**CONCEPT NOTE**

**ENGAGING TRADITIONAL HEALERS IN DIALOGUES TO MOBILISE MEN TO ACCESS TESTING AND ENROLL ON TREATMENT IN CENTRAL 1&2 REGIONS OF UGANDA**

**BY**

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**Background**

Despite the achievements attained in bringing down the HIV prevalence rate from a peak of 18% in the 90s to 6-7% at the turn of the century, challenges remain including high levels of new HIV infections among adolescent girls and young women, low involvement of men in HIV programs including significantly low uptake of HIV services. Robust treatment and prevention initiatives have been implemented in recent years, leading to improved conditions for people living with HIV. Due to the implementation of antiretroviral treatment throughout the country there has been a gradual increase in the number of people living with HIV receiving treatment. As per the press release by the ministry of health of preliminary results of the 2016 Uganda population- based HIV impact assessment, HIV prevalence among adults aged 15-49 years by survey region showed that Adult HIV prevalence was higher in urban areas (7.1%) compared to rural areas (5.5%) and central 1 had the highest estimated HIV prevalence(7.6%). Among adults, HIV prevalence is highest among men aged 45-49 (40%)

As of quarter one of FY17, only 65% of estimated HIV+ men had been diagnosed and 54% of the diagnosed initiated on treatment (COP 2017). Studies show that of HIV+ population only 61% men are tested as compared to 91% women and of those only 54%men are enrolled on Antiretroviral Therapy as compared to 80% women and of these only 33% men are adhering to treatment as compared to 66% women. This indicates that men are less likely to come to health facilities. In 2016 14,348 men died of AIDS compared to 9,600 women and HIV-infected men who are unaware of their serostatus and not accessing treatment are the main source of HIV infection for adolescent girls and young women. (Presidential fast track hand book 2017)

For quite some time focus on critical entry points but results reveal that HIV prevalence is highest in men aged 40-49 of age who are not predominant in those critical entry points. These men could be categorized as the working, married class who have the capacity to lure adolescent and young women into unprotected sex.

**Problem Statement:**

The fact that fewer men of those who are HIV positive are identified through responsive HIV testing services, fewer men of those identified to be positive are enrolled on antiretroviral therapy and fewer men on treatment adhere to treatment in order to attain and sustain viral suppression, means that there is a group of the population (usually men) with high viral loads in their bodies, serving as conduits of unchecked and continued new HIV infections in the general population more so in the adolescent girls and young women because Men are less likely to come to health facilities than women to seek healthcare services. There is amounting evidence that men of the age group 0f 40 – 49 and especially in central I and 2 region of Uganda are at a distinct disadvantage in the roll – out of ART in Uganda. Disproportionately fewer men than women are accessing ART, men are starting ART with more advanced HIV disease; men are more likely than women to die on ART, to interrupt treatment and to be lost to follow-up on ART. Despite this evidence of gender inequity in access to ART, most national ART-related policies, strategies, frameworks and programs in Uganda are still blind to men. Addressing these issues effectively requires developing interventions which encourage uptake of prevention, testing and treatment for men.

Focus has been put on critical entry points which do not fully represent this age group of 40-49 which has the highest HIV prevalence. This category (which includes working class, the married people, traditional healers, business men e.t.c) can easily have unprotected sex with adolescent girls and young women who are vulnerable.

Studies done by Jeffrey Mandel, Sanny Y. Chen plus others in 2005 indicate that traditional healers are under-utilized providers of reproductive health education in rural sub-Saharan Africa. A study contributed too by DonarKabatesietl in the Central Region of Uganda( Kiboga District ) in 2008 indicated that when traditional healers were put in a training program on HIV prevention and family planning methods in the Kiboga district of Uganda and evaluated the program's impact on healers' clinical practice and the diffusion of information to their female clients. Of 46 healers recruited, 30 (65%) completed a pre- and post- training interview. Following training, traditional healers increased discussions of family planning with their clients. Female clients corroborated that they increased discussions of family planning with their healers, as well as discussions about HIV/AIDS. Both healers and their female clients were more likely to make a connection between family planning, condom use, and HIV prevention after the training compared to before the training. Findings provide evidence that traditional healers in a rural area of Uganda can successfully adapt HIV prevention messages and family planning information into their clinical practices if given information

It is against this background that Uganda N’eddagalaN’obuwangwaBwafe in partnership with, TASO, AIC and PROMETRA Uganda with funding from PEPFAR would like to engage a total of traditional healers in a dialogues to discuss how to mobilize men between 40-60 years to access testing and enroll for treatment .

**Rationale for the project:**

Uganda N’eddagalaN’obuwangwaBwafe along with its partners will, engage traditional healers in dialogues to mobilize men and boys between 15 – 50 years to access HIV testing and enroll on treatment in central 1&2 regions. These dialogues will consist of traditional healers who are leaders of traditional healers at all levels from national to parish levels.

A total of **seven (7) dialogues** will be carried which will consist of**2,000 traditional healers** from all the districts in **central 1&2 regions** of Uganda and from national to parish levels of Uganda N’eddagalaN’obuwangwaBwafe’s administrative hierarchy.

One (1) will be in Kampala district at the national level. This will consist of 100 national executive members and members of district executive committees of Uganda N’eddagalaN’obuwangwaBwafe.

Two (2) dialogues will be carried out in Wakiso and Masaka Districts, each will be made of 150 traditional healers who will be members of Sub County executive committees

Four (4) dialogues will be carried out in Mukono, Lwengo, Kiboga and Rakai districts, each will consist of 400 traditional healers from parish executive committees.

These dialogues will be organized in a way that traditionalhealers will be given knowledge on HIV/AIDS which will include

* Understanding HIV and the 90-90-90 targets
* The role of traditional healers in mobilizing men
* How can these men be mobilized
* Referral and reporting
* Monitoring the progress

Key facilitators will be from TASO, AIC, , UAC, THETA and PROMETRA Uganda to provide the necessary information about the above to the traditional healers. AIC will provide free testing services during these dialogues.

**Overall Objective:**

* Engage traditional healers at the front of mobilizing boys and men to access testing and enrolling for treatmentso as to attain the 90-90-90 targets in central 1&2 regions of Uganda.

**Purpose and Objectives:**

* To strengthen the capacity of 2000 traditional healers to mobilize men to access testing and enrollment for treatment.
* To initiate an HIV testing culture in 2,000 traditional healers for their clients and a referral system to health centers for HIV positive clients.
* To disseminate the appropriate information about HIV/AIDS to the traditional healers
* Enhance adherence of all persons with HIV to treatment through referral to health centers.

**Target Group and Beneficiaries**

We are targeting at least 2,000 participants from 23 districts which make up central 1&2 regions of Uganda. These will be mainly prominent traditional doctors and their leaders from national to parish levels. They will disseminate acquired knowledge to fellow traditional doctors in their respective areas of jurisdiction. These will also mobilize over 40,000 thousand men and boys to access testing and enroll for treatment. The mobilization will be targeted mobilization and it will be only men that will be suspected to be with HIV or not have tested for HIV that will be sent to TASO or AIC for HIV testing and later referred to access treatment.

**Implementing agency:**

Uganda N’eddagalaN’obuwangwaBwafe will implement the project in partnership with UNAIDS, UAC, UIC, THETA, TASO, PROMETRA Uganda. Uganda N’eddagalaN’obuwangwaBwafe is a registered national traditional healers’ non-government organization which advocates for traditional healing techniques and promotion of Uganda culture. It is led by SyliviaNamutebi commonly known as MaamaFina and it has structures from national level, district level, sub county level down to parish level and unites over 20,000 traditional healers all over Uganda

**Duration of project:**

The planning, execution, monitoring and evaluation and report writing will take one year.

**Anticipated outputs:**

* 2000 traditional healers will have knowledge on 90-90-90 targets
* Over 40,000 men will be mobilized and linked to access testing and enroll on treatment to AIC and TASO
* Development of position papers with a common message for. mobilizing men (40-49 yrs) to access testing and enroll on treatment in central 1&2 regions of Uganda

**Sustainability of the activity:**

The dialogues will target traditional healers who are culturally centered in the community and are easily accessed by over 80% of the population who already have structures for information dissemination at all administrative levels. We also anticipate that a position paper will be developed and used to implement activities that will focus on continued advocacy for the engagement of traditional healers to mobilize boys and men access testing and enroll on treatment in central 1&2 regions

**Monitoring:**

Uganda N’eddagalaN’obuwangwaBwafe has a functional Association of traditional healers and they have robust system right from the parish to the national level. Monitoring will be an integral aspect of the activities right from the initial planning to the end.

**Evaluation:** The pre and post knowledge management forms will be used to evaluate participants that would have attended the dialogues to assess the levels of knowledge, changes in attitudes and skills attained. This will be compared with the pre-event assessment that will have been conducted after the activity so that inferences can be made on the out-come of the awareness events