

# Newsbite

## What Happened in Uganda?

Now considered to be one of the world's earliest and best success stories in overcoming HIV, Uganda has experienced substantial declines in prevalence, and evidently incidence, during at least the past decade, especially among younger age cohorts. According to Ministry of Health data, prevalence among pregnant women has declined consistently since the early 1990s at all of the country's sentinel sites (except Tororo, near the Kenyan border, where prevalence increased a little during the mid-to-late 1990s, but declined significantly again by 2000). While it is more difficult to find reliable data on trends in incidence (or the rate of new infections), seroincidence also appears to have fallen significantly. In one site, Masaka, incidence fell from 7.6 per thousand per year in 1990 to 3.2 thousand per year by 1998.

Observed consistently over time and across many different geographic and demographic populations, Uganda's falling HIV prevalence is likely not due merely to measurement bias or a 'natural die-off syndrome' but rather mainly to a number of behavioural changes that have been identified in several surveys and qualitative studies. Some have postulated that the decline in seroprevalence was

primarily a result of so many people succumbing to the disease that the rate of new infections was simply outweighed by the numbers of AIDS deaths. However, a number of other African regions (eg. Zambia, Zimbabwe, western Kenya) have experienced nearly as old – and at least as severe – epidemics as Uganda's, yet prevalence has yet to decline at the population level. Furthermore, the large decline in prevalence among younger age cohorts in Uganda argues against this as a primary explanation.

The relationship between the large variety of interventions in Uganda and the decline in incidence and prevalence are complex and not yet completely understood. However, changes in age of sexual debut, casual and commercial sex trends, partner reduction, and condom use all appear to have played key roles in the continuing declines. Although we know that HIV knowledge, risk perception, and risk avoidance options can ultimately lead to reduced HIV incidence, there is a complex set of epidemiological, socio-cultural, political, and other elements that likely affected the course of the epidemic in Uganda. Many of these elements appear to be absent or less significant in other African countries that have not yet seen significant seroprevalence declines, such as Zimbabwe, South Africa, Botswana, Kenya, and Malawi.

These key elements are summarized in roughly chronological order below:

1. High-level political support with multi-sectoral response set the tone.
2. Decentralized planning and implementation for behaviour change communication (BCC) reached both general populations and key target groups.
3. Interventions addressed women and youth, stigma and discrimination.
4. Religious leaders and faith-based organizations have been active on the front lines of the response to the epidemic.
5. Africa's first confidential voluntary counseling and testing (VCT) services were provided in Kampala in 1990.
6. Condom social marketing has played a key but evidently not the major role.
7. Sexually transmitted infections (STI) control and prevention programs have received increased emphasis.
8. The most important determinant of the reduction in HIV incidence in Uganda appears to be a decrease in multiple sexual partnerships and networks.

*This is derived from a USAID publication, 'What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response' edited by Janice A Hogle, Sept 2002.*

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## Dealing with the HIV and AIDS issues emerging inside and outside our schools

### ISSUES EMERGING OUTSIDE SCHOOL IN RELATION TO HIV AND AIDS

CHALLENGES THAT THE PARTICIPANTS IDENTIFIED	WHAT'S HAPPENING NOW?	WHAT COULD YOU DO AS A SCHOOL AND COMMUNITY GROUP?
Low food production	Belief that it should be the concern of individual families and the government	Community support in food production and resources
High death rate	It has been there a long time and it is normal	Offer AIDS education and counseling
Child labour	It is the problem of their parents Belief that children should work for their living	Children be supported to go to school Involve the whole community
Wife inheritance	Belief held that they must be inherited according to the culture Belief that if not inherited they will spread AIDS further	Should go to a VCT Should get AIDS education
Poverty	The poor should support themselves Government should get involved to assist	Create awareness on poverty eradication Start income generating activities group
Illiteracy	Lack of employment makes education unimportant Education is too expensive, only for the rich.	Start adult education Non-formal classes Introduce income-generating activities.
Increased drug abuse	Those who sell the drugs are known but not dealt with	Adults should take responsibility Guidance and counseling sessions
Increased absenteeism amongst teachers	Sick teacher is transferred or interdicted	Share the subjects Give emotional and material support

If you have tried to address some of the challenges facing us today, write to us and share your experiences so that others can benefit from you.

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## HOME-BASED CARE

with warm -water/tepid water. (Do not use cold water). Encourage drinking more than usual. You may use common antipyretics e.g. paracetamol.

### Itchy Rashes

- Seek medical consultation.
- Meanwhile, apply calamine lotion or available local remedies to relieve itch. If associated with pain, use a common analgesic (paracetamol, aspirin)

### Open Sores

- Wash with soap and water
- Keep the area dry and apply Gentian Violet to help form a scab and to prevent super infection.
- If dressing is required use clean cloth strips that have been disinfected in chlorine bleach, washed and sun dried.
- These should be changed as frequently as desired.

### Handling Soiled Linen

- Rinse out the dirty linen with water.
- Soak the linen in chlorine bleach for 30 minutes.
- Wash with soap.
- Rinse out thoroughly.
- Properly sun-dry the linen.

### Hospital Visits and Taking Medication

- Seek medical consultation at the slightest change.
- Take medications prescribed in the correct amounts in the correct way (e.g. if before or after meals), at the correct time intervals and ensure you complete drug dosage.
- If adverse reactions present, please seek medical consultations.

### Exercise, Rest and Relaxation

- Exercise in any form is good and should be encouraged.
- Take the patient out into the sun and fresh air. Limb and body massage may be given where the patient is bedridden.
- Rest, relax and get as much sleep as possible.

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## Knowing Our HIV Status is Central to Prevention and Positive Living

Whether we believe ourselves to be infected or not, most of us would not volunteer to go for an HIV test. Yet, by knowing our HIV status we can either strengthen our commitment to avoid risk of infection or manage our lives and health in such a way as to lengthen and improve the quality of the life we still have ahead.

### PREVENTION:

If I test negative, I will be more committed to changing my behaviour to avoid the risk of infection.

### POSITIVE LIVING:

If I test positive, I will at least be able to change my lifestyle to avoid re-infection and live for longer by living positively.



FIG 1: The VCT Centre at Pand Pieri Catholic Church Centre, Ring road, Kisumu

Voluntary Counseling and Testing (VCT) is an important component of HIV infection prevention. It includes: **Informed decision-making:** pre-test counseling is provided and the client is made aware of what the test entails. **Informed consent:** based on this information, the client decides to take the test. **Confidentiality:** this starts with discretion in the waiting room and goes on to ensure restricted access to the clients' names and test results.

**Anonymity:** the name of the client is matched to a code and thereafter only the code is used.

**Rapidity of testing and relaying of results:** depending on the test kit used it is possible to have a result in the same day.

**Support before and after the test:** counseling is available prior to the test results being given and afterwards, whether the test results are negative or positive.

**Confidential disclosure of test results:** the client chooses who they want to tell about the test results and whether they want to do it themselves or for the counselor to help.

There are 20 VCT sites in Nyanza to date and more are planned for 2003. They are in: Kisumu, Siaya, Rachuonyo and Bondo Districts.

On the first visit they were introduced by their MoEST trainer counterpart and this was their programme for the first three visits:

**First Visit:** Familiarisation to the School. Follow-up and Fact Finding on the Take Up of PSABH Activities. Planning for Subsequent Visits.

**Second Visit:** Overview of STI/HIV/AIDS Showing and Discussion of the Video – 'Silent Epidemic' Responding to the Question Box

**Third Visit:** Review of Previous Material Positive Living Home Based Care Showing and Discussion of the Video – 'Positive Living' Responding to the Question Box

Some of the observations made so far by the MoH trainers are that: video showings must be accompanied by a discussion to be effective; the visit of the MoH trainer provided a welcome opportunity for pupils to ask personal and challenging questions and that there is a great need for young people to be provided with access to referral health services.

## PSABH NEWS



FIG 2: Mr Wesonga, Physiotherapist, Kisumu District, gives a practical demonstration of sexual networking.

One of the main approaches used in the PSABH project has been to forge working partnerships between those in the education and health sectors. There are a total of 120 trainers from MoEST and 43 from MoH. Each PSABH training team consists of 5 MoEST staff, such as Inspectors of Schools, Area Education

Officers, Zonal Inspectors and TAC Tutors and 2 MoH staff, such as Public Health Technicians, Clinical Officers, Public Health Technicians, Nurses, Registered Clinical Officer, Public Community Health Officer, Health Record & Information Officer, Kenya Enrolled Community Health Nurse,

If your school was visited by an MoH trainer and you would like to tell us about the experience, write to us at CfBT with your contribution.

## A letter from the editor

As part of the PSABH project, all the Nyanza Province Area Education Officers, Zonal Inspectors and TAC Tutors have been trained to monitor and support HIV and AIDS education at school level. We developed a survey to guide these education officers in assessing how schools have responded to the training programme. The survey was first carried out in July 2002 after the surveyed schools had had only three or four months to implement the programme. The findings have been very encouraging and we hope that when we support the officers to do the same survey in July 2003, that they will find an even stronger uptake of the project features.

### Key Results of the School Responsiveness Survey

Schools have taken up the use of health action plans, question boxes and school health clubs and are incorporating HIV/AIDS reference books in their teaching and peer support activities in the school day. Teachers report that some teaching difficulties are still a barrier to effective implementation.

In those schools with trained peer supporters, these pupils are playing a lead role in the running of the school health club.

Some schools are accessing health professionals to help in the answering of pupils' questions.

Factual and behaviour change messages are found in teachers' work and in pupils' books. The factual messages are mostly about HIV transmission and the fact that AIDS exists. The behaviour change messages are mostly about abstinence, monogamy and talking about AIDS.

Schools report a significant number of questions on condoms and show a range of responses with some providing correct factual information and others still finding it difficult to address the questions directly or without mixing information about condom use with advice on abstinence.

Community representatives have been involved in responding to Question Box questions, sensitizing the PA, contacting NGOs who can provide further support and in presiding over public functions.

PSABH training has been seen to have had a significant effect on the location and content of HIV and AIDS messages, the presence of the various PSABH-promoted features and activities and on the use of HIV and AIDS teaching and learning materials.

# POSITIVE LIVING

Positive living encompasses what one needs to do to stay healthy longer. It involves the conscious decision that though one has tested positive, life can and should still go on.

### We advocate five basic /essential 'L's:

- Belief in oneself: that you can do it
- Learning all you can do
- Listening to your doctor/ health care provider
- Leaning on others
- Letting be (stress, anger, negative emotion)

### Maintain Body Weight (Nutrition)

*Eat wholesome balanced food so as to:*

- Maintain body weight and enhance social acceptance
- Improve well being both mental and physical
- Repair worn out body cells
- Provide energy
- Boost the body's immunity

### *Eat the correct foods*

From the three main food groups: proteins (meat, beans, eggs, milk etc.), carbohydrates (maize, millet, cassava, wheat etc.), vitamins (fruits and green vegetables)

Take mineral supplements if available

### *Eat the correct amounts*

Avoid overstuffing yourself or eating too much from one food group and too little of another

### *Eat at the correct times*

Try to maintain at least three meals in a day and where possible 3 snacks in between

### *Take plenty of fluids*

Ensure personal and food hygiene by washing hands, fruits and vegetables before preparation

### Maintain Personal Hygiene

- Good hygiene will prevent diseases that can worsen ones condition.
- Wash your hands after visiting the toilet, after contact with body fluids
- Wash your hands before handling foods and after meals

- Keep your nails short
- Take regular baths
- Maintain oral hygiene
- Cover your mouth when coughing and always spit into a handkerchief/tissue/cloth/leaf

### Exercise

Aerobic and strength training will lead to improved physical fitness, increase social acceptance and boost immune system function.

### Behavior Modification

Responsible sexual behavior implies protecting oneself from re-infection and from sexually transmitted infections. It also means protecting one's spouse or sexual partner

Abstinence is the only sure way of not contracting any infection.

However if one cannot give up sex all together, one should use a condom each time they have sex. We should also remember that there are many other ways of showing love and affection.

### Work

Work is important as a means of raising income and as a way of channeling your energies and helping you forget your worries.

### Social Life

Socialize as much as possible. However, you should avoid alcohol and tobacco and any addictive drugs. These are more likely to lead to other stresses.

### Medication

Seek medical consultation the earliest possible as soon as you detect a problem. Follow your prescriptions to the letter.

### Counseling

It is important to continue going for counseling, either individual or group, so as to be able to share and explore your problems and situations, and help you deal with day-to-day problems.

# Talkback

The most challenging issue emerging from the impact of HIV and AIDS is the substantial increase in the number of young orphans. There is no substitute for the loss of one or both parents, but we can make a start by trying to limit the material and educational losses that often follow such bereavement.

Schools and communities who have attended the PSABH training programme have accepted that the challenge of responding to the needs of orphans is their own responsibility and some have resolved not to wait for the government to take action. There are many examples of individual and group responses, sometimes re-allocating existing resources and at others, mobilising new ones.

Some schools are using the income generated from activities like keeping poultry (Pandipieri School, Kisumu Municipality), maintaining a

cow (Mbagu Mixed School, Siaya) and planting tomatoes (Nduru School, Kisumu District) to raise money to pay for uniforms and textbooks for orphans. Some individual teachers are providing clothes and books for one or two pupils each in a school, through the pupils' guardians. In other places, like Getaari school community in Nyamira, the community representatives who attended the training, have formed the Getaari Widows and Orphans Self-Help Group through which they identify orphans within the school who need help and seek ways to meet their physical and material needs.

These initiatives may not address the nationwide challenge facing us all, but each one of them can make the world of difference to the individual children whose lives have been so dramatically changed at such tender ages.

# Dealing with the HIV and AIDS issues emerging inside and outside our schools

The impact of HIV and AIDS is both widespread, reaching every corner of the country and wide-ranging, expressing itself in many different ways. In the PSABH project, we do not have all the answers to

the many problems being faced by our schools and their communities. We have found, however, that those who come for training can easily identify and describe the issues that are emerging and have good

ideas about the first steps they can take as a group to offset these challenges. Here are some of their ideas:

## ISSUES EMERGING INSIDE SCHOOL IN RELATION TO HIV AND AIDS

CHALLENGES THAT THE PARTICIPANTS IDENTIFIED	WHAT'S HAPPENING NOW?	WHAT COULD YOU DO AS A SCHOOL AND COMMUNITY GROUP?	HOW WOULD YOU GO ABOUT STARTING?
Large numbers of orphans	Discontinue learning Seen as a government problem	Organise for bursaries Fund-raising events Start a feeding programme	Sensitise the community on child rights. Organise guidance and counseling for substitute parents. Form income generating projects based on common school or community resources (eg. school shambas).
Heavy workload for teachers	Pupils are transferred to other schools Government asked to employ more teachers	Engage PTA teachers Lobby for NGO support	Discuss the problem openly in staff meetings.
Lower enrollment	Close down school Transfer pupils Teachers are blamed	Sensitize the community	Re -accommodate dropouts
Unwanted pregnancies	Expel girls from school Blame careless parents Allow boys to continue at school	Give guidance and counseling for girls to continue education	Keep the girl in school as long as possible. Inform the health services so that she gets healthcare. Re-admit her after delivery.
Poor performance	Transfer staff Blame head teacher	Improve research Staff development (INSET)	Organise study groups and support classes for pupils who have suddenly gone down.
Financial lapses	Transfer head teacher Elect new committee	Start income generating learning activities Organize fund raising	Agree priorities as school and community group. Assess the commonly owned resources.
High drop out rates	It is considered the teachers' and parents' responsibility	Everyone should take part	Raise awareness that a child belongs to the whole community and that the government is not going to be able to solve this large problem on its own.
Increased drug abuse	Those who sell the drugs are known but not dealt with	Adults should take responsibility Guidance and counseling sessions	Teachers give pupils and parents guidance on recognising drug abuse. Identify local sources of supply. Liaise with local health centres.
Increased absenteeism amongst teachers	Sick teacher is transferred or interdicted	Share the subjects Give emotional and material support	Discuss the problem and possible solutions openly at staff meetings.

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## HOME-BASED CARE

Home based care revolves around simple or basic techniques that can be used to care for a sick person at home, in an environment that is more familiar and welcoming than in a hospital ward. It involves preventing existing conditions from getting worse, controlling new ones and ensuring the comfort of a sick person. You should also protect the patient from being infected by you. One should handle all fluids as potentially infectious and take necessary precautions e.g. gloving before handling sores and linen, disinfecting linen before washing in chlorine bleach.

### Poor Appetite

- Try physical exercise (stroll) before meal.
- Eat in a comfortable environment and provide company. Give preferred foods.

### Nausea/vomiting

- Give dry foods. Fluids should be taken at least \_ hour after meals and not before.
- Limit spices and fats.

- Avoid lying flat; eat while sitting up.
- Eat slowly.
- May take anti-emetics (anti-vomiting drugs) before meals.
- Hot lemon taken in the morning greatly reduces nausea.

### Diarrhea

- Proper food handling and preparation.
- Avoid: high fibre and bulky foods, gluta (wheat), seeds (e.g. in tomatoes), gas forming foods (beans, cabbage), fat, alcohol and coffee.
- Eat and drink more than usual.
- Take a lot of juice, (Oral Rehydration Solution if available)
- Wash (with soap and warm water) and dry the skin around the anus, the buttocks and the thighs after each movement.
- Watch out for dehydration (evidenced by: sunken eyes, lethargy, dry tongue and skin). Seek help immediately.

### Sore Mouth and Throat

- Gurgle and rinse mouth with warm salty water at least three times daily.

- Apply Gential Violet to sores
- If eating is a problem, eat warm soft foods. You may use a straw.
- Avoid acidic foods (although sucking on a lemon each morning may actually relieve the sores)
- You may use a local remedy or mouthwash with local anaesthetic to numb the mouth prior to meals.

### Cough

- In addition to prescribed medication:
- Rest in well aerated room.
- Sit up whenever possible, and sleep on raised bed or high pillows.
- Turn frequently if in bed.
- If cough associated with pain, simple analgesics e.g. paracetamol or aspirin may be used.

### Fever

- It is important to seek medical help early to determine the cause of the fever. Meanwhile:
- do tepid sponging/ sponge the forehead and body

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## Ask the doctor

**Q: I realised that someone else had infected me with HIV. Now I am in a dilemma and a part of me wants to go out and infect others while the other wants me to hang myself so as to break the chain. Please help me to find a solution.**

A: The most important thing that you need to do is to seek out a counselor and discuss with him/her, as soon as you can. We also need to realise that going out to infect others will put you at an even higher risk of re-infection and super-infection (boosting/raising your virus level). It will put you at risk of STIs and other diseases. Suicide cannot be viewed as a solution . . . it can be viewed as taking you away from the problem, rather than taking the problem away from you. Finally, a positive HIV test is not a death sentence; one can still live a long and fruitful life and achieve more than he/she ever thought possible.

**Q: How can we deal with already infected friends?**

A: We can help by being non-judgmental, understanding, empathetic and supportive. We could also seek counseling/information so that we can be more knowledgeable about living positively with HIV and related issues.