

# **GULU WOMEN ECONOMIC DEVELOPMENT AND GLOBALIZATION GWED-G – QUATERLY APRIL – JUNE 2013.**



**GLOBMED BI-ANNUAL REPORT 2013**

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## **INTRODUCTION:**

With the aim of creating awareness and strengthening the community on their health, GWED-G under Globmed project engaged in community sensitization at parishes, villages and household level. A total of 09 community sensitizations were conducted and the sessions/campaigns were focused on various topics covering maternal health and child health, family planning, HIV/AIDS, Antenatal Care (ANC) and post-natal care as compounded here below:



*Cross –section of community members attending sensitization program in Oboo parish]*

Maternal health: this activity centered mainly on the health of women much as the involvement of male partners was also required. Women who directly benefited from the activities were pregnant mothers who were being prepared for the childbirth. As part of the session, the postpartum period was discussed and this encompasses the healthcare dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. This however stimulated hot discussion and challenging questions from community members. One concerned and angry man questioned why the government intervention does not take health issues as a priorities yet this should have been a major focus to all human but surprisingly it lag behind because the government does not want to increased fund for the sector. The situation is worst with the rural community were accessing medical services and health care is not easy basing on the logistic, good and services.



*Lactating and pregnant mothers attending health education talk*

Looking at the Uganda statistic, maternal health is one of the critical concerns with a ratio rising to 438 deaths per 100,000 live births instead of dropping. These brought fears in bringing this figure down to 131 deaths per 100,000 births by 2015 seems an elusive dream. However, in committing to this goal, GWED-G in collaboration with GlobeMed partner based in the US chapter at Columbia University continue to render community awareness programs at parish, village and house levels with prevention strategies and messages which remain the most powerful weapons in the fight against HIV/AIDS, maternal health and new born, family planning, PMTCT and ANC.



Other critical intervention on health related activities of GWED-G basing on the resources allocated to truly create impact is the joint effort of working with government



facilities like health centers and the existing structure. This structure includes the district health officer [DHO] health staff conducting ANC, FP, counseling and testing participation in child health day through immunization deworming which are done at the community levels and also in schools. In schools and also at community level the project carried out education health talk on sanitation and other emergencies health issues at communities. Above all working with VHTs as resource person in reaching every mother with information related to their health in line with other services has been very useful and important.



*Schoolchildren in line for deworming during child health day in one of the village in Giragira parish*

Attending ANC has become the main target for every mother to complete at least four antenatal visits before delivery which must be done at the health centre and at community level to ensure safe deliveries and post-natal care at H/C. This move is also encouraging mothers to avoid the dependence on the TBAs who are not expert in handling complications that might come during delivery. Much success has been registered on the increase in the number of mothers attending ANC. It is also noted that much as this intervention is going on, most mothers still give birth in the hands of TBAs and this is because government policy does not give opportunities to mothers who come for ANC without their spouse. Thus, GWED-G conducted ANC in hard-to-reach with the aim of providing services to those mothers whose spouse never wants to accompany them to the health centre.





In Amuru Lamogi sub-county, pregnant mother resorted in to hireling boda-boda to accompany them to health centre for ANC services as their spouse refuses to take them. This however has affected the result of GWED-G effort and caused complications which are difficult to manage since they are not early detected.

### **The distribution of mama kits**

Out of the 40 identified beneficiaries from Giragira parish, 30 expecting mothers benefited from Mama kits items. These kits were given to support them during delivery of their babies. This is



because most of the mother are vulnerable and with conditions of being HIV positive required additional support like the mama kits. Some of the kits were given to the health centres to support other women who come for delivery packs.

## IEC distributed during campaign;



The sensitization activities were accompanied by the distribution of the IEC materials. The material had information on Preconception care which includes; education on reproductive health promotion, screening and other interventions among women of reproductive age. Other risk factors that might affect future pregnancies were discussed during our sensitization. The major goal of this prenatal care was to enlight the community on ways to detect any potential complications of early pregnancy and to prevent them from occurring if possible. More so the intervention was to direct the woman to appropriate specialist medical services. Postnatal care issues which were stress during our campaign include; recovery from childbirth, concerns about newborn care, nutrition, breastfeeding, and family planning which lag behind.



*Amid-wifeinsert family planning for amother who opted for long term method during family planning campaign in Labongogali health centre III Amuru district one of the hard to reach community.*

Uganda with an estimation of over [35] million people with total fertility rate of 6.2births per women, and a population growth rate of 3.2%could double and reach 100 million people by 2050 and out of this only 26%of married Ugandan use a modern method of contraception although one third of married women wants to postpone their next pregnancy or stopbearing children, they can not access contraception. This unmet need is one of the highest challenges in Uganda.

## **Activities with the VHTs**

### **1. Conduct planning meeting with 20 VHTs**

Two (02) planning meeting were conducted with 20 VHTs coming from all the 08 parishes of Lamogi sub-country in Amuru district. The purpose of the meeting was to expand our program to new location of hardto reachwith the existing VHTs. The aim of the program was also to enhance the VHTs working skillsof conductingreferrals, out reaches, timely reportingespecially on any danger sign arising and can bring complication during pregnancy and child birth ensure dataare collected.This planning was conducted in Pagoro parish kaladima health IIIwith all 20members VHTs present.





The meeting also gave opportunity to discuss on the new program activities that GWED-G plan in the coming year on specific key issues to be address. The concern will be around HIV positive mothers who are pregnant and also positive lactating mothers with strong follow up at home base level to help realized impact of our work within community and will add values on to already existing program. The members show ever demonstrated high need for capacity building interms of refresher training to enable them increase their knowledge and skills in conducting activities within their parishes and villages.

## **2. Distribution of non-food items**

During the first and the second quarter, 20 VHTs were supported with non-food items like salt, soap and gumboots. A total of 20 gumboots were distributed to enhance and motivates them in carrying out their community outreaches. Soap and salt were also distributed to support their domestic household. Each VHT received 1 bar of soap and 2 packets of salt



*Members of VHTs receiving no-food items from GWED-G staff*

### **Visit to Youth Groups**

Two youth groups, in Coke and Palema, were visit and interviewed by the GROW team from Globe Med. The aims of the interview were to understand how the youth are catching up with the project and identify stories of change since the implementation of the activities. In addition, the team visited the Palema youth group's garden, which they grew using seeds given by GWED-G as part of the livelihood component of the project. The interviews were also used as opportunities to assess the gaps in the project and the needs of the youth groups. The youth spoke about needing training and materials to conduct community outreaches on their own, as well as bulls and ox plows to make their livelihood projects more productive. Some of the leaders were trained by CARE International in VSLA, and were able to provide training to other members of the groups. During the training, the major topicsdiscussed were; VSLAprincipal, concepts and methodology, humanrights, civic education, democracy, peace building and psychosocial support. GWED-G will conduct refresher trainings with their staff member in the near future.

The youth groups are essential to GWED-G project because they contribute to the greatest percentage of the population of northern Uganda. And basing on the ground that most of them were born and grew during the conflict period, they need to be empowered in the field of livelihood to avoid a repeat of the violence and conflict in the community. These youths are often in need of psychosocial and economic support. Since they are in groups, they also get group healing therapy because they can speak about their troubles with their peers and work together to support and empower each other. These groups have become role models in their

community, often being used as examples of admirable behavior by elders in their villages. Bosco, one of the youth group leaders, spoke about how he and his fellow members work together to help older members in the community plant and maintain their gardens at no cost. We believe that this project is helping to empower these youths and make them productive and well-adjusted members of society. They also conduct activities to increase knowledge and



*One of the youth loaded his seed on a motorbike for home*

awareness on HIV/AIDS prevention strategies, especially abstinence and condom use to avoid new infections of HIV and STI.

During the visits, 3 youth were also supported with vegetable seeds like onions, cabbages, egg plant and beans. This was to bush on

their livelihood activities especially strengthening their agricultural production. The distribution of the seeds was to make them self reliance in themselves other than depending on others for support. The reason here is that when the youth are supported to be self reliance it creative an assertive behavior that protect them from being lured into unruly behavior that sometimes leads to them acquiring the HIV and AIDS through manipulation. This support also came as a



*One of the youth leader receiving onion seeds from GWED-G Office*

result of our engagement with the community were mostly of them confess that poverty is one of the reason for the increase in the HIV prevalence rates in the community.

To date the seed distributed have been grown and now ready for harvest. It is at this point that we feel after the harvest the youth will be able to sell their product in order to get money that can support them in the livelihood. Part of the product are also used for domestic consumption, hence the family members need only to buy item like salts, sugar and soap and once in a while when they need to change diet.





*Wokorach youth pose in the garden of bean ready for harvesting*

### **Voluntary Counseling and Testing (VCT)**

On June 11, a VCT was conducted in Amuru sub-county by GWED-G with support from health centre staff from Olwal and Labongogali. In total, five staff members were present, including one lab technician. One-hundred community members were tested and given immediate, confidential results. Those who tested positive were given additional counseling; HIV+ participants were referred to a nearby health facility in order to enroll in treatment and registered with their local Village Health Team to ensure that patient follow-up would begin immediately. Pregnant women who test positive at VCTs are also enrolled as GWED-G beneficiaries, and begin to receive house visits and support from GWED-G staff.



*One of the community members being bled for HIV testing in Palema Parish*

The number of individuals tested was limited by the number of available test kits, which were provided by Olwal Health Center III. GWED-G currently continues to seek out testing kits from other sources, including international donors, and will perform VCTs in other communities' contingent on the reception of these kits. VCTs will remain a permanent part of this project in order to increase awareness of HIV and prevention methods. Furthermore, VCTs are a crucial service to community members who cannot receive timely feedback from other health facilities regarding their HIV status. Providing local, immediate testing services is essential to the effort of securing the health of community members.

### **GBV awareness raising**

In carrying out these activities, the community members were mobilized and sensitized on causes, challenges and the consequences of GBV from the household level to the community. Within the community attention were mainly geared towards the children, youth, and parents. The community were also enlighten on the relationship between GBV and HIV. That how violence within a family can cause HIV and how HIV can also cause violence within the family. The session was to help stimulating community response towards response and the prevention of GBV and all its related consequences.



*Sensitization meeting with the community of Amilobo village Palema Parish*

In total of 3 awareness meeting conducted in Palema, Pagoro and Giragira parishes respectively. The meeting drew over 600 community members. The outcome of the community meeting generated other activities like making counseling, and referrals to the various service providers like the hospital, police, FIDA Uganda, War Child Canada for legal; redress. In total 20 survivors were counseled and referred for other services beyond the capacity of Globmed team

## Home Visits:

Home visits and interviews were conducted with twelve of the forty women currently enrolled in Phase IV of the PMTCT program in Amuru sub-county. The home visits were conducted in order to reach out to the mothers who were too sick to attend the group meeting in order to assess the gaps in the PMTCT program and the needs of the HIV+ mothers.



*Juliet Oyella one of the GWED-G program staff counseled a mother in Guruguru parish on the benefits of attending ANC and it's dangers to both the mother and the baby.*

When asked what challenges the mothers faced upon finding out about their HIV+ status, the mothers described ostracizing from fellow community members, extreme depression, hopelessness, and thoughts of suicide. They maintained, though, that their involvement in the PMTCT program has given them hope; the mothers now share their stories, listen, support each other emotionally and with gardening work, and receive education to aid in a healthy delivery for both mother and child. The mothers also expressed frustration with problems relating to access to healthcare. Many stressed that weakness due to illness, the dearth of nearby health facilities, and stigmatization from community members made access to medical care difficult. Some, however, expressed thanks for the success of GWED-G's program in helping to overcome such problems. Additionally, when asked about their withstanding needs, the mothers communicated a desire for the foundation of a VSLA (which GWED-G plans to implement in the coming months), seeds and goats for livelihood and nutrition, oxen to aid in digging, and educational support for their children.

## Distribution of bicycle to VHTs;



A total of ten [10]bicycle were distributed toVHTs in the 08 parishes of Lamogi sub-country.The aim of the bicycle was to enhance transport to VHTs in hard to reach community to enable them conduct there activities efficiently more so referral to mothers with complication. The bicycle was to help VHTs carried out home visit toneedy client who are very ill and can not make it alone to the health centre and also carry out community mobilization during sensitization.[BICYCLE PICTURE]

On the 25/may/2013,we had the first field visits in Lamogi Sub County, where we got many of the women who are members of GWED-G's program for HIV positive living. They told us several stories but one story I found to be particularly moving was from a woman named Aloyo Janet. She is a 23 years old mother of four, currently pregnant with her fifth child. The baby she holds in her lap in this photo is her 4<sup>th</sup> child, and though she looks much smaller and younger, the baby is four years old – she was born HIV positive and has been on antiretroviral drugs (ARVs) for years now. Janet's life has been excruciatingly difficult in ways I could not fathom but her story was not without its triumphs. According to her testimony, Janet's life was not only turned around, but literally saved, by one VHT named Ronald.

Ronald is a village health team worker (VHT) in the Amuru district of Northern Uganda, and lives in Pagak Parish where Janet is from. He is HIV positive himself and uses his status and his experiences to reach out to community members, providing an example in his actions, and support for those battling to accept their statuses or those reluctant to abandon the stigma that binds it to HIV.

This is Janet's story (warning, it may be difficult to read):

When I found out that I am Hiv Positive I went into shock and was admitted to a nearby hospital. I saw the diagnosis as a hopelessness, death sentence and thought of committing suicide. When I was discharge from the hospitall tried all possible means of procuring medicines to kill myself because I didn't see any future for myself but pain and darkness. One day Ronald who is a VHT came to visit me at home and he removed all the medications from my home and spent the entire night talking and counseling me. In the next morning, I asked Ronald for more medication to kill myself instead he took me to a nearby health center where he brought in a team of health workers who began counseling and talking with me at length. Upon return to my home, Ronald monitored me closely together with my neighbors and he kept my medicines in his home, bringing them to me whenits time for taking them, and making sure I adhere to ARV regimen. But my disposition did not change because I did not believe that the

ARVs am taking was working and saw no light in my future. So Ronald tried something else. On every 28<sup>th</sup> of the month, the health center of Labongogali dispenses ARVs to community members living positive. Janet describes the experience:



“Ronald took me to the health center on this day and showed me the hundreds of people who were living positively. Ronald continued counseling and talking to me, eventually I started to accept my status.” Unfortunately, at this point, I had not been taking care of myself and medication as well; my fourth child was born HIV positive. But thanks to the counseling and support that Ronald gave me, I was able to recognize that hope remains and I hope that my current pregnancy does not have to be the same. I am now enrolled in GWED-G’s program for HIV positive mothers which are providing me with the tools and education necessary to deliver a healthy baby.

Janet is an incredible woman with undeniable inner strength that enabled the success of her recovery from despair and sickness. But the influence of Ronald on her personal journey cannot be denied. This is just *one* example from *one* woman that we have interviewed. Many other women told similar stories of owing their lives to the dedication of their village VHTs. Their impact on their communities is undeniably crucial, but largely, VHTs’ work goes unrewarded and unrecognized by all but those they serve, and a selected few NGOs such as GWED-G who have some funds allocated to VHTs – providing incentives such as soap and salt to offer small thanks for the work they do. But the thanks are much smaller than they deserved and much more should be done to assure that VHTs can do the most good for their communities.

NUMERICAL SUMMARRY OF THE ACTIVIES					
Number of community sensitization done	Number of home visit/follow up	Number of couple referred for ANC and family planning	VCTs referrals	Number of youth reach with HIV information	Youth counseled for VCT
9	600	231	302	543	210