



## Country Profile Uganda



Dr. Dorothy Balaba, director of THETA, an AJWS project partner in Uganda

*What gives value to travel is fear. It is the fact that, at a certain moment, when we are so far from our own country...we are seized by a vague fear, and an instinctive desire to go back to the protection of old habits.*

*This is the most obvious benefit of travel. At that moment we are feverish but also porous, so that the slightest touch makes us quiver to the depths of our being. We come across a cascade of light, and there is eternity. This is why we should not say that we travel for pleasure. There is no pleasure in traveling, and I look upon it more as an occasion for spiritual testing.*

*If we understand by culture the exercise of our most intimate sense – that of eternity – then we travel for culture. Pleasure takes us away from ourselves in the same way as distraction, in Pascal's use of the word, takes us away from God. Travel, which is like a greater and graver science, brings us back to ourselves.*

Albert Camus, Notebooks 1935-1942

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# MAPS

Source: U.N. Cartographic Section, [www.un.org/Depts/Cartographic/english/htmain.htm](http://www.un.org/Depts/Cartographic/english/htmain.htm) (reprinted with permission).



Map No. 4045 Rev. 4 UNITED NATIONS  
January 2004

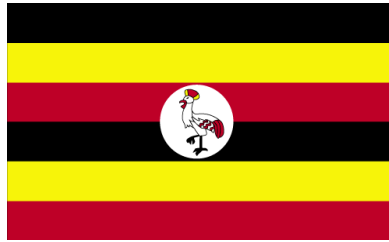
Department of Peacekeeping Operations  
Cartographic Section





## COUNTRY PROFILE

Source: "Uganda," CIA World Factbook, [www.cia.gov/cia/publications/factbook/index.html](http://www.cia.gov/cia/publications/factbook/index.html).



<b>Official Name:</b> Republic of Uganda	<b>Capital:</b> Kampala
<b>Government:</b> Republic	<b>Currency:</b> Ugandan shilling
<b>Current Head of State:</b> President Lt. Gen. Yoweri Kaguta Museveni (since seizing power January 29, 1986, then elected); Prime Minister Apollo Nsibambi (since April 5, 1999). <i>Note:</i> the President is both head of state and head of government; the Prime Minister assists the President in the supervision of the cabinet.	<b>Population:</b> 28,195,754. <i>Note:</i> estimates for this country explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (July 2006 est.).
<b>Political Parties:</b> Conservative Party (CP), Democratic Party (DP), Forum for Democratic Change (FDC), Justice Forum (JEEMA), National Democrats Forum, National Resistance Movement (NRM), Ugandan People's Congress (UPC).	<b>Political Pressure Groups:</b> Popular Resistance Against a Life President (PRALP).
<b>Languages:</b> English (official national language, taught in grade schools, used in courts of law and by most newspapers and some radio broadcasts), Ganda or Luganda (most widely used of the Niger-Congo languages, preferred for native language publications in the capital and may be taught in school), other Niger-Congo languages, Nilo-Saharan languages, Swahili, Arabic.	<b>Ethnic Groups:</b> Baganda 17%, Ankole 8%, Basoga 8%, Iteso 8%, Bakiga 7%, Langi 6%, Rwanda 6%, Bagisu 5%, Acholi 4%, Lugbara 4%, Batoro 3%, Bunyoro 3%, Alur 2%, Bagwere 2%, Bakonjo 2%, Jopodhola 2%, Karamojong 2%, Rundi 2%, non-African (European, Asian, Arab) 1%, other 8%.
<b>Religions:</b> Roman Catholic 33%, Protestant 33%, Muslim 16%, indigenous beliefs 18%.	<b>Size:</b> 199,710 sq km, slightly smaller than Oregon.
<b>Terrain:</b> mostly plateau with rim of mountains.	<b>Climate:</b> tropical; generally rainy with two dry seasons (December to February, June to August); semiarid in northeast.
<b>Natural Resources:</b> copper, cobalt, hydropower, limestone, salt, arable land.	<b>Agricultural Products:</b> coffee, tea, cotton, tobacco, cassava (tapioca), potatoes, corn, millet, pulses, cut flowers, beef, goat meat, milk, poultry.



## GETTING TO KNOW UGANDA: Historical Overview

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**Source:** The World Guide Tenth Edition. CD-ROM. New Internationalist Publications Ltd. 2005. Reprinted with permission.

### Pre-Colonial Era

In present-day Uganda the ruined mud walls of the Kingdom of Bigo show evidence of urban civilizations dating from the 10th century.

The ruins of sizeable hilltop fortresses still remain. These fortifications mark the lines of penetration from the North of the Bacwezi, a nation of Nilotic herders, who subdued the Bantu peoples of the area around the 13th century. Their fortresses – in some cases up to 300 meters in diameter – were built to protect their cattle, their main source of wealth and status. Gradually, the conquerors mixed with the local people, adopted a Bantu language, and came to be called Bahima, but continued their nomadic lifestyle.

Between the 17th and 18th centuries, the kingdoms of Bunyoro, Buganda, Busoga and Ankole were founded. A dispute for supremacy arose between Bunyoro, supported by the Swahili traders, and Buganda, linked to the “Shirazis” of Zanzibar. At the beginning of the 19th century Bunyoro lost some of its allies, who formed the independent state of Toro, leading to the undisputed hegemony of Buganda.

In the mid-19th century Buganda was governed by Kabakas, or traditional leaders, who were, in theory, absolute rulers, but in practice were limited by the Lukiko, a council representing the higher castes. Buganda had a standing army which guaranteed its regional autonomy. It had a relatively equitable society, in which caste privileges were more honorary and political than economic, and a sound agricultural economy that allowed it to survive the decline of the slave trade.

### Colonial Era

H.M. Stanley, the British adventurer and journalist, arrived in present-day Uganda in 1875. He denounced the spread of Islam in the region and reported an alleged request by Kabaka Mutesa I asking Europe to send missionaries to halt Egyptian-Sudanese religious infiltration.

These missionaries soon arrived: English Protestants in 1877 and French Catholics in 1879. They quickly converted part of the Bugandese hierarchy, splitting the power elite into three factions. Two of these reflected the rivalry between missionaries – in local dialect the “Franza” and “Ingleza” parties – while the third (moderate and Islamic) assumed the defense of national interests. The main impact was the consolidation of the European presence.

The missionaries succeeded in deposing the Muslim Kabaka Mwangi in 1888, and shortly afterwards the Imperial British East Africa Company (IBEAC) arrived, a typical colonial trading company, forerunner for the British government.

The 1886 Anglo-German agreements ceded the states in the lakes area to the British, who established them as a Protectorate in 1893.

Under the British, other organized local ethnic groups were forced to adopt political systems similar to Buganda's, as the British thought that the Lukiko resembled their own parliamentary system. With the intention of developing a ruling elite to serve as intermediaries for the colonial power, the British undertook “land reform,” privatizing communally owned land, which left the rural population landless and benefited the Lukiko-based bureaucracy.

In 1894, Buganda also became a British protectorate. An agreement signed in 1900 transformed it into a constitutional monarchy, controlled by the Protestants.

In 1902 the eastern province of the country became part of British-controlled Kenya.

The cultivation of cotton as a cash crop began in 1904.

### Independence Movement

During the first half of the 20th century, until the end of World War II, the country was governed indirectly through the local power structures. London allowed the creation of labor union-type organizations, which brought together the more active militants. Their



modern nationalist tendencies subsequently led to the development of anti-colonialist feelings.

The severe disruption in food production caused by the confiscation of lands was aggravated by the introduction of export cash crops in the post-war period. Many export crops were new to the region, and their prominence in agricultural production resulted in a steady decline in people's living standards until the 1960s, when the decolonization movement brought about Ugandan independence. Kabaka Mutesa II of Buganda became the first President and Dr. Milton Obote became the first Prime Minister.

### Post-Independence

In 1965, Obote reformed the Constitution, assuming greater powers, and eliminated the federal system imposed by the British. He also adopted policies that favored the poorest sectors, arousing fierce opposition from the Asian population – a minority of some 40,000, mostly Indians, who held British passports and controlled almost all commercial activity in the country.

Obote supported regional economic integration with Tanzania and Kenya, and the East African Community was established (1967-1977).

In January 1971, Obote was overthrown in a coup led by deputy commander of the army, Idi Amin Dada. Obote took refuge in Tanzania. In the ensuing economic crisis the government faced opposition from the Asian minority (which Amin expelled *en masse* in 1972) and transnational corporations.

Amin's attitudes and measures were controversial and often contradictory: he maintained trade relations with the U.S. and Britain, but also cultivated good relations with the socialist world. Similarly, while he supported several African liberation movements, he opposed Angola's bid for membership of the Organization of African Unity (OAU) and adopted a permanently hostile attitude toward Nyerere's government in Tanzania. He also expropriated land and property from members of the Jewish community and made overtures toward the Arab countries. In July 1976, when a plane from Tel Aviv was forced to land at Entebbe Airport in Uganda by its Palestinian and German hijackers, Amin's forces came to the aid of the hijackers, who released all the hostages except Israelis, Jews, the crew, and several others who refused to leave. The Israeli army launched

a rescue operation which succeeded in freeing all but three hostages, who died during the rescue.

In the mid-1970s Amin declared himself President-for-Life. In 1978, he provoked a war with Tanzania by annexing land in the north. In April 1979, he was forced to flee Kampala after a joint offensive launched by Tanzanian troops and opposition activists united in the Ugandan National Liberation Front (FNLU), an umbrella movement. These unified forces aimed at ending Idi Amin's reign of terror, during which an estimated 300,000 Ugandans, including political opponents such as the Anglican archbishop, were killed.

The new government's main body, a National Advisory Council led by Yusuf Lule, a politically inexperienced university professor with conservative tendencies, lasted 68 days. Lule was replaced by Godfrey Binaisa, a FNLU leader. However, Binaisa was unable to reconcile the divergent viewpoints within the movement. He was even less capable of confronting the growing prestige of Milton Obote, whose Uganda People's Congress party (UPC) continued to enjoy wide popular support.

The President brought forward the elections scheduled for 1981, and tried to ban Obote's candidacy. This fueled a crisis that exploded in May 1980 when the army replaced Binaisa with a Military Commission entrusted with maintaining the electoral schedule and enforcing the democratic principles of the movement that had overthrown Amin. The Commission, under the orders of General David Oyite Ojok, supervised the elections in December 1980, and as predicted the UPC won an overwhelming majority, with Obote as President.

Obote inherited a bankrupt country. The copper mines had not been worked for several years and corruption was rife.

The government authorized the return of Asian businesses, regulated the participation of foreign capital and embarked upon a reorganization of the economy, fighting corruption and speculation. Despite the intensification of political violence in 1985, it achieved the withdrawal of Tanzanian troops which had been in Uganda since the fall of Amin.

Between 1981 and July 1985, major military offensives were launched against the strongholds of the National



Resistance Army (NRA) – the military wing of the National Resistance Movement (NRM) founded by former president Yusuf Lule and led by Yoweri Museveni – and other opposition groups.

In 1981 the government took steps to prevent cattle smuggling by the nomadic peoples across the Kenyan border, which was causing starvation among thousands in Karamoja province.

In spite of political turmoil, Uganda's economy grew by an annual average of five per cent from 1982 and exports increased 45 per cent after 1983.

The anticipated victory of the UPC in the general elections (scheduled for December 1985) was thwarted by General Bazilio Olara Okello's coup in July 1985. The new president (from the Acholi ethnic group) accused Obote (of Lango origin) of unilateral tribal domination and called for elections to form a broad-based government within six months.

After the coup, the NRA intensified its actions, finally occupying the capital Kampala in January 1986. On January 30, NRA leader Yoweri Museveni assumed the presidency, and in March announced the fall of the northern town of Gulu, the last bastion of forces loyal to Okello. Museveni has been the head of state ever since despite various changes and challenges. However, in northern Uganda, systematic discrimination against the Acholi people by the central government continues to occur, and is seen as a response to the support of Okello by many Acholi people. This discontent fed growing resistance groups in the north in the 1980s.

Museveni was faced with the reconstruction of a country virtually destroyed, with almost a million dead, two million refugees, 600,000 injured, and incalculable damage to property.

In addition to the lack of resources there was an extremely high incidence of HIV/AIDS, at epidemic proportions in some parts of the country.

Uganda's foreign debt rose to \$1.2 billion by 1987. In an attempt to establish economic independence and avoid the International Monetary Fund (IMF) Museveni resorted to exchange arrangements with other African states. Some Western countries disapproved of Uganda's relations with Cuba and Libya. The U.S.

pressured Tanzania and Rwanda into ending the exchange operations that they had with Uganda.

In 1987, the Lord's Resistance Army (LRA), a resistance group, was formed in northern Uganda. The group was led by the "prophet" Joseph Kony, whose stated aim was to govern the country according to the Ten Commandments. The rebel movement, located along the border between Uganda and Sudan, used systematic kidnapping of thousands of Ugandan children as part of its tactics.

In February 1992, local human rights organizations pushed for multiparty democracy in the country. The government's response was that it wanted to build a democracy based on traditional ethnic structures, and that political parties were therefore unnecessary.

Faced with pressure from the opposition and some international agencies, in February 1993 the government announced the election of a Constituent Assembly for 1995, charged with studying the draft of a new constitution. The text drafted by the Government was criticized by the opposition (Democratic Party and former President Obote's party, the UPC) for maintaining the partial ban on political parties for a seven-year period.

In an effort to win the support of the Baganda people, Museveni authorized the restoration of the monarchy. During Prince Ronald Muenda Mutebi's coronation ceremony as Kabaka, on July 31, 1993, authorities returned all royal property, which had been confiscated during president Obote's first administration. At the end of the year Museveni was accused by the opposition of having ordered the assassination of opposition leader Amon Bazira in Kenya in August.

In the March 1994 elections Museveni's supporters won about half the seats, and the direct appointment of some of the posts gave Museveni a broad majority in the new assembly. Continuing with his policy of restoring local authorities, he authorized the creation in June of an independent kingdom for the Bunyoros, a people in the north of the country.

In 1995 Museveni continued to claim that a multiparty system would only exacerbate "tribal divisions." International funding organizations said they were satisfied with the economic performance of Uganda.

Foreign investment grew, but budget cuts worsened the situation of most of the population who were already living below the poverty line.

On May 9, 1996, Museveni was re-elected president by more than 75% of the electorate, with a 72.6% turnout, defeating Paul Semogerere and Muhammad Mayanja. Museveni was victorious again in the May legislative elections, with his party winning 156 of the 196 seats at stake. The new government was appointed in July, with Kintu Musoke as Prime Minister.

Museveni's economic reforms qualified Uganda to be eligible for the World Bank aid and in 1997 Uganda topped a list of 20 debtor countries. It was estimated that \$24 million would be needed to tackle hunger in the country.

The Franco-Australian LaSource Company paid Uganda for the right to exploit its cobalt mines, and the nation received loans from the European Union and North Korea for the construction of a hydroelectric plant.

In mid-1998, the Ugandan army entered the neighboring Democratic Republic of Congo (DRC) and joined the rebels fighting President Laurent Kabila. In October 1999, Ugandan Defense Minister Stephen Kavuma stated that the troops would remain in DRC until peace was restored.

In November 1999, in the Tanzanian city of Arusha, the presidents of Kenya, Tanzania, and Uganda signed a treaty that would establish the East African Community (EAC) in 2001.

Museveni hosted the African Development Forum 2000, held in Addis Ababa. At the Forum Museveni made reference to the alarming rates of HIV/AIDS in sub-Saharan Africa, where 25 million people were living with HIV/AIDS. The prevalence of HIV in Uganda was one of the highest in the world, but through information services and a media campaign titled "Loving with Care" the Government began to control the epidemic.

A referendum was held in June 2000 to decide on the establishment of a multiparty system. In spite of a boycott by the Democratic Party (DP) and other political groups, 80% of voters (50% of the registered electorate) supported the "democracy without parties"

formula defended by Museveni in the campaign, which meant that Uganda maintained its system of government, unique in the continent. This did not prevent, in practice, the NRM (now simply called the "Movement") from acting as a state party. The system gave Museveni absolute executive power.

Amnesty International has repeatedly denounced violations of the human rights of Ugandan gays, bisexuals and transsexuals. In June 2000, the police murdered a member of Lesgabix, a group of lesbians and gays from Kampala.

In the March 2001 presidential elections, Museveni was re-elected with 69.3% of the vote, followed by 27.8% for Kizza Besigye, a former colonel of the NRM. International observers estimated that there had been up to 15% electoral fraud, and confirmed that the elections had taken place in a climate of intimidation. On May 12, Museveni took office for a new term until 2006, which, according to the Constitution, would be his last.

In July 2001, Museveni held a meeting with the political leader of the Democratic Republic of Congo, Laurent Kabila's son Joseph, in Dar es Salaam, accelerating the withdrawal of the Ugandan army from that country and the stationing of U.N. soldiers along the front lines.

A report by the World Trade Organization (WTO) indicated that the economic reforms carried out by the Museveni administration, including liberalization of the trade regime, had attracted foreign investment and contributed to the country's growth. GDP had grown, as of 2001, by about 6% per year; the fiscal deficit and inflation were reduced, improving the economic outlook. The agricultural sector accounted for 42% of GDP and provided 80% of jobs. The European Union was Uganda's main trading partner. Regional integration favored an increase in trade between Uganda and other sub-Saharan African countries.

In March 2002, Uganda signed an agreement with Sudan to fight the Lord's Resistance Army (LRA). By October 2002, the conflict with the LRA had escalated, leading the army to evacuate over 400,000 citizens from the combat area. In December, after five years of negotiations, a peace treaty was signed with another rebel movement Uganda National Rescue Front (UNRF II), made up of Amin's former soldiers.



In May 2003, the last Ugandan troops withdrew from the DRC and tens of thousands of citizens sought asylum in Uganda. In August the former dictator Idi Amin Dada died in exile in Jeddah, Saudi Arabia.

In February 2004 at least 200 people were killed by LRA rebels in a refugee camp in the north of the country. The President apologized for mistakes in coordination by the army to prevent the massacre.

In December 2004 a ceasefire was announced between the Government and the LRA rebels in the north. But in January 2005 President Museveni said the army would resume all-out war, claiming the LRA had

rejected the ceasefire deal. In early 2007, negotiations had resumed. Due to this continuing conflict in the north, in 2006 over one million Ugandans were living in internally displaced persons (IDP) camps, although the total number of IDPs living in and out of camps was probably closer to 2 million.

In 2006, Museveni abolished term limits and ran for President again, although he had promised in 2001 that he would be serving his last term. Museveni was re-elected to another term by 60% of voters. However, many bilateral and multilateral aid agencies froze or cut off funding to Uganda due to concerns about the strength of the country's democratic systems.



## UGANDA HISTORY TIMELINE

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**Sources:** The World Guide Tenth Edition, CD-ROM. New Internationalist Publications Ltd. 2005.; "Uganda," A Dictionary of World History, Oxford University Press, 2000; "Uganda," Jan Palmowski, A Dictionary of Contemporary World History, Oxford University Press, 2003; "Uganda," Peter Stalker, A-Z of Countries of the World, Oxford University Press, 2004; "Uganda," Amii Omara-Otunnu, The Oxford Companion to the Politics of the World, 2<sup>nd</sup> edition, Joel Krieger, ed., Oxford University Press, 2001; "History of Uganda," Wikipedia, [www.en.wikipedia.org](http://www.en.wikipedia.org).

- Pre-500 CE** Bantu-speaking farmers from central and western Africa settle in what is now southern Uganda. Nilotic herders and farmers from the north settle in the northern and eastern regions beginning about 100 CE. These ethno-linguistic groups continue to predominate in current-day Uganda.
- 1400s-1800s** Various centralized kingdoms develop. The Bunyoro and Buganda kingdoms struggle for power. By the early 1800s, the Buganda have achieved supremacy as the dominant kingdom, under *kabaka* (king) Mutera I.
- 1877-1888** Protestant missionaries from England and Catholic missionaries from France arrive in Buganda. They convert many of the ruling Bugandese elite and overthrow the ruling Muslim *kabaka*, Mwanga, opening the door for the entrance of British colonial powers.
- 1894-mid 1900s** Buganda is a British protectorate. The colonial borders of Buganda incorporate about 15 different ethnic groups with various languages and political systems. The colonial authorities use local power structures to govern, perpetuating pre-existing ethnic rivalries. The British carry out "land reform," privatizing communal land and strengthening local ruling elites at the expense of the rural poor.
- Early 1900s** Many Asians, especially Indians, are brought to Buganda to work on the railroad system. They come to dominate the business community later in the century.
- 1950s** The promotion of cash crops – including coffee – for export exacerbates problems of local subsistence food production. Living standards decline.
- Early 1960s** The independence movement which had begun after World War II gains strength. Uganda becomes an independent country on October 9, 1962. The first post-colonial government is led by an alliance between the pan-Africanist Uganda Peoples Congress (UPC) and the Kabaka Yekka (KY – or "the king alone") parties. Milton Obote of the UPC is Prime Minister; Bugandese leader Mutesa II is President. Most real power is held by the Prime Minister.
- 1962-1971** Obote introduces an adapted version of socialism, favoring the poor, which is opposed by the business community, Britain and the U.S. He also reforms the constitution, giving himself greater power. Ethnic conflicts continue, prompting brutal military responses. Obote is overthrown in 1971 in a coup led by General Idi Amin Dada.
- 1971-1979** Amin, who declares himself President-for-Life, leads a corrupt and repressive regime, during which his policies sacrifice economic progress in order to finance the army. He expels Uganda's Indian population in the name of Africanization. In 1979, he flees the country in the face of an offensive launched by the Ugandan National Liberation Front (FNLU), an umbrella movement unifying the opposition and Tanzanian troops.



- 1976** An Air France flight from Tel Aviv is hijacked by two Palestinians and two Germans, who force it to land at Entebbe Airport in Uganda. Amin's troops come to the aid of the hijackers, who threaten to kill the Israeli and Jewish hostages unless Israel complies with their demands. The Israeli army frees almost all of the hostages.
- 1979-1985** Obote returns to power as President, while his opposition launches a destabilization campaign that becomes a guerrilla movement, the National Resistance Movement (NRM). The NRM's National Resistance Army (NRA) is led by Yoweri Museveni. Political violence intensifies, and economic conditions deteriorate due to Obote's austere economic policies, enacted under the guidance of the International Monetary Fund (IMF), and the declining price of coffee throughout the 1980s.
- Late 1980s** The Lord's Resistance Army (LRA), led by Joseph Kony, emerges in the northern region of Uganda. The LRA systematically kidnaps children to serve as soldiers.
- 1986-mid 1990s** The NRA deposes Obote and Museveni takes power. Museveni's economic policies gradually restore stability and he cultivates trading relationships with other African states to build Uganda's economic independence from the IMF in the face of rising debt. Museveni institutes a "no-party" or "movement" system, in which political parties are banned and members of the constituent assembly are elected as independents. Museveni also faces the rising HIV/AIDS epidemic in Uganda.
- 1996-1998** Museveni is re-elected by an overwhelming majority, reinforcing his stance on the elimination of multiparty democracy. In 1998, the Ugandan army enters the neighboring Democratic Republic of Congo (DRC) to support rebels fighting against Congolese President Laurent Kabila, whom the Ugandan government had previously supported. This intervention causes increased spending on the military.
- 2000** Due in large part to a successful public information campaign, Uganda's HIV prevalence rate detected in pre-natal clinics drops to 6% from a rate of 29% in 1992. However, rates remain high in rural and conflict-affected areas.
- 2003** The Ugandan army completes its withdrawal from the DRC as U.N. presence increases. Human rights groups accuse the Ugandan army of widespread abuse of civilians in camps for internally displaced persons (IDPs) driven from their homes by ongoing fighting between the LRA and the army.
- 2005-2006** The Ugandan army resumes fighting against the LRA, due to violations of a 2004 ceasefire. The International Criminal Court issues arrest warrants for LRA leaders, charging them with crimes against humanity and war crimes (including murder, rape, sexual slavery, and enlisting children as combatants). In 2006, peace talks begin between the Ugandan government and the LRA.
- 2006** Museveni is re-elected as President, under a new multiparty system supported by voters in a referendum in 2005.

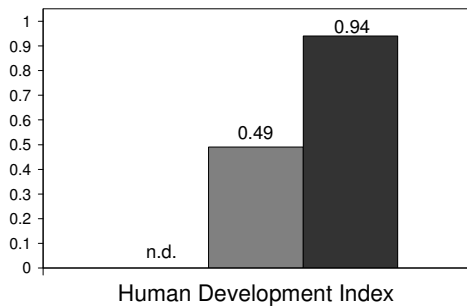


# COMPARATIVE STATISTICS: Sub-Saharan Africa, Uganda and the United States

Sources: [EarthTrends: The Environmental Information Portal](http://www.earthtrends.wri.org), World Resources Institute, 2006, [www.earthtrends.wri.org](http://www.earthtrends.wri.org); [Freedom in the World](http://www.freedomhouse.org), Freedom House, 2006, [www.freedomhouse.org](http://www.freedomhouse.org).

Legend:  Sub-Saharan Africa  Uganda  United States n.d. - No Data

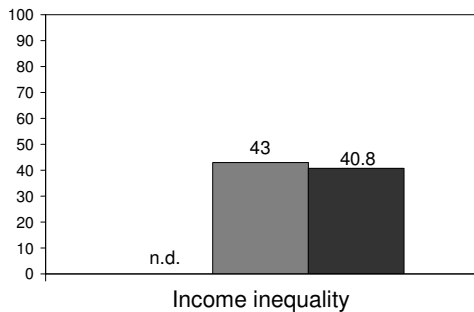
## Development



### Human Development Index

(2002, in index units: 0=least developed, 1=most developed)

The Human Development Index is a composite indicator comprised of three sub-indices that measure health and lifespan, education and knowledge, and a decent standard of living. It attempts to describe achievement of development goals related to quality of life. It is comprised of a life expectancy indicator (given 33% weight in the final index), adult literacy (22%) and gross school enrollment (11%) indicators, and GDP (gross domestic product) per capita (33%).

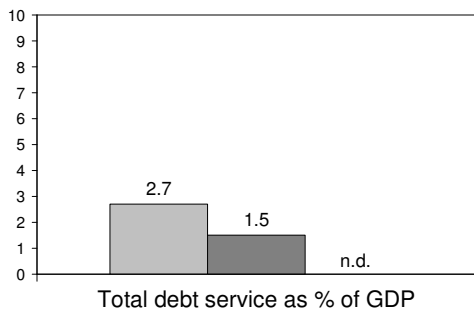


### Income Inequality

(1985-2004, in Gini index units: 0=perfect equality, 100=perfect inequality)

The Gini index is an estimate of income inequality. It measures the extent to which the distribution of income among individuals or households within an economy deviates from a perfectly equal distribution.

## Debt



### Total Debt Service as % of GDP

(2004, in percentages)

The sum of principal repayments and interest actually paid on long-term debt (having a maturity of more than one year), interest paid on short-term debt, and repayments to the International Monetary Fund. Gross Domestic Product (GDP) measures the total output of goods and services for final use occurring within the domestic territory of a given country.



Legend:



Sub-Saharan Africa



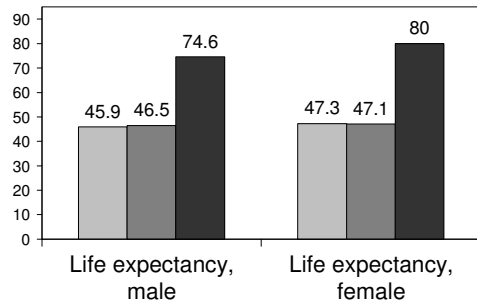
Uganda



United States

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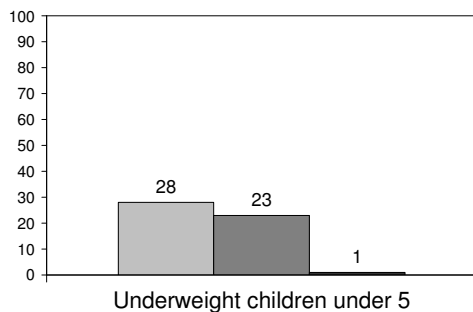
## Health



### Life Expectancy

(2000-2005, in years)

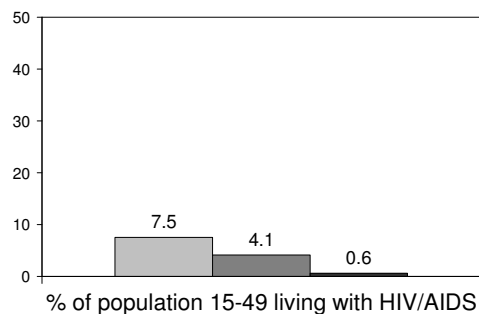
Measures the average number of years that a newborn male or female baby is expected to live if the age-specific mortality rates effective at the year of birth apply throughout his lifetime.



### Underweight Children Under 5 Years Old

(1996-2004, in percentages)

An indicator of child malnutrition, this number refers to the proportion of children under 5 whose weight-for-age is below minus 2 standard deviations (for moderate underweight) or below minus 3 standard deviations (for severe underweight) from the median weight-for-age of an international reference population recognized by the World Health Organization (WHO). The values presented here include both moderately and severely underweight children.



### Adults Ages 15-49 Living With HIV/AIDS

(2003, in percentages)

The estimated percentage of people aged 15-49 living with HIV/AIDS. This is often referred to as the HIV/AIDS prevalence rate. These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of the year specified.

Legend:



Sub-Saharan Africa

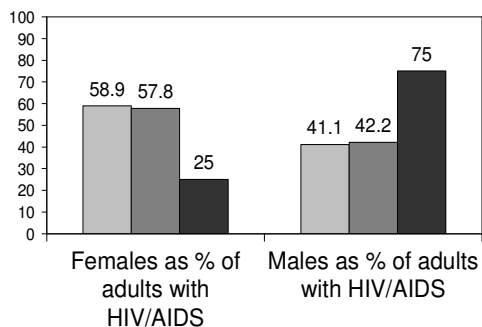


Uganda



United States

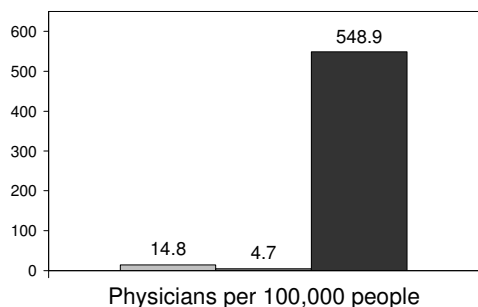
n.d. - No Data



### Adults Living With HIV/AIDS by Gender

(2005, in percentages)

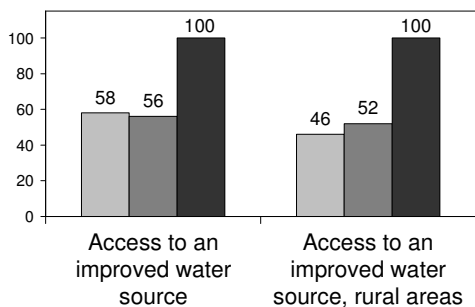
Adults living with HIV is an estimate of the percentage of all adults (aged 15 years and older) infected with HIV, broken down by gender.



### Physicians Per 100,000 People

(1990-2003)

Physicians are defined as graduates of a faculty or school of medicine who are working in any medical field (including teaching, research and practice). This is an indicator of the presence of health personnel in a country. *Notes: This indicator speaks solely of the quantity of physicians, not quality or accessibility, and does not show the distribution in rural vs. urban areas. Due to differences across countries in defining physician, inter-country comparisons should be made with caution.*



### Access to an Improved Water Source

(2002, in percentages)

An improved water source includes any of the following types of drinking water sources: household connections, public standpipes, boreholes, protected dug wells, protected springs, rainwater collection. At least 20 liters per person per day of this water must be available within one kilometer of a user's dwelling. WHO emphasizes that these data measure access to an improved water supply—access to a safe water supply cannot be adequately measured on a global scale. Any person not inhabiting an area classified as urban is counted in the rural population. The definition of an urban area varies slightly from country to country; the smallest urban agglomerations typically have a population between 2,000-10,000 people. *Note: The assessment does not account for intermittent or poor quality of water supplies.*



Legend:



Sub-Saharan Africa

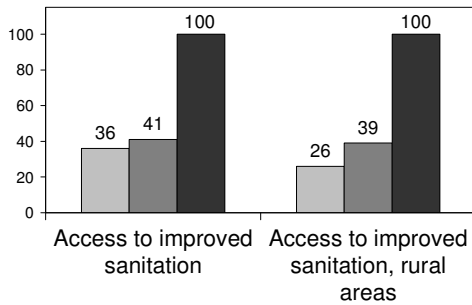


Uganda



United States

n.d. - No Data

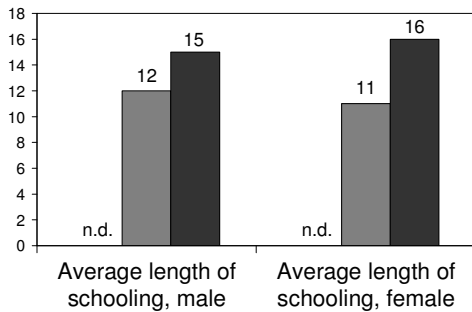


### Access to Improved Sanitation

(2002, in percentages)

Improved sanitation includes any of the following excreta disposal facilities: connection to a public sewer, connection to a septic tank, pour-flush latrine, simple pit latrine, and ventilated improved pit latrine. WHO emphasizes that these data measure access to an improved excreta disposal system—access to a sanitary system cannot be adequately measured on a global scale. A poor water supply and sanitation system can lead to a number of diseases, including diarrhea, intestinal worms, and cholera. Examples of an unimproved sanitation system include: open pit latrines, public or shared latrines, and service or bucket latrines (where excreta are manually removed).

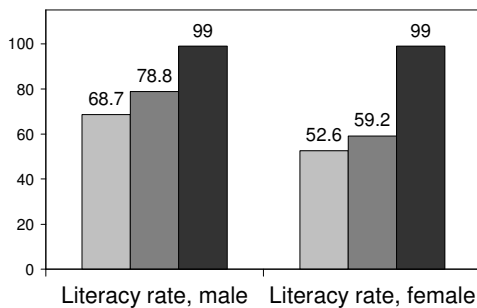
### Education



### Average Length of Schooling

(2001-2002)

The number of years, on average, a student remains at school and university, including years spent on repetition. Data include pre-primary through tertiary education. The average length of schooling shows an educational system's overall level of development. *Notes: Because the availability and quality of data varies, approximately 75% of all reported average length of schooling values are estimated. In addition, because educational standards and policies vary between countries, comparisons should be made with caution.*



### Literacy Rate

(2000-2004, in percentages)

Though it varies across countries, the literacy rate is usually defined as the percentage of the male or female population aged 15 years and over who can both read and write, with comprehension, a short, simple statement regarding their everyday life. Literacy data can be used to assess gender, age-group, and geographic patterns of illiteracy within each country, as well as the achievement of national literacy programs and policies.

Legend:



Sub-Saharan Africa



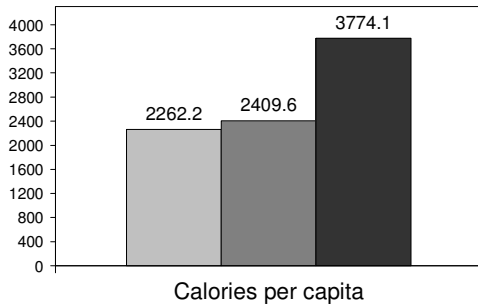
Uganda



United States

n.d. - No Data

## Agriculture

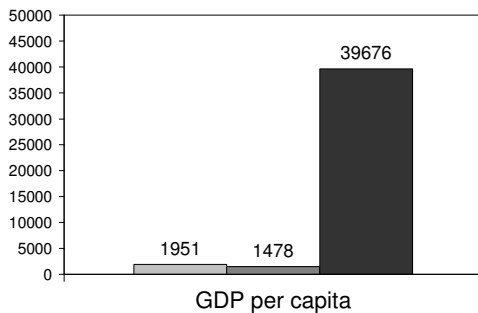


### Calories per capita

(2002, in kilocalories/person/day)

Refers to the amount of available food, expressed in calories per person, per day. Note: Per capita supply figures represent only the average supply available for the population as a whole and do not necessarily indicate what is actually consumed by individuals. Even if they are taken as approximations of per capita consumption, it is important to bear in mind that there could be considerable variation in consumption among individuals.

## Economy

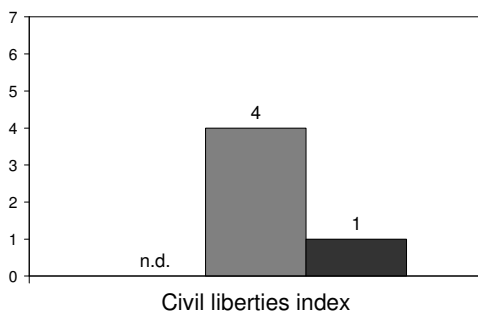


### Gross Domestic Product Per Capita

(2004, in current international dollars per person)

The total annual output of a country's economy, here in current international dollars, per person. GDP per capita is the total market value of all final goods and services produced in a country in a given year, equal to total consumer, investment, and government spending, divided by the mid-year population. It is converted into current international dollars using Purchasing Power Parity (PPP) rates. An international dollar adjusted for PPP has the same purchasing power over GDP as a U.S. dollar in the United States and buys an equivalent amount of goods or services irrespective of the country. PPP rates provide a standard measure allowing comparisons of real price levels between countries.

## Governance



### Civil Liberties Index

(2005, in index units: 1=most free, 7=least free)

Measures freedom of expression, assembly, association, and religion. 1 indicates an established and equitable rule of law, free economic activity, and full civil liberties; 2 indicates some deficiencies in these areas; 3, 4, or 5 indicates partial compliance with all of the elements of civil liberties or complete freedom in some areas coupled with complete denial in others; 6 indicates severely restricted expression and association coupled with political terror; 7 indicates virtually no freedom. Published by Freedom House.



Legend:



Sub-Saharan Africa

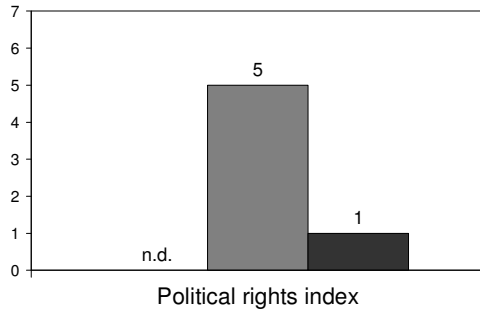


Uganda



United States

n.d. - No Data



### Political Rights Index

(2005, in index units: 1=most free, 7=least free)

Measures the degree of freedom in the electoral process, political pluralism and participation, and functioning of government. 1 = free and fair elections, political competition, and autonomy for all citizens, including minority groups; 2 = some corruption, violence, political discrimination against minorities, and military influence on politics; 3, 4, or 5 = a progressively larger role for the factors noted for a ranking of 2, and some political rights may exist along with civil war, heavy military involvement, or one-party dominance; 6 = rule by military juntas, one-party dictatorships, religious hierarchies, or autocrats; 7 = basically nonexistent political rights, extremely oppressive regimes, civil war, extreme violence, or warlord rule. Published by Freedom House.



## UGANDA IN-DEPTH: Contemporary Issues

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The following articles are intended to help place your experience in Uganda in a larger context. They represent a small sample of the coverage of the country's contemporary issues, challenges, and events, and may touch upon political, social, cultural, economic, environmental, and other topics. Consider how your learning and experience in Uganda are connected to the larger-scale issues discussed in these articles.

### **“The Promise of the Future: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa”**

**Source:** The Firelight Foundation, American Jewish World Service, Bernard van Leer Foundation, and Pan African Children's Fund.

#### **The Challenge**

*Africa is being ravaged by HIV/AIDS and children are paying the greatest price. By 2015, another 10 million children in Sub-Saharan Africa will lose their parents due to HIV/AIDS. They will join the 14 million African children who have already lost their mothers or fathers to the disease, bringing the total to 24 million orphans in the region. This is an orphan crisis without historical precedent. It calls for a broad-based response that is compassionate and strategic, and addresses the root cause of the pandemic, which is poverty.*

*Family and community safety nets are weakened by HIV/AIDS. A common thread that runs through Africa's diverse cultures is that of extended family members stepping in to provide orphans with a nurturing home and a family, which children need to grow into healthy adults. Given the scale and scope of the HIV/AIDS pandemic, it is remarkable that most of the children who have been orphaned continue to be cared for by extended family members. But this safety net is becoming less reliable as more and more caregivers die. Family and community resources are stretched to the breaking point and are in need of help*

*Building more orphanages is not in the best interests of children. The sheer number of orphaned and vulnerable children is overwhelming. Many well-meaning donors are funding orphanages as a solution to the problem. However, institutions are very expensive and can only reach limited numbers of children. Most importantly, orphanages often fail to meet children's developmental needs and do not prepare them for adult life in a community. While institutions can serve as a temporary, last-resort response, they are not a long-term solution.*

#### **Family and Community Care for Orphans and Vulnerable Children**

*Children grow best in families. Children who are cared for by families within communities are more likely to thrive than those in institutions. Children growing up in families generally receive more consistent care, develop better social and emotional relationships, and form a stronger self-image. They absorb the patterns and values of their culture and develop the language, customs, and skills they will need in their adult lives.*

*Community-based responses strengthen families. The best way to serve vulnerable children is to strengthen the capacity of families and communities to care for them. Extended family members and caregivers in the community who are willing to take in children in need often lack the means to do so. Community-based organizations address this by providing households with support to meet the material, educational, and emotional needs of children. These local solutions are more cost-effective than orphanages, making it possible to support many more children. The programs and strategies vary as each community determines the form of assistance that best meets the needs of its population.*

*Grassroots solutions involve community members and local resources. Most community-based organizations have lean budgets and limited, if any, paid staff. Volunteers are often the backbone of grassroots efforts. As local people work side by side to address the impact of HIV/AIDS, they involve others, inspire community ownership, and build community strength. Community responses vary in their size and maturity and in the scope and scale of their services. They can include community-based organizations with voluntary*



membership, local non-governmental organizations employing paid staff, and religious groups and networks.

### **Strategies to Support Family and Community-Based Care**

*Grassroots groups grow in response to real needs.* Examining how different communities identify their priorities demonstrates that there is no single right way to do things. Problems are best addressed when the people directly involved in a situation develop their own solutions. Many community groups start by providing one type of assistance and then add other services as they see the need. Using a variety of strategies offers the best results. This section highlights the range of programs and strategies that organizations use to address the effects of HIV/AIDS on children and families in their communities.

*Raising awareness inspires action.* As long as people are ignorant of the needs of vulnerable children or are fearful of contracting HIV/AIDS from simple social contact, there will be children left uncared for. Many groups educate people about the responsibility they all share to protect orphans and vulnerable children. A common approach is to form "Orphan Care Committees" that bring together a cross-section of community members to identify children in need and develop a plan of action. Many organizations also work to reduce the high level of discrimination associated with the disease through outreach and education. These programs help ensure that children and their families receive the acceptance and support crucial to their survival.

*Community groups can provide HIV-prevention information.* Every new HIV infection puts increasing numbers of children at risk. Education is the key to prevention. A growing number of groups provide reproductive health education in places where such topics have never been discussed openly. They work within the culture of the communities, use peer educators, and address the myths about HIV/AIDS. The involvement of young people (who are at the highest risk for becoming infected) is key to building community awareness, increasing voluntary HIV-testing, and changing sexual behaviors to reduce the spread of the disease.

*Home-based care reduces the burden on children.* People who are ill with AIDS are vulnerable to social isolation, depression, and the inability to care for their own and

their family's basic needs. Children are often forced to leave school to care for their dying parents. One widespread response is a home-based care program, which provides a community with trained volunteers to visit the homes of the ill. Home-based care volunteers assist with a range of needs, including food preparation, hygiene, basic medical care, and counseling.

*Addressing psychosocial needs helps children cope with loss.* Orphans and vulnerable children have emotional and social needs that can be devastating if left unmet. They need help to cope with the trauma of witnessing their parents' deaths and the possible separation from their siblings. Many face overwhelming family responsibilities after their parents are gone. Community organizations can play a critical role in the healing process. Bereavement counseling and peer support groups give young people the opportunity to express their feelings and talk with others who are in similar situations. Recreational, sports and arts programs allow children to play and be children again and create an opportunity for information-sharing and support.

*Community organizations can help children stay in school.* An education is a child's future. One of the most distressing effects of HIV/AIDS is the increasing numbers of children who must leave school because their parents or caregivers cannot pay their school fees. Community organizations often work to help children stay in school. They may provide school fees, cover the costs of uniforms and books, negotiate with local schools to reduce or eliminate fees, or help children get the food and counseling they need to be able to learn.

*Creating livelihood opportunities helps caregivers provide for children.* Poverty often prevents potential caregivers from being able to take in children in need. This situation makes youth vulnerable to prostitution and labor exploitation as they struggle to support themselves. Many community groups create income-generating activities for caregivers, offering microcredit loans and small business training. Others provide agricultural supplies or livestock to families in rural areas. Some provide vocational education and skills training to young people who are heads of households. In many cases, material support such as food and clothing is supplied when the head of household is too ill or too old to work.

*Supporting caregivers' needs helps children remain in family care.* It is difficult for those caring for young children to manage their childcare responsibilities in addition to working or attending school. Caregivers who are elderly or ill often need a respite. Childcare programs may focus on the special needs of disabled or HIV-infected children, or may simply provide relief so caregivers can continue to earn money to support their families while knowing their children are being well cared for. Support groups give caregivers the opportunity to receive psychological comfort, as well as tools for meeting the emotional and developmental needs of the children in their care.

*Addressing gender inequality gives girls a fair chance.* In the most severely affected regions, five girls between the ages of 15 and 19 are infected with HIV/AIDS for every boy in the same age group. Economic and social inequality and their roles as caretakers put girls at greater risk for dropping out of school and makes them more vulnerable to sexual exploitation and HIV infection. Many community groups give girls tools to resist unsafe sex and sexual abuse. Some programs offer shelter, counseling, and legal advice to girls who have been abused. Programs to keep girls in school recognize that the more education young women have, the more likely they are to marry later, send their own children to school, and earn income enabling them to break the cycle of poverty.

*Protecting children's legal rights safeguards their future.* Orphaned children are at high risk of being separated from their siblings, losing their rights to family property, and being mistreated by caregivers who do not have their best interests at heart. Some groups address these risks by encouraging parents to communicate plans to ensure the best possible care for their children after their death. This can include designating caregivers and helping children get the legal identification they need to protect their rights to their family's land and an education. Some community organizations engage in advocacy to change local and national customs and laws to ensure that children receive the protection, education, material support, inheritance, and care that are every child's birthright.

*Antiretroviral drugs (ARVs) prolong parents' lives.* Until ARVs and drugs to prevent mother-to-child transmission become more available in Africa, the HIV/AIDS-related death toll will continue to rise at an

unacceptable rate, leaving increasing numbers of children in need of care and at risk for HIV infection themselves. Community-based groups play an important role at the local level in the distribution of these life-saving medications. They educate the public and mobilize grassroots movements for treatment access. They prepare home-based care and community health workers for ARV administration and identify the people most in need of immediate treatment support.

### **Institutional Care: A Temporary Response and a Last Resort**

The purpose of this publication is to raise awareness about the importance of family and community-based solutions to the problems that orphans and vulnerable children face. We hope to move funders, governments and other organizations away from reliance on orphanages, which are unable to address the scale of the orphan crisis in Africa and often fail to meet children's developmental and long-term needs. Institutional care should be recognized as valuable only when it is a temporary response or a last resort for vulnerable children having no other means of support. However, donors can play a needed role in funding short-term and transitional residential care for children who do not have access to family care.

*Institutions should be short-term way stations for vulnerable children.* Institutional care can offer a way station for especially vulnerable children, offering them a safe shelter and providing for other immediate needs while searches are made for reliable family care. Children who have nowhere else to go, are living on the streets, are victims of sexual or physical violence, or have been abandoned because they have disabilities or are ill with HIV/AIDS often need this type of transitional residential care. Once crisis intervention and treatment to support recovery have been provided, every effort should be made to keep these institutional placements short term. Used in this way, institutions can keep a child safe and cared for until a better alternative within a family structure in the community is found.

*Orphanages should strengthen family and community ties.* An increasing number of orphanages are redesigning their programs to offer family and community-based care. Some are transitioning from larger institutions into smaller group homes modeled on the family. Some are finding ways to bring institutionalized children back into the community by reunifying them with extended family



members and encouraging local adoption and foster care.

It is important for existing institutions to bring the community into the lives of the children they serve. For example, community volunteers can work with the children to create deeper relationships and social ties. Children can be involved in important community events and can participate in local apprenticeships. When orphanages strengthen community ties in these ways, children are better prepared for life in their community and the potential for local families to open their homes is increased. Donors can support these types of changes in partnership with institutions.

### **An Invitation**

Stemming the tide of HIV/AIDS requires a broad response, from large international agencies and nations to small assemblies of concerned neighbors and community members. This report discusses the important and widespread work that is happening at the community level, at the frontlines of AIDS, often invisible to outside funders and reporters. National and

international efforts fare much better when they are coupled with grassroots activism.

Investing in grassroots programs is one of the most powerful ways that a donor can make a difference in the lives of children and in the battle against HIV/AIDS. Solutions that strengthen the capacity of the family and the community to care for children help ensure that fewer children will be abandoned, neglected, or placed within institutional care. Equally important, community-based solutions mobilize individuals to action, building hope and increasing the local capacity of community members to address their own needs. We invite you to join us in building a better future for children orphaned and made vulnerable by HIV/AIDS. There are thousands of diligent community-based organizations working to support families in their efforts to provide children with the loving care, basic material support, and educational opportunities that every child deserves. What these groups lack most are the resources to do so adequately.



## **“Was the “ABC” Approach (Abstinence, Being Faithful, Using Condoms) Responsible for Uganda’s Decline in HIV?”**

**Source:** Elaine M. Murphy, Margaret E. Greene, Alexandra Mihailovic, Peter Olupot-Olupot, *PLoS Medicine*, Volume 3, Issue 9, September 2006, [www.plosmedicine.org](http://www.plosmedicine.org).

### **Background to the Debate**

Uganda is one of the few African countries where rates of HIV infection have fallen, from about 15% in the early 1990s to about 5% in 2001. At the end of 2005, UNAIDS estimated that 6.7% of adults were infected with the virus. The reasons behind Uganda’s success have been intensely studied in the hope that other countries can emulate the strategies that worked. Some researchers credit the success to the Ugandan government’s promotion of “ABC behaviors” – particularly abstinence and fidelity. Uganda receives funds from the United States President’s Emergency Plan for AIDS Relief, which promotes the ABC approach with a focus on abstinence-driven public health campaigns. Other researchers question whether the ABC approach was really responsible for the decline in HIV infection. Critics of the ABC approach also argue that by emphasizing abstinence over condom

use, the approach leaves women at risk of infection, because in many parts of the world women are not empowered to insist on abstinence or fidelity.

### **Viewpoint I: Policies to Advance Women’s Status Were Crucial to the ABCs’ Success in Uganda**

A debate continues to simmer over the much-publicized “ABC” approach to HIV/AIDS prevention, most narrowly defined as: Abstain, Be faithful or reduce the number of your sex partners, and/or use a Condom. The discussion has become polarized in part because for some, the ABCs are synonymous with the promotion of abstinence-only sex education programs for youth, an area of considerable controversy<sup>1</sup> that seems to pit political and religious conservatives against their liberal counterparts.



In addition, although ABC behaviors have been credited with Uganda's dramatic decline in HIV rates,<sup>2-5</sup> questions remain as to whether the ABC-related behavior changes are attainable in other developing countries, given many women's relatively limited control over their sexual relationships. Influential AIDS policy makers have expressed doubt that ABC-related behavior changes can take place in settings where women seem to have little control over their sex lives. On the eve of the 2004 International AIDS Conference in Bangkok, for example, the deputy executive director of UNAIDS observed that, "Most of the women and girls, as much in Asia as in Africa, don't have the option to abstain when they want to. Women who are victims of violence are in no position to negotiate anything, never mind faithfulness and condom use."<sup>16</sup> An influential woman's advocate reinforces this view: "Most prevention messages...focus on the 'ABC' approach to fighting HIV-AIDS. ... While important messages, these things are often not within women's power to control."<sup>17</sup>

### **Gender Inequity and the Spread of HIV**

These concerns are valid. Gender inequity is an indirect but powerful factor in the sexual spread of HIV. Gender norms create inequality between the sexes in power, autonomy, and well-being, typically to the disadvantage of females.<sup>8</sup> An extensive literature on women's subordinate status in most societies – but particularly in poor countries – points to widespread patterns of male privilege, visible in social discrimination such as lower levels of investment in the health, nutrition, and education of girls and women.<sup>9-12</sup> Institutionalized economic inequalities keep land, money, and other resources out of women's hands, making women financially dependent on men, less likely to be able to negotiate sex with a partner, more likely to practice survival or transactional sex, and more subject to violence.<sup>13,14</sup> Violence against women varies by country but is a global problem and a well-documented risk factor for HIV.<sup>15,16</sup> In many countries, women's sexual subordination exposes them to elevated reproductive health risks: coerced sex and rape, maternal mortality, unsafe abortion, and sexually transmitted infections (STIs), including HIV.<sup>17</sup>

However, ABC behaviors were attainable in Uganda, a society where many women had little power at the outset of the AIDS epidemic. Fortunately, a "this could not work here" attitude did not deter Uganda from moving forward to implement its wide-ranging HIV

prevention program and adding gender-related elements when it became clear that this strategy was necessary. Other countries show signs of desirable change as well. In Zambia and Kenya, ABC related behavioral changes are emerging among youth and adults, accompanied by reduced rates of incidence.<sup>18,19</sup> Thailand, likewise, was not only successful in promoting – and requiring – condom use in brothels, but also in bringing about changes in fidelity and partner reduction among the general population – particularly young men – through community mobilization.<sup>20</sup> Research in Malawi provides additional evidence that poor women's protective strategies in response to the threat of AIDS have been overlooked by many AIDS prevention programs.<sup>21</sup>

### **ABCs in Uganda: Outcomes, Not Strategies**

ABC-related behavior changes have taken place in Uganda and a small number of other countries not only because fear of AIDS has led to protective action by men and women but because many interventions have also directly addressed gender inequities. Greater openness about the dangers of unprotected sex and challenges to women's subordinate role in sexual decision-making have helped to create an environment in which many more women have found it easier to abstain, reduce their number of partners, and/or negotiate condom use.<sup>22</sup>

One important point is that abstaining from sex, being faithful, and using condoms – ABC-related behaviors – are outcomes of prevention strategies, not strategies in themselves. The reasons the ABC messages were exceptionally successful in Uganda extend beyond the content of the messages themselves. Abstinence, being faithful, or reducing one's number of partners were indeed promoted among the general public, and condoms were emphasized for high-risk groups. But Uganda's success in bringing about behavior change relied primarily on extensive social mobilization at every level and strong political leadership from its president, Yoweri Museveni, who particularly emphasized fidelity.<sup>23</sup>

### **Challenging Gender Norms Supported ABC Behaviors in Uganda**

The ABC behavior changes that cut Uganda's HIV prevalence by about two-thirds were the outcome of a massive, nationwide social mobilization against AIDS.<sup>2,4,23</sup> The messages were not merely moral exhortations by religious leaders, although religious bodies along with



schools and many other civil society groups were actively involved. Many feel that President Museveni's leadership was instrumental in bringing about widespread changes in sexual attitudes and practices.

In 1986, Museveni, a hero of Uganda's civil war, declared that the nation was still at war and the enemy was AIDS. He undertook public education on HIV, and his ongoing series of radio AIDS messages urged men in particular to change their behavior – to be sexually responsible – and encouraged “mutual respect” between spouses, widely interpreted as mutual fidelity. Women's groups also played a key role by mobilizing and publicizing women's difficulty in controlling the circumstances under which they had sex. Museveni responded by highlighting the importance of promoting sexual behavior change and equity between men and women (F. Kitabire, personal communication). In a 2001 keynote address to the organization that sponsors the Africa Prize for Leadership, a prize the country of Uganda and President Museveni won in 1998, Museveni spoke out on these issues:

*“Permit me to tell you the obvious. In the fight against HIV/AIDS, women must be brought on board. In sub-Saharan Africa, most women have not yet been empowered and men dominate sexual relations. To fight this epidemic, the women must be empowered to take decisions about their sexual lives, and women in Uganda have been empowered and participate today at all levels of governance. This has made them more assertive of their rights than ever before. To fight AIDS effectively, we must empower women.”*<sup>24</sup>

President Museveni ensured that affirmative action policies that enabled women to participate in local and national politics were written into Uganda's national constitution. Museveni also created a Ministry of Women's Affairs, charged with vigorous enforcement of laws against sex with minors. Both public and private school systems designed and implemented sex education, which included gender equity messages. The Museveni government developed both macro- and micro-credit schemes for women and fostered government and nongovernmental programs that promoted gender equity among women, men, and youth. President Museveni went so far as to propose a law against mate rape to the Parliament.<sup>25</sup> (Unfortunately, Parliament did not write the proposal into law.) Though divorce laws favor men and it is still difficult for women to divorce or renounce abusive

husbands, organizations such as the Uganda Association of Women Lawyers have opened the door for abused women to do so.<sup>26,27</sup> These actions are likely to have contributed to changing gender dynamics.

### **ABCs in Uganda – Measuring the Impact**

HIV prevalence in Uganda peaked in 1991 at about 15% of the adult population and declined to about 5% in 2001.<sup>28</sup> Trend data reveal epidemiologically significant behavior changes in Uganda, especially in reduced numbers of sexual partners and later sexual debut. Concurrent partner reduction among both men and women was a key factor in the reduction of HIV infection in Uganda.<sup>4,29</sup> Significantly, much of the most substantial behavior change occurred among men.<sup>30</sup>

According to Demographic and Health Surveys (DHS) and other research, median age at first sexual encounter rose by 1.2 years for girls and 1.7 years for boys between 1989 and 2000.<sup>31</sup> The percent of 15-19-year-old women ever having sex dropped from 74% to 51%; among men of the same age, the figure dropped from 68% to 42%. The percentage of Ugandan women aged 15-24 reporting premarital sex also declined from 53% to 16%; among young men, the decline in premarital sex was from 60% to 23%.<sup>28</sup> Data from Uganda's 2000-2001 DHS show a remarkably high 78% of unmarried 15-19-year-old men and women reporting zero sexual partners in the past year.<sup>31</sup>

Between 1989 and 1995, the WHO Global Program on AIDS and UNAIDS reported that the percentage of Ugandan women with one or more casual partners dropped from 16% to 6%, while the same figures for men went from 35% to 15%.<sup>28</sup> Perhaps even more remarkably, the number of men reporting three or more partners declined from 15% in 1989 to 3% in 1995.<sup>18</sup> Reported extramarital sex among women in Uganda is now very rare at 1-3%.<sup>18</sup> Anecdotal evidence from field researchers suggests that among younger men, having an STI, once considered a badge of manhood, is now in the era of AIDS considered a matter of shame or stupidity (S. Watkins, D. Halperin, personal communications). The “B” message may also have been relevant for some women, especially younger unmarried women who were sexually active and had multiple partners.<sup>2</sup>

Uganda was relatively slow in promoting condoms. For the first few years after ABC messages were



promulgated, the focus was on abstinence and partner reduction, A and B. Between 1988 and 1995, the percent of married Ugandan women who were currently using condoms rose from 0% to 0.8% and from 0% to 15.4% for sexually active unmarried women.<sup>31,32</sup> This trend continued between 1995 and 2000: the percent of married Ugandan women who were using condoms rose from 0.8% to 1.9% and for sexually active unmarried women it rose from 15.4% to 29%. Between 1995 and 2000 condom use among married men rose slightly from 3% to 5%. However, among unmarried men aged 15–24, reported condom use at last sex increased sharply – from 39% to 57%.<sup>32</sup> Thus marital use of condoms increased only slightly while non-marital increases were dramatic. However, a large proportion of sexually active unmarried youth, particularly young women, do not use condoms at all, and among those who do, there is no data on how correct and consistent their condom use is. More work is needed in this area to normalize condom carrying by women.

Survey data also show a large proportion of women reporting that they can refuse unwanted sex under specific circumstances. Remarkably, in the 2000-2001 Uganda DHS, 91% of women said they could refuse sex with their husbands if they knew their husbands had STIs,<sup>31</sup> a somewhat higher percentage than in several other African countries (73% in Malawi, 87% in Rwanda, 82% in Tanzania, and 71% in Zimbabwe).<sup>33-36</sup> Even discounting some percentage points for social desirability factors, the levels in these countries are unexpectedly high. There is also evidence that some sex workers are taking effective steps to protect themselves.<sup>37</sup> While there are also large numbers of women who are sexually victimized, women in poor countries are not homogeneous in terms of their vulnerability or ability to protect themselves – and programs should be tailored accordingly.

### Where Do We Go from Here?

The importance of including gender-related interventions is a lesson to be learned from Uganda, where policies to advance women's status were part of the ABC strategy. In the context of Uganda's political leadership, nationwide social mobilization, and gender empowerment policies, both women and men benefited and HIV prevalence declined. However, in most developing countries, HIV prevention programs

fail to address the pervasive challenges of gender inequity.

Uganda provides one model, albeit far from perfect, and there are other successful or promising efforts around the world that challenge gender norms. In many of these programs, male involvement plays a central role.<sup>38</sup> While there are many examples of separate programs for women and men, we must not forget the importance of working with partners together. Research shows that dealing with couples is often more effective than working with men or women individually in terms of family planning and HIV counseling.<sup>39</sup> There are, however, few organized programs for couples.

To be effective in the long term, programs must work to transform the gender norms that make women subordinate to men and encourage men to take risks in the name of masculinity. To achieve this goal, special efforts must be directed to men and women, separately and together, and to policy makers. There are encouraging signs that increasingly women have acted to protect themselves from HIV, and that men are questioning the dimensions of masculinity that harm their health, and we need to learn more about their stories. We must listen to women and men in order to address their needs; this in itself constitutes a worthwhile AIDS prevention research agenda. It makes no sense either to dismiss or to promote "the ABCs" as if this were a strategy or program rather than behavioral responses to social mobilization, leadership, and empowerment. We must work to create an environment that makes these behavioral responses logical and possible for both women and men. The evidence suggests that these efforts will reap rewards in declining HIV rates.

### Viewpoint 2: An Emphasis on Abstinence Takes Away from Evidence-Based Prevention

With nearly 16,000 new infections daily, mostly occurring in sub-Saharan Africa, HIV/AIDS is the world's most urgent health problem. Public health efforts to reduce new infections and treat infected people are increasingly complex due to politicization of the epidemic and to public health interventions that reflect specific groups' religious values.

The largest source of international funding for HIV/AIDS, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has increased its funding by 55%



over the past two years with a focus on abstinence-driven public health campaigns.<sup>40</sup> One-third of the funds are to promote abstinence, with future funding conditional upon demonstrated activities.<sup>41</sup>

Uganda is one of the 15 focus countries currently receiving PEPFAR funding. Recent political and religious influences on Uganda's response to the epidemic, including guidance from PEPFAR, have led to the country promoting the "ABC" campaign. But the success of abstinence-focused campaigns is bitterly disputed.<sup>42</sup> PEPFAR has referred to its focus on abstinence as an "evidence-based" risk-reduction strategy, citing failure rates for condoms.<sup>43</sup> Sadly, PEPFAR fails to address the failure rates with abstinence. In our view, there are several important shortcomings of the ABC campaign.

### **Is Uganda Really an "ABC" Success Story?**

Uganda's successes over the course of the HIV/AIDS epidemic must not be overlooked. It was the first sub-Saharan country to take an active role in acknowledging HIV/AIDS in the community and implementing interventions in the 1980s that successfully reduced prevalence rates in the 1990s. The Ugandan AIDS Commission developed a clear policy by 1986, focusing on mass education and awareness campaigns, blood system safety, voluntary counseling and testing, prevention of mother-to-child transmission, women's empowerment, and treatment.<sup>44</sup> However, abstinence was not a primary focus of the public health campaigns during the 1990s.<sup>45</sup>

### **Political Motivations**

Uganda has a complex mix of citizens divided north to south by a 20-year civil conflict. The increased humanitarian aid for HIV/AIDS and strong statements of response in the south has taken the international eye away from the fragile political situation which has left 1.6 million people living in internally displaced persons (IDP) camps.<sup>46</sup> The HIV/AIDS prevalence rates in IDPs are thought to be similar to rates in people living in urban areas, and may be attributed to insufficient condom provision and inadequate sexual education in an area where control over sexual exposure to HIV is limited.<sup>47,48</sup> The success that has been achieved in delivering increased sexual education to those in the southern areas of the country should not allow us to ignore the complexity of the HIV/AIDS epidemic and the neglected humanitarian crisis still present in Uganda.

Politicians have criticized condom promotion as "pushing young people into sex" and have described pre-marital sex as "deviant and immoral." Suggestions of a national "virgin census" on World AIDS Day in 2004 raised fears that children could be forced to submit to intrusive medical tests or breach of confidentiality.<sup>42</sup> Such extreme views about condoms and premarital sex have no place in rationally confronting a disease as complex and far-reaching as the HIV/AIDS epidemic in Africa. Political inclinations towards supporting one particular approach, without due consideration of local social, cultural, and biological factors, ignore the diverse political and demographic settings of the epidemic.

### **The Problems with A and B without C**

By focusing on individual behaviors, the ABC approach does not acknowledge the underlying factors that make people vulnerable to HIV/AIDS. The ABC strategies dismiss the real social, political, and economic causes of the epidemic, and end up blaming infected people, because it is implied that they failed to adopt and practice the ABCs. The ABC approach ignores vulnerable populations, such as sex workers and those who lack the ability to negotiate safe sex. It further fails to address non-heterosexual risk groups such as men who have sex with men and intravenous drug users.

PEPFAR's ABC guidance contains rules for country teams to follow in developing and implementing their sexual prevention strategies, including parameters on the prevention messages that may be delivered to youths. Specifically, although funds may be used to deliver age-appropriate AB information to in-school youths, ages 10-14 years, the funds may not be used to provide information on condoms to these youths or distribute condoms in any school setting, let alone youth out of school. And yet as many as 16% of all women in Uganda have sex before the age of 15.<sup>49</sup>

The ABC campaign assumes abstinence will allow young women to focus on going to school, controlling their relationships, and becoming socially empowered, and yet it fails to acknowledge the social circumstances driving sex in the first place. Many sexual relationships include transactional or commercial sex, in order to pay for postsecondary schooling, to gain financial independence from family obligations, or to provide adequate resources for those in IDP camps.<sup>50</sup> Encouraging abstinence, while at the same time excluding sexual education and protection against HIV,



puts these girls at great danger of exploitation and ignorance, depriving them of the opportunity to learn the needed tools to approach sexuality in a healthy and informed manner.

Ironically, by promoting marriage ("Be faithful") as a prevention measure, this campaign negates one of the highest risk groups in Africa: monogamous, married women.<sup>50</sup> Surveys suggest a high incidence of extramarital sexual activity and STIs among some married men.<sup>50</sup> It is still widely believed in Uganda that women have no right to deny their husbands sex.<sup>51</sup> The assumption of the campaign that sex is a rational act and that women have the autonomy to choose abstinence ignores the forces behind the initiation of sex. The presumption that marriage is somehow protective is misleading and potentially dangerous for young women already deprived of proper sexual education.

The enormous disservice done by the recent campaign to discourage condom use (due to the assumed link to promiscuity) cannot be overemphasized. The effectiveness of condom use for prevention of HIV/AIDS is the most likely explanation for Uganda's early successes.<sup>45</sup> Deemphasizing the importance of condom use has the serious potential to hurt local prevention efforts. A 2005 study by researchers at Makerere University and the AIDS Information Centre showed that Ugandans aged 19-25 years were more concerned about getting pregnant than becoming infected with HIV; when condoms were used, they were primarily considered contraceptive tools rather than protection against infections.<sup>52</sup> The confusion in young women and men who initially doubted the efficacy of condoms has only been amplified by these new efforts by the Ugandan government.<sup>49</sup>

### Recommendations

We still don't know the most effective strategy for decreasing the number of new cases of HIV in Africa. Given the lack of evidence underpinning the abstinence strategy in the first place, it is crucial that condom use and education be emphasized if PEPFAR is to reach its target of preventing 7 million new infections by 2010.<sup>53</sup>

We need to ensure that the messages that we are sending to youth are not contradictory and that schoolteachers are adequately informed to provide objective counseling to sexually active pupils. We need

to ensure that the special needs of vulnerable and oppressed populations are addressed. Urgent steps are required to provide factual and empowering information about each of the ABC components in order to counter misinformation, fear, and stigma. Finally, we need to increase and ensure free and widespread testing so that individuals can be empowered to protect themselves as well as their loved ones by being informed of their own and their partner's infection status. The sooner we confront HIV/AIDS as the multifaceted and complex issue it is, the sooner we can make important steps towards progress in HIV prevention.

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## "Life in Northern Uganda"

**Source:** IRIN (U.N. Office for the Coordination of Humanitarian Affairs), January 1, 2004, [www.irinnews.org/Report.aspx?ReportId=65780](http://www.irinnews.org/Report.aspx?ReportId=65780).

*"This is a funny war. I cannot even describe it. The rebels are killing their own brothers and mothers. We are killing ourselves. We are confused."*

–Nelson Ojok, primary school teacher at Kilak Corner IDP camp in Pader District, northern Uganda.

The war that has raged for 17 years in northern Uganda has left its people battered and bruised, tormented by grief, despair and fear. Few conflicts rival it for sheer brutality. Civilians have been killed and mutilated. Thousands have been abducted, tortured and sexually abused. Many have been forced to commit atrocities or to look on, helpless, as others are beaten, raped or



murdered. Abducted children are forced to work as laborers, soldiers or sex slaves.

More than 1.2 million people have been forced to leave their homes. Deprived of their means of livelihood, once proud farmers and their families now depend entirely on the food they receive in camps for internally displaced persons (IDPs). Many people have little or no access to proper medical care. Education has been disrupted. Many children do not sleep at home for fear of being abducted. Instead, they walk kilometers at the end of each day from their villages to the relative safety of towns, where they spend the night in public buildings or on the streets.

### **Collective Trauma**

Since 1986, northern Uganda has been racked by insurgencies. The latest and longest of these rebellions, that of the Lord's Resistance Army (LRA), has devastated Acholi, an area close to Uganda's border with Sudan, and has now spread to the neighboring sub-regions of Teso and Lango. No one knows for sure how many people have died, but estimates run into the tens of thousands.

The war between the LRA and the national army, the Uganda People's Defense Forces (UPDF) has had a devastating effect on the inhabitants of northern Uganda. The three districts of the Acholi sub-region, Gulu, Kitgum and Pader, have been particularly hard hit. Death and disease rates are high, and food is scarce. About 80% of Acholi's people live in "protected villages" and camps for IDPs, which are often overcrowded and lack adequate water, sanitation and health services. Devoid of any means of livelihood in the camps, a population of farmers and cattle rearers has been reduced to near-total dependence on donated food and other humanitarian aid.

Child abductions have long been a major feature of the conflict, but the number shot up after the UPDF launched an offensive against the LRA in March 2002. The rebels kidnapped more than 10,000 children between June 2002 and October 2003, up from 101 in 2001. This brought the total number abducted by the LRA since the start of the conflict to more than 20,000.

Abductees are made to carry heavy loads over long distances. Those who lag behind or fall ill are beaten or killed. Some are forced to kill, maim, beat or abduct

innocent victims, or to look on as such abuses are committed. Sexual violence against girls and women is rampant. They are used as domestic servants or forced into sexual slavery as LRA commanders' "wives." They are subject to rape, unwanted pregnancy and the risk of infection, including HIV.

One of the visible signs of the collective trauma to which the people of northern Uganda have been subjected is the phenomenon of "night commuters." These are vulnerable people who, fearing abduction, move from the countryside into slightly more secure villages, towns or camps at the end of each day. Most are children who walk up to 10 km to seek refuge from the threat of abduction and violence. They gather in schools, hospitals, district offices, and NGO compounds – wherever they think they can spend the night in safety. Many have to sleep in the open, where they are vulnerable to abuse and exploitation. The U.N. has estimated the number of night commuters in Gulu and Kitgum districts at 25,000.

Few schools operate in the north, and these are mostly in towns, which are relatively safe. LRA attacks led to the closure or destruction of 136 out of 189 primary schools in Gulu District in 1996, according to one aid agency. Local officials reported this year that about half the schools in Kitgum and around 90% in Pader had been closed.

### **Conflict Rooted in History**

The conflict that has spawned the humanitarian emergency in northern Uganda is rooted in the country's recent history, with its complex mix of uneven social and economic development, violent regional conflict and marginalization of minorities by governments and elites in power.

After the National Resistance Movement/Army (the NRM and the NRA) of President Yoweri Museveni took power in 1986, there was a widespread fear in the north, especially among the Acholi people, that it would take revenge for atrocities committed when northerners dominated the army. NRA military actions, during which Acholis were abused, tortured or "disappeared," partially justified these fears, leading many to join rebel movements. These included the Uganda People's Democratic Army (elements of the Ugandan army who fled to Sudan and regrouped after



the NRA took power) and Alice Lakwena's Holy Spirit Movement.

Lakwena emerged in late 1986, claiming to be possessed by a spirit that was guiding her for the good of the Acholi people, who felt they were being victimized. Her movement offered Acholi soldiers ritual purification for past misdeeds, along with a moral and religious mission to support their opposition to the NRM. This won her a degree of popular support among the Acholi. Her movement was defeated by the Ugandan army in 1987, but her claim that she had spiritual guidance inspired Joseph Kony, who has also purported to be visited by spirits. He gathered remnants of the Holy Spirit Movement around him and formed the Uganda People's Democratic Christian Army, which became the LRA around 1994.

Observers say Kony's supposed religious mysticism is where the similarity to Lakwena ends. Rather than enjoying popularity and winning the hearts and minds of the Acholi people, the LRA has targeted the civilian population—in defiance of international law—committing severe human rights abuses in the process.

In the late 1980s and early 1990s, Kony switched from battlefield confrontations with the Ugandan army to kidnapping civilians, attacking hospitals and ambushing vehicles. His group also started mutilating people: cutting off lips and noses, using padlocks to lock the mouths of those they thought might report them, and cutting off hands and ears.

Beyond its stated aim to overthrow the Ugandan government and its purported commitment to establishing a government based on the biblical Ten Commandments, the LRA appears to have no clear political agenda. For the most part, the rebels choose not to engage the Ugandan military, but target schools, health centers, passing vehicles, IDP camps and refugee settlements.

### **Hope and Disappointment**

Towards the end of 1993, talks between the government and the LRA gave rise to hopes for peace. However, the negotiations collapsed in early 1994, leading to a dramatic resurgence of violence in the Acholi region. After the talks broke down, any support the LRA may have enjoyed among the Acholi dried up, according to observers of the war in the north. This was

when the rebels began the mass abduction of children for use as porters, fighters and sex slaves, the observers say.

In June 1998, representatives of the Acholi people listed a number of reasons why the LRA's war continued after the rebels had stopped receiving popular support: Ugandan support for the Sudan People's Liberation Movement/Army (a Sudanese rebel group); Sudanese support for the LRA; the fact that some civilians benefited financially from the war; foreign powers' use of Uganda as a base for fighting the Sudanese government; and lack of trust between the Acholi population and the Ugandan government.

The latter half of the 1990s was marked by ongoing LRA actions in northern Uganda from bases in southern Sudan and, in early 1997, the Ugandan parliament voted, after a lengthy investigation, to continue pursuing a military strategy to end the conflict.

Around this time, too, the Acholi diaspora and the churches in Uganda began to play an increasingly active and vocal role in pushing for a negotiated and peaceful settlement to the rebellion. Groups which have been particularly active in this regard include the Acholi Religious Leaders Peace Initiative (ARLPI), an inter-faith forum of Muslim and Christian leaders inaugurated in early 1998.

From early 1999, there was a noticeable lull in LRA activity and a change in the political climate, especially after Museveni agreed to let community leaders and peace activists talk with the LRA. In late 1999, the Ugandan authorities announced an amnesty for LRA fighters and, in December of that year, the governments of Uganda and Sudan signed a reconciliation agreement that envisaged a series of steps to build mutual trust and, eventually, normalize diplomatic relations. These developments again raised hopes for peace.

However, within weeks of the agreement, the rebels re-entered Uganda from southern Sudan, and the hopes for an early peace were quickly shattered. LRA attacks on villages and IDP settlements resumed. Roadside ambushes became more common. Abductions, killings and looting resumed with a vengeance.



### **Diplomatic Breakthrough, Military Offensive, More Suffering**

In 2001, Uganda and Sudan continued their efforts to improve their ties, exchanging diplomats in August of that year. In December, the U.S. government announced that it was adding the LRA to its “terrorist exclusion list,” a move welcomed by Kampala. Eager to mend relations with the U.S. as it pursued its global war on terror, the Sudanese government said it had cut off all support to the LRA. Fearing that Sudan might take action against it, the LRA began to relocate its bases, soldiers and abductees to the remote Imatong mountains on the Sudan-Uganda border.

In early 2002, Sudan and Uganda concluded a diplomatic protocol giving the Ugandan army access to southern Sudan to attack LRA rear bases. By March 2002, the UPDF had launched “Operation Iron Fist,” a military campaign aimed at “eliminating the LRA threat and freeing abductees.”

The operation, which saw the deployment of as many as 10,000 Ugandan troops, had an unintended effect. It led the rebels to return in force to northern Uganda in June 2002—reportedly with new equipment, uniforms and training. From then on, the LRA, which split into smaller operational units, stepped up its attacks, abducting thousands of children and targeting religious leaders and other civilians. The group also attacked convoys delivering relief supplies to northern Uganda or transiting to affected populations in southern Sudan.

In October 2002, the Ugandan government gave civilians 48 hours’ notice to return to IDP camps or “protected villages,” while aid agencies warned that the continuing conflict was destroying the tentative gains of the recent past.

Following sustained efforts and contacts by the ARLPI, the government appointed a peace team in late 2002. However, ARLPI noted that the LRA’s attitude changed between July, when there was a military stalemate, and September 2002, as the rebels acquired new military equipment and appeared unwilling to negotiate seriously.

In March 2003, Kony announced a unilateral ceasefire. Museveni initially rejected it, then responded with a

limited ceasefire in areas where the rebels were to hold talks with the presidential peace team. However, hopes for peace were dashed in April when the LRA broke the ceasefire arrangements and killed an emissary of the presidential peace team, causing the government to resume open warfare against the rebels. The peace team was disbanded in May and attempts at establishing a negotiated peace appear seriously constrained as the military option is vigorously pursued.

In June, the conflict spread beyond Acholiland, with the LRA attacking parts of eastern, central and northwestern Uganda. In Teso subregion, attacks on the districts of Katakwi, Kumi, Kabermaido and Soroti have displaced 306,000 civilians.

### **International Attention Needed**

The unprecedented violence visited on civilians in northern Uganda since 2002 has given rise to the country’s worst humanitarian crisis in 17 years, and sparked calls for a higher level of international attention.

Francis Deng, Special Representative of the UN Secretary-General on IDPs, who visited Uganda in August, said he was struck by “the level of devastation due to the conflict and the precarious situation the internally displaced are facing.” Pointing to the complex and intertwined causes of the conflict, Deng noted the need for a regional perspective and possibly third-party mediation to address the problems and achieve lasting peace.

A broad range of Acholi civil and religious leaders have consistently called for dialogue as a means of arriving at a durable solution to the conflict. Another requirement, they say, is a willingness to facilitate and engage in peace talks. The international community has been showing signs of seeking engagement. However, there is little to indicate that both parties are interested in negotiations.

Most observers believe that, given the nature of the conflict, the length of time it has lasted and the scant success of military campaigns, a negotiated settlement is the only possible solution. Many people in northern Uganda also feel this way. “With fighting, this war will take another 18 years,” said one IDP. “The only thing is to sit down and negotiate.”



## THE JEWISH COMMUNITY OF UGANDA

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**Source:** Excerpts from "The Genesis of the Abayudaya Community," a talk given by J.J. Keki, a Ugandan Jew, at the JCC of Greater Washington, August 6, 2001, [www.kulanu.org/abayudaya/jtalk.html](http://www.kulanu.org/abayudaya/jtalk.html).

The Abayudaya community of Uganda was founded in 1917 by Semei Kakungulu, a Muganda military general who had distinguished himself as a talented and committed soldier.

After his close reading of the Bible, Kakungulu developed religious beliefs that were similar to those of the children of Israel. A close study of the Bible revealed to him that God's love is great for gentiles who choose to observe the Torah (Isaiah 56:2, Zacharia 8:23). Encouraged with this revelation, Kakungulu, his sons and the entire community circumcised themselves and promised to circumcise their new baby boys at the age of eight days as God commanded Abraham. This prompted the neighboring communities to name Kakungulu and the members of his new faith "the Jews, Christ killers," a derogatory statement aimed at discouraging the group. Instead, Kakungulu made a famous announcement: "From today onwards, we are Jews (Abayudaya)." They proclaimed Saturday as a day of rest and they started to observe the festivals as outlined in the Torah.

Joseph, a Jewish man from Jerusalem, stayed with the community for six months in the 1920s, teaching about Jewish observance. At that point, the community had slightly more than 3,000 followers.

Kakungulu set up a school where his converts were taught reading, writing, and the essentials of Judaism. The school was situated at Nabugoye hill where Semei Kakungulu High School stands today. The main purpose of the school was to produce teachers of the Jewish law. Semei himself was responsible for ordaining successful candidates.

Unfortunately, after his death in 1928 the school collapsed and there were no more graduates. At this time Christianity was expanding to Eastern Uganda. Many of Semei's converts embraced Christianity because of the better educational services the Church offered. Among them were Semei's own children. They attended the most popular Christian schools, where they forgot much of their Jewish learning. As further

encouragement to convert, the Church offered jobs to those who passed through their hands.

The Abayudaya survivors resented the Christian schools. In 1960, when the new government of the Republic of Uganda nationalized all schools, some Abayudaya members were encouraged to take their children to school, but many still had fears that their children would be converted to Christianity. They believed that the influence of Christian leaders in the schools was still great.

The Abayudaya developed hopes to have their children study in Israel when the congregation was able to make contact with the Israeli Embassy in Uganda in the late 1960s. In 1971, however, the dictator Idi Amin prevented this contact. In fact, Abayudaya children were often not able to attend any school. Not until 1995, when members of Kulanu (an organization dedicated to finding and assisting lost and dispersed remnants of the Jewish people) visited with us in Uganda, were arrangements made to send all Abayudaya children to school in Uganda.

Kakungulu's successor was Kaweke, and his successor was Samson Mugombe. Samson remained the only leader of the congregation until 1986, when secular administration was introduced. I became the first chairperson, whose duty was to organize the congregation. The Rabbi was an ex-officio on the executive committee. Other officials included the vice-chairperson, general secretary, treasurer, secretary for youth, secretary for women's affairs and three committee members.

In 1991 a general election was held and members of the congregation voted me unanimously as chairperson. I registered the congregation as a non-governmental organization of Uganda.

### **The Idi Amin Era**

The reign of the dictator Idi Amin was a turning point in the history of the Abayudaya. He declared a ban on all religious observances except those of Christianity and



Islam. He also banned all pro-Zionist movements. Abayudaya synagogues were closed down and members were not allowed to own any Hebrew prayer books. Synagogue and burial services were banned in order to force Abayudaya to convert to Islam or Christianity. Members of the community who wished to observe their faith had to do so secretly to avoid government backlash.

I remember the time when my father was found studying the Torah in his concealed Sukkah behind his house. He was arrested by a government agent and survived only after paying a bribe of five goats.

There was a moment of joy after the news of the successful rescue of the Israeli hostages at Entebbe Airport [see Uganda History Timeline]. This news helped to neutralize the prevailing impression that Amin was undefeatable. Indeed, the successful rescue mission was an indication that sooner or later, the Abayudaya and the nation at large would be rescued from Idi Amin's dictatorship.

### **The Struggle to Develop Judaism in Uganda**

After the overthrow of Idi Amin in Uganda in 1979, the new leadership announced freedom of worship in Uganda. This gave the Abayudaya the chance to resume their religious activities.

In 1980 there were no more than 50 young people in the entire community. Realizing that a religion which my grandparents painfully started 63 years ago was on the verge of extinction, I started a youth movement known as the Young Jewish Community, or YJC, to restore life in the almost-dying community.

During my administration as a chairperson of the Abayudaya Executive Committee, we suggested building a permanent brick synagogue at Nabugoya, where our founder Semei Kakungulu had proposed to set a permanent brick synagogue. In 1987 we decided to begin making bricks.

At a fundraising event, we managed to raise thirty thousand shillings (about \$30). We used this money to buy ten bags of cement which helped greatly in the construction of the present-day Moses Synagogue Foundation.

It took many people to make the synagogue a reality. Many people donated money and hard work and time.

We faced a problem of harassment from local authorities who did not want us to continue with our programs. We were ordered to vacate the school houses and to stop construction of the synagogue immediately. When we resisted, Gershom, Aaron, and I were imprisoned without trial.

We had the help of a lawyer, Isaac Kakungulu, the grandson of our founder Semei Kakungulu. He helped us report the harassment at the hands of local authorities to the District Security Officer. This officer had a meeting with our local authorities and he warned them against any further interference with our activities at Nabugoya. This helped to reduce the harassment.

### **Problems of Maintaining a Jewish Community**

The most serious problem is religious prejudice. In Uganda Jews are referred to as "Christ killers." On several occasions, some of us have been denied job opportunities just because we are Jews.

The fact that Kakungulu converted from Christianity to Judaism made Christians unhappy with him. After his death, the Abayudaya continued to suffer persecution.

Muslims regarded Abayudaya as a people abandoned by God and they often referred to members of our congregation as monkeys, with the intention of discouraging Judaism in Uganda.

As already noted, some individuals have attempted to use political power to eliminate the foundations of our community, but government policy is tolerant of all religious beliefs. The poor relationship between Israel and the Arabs sometimes spills over to our relationship with our Muslim neighbors.

Under the above conditions we live in anxiety and, since we have not been wholly accepted in the family of Jews, we are neither here nor there. We therefore want to be a part of the Jewish world, not isolated Africans who simply claim to be Jews.

We also suffer all dangers of being a minority. However, we feel very unique in Africa, where almost no other person is Jewish. We are the chosen few.



Our luck changed in 1992 when an American college student named Matt Meyer spent a Shabbat with our community. He publicized the Abayudaya and the organization called Kulanu picked up our story and sent a delegation of 15, including a rabbi, to visit us in 1995. They have helped us since then.

None of the Abayudaya members is economically able to offer employment opportunities to the rest. Most of us are unskilled and therefore not competitive in the job market. Non-Jewish employers force Abayudaya workers to work on Shabbat and on Jewish festivals, which has prompted the most observant members to abandon such jobs. The effect of all the above is untold

poverty. The sale of our handicrafts and our music helps us greatly.

### **How the Jewish Community is Accepted in Uganda**

Today our congregation is registered as a non-governmental organization in Uganda. We have obtained a five-year operation permit, which expires in 2002 and after which we shall apply for another five-year operation permit.

Government policy is another indication of acceptance of Abayudaya congregation in Uganda. The policy grants freedom of worship and guards against oppression of minority groups.



## AJWS' WORK IN AFRICA AND UGANDA

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Source: AJWS Grants and Service Departments.

### AJWS' Strategy for Uganda, 2007

AJWS' grant making portfolio in Uganda has for several years been the organization's largest on the continent, with 19 current partners in the country. This stems partly from the relatively open environment for Community-Based Organizations (CBOs) and Non-Governmental Organizations (NGOs), which has in turn led to a thriving civil society sector in Uganda. Furthermore, President Museveni's strong multi-sectoral response to the HIV/AIDS epidemic in Uganda during the 1990s created an environment in which both domestic and international NGOs could operate and shape local and national prevention, care, support and treatment responses.

In Uganda, AJWS has successfully contributed to the transition of nascent community-based groups into large organizations that are powerful advocates for participatory community development and the rights of vulnerable populations.

AJWS' grantmaking in Uganda has historically focused on supporting organizations working to prevent the spread of HIV/AIDS; to provide care, support, and/or treatment to people living with HIV/AIDS (PLWHA) and orphans; and to strengthen the economic and social resilience of families and communities to cope with the epidemic. Additionally, we have provided long-term support for domestic violence prevention and advocacy initiatives as a strategy to ensure women's health and safety, and to alter community attitudes that condone violence. We have also supported initiatives aimed at promoting the rights of workers employed in the informal sector to reduce their vulnerability to abuse, poverty, and HIV infection.

Despite progress in the southern part of the country, northern Uganda has been caught in a 20-year civil war, and few local NGOs are able to operate there. In 2003, AJWS developed a partnership with the Women's Commission for Refugee Women and Children to support youth groups in northern Uganda. The Women's Commission's role was to provide technical training and support to youth groups to enable them to develop stronger advocacy strategies in the region. In 2005, the Women's Commission reshuffled and terminated its youth initiative. AJWS has continued to provide ongoing grant making support to the organizations and has expanded our support from the original two groups to four youth and two adult-led organizations working in the north. AJWS partners in northern Uganda are engaging in human rights documentation and awareness-raising; promoting education and economic opportunities for youth; fostering awareness about HIV/AIDS and gender-based violence; and advocating for meaningful civic and political participation of youth in an environment shaped by over 20 years of violent conflict.

In 2007, we are focusing on developing institutional knowledge and supporting initiatives launched by our partners that prioritize the following themes: (a) HIV/AIDS, education, women's empowerment, and the promotion of conflict-transformation among pastoral communities in the northeast; (b) strategies to reach marginalized groups (e.g. sex workers, adolescent girls, and women) with HIV prevention, care, support and treatment access; (c) agricultural initiatives and general economic development projects for marginalized populations transitioning out of/residing in IDP camps in the northern districts of Lira, Pader, Kitgum, and Gulu; and (d) access to formal and informal education in rural, poor communities.



## **Selected AJWS Project Partners in Uganda**

### **Northern Uganda**

**Concerned Children and Youth Association:** CCYA is a child and youth-led organization working toward peace, unity and economic empowerment through advocacy, community outreach and networking. AJWS supports CCYA's plan for a community advocacy and capacity-building campaign to improve the conditions of the internally displaced persons (IDPs) in Lira District, northern Uganda.

**Pader Concerned Youth Association:** PCYA's mission is to expand access to human rights information (including reproductive health services) and sports and culture activities in the internally displaced persons (IDP) camps of Pader, Northern Uganda. AJWS supports PCYA's efforts in two IDP camps to reduce human rights violations, reduce the vulnerability of youth to HIV/AIDS infection, reduce cases of gender-based violence, promote gender equality, and promote transparency between PCYA and the IDP community.

**Gulu Youth For Action:** GYFA promotes community participation in development activities to ensure sustainability, community ownership, and trust in leadership. AJWS supports GYFA's youth-led human rights and conflict transformation monitoring and advocacy efforts, as well as HIV/AIDS and gender-based violence prevention programs among young people in the Unyama Internally Displaced Persons (IDP) camp and throughout Paicho Sub-County.

**Watwero Rights Focus Initiative:** WRFI works in the conflict region of northern Uganda to educate young people about their human rights, strengthen access to reproductive health services, increase HIV/AIDS awareness and improve local income levels through agricultural training. AJWS supports WRFI to carry out human rights and gender sensitization, HIV/AIDS prevention and care, and youth-led advocacy among young people around Kitgum.

**Friends of Orphans:** FRO is predominantly run by former child soldiers and abductees, and works to meet the ongoing needs of displaced women and children. AJWS supports FRO's Atim Kikoma ("Let Me Do It Myself") Vocational Training Program, which is designed to provide economic development skills, vocational training, entrepreneurship and sustainable income-generating opportunities for child mothers, vulnerable women-headed households, and former child soldiers.

### **Western Uganda**

**Federation of Communities Infected and Affected with HIV/AIDS in Koboko:** FECHA-K is a federation of eight community organizations of people affected by HIV/AIDS in the western Nile region. AJWS supports FECHA-K in its efforts to improve goat production in order to increase household income in the local community.

**Development Foundation for Rural Areas:** DEFORA's mission is to strengthen the capacity of civil society and to empower marginalized women in three districts in the Tooro region, through programs that integrate income-generation training with awareness campaigns on women's and children's rights. AJWS provides support for DEFORA to work with small women's self-help groups in rural areas.

**National Community of Women Living with HIV/AIDS – Arua:** NACWOLA (Arua branch) was established by women living with HIV/AIDS to challenge stigma and discrimination and to contribute to anti-HIV/AIDS activities in Arua District. AJWS supports NACWOLA-Arua to promote the responsible use of antiretroviral therapy (ART) among people living with HIV/AIDS.



## Eastern Uganda

**Foundation for the Development of Needy Communities:** FDNC's mission is to bring rural communities together in joint efforts to enhance their own self-reliance and sustainable development. AJWS supports FDNC in the areas of HIV-awareness, primary health care, adolescent reproductive health, counseling and education and vocational training in the underserved rural communities in eastern Uganda.

**Uganda Community Development Trust:** UCODET conducts care and support initiatives for AIDS orphans, vulnerable children and their families through provision of counseling and economic support. AJWS supports UCODET to provide scholastic materials and school uniforms for 30 orphans and vulnerable children affected by HIV/AIDS.

**Uganda Community-Based Association for Child Welfare:** UCOBAC works to improve the welfare of vulnerable women and children through promoting capacity-building of local communities and individuals who care for children, as well as carrying out advocacy and networking on initiatives such as child care and support. AJWS supports UCOBAC's Home-Based Care Program, which promotes family and community awareness on HIV/AIDS prevention and home-based care for HIV/AIDS patients, orphans and other vulnerable children (OVC).

**Friends of Christ Revival Ministries:** FOC-REV's mission is to address the educational, skills-building and economic needs of orphans and other vulnerable children (OVCs) through school fees payment, apprenticeship skills training, provision of income-generation opportunities for OVC households, and capacity-building in agricultural production. AJWS supports FOC-REV to provide educational support to 30 children who would otherwise be unable to attend secondary school, and uniforms and scholastic materials to 70 children in primary school.

## Kampala and Surrounding Area

**Kamwokya Christian Caring Community:** KCCC's mission is to provide social services that empower the community and promote spiritual and human values. AJWS supports KCCC's work to mitigate the psychosocial, economic and medical impact of HIV/AIDS in slum communities.

**Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases:** THETA currently provides training and support to Ugandan traditional healers in the areas of STD/HIV/AIDS education, counseling, prevention and patient care, as well as supporting collaboration between traditional healers and medical workers. AJWS supports THETA to strengthen the capacity and encourage the initiatives of healers who complete a comprehensive training program in STD/HIV/AIDS care.

**Raising Voices:** RV promotes preventive and sustainable strategies in the struggle against violence against women and children. AJWS supports RV's innovative approach to preventing domestic violence through social change. The project has three main components: local activism, capacity-building and grassroots advocacy.

**Center for Domestic Violence Prevention:** CEDOVIP aims to mobilize communities at the grassroots level to change attitudes and behaviors that perpetuate violence against women, build the capacity of community leaders and professionals to understand the impact of violence against women, and advocate within existing community structures for change. AJWS supports CEDOVIP to build the capacity of community activists and community structures in the sectors of education, health and law enforcement.



## **AJWS Service Programs and Study Tours in Uganda**

**Volunteer Corps and World Partners Fellowship:** Uganda has been a “hub” country for Volunteer Corps volunteers since 2003. AJWS also sent a group of six World Partners volunteers to Uganda in 2005. AJWS sent eight Volunteer Corps volunteers and one World Partners fellow to Uganda in 2006.

**Volunteer Summer:** In 2007, Volunteer Summer will send its first group to Uganda to work with AJWS partner FDNC. The group will stay at the FDNC Vocational School near Mbale in eastern Uganda. Volunteers will work on sustainable agricultural projects in communities that are supported by FDNC.

**Alternative Breaks and Delegations:** In 2005, two AJWS Delegations traveled to Uganda. Both Delegations worked with FDNC on bricking and plastering a classroom and met with HIV/AIDS prevention community organizers.



## POETRY

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### I am Tired of Talking in Metaphors

Susan Kiguli

I will talk plainly  
Because I am moved to abandon riddles.  
I will tell you of how we held our heads  
In our hands  
Because the owl hooted all night  
And the dogs howled as if in mourning:  
We awaited bad news  
We received it  
Our mother blinded in one eye  
Crippled in the right leg  
Because she did not vote  
Her husband's candidate.

I will remind you  
Of the time the peeled plantains  
Stood upright in the cooking pot  
We slaughtered a cock  
Anticipating an important visitor  
We got her:

Our daughter – pieces of flesh in a sack –  
Our present from her husband.

No I will not use images  
I will just talk to you:  
I do not fight to take your place  
Or constantly wave my fist in your face.  
I refuse to argue about  
Your “manly pact”  
With my father –  
Buying me for a bag of potatoes and pepper.

All I want  
Is to stop denying Me  
My presence here needs no metaphors,  
I am here  
Just as you are.  
I am not a machine  
For you to dismantle whenever you whim  
I demand for my human dignity.

*Ugandan poet Susan Kiguli has been writing poetry since she was in high school. She teaches poetry at Makerere University and won an Editor's Choice award from the U.S. National Library of Poetry.*



### Mother Teresa's Wish

Timothy Wangusa

Cancel that evening banquet in Oslo  
Sumptuously staged in my honor  
For the world's peace according to Nobel  
For the year of Our Lord 1979

Cable my apologies for non-attendance  
To the several ladies and gentlemen

Who have purchased stylish dinner-suits  
In readiness of the spectacular day –

Then kindly send to me in Calcutta  
The equivalent of the banquet in cash  
To provide 400 of the city's poorest poor  
With lunch and supper for 366 days.

*Ugandan poet Timothy Wangusa (b. 1942) is a professor of literature at Makerere University and has published several poetry collections, including Salutations, A Pattern of Dust, and Anthem for Africa.*



## The Nights when Arube Shakes the Refrigerators

Taban lo Liyong

It is raining mangoes, pears, and avocado  
On the Kulu-work aluminum roofs

The moon has dipped behind the hills in the east  
This is the ideal time for big man daddy to still the  
ghosts

The wind is whistling and the sparks are flying  
The closed windows allow in cold and blighting noise

The rain clouds had been gathering all day  
This is the time for big man daddy to give his lectures:

The frigidaire is choked full with his pupils

Their heads are stuffed there from bottom up  
There is a particularly portent one called Arube  
Whose body was burnt, heart and liver baked and  
eaten

And a generous supply of Nile lager used  
To wash it down whilst the bones float in the Nile  
But his head does not hear words  
Arube refused to remain still...

When it rains mangoes and lemons  
Shiver quietly in your soft beds.  
It is Arube who is shaking the refrigerator;  
It is Amin who is lecturing the senseless heads.

*Taban lo Liyong (b. 1939) is a Sudanese poet and writer who grew up in Uganda.*

*General Idi Amin Dada seized power in a coup in 1971 and was dictator of Uganda until 1979.*

*Charles Arube was a Ugandan army brigadier who led a revolt of soldiers in 1974. The revolt was suppressed by troops loyal to General Amin, and Arube was killed.*

## Orphan's Voice

Alfred Ocen

My plight is my own fate  
Not my own choice  
Heavenly Father  
Grant me the coolness of heart  
For I cannot change Thy will.

Remnants and crumbs  
Deeply hidden in the dust-bin  
Harboring clouds of green flies  
Is the daily menu for my survival!

Stuck and bewildered in miseries  
Entangled in woes  
Gasping for breath and hopelessly dehydrated  
Drops of cold water from Calvary Rocks

Trickling down my dusty throat  
Could bring me back to life!

Almighty God  
Make my cry louder to be heard  
Far beyond the bounds of black-thick  
Continent of Africa  
Remote land with formidable blue-thick  
Seas in between  
The land of opportunities  
The land of civilization  
The land of good hope  
Where sanity and charity exist  
In the heart of man.

*Ugandan poet Alfred Ocen is a teacher and educational administrator.*



## Africa in Pain

Zinunula Samuel Iga

The colonialist should never have come  
Or once he came, he should never have left  
When he did, the way he did.

He taught us to chew  
Before we learnt how to suckle,  
To walk before we learnt how to crawl  
To sing before we learnt how to talk.

And now that he is not here  
Neither to guide nor bottle-feed us,  
We are busy sucking,  
Pulling at our mother's nipples  
With teeth already grown too big,  
Causing her mastitis.

Oh! Africa is in pain.  
The colonialist should never have come.

We could have lived on her milk  
Mucus running down our noses  
For ages, no doubt  
But we would have learned  
We would have learned, the first things first.

But now we bite, we suck,  
We pull hard at her nipples  
Yet the hormones ran out  
Till the next cycle at least  
So the milk will not flow  
At least for a time.

Africa was pregnant  
When the colonialist came  
He performed a Caesarean  
We were delivered premature.

We stayed in the incubator long,  
Ignorant, oblivious of what was going on  
And the blood flowed out  
And the milk ran out.

We were nurtured on milk replacers  
But we grew,  
At least, we grew teeth  
And the hunger sharpened and grew into greed.

Yes, he nurtured us  
At least he nurtured us to his purpose  
Like the farmer to his animals,  
He gave us the minimum rations:  
The baconers for bacon,  
The porkers for pork,  
The horses for draught,  
The chicks for eggs,  
Pussycats and poodles to treasure  
And some parrots for pleasure.

No.  
The colonialist should never have come.

The parrots now fear the forest  
The horses prefer treated hays and candy  
The baconers wait for corn  
And the dogs yelp for whey.  
Africa lies wasting,  
Her sons too haughty to change their diet  
Too blind to their plight.

The colonialist pitifully sends little alms,  
Apparent succor for the struggling convalescent  
But her suture lines remain ruggedly open;  
She is a beast for in-vivo trials  
And her sons will not change their diet,  
The patient is wasting  
While the attendant grows obese,  
But she is a patient that will never die.

Oh!  
He simply should never have come.

The colonialist should never have come.  
Or once he came he should never have left  
When he did, the way he did.

But now that he did come,  
And that he did leave, when he did,  
Leaving us ages ahead of time  
Mounted on technological summits higher than we can  
jump  
Let us not be afraid to crawl down  
Down to the base to construct proper rungs  
Then we can stand on a steadier base  
And climb to a firmer top.



But here we are now  
Shaky, near-blind and uncertain.  
Thick mist whirls ahead of us.  
Heavy clouds hang above, dark, menacing, and ominous  
Only a thin ray of light peeps through.

Yet we cannot reach higher by leaps,  
One tiny step ahead and the base rocks  
So we reach out and beg.  
Even this is not a properly executed job.  
Our ministers just become obese.

No  
No, let us stop aping.  
Let us learn how to talk, then we shall sing.

Let the parrot re-enter the forest,  
Let the horse chew green grass.  
Let the pig accept  
The traditional tubers.  
Let the cave man pick up his stones  
And let Africa's son's clip their teeth.

Ah really!  
The colonialist should never have come  
But now that he did come  
And now that he did leave,  
When he did, the way he did;  
Let's take good care of the giant genteel lady.  
Africa is capable of living on her feet,  
If we would help her get off her knees.

*Zinunula Samuel Iga (b. 1964) is a poet and rural development worker in Masindi, western Uganda. He studied veterinary medicine and livestock science at Makerere University.*



## UGANDA: Recommended Reading

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### Books

Phares Mutibwa. Uganda Since Independence. London: Hurst, 1992.

P. Longsteth (editor). Uganda: Landmarks in Rebuilding a Nation. Kampala: Fountain, 1995.

Paul Theroux. Fong and the Indians. Boston: Houghton Mifflin, 1968.

Alan Moorhead. The White Nile. London: Hamilton, 1960.

Moses Isegawa. Abyssinian Chronicles. New York: Vintage, 2001.

Rosa Shand. The Gravity of Sunlight. New York: Soho Press, 2000.

Peter A.P.J. Allen. Interesting Times: Life in Uganda under Idi Amin. 2000.

Mamood Mamdani. Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism. Princeton, NJ: Princeton University Press, 1996.

Okot P'Bitek. Song of Lawino. Nairobi: East African Publishing House, 1966.

John Nagenda. Seasons of Thomas Tebo. London: Heinemann, 1986.

### Web sites

[www.africa.upenn.edu/Country\\_Specific/Uganda.html](http://www.africa.upenn.edu/Country_Specific/Uganda.html). The University of Pennsylvania African Studies Center's Uganda information and resource page.

[www.visituganda.com](http://www.visituganda.com). Uganda tourist information.

[www.allafrica.com](http://www.allafrica.com). A searchable African news website containing current articles on Uganda and other African countries.

[www.africaaction.org](http://www.africaaction.org). The website of Africa Action, a U.S.-based NGO working in partnership with activists and civil society organizations to support African struggles for peace and development.

[www.hrw.org/doc?t=africa&c=uganda](http://www.hrw.org/doc?t=africa&c=uganda). Human Rights Watch's page for Uganda reports and news.

[www.amnestyusa.org/By\\_Country/Uganda/page.do?id=1011260&n1=3&n2=30&n3=1010](http://www.amnestyusa.org/By_Country/Uganda/page.do?id=1011260&n1=3&n2=30&n3=1010). Amnesty International USA's Uganda reports page.



**American Jewish World Service (AJWS)** is an international development organization motivated by Judaism's imperative to pursue justice. AJWS is dedicated to alleviating poverty, hunger and disease among the people of the developing world regardless of race, religion or nationality. Through grants to grassroots organizations, volunteer service, advocacy and education, AJWS fosters civil society, sustainable development and human rights for all people, while promoting the values and responsibilities of global citizenship within the Jewish community.

For more information, please visit [www.ajws.org](http://www.ajws.org).

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