



When Communities Opened Their Doors: Interfaith Youth Leaders Supporting Health Awareness Across the city

By Sandra Namuganza,
IRCU Program Officer - Youth and Children Affairs

Kampala, Uganda - Sometimes community impact starts quietly. A tent raised in the middle of a busy market, Health workers arranging testing kits on tables, young volunteers walking through crowded ghettos and roadside trading centers calling out, “Health services are here!” And then suddenly, people begin showing up. Mothers carrying children, Boda boda riders parking briefly for blood pressure checks, young people nervously lining up for HIV testing, Market vendors stepping away from their stalls to seek health services and so on.

In the recent weeks, conversations around Ebola preparedness in Uganda have once again reminded communities that public health awareness cannot wait for emergencies to escalate before action is taken. Alongside existing challenges related to malaria, HIV/AIDS, tuberculosis (TB), and other communicable and non-communicable diseases, the need for trusted community engagement remains critical.

According to the Ministry of Health and the World Health Organization (WHO), Uganda remains among the high-burden countries for malaria and TB in Africa, while HIV/AIDS continues to disproportionately affect young people and vulnerable communities. WHO estimates show that malaria remains one of the leading causes of illness and death in Uganda, especially among children under five and pregnant women. Uganda also continues to register thousands of TB and HIV cases annually, reinforcing the importance of continuous community sensitization, testing, and early treatment seeking.

It is against this background that the Ministry of Health, in partnership with the Inter-Religious Council of Uganda (IRCU) through the Youth Interfaith Network Uganda (YINU) conducted integrated community health outreaches and barazas across the five divisions of Kampala on 22nd May 2026 together with officials from Kampala Capital City Authority (KCCA).

Prior to the outreaches, interfaith youth (under YINU) and religious leaders gathered on 20th May 2026 for orientation and mentorship sessions focusing on malaria, HIV/AIDS, tuberculosis (TB), Ebola awareness, and community

engagement. The sessions emphasized the important role young people and faith communities continue to play in promoting accurate health information, countering misinformation, encouraging early treatment seeking, and supporting prevention efforts within communities. Particular attention was given to Ebola awareness and preparedness. Participants were encouraged to promote verified information from the Ministry of Health, encourage handwashing practices, support early reporting of symptoms, and discourage fear, misinformation, and stigma that often spread during outbreaks

Soon after the orientation, outreach teams were deployed across Kampala:

- Kampala Central Division – KCCA Primary School, Kamwokya
- Nakawa Division – Katoogo, Mbuya
- Rubaga Division – Lubyapa
- Kawempe Division – Kalerwe Market
- Makindye Division – Kabagalala Riverside

Across the different divisions, communities gathered in large numbers to access integrated health services including HIV testing and counselling, TB screening, malaria testing and treatment, blood pressure checks, immunization, family planning, UTI screening, and health education.

In Kamwokya at KCCA Primary School, the outreach attracted residents from surrounding communities, particularly young people and mothers seeking testing, counselling, and health information. The environment created opportunities for direct engagement between health workers, youth leaders, and community members on issues of prevention, treatment, and stigma reduction.



Health workers engaging with the community at the outreach medical camp in Kamwokya, Central Division



Meanwhile, in Nakawa Division at Katoogo, Mbuya, YINU teams moved deeper into nearby ghetto communities mobilizing residents to come and access the available health services. Young volunteers walked through the communities encouraging residents to attend sensitization sessions, test for HIV, and seek medical attention where necessary. The outreach teams later guided residents toward different service points for screening, counselling, and health education activities.



Apostle Davin Ssentongo,
Delivering remarks on Behalf of

The IRCU-YINU coordination team, led by the YINU Chairperson, Apostle Davin Ssentongo, visited all the 5 camps, interacting with both the health workers and the youth teams supporting the activities on ground. One observation remained consistent across all the divisions: many young people demonstrated commitment and willingness to serve within their communities, some supported registration and crowd coordination, Others guided residents through service points, some helped mobilize surrounding communities, Others engaged fellow youth in conversations around HIV prevention, mental wellness, stigma, sanitation, and responsible health-seeking behavior. Faith

leaders also provided counselling, encouragement, and psychosocial support to community members throughout the outreach activities.

In Rubaga Division during the community baraza at Luby, residents openly shared concerns affecting their communities, including unsafe water sources, recurring malaria infections among children, poor drainage systems, poverty, and limited access to health sensitization programs. According to Mr. Galama Abunar Steven, Church of Uganda Representative on the YINU National Coordinating Committee, water scarcity emerged as one of the major challenges affecting many households. “Many residents depend on unsafe water sources due to limited access to clean water,” Steven noted in his report. The discussions further highlighted the growing need for continued sensitization around HIV prevention, sanitation, mental wellness, substance abuse, and disease prevention within urban communities.



YINU members engaging with the community at the outreach medical camp in Luby, Rubaga

At Kalerwe Market in Kawempe Division, the outreach reflected both the urgency of community health needs and the willingness of residents to access services when brought closer to them.



YINU team at Kalerwe-Bivamuntuyo Market at the end of the Outreach in Kawempe

“The morning sun was already high when we finally set up at Kalerwe-Bivamuntuyo Market,” wrote Mr. Emmanuel Ssemwogerere, Seventh-Day Adventist Uganda Union Representative on the YINU National Coordinating

Committee. “We started a bit late, around 10:45 AM, but the people were waiting. And they kept coming.” Throughout the day, community members moved between market stalls and outreach tents seeking medical services, information, and counselling.

By the end of the outreach, an estimated 200 people had accessed services in Kawempe alone. “What struck me most,” Emmanuel reflected, “was that the need is still huge. People are hungry for healthcare that’s subsidized or free.”

In Makindye Division at Kabagalala Riverside, the turnout was equally encouraging. According to Ms. Nabuuma Hafusa, Vice Chairperson of YINU and National Youth Representative from the Association of Pentecostal and Evangelical Churches in Uganda, community members started arriving as early as 9:00 AM to access services, with approximately 200 to 250 people reached during the outreach. “Many people appreciated the sensitization sessions, and there was hope expressed that HIV/AIDS can indeed be ended by 2030 through continued awareness, testing, and responsible living,” Hafusa wrote.

As the outreach activities came to a close across the different divisions, many community members were still arriving to access services. “Some walked away disappointed because we’d run out of time, not because the need had ended,” Emmanuel reflected. That reflection captures an important reality. The need for accessible healthcare, accurate health information, and sustained community engagement remains significant. The outreach also demonstrated the important role partnerships between government institutions, faith actors, young people, and communities can continue to play in strengthening public health awareness and community mobilization efforts.

Special appreciation goes to the Ministry of Health for creating space for faith communities, particularly young people, to participate in community-centered public health interventions. Appreciation also goes to the IRCU Secretariat for continuously supporting platforms where interfaith youth leaders can contribute meaningfully to community awareness, social mobilization, and national development efforts.

Sustainable public health efforts work best when communities, young people, faith actors, and institutions work together consistently and intentionally. Because sometimes meaningful impact begins with something as simple as showing up where people are.



Kamwokya



Nakawa Team



Makindye Team



Kawempe Team



Rubaga Team

Kamwokya