

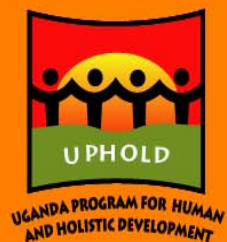
Rethinking Strategies for Mobilization: The Case of VCT in Nakapiripirit District in Uganda

*Presentation for the II Annual Scientific Conference ,
Faculty of Medicine, Makerere University*

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Uganda Program for Human and Holistic Development



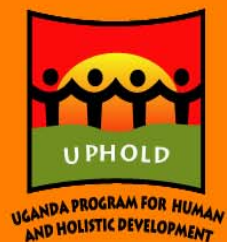


Background- I

- Nakapiripirit district located in North-Eastern Uganda is part of the Karamajong region
- Area characterized by rampant insecurity, poor infrastructure and inadequate health services
- The North East where Nakapiripirit falls has the lowest sero-prevalance rates 3.5% compared to the national figure of 6.4%
- The Karimojong Ethnic group which is the predominant group in Nakapiripirit has the lowest sero-prevalence rate (1.7%)

Source: MOH and ORC MACRO 2004/5

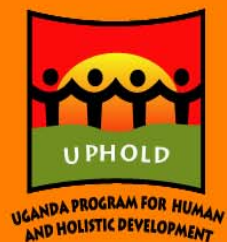




Problem

- A one year grant to ACCORD provide and mobilise people in the district for VCT, and TB/DOTS services
- Of the targeted 7,000 clients including 200 couples, only 293 including 34 couples turned up for VCT services yet of the 300 targeted TB clients 529 actually accessed the service





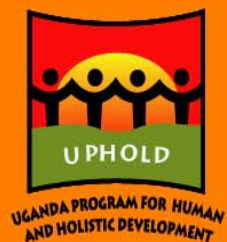
Objectives of the study

Investigate:

- Why there is a low HCT uptake
- Why TB services were being utilized more in comparison to HCT

Knowledge obtained to be used to improve program





Objectives of the study

- Explore the community knowledge about HIV/AIDS and TB
- Explore community perceptions about utilization of VCT and TB services
- Explore community perception about care and support for the HIV and TB patients
- Make recommendations for effective interventions for improving utilization, prevention, care and support for HIV/AIDS





Methodology

- FGDs were conducted in Two sub counties with;4 groups of men; 5 groups women
- Key Informant Interviews with clinical staff and program staff
- Data from the different sources was triangulated

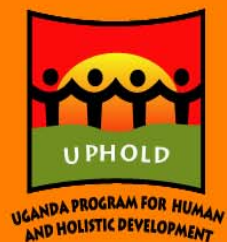




UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT

RESULTS

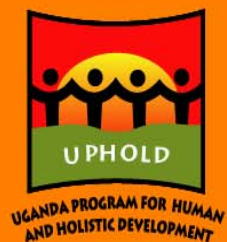




Knowledge about HIV/AIDS

- Both men and women were knowledgeable about how HIV spreads:
 - Sexual relationships especially with many partners
 - Polygamy
 - Having sex with prostitutes (Baganda, Bateso, Bagisu who have settled in small trading centers)
 - Paying poor women with drink and money in exchange for sex
 - Influence of alcohol

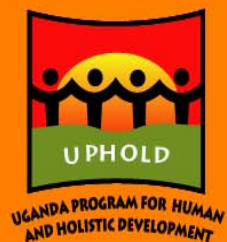




Knowledge about HIV/AIDS Prevention

- Avoiding sex with many partners
- Use of condoms
- HIV testing
- Delivery at the health facilities to prevent mother to child transmission
- Avoid sharing razor blades

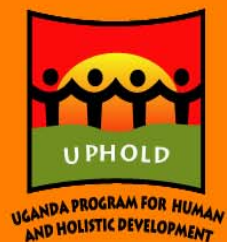




Knowledge about TB

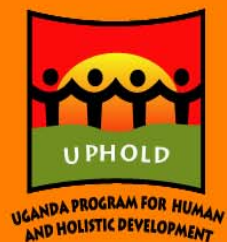
- Conversant about how it spreads and how it can be prevented
 - difficult to prevent given their situation
 - More contagious than HIV/AIDs
- Can be effectively treated at the health facilities
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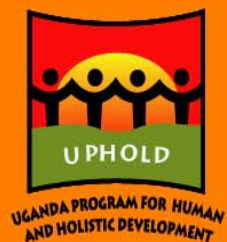
Perceptions about HIV/AIDS

- One can get infected through mere body contacts during care
- Isolating the HIV patients as a preventive measure
- Death of the patients minimizes the chances of infecting others



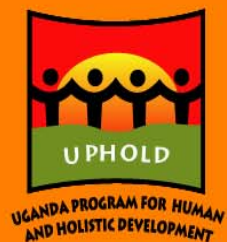
Community feelings about HIV/AIDS and TB patients

HIV/AIDS	TB
Blame for bringing the disease	Sympathy because TB is highly contagious
Family members are 'disappointed', 'scared' 'annoyed' about the patients misbehavior	Family members get worried and ensure that the patient is taken to the hospital
'They will infect others because they do not want to die alone'	It is not their fault.



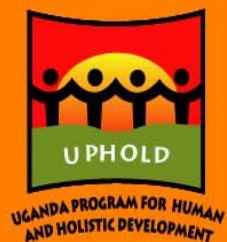
Why people would rather have TB instead of AIDS

HIV/AIDS	TB
Cannot be treated	Can be treated effectively
People will laugh at you and blame you for contracting the disease	People will not blame
You become desperate because you know you are going to die'	There is hope because treatment is available



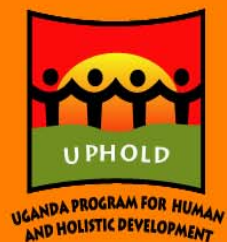
Community attitudes towards HIV/AIDS and TB

HIV/AIDS	TB
Isolated and given little support	Isolated but supported in form of food and medication
Treatment is: 'wastage of time' 'death postponement' because they are going to die'	Encouraged and supported to go for treatment immediately
'Keep a distance, take care use gloves when touching them'	Give the patient separate utensils. Take to the hospital for better management



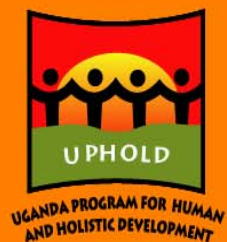
Perceptions about VCT

- Considered useful only if they are HIV negative
 - They will avoid being infected
- They fear testing in case they are positive
 - Become desperate and are likely to commit suicide
 - People will start talking and isolating them (stigma)



Stigma against AIDS patients

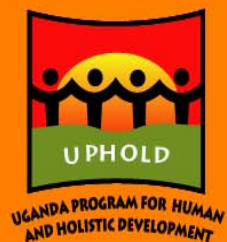
- Self created problem:
 - *‘they bought the disease with their money’*
FGD with men
- People with AIDs are rude and desperate,
“they are malicious and do not want to die alone” **FGD women**



Stigma against AIDS patients

- Fear of the patient:
 - ' If you touch such person without using gloves you will get it'
 - People fear the victim, they can not touch such person, not even the things they have touched. Others fence those people away
- Concerns about cost:
 - Too expensive to keep the patients who have high appetite for meat.
 - Transport to and from the health facilities

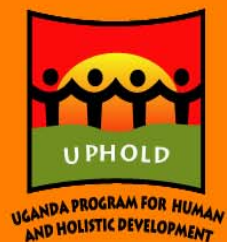




Conclusions-I

- Knowledge about HIV/AIDS is insufficient
People would rather be associated with TB instead of HIV because with TB:
 - HIV is highly stigmatized
 - can be treated but with HIV you die
 - people don't blame you as they would if you had HIV
- There is a gap regarding community support services to PLWAs
- Follow of VCT clients

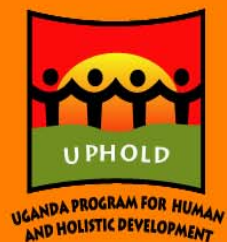




Conclusion-II

- There is a problem with care and support for HIV/AIDS patients
 - Myths about being infected when caring
 - Cost of medication and nutrition
- There is much worry about what to do next if found HIV positive





Recommendation

- Intensify awareness creation during mobilization:
 - To provide more information about care and support
 - Discourage stigma
 - To provide information on treatment (ARTs)
- Integrate HIV testing into TB services using TB as an entry point

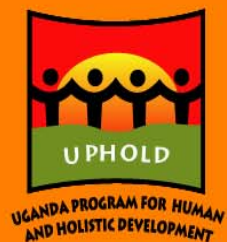




Recommendations

- Promote community based support services
- A different approach to counselling and testing
 - Assurance of confidentiality
 - Privacy
 - Follow up support for the HIV patients
 - Advice on ART





What Next for Karamoja?

- Do we move manyatta to manyatta with services?
- Do we use elders as influential gate keepers?
- Can we ensure start up in-patient services for HIV+ clients?

