



World Bank Global HIV/AIDS
Program and ACT Africa

HIV/AIDS in Africa - *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HIV/AIDS work with countries and other partners.

Uganda MAP – the power of community HIV and AIDS initiatives

Some of the people and local organizations empowered by the Uganda AIDS Control Project – one of the first projects under the Africa Multi-Country AIDS Program (MAP) – tell their stories. A comprehensive system of support provided funding, training and guidance to civil society organizations operating at community, district and national level -- to expand services, build local capacity and reduce stigma and discrimination. Grants for 3,629 community-led HIV/AIDS Initiatives (CHAIs) were a key feature of this innovative support for local HIV and AIDS responses. With strong decentralized support from District AIDS Committees, communities have used the grants to save and change lives, improve health, provide care, and give new hope to people infected and affected by HIV across Uganda.

MAP community grants for HIV initiatives

When the IDA-funded Uganda AIDS Control Project began in 2001, it took a new approach by directly funding communities – defined as groups with common interests or needs – to develop and implement their own initiatives, instead of continuing to rely on NGOs to do things for communities (which was not having the desired impact). These Community-led HIV/AIDS Initiatives (CHAIs) funded by the Uganda MAP have strengthened and expanded the local response to AIDS in a remarkable way.

A chain of support -- from the District AIDS Committees (DACs) and district-based NGOs and community-based organizations (CBOs) -- has trained community groups to plan, implement, monitor and report, and built capacity to procure goods and manage funds. Procedures for community participation in the project were clear, simple, and well publicized, and improved over time with experience on the Government's side and flexibility on the Bank's side. Group accountability led to good use of the funds – everyone knew how much was received and how much was spent, which helped ensure that most projects were implemented as planned.

Communities have identified and been empowered to meet their priority needs. Results include increased use of condoms, and of voluntary counseling and testing; wider access to treatment, through referrals for drugs to

treat opportunistic infections and ARVs; increased support for AIDS orphans and widows, home-based care services, and income-generating activities that benefit the community. Groups of people living with HIV have demonstrated their ability to manage funds and provide useful services, enhancing their own and the community's perception of their potential to contribute to the national response, and helping reduce stigma.

Nonetheless, with increased numbers of needy orphans, elderly guardians, child-headed households and people living with HIV – along with poverty and the lack of long-term, reliable funding – the challenge to respond to community needs remains enormous.

Helping People to Live Positively with HIV and prevent new infections –

Mukono AIDS Support Association (MASA)



MASA Director, Ruth Kaweesa, in front of the Post-Test Club hen-house

In 1992, a group of six infected and affected people began trying to respond to HIV in their community. From this small and tentative beginning, the Mukono AIDS Support Association (MASA) has grown to become a major

provider of services in Mukono District. One of its founders, Ruth Kaweesa, is a trained nurse and medical clinical officer who was widowed by AIDS and now runs the organization. MASA sees an average of 50 clients a day.

In the early years MASA relied on volunteers and small in-kind inputs such as benches and food from a few donors and the District Government. Later, drugs for opportunistic infections came through the IDA-funded Uganda Sexually Transmitted Infections Project. In recent years an important share of the organization's financial backing has come through the IDA-funded Uganda AIDS Control Project (Uganda MAP). Working with the AIDS Information Center (a national NGO), MASA offers pre- and post-test counseling, undertakes HIV testing in their 'mini-lab', and provides drugs for the treatment of opportunistic infections. (Of those tested at MASA, 33% are HIV positive.) In addition, MASA has organized 120 partners (no longer considered clients or patients) into 'post-test' clubs that offer group support to those who have tested positive.

With a combination of the services these clients receive directly from MASA and the anti-retroviral treatment provided through the Department of Health, 40 members of the MASA Post-Test Club have organized themselves into a powerful instrument to communicate key AIDS messages. Through their strong, melodic and upbeat songs, they transmit critical information to the community about how, where and why to get services. They are extraordinary examples of how to live positively with the virus.

The technical information that infuses their messages comes directly from the Community Education Charts produced and supplied by the Uganda MAP IEC office, which also provided training on how best to pass on the messages. With the support of the MAP, the MASA group of singers, dancers and drummers – dressed in identical vibrant red outfits – sing of their confidence in themselves and hope for the future.

In one of their songs, with an irrepressible beat and the refrain "*We are people of HIV*", group members tell their personal stories. A woman named Mary – whose enthusiasm is palpable – sings out that she is a widow with seven children, that she's on ARVs, and that's why we see her strong, that's why she sings and dances!

The next verse is sung by Richard, the group's leader and father of a little boy, born HIV-negative thanks to medication to prevent mother-to-child transmission (PMTCT). Richard's message is that HIV is not the end, and that people need to get tested and start taking drugs if they are positive. As for prevention, he urges young people to abstain, and others to use condoms or be faithful. He ends his verse by singing out strongly that

"We shall overcome AIDS, let HIV stop with me".



The MASA Post-Test Club Music Group spreading key messages on prevention, treatment, and hope

Another of the group's songs is all about ARVs – how they used to be too expensive but now are freely available in the community, how before people were dying of malaria or diarrhea but now they have a future, and that the MASA group members hope to live until the day that a cure is found. The group members touch their wrist watches in time with the beat as the lyric goes on to give clear instructions about the importance of taking the drugs twice daily at regular times.

A third musical message is about the need to avoid rumors and misinformation. It explains that HIV is a virus, is transmitted by sex and not by witchcraft, and that it does not discriminate (nor does it come only from businessmen who have traveled to Tanzania!). The song urges those in the audience to come to MASA for screening – "*If you're positive, be strong, you are not the first to live with HIV*". It closes by singing the praises of MASA.

Indeed, the work of this MAP-supported district NGO is worthy of praise. Beyond the counseling, clinical and communications services that MASA provides, it is also helping members to organize themselves into groups to generate additional income for themselves and their families. At present this includes a small piggery project. It has started with a few pigs, and the litters will be given to other members until eventually each member gets a female pig to continue breeding. The profits from selling pork are to be used for the upkeep of AIDS orphans. MASA has also begun a poultry project, using the profits from selling eggs to support sick patients, as contributions to funerals and other emergencies.

Through MAP funding, MASA has nurtured five remotely-located groups of people living with HIV, providing them with skills in organizational development, community

mobilization, counseling and home-based care. In the areas where these groups live, MASA has also undertaken out-reach HIV screening, an essential service for those unable to travel to Mukono town. Finally, through monitoring and evaluation (M&E) training provided by the Uganda MAP, MASA's Director Ruth Kaweesa has become an M&E Technical Resource person in other districts, sharing her experience and knowledge widely.

From Ruth's perspective:

"The MAP has helped the Ugandan response to HIV/AIDS to move to communities, which has made it possible for people to come out with their HIV status and live positively. This has allowed positive people to join together and has opened our eyes on how to support ourselves. While before they used to beg, now they are strong."

All of this success notwithstanding, MASA notes that the growing number of people living with HIV is making it difficult to provide the required drugs for HIV-related infections, and orphans need food and health care as well as payment of school fees. In addition, funds are needed to continue to make home visits, conduct outreach screening, and support new groups of positive people, services that have had to be suspended due to lack of funds.

Community-led Work for Widows and Orphans – Hadijah Hajati Nabukenya and the Agali Awamu (Coming Together to Overcome) HIV/AIDS Support Project

Hadijah Hajati Nabukenya was once the rich and beautiful young wife of a successful businessman, living in a large flat in the district capital of Mukono. Today Hadijah is an AIDS widow, living as an HIV-positive woman in rural Uganda. Along the way, she has lost all her worldly goods. At the same time, this remarkable woman has gained the love and respect of other HIV-positive widows and many others as a result of the work she is doing in her community and beyond. She coordinates HIV/AIDS work throughout her sub-county of Nnama, and the organization she chairs – Agali Awamu (Coming Together to Overcome) HIV/AIDS Support Project – is one of the 3,629 Community-led HIV/AIDS Initiatives (CHAIs) supported by the Uganda AIDS Control Project (Uganda MAP).

Hadijah's story really started in 1988, the year in which her husband died, she learned her own positive HIV status, and came to MASA (Mukono AIDS Support Association) for counseling. From that point on, she decided to care for her two young daughters on her own, and to live openly and positively with the virus. In the words of her MASA counselor, Ruth Kaweesa:

"Hadijah came from rich to the ground; she bent low and started associating with the low. She is now in a new life, with the members of her community-based organization as her partners."

Her work started unintentionally, after she came from the village (where she had to move after her property was taken by her husband's family) to the district capital to receive food for herself and her family from MASA. Soon she began collecting food not only for herself, but for other women in her area who were bedridden – first three, then five, and soon the numbers of hungry widows and others she was helping grew. When MASA began to provide drugs for HIV opportunistic infections (OIs) the organization decided to open an outreach center at the sub-county level, so that the women coming to Hadijah for food could be tested for HIV and treated for OIs.

Over time, Hadijah began counseling the women of her area, and later obtained a certificate from TASO (The AIDS Service Organization) as a Community Volunteer Worker. With this, she began home visiting, with the help of a bicycle provided by the Sub-County Chief in 2000.

When the Uganda MAP started the concept of community-led HIV/AIDS initiatives (CHAI), Hadijah's group of widows, widowers and orphans produced "a traditional proposal, what they had on their fingertips", and sent it to the district for approval and submission for MAP funding. This secured a grant for orphan support (including school fees, books, blankets, mattresses and bednets) and for widows (especially seedlings and gardening implements). One result of the gardening effort is that the members are able to produce beans to improve their own nutrition, some of which have been kept so they can be planted during the next rainy season when MAP support will have ended. They are also trying to grow passion fruit.



"Coming Together to Overcome" – members of Agali Awamu meeting outside Hadijah's home.

The work of this successful community-led organization has been strengthened by the technical support provided by Margaret Nakityo, a Technical Resource Person from MASA and herself an AIDS widow and woman living with HIV. Some of the critical skills Margaret was able to transfer to Hadijah included how to approach the community in the early days, to get members to agree to HIV testing, and to sensitize the Sub-County Chief. With funding from the Uganda MAP, Margaret visited the group to discuss nutrition, how to plant the garden, and how to share and store their beans. She also connected the members to the local agriculture extension officer for further advice. Understandably, Margaret feels very happy about the support she's been able to offer Hadijah and her members.

Both women believe that MAP support empowered the group members to be open about their HIV status, to share information, support each other and live positively. As a result, the members say that HIV is no longer a cause for discrimination in their community. Further, by caring for orphans, the group acts as a good example to the community, helping them to understand that HIV is not the end and that positive people can be productive and strong.

The children of the group members are now all in school, including Hadijah's two daughters who are completing their secondary studies. Beyond staying in school, these young people have been trained and deployed as a group to spread key messages about HIV prevention, care and support in song.

With her *"voluntary heart"*, Hadijah and her members have demonstrated strong results and the success of the MAP initiative to transfer resources to communities.



Hadijah Hajati Nabukenya and Margaret Nakityo

The Role of Districts in Supporting a Multi-Sector Response in Uganda –

Views from Mukono, Rakai and Soroti

To encourage a multi-sector response at the district level and below, the Uganda AIDS Control Project (Uganda MAP) enabled the country's District AIDS Committees (DAC) to put in place a chain of support that has given local civil society organizations and 3,651 community-led initiatives (CHAIs) funds and technical know-how to contribute to the national response to HIV and AIDS.

The Role of the District AIDS Committees

DACs are the first link in the chain. They coordinate planning, appraisal, financing, implementation and management, including accounting and monitoring of all HIV and AIDS activities for government departments, district-based NGOs, Community Based Organizations (CBOs), and CHAIs. Each DAC is chaired by the District Chief Administrative Officer. DAC members are heads of departments and representatives of all eight government directorates, district NGOs and CBOs selected by local civil society organizations, and representatives of people living with HIV (PLWH). The DAC's work is coordinated by a District HIV/AIDS Focal Point, over and above his or her other responsibilities.

Because the DAC brings in partners from the whole district administrative structure, Mukono District HIV/AIDS Focal Point Dr. Khonde Anthony notes that colleagues from all departments have begun to understand that HIV/AIDS is not only a health problem and that they all have a role to play. His counterpart from Rakai District, Mugisha Ereazer, also underlines the importance of *"integrating communities with other service providers to increase the impact of their activities"*. With financial backing from the Uganda MAP, the districts have provided finance for the following tasks:

- Training DAC members to help local civil society organizations and communities mobilize and prepare proposals and manage their funds;
- Field assessments of CHAI proposals by district-level NGOs and CBOs;
- Ongoing support for procurement, implementation, record keeping, reporting and financial management;
- Facilitating networking with technical colleagues (e.g., from the Departments of Agriculture, Community Development and Health), and with Technical Resource Persons from district-based CBOs);
- Regular monitoring.

The HIV/AIDS Focal Point for Soroti District, Godfrey Eretu, explains that *"the technocrats' job was to see if the*

work was done, and how well". The Focal Points from these three districts note that the provision of funds and technical capacity building to district-based civil society organizations (the second link in the chain) to assist the CHAs (the third link) represented a change of strategy. Rather than supporting NGOs to come in and do things for communities (defined as a group with a common interest or need related to HIV), this time the money went directly to the communities themselves, and others only assisted. According to Godfrey Eretu, this allowed communities "to address their aspirations" and undertake the activities that best responded to their needs. Dr. Khonde Anthony also emphasizes the importance of community identification of their own priorities, to ensure that funds received go for "the right activities and to the right individuals".

Community-led HIV/AIDS Initiatives

With the recognition that AIDS was overwhelming the ability of individual families and, especially, child-headed households to cope, communities came together to see how best they could help mitigate the impact of AIDS on the most vulnerable groups. In most districts these included PLWH, widows, orphans and elderly guardians. It also included youth groups, people with disabilities, taxi drivers, women's and men's groups, farmers and teachers, among others.

In Soroti District, migrant fishermen and their partners are an especially vulnerable group. Though it was difficult to work with them due to their frequent movement, the Soroti DAC provided special support by mapping their settlement patterns and helping them to come up with a CHAI proposal to address their basic needs for knowledge and medical services. And in light of their frequent movement in and out of the district, the Soroti Focal Point collaborated with neighboring districts by radio to ensure ongoing provision of HIV prevention information and services for fishermen.

The effect on people living with HIV/AIDS

These three Focal Points believe that CHAI activities have had a strong and positive effect on PLWH in their districts. In Rakai, for example, Mugisha Erezzer says CHAs have encouraged health seeking behavior, so that those living with HIV are now getting better medical care and access to condoms. In Mukono District, Dr. Khonde Anthony explains that PLWH are helping each other to get information and go for services, and that healthy HIV-positive people are reaching out to support others in the community.

Similarly in Soroti, Godfrey Eretu notes that when a member of a PWHA CHAI does not show up for a meeting, the group will contact the local health worker to follow up with the missing member. HIV-positive CHAI members are also playing an important role in referring families of their members to get tested and, on the basis

of their own experiences, undertake first stage health care referral. This was done initially at community level, but later the DAC helped them to come together as a network at county level. In addition, the responsibility of managing a grant has also boosted people's confidence. One AIDS widow, for example, gained the strength to stand up to her brothers-in-law to keep her land. This was done with the support of her CHAI group, which has helped to resolve other community disagreements too. It has also led local authorities to enforce land and property laws for PLWH and other widows.



Soroti District HIV/AIDS Focal Point, Godfrey Eretu

Strengthened capacity and accountable community leadership

In addition to providing services, CHAs have benefited from DAC support to build their capacity to write proposals, implement projects and report on progress, and financial management skills and accountable leadership. An example of accountability comes from Soroti District: CHAI members went together to the market to buy oxen with project money, so that the transaction was public and transparent. Each member of the group knows exactly how the project money is spent. Such accountability within the group (not only to those above) is now a way of operating that will continue and be used for other activities in the CHAI communities.

Improving HIV knowledge and reducing stigma

Moreover, the Focal Points (and many others) believe that by supporting "post-test clubs" to organize themselves into musical and drama groups that give personal testimonies and communicate messages about services and the benefits of ART, CHAI has helped to spread critical prevention and care information and motivate people to

access services. In addition, the growing involvement of communities has helped to reduce the stigma and discrimination experienced by people living with the virus. The work done by PLWH has made a special contribution in this effort, by demonstrating that they can carry out activities themselves, and do them well.

Fighting poverty

In Godfrey Eretu's view, CHAI has also directly fought poverty by helping communities to "*shock absorb problems beyond AIDS*". Through the purchase of ox plows, oxen, goats and cows, or bee keeping and small-scale farming with disease-resistant seeds, CHAIs have earned the funds needed to pay for school fees, uniforms, and scholastic materials, improve nutrition or rehabilitate shelter for orphans, and provide basic household inputs for widows and PLWH. In areas where AIDS orphans have benefited from a one-year vocational training course, some are now able to pay their own school fees and support themselves by working as tailors, carpenters and bricklayers. And today, even though Uganda MAP funds have stopped, Soroti community groups still come to the DAC to show what they are doing to contribute to the well-being of their members.

CHAIs have grown into CBOs

Indeed, some groups have become sufficiently institutionalized that they have registered as CBOs. This is confirmed by the Executive Director of the Uganda Network of AIDS Service Organizations (UNASO), Syakula Hannigton, who says that while his organization had 600 members prior to the Uganda MAP, today it has 1,000. This is an important development as it expands the linkages between the grass roots and the national level, helping transmit correct information both up and down the line, ensuring that communities know about the latest research findings and funding opportunities, and that national level advocates can base their messages on ground-level needs and realities.

DAC Strategic Planning

Finally, the Uganda MAP has supported DACs to develop five-year strategic plans, produced with the involvement of all stakeholders. In Mukono District, for example, the strategic planning workshop included local businesses that want to put condoms in their washrooms. It also attracted the participation of a "lodge" proprietor, who came to learn how he could help to protect the people who use his premises for casual sex. According to the District HIV/AIDS Focal Point, before the MAP, these people would not even have spoken about work-place interventions.

Challenges

However, the DACs and the CHAI approach have had their challenges. The most stable CHAI groups are those that were funded more than once, and the sustainability

of those that received only one payment is in question. And in a small number of districts there have been some accounting problems. Further, the turnover of District HIV/AIDS Focal Points has caused some delays as new people need to be trained to coordinate and support the work. And lastly, the fact that the Focal Points have had to undertake their DAC responsibilities in addition to their other full-time jobs has not been ideal.

Positive assessment of the DAC chain of support for community-led initiatives

Nonetheless, when asked what the HIV/AIDS response would be like in their districts without the interventions supported by the Uganda MAP, the District Focal Points were unanimous in their positive assessments.

In Mukono, Dr. Khonde Anthony says he "*cannot even imagine*" where his district would be today without the MAP. Awareness would be lower, stigma would be higher, fewer people would know their status and decide to get drugs, there would be less use of PMTCT without the information communicated by the post-test clubs, and there would be lower demand for condoms. Through the work of the DAC and its decentralized partners supported by the MAP, there is now stronger multi-sectoral involvement, and a strategic plan to guide interventions over the next five years.



Dr. Khonde Anthony, Mukono District HIV/AIDS Focal Point outside his office

In Rakai District, Mugishu Erezar notes that without the MAP, orphans would not be in school or as well cared for, there would be less knowledge about the virus, more

stigma in communities and less health-seeking behavior among PLWH. The capacity of communities to write proposals, liaise with other service providers to improve the quality of interventions, to budget, report and account would also not be where it is today. Finally, he points to the enhanced social cohesion that now exists, which is *“the way to go to ensure wider participation”*.

And in Soroti, Godfrey Eretu states strongly that without the MAP, nothing would be going on at the community level; there would have been no technical support provided; and communities would not have an appreciation of their own ability to manage and contribute to the response. CHAI allowed communities to discover that they had resources to address social and health needs and to move forward on their own. On the basis of their proven track record in financial management, some PLWH CHAIs in Soroti have gone on to get funding from the European Union, USAID/PEPFAR and other sources. Others with CHAI experience in agriculture projects are now receiving grants through the National Agricultural Advisory Services (NAADS).

He further notes that the relationship between the authorities and communities in his district has become one of mutual respect, which has helped operations to be carried out as planned and reporting to be done:

“The MAP was the first of its kind to give communities the chance to write their own reports, on their own. All the shillings reached the communities, and have stimulated them to believe ‘yes, you can do this’. The benefit has been big, as once the money has reached the community it stays within – no one will take away an ox plow.”

Strengthening and Expanding Decentralized Support by Uganda’s Premier AIDS Service Organization –

The story of TASO

From a small initiative founded in 1987 by a group of volunteers, including people living with HIV, TASO (The AIDS Service Organization) has grown into one of the leading partners in the response to HIV/AIDS in Uganda and the region. It is known as a pioneer in the areas of HIV counseling, medical care, provision of home-based care, and medical outreach to communities. Recently TASO began a phased introduction of anti-retroviral therapy (ART) and home-based testing and counseling. It also offers social support services to enhance positive living, skills building, educational music, dance and drama, and fellowship among clients in the day care center. With its 840 staff and 142 volunteers, TASO operates service centers in ten districts, each of them

providing service to neighboring districts, and has created five ‘mini-TASOs’ around the country. On the basis of its track record and experience, TASO was selected by the World Bank-financed Uganda AIDS Control Project (Uganda MAP) to work at district level as a member of the District AIDS Committees (DACs) in the following areas:

- Sensitizing groups at high risk of infection (e.g., commercial sex workers, fishermen and motorcycle groups of out-of-school youth);
- Expanding home-based care, including providing drugs, counseling and training for those caring for people living with HIV, in collaboration with community nurses;
- Working with local legal experts to sensitize communities on the rights of people living with or affected by HIV (e.g., the right of an AIDS widow to keep her property).

In addition, as members of DACs, TASO staff supported local CBOs and community-led HIV/AIDS initiatives (CHAIs) to plan, implement, monitor and report on the activities undertaken with support from the MAP. Sophie Nantume, the TASO DAC representative for Masaka District (and currently ART Counseling Coordinator at TASO headquarters), received training from the district to help communities apply for CHAI resources. She then sat with community groups to help them identify their problems and plan their responses. She points out that she did not plan for them, but rather facilitated their own process of discussion, analysis and planning. Many of the CHAIs she worked with faced a huge orphan burden, and needed to provide scholastic materials, uniforms, food, bedding and – in some cases – shelter.

Sophie asked the communities with which she worked what else they might do to make their support sustainable. This led to the initiation of a range of income-generating activities, including keeping heifer cows to provide milk, planting maize to provide flour for porridge to give to orphans who had no food, and providing sewing machines to girls so that they might learn and practice a useful skill. Other CHAI groups made herbal medicines for distribution to the bedridden during home visits, and started fish pond harvesting, again for distribution to the needy. Groups of people living with HIV undertook the same types of activities as non-PLWH groups, and were empowered by being able to show they were still useful to the community.

With respect to the impact of the Uganda MAP support for community-led initiatives, Sophie Nantume says *“the burden is so big, it can’t be left to one entity to handle”* – everyone must be involved, including communities. From her perspective as a member of the Masaka District AIDS Committee, CHAIs contributed to the national response by

spreading knowledge of how HIV is spread and how people can protect themselves.



Sophie Nantume at TASO headquarters

Moreover, she believes that CHAIs made it possible to provide money to the grassroots, where it was used to improve the quality of life of orphans and the bedridden. As for the capacity of CHAIs, on the basis of her twice monthly visits to the groups, Sophie concludes that capacity building has been *“a big achievement – communities learned how to write in a cashbook, keep ledger books, and manage their money. They learned tendering and bidding, and were very appreciative of the funds they received. They did whatever they had planned, and did it the right way.”* Although at the outset she and others feared that some of the funds might be stolen by communities, in the end she says *“they did not steal, they used the money well.”*

Sophie Nantume also believes that TASO’s own work has been supported by the CHAIs. Before the MAP, TASO did not have the funds to respond to the needs of orphans and vulnerable children or to motivate people to work. Providing tee-shirts and a bicycle was not sufficient. And although the TASO communities had work plans, they had no money to implement them. The MAP, through support to CHAIs, helped fill these gaps. Further, through providing funds for the fuel and lunch allowances for TASO home visits, the MAP made it possible for TASO Masaka to double the number of

clients it was able to cover through their ongoing outreach activities. It also enhanced the communities’ appreciation of the role of civil society organizations.

Finally, while she points out that supporting the communities was a challenge with just a single vehicle to cover over 150 CHAIs in her district, Sophie says that the “chain of support” from the DACs, to district NGOs and other district-based partners, down to community-led initiatives made a difference.

“You can see that life had changed, the communities really benefited a lot.”

Flexible MAP funding spreads new knowledge about traditional herbal approaches in HIV treatment –

THETA (Traditional and Modern Health Practitioners Together Against AIDS)

With 80% of Uganda’s population located in rural areas with limited access to modern health care it is not surprising that when people fall sick the first place many go for treatment is to traditional healers.

THETA (Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases) was started in 1992 in response to the fact that communities needed to cope with HIV/AIDS, but at the time, the bio-medical sector had little to offer. THETA aims to improve and make health care more accessible to the population by respecting the knowledge of traditional health practitioners and linking them to the modern health sector.

Seeing the success traditional health practitioners were having in treating opportunistic infections such as rashes (which are especially stigmatizing) and alleviating appetite and weight loss, THETA undertook research into herbal products that appeared to be effective and compared them to first-line medications used in the conventional sector. The herbal products were clearly helpful in alleviating common symptoms of HIV and related opportunistic infections.

With funding from the Rockefeller Foundation, THETA worked with traditional practitioners to document their findings. And with support from the Uganda AIDS Control Project (Uganda MAP), findings about the medicinal plants most commonly used to treat and manage HIV-related conditions were published in a practical booklet called *“Herbs Commonly Used for the Treatment of HIV/AIDS, Related Infections and Other Common Illnesses.”*

After working together with THETA on this research, the healers asked for education on HIV and AIDS, to improve their practices. From this, THETA services have expanded to include:

- Training and capacity building – to build partnerships through joint training of traditional and modern practitioners, encourage collaboration at the community level, and assist the two systems to work together for better health care;
- Holistic care – to look into products and practices, and undertake observational research to improve hygiene, safety, dosage and efficacy of herbal preparations, in collaboration with Makerere University Department of Pharmacology;
- Community initiative program – this work has grown out of THETA's training and capacity building efforts, leading healers to take actions on their own or with their communities in the areas of orphan care, widow support, animal and agriculture projects, and using dance and drama to educate the community;
- Information/documentation/sensitization – to document the work of African traditional healers and disseminate lessons across the continent. The organization has established a regional initiative (with support from the Rockefeller Foundation, WHO-Afro and UNAIDS) to attract international attention and to fight the confusion around traditional practice and witchcraft. The organization also advocates for official recognition of traditional health practitioners and for policies to regulate their practices.

With support from the MAP, THETA has also supported groups across Uganda to produce culturally appropriate IEC messages for HIV prevention and traditional treatment and care, through instrumental music and drama. Although MAP funding was provided for just one year, the messages developed and the instruments used to deliver them are still very much in use today, two years after the end of the support. THETA Executive Director Dr. Dorothy Balaba (MD, MPH) says that the MAP funds were also important to the organization as they allowed THETA to do the work they believed needed to be done, in line with what communities wanted. Unlike donors that decline to finance research or development of traditional medicine, the Uganda MAP

supported some of THETA's key activities without restriction.



Dr. Dorothy Balaba, MD, MPH, Executive Director of THETA, is working to strengthen the HIV response by linking traditional and bio-medical practitioners

Dr. Balaba also notes that by avoiding competition among CBOs and NGOs, the MAP allowed good community work to be undertaken by those who were less able to compete on the basis of good proposal writing skills. And through its support to community-led HIV/AIDS organizations (CHAIs), Balaba believes that even with limited funding,

“the effect the MAP has had, and the lives it has touched, have been tremendous.”

About the MAP and Uganda AIDS Control Project:

The **Africa Multi-Country AIDS Program (MAP)** was designed to help countries intensify and expand their multi-sectoral national responses to the HIV epidemic, to dramatically increase access to HIV prevention, care, and treatment. To qualify for MAP funding, countries were asked to: (i) develop HIV-AIDS prevention, care, treatment and mitigation strategies and implementation plans through a participatory process; (ii) have a national multi-sector coordinating authority with broad stakeholder representation from public and private sector and civil society, with access to high levels of decision-making; (iii) empower and mobilize stakeholders from village to national level with funds and decision-making authority within a multi-sectoral framework; and (iv) agree to use exceptional implementation arrangements such as channeling money directly to communities and civil society organizations, and contracting services for administrative functions like financial management, procurement, monitoring and evaluation, IEC etc as needed.

The **Uganda AIDS Control Project (Uganda MAP)** was the fifth of 39 MAP projects approved, and provided an IDA Credit of US\$47.50 million to the Government of Uganda. Approved on January 15, 2001, the project was fully disbursed and closed on December 31st, 2006. Out of a total project financing envelope of \$55.2 million, 38 percent was channeled directly support the local response; \$8.5 million to 233 district-based departments, NGOs and community-based organizations, and \$12.5 million to 3,629 Community-led HIV and AIDS Initiatives (CHAIs), including those described in this note. CHAI communities contributed 5% of the total sub-project cost themselves, in cash or in kind.

More information on the project can be found on the World Bank website, www.worldbank.org, search within projects, using the project number: P072482.

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Janet met the people whose stories are told in this note during December 2006, while visiting Uganda to assess the local response component of the Uganda MAP project, as part of a broader assessment of community support initiatives being undertaken by ACTAfrica.

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