

PD-ABP-932

**INDIGENOUS SPECIALISTS TRAINING
AND
MOBILIZATION TO FIGHT AIDS IN RURAL UGANDA
(AFR-0256-G-00-1033-00)**

Terminal Report

Submitted to

**AGENCY FOR INTERNATIONAL DEVELOPMENT
AFR/ONI**

by

INTERNATIONAL INSTITUTE OF RURAL RECONSTRUCTION (IIRR)

and

SAVE LIFE MISSION (SLM)

June 1993

INTRODUCTION

Since June 1991, the International Institute of Rural Reconstruction (IIRR) and Save Life Mission (SLM) have jointly administered a small project grant from the AID Overseas Division-Africa under the US PVO and African NGO initiatives.

The grant was given to undertake collaborative efforts to train indigenous specialists including traditional healers, traditional birth attendants and community health educators in AIDS prevention. Details of this report is presented in the eight appendices following the report summary.

REPORT SUMMARY

PROJECT AIM

The project was aimed at:

- production of appropriate training materials
- training of 35 traditional health practitioners and
- mobilizing the indigenous specialists to disseminate AIDS information to communities.

The strategy was to create in-depth awareness among community leaders and develop simple and culturally appropriate media to disseminate AIDS information to communities concerned.

IMPLEMENTATION

The project was implemented in four phases. Phase one was pre-workshop activities. This was followed by the workshop itself. The third phase was information dissemination, while the last was packaging and sharing of information.

a. Pre-workshop activities

The major activity during this phase was the production of the workshop guide. (see Appendix 1) IIRR staff assumed the lead role, while the SLM staff gathered secondary sources of information and contacted local organizations engaged in similar activities.

SLM staff assumed full responsibility for recruiting and selecting participants for the workshop. A major problem was selecting from the more than 100 applicants for the workshop.

b. The workshop

Between December 1 and 6, 1991, a six-day workshop was conducted in Kasese town, some 450 km. west of Kampala, the capital city of Uganda. A total of 46 teachers, indigenous health practitioners, SLM volunteers and church leaders participated in the workshop. (See Appendix 2).

Small groups identified and compiled indigenous knowledge and information useful in AIDS education and prevention. The workshop outputs for each of the topics are shown in appendices 4 and 7. A work plan for project implementation was formulated and activities listed (see Appendix ____).

c. AIDS Education and Prevention Campaign

Following the workshop, an educational campaign was launched in three of the five districts represented by the 46 workshop participants. Thirty-four out of the 46 attendees actively participated in the campaign. They conducted echo trainings and other non-formal educational sessions for a total of 357 community educators. A total 9987 individuals were reached through the education campaign.

Folk songs and dramas are used as effective methods of communication. Information was disseminated at work place, churches mosques, schools, military camps, village meetings and individual homes. Individuals who showed clinical signs were referred for HIV tests and whenever available condoms were distributed.

d. Packaging and Sharing of Information

This experience led to requests for IIRR technical support elsewhere. A similar workshop was conducted for Adventist Development and Relief Agency (ADRA) in Ethiopia. The information generated during the two workshops was compiled into a manual entitled "Participatory Approach to Rural AIDS Education: A Workshop Manual" see enclosed manual. Three hundred copies of this manual were printed and over 150 distributed to various organizations engaged in AIDS education.

ACHIEVEMENTS

Culturally appropriate training materials were developed and used during workshops and subsequent educational campaigns. Information generated through small-group workshops was repackaged, and a rural AIDS educators workshop manual was produced and distributed.

A total of 46 people participated in the initial workshop. A total of 357 people were trained through echo workshops and other non-formal methods, and these in turned educated 9987 individuals concerning AIDS in various communities in the period immediately after the workshop.

Some originally unintended results were achieved. These include printing of the manual on AIDS Education, referral of individuals who have shown clinical signs for HIV testing, and distribution of condoms.

EVALUATION

At the end of the workshop, participants were requested to complete an assessment form for the workshop (see Appendix 3). In general, the participants rated the workshop as very satisfactory. The following ten selected items indicate the levels participant satisfaction in the workshop and on the materials used. (Instrument used is shown in Appendix 8).

	I T E M	Mean Score (5 = maximum possible)
1.	Meeting your expectation	4.7
2.	Achievement of your objectives	4.6
3.	General content of the workshop	4.5
4.	Facilitators	4.3
5.	Visual AIDS used	4.4
6.	Handouts	4.1
7.	Audience participation	4.8
8.	Time allocation	3.8
9.	Workshop methods	4.2
10.	Outputs generated	4.6

Requests for copies of the manual use in the workshop have been received from organizations with considerable experiences in AIDS education in Ethiopia, Uganda and Kenya.

The number of workshop participants (46) exceeded the target (35) by 30%. Similarly, the total number trained through echo-workshops and other non-formal methods was 357, more than double the target of 175.

Although a pretest of knowledge and attitude was conducted during the initial workshop, the process was not followed through. This was mainly due to limited time during the workshop and limited financial resources to conduct systematic pre-post test assessments at the community levels. IIRR and SLM also gave greater importance to the behavior modification aspect of AIDS.

Evaluation therefore focused on observing behavioral changes. As the result of the intensified educational campaign, behavioral changes included:

- Increased demand for condoms and decreased controversies over condom issue.
- Institution of pre-marital HIV testing as a pre-requisite for marriage by churches and parents.
- Request by traditional birth attendants for protective means such as gloves during deliveries, and
- The practice of individuals bringing their own blades, knives and other items coming into contact with blood for traditional health treatments such as cord-cutting and circumcision.

On the capacity building of SLM the following unintended results were achieved.

- SLM's national and regional networks increased.
- The success of the project the external resources, and contact with outside world re-kindled the spirit of voluntarism.
- SLM's credibility increased. Some of SLM staff for SLM staff for the first time attended trainings outside of the country. SLM staff now are being tapped by others organization to facilitate AIDS workshops.

The above positive behavioral changes are manifestations of deepened knowledge and changed attitudes.

All in all, it can be concluded that the project was highly successful.

LESSONS LEARNED

1. Indigenous voluntary organizations like SLM can mobilize volunteers in a short period. This cannot be achieved by an international organization like IIRR. Local organizations have the trust and confidence as well as the cultural know-how of the people. International organization, on the other hand, have information, skills and resources lacking locally. Partnership between the two institutions is both effective and efficient.
2. This small project grant was the first and the only external resource tapped by SLM. For years SLM has struggled on its own from contributions of its volunteer members. SLM had not established a track record of its own to access external resources. An intermediary such as IIRR maybe crucial for the survival and growth of organizations such as SLM.
3. Nevertheless care must be taken not to kill the spirit of voluntarism or to create dependency in the local organization by bringing in outside resources. Instead, use of resources must be carefully planned to provide motivation for volunteers and meet, crucial needs of the local organization. In the case of SLM, the small project grant was mainly used for transport and subsistence for volunteers who travelled long distances to disseminate knowledge.
4. Small project grants such as the one provided by AID play a critical role in image and confidence building of the local organization. Working with an experienced international group made possible the transfer of various technologies and enhanced SLM's institutional capacity of IVO is enhanced.
5. Small project grants constrain the international organization's own resources. The efforts put into small projects are comparable to those of big projects. This can be minimized by the organization managing several similar.

RECOMMENDATION

There is a need to mobilize more resources to fight AIDS in Uganda and Africa. Many grassroots organizations like SLM need training. Future efforts should focus in social marketing of condoms, behavior modification, or individual counselling and establishing support systems for victims and their dependents. IIRR would like to continue to strengthen the capabilities of local organization to fight AIDS in Africa.

**AIDS EDUCATION AND PREVENTION
WORKSHOP CURRICULUM
December 1-6, 1991**

INTRODUCTION

IIRR and Save Life Mission (SLM) is undertaking a collaborative effort to train indigenous specialists, including traditional healers, birth attendants, laymen, community health educators and community leaders in AIDS prevention.

This activity is being carried out in five phases over the course of 18 months: a) preparation of training materials; b) recruitment and selection of 35-40 indigenous specialists for training of trainors; c) training of trainors; d) training of AIDS information disseminators by indigenous specialists, and e) evaluation.

EXPECTED RESULTS

1. IIRR and SLM will produce training materials which are appropriate for educating rural and often illiterate populations about AIDS prevention.
2. Thirty-five (35) traditional health practitioners will be trained as indigenous specialists.
3. The 35 specialists will, in turn, conduct informal training of at least five information disseminations each.
4. The indigenous specialists and the information disseminators will actively educate their communities concerning AIDS prevention.

AIDS EDUCATION WORKSHOP SCHEDULE (December 1-6, 1991)

TIME	ACTIVITY	DEC. 1	DEC. 2	DEC. 3	DEC. 4	DEC. 5	DEC. 6
6:30 - 8:00	Breakfast						
8:00 - 8:30	Housekeeping; Moral Education						
8:30 - 10:00		Understanding Body's Defense System Workshop	Lecture AIDS situation in Uganda/Kasese	How HIV/AIDS is transmitted and not transmitted	At risk behaviors and individuals-workshop	Caring for AIDS patients-pannel-presentation and Open Forum	Presentation of Re-entry Plan
10:00 - 10:30	Break						
10:30 - 12:30		Presentation of Workshop Outputs	Workshop - Traditional beliefs about AIDS	Presentation of Workshop outputs	Presentation of Workshop Outputs	Workshop on Social and economic cost of AIDS	Presentation of Re-entry Plan
12:30 - 2:00	Lunch						
2:00 - 4:00		Open Forum, Summary and Synthesis	Presentation of Workshop Outputs Synthesis	Introduction to analogies workshop	AIDS - symptoms Lecture	Webbing	Closing Ceremony
4:00 - 4:30	Break						
4:30 - 6:30		Re-entry Plan Introduction and Grouping	Facts about AIDS What it is?	Presentation of Workshop Outputs Synthesis	Traditional Treatment for AIDS - pannel-Open Forum	Presentation of Workshop/ Webbing	
6:30 - 7:30	Dinner						
7:30 - 9:30		SLM - Time		Video	SLM Time	Video	

Session One : UNDERSTANDING YOUR BODY DOCTOR
Dec. 1, 1991/Sunday

Facilitator : Dr. Isaac Bekalo

Session Objectives : At the end of the session, the participants will have:

- 1) collectively analyzed traditional beliefs related to causes and cures of diseases;
- 2) articulated local beliefs about modern medicine and medical doctors;
- 3) acquired knowledge on the scopes and limitations of modern medicine and medical personnel;
- 4) increased knowledge on the body's own way of defending itself from diseases; and,
- 5) acquired knowledge on the nature's way of preventing diseases.

Methodology/Activities:

- 1) The session will be divided into three sub-sessions:
 - a) Traditional beliefs about diseases,
 - b) the body's own way of healing and
 - c) nature's role in healing sickness.
- 2) The participants will divide themselves into small groups (5-8 members) in each group and articulate traditional beliefs related to causes and disease.
- 3) Sharing of outputs by each group, followed by open forum.
- 4) Synthesis and lecture discussion of the aspects of traditional medicines, the body's own defense system and nature's own ability to heal sickness.

Tasks of Workshop Groups:

- a) list down all common diseases in their communities; and,
- b) list down the traditional belief related to each disease.

Session Two : UNDERSTANDING AIDS AND HIV

Facilitators : Dr. Isaac Bekalo
Mr. Masereka Mutiba (EIL)
Mr. Jimmy P. Ronquillo

Session Objectives : At the end of the session, the participants will have:

- 1) Been informed about AIDS situation in Uganda.
- 2) Assessed their own knowledge about AIDS and HIV
- 3) Gained sufficient understanding about traditional beliefs and set of behaviors related to AIDS and HIV transmissions.
- 4) Been informed about the basic facts about AIDS and HIV.
- 5) Articulated everyday social, economic and household functions which may or may not contribute to the transmission of HIV.
- 6) Gained knowledge on the mode of transmission and safety measures needed to be taken.

Activities/Methodologies:

1. Pretesting of existing AIDS knowledge among participants (see Appendix 3).
2. Lecture presentation on AIDS situation in Uganda.
3. Workshop in groups of eight to assess traditional beliefs related to transmission.
4. Presentation of workshop outputs

TRANSMISSION AND INCUBATION

INTRODUCTION

Knowing how the virus is transmitted and not transmitted is critical for three main reasons: first, to enable one to protect himself/herself and others; second, to provide support to those who are already affected; and, lastly, to avoid unnecessary panic and fear towards different forms of social contacts.

Knowing the facts about transmission is also expected to bring about a positive behavior modification.

OBJECTIVES

At the end of the sessions, the participants will have:

1. known the different ways the virus is transmitted and not transmitted; and,
2. assessed their own attitudes and behaviors towards AIDS patients and made the decision to adapt positive and supportive changes.

METHODS/ACTIVITIES

1. The facilitator presents the common ways and examples of how diseases are transmitted.
2. The facilitator presents a list of AIDS-related situations (short cases) to provoke dynamic discussions that will lead to the isolation of facts from myths about AIDS transmission.

The facilitator begins by asking the participants what they would have felt if they found that:

- The last person that you shook hands with is an AIDS victim.
- The telephone receiver you are using was used by an AIDS patient five minutes ago.
- Your roommate in the dorm did not return from a weekend trip and you were informed she quit school because she has contracted AIDS.
- At the funeral of your very close friend, you were informed that he died of AIDS and you had several casual contacts with him.
- You are to host lunch for a group of people and, at the last minute, you find out one of them is an AIDS victim.

- Among those who attended a birthday party of your one-year-old child was an **AIDS** victim who held your baby girl in her arms and kissed her on the cheeks.
 - You were in the same room with an **AIDS** victim who was sneezing and coughing from common cold.
3. The participants, in small-groups, come up with a list of ways that **HIV** is:
- not transmitted; and,
 - transmitted.

After some discussions, the participants will come up with a list of cultural and traditional practices which may be potential ways of **HIV** transmission.

4. The small groups share their outputs with other group members in the plenary session and a comprehensive list is then compiled.
5. The facilitator provides a comprehensive summary and synthesis of facts related to transmission.

AT-RISK INDIVIDUALS AND RISK BEHAVIORS

INTRODUCTION

At-risk Individuals are those who are most vulnerable or susceptible to getting the HIV virus. Risk behaviors are practices or lifestyles that expose people to contact the virus.

OBJECTIVES

Through this session, the participants are expected to identify local:

1. risk behaviors;
2. at risk individuals; and,
3. risk points.

METHODS/ACTIVITIES

1. The topic is introduced by dramatizing different behaviors or situations conducive to contacting **AIDS**.
2. The facilitator asks the participants to identify the risk factors in each of the scenes.
3. After a stimulating discussion, the participants, in small groups of 5-8, will identify:
 - a. certain risk behaviors that may lead to contacting **AIDS** in their own community, based on local experience;
 - b. individuals most at-risk; and,
 - c. situations that make them vulnerable.

Each group produces a table like this.

Risk Behavior	At-risk Individuals/ Groups	At-risk Points/ Conditions

4. The small groups share their outputs with others.
5. The facilitator provides summary/synthesis using the following notes.

PREVENTING YOURSELF AND OTHERS FROM AIDS

INTRODUCTION

What **AIDS** can do to individuals and communities is determined by what they can do to prevent themselves and others. Although there is no vaccine for it, **AIDS** is 100 percent preventable and those who are affected can be cared for:

This topic deals with the prevention of one's self and others from **AIDS**.

OBJECTIVES

At the end of the session, the participants will have:

1. suggested a risk reduction mechanism; and,
2. gained knowledge on how **AIDS** can be prevented.

METHODS/ACTIVITIES

1. The facilitator introduces the topic by reviewing how the virus is transmitted from one person to another:
 - unprotected sex;
 - shared needles;
 - mother to child;
 - blood transfusion; and,
 - artificial insemination.
2. The facilitator gives an example of a risk behavior and a risk condition and how these can be prevented.

Risks may be a result of:

- 2.1 sexual behavior;
 - 2.2 traditional health practices; and/or
 - 2.3 practice in caring for patients at home and health care centers.
3. For each of the risk behaviors and risk conditions listed in the previous chapters, the participants suggest a prevention mechanism.

In small-groups of 5-8, the participants identify (1) ways the virus may be transmitted; and, (2) how it can be prevented.

How the Virus Is Transmitted	Suggested Prevention

4. In the plenary session, the participants share their findings with other group members.
5. The facilitator summarizes the topic, using the small-group outputs and materials provided in this section.

ACTION PLANNING FOR AIDS PREVENTION AND CONTROL

INTRODUCTION

Most trainings, workshop and conferences fail to produce intended impact for various reasons. One such reason is lack of a concrete and specific plan that can initiate action.

During this session, the participants — either individually or in groups — will formulate implementable action plans.

OBJECTIVES

At the end of the session, the participants will:

1. formulate a take-home action plan;
2. be introduced to a range of specific activities adaptable to the prevention and control of AIDS in their own community; and,
3. share his/her action plan with others.

METHODS/ACTIVITIES

1. The trainer/facilitator reviews the mechanics of project planning, implementation and evaluation (PIE).
2. The participants group themselves into small groups of 5-8 members. (Grouping can either be geographic proximity, similar interest or individuals coming from the same organization.)
3. Using the planning cycle (PIE), the small groups formulate specific action plans. (List of specific activities is provided following PIE project.)
4. Each group shares its outputs with the members of other groups. (It is advisable to introduce this session at the early part of the workshop to give the participants ample time to complete their action plans. The reporting, however, is best done as a last session.)

PARTICIPANTS' PROFILES

TITLE OF WORKSHOP : AIDS EDUCATION AND PREVENTION
WORKSHOP IN COLLABORATION WITH SAVE
LIFE MISSION
KASESE, UGANDA

DATES HELD : DECEMBER 1 - 6, 1991

VENUE : SAAD HOTEL LTD., KASESE, UGANDA

1. Mr. Josephat Kihabule
Deputy Headmaster, Karugaya Primary School, P.O. Box 230,
Fort Portal, Uganda
Seventh Day Adventist (NGO)
2. Mrs. Yunia Mukirana
Division Field Officer, Uganda Women Adventist Organization
(UWAD) -- NGO
Home Address : Save Life Mission
P.O. Box 92, Kasese, Uganda
DORCAS worker (a Seventh Day Adventist Club)
3. Mr. Yossam Muhindo
Teacher, Bunyangau Primary School (Church)
Home/office address: P.O. Box 487, Fort Portal, Uganda
4. Mr. Mirembe Onesiphorus
Health Educator, Save Life Mission (NGO)
Home Address : Small World Health Office
P.O. Box 128, Kasese, Uganda
Office Address: P.O. Box 92, Kasese, Uganda
5. Ms. Judith Kule
Field Worker, Y.W.C.A. (NGO)
Home Address : Rwenzori High School
P.O. Box 213, Kasese, Uganda
Office Address : P.O. Box 250, Kasese, Uganda

6. Mr. Isaleri Kambale K.
Agriculture Department, Bukuuku - Buraliya (NGO)
Home Address : Kakindo Village Karago, Bukuuku
P.O. Box 22, Fort Portal, Uganda
Office Address : Box 358, F.P., Kabarole District, Uganda

7. Mr. Tumusime Seth-Sezi
Communication/Coordinator Director
Rural Women's United Efforts for Development Organization
(RWUEDO) -- NGO
Home Address : Musomoro - Kinyamaseke, West Kasese
P.O. Box 95, Kasese, Uganda

8. Mr. David Nguru
Division Field Officer, Uganda Red Cross Society
Kasese Division (NGO)
Home Address : Kamaiba Habitat Village, c/o P.O. Box 21
Kasese, Uganda
Office Address : P.O. Box 179, Kasese, Uganda

9. Ms. Joyce Kalyaki
Promoter, Save Life Mission (NGO)
Home Address : Kasese Habitat Branch, P.O. Box 140
Kasese, Uganda
Office Address P.O. Box 92, Kasese, Uganda
Development Skill: Nursing aide and DORCAS leader

10. Mrs. Edreda Bwambabe
DORCAS leader, Kyanya S.D.A. Chruch (NGO)
Home Address : Ibanda Trading Centre, P.O. Box 213
Kasese, Uganda
Office Address : Save Life Mission, P.O. Box 92
Kasese, Uganda

11. Mr. John K. Bukombi
Well-wisher, Save Life Mission
Home Address : Busondwa P.O. Box 1185, Bundikugyo
Uganda/NDONGO, P.O. Box 21, Kasese, Uganda
Office Address : P.O. Box 92, Kasese, Uganda, West Africa

12. Mr. John Salya B.
District Programme Secretary, Y.M.C.A.
Home Address : Jbanda Trading Centre, P.O. Box 129
Kasese, Uganda
Office Address : P.O. Box 179, Kasese, Plot 29
Kasese, Uganda
13. Ms. Violet Musana
Club Leader, Uwad (NGO)
Home/Office Address: Musombro Village, P.O. Box 92
Kasese, Uganda
14. Rev. Yona B. Muhindo
Trustee/Member, Save Life Mission (NGO)
Home Address : Uganda Church of Christ, P.O. Box 88
Kasese, Uganda, East Africa
Office Address : P.O. Box 92, Kasese, Uganda
Development Skill: Community Development
15. Mr. Joy Paul Mukisa
Church Pastor, Ishaka S.D.A. Church (NGO)
Home/Office Address: Ishaka S.D.A. Church, P.O. Box 111
Bushenyi, Uganda
16. Mr. Enock Sanyu
Clinic Representative, Save Life Mission (NGO)
Home Address : Nyamigisa S.D.A. Church
c/o North Western Uganda Field
P.O. Box 22, Fort Portal, Uganda
Office Address : P.O. Box 92, Kasese, Uganda
Development Skill: Medical Assistant
17. Mrs. Phoebe Byasaki
Home/Office Address: Kasese Township, P.O. Box 92
Kasese, Uganda
18. Mr. Muhindo Munsomba
Teacher, Kisinga Primary School, P.O. Box 132, Kasese, Uganda
19. Mr. Buhaka Zakayo
Artisan, Bunsibugyo Hospital (GO)
Home/Office Address: Butwaka II Re I Bukangama Parish
P.O. Box 1148, Bunsibugyo District
Uganda

20. Mr. Bisaangi Shadrach
Leader, Kaworwe Village (NGO)
P.O. Box 1148, Kasese, Uganda
21. Mr. Augustine Muhindo
Teacher, Karugutu Primary School (NGO)
Home/Office Address: Karugutu-Nyabuzisi Village
c/o P.O. Box 1101, Bundibugyo, Uganda
22. Mr. John Muhindo
Security Guard, Food and Beverages, Ltd. (GO)
Office Address : P.O. Box 25, Kasese, Uganda
Telephone No. : 2429 Kasese
23. Mr. Wahimba Matayo
Trustee/Member, Save Life Mission (NGO)
Home Address : Kasangali Primary School, P.O. Box 21
Kasese, Uganda
Office Address : P.O. 92, Kasese, Uganda
24. Mr. Jerry Muhindo
Clinic Manager, Medical Department, Save Life Mission (NGO)
Home Address : Bundibugyo SLM Dispensary, P.O. box 1101
Bundibugyo, Uganda
Office Address : P.O. Box 92, Kasese, Uganda
Development Skill: Health Education
25. Mr. Masereka Matayo
Member, Save Life Mission (NGO)
Home Address : Kiruuli S.D.A. Primary School (NGO)
Kitwamba S/County P.O. Box 21
Kasese, Uganda
26. Mr. John Mbilingi
Member, Save Life Mission (NGO)
Home Address : Kirabaho Village, P.O. Box 88
Kasese, Uganda
Office Address P.O. Box 92, Kasese, Uganda
27. Mr. Timothy Muke
Medical Assistant/in-charge, Kinyamaseke SLM Dispensary
Home Address : Habitat for Humanity
Kamaiba - Kasese Town Council, Uganda
Office Address : P.O. Box 92, Kasese, Uganda

28. Mr. Tom Maate
 Medical Director Successor, Save Life Mission (NGO)
 Home Address : Hiima Town Board, P.O. 54, Kasese, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda
29. Mr. Nehemia Kaisule
 Member, Save Life Mission (NGO)
 Home Address : Kistwamba/Kuruhe District, P.O. Box 21
 Kasese, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda
30. Mr. John Kumaraki
 Member, Save Life Mission (NGO)
 Home Address : Maliba District (S.D.A.), P.O. Box 21
 Kasese, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda
31. Mr. Japheth B. Basighirinda
 Save Life Mission (NGO)
 P.O. Box 92, Kasese, Uganda
32. Mr. Shadrach Mubbendi
 S.L.M. Music Manager (NGO)
 Home Address : Gatyanga, P.O. Box 21, Kasese, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda
33. Mr. Melson Sezi Ruvumbura
 Vice Chairman, Save Life Mission (NGO)
 Home Address : Sayuni Village, P.O. Box 21
 Kasese, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda
34. Ms. Grace Hulna
 Nurse, Ishaka Hospital (NGO)
 Home/Office Address: Ishaka Hospital, P.O. Box 111
 Bushenyi, Uganda
35. Mr. Modest Bakicwire
 Educator, Save Life Mission (NGO)
 Home Address : Mandako Village, Kazingo, P.O. Box 22
 Fort Portal, Uganda
 Office Address : P.O. Box 92, Kasese, Uganda

36. Mr. Noah Nzaghale
Chairman, Village Health Committee (NGO)
Home/Office Address: Bubotyo Seventh-Day Adventist Church
P.O. Box 92, Kasese, Uganda
37. Mr. Yosiya Katsirombi
Organizing Secretary, Save Life Mission (NGO)
Home/Office Address: P.O. Box 92, Kasese, Uganda
38. Mr. Kambale Daniel Mugenyi
Save Life Mission (NGO)
P.O. Box 92, Kasese, Uganda
39. Mr. Moses Bukebuhangwa
Secretary-General, Save Life Mission (NGO)
Home/Office Address: SLM/Aid Post, Katswamba Branch
P.O. Box 92, Kasese, Uganda
40. Mr. Yonah Syalyambene
Nurse Aide, Save Life Mission (NGO)
Home Address : SLM Aid Post, Kyaterekara - Hoima Branch
P.O. Box 72, Kabadi - Hoima Uganda
Office Address : P.O. Box 92, Kasese, Uganda
41. Mr. Machi Muranga
Save Life Mission (NGO)
Home Address : Karugaya Village, P.O. Box 230
Fort Portal, Uganda
Office Address : P.O. Box 92, Kasese, Uganda
Professional Background: Civil Engineer
42. Mr. Andrew Sasu
Regional Field Officer, SLM (NGO)
Home/Office Address: P.O. Box 92, Kasese, Uganda
Professional Background: Civil Engineering Technology
43. Mr. Edson Naija
Member, Patronic Board, SLM (NGO)
Home Address : Mpondwe S.D.A. Church, P.O. Box 257
Bwera, Uganda
Office Address : P.O. box 92, Kasese, Uganda

44. Mr. Yowai Mukirania
Treasurer, SLM (NGO)

Home Address : Seventh-Day Adventist Church
Kasese S.D.A. Church, P.O. Box 21
Kasese Uganda

Office Address : P.O. Box 92, Kasese, Uganda

KNOWLEDGE ATTITUDES, PRACTICES ASSESMENT FORM.

Date: _____ Name of the Individual: _____

Organization/Community: _____

Occupation: _____ Age: _____

Level of Education by years: _____

Each question has two alternatives. WHAT YOU BELIEVE IS CORRECT. (Please encircle).

1. AIDS is:

a.) A diseases in which the body's defence against infection has been damaged.

Agree

Disagree

b) Curable in the early stages, but not in the later stages.

Agree

Disagree

c) One of the sexually transmitted diseases.

Agree

Disagree

2. The AIDS virus can be transmitted by:

a) Sexual intercourse with a multiple partners.

Agree

Disagree

b) Sitting on a dirty toilet.

Agree

Disagree

c) Using unsterilized needles, skin piercing and cutting instruments.

Agree Disagree

d) Insect bites.

Agree Disagree

e) Sharing a glass with someone infected with the AIDS virus.

Agree Disagree

f) Infected mother to her baby.

Agree Disagree

g) By bewitching

Agree Disagree

h) Contaminated blood

Agree Disagree

3) If people test positive for the virus that causes AIDS:

a) They can live for a long time before they die.

Agree Disagree

b) They are infectious for the rest of their lives.

Agree Disagree

c) They can transmit only if they develop signs of AIDS.

Agree Disagree

d) It means that a person has AIDS.

Agree Disagree

4) If people test negative for the virus that causes AIDS it means;

a) They are free from being at risk for AIDS

Agree Disagree

b) They are not carriers of AIDS virus.

Agree Disagree

c) That it's safe to continue having sex without using a condom.

Agree Disagree

5) It's possible to avoid spreading the virus that causes AIDS by doing the following.

a) Using a condom during sexual intercourse.

Agree Disagree

b) Sterilizing needles and other objects that break the skin.

Agree Disagree

c) Zero grazing (sticking to only one faithful partner).

Agree Disagree

d) Bringing your own blade for group circumcision.

Agree Disagree

e) Avoiding drug and alcohol use.

Agree Disagree

6. Tick the body fluid/s which if exchanged in small quantity could transmit the AIDS virus.

- | | |
|-------------------|-----------|
| a) Urine | b) Tears |
| c) Semen | d) Blood |
| e) Vaginal fluids | f) Saliva |
| g) Breast milk | h) Sweat. |

7. It is okay to use a condom.
- Agree Disagree
8. Asking a partner to use a condom shows a lack of trust.
- Agree Disagree
9. AIDS can be prevented 100% by adapting a healthy life style.
- Agree Disagree
10. The best prevention against AIDS is Education.
- Agree Disagree
11. Some traditional health practices can be effective. Means of treating AIDS.
- Agree Disagree
12. In most cases AIDS can be avoided by avoiding prestitutes.
- Agree Disagree
13. Parents should be the first to teach their children ways of avoiding getting AIDS.
- Agree Disagree
14. It is not advisable to have children when either of both partners have aids.
- Agree Disagree
15. Traditional health practitioners performing minor surgeries involving blood can be potential risk persons to transmit AIDS.
- Agree Disagree

Adapted from KAP Instrument Developed by EIL - Uganda.

WORKSHOP OUTPUT ON COMMON DISEASES AND BELIEVED CAUSES

IDENTIFICATION OF DISEASES AND THEIR RELATED CAUSES IN TRADITIONS.

<u>Diseases</u>	<u>Traditional Beliefs Causing the Disease.</u>
1. Diarrhea	- Marks the growing stages in a child for example when sitting, crawling, standing, walking. - To some people it is bewitchery.
2. Cough	- Hot wheather conditions, overwalking and winds.
3. Measles	- Natural disease
4. Malaria	- Change of place and water and eating sugary food.
5. Flu (Influenza)	- Coldness, sharing caps
6. Katera (Whooping cough)	- Natural disease, moths, contact of a baby with a woman on M.P.
7. Ebino (False teeth)	- Bewitchery
8. Obulho (Millet)	- Bewitchery
9. Endege (Bird)	- Bewitchery
10. Convulsions (Ekihwere)	- Inherited worms from the mother
11. Aorms (Esyonzoka)	- Breast feeding when pregnant
12. Kwashiorkor (Eryuse)	- Touching the child when on menstruation period.
13. Typhoid fever	- Sign of a mother becoming pregnant
14. Diabetes	- Disease of the rich i.e. taking too much sugar
15. Nyinenda (Placentre effections)	- Carrying heavy things
16. Eye infections	- Bewitchery, old age
17. Dental	- Old age
18. Abdominal pains	- Bewitchery, inherited, warms

- | | | | |
|-----|------------------|---|---|
| 19. | Chest pains | - | Bewitchery, overworking |
| 20. | Backache | - | Old age |
| 21. | Ulcers/Boils | - | Eating food found along the way e.g. dropped bananas, berries fruits etc. |
| 22. | Mental confusion | - | Bewitchery, hereditary |
| 23. | Evil spirits | - | Bewitchery |
| 24. | Vomiting | - | Meeting a witch doctor active at night |
| 25. | Asthma | - | Maize pollen, moths |
| 26. | Nosal bleeding | - | Arguing with a witch doctor |
| 27. | Skin disease | - | Eating the clan's out cast foods |
| 28. | Leprosy | - | Deffensive bewitcheries |

GROUP OUTPUTS

Group 4

CAUSES OF AIDS		TREATMENT	
1.	Bewitchment	1.	Consult a traditional doctor. a. (Healer). If it is a family problem you may be required to sacrifice a goat to please the gods and you may also provide a cock as well.
2.	Curse from God a way of stopping immorality	b.	Repentance - this is when you have stolen, you pay back what you stole.
3.	Fever	2.	Appeasing the gods through funeral ceremonies/rites a. The liver of a dog b. Lion's fats c. Herbs
4.	Natural disease (Akabonde).		

Group 3

COMMON BELIEFS ON CAUSES OF AIDS

1. Bewitchment as with other diseases
2. A human being met with a dog
3. A natural disease like any other before
4. "A tool wears on its work"
"It has come in the source of life"

TRADITIONAL CURATIVE BELIEFS

- Traditional doctor - Cut, fix herbs
- Ritual cleansing and sometimes eating a dog's liver, eating soil.
- Strong alcohol e.g. Waragi.
- Apply special tabs for pigs to make you fat

TRADITIONAL METHODS OF TREATMENT

1. Tonsillitis
 - Sitting down on a sharpening stone then swallowing a sorghum grain
 - Wrapping around your neck a palm leaf
 - Removing tonsil using a fork
2. False teeth (Ebino)
 - Going to witch doctor who removes them using a sharp knife.
 - Rubbing tooth gam medicine
3. Millet (Obulho)
 - Special doctor cuts breast and removes millet.
4. Typhoid
 - Putting a small slit around chest and pushing medicine with thumb.
5. Boil
 - Cutting and squeezing done by a special person
6. Athrites
 - Cutting painful joint and putting traditional medicine.
7. Asthma
 - Local herbs

- | | | | |
|-----|-----------------|---|---|
| 8. | Headache | - | Cutting around the forehead |
| | | - | Sucking blood with a horn of a cow or goat. |
| 9. | Athrax | - | Special bean put on affected part after cutting. |
| 10. | Penis infection | - | Circumcision |
| | | - | Letting a praying man bite the penis and letting go |
| 11. | Leprosy | - | No traditional treatment |
| 12. | Elephantiasis | - | No traditional treatment |
| 13. | Jiggers | - | Using it by safety pin Removing it |
| | | - | Applying pepper on it. |
| 14. | Tetanus | - | No traditional treatment |
| 15. | Mumps | - | Carrying firewood while singing (Mumps) |
| 16. | Eye diseases | - | Putting mothers's milk |

Group 5

TRADITIONAL BELIEFS ABOUT AIDS

TRADITIONAL TREATMENT

1.

- a) Witchcraft - amarogho
- b) Violating the scare knots in the garden
- c) Playing sex with a close relative
- d) Playing sex with a woman in the bush or outside the house (god Nyabingyi gets angry and spits inside the woman while in action.
- e) Curse from another person

1. Consulting a witchdoctor

- f) Long illness causes AIDS i.e.
 - Meeting butterflies and scattering them
 - Meeting a long line of red ants and all of a sudden they disappear
 - Poor nutrition
- a) The two partners eat a goat's intestines cut by a nephew between your months.
- b) Those who did wrong acts (but game) are taken to a witchdoctor early in the morning: a goat is killed in sacrifice and the two jump over it, and later the witchdoctor takes it.

Group 1

TRADITIONAL BELIEFS ABOUT AIDS

Causes:

- 1) It is caused by disobeying the clan's supreme god
- 2) Caused by bewitching
- 3) It is like any other disease

TRADITIONAL PREVENTIVE BELIEFS

- 1) No person should have sex outside marriage
 - a) Sex outside marriage causes death to
 - a newly born baby whose father out of adultery slims up
 - Sex with relative -

TRADITIONAL TREATMENT

- 1. The clan elders dedicate a goat to the supreme god of the clan
- 2. The elder of the clan looks for herbs and gives them to the sick
- 3. Witchdoctor performs rituals.

TRADITIONAL EFFORTS AGAINST AIDS

- Treatment with herbs
- Taboos restricting people from certain acts especially sex outside marriage

- offspring dies
- Prevent sex among the
unmarried.

CHRISTIAN PREVENTIVE BELIEF

- God's Commandments - "Thou shalt not commit adultery".

Group 2

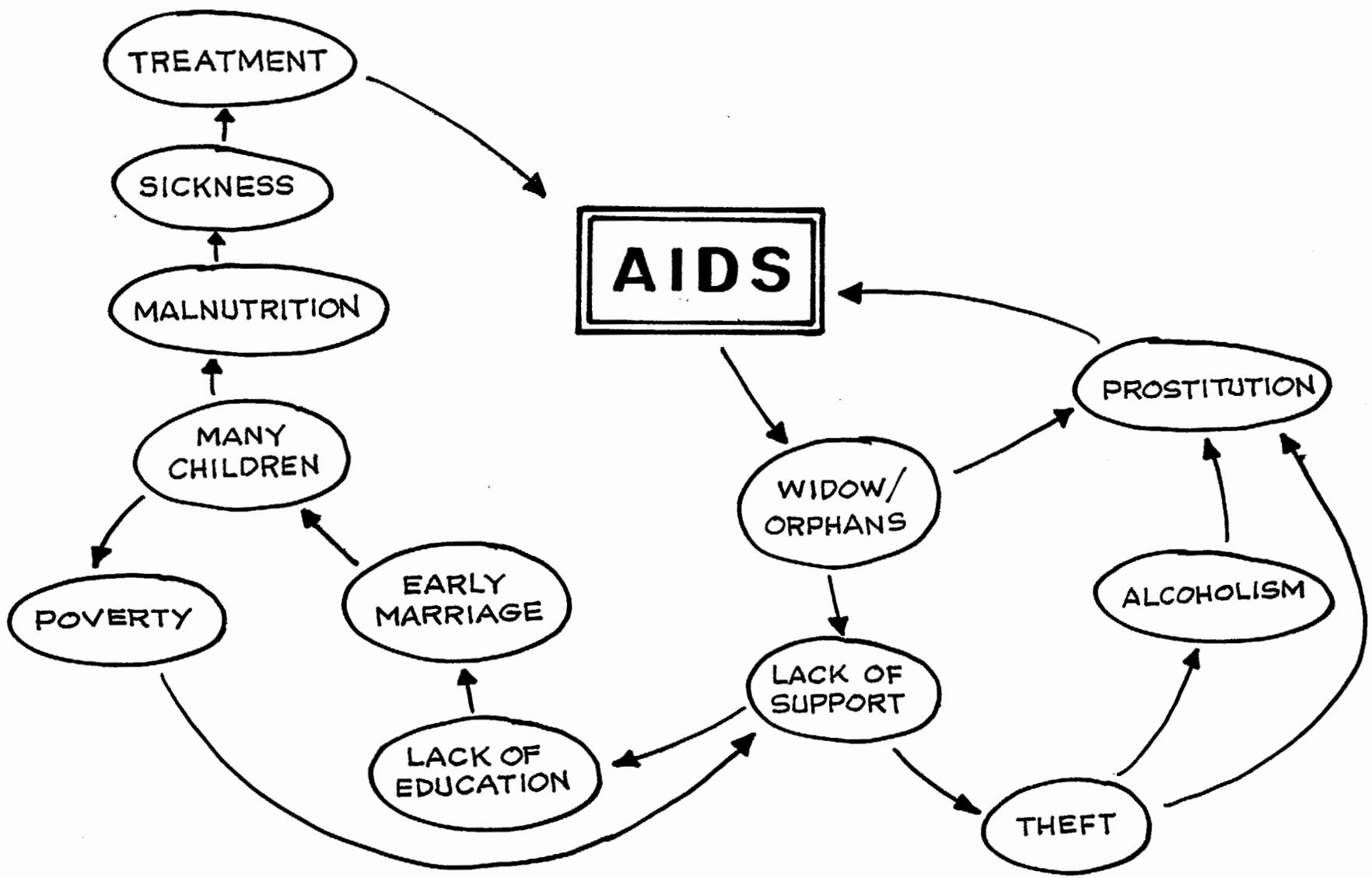
TRADITIONAL BELIEFS ABOUT AIDS

- 1) People believe that it existed even long before our existence.
- 2) It is like any other disease with a person growing very thin.
- 3) Caused by misunderstanding with neighbors.
- 4) Punishment for crimes committed e.g. stealing.
- 5) Bewitchment (Witchcraft)
- 6) Injections with a drug that has been infected with AIDS (HIV).
7. It is a punishment from God.
8. It is gotten from latrines.
9. Marks the end of the world as the bible says (Zacharia 14.12, Luke 21:25 - 26)
10. Typhoid (as reported on funerals)
11. Shaking hands with infected persons.
12. Airborne disease.

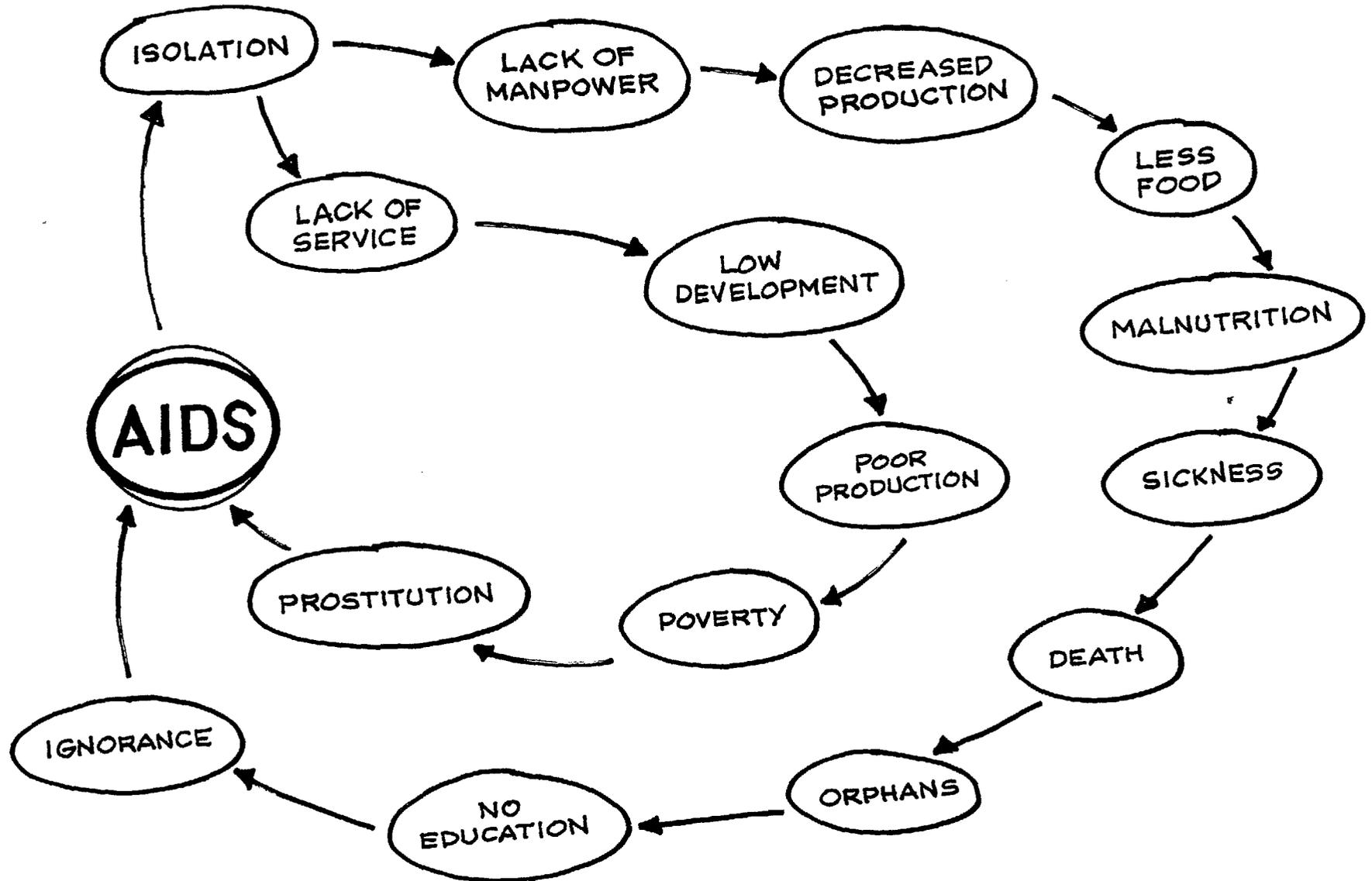
WORKSHOP OUTPUTS

The Inter-lacking Nature of poverty and the effect of AIDS at Family, Community, National and Global levels.

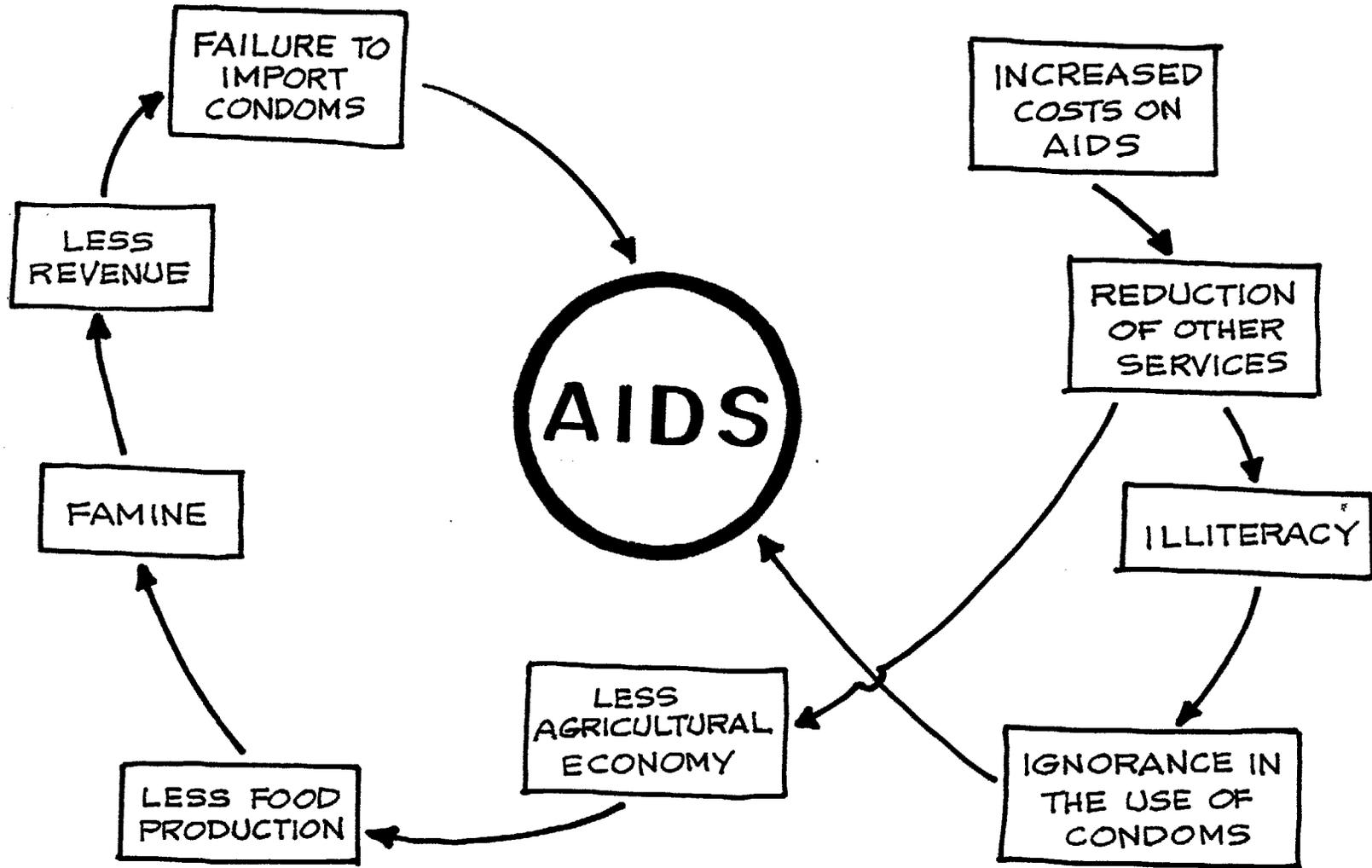
AIDS WEBBING at FAMILY LEVEL



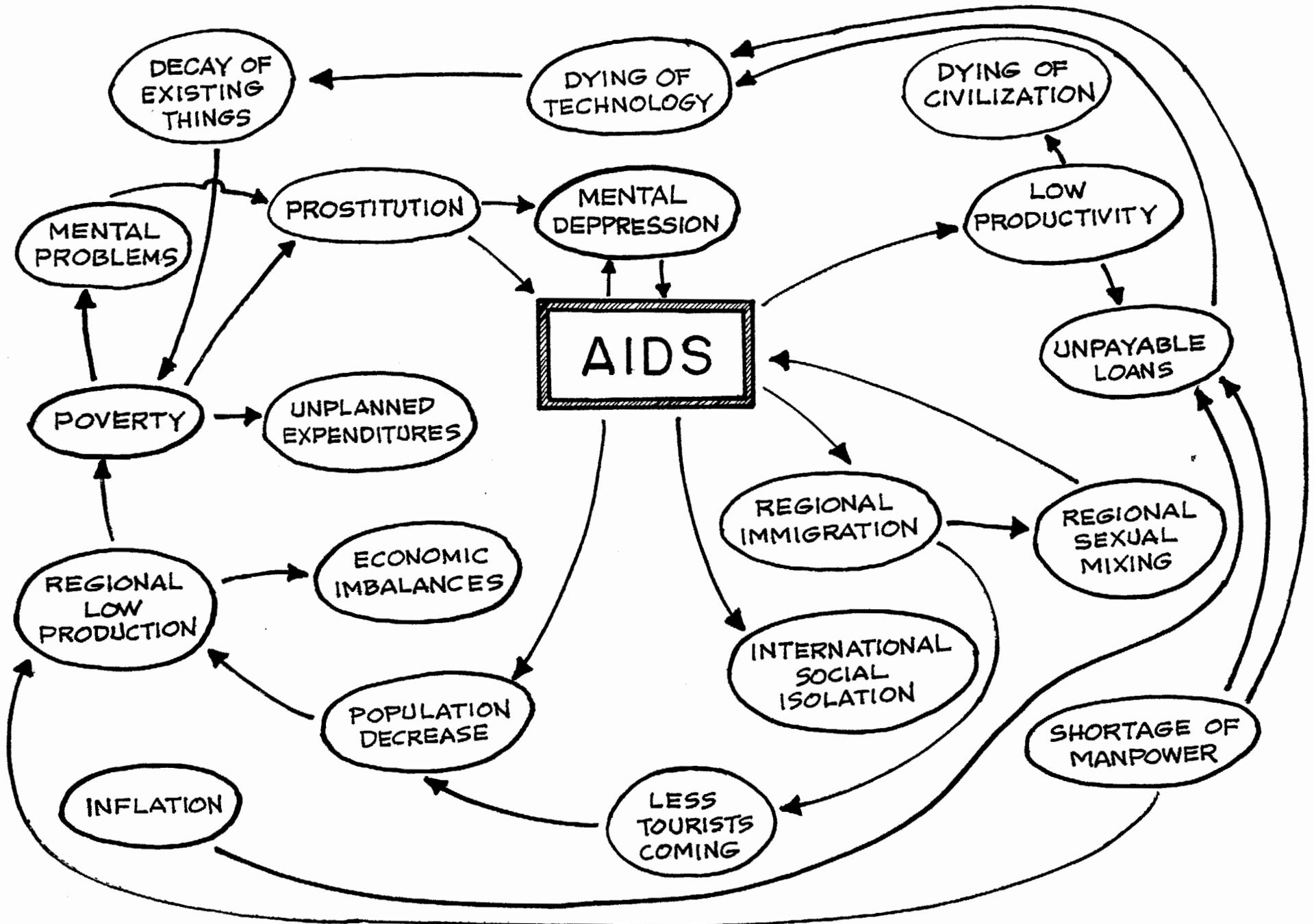
AIDS at COMMUNITY LEVEL



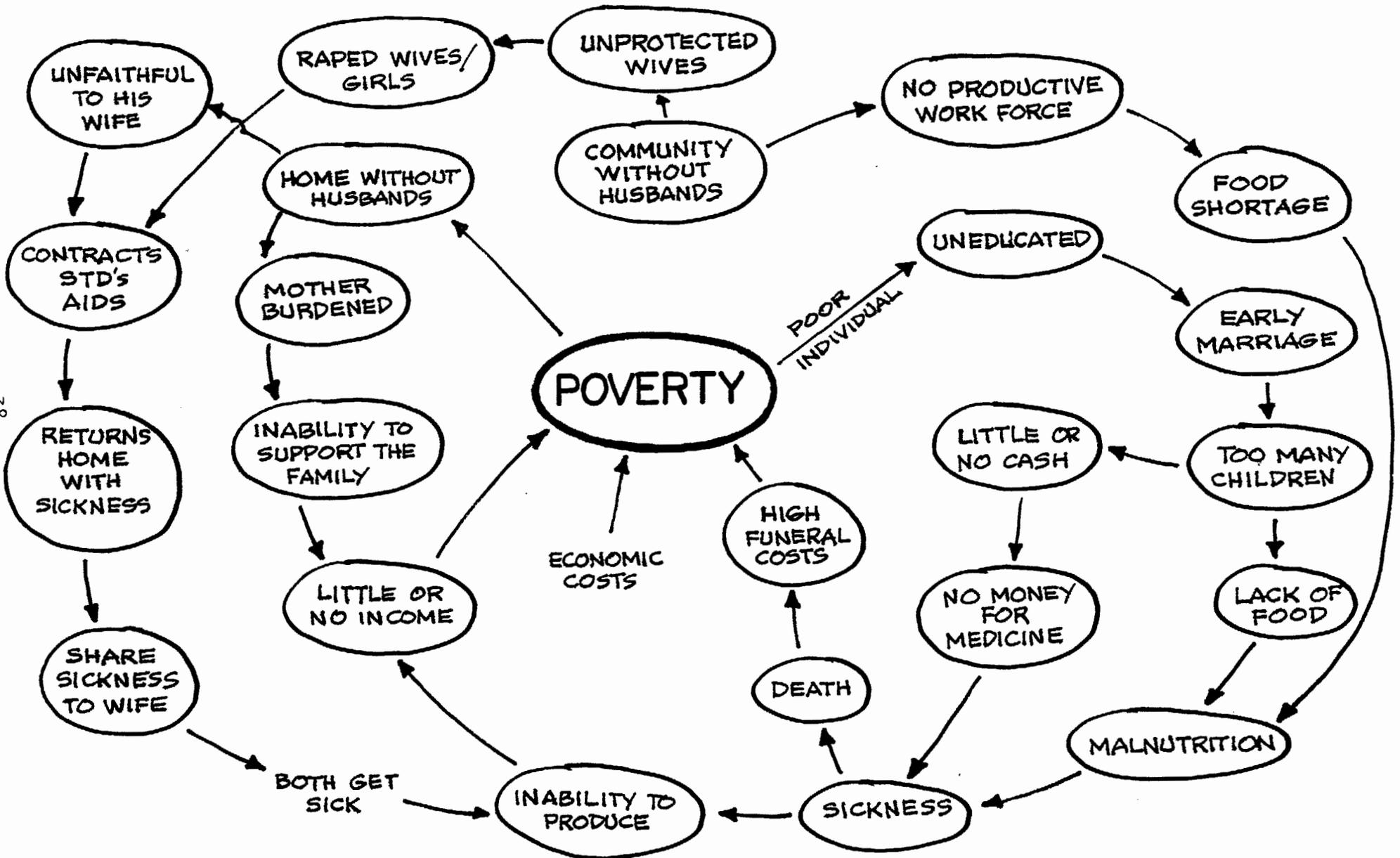
EFFECTS OF AIDS at NATIONAL LEVEL



GLOBAL EFFECTS OF AIDS



THE VICIOUS CYCLE OF POVERTY



38

INTERVIEW WITH TRADITIONAL DOCTOR SUPERVISING 480
TRADITIONAL HEALERS

Question: Chief Bakok, What common diseases are most prevalent around here?

Answers : Tuberculosis (TB), Typhoid, Whooping cough, Kwashiorkor, Goiter and Humps, Diarrhea, Vomiting, Headache, Kidney trouble, long menstrual bleeding, dizziness, ear pain, epilepsy and mental confusion, malaria, slimlike diseases.

Question: Baluku, What do you think the leading causes of most of these diseases?

Answers : Poor Hygiene, poor sanitary conditions, untreated water and food and also due to environmental causes e.g. malaria due to mosquitoes.

Malnutrition diseases.

Question: Could you tell us about traditional medical practice in your area?

Bakoko : We are all in all 480 traditional doctors. We get most of our knowledge of medicine from either the bush or ghosts.

Question: Do you believe in AIDS?

Bakoko : Yes

Question: When did you first know of it?

Bakoko : 1985

Question: Dr. Bakoko, What signs do you see on people who have AIDS since 1985?

Bakoko : Skin rash, rough and dry skin, lips change colour, redish.

Question: When you treat (Baluku) what are your feelings and your colleagues towards the AIDS patients?

Baluku : The most important issue is to understand the transmission method and people don't know and hence fear, but for us we are sure how AIDS is spread. Many people believe that casual contacts spreads AIDS but we know it is not true; touching them is harmless. We normally examine the whole person. What causes fear in AIDS patients is neglect - they need good relationship. The patient has many confidential problems hence he needs to sit with and speak together with those he feels comfortable; in general we don't have fears.

Question: You have told us about your feeling. What about the feeling of victims when they learn the bad news?

Baluku : There are about 7 reactions.

- 1) Shock at the news after which conselling.
- 2) Denial - perhaps there is something wrong with machines - mistaking his blood for another one - he may say one is against him.
- 3) Anger - sometimes he may slap you or he may weep.
- 4) He begins bargaining - What must have happened, who gave me this disease - one of his wives or friends.
- 5) Depression - he may go home and sleep his mood worsens.
- 6) Acceptance - Okay let me see what may happen in the future positiveness.
- 7) He begins coping at - last he may come for treatment and at this time he may accept his wife and children.

Question: Traditional medicine more attractive than modern medicine.

Question: I am sure you are giving care, What suggestions do you think people like these may give to help AIDS patients? Some of these may start AIDS Clinics how and what steps can we take?

Baluku : I am happy in having many who want to help AIDS victims - this has been our longing. You have come to work with us and those people suffering are our people. It is a problem when we are

treating them. We don't expect anything from them because these are helpless people and their friends have neglected them. If you tell him/her she/he will not come back because he/she has no hope and support.

Although the virus has no treatment, the patients have the right of treatment it is not useless. It is not the virus which kills very quickly but the symptoms which comes e.g. diarrhea. Symptoms have drugs.

While treating in hospital we should just look at them with abherance not as our brothers who need our care.

Question: Having told us all about AIDS. What do you think is the means of transmission?

Bakoko : Sex and injections

Question: How can we work together with you, Evangelists Medical people, to help them.

Bakoko : We shall give them some medicine and also those who know them may refer them to us and also teach them.

Question: AIDS has mental, social, psychological, spiritual pains. We should understand family background and problems; like a young man who has in pregnated a girl become shocked and denies it. Also AIDS victims deny and become angry, depressed and a lot of anxiety gets them. They think that they can't control their lives, hence become isolated. They sleep at home and physically suffer because of stress and lose memory. They become restless, worried about loss of job, family, discrimination, rejection, names.

NATIVE DOCTOR'S METHODS OF TREATMENT

By Dr. Hangi S. Bakoko

Tuberculosis	:	Tree bark: cook it, put it in a bottle, take it 8,7 p.m., 6 p.m. and 10:00 p.m. (4 times) No marks made.
Typhoid	:	Chewing bitter seeds and some for drinking for 14 days, 3 times a day.
Tapeworms	:	Medicine mixed with millet tapioc (bread) once a day.
Kwashiorkor	:	Anal introduction 3 times daily for a week.
Toothache	:	Cook medicine and wash the mouth with it.
Headache	:	Put pressure on nose twice a day for four days.
Fractured bone	:	Bark of trees pressed on broken bones
Dysmenorhea (Olusalo)	:	Chewed - no cutting
Bleeding Prolonged	:	Taken orally for 3 days, 3 times a day.
Measles	:	Orally administered and also washing.
Ear infection	:	Smear directly in the ear or drank.
Madness	:	Administered through nose and once a day for 2 days.
Epilepsy	:	Orally administered inducing patient to vomit a haired worm (Margot)
Malaria	:	Drinking 1/2 glass concoction of tree bark 2 times a day or 7 days.

AIDS

: 7 types of trees used for treatment: strip the bark clean and wash, cook and get the liquid; put in the tube and administer through the anus.

Given twice a day for morning and evening for 3 days, diarrhea stops.

- Takes 6 months without diarrhea; but as it comes again, and again the treatment is repeated.

AIDS FOLLOW-UP ACTIVITIES REPORT FORM AND ACTION STEPS

District: _____ County/Sub-County _____

Reporting Period: _____ Reporter: _____

A. Trainings, Workshops and Seminars:

1. No. of trainings, workshops, or seminars conducted _____
2. No. of individuals attended _____
3. Duration of course: Months _____ Days _____ Hours _____

B. Information education and dissemination campaigns:

1. Type of audience _____
2. No. of information campaigns conducted _____
3. Total No. of individuals attended _____
4. No. of information materials distributed _____

C. Counseling services provided: _____

1. Type of audience or individuals _____
2. No. of counseling sessions conducted _____
3. No. of individuals counseled _____

D. Information campaigns groups organized:

1. No. of drama/riddle clubs organized _____
2. No. of Music clubs Organized _____
3. No. of public performances _____

4. No. of individuals attended _____
5. Just Say No to AIDS Clubs organized _____
6. Type of activities undertaken by "Just Say No to AIDS Club"

E. Specialized services.

1. No. of cases identified _____
2. No. of individuals referred for screening or blood test _____
3. No. of individuals who underwent HIV test as a result of my referral

4. No. of cases I have reported to AIDS centre or SLM officers

5. No. of condoms distributed _____

F. Others - please comment on any of your activities included above and any other information you feel important to share with others

ACTION STEPS/IMPLEMENTATION ACTIVITIES:

1. Dessimination of information through the village meetings.
2. Educate community health workers
3. School Health Education
4. Family Education
5. Educate women clubs
6. Providing counselling
7. Educate after church service in groups
8. Organize the teachers and educate them
9. Educate traditional healers
10. Educate mothers who bring children for immunization.
11. House to house education
12. Educate church elders
13. Educate peer groups/school boys and girls.
14. Educate fellow workers
15. Educate TBAs in my village
16. Compose music and riddles/Drama about AIDS
17. Screening the public
18. Organize "Just Say No to AIDS" Clubs
19. Supply condoms

20. Educate soldiers
21. Referral service
22. Distribution of information materials about AIDS
23. Report cases

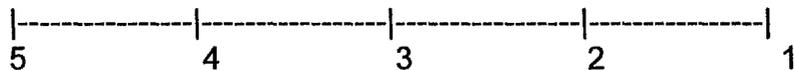
AIDS EDUCATION AND PREVENTION WORKSHOP ASSESSMENT FORM

Please rate the various elements of the workshop, in accordance with the following scale: (5-4-3-2-1).

- | | | |
|---|---|-------------------|
| 5 | - | Outstanding |
| 4 | - | Very Satisfactory |
| 3 | - | Satisfactory |
| 2 | - | Poor |
| 1 | - | Needs improvement |

A. PRE-WORKSHOP PREPARATION

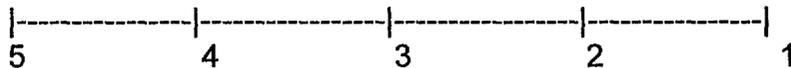
1. Communication



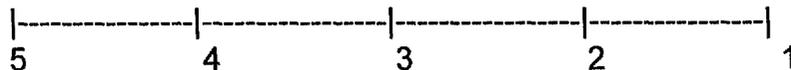
2. Clarify of workshop objectives

B. WORKSHOP (IN GENERAL)

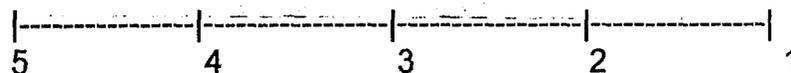
1. Meeting of your expectations



2. Achievement of objectives



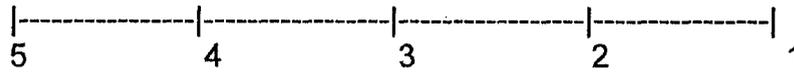
3. General content of the workshop



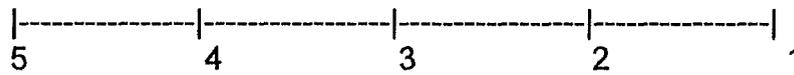
4. Methods utilized in the workshop



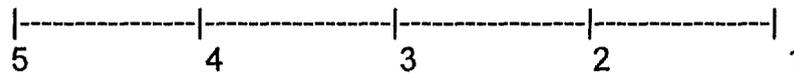
5. Information provided by resource speakers



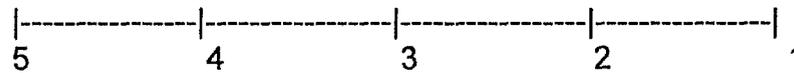
6. Logistical service arrangements



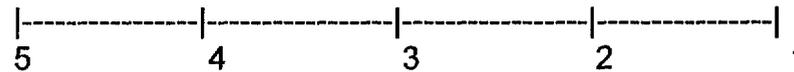
7. General organization of workshop



8. Outputs generated

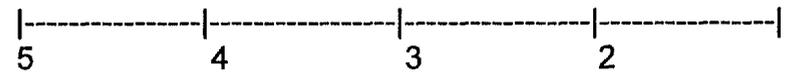


9. Logical flow of workshop activities

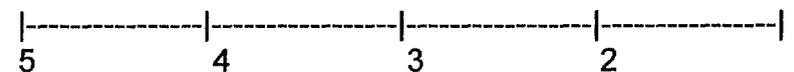


C. WORKSHOP CONTENT

1. Group formation and interaction



2. Content



3. Panel discussions



4. Audience participation



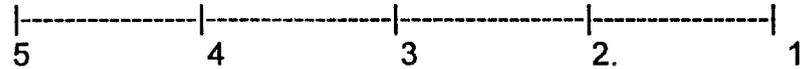
5. Facilitators



6. Time allocation

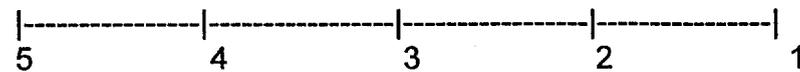


7. Open forum/inputs

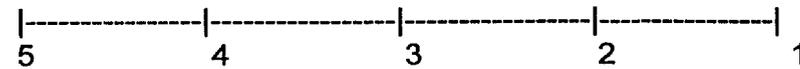


D. WORKSHOP SUPPORT SERVICES

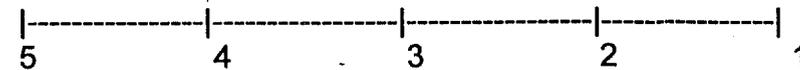
1. Visual aids used



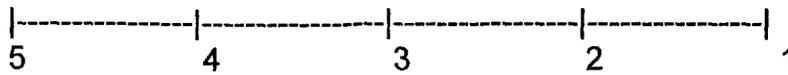
2. Handouts



3. In-between session activities (ice breakers)



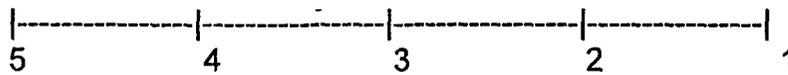
4. Hotel services



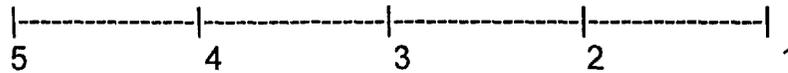
5. Food services



6. Logistics/materials/transport during conference



7. Secretarial support services



E. GENERAL COMMENTS

1. What strong feature(s) did you observe?

2. What weak feature(s) do you hope to be improved for future workshops?
