

Drawing on Culture to Fight **HIV/AIDS**

Six Ugandan Stories



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Harnessing our cultural resources in the fight against HIV/AIDS

What is this document about?

This text presents the experiences of 6 local organisations that have positively used cultural resources to tackle the HIV/AIDS crisis in our country. It was compiled by the Cross-cultural Foundation of Uganda for two main reasons. One, to share the experiences where cultural resources have been used successfully to deal with a pervading crisis which is itself often ascribed to our “negative culture” and two, to highlight a broader case for the use of culture as an essential vehicle to both understand and deal with development issues.

This latter point arises because of a widespread perception that culture is either irrelevant to development initiatives or, worse, that it constitutes a hindrance on the road to prosperity. There are several reasons for this, historical, political, and social, all conspiring to make the current development process, including responses to the AIDS crisis, often mechanistic, technocratic and devoid of cultural content.¹ As the Commission for Africa recently noted, “Where cultural norms have not been taken into account in HIV and AIDS prevention strategies, prevalence rates continue to rise.”²

HIV/AIDS in Uganda

It is a truism that HIV/AIDS remains an immense problem in our country. Nearly every one is affected by the pandemic; the number of orphans has grown to almost 2 million, and more than a million Ugandans live with HIV. The rate of seroprevalence (about 6.5%) has stagnated over the past years and there are worrying signs that it may be on the increase.

It is also a truism that this epidemic has affected all aspects of our life as a nation. The most productive

¹ See ‘Development from a cultural perspective in a culturally diverse African country’ at www.crossculturalfoundation.or.ug

² The Commission for Africa (2005) *Report of the Commission for Africa*, London

section of the population is most affected, families and entire communities are dislocated by the epidemic; the burden of care is often ‘just too much’ and many orphaned children are either in the hands of tired and overwhelmed grandparents, or left to fend for themselves. The capacity of the state and of the voluntary sector, in spite of all the efforts of the past two-and-a-half decades, remains inadequate; the number of new infections is estimated at 30,000, the supply of ARVs is insufficient to cater for those who need them; mothers still pass on the virus to their children, and many do not have access to testing facilities.

HIV/AIDS and culture

Ever since first identified in Rakai in 1982, the reasons for the rapid progression of the pandemic have been the subject of debate. At times physiological aspects have been singled out. At others, poverty, gender imbalances, civil strife and displacement have retained our attention. Throughout the last 25 years, however, a semi-silent suggestion has informed discussions on HIV/AIDS, the reasons for its spread and, by implication, ways to tackle this gravest of challenges. This has centred on the negative influence of our culture on the spread of the epidemic, including the recently stagnating HIV prevalence rate.

It is clear that many cultural factors and patterns of social behaviour influence and aggravate the HIV/AIDS crisis. These range from stigma and discrimination towards those affected, early marriages, practices of widow inheritance (that appear prominently in two of the case studies in this volume), the abuse of orphan rights, “witchcraft”, and gross gender inequities that, among others, foster cross-generational sexual relations.

By painting our culture as a hindrance, we however overlook its positive aspects in the fight against HIV/AIDS and negate the opportunities of adopting a *cultural approach* to tackle this crisis. While social communication experiences might prove an exception here – some of the HIV-related messages do attempt to take the cultural context into account, especially when local languages are

Case 1:
Returning to
the fireplace
through music
and drama - *the
experience
of the Nebbi
Cultural Troupe.*



used - rare are the initiatives that make use of this same cultural context as both *source of knowledge* and *holistic tool*, beyond just a communication vehicle, to confront the pandemic and its consequences. The experiences presented here attempt to fill this gap.

The six experiences

The experiences presented here are varied, in terms of theme and geographical location. They were selected by the Foundation after a scoping study throughout much of the country, where cultural, development and political leaders were asked about the existence of experiences that could help us find elements of answers to a hypothesis that 'One can use culture positively in the fight against AIDS'. These case studies were selected to reflect variety, not only so that the reader may "pick and choose" what might be relevant, but also because they exhibit aspects that can be replicated by development workers and local communities elsewhere in the country: the lessons drawn from these cases thus transcend the specificity of their local cultural context.

The point of departure is a case highlighting the work of the Nebbi Cultural Troupe (NCT) which has, to some extent, become accepted practice in Uganda: using dance and drama to convey development messages, including messages

regarding safe sex and other HIV-related issues³. NCT's experience however goes further: it entailed a 'descent' into researching and appreciating the strong influence of culture on the local perception of HIV/AIDS, its causes and its spread. From this, NCT developed a cultural approach based on the local Alur culture, identifying moral values, principles, and practices that relate to the contemporary challenges linked to HIV/AIDS. Using this approach in its drama, the Troupe has been able to trigger reflection on attitudes and perceptions of HIV/AIDS, which have resulted in increased voluntary counselling and testing, reduced stigma and increased demand for HIV/AIDS support services

Two case studies focus on community 'cultural resource persons' who have been mobilised in the fight against HIV/AIDS. In both cases, these have not originally been associated with this fight – indeed they have been seen in some quarters as *aggravating* its effects. First, we highlight the innovative work of the Rakai Counsellors' Association (RACA), which set out to revive positive cultural aspects in the fight against AIDS. In particular, the Association started to support 'Ssengas' – paternal aunts - and also Kojjas – uncles –, whose traditional role was to instil moral values in the community,

³ In many cases, as noted by Healthlink Worldwide, there is however a tendency "to focus on giving information, rather than building dialogue and sharing knowledge within communities – influencing attitudes and behaviour through telling, rather than by engaging and empowering people". See 'What's culture got to do with HIV and AIDS?' Exchange Findings, 7, London, 2007, Healthlink Worldwide, www.healthlink.org.uk

especially to adolescents and young married couples. This community-based cultural referral system had long existed as a resource to break the silence that surrounds sexual matters. RACA trained Ssengas or Kojjas to support their communities, through individual consultations, counselling couples, and visiting schools and churches.

In Kumi, the Local Government Community Development Department also turned towards 'cultural resource persons.' As in Rakai, the rate of sero-prevalence in this district was high, here because of insurgency, displacement and confinement of people in camps, in addition to cultural practices such as polygamy and widow inheritance. Attempts to raise awareness about the dangers of HIV/AIDS had for some time been less than effective, prompting the local authorities to engage cultural leaders to better understand and influence local perceptions of HIV/AIDS. Working with clan leaders proved essential because their influence was far-reaching: the local people listened to them. With adequate support, clan and other cultural leaders proved they could make a difference: once sensitised about HIV/AIDS and the consequences of cultural practices such as widow inheritance, they started to convey prevention messages at funerals, meetings and other social gatherings which permeated local communities and led to attitude change, including a 're-invention' of widow inheritance to retain its protection role, while abandoning its sexual dimension.

Another experience, also in Kumi district, focuses on the work of the local NGO Vision TERUDO (VT) working with cultural leaders to enhance orphans and widows' rights, especially their property rights. With many people finding themselves in congested camps, forms of abuses towards widows and orphans had increased. VT found a 'rights-based approach' restrictive: it focused on what people could demand, rather than what they could do, and did not help to address the roots of these abuses: there was a focus on criminalising the child abuser without tracing causes, such as early marriages and sexual violence driven by cultural value attached to cows. Similarly, the approach did not address the need for reconciliation, beyond punishment. VT decided to conduct sensitisation meetings to discuss the local culture, its limitations and its potential: cultural leaders got involved in identifying solutions and decision-making. This later helped in safeguarding widows' and orphans' property rights and elaborating bye-laws to govern



Case 2:

The solution is close to us! - Working with 'Ssengas' and 'Kojjas' to fight HIV/AIDS in Rakai.

the conduct of orphans and care takers. For VT, the orphan had also become an integral part of the community, with the community having to provide support, care, education and psycho-social development to 'its' children. Using this approach, disadvantaged women and children are reached and supported through community structures (including next of kin, clan leaders, religious leaders, as well as local councils.)

The remaining two case studies bring us closer to cultural resources as stemming from the wealth of our tradition and our natural environment. The first describes the experience of the Plants and Health Project (PHP) in Apac district, which reflected on the deteriorating health of people in its locality, and decided to address this issue by re-discovering traditional food and herbal medicine. When HIV/AIDS emerged as a pressing concern, PHP explored how plants, rich in iron and with medicinal properties, could help address the consequences of the disease. Through workshops, practical demonstration and radio programmes, the local community has re-learned the value of these plants. The use of locally traditional food, combined with herbal medicine, has proved to be an accessible, affordable and sustainable way to address some of the nutrition and health challenges facing people living with AIDS, as well as providing some of those concerned with income from small processing and distribution businesses.

It has been estimated that more than 60% of Ugandans access traditional health practitioners'



Case 3: Changing perceptions and cultural practices that contribute to the spread of HIV/AIDS - Kumi Local Government working with clan leaders.

services: arguably, the health sector has been sustained by traditional birth attendants, herbalists and counsellors/diviners. The final case in this series focuses on the experience of PROMETRA-Uganda, also a locally registered NGO, that promotes traditional medical knowledge and indigenous science for improved health, building on complementarities with Western-based health practices. The study examines how PROMETRA facilitates peer learning among herbalists, counsellors and others, using traditional knowledge and skills as a resource. At its Self-Proficiency Training centre, about two hundred traditional health practitioners converge weekly and, among others, study the causes and symptoms of HIV/AIDS to identify and treat opportunistic diseases. Herbalists also learn to counsel patients and encourage them to undertake HIV/AIDS testing. This approach has strengthened the sustainability of traditional health practitioners' work in the community and increased public understanding of traditional medicine. Spiritual healers, diviners, and faith healers are also seen by PROMETRA as important contributors to patients' sense of well-being: many patients freely confide in them, sharing their most intimate concerns, including those that are HIV/AIDS related, and in the process release stress and enhance their sense of security and hope.

What do we learn from these experiences?

Is culture relevant to the fight against HIV/AIDS? This question might well elicit an unambiguous 'yes', yet we feel that it has rarely informed a determined, conscious endeavour by all those concerned by this fight. As sero-prevalence

stagnates, such an incorporation seems all the more urgent. The six experiences described here all have, in one way or another, adopted a culturally-informed approach to dealing with the HIV/AIDS crisis, sometimes almost accidentally, sometimes as part of an organisational learning journey - as one approach after another failed to deliver results - sometimes as part of a deliberate effort to harness local cultural resources. In some of these cases, the reader may well exclaim: 'but of course, why did we not think about this before?'

Are cultural resources necessarily an asset in the fight against HIV/AIDS?

The six experiences suggest a nuanced answer: we all know of cases where some of the 'cultural actors' described in these pages have contributed to the worst forms of exploitation against people living or affected by HIV/AIDS and have contributed to its spread. The experiences therefore rather highlight how these resources have been shaped to play a protective and influential role in addressing HIV and its causes. Whether it is the ssenga who has been helped to move from teaching young women to be docile to their husbands, to becoming the champions of sex education in schools, or the widow inheritors who place emphasis on their clans' protective role, respect widows' freedom of choice and safeguard their health in the process, to the power of tradition re-enacted to create a space where "*we can 'talk straight' about taboo subjects*" and reach the street-wise youth in Nebbi; in all these cases, culture has not been used as *is* but has been harnessed and adapted to current circumstances. The latter case illustrates well how tradition has been adapted: the Troupe developed messages on positive cultural aspects, such as social responsibility to guide the youth on sexual matters; as well as

on negative aspects of Alur culture - domestic violence, wizardry, widow inheritance and polygamy. The plays show how these affect the spread of HIV/AIDS, while respecting the cultural significance people attach to such practices. Without dismissing the important role of traditional practitioners, for instance, emphasis was placed on the need for Voluntary Counselling and Testing and obtaining appropriate treatment.

Has such a cultural approach made a difference? The six experiences were selected because a link could at least tenuously be established between the adoption of a 'cultural approach' and real change at 'beneficiary level'. Attribution is often difficult to establish, but, in all cases, indications are that cultural resources, judiciously put to use, can make a real difference to the lives of people affected by HIV/AIDS, whether in terms of behaviour change, reduced stigma and discrimination, questioning of harmful 'traditional' practices, spiritual well-being, voluntary testing and disclosure, or tackling opportunistic infections. Positive "ripple effects" have also been noticed: in Nebbi, for instance, with increased disclosure, more groups of people living with AIDS, fighting stigma and sensitising the public about HIV/AIDS, have come into existence. Where a cultural approach has made a difference, this is also likely to be widespread, accessible and sustainable: thus a reason for PHP's initiative in Apac was the absence of sufficient (western) medical facilities, which not only pointed to a need for traditional medical alternatives, but also for nutritional solutions accessible to the many – in fact grown in their own back yards! In RACA's case, focusing on Ssengas and Kojjas, an indigenous cultural resource and pre-existing voluntary system, promises a good measure of sustainability to communities that have confidence in their service. Similarly, many Ugandans are supported by traditional faith, which informs

the realm of healing and divination in times of misfortune. Thus, people infected and affected by HIV/AIDS often look to traditional medicine and counselling: PROMETRA's training work offers a valuable and accessible resource to communities where modern medical facilities and support are inadequate or unavailable.

Is it "culture only?" One constant in the six experiences is the 'use' of culture not only as relevant, dynamic and a resourceful social foundation, but also as part of a wider technological and knowledge 'mix'. Thus, NCT has been successful in combining modernity and tradition to raise awareness about HIV/AIDS related challenges, including prevention, stigma and discrimination. Even the youth, who often dismiss culture as irrelevant to their current or desired way of life, have been attracted. PHP also borrows from western technology, such in processing techniques, but uses local ingredients with nutritional and medicinal values. PROMETRA organises interactions with western doctors and midwives as part of its training programmes, so that participants learn, among others, how to protect themselves as well as expectant mothers from HIV/AIDS infection during delivery. In Apac, the government hospital offers treatment for HIV/AIDS symptoms, while the medical superintendent observed that patients who have used PHP's prescriptions have registered a marked improvement - clearing clinical symptoms of HIV/AIDS and showing signs of increased immunity, energy and reversal of persistent illnesses.

What does it take? In all cases, the cultural approach to dealing with the HIV/AIDS pandemic and its consequences appears to be premised upon a number of pre-conditions:

- First, *a strong belief in our cultural heritage* and appreciating both its positive and negative aspects. NCT, for instance, told us that they consider much of Uganda's cultural tradition as essential and sacred, whose positive aspects must be respected and nurtured. Vision TERUDO recognised that belonging to a clan is a central way in which people identify themselves and define their rights and responsibilities.
- Second, *research in culturally-specific contexts*: whether identifying key cultural actors in Kumi who are supported to analyse and relate cultural challenges to development; whether engaging the elderly in finding out

Case 4: Using a cultural approach to protect children and widows' property rights in Teso - Vision TERUDO's experience.



about almost-forgotten medicinal plants and devising means of processing these in a form that appeals to patients, especially those living with HIV/AIDS; whether carrying out research with elders to learn about the cultural aspects of practices, proverbs, and songs related to health and gender issues; whether recognising the high degree of voluntarism exhibited by the community before the emergence of HIV/AIDS as a major community resource; whether recognising traditional legal systems with a higher degree of legitimacy than the “official” ones in Teso. All these research efforts, often informal, have provided an important foundation for the work of the six organisations, and highlighted the specificity of their cultural context.

- Third, *considering culture as “living”*, rather than frozen in tradition: As one observer of NCT’s work said, *“The youth enjoy the performances because of the reality that is reflected and many prefer to go for drama instead of video shows”*. These ‘close to reality’ shows grew popular and NCT was able to mobilise not only the youth, but entire communities, in equal measure because of the use of the local language, dress, authentic dance, cultural songs and proverbs.
- Fourth, an *ability to question oneself*: Vision TERUDO has been at the forefront of the fight against poverty in Teso since 1982, initially through relief and child sponsorship. It found several constraints with this approach, including dependency creating, non-sustainable interventions. In addition, the property and other economic rights of vulnerable groups were too often ignored. Hence the adoption of a “Rights-based Approach”. Despite this change, VT faced several challenges, such as targeting the abused, rather than the abusers. A cultural approach emerged from these trials and errors: it attached value to reconciliation, rather than prosecution and punishment and encouraged a collective vision in community work, rather than the individualism they found espoused in rights-based and service delivery approaches.
- Fifth, *working with others and focusing on influential leaders*: In Kumi, for instance, other supporting initiatives are recognised as essential to generate sustained support, especially in the case of HIV/AIDS which requires technical inputs for counselling,



Case 5: Our traditional foods: helping to confront the HIV/AIDS crisis - *The experience of Plants and Health Project, Apac.*

Key learning points

1. Evidence is emerging that culture offers opportunities for positive engagement, rather than solely a constraint, in the fight against HIV/AIDS in Uganda. To date, a ‘cultural approach’ has too often been limited to social communication on HIV/AIDS-related messages.
2. Although much evidence is anecdotal, it appears that cultural resources can be used to good effect in aspects of HIV/AIDS management and prevention, as they emphasise values and frames of reference that echo with the population and are therefore accessible and sustainable. The experiences presented here suggest initiatives that have found broad resonance amongst the local population and have resulted in significant behaviour change and enhanced well-being and participation.
3. A cultural approach to HIV/AIDS requires questioning of current approaches, a deliberate attempt to relate to the cultural context, including its values (such as those related to health and to death), cultural resource persons, lifestyles and realities of local people, through research and learning, and wearing ‘cultural lenses’.
4. It also demands the development of culturally-context specific approaches, departing from the global discourses and scientific models which often inform the programmes of development practitioners, towards a ‘holistic’ cultural approach, considering the cultural context *as both source of knowledge and holistic tool*, beyond a mere communication vehicle.
5. Given the limited evidence as to the efficacy of a cultural approach, an emphasis on innovatively monitoring its impact (beyond, say, behaviour change) is important.

testing and treatment. The presence of testing and counselling services after each performance was also important to NCT's success. Trained and influential clan leaders were instrumental in reducing the practice of widow inheritance in their communities by withdrawing their approval and actively advocating against it. Traditional medical practitioners trained at PROMETRA envisage a future, where training in traditional medicine will be institutionalised, professionalised, and integrated in the mainstream health sector. They expect to work in close collaboration with "western doctors" for the better health of generations to come.

of clan law and code of conduct. Having their ideas and plans adopted, women became better able to defend their rights, even become role models in the community.

Challenges persist, but some answers are emerging

In spite of achievements, the adoption of a cultural approach in the fight against HIV/AIDS remains problematic in several respects, although elements of solutions are emerging:

- *Deep-seated "conservatism"* Cultural values are not necessarily progressive, and this is particularly evident when tackling gender inequities. At VT, for instance, community attitude towards women often remained negative: they continued to suffer marginalisation. They then had to be trained to approach leaders in the manner reminiscent

- *Perceptions of culture as "backward"* At RACA, the trained ssengas and kojjas are often considered 'raw' by the educated class, as their level of formal education can curtail some areas of service delivery. This is especially a problem in schools. Similarly, traditional practitioners trained by PROMETRA are often perceived as "witchdoctors who do evil things." Patients then do not want to be associated with them publicly, just as western-trained doctors discourage patients from going to them.
- *Isolated experiences:* PROMETRA's work, for instance, signals the need for collaboration and peer learning not only amongst traditional practitioners but also between them and 'modern' practitioners. The curriculum thus covers the role of traditional practitioners in supporting the health sector and the benefits of collaborating with 'modern' medical practitioners, as opposed to working in isolation.
- *Too short an intervention:* While Kumi's clan leaders are influential decision makers, consistent sensitisation is essential. In communities where clan leaders and elders are considered a source of knowledge and



Case 6: Peer learning for traditional health practitioners to combat HIV/AIDS - The experience of PROMETRA-Uganda.

consulted regularly, they must be armed with sufficient up-to-date information to influence a community's worldview in the light of the prevailing challenges in their environment. At PROMETRA, structured 3-year training is considered necessary to impart sufficient knowledge to standardise and professionalize practice.

- *Legal framework and statutory bodies:* Legislation on traditional medicine, for example, would facilitate its development, protect practitioners' intellectual rights and regulate their profession. Similarly, the products arising from PHP's experience need calibration and verification by Uganda's Bureau of Standards.
- *Documentation and monitoring mechanisms:* the impact of using a cultural approach in the fight against HIV and AIDS often remains anecdotal. In particular, monitoring must 'look' beyond behavioural change.⁴ This must be documented and systematised, sharing 'scaling up' and replication lessons and trials, for the benefit of all those concerned.

Conclusions

Culture appears to have been largely absent, other than as a nefarious influence, in our strategies to tackle the HIV/AIDS crisis. The six experiences presented here foster the view that, at the least, such strategies should be appreciative and

⁴ See for instance Healthlink (op.cit): "(...) a participatory drama project in Africa inspired hope among participants, encouraged people to develop income generation activities, which in turn improved incomes, nutrition and quality of life, and extended and improved the lives of people living with HIV and AIDS."

sensitive to cultural practices; assessing their rationale from the communities' standpoint; facilitating the communities to reflect on the relevance and implications of a cultural practice in light of current development challenges. Further, emerging evidence suggests that a cultural approach allows us to make a real, collective, accessible and sustainable difference to those affected by the pandemic, and depart from global discourses and scientific models which often inform the programmes of development practitioners. We must therefore look upon our culture as a stepping stone towards appreciating who we are, and what we can exploit in ourselves and our environment to tackle the HIV/AIDS crisis, using values, systems and points of reference that we can readily and effectively associate with.

Thank you

We thank all those who made this document possible: the co-authors of the six studies – the staff and partners at the Community Development Office of Kumi Local Government, at the Nebbi Cultural Troupe, at the Plants and Health Project, at PROMETRA-Uganda, at the Rakai Counsellors' Association, and at Vision TERUDO. Also to Julius Isingoma for dedicating himself to making the DVD that accompanies this document.



*Cross-Cultural Foundation of Uganda
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1. Returning to the fireplace through music and drama

Addressing HIV/AIDS: The experience of the Nebbi Cultural Troupe

HIV/AIDS in Nebbi

The impact of HIV/AIDS in Nebbi district started to become apparent in 1993, especially with the growing numbers of orphans having a severe effect on households and their communities. At the time, HIV/AIDS infection was however thought to affect sex workers, rather than their clients, their spouses, and others in the community. With limited information on the causes of the disease, discrimination was widespread, while a perception had developed that HIV/AIDS was due to witchcraft or the ancestors' displeasure. People would point their tongues in the direction of people living with AIDS, fearing any association with them.

With time, local communities began to acknowledge HIV/AIDS as affecting the general population. But, with few and often distant medical facilities, many of those affected sought the services of traditional healers for treatment. Development actors, on the other hand, mostly tackled the HIV/AIDS situation, especially among the youth, through 'sensitisation workshops'. These proved of limited use, partly because the youth considered them to be a waste of time and irrelevant to their local context.

A local drama group, the Nebbi Cultural Troupe (NCT), decided to tackle this challenge from a cultural perspective, identifying aspects of the local culture that could be used to convey HIV/AIDS prevention messages and strengthen moral values, especially among the youth. We share their experience in these pages.

The Nebbi Cultural Troupe and its approach

In 1993, when Nebbi was called upon to identify authentic, reliable cultural groups to perform at official ceremonies and represent the district at national and international events, Richard Cwinyyai, a teacher and Sub-County Chief, was

Summary



In many rural communities in Nebbi, the spread of HIV/AIDS was, until recently, often attributed to witchcraft and the ancestors' displeasure. Efforts to sensitise communities were not yielding significant results; HIV/AIDS prevalence and stigma against people living with AIDS remained high.

The Nebbi Cultural Troupe (NCT) was at the time using music, dance and drama to convey development messages and it identified HIV/AIDS as a key concern. Appreciating the strong influence of culture on its local perception, its causes and its spread, NCT sought to address this issue with other development organisations, using a cultural approach. The Troupe researched the local Alur culture and identified moral values, principles and practices that related to the present day challenges associated with HIV/AIDS.

Using this approach in its plays, the Troupe has been able to trigger reflection on attitudes, behaviour, and perceptions of HIV/AIDS. As a result, there has been increased voluntary counselling and testing, reduced stigma, peer support and increased demand for HIV/AIDS support services.



NCT works in a context where people often consult traditional healers in matters of health and well-being

responsible for supporting cultural activities. This selection proved difficult, as cultural performers were neither professionally trained nor organised. As a graduate in Music, Dance and Drama from Makerere University, and interested in promoting culture through the performing arts, Richard handpicked a group of good performers whom he trained and named the Nebbi Cultural Troupe (NCT).

NCT initially focused on using music, dance and drama to entertain and promote the local Alur culture, reflecting a belief that much of Uganda's cultural tradition is essential and sacred, whose positive aspects must be respected and nurtured. With time, the Troupe however grew concerned about the area's development challenges and began to incorporate relevant messages in its performances. NCT started to clearly perceive culture and its diversity as an asset, when used positively to mobilise people and promote socio-economic development. NCT sought to engage young and old people alike and identified themes relevant to both age groups. They carried out research with elders and clan leaders to better understand the cultural aspects of selected themes, such as the norms, practices, proverbs, dances and songs related to health, gender, sanitation, and conflict resolution. Elders recalled traditional practices and values over a pot of local beer, relating these to modern changes and challenges. NCT recorded and incorporated this in their performances. Their research especially focused on three areas:

The dying fireplace - Realising that elders, parents and children no longer spent time

Two NCT plays

“The Mini-skirt” centres on a barmaid, much interested in western clothes and ‘styles’, and much copied by the local girls. Together, they attract multiple sexual partners until she becomes HIV-infected. She is chased away from her workplace, home, and even the local pastor who sees her as a prostitute. In deep despair, she is helped by a trained counsellor and a well informed priest who encourage her to go for testing. With treatment, her health improves and, with renewed hope for the future, she becomes an exemplary member of the community by giving her testimonies.

The play provides a cultural commentary on the consequences of not following traditional norms, such as dressing codes, and encourages the audience to publicly disassociate with the main character.

In **“ACIRO: The Rejected Cornerstone”**, Aciro is a girl whose father died of AIDS, a death attributed by the community to a curse for illegitimately “inheriting” his brother's wife. Aciro herself gets involved with a promiscuous businessman who infects her, leading to rejection by family, church and community. Wherever she passes, her footprints are swept away to erase the family ‘curse’.

An elder calls the community to examine their conscience and the consequences of HIV/AIDS amongst them. Aciro undergoes a cleansing ceremony, counselling and goes for a test. She begins to take ARVs and becomes a strong advocate for HIV/AIDS prevention and positive living.

Scenes from “The Mini-skirt”



together around 'the fireplace', where useful knowledge and cultural values were in olden days transmitted, NCT sought to reach out through popular entertainment – relating cultural values to current lifestyles and provoking reflection on the consequences, for instance, of HIV/AIDS.

Exposure and grooming the youth – With weaker parental control, the important role of a paternal aunt in grooming and protecting young girls had diminished. Adults and youth were now interacting freely in the same social circles, including drinking places, leading to lack of respect and sexual relations across generations. This, compounded by a uncensored and often pornographic video culture, undermined moral values among the youth. Cultural practices, such as sexual abstinence for boys and girls, were no longer taken seriously, contributing to the spread of HIV/AIDS. As a young respondent said, “*Sex is not easily discussed. My aunt does not talk about sex and my father does not have the time to explain these things, so I look to my peers for answers.*” The youth also resist the values of the past, as these “*belong to old people and do not fit in with the modern generation*”. NCT therefore developed characters in its plays on HIV/AIDS that highlight the responsibilities of adults in grooming the youth.

Discipline - In the past, discipline was strictly observed, as illustrated by the *gwang mola*, a bangle worn by a girl to indicate her being “booked” and no longer available for relationships with other boys. When ready for marriage, a girl would remain under the control and protection of her aunt, who taught her how to resist temptation. Incest and promiscuity were taboos, with the culprits publicly punished and cursed, such as when a pregnant girl would be forced to go to the home of the responsible boy, pulling two goats in broad daylight, as a public sign of their indiscipline. NCT used such traditional practices in their plays to highlight the consequences of disobedience and to challenge discrimination, which contribute to a high rate of early pregnancy and HIV/AIDS amongst the youth.

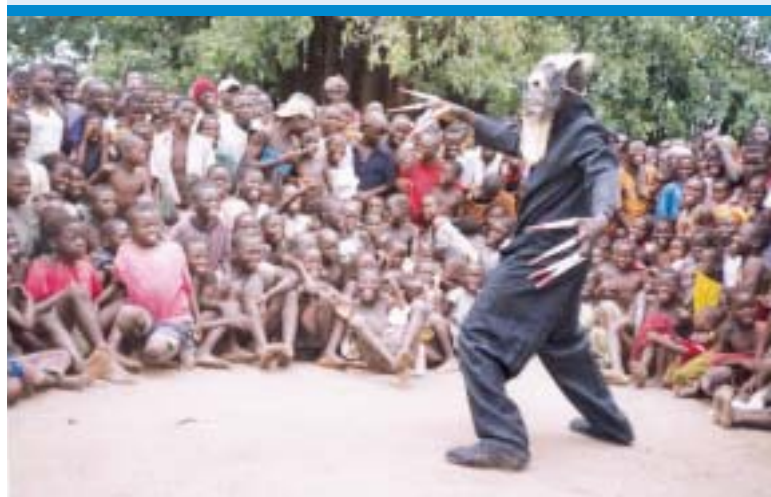
The Troupe thus developed messages on positive cultural aspects, such as social responsibility to protect and guide the youth on sexual matters; obedience, domestic conflict resolution, as well as some of the negatives of the Alur culture - domestic violence, wizardry, widow inheritance and polygamy. The plays showed how cultural

practices influenced the spread of HIV/AIDS, while respecting the cultural significance people attach to such practices. Without dismissing the important role of traditional practitioners, for instance, emphasis was placed on the need for Voluntary Counselling and Testing (VCT) and obtaining appropriate treatment.

In addition, NCT used the local language, mannerisms, instruments and dress, as well as character names such as “Owayo” (paternal aunt) to mirror real-life situations and develop key HIV/AIDS messages. In their performances, comparisons were drawn between past and

Place and method matter

In one of NCT's plays, HIV/AIDS is likened to “*jalabok*” *munikulu*, a terrifying legendary monster believed to eat human beings indiscriminately, causing numerous deaths and overwhelming grief.



Targeting the youth

Appreciating their preoccupation with making quick money, NCT targets the youth where they are - often involved in petty enterprises on 'the streets'. They can then address issues that the youth may not learn from parents and are considered taboo (such as discussing sex with children). “*We can “talk straight” in plays about taboo subjects*” NCT says. NCT capitalises on this and incorporates the roles of parents, aunts, uncles, and elders who have influence in society to illustrate their responsibility and what can go wrong when this responsibility is not taken seriously. “*The youth enjoy the performances because of the reality that is portrayed. Many prefer to go for drama, rather than video shows.*” – A teacher

present, using protagonists to highlight different aspects of culture and modern day practices which the audience could relate to. The Troupe also used mobile theatre to reach as many rural communities as possible.

NCT ensured that all HIV/AIDS-related performances were concluded with interactive sessions, when audiences would be invited to

reflect on the issues raised and conclude on how these could be addressed. There was also often technical support from health practitioners for on-the-spot VCT and condom distribution. NCT even started to offer their own counselling services at their office.

These 'close to reality' shows grew popular, with NCT able to sensitise and mobilise not only the youth, but entire communities. In collaboration with other development organisations such as Action Aid, the AIDS Integrated Model district programme (AIM) and the Uganda Red Cross Society, the Troupe embarked on a cultural war against HIV/AIDS. By 2006, NCT was operational in 16 sub-counties and 3 town councils where they regularly performed.

Changing behaviour...

Sunday Bromelo, a youth from Angal, says: *"I watched 'The Mini-skirt'. It was all about the spread of HIV/AIDS, and risky behaviour. I liked the typical dressing, and the local situations shown. My immediate reaction was that I should not have a girlfriend at all! Most of my friends understand these messages, but we are often left with many questions and no answers. It is difficult when there are no activities to distract us from idleness, so that we avoid discos and video shows."*

Ivan Ochawum, a teacher, saw "The Rejected Cornerstone" with his wife and was moved by its message. Having watched the mourning scene where a character dies of AIDS, he changed his mind about marrying a second wife. The plight of the orphans, affected and infected with AIDS moved him deeply. After the performance, he vowed to remain monogamous and felt he had to go for HIV testing.

Manuwela Atimango, a secondary school student, says: *"I watched 'The Rejected Cornerstone', found it interesting and educative. Some of my school friends who have watched NCT performances have changed their behaviour. Some have even gone for testing and are HIV negative, but I have not gone for VCT for fear of the results."*

What change?

NCT's performances were meant to create awareness and cause behavioural change with regard to HIV/AIDS. They have been widely attended, by both the youth and other age groups. Individuals and communities alike experienced changes:

Appreciation of HIV/AIDS challenges and re-examination of sexual and other practices

- NCT's play, "The Mini-skirt", projects a strong message on behaviour change and the need for voluntary testing before marriage. It also highlights how unacceptable and risky behaviour can be prevented by stressing the roles of elders, parents, and paternal aunts.



Youths benefit from condom distribution after an NCT performance

Tackling stigma

Jacqueline Aumi watched “The Rejected Cornerstone” at a time when discrimination was high in Nebbi. She had been in a problematic 7-year marriage which had ended in divorce. She later remarried but discovered that she was HIV positive. As Jacqueline watched this play, she could relate to the pain of stigma and discrimination, but it also gave her the self-confidence and esteem to live positively. In 2004, she joined a group of People Living With AIDS, the Nebbi Hospital Cultural Troupe, and declared her status publicly. She has become a strong advocate for behavioural change and fighting stigma.

Beatrice Acen, a married teacher with 3 children, found “The Rejected Cornerstone” very moving: *“After the performance, there were noticeable changes – the number of people disclosing their status increased and the community did not discriminate against people with AIDS as before. Previously people would not share meals, clothes or sit next to them but their attitude has changed. During a VCT day organised at the school, many people - more than usual - came for testing”*.

Immediately after each performance, NCT organised feedback sessions to observe behavioural and attitudinal change, including assessing the demand for VCT and condoms which were provided on-site. The end of this play saw many couples going for testing and checking out their partners’ behaviour before marriage. It also encouraged the youth to abstain from sex. Initially men and young boys rejected condoms, but there was a noticeable increase in demand after the plays. While responses have not been systematically collected, frequent verbal references were, according to NCT, also made to the HIV/AIDS messages in their drama during informal discussions in homes, and through feedback on FM radio talk-shows. According to Benjamin Opio, the district HIV focal person, during the period that AIM worked with NCT, the demand for VCT, drugs, testing kits and condoms exceeded availability. The Community Development Officer, Julius Amule, also considered NCT’s performances effective because of the overwhelming demand for voluntary counselling and testing services after their performances. Widow inheritance and polygamy were common in Nebbi, although this has been dying out in places not only because of the financial burden of raising orphans, but also because of sensitisation on the consequences of such practices, which is also partially attributed to NCT’s plays.

Some members of the public even took immediate decisions affecting their relationships after watching performances. A lady in Pakwach for instance decided to divorce her partner whom she claimed behaved badly - exactly like the slippery husband in the play! Fortunately there was a trained counsellor at hand who talked to the couple and advised them to seek marriage guidance. The Troupe thus had to ensure that there was a counsellor at hand to advise on managing relationships. The plays also highlighted the role of resource persons (counsellors, religious leaders, elders) and the importance of consulting them.

Reduced stigma and discrimination – Another play, “The Rejected Cornerstone”, focused on HIV/AIDS information and the need to care for persons living with AIDS. NCT likened stigma to that of a cultural taboo (linked to witchcraft or mischief), highlighting the resulting suffering and the need for everyone to play their roles and embrace the discriminated person. Clan members would be seen to perform rituals to cleanse, reconcile, console and re-unite the family with the rest of the community.

“The Rejected Cornerstone” also caused change. In Parombo, for instance, it drew strong responses from the audience, who demanded a replay. Community members later testified that they no longer feared to touch or sit next to a person living with AIDS, health workers reported increased VCT and more adoption and care of orphan since the performances.

Increased voluntary disclosure by People Living With AIDS - A change of attitude among people living with AIDS and within the wider communities was also noticed, with the number of disclosures and open discussions rising. People living with AIDS had for long not been willing to disclose their status for fear of stigma. In Angal, for instance, they would not collect free food from the hospital, for fear of being identified. After showing “The Rejected Cornerstone”, this changed and the concept of positive living better appreciated.

Sustaining the change

People living with AIDS and groups - One sign of sustained change has been the growing number of groups claiming parentage to NCT, with a number of them formed by people living with AIDS to address their specific challenges. Currently there are for instance 16

such networks in Nyaravur sub-county alone and their formation has been attributed to increased disclosure, following sensitisation by NCT. NCT's membership has also increased since its inception and it has embarked on training the growing numbers of people with AIDS who have formed drama groups. Through such groups, individuals not only acquire new skills in music, dance and drama, but also experience a sense of purpose, and find support and acceptance amongst themselves and their communities.

Emergence of young activists - As a result of NCT performances, some youths have become HIV/AIDS activists – including some who have testified their HIV-positive status. They have been trained as peer educators through NCT and reach others, encouraging them to engage in sports and church activities. They also visit schools to pass on HIV/AIDS-related messages, using posters and other information from NCT.

Other development actors - Because their approach had proved to be appealing and effective, other development organisations have contracted NCT's services and given the Troupe the latitude to incorporate cultural aspects into their themes. At the end of the AIM programme, NCT was awarded a certificate of merit and recommended for future interventions in Nebbi, as specialists on HIV/AIDS information dissemination. Over the past two years, NCT has also been hired to disseminate development messages about conflict resolution, gender issues, women empowerment and decision-making, health, water and sanitation.-

Challenges and recommendations

For NCT, fighting AIDS in Nebbi remains a challenge from five main perspectives, with attendant recommendations:

- **A long term and collective effort:** While they appreciate that effective behavioural change has been registered, especially amongst the youth, limited resources have prevented NCT from adopting a consistent, long-term approach. As limited parental guidance results in some youth resisting attitude change, sensitisation should focus on other forms of social support. Presenting HIV/AIDS-related issues to the youth consistently, such as through the mass media, is also costly: creative avenues and concerted effort of various stakeholders are therefore required. Reviving the role of parents, elders, religious leaders, politicians, business people and clan leaders in guiding the youth is part of this.
- **As the economy becomes increasingly monetised,** the youth's attention is focused on making money at any cost. Girls get lured into commercial sex and, while they receive information about HIV, the challenges of daily survival may be overwhelming. HIV/AIDS messages should therefore include support for vulnerable girls (youth, house helpers and other young female employees) who may be unaware of their rights or where to get support. To occupy the youth, activities that replace those that encourage risky behaviour must

Voluntary disclosure and working in groups

Sophie Odopa dropped out of school for lack of fees, got married but soon suspected that she had contracted HIV/AIDS when her husband and child passed away. Sophie watched NCT's play on stigma and the importance of disclosure, and realised that people with AIDS who declared their status were no longer much stigmatised in the community. She tested and found she was HIV positive. Sophie's parents accepted her status, which helped her to declare it publicly.

Today Sophie is the chairperson of a group of people living with AIDS in Nyaravur which performs to sensitise the public about HIV/AIDS. Sophie says: *"NCT has been instrumental in making individuals living with AIDS feel accepted, encouraging them to disclose their status and to live positively. Now I can interact freely with other people in public, instead of staying in-doors, being depressed and dying quickly. I do not get frequent illnesses, I am able to talk about my status and get help."*

be encouraged, such as cultural grooming, sports, competitions, etc. Alternative sources of employment also need to be identified to divert the youth, especially girls, from considering commercial sex as an option.

- **Exposure to pornographic materials** corrupts the youth's moral values and, if not regulated or banned altogether, is likely to undermine efforts for positive behavioural change. Collective responsibility to censor information available to the youth is therefore needed including, where necessary, establishing bye-laws to ban viewing of pornographic material in Internet cafes and video halls.
- **Technical support on HIV/AIDS** must be readily available to those who immediately want help and can take rash decisions. Condoms, on-the-spot testing and counselling are not always available, yet are necessary so that messages are understood within context and appropriate measures are taken, where needed.

Conclusion: NCT's cultural approach

NCT has successfully combined modern and traditional cultural concepts to raise awareness amongst the community about HIV/AIDS and the challenges of prevention, stigma and discrimination. Its work presents culture as a relevant, dynamic and resourceful foundation to address these present-day challenges.

The HIV crisis presents new challenges and finding cultural concepts that can be used for comparison in a manner that a local community can relate to is sometimes difficult, especially where the youth dismiss culture as irrelevant to their way of life, or because of its presentation as something of 'the past'. Nevertheless, NCT's messages conveyed through their plays appear to have had a significant impact on the attitudes of individuals who have responded in different ways, such as undergoing VCT, using condoms (where these were once rejected), and publicly declaring their HIV/AIDS status. The use of the local language, dress, music, cultural songs, and proverbs appeals to local audiences and has proved an effective approach to impart information on HIV/AIDS. People living with AIDS have also displayed increased confidence, with less fear of stigma, with a reduction of discrimination in communities where performances have been held. With increased disclosure, the number and size of groups of people living with AIDS seeking to advocate against stigma and to sensitise the public about HIV/AIDS has also been growing, a ripple effect of NCT's work.

While the impact of NCT's cultural approach in disseminating HIV/AIDS messages and causing behavioural change needs further documentation, it is clear that their work can be of much relevance to development actors elsewhere, especially in rural communities, where strong traditional cultural influences are at play.

2. The solution is close to us!

Working with 'Ssengas' and 'Kojjas' to fight HIV/AIDS in Rakai

These pages describe the experience of a local NGO in Southern Uganda, the Rakai Counsellors' Association, in using local cultural resources – especially the traditional Ssengas ('aunts') and Kojjas ('uncles') - in the fight against HIV/AIDS.

HIV in Rakai

It was in Rakai district, at Kasensero, a small fish landing site, that HIV/AIDS was first diagnosed in 1982, later spreading to all parts of the country and beyond, and becoming one of the greatest challenges our nation has faced.

Being at the epicenter of the HIV/AIDS pandemic, the social and economic effects have been devastating in Rakai, ever since the early 1990s. Far reaching effects include not only the large numbers of orphans, but also the emergence of female-headed and – with the death of guardians - of child-headed households, where the would-be bread winners have been lost to the disease. According to a survey carried out in 2006, there are no less than 40,000 orphans in the district (as compared to a child population of 280,000), with 721 female-headed and 144 Child-headed households in RACA's area of operation of Kooki, just one of Rakai's three counties.

Poverty, ignorance, widow inheritance, wife sharing and other behaviour have contributed to the spread of the disease. As its effects deepened, it was also locally ascribed to witchcraft. The local social fabric was, in turn, greatly changed: there has been moral degeneration, with rampant prostitution, early marriages and pregnancies, booming night discos, late home coming and a declining

Ssengas, Kojjas and religious leaders in training



Summary



The Rakai Counsellors' Association (RACA) has been active in the fight against AIDS since 1993. At first, its approach focused on creating awareness, providing psycho-socio health and economic support to empower the youth deal with the pandemic and to create an environment where the rights of vulnerable people are observed. The effectiveness of these interventions was however limited and it became evident that the high degree of voluntarism exhibited by the community before the emergence of HIV/AIDS was a major resource which needed to be restored. To fight HIV/AIDS and its associated effects, RACA therefore set out to revive positive local cultural aspects. In particular, the Association started to support 'Ssengas' – paternal aunties - and the Kojjas –uncles –, whose traditional role was to instil moral values especially to adolescents and young married. This community-based cultural referral system had also long existed as a resource in breaking the silence that surrounds sexual matters.

RACA has supported Ssengas and Kojjas for the past year, helping communities to select candidates for support, providing up-to-date training, introducing them as a resource to their local areas, and providing them with some inputs to give to their clients. The Ssengas or Kojjas are expected to support their communities, in different ways, according to need and capacity, for instance, individual consultations in private homes or visiting schools.

Early signs indicate that this pilot programme is yielding results: the demand for Ssengas' and Kojjas' services is rising, there are stories of behavioural change and the approach, because it is based on an existing voluntary system, promises a good measure of sustainability. RACA feels this intervention can provide useful lessons for other development practitioners, although there is a need to adapt the approach to locality, language and cultural context.

community will to care for the needy and work together for development. The same survey showed that 61% of the families have orphans living on their own and, of these orphans, 39% with incapacitated guardians, and 65% not attending school.

Government and other development partners have however worked tirelessly to address the causes and effects of this pandemic through a number of programmes and projects, some complementing the efforts of the district health and other departments. A large number of international and local NGOs,

including the Rakai AIDS Information Network (RAIN) have also been very active.

The efficacy of these efforts was however undermined by duplication of services, by their limited geographical and time-bound horizons, and unsustainable provision of relief. This might go some way to explain the persistence of a high HIV/AIDS prevalence rate in Rakai (12%, compared to the 6.5% national rate). Areas like Kasensero and the border town of Mutukula have an even higher rate of 32%.

RACA, the Rakai Counsellors' Association

At the onset of the pandemic, the Prime Minister's Office called on NGOs to take up the challenge: one, the Lutheran World Federation encouraged communities in Rakai to select religious leaders to undergo training, become Voluntary AIDS counsellors and to reach out to schools through a massive information and counselling campaign. The first 62 Volunteers later formed a local NGO, the Rakai Counsellors' Association in 1993.

RACA's goal is to reduce HIV/AIDS prevalence and mitigate its impact, especially on vulnerable men, women, the youth and children – both in and out of school - in Rakai. This has been undertaken through training, drama and sports events. The number of trained Counsellors has grown to 380, offering their services to HIV/AIDS ravaged communities of Kooki and Kabula (now in Lyantonde district). RACA also encourages the formation of post test clubs, school health clubs, and provides material support such as food, building materials, clothes, goats and seeds to some community groups and to female- and child-headed households.

Voluntarism as a cultural strength

Voluntarism has long been a strong cultural value in Rakai. As a multi-ethnic border district, including immigrants from Tanzania and Rwanda, communities have been drawn together by different situations to act on a voluntary basis. They would come together in both good times - weddings, bountiful harvests -, but also at times of misfortune, such as for burials. It was through such gatherings that many vital issues concerning the well-being of the community were traditionally addressed.

With the rise of 'modernity', people got carried away with individualistic interests, focusing on personal needs for food, education and health. While the cost of living and the needs of many families increased, with the outbreak of HIV/AIDS, further challenges arose. The numbers of orphans, widows, and people living with AIDS rose, production and incomes declined, many community resource persons died, children dropped out of school, with property grabbing and moral degeneration due to the loss of parents and guardians in many families. In a bid to make ends meet, it became difficult to maintain a communal approach to life: the spirit of voluntarism was being eroded. Those affected by the pandemic could no longer get the attention they would previously have received, when voluntarism was still cherished.

RACA's practice

In earlier interventions, RACA had set out to address the HIV/AIDS situation by creating awareness, providing psycho-socio health and economic support, to empower the youth to deal with the pandemic and to create a conducive environment where the rights of vulnerable people are observed. The effectiveness of these interventions was however hindered by the high vulnerability levels, given the limited support available. This, together with the stagnating district HIV prevalence rate, threatened the sustainability of RACA's interventions. Meanwhile, it became evident that the degree of voluntarism exhibited by the community before the emergency of HIV/AIDS was a major community resource, which needed to be restored. To fight HIV/AIDS and its associated effects, RACA therefore set out to revive this value among the people of Kooki County: when put into practice, it became a strong pillar in the fight.

In addition, it appeared that damaged cultural ties accounted for much of the moral degeneration and dangerous lifestyles of the young generation, a major cause for the spread of HIV/AIDS. To fight this root cause, RACA also set out to strengthen existing cultural institutions. RACA's approach was to bring on board a team of resourceful persons to help bridge the gap. This first took the form of support to voluntary AIDS counsellors, community based groups, and opinion, cultural and religious leaders.

Volunteer AIDS Counsellors were selected by the community, RACA and local leaders, according to criteria that included integrity, ability to pass

Ssenga Nnalongo Naggayi

Ssenga Naggayi, aged 55, lives in Kamukalo A, about 7 kms from Rakai Town. She has seven children, but her husband passed away during the 1979 war.

Ssenga Naggayi is a farmer and a trained Traditional Birth attendant. In 2007, she was selected by the community in Byakabanda sub-county to attend RACA's training as Ssenga, which she successfully completed a few months later. She started work in the neighbourhood - first by introducing herself and visiting households, later by receiving clients at home and conducting sensitisation meetings in different local council sites.

Ssenga Naggayi is among RACA's most successful trainees. For instance:

Amongst the many couples she has counselled, was one who had separated because of the wife's unfaithfulness and her sense of guilt that prevented her from re-joining her home, in spite of her husband's willingness to receive her. Ssenga counselled her husband and accompanied him to his wife. Through her efforts, the couple re-united. By counselling couples, Ssenga says, she's closing the gateway to HIV.

She has conducted more than 20 sessions among clients at Local council level and in schools. Her resulting popularity has paved way for the community to invite her for one-to-one services. Other clients have come from far, even as far as Entebbe, to consult her.

She has won the confidence of men, who also demand her services. These surmounted their original misgivings to have their wives attend these sessions, citing bad company which influences their families and information enticing them to extramarital relationships which may lead them to HIV/AIDS.

Her clients say they appreciate her work, especially for youth and married couples. They call on her services, both in groups, such as churches and schools, and as individuals (especially students), but they complain of her being scarce because she is in high demand. They appreciate her for not only for instilling morals, and increasing communication in marriage, but also because, they say, her intervention has reduced the rate of HIV/AIDS and abortion through behavioural change, especially among students.

Ssenga
Naggayi



on information to others, and willingness to work on a completely voluntary basis. The selected candidates underwent training for a year in HIV/AIDS counselling and community development, and later introduced to the community to reflect a revival of the traditional cultural values of togetherness and harmony, to tackle issues affecting the whole community. The counsellors' daily services in the community are culturally inspired, in that they take up the roles traditionally undertaken by cultural leaders, including upbringing orphans, and guiding widows and people with hardships. This arrangement was adopted not only when the community got overwhelmed by HIV/AIDS, but also to break the cycle on cultural beliefs towards the disease and its ascription to witchcraft, by providing facts on HIV by well-informed and trained persons.

Community-based groups - Counselling support cannot lead to economic well-being and, for people infected and affected by HIV/AIDS, community groups were identified for effective service delivery (such as for agricultural inputs and training): groups of vulnerable people locally known as '*munno mukabi*' (a friend in need) are culturally rooted and provided an opportunity to reach almost all intended target groups with the skills acquired and to assist vulnerable community members – people living with AIDS, female and child-headed households, among others - in a single intervention.

Cultural, opinion and religious leaders - Communities were reached through counselling and group support, but the local population, and especially its leaders, still observed a culture of silence on the pandemic. Cultural practices perpetuating the spread of HIV/AIDS such as widow inheritance, polygamy and forced or arranged marriages were still widespread. Community leaders therefore constituted another group of resourceful community persons who could mobilise, speak with authority and become knowledgeable with a ready following. RACA had to bring the cultural and religious leaders on board to supplement the earlier efforts of the political and 'development' leadership.

Working with Ssengas and Kojjas

These approaches proved promising to an extent. Later, as work proceeded with these volunteers, groups and leaders, another resource was identified: this is the institution of the 'Ssenga' and 'Kojja', whose traditional role was to instil moral values in the community.

The 'Ssenga' – the paternal auntie and the Kojja – the uncle – are meant to groom the family's daughters and sons to become resourceful and responsible citizens. They are traditionally identified as skilled persons who instilled moral values and provided information, especially to adolescents and young married couples on roles and responsibilities, marriage, sexual values and behaviour. This community-based cultural referral system has long existed as a resource in breaking the silence that surrounds sex and what it entails, such as getting pregnant while at the parents' home, marriage and other sensitive issues. Sadly, many such resourceful people also succumbed to HIV/AIDS, thereby creating a gap in the services they offered.

RACA found Ssengas and Kojjas providing a useful conduit for information and support for several reasons. First, it was not a newly-introduced concept, but an ago-old institution familiar to all. It presented an opportunity to build on an existing system, with Ssengas and Kojjas voluntarily already imparting this information and willing to do more. Secondly, the Ssengas and Kojjas were traditionally identified as very knowledgeable in championing moral values for the youth: experts on local cultural norms and practices, they could therefore provide an avenue to target youth who are easy preys to HIV/AIDS. Finally, every family has access to such resourceful people (although RACA only trained 1 Ssenga and 1 Kojja per sub-county as part of an initial intervention).

To start, RACA supported a handful of Ssengas and Kojjas for the past year (others will be supported in the coming period). It first enabled selected communities to select persons they would feel would be appropriate candidates for 'upgrading.' These were given training: a specialist NGO – Salaama Shield - facilitated a week-long residential event, covering topics that included communication and counselling skills, reproductive health, human rights and gender, and community development. After this, the trainees were introduced by RACA to local leaders and their communities to begin work. RACA visits them monthly to gauge their progress and the problems they face. It also provides logistical support (stationery, for instance) and other materials, such as condoms, to give to their clients. In addition, experience-sharing group sessions are carried out to keep them informed of relevant changes, especially in relation to gender and cultural practices. Some local radio programmes are also relevant.



Students listen to a trained Ssenga

This approach reflected the challenges faced by untrained Ssengas: a lack of sufficient and up-to-date information to answer all related questions, especially in communities that are already rather well informed; services not always in high demand when they have not been introduced as community resources; and a lack of access to a referral system when information proves insufficient. This contrasts with trained Ssengas who can refer to their notes, can attend refresher courses and access other resourceful persons, such as their trainers, in case of need.

Ssengas and Kojjas: what change?

The trained Ssengas or Kojjas have supported their communities in different ways, according to need and capacity, through individual consultations in private homes, counselling couples, attending to youth and others through community meetings or addressing church congregations, whenever requested. Various issues are tackled, including family planning, gender, strengthening family relationships and conflict resolution, HIV/AIDS (its causes, prevention and control measures, with emphasis on the ABC model); patient care, people management; marital issues; preparing young girls and boys for marriage: home and bedroom hygiene, and respect for the man or woman and his or her relatives. In schools, early sexual relations, cross-generational sex and early pregnancies are also discussed.

Of the initial 10 trainees, all but one have reached a measure of success through reaching out and sending information to groups and married couples, leading to stability in families, observance of widows' and orphans' rights, as well as supplementing the voluntary counsellors' work. Their services are offered on voluntary basis.

At one level, a growing demand for their services is noticed. Increasingly, people invite them to churches and schools, turn up at sessions is rising and their influence is therefore increasing in terms of numbers and geographical coverage. In addition to students, individual clients also

have begun to travel from outside the district to access their services.

At a second level, evidence is emerging that trained Ssengas and Kojjas are instrumental in bringing about behavioural change for instance, in terms of handling broken relationships or reduced early marriages (see boxes).

Finally, the prospects for a sustained action appear good, even after RACA ends its support, because it taps on an indigenous cultural resource: those concerned already offer their service on a purely voluntary basis to community members, who have trust and confidence in them.

Challenges

Nevertheless, there have been a number of challenges. One concerns the community perception of Ssengas and Kojjas, especially when they are considered 'raw' by the educated, and when their level of formal education curtails their capacity in some areas of service delivery. This is particularly a problem in schools (although the Ssenga/Kojjas also note that the educated classes are ignorant of 'their' issues since most time is spent at school, with little or no time is left for 'Ssenga sessions'). There are also cases where untrained Ssengas remain more popular among the community than the trained ones. Men at times also fear their wives becoming more "enlightened" and independent, thus threatening existing gender relations, especially in more conservative households and communities.

Another challenge concerns the quality and availability of services. So far, trained Ssengas/ Kojjas are few and their usefulness restricted to their home areas as they cannot travel long distances, given the costs involved. Ssengas / Kojjas also have their own responsibilities, such as their families or businesses. One of the trained Ssengas for example has not been readily available to offer services as she is nursing a sick daughter elsewhere. She only comes back occasionally and has therefore not been introduced to the community as a trained Ssenga. Culture can also limit availability, such as an inability to provide services to in-laws. Finally, sustainable voluntary service delivery over a period of time remains uncertain.

There are also limitations in terms of contents of services: how to respond to demand for abortions

especially when one is known as a herbalist, yet this act is illegal, is an example. RACA also works in an area with diverse ethnic groups yet the training was conducted in one language and adapted to the specific cultural context of the Baganda.

Lessons learnt

While there are many players involved in the fight against HIV/AIDS and problems of attribution are considerable, early signs point to a successful intervention. RACA see their support yielding some results in the community, especially for hard-to-reach categories of people. This highlights not only, as RACA say, that *'it is vital for us to appreciate our culture as a stepping stone to appreciate who we are'*, but also how a cultural avenue can provide effective, cheap and therefore sustainable instruments to address HIV/AIDS, as opposed to the conventional information and education means, such as workshops or other training events.

RACA's experience indicates that their cultural approach may be beneficial in other parts of the country, and could be experimented with by other development practitioners, although there is a need to adapt this approach to locality, language and cultural context.

The need for men: Kojja Kivumbi

Kojja Paulo Kivumbi, 53 years, from Lwanda sub-county, is one of the five Kojjas trained by RACA. Mr. Kivumbi says that moral upbringing for men has greatly been neglected and explains why we see young men grow up 'in any way' without guidance, and only expecting the best from a well-groomed woman. This kind of neglect has led to a new generation of careless and spoilt young men. He therefore says that irrespective of their 'superiority', men definitely need Kojja services to have a better world.

He also notes that men can be oppressed by marriages and other social responsibilities, yet culturally they are not expected to show any sign of weakness. They then get stressed over issues which are capable of being handled by a Kojja. Mr. Kivumbi says that lack of such a person to open up to can even contribute to premature death: this can be due to accidents when one is stressed, to sexual acts leading to HIV/AIDS or even suicide. He maintains that a problem shared is a problem solved.

Another RACA-trained kojja, Kojja Bukunya in Kyalulangira sub-county.



3. Changing perceptions and cultural practices that contribute to the spread of HIV/AIDS

Kumi Local Government working with clan leaders.

HIV/AIDS in Kumi district

Kumi District Local Government recognised the serious challenges posed by the HIV/AIDS epidemic from 2000 onwards. The number of orphans and widows was large and growing; the number of child-and female-headed households was also increasing; and child abuse and neglect was commonplace. The district government also recognised the need for collective responsibility, with the population engaging in the necessary prevention, protection and mitigation activities. With donor support, it therefore adopted a multi-sectoral approach to mainstream HIV/AIDS in its programmes. This included widespread community sensitisation campaigns, home-based voluntary counselling and testing, and community HIV/AIDS initiatives (the “CHAI” programme). Workshops on the spread and prevention of HIV/AIDS were held in communities and participants were facilitated to develop action plans to address the challenges identified. This also responded to the national HIV/AIDS policy, promoting openness, information education and supporting local projects. These efforts however failed to cause significant change in local behaviour and attitudes. Action plans remained on paper and cultural practices, especially widespread widow inheritance, polygamy, wife sharing, and alcoholism which all contributed significantly to the spread of HIV/AIDS.

The district authorities later recognised that some of the local challenges were culturally rooted. Family life education was not widely practiced and most parents avoided talking to their children about sex and HIV/AIDS. Vulnerable people, such as orphans, elderly and disabled women, and school drop-outs did not receive adequate support and remained at great risk of contracting and spreading the disease. This pointed to the need to utilise cultural resources to tackle these culturally related issues. These pages show how clan leaders and elders were mobilised and proved instrumental in

Summary

In 2004, the HIV prevalence rate in Kumi district rose to an alarming 12%. Development actors attributed this situation to insurgency, displacement and confinement of people in Internal Displaced People’s camps, as well as cultural practices such as polygamy and widow inheritance. The local communities on the other hand attributed HIV/AIDS to witchcraft. Attempts made by the Local Government and other development partners to raise awareness about the dangers of HIV/AIDS often fell on deaf ears, and well conceived action plans remained on paper.

This lack of response prompted Kumi Local Government to engage cultural leaders to better understand and influence local perceptions of HIV/AIDS. Working with clan leaders, in particular, proved essential because their influence was far-reaching, the local people listened to them and their word was often final. Clan leaders took the final decision on widow inheritance – deciding who would remarry the widow, own the property of the deceased and take care of the orphans. Once sensitised about HIV/AIDS and the consequences of such cultural practices, clan leaders and elders started to convey HIV prevention messages at funerals, meetings and other social gatherings which permeated local communities.

This resulted in some modifications to widow inheritance to keep HIV/AIDS at bay: today a widow may choose an elder clansman to assist her; this man does not have a sexual relationship with her; she may also choose to remarry outside the clan; and orphans and the deceased’s property are taken care of by grandparents or the clan on behalf of the family. The current HIV/AIDS prevalence rate in Kumi District stands at 3.7%.



Orphan care has become an overwhelming burden for Teso’s grandmothers

Traditional marriage and widow inheritance

Traditional marriages and widow inheritance have been commonly practiced in the Teso region, with the latter gradually dying out. A traditional marriage involves formal and informal meetings during which a man's family introduces itself to the prospective bride's family. Dowry, in the form of cows, is negotiated and the groom pays, using cattle from his family's herd. These are often accumulated over years from dowries paid for his sisters, cousins, and aunts, referred to as 'the girls'. Because their dowry was used to acquire a wife for their male relative, the girls often feel a sense of ownership and power over the new wife, who becomes 'our wife' or 'our cows' and they influence her marriage to their male relative, even in the event of his death.

Once dowry is paid, the new wife is escorted by her female relatives to the new home where they stay with her for a couple of weeks. During this period, the wife's relatives interact with the male members of her new home and new relationships are established, some of which resulting in marriage, others in casual liaisons, which present another avenue for the spread of HIV/AIDS.

It is in this context that widow inheritance can be best understood. If a married son dies, a younger clansman or brother is selected by the clan leaders in consultation with 'the girls' to inherit the widow, orphans and property. During the funeral, clan leaders and elders are often the only people who speak; confirming the cause of death and taking decisions on the future of the bereaved family. Three days after the funeral (presently often reduced to one), the family and clansmen hold a meeting during which the widow is inherited. The clan does not allow the widow to choose the man who will inherit her - she and the wife of the selected brother or clansman have no say in this matter, even if as Imongit Mikaya, a clan leader in Irarak observed "*often widows were reluctant to be inherited because they wanted to choose their own partners who would satisfy their needs*".

Widow inheritance was perpetuated for several reasons. The clansmen and elders supported widow inheritance to ensure that the family's wealth remained within a particular clan. The widow was also retained to look after the orphans and to provide labour to the family. Young single women saw it as an opportunity to escort the bride and meet potential future partners from another clan while young men saw this as an opportunity to acquire a wife and wealth.

This widow works with clan leaders to reflect on widow inheritance.

influencing widow inheritance, a contributory factor to the spread of HIV/AIDS.

Working with cultural leaders

In 2002, Local Government decided to target the main actors who influence and perpetuate these cultural practices and thus find a lasting solution to the challenges of widow inheritance and polygamy. The Community Development department elaborated a plan to sensitise community leaders, specifically targeting cultural heads, on the impact of HIV/AIDS. A series of workshops involved 560 influential participants in the district, including cultural leaders (mostly clan heads, Emorimor - Iteso traditional leaders, Church leaders, and traditional practitioners, such as healers and birth attendants). Because of their influence in the community, it was envisaged that increasing their awareness would enable them to develop appropriate and acceptable interventions, leading to positive behavioural change and checking the rapid spread of HIV/AIDS.

The workshops aimed at sharing experiences on HIV/AIDS; enhancing existing knowledge on its current status and on preventive measures; identifying with and soliciting commitment to tackle factors perpetuating its spread; and developing strategies and charting a way forward in the fight against the disease.

Participants identified widow inheritance, polygamy, early marriages, promiscuity and





Clan leaders share their post-training experiences

alcoholism, as factors that contributed to the spread of HIV/AIDS in Kumi. Lack of knowledge and silence about the disease during funerals abetted this spread. As one respondent said, *“During funerals no one ever admitted that the deceased had died of AIDS, but attributed death to a long illness due to witchcraft; and widows continued to be inherited.”*

What change after the workshops?

Four years after the workshops, a number of changes could be observed:

Awareness among clan leaders and information dissemination - Clan heads reported being better informed about HIV/AIDS and its consequences and now being open about HIV/AIDS and the fact that it is responsible for many deaths in their communities. Some clan leaders have made use of their positions as conveners and speakers at local meetings: *“I am responsible for organising meetings on various issues and take the opportunity to emphasise the spread of AIDS on the agenda”,* says Imongit Mikaya, a leader of the Irarak clan. Clan leaders also reported talking about the spread and consequences of HIV/AIDS at funerals, mentioning it as the cause of death (where this was the case) and discouraging widow inheritance and early sex. As one said, *“These days we speak out on the cause of death of*

Clan leaders’ and elders’ openness and behaviour change in Kanyum, Ongino and Mukongoro sub-counties

“I sensitise people during funerals about HIV/AIDS. If someone dies of AIDS, it should be mentioned at the burial. Many people have now accepted to go for voluntary testing.” (Okurut Patrick)

“I attended the training on HIV and I usually pass messages about HIV/AIDS and discrimination during funerals, and at water sources. There is now a positive change - young girls no longer escort the bride to her new home...” (Mzee Tuesday Okello)

“There is total declaration of whoever dies of AIDS. There is no more widow inheritance in my area as before.” (Nakiria Florence)

“I educate couples who intend to get married to go for testing before marrying. I have also organised meetings on how to look after orphans.” (Arikod John)

“The problem with widow inheritance is that it can kill all the boys in one home. Nowadays, the widow herself chooses an elderly man to help her. That elder man is not allowed to enter the widow’s house.” (An elder in Ongino)

“In my own experience, my son’s wife was very beautiful, but when my son died I objected to her being given out to another man because I knew my son had died of AIDS.” (A clan leader)

the deceased, unlike in the past where no one would mention the word 'AIDS'.

Changes in the practice of widow inheritance -

Previously once a man died, the clan would select a young clansman to remarry his widow, with or without her consent, resulting, in some cases, in the loss of many sons in one family. The practice of widow inheritance and polygamy were deeply entrenched and supported by both men and women. Clan leaders met in Ongino sub-county, for instance, said widow inheritance presented an opportunity for a young man to get a new wife, to acquire property and retain family and clan wealth. In addition, it offered security to the widow and orphans. (see box).

According to most of the elders we met in Ongino and Kanyum sub-counties, the practice of widow inheritance has reduced in their communities. Some widows also confirmed that widow inheritance has reduced and that clan leaders discourage such practice in their communities. Robinah Ekellot, an elderly woman in Kanyum sub-county thus shared: *"The trained clan leaders are more knowledgeable and listen to the concerns of widows more than those who are not trained. At burials, clan leaders declare the disease that has killed the man or wife in public so that people do not desire the widow/widower."* This is partly attributed to the clan leaders' openness about the disease and partly to raised awareness stemming from other initiatives that have enabled people to know their sero-status and make informed decisions. According to one elder, *"the biggest advantage is that most of the young men in the village have tested blood and should they wish to have relationships with young widows, they do so knowingly."*

Today, a widow may thus choose to remarry outside the clan or remain with her husband's family. Should a widow prefer someone outside the clan, she is allowed to marry him, provided he refunds the cows for the upkeep of the orphans, if they were not taken up in her new family. Should the widow choose to remain in the home, she may identify an elderly clansman to assist her but he will not enter her house or have a sexual relationship with her. As Imongit said, *"HIV-positive widows are now free to choose a new partner, go out and rent a place or remain within the home."*

Aspects of tradition and caring for the widow and orphans which are still perceived as important have thus been retained. Two clan leaders in

Ongino sub-county explained: *"In some instances, the deceased property and family are looked after by the grandparents or elders. The widow is free to remain in the home or she may choose to leave her children behind in search of work and return later - the property will be kept for the family."* In addition, contrary to the past when widows were at the receiving end of the clan leaders' decision, some widows today work with them to educate other widows on condom use and to avoid unnecessary sex.

Widow inheritance has been influenced by other factors too: the man's family nowadays often resists marriage to a widow because she may be infected with HIV, dowry can no longer be reclaimed as easily as before and land is often inherited by the orphans only. According to some of the elders met, bride price is no longer set very high because Government is discouraging the recovery of dowry, which should be treated as a gift and not payment for a wife. A potential new husband is therefore cautioned by the elders to make sure that he has enough land to provide for his own children.

Other behavioural change - According to the clan leaders of Kanyum, the first thing is to test blood before having a relationship with a widow. *"Nowadays, people are open and talk about the cause of death. It is only the ones who are both positive who can agree to stay together in a relationship. Widows are becoming open about what has killed their husbands."* This allows the man and widow to decide whether to marry or not. Sometimes HIV-positive widowers in the community convince widows to stay with them, so that both can take care of the orphans. The clan leaders were said to convince widows to go for voluntary testing and counselling: *"Many widows are young and wish to remarry, and with sensitisation they go for testing. They also register with widows associations and are open about their status."*

Clan leaders are also influencing other attitudes in their communities, including checking one's HIV/AIDS status before marriage. After the training, clan leaders in Ongino sub-county for instance reported that they began sensitising their clansmen and women - especially the youth - about the dangers of AIDS and the need to use condoms if they must have sex. They also approached religious leaders to allow condom use as a preventive measure, especially amongst the youth.

Challenges and recommendations

Partial sensitisation - In communities where elders and clan leaders were not sensitised about the dangers of HIV/AIDS, the practice of widow inheritance continues and the youth persist in their belief that they should inherit their late brother's wife. Some of the trained clan leaders have tried to sensitise their untrained counterparts, but with limited success as they are not supported to work beyond their respective communities. They depend on social occasions that bring clan leaders together to share information.

Clan leaders who have not been sensitised therefore also need to be helped to appreciate the impact of widow inheritance on the spread of HIV/AIDS, while AIDS support organisations should facilitate fora where clan leaders and elders can reflect on their role in addressing development challenges such as HIV/AIDS, share their successes and challenges, and encourage peer learning.

Lack of updated information and follow-up – Since the training took place, clan leaders have not been provided with further, up-to-date information and follow-up, and are therefore currently unable to respond effectively when consulted on appropriate treatment, the management of alcoholic HIV/AIDS patients, understanding discordant couples, and dealing with traditional medicine, especially where incisions were part of the treatment. The benefits of training clan leaders and elders is then limited in scope and relevance.

Local Government should therefore promote follow-up for this initiative which, while proved effective, requires consistent, long-term assistance. AIDS support organisations and other development partners should also target clan leaders and elders in their information dissemination strategies. More broadly, as they are often a trusted point of reference in community, linkages between clan leaders, traditional institutions and relevant AIDS support organisations are needed to ensure that changes in attitude and behaviour are sustained, and that there is consistent technical support for counselling, testing and treatment.

Conclusions

Cultural practices are collectively owned and people may benefit from them in different ways, they may be oppressed or not appreciate them. Clan leaders help to enforce such practices, including deciding the fate of widows. They influence their community's worldview and, if not exposed to present day challenges, base their conviction and decisions on tradition, without appreciating the implications this may have in the current environment.

Although other factors, such as public sensitisation, have been at play, Kumi Local Government has been able to influence the practice of widow inheritance by training clan leaders and elders, who are considered a source of knowledge and regularly consulted in communities. With openness, acceptance of HIV/AIDS as a problem in their midst and widow inheritance as aggravating this problem, cultural leaders became instrumental in modifying the practice. Most of the clan leaders interviewed confirmed less widow inheritance in their communities and highlighted their own active engagement in disseminating HIV/AIDS messages. Widows who previously had no say in the matter of inheritance are now able to consult and work with clan leaders to discourage the practice. The effectiveness of this initiative has however been curtailed by partial coverage in the district and lack of follow-up: this limits its sustainability, as well as further reflection on other cultural practices, such as polygamy, which could similarly be tackled.

Kumi's experience shows that development approaches should be appreciative and sensitive to cultural practices. The role of clan and other cultural leaders therefore needs strengthening, co-opting them as resource persons and ensuring that cultural values, including their positive aspects, are well understood. To spearhead the necessary changes, clan leaders and elders need to be involved in discussions on community challenges, to provide an analysis from a cultural standpoint, and to reflect on any implications. In Kumi, by re-inventing the practice of widow inheritance, HIV/AIDS has been better kept at bay, while retaining its social protection and cultural value, thus using cultural resources to help address a grave development challenge in a sustainable manner.

4. Using a cultural approach to protect children and widows' property rights in Teso

Vision
TERUDO's
experience

Our culture is often seen as in a negative light whenever the HIV crisis is mentioned, but it can also be used to good effect. This case study shares the experience of Vision TERUDO in Eastern Uganda in working with cultural leaders to enhance children and women's rights, especially their property rights. This case study is meant to help development workers appreciate the positive traits of culture in the development process, especially the potential culture can play in supporting the poor and disempowered, affected by one of the worst crisis the region has known.

Crises in Teso

Teso has in recent times experienced several crises that have led to widespread insecurity, economic distortions, and damage to the cultural fabric of the community. One of these has especially worsened children's and widows' rights: a high rate HIV incidence, fostered by insecurity, encampment, the presence of armed personnel and, more recently, the conflict with the Lord's Resistance Army - LRA. Whereas the national rate of sero-prevalence has over the years declined to 6.2%, in the camps for displaced people in Teso HIV/AIDS prevalence was estimated at up to 25%. Besides, because of widespread insecurity, Teso also lagged behind the rest of the country in terms of access to HIV-related information, health services and other preventive measures.

Summary



The experience of the NGO, Vision TERUDO

(VT), highlights the need to tap the potential of culture in supporting the poor and less empowered members of our society, especially when confronted by a major crisis, such as the one stemming from the HIV/AIDS pandemic.

VT's experience shows how the positive aspects of the local culture were tapped to help reach and transform the lives of the less privileged, especially widows and orphans. This was achieved, in particular, by training and involving clan and other cultural leaders to develop bye-laws and engage themselves actively in the protection of orphans' and widows' rights.

VT feels that, while its 'cultural approach' is context-specific, an important lesson is that development approaches and practices need to consider the culture and cultural leadership of a locality in the formulation, implementation and evaluation of projects or programmes. This is essential to ensure the sustainability. VT's experience indicates a need for further research in this respect, and a need to review existing development strategies to cater for the cultural context of the community that any intervention is planned for.



VT aims at ensuring that children's rights are protected

Insecurity has been part of daily life in Teso for many years: for a start, cattle raiding from neighbouring Karamoja has affected many communities in the last two decades, especially since the economy of Teso had depended on cattle for capital accumulation, agricultural production and it constituted an important source of community wealth. Insurgency also engulfed the region in the late 1980s when the local people took up arms to fight the government. With worsening security, with 80 % of the population was eventually forced to move into “protected” camps or to other districts. People only felt secure enough to return to their homes in 1993. Later, in 2003, the LRA inversion in Teso aggravated the situation, with rebels killing indiscriminately, abducting children and again displacing many people into squalid camps.

With so many Iteso in congested camps, normal ways of life were disrupted. Health status plummeted, children stopped going to school and promiscuity spread in this alien environment, where people found themselves against their will. The insurgency and HIV/AIDS resulted into loss of life and increased numbers of widows and orphans. Some destitute children were left in the care of grandparents, and a 2000 study enumerated 1238 child-headed households in Kumi District, a completely new and growing phenomenon.

Insecurity and displacement also compromised economic self-sufficiency, forcing families to rely on food aid and other handouts. While this might have helped people to survive, it undermined their sense of dignity and entrepreneurship. An attitude of dependency emerged and, when people eventually returned to their villages, they took sometime to rebuild their assets. This was far from Teso’s tradition as an agrarian self-sufficient community, where households grow crops and rear animals on their communal land.

Another consequence of population displacement was the erosion of the extended family system. People found themselves isolated from traditional forms of social solidarity and an important dimension of their identity was taken away. Cultural norms and values were disrupted in other ways too: in Teso communities, the strength of the clan is based on its economic power (bride wealth from their married daughters) and men’s physical fitness, while the cultural foundation lies in religious practices and social protection mechanisms (such as *ekodet* - the youth or energetic people who give protection to a community).

With insecurity, cultural taboos and practices were undermined: sharing facilities (even the same roof), for instance with one’s in-laws, early marriages (prompted by a desire to ‘sell’ daughters for income), and the rise of individualism that replaced old systems of solidarity and sharing. Teso culture is also male-dominated: men have most power, access and ownership of resources for and on behalf of the community, yet male cultural leaders saw their prestige and responsibilities diminish and their decisions not respected (“*kowen ekingok*” – “tie the dog”, it was said: you have no authority to disclose any information, however degrading to human dignity it could be).

Abuse of widow’s and orphans’ property rights

Traditionally, women had no right to own (and thus inherit) property because they were themselves considered men’s property, with many assets, including land, owned communally. In the event of a father’s death, the clan had the right to distribute and find a suitable guardian for the ‘property’, including widow and children. This led to widespread abuses, even before the insurgency: land ‘grabbing’, inheritance of widows, child neglect, exclusion from decisions,

Insurgency and a declining traditional justice system

In Moru Kakise, Mukura sub-county, Mzee Eluga Levi recalls how, the traditional social justice system almost came to a halt at the time of the insurgency because the cultural norms were no longer in use, and cultural taboos were undermined. Mzee Eluga observes that settling conflicts within families and clans was also compromised for fear of being victimised. Thus, in case one tried to discipline an ‘unruly’ wife, she would inform the rebels and they would come and torture or even kill you.

Clans could not assemble to settle grievances because any such meeting would either be mistaken as collaboration with government or with the rebels. Likewise, parents found it hard to keep peace and order within their homes. It was common for children to disobey adults towards whom they had little respect. This partially explains the growth in cases of indiscipline and social disobedience during the insurgency.

The effects of this breakdown included lack of respects for the elderly. As the communities’ social justice system decayed, the power and authority of the elders declined and a drift between them and the young set in.

denial of certain foods, and a degrading initiation ceremony into the husband's clan, involving nudity and other forms of harassment. Men also took a large share of the bride price, as a daughter married. The only areas where adult women thrived and derived respect were teaching cultural values and taboos (*etaŋ*), traditional healing, foretelling, and bringing up children.

As a result of insecurity, abuse of widows and orphans increased: child labour, early marriages and property grabbing intensified because of the worsening economic situation; children's rights, such as access to education, and ownership of property, deteriorated as social norms and protection measures weakened.

To understand the context of VT's cultural approach, it is also useful to consider that, in Teso, a 'traditional' and an 'official' legal systems co-exist. On the one hand, belonging to a clan is a central way in which people identify themselves and define their rights and responsibilities. Even today, these are vested in the clan, in spite of the challenges and insecurity described above. In the traditional system, clan leaders play an important role in handling disputes, with an emphasis on resolving problems, rather than punishing culprits.

Alongside the traditional legal system, the official system manifests itself through the Local Councils (LCs), the Police, the Magistrate Courts and the Chiefs. It is a system perceived locally as constrained by bureaucracy, delays, costs, corruption, and a lack of legitimacy in areas that have identified themselves with the political opposition. Within the official system, abuse of property rights is first handled by the LCs at the sub-county, then by district authorities and the lands tribunal.

VT's path to a cultural approach

Vision TERUDO is a registered NGO founded in 1982 by a group of local people concerned about the prevalence of poverty in Teso after the fall of Amin's regime. Today VT is one of the major local NGOs in Eastern Uganda, with a mission to "Enable Teso's rural poor enjoy their fundamental human rights and participate in the development process".

From the start, VT has been at the forefront of the fight against poverty in the region, initially through welfare and child sponsorship in selected

Advantages of the 'clan system'

According to Michael Isenged, the clan leader of Kobwin, Opot parish, his community trusts the cultural approach and the 'clan system', rather than the government local council system, because of its advantages in dispute settlement:

It is cheap to run, there is no court fee to be paid by the affected person: the LC system could not offer justice to orphans who are unable to pay fees for the case to be heard.

It is not vulnerable to bribery, as in the LC system, because of the involvement of different actors in decision-making, including the church and local government. The court members themselves are beneficiaries, since it aims at reconciliation not compensation.

The clan system has become trusted in arbitration of disputes with regard to land because the entire clan can mount pressure on the culprit of the abuse, without outside pressure.

communities. VT was then delivering services through an integrated model that involved health, education and agriculture activities. This included the provision of scholastic materials, building schools, providing relief, and the construction and renovation of shallow wells.

VT eventually found several constraints with this approach: while it addressed the needs of the community to some extent, it resulted in dependency creating, non-sustainable interventions, with limited participation in decision-making, especially decisions on solutions to local needs. In addition, the property and other economic rights of vulnerable groups, such as women and orphans, were not easily addressed, leading to discrimination and injustice because the needs and challenges facing the vulnerable needed special attention. For example, all food security projects mainly focused on men, whereas women were in most cases the custodians of food in the household. Further, accountability rested on the service providers, and communities could not hold them accountable.

These limitations led to the adoption of a 'Rights-based Approach' (RBA) in 2003. Instead of a situation where the choice of intervention and accountability rested with VT, this viewed poverty eradication as only possible when all stakeholders are aware of their rights, can demand and protect them, while the duty bearers take responsibility

to fulfil them. Thus, parents are duty bearers at household level; the clan and community are at village level, while government and other agencies are duty bearers at national and regional level.

Despite this change, poverty and abuse of human rights continued to increase. VT faced several challenges: first, interventions tended to target the abused, rather than the abusers: the vulnerable therefore continued to have their rights violated. Reflecting this, the RBA focused on what people could get, rather than what they could do, hence limiting their participation to demanding and complaining. Secondly, the community attitude towards women remained negative: they continued to suffer marginalisation, especially in terms of access, control and ownership of resources. In addition, given the strong cultural values built over time, women felt inferior and could not demand and defend their rights (in terms of maternal health, sex, labour, education, and property, including land and farm proceeds).

This alerted VT that the RBA was unhelpful in addressing the root causes of the abuses that were encountered: there was a focus on criminalising the child abuser without tracing the causes, such as early marriages and sexual abuse, driven by the cultural value attached to cows. Similarly, the approach did not address the roots of gender imbalance (such as boys favoured to access education and own property). Also, the RBA focused on punishment, rather than reconciliation: whereas, for instance, adultery in rural Teso is resolved through reconciliation and compensation, the RBA mainly deals with punishing the offenders.

It was back to the drawing board. In 2005, VT adopted a 'cultural approach': realising that imbalances in its interventions were caused by cultural limitations, VT decided to seek opportunities where culture could also positively contribute to its development initiatives.

This was informed by the shortcomings described above, as well as by a study it conducted in 2003. This showed that one of priority area to be addressed was protecting widows and children from abuse, exploitation, having their assets grabbed and forcing girls into early marriages, motivated by relatives benefiting from dowries. In the course of their work, VT staff had also found that there were many cases reported to the police, the sub-county administration and to the LCs, related to assault, defilement and other forms of domestic violence, and property grabbing from

orphans and widows, but with little conclusive action taken. Children and women, unable to pay the court fee, were often not given justice in matters of access and ownership of resources. The mechanism to follow up such cases to higher authorities failed, as the perpetrators (mostly men) were able to have the case file cases changed or abandoned with a bribe. With men buying their way out of trouble, a spirit of revenge was fostered and women alone could not keep following up these cases with the police. The study indicated the need to have systems and procedures which reduce corruption, if children in child-headed households were to be encouraged to seek justice.

What does VT's cultural approach involve?

Teso society attaches cultural values to all aspects of life, including decision making, definition of roles, control of resources, and dispensation of justice. VT's cultural approach therefore had to recognise that culture forms part of a societal framework and that it plays a key role in all aspects of human development, especially poverty alleviation.

A first step for VT was to identify constraints and limitations brought about by cultural practices. Thus, the organisation at least ensured that its activities did not clash with cultural values: no community work was, for instance, to be carried out during burials, marriages ceremonies and festivals.

Teso culture respects the opinion of elders because of their social status, experience and knowledge in a community. VT thus had to involve cultural leaders, elders, clan and religious leaders in project formulation, implementation and monitoring, whether this involved care and protection of vulnerable children, or the establishment of community structures. VT convened a series of community dialogues and seminars with local government officials and clan leaders in different locations within its programme area. These helped communities, especially men, to re-think, adjust and re-develop appropriate ways to distribute community resources and protect disadvantaged people. These meetings discussed the local culture, its limitations and its diversity; and jointly identified solutions to any constraint. In the process, the clan leadership better recognised that their wives, women in the community, provide the backbone of household

Assets safeguarded through a clan leader's action

Christine Ichulu, now aged 15, heads her household and was linked to VT. in 2005-2007. She narrates:

"When both my parents died of AIDS in 2000, life became hard. We could not get school fees; sometime there was no money to buy soap, sugar or salt. The day my father was buried, our uncle was entrusted with all property and he also supported us. But this was for a short time: he disappeared as soon as he got the full control of our parents' property. I dropped out of school because my uniform became old and torn, I did not have books and other requirements. For food, I was forced to leave home and go to the trading centre to work as a baby sitter. My bother also left home and went to Tororo where he grazed cattle for a man. Our home was deserted and began collapsing.

"When I was in Mukura, some old men came looking for me. The clan leader helped us to reclaim our land and helped plant the boundary trees for the piece of land that we own today.

"This support helped me to forget the effects AIDS left in our home. I am happy that VT has helped elders recognise their role and support orphans in the community. The groundnuts on our land are doing well, and we get about Shs. 70,000 from each of the 5 or 6 bags we harvest per season".



A clan leader outlines his responsibilities towards widows and orphans.

management; they were thus encouraged to reduce inequality in resource distribution and ownership and other forms of injustice.

After sensitisation on their traditional role of protecting and promoting women and children's rights, especially those of disadvantaged groups, such as orphans, widows and people with a disability, clan leaders joined a committee. A framework for handling disputes and protection of rights was also developed, bringing together the local council byelaws that involve compensation, and the clan dispute resolution system, which focuses on rehabilitation and reconciliation. The clan leaders thus became more active co-managers and protectors of the rights of vulnerable people. They were strengthened by the involvement of the church and the LCs in the arbitration of cases related to allocating resources. Later, this system became a kind of 'community police force' to protect the rights of orphans and women. Some clan leaders also joined Human Rights Advocacy teams, community groups that educate and advocate for the rights of the vulnerable, through sensitisation meetings and calling upon the police to help address crime prevention issues.

Thanks to this intervention, there have been fewer incidences of property grabbing, forceful inheritance of widows and other forms of domestic violence. Many cases have received redress and those which were of a criminal nature (such as rape and defilement) referred to the police. Many men and women have also been encouraged to write wills so that, in the event of death, the family are not left in confusion. It has also become easier to handle cases right from the community courts presided by the clan leaders. This has offered opportunities for fair justice: the local fine for adultery, for instance, is corporal punishment plus payment of cow(s), yet the legal fine for this is only U.shs. 200. Similarly, children belong to a family but, in matters of land and protection from injustice, clan leaders, church and local government officials are called upon. A child, for instance, cannot be married by a parent without the approval of the clan leader and the consent of the LCs, while the church cannot allow the wedding of an under-age youth. Some committees have also helped in settling widows and orphans in the community with a fair distribution of the estate, and they have developed bye-laws to govern the conduct of orphans and their care takers, such as prohibiting

them from selling land or other property of the family of the deceased without the consent of the clan leaders.

VT's project design also changed from a child sponsorship programme, with a focus on providing children with the opportunity for basic education and home support, to a 'Community-based Education Intervention', recognising that the child is an integral part of the community and the community must provide support, care, education and psycho-social development to "its" children. In this approach, therefore, disadvantaged women and children are supported through the community structures and support channelled through this structure (including next of kin, clan leaders, religious leaders, as well as the LCs).

To counter oppressive cultural tendencies towards women, VT took affirmative actions to involve women in community affairs and leadership. They were trained to develop plans, and how to approach local leaders in the manner reminiscent of the clan law, code of conduct and values, rather than in 'conventional' human rights demand approach. Thus, the values of the Iteso require women to ask in low tones and to use an elderly woman as spokesperson, not demanding equal status, but request for permission and space, using the clan leader to advocate for an infringed right. This approach helped to bring on board the concerns of women because they were no longer merely agitating for their rights: they influenced those who held the wheels of decision-making in the community. Women also became role models in the community, as with Opot Atamakisi women's group in one of VT's project areas, that started a local orphanage. This challenged the men to support women in their desire to help all vulnerable members of the community: men began mobilising fellow men to provide resources to support the children.

VT's approach has however not been without challenges: the circumstances surrounding children and women in some communities are such that cultural values have compromised action: when women sought support from the cultural leaders, they also received negative answers. Men can take time to understand the

reason for these demands, in spite of lengthy sensitisation and dialogue. Nevertheless, women can then begin to offer support to fellow women and oppressed orphans. This solidarity among women can lead men to shoulder their responsibilities for children and to approach their fellow men to refrain from any oppressive action, helped in this by the unity exhibited by the clan leader and LCs to cause pressure in the entire community to observe the rights of the vulnerable.

Learning points

VT's experience suggests that development practitioners need to research the cultural context of communities they intervene in, before any project is implemented. What we see in participatory rural appraisals, for instance, may not indicate the extent of intangibles, such as spirituality, knowledge and justice systems in a given community. Existing development strategies may similarly need review to cater for the cultural context of the community where implementation is taking place. The cultural leadership of a locality also needs to be considered in the formulation, implementation and evaluation of projects or programmes. It is when the cultural leadership embraces a project that it will be sustainable, especially in the application of any culturally-aware and rights-based development approach.

VT learnt that the methodology employed in reaching a development goal differs from culture to culture. One approach rarely works in all societies: the UN Declaration on Human Rights has been greeted with different interpretations and perceptions. It therefore had to adapt its human right education work to the local social and cultural context. This experience thus also highlights limitations of the RBA: a cultural approach encourages a collective vision in community work, rather than the individualism that is often espoused by the RBA and service delivery approaches. Further, the local culture attaches value to reconciliation, while other externally-inspired approaches may put more emphasis on prosecution and punishment.

5. Our traditional foods: helping to confront the HIV/AIDS crisis

The experience of the Plants and Health Project, Apac

Our culture is often perceived negatively in relation to the HIV crisis, such as when traditional medicine is invariably seen to interfere with the administration of 'modern' medication. Yet our cultural resources have in some instances been used to good effect in the fight against HIV/AIDS and its consequences. One example is the Plants and Health Project (PHP) in Apac district, which has promoted traditional foods to restore health and prolong the lives of people living with AIDS. These pages are meant to help AIDS support organisations and our policy makers recognise traditional food as an affordable and sustainable option to enhanced health.

What food do we eat?

Prior to the colonial era, PHP research shows, most local people did not fry their food and used herbal remedies to address their health challenges, which often contributed to healthier living than is the case today. Herbalists provided the main source of knowledge on plants to be processed for food and medicine, and until now, we are told, *"You can never know about herbs and traditional foods without contacting the old people and the herbalists"*.

With colonialism, people's tastes changed: Ugandans imitated missionaries and colonial officials, who were considered sophisticated. They abandoned their customs and adopted western medicine, cooking style and eating habits. Christians shied away from publicly admitting that they used traditional medicine, now described as pagan and primitive. Songs were composed to praise women who could cook in the "modern" way, and ridicule those who did not. One such song even describes *Alumasi*, a woman whose marriage ended in divorce because of her inability to fry food. Patients who continued to take traditional herbal medicine were also discouraged by 'modern' medical practitioners, as it was not part of 'scientific' medical study and did not meet 'acceptable' validation and

Summary

Plants and Health Project (PHP), a small organisation that reflected on the deteriorating health of people in its locality, addressed this issue by using traditional food and herbal medicine. Five community-based organisations, involved in food processing, agro-forestry, and herbal medicine, joined PHP and combined their expertise to address different aspects of health.

When HIV/AIDS emerged as a pressing concern within the community, PHP directed some of its efforts to the nutritional needs of people living with AIDS to restore their productivity and prolong life. Community members were trained in processing and preparation of traditional foods, especially those with high nutritional value. Using locally available and familiar traditional food, combined with traditional herbal medicine, has proved an affordable and sustainable way to help people living with AIDS address some of their medicinal and nutritional challenges.



PHP members discussing the medicinal value of local plants

packaging standards. Changes in the economy and access to money facilitated this new lifestyle. With these shifts, however, came poorer health, as diseases common to the western world, such as hypertension and diabetes, began to emerge, according to PHP, even in local rural communities.

The Plants and Health Project

PHP started in 2002 as a local non-profit organisation, to restore an appreciation of traditional foods in Apac. Emphasis is placed on training PHP members to identify nutritious traditional foods and process them, using organic plants and minimal preservatives. The founder, Moses Olum, a student of botany, biology and chemistry, had learnt at an early age to appreciate the value of traditional food as nutritious and prolonging life: *“My uncle is 99 years old, still rides a bicycle and is even in the process of building a shop – all thanks to using local foods. There are other people around here – especially vegetarians - who have lived healthily to a ripe old age”.*

PHP promotes African foods and their use in *“maintaining and repairing cells”* and in dealing with the nutritional *“root causes”* of diseases (as opposed to the more symptomatic approach used by Western medicine). Until recently, little was known among the general public about the medicinal value of local vegetables and other plants, such as Neem, Moringa and Aloe Vera. According to PHP, Moringa and *dodo* are effective against diabetes and high blood pressure, while fruit wine can be used as a medication against ulcers and heartburn. PHP also borrows from western technology, such as for biscuit and cake making, but uses local ingredients with nutritional and medicinal values, to make products such as Moringa cake, and vegetable and fruit juices.

PHP works to build the capacity of communities to identify and process locally available plants and better manage their health in a sustainable manner. Through workshops, practical demonstration and radio programmes, local people have learnt the value of these plants and are able to use them in their food preparations. For the past year, PHP has thus produced a radio programme on science and technology, during which listeners are trained to process herbal remedies. The call-in show allows the public to give its testimonies on how remedies have worked or to seek further guidance. As one told us: *“Before, we used to see fruits falling from trees and rotting without knowing their value to our health.”*

Reviving the use of traditional vegetables

PHP promotes the use of vegetables, some of which had long been discarded by local communities. Through training, nutritious but fast disappearing vegetables are being restored. These include:

- Apuruku (vegetable growing under large trees, but disappearing with them, rich in vitamin A)
- Ocuga (bitter fruit used to make juice, whose leaves can also be used to bring back appetite).
- Alayo (vegetable, still known to very old women, appetiser and high in protein content)
- Alodi (close to simsim)
- Amola (close to simsim; can be cooked as a biscuit. Originally important at wedding ceremonies, which could hardly be concluded if it was not produced).
- Kongamor (large underground bulb, medicinal plant for ulcers)
- Opelle, Acwicha, Dibacom, Alai, and Cwewangwewo



A traditional vegetable dish

But it is by training groups that PHP mainly works. So far, 22 groups in the three neighbouring districts (with a membership ranging from 25 to 200 men and women) have been trained. PHP groups are selected if members show interest in acquiring skills to improve their personal and family health, and to offer services to their immediate communities. *Opur Oyele Association of Traditional Healers*, for instance, is considered one of PHP's 'star' groups and has attracted support from other NGOs and Government. The group and its sub-groups, which started in 2002, focus on communal work, with a focus on environmental protection, fighting poverty and children's welfare.

Group training reflects knowledge from various sources, including older people and herbalists, and combines modern processing technology. PHP trainers are sometimes accompanied by

Testimonies

- **Mary Akara's** son kept falling ill despite home treatment, until hospital diagnosis revealed his HIV positive status, as well as Mary's. Both now take septrin, which has helped but, training with her group, Mary also learnt how to prepare nutritious food for herself and her son and she feels their health has improved. She learnt to mix bitter vegetables with simsim, fish, milk, tomatoes and cabbage to make them more palatable to her young son. With PHP's support, she has been encouraged to eat fruit and taught how to make juice from paw-paws, oranges, and passion fruit. Mary is new in the group and is yet to learn how to establish a backyard vegetable garden, to sun-dry vegetables for use when they are out of season, and to process mosquito repellent from local herbs.
- When **Lucy Ekit** started feeling unwell, she visited a traditional healer. With no improvement, he advised her to go for testing and Lucy was found to be HIV positive. She was put on ARVs but these had adverse side effects. Her group advised her to improve her diet, including eating traditional vegetables (malakwang and okony reto). Previously, she ate once a day but now eats four to five small meals, with ingredients that are easily accessible from her home garden. She feels that her health and energy have improved because of her diet: *"Before I could not sit for a long time because my bones would ache, but now I am able to sit and attend meetings, I can dig and even ride a bicycle."*
- **Janet Akello** is HIV/AIDS positive and suffered from severe heart burn, chest pain, itching and blisters all over her body, even on her palms and soles. Medicines did not help and she thought she was close to death. She took vegetable juice (extracted from Boyo, Moringa, Abugga and others) for 3 months. This was combined with 1 spoonful of wine (also produced by PHP) taken with food and juice from oranges and pineapples. Janet has seen her health improve – the pain in the chest has gone, the itching has stopped and she now uses herbal medicated soap to clear the scars on her body.

Preparing a local bean paste in Apac



resource persons invited from other organisations to facilitate sessions. The course attracts people of all ages and educational backgrounds.

Generally, training takes place 1 week out of 3, with one week at the PHP premises, followed by 2 at home to apply what has been learnt. It takes 10 months, spread over a 2-year period, during which participants determine many topics of study, depending on common needs. Generally, in addition to hygiene, agro-forestry, horticulture, environment conservation, and establishing herbal gardens, group members are trained on the nutritional value of different traditional vegetables and foods, how to process them and how to benefit most from them to address disease and restore normal body functions. *Abongomola Traditional Healers' Association's* 25 men and women members, for instance, come together to be trained in food processing and juice making (from vegetables, pineapple, mangoes and oranges). They are also trained to make moringa cakes and to prepare local dishes - bhoo and malakwang, which are bitter but nutritious vegetables. They learn new ways of mixing foods, such as soya beans, millet, rice and bitter vegetables to make them more palatable, especially for children and people living with AIDS. Emphasis is placed on only using organic products. Making fruit and vegetable juice is popular, as well as bread loaves made from millet and sorghum, instead of wheat. After training, project members instruct others in their own communities.

Using nutrition to address HIV/AIDS

With the onset of AIDS, deaths increased in the region. The debilitating effects of the disease on people's health and the absence of sufficient (western) medical facilities pointed to a need not only for traditional medical alternatives, but also for nutritional solutions. Convinced of the value of traditional food and herbs, PHP carried out research to identify foods with high nutritional value and devised means of processing these in a form that was appealing to patients, especially those living with HIV/AIDS. They explored how bitter vegetables and other foods, rich in iron and other medicinal value, could be combined with others to make them more palatable, and how AIDS opportunistic diseases could be better managed.

Amongst PHP's partners, are groups of people living with AIDS that aim at tackling opportunistic

diseases through better nutrition and traditional medicines. The group members we met mentioned their inability to generate enough money to purchase mosquito nets, medicine and other medical services, because of poor health, as one of their greatest challenges. Gaining one's strength in order to work is therefore of utmost importance, and PHP's approach is affordable and sustainable, using available food resources to complement ARVs, and herbal medication for HIV/AIDS opportunistic diseases.

It is through such groups that PHP promotes a vegetable juice, using leaves that can easily be picked from a home garden, washed and squeezed without requiring prolonged preparation. Thus, 10 out of the 61 members living with AIDS at the Opur Oyele Association of Traditional Healers were trained to make juice under hygienic conditions at home. Juices include a thick mixture extracted from the leaves of neem tree, aloe vera, abugga, moringa and other vegetables mixed with water to make a nutritious mix which can be drunk with other medical prescriptions. Other forms of vegetable consumption are also promoted, *"We encourage people to consume vegetables as a main dish, not a side dish. Our groups sun dry and store vegetables that can be consumed during the dry season."* With support from the NGO THETA (a 2 year training input), the group chairperson is now also able to support a 61-member group of HIV-positive people, providing treatment, counselling and referrals to hospital, where necessary.

Some group members also make wine for home consumption. Small quantities of wine made from passion fruit, pineapple, jackfruit or tamarind are used to restore appetite. Mulondo (locally: orono), chilli, tomato juice (with vegetables and herbs) are also added to food as flavouring or appetiser. The consumption of porridge from millet, as opposed to maize or cassava is emphasised: *"Millet was our traditional food here, and sprinkling a vegetable powder on it makes it more nutritious"*. Patients also use herbal tea (with moringa powder or soya milk). Soya beans are used to make baghias, as a milk powder or mixed with dried vegetables, to make a product with a high protein content. In addition, PHP uses medicinal plants to make medicine for diarrhoea and cough, soap for skin rashes, and as a mosquito repellent.

What positive changes?

These initiatives have led to changes that can be noticed in three areas:

Improved health - PHP's work appears to enhance the health status of group members who are HIV-positive, as gauged from observation and patients' feedback (see boxes). Some are patients at Apac hospital who are encouraged to seek advice from PHP on their nutrition, and positive results have also been observed by the medical personnel. Edward Otim, PHP's deputy director, keeps records of these patients, whose status, according to him, is improving. Some have experienced reduced skin rash, chest pain, diarrhoea, heart burn, and improved energy and appetite. Juice, for instance, helps in controlling diarrhoea and loss of body weight. According to Florence Abila, who leads the Imaki Ocung Ikwan group, some members are HIV-positive and see their health improve with a better

Selling Moringa cake and fruit juice

Francis runs a hardware shop in Apac town, where he also sells juiced and Moringa cakes. His wife is a PHP trainee who taught him how to make the cakes. As we sat outside his shop, 6 customers came to buy cakes and juice.

Francis told us that cakes are both tasty and nutritious. He sells about 50 daily, at U.shs 100 each. The deep fried cakes are made of Moringa, eggs, milk, sugar, and baking flour and can last up to a week. But profit margins are small because the ingredients are expensive.

Juice is made from passion fruit, pineapple and lemon, and the concentrate can last 6 to 12 months. The juice is hygienically squeezed, boiled with sugar, kept in a cool place (refrigerated where possible) and only diluted to taste for sale on a daily basis. Juice is profitable because it only requires fruit and sugar and the concentrate can make many glasses, each sold at UGS.400. It is also used in the home, especially when children are unwell.



Exhibiting PHP products and manufacturing moringa cakes

diet; they are more regular at group meetings, their weight and skin complexion have improved. The fruit cocktail recipe (from which juice and wine are made), she says, alleviates ulcers. More generally, using locally available fruits has contributed to regular juice production and therefore to a sustained improvement in household diet and health.

Use of available resources – Trainees acquire skills in using vegetables and fruit that are easily applied, as most ingredients grow wild in the vicinity. People living with AIDS are thus able to prepare their own nutritious juice and improve their health. Members of Abongomola Traditional Healers' Association thus confirmed that, while it may sometimes be difficult for HIV-positive people to get all the ingredients to prepare some items (e.g. cakes), the bitter vegetables grow wild and are easy to harvest. The group has established a garden for vegetables and other nutritious foods, because of their medicinal properties. Some of these vegetables are solar dried for use during the dry season.

Profitability of nutritious foods - In addition to improved personal and family health, fruit and vegetables can be sold to generate income for the home. Patrick Opio, one of PHP's 32 trainers, says that techniques learnt have helped him "get richer" by selling juice. Helen Otim, another PHP group member, makes pineapple juice and moringa cakes which, she says, are much loved by customers. The juice sells at U.shs 300 to 400 a bottle and U.shs 100 for a moringa cake, although the latter are not profitable because they require expensive ingredients. At Opur Oyele, packaging has enabled the group to sell products, such as juice, at U.shs 5,000 per sealed bottle and U.shs 1,000 for an unsealed container.

Linkages with other institutions

There are few organisations offering the same resources as PHP to complement health services. THETA (Traditional and Modern Health Practitioners Together Against AIDS) works in the district but its coverage is limited. PHP however envisions a future with a stronger link between traditional medicine practitioners, with referrals to and from government health units. PHP also foresees widespread capacity building of traditional practitioners and improved herbal medicine, as is the case of complementary health services offered in other countries.

Collaboration with Apac Hospital

Apac hospital offers treatment of HIV/AIDS symptoms, such as frequent malaria, irritating and persistent cough, skin rash, appetite loss, diarrhoea, and weight and energy loss. While the hospital does not provide PHP with financial support, it has requested a regular supply of nutritious fruit and vegetable juice, with high chlorophyll content, as it is affordable and accessible to its patients.

Dr Ojok, the medical superintendent, observes that patients suffering from AIDS who have used PHP's product have registered a marked improvement in their physical condition - clearing symptoms, recovering energy, reversing persistent illnesses and showing signs of increased immunity (although the hospital does not have equipment to make CD4 counts to assess its extent). The patients also welcome not having the side effects associated with some of the 'modern' medications for the same ailments.

PHP also prescribes herbal medicine and nutrition for diabetic patients and significant improvement has also been observed here, possibly because, according to Dr Ojok, recent medical research indicates that HIV/AIDS and diabetes may be closely linked.

Dr Ojok recalls how knowledge on treating common diseases has been passed down generations. Eating vegetables was also commonplace, although the actual ingredients that have medicinal value are yet to be established. He however finds that PHP's support is hampered by its few staff and the limited supply of juice, highlighting the need to train more people in processing, harvesting and preserving ingredients. Juice brought in bulk is also problematic, as patients often have to provide their own containers to collect their prescription. It is hoped in future to process the juice into syrup or capsules that can be directly administered by the hospital staff, although there are currently no resources for this kind of investment.

PHP therefore works with various institutions to advance its agenda. This includes Apac Hospital, where some patients are referred to PHP and vice-versa to manage conditions such as diabetes, hypertension and HIV/AIDS opportunistic diseases. Africare, an international NGO, has also engaged PHP to participate in a 3-year programme to explore the supply chain, areas for capacity building, and to monitor the effects of medicinal plants and traditional foods on HIV/AIDS opportunistic diseases. PHP plans to share the outcomes of its work with the Ministry of Health (Natural Chemotherapeutic Research Laboratory), and THETA to validate and patent its herbal medicine and processed foods.

PHP is financially assisted by well-wishers in Denmark. Other supporters include the Mid-North

Private Sector Association that provides technical help in appropriate technology, the Pan-Afrikan Endogenous Knowledge Systems Network, whose focus is on an indigenous approach to health, and the National Organic Agricultural Movement of Uganda, which provides technical support in organic agriculture and marketing.

Challenges

PHP's work has not been without its challenges:

Monitoring patients and 'defaulters' - While PHP keeps records of herbal prescriptions given to patients and monitors their response to medication and food, neither the hospital nor PHP have the human resources and equipment to do this regularly. Further, patients who are on ARVs and take herbal medication may or may not take both consistently (especially when they feel better), making any evaluation of results uncertain.

Validation – The hospital and PHP also lack adequate testing equipment to assess and validate the food and herbal prescriptions given to patients. Neither does the hospital have the facility to monitor CD4 counts. The inability to identify exactly what aspects of a patient's health has improved, as a result of a particular diet or herbal remedy, curtails efforts to standardise and provide systematic therapy. Kampala is far from PHP in Apac, a further obstacle to validation and certification through the Ugandan National Bureau of Standards; this also prevents PHP from meeting the growing demand for its products.

Cost of ingredients and efforts needed – Some ingredients are not locally available (wheat flour, for example) and can be costly for those with limited income, such as people living with AIDS. Weak patients without caretakers may find it difficult to seek wild herbs. They may need additional support to establish herbal gardens and to sun dry vegetables for use during dry seasons. It also takes time to change people's feeding preferences, although three-monthly follow-ups by PHP and group members help households to change.

Lack of processing equipment – The preparation of vegetable and fruit juice, and of other products,

requires equipment, such as juice processors and solar driers. PHP avails non-locally available materials and equipment as part of an interest-free revolving fund, but the long-term sustainability of such support to its group members is uncertain. Some products are not easily produced in bulk by households because of the expenses involved. With the limited number of trained processors, this is another reason for PHP's occasional inability to meet the demand, while lack of packaging equipment forces customers and patients to use whatever containers they can find. Resources to turn the vegetable and fruit juice into capsules and syrup is also currently missing.

Conclusions

PHP has revived an interest in traditional and nutritious fruit, vegetables and other foods. It has helped to enhance their value by using modern technology to produce and preserve them for improved health. Patients, including HIV-positive patients and medical personnel at the local hospital, have testified that such traditional vegetable and fruit juices have improved health, energy levels and a sense of well-being, without the negative side effects experienced when taking some of the 'modern' medicine for the same ailments.

Community members have acquired skills and an alternative source of income in preparing traditional foods, thus contributing to income, self-sufficiency, as well as health. The vegetable and fruit juices are convenient for HIV/AIDS positive and other patients to prepare because most of them are readily available either growing wild or grown in the backyard of homes.

While PHP faces a number of challenges, including insufficient monitoring, the high costs of some inputs, and the need for validation and calibration, PHP's experience points towards a need for development and health practitioners to support local communities identify, revive and capitalise on the use of locally available traditional foods to enhance health and strengthen immunity in relation to HIV. Such renewed appreciation may well be sustained, not only because such foods are accessible and affordable, but because they are also part of the local culture, and help address prevalent development challenges.

6. Peer learning for traditional health practitioners to combat HIV/AIDS

The experience of PROMETRA-Uganda

'Traditional' or 'modern' care?

Culture strongly influences the way we see the world and respond to its challenges. In Uganda, many people are supported by traditional faith to inform the realms of medicine, healing, and divination, especially at times of sickness, death, and other misfortune. People infected and affected by HIV/AIDS therefore often look to traditional medicine and counselling to address their challenges, despite the availability of 'modern' medical services. It has been estimated that 60% of Ugandans use traditional health practitioners' services: arguably, the health sector has therefore been sustained by traditional birth attendants, herbalists and counsellors/diviners, although their role is often dismissed in 'modern' medicine.

This led to the formation in Uganda of PROMETRA (Promotion for Traditional Medicine) in 2001, as one of 23 affiliates across the world. PROMETRA, a locally registered NGO, promotes traditional medical knowledge and indigenous science for improved health, building on complementarities with Western-based health practices. This involves bringing traditional practitioners together to strengthen their capacity, preserving medicinal plant resources, and influencing policy on traditional medicine. PROMETRA also seeks to improve the public understanding of traditional medicinal science and its practice, and to improve the quality and meaning of life for people living with AIDS.

These pages examine how PROMETRA-Uganda facilitates learning by health practitioners, using traditional knowledge and skills as a resource that local communities understand and benefit from, rather than viewing them as a barrier in the fight against HIV/AIDS.

Learning in the forest

PROMETRA established a 100-acre training, research and treatment centre in a natural forest at

Summary

This case describes PROMETRA-Uganda's work with traditional medicine practitioners to enhance and standardise their knowledge and skills, and effectively address health challenges, with a focus on HIV/AIDS opportunistic diseases. Traditional medicine practitioners include herbalists, traditional birth attendants, and spiritual healers.

PROMETRA provides a unique opportunity for traditional practitioners to share knowledge, improve their practice and to broaden their perceptions. This helps them to deepen their understanding of traditional medicine, their role in supporting the health sector and the benefits of collaborating with modern medicine practitioners, as opposed to working in isolation. It also helps to inform perceptions about traditional medicine and practitioners as cultural resources rather than threats to public health.

Traditional medicine is important to a large percentage of our population, including with regard HIV/AIDS. It is therefore necessary to establish what aspects of traditional medicine are relevant and effective, and to invest in harmonising positive elements in mainstream medical practice. With PROMETRA's support, traditional health practitioners offer a valuable and accessible resource to communities, where modern medical facilities and support are not available. This points to a need to recognise this contribution, and to facilitate the growth of traditional health practices and products. In particular, the Traditional and Complementary policy needs to be finalised and approved to facilitate collaboration, funding, validation and development of traditional medicinal products.



PROMETRA's peer learning takes place in a forest at Buyijja



Networking and sharing are important aspects of PROMETRA's work.

Buyijja, Mpigi district, in 2001. The centre counts 1,700 species of medicinal plants and provides a learning environment for traditional practitioners.

Every Wednesday, for three years, about two hundred traditional health practitioners converge at the centre for Self-Proficiency Training. In Year 1, trainees study the advantages and drawbacks of herbal medicine and how to identify, plant, harvest, and conserve 320 trees and grasses, each with their medicinal, nutritional and spiritual value. In Class 2, forty different diseases, their causes, symptoms, and remedies are studied. Trainees learn how to prepare herbal medicine, and how to use the environment sustainably. Reproductive health, palliative care, family planning, counselling, record keeping and referral are also covered. Practitioners are encouraged to plant trees and establish individual herbal gardens at home. In Class 3, they specialise as Traditional Birth Attendants, Herbalists, Bone-setters, Mental Healers, or Spiritualists. Palliative care, cultural beliefs in relation to illness, HIV/AIDS (signs, symptoms and traditional counselling), human rights, and leadership skills are addressed in all classes.

Peer learning is emphasised and a trained facilitator guides the discussions. Less literate practitioners often sit next to their other colleagues for support in note taking. Peer learning helps individual traditional healers to address the challenges they may have faced on their own. By broadening their knowledge, they are able to provide better services (meeting basic medical standards in terms of hygiene, sanitation and administration of medicine) than untrained practitioners. The documentation of illnesses

PROMETRA's work

Capacity-building: PROMETRA's structured peer learning amongst traditional practitioners, with pharmacology and other university students, and with NGOs and local and international research institutions has strengthened the sustainability of practitioners' work in the community, has increased public understanding of traditional medicine, and has contributed to the Department of Indigenous Knowledge at Nkozi's Martyrs University. To date, 1000 traditional practitioners have been trained and 500 issued with certificates.

Community exchanges: 'community to community' visits and workshops on traditional medicine have highlighted the cultural role of healers as flag bearers of Africa's cultural heritage. Participants train others in their communities and incorporate aspects learnt in their practice. Poor healing practices have also been identified and denounced, and in the process improved the image of traditional medicine locally and nationally.

National and international exposure: traditional health practitioners have been involved in national and international meetings and conferences, such as the International Conferences on HIV/AIDS and STDs in Africa, and Traditional Medicine Day celebrations.

Networking: PROMETRA has hosted researchers from universities in Uganda and the region; and linked traditional healers to Government departments, such as the Uganda National Council of Science and Technology, Forestry Research Institute, and to NGOs, including THETA and TASO. These linkages provide practitioners with an opportunity to share their experiences and learn from initiatives elsewhere. PROMETRA has also linked healers to other health practitioners, with the latter gradually coming to appreciate aspects of traditional medicine. It is also a member of the committee that drafted the National Traditional and Complementary Medicine Policy.

and prescribed medicines also helps healers to preserve their knowledge, and train their families and other community members. At the end of each year, practical and written exams are set by a panel of facilitators (traditional healers, community health workers, environmentalists) and supervised

Reste Nakakande, herbalist and skin specialist

Before being invited to a graduation ceremony at Buyijja, Reste's impression was that PROMETRA was only concerned with spiritualists, but she soon realised that different skills were learnt and decided to join. Reste had no prior knowledge of traditional medicine but completed classes 1 and 2 and joined the herbalist group. Reste is a member of "Bumera Kabagambi", a group of women traditional practitioners. She learns from them and teaches what she has learnt from PROMETRA. She also trains community members and currently has a class of 13. Reste has established a herbal garden at home, but also collects plants from the forests or buys them from herbalists who come from other parts of the country. She is considered a skin specialist by her peer because of her interest in treating skin ailments. She has now gained a reputation for dealing with HIV/AIDS-related skin problems.

Reste currently has 9 patients showing HIV symptoms and, in addition to her skin care, she treats them with traditional medicine commonly referred to as the "kadamola." This is prepared by the group because of the time taken to collect and mix the various herbs required. Reste does not allow patients on ARVs to take the "kadamola" for fear of adverse effects or overdose, but gives it to patients who are on septrin.

According to Reste, *"Most patients improve and prefer traditional medicine. ARVs make patients anxious because of the timing, whereas traditional medicine may be taken at any time of the day and it also gives appetite. The price is affordable because traditional healers charge according to their assessment of the patient's ability to pay. Credit can sometimes be given, or payment in kind. Children can collect firewood or water to prepare the medicine"*. Indigent patients get free treatment as Reste sees her role as helping the community. However there is a fixed price for outsiders! When an illness persists, she refers the patient to the hospital.



Reste and a medicinal plant she uses for skin ailments.



Herbalist class in progress

by a representative from a higher institution of learning. Successful practitioners are promoted to the next class, and the fully qualified are awarded a certificate and a badge.

Dealing with HIV/AIDS

Many of PROMETRA's learners (70%, according to an internal survey) are infected or affected by HIV/AIDS, having lost at least one relative to the disease. Some HIV-positive participants relate how they had lost hope of leading productive lives because of the cost and inaccessibility of modern drugs. PROMETRA has thus incorporated elements of HIV/AIDS management and counselling in its learning programme. By offering social and psychological support, it has restored hope among many participants and, to respond to their nutritional challenges, PROMETRA broadened its programme to include farming and animal rearing on its demonstration farm, with produce usually given free of charge. Of the five groups that specialise in Year 3, herbalists, traditional birth attendants and spiritualists exemplify how traditional knowledge and skills are used in the fight against HIV/AIDS.

Herbalists study herbal medicine preparation, disease management, personal hygiene, sanitation, and record keeping. They also learn about herbal gardening, propagating grasses and trees, and extracting herbal medicine sustainably. Those who choose to specialise as herbalists include the less experienced, as well as the more knowledgeable, who have learnt from their parents and grandparents, but wish to study from their peer as well. As herbalists said, *"No one can claim to know all about herbs, but being a herbalist does not require any special or spiritual ability. It is something that can be learnt and anyone can get healed from herbal medicine regardless of belief"*.

Nasozi Benedict, traditional birth attendant

Benedict started a nursing course, but failed to complete for lack of money. Her desire to treat and her love for children, however prompted her to join PROMETRA's training programme and, in class 3, to specialise as a TBA. She started treating patients at her home, working with a 'western'-trained nurse. Together, they provide traditional alongside 'modern' medical services.

Benedict and her colleague receive expectant mothers who show signs of HIV/AIDS opportunistic diseases. They use gloves when handling all patients, dispose of waste carefully and have incorporated record keeping in their practice. Some HIV-positive mothers are already on septrin while others are on ARVs. Others are counselled and encouraged to test for HIV at the nearby hospital. Once tested, they say, it is easier to determine what traditional medicine to administer alongside the prescribed conventional medicine for various illnesses. Expectant mothers are often discouraged by medical personnel from using traditional medicine but they continue to visit TBAs for treatment. According to Benedict, *"This would not be a problem, but some patients take both ARVs and traditional medicine (kadamola) which may have negative results or adverse side effects. Other patients take both medicines inconsistently, while others, once they feel a little bit better, stop taking ARVs altogether."* Although patients prefer traditional medicine because it does not have strong side effects, Benedict encourages her patients to continue going to the hospital to monitor their CD4 count even if they feel better, but often to no avail.

Benedict shows a herb used for post natal treatment



With regard to HIV, herbalists learn about the causes and symptoms of the condition, so that they are able to identify and treat opportunistic diseases. Within the class, individuals may choose to specialise in specific illnesses such as cough and skin-related ailments (see box). Depending on the symptoms (diarrhoea, skin rash, persistent cough, loss of appetite), different herbal medicines are combined and administered. These help patients to regain strength, weight and improve physical appearance, with a healthy skin

complexion. Sharing knowledge in the preparation of herbal remedies is emphasised, as well as in making medicated herbal vaseline to treat skin ailments which are most common amongst HIV- positive patients and often a cause of discrimination.

Herbalists are also taught to counsel patients and to encourage them to undertake HIV/AIDS testing. Expert counsellors are invited to speak to the trainees at Buyijja for this purpose, including western-trained and traditional counsellors (elders), and people who live positively with HIV/AIDS. During counselling, emphasis is placed on positive living, behavioural change, a decent dress code for youth, and avoiding stigma and discrimination. Learners are also urged to go for Voluntary Counselling and Testing.

Herbalists keep records for all their patients, to monitor progress and to adjust treatment where necessary. Where needed, they refer patients to other herbalists, medical centres or nearby hospitals. On a few occasions, they report, the reverse happens and a doctor may refer a patient to a herbalist to treat an opportunistic disease.

Traditional Birth Attendants (TBAs). At Buyijja, TBAs learn about HIV/AIDS, in addition to the reproductive systems, pregnancy, hygiene, nutrition, immunisation, and family planning. Some TBAs already have knowledge and skills passed down generations from their mothers or paternal aunts (*Ssengas*) and enrich the learning sessions, sharing experiences and practical demonstrations, such as how to handle an expectant mother. PROMETRA also organises interactions with western-trained doctors and midwives, to counsel how to protect themselves and expectant mothers from HIV/AIDS during delivery.

TBAs also visit expectant mothers in hospital to provide comfort and counselling, and help them achieve physical and emotional stability. Expectant mothers are also given post-natal care, taking special care of HIV-positive patients.

Spiritualists include diviners and faith healers who are important contributors to patients' sense of well-being. The spiritualist is a medium through which a spirit is said to communicate ancestral knowledge to heal and counsel patients. Many people believe and respect the spiritualist's words, with healing usually taking place at a traditional shrine or at the patient's home. At PROMETRA, spiritualists learn through research, demonstration and practical training to understand and manage body imbalances, diseases

such as HIV/AIDS, mental ailments, and how to use visible and invisible matter and knowledge to identify and prescribe herbal medicine. During study, traditional songs, drums, and calabash shakers are used to evoke the spirits.

It is believed that once a spiritualist is possessed by a spirit, s/he is not aware of the conversation between the patient holds with the spirit, and will not remember it. Patients therefore freely confide in the spirit, sharing their most intimate concerns, including those that are HIV/AIDS related. Spiritualists can thus help HIV-positive people confront their status: if a patient is in denial and is told by the spirit that s/he has HIV, the person is likely to believe it, take advice and treatment. AIDS patients also tend to be preoccupied with thoughts of death and their unknown destination, and turn to the spirits to provide a sense of closeness to God, security and comfort. Through traditional counselling, patients are then able to release stress and enhance their sense of well-being, security and hope.

Challenges

Negative perceptions and attitude - Traditional practitioners have for a long time (especially during and immediately after the colonial period) been perceived as evil 'witchdoctors.' Although the public use their services, it rarely wants to be associated with them openly, just as western-trained doctors do not recognise traditional practitioners and discourage, even rebuke, patients who visit them. While PROMETRA's support has, according to them, increased their community credibility, resistance to recognising them in mainstream medical practice creates challenges for patients torn between traditional and western medicine. Such conflict can also leads to situations where patients do not take the prescribed doses, stop treatment upon the earliest signs of recovery, and share their medicine with family members with similar illnesses, resulting in ineffective treatment and earning the herbalist the label of fake practitioner.

Documentation - Traditional practitioners are encouraged to take notes in classes, to record illnesses, medicine administered, results and recommendations. PROMETRA has accumulated considerable data in the past six years, but processing and publishing this information has been constrained by limited resources, perpetuating a situation where medical practitioners cannot often adequately ascertain

which medicine is actually effective or needs to be improved. Further, there is little synergy between documented traditional medicine and 'modern' practice: when patients are referred to traditional practitioners by western trained doctors, records are not kept and, when the patient recovers, the traditional practitioner rarely receives any credit. Positive aspects of traditional medicine especially in relation to HIV/AIDS, need to be identified and incorporated into mainstream medical practice.

Policy framework for traditional medicine

– While a draft policy on traditional and complementary medicine exists, this has not been finalised. Although traditional practitioners are usually registered with their local councils, their practice is not recognised as professional and they are often vulnerable to abuse. For instance, should a patient die under the care of a traditional doctor, this is regarded as murder and can lead to prosecution, contrary to death taking place under the care of a western qualified doctor. In addition, there is no law to protect the intellectual property rights of traditional practitioners.

Lessons from PROMETRA's experience

Traditional health practice is not necessarily tied to spiritualism and should therefore not be considered as entirely mysterious or unexplained. It is important to large numbers of Ugandans, including in their dealing with HIV/AIDS.

PROMETRA provides a unique opportunity for traditional practitioners to share knowledge, improve their practice and broaden their perceptions. Its programme helps them to standardise and professionalize their practice, to deepen their understanding of traditional medicine, to enhance their role in the support of the health sector and to draw on the benefits of collaborating with 'modern' medical practitioners, as opposed to working in isolation.

Collaboration and peer learning, not only amongst traditional practitioners but also between them and 'modern' medical personnel, has the potential to enhance health responses to HIV/AIDS and to other diseases. This points to the need to recognise the contribution of the 'traditional sector' and to facilitate its growth and improvement. It is therefore necessary to further define what aspects of traditional medicine are relevant and effective and to invest in harmonising positive elements in mainstream medical practice.

Florence Nakibuuka, spiritualist

Nakibuuka recognised her potential as a spiritualist when she was very young. To date, Nakibuuka is visited (in her dreams) by a female ancestral spirit who helps her locate herbal medicine and explains what illness it can heal. As she says, *“one can be trained to process and preserve traditional medicine but the ability to identify the plant, the disease it cures and how to use it comes from the spirits. One is chosen by the ancestors to become a spiritualist – it is not something you can be trained to become.”*

Nakibuuka feels the spirit plays a significant role not only to identify new herbal medicines but also in counselling patients who are confused or depressed, especially in cases of HIV/AIDS: *“Patients who have not disclosed*

their HIV status and suspect that they are positive are often anxious and disturbed, and this can cause mental illness if they are not counselled”. Patients exhibiting HIV/AIDS opportunistic diseases come to her for treatment. She counsels and encourages such patients to test for HIV. Some of her patients are on ARVs, while others abandon their medication in favour of her traditional medication. She discourages mixing of traditional medicines with ARVs, for fear of an overdose.

Nakibuuka was amongst the first group of PROMETRA learners. She joined the spiritualist group and, although she has completed all the classes, she continues to take part in sessions at Buyijja as learner and trainer, especially for the herbalist class.



Training with spiritualists in Buyijja

Legislation is needed, and the Traditional and Complementary Medicine policy finalised and approved, to facilitate this development, to help generate more knowledge that is specific to the Ugandan context, to protect the intellectual rights of practitioners and to regulate their profession. This includes encouraging traditional practitioners and local communities to ensure the preservation and sustainable use of both rare and commonly used medicinal plants.

With training and capacity-building, traditional medical practitioners offer a valuable and

accessible resource to communities. Practitioners who frequent PROMETRA's Buyijja centre envisage a bright future for traditional medicine, where training in traditional medicine will be institutionalised, professionalized, and integrated into the mainstream health sector. They anticipate making a significant contribution to the fight against HIV/AIDS in Uganda, with improved methods to preserve traditional medicine, to widen its use, and to recognise its value. This should become a source of national pride, as collaboration with western medical care is deepened for the better health of generations to come.

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