leadership requires different skills, ethics and value systems. The project focused on strengthening APHAS' local capacities for peace through responding to health, food security, poverty and HIV stigma-related concerns. Specific efforts were made to enhance leadership among girls of school-going age. Leadership taps into the good springs of human motivation and fundamental relations with others.

The Peace Centre undertook the following activities to foster leadership capacities of women and girls:

- a. Provided leadership skills to members of APHAS to address shyness, public speaking and capacity to influence others towards better systems for HIV prevention and care.
- b. Supported APHAS group's members to develop personal plans in areas of health, finances, intellectual and family development.
- c. Strengthened APHAS institutional capacity with skills and tools for running organisations.
- d. Held Girl's Leadership Camps for girls (10-16years) on positive living, SRHR, stigma and discrimination and making of reusable pads.

## Innovations during project implementation



Movement building by linking APHAS to groups, communities and institutions of common interest to address the consequences of armed conflict and HIV epidemic.



Engaging youth and girls, building their leadership to combat HIV epidemic and address SRHR.

## Impact of our Interventions-Changing lives!

- 3.4.1 APHAS was supported to take lead in establishing and making functional 8 Community Monitoring Clusters (CMCs) in Omoratok, Temele, Monunera, Orungo, Aita and Adakan Parishes to cascade the different skills they had acquired from the Peace Centre training programs to further support communities on different social gaps. The CMCs undertook 82 home visits with 810 people. Using the data from the home visits, APHAS CMCs:

- Monitor hygiene and sanitation among themselves and also hold sensitisation on hygiene and sanitation for community members. They have reached out to over 100 households.
- Constructed pit latrines, utensil drying racks and shelters for animals among the 56 members of APHAS
- Handled cases of domestic violence and referred others to police, religious leaders and health centres. Over 100 cases have been referred some on individual bases and others as a group.

**3.4.2** APHAS members were supported and they developed personal development plans, commonly in areas of healthcare, intellectual development, financial improvements and family support. There has been constant monitoring and support from the Peace Centre to ensure that they fulfil their plans.

**3.4.3** APHAS took lead in establishing and running HIV&AIDS Support groups in different social spheres.

- HIV&AIDS Positive Living Support Group in Orungo sub-county focuses on behavioural change on stigma and enforcing adherence to treatment.
- Orungo High School Peace Club of 24 students focuses on peace building, and youth education.
- LRA-Former Abductees Support Group with 42 members helps with the resettlement of former abductees back into community.

**3.4.4** Strengthened referral pathway for PLHIV: APHAS has taken leadership in strengthening case management by referring communities infected and affected by HIV to LCs, Police, Health Centres, Counsellors and clan leaders. This strategy is slowly engaging different systems and structures on the ground to combat HIV, violence, poverty, lack of child education and support, and property grabbing. These ultimately contribute to peaceful coexistence.

**3.4.5** Systems strengthening: as part of movement building and sustainability, the Peace Centre consistently provided institutional capacity support to APHAS. APHAS has been strengthened with financial accounting, group leadership and management.

**3.4.6** Movement building and Networking:

3.4.6.1 The Peace Centre has linked APHAS to strategic partners and critical events, to widen their knowledge and share their resilience mechanisms and help to disseminate information on the intersectionality of war, HIV&AIDS and sexual violence. They participated and influenced spaces such as the Mukwege Foundation survivors retreat, UGANET advocacy on

legal and human rights response to HIV, East and Central African victims and survivors of sexual violence in conflict conference, and exhibition of agriculture among others.

- 3.4.6.2 Establishment of new community groups to enhance community-driven initiatives for peace, security and human health: The Peace Centre supported the establishment of 6 new other HIV&AIDS support groups to deepen and widen community outreach on peace, security and health responses to HIV&AIDS epidemic. The new groups, started mainly by members of APHAS in the different sub-counties have an average membership of 30 people, and are more able to reach out to wider communities.

dr. Denis  
**Mukwege**  
Foundation

**Mukwege Foundation  
Survivors' Retreat**  
June 2017



**Joint advocacy for legal and  
human rights response to HIV**  
June 2017



**East & Central African victims and  
survivors' of sexual violence in conflict**  
June 2018

APHAS linked by  
The Peace Centre to  
strategic partners to  
reinforce its work



**APHAS at the Agricultural  
Exhibition**  
2017



**APHAS engaged at STF health  
and HIV meeting**  
August 2017

## Did you know?

---

That the Women’s Peace Centre has supported formation of 6 new community initiatives?

- Ogongora Positive Club, Ogongoja S/County;
- Ogolai PHAs, Ogolai Sub-County;
- Emorikikinos PHAS, Omoratok Sub-County; VAG, Orungo Sub-County;
- Angaleu PHAs, Moruina Sub-County;
- Ococia PHAs, Ogolai Sub-County.

3.4.6.3 Building Leadership of young girls: The Peace Centre and APHAS held Girl Leadership Camps under the theme ‘My Body, My Power’. The activity aimed at building leadership potential of younger generations to address the root causes of violence, personal hygiene and sexuality issues relating to HIV&AIDS. The camps benefited over 800 pupils from 5 schools namely:

- Orungo Primary School;
- Moruina Primary School;
- Ocakai Primary School;
- Ococia Primary School; and
- Otubet Primary School.

This is part of the strategy to empower young communities to reduce their vulnerability to sexual violence and HIV&AIDS.

**3.4.7** Women take on political leadership positions: Five APHAS members offered themselves for public leadership (1 Local Council V – Woman Councilor Orungo & Akeriau; 3 Women Councilors; 1 Emorimor cabinet vice chairperson Adakun parish), thereby joining decision making and resource allocation platforms. In her own words:



“

The Peace Centre gave us training on understanding our bodies, educating children, leadership and our rights. During my son's school meeting at Ocakai Primary, I shared the importance of education and responsible parenting. During the meeting, parents elected me unopposed as the Secretary-building committee. In this position, we have managed to build a permanent house for the head teacher without any funds swindled. I also contested and was elected as the Village Chairperson Local Council I (LC 1).

**Agelo**

## 4. Reflection

### Reaching a Person Who can Reach Masses

#### Women changing the face of HIV & AIDS and building Peace

shows the replication effect of reaching out to people of influence (in this case PLHIV) to make decisions and run initiatives that they have a stake in. The Peace Centre's consistent efforts to provide technical assistance, and APHAS' critical mass outreach are profound. Their commitment is reflected in the outcomes of this project.

Furthermore, this field experience also provides us a number of lessons learned:

- a. Communities have the capacity to change issues affecting them if provided with the right information and tools.
- b. Post-war societies have multiple burdens arising from war. There is need to generate multiple strategies to address different dynamics in order to achieve durable peace.
- c. There is no one-size-fits-all approach in development work. Development partners and NGOs should consult communities to develop strategies that are context specific, and be responsive to community needs with initiatives that have potential to do more with less investment.
- d. HIV prevention for women must involve different social groups, particularly men. The challenge is not for women alone. Local leaders, police, health care workers and schools all need to understand the vulnerabilities that cause HIV and the possible solutions. For as things are today, one is either infected or affected by HIV.
- e. Combating HIV&AIDS has a number of challenges including the threat of herbalists and new wave of religious groupings, who convince PLHIV that they can be cured without medication, leading to unnecessary loss of lives. Collective efforts of actors with health care workers to find sustainable solutions to HIV would be more beneficial as opposed to individual efforts.
- f. SRHRs matters, especially HIV&AIDS should be treated as priority and primary to civic interests. Investment in health should match the level of demand. National development is pegged to level of health and productive capacity of its citizenry.
- g. Climate change is a new threat to community development and peace. Environment damage has led to longer dry and sunny spells, rising into unpredicted droughts and food shortages. This was an experience that affected project progress in August 2017.

## 5. Moving Forward

Just like any community that has experienced protracted social and political conflict, the situation creates different layers of root causes and possible solutions. PLHIV in Amuria district need more interventions to realise visions for peace and a desired future. Other interventions that need to be made by the Peace Centre are:

- a. Support to the 6 new community groups that expanded from APHAS for them to be strong enough to influence social development and community mobilisation.
- b. Provide more support to girls under the Leadership Camps, by attaching them to role models who can enable them realise their potential. Girls need more support for retention in schools.
- c. Current conflict trends such as natural disasters of locusts and viral outbreaks (such as COVID-19), drug trafficking among youth, environmental degradation and rural-urban migration need to be addressed within the project as they roll back the gains made on the project. Viral outbreaks prejudice the health and wellbeing of PLHIV&AIDS since many of them are immune compromised; locust invasions greatly affected farmlands leading to food/ nutrition scarcity. The new conflict trends inevitably lead to poverty and increase vulnerability to violence.

## Conclusion

Preventing militarised conflict and ensuring that communities have access to HIV prevention and treatment services remains critical. Numerous approaches need to be generated to reduce women's vulnerability to HIV. Safer sex practices should be taught in all institutions of learning. There is need for age-appropriate sexuality education to fast track HIV response and AIDS epidemic, in Uganda and Africa as a whole.

Society should be on alert to the causes of HIV, recognise signs of intimate partner violence, promote gender equality in communities, and increase access to services. More investment is needed in responding to militarised violence, violence against women and HIV&AIDS.

Through this initiative, with the kind technical support from the Stephen Lewis Foundation, the Peace Centre has demonstrated that working with communities such as APHAS and providing knowledge, skills and competences can deliver great rewards. The legacy left behind by the three institutions lays the foundation on community leadership in matters affecting them.

## We Live a Legacy!



- Where investment in human development is paramount;
- Where we contribute to turning the tides of AIDS;
- Of contributing to the world that is filled with hope for peace;
- That contributes to making a difference in people's lives;



- Where communities are central to initiatives that affect them;
- Where co-creation, creativity & innovation informs interventions;
- Where women gain agency and greater power to challenge and change situations in which they live;



- Where our families and communities have a better life;
- Where indelible ink speaks to our strength and our resilience;
- Our works lay solid foundation for generations to come!



The drums sound again!



## Endnotes

<sup>i</sup> Isis-WICCE (2013) The Isis-WICCE Model of Empowerment

<sup>ii</sup> Dolan C (2006); Uganda Strategic Conflict Analysis, SIDA Kampala

<sup>iii</sup> Isis-WICCE: Women's Experiences of Armed Conflict in Uganda (Gulu District 1986-1999 & Teso 1987-2001), Uganda

<sup>iv</sup> [www.who.int/gho/hiv/epidemicstatus/en/](http://www.who.int/gho/hiv/epidemicstatus/en/) April 24th 2020

<sup>v</sup> Uganda Population based HIV Impact Assessment, UPHIA, 2016-2017 Summary Sheet

<sup>vi</sup> Uganda Aids Commission (2015): An AIDS Free Uganda, My Responsibility: Document for the National HIV and AIDS Response 2015/16-2019/2020

<sup>vii</sup> Training of Trainers Manual- Transforming Conflict and Building Peace; CAMP & Safer World, 2014

<sup>viii</sup> Tilburg University (2018): Cost Analysis of Cash Transfer Programmes and Post Conflict Trauma Services for Economic empowerment of Women in Uganda.

<sup>ix</sup> The Socio-economic impact of HIV&AIDS on rural families [www.fao.org/3/t2942e/o2](http://www.fao.org/3/t2942e/o2)

<sup>x</sup> Uganda IPC Working Technical Group, Sept 2014, Rpt of integrated food security phase classification analysis for Uganda

<sup>xi</sup> Avert: Women and girls, HIV and AIDS/ [node/387/](http://node/387/)

<sup>xii</sup> The Socio-economic impact of HIV&AIDS on rural families [www.fao.org/3/t2942e/o2](http://www.fao.org/3/t2942e/o2)

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1. Isis-WICCE, FIC et al (2013): Making Gender Just Remedy and Reparation Possible- Upholding the Rights of Women & Girls in the Greater North of Uganda
2. Isis-WICCE (2014): Think Tank on Strengthening Women Leaders Base Camp, Uganda
3. Project Activity Proposal and Periodic Reports (2015-2020)

## Appendices

### Stories of Change

#### Interventions on Domestic Violence

Akwenyutu members have had various engagements on issues of domestic violence in which they provided information, counseling, mediation and practical support. Some of the cases are shared below (See also appendix I):

#### Cases on Domestic Violence

##### Case

My neighbours used to sell their family property without each other's consent. The man was the first to sell household property and also the woman picked up the habit as a revenge mechanism or tactic to prevent her husband from continuing with the vice. However, the man realized that some materials were missing yet it was not him who had taken them. This resulted into quarrelling and fighting almost every day.

##### Intervention

I first talked to the woman and she stopped selling their property, then I engaged the man and finally advised both of them. They agreed and are now living peacefully.



**Asayo  
Immaculate**

##### Case

I found two women fighting, one is a widow and the other is married. They were fighting over a man. Surprisingly, the man whom they were fighting over was present and watching.

##### Intervention

I approached them and separated them. I talked to the widow and advised her to avoid going in for married men and also advised the man to always take caution and avoid extramarital affairs. I also counseled the wife to this man and convinced her not to leave her home. We are continuing to counsel her.



**Awor  
Masclena**

## Case

I found a man and woman fighting; the man was holding a panga. I had no idea as to why they were fighting but I just knew I had to save this lady. Before long the woman also grabbed a knife threatening to cut the man. I knew if I don't do something one of them will die. The man over powered the woman, tied her legs and started dragging her inside the house.

## Intervention

I immediately ran and stood between the two and people started shouting at me, asking me to leave them fearing that they might also kill me. But I insisted and said, if he wants to kill his wife then let him kill me first. I asked the woman, am I your relative? She said no. I also asked the man if I was his relative, he said no, but was very bitter and said that we are the women spoiling his wife. I had my sweater on, I pulled it off. I also had my purple badge pinned on my chest which reads "Prevent violence against women". I firmly said 'with this I can arrest you', read it. The man read it and became a bit withdrawn, he put down his panga. I told him how dangerous violence against women is and how he will end up in prison if he continues fighting and that next time no one will be around to stop the fight and he may end up killing someone. He listened and until today, I have not heard of any fighting in that home. I am very grateful for my badge, that day it contributed to saving someone's life.



**Ariokot  
Deborah**

## Case

Two neighbors (Husband and wife) own a restaurant but they are always quarreling about the financial management. The fights were quiet regular, one day my husband intervened and wanted to fight with the man.

## Intervention

I got up, held his hand and advised him to live an exemplary life. It was surprising because my husband is the LC1 chairperson and I am one of the women advocating for peaceful homes. Due to my persistence, we counseled the couple. I encouraged the woman to resist from fighting since this can lead to death or injury and is not a good example to her children.



**Ajupo  
Mary**

### Case

I have neighbours who are youthful. They used to quarrel and fight every night but you could not tell the following day that they had had a quarrel. They behaved as if everything was normal.

### Intervention

I wanted to help them since the fighting continued. One day I talked to the young man and he finally opened up and shared with me. The wife was refusing to give him sex. This had been an issue for a very long time and this young man was wondering if the girl was cheating on him, thus the constant fights.

I then talked to both of them as my children and advised them. The girl's complaint was that her husband goes to the trading centre and comes back home very late. He comes with nothing and expects to find everything at home and even demand for sex. I advised them and told them 'nobody marries a sister or brother'. I encouraged the boy to take up his responsibility and start providing for the home as the man of the house and also to bring something small for the wife to keep her happy. My advice was well taken, as neighbours we no longer hear any quarreling or fighting. When I approached the boy sometime later to follow-up he simply said "Mama everything is now very okay" he responded with a smile.



**Ajupo  
Mary**

### Cases of HIV and Stigma

The group has also handled various cases on HIV&AIDS with regard to HIV status disclosure and access to treatment.

## Case

A lady never wanted anyone to know about her HIV status. She had a sign on her thighs and part of her buttocks. Someone who cared approached me and requested me to talk to this lady.

## Intervention

I visited her and we had a long talk and she agreed to go to the health centre for HIV testing. She however never went for the testing. She instead bought some toothpaste (Colgate) and smeared it on her thighs and buttocks. I kept monitoring from a distance and saw no change. I decided to pay her another visit. I shared a lot with her and encouraged her not to worry as there are various kinds of diseases and for one to get the right treatment, she needs to test. I told her testing can be for anything. She then agreed and went to the health centre. She was tested, found positive and now on treatment.



**Amado  
Joyce**

## Case

I have a neighbour who is HIV positive, he is very fearful and doesn't want anyone to know his status. He buys medication and takes it secretly. I want to help and I am trying to befriend him but it is not easy. I went through his friend to woo him. I have been able to talk to the wife having noticed that she was very miserable for a number of days. The woman opened up and told me that her husband is always drunk. A few days back he returned home drunk and when she served him food and went to the kitchen to get drinking water, on coming back the husband just threw the plate of food at her claiming that she had delayed with the water.

They fought bitterly. The day I met with her, she was waiting for him to go drinking so that she can pack her things and leave. I advised her to stay since the rainy season had just started and if she left no one would till her gardens and feed her children. She listened and decided to stay. However, I am still challenged since I have not been able to reach out to the husband. Group member kindly advice me on how best to proceed



**Ojade  
Samuel**

### Case

While, I was in my garden with my brother and son, a man passed by running very fast, we then heard people shouting requesting for this man to be intercepted. We ran after him and caught him. We asked him what was wrong and he said he had been in a fight with his wife. We asked if the wife was dead, he said no. However, when the group chasing him caught up with us they said he had stolen a cow. People were ready to kill him as they were holding sticks, pangas and stones.



**Olota  
Simon**

### Intervention

I pleaded with them not to hurt or kill him especially from my garden, they started beating him and the three of us stood in front of them. The boy was spared and we called the LC1 chairperson and the boy was taken away. However, on the way people kept beating him until the owner of the cow threw himself at the boy and begged that they leave him alone. The boy is now saved and always grateful to me for having intervened when he did.

## Land Wrangles

### Case

In our community, elderly people including myself offered land for the community to build a school and a church. The school and church were built. However, sometime back, government took over this school. These elderly people have all died and now their children are demanding back the portions of land that their parents contributed to the school. They threaten the teachers and the clergy men. They have destroyed their crops and killed their animals.

They also leave their cows and goats to graze in the teachers' gardens. One of the children of the man who donated the land reached the extent of putting his building material in the middle of the school compound threatening to start constructing his house.



**Ojade  
Samuel**

The LC1 chairman has called for several meetings but no amicable solution has been reached. The clergy man has also tried but still failed. The CID also threatened to arrest anyone who disturbs the pupils, teachers and Clergy man's peace but still these children have refused to listen. One time the LC1 chair suggested that all parties go round the school and demarcate clear boundaries but all was in vein as the children refused. The DPC and Sub-County Chief have all tried this matter but so far nothing good has yet come out. The matter is still under discussion with the Sub-County leadership.

### Below is some of the advice offered

Befriend the family or that very person, share with him the importance of life using examples both encouraging ones and those that are scary to get him thinking about the positive direction. It would also be wise to use personal experience to help him fight stigma. Highlight the 3 stages of intake of ARVs, let him know that a person starts with phase one and when not adhered to then is moved to stage two and if it also fails then stage three. If all fail then it's an easy ticket to the grave. This will enable him understand the danger of mixing drugs with say alcohol or being careless to neglect swallowing the drug.

“

HIV&AIDS disclosure is not very easy and the biggest problem is stigma. Stigma is a great disease and the worst is self-stigma. This can make one fear self, family, community and the church.

**Odong**



Change progress on improved farming methods

Members of APHAS acquired knowledge and skills on improved farming methods below are some of the progress shared by the team:

## Improvising on small pieces of land

“

I did not know how to utilize my small piece of land. After the training I planted my maize in rows and I got more yields than before. This enabled me save on the seeds as compared to when I used to broadcast.

**Emmanuel Okello**

...I no longer struggle to buy vegetables. I now grow them for myself in sacks and on a very small portion of land...”

**Iremu Agnes**

“

I have a very nice kitchen garden; the past four to five months I have been eating vegetables from my kitchen garden.

**Lorna Apilo**

## Utilizing the dry season

“

This dry season, my family and I planted 8 sacks of vegetables. We have had vegetables to feed on throughout this season

**Odong Noah**

My home here at the Sub-County is surrounded by rocks. This used to worry me; I considered the land to be barren. After the agriculture training, I used the system called basin farming, dug holes, poured in manure and after sometime planted in my crops. Throughout the dry season, my family has not lacked any food as my crops grew very well and I am no longer worried about the rocks around my home

**Odong Noah**

After the training I got two avocado trees, it was during the dry season, I used the knowledge of simple irrigation – got a small jerrycan hanged it on the tree and put water which used to drip on the avocado trees and my trees never dried. I was also not aware that it is important to constantly visit/monitor ones garden and pick out the sick plants before they infect others. This can be done for beans, cassava and maize. I have effectively done this for my cassava and it is doing well.

**Ojade Samuel**

Prepare manure using local materials

I learnt season breaking and no longer plant one crop every season. My crops are now doing well.

**Acero Stella**

...I have a garden of oranges but they were not doing very well. When I learnt how to make composite manure I applied it in my oranges and got good yields, sold and educated my children in secondary school.

**Aloto Betty**

Before I would use one garden and plant the same crop over and over thus ending up with few yields. I have learnt how to interchange and do mix cropping and my crops are doing very well

**Misaki Osege**

Before I used to clear my land and burn the grass thus destroying all manure, but now I leave the grass to rot which has acted as manure in my garden

**Akello Martha**



Enterprise  
Development

Having acquired entrepreneurial skills APHAS members shared some of their achievements as below:

### **Mr. Etamu Emmanuel**

*My enterprise is buying and selling goats, I got 397,000/- (Three hundred ninety-seven thousand shillings only) from the revolving fund. From this I bought 4 goats,*

*below is the spending. I injected my profits into the business; I am hoping to start paying back by end of July 2017.*

	<b>Bought</b>	<b>Sold</b>	<b>Profit</b>
Goat 1	85,000	99,500	14,500
Goat 2	81,000	125,000	44,000
Goat 3	70,000	85,000	15,000
Goat 4	91,000	115,000	24,000
Transport	70,000		
<b>TOTAL</b>	<b>327,000</b>	<b>424,500</b>	<b>97,500</b>

### Ms. Amuge Hellen

*I deal in selling second hand clothes. I was able to get a loan of 600,000/- (Six hundred thousand shillings only) I bought the first lot of clothes I used 300,000 sold and got only 130,000 because it has been the season of hunger all over the region people were not buying clothes. With my knowledge I studied the market and changed to selling silver fish. I started with 270,000/- (Two hundred seventy thousand shillings) for 10 basins and sold the 10 basins at 303,000/- (Three hundred three thousand shillings) making a profit of 33,000/- (Thirty-three*

*thousand shillings). Next trip I bought 8 basins at 250,000/- (Two hundred fifty thousand shillings) and sold at 304,000/- (Three hundred four thousand shillings), my third trip I bought 9 basins at 180,000/- (One hundred eighty thousand shillings) and sold at 360,000/- (Three hundred sixty thousand shillings) making a profit of 140,000/- (One hundred forty thousand shillings). Business has been lucrative I have been able to complete school fees for my grandchild and support with family basic necessities.*

### Akello Edith

*I deal in buying and selling produce specifically beans. I got 55,000/- (Fifty-five thousand shillings). I bought one bag of beans at 35,000/-, used the rest for transport and meals. I sold the bag at 45,000/- making a profit of 10,000/-. I have*

*so far bought around five trips of beans; I have repaid back my loan, continued with my business and was able to buy a bicycle to ease my movements to the different markets.*

# Pictorial Engagements

## A. Agricultural Training and Outcome



## B. HIV & AIDS Women's Conference



*The conference started with a Peace March through Amuria Town Council*



*Apiro Esther and Apoluto Shalom students from Orungo High School recite a Poem on Gender Based Violence and HIV&AIDS*

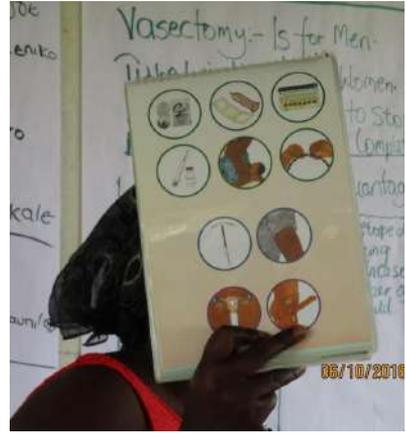


*HIV & AIDS testing during the HIV Conference*

### C. Enterprise skills enhancement and engagements



## D. Sexual Reproductive Health



## E. Community Activism



## F. Girls leadership camp





ISBN: 978-9970-29-039-0



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