If you think you are too small to be effective, you have never been in the dark with a mosquito.
-Betty Reese

University of Alberta

Assessing the potential to involve healers in expanding coverage of cARV programs in rural Western Uganda

by

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Dedication

I dedicate this thesis to my parents, Hugh and Judy Geary. Blame them or thank them, everything that is “me” came from them.

Abstract

In Uganda there is a gap between the coverage of cARV programs and the number of people who require treatment. Community-based initiatives are necessary to scale-up cARV programs. Healers have been shown to be able to play a role in other aspects of HIV care including prevention. This study assessed the potential to include healers in Kabarole district in community-based cARV programs to increase program coverage in this rural area. We completed 219 questionnaires and quantified knowledge of HIV/AIDS, attitude towards HIV/AIDS patients, previous experience in collaborating with conventional medical care, and willingness to collaborate to provide cARVs to their villagemates. Multivariate modeling identified characteristics of types of healers that may make them more suitable for collaboration. Qualitative analysis indicated that both healers and health care workers would be willing to work together to try and improve care for HIV/AIDS patients.

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An African proverb states that it takes a village to raise a child; it certainly took one to raise my thesis. Many individuals contributed to developing this research project. I would like to thank my supervisor, Walter Kipp, for not only providing me his guidance and expertise in the field of HIV/AIDS and global health, but trusting both myself and other graduate students with access to his partners in Uganda. As strong relationships with collaborators are the foundation of good global health research, we graduate students would be lost in the field without those partnerships that Dr. Kipp has spent decades building. I would like to acknowledge those partners, specifically Tom Rubaale and the Community-Based ARV team in Kabarole district, whose personal and academic support made me feel at home in Fort Portal. My field work also would not have gone so smoothly without guidance from Arif Alibhai and my fellow graduate student, Amanda Jones. It was a blessing to share time in Fort Portal with both of you! Thank you to Gian Jhangri for putting up with my frequent "multivariate crises" and patiently talking me through all of the statistical analyses, to Peter Rothe for helping me rethink qualitative analysis, and to my entire examining committee (including Stan Houston) for giving their valuable time and knowledge to challenge this work and make it better.

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95% CI	95% Confidence Interval
AIDS	acquired immune deficiency syndrome
cARV	combination antiretrovirals
DOT	directly-observed therapy
FGD	focus group discussion
HBAC	home-based AIDS care program
HCW	healthcare worker
HIV	human immunodeficiency virus
HRHA	human resources to treat HIV/AIDS
JCRC	Joint Clinical Research Center
KTHHA	Kabarole Traditional Healers and Herbalists Association
MOH	Ministry of Health
NGO	non-governmental organization
OI	opportunistic infection
PMTCT	prevention of mother to child transmission
QOL	quality of life
RA	research assistant
RTR	refuse to respond
STI	sexually transmitted infection
TASO	The AIDS Support Organization
TBA	traditional birth attendant
THETA	Traditional and Modern Health Practitioners Together Against AIDS
UAC	Uganda AIDS Commission
UGX	Uganda shillings
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNGASS	UN General Assembly Special Session on Drugs
VCT	voluntary counseling and testing
WHO	World Health Organization

Chapter 1: INTRODUCTION

Uganda is a small and fertile landlocked country in east Africa. Despite having no coastline, the lush country boasts the Rwenzori "Mountains of the Moon" in its west, and the shores of Africa's largest lake in the east, Lake Victoria. It shares borders with the Democratic Republic of the Congo, Kenya, Rwanda, Sudan, and Tanzania (Appendix 1). Its total land area of just over 240,000km^2 is about 1/40 the size of Canada, with approximately the same population. Approximately half of the Ugandan population is 14 years of age or younger. It has the third highest birth rate in the world (47.84/1000)[1] and it's population growth rate of 3.2% is higher that the sub-Saharan Africa average of 2.4%[2]. The country was abused by its leaders throughout the 1970s and early 1980s, but has had relative political stability since the mid-1980s under the rule of President Yoweri Museveni. However, as the country was returning to peace during this time and enjoying economic growth, another threat emerged. Since the first case of acquired immune deficiency syndrome (AIDS) in 1982, Uganda has been devastated by this epidemic that, over its course, has resulted in 2.6 million Ugandans infected, with an estimated 1.6 million deaths. The adult life expectancy is only 53 years[1], and AIDS is cited as one of the leading causes of poverty in the country.[3]

1.1 Background

Global HIV/AIDS

A 2008 report on the global AIDS epidemic from The Joint United Nations Programme on HIV and AIDS (UNAIDS) highlighted that despite appearing to have stabilized throughout the decade, the global human immunodeficiency virus (HIV) epidemic continued to have high levels of new infections and AIDS deaths (Appendix 2). In 2007, an estimated two million people died of AIDS, and 2.7 million new infections were acquired, bringing the total number of people infected with HIV to 33 million people.[4] The number of new infections was down from 3.0 million, estimated in 2001, and the number of death had risen from 1.7 million in the same time period. Although the HIV

prevalence has remained relatively unchanged, the overall number of people with HIV has increased as treatments extend lives and new infections continue to outnumber HIV-related deaths.[4] In regions outside of sub-Saharan Africa, most new infections happen in injecting drug users, men who have sex with men, and sex workers. This region, where the majority of new infections are through heterosexual transmission, is burdened with 67% of all people living with HIV and in 2007; of the 2.7 million new infections globally in 2007, 1.9 million were in sub-Saharan Africa.[5] The global proportion of women infected with HIV is steady at 50%, but is increasing in some regions, and is nearly 60% in sub-Saharan Africa (Appendix 3).

HIV destroys the immune system, and over time leaves the host susceptible to deadly opportunistic infections (OIs). As there is still no cure, combination anti-retrovirals (cARV) remain the best option for prolonging life and increasing quality of life. The World Health Organization (WHO) recommends initiating drug therapy when a patient has a CD4+ cell count of <350 cells/μm^3, or when the patient has reached stage III or stage IV of the WHO clinical stage framework.[6] Once cARV treatment is determined to be necessary, patients must receive these drugs daily for the rest of their lives. Adherence is crucial to prevent treatment failure and development of resistance, and the drugs must be taken almost exactly as prescribed.[7]. The difficulty adhering to this treatment makes it hard for individuals to start therapy and remain on it. The benefits of receiving this treatment are great, and cARV is a crucial component in any effective HIV/AIDS treatment and control program. However, even as drugs are becoming easier/cheaper for low-income countries to acquire and are available to patients free of charge, many other barriers to providing universal access to treatment exist. Many patients cannot afford the transportation costs to get to the clinics to pick up the drugs, as clinics are often in central locations. The number of people who need cARV is still very high, and globally, it is estimated that only 42% of people who need it are actually receiving it[5]. At the end of 2007 the WHO estimated that in sub-Saharan Africa only 30% of people who needed cARV were actually receiving it[4], although this is up from 23% in 2006[8] and 17% in 2005.[9]

HIV in Uganda

Since the recognition of the epidemic in 1982, Uganda has experienced prevalence of HIV infection up to 18%. The epidemic began in the major urban areas and along the main road networks, with heterosexual contact being the most frequent transmission pathway. During the first phase of the epidemic, lasting until the early 1990s, the epidemic reached its peak with a national antenatal HIV prevalence of 18% in rural areas and 25-30% in major urban areas.[2] At this time, a comprehensive prevention program was established, including home-based care for AIDS patients, counseling, various approaches to health education and behavioural change promotion, treatment of sexually transmitted infections (STIs) and social marketing of condoms. This is thought to be the best explanation for the decline in new infections from the early 1990s.[10]

Throughout the 1990s the second phase of the epidemic showed declining prevalence, especially in the urban areas. Throughout the country, HIV prevalence declined at both antenatal clinics and voluntary counseling and testing (VCT) sites. This trend was attributed to an increased age of sexual debut, a reduction in sexual partners outside of marriage, and increased use of condoms.[2]

Throughout the 2000s, the prevalence has stabilized at a level ranging from 6-7%, and the most recent (2007) estimate is that 5.4% of its population aged 15-49 is HIV+, according to UNAIDS/WHO[11], down from 6.3% in 2005.[3]

Uganda has made a strong effort to widely provide treatment to those who need it and has made cARV provision a top priority in the battle against HIV/AIDS. Uganda began supplying cARVs through the Joint Clinical and Research Center (JCRC), but the price that patients had to pay for drugs prevented the majority of Ugandans who needed them from receiving them. In 2003, the Ministry of Health (MoH) designed a cARV policy, following which the Uganda AIDS Commission (UAC) launched free cARVs in the public health sector. In addition to needing to provide cARVs for free, successful cARV therapy requires accessibility to testing and monitoring facilities, and treatment support. In the Annual Health Sector Performance Report for the 2006/2007 Financial Year, they

noted that 389 laboratory personnel and 178 non-laboratory workers were trained in rapid HIV testing, 180 clinicians and 160 counselors were trained in appropriate use of the laboratory, and 25 laboratory technologists were trained in routine servicing and repair of CD4 cell counting equipment. Laboratory infrastructure in 32 health centre IVs was rehabilitated. At the end of 2007, Uganda had about 286 cARV sites.[12] Figure 1 shows the rise in cARV provision from 2000 to 2007.

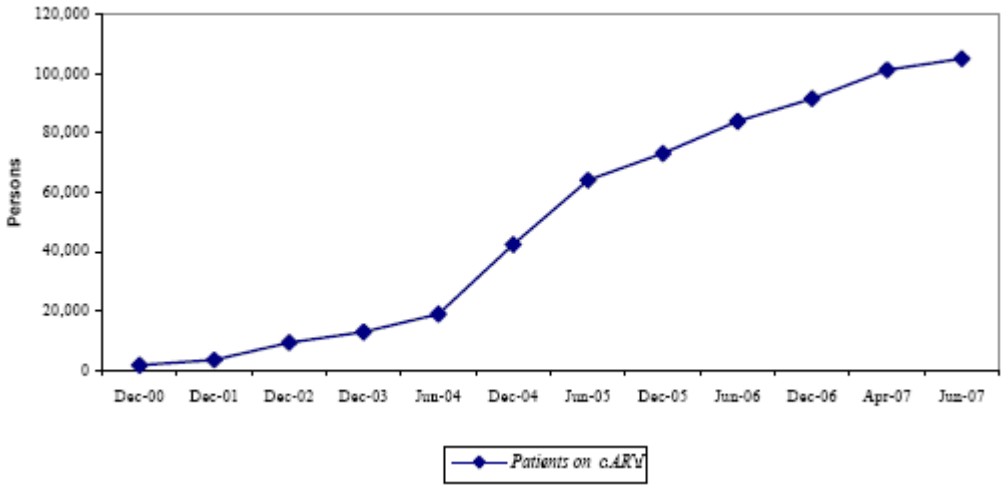


Figure 1: Trends in Provision of cARV for Period 2000-2007[12]

Despite these improvements, in the National Strategic Plan for HIV/AIDS Uganda 2007/08 - 2011/12, they estimated that only 39%, of those needing cARVs were receiving them at the end of 2006.[13]

In Uganda, health units are only located in 41.5% of the parishes (4,618 in total within 178 counties).[14] Also, a lack of human resources has been cited as a huge barrier to providing treatment. A study in 2007 analyzed the gap between necessary and available human resources to treat HIV/AIDS (HRHA).[15] They calculated that to achieve universal coverage of cARV programs in sub-Saharan Africa by 2017, the number of HRHAs that needed to be added were twice the number that were already present, each year. This would require drastic changes, such as increased number of programs to train new HRHAs and increased incentives for HRHAs to work in high-need areas, or utilization of existing community resources.

In October 2007, the Ugandan MoH reported weak district capacity in implementing their strategic plan for universal access to cARV in Uganda. In particular, they noted weak monitoring systems, inadequacies in diagnostic equipment, frequent stock-outs of health commodities, and difficulties in coordinating partners.[13] They acknowledged the lack of HRHAs and recommend scaling-up treatment through using community-based approaches.

The AIDS Support Organization (TASO) of Uganda was founded in 1987 to provide support and counseling to AIDS patients, and has since expanded to include home-based care and community out-reach clinics, and assists cARV providers in ensuring adherence to treatment is followed.[16] JCRC, which initiated cARV services in Uganda in 1992, has established 52 satellite clinics and 25 outreaches in lower health facilities. They have cumulatively reached over 75,000 patients. They have built 8 regional centers of excellence to provide services including OI diagnosis, testing, CD4 cell counting, and toxicity monitoring. They have also employed a community-based adherence promotion strategy in all of the major regions in the country.[17]

Kabarole district

Nestled at the foot of the Rwenzori mountains, Kabarole District was home to 383,000 people (50.0% males) during the 2002 Population and housing census. At a population growth of 3% annually, the population in 2009 is estimated to be approximately 442,000. The district is split into 16 sub-counties with 582 villages, and the average household size is 4.6 persons. The majority of people, 85.4%, are engaged in agriculture, and 82.5% of the population lives outside of urban centers.[18] The main staple foods include bananas, maize, beans, millet, cassava and rice. The main trading center of Kabarole District is Fort Portal, which is located 318 kms west of the Ugandan capital of Kampala. There are 130 primary schools and 30 secondary schools.

A study in 2002 assessed the poverty level in several districts of Uganda; the authors determined that 32% of households surveyed in Kabarole fit into their

category of "poorest". Table 1 shows the percentage of Kabarole households surveyed that fit into some categories used for the assessment.

Table 1: Percentage of surveyed households in Kabarole District that had selected indicators of poverty 2002[19]

Indicator of Poverty[a]	% Households (n=400)
Do not own land or own <1 acre of land	29
No one in the household is engaged in non-agriculture sources of income	42
No animal ownership	21
Experience a period of food shortage within the last year of 2 months or more	39
Live houses of mud with thatched roofs or roofs of old tins	12
Someone in the household suffers from TB, HIV/AIDS, anemia or chest related diseases, or is disabled	24
Have children between 6 and 12 years who are not in school	19

[a] Categories are not mutually exclusive

Almost half of the population is aged 0-14 years (49.3%). Only 39% of births happen at health facilities. The most basic health facilities, health centre IIs, make up the majority of the facilities, (29/53 total), followed by 18 health center IIIs, three health center IVs, and three hospitals. Throughout Ugana, health center IIs should have an outpatient clinic, treat common diseases and offer antenatal care. Health center IIIs should run a general outpatient clinic, staff a clinical officer, contain a maternity ward and have a functional laboratory. Health Center IVs have the same kind of services as Health Center IIIs, but should staff a doctor and be able to admit patients. Facilities should include separate wards for men, women and children, and a theatre for emergency operations. All three hospitals are located in Fort Portal, the district capital. Hospitals should include specialized clinics and consultant doctors.[20]

The under five year mortality rate is 129/1000 live births, and the life expectancy is 46.7 years. The prevalence of HIV was calculated to be 11.3% in 15-49 year olds during the 2005 sero-behaviour survey carried out by the government (personal communication with a district health official), although the prevalence at VCT sites was estimated to be 18-22%. At the time of writing,

cARV was offered at six facilities in the district, including the 3 hospitals in Fort Portal, two health center IVs in the western area of the district, and one health center III in the southern area. Figure 2 shows the approximate location of the programs within the district.

Figure 2: Approximate location of the six health facilities offering cARV programs in Kabarole District. a) Joint Clinical Research Center at Buhinga Hospital, b) Kabarole Hospital, c) Virika Hospital, d) Bukuuku Health Center IV, e) Kibiito Health Center IV and f) Rwimi Health Center III

1.2 Literature Review

A literature review was completed using the following databases: Medline, Embase and Global Health. Searches included combinations of the following

keywords: traditional medicine, traditional healers, cARV, treatment, collaboration, HIV infection, rural, and roll-out. A total of 128 articles were found through the initial search and cross-referencing, and after removing those which only dealt with traditional medicines and not the healers, approximately 50 articles remained.

1.2.1 African based Literature

As mentioned, there is a large shortage of healthcare workers HRHA.[15] Several papers referencing the HRHA shortage have recommended using community-based approaches. A review of literature in 2006 looking at models for expanding HIV care in rural settings concluded that one aspect of increasing coverage of these programs was training additional health care providers.[21] Calmy et al in 2004 concluded that simplifying cARV was necessary for scale-up, and a significant part of that would have to be done through decentralization to community settings, and training of local nurses and medical assistants rather than relying on doctors.[22] The reduced reliance on the typical physician-centered models of HIV care has been shown to be successful in countries like Botswana, who reported increased coverage of cARV and HIV programs when the role of nurses was expanded,[23] and other studies have suggested reducing the use of physicians and minimizing transportation required by patients in countries such as Malawi.[24] Also in Malawi, the benefit of community support in AIDS care with respect to measurable treatment outcomes has been demonstrated.[25] An editorial comment in the journal AIDS in 2004 noted that the authors believed that healers were key to scaling up care for HIV/AIDS in sub-Saharan Africa,[26] and other commentaries have offered similar views on whether or not healers would be suitable for collaborating with modern medicine to improve coverage of AIDS care.[27-30] They noted the success in previous programs to involve them in HIV prevention and counseling, and concluded that the next step would be to train them to support VCT, prevention of mother to child transmission (PMTCT), and cARV programs.

The term "healers" is used in this paper to describe all types of non-conventional medical practitioners (a detailed definition of each type found in this study can be found in the results section, page 37). Healers are thought to be widely dispersed in many low-income areas and in far greater numbers than conventional physicians. Because of their location within communities and belief that many villagers still seek them for care, there has been research into the potential role of healers in health care provision. They have been often looked at for collaboration to increase coverage of many different programs. In various countries, they have been trained to refer patients for cleft lip treatment,[31] eye surgery,[32] hearing loss care,[33] tuberculosis[34-36] and malaria.[37] They have even supervised directly-observed therapy (DOT) for tuberculosis, with treatment outcomes no different than standard providers of DOT.[35] A study in Gambia found that healers were eager to learn about tuberculosis and collaborate for control, in a role including referral for diagnosis and treatment supervision.[34] A Tanzanian study described the relationship between a professional healer organization and health care workers (HCW) and highlighted the benefits of providing treatment for diseases through combined work.[38]

Many studies have looked at the potential to involved healers in different aspects of HIV/AIDS care and prevention. A Zambian study found that healers and HCW were willing to collaborate for HIV prevention; before cARV was even available, healers were looked at to be involved in HIV prevention programs, and identified them as being in a unique position to help change customs and traditions that might lead to increased spread of HIV.[39] A later study in Zambia concluded that most healers and HCWs had no experience in collaborating with the other, and to overcome the obstacles preventing it a broader framework to recognize both healers and HCWs in care would need to be created.[40] The same group published a paper two years later which concluded that despite being seen as vastly different, healers and HCWs shared views of what was important in quality of care for HIV patients and what needed improvement, and this might be a good starting point for collaboration.[41] In one area of South Africa, community

leaders identified healers as a group they would particularly like to see HIV/AIDS programs working with.[42]

A program to train healers for HIV/STI prevention and care was done in 2006 in South Africa.[43] They found that the healers had increased knowledge of the topics and improved safe practices in traditional treatments and community education and condom provision, but referrals to health centers by healers did not increase. The collaboration with healers for HIV care has also been supported by the South African Department of Public Health.[44] A study in 2008 looked at the quality of life (QOL) based on HIV-related symptoms, and found that patients using traditional African care during that time had a significantly higher increase of QOL scores compared to those using western care, and reasoned that the traditional care sites offered psychosocial support and were more culturally appropriate.[45] They concluded that healers were an underutilized community resource in the delivery of cARV. Another study in South Africa aimed to find motivational factors that might promote healers to accept and support cARV programs. They concluded that the healers believed in the therapeutic value of modern treatment, that it was their culture to provide health services and this motivated them to provide care, and if an effort was made to incorporate them into care, many sub-Saharan countries might strengthen their ability to provide cARV in resource-poor settings.[46] In an attempt to encourage cross referrals, reduce contraindications between traditional and modern medicines and improve testing rates in men, a South African program trained healers to promote modern care. The study found that the healers were especially successful as advocates for the testing of men, and the bonds created between the healer and the clinics have resulted in the HCWs enthusiastically approving their involvement.[47]

The value of culturally appropriate care has been documented, as papers continually highlight the preference of healers by rural patients in Africa. A paper that looked at the literature regarding the role of the African healer in 2006 highlighted the importance of bringing them into mainstream care because the share the same history and culture with those who consult them.[48] They state that because healers understand and accept the concept of health as being determined

by the interaction between psychological, social and cultural factors along with biochemistry and physiology, they are sought after for care. In Malawi, one study found that 37% (n=498) of patients diagnosed with an STI had been to a healer prior to seeking care.[49], and described the pattern of treatment seeking as home remedies, then visiting a healer, followed by seeking modern care if symptoms persisted. A qualitative study of health seeking behaviour in Tanzania found that villagers generally sought healers because of familiarity, trust, accessibility, expense, payment plans, the perceived cause of the disease, and the nature of the illness,[50] and the views of healthcare workers in South Africa support this.[51] In South Africa, a study of health seeking behaviour related to infectious diseases found that villagers often first attribute their disease to non-pathogenic causes, leading them to seek ineffective treatments from healers[52] and that a stronger belief in ancestral protection was associated with a more negative attitudes toward AIDS precautions.[53] In Kenya, the belief that traditional medicines treated the root cause of a disease and not just its symptoms led patients to seek healers for STIs.[54]

Some challenges have been brought up regarding involving traditional healers in HIV/AIDS care. An overview of these challenges published in 2006 highlighted the fear of potential harm to patients with unsterile traditional practices, the risk of healers exploiting patients for money, and interactions between herbal drugs and modern drugs.[55] Traditional medicine has been shown to negatively impact adherence, and one South African study reported that patients would interrupt their cARV to take traditional medicines so that they were not taking them concurrently.[56] A different study in the same country reported that 32% (n=44) of participants were using traditional medicines at the same time as receiving modern H IV/AIDS care.[57] However, they did not differentiate between patients using and not using cARVs**.** A 2007 paper outline remaining obstacles to cARV in South Africa listed traditional medicine as a challenge, mainly because of the fear that traditional medicines are promoted as viable or superior alternatives to cARV.[44] In Nigeria, lack of knowledge about causes of malaria and belief of traditional causes stopped healers from referring

patients to modern care.[58] A Tanzanian program that involved healers in managing HIV/AIDS reported that collaboration was not as easy as reported in literature, and patience and tolerance from both sides were requirements to cultivate respect, confidence and trust, and may take years to develop.[59]

A few papers have offered insight into standards for collaboration. A regional task force in 2003 developed guidelines for involving healers and traditional medicine in prevention and care for HIV/AIDS.[60] The standards referred to evaluating traditional medicine, spiritual healing, prevention and care, standardization of herbal medicine, indigenous knowledge, and intellectual property rights. A study in Zambia took a community based approach to ask the similar question of what prerequisites should exist for collaboration.[61] Similar to the regional task force in 2004, the community mentioned protection and compensation of healers and respect for secrecy in traditional medicine. In addition to these elements, they also recommended improving healers' qualifications, educating them along with HCWs, and more community involvement in the process. Few papers have addressed how either potential patients or healthcare workers feel regarding collaboration with healers to provide modern care to rural patients. A Zambian study in 2006 pointed out this gap, stating that while healer's views are often presented, healthcare views are often left out.[61] This study also interviewed healthcare workers, and they were found to believe in the value of healing, and were positive about collaborating with healers. A previous study in Zambia found that of the 27 healthcare workers they interviewed, 52% felt positive about collaborating with healers.[39]

1.2.2 Ugandan based Literature

As mentioned, the Ugandan Ministry of Health estimated that over half of those that need cARV are currently not receiving it.[12, 62] There are several reasons for this, including inaccessible centralized care and lack of human resources necessary for increased coverage. The distance that patients have to travel to reach clinics limits accessibility[22], and a study in 2006 found that only 69% of rural Ugandans were within 5 km of a health care facility.[63] Because of the

limited access to health care facilities, home-based treatment has been looked at as an alternative. TASO, a Ugandan non-governmental organizations (NGO), provides home-based support to AIDS patients, including visits to resupply medicines. An evaluation of their program found that the home based program achieved 90% reduction in mortality of the HIV infected participants, along with reduced mortality in their uninfected children and lower instances of orphan hood. [64] TASO has also reported that good adherence can be achieved in the home based program,[65] and that patients can be managed at home without routine laboratory monitoring.[66] The Home-Based AIDS Care Program (HBAC) completed an evaluation of their services, and found that over 80% experiences positive social outcomes.[67] They measured family support, community support, and strengthening of sexual relationships at baseline and after 3 months of follow-up, and found that in those who experienced an improvement in social outcomes, 84% attributed that improvement to participation in the HBAC program. A community based cARV program measured changes in health related quality of life in rural Uganda and found that after one year, patients achieved successful clinical outcomes.[68]

In Uganda it is estimated that there is one healer for every 700 people, compared to one doctor for every 25,000.[69] The MoH estimated that 60% of the population uses traditional medicines, and a study in 2005 found that in Kabarole district,[12] 94.2% of people living with HIV/AIDS reported using traditional medicines at some point, and 59.4% of those on cARVs used them.[70] This same study identified that most patients did not discuss their traditional medicine use with their healthcare provider, although many said they would if directly asked.[71] A study of sexual health of young people in Adumani district in northern Uganda found that youth were seeking healers for treatment and education.[72] This proximity to villagers and the fact that they are sought by them, makes the healers targets for training to provide sensitization and prevention to rural communities. Healers have been able to successfully adapt their practices to include HIV prevention.[73] A paper in 2003 recommended that traditional birth attendants (TBA) be trained to deliver nevirapine to HIV positive mothers for PMTCT.[74] A

study in 1999 to evaluate the effectiveness of traditional medicines to treat herpes zoster used a collaborative approach, and concluded that collaborative research involving healers and medical doctors was feasible.[75]

Traditional and Modern Health Practitioners Together against AIDS (THETA) was founded in the early 1990s by Doctors without Borders, and TASO. Early on in their work, they found that healers were able to educate their communities and welcomed affiliations with doctors and hospitals. In addition to evaluating the efficacy of traditional treatments, THETA's long-term goals are to continue promoting acceptance of traditional medicine, fostering partnerships and flow of information between practitioners, and providing community support.[76] Uganda also has the Natural Chemotherapeutics Research Laboratory which aims to standardize holistic health care therapies and institutionalize traditional medicine into the health care sector through research.[77]

All of these studies reveal that healers are generally very open to collaborate with the western health care system and are willing to be trained.

1.3 Purpose of Study

There is a large gap between the coverage of cARV programs and the number of people who require treatment, particularly in rural areas. Community-based initiatives are necessary to scale-up cARV programs. Healers have been shown to be able to play a role in other aspects of HIV care including prevention, and have been utilized to provide long-term treatment for other diseases such as tuberculosis. Community-based approaches to cARV in Uganda have been successful, as well as initiatives to bring collaboration between healers and modern care. Currently, no studies to have analyzed which characteristics of healers might identify which ones would be most suitable for collaborating with modern care, or which ones would be more willing. The purpose of this study is to assess the feasibility of including healers in the Kabarole district in community-based cARV programs to increase program coverage in this rural area. The objective is to measure healers' current knowledge and willingness to collaborate, collect characteristics of the healers, and determine which groups of healers are

more likely to be willing to participate. This study will also collect qualitative data to elicit reasons why healers would or would not choose to participate in cARV in this capacity, what patients would think of having healers involved in cARV provision, and what HCW think of working with the healers.

1.3.1 Research questions

The following questions will be addressed by this study:

1. What knowledge do healers have of HIV/AIDS and cARV?
2. What is their attitude towards HIV/AIDS patients and cARV?
3. What are their current practices involving collaboration with HCW?
4. Are healers willing to collaborate to provide cARV care and HIV prevention?
5. What ways could they be involved in cARV care and HIV prevention?
6. What barriers are present to inhibit collaboration between healers and HCW

Chapter 2: METHODS

2.1 Introduction

This study design was non-experimental and cross-sectional and utilized both quantitative and qualitative methods. The two methods were utilized to answer different research questions; research questions 1-4 were answered using quantitative methods, and research questions 5-6 were answered using qualitative methods. Data from each type of method were analyzed separately, and was obtained from three sources: healers, HCWs and HIV positive patients on cARVs. Structured questionnaires and semi-structured interviews were used.

The timeline of the study allowed for preliminary data collected during the quantitative survey to be used to inform interviews and discussions that occurred later in the study. Data collection took place from September 9 to December 15, 2008 in both Kabarole and Kyenjojo districts in western Uganda. Questionnaires were carried out in every sub-county (n=14) of Kabarole and six of the 14 sub-counties in Kyenjojo (Appendix 4). FGDs were held in the towns of Fort Portal and Kyenjojo. Of the six interviews with health care professionals, four were carried out in Fort Portal, one in Rwimi trading center and one in the town of Kyenjojo.

2.2 Ethical Considerations

Preliminary approval for the study was obtained from the University of Alberta's Department of Public Health Sciences and Health Research Ethics Board (Panel B). Final approval was obtained in Uganda from the National Council for Science and Technology in Kampala and the District Health Officer in Kabarole District.

Privacy and Anonymity

The privacy of each participant was ensured by allotting each respondent a number as the data was collected. After a number was assigned, it was used as a substitute for the participant's name in all following documents. No names have been or will be used in the reports, presentations, and documents generated from

this study. The researcher kept a record of participant names with corresponding numbers, and this information will not be revealed to anyone other than the co-investigators. Access to confidential data was restricted to the principle investigator and co-investigators. This data will be locked in a filing cabinet in Fort Portal for five years, and then destroyed.

Participant recruitment was conducted in a manner to best protect the participant's anonymity. Research assistants (RAs) ensured that participants felt comfortable with the interview location, and participants were given an opportunity to select a different time or location. Patients from existing support groups were selected to participate in FGDs to avoid inadvertent disclosure of serostatus, as group members were already familiar with the other participants and prior to study enrolment had chosen to disclose their status.

Informed Consent

Before starting any FGDs or surveys, information on the study was provided to the participants in the Rutooro language, and all participants had the option of having the information explained to them instead of reading the information sheet (Appendices 5-8). They were asked to sign a consent form indicating they understood the study and agreed to participate (Appendices 9 and 10). Illiterate participants were asked to place a thumbprint in the designated area on the consent forms.

Possible Adverse Effects

As this research addressed potentially sensitive personal topics, tension and emotional distress was a risk during questioning. Participants were explicitly reminded of their ability to refuse to answer any questions or withdraw from an interview or FGD at any time.

Although eliminating other possible adverse events could not be guaranteed, all feasible measures were taken during the study to protect the participant's confidentiality and avoid harm. Those included but are not limited

to: discreet methods of participant recruitment, the selection of private, neutral interview locations, and using numbers in the place of names to protect confidentiality.

In the case of adverse events occurring as a result of participation in the study, the principle investigator, project supervisor and research team were available to provide support.

2.3 Research Team Training

The research team consisted of the researcher, and three RAs who were hired to aid in data collection. The researcher thoroughly discussed both the purpose of the project and the methods with the research team, and had training sessions to explain how to obtain informed consent, conduct surveys, and recording data. All RAs were fluent in both English and Rutooro.

RAs were asked to complete pre-test questionnaires as practice for both the survey tool and their interviewing skills. Any questions they had regarding interviewing or the survey tool were dealt with prior to starting data collection. While collecting data from the field, the researcher met with each RA at the end of the day to pick up completed surveys and discuss any issues that may have arisen. No significant problems with interviewing were reported to the researcher.

2.4 Study Population and Recruitment

Healers

Individuals aged 18 or older were eligible to participate in this study. Prior to commencing the research, a list of healers in Kabarole District that were enrolled in the Kabarole Traditional Healers and Herbalists Association (KTHHA) was obtained from the chairman of the association. As this association was created prior to 2001, members were from what are now 2 different districts: Kabarole and Kyenjojo. After cleaning the list for duplicated entries, 359 healers remained. Unfortunately, the list did not include sufficient address information to locate participants. In addition, it was outdated and included individuals who had only participated in one workshop and were not healers. As such, the list was

determined to not be suitable for random selection of study participants. Healers were selected by travelling to trading centers in every sub-county in Kabarole and western Kyenjojo and enquiring about healers in the area. Healers that were included on the list from the KTHHA were asked for by name. By recommendation of the chairperson of the KTHAA, we also enquired with the healers who had been selected for interviews to ask if they knew other healers in the area. A final list of all the healers that could be located was created, and all healers were included in the study.

Participants were eligible to be recruited if they were identified by either the list of healers from the KTHHA or their village mates, and were ineligible to participate if they did not self-identify as a healer. To randomly select which potential participants were recruited for a questionnaire and which for a FGD, the order of recruitment was determined prior to going into the field. For instance, it would be determined that the second male healer located on a given day would be recruited for a FGD, and all other healers located would be asked to complete a survey. Transportations costs to attend the discussions were provided at the end of the discussion; participants were informed prior to beginning the discussion that if they had to leave before the discussion ended their costs would still be provided. A light snack, sodas and water were also provided. For healers completing surveys, a bar of soap was given to them as a small token of appreciation for their time.

Patients

A post-test club within Fort Portal was chosen to recruit potential participants for FGDs with patients. Individuals were eligible to participate if they were aged 18 or older, and were currently a member of the post-test club. A support worker who moderated a post-test club was approached and asked to inform club members about the study and speak to patients about participating in a FGD. Patients who were in attendance at the post-test club meeting on the days of recruitment were invited to participate in the FGD.

Transportations costs to attend the discussion were provided at the end of the discussion; participants were informed prior to beginning the discussion that if they had to leave before the discussion ended their costs would still be provided. A light snack, sodas and water were also provided.

HCW

Five sites offering cARV services were identified, four within Kabarole District and one in Kyenjojo District. HCWs were eligible to participate if they were aged 18 or older and worked at one of these sites. They were ineligible to participate if they were not involved in some way with cARV provision, or if another HCW from the same site had already participated. Two district officials were identified as informants as well. HCWs at the identified sites were approached based on their available time during the visit to the site. The first potential participant located was invited at each site. Both district officials were approached and invited. The interviewer travelled to most interviews, however, if the participant had to travel their costs were reimbursed.

2.5 Quantitative questionnaire with healers

Developing the Survey Tool

The questions asked in the questionnaire (Appendix 11) were derived from previous research in Kabarole District. The questionnaire consisted of 61 questions and collected information on demographic characteristics, their knowledge of HIV/AIDS and cARV, attitude towards HIV/AIDS and cARV, current medical practice involving HIV/AIDS patients, current linkages with HCWs and government health services and willingness to participate in provision of cARV.

The questionnaire was developed by the researcher before traveling to Uganda. Prior to conducting the survey, consultations with an employee of the district health office as well as the chairman of the KTHHA were completed to determine if questions were culturally acceptable and relevant. The survey was translated into the local language, Rutooro, and back translated into English by an

individual who did not complete the original translation. The two documents were compared to assess the linguistic reliability, and corrections to the Rutooro version were made. Also, a pre-test was conducted to assess the sequence of questions and terminology. We selected seven volunteer clinical officers for the pre-test so as to not interfere with the selection process for study participants. RAs were trained to conduct the survey, and each then conducted two to three pre-test surveys and recorded any issues that were encountered. Several minor changes to question wording and multiple choice selections were made after pre-testing.

To test the reliability of the instrument, 12 individuals were randomly selected for a test-retest 7-25 days after their initial survey and the responses were compared to observe differences in responses to questions by the same individual at different interview times.

Collecting Quantitative Data

Data obtained through the questionnaire was recorded directly onto the document at the time of interviewing by the RA. All short-answer responses to open-ended questions were recorded by the RA in English. The questionnaires took approximately 30-45 minutes to complete. After collection was completed, questionnaire data was entered into an Access database by the researcher and was back-checked to ensure accuracy. All data entry was completed prior to leaving Uganda

Analyzing Quantitative Data

Data cleaning and analysis was completed in SPSS13.0. Different items of the questionnaire were summarized and coded. Certain questions were combined to create an index score; these were: knowledge of HIV/AIDS and cARV, attitude towards HIV/AIDS and cARV, current collaboration with modern healthcare providers, and willingness to collaborate to provide cARV. If an individual had a missing response for a question that was used to calculate an index score, their score was determined based on the number of questions that had

recorded responses. Seventeen of the index scores had to be recalculated for missing one response, and one had to be recalculated for missing two responses. Each of the four variable scores were dichotomized into "high" and "low" categories (see table 2).

Table 2: Questions used and excluded in creating aggregate scores. See appendix 10 for survey questions.

Outcome variable	Knowledge about HIV/AIDS and cARV	Attitude towards HIV/AIDS and cARV patients	Previous experience in collaboration with HCW	Willingness to collaborate in the future
Questions used to calculate score	26, 28-32	33-42	49,50,52,54,55	56-61
Maximum score possible	6	10	8	7
High score cutoff	5	8	4	5
Comments	Question 27 was not included because the researcher did not feel the question was asked in a consistent way between RAs	n/a	Questions 51 and 53 were not included and were asked about collaboration with other healers. Question 55 consists of four types of contacts and one point was given to each contact	For question 59, two points were given for saying they would volunteer

Bivariate logistical regression was completed using "high score" of each of the four index measure as outcome variables, and demographic characteristics as predictor/independent variables. The demographic characteristics that were examined separately were sex, age group, marital status, ethnicity, education level completed, district of residence, main occupation, religion, frequency of church attendance, source of income, enrollment in a professional association, type of healer, type of training, number of clients per month, and distance from a health center. Characteristics found to increase the odds of having a high score in the bivariate analysis were included in a multivariate model. A p-value of 0.2 or less was used as the cutoff for inclusion. Ethnicity was excluded from multivariate

analysis, and all models were adjusted for age and type of healer. As both sex and type of healer could not be included together in multivariate analysis because of low numbers of males in two categories of healers, type of healer was determined to be more important than sex and included in the multivariate models.

The multivariate logistic regression models were built using backwards elimination. Initially, all of the above-mentioned variables were included. After each step, the variable with the highest p-value was removed from the model, one at a time. This was repeated until all the variables left in the model had a p-value of 0.05 or less. After this was completed, potential confounding variables were added one at a time, and the change in the odds ratio (OR) was monitored. Any variables changing the OR more than 25% was left in the final model. Change in OR was measured by dividing the absolute value of the difference between the OR without a confounder and the OR with a confounder, by the OR with confounder.

$$\frac{|OR_{\text{with confounder}} - OR_{\text{w/o confounder}}|}{OR_{\text{with confounder}}} * 100$$

The final models were tested for possible interactions, none were found.

2.6 Qualitative Focus Group Discussions and Interviews

Developing Interview guides

FGD topics were derived from previous work involving healers[78], and adapted to elicit further information regarding attitudes and perceived barriers towards modern health care collaboration for cARV provision (Appendices 12 and 13). They also addressed topics identified in the questionnaires. RAs were trained in basic qualitative research techniques, and the topics for each FGD were reviewed extensively. All FGD guides were translated into Rutooro, and translated back into English by a different individual to confirm the linguistic reliability of each document.

Interview guides for semi-structured interviews (Appendices 14 and 15) with HCWs were designed based on data collected from questionnaires and discussions with healers. The researcher aimed to discover how HCWs view

healers within HIV/AIDS care, what factors currently prevent universal coverage of cARV programs, what barriers they perceive to working with them to expand these programs, and how they believe this collaboration would affect patient care. As HCWs are generally fluent in English, all interview documents were written in that language.

Recording Qualitative Interviews

Prior to commencing the discussions and interviews, approval for audio-taping was obtained from the participants. The discussions were recorded using two digital recording devices, and an RA made additional field notes during the sessions. Each FGD lasted approximately one to one and half hours. Four FGDs with healers were completed, two with female healers and two with male healers. Two FGDs with patients from rural areas were completed, one with female patients and one with male patients. Verbatim transcriptions of the FGDs were made from the recordings by the RA who moderated the discussion, and the transcripts were then compared to the digital recordings by a person that did not complete the transcription to ensure accuracy of both the translation and the transcription.

Transcriptions of the HCW interviews were completed by the researcher. After the transcriptions were completed, they were each compared to the original recording to ensure accuracy of the transcription.

Analysis

Analysis began in Uganda through discussing the main ideas that were presented during FGD with the RAs after they had been completed, as well as through reviewing field notes after each HCW interview. The rest of the data analysis was completed in Canada. Client FGD, healer FGD, and HCW interviews were coded separately using NVivo Qualitative Analysis software. The codes were then grouped to generate major themes. Validation was completed by the discussion moderator briefly summarizing the key points at the end of the discussion, and asking if any participants would like to make and clarifications or

further comments. After completing data analysis, the researcher discussed the analysis with other researchers familiar with the culture of Fort Portal as well as the executive committee of the KTHHA.

Chapter 3: QUANTITATIVE RESULTS

The results of the survey are summarized here. In total, 211 eligible healers were asked if they would be willing to complete a questionnaire, with only one choosing not to participate because the study would not provide financial compensation for her time. In addition to the 210 who completed a survey after invitation at their homes, nine healers were asked if they would like to complete surveys after arriving for FGDs after they had already begun, resulting in 219 respondents in total.

3.1 Survey Responses

The section will present in detail both the demographic characteristics that were used in the bivariate and multivariate analyses, as well as the distributions of the aggregate scores for the four outcome variables. Tables 3 and 4 display the frequency of responses to "yes or no" and categorical questions. Questions with a high percentage of missing responses were sub-questions which only required a response based on the response given to a previous question.

Table 3: Frequency of responses to Yes/No/Unsure/Refuse to Respond (RTR) questions for 219 Respondents

Question	Yes (%)	No (%)	Unsure (%)	RTR (%)
14. Do you belong to a professional association of traditional healers?	50 (22.8)	169 (77.2)		
17. Do you ever use supernatural treatment?	15 (6.8)	202 (92.2)	1 (.5)	1 (.5)
18. Do you ever use herbs for treatment?	206 (94.1)	13 (5.9)		
20. Do you discuss treatment problems in patients with your colleagues?	75 (34.2)	144 (65.8)		
22. What age are your clients generally?				
Less than 18	173 (79.0)	39 (17.8)	3 (1.4)	4 (1.8)
Ages 18-35	197 (90.0)	15 (6.8)	3 (1.4)	4 (1.8)
Ages 35-50	170 (77.6)	42 (19.2)	3 (1.4)	4 (1.8)
Seniors above 50	109 (49.8)	103 (47.0)	3(1.4)	4 (1.8)
25. Do you charge patients for consultation in addition to treatment?	92 (42.0)	126 (57.5)		1 (.5)
26. Do you know HIV?	150 (68.5)	67 (30.6)	1 (.5)	
26b. Does it cause AIDS?	143 (97.3)	4 (2.7)		
27. Please indicate which of the following are ways that HIV could be transmitted				
Sexual Contact	186 (84.9)	30 (13.7)	3 (1.4)	

Casual Contact	1 (.5)	215 (98.2)	3 (1.4)	
Contact with bodily fluids	132 (60.3)	84 (38.4)	3 (1.4)	
During birth	160 (73.1)	56 (25.6)	3 (1.4)	
Breast feeding	165 (75.3)	51 (23.3)	3 (1.4)	
Sharing needles	144 (65.8)	72 (32.9)	3 (1.4)	
Mosquito bite	26 (11.9)	190 (86.8)	3 (1.4)	
Sharing a wash basin	6 (2.7)	210 (95.9)	3 (1.4)	
Sharing cooking utensils	1 (.5)	215 (98.2)	3 (1.4)	
28. Can condoms be used to prevent HIV transmission during sexual contact?	165 (75.3)	13 (5.9)	41 (18.7)	
29. Can gloves be used to prevent HIV infections?	185 (84.5)	12 (5.5)	21 (9.6)	
30. Is tuberculosis connected to HIV?	150 (68.5)	49 (22.4)	19 (8.7)	
31. Can HIV/AIDS be cured? [a]	4 (1.8)	203 (92.7)	12 (5.5)	
32. Have you heard of cARV or cARV? [b]	195 (89.0)	21 (9.6)	3 (1.4)	
33. Are there any immoral behaviours which can result in HIV transmission? [c]	180 (82.2)	26 (11.9)	13 (5.9)	
34. Do you believe a person can get HIV/AIDS innocently?	175 (79.9)	24 (11.0)	20 (9.1)	
35. Will you agree to treat a patient if you know they have HIV/AIDS?	125 (57.6)	89 (41.0)	3 (1.4)	
36. Do people with HIV/AIDS have a negative impact on the communities that they live in?	61 (27.9)	147 (67.1)	11 (5.0)	
37. Do HIV/AIDS patients have the same right to health care as other people?	202 (94.0)	5 (2.2)	8 (3.7)	
38. How would you regard a person in your community with HIV/AIDS?				
Provide them support through counseling	198 (90.4)	17 (7.8)	2 (.9)	2 (.9)
Provide them help	182 (83.1)	33 (15.1)	2 (.9)	2 (.9)
Discriminate against them	3 (1.4)	212 (96.8)	2 (.9)	2 (.9)
Avoid them	2 (.9)	213 (97.3)	7 (3.2)	2 (.9)
39. Are cARV drugs helpful to people who have AIDS?	195 (89.0)	8 (3.7)	16 (7.3)	
39b. Are these drugs harmful to people who have AIDS?	16 (7.8)	183 (88.8)	7 (3.4)	
40. If you were treating a patient taking cARV, would you recommend that they stop taking it?	16 (7.3)	195 (89.0)	7 (3.2)	1 (.5)
41. Do you think traditional healers and modern medical workers should work together to treat HIV/AIDS?	18 (85.4)	25 (11.4)	7 (3.2)	
42. Should AIDS patients in the hospital wards be separated from other patients?	110 (50.2)	102 (46.6)	7 (3.2)	
43. Do you currently have any patients with HIV/AIDS under your care?	62 (28.3)	155 (70.8)	7 (3.2)	
43c. Have you ever had patients with HIV/AIDS?	51 (34.2)	97 (65.1)	1 (.7)	
44. Do you treat HIV (the virus, not symptoms) with herbs or other treatments?	5 (4.1)	117 (95.1)	1 (.8)	

44b. Can you cure HIV/AIDS?	4 (80.0)	1 (20)	
45. Do you currently have any patients who are taking cARV drugs?	66 (53.2)	56 (45.2)	2 (1.6)
45c. Have you ever had patients who took cARV under your care?	30 (57.7)	20 (38.5)	2 (3.8)
47. If you suspect a patient has HIV/AIDS, do you recommend to them to get tested?	207 (95.8)	1 (.5)	8 (3.7)
49. Do any of your patients receive care from both you and modern health units?	125 (57.1)	73 (33.3)	21 (9.6)
50. Do you refer patients to modern health units?	173 (79.0)	42 (19.2)	4 (1.8)
51. Do you refer patients to other traditional healers?	40 (18.3)	176 (80.4)	3 (1.4)
52. Do any modern health units refer patients to you?	25 (11.4)	146 (66.7)	48 (21.9)
53. Do other traditional healers refer patients to you?	59 (26.9)	121 (55.3)	39 (17.8)
54. Have you ever been invited for training from health units by modern health workers?	64 (29.2)	154 (70.3)	
55. Do you have any contact with the government health care system?			
I socialize with government health workers	21 (9.6)	197 (90.0)	1 (.5)
I consult with government health workers	24 (11.0)	194 (88.6)	1 (.5)
I utilize government health services for my			
own care	64 (29.2)	154 (70.3)	1 (.5)
Some contact	9 (4.1)	209 (95.4)	1 (.5)
None	129 (58.9)	89 (40.6)	1 (.5)
56. Would you be willing to work with modern doctors or health units to provide your patients with HIV/AIDS care	179 (81.7)	38 (17.4)	1 (.5)
56b. Would you be willing to work with anyone to provide your patients with HIV/AIDS care?	4 (10.8)	33 (89.2)	
57. Would you be willing to distribute cARV tablets for treatment of AIDS?	179 (81.7)	39 (17.8)	1 (.5)
58. Would you be willing to visit patients in their homes each week to give them tablets or monitor their HIV/AIDS treatment?	175 (79.9)	43 (19.6)	1 (.5)
59. Would you charge a fee for this weekly service?	157 (71.7)	62 (28.3)	
60. Would you be willing to take training on how to do monitor cARV treatment for HIV/AIDS?	188 (85.8)	27 (12.3)	3 (1.4)
61. Would you be willing to attend monthly meetings of all healer involved in cARV care to discuss the problems arising and share knowledge with your colleagues?	186 (84.9)	30 (13.7)	3 (1.4)

[a] Response numbers were adjusted based on how the respondents believed HIV could be cured. Those that noted a cure may be found through further research were counted as "no" responses, and those who responded that currently herbs could cure HIV were counted as "yes" responses.
[b] A "yes" response was given to any participant who indicated they had heard of cARV, or modern drugs doctors use to treat HIV due to the wording of the translated question.
[c] Participants who listed "rape" or "defilement" as the immoral behaviour were recoded as "no" responses, as the question was targeting negative attitudes towards people regarding behaviours they would choose, rather than things they were forced to do.

Table 4: Frequency of responses to categorical questions (n=219)

Category	n	(%)
1. Sex		
Female	142	(64.8)
Male	77	(35.2)
2. Age Groups		
<40	52	(23.7)
40-65	103	(47.0)
>65	83	(27.9)
Missing	3	(1.4)
3. Marital Status		
Single	46	(21.0)
Married	118	(53.9)
Divorced/separated	4	(1.8)
Widow	50	(22.8)
Missing	1	(0.5)
4. Ethnicity		
Mutooro	143	(65.3)
Muganda	29	(13.3)
Mukonjo	14	(6.4)
Mukiga	22	(10.0)
Other	10	(4.6)
Missing	1	(0.5)
5. Education		
None	95	(43.4)
Primary	88	(40.2)
Secondary	27	(12.3)
Post-secondary	7	(3.2)
Missing	2	(0.9)
8. District		
Kabarole	147	(67.1)
Kyenjojo	71	(32.4)
Mwtara	1	(0.5)
10. Main Occupation		
Agriculture	106	(48.4)
Business	17	(7.8)
House wife	3	(1.4)
Professional[1]	5	(2.3)

Traditional medicine Practitioner	74	(33.8)
Other[2]	14	(6.4)
11. Religion		
Catholic	94	(42.9)
Seventh day Adventist	24	(11.0)
Baptist	6	(2.7)
Muslim	23	(10.5)
Protestant	68	(31.1)
Other[3]	4	(1.8)
12. Frequency of church		
Daily	16	(7.3)
Weekly	161	(73.5)
Monthly	9	(4.1)
Sometimes	31	(14.2)
Unsure	2	(0.9)
13. Healing as Source of income		
Main source	59	(26.9)
Supplementary	141	(64.4)
Voluntary	8	(3.7)
Unsure	11	(5.0)
16. Type of healer[4]		
Faith healer	34	(15.5)
Traditional healer	41	(18.7)
Herbalist only	97	(44.3)
Birth attendant	47	(21.5)
19. Type of Training		
Family-trained	134	(61.2)
Friends-trained	13	(5.9)
Herbalist-trained	21	(9.6)
Inherited	24	(11.0)
Institute/formal training	9	(4.1)
Other[5]	5	(2.3)
Self-taught	13	(5.9)
21. Number of Clients/Month		
<1	26	(11.9)
1-5	102	(46.6)
6-10	42	(19.2)
>10	40	(18.3)
Unsure	6	(2.7)
Refuse to Respond	2	(0.9)
Missing	1	(0.5)
23. Positive feedback from clients		
Always	21	(9.6)
Most of the time	148	(67.6)
Sometimes	45	(20.5)
Never	1	(0.5)

Unsure	2	(0.9)
Refuse to respond	2	(0.9)
25. What do you typically charge patients for consultation?[6]	10	(4.6)
1000 or less	50	(22.8)
1000 to 5000	11	(5.0)
5000 to 10000	8	(3.7)
More than 10000		
33. Immoral behaviours[7]		(5.0)
Forced sex	11	(26.0)
Multiple partners	57	(54.8)
Sexual Contact	120	(1.4)
Other[8]	3	
37. Types of negative impacts to communities[9]		
Intentionally spread HIV	33	(15.1)
Unintentionally spread HIV	25	(11.4)
Social Harms	5	(2.3)
39b. How drugs can be harmful[10]		
Only when misused	8	(3.7)
Side-effects	2	(0.9)
When also taking alcohol	1	(0.5)
When not feeding Properly	2	(0.9)
Missing	3	(1.4)
46. Most suitable traditional treatment for HIV/AIDS		
Modern Medicine, not traditional	31	(14.2)
Modern medicine and traditional	7	(3.2)
Only traditional	19	(8.7)
Traditional for HIV symptoms only	42	(19.2)
Unsure	111	(50.7)
Missing	2	(0.9)
Other[11]	7	(3.2)
48. Distance to health Center		
<1km	14	(6.4)
1-5km	81	(37.0)
>5km	124	(56.6)

[1]Includes occupations that require formal training

[2]Includes boda-boda drivers, dobbis, those indicating "self-employed", tailors, students, politicians and jerry-can repairmen

[3]Includes Born-again Christianity, United Faith and Mwikiriza

[4]Numbers are partially based on survey responses to question 16. If they mentioned more than one type, they were counted as traditional healers over other choices, faith healers over birth attendant or herbalist, and birth attendant over herbalist. Participants recoded as traditional healers if they mentioned the use of spiritual powers in question 17, they indicated treating traditional diseases in question 24a, or they indicated treating modern diseases with traditional methods in question 24b.

[5]Includes those who say it was a gift, purchases, or learned from the radio

[6]Question was only asked to participants who indicated they did charge for consultation in addition to treatment. Percentages are still for the total number of participants.

[7]Question was only asked to participants who indicated there were immoral behaviours which result in HIV transmission. Percentages are still for the total number of participants.
[8]Other refers to behaviours which cannot directly cause transmission, including drinking alcohol, bad company and going to discothèques.
[9]Question only asked to participants who indicated there were negative impacts of having people with HIV in their villages. Percentages are still for the total number of participants.
[10]Question only asked to participant who indicated cARVs could cause harm to patients. Percentages are still for the total number of participants
[11]Other refers to responses of either education or good feeding

Most of the participants were interviewed in Kabarole district (67.1%, n=147). Almost 65% of the respondents were female (n=177) and just over 35% were male (n=42). This distribution has been observed in other population samples from Kabarole district,[79] and may be a result of females being more likely to be at home during the day than males. However, for this population of healers, a more reasonable explanation is that including birth attendants increased the proportion of females, as they are a common type of healer and are typically only females. Also, we did not exclude males that were not at home, but located them or came back at another time.

3.1.1 Demographic Characteristics used in analyses

Age

The age of the participants ranged from 20 to 89 years (mean age 52, SD=17, interquartile range 39 to 65). However, twelve participants did not know their exact age, and the highest age estimate was 100 years (these estimated ages were not included in the mean age calculation, but were included in appropriate age groupings for statistical analysis). Approximately one third, 27.8% (n=60) of the participants were aged 65 or higher, 48.1% (n=104) were 40-65 years of age and 24.1% (n=52) were under 40 years of age. Figure 3 displays the distributions of age categories.

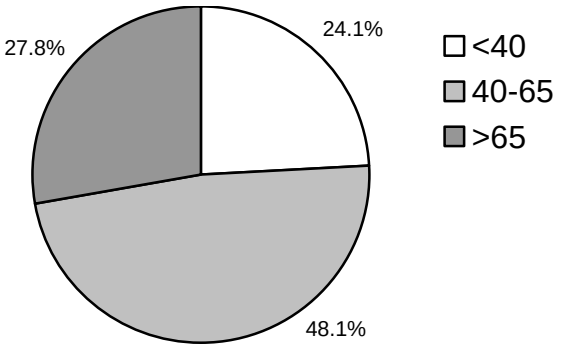


Figure 3: Age categories of survey participants

Marital status

For statistical analysis purposes, due to low numbers in some response categories, marital status was grouped as "currently married" and "not currently married". The last category included those who were divorced (n=2), separated (n=2) and widowed (n=50) and single (n=46). Most participants were married (n=118, 54%). Figure 4 displays the distributions of more specific marital status categories. "Married" status was determined by self-designation by the participant, and no effort was made to determine what each participant defined as "married".

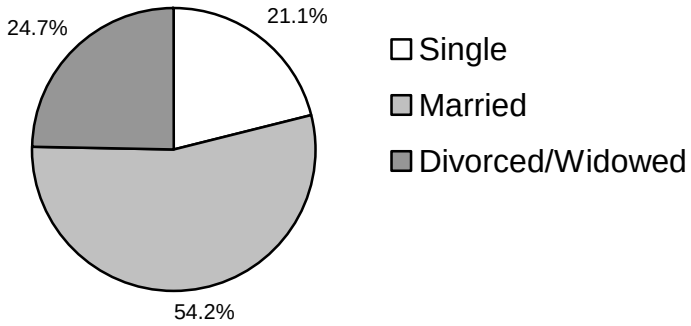


Figure 4: Marital status of survey participants

Ethnicity

The majority of the participants were Mutooro (65.3%), with the next most frequent ethnicity being Muganda (13.3%). Ten different ethic groups make up the "other" category. Figure 5 displays the proportions of participants in different ethic groups.

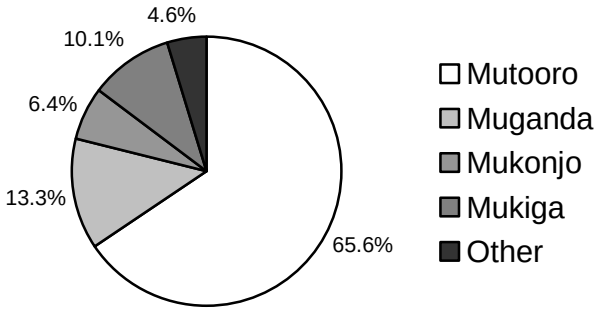


Figure 5: Major ethic groups of participants

Education

Almost half of the respondents had not completed primary education (43.4%). Figure 6 displays the educational attainment of participants.

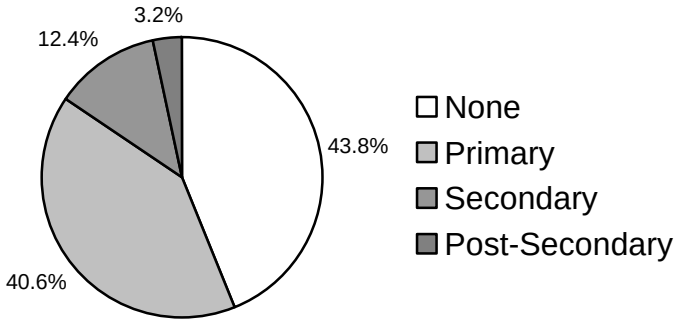


Figure 6: Highest level of education attainment of participants

Main Occupation

Responses to the open ended question regarding the main occupation of the participant were recoded into four major categories. The most common job types were agriculture 48.4% (n=106), and healing (33.8%, n=74). Only 7.8% of respondents indicated they were involved in business (n=17). Figure 7 displays the major occupation categories.

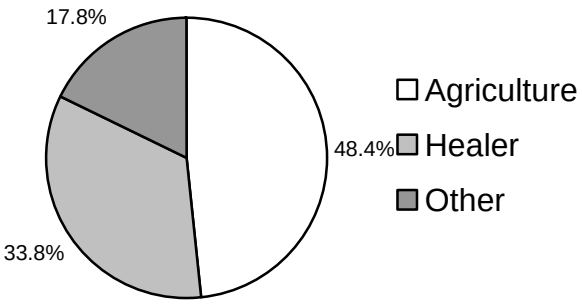


Figure 7: Main occupation of participants

Religion and Church/Mosque Frequency

The main religious groups in the sample were Catholic (42.9%, n=94) or Protestant (31.1%, n=68). Of the 26% (n=57) who were "other", 59% were Muslim. Most participants visited a place of worship on a regular basis (daily or weekly) (80.7%, n=176). Figures 8 and 9 display the proportions of participants belonging to each religious group, and the frequency of church/mosque attendance, respectively.

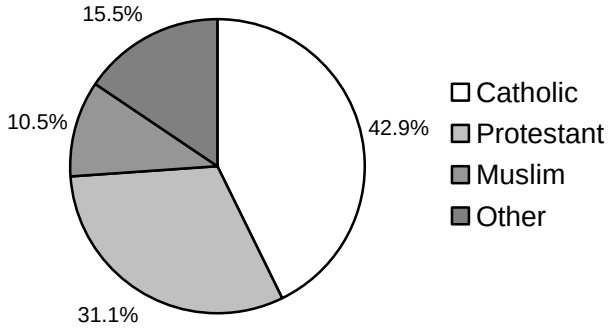


Figure 8: Main religious groups of participants

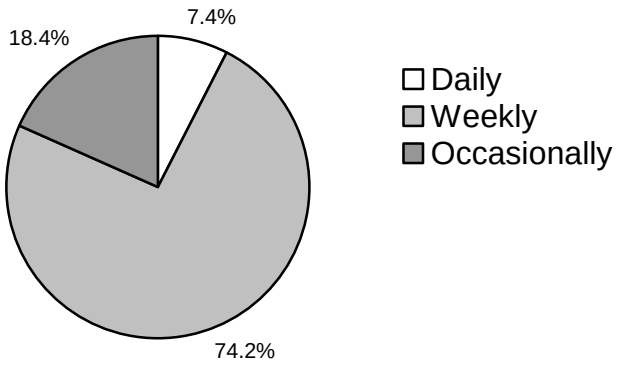


Figure 9: Estimated attendance to place of worship

Income source

The majority of participants (72.0%, n=152) used healing to supplement their income, and did not use it as their primary income source. Eleven participants (5.2%) mentioned they did not charge anything for their services as healers, but they were included in the "supplementary income" category. Figure 10 displays the proportion of participants with different sources of income.

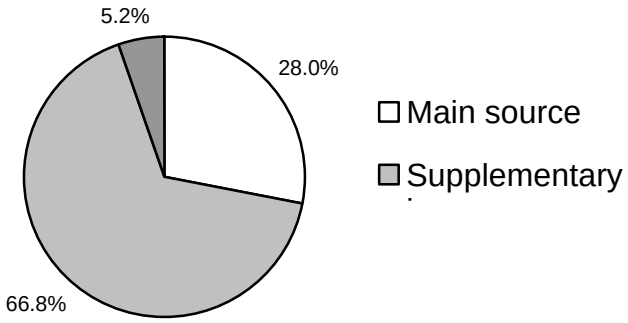


Figure 10: Use of healing as main or supplementary income

Enrollment in a professional association for healers

Only 22.8% (50) of the participants were enrolled in a professional association. Figure 11 displays the proportion of participants enrolled in a professional association.

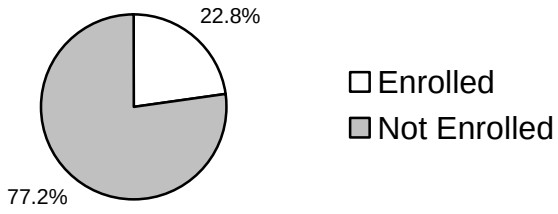


Figure 11: Enrollment in a professional association for healers

Type of healer

Categorizing healers was done in two parts. Initially, each participant was asked to indicate what type of healer they were. After completing data collection, the definitions of each type of healer was confirmed with the chairman of the KTHHA. Many healers indicated they practiced more than one type of healing. "Traditional healer" was defined as a healer who did any of the following: a) stated they were a traditional healer, b) indicated they use supernatural powers to treat or diagnose diseases, c) treated traditional diseases or d) treated modern diseases for which they stated a traditional cause (for example, that they treated malaria caused by witchcraft). Even if they mentioned assisting in births or using herb, these healers were still defined as "traditional". "Birth attendant" was defined as a healer who assisted females in delivering, and only those who indicated "birth attendant" were categorized as such. Similarly, there were no sub-questions to identify faith healers, so only those who indicated that they were faith healers were categorized as such. "Faith healer" was defined as anyone who healed using prayers. Most commonly when indicating more than one healer type, participants indicated they were one of these types and a "herbalist". Participants were only classified as herbalists if they used herbs and did not fall into the other specialties. Only five participants indicated another combination, all were faith healers and birth attendants, and all were classified as faith healers. After reclassifying participants using these criteria, almost half (44.3%, n=97) of the population were herbalists. The next most common type of healer was birth attendant (21.5%, n=47), followed by traditional healer (18.7%, n=41) and faith

healer (15.5%, n=34). Figure 12 displays the proportions of participants in each healer category.

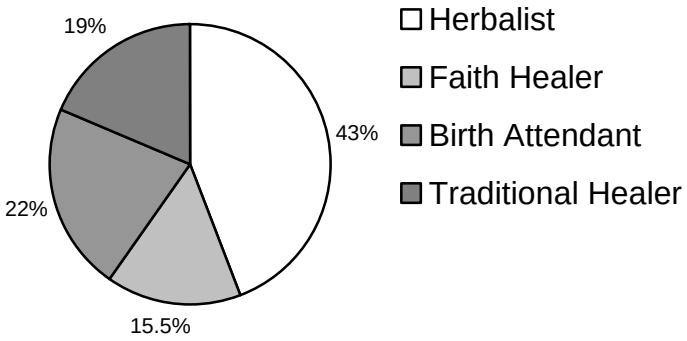


Figure 12: Type of healers

Type of Training

Over half (67.4%, n=147) of the sample population received their training as healers from a friend or family member. The next most common type of training were inheritance/self-taught, mentioned by 17.9% of respondents (n=39), and 14.7% (n=32) respondents indicated they learned from another herbalist or had training at an institute. Figure 13 displays the proportions of all types of training.

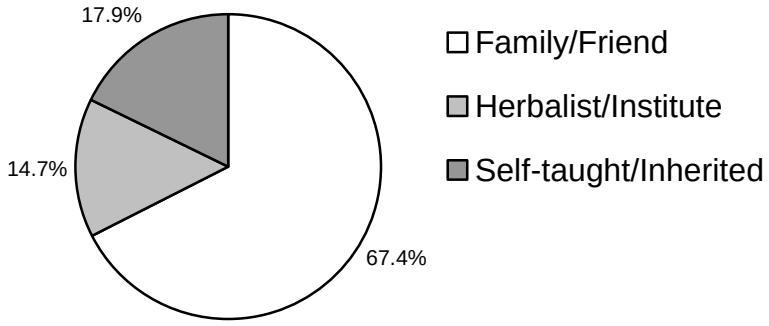


Figure 13: Type of training received

Number of clients per month

Over half of the participants (58.7%, n=128) had between fewer than one and five clients per month, and 19.2 % (n=42) reported having six to ten clients. Close to twenty percent (18.3, n=40) indicated they had more than ten clients per

month. Figure 14 displays the proportion of participants with different numbers of clients per month.

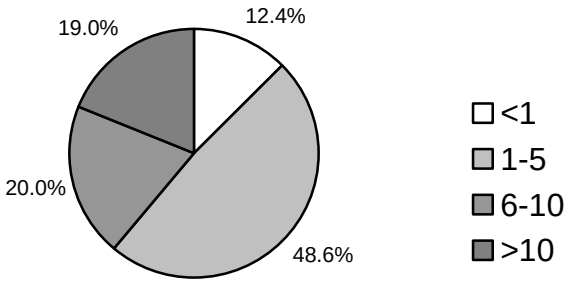


Figure 14: Number of clients per month

Distance from health center

Over half of the study population (56.6%, n=124) mentioned that they lived more than five kilometers from any type of health center. Only 6.4% were within one kilometer, and 37.0% (n=81) were between one and five kilometers. Figure 15 displays the proportion of the study population at other distances

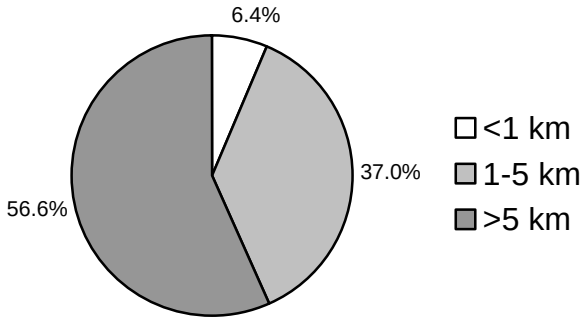


Figure 15: Distance from a health center

3.1.2 Scoring outcome variables

Knowledge of HIV/AIDS and cARV

Six questions were included to calculate level of knowledge, with a maximum score of six; they were questions 26, and 28-32 (Appendix 10). Question 27 was not included because the researcher did not feel the question was

asked in a consistent way between research assistants. Questions addressed whether the participants knew of HIV and that it caused AIDS, HIV prevention methods and treatment methods. The mean knowledge score was 4.8, SD=1.4, ranging from one to six. Scores of five or six were considered to be "high knowledge", and 67.1% (n=147) healers had a high knowledge score. Figure 16 shows the proportion of the sample having each score.

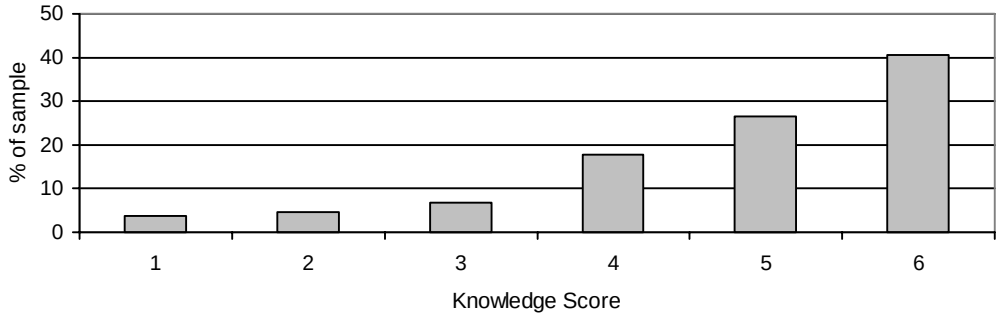


Figure 16: Distribution of knowledge scores

Attitude towards HIV/AIDS clients and cARV

Ten questions were included to calculate the level of positive attitude towards HIV/AIDS and cARV with a maximum score of ten; they were questions 33-42. They addressed topics of HIV/AIDS and immorality, how HIV/AIDS patients impacted the community they lived, what support the participants would provide to HIV/AIDS patients, and how the participants felt about modern treatment and working with HCWs. The mean attitude score was 7.1, SD=1.7 ranging from zero to ten. Scores of eight or higher were considered to be "high level of positive attitude", and 48.8% of healers had a high attitude score. Figure 17 shows the proportion of the sample having each score.

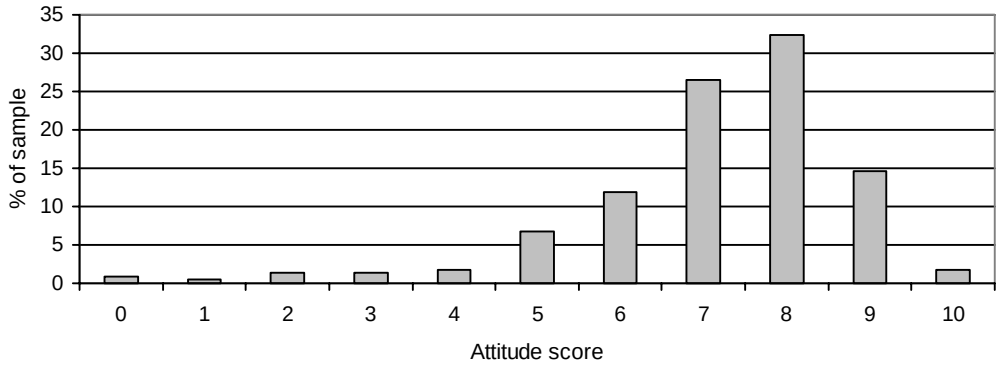


Figure 17: Distribution of attitude scores

Previous experience in collaborating with HCWs

Five questions were used to calculate the level of previous experience of healers in working with HCWs, with a maximum score of 8; these were questions 49, 50, 52, 54 and 55. The question addressed communication, referral practices (both to and from HCWs) and contact with the government health system. The mean collaboration score was 2.3, SD=1.5, ranging from zero to seven. Scores of four or higher were considered to be a "high level of previous collaboration", and only 20.9% of healers had a high collaboration score. Figure 18 shows the proportion of the sample having each score.

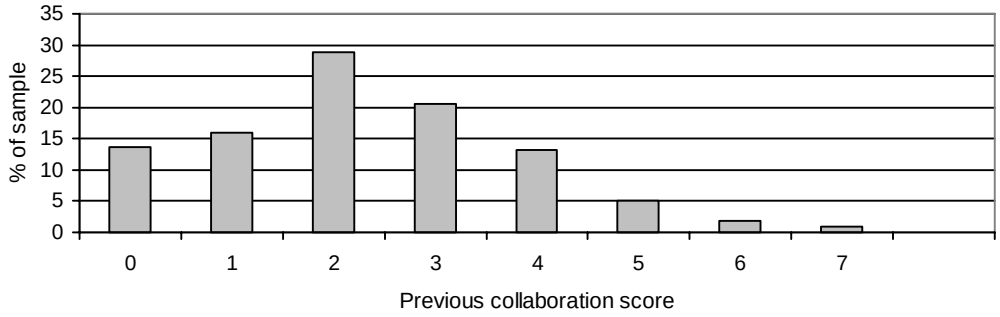


Figure 18: Distribution of collaboration scores

Willingness to collaborate to help clients get cARV

Six questions were used to calculate the level of willingness to collaborate with HCWs to help clients get cARV, with a maximum score of seven; they were 56-61. The questions addressed willingness to work with HCWs, take training

and volunteer. The mean willingness score was 4.9, SD=1.4, ranging from one to seven. Scores of five or higher was considered to be a "high level of willingness", and 78.6% of healers had a high willingness score. Figure 19 shows the proportion of the sample having each score.

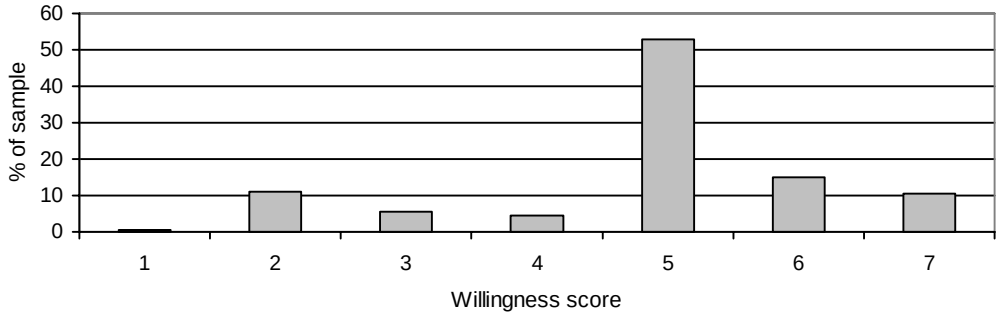


Figure 19: Distribution of willingness scores

3.1.3 Test-Retest

Twelve individuals were asked to complete a second survey by a different research assistant between 7 and 25 days after the original survey. The two surveys were compared to each other, and the number of times each question had a discrepancy between the two survey times was recorded. For all questions included in the analysis, the percent of respondents with a discrepancy between the original test and the retest ranged from 0 to 50% (average 17%). The questions regarding demographic characteristics ranged from 0 to 42% having a discrepancy (average=15%). The questions used to create the knowledge, attitude, previous collaboration, and willingness scores had the following ranges of discrepancies, respectively: 0 to 42% (average=24%), 0 to 50% (average=13%), 8 to 50% (average=25%), and 0 to 17% (average=10%).

3.2 Bivariate analysis

This section describes the results of bivariate logistic regression for each of the four outcome variables. Tables 5 through 8 provide details of the bivariate logistic regression and brief summaries of each logistic regression are listed after the tables.

Table 5: Results of bivariate logistic regression using "High knowledge score" as the outcome variable

Variable	Category (N)	% High Knowledge Score	OR (95% CI)[a]	p-value
Sex	Female (142)	65.5	1.00 (reference)	
	Male (76)	69.7	1.21 (0.67 to 2.21)	0.526
Age	<40 (51)	78.4	1.00 (reference)	
	40-65 (103)	73.8	0.77 (0.35 to 1.72)	0.530
	>65 (60)	48.3	0.26 (0.11 to 0.60)	0.001
Marital Status	Never Married (46)	69.6	1.00 (reference)	
	Married (118)	68.6	0.96 (0.46 to 2.01)	0.909
	Not Married (53)	62.3	0.72 (0.31 to 1.67)	0.446
Ethnicity	Mutooro (143)	73.4	1.00 (reference)	
	Other (74)	54.1	0.44 (0.24 to 0.79)	0.006
Education	None (95)	53.7	1.00 (reference)	
	>=Primary (121)	76.9	2.87 (1.60 to 5.15)	0.000
District	Kabarole (146)	58.2	1.00 (reference)	
	Kyenjojo (72)	84.7	3.98 (1.93 to 8.19)	0.000
Main Job	Agriculture (106)	67.9	1.00 (reference)	
	Healer (74)	59.5	0.69 (0.37 to 1.29)	0.244
	Other (38)	78.9	1.77 (0.73 to 4.27)	0.203
Religion	Catholic (93)	63.4	1.00 (reference)	
	Protestant (68)	60.3	0.88 (0.46 to 1.67)	0.684
	Other (57)	80.7	2.41 (1.10 to 5.27)	0.027
Frequency of Church	Regular Basis (176)	72.3	1.00 (reference)	
	Occasional (40)	45.0	0.32 (0.16 to 0.64)	0.001
Income Source	Main Source (58)	55.2	1.00 (reference)	
	Supplementary (152)	72.4	2.13 (1.14 to 3.99)	0.018
Professional Association	Enrolled (50)	66.0	1.00 (reference)	
	Not (168)	67.3	1.06 (0.54 to 2.06)	0.868
Type of Healer	Herbalist (96)	65.6	1.00 (reference)	
	Faith Healer (34)	67.6	1.10 (0.48 to 2.52)	0.830
	Birth Attendant (47)	74.5	1.53 (0.70 to 3.33)	0.286
	Traditional Healer (41)	61.0	0.82 (0.38 to 1.74)	0.603
Training	Family/Friend (147)	67.3	1.00 (reference)	
	Herbalist/Institute (32)	81.3	2.10 (0.81 to 5.45)	0.127
	Inherited/Self Taught (39)	53.8	0.57 (0.28 to 1.16)	0.120
Number of Clients	<1-5/Month (128)	69.5	1.00 (reference)	
	6-10/Month (42)	59.5	0.64 (0.31 to 1.33)	0.233
	>10/Month (39)	69.2	0.99 (0.45 to 2.15)	0.972
Distance to HC	<1km (14)	64.3	1.00 (reference)	
	1-5km (80)	63.8	0.98 (0.30 to 3.19)	0.969
	>5km (124)	69.4	1.26 (0.40 to 4.00)	0.698

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

Table 6: Results of bivariate logistic regression using "High positive attitude score" as the outcome variable

Variable	Category (N)	% High Attitude Score	OR (95% CI)[a]	p-value
Sex	Female (142)	48.6	1.00 (reference)	
	Male (76)	48.7	1.00 (0.58 to 1.75)	0.990
Age	<40 (51)	66.7	1.00 (reference)	
	40-65 (103)	45.6	0.42 (0.21 to 0.95)	0.015
	>65 (60)	38.3	0.31 (0.14 to 0.68)	0.003
Marital Status	Never Married (46)	47.8	1.00 (reference)	
	Married (118)	47.5	0.99 (0.50 to 1.95)	0.966
	Not Married (53)	52.8	1.22 (0.56 to 2.70)	0.620
Ethnicity	Mutooro (143)	50.3	1.00 (reference)	
	Other (74)	45.9	0.84 (0.48 to 1.47)	0.539
Education	None (95)	41.1	1.00 (reference)	
	>=Primary (121)	54.5	1. (1.00 to 2.97)	0.050
District	Kabarole (146)	45.9	1.00 (reference)	
	Kyenjojo (72)	54.2	1.39 (0.79 to 2.46)	0.251
Main Job	Agriculture (106)	48.1	1.00 (reference)	
	Healer (74)	44.6	0.87 (0.48 to 1.58)	0.642
	Other (38)	57.9	1.48 (0.70 to 3.13)	0.302
Religion	Catholic (93)	41.9	1.00 (reference)	
	Protestant (68)	51.5	1.47 (0.78 to 2.76)	0.231
	Other (57)	56.1	1.77 (0.91 to 3.45)	0.092
Frequency of Church	Regular Basis (176)	40.0	1.00 (reference)	
	Occasional (40)		0.64 (0.32 to 1.28)	0.206
Income Source	Main Source (58)	41.4	1.00 (reference)	
	Supplementary (152)	52.0	1.53 (0.83 to 2.83)	0.171
Professional Association	Enrolled (50)	56.0	1.00 (reference)	
	Not (168)	46.4	1.47 (0.78 to 2.77)	0.397
Type of Healer	Herbalist (96)	67.7	1.00 (reference)	
	Faith Healer (34)	17.6	0.10 (0.04 to 0.27)	0.000
	Birth Attendant (47)	42.6	0.35 (0.17 to 0.73)	0.005
	Traditional Healer (41)	36.6	0.28 (0.13 to 0.59)	0.001
Training	Family/Friend (147)	52.4	1.00 (reference)	
	Herbalist/Institute (32)	53.1	1.03 (0.48 to 2.22)	0.939
	Inherited/Self Taught (39)	30.8	0.40 (0.19 to 0.86)	0.018
Number of Clients	<1-5/Month (128)	47.7	1.00 (reference)	
	6-10/Month (42)	42.9	0.82 (0.41 to 1.66)	0.589
	>10/Month (39)	61.5	1.76 (0.85 to 3.66)	0.131
Distance to HC	<1km (14)	50.0	1.00 (reference)	
	1-5km (80)	46.3	0.86 (0..28 to 2.68)	0.795
	>5km (124)	50.0	1.0 (0.33 to 3.02)	1.000

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

Table 7: Results of bivariate logistic regression using "High previous collaboration score" as the outcome variable

Variable	Category (n)	% High Collaboration Score	OR (95% CI) [a]	p-value
Sex	Female (142)	21.1	1.00 (reference)	
	Male (76)	19.7	0.92 (0.46 to 1.84)	0.809
Age	<40 (51)	15.7	1.00 (reference)	
	40-65 (103)	28.2	2.11 (0.88 to 5.02)	0.093
	>65 (60)	13.3	0.83 (0.29 to 2.34)	0.725
Marital Status	Never Married (46)	21.7	1.00 (reference)	
	Married (118)	19.5	0.87 (0.38 to 2.01)	0.747
	Not Married (53)	22.6	1.05 (0.41 to 2.73)	0.914
Ethnicity	Mutooro (143)	22.4	1.00 (reference)	
	Other (74)	17.6	0.74 (0.36 to 1.51)	0.408
Education	None (95)	17.9	1.00 (reference)	
	>=Primary (121)	23.1	1.38 (0.70 to 2.71)	0.347
District	Kabarole (146)	17.8	1.00 (reference)	
	Kyenjojo (72)	26.4	1.66 (0.84 to 3.25)	0.143
Main Job	Agriculture (106)	17.9	1.00 (reference)	
	Healer (74)	29.7	1.94 (0.96 to 3.92)	0.065
	Other (38)	10.5	0.54 (0.17 to 1.70)	0.291
Religion	Catholic (93)	15.1	1.00 (reference)	
	Protestant (68)	20.6	1.46 (0.65 to 3.31)	0.362
	Other (57)	29.8	2.40 (1.07 to 5.35)	0.033
Frequency of Church	Regular Basis (176)	24.4	1.00 (reference)	
	Occasional (40)	5.0	0.16 (0.04 to 0.70)	0.015
Income Source	Main Source (58)	24.1	1.00 (reference)	
	Supplementary (152)	19.7	0.77 (0.38 to 1.59)	0.484
Professional Association	Enrolled (50)	42.0	1.00 (reference)	
	Not (168)	14.3	0.23 (0.11 to 0.47)	0.000
Type of Healer	Herbalist (96)	9.4	1.00 (reference)	
	Faith Healer (34)	26.5	3.48 (1.25 to 9.70)	0.017
	Birth Attendant (47)	36.2	5.48 (2.21 to 13.59)	0.000
	Traditional Healer (41)	24.4	3.12 (1.16 to 8.39)	0.024
Training	Family/Friend (147)	17.7	1.00 (reference)	
	Herbalist/Institute (32)	31.3	2.12 (0.90 to 5.00)	0.087
	Inherited/Self Taught (39)	23.1	1.40 (0.59 to 3.29)	0.445
Number of Clients	<1-5/Month (128)	16.4	1.00 (reference)	
	6-10/Month (42)	28.6	2.04 (0.90 to 4.61)	0.087
	>10/Month (39)	30.8	2.27 (0.99 to 5.17)	0.052
Distance to HC	<1km (14)	35.7	1.00 (reference)	
	1-5km (80)	23.8	0.56 (0.17 to 1.88)	0.348
	>5km (124)	16.9	0.37 (0.11 to 1.21)	0.099

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

Table 8: Results of bivariate logistic regression using "High willingness score" as the outcome variable

Variable	Category (N)	% High Willingness Score	OR (95% CI) [a]	p-value
Sex	Female (142)	73.2	1.00 (reference)	
	Male (76)	88.2	2.72 (1.24 to 5.99)	0.013
Age	<40 (51)	86.3	1.00 (reference)	
	40-65 (103)	87.4	1.10 (0.41 to 2.96)	0.848
	>65 (60)	56.7	0.21 (0.08 to 0.54)	0.001
Marital Status	Never Married (46)	73.9	1.00 (reference)	
	Married (118)	82.2	1.63 (0.73 to 3.66)	0.237
	Not Married (53)	73.6	0.98 (0.40 to 2.41)	0.970
Ethnicity	Mutooro (143)	81.1	1.00 (reference)	
	Other (74)	74.3	0.67 (0.35 to 1.32)	0.247
Education	None (95)	67.4	1.00 (reference)	
	>=Primary (121)	87.6	3.42 (1.72 to 6.83)	0.000
District	Kabarole (146)	70.5	1.00 (reference)	
	Kyenjojo (72)	94.4	7.10 (2.44 to 20.68)	0.000
Main Job	Agriculture (106)	79.2	1.00 (reference)	
	Healer (74)	73.0	0.71 (0.35 to 1.42)	0.329
	Other (38)	86.8	1.73 (0.60 to 4.95)	0.308
Religion	Catholic (93)	73.1	1.00 (reference)	
	Protestant (68)	76.5	1.20 (0.58 to 2.46)	0.630
	Other (57)	89.5	3.13 (1.19 to 8.18)	0.020
Frequency of Church	Regular Basis (176)	83.0	1.00 (reference)	
	Occasional (40)	60.0	0.31 (0.15 to 0.65)	0.002
Income Source	Main Source (58)	69.0	1.00 (reference)	
	Supplementary (152)	82.9	2.18 (1.09 to 4.38)	0.029
Professional Association	Enrolled (50)	82.0	1.00 (reference)	
	Not (168)	77.4	0.75 (0.34 to 1.68)	0.487
Type of Healer	Herbalist (96)	83.3	1.00 (reference)	
	Faith Healer (34)	73.5	0.56 (0.22 to 1.41)	0.216
	Birth Attendant (47)	74.5	0.58 (0.25 to 1.36)	0.212
	Traditional Healer (41)	75.6	0.62 (0.25 to 1.51)	0.294
Training	Family/Friend (147)	80.3	1.00 (reference)	
	Herbalist/Institute (32)	81.3	1.065 (0.40 to 2.83)	0.899
	Inherited/Self Taught (39)	69.2	0.55 (0.25 to 1.33)	0.143
Number of Clients	<1-5/Month (128)	75.0	1.00 (reference)	
	6-10/Month (42)	78.6	1.22 (0.53 to 2.83)	0.639
	>10/Month (39)	94.9	6.12 (1.42 to 27.04)	0.016
Distance to HC	<1km (14)	64.3	1.00 (reference)	
	1-5km (80)	78.8	2.06 (0.61 to 6.96)	0.245
	>5km (124)	79.8	2.20 (0.68 to 7.15)	0.190

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

Knowledge of HIV/AIDS and cARV

The following characteristics were not found to be important factors in predicting a high knowledge score: sex, marital status, main job, professional association enrollment, type of healer, number of clients, or distance to a health center. Age, ethnicity, education level, district of residence, religion, frequency of church attendance, income source, and type of training were found to have a relationship with level of knowledge.

Attitude towards HIV/AIDS Clients and cARV

The following characteristics were not found to be important factors in predicting a high positive attitude score: sex, marital status, ethnicity, district of residence, main job, frequency of church attendance, enrolment in a professional association, and distance to health center. Age, ethnicity, education, religions, income source, type of healer, type of training and number of clients were found to have a relationship with level of positive attitude.

Previous experience in collaborating with HCWs

The following characteristics were not found to be important factors in predicting a high previous collaboration score: Sex, marital status, ethnicity, education level, and income source. Age, district, main job, religion, frequency of church attendance, enrolment in a professional association, type of healer, type of training, number of clients and distance to a health center were found to have a relationship with previous experience in collaborating with HCWs.

Willingness to collaborate in the future

The following characteristics were not found to be important factors in predicting a high willingness to collaborate score: marital status, ethnicity, main job, enrolment in a professional association, and type of healer. Sex, age, education, district, religion, frequency of church attendance, income source, type of training, number of clients and distance to health center were found to have a relationship with willingness to collaborate.

3.3 Multivariate Analysis

This section describes the multivariate models that were created to determine which factors influenced the odds of having high scores for the four outcome variables. After testing each of the final models for confounding and interaction, none were found.

Knowledge of HIV/AIDS and cARV

Table 9 displays the ORs and the 95% CI of high knowledge of HIV/AIDS and cARV for variables in the final multivariate logistic regression model. Have education, living in Kyenjojo and being a birth attendant were important variables in predicting the odds of having a high knowledge score. Older age showed a relationship with being less likely to have a high knowledge score, but this was not statistically significant.

Table 9: Multivariate logistic regression model including variables predicting a high knowledge score

Variable	OR (95% CI)[a]	p-value
Age		
<40	1.00 (reference)	
40-65	1.00 (0.41-2.45)	0.995
>65	0.41 (0.15-1.07)	0.068
Education Completed		
None	1.00 (reference)	
Primary or higher	2.27 (1.12-4.59)	0.022
District		
Kabarole	1.00 (reference)	
Kyenjojo	3.49 (1.60-7.59)	0.002
Type of Healer		
Herbalist	1.00 (reference)	
Faith healer	1.33 (0.51 to 3.43)	0.558
Birth attendant	3.12 (1.24 to 7.83)	0.015
Traditional healer	1.57 (0.66 to 3.73)	0.309

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

After completing multivariate analysis, the following variables that had been important in the bivariate analyses were no longer statistically significant: religion, frequency of church attendance, income source, and type of training. Although type of healer was not shown to have a relationship with knowledge

independently, after controlling for the other variables being a birth attendant was shown to increase the odds of having a high knowledge score.

Attitude towards HIV/AIDS and cARV Patients

Table 10 displays the ORs and the 95% CI of high positive attitude towards HIV/AIDS and cARV patients for variables in the final multivariate logistic regression model. Middle age (40-65) and being an herbalist were the only variables that were statistically significant in predicting the odds of having a high positive attitude score.

Table 10: Multivariate logistic regression model including variables predicting a high positive attitude score

Variable	OR (95% CI)[a]	p-value
Age		
<40	1.00 (reference)	
40-65	2.98 (1.28 to 6.91)	0.011
>65	1.27 (0.63 to 2.55)	0.502
Type of Healer		
Herbalist	1.00 (reference)	
Faith healer	0.11 (0.04 to 0.29)	<0.001
Birth attendant	0.35 (0.16 to 0.74)	0.006
Traditional healer	0.30 (0.14 to 0.67)	0.003

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

After completing multivariate analyses, the following variables that had been important in the bivariate analyses were no longer statistically significant: number of clients, type of training, religion, education and income source.

Previous experience in collaborating

Table 11 displays the ORs and the 95% CI of high collaboration (previously) for variables in the final multivariate logistic regression model. Living in Kyenjojo, attending church frequently, not being a herbalist, and having institutional or formal training, were the variables that were statistically significant in predicting the odds of having a high previous collaboration score.

Table 11: Multivariate logistic regression model including variables predicting a high collaboration score

Variable	OR (95% CI) [a]	p-value
Age		
<40	1.00 (reference)	
40-65	1.92 (0.67 to 5.51)	0.224
>65	0.86 (0.23 to 3.14)	0.816
Type of Healer		
Herbalist	1.00 (reference)	
Faith healer	6.33 (1.82 to 21.97)	0.004
Birth attendant	17.88 (5.33 to 59.91)	<0.001
Traditional healer	3.19 (0.91 to 11.22)	0.071
District		
Kabarole	1.00 (reference)	
Kyenjojo	4.45 (1.70 to 11.65)	0.002
Frequency of Church Attendance		
Regularly	1.00 (reference)	
Occasionally	0.08 (0.01 to 0.47)	0.005
Enrollment in a Professional Association		
Enrolled	1.00 (reference)	
Not	0.05 (0.02-0.16)	<0.001

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

After completing multivariate analyses, the following variables that had been important in the bivariate analyses were no longer statistically significant: distance to health center and type of training.

Willingness to collaborate in the future

Table 12 displays the ORs and the 95% CI of high willingness to collaborate in the future for variables in the final multivariate logistic regression model. Living in Kyenjojo, using healing to supplement income, attending church more frequently and having more than 10 clients per month were the variables that were important in predicting the odds of having a high willingness to collaborate score.

Table 12: Multivariate logistic regression model including variables predicting a high willingness to collaborate score, adjusted for age and type of training

Variable	OR (95% CI)[a]	p-value
Age		
<40	1.00 (reference)	
40-65	1.76 (0.55 to 5.62)	0.342
>65	0.46 (0.15 to 1.41)	0.175
Type of Healer		
Herbalist	1.00 (reference)	
Faith healer	0.43 (0.13 to 1.49)	0.185
Birth attendant	0.46 (0.16 to 1.35)	0.158
Traditional healer	1.45 (0.42 to 5.05)	0.558
District		
Kabarole	1.00 (reference)	
Kyenjojo	6.82 (2.12 to 21.92)	0.001
Frequency of Church Attendance		
Regularly	1.00 (reference)	
Occasionally	0.33 (0.13 to 0.87)	0.024
Type of income healing brings		
Main source of income	1.00 (reference)	
Supplementary income or no income	2.93 (1.18 to 7.30)	0.017
Number of Clients		
<1-5/month	1.00 (reference)	
6-10/month	1.64 (0.59 to 4.60)	0.344
>10/month	9.91 (2.01 to 48.84)	0.005

[a]95%CI: 95% Confidence Interval, OR: Odds ratio

After completing multivariate analyses, the following variables that had been important in the bivariate analyses were no longer statistically significant: age, education, religion, type of training and distance to a health center.

Chapter 4: RESULTS-QUALITATIVE

4.1 Demographics of Participants in Discussion Groups and Interviews.

Table 13 outlines the number of participants who were invited and attended focus group discussions and demographic characteristics of those attending. A higher percentage of invitees attended the patient focus group discussions than the healer group discussions. More males than females completed at least primary education. No patients reported going to healers for medical care, but a high proportion of healers indicated they seek care from other healers. Table 14 displays the types of healers that were present at the group discussions. See appendices 17-28 for transcripts of all discussions and interviews.

Table 13: Characteristics and number of individuals attending focus group discussions

Focus Group	Number of invites	Number who attended (% of those invited)	Average age (Range)	Number with no education (%)	Number who use healers
Female healers	20	15 (75%)	46 (23-71)	5 (30%)	9 (60%)
Male healers	25	12 (48%)	44 (25-64)	1 (8%)	10 (83%)
Female Patients	14	12 (86%)	36 (21-59)	5 (42)	0 (0%)
Male Patients	10	9 (90%)	42 (33-56)	0 (0%)	0 (0%)

Table 14: Numbers of different types of healers that participated in focus group discussion, stratified by sex

Sex	Number of Birth Attendants	Number of Faith Healers	Number of Traditional Healers	Number of Herbalists
Female	7	0	0	8
Male	0	1	1	9

Demographic information was not collected from HCWs participating in interviews. All five of the HCWs invited agreed to participate. Of the two district officials invited, both expressed interest, but only one had available time to be interviewed.

4.2 Lack of resources prevents patients from getting cARVs

Lack of expansion and coverage of health care facilities is the root cause of many of the issues relating to inability of individuals to access cARV program services. The implications of poor coverage of cARV programs are diverse and include the simple inconvenience of distance to health facilities, the cost of

traveling those distances, long waits at the sparsely available clinics, and the lack of privacy associated with congested health clinics. Despite that cARVs are provided at no cost, the costs associated with transport to clinics to pick up the drugs often results in patients not being able to afford care. If patients are able to afford the transport to health facilities that offer cARVs, they are met with other challenges. As there are few facilities which are equipped to begin and monitor treatment for the thousands of patients who need it in Kabarole district, patients normally find long waits when they arrive to pick up their drugs,

> *Concerning waiting time at times, you find there are very many patients waiting for treatment at the hospital, when you wait for long you go back home when you are angry"* – female patient, age 39

In addition to not wanting to wait in long line ups, patients also fear being recognized by their villagemates. Stigma is still present in Kabarole district, and the fear of being recognized while picking up drugs results in some patients choosing to remain sick in their villages to keep their status hidden.

> *He or she won't go there for fear of being recognized by their villagemates, who might go on spreading rumors about their status. He/she goes back home, keeps quiet and decides to die from there because of stigma* – female patient, age 40.

Lack of human resources at the available facilities also negatively impacts care, as HCW report they are often understaffed which results in their inability to enroll more patients in cARV programs, follow up with those that miss appointments, do outreaches to the rural villages, and offer the best quality of care.

Outreaches, where cARV program staff attempt to provide testing and treatment to the rural areas, are one way to mitigate the effects that central care has on patient access, but they too have problems. HCWs state that not only do they lack the human resources for sufficient health care services in outreaches, they lack the human resources to do sensitization campaigns that make potential patients aware of the available services. They note that stigma still prevents many patients from seeking health care, and part of this may be due to that they way

they give out cARVs is not very private. One healer told a story of the impact of a treatment outreach program in her village

> *There's a time a medical vehicle came to our village looking for a certain lady who had registered from (x) hospital; they had brought her drugs, they searched for her in her garden, then gave her drugs. Everyone was alarmed because they never knew that she was positive, there after her husband ended up committing suicide* – female healer, age 58

4.3 Healers have potential to be supporters of cARV programs

HCW believed that it would be necessary to involve healers in cARV programs because people in the villages already trust them and seek care from them. They believed that there is a cultural preference to use healers and to reach those patients who are using them, it would be useful to incorporate healers into modern care. Despite that patients in the study expressed a dislike of traditional medicine, HCWs believed that many patients would seek care from healers first when they get sick in the villages. Patients believed that only ignorant people in the villages would seek care from healers. The use of traditional medicine was linked with stigma towards HIV testing and treatment and patients indicated that those who had stigma were more likely to seek out a healer for care.

> *There are patients in the village who aren't accessing HIV treatment and there are some who still have stigmas mixed up with olden beliefs of being bewitched. Someone falls ill and reaches a death point, but he/she still insists on being bewitched. He/she fears visiting the hospital and being told that he's infected* – female patient, age 33

Participants emphasized that it was only ignorant patients who would not want cARVs, and once a patient knew his status, he would want to get cARVs. Involving healers in cARV outreach programs could benefit those individuals who would otherwise not seek modern care for HIV/AIDS and only seek care from healers.

Healers are located in the villages where they can easily reach patients, more so than HCWs, and this is a large reason for why it would be beneficial for them to be involved in expanding coverage of cARV programs. Health care

workers felt that there were several ways that healers could be involved in supporting cARV programs, including sensitization, referral, counseling, and treatment support. HCWs believed sensitization campaigns were an important component of cARV programs, as they help patients become aware of services, and help reduce stigma. They indicated despite the importance, they did not always have the resources for these campaigns, and felt the most useful way to involve the healers would be by them providing sensitization, as this was what they were most likely going to be able to do,

> *Sensitization is what we need them to do and what they can do* – male doctor.

Healers themselves believed they could assist HCWs, and pointed out how they might be able to improve on issues that have prevented people in their villages from getting care, stating that they would be able to counsel patients in private so their status would not be disclosed, bring services to the villages so that the patients would not be forced to travel to clinics when they were sick, refer patients to hospitals when they could not be managed in the village, and provide treatment for many of the opportunistic infections that accompany HIV/AIDS that would otherwise have to treated at clinics that the patients may not be able to access.

> *[Healers dispensing cARVs] would be of great help because when you advise someone to go for HIV testing, most of them fear being known by their friends, but when he/she goes there, he/she is given her results alone, then he comes and tells the herbalist, if you have the cARVs you dispense them to him/her and keep it a secret. Even transport is a problem for patients who live in far villages* – female healer, age 35

HCWs mentioned that patients felt more comfortable receiving care from people they are already familiar with, and are more open to receiving counseling from someone they already trust. The indicated counseling might be difficult for patients who were in rural areas and unfamiliar with the urban HCWs. In those situations, having village based healers who the patients are familiar with could make the patients feel more comfortable about receiving counseling.

4.4 Negative patient and HCW views stem from assumptions

HCWs and patients indicated that healers are only looking to extort money from patients, and that their motivation for wanting to collaborate with modern care is that they will get more patients to take money from. Patients felt that healers were not concerned about the health of the patients at all, and their sole purpose was to make money. Although healers do charge for their services, many of them said they wished to volunteer to help their villagemates,

> *It's a bright idea working with modern doctors and nurses because the benefit we might get is helping our fellow villagers. HIV/AIDS has made us sad and when you are volunteering you feel happy because you are helping your own people.* – female healer, age 51

They indicated they would be willing to help, but would need support to cover the cost of transportation. Other healers stated they would take payment, but it would be up to their employer to appreciate their services and give them something for their efforts. Patients also believed that healers would try to divert them from taking cARVs, and recommend that patients use traditional healing instead.

HCWs and patients believed that healers would try to take over the programs and do too much on their own, to the detriment of the patients.

> *One of our fears is some of them would personalize and try to take over all responsibility in care, and it would compromise our healthcare delivery* systems – male doctor.

They believed that in collaboration, the healers and the HCWs would not be working together to treat a patient, but would work successively to treat a patient. Healers, on the other hand, expressed that in collaboration, they would be helping the HCWs,

> *It would be of great importance for government health workers to work with us who are in the villages. Instead of patients going to the hospital they will be getting treatment from the village, thus reducing on the workload of the health worker* – female healer, age 43

There was an assumption that healers will resist the training that would be necessary for them to work with cARV programs, and that they would not accept the education. However, healers expressed that they do not believe they have

enough education to work with HCWs, and indicated they would require more training to be able to effectively help the HCWs. This suggested that they would not try to take over programs and do things without the input of the HCWs, as they valued the education that HCWs have obtained and wished to gain education as well,

> *I wasn't taught anything, I knew them [herbs] before and I look for them myself. For him [HCW], he studied, now therefore it's very difficult to just encroach on his work without an identity card [certification]; seek and get enlightened upon so that we come together* – male healer, age 53

HCWs believed that healers may not want to work with them because policies had pushed them into hiding and that an attempt to involve them in modern care might be viewed as a mechanism to identify them. However, healers felt that they were disrespected because of the policies and felt that collaboration would be a good mechanism to show to their villagemates they were legitimate in their practices (discussion continued in section 4.8, "Healers expect non-financial benefits to collaborating").

Patients assumed that healers would continue to practice traditional medicine during collaboration with HCWs in cARV programs, and they would not accept modern medicine. They believed that healers would be ineffective in helping AIDS patients because they would not be able to test blood, and would not know what drugs each patient should get. Healers also felt they were unable to do those things, and indicated disappointment that patients they tried to refer to services did not always go. They felt if they were in collaboration with HCWs and had identity cards or certification, their patients would be more likely to follow their referrals to health facilities.

As many healers offer treatment in the form of herbs, HCWs and patients feared that healers would try to continue selling their herbs to patients who are taking cARVs, or possibly convince patients to stop taking cARVs and start taking herbs. No healers expressed that they could cure HIV/AIDS with herbs, and all agreed that patients in the villages needed to take cARVs when they were diagnosed with HIV/AIDS. Healers did indicate, however, that they did not see a

problem with patients on cARVs taking certain kinds of herbs to treat other diseases, including OIs.

4.5 There is concern about the use of herbs by AIDS patients

As mentioned, both patients and HCWs fear that if healers are involved in cARV programs in any capacity, they would try to sell herbs to patients. HCWs felt that some herbal medicines were actually useful but there was not enough information known about them. They felt that if properly researched, these herbs could potentially benefit patients by giving them options for care at the village level. They also indicated that involving healers in cARV programs might actually increase the number of people seeking them, because the cultural preference of healers might prevent some patients from seeking care. Healers felt that HCWs were discouraging the use of herbs to the detriment of the patients; they stated that some herbs are foods that they eat everyday, and that by discouraging use of herbs, HCWs are discouraging patients on cARVs from getting a good diet.

> *It seems they are discouraging us from taking herbs which can boost our immunity/health because you find a patient on cARVs but he/she has lost it completely and if she continues taking cARVs they make a patient more weak because she/he won't be eating yet a patient is supposed to be eating. If you give such a patient herbs for appetite and she/he regains it, you find a patient is doing very well* – female healer, age 40

Despite fearing the negative impacts of patients taking herbs and cARVs concurrently, HCWs admitted they were not aware of much research to support that. They believed that a high proportion of patients still used herbs, but they did so secretly and most of the time the HCWs were not aware of it. The use of healers has been discouraged to the extent where patients who use them feel ashamed, and HCWS indicated this as the reason patients would not discuss their use of herbs with them.

> *When we are working together the referral will be easy because sometimes the patient who has gone there might think he might be blamed for having gone the other side first, which is not the case.*

> *He thinks he might be blamed for going to the traditional healers and I think there is no problem* – male clinical officer

However, if patients knew that healers and HCWs were working together, they might feel less ashamed of seeking healers for care, and more comfortable discussing their use of herbs.

HCWs noted a benefit to collaborating would be that healers would know what diseases or symptoms they can manage, and what needs to be referred to health facilities right away. Generally, both HCWs and patients mentioned that healers were capable of effectively treating asthma and herpes zoster.

> *There some diseases which cannot be cured by modern drugs, there are HIV/AIDS symptoms like herpes zoster, the truth is that herpes zoster is cured by traditional herbs, when you use herbs you take only a week to heal but with modern drugs you can even spend one month sleeping without getting cured* – female patient, age 33

4.6 Healers and HCWs would like research about herbs

Although many individuals believed that herbs are effective, they were concerned about potential interactions with cARVs, and did not trust herbs because there were not established guidelines for preparation and dosages. HCWs believed that herbs could benefit the patients, but because of lack of standards and information about dosing, they felt compelled to tell their patients not to take herbs. They indicated they would like to see more research into how herbs work, what herbs to use for what diseases, and how much a patient should be given. Healers also believed that more research into their herbs needed to be done, and wanted to learn more about how to prepare the herbs so that they did not spoil, and how to measure dosages. Healers were not enthusiastic about wanting government or HCWs involved in this type of research, as they feared the intentions and how it might impact their work. HCWs also felt that healers would not want to be involved in collaborating with them because of those reasons,

> *They might resist training in the sense that they'll feel that they are being identified for the National Drug Authority to pluck them out. They fear we are trying to get into them so that we get something*

out of them, and maybe we just want to destroy their work. – male clinical officer.

4.7 Healers and HCWs express cautious willingness to work together

Both healers and HCWs stated that they would like to work together. However, there have been initiatives in the past to bring healers and HCWs together to collaborate in various capacities, and these programs have either failed to materialize, or are no longer present. Healers are skeptical that the government or HCWs will provide education or materials that they promise as in the past they have attended training programs where they were offered things like gloves and never received them, and felt that HCWs did not have respect for traditional medicine or healers.

> *We cater for ourselves and there's nothing we get from government aid. When we visit the hospital or in the past we used to submit the numbers of children we've helped get delivered from the villages. We used to fill forms from the hospital indicating the number of boys and girls delivered per month. We used to bring them here [X health center] Now the world is full of disorganization, you can't come to X health center and find there a nurse. When we brought a letter, they chased us away, they said 'you go back, we no longer work or deal with such things* – female healer, age 61

HCWs were concerned that healers would not be trainable. They believed that healers were uneducated, illiterate, and only able to understand traditional ways, and therefore did not have the capacity or desire to learn about modern ways. HCWs often said healers would be good "if" they could be trained, as patients in the villages were already oriented to them. Healers also believed that they were uneducated and illiterate, but saw collaboration as a mechanism to gain knowledge and skills that they could use to help their villagemates, and thought that HCWs would also need training on how to work with them in a respectful way. HCWs also indicated that they had a superiority complex, and proper training for both them and healers would be necessary if collaboration was to work.

4.8 Healers expect non-financial benefits to collaborating

Healers indicated that collaborating with HCW would benefit them by increasing their position within their villages by getting them more respect and make their practice more legitimate. They believed that through working with HCWs and getting education, they would no longer be unofficial, and people would have a better understanding about traditional medicine and those who were not witchdoctors would no longer be accused of being witches.

> *The benefit I get is being a professional. I will be considered a trustworthy person because they selected me from people they didn't trust. It makes me feel proud* - female healer, age 43

They also expected other support like proper storage facilities, indicating they did not have proper cupboards to put cARVs if they were distributing them.

Male healers believed that collaborating with HCWs would help them improve their own practice involving traditional medicines. They were very concerned about their ability to preserve their herbs, and wanted to learn more about storage for them. They recognize that patients need to be tested and have measured doses of drugs, and want help to provide that service to them. By accessing the same equipment that HCWs have available to them, they feel they can provide the same type of care with herbs

> *You see someone coming, lets say the skin or the eyes, you really see and know that this one is a victim, but [you are] without any possible way of testing the blood…If it's possible, get for us some machines, so that we can check and somehow know that this one has [HIV], so that we also increase on the effectiveness of our medicines, to see how the dosage will be increased* – Male, P3, Kabarole

Unlike the males who expressed a strong desire to collaborate to improve traditional medicine, females emphasized the benefits to the health care system and to the patients if they were to work together. They recognized that HCWs had a high workload, and if they were helping them, it would reduce the number of patients needing to go to the hospital for drugs. They also indicated that this collaboration would improve their own access to care, and help them get treatment,

The important benefit I expect to get, if I am given drugs and supply them to patients who become fine, I get courage to go for HIV testing and after knowing my HIV status, I begin taking cARVs – female healer, age 27

4.9 Types of healers are regarded differently

Healers, HCWs and patients all believed that certain types of healers had qualities that made them more or less suitable to work with HCWs, although there was some disagreement on which healers possessed those qualities. This disagreement speaks to the level of unawareness about different types of healers. All groups believed that "traditional healers", or those they believed practiced witchcraft, should not be involved in cARV programs.

Witchdoctors are traditional healers, they bewitch people. We don't want to work with them. They are witches. We cannot work/collaborate with them; we want to develop our country. They are murderers, [they say] someone's land was taken, go and kill him or her. We don't want such things. – female healer, age 71

There was disagreement about herbalists and faith healers. Some people believed that herbalists would be better for collaboration, because unlike faith healers, they used things that could be seen and measured. Some healers and patients felt that faith healers discouraged people from taking cARVs, saying that prayers could cure them, and therefore faith healers should not be used for collaboration. One HCW felt that it was better to involve faith healers, because spiritual support could be beneficial to patients, and using prayers while taking cARVs would not result in negative drug interactions, like using herbs might. HCWs seemed to prefer herbalists as they used a form of treatment that was more familiar to them.

I would think if we are to work with, then we should work with the herbalists. Because the faith healers you can't…know what they use whether it's spirits, then the…witchdoctors also I think…they use some supernatural powers, or something like that, so I think in my opinion if we are to work with, you have to select a group, which I think should be the herbalists – male clinical officer

Despite the recent policy stating that birth attendants should not assist birth but refer all expectant mothers to hospitals, most people believed that birth attendants

would be a good group to collaborate with because they have shown willingness to work with HCWs in the past in other programs.

Chapter 5: DISCUSSION

5.1 Comparing demographics results

This study collected information from 219 healers, many of whom live in rural areas. This population is very different than the general population of Uganda; 64.8% were female, compared to only 51.5% of the Ugandan population, only 48.4% worked in agriculture (compared to 73%)[2], 27.4% were 65 years of age or older, (compared to 3.5%)[2] and 56.6% lived within 5km of a health facility (compared to 29%).[80] The increased proportion of females could be explained by the fact that birth attendants made up a significant group within the study population, and they are typically female, which would increase the number of females in the study. As a population of working adults was the target, the age distribution should be older than the Uganda population as no one under 18 was eligible to participate (and 45% of the Ugandan population is 12 years of age or younger).[2] The study population had a very large proportion of individuals greater than 65 compared to the Ugandan population, and this could be explained by that most healers are trained throughout their lives by family and friends, and are generally older when they start practicing healing. As we were targeting a specific employment group, it was reasonable that the proportion of individuals reporting agriculture as their main occupation was much less than the general Ugandan population, as a high proportion of them reported that they were healers.

The study population of healers in western Uganda was less educated than a population of traditional birth attendants/herbalists in Nigeria[81]. The Nigerian study found that only 25% of their 189 participants had no formal education, while in this population of healers 41% had not completed any formal education. The difference is likely due to educational programs within the two countries. Another study of healers in Tanzania documented demographic characteristics. Of the 122 healers, only 30% were females (compared to 65% of this study population).

A paper in 2007 defined the differences between herbalists and traditional healers in South Africa.[82] Their definitions of "herbalist is one who treats a symptom with herbs and remedies without making a diagnosis" and "traditional

healer is one who relies on his or her spiritual advice as well as tools (throwing bones) to diagnose the disease and its cause in a holistic manner and administers medicine" are similar to the definitions used in this study, which differentiate herbalists from traditional healers based on using spiritual powers.

5.2 Predictors of high knowledge, attitude, collaboration and willingness

It was not surprising that those with more education were found to have greater odds of having high knowledge of HIV/AIDS and cARV. Older participants were less likely to have a high knowledge score. Possibly those participants that are over 65 years of age have not accessed sensitization messages, or they did not accept these messages as they conflicted with pre-existing knowledge. This population of healers does seem to have high knowledge of HIV/AIDS, compared to the general Ugandan population. A 2008 United Nations General Assembly Special Session on Drugs (UNGASS) report defined comprehensive AIDS knowledge as a) knowing the risk of getting HIV can be reduced by using condoms, b) knowing HIV cannot be transmitted through mosquitoes or sharing food and c) knowing that a healthy looking person could have HIV. They found that in a population of 15-49 year olds, 28.3% of females and 35.8% of males had comprehensive knowledge, whereas in the population of healers in western Uganda 65.5% of females and 69.7% of males had a high knowledge score. The two measures are not directly comparable as they used different parameters to define "high knowledge". However, our study required having more knowledge of HIV/AIDS and HAART for participants to be categorized as having high knowledge. Therefore, as the proportion of healers having high knowledge was almost doubled that of the general population, it is reasonable to conclude that there is a difference in knowledge of HIV/AIDS between the general population and healers. Birth attendants and residents of Kyenjojo also had greater odds of having a high knowledge score; possibly have been targeted to provide education to expectant mothers for PMTCT programs, and Kyenjojo has done more education campaigns than Kabarole.

Younger age was also associated with greater odds of having a high positive attitude score. Again this may be explained by younger individuals having a more access to sensitization messages and more willingness to accept new information. Despite having less experience in collaborating, herbalists were more likely to have a positive attitude towards HIV/AIDS patients and cARV. Living in Kyenjojo and being a birth attendant were also associated with having a high previous collaboration score, which provides support that residents of Kyenjojo and birth attendants have higher knowledge because they have had more contact with modern health care through educational programs. Those who attended church more frequently had greater odds of having a high previous collaboration score, and this suggests that healers who attend church more often are more linked with their communities, including the health care sector, or are more connected to western conceptualizations of disease and treatment.

Surprisingly, males were more likely to have a high willingness to collaborate score. Possibly males saw a greater benefit to collaborating and were more eager to gain those benefits, or females felt they did not have the time or capacity to work with HCWs. This is in conflict with the qualitative data, which suggested that female healers were eager and willing to collaborate. Again, those living in Kyenjojo had greater odds of having a high willingness score. If there are successful programs that provide education in Kyenjojo, possibly these individuals have more belief in the potential for a collaboration to succeed, and therefore are more willing to try. Those that only used healing as a supplementary income source (not their main income source) had a greater odds of having a high willingness score, and possibly this indicates that those healers who do not need healing as a primary income source are more willing to do whatever is necessary to help their fellow villagemates, and are less concerned about making a profit. Having more patients was also associated with having increased odds of willingness to collaborate, and possibly healers who help many patients feel that they have a greater obligation to assist those patients.

5.3 Barriers to collaboration can be overcome

The hesitation for HCWs and healers to collaborate is based on the failure of programs in the past, and assumptions about what each group is trying to gain from collaboration, and how this collaboration would happen. Building trust between healers and HCWs through open dialogue and providing education to dissuade those misconceptions will have to be the first step in establishing collaboration. One of the biggest concerns that HCWs and patients have about healers being involved in cARV programs is that the use of herbs will increase amongst cARV patients. However, HCWs believe that a high proportion of patients are already mixing the two different medicines. A study in Kabarole district in 2004 showed that approximately 60% of adults who accessed HIV treatment programs continued to use herbs after being diagnosed with HIV.[83] Both healers and healthcare workers believe increased research into herbs would be beneficial, and collaboration between HCWs and healers may allow for open research about herbs to answer the questions that both groups have. As patients may feel too ashamed of using herbs to admit it to their health care provider, until there is collaboration between HCWs and healers, the true impact of herbs on cARVs will never be fully understood. In 2004, Langlois' study also documented that 67.5% of patients believed that herbs were less accepted in the community than modern care.[83] HCWs believe that many herbs might effectively treat opportunistic infections, and if healers had information about what they could treat and what had to be referred to clinics, HCWs would benefit through reduced work loads, patients would benefit by receiving care in their villages, and less congested clinics when they did need to seek care. More effort needs to be done to utilize knowledge that is already available, like that which is produced by organizations such as THETA. Kabarole district is not benefiting from this research into how to incorporate traditional healers and traditional medicines into AIDS care programs, despite that the model has been proven to be effective in their own country. A study in 2008 in Zimbabwe looked at self-perceived quality of life in patients from either traditional African care sites or western care sites. They found that patients from the traditional African care sites demonstrated

significantly greater improvement across the majority of QOL dimensions assessed over 1 month.[45] The dimensions of QOL that were found to increase significantly more in traditional African care were overall function, health, financial and medication worries, physical and role functions, pain, mental health and energy/fatigue. Although their QOF was assessed after a short follow-up time, this study indicated that psychosocial support and a familiar cultural context were important in improving QOF. They concluded that healers remained an underutilized partner in the delivery of HIV care.

Patients have very negative attitudes about involving healers in cARV programs. They believe that healers advertise that they can cure HIV/AIDS and they do not believe in cARVs, and they would try to divert patients from taking cARVs so that they would take herbs and the healers would make money from them. This study has shown that healers in Kabarole district want their patients and their villagemates to access cARVs, and are willing to help HCWs in any way that they can to achieve this. Of the 219 healers that were interviewed, 89.0% answered that they believed cARVs were helpful to patients, and 97.7% answered that they could not cure AIDS. Although it is possible that healers are aware that they should not treat HIV/AIDS and were answering the questions with what they thought were the "correct" answers, healers that participated in group discussions indicated that they believed patients needed to be on cARVs, and that some of them would even volunteer their time to help them. They felt as healers, it was their responsibility to look after the health of their villagemates.

There is also a contradiction between the commonly accepted reasoning for involving healers in AIDS care, and what patients say about it. Many studies justify involving healers because they are assumed to be respected in their villages, but patients in this study express distrust in healers and healers express that they wish to improve their legitimacy as healers which indicates they are not very well respected in the villages. HCWs believe that some of their patients visit healers and use herbs, but that many patients who do so would not discuss it with them. Patients did indicate that certain patients would visit healers still, and described this type of patient as being ignorant and in the villages. This

collectively points to the stigmatization of healing, and the necessity to determine which types of patients use healers so that programs could be targeted at reaching that population.

HCWs seemed to believe that the health of AIDS patients was their responsibility, and felt that the healers may be able to assist them, if properly trained on their modern ways. Despite the emphasis on needing to educate and train healers before they would be effective in working in cARV programs, HCWs did acknowledge the cultural and emotional benefit of receiving care from someone the patient is familiar with from their village. They felt that healers could be able to provide this type of care, which is a positive indication that there is potential to establish successful collaborations, as they would require mutual respect between healers and HCWs.

HCWs have been at the forefront of discouraging patients from using healers and herbs; much of this discouragement is based on misconceptions (including the belief that healers only want to make money, they do not care about improving the health of patients, they want patients to be treated for AIDS traditionally and therefore discourage the use of cARVs). HCWs need to make more effort to be educated about traditional healing practices, and need to halt behaviour which prevents patients from feeling comfortable with being open about all of the care they choose to receive, as patients who seek healers may feel too ashamed to seek modern care afterwards. As the stigmatization of traditional medicine prevents collaboration and the benefits to patients and their care that would follow, and HCWs have played a role in causing this, they need to be the ones to open the dialogue to begin working with healers.

Little scientific effort has been made to differentiate between types of healers. Past recommendations have even stated that all healers should be involved in collaborations equally, showing no discrimination between the groups[84]. This data shows quantitatively that differences exist between the different groups of healers in this study population, and qualitatively that people believe there are differences between the groups. As the healers may be vastly different from each other, having evidence to support involving certain types of

healers might increase the chances of collaboration being successful. It is standard practice in community-driven projects to seek out advice and guidance from community leaders, and often by nature of having established themselves as leaders, these individuals are older. In the case of involving healers, it may be more successful to seek out collaboration with younger healers. As herbalists are believed to provide care that is the most similar to modern care, they may also have the greatest capacity to understand the complicated nature of supporting cARV programs. HCWs have pointed this out, stating they would chose herbalists to be involved in a program that brought healers and HCWs together.

Patients who participated in this study stated that there was a very specific group of individuals who may want healers to be involved in care. They stated the individuals who were ignorant, based in the villages, and not accessing modern care for their disease would be the same individuals who would want to access healers. It is these individuals who would benefit the most from collaboration, as they might never access cARVs without it. Through using healers to provide sensitization and treatment support services, it may be possible to extend modern health services to patients that typically only receive traditional healing. A study examining health seeking behaviour in patients with sexually transmitted infections found that 90% of those who had not used condoms during sexual encounters lived in villages, and had only sought care from healers.[49] If this can be extrapolated to the Ugandan setting, one could conclude that those individuals living in rural villages are the most likely to have and therefore spread disease, and not seek modern medical care. This further emphasizes the necessity of reaching underserviced populations through healers.

Patients and HCWs criticized healers for seeking benefits from collaborating, and question their motivations. Patients even criticized healers stating that they would only want to collaborate so that the healers might be able to have access to the services, indicating that healers were clearly not able to treat diseases if they themselves wanted to receive modern care. As healers did not believe they can cure AIDS and thought it should be treated with cARVs, it is reasonable that they would want to be involved with a program that might help

them receive those services. In fact, that healers openly support modern care for themselves and their families shows that they truly wish to expand care, and are not simply trying to work in collaboration to increase their income. It is also reasonable that healers would expect that they would be provided with storage facilities and transportation costs. Some of the benefits healers see that would happen as a result of collaboration are not personal, and involve ability to better care for their villagemates. Other benefits are personal, but involve increased respect, not increased income. Although male healers did emphasize their desire to work with HCWs to improve knowledge and research about their herbs, HCWs also expressed the desire to know more about herbs.

As outlined in the quantitative analysis, differences exist between the two districts of Kabarole and Kyenjojo. Residents of Kyenjojo were shown to have higher knowledge, more previous experience in collaborations, and more willingness to collaborate. In general, more programs and infrastructure exist in Kyenjojo (personal communication with local staff). The increased organization in the district would provide explanation for why healers residing here would score higher than those in Kabarole.

5.4 Future Studies and Proposed Interventions

This study did not analyze current national or regional policies regarding traditional medicine or healers. An in-depth analysis of historical and current policies and how they have shaped the relationships between healers and HCWs would help to better understand how the current policy landscape needs to be altered to allow for the development of successful programs to bridge traditional and modern care. Differences in policies between rural and urban areas and types of healers may be necessary, and understanding how this has already been addressed will be valuable in determining what needs to be changed.

Involving healers in care is based on the assumption that they are respected by members of the communities they live in. Hesitation to involve them in expanding modern care is based on generalizations of all the different types of healers and on assumptions about what healers do and who they are. The

discrediting of healers has led to stigmatization of those that use them, and if this continues it could result in the loss of a potentially useful human resource in addition to socially valuable cultural practices. Efforts should be made to increase understanding of healing and its role within a rural Ugandan village amongst healthcare workers and villagers. This necessity of community-wide education was also supported by a study in Zambia in 2008, which aimed to determine what community members felt should be prerequisites for collaboration between healers and healthcare workers.[41] Any effort to involve healers in cARV programs would have to be a village decision, and would require a program with a participatory approach that allows villagers to work with HCW and healers to decide what type of involvement would best suit the needs of that village. This type of intervention may begin with a focus on a single village, or small group of villages. Through providing the participating villages with educational information and data to alleviate their misconceptions, they will have the best ability to decide for themselves whether involving healers in expanding cARV programs in their village will be effective. To test the effectiveness of any intervention, other community-based interventions could be compared to interventions utilizing healers. As evidenced by the qualitative data, one potential outcome of involving healers in cARV programs is improved communication to HCW about traditional medicine use, and measuring how collaborations impact this would be important.

Currently in Uganda, THETA has done significant research about using traditional medicines to supplement AIDS care programs, and has guidelines established for which traditional medicines should be used for which symptoms and diseases, how to prepare them, and how much to use. More efforts should be made to get this information that is already available in the country to as many organizations as possible. A potential intervention could include providing village based healer associations with the resources to access the information that is available through THETA. To have access their services, individuals or their organizations need to be members of THETA, which costs UGX10,000 (~$6)

plus an annual fee of UGX5,000 for individuals and UGX50,000 (~$30) plus an annual fee of UGX20,000 for small organizations.

5.5 Study Limitations

One of the main limitations of this study is the method in which participants were recruited, which may have resulted in some biases. Recruiting individuals currently on cARVs who were attending a post-test club resulted in only gathering opinions from people who are accessing cARVs and may feel that current access is acceptable. As they likely receive messages from their health care providers that they should not use traditional medicines, the opinions of these patients regarding traditional healers will expectedly be different from patients in villages unable to access cARVs who are consulting with healers. It has been hypothesized by many researchers and clinicians that patients are not truthful about their use of healers and traditional medicine when speaking one-on-one to interviewers or healthcare workers, and by having group discussions the results may be skewed by a social-desirability bias. It was felt that the socially accepted view on healers was important for this study, but had the researcher known the extent to which these patients distrusted healers, effort would have been made to interview patients individually as well.

Only healers who were enrolled in the KTHHA or were known by their village mates to be healers, and were willing to disclose themselves as healers, were eligible to be included in the study. It is possible that traditional healers are more likely to practice healing in secret, which means we may have recruited a smaller proportion of traditional healers than what is actually present in the population. Healers that operate in secret would likely not wish to collaborate with HCWs, limiting the impact that having a skewed sample might have on developing a program to involve healers.

This study may not be generalizable to other cultures, countries, or populations, as healing is very culturally specific.

5.6 Study Strengths

Although there is a possibility that healers who operated in private were missed by our selection process, by not sampling and trying to seek all healers that were known by either the KTHHA or their villagemates, our study is likely a representative of healers in the district that do not practice in secret. Through using both qualitative and quantitative data to understand the potential to involve healers in cARV programs from the perspective of not only healers and HCWs, but patients as well, we have gained a broad perspective on the topic in this region of Uganda.

No past studies were found that examine the potential to involve healers in modern medical care that have quantified their level of knowledge and examined factors which may better predict the types of healers that would be more suitable for such collaborations. The strength in this study is a better understanding of what types of healers may be most effective in working with HCWs.

5.7 Dissemination Activities

Different components of this work have been presented to various decision makers and academics at several conferences, including the Canadian Association for HIV Researchers Meeting (Vancouver, April 2009), World Congress on Public Health (Istanbul, May 2009), EQUINET: The Network on Equity in Health in Southern Africa[85] (Kampala, Sept 2009), and the Canadian Conference on International Health (Ottawa, 2009).

After sufficient data analysis was available to create a report, a short one page description of the results was written (appendix 16). Copies of this report were distributed to sub-county head-offices in 15 sub-counties in Fort Portal, as well as six sub-counties in Kyenjojo. Once the report was distributed, radio announcements were made so people were aware that a report could be picked up from those locations. Copies were delivered to health centers where HCWs were recruited for the study. A meeting with the executive members of the KTHHA was held to review the results, and each received a copy of the report. An effort will be made to publish major findings from this research in high-impact journals.

Chapter 6: CONCLUSIONS AND RECOMMENDATIONS

The results of this study suggest that despite the issues that have existed in the past regarding collaboration between healers and HCWs, there is a high amount of willingness to still work together so that more patients can access cARVs. Both parties believe in the importance in providing culturally accepted, community based care, and feel that if training and program development were done in a mutually respectful and beneficial way, the collaboration could be accepted by them, as well as by patients. It appears to be the patients who have the least access to modern care that would benefit the most from this type of collaboration. As HCWs have little education about herbs and their interactions with cARVs, collaboration would provide a framework for them to gain more knowledge that would benefit their patients.

This study also identified a gap in literature, where no study identified has tried to measure differences that might exist between different types of healers. Current recommendations state that all healers should be involved in collaboration equally[84], and this may result in ineffective program development based on incomplete knowledge. This study clearly demonstrates differences between groups of healers, and these differences should be taken into account when programs to involve them in care are established.

Recommendations

From this research, the researcher recommends the following actions to begin a pilot project to determine the effectiveness of collaboration between HCWs and healers:

1) Select a geographical area. As healers who are residents of Kyenjojo are identified as scoring higher, it is recommended that an initial project begin here
2) Select which healers to involve. As herbalists and birth attendants are regarded higher by the healers' association and some HCWs and patients, it is recommended an initial project work with these healers
3) Begin training both healers and HCWs on how to collaborate in a mutually respectful and beneficial way
4) Through a participatory approach, determine which tasks healers could handle within cARV programs, possibly including roles in dispensing

tablets, monitoring adherence and side effects, managing OIs, and referring patients to health centers as needed

5) Integrate successful components of the pilot project into the health care system

LITERATURE CITED

1. CIA. World Fact Book. Available at: https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html.

2. UNGASS. UNGASS Uganda Report 2007 to UNAIDS. ; 2008.

3. Uganda AIDS Commission. HIV/AIDS in Uganda. Available at: http://www.aidsuganda.org/.

4. UNAIDS. 2008 Report on the global AIDS epidemic. ; 2008.

5. UNAIDS. AIDS Epidemic Update 2009. ; 2009.

6. WHO. Antiretroviral therapy for HIV in adults and adolescents: recommendations for a public health approach - 2006 revision. ; 2006.

7. Bangsberg DR, Perry S, Charlebois ED, et al. Non-adherence to highly active antiretroviral therapy predicts progression to AIDS. AIDS 2001;15:1181-3.

8. WHO. Towards Universal Access by 2010. World Health Organization HIV/AIDS Programme; 2006.

9. UNAIDS. Global Facts and Figures. ; 2006.

10. Kilian AH, Gregson S, Ndyanabangi B, et al. Reductions in risk behaviour provide the most consistent explanation for declining HIV-1 prevalence in Uganda. AIDS 1999;13:391-8.

11. UNAIDS. Epidemiological Fact Sheet on HIV and AIDS-Uganda. ; 2008.

12. MOH. Annual Health Sector Performance Report. Ministry of Health, The Republic of Uganda; 2007.

13. UAC. National HIV&AIDS Strategic Plan 2007/8 - 2011/12. Ugandan AIDS Commission, Republic of Uganda; 2007.

14. MOH. Summary of Health Facilities. Available at: http://www.health.go.ug/docs/hf_inv1.xls.

15. Barnighausen T, Bloom DE, Humair S. Human resources for treating HIV/AIDS: needs, capacities, and gaps. AIDS Patient Care STDS 2007;21:799-812.

16. The AIDS Support Organization. Services and Programs. Available at: www.tasouganda.org.

17. Joint Clinical Research Center. Available at: http://www.jcrc.co.ug/AboutUs.htm.

18. Kabarole District Local Government. A five year district integrated strategic plan for orphans and other vulnerable children 2008-2012. ; 2008.

19. Ravenborg HM, Boesen J, Sorensen A. Gendered district poverty profiles and poverty monitoring in Kabarole, Masaka, Pallisa, Rakai and Tororo districts, Uganda. Danish Institute for International Studies; 2004.

20. M. R. Kavuma. Uganda's healthcare system explained. Available at: http://www.guardian.co.uk/katine/2009/apr/01/uganda-healthcare-system-explained.

21. Wools-Kaloustian K, Kimaiyo S. Extending HIV care in resource-limited settings. Curr HIV/AIDS Rep 2006;3:182-6.

22. Calmy A, Klement E, Teck R, Berman D, Pecoul B, Ferradini L. Simplifying and adapting antiretroviral treatment in resource-poor settings: a necessary step to scaling-up. AIDS 2004;18:2353-60.

23. Miles K, Clutterbuck DJ, Seitio O, Sebego M, Riley A. Antiretroviral treatment roll-out in a resource-constrained setting: capitalizing on nursing resources in Botswana. Bull World Health Organ 2007;85:555-60.

24. Ferradini L, Jeannin A, Pinoges L, et al. Scaling up of highly active antiretroviral therapy in a rural district of Malawi: an effectiveness assessment. Lancet 2006;367:1335-42.

25. Zachariah R, Teck R, Buhendwa L, et al. Community support is associated with better antiretroviral treatment outcomes in a resource-limited rural district in Malawi. Trans R Soc Trop Med Hyg 2007;101:79-84.

26. Homsy J, King R, Balaba D, Kabatesi D. Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa. AIDS 2004;18:1723-5.

27. Liverpool J, Alexander R, Johnson M, Ebba EK, Francis S, Liverpool C. Western medicine and traditional healers: partners in the fight against HIV/AIDS. J Natl Med Assoc 2004;96:822-5.

28. Smart T. Traditional healers and HIV care. IAPAC Mon 2005;11:192-3.

29. Bodeker G, Kabatesi D, King R, Homsy J. A regional task force on traditional medicine and AIDS. Lancet 2000;355:1284.

30. Bateman C. Healers 'get real' about tackling AIDS. SAMJ, S Afr med j 2004;94:74-5.

31. Ross E. A tale of two systems: beliefs and practices of South African Muslim and Hindu traditional healers regarding cleft lip and palate. Cleft Palate Craniofac J 2007;44:642-8.

32. Courtright P, Lewallen S, Kanjaloti S. Changing patterns of corneal disease and associated vision loss at a rural African hospital following a training programme for traditional healers. Br J Ophthalmol 1996;80:694-7.

33. de Andrade V, Ross E. Beliefs and practices of Black South African traditional healers regarding hearing impairment. Int J Audiol 2005;44:489-99.

34. Harper ME, Hill PC, Bah AH, Manneh K, McAdam KP, Lienhardt C. Traditional healers participate in tuberculosis control in The Gambia. Int J Tuberc Lung Dis 2004;8:1266-8.

35. Colvin M, Gumede L, Grimwade K, Maher D, Wilkinson D. Contribution of traditional healers to a rural tuberculosis control programme in Hlabisa, South Africa. International Journal of Tuberculosis and Lung Disease 2003;7:Su.

36. Wilkinson D, Gcabashe L, Lurie M. Traditional healers as tuberculosis treatment supervisors: precedent and potential. Int J Tuberc Lung Dis 1999;3:838-42.

37. Makundi EA, Malebo HM, Mhame P, Kitua AY, Warsame M. Role of traditional healers in the management of severe malaria among children below five years of age: the case of Kilosa and Handeni Districts, Tanzania. Malar J 2006;5:58.

38. McMillen H. The adapting healer: pioneering through shifting epidemiological and sociocultural landscapes. Soc Sci Med 2004;59:889-902.

39. Burnett A, Baggaley R, Ndovi-MacMillan M, Sulwe J, Hang'omba B, Bennett J. Caring for people with HIV in Zambia: are traditional healers and formal health workers willing to work together?. AIDS Care 1999;11:481-91.

40. Kaboru BB, Falkenberg T, Ndubani P, et al. Can biomedical and traditional health care providers work together? Zambian practitioner's experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: A cross-sectional study. 2006.

41. Kaboru BB, Muchimba M, Falkenberg T, Hojer B, Faxelid E. Quality of STIs and HIV/AIDS care as perceived by biomedical and traditional health care

providers in Zambia: Are there common grounds for collaboration?. Complement Ther Med 2008;16:155-62.

42. Campbell C, Nair Y, Maimane S, Sibiya Z. Supporting people with AIDS and their carers in rural South Africa: possibilities and challenges. Health Place 2008;14:507-18.

43. Peltzer K, Henda N. Traditional birth attendants, HIV/AIDS and safe delivery in the Eastern Cape, South Africa - Evaluation of a training programme. S Afr J Obstet Gynaecol 2006;12:140-5.

44. Ojikutu B, Jack C, Ramjee G. Provision of antiretroviral therapy in South Africa: unique challenges and remaining obstacles. J Infect Dis 2007;196 Suppl 3:S523-7.

45. Taylor TN, Dolezal C, Tross S, Holmes WC. Comparison of HIV/AIDS-specific quality of life change in Zimbabwean patients at western medicine versus traditional African medicine care sites. J Acquir Immune Defic Syndr 2008;49:552-6.

46. Shuster JM, Sterk CE, Frew PM, del Rio C. The cultural and community-level acceptance of antiretroviral therapy (ART) among traditional healers in Eastern Cape, South Africa. J Community Health 2009;34:16-22.

47. Wreford J, Esser M. Involving African traditional health practitioners in HIV/AIDS interventions. SAMJ, S Afr med j 2008;98:374.

48. Nelms LW, Gorski J. The role of the African traditional healer in women's health. J Transcult Nurs 2006;17:184-9.

49. Zachariah R, Nkhoma W, Harries AD, et al. Health seeking and sexual behaviour in patients with sexually transmitted infections: the importance of traditional healers in Thyolo, Malawi. Sex Transm Infect 2002;78:127-9.

50. Plummer ML, Mshana G, Wamoyi J, et al. 'The man who believed he had AIDS was cured': AIDS and sexually-transmitted infection treatment-seeking behaviour in rural Mwanza, Tanzania. AIDS Care 2006;18:460-6.

51. Summerton JV. Western health practitioners' view about African traditional health practitioners' treatment and care of people living with HIV/AIDS. Curationis 2006;29:15-23.

52. Golooba-Mutebi F, Tollman SM. Confronting HIV/AIDS in a South African village: the impact of health-seeking behaviour. Scand J Public Health Suppl 2007;69:175-80.

53. Liddell C, Barrett L, Bydawell M. Indigenous beliefs and attitudes to AIDS precautions in a rural South African community: an empirical study. Ann Behav Med 2006;32:218-25.

54. Green EC. Traditional healers and AIDS in Uganda. J Altern Complement Med 2000;6:1-2.

55. Mills E, Singh S, Wilson K, Peters E, Onia R, Kanfer I. The challenges of involving traditional healers in HIV/AIDS care.[see comment]. Int J STD AIDS 2006;17:360-3.

56. Dahab M, Charalambous S, Hamilton R, et al. "That is why I stopped the ART": Patients' & providers' perspectives on barriers to and enablers of HIV treatment adherence in a South African workplace programme. 2008.

57. Babb DA, Pemba L, Seatlanyane P, Charalambous S, Churchyard GJ, Grant AD. Use of traditional medicine by HIV-infected individuals in South Africa in the era of antiretroviral therapy. Psychol Health Med 2007;12:314-20.

58. Okeke TA, Okafor HU, Uzochukwu BS. Traditional healers in Nigeria: perception of cause, treatment and referral practices for severe malaria. J Biosoc Sci 2006;38:491-500.

59. Kayombo EJ, Uiso FC, Mbwambo ZH, Mahunnah RL, Moshi MJ, Mgonda YH. Experience of initiating collaboration of traditional healers in managing HIV and AIDS in Tanzania. J Ethnobiol Ethnomedicine 2007;3:6.

60. Homsy J, King R, Tenywa J, Kyeyune P, Opio A, Balaba D. Defining minimum standards of practice for incorporating African traditional medicine into HIV/AIDS prevention, care, and support: a regional initiative in eastern and southern Africa. J Altern Complement Med 2004;10:905-10.

61. Kaboru BB, Falkenberg T, Ndulo J, Muchimba M, Solo K, Faxelid E. Communities' views on prerequisites for collaboration between modern and traditional health sectors in relation to STI/HIV/AIDS care in Zambia. Health Policy 2006;78:330-9.

62. WHO. Global tuberculosis control: surveillance, planning, financing. WHO report 2007. Geneva, World Health Organization (WHO/HTM/TB/2007.376). ; 2007.

63. Lwasa S. Planning for Health Infrastructure in Uganda: Where is the need? ; 2006.

64. Mermin J, Were W, Ekwaru JP, et al. Mortality in HIV-infected Ugandan adults receiving antiretroviral treatment and survival of their HIV-uninfected children: a prospective cohort study. Lancet 2008;371:752-9.

65. Weidle P, Wamai N, Solberg P, et al. Adherence to antiretroviral therapy in a home-based AIDS care programme in rural Uganda. Lancet (British edition).Elsevier Ltd, London, UK 2006;368:1587-94.

66. Forna F, Liechty CA, Solberg P, et al. Clinical toxicity of highly active antiretroviral therapy in a home-based AIDS care program in rural Uganda. J Acquir Immune Defic Syndr 2007;44:456-62.

67. Apondi R, Bunnell R, Awor A, et al. Home-based antiretroviral care is associated with positive social outcomes in a prospective cohort in Uganda. J Acquir Immune Defic Syndr 2007;44:71-6.

68. Alibhai A, Martin L, Kipp W, Konde-Lule J, Saunders LD, Okech-Ojony J. Changes in quality of life for HIV patients in a community-based antiretroviral treatment program in rural Uganda. 5th IAS Conference on HIV Pathogenesis and Treatment: Abstract no. TUPED093 " 2006.

69. Regional Office for Africa, Traditional Medicine Programme. Implementation of the Regional Strategy on Promoting the Role of Traditional Medicine for Health Systems. World Health Organization.

70. Langlois-Klassen D, Kipp W, Jhangri GS, Rubaale T. Use of traditional herbal medicine by AIDS patients in Kabarole District, western Uganda. Am J Trop Med Hyg 2007;77:757-63.

71. Langlois-Klassen D, Kipp W, Rubaale T. Who's talking? Communication between health providers and HIV-infected adults related to herbal medicine for AIDS treatment in western Uganda. Soc Sci Med 2008;67:165-76.

72. Kiapi-Iwa L, Hart GJ. The sexual and reproductive health of young people in Adjumani district, Uganda: qualitative study of the role of formal, informal and traditional health providers. AIDS Care 2004;16:339-47.

73. Ssali A, Butler LM, Kabatesi D, et al. Traditional healers for HIV/AIDS prevention and family planning, Kiboga District, Uganda: evaluation of a program to improve practices. Aids Behav 2005;9:485-93.

74. Kironde S, Lukwago J, Ssenyonga R. Scaling the frontier--should traditional birth attendants also be used to provide nevirapine for PMTCT in Uganda?. Afr Health Sci 2003;3:102-3.

75. Homsy J. The availability of local and affordable treatments for AIDS in Sub-Saharan Africa. J Altern Complement Med 1999;5:505-7.

76. Nakyanzi T. Promoting collaboration. AIDS Action 1999:4.

77. Regional Initiative on Traditional Medicine in Africa. Available at: http://ritmanet.org/partners.htm.

78. Stekelenburg J, Jager BE, Kolk PR, Westen EH, van der Kwaak A, Wolffers IN. Health care seeking behaviour and utilisation of traditional healers in Kalabo, Zambia. Health Policy 2005;71:67-81.

79. Chapman E. Prevalence of HIV infection in Uganda; temporal trends and public awareness [dissertation]. Edmonton: University of Alberta; 2006.

80. Uganda Participatory Poverty Assessment Process. Kabarole District Report. ; 2000.

81. Ahmed OA, Odunukwe NN, Raheem TY, et al. Knowledge, attitude and perception of HIV/AIDS by TBAs/Herbal practitioners in Lagos state. Abstract no. 1135. Antivir Ther 2003;8.

82. van Bogaert DK. Ethical considerations in African traditional medicine: a response to Nyika. Developing World Bioeth 2007;7:35-40.

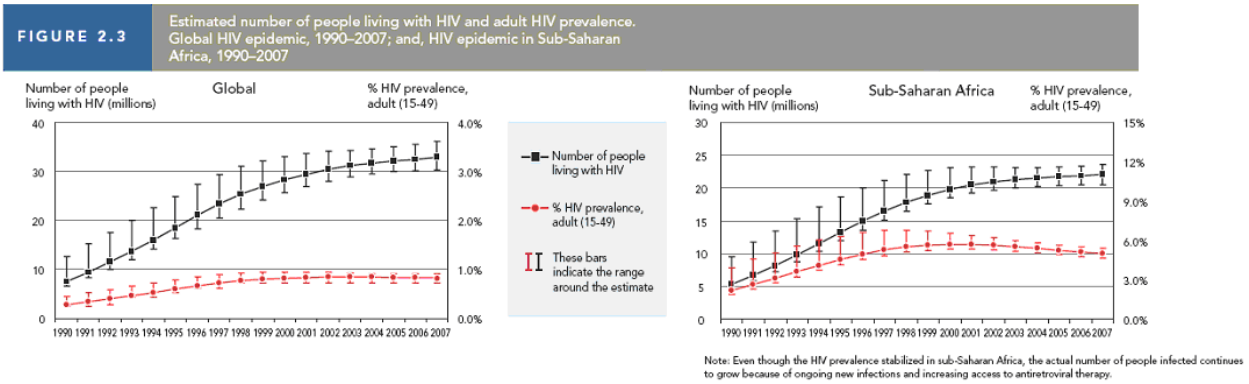
83. Langlois-Klassen D. Herbal medicine considerations in the treatment of HIV patients: A study in western Uganda 2005.

84. UNAIDS. Collaborating with Traditional Healers for HIV Prevention and Care in sub-Saharan Africa: suggestions for Programme Managers and Field Workers. ; 2006.

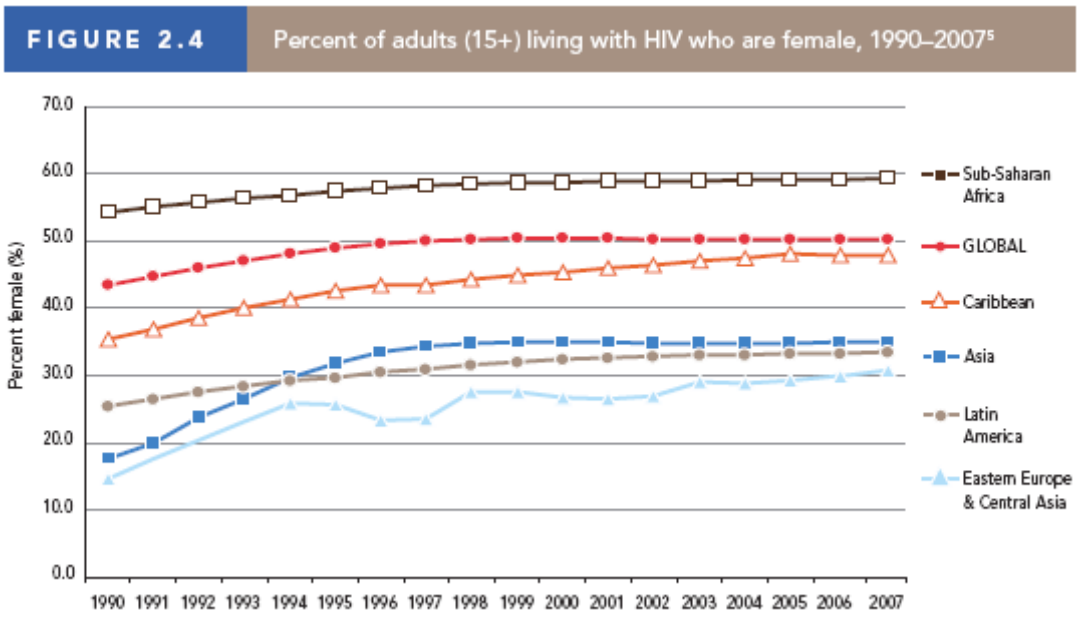
85. EQUINET. Reclaiming the Resources for Health. Building universal people centred health systems in east and southern Africa. Conference Report. ; 2009.

Appendix 1: Map of Uganda. World Fact Book[1]

Appendix 2: Trends of people infected, global and SSA[4]



Appendix 3: Trends of proportion of women infected[4]



Appendix 4: Map of sub-counties where surveys were completed, indicated with underlining. Thick lines indicate main roads, and thin lines denote sub-county boundaries.

Appendix 5: Information letter for Traditional Healers completing questionnaires

UNIVERSITY OF ALBERTA

Project Title: Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Investigators:
Janis Huntington, Principal Investigator
Master of Science student, Global Health
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Dr. Walter Kipp, Supervisor
Professor
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Purpose: We are doing this study because we want to know what Traditional Healers in the Kabarole District know and think about HIV/AIDS disease and care. We want to find out if they would want to work with people in other types of health care to treat AIDS patients. We also want to find out what things might make them not want to work with other types of health care or why they might want to. With this data, we hope to find ways to work with Traditional Healers to give treatment to AIDS patients.

Procedure: If you choose to participate, you will be asked some questions. The questions will ask you about your healing practices, your types of patients, HIV/AIDS. They will also ask about your past work with other types of health care, and if you would want to work with other types of health care providers in the future to help with AIDS care. We plan to interview you once, although some participants may be asked to complete a second interview at a different time than the first one. The interview should take between 45 minutes and 1 hour.

Possible Benefits: Your answers along with others may help guide future programs to treat AIDS patients through working with Traditional Healers.

Possible Risks: The possible risk that the researchers are aware of is unease in answering questions. If you do not feel comfortable with any of the questions, you can refuse to answer. The research assistant will skip the question. At any time you can decide you do not want to be in the study and not answer any more questions. Other than this, we are not aware of other risks from being part of this study.

Privacy: We will not use your name in this study. After the surveys are done, your name will be changed to a study code number. The only people with access to your personal information will be the principal researchers. Only these researchers and the translator will be able to see the information that we collect today. We will lock all information into a drawer for five years, and they destroy it. Your name or any personal information will not be used in any report of this study.

Free to withdraw: It is your choice to participate in this study or not. If you choose to participate in the study, you can choose to leave the study at any time by telling the researcher. The survey will be stopped. You may choose not to answer any of the questions without providing a reason.

Questions: Questions and concerns can be forwarded to the main researcher, Janis Huntington, at huntingt@ualberta.ca and at (cell number to be determined upon arrival) or Mr. Tom Rubaale at the Health Department in Fort Portal at 0483-2043.

Appendix 6: Information letter for Traditional Healers participating in Focus Group Discussions

UNIVERSITY OF ALBERTA

Project Title: Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Investigators:
Janis Huntington, Principal Investigator
Master of Science student, Global Health
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Dr. Walter Kipp, Supervisor
Professor
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Purpose: We are doing this study because we want to know what Traditional Healers in the Kabarole District know and think about HIV/AIDS disease and care. We want to find out if they would want to work with people in other types of health care to treat AIDS patients. We also want to find out what things might make them not want to work with other types of health care or why they might want to. With this data, we hope to find ways to work with Traditional Healers to give treatment to AIDS patients.

Procedure: If you choose to participate, you will be asked some questions in a group discussion with about 8 other Traditional Healers. The things we want to talk about are your healing practices, work with other types of health care, if you would want to work with other types of health care in the future to help with AIDS care. We also want to talk about what things you think may help or discourage you from working with doctors to provide patients with AIDS treatment. You will also be asked a few questions to you personally about your own information. Your participation will only be needed once. The discussion group should take between forty-five and ninety minutes to do. You will be given 1000 shillings for transport for traveling to the location where the group discussion will take place.

Possible Benefits: Your answers along with others may help guide future programs to treat AIDS patients through working with Traditional Healers.

Possible Risks: The possible risk that the researchers are aware of is unease in answering questions. If you do not feel comfortable with any of the questions, you can refuse to answer. The research assistant will skip the question. At any time you can decide you do not want to be in the study and not answer any more questions. Other than this, we are not aware of other risks from being part of this study.

Privacy: We will not use your name in this study. After the surveys are done, your name will be changed to a study code number. The only people with access to your personal information will be the principal researchers. Only these researchers and the translator will be able to see the information that we collect today. We will lock all information into a drawer for five years, and they destroy it. Your name or any personal information will not be used in any report of this study.

Free to withdraw: It is your choice to participate in this study or not. If you choose to participate in the study, you can choose to leave the study at any time by telling the researcher. The survey will be stopped. You may choose not to answer any of the questions without providing a reason.

Questions: Questions and concerns can be forwarded to the main researcher, Janis Huntington, at huntingt@ualberta.ca and at (cell number to be determined upon arrival) or Mr. Tom Rubaale at the Health Department in Fort Portal at 0483-2043.

Appendix 7: Information letter for Patients participating in Focus Group Discussions

UNIVERSITY OF ALBERTA

Project Title: Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Investigators:
Janis Huntington, Principal Investigator
Master of Science student, Global Health
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Dr. Walter Kipp, Supervisor
Professor
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB

Purpose: We are doing this study because we want to know what Traditional Healers in the Kabarole District know and think about HIV/AIDS disease and care. We want to find out if they would want to work with people in other types of health care to treat AIDS patients. We also want to find out what things might make them not want to work with other types of health care or why they might want to. With this data, we hope to find ways to work with Traditional Healers to give treatment to AIDS patients.

Procedure: If you decide to participate, you will be asked some questions in a group discussion with about 8 other patients in your own post-test club. The things we want to talk about are your access to medical care and how bringing Traditional Healers into treatment programs might change your access to care. We also want to talk about what reasons you may have for choosing or not choosing a Traditional Healer as a treatment supervisor for cARV. You will also be asked a few questions to you personally about your own information. Your participation will only be needed once. The discussion group should take between forty-five and ninety minutes to complete. You will be provided with 1000 shillings for transport for traveling to the location where the group discussion will take place.

Possible Benefits: Your answers along with others may help guide future programs to treat AIDS patients through working with Traditional Healers.

Possible Risks: The possible risk that the researchers are aware of is unease in answering questions. If you do not feel comfortable with any of the questions, you can refuse to answer. The research assistant will skip the question. At any time you can decide you do not want to be in the study and not answer any more questions. Other than this, we are not aware of other risks from being part of this study.

Privacy: We will not use your name in this study. After the surveys are done, your name will be changed to a study code number. The only people with access to your personal information will be the principal researchers. Only these researchers and the translator will be able to see the information that we collect today. We will lock all information into a drawer for five years, and they destroy it. Your name or any personal information will not be used in any report of this study.

Free to withdraw: It is your choice to participate in this study or not. If you choose to participate in the study, you can choose to leave the study at any time by telling the researcher. The survey will be stopped. You may choose not to answer any of the questions without providing a reason.

Questions: Questions and concerns can be forwarded to the main researcher, Janis Huntington, at huntingt@ualberta.ca and at (cell number to be determined upon arrival) or Mr. Tom Rubaale at the Health Department in Fort Portal at 0483-2043.

Appendix 8: Information letter for Patients participating in Focus Group Discussions

UNIVERSITY OF ALBERTA

Project Title: Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Investigators:
Janis Huntington, Principal Investigator
Master of Science student, Global Health
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB
CANADA

Dr. Walter Kipp, Supervisor
Professor
Department of Public Health Sciences
School of Public Health
University of Alberta, Edmonton, AB CANADA

Purpose: We are doing this study because we want to know what Traditional Healers in the Kabarole District know and think about HIV/AIDS disease and care. We want to find out if they would want to work with people in other types of health care to treat AIDS patients. We also want to find out what things might make them not want to work with other types of health care or why they might want to. With this data, we hope to find ways to work with Traditional Healers to give treatment to AIDS patients.

Procedure: If you decide to participate, you will be asked some questions. The things we want to talk about are patients' access to medical care and how bringing Traditional Healers into treatment programs might change their access to care. We also want to talk about what reasons you may have for choosing or not choosing to work with Traditional healers to provide AIDS care to patients, and how you think they might be able to support expansion of cARV programs. Your participation will only be needed once. The interview should take between thirty and sixty minutes to complete. If you have to travel to the interview, a reasonable amount will be given to you as a reimbursement depending on how far you have to travel.

Possible Benefits: Your answers along with others may help guide future programs to treat AIDS patients through working with Traditional Healers.

Possible Risks: The possible risk that the researchers are aware of is unease in answering questions. If you do not feel comfortable with any of the questions, you can refuse to answer. The researcher will skip the question. At any time you can decide you do not want to be in the study and not answer any more questions. Other than this, we are not aware of other risks from being part of this study.

Privacy: We will not use your name in this study. After the interviews are done, your name will be changed to a study code number. The only people with access to your personal information will be the principal researchers. Only these researchers will be able to see the information that we collect today. We will lock all information into a drawer for five years in our office in Fort Portal, and they destroy it. Your name or any personal information will not be used in any report of this study.

Free to withdraw: It is your choice to participate in this study or not. If you choose to participate in the study, you can choose to leave the study at any time by telling the researcher. The interview will be stopped. You may choose not to answer any of the questions without providing a reason.

Questions: Questions and concerns can be forwarded to the main researcher, Janis Huntington, at huntingt@ualberta.ca and at 0779133875 or Mr. Tom Rubaale at the Health Department in Fort Portal at 0772856865.

UNIVERSITY OF ALBERTA

Appendix 9: Consent form for Health Care Workers

Title of Project:
Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Part 1: Research information

Name of principal investigator: Janis Huntington
Affiliation: University of Alberta
Contact information: 0779133875

Name of supervisor: Dr. Walter Kipp
Affiliation: University of Alberta
Contact information: +1-780-492-8643

Part 2: Consent of Subject

	Yes	No
Do you understand you have been asked to participate in a study?		
Have you read and received a copy of the information sheet?		
Do you know the risks and benefits of participating in the study?		
Have you been able to ask questions and discuss the study?		
Do you know that you can withdraw anytime without an explanation? You have the right to refuse to participate.		
Do you understand confidentiality? Do you know who has access to your personal information?		

Part 3: Signatures

The study was explained by: _____ Date: _____

I agree to take part in this study:

Signature or thumbprint of participant: _____

Thumbprint

Date: _____

Printed name: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of investigator: _____

The Information Sheet must be attached to this Consent Form and a copy given to the research subject

UNIVERSITY OF ALBERTA

Appendix 10: Consent form for Patients//Traditional Healers

Title of Project:

Assessing the Capacity and Willingness of Traditional Healers to participate in cARV roll-out in the role of Treatment Supervisors

Part 1: Research information

Name of principal investigator: Janis Huntington
Affiliation: University of Alberta
Contact information: TBD

Name of supervisor: Dr. Walter Kipp
Affiliation: University of Alberta
Contact information: +1-780-492-8643

Part 2: Consent of Subject

	Yes	No
Do you understand you have been asked to participate in a study?		
Have you read and received a copy of the information sheet?		
Do you know the risks and benefits of participating in the study?		
Have you been able to ask questions and discuss the study?		
Do you know that you can withdraw anytime without an explanation? You have the right to refuse to participate.		
Do you understand confidentiality? Do you know who has access to your personal information?		

Part 3: Signatures

The study was explained by: _____ Date: _____

I agree to take part in this study:

Signature or thumbprint of participant: _____

Thumbprint

Date: _____

Printed name: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of investigator: _____

The Information Sheet must be attached to this Consent Form and a copy given to the research subject

Appendix 11: Traditional Healer Survey, Kabarole District

Participant name: _____

Draft-Sept 2008

Participant ID: _____ Interviewer Name: _____

Date of Interview: _____ PI Present: _____
(dd / mm / yyyy)

A) Demographic Profile

1. Gender, check:
   ❑ Female ❑ Male

2. What year were you born in? _____

3. Marital status, check:
   ❑ Single ❑ Married ❑ Divorced ❑ Separated
   ❑ Widow ❑ Unsure ❑ Refuse to answer

4. What is your ethnicity? _____

5. What is the highest education level you have completed?
   ❑ None ❑ Primary ❑ Secondary ❑ Post-secondary
   ❑ Unsure ❑ Refuse to answer

6. What is your home district? _____

7. What sub-county do you live in? _____

8. What district do you work in? _____

9. What sub-county do you work in? _____

10. What is your main occupation?
    _____

11. What is your religious affiliation?
    ❑ Catholic ❑ Seventh-day Adventist ❑Baptist ❑ Muslim
    ❑ Other, protestant:_____
    ❑ Other, not protestant:_____ ❑ No religion
    ❑ Unsure ❑ Refuse to answer

12. How often do you go to church/mosque?
❑ Daily ❑ Weekly ❑ Monthly ❑ Occasionally
❑ Unsure ❑ Refuse to answer

13. Is being a Traditional Healer your main source of income or is it supplementary income only?
❑ Main source of income ❑ Supplementary income
❑ Unsure ❑ Refuse to Answer

14. Do you belong to a professional association of traditional healers?
❑ Yes----------> b) Which association?_____
❑ No ❑ Unsure ❑ Refuse to answer

15. How does your healing practise benefit from belonging to a professional organization
_____

B) Traditional Healing Profile

16. What type of healer are you? Check all that apply.
❑ Faith healer ❑ Herbalist
❑ Birth Attendant
❑ Other, please specify: _____
❑ Unsure ❑ Refuse to answer

17. Do you ever use supernatural treatment?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

18. Do you ever use herbs for treatment?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

19. How did you receive your training/expertise in traditional healing?

_____

20. Do you discuss treatment problems in patients with your colleagues?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

21. How many patients do you typically see each month?
❑ <1 ❑ 1-5 ❑ 6-10
❑ >10, please specify: _____
❑ Unsure ❑ Refuse to answer

22. What age are your clients generally? (check all that apply)
❑ Less than 18
❑ Ages 18-35

❑ Ages 35-50
❑ Seniors above 50
❑ Unsure ❑ Refuse to answer

23. How often do your patients give you a positive feed back on treatment success?
❑ Always ❑ Most of the time ❑ Sometimes
❑ Never ❑ Unsure ❑ Refuse to answer

24. a) What are the 5 most common illnesses/symptoms that you treat?
b) Can you tell me what causes these illnesses/symptoms?

a1) _____ b1) _____

a2) _____ b2) _____

a3) _____ b3) _____

a4) _____ b4 _____

a5) _____ b5) _____
❑ Unsure ❑ Refuse to answer

25. Do you charge patients for consultation in addition to treatment?
❑ Yes----------> 22b) What do you typically charge them? _____
❑ No ❑ Unsure ❑ Refuse to answer

C) Knowledge of HIV/AIDS and cARV

26. Do you know HIV?
❑ Yes----------> 26b) Does it cause AIDS?
❑ No ❑ Yes ❑ No
❑ Unsure ❑ Refuse to answer ❑ Unsure ❑ Refuse to Answer

27. Please indicate which of the following are ways that HIV could be transmitted (check all that apply):
❑ Sexual contact ❑ Casual contact
❑ Contact with bodily fluids ❑ From a mother to her baby during birth
❑ From a mother to her baby when breast feeding
❑ Using an infected needle or syringe
❑ Mosquito bite
❑ Sharing a wash basin ❑ Sharing cooking utensils
❑ Unsure ❑ Refuse to answer

28. Can condoms be used to prevent HIV transmission during sexual contact?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

29. Can gloves be used to prevent HIV infections?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

30. Is tuberculosis connected to HIV?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

31. Can HIV/AIDS be cured?
❑ Yes----------->31b) How can it be cured? _____
❑ No ❑ Unsure ❑ Refuse to answer

32. Have you heard of cARV or cARV?
❑ Yes
❑ No----------> 32b) Have you heard of any drugs that doctors give to treat AIDS patients?
❑ Unsure ❑ Yes ❑ No
❑ Refuse to answer ❑ Unsure ❑ Refuse to answer

D) Attitude towards HIV and cARV

33. Are there any immoral behaviours which can result in HIV transmission?

❑ Yes----------> Which ones?_____
❑ No ❑ Unsure ❑ Refuse to answer

34. Do you believe a person can get HIV/AIDS innocently?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

35. Will you agree to treat a patient if you know they have HIV/AIDS?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

36. Do people with HIV/AIDS have a negative impact on the communities that they live in?

❑ Yes---------->What is the negative impact?_____ ___
❑ No ❑ Unsure ❑ Refuse to answer

37. Do HIV/AIDS patients have the same right to health care as other people?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

38. How would you regard a person in your community with HIV/AIDS? (check all that apply)
❑ Provide them support through counseling
❑ Discriminate against them

❑ Provide them help ❑ Avoid them
❑ Unsure ❑ Refuse to answer

39. Are cARV drugs helpful to people who have AIDS?
❑ Yes---------->
❑ No ----------> 39b) Are these drugs harmful to people who have AIDS?
❑ Unsure ❑ Yes---------> How are they
❑ Refuse to answer ❑ No harmful?_____
❑ Unsure ❑ Refuse to answer

40. If you were treating a patient taking cARV, would you recommend that they stop taking it?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

41. Do you think traditional healers and modern medical workers should work together to treat HIV/AIDS?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

42. Should AIDS patients in the hospital wards be separated from other patients ?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

E) Traditional Healing Practice with HIV/AIDS Patients

43. Do you currently have any patients with HIV/AIDS under your care?

❑ Yes---------->43b) How many?
❑ No---------->43c) Have you ever had patients with HIV/AIDS?
❑ Yes
❑ Unsure ❑ No---------->Skip ahead to Question 43
❑ Refuse to answer ❑ Unsure ❑ Refuse to answer

44. Do you treat HIV (the virus, not symptoms) with herbs or other treatments?

❑ Yes---------->44b) Can you cure HIV/AIDS?
❑ No ❑ Yes ❑ No
❑ Unsure ❑ Unsure ❑ Refuse to answer
❑ Refuse to answer

45. Do you currently have any patients who are taking cARV drugs?

❑ Yes----------->45b) How many? _____
❑ No----------->45c) Have you ever had patients who took cARV under your care?
❑ Unsure ❑ Yes ❑ No
❑ Refuse to answer ❑ Unsure ❑ Refuse to answer

46. In your opinion, what kind of healer treatment is most suitable for AIDS patients?

_____

47. If you suspect a patient has HIV/AIDS, do you recommend to them to get tested?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

F) Linkages with other care providers

48. How far is it from your current home to the nearest modern health unit?
❑ Less than 1 km ❑ Between 1 and 5 km
❑ Greater than 5 km
❑ Unsure ❑ Refuse to answer

49. Do any of your patients receive care from both you and modern health units?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

50. Do you refer patients to modern health units?
❑ Yes ----------> In what circumstance? _____
❑ No ❑ Unsure ❑ Refuse to answer

51. Do you refer patients to other traditional healers?

❑ Yes ----------> In what circumstance? _____
❑ No ❑ Unsure ❑ Refuse to answer

52. Do any modern health units refer patients to you?

❑ Yes ----------> In what circumstance? _____
❑ No ❑ Unsure ❑ Refuse to answer

53. Do other traditional healers refer patients to you?

❑ Yes ----------> In what circumstance? _____
❑ No ❑ Unsure ❑ Refuse to answer

54. Have you ever been invited for training from health units by modern health workers?

❑ Yes----------->54b) What type of training? _____
❑ No ❑ Unsure ❑ Refuse to answer

55. Do you have any contact with the government health care system? (check all that apply)
❑ I socialize with Government health workers
❑ I consult with Government health workers
❑ I utilize Government health services for my own care

❑ Some contact. What is it?_____
❑ No, I have not in anyway ❑ Not sure ❑ Refuse to respond

G) Willingness to Collaborate to Provide cARV

56. Would you be willing to work with modern doctors or health units to provide your patients with HIV/AIDS care?

❑ Yes
❑ No---------->
❑ Unsure
❑ Refuse to answer

56b) Would you be willing to work with anyone to provide your patients with HIV/AIDS care?
❑ Yes----------> Who? _____
❑ No
❑ Unsure ❑ Refuse to answer

57. Would you be willing to distribute cARV tablets for treatment of AIDS?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

58. Would you be willing to visit patients in their homes each week to give them tablets or monitor their HIV/AIDS treatment?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

59. Would you charge a fee for this weekly service?
❑ Yes ----------> What fee would you charge each week?_____
❑ No ❑ Unsure ❑ Refuse to answer

60. Would you be willing to take training on how to do monitor cARV treatment for HIV/AIDS?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

61. Would you be willing to attend monthly meetings of all healer involved in cARV care to discuss the problems arising and share knowledge with your colleagues?
❑ Yes ❑ No ❑ Unsure ❑ Refuse to answer

H) Additional Comments

62. Interviewer: Use this space to make any additional comments.

_____
_____
_____
_____
_____
_____

Thank you for the time.

Signature interviewer:_____

Signature interviewee:_____

Date of interview:_____
MM/DD/YYYY

Appendix 12: Proposed questions for FGDs with Traditional Healers

Question	Purpose
1. What area of Kabarole District do you practice traditional healing in? Prompt: n/a	To get everyone talking with an easy question that they should all have an answer to!
2. What do you treat most frequently? Prompt: What symptoms or health problems are the most common in your patients?	To get the discussion going about healing practices and to bridge into specific questions about HIV care and their practice
3. What has been your experience with AIDS care in your community? Prompt: Is the disease very visible, or hidden? Do you see that many people are suffering? Is there a lot of stigma attached being infected? Are people reluctant to get care?	Learn about AIDS within the district in general, how healers view AIDS within their communities, how they conceptualize the disease and its issues
4. What do you think about methods of treating HIV/AIDS in the modern health units? Prompt: Have you seen improvements in patients receiving care, or do you see that patients have negative experiences?	Learn what healers know about modern HIV/AIDS care, if they think positively or negatively about it
5. How do you view your practice for treating HIV/AIDS patients compared to treatment of these patients in the modern health units? Prompt: What similarities are there between how you treat HIV/AIDS and modern health	Learn how healers conceptualize the care they provide with respect to modern health care for HIV/AIDS. Learn their perspective on how the different types of care affects the patients.

units? What differences are there? How do these differences affect the patients?	
6. Would you ever recommend one of your patients with AIDS seek care from modern health units? Prompt: When would you send a patient to modern health care? What would make you not want to?	Learn how healers feel about referral, which is a common way in which healer and modern medicine are linked. Learn some factors of what may prevent collaboration or what might encourage it.
7. What has been your experience in with working with modern health care providers? Prompt: Describe a situation when you were working with modern medicine, or a time where you interacted with a modern health care provider.	Learn about any past experiences the healers have had working with modern medicine, learn how they conceptualize the process of collaboration.
8. How do you view working with modern health care providers in your healing practice in general? Prompt: What is your overall impression of working with modern health care providers? Do you think it's a good thing or a bad thing? What is the main factor that influences your view that it's good/bad?	Get an impression if healers feel positively or negatively towards collaboration, independent from what their past experiences have been.
9. What do you think about you working in a program that provides patients with AIDS care based on modern medical principles? Prompt: Would you ever be willing to add practices to your	Determine how healers feel about incorporating aspects of modern medicine into their treatments. Learn about why or why not they would be willing to do this.

current practice that included modern medicine? How would that affect your traditional healing practice?	
10. How might it affect your patients if they had the option of receiving modern HIV/AIDS drugs from you as compared to getting them from a modern health unit? Prompt: Do you think patients would benefit from being able to get AIDS drugs from a healer, or do you think it would not be a useful service? Do you think patients would like this option?	Learn about how healers view themselves within patient care, what they think their patients are benefiting by receiving traditional medicine, and how this might be affected by incorporating modern medicine.
11. If you were asked to be part of a program that would involve working with modern health care providers to provide modern HIV/AIDS medications to AIDS patients, what are important factors for you to consider when deciding whether or not you would participate? Prompt: What would cause you to choose to work with this type of program? What would cause you to not want to?	Learn about what healers think is important for them in starting a collaboration, get insight into how they view themselves professionally
12. Would there be a benefit to you as a care provider if you worked with this type of program? Prompt: What would this benefit be? If no, what would be the negative aspects?	Learn about what healers expectations would be for being involved in this type of work, and what problems they see for themselves by being involved.

Appendix 13: Proposed questions for FGDs with Patients

Question	Purpose
1. Please introduce your study identifier name. Prompt: n/a	To get everyone talking with an easy question that they should all have an answer to!
2. Where you live, how far is it to the nearest modern health unit? Prompt: If you needed medical services, how many km would you have to walk?	To give everyone another easy question, to try and judge their proximity to modern health units, to get them thinking about their accessibility to health care
3. How do you feel about your ability to access modern health units compared to your ability to access traditional healers? Prompt: Which of the two do you think are easier to find and travel to? How do waiting times compare between the two?	Get the participants talking about differences and similarities between access to the two types of care, to gauge attitudes towards traditional medicine
4. What do you think about traditional healers with regards to AIDS care? Prompt: What do you think about the care they provide for AIDS related illnesses using traditional methods?	To find out if patients think traditional healers can provide effective care using their methods for AIDS related illnesses, to gauge how they feel towards receiving care from healers, get attitudes towards healers
5. Whether you are currently using it or not, how do you feel about your ability to access cARV (anti-HIV therapy)? Prompt: Do you feel confident that the modern health services that you can access are able to provide cARV to patients? Do	To find out if patients feel able to access drugs, to get an idea about the level of difficulty beginning and remaining on cARV would be, to get some ideas on challenges facing patients who need cARV

you think it is easy or difficult for patients to get the drugs from the modern health units in your area? Would it be different if you were in a more rural area?	
7. In what ways do you think collaboration between modern health care and traditional healers would affect care for AIDS patients? Prompt: Do you think patients would be positively or negatively affected by collaboration between the two? What parts of care do you think would be different if there was a collaboration to provide AIDS treatments?	To find out what patients think about collaborations between the two types of care, what they think would be affected by bridging the two, their attitudes towards collaboration
8. What would you think if you were able to access cARV drugs through traditional healers? Prompt: In what ways would it be different to get modern medicine from a healer than to get traditional treatments from a healer? Which do you think is more beneficial for patients? Do you think there is a benefit for the patients for either?	To find out attitudes of the patients about the ability of traditional healers to effectively distribute medications, how they would feel about getting their medications from healers, what they think would be good about this type of program
9. What are important factors for you to consider when deciding whether or not you would choose a traditional healer as a treatment supervisor for cARV? Prompt: What information would you need to know before you decided whether or not a traditional healer would be	Learn about what concerns patients would have about healers as supervisors, and what is important to them to consider when they choose a treatment supervisor, gauge any concerns they would have concerning this type of supervision

appropriate to supervise cARV?	
10. What would make you choose to not have a traditional healer as a treatment supervisor? Prompt: What would be the main reasons for a patient to not want to have a healer supervise cARV? What would have to change presently for you to consider having a healer supervise?	Learn about what factors might currently be present for patients that would prevent them from wanting healers as treatment supervisors, find out if they currently would not want a healer if there would be any situation in which they would
11. What would make choose to have a traditional healer as a treatment supervisor? Prompt: What would be the main reason for a patient to want to have a healer as a treatment supervisor? Which patients do you think would be more likely to want a healer as a treatment supervisor?	Learn what factors might currently be present for patients that would make them want to have healers as supervisors, find out differences between patients that would lead them to wanting or needing a healer as a supervisor,

Appendix 14: Key Informant Interview Guides- HCWs

Archival Number: Site:

Date: Category:

Start Time: End Time:

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1. What aspect of AIDS care are you involved in?
2. Do your patients have any difficulties in accessing this care?
3. What about AIDS patients that are not accessing care, why do you think they are not?
4. What are the main challenges to getting care for everyone who needs it?
5. Are there different challenges facing rural and urban patients?
6. What do you think about traditional healers and the care they provide to HIV/AIDS patients?
7. If healers were involved in expanding cARV programs, what are some ways they could support this expansion?
8. What would some challenges to this collaboration?
9. Can you think of any benefits to the patients for this type of collaboration?
10. Can you think of any negative aspects for patients for this type of collaboration?
11. Would you be willing to work with healers to provide cARVs to patients?
12. Give overview of objectives, summary of what was collected. Any further comments?

Appendix 15: Key Informant Interview Guides- District Managers

Archival Number: Site:

Date: Category:

Start Time: End Time:

1. What aspect of cARV program management are you involved in?
2. What challenges are there for patients in the area accessing cARVs?
3. What programs have worked in the past to successfully increase cARV coverage?
4. Are there different challenges facing rural and urban programs?
5. What do you think about traditional healers and the care they provide to HIV/AIDS patients?
6. If healers were involved in expanding cARV programs in Kabarole District, what are some ways they could support this expansion?
7. What would some challenges to this collaboration?
8. Can you think of any benefits to the patients for this type of collaboration?
9. Can you think of any negative aspects for patients for this type of collaboration?
10. Would the district offices be willing to support collaboration with healers for expanding cARV programs?
11. Give overview of objectives, summary of what was collected. Any further comments?

Appendix 16: Community Report

Sept 28, 2009

Background of the project Fort Portal, Uganda

In Kabarole district, there are many people who are in need of treatment for AIDS (called cARVs). Most of those people cannot manage to get it from health centers. Researchers from the University of Alberta in Canada did a project in Fort Portal from September to December in 2008 to see if they could help fix this problem. The purpose of this project was to find out if it would be possible for healers (including traditional healers, herbalists, faith healers and birth attendants) to help healthcare workers to raise the number of people that are able to get the treatment for AIDS from health centers. To do this, they interviewed healers to find out what they knew and thought about HIV/AIDS and hospital treatment, and if they would be willing to work with healthcare workers to help their clients get drugs for AIDS. The researchers also talked to clients with AIDS about what they thought about healers being involved in treatment. Finally, they interviewed some healthcare workers in Kabarole and Kyenjojo districts to find out how they felt about working with healers.

Summary of the findings

The researchers interviewed 219 healers; 34 were faith healers, 96 were herbalists, 41 were traditional healers, and 47 were birth attendants. Many healers had a good knowledge about HIV/AIDS, and knew that it needed to be treated with cARVs. In general, they see that stigma towards AIDS and not having transport money makes it hard for people to get AIDS treatment. Not many healers have worked with healthcare workers, but many said they would like to work with them. They want to help their village mates get treatment for AIDS. Healers felt they would need resources to work with healthcare workers. They said things they would need included additional training, better storage facilities, and means of transport. Very often the benefits they say they expect to get from working with healthcare workers were being able to help their village mates get the care they needed for HIV/AIDS, and more respect for their job as healers.

Conclusions and Recommendations

The data from this project suggest to us that it would help AIDS clients in Kabarole and Kyenjojo districts if healers and healthcare workers worked together, to help clients get AIDS drugs more easily. Healthcare workers and healers both have mistaken beliefs about working with each other, but have interest in finding ways of working together to help their clients. We believe that this joint work would also help to increase knowledge about how herbs and cARVs interact when they are taken together. This joint work would also help clients to always get the same information about AIDS if they first seek care from healers or if they first seek care from health centers. This might increase understanding of AIDS in those clients who have not yet tested, and those who have tested but are not accessing care.

Contact information:
Janis Huntington, Edmonton, Canada: janishuntington@gmail.com
Tom Rubaale, Fort Portal, Uganda: 0777912866

M: (clears throat) ah, we welcome you once again doctors in our meeting, our days' talk or a workshop to exchange idea on this day, nov 29, 2008. My name is Tumusiime Maurice, I am a Mutooro born in Kigulergule Rubingo in the family of Mr. Lazaro Tinkasiime Tutongoya, a great Runyoro-Rutooro grammar writer and others. Most of them helped very many people during school for example Kibbaate, he has the Runyoro-Runtooro grammar and he is working on the dictionary at the moment. It's a Runyoro-Rutooro. Ah, the intention of meeting today was to, like you were seeing on the other invitation letters is to analyze the ability, ah they are two thing ability and willingness of the traditional healers or the herbalists to get involved in the widening of our knowledge in things to do with the virus that causes HIV/AIDS. That's the main aim. Aam, we also want to know more from you, about the kinds of treatment we can use to fight this virus/disease… We know that it is still hard to do with reduction but what measure can we use to fight this disease. Am, this study or research is done with this lady, Janis Huntington, from the University of Alberta in Canada. We have now worked for around two month or even slightly more. The main aim being that one we talked about earlier on. Aa, in our study, it's upon you, or you have the rights to discuss with us because even at invitation we told you that we would be discussing with other doctors. Discuss with us, we shall be going through the questions, talk about them, each one of us getting a chance, ask for clarity about what is unclear to you. Then even when you are giving us your answers, do that according to your will. Ooh, whatever you feel you should first reserve as your secrets may be still reserved, but I still want to confirm to you that as we go on, an issue to do with confidentiality is very important and we have to follow it. That's why we gave you those numbers. This on is a note-taker, she is the one to write whatever we shall be talking and in her writing. Take a look at these boxes she has drawn, she will be saying No 3, doctor No 3, therefore that or at the end of all those you can not know who said what. Therefore you should not worry saying they may go and say doctor so and so is the one who said ah, ah, I don't operate like this or I do this, this or that way, yes. Then we also want to inform you that although this one is writing, we want to inform you that these two machines are recording so that when we go to compile to see exactly what we discussed, may be she skipped it, this machine will have recorded it.

P4: Yes

M: It also goes ahead to remind us that ah, on this note it wasn't supposed to this someone said that. (some silence) Because you can rewind and have keen observations.

P2: Eh

M: Ooh, ah, then we shall again request that as we discuss each one of us will get a chance. Let one person talk at a time so that we listen to each other. This will help us benefit from the discussion other than speaking chorusly making it difficult to even tell what was communicated at the same time what it meant or maybe what it contains. Am, let me also request since we are all doctors and adults, let's respect each other. In case someone said something you would not side with

P4: Ooh

M: Let's not say ah, that's not an issue, where did you ever hear of that, that's what he thinks
P4 and 2: Eh
M: Ooh, therefore, and we have come to exchange ideas, let each one give his so that we bring them together to see how they will help us take the developments (clears throat) of our Nation ahead, for that matter through widening the health services.
P4: Ooh
M: As we fight the virus which creates a gap for each and every other disease to attack because of the other virus. As we shall be seeing these here, we shall see how does the virus come, the prevention measures and the like, therefore I request that we start right away. Am, going to the first question (clears throat). I request you doctors to talk about yourselves starting from this side, going the other side. Say the name, uh, where you come from, where you come from say the name and maybe the sub-county so that we go ahead. Let's start from doctor no 4.
P4: Me am, I stay here in Kyenjojo Town Council, a traditional healer, I heal/cure madness, skin rash, I give you medicine and you, what, the skin gets better. In case he/she is mad, he/she comes home, they normally find me home I don't work for anywhere else, that's what I normally treat, madness and someone bewitched or maybe with a bad skin, I treat them but, I don't go beyond seven days before one gets well
M: That's to say, in case one came with his/her problem he/she gets fair within seven days.
P4: Secondly, I have no herbs for HIV/AIDS, I normally treat those diseases like malaria, I may mix the herbs for malaria and he/she drinks it, when I learn that things are failing I advise him/her to go to hospital for an injection
M: Yes, doctor
P4: Ok (clears throat), to do with other things I have told you that I cannot handle AIDS but in case someone is suffering from, say, syphilis, and he/she can't urinate, I have to mix my herbs, give it to him/her, around one litre for a week, taking around four table spoonfuls, two in the morning, other two at mid-day and two when going to bed thereafter, as the one litre gets finished, he/she will have become
M: (interjects) He/she will have become fine or with positive improvements?
P4: Ah, he/she comes and tells me ah, you know what, things are not fine, and I tell him/her you know what, go and use some other medicine, that's where I have stopped.
Additionally, (clears throat) what, what I normally don't handle is wounds.
M: Uh
P4: Those ones I don't… normally, I don't treat them
M: Yes
P4: I normally treat like those syphilis and witchcraft and possibly when the skin has a rash and madness
M: That's good doctor
P4: Eh
M: Aam, doctor no 2

P2: (clears throat) My names I am called XXXX from Butiiti, from Butiiti sub-county but am a resident this side because it's where am born. Ah, I am a herbalist, and I have four years experience, I was trained by a sister from Kasese, she was a Mukonjo. Ah, medicine or diseases like coming and say you have a disease there and then, a snake has bitten me, a cat has bitten me, a boil "Estunika" (swelling on the fingers), abdominal pains, to do with syphilis, all those have herbs available. There is, let's say, developing a skin rash or maybe you have worms, those herbs are also available, I can look for it and I give it to people who get well when they use it properly
M: Uh
P2: Ah, let's say, medicine for AIDS, the truth is I don't have and I don't know it. (some silence) that what, I know
M: Thank you a lot doctor no 2
P3: Me may, my name is XXXX, I came from Nwamukoora in Katooke sub-county. I also learned these herbs considering my age, I learned them from my grandmother with whom we used to go looking for the different herbs. Sometimes she sent me to pick them, but she's now passed away. The herbs I know, I know much, those for worms, syphilis, some one block, you have been blocked tubes with those I help you. Then to do with medicines for AIDS, there is the one I know just to treat the symptoms but not the virus, OK, there is another one I know which comes in seasons, maybe I explain this to you.
M: Even if you don't explain that
P3: Even if I don't explain, like "Ebichoke" (maize), "Orumbugo" (some grass), you boil all of them and they help you. For men who don't have the manhood strength, you come to me and I help you
M: Yes, thank you so much doctor no 3, doctor no 1
P1: (clears throat) My names, they call me XXXX, I came from Butiiti sub-county, Mukaihura parish, the village is also called Kaihura, now when I got informed about, about the herbalists who know local herbs I was requested to come here and we exchanged ideas, eh, because for those who will have come together with us doctors who came from villages. Mostly they informed us on the form we were given that they are researching about the possible herb/medicine to fight the virus that causes AIDS or what we know as silimu. On our side we see that silimu is something that has still disturbed us so much. But we are there trying. The truth is its real medicine is not yet known but the one that reduces, say for someone who has silimu, we can reduce. I believe the step I have taken and the time I have studied, I know those herbs, they may function like the, the tablets from the hospitals and if a person used it well, he/she can also spend or live as long as the one who uses tablets form the hospitals that's in case he/she follows the instructions with those herbs, am not forgiving but I also have one experienced person who teaches me those herbs. And then when I get back to the other diseases like malaria, those ones, I have headache, cough, syphilis, worms, paining kidneys, blocked tubes, those cancers, it normally disturbs because it has no cure.
P1: Eh, the diseases are many but, all those we are researching for the herbs, we have learned herbs/medicines to many of them, and since we have learned it, we

have used some of it. A patient comes and you treat him/her the way he/she has come and he/she gets fine and after getting fine you see him/her bringing you another person. When one asks where did you get medicine? Ah, from so and so, take me there, he comes and explains to you their feelings and you give that medicine
M: Ah
P1: Apart from that one other issue at hand, people are used to that medicine that comes as already made, when you tell him/her about the traditional medicine they first understood them, it's only when you first give it to that very one it's when he/she realized that they did for me helped a lot, therefore it's after that that you go on adding a step, ah, people get to know you more and get used to you.
M: Yes
P1: Eh, then there are also other problems that we have, patients may be quite many, so with our kind of herbs that we first look around for some of which you may find, let's say, in Kyarusoga, may be in Kaihura, you find it say where, transport so you find it a problem
M: Uh,
P1: Now trees like we could use about the virus that causes AIDS, it's not treating but the one that some one can take and push like on, so those ones are normally found quite far and things like that make us tired, that's also a problem there.
M: Yes, doctor, therefore all these issues will be encountered again in front. The questions are many, we shall find that there is something you will find having and burning
P4: Uh
M: If we ask a question, let's answer that we shall also arrive at what you want
P4: Uh
M: Then after we have finished up all those, there will be a moment as asking about what you would wish to talk about that we shall not have talked about by the end
P2: OK
M: That's when we shall again embark on them (clears throat) Now, ah, all of you have informed us or have informed each other about what you are doing and what kind of doctor you are, but now there is some other thing I want to ask connected to that. What difference is there between a traditional healer and a herbalist?
NT: Maurice, first excuse me a bit, P4 hasn't told us what kind of doctor he is
M: He said he is a traditional healer, then even the way these ones talked about themselves, anyway the have to clarify on that
P4: Uh
M: Clarifying, therefore let's do that again, OK, let's repeat it very first just mentioning what kind of doctor you are
P4: Uh
M: So that when we finish that, somebody tells us the difference between the traditional healer and herbalist. Doctor no 4, in brief what kind of doctor are you?
P4: Me am a doctor, eh, eh, I have told you mine, what my late father used to do. He was a real traditional healer, those real traditional healers to whom you go with your sickness, get to their homes and he treats you

M: Yes
P4: Have you hear, am a traditional local healer of Kitooro doctor, see it you're suffering from what, to do with spirits on you, you come to my home, corrects your situation and you go back to your home, ah, you give with good health.
M: Yes, doctor no, what kind of doctor are you?
P2: Me, I am a herbalist, am not a traditional healer like those one you hear of who shake papyrus, the witchdoctors, no but am a doctor, a herbalist who looks for medicines
M: Uh
P2: Eh
M: Doctor no 3
P3: I am also a herbalist, I don't have any that I know say, the traditional medicine is unknown to me
M: No 4, no 1
P1: (clears throat) P1, am also a herbalist. I have some where I study from so that I get a chance to know these herbs so that I know the herbs I have got
M: Uh, but all of us work to see that we, we improve people's health
P4: Uh
M: We are all doctors
Pall: (positive response)
M: Apart/except from, we shall equate that to (some silence) We welcome you to come doctor) hasn't the boy given you this, the number?
P5: As he has not given it to me, he has accompanied me up to the door
M: You found us started having finished around two items but we shall still give you the chance to still talk about them so that we get to the same level
P5: Uh
M: Uh, ah, we had finished saying introductions, your name, maybe the sub-county you come from
P5: Uh
M: Then we also talked about what kind of doctor you could be, are you a traditional healer or a herbalist?
P5: Ah, I don't understand it very well, using local traditional herbs is, and a traditional haler
M: Being a traditional healer, now most people interpret it in a way that a traditional healer is the one who shakes palms
P5: Uh
M: He uses spirits. A herbalist is the one who goes in the bush and looks for the different kinds of grasses, puts them together and treats cough, look for herb, so this, this and that, mix and treat malaria
P5: Uh
M: (clears throat) Yes
P5: therefore I am a herbalist
M: Oh, yes, that's where we had reached
P5: Uh
M: Therefore, we were going to our question the third idea, (chatter) Let's request that all phones are put in silence

P4: Uh
M: So that you either go out slowly to receive your call or you find a missed call then you call later
P4: Uh
M: Ah, old man this small thing has been used
P5: Uh
M: (clears throat) Because of, since we have confidentiality issues in our operation or research we have used it so that, let's put it here, that's why we used this number that will lead us not to keep on using one's names
P5: Uh
M: That's why we have used it
P5: Uh
M: Ah, then those small machines are recording, they are recording, we have used them because of a reason being that when we leave here we have to write a report so that they are used to continue analyzing the meaning of what we shall have written so that they also help us capture what, what, we shall not have written.
P5: Uh
M: We were going to the third question (clears throat). How have we as doctors viewed/seen the AIDS treatment among our patients? Among the people we live with in our communities? To broaden or make that clearer, in case you took a look at your community/ village, and spend around a day observing, do you see AIDS present?
P5: Uh, for it, it's there but has no cure
M: Is it visibly present?
P4: It's present
M: Therefore, that's very vital, because if we realize that it's present we shall put measure and right ones which can
P5: Eh
M: Reduce the harm
P4: Eh, how do we reduce it? Maybe being faithful, stay with you, only one partner
P4: Ah, ha
M: And others similar to those. After you have identified it's existence, there is something we are taught that, take an instance of where we are right now, I should look at myself as the only negative person
P2: Uh
M: there is no any other HIV/AIDS free person because if we develop a mentality that, this girl looks nice, she must be normal, say you could easily be XXXX. But what helps us as we go on identifying it in our own communities it becomes very helpful to us because as you try to pick your nose there/be terrified you say, eh, my friend they said that you should consider yourself as the only HIV free or maybe in case you have a wife and you have gone for an HIV/AIDS test, just like there is an HIV testing campaign
P5: Uh
M: All of us have to be tested, to know one self's status, in case you have tested with your wife, you still can look at yourselves as the only free ones. Ah, the forth

question, what do you think on XXXX with ways of AIDS treatments in hospitals? To clarify it more, have you seen any positive change among patients getting treatments, or you see them get problems? Have we understood?
P2: Yes
P5: Uh
M: Do patients who go to hospitals for drugs find them helpful or not?
P4: Very well, it helps them
M: It helps them (some silence, clears throat) Am, The fifth question, how do you see your treatments as compared to that gotten by patients from hospitals? Because some of us said that we also have medicines/herbs which can help reduce or cure the symptoms of HIV. You know with HIV/AIDS, HIV/AIDS is the virus that causes AIDS, it comes and resides in the body
P2: Uh
M: So it's that one that has so far failed to be cured. But the symptoms say skin rash, cough, malaria, we treat all those
P1,4,5: Uh
M: Someone comes with malaria and you treat it
P5: Uh
M: But you will not have cured/treated the virus, therefore that's why we say that you will have only reduced
P4: You will have reduced
M: Therefore, repeating it once more, how do you as doctors view your treatments as compared to that patients get from hospitals? (some silence)
P5: I look at my treatment as only reducing on the harm because when I give a patient medicine and he/she cured from the disease disturbing him/her
M: Yes
P5: And it's the same disease that would come with the advantage, the virus I know, that in that process am reducing
M: You will have reduced?
P5: Uh
M: That's good and that's how I will have looked at it because even the ARVs also reduce
P4: But it's not that you kill the virus!
M: It's not to say that you get cured. Therefore the intension of my question shall be encountered ahead, and why I asked this? They will go on building on each other, building on each other, uh, doctor/P1, do you have anything to add on that issue? How do you compare your treatment with that from hospitals in the treatment of HIV/AIDS and its symptoms?
P1: Like P5, am also treating knowing that the one with HIV may have a rash on their skin, and I treat those. There are times when one could get a herpes zoster, then I treat that. I give him/her herbs to drink so that when that disease comes it's treated for that time
M: Yes
P1: So that in case another sign came some other day, I still treat that. There after if I know that this person has AIDS, I keep on giving him/her herbs to drink (indistinguishable words)

M: That's very good doctors. Am, now the next and sixth question says that, can you support one of your AIDS patients to seek for treatment from hospitals? Let's say in case you have patients.
P4: Uh
M: They have come and told you truly for me, I went for the test and found out that I have the virus. One may not have even tested before but in him/her observations looking at the skin and the like/rest
P4: Uh
M: They see themselves having the virus
P5: Uh
M: They see themselves having the virus
P5: Uh
M: And therefore he comes to you for skin treatments
P5: Uh
M: The skin was seriously damaged and he/she comes to you for treatments of cough and malaria, would you recommend him/her to go for treatment or health services for AIDS from hospitals?
P2: Yes
P4: Yes
P5: (clears throat)
P4: Haven't I told you that, since there is a virus, I (clears throat) I don't have the medicine to cure the virus but, the one to, the one for herpes zoster and the rest, those I can handle
P5: Uh
M: Therefore if you can support/recommend him/her to go for the treatment from hospital
P4: Thereafter I tell him/her to go to hospital so that they can get for you treatment that virus dies but here the way your skin had boils got skin rash
P3: And unending malaria
P5: I will have cured them plus malaria
M: Uh
P4: But the one which kills the virus, I don't have it just like I had explained it to you earlier on
M: Yes, I admit that
P4: In case you are to make me knowledgeable, it's my pleasure (smiles)
M: Now (clears throat), I remember we had earlier on talked about it saying, even in the hospitals it's only reduced
P(all): Uh
M: But they haven't yet discovered the cure to the virus
P(all): Uh
M: The one that kills the virus hasn't yet been discovered, therefore you also only reduce as doctors. Therefore under what circumstance would you recommend your patients to go to the hospital? Which situation is that? No 2
P2: Ah, depending on how the patient come telling you that when I went to hospital and tested I discovered I have HIV (some silence) and all this time I have

been using the local herbs to treat the signs, they have been due to the HIV which I have tested for and discovered I have
M: Uh
P2: On that note I have the right to tell him/her to go and get the drugs from hospitals and if you realize that it has helped to reduce, continue with is and in case you realize it's not reducing, come back and I continue giving you the one I have been giving you
M: Uh
P2: That's the idea I give him/her
M: That's to say you first try to put in your effort
P2: Eh
M: Or to find a measure
P2: eh
M: When you realize it's somehow failing
P2: Uh
M: You say, my friend
P2: Uh
M: First try the other place
P2: In case he/she first tells me that, he/she has HIV/AIDS, because I was also only treating these external signs
M: Uh
P2: I didn't know literally, how the situation is?
M: Eh
P2: Uh, P3 what would you supplement on that?
P3: Am also saying what P2 has been saying. One has to come, explain to you and give treatment, at last after observing his/her health, maybe it has improved, I again tell him/her to do what, to test and see the disease disturbing you so that you come back and we see.
M: Yes
P3: When one goes he/she explains the kind of disease when they see, they may say let me first give you my drugs for use for the mean time and we observe how it works, if it fails, that's when he refers the other side to use the government drugs
M: Yes, P1 do you have something to supplement on that?
P1: Something to be added on that, something supplementary is that in case the patient has already confirmed that he/she has the virus, there is when they fear that the local herbs might be of harm, that's is they are using the modern drugs from hospitals, but according to the research we have been coming out, it's said that in case, one can handle, he/she can use both drugs. Take the tablets and use the local herbs without any bad effects.
M: (clears throat) that's very good. At this point excuse me a bit, let me first, P5 you found us, I took you through what we had gone across, what we had finished
P5: Uh
M: But we had refreshed ourselves
P5: Uh
M: So I request that you say what you want to drink

P5: Uh
M: There is coca-cola, mirinda fruity, what have you preferred to drink?
P5: There is no stoney?
M: Stoney is not available but there is this one close to stoney maybe.
P5: Uh, yes, ok
M: OK, let's go ahead (clears throat) Am, what have you experienced as a doctor as you work with the government health workers? That's to say in this way
P4: Uh
M: You may not see yourself working with the health personnel directly
P4: Uh
M: Uh, or maybe say P4, you are collaborating with Dr. XXXX a health doctor in the hospital, but there is a way you could have been working together just like I had explained to you, when you fail, you refer your patients there, that's collaboration already
P4: Yes
M: Uh
P5: Eh
M: Because it has already brought you together. One patient has joined the herbalists and the medical doctor
P5: Uh, point of information. Now there are those who have AIDS and wouldn't want to expose him/herself
M: Yes
P5: Therefore what advice do you give to such a person to see to it that we persuade him/her to relate with us?
M: To relate with you!
P5: Uh
M: Now among these AIDS patients and the way we know this disease having come very strongly and very feared
P4: And everyone has it
M: Everyone has it and, it's very strange, however, since we know that our hears are not the same, you will find someone very fearful, another one can manage to bear the problem, uh
P5: Uh
M: And the one who may not bear such a problem, most especially when he/she knows that he/she will be with the disease until death, this scares him/her so much. It's not only AIDS, there you even find another person suffering from, ok we could have constant abdominal pains and when he/she goes for a check up, they tell him/her that, you know what, you have cancer, just that can even kill him/her in only one week, because of not being self-accepting
P5: Uh
M: But still remember that even cancer people have stayed with cancer for even 20 years, therefore that's the point. One may not access, say a person like you because of the other fear. However, there is something we call counselling and sensitization people have always been informed on radios, in newspaper, meetings, workshops. They continue to know and understand it more, you know, our areas are not the same/equal, there is finding me coming from Kyenjojo

Town, but another one comes from deep in Butiiti, another one coming from Katooke village
P4: Uh
M: therefore someone from Katooke village compared to me from here. Am, the chances of being informed are not the same
P5: Uh
M: the other one is in the village
P2: Uh
M: But for my case as am here the radio, radio Kyenjojo might be used to announce, announce something which I will hear/listen to and the radio waves haven't reached the other parts/side
P4: Uh
M: As am right here maybe a get a friend, like that one and he informs me of something, therefore people will go on accepting it slowly by slowly through being sensitized/availed information through different information sources, but you can't blame someone over that right now. Another reason as to why they fear is that they know some other people don't keep secrets, I will come to you doctor, doctor P5
P5: Uh
M: I confess to you that I have problem such and such, I have the virus. However, you may be the kind of people who don't keep secrets and you go on publicizing me on the village
P5: (laughs) You are right on that one
M: Do you see that? And such people are many; Therefore those are the issues that we have to fight, work as a doctor, when someone comes, don't go on to publicize what he had come to treat or he/she has HIV/AIDS
P4: Uh
P5: Observing confidentiality is the main issue
P4: Doctors don't say such things
M: Though that way, people will come out and even continue to do what, to talk because they know it's general and everyone knows that HIV/AIDS, if someone with HIV confesses early enough and start on treatments early even the survival chance increase, but because of that thing. Because one can't come out to air him/herself on the village! Yet all people are just quiet and you expect one to come out and talk, so that thereafter everyone in the village begins to pinpoint him/her everywhere he/she goes.
P1: That's very bad.
M: There's no disease great than psychological XXXX
P4: Uh
M: In case one has psychological XXXX saying, ah, I am always harassed in this community, that's the worse because am telling you, we were told from the different seminars and workshops that one may get the virus today
P5: Uh
M: Eh, but if he/she is not well handled and they right away begin to avoid him, you to know to toss him/her here and there, he/she can even die in just one week
P5: Uh (expressing pity in the face)

M: And he dies XXXX because of many thoughts
P4: Yes, thoughts (nods)
M: After real XXXX in hat if you saw him/her you might even say that one has been sick for three months
P2: Uh
M: But just a week may, therefore we are going to see ahead, seeing what kind of treatment is recommended for the AIDS patients. We shall discover that the therapy of comforting each other and accepting each other as people, considering that the virus come for us even considering the fact that you can even get it through other means other than sex, you know there is segregating someone, thinking that one got the virus out of having multiple sexual partners. But I could have been in a vehicle one day without calling for it and we got an accident together with someone I was seating with and the blood gets in contact with my body and it does what, I could have gone to the hospital sometime back before the technology was better where one injection needle was used on six patients
P1: Uh
M: And I got the virus
P1: Uh
M: Therefore we have to accept each other as patients knowing that the disease is general even an old man aged 100 years can get the virus
P2: Uh
M: We shall have right away started to fight it. (clears throat) That's that. Question 8 says that generally, how do you view your collaboration with modern health workers in your field of work pertaining AIDS treatment? Treatment of the different diseases, for instance malaria, cough, "Afumbi" (boils) , or maybe syphilis. Generally looking at your treatments how do you view your treatments as compared to that of health workers? Are we getting each other on that?
P(all): Yes
M: With health workers, I mean the doctor, nurse
P2,5: Uh
P4: Now on that, there are other people who are not exposed to getting known but you work from the village, treat, so on one, how would it be?
M: In that case, what do you want to mean doctors, you don't collaborate with health personnel?
P5: Yes, those modern doctors in hospitals, he doesn't, now you, your work you do
M: Now P5, we talked about it the other time and said, if you have your patient and you treat him/her to some level, you have reached somewhere and maybe you fail, uh
P5: Uh
M: You referred that patient to hospital, so we said that referring him/her to hospital, to the hospital doctor, you have collaborated
P4: Uh
M: That's to say in case this patient comes back and tells you, eh, the other time you referred me to hospital, I was relieved
P5: Uh

M: Do you understand that?
P5: Uh
M: You have collaborated with the other doctor, indirectly
P4,5: Uh
M: Therefore I want you to look at that collaboration as if it took place
P5: Yes
M: It implies that you accepted, treated to a given level?
P4: Uh
M: And you referred to the other one you saw as more professional
P5: Uh
M: Because even the doctors themselves when they fail, they refer to each other, there is finding one doctor with more knowledgeable in a different field
P5: Unequal knowledge
M: Now, how do you view your collaboration with health doctors generally in your field of treatment (clears throat) Should we first go back to question 7 so that you understand it better?
P1: We have understood it but just as P5 had said, yes, we are here treating in the village there, what he was looking for is that we have no operation of licences which show that one treats, he is a doctor in the village there. But the licences that we have to compare like P5 is sick for instance, he knows that P1 is there, if he has a patient with whom he has failed to treat, he can bring him/her to P1 when P1 fails they refer the patient to the modern health doctors in that way, but now the way I understood what the old man was saying, it's that for him, he is there treating but not known
P4: He is not known
P1: But he is known to his village patients only
P4: Isn't it so, old man?
P5: Uh
P4: Eh
P5: Doctor P5, does the work at/as you doctor but people don't know him
M: Uh
P5: those of the village, the ones you're treating
M: We shall arrive at that, we shall get to that, meaning so far for all your patients you referred to hospitals have never come back
P5: I don't follow them up
M: You don't follow them up, saying that
P4: He has treated, whatever he has done he goes alone, isn't it?
P5: Uh
M: Now let's first slightly comeback on question 4
P4: Uh, uh
M: It was saying that what have you gone through in your co-relationship with the hospital health personnel? If you haven't said that you're not but whoever got a chance, what have you gone through? Have you seen them welcome appreciating that you have something you can do to treat or they have avoided you? Therefore, that's that

P5: I think that case is directly ours all. In most cases those in hospitals don't know us
M: Uh
P5: Uh
P2: Now, the way I view that, you will find that that's the patient's chance, reason being, he/she might come with a rash just like P3 told you, do you get me on that?
M: Yes
P2: You give him/her the medicine to smear for a week or 2 and they come and get. If he/she went to the hospital he/she would get medicine for 3 days and they still heal or maybe after a month. I don't think if they came back, he/she went to hospital and spent 8 days and they healed, he will continue going to the hospital because he takes 3 days and they heal, he will not come back to you for the 7 days
M: Uh
NT: Excuse us doctor, it seems you didn't understand that question, they are asking you about what you have gone through as an individual during your collaboration with hospital health workers. Maybe you talk with him, we want to know what you have gained, are they good or bad? You tell us how you find the health workers in hospitals.
P4: Eh.
NT: You either worker with them at one time or had a talk with them, how are their ways of operation?
P5: They support us
P2: They support us, it's not bad, their ways are not bad
M: They support us?
P4: Uh
M: Because that's what I had told you about that, do they embrace you?
P4: Uh
M: Showing that you can work together or they take you to be un-valuable to him?
P: Ah, if you tell him very well that I tried to treat the patients in, in my own way, but I want you the modern health workers to also try to give him treatments
M: Uh
P4: Eh
?: They relate with you well
P2, 4: Uh
P1: But one other issue is, you know, these things are for business. The hospitals that you may collaborate with one these government hospitals, but for those who have clinics (private) the relationship will not be there because, the money that he would be earning, the disease that he/she would be treating has already been treat by you and if you treat it he will have made a loss. Except from private hospital-government hospitals support us. But since the clinics are business oriented, they can even de-campaign you that those ones want to cheat people since even their herbs don't work… those kinds of things. For a hospital those things are supported, but a business can't support someone (can't distinguish words)
M: Yes, that's to say however, what do we call that, in summary/in short should we call it jealous?

P2: He means that those with clinics, save for a hospital like this one we are at now, for them… they won't allow because one will have made his/her business to sell medicine. He/she says that for you with local medicine may reduce his/her patients.
P5: You reduce the customers
M: Therefore, that's why I said that we XXXX calling it, like say jealous?
P4: Jealous
P(all): (support that idea, verbally and through body language)
M: There is jealousy which should not prevail
P4: But if you refer him say like in the government hospital, they don't segregate
M: Uh
P4: They treat him
P1: Then in case one comes here, there are those medicines you may come and change from here, you can give him/her the modern drugs and they fail to work but what, you give him/her what herbs you know and he gets better and cures
P4: He/she cures
P1: For that matter, they believe you and at the same time support you
M: Thank you so… much. About the ninth, we all know that there are drugs that are used to reduce on the AIDS
P2: Uh
M: In hospitals
P5: Uh
M: Now, since we know that… that… those drugs available. Would you be able to want to support that arrangement? The one for the drugs in hospitals, or you would also want to… to fight so hard to see to it that your medicines are marketed and people begin using them?
P4: That's what we also want…to…to get the medicine, that one that reduces on the harm
M: Uh
P4: Eh, we want it
M: Yes
P4: Because for us, we don't have it. I explained to you that I don't have it
M: That's an issue but what I was getting across…we all know that there is a program of giving drugs from hospitals, the ones by the whites
P4: Uh
M: Would you want to be able to support that program/arrangement?
P4: Eh, because there are very many people who are sick, my own son fell sick and I took him…he has now made 11 months getting… he is now fine, he used to not get up
M: He uses/swallows those tablets?
P4: Eh
M: That means you as doctor/P4 would support that program?
P4: Eh, it should be there/implemented
P5: Uh, the program should be there because we are looking at one goal
M: We have one goal of treating

P5: Treating, and therefore when they work along side ourselves combined efforts and people live, that's what is good
M: Yes
P5: Uh
M: Uh, that means that the way you would come in to support
P4,5: Eh
M: Uh, so that even what you have, say, a patient refer him/her there
P4: I refer him/her
M: There, you're supported. That's very good. P3, would you support that program of drugs in hospital? Among HIV/AIDS patients?
P3: I also support it
M: Uh
P3: But it's also good that our own herbs after development, if we find people using it and it helps, you find that we also do what, we join efforts
P5: If we find where to XXXX it and join it together our different herbs and put them where to reserve that from, it would be good
M: It would be better
P5: It would be far much better
M: Uh, al…right, that's very good because we are looking for collaboration. First of all we have to first collaborate amongst our own selves as traditional doctors
P(all): Eh
M: So that there after we collaborate with the modern health personnel
P2: So that they give us what to do
M: Now (clears throat) what do you think working in this arrangement that give AIDS patients treatment using modern ways? The program is already in place but what do you think about it? Let me first clarify it more, let's first circle what you think about it then continue asking you whether you accept to supplement your treatment patterns with the modern ways?
P4: Supplement and I combine…so that those being treated do what…get, get…helped on the harm of the disease. Eh,
M: Doctor/P1, do you allow to supplement on your ways of AIDS treatment with the other modern ones
P1: Actually I have to accept that with a lot of happiness and being open to you, am sure that the small knowledge that I have combined with that they bring to me, if combined well instead of a person living for 2 years one way make four, a person lives and therefore I have no problem with that
M: Uh
P1: Then another thing encountered there
M: Uh
P1: We the sick people, ok, there is one being checked and he/she confirms that no doubt the virus is in
M: Uh
P1: He/she might get badly off and such fail to reach out for the medication centre/point and me as a village based doctor may not get a chance to meet him/her, maybe transport rules me out therefore those people are there in

confusion in their villages without any help yet they would be getting it for XXXX
P4: He/she has no transport
P1: Uh, on that note, it's where it would require… in case we go ahead with research, we have come XXXX
M: Uh, let's say now like this one who said he's from Kwamukoora, we know that I will always go there and find/see doctor/P3 and we get our medicines from hospitals, the drugs are there, so that doctor/P1, you may not know from Kaihura!! Yes, Butiiti sub-county so that if one can't go to Buhiga because most of the people here go to Buhinga and with Buhinga just like I explained to you not all patients have the money to go to Buhinga. Therefore that's why I think we should put an arrangement… For those who are near the sub-county…the patients can easily go there just by walking or maybe I myself may take the drugs
M: You have talked about that issue as a person and it was however the question I was yet to ask, so let me ask this for a response from P3,4,2,5, P1 has answered it. This issue of supporting…the program of giving out drugs to and on your own way of doing thing, how may it disturb your treatment programs, the traditional ones?
P4: For my case, I would be disturbed because I don't have…that medicine that helps to reduce because I don't have it. That's why I requested, you said that you are researching, you give me some ideas because it's what I want so that I…someone sees him/herself in a good position
M: Uh
P4: It disturbs me because I can't find where to get it. I don't have anywhere to get it, if you correct me on that
M: Uh…now…on that one, taking time to add on that…this program to do with drugs doesn't mean, ok, say to supplement on the modern program doesn't mean that they will come in order for you to combine ideas on making drugs
P4: Uh
M: Because those drugs are already here in Uganda despite that fact it's not manufactured here, it comes from abroad
P4: Uh
M: Do we understand that?
P4: Uh
M: However, the collaboration that we…we worked to create here is to see to it that you would want to allow to supplement your ways of treatment to the modern HAART drugs
P4: Eh
M: Take an instance, in case you are given drugs
P4: Uh
M: Take an example of yourself doctor/P4
P4: Uh
M: Say, ah, drugs in your village, we saw that people who voluntarily accepted are four
P4: Uh
M: Uh, we want you to avail them with these drugs

P4: You also give them your (question expressions)
M: Distribute these drugs to them, would you refuse, keeping those drugs aside so that you continue giving them your medicine/herbs or you would give the drugs to them?
P4: No, I distribute them and I also give them mine, isn't it allowed to mix the two?
M: About that one, it depends, considering you know such a thing to happen… you first sit in a gathering like this so that you first discuss to find out whether the local herbs each work hand in hand with the modern drugs. Do we get that?
P5,4: Uh
M: You fist sit in a small meeting, uh…would it be wise for the patients to take the local herbs together with the modern drugs? You have to balance it very well so that…
P4: So that…we combine
M: The most important is to allow to work hand in hand with them
P4: Uh
M: Doctor/P2
P2: What I see on that issue is to do with patients
M: U
P2: In case the patient has been straight and he/she tells you straight away, I went for the test and tested HIV positive
M: Uh
P2: Therefore and actually there are drugs in hospitals… On that note in case am collaborating with hospitals, if I have patients in my area, around six or five who have been coming to me for herbs… I come to hospital if am relating with the hospital in charge, explain to him since they would have already gone there, maybe he even has the list, he give me the what, drugs, when the come, I give them the drugs…Because for me I would not be having any machine to test. I would be knowing that what, it's so and so who has the disease, therefore on that note my services would be at that/my herbs would be put aside, maybe it's out of his/her like a preference to say give me the local herbs, use the other ones
M: But he/she continues to go the other side because it's where we find the machines which can test and see the progress in improvements (P2 interferes) First stop…
P2: Uh
M: Isn't it?
P2: That's the way it is
M: That's the good relationship that would be prevailing, Doctor P3
P3: Me, I see…about relationship
M: Uh
P3: You will find yourself collaborating with the doctors themselves and your herbs are also
M: Uh, doing what…
P3: You can relate/collaborate with them to see that both work together
M: Uh

P3: When you give him/her this medicine, he/she also proceeds to go the other end to see…the modern machines. He will be using his brains to treat the patient and understanding so you have to agree or collaborate with them
M: Both of you agree on one thing
P3: On one thing with the doctor
M: That's very good, you know as long as you have the belief that it can work and that you can collaborate, that's very important
P4: Someone cures
M: Uh, now ah, How would the patient be concerned in case they get an opportunity to choose getting the drugs from you and if they were getting these drugs from hospitals, how would they be concerned? I want us to understand
P2: Uh
M: Your patients… or patients, how would they be concerned if they were informed that they will be getting the drugs from you? Then they will still get those very drugs from hospitals have you understood? How would the patients embrace that idea? Take an instance you as doctors? Doctor/P2
P2: In my own thing…thinking… for them to embrace the drugs?
M: The drug are themselves the same, but how do you think the patients (clear throat) would be concerned to see to it that there are…there are two
P2: Uh
M: The drugs are the same, but there is an option of either getting them from hospitals like this one or getting them from your place as a doctor. The traditional one from the village the other side… Have we understood that?
P2: Uh
M: How would the be concerned… in such a way, I want you to focus from an angle, say, maybe the patient would find is easy coming to you maybe it would be pretty easy getting to hospitals? Let's build from that…(some silence)
NT: Have you understood it?
P2: Uh, eh, we have understood it, but still looking for a way we are going to answer it
NT: Uh, uh (some silence) Make an instance of yourselves as people in case they give you the drugs you accepted you can give out these AIDs drugs
P2: Uh
NT: Therefore do you think it would be important to the patients or not, do you think the patients would want to receive the drugs from you since you are near them or not? That's what we want to know. Yes, P2
P2: In my own view, the would like it because of one or two reasons…. Aaa, I might be walking very first yet the patient can't hurry there. For if you tell him/her that you see start coming for drugs from here and they may help you, I have not made them myself, but I got them from where?
M: From hospital
P2: From hospital even the other one who can't walk or can't afford the transport there. Now, as I talk, P4.. me you said that we are research, in case I get any way for those drugs that I don't have and I take them home… and then someone comes saying, am like this and that, I tested and I can give him that treatment if I get them

M: Uh, that's very good
P4: But for me as he talks, I don't know them
M: Uh
P4: In case you find for me anyway, maybe I even get an identity card to know that maybe we are working with government, I treat people
M: Uh, now for other doctors, doctor no P1. Before you answer me, let me first say this (clears throat) Doctor/P4 has showed us, you know I have a question that says… in case the medicine, the modern ones, and the local herbs can't be used hand in hand, just like we had talked about… I give him/her my drugs my herbs together with the modern drugs but I told you that you have to fist talk about it with the modern doctors. In case it's discovered that the modern drugs can't relate with the local herbs, like you said it doctor, for you… you said you decided to take your son for the modern drugs and they have helped him
P4: Uh
M: Therefore for us doctors, P1, you will be the first to answer me… if these drugs/medicines can't be used at the same time, which one do you see as more helpful?
P1: Now…those medicines…if am to talk about them, they are not the same. There is medicine that you can take a sauce. It's food that you grew in the gardens, but you eat it in sauce and it helps reduce on that disease. There is another medicine, it's a tree and you get the leaves and there is a way you get powder and take from dry tea or maybe from food, as you eat your food. That's also like when you are taking your food and there is another thing that you have added, thereafter just like you are saying if those doctors prove that it's impossible, to take those drugs…take the tablets and take the herbs…there are those that can be boiled to take the juice, if that one fails, we can then know what to do. I believe depending/considering where I studied these things from, the other one assured us and said all these things can be used at the same time
M: Uh
P1: Because most of them like I had told you about, that's our everyday sauce that we eat
M: Eh
P1: But one may not accept that our thing has something it can do in his/her health
M: Uh, doctor/P3
P3: Something I also know is that these local herbs and the modern drugs when using actually they require to be used one of them… I know that you are required to use one medicine, use the first and change after it has failed, you are not supposed to use them at the same time. They told us that that's a bad deed. (some silence)
M: No 2
P2: To supplement on that thing, the truth is, you know the truth remains as truth…aa…the moment you truly know…that somebody/this person went for a test, and it was discovered that he/she is HIV positive, it's not good for a person like to to tell him that I have medicine to cure him/her. No, in case it's recommended that if she/he has the drugs she has been given. It's even credible if

you even helped take for in case you don' have the drugs at home, take him/her to hospital and she gets her drugs. It's not good to keep on telling him/her that come and I give you herbs because you don't know what time…
P2: Uh
P5: Another thing I came to understand is that those village people, normally believe in/trust modern drugs more than our local herbs, maybe now it depend on that person you are treating
M: Uh
P5: Is he/she the type who mostly believes the modern drugs or the local herbs? On that note you first see what he needs/wants first, and that's what you give him/her
M: Yes
P5: Uh
M: Ok, thank you a lot. There is a way that most of you have given me your answers and have take me to the step that I would be going to, it was so good because it shows me that we are thinking within the same angle
P(all): Uh
M: Now the step that would come next says that, but most of you have answered that, doctor/P5 just from saying it, what does one want, what does he/she believe? Uh
P5,1: Eh
M: Does he/she believe in these traditional ones or the modern ones? In case he/she believes in the modern drugs like P4, for you who wish well for him, let him go. Doctor/P4 has also showed it to us he saw that the modern drugs are effective
P5: Uh
M: Better than the local ones
P5:Uh
M: And he tool his son who is even standing now, even as you come along showing us therefore, just to read this question for you it says, what would prompt you to work with the modern thinking? And these are the points/reasons you have been giving
P4: Uh
M: Lillian, hope you have understood that. They have answered it indirectly, or maybe in addition to that. What may hinder you from (laughs) working/relating with them? The other program of the modern drug distribution because you have given me reason as to why you would relate with them, no so?
P(all): Uh
M: Because of the different reasons you have given, but now what would hinder you from collaborating/relating with them in that arrangement?
P4: Me as no 4, (clears throat) I say, I have never had any opportunity/way of agreeing with them, actually even today, you, you said that you are researching on how the traditional doctors can relate with those in health units. The reason for my coming here is that I also want to work with them so that, that's what, I had not gotten a way to come to it, but now you people have found it for me, that's what has brought me

M: That's to say you want to relate with them, meaning that you don't have any reason that would stop you from relating with them
P4: Eh…I had not found a way
M: You want to relate with them
P4: Now I have found the…if you can find it for me…we relate
M: Other doctors, what would hinder you from relating with those doctors in the modern arrangement? Because you have shown me reason as to why you would want. What would hinder you because every thing/issue has two sides. Doctor/P1, what would fail your support towards this collaboration or the modern drugs program of the modern drugs to HIV/AIDS?
P1: Nothing would stop me about that, because considering what they are training us on, the drugs come in first and they had sustained people's health if only one follows the rules given. If they have said, you reduce on the drinking/buzzing, stop smoking, stop having multiple women and be faithful to your wife, take your full dose at the right time and come back after three months for others, please real go back and get them and those things had helped people push on with life. Because of knowledge and as we go on researching, that's when the idea of local/traditional herbs came in but however, for those that are available…the first, see, a person suffering from AIDS, I fall sick of malaria, "Ebizumba" (boils), having headache, herpes zoster and they started to research to discover the drugs that can treat those things. They discovered that those things come as opportunists accompanying the big thing behind them
M: Uh
P1: Eh… he is as if he is knocking at the door…eh, are you there, I have come to inform you that I am with you
M: Uh
P1: It's us trying to struggle with those things these days, treating those things so that event he big thing begins to loose his strength slowly by slowly but he doesn't cure
M: Uh
P1: Therefore, when the modern drugs come in and they show their relationship with us, we have no problem at that, because we are all fighting for one thing which is health, mine, yours, and another person's…even other nations, the whole world generally
M: Uh
P1: Because the medicine doesn't treat only one person
M: Uh
P1: Therefore for me, just like I was saying earlier as I support the drugs. Another issue present… let's talk about HIV/AIDS. It's around, people suffer from it, it kills, but the problem is…what I have encountered as I sat here…is…people in that area, or in the place you're staying…there could be around 100 people ,but you will find around 50 of them victims. They are sick but have never got a chance to test HIV/AIDS
M: Uh
P1: But then you as a person who says that you are a doctor helping them… has not discovered it very, just meaning you will find that if one dies, people say that,

Ah, that one was bewitched… I don't know that one, they know. And yet it's the HIV that has killed him because he/she didn't know that the virus was acquired. That's one of the problems within our patients in the village. Maybe for us, those patients in the villages, that's another problem; because you can't treat someone without knowing the disease treated.
M: Uh, that's very good. Now, to supplement on that, there is another issue that says…what do you think that these doctors in hospitals would have or what they would…how would they embrace the program of working hand in hand with you the local traditional doctors or herbalists? The other doctors in the hospital?
P1: I understand them
M: How would them embrace it, the idea of saying that you work together in the treatment of AIDS?
P4: How!
P3: What I see as P3 is to first make a small meeting like this one that we…like this one we have made to make sure…to ensure that doctors understand us/know us that we also have local medicines for them having the modern ones, getting to the level of relating with them so that they also do what, say that so and so has the medicine that can also treat and someone lives
M: Uh
P3: But before we do that, they can't know us and we can't do what/
M:P They may not know how they would welcome you or what
P3: Eh, eh
M: Because they haven't yet understood your ways of doing things
P4: Uh
M: They don't know how you work or,
P3: That's it
P5: We request that for the next meeting we also have the modern doctor together with us, so that he acts as the representative to the others
M: The representative to the others, uh
P5: So that it enables our working together and mutually agreeing
M: Uh…alright, that's very good. Now we are going to our last question among our day's questions. Do you have any benefit that you can get as a doctor/herbalist if you related with…uh, or if you support the program like that of collaborating or relating with the doctor? Or the modern doctors in hospitals, have we understood it/
P4: Uh
M: Do you have any benefits, uh…that you can gain/get as a service provider in health, you are also a health service provider, in case you related/supported that program of relating with the doctors in hospitals or the modern ones? How would you have benefited from that program? No 2?
P2: Uh, for my own case, P2, in case I am sick (positive) and my own herbs cannot treat my disease, like HIV/AIDS. On that note, I would benefit by looking at medicines from hospitals seeing that it helps me more than the herbs I have.
M: Your own hers as an individual
P2: Uh,

M: That's very good. Doctor/P4, did you have anything you wanted to supplement on that?
P4: I as P4 am informing you, if I want…to relate with them, I have to go through the process of getting an identity card so that… you can't say that you will just encroach on someone so that… for him, he studied and you, you were only shown the thing but the modern doctors studied them
M: Uh
P4: But myself as a speaker currently I wasn't taught anything I knew them before and I look for them myself, this and that. For him, he studied…now therefore it's very difficult to just encroach on his work without an identity card or seek and get enlightened upon so that we come together.
M: Yes
P4: Therefore
M: That's to say doctor/P4, as a person you would benefit identification
P4: Yes
M: You get identified and an identity card is given to you
P4: Yes, that this one collaborates with the modern doctors and he uses the local herbs
M: To other doctors, how would we benefit from that arrangement/program? Doctor/P4 is going to benefit by being identified, you know to be identified is something very good and it brings job
P4: Eh
M: To be identified within the field of your work
P4: Be identified
M: Uh, such and such a person does so
P4: Eh, that his herbs…he even has the modern medicines and the traditional herbs
M: How would the rest of us benefit from that?
P5: (silence) Ah, we are supporting what doctor/P4 has said (silence) because you would not be unofficial in your duty. Something after recognition/identification (silence) you would be known (silence). There are some people who would misunderstand you in the village saying that that one may be either a witch or anything
P4: That one
P5: Because when you have many medicines people misinterpret or misunderstand you for different things. But if you get recognized that you do A,B,C,D on that note that would give us the respect and dignity.
P4: Even when that one came to invite me, he/she said that and made please don't ashame me on the 29th because I also want light, I have the light but I don't have the identity card to facilitate me working with the modern ones, have you heard?
M: That's very good. Doctor/P1
P1: Doctor/P1 supports the things that have been talked about by the two doctors… P5…after being recognized…to supply the drugs the modern and traditional, you can never even tell there could be a chance, they get the modern and join it with the traditional and afterwards make them one thing
P4: Eh...that's what I also meant

P1: After proving and they see that those things are true and thereafter they combine the traditional with theirs or else they find a way of giving us a new plan to the one we had, they could say that now change and if ours XXXX for one week, we thereafter get the medicine that will last for one year before it goes bad, because the liquid medicine I am very sure that we don't have the chemical which would preserve it. Therefore we could also benefit from that. Another issue is, the next is…we can also benefit extending the services to our patients nearer to our villages other than saying, just like I had said it before, moving from here to Buhinga, you can't afford Buhinga, there is a person who has never come to Kyenjojo Health Unit, where we are seated right now
P4: (laughs) They are there…very many
P1: And you could discover that they are sick, therefore that one itself could be of our benefit after being recognized in this service and it's extended nearer to our villages. Maybe we would fight with the disease even if it does not cure and someone pushes three, four days. I see that's the way we would benefit from it.
M: That's very good doctor…now at least all of us have had something to speak or talk about that, but now like we have all accepted this program and have seen the good things that we would benefit out of it, collaborating with modern doctors in drug distribution and the like (clears throat) would we expect payment/
P4: Uh
M: Would we expect payment for that program in which we collaborate with modern doctors or the hospital doctors in the fight against AIDS?
P4: We have come to research and that's the trend that we are in, that's what we are looking for, take an instance of myself No 4, to make things faster because I can't say that we shall work together without seating
M: Uh
P4: I can't say that w shall relate together without talking
M: Yes
P4: Even when you want to marry a woman, you first agree on some things. Then you invite colleagues to go for the introduction, isn't it?
M: Uh
P4: Eh, therefore, when that lady come to my home to invite me I told her…she asked me whether I would be available and I told her that I will be present, you can even see I was in Jinja but I managed to come…on… she called me on phone on Thursday and I told her it's ok I am coming on Saturday 29th (laughs) I came back to my home yesterday and prepared myself, took tea and after finishing lunch I know that I would be here by 12:30 pm for the meeting
M: Yes
P4: That's how I came here
M: Yes. Doctor/P4, it's very good to be committed, therefore for this collaboration, uh? We have seen that it would be beneficial. The one we have seen that would help us? Maybe it hasn't directly benefited you but your relative or even your friend
P4: Uh
M: Because of your taking part in it
P4: Eh

P4: I don't…for me…that's what am also researching about. If it means being paid I get paid, if you pay me I get paid
P5: I am thinking this way…
P4: Isn't it now (unclear words)
P5: To you the leaders guiding us, in case you see our work, it's good
P4: Uh
P5: Eh, if… it wouldn't also be bad if you facilitated us with something
P4: So that we research about the herbs
M: Yes
P5: Because even when you research, it's…it's not easy, there are those that are far and those that are near…
M: Uh
P5: For that, in case there is something
P4: You can say go to Bwamba and look for tree this and that, come and prepare it
M: No 2, would you expect any payment out of this program of engaging you into the fight of that disease through collaboration with the doctors in hospitals? Or the modern ones?
P2: I would expect that and I would love it
P4: Because if…even…the…the white doctors are given salary (laughter) Have I talked badly? (laughter)
P5: Another issue is, the people we relate with by giving them drugs, they also, when you treat him/her he doesn't just do like that…
M: Yes
P5: There is something that he/she gives you for thanking you about the help rendered. The money would be much if he/she went for the modern drugs. For you, you have reduced
M: You have reduced for him/her
P5: Eh
M: Uh, that's very good doctors, Am, let me inform you that our question like we had asked them are finished and thank you again for putting an effort to come, we invited quite many but you managed to come…That has given us the honour and to see that you have welcomed our intentions. Ah, to remind you again about the aims of our meeting or gathering, it was that we wanted to discover, how many categories of people have engaged in the treatment of HIV/AIDS and the different diseases. They are a variety of doctors, traditional doctors, herbalists, the other ones who, the modern ones, and actually even among them you will find nurses
P4: Yes
M: Some things like that…uh…ah…then as another aim we also saw what would lead you to work together!
P4: Uh
M: We talked about them; actually we are in the main aims. Uh, what would be the reason for bringing them together, to work together? Uh, therefore, those were the main aims. Now, and we should have hoped that the traditional doctors/herbalists inclusive…uh, we hope that these doctors…the modern doctors,

we shall see to it that we find any possible way for you to collaborate most especially in the treatment of HIV so that we don't only treat the symptoms
P4: eh
M: We shall also treat it and
P4: It gets finished
M: It gets erased
P4: That virus (expresses sadness)
M: Syphilis came in place and first disorganized but after intensive research, they can be, be cured
P4: They can get cured. Eh, even the XXXX like gonorrhoea or maybe one is urinating blood, we went through all those
M: And they were overcome
P2: There is a disease that used to be called "Oburundu" (tuberculosis)
P4: Oburundu, eh (laughs)
P2: They really killed so much
P4: Eh, they killed
M: Uh, but now
P4: If someone told you…
M: Uh, Now after all those ideas and as we talked about them, aa, am requesting that whoever feels he/she has anything that we didn't discuss very well or maybe we didn't totally talk about it yet, he expected us to talk about it he should put it on table and we talk about it in the possible time. P3
P3: Now something I expected us to talk about but we didn't about the equipment we use, the problems we encounter…those are what we didn't talk about. Can we talk about these?
M: We talk about them, where do you encounter them because I remember there is some points I was asking. In case (clears throat)…what would lead to your collaboration with modern doctors and what would not have favoured the collaboration, aren't those problems? Eh, or maybe we also looked at another element concerning what would lead to your choosing between the modern and traditional medicines. What would have…which one would you opt for, the one you se would be more help? Some of us said that the modern one or the highest number
P4: Eh, uh
M: Now, those are good. Not so?
P4: Uh
M: But the problems…we again asked, what problems would you encounter when using that modern medicines and we said that they are not there, therefore what kind of problem doctor/P3?
P3: The problems we encounter are maybe the XXXX we use to prepare our herbs or say when you prepare it, it only lasts for a short time and it goes bad, maybe even the storage facilities are not good
M: Um
P3: Things like those…you have no protective gears as you go to look for the herbs on the bush and yet you would be required to climb a thorny tree!
M: Uh

P3: Those are the things that we would seek help for
M: That's very important because with medicines…you would also want your medicines to be there…and give it to the patient at any time he/she comes (indistinguishable interjection) Because he/she might come and find you very fixed and yet you have to go looking for it, you said other herbs are very far…therefore that's very important
P4: Another problem, me as P4 am supplementing on the one that says let's say to the equipments he talked about. Let's say gloves, one may say that he/she has a spoils skin, so if you don't have gloves, the disease would also infect you if you touched him/her without gloves. Eh, let's say…I may say that am going to that bush and you require gum-boots, what, transport, therefore those are the problems that we encounter
M: Yes
P4: Uh
M: Those are very important. Ah, in conclusion, let me go through the main discussion points. The main points that we went on discussing and analyzing.
P2: The outcomes
M: The outcomes, so that w all open our ear in that if there is anything we didn't get clearly
P2: Uh
M: We build on it again table it. Am only going to talk about the main issues
P2: Uh
M: We saw that AIDS is visible in our places, we have seen that. We also saw what we think about AIDS treatment in the hospitals
P2, 3: Uh
M: We saw that the drugs are useful in case one was bedridden he gains his strength, it has no harms. We saw those, and again asked ourselves about how you would compare your treatment with the one the patient gets from the hospitals. We saw and said that you could find that you have the medicine to reduce but you may fail and when this patient goes to the hospital and he/she take the other drugs, he/she regains the strength and gets up. We saw that we can support the program of working together with the doctors to distribute the HIV/AIDS drugs in AIDS treatment…we again looked at what we have gone through as we collaborated with the doctors in the hospitals… We went ahead and saw…ah…we saw our relationship with the medical personnel…how would it be…would they welcome us? Would they avoid us? We also looked at that and talked about it. We went ahead to ask ourselves whether we would support the program of HIV/AIDS drug distribution…yes. We also looked at how we would support it and understood it…how would we support it? We also understood that. Am, what XXXX was saying…would the patient embrace the program or not, how would they see it? The arrangement of patients getting the drugs from hospitals or the traditional doctors or herbalists in the villages, we also talked about it and saw how it would…we talked about it and saw that others may trust one of the two, if one trusted you or the hospitals therefore it would depend on what someone believes in

P4: There might be a clinic nearby and he/she may say, let me go to the government hospital
M: You could even find around three clinics in the same locality but one skips 1,2 and goes to the 3rd.
P2: Eh
M: We then continued to see how the patients would be affected if it was said that they would get the drugs from you, we analyzed that.
P4: We finished that
M: Am…we went to another issue which was talking about what would facilitate us to support these programs and what would fail us? We looked at all these. The last one was saying that, what would we benefit from that? What important elements would come from that program?
P4: Uh
M: We again asked ourselves XXXX we would expect some salary and we saw it that it would be expected because of reasons being, one, transport, two, maybe we stay far and the herbs are far therefore you even have to employ people to help gather that different herbs
P4: Eh, they all take money
M: Aren't those the issues that called for payment? We also saw that…Therefore those were the main issues in summary like we have looked at them. Do we have anything we would still want to throw more light to among all those issues? More than the way it was?
P2: No, they are those
M: It was so fortunate doctors/participants talking about those issues in XXXX and to that am so thankful for your dedicated time, the good spirit towards working and fighting for our nation. Because of development, you know all development start from health, if there is good health, there is development. Therefore, we are so thankful our gathering for our study or our discussion today, Nov 29th, 2008 has ended right here at our venue, Kyenjojo health unit, at 3:11 pm. We are so thankful. Thank you so much, thank you (silence)

Appendix 18-Male Healer Focus Group
Kabarole District

M: We are linked to Mucwa more specifically the office concerned with ARV study in the village communities and for that matter we work with the old man Mr. Tom Rubaale to address this issue. This research is meant to help us widen our understanding on HIV/AIDS. There are other diseases like malaria, stomach problems, maybe skin rash but we believe that since the virus is strong when it comes it weakens our red blood cells and therefore when these other diseases come, they find it easy. Therefore that's the main aim/idea. Aaam, before we start we have aims for our study. For instance, we have all come and we shall conduct it in a way that each and everyone has the liberty to find a way of sharing his understanding or even as where one may not have understood because we have come in a study to get together and widen our understanding as we guide each other in different aspects (some silence). Aaaam about something to do with confidentiality just like any other Doctor, we shall also observe the confidentiality as one of the issues we shall keep confidential, that's why we gave you those numbers for us to ensure that we shall not use anybody's name to avoid situations/instability where somebody will say, aaah, it's such and such a doctor who said this and that or he's the one who did not support this (some silence) Then we continue to confirm to you that whatever we find out or discover won't be made public or issues open to everyone to get to know, it's our thing, our concern and we shall leave it here. Aaaam, this discussion or our study is being recorded on these small machines that record, reason being that as we talk there could be a certain point which may be missed or left unnoted down, therefore if we have recorded, we go back and listen, and we correct all that could have been noted wrongly at any point. Therefore, let's take note that these small machines are recording but because of that aim/idea. (some silence). Then we shall again request, after we have started our study, it will be one doctor to talk at his own opportunity given, we shall all get an opportunity to talk but we request that one doctor speaks at a time so that we listen to each other so that even if we are to note down or to have a chance of listening over the issues that we have recorded on these machines, it becomes easy to know that, aaaah, it was doctor so and so who was talking, it was number so and so who was talking. So that it becomes easy for us. Ooo, then since we are all adults we are all respectable people we are doctors, we shall request that we all respect each other as adults, as doctors. One may rise his point, If you don't agree with it, we shall give you an opportunity to also rise you points in your ideas, but not a case where someone says a point and you respond unlawfully saying, aaah, stop deceiving us in that kind of manner. Uhh (some silence), therefore we are going to start, just like we were inviting you on the invitation documents, you say the topic, the topic of our study was saying, reflecting on knowing and liking/willingness, it was about knowing, ability and willingness of THs/Hs to get involved in widening our understanding about something that we have called the disease or the virus that cause AIDS as a disease. Therefore what we are going to talk about is going to be mostly concerning on issue, AIDS, just like we shall be seeing (scratching on floor). Therefore I request that we all work together, listen to each other like we have said, so that our study is realized to be important in the end of it all (some silence). Aaam, I had told you my name, am a resident of Fort Portal municipality, West Division, my home is in Kagote but the real place of birth is Kigwengwe in Kigwengwe village, Rubingo Parish in Burahya. Therefore, in that case let me request that all of us find a way of making self introductions, the name, our places of residence so that it helps us to

know each other more, so that even as we talk we know that's doctor so and so comes from such and such a place (someone clears throat). For that matter, let's start from this gentleman

P4" My names, they call me (P4), am born in Hoima, Kibati Hoima, Town Council, but I stay here in Kasusu South Division where I do my work from.

M: Thanks a lot, Doctor Number 3

P3: Name, they call me P3, born in Hoima District, Kyangwali sub-county, but I stay and work in Kasusu

M: Kasusu P3, um, Doctor No.6, I also request you to introduce yourself

P6: (clears throat): Me, am P6, I stay just there in Kitumba, East Division

M: Yes, thank you a lot. The next doctor

P5: My name is P5 I stay in Kyakaigo in Kicwamba sub-county

M: Yes, the next doctor

P2: P2 of Bulyanyenje in West division, I do my work from... Bulyanyenje (some silence)

M: Aaam, Yes

P1: I stay in Kyakaigo, Kicwamba sub-county, I am self employed, I dig, rear animals and that's my life here.

M: Thanks a lot (some silence. I request that when or during the discussion time, I get to see the numbers so that it helps me out as I write down something

P1: (laughs) Show me where I put it for better viewing

M: Yes, I will be able to view it at that angle. Is that 3? 3, 6, 5, 2 (some silence) Aaam, now let's start. Aaam, now what kind of healers are you, we have different denominations, there is are you find a doctor, a traditional healer, another one may be a doctor who uses herbs. Therefore I would like to know or to be informed what kind of doctors are you out of those options?

P1: I use herbs, I don't use spiritual powers

M: You use herbs!

P1: yes

M: Is there anybody else who does something else/different? (some silence)

P4: Eeeh, you know for us we work with this clan's man of ours, we use traditional herbs as well as spiritual powers

M: Oooh, all are mixed, all are mixed. Yes doctor.

P6: I use herbs depending on the different diseases that they treat

M: Yes, oooh

P5: I also use traditional herbs but I am not trained to use spiritual powers.

M: Oooh, doctor?

P2: Am a spiritual healer at the same time a herbalist, and I planted most herbs

M: You are a spiritual healer, yes

P2: those concerning all disease that I know

M: Yes

P2: like madness, aah, to go to diseases most especially like syphilis

M: Oooh

P2: syphilis are in seven different kinds, then when the virus comes in, finding syphilis you see another one developing a skin rash, you see another one, aaah, losing hair, the medicine is available, when someone is using it, they use it in porridge.
M: thanks a lot. Now before we proceed, let's welcome our fellow doctor, doctor, thank you, thank you for coming to join us, we are so thankful. You have found us having finished something concerning talking about our names, and where we come from. It's the only item finished, so far having gone to the, the second question. We would like you to join us telling us your name, where you come from, district or maybe the sub-county so that we proceed.
P7: I am P7, I come from Bulyanyenje village, Nyantabooma parish, Kicwamba sub-county in this very Kabarole district.
M: Uhh, uh. Do we have any way we can show a difference, about some thing to do with our profession as doctors just like we said, but is there any way we can show a difference between traditional healers and herbalists? There is a difference
P?: Yes
M: It is, the example is, the doctors in hospitals, real government hospitals, there are medical assistants, there are, doctors who carry out operations, who operate people, therefore they are all not the same, but they do the same job of treating people
P?: They all treat
M: They all treat. Thank you a lot. Aaam, now there is another issue, you third one that I would like us to discuss. Ooom. How have we viewed the AIDS treatments as doctors in our villages? Treatment and care towards AIDS? How do we view the AIDS? (some silence)
P: Aaa, me giving my small view, the disease came without our notices at first. To know it as a disease/AIDS, but aah, because we used to see somebody, having things like ebiziimba (boils), skin rash, coughing, doing this and that, therefore they say that that one has AIDS. Eeh ,but in our lifestyle we used to know that there is a disease called ebiziimba (boils) there is a disease called skin rash, there is a TB, aaa, somebody suffers from headache, those disease were known. Eeh,
M: Aam, now other doctors, is this disease identifiable in our villages or it's not identifiable? Let's say if you took a look through your village, the disease, can you say that we have the disease in our village? Or if someone came as a visitor he/she may not realize the presence of the disease? Uuh, are people scared of the medicines?
P?: Uuh, yaa, the disease is identifiable, it's identifiable because nowadays people have begun declaring themselves
M: People declare themselves!
?: Eeeh, these day there is the testing opportunity, people take tests and know their statuses, how they are
M: We have slowly fought stigma
P1: We are really fighting it
P7: We even have them in our home and have tried to help them with all that we can
M: Is there any other doctor who would like to supplement on that?
P4: Oooh (clears throat). That disease is seen but others have said that it's identifiable but it's not identifiable, because there is treatment that people are using/accessing, yet there are those who are jealous! He/she want to spread to others.

M: Ooh
P4: Now for example for us we have four or five people they are victims, but you have nothing to do for him/her, you may not report in order for his/her imprisonment, or do anything to them, but for his/her job is to destroy the world and finish it, so when you guide them saying, my friend reform, go take a test, get treatment so that you lead a good life, they don't accept. That's where I base to show my difference. There is another one just like the old man said, some are tested, receiving treatment and therefore in good health, wanting to bring up his/her children, but there are those others who have that system
M: They have the jealousy to go on spreading the virus
P5: The jealous ones mostly the youths, they are the ones with that kind of jealous, because sometimes they are tested and they know, but when you tell them, they don't agree with you. They go ahead doing their own things
M: Doing his own things?
P5?: He says that maybe they will charge me yet others say there are no charges. Yes, so they are afraid of money.
M: Hajji, did you have anything to supplement?
P1: I have something to add, what I mean saying that the disease is identifiable, taking an example of a widow and it's evident that the late died of HIV/AIDS, but you will find a young man running after the widow, you have to know that he has encountered the virus, but that you will identify him because he entered into the fire, which you also know, why not identify him?
M: You identify him, meaning the virus is identifiable in the villages, but the existence of jealousy
P1: Jealousy prevails, and its too much, isn't it?
P?: That's how it is
M: Ooh, now doctors lets go to something next. Ooh, aam, in our own understanding what do we think about the treatment trends in hospitals? What kind of thought do we have about the way of treating AIDS in hospitals, that's to say, to broaden it a little more, is this treatment of benefit to those patients? Or it challenges/problems?
P4: That treatment has been of benefit to the patients, but I have not forgotten to say that there is an organization which goes to villages giving help, we as people have requested since we have LCI cells. Patients would have been close to chairmen for advice, so that the treatment medicines are brought near to the people to help those that are still ignorant so that they can be helped out.
M: Oooh
P4: Because a person, I have gone to different places, there someone you will see.... I have no way to say it, he... he is as if he is done with the world, just there, ooh, umm, to whom it may concern he is not concerned, now in case of an LC will be scrutinizing, saying ABCD therefore, incase that person is scared he can get the treatment, he can be comforted in that way.
NT: Now mzee, how can the local chairman know that so and so is HIV positive?
P4: There are people I know of or people we know, you really see that someone died, he is a victim, but what he does/the way he takes himself! You might get surprised. The chairman as a leader should take the responsibility to see that he tells him or consult other

people with authority, or call people to counsel him, to ensure that he has not gone ahead to act that way.
M: Yes
P4: Ooh and there is one who said that youths are ignorant, where by even if you told him that don't do this ,it's the same thing that he/she will carry on
P1: No, no
P5: I want to add on what that doctor has said, the issue of local chairmen. There are those, like those village boys may not be shy with the chairman but incase they go there and find their colleagues they will get scared of them telling their stand in life, at least if medicine is collected from the chairman, one may sneak in and pick the medicine therefore using it in the knowledge and convenience rather than collecting it from many people who will identify him as a patient, therefore that's why they fear there
M: Ok, doctor, do you think... the treatment got from hospitals has any harm to the patients, or the threat you have identified in the hospital medication/treatment? (silence) HIV treatments?
P3: I haven't seen any problem
M: You haven't seen an problem?
P2: I have an answer
M: Doctor!
P2: Thank you so much moderator, I think your research is good, to know the truth about whether these drugs are really of help, they are of help, of much help some of us have children we are taking care of whose parents died of AIDS. But the truth is they have been helped, because when they have gone for treatments and we supplement with the eating habits that we have/ that we are taught, that's why there are saying the chairman should be involved, ooh, so that people get educated to know what to feed on after starting the treatment to ensure that the body services, that has helped us so much because we who have treated such people and have fed them, they have improved with in few months
P1: Ooh
P2: You find someone has developed a new skin
M: They come out and look attractive
P1: So much so
P2: There's not any problem
M: Doctor 6, you had some, aah,
P6: what am also adding is that yes the medicine has helped people, someone regains good health resuming their routine work, or even look after their homes
M: Yes
P?: But the problem realized, when he/she leave this place going to some other place, someone is not known
P1: Very much, very much
P6:The place he/she comes back to the same place after infecting other people from the other place so that's why we were perplexed and failed on what the government should do, to ensure that this person has been tested and known that he/she's sick, how shall we care/ monitor him and what mark should we put
P1: (interrupted) To make sure that he/she doesn't infect others

P6: to make it easy for other people to identify him as an HIV/AIDS patient, therefore you should not get close to him/her
P: (hum agreement)
P6: So we found it still being a problem
M: It's still a problem
P6: That doctor said that children being looked after will improve. Isn't it after improving there's one being a boy or a girl, wouldn't he/she want to marry?
M: Yes
P6: Doesn't he/she want to bear a child?
M: Yes
P6: Therefore is he going to marry someone's daughter who is also infected or the negative one? What's he going to do? You will find out that it's still had
M: Aah, doctor, have you got what to respond yet?
P2: To respond on that, the drugs they are given will have helped them
M: Yes
P2: and the problem is those that are redundant and those that are careless with their lives (unclear speech, try other tape), you find him on treatment, but after he goes for booze, and where he takes the booze from is the same place he continues to do himself disservice
M: Ooh
P2: Therefore for that matter, the drugs won't function very effectively because he will have abused them, he has taken booze, at the same time he has done other things, continuing to make love to other women, even the woman has continued to use men therefore, that's where a reaction comes in
M: Yes
P2: And if you are on treatment and go out for other women (some silence) then you loose that medicine, coming out of you to the one you have sex with. For example, when we are treating syphilis, incase they tell you that they will inject you, you must exceed 14 days if you are a man without having sexual intercourse, if you are a woman, without having sexual intercourse with a man. Because when you do it, the medicine will be taken by the opposite partner.
M: Ooh
P2: Then you the... the virus does what
M: They remain in you
P2: Then the patient's disease/virus multiplies and increases, therefore if the medicine... you use it well it helps and it's effective
M: The drugs treat
P2: Yes
M: Do you still have something Hajji?
P1: To supplement that one?
M: Yes
P1: We are confused because the way we are treating, and what the doctors are doing, we see that we are getting the right treatment but we are confused about the way to defend ourselves, that person who has been rescued, how… does he/she protect him/herself and how will they protect him/her? (silence)

M: We shall understand that issue Hajji in something coming next shortly. We shall also look at protection in sometime
P1: Ooh
M: Eeh, thanks a lot. Now going to issue number 5, it says, how do you view your treatment services provided to AIDS patients compared to those services and treatments they get from hospitals? (silence) To make widen it a bit
P4: Ooh. We know it very well that when someone has the HIV, it weakens the red blood cells, therefore all these other diseases/symptoms that we treat, headache, enfumbi, syphilis, those ones come the other one having done what?
P1: Weakening the. . .
M: Weakening, therefore I want us to know that as you treat those other diseases, in someone who has the virus, you will have also contributed towards decreasing therefore your treatments as doctors, how do you view it when you compare it with the modern ones? (silence)
P6: Aah, our treatment just like we… like I view it, like am finding it, aah, in the first case I don't test someone to monitor the progress of the sickness, but I treat the disease, or the symptoms that I see.
M: Yes
P6: He could be… having a rash, therefore I am looking for my medicine for a rash, and I tell him do it like this, smear, smear, the rash starts to do what, to heal. But what is inside and the strength of the virus, I will not have done what, have seen them, known them, their extent. That's where we find, there is still something
P1: A difference
P6: A difference still existing
P1: Ooh
M: That's where the difference still exists
P6: eeh
P1: That's where it's still
M: Doctor no. 2
P2: Now… there, the disease, when he/she's not eating, or maybe he refused to eat, I can bring him medicine which brings him appetite to feed, because incase he's not eating, he continues to weaken, therefore that medicine, you can, I give it to him so that he starts to do what? To eat. (silence)
M: Yes
P2: Ooh, that's where I have stopped
M: Doctor no. 3, do you have anything to add on the existing difference about the treatment that you doctors give the patients and the treatment they get from hospitals?
P3: Ooh, there is a difference, because it's what the doctor has said, that you see someone coming, lets say the skin or the eyes, you really see and know that this one is a victim but without any possible way of testing the blood, but now since you have started engaging us in meetings, you can, if it's possible, get for us some machines, so that we can check and someone know that this one has, so that we also increase on the effectiveness of our medicines, to see how the dosage will be increased (silence)
M: Ooh
P3: Ooh

M: That's good. Is there any other person who had something to add on to that?
P5: But now on what this doctor is saying
M: Oom
P5: Getting some machines, to ensure, to see if you have villages, now like us are in villages. To check/test blood, you can preserve it, on that I see
M: To preserve it?
P5: Yes being hard…
P1: (laughs)
P5: Eeh, what the doctor has said (laughs) to check the blood sample and know the progress of the disease, now like use who have no electricity, it's hard. Yes, it's hard to test and pressure the blood.
P4: Now, the difference is there, because if the modern drugs are out of local herbs, it comes after it's purification, people have been tested, giving them their medicines, aaah, but the traditional medicine, we also have it, the person you'll prepare a jerry can for, give it to him and he started taking it, you will find just in a month or two that man has developed a belly, when he is a giant
P: (agree)
P4: But you will not have treated the other virus… or I even hear of… I don't know "Matafali" I don't know what, I hear this "matafali" (CD4 count) are weak, others are on ARVs, eeh, now in fact this P3 where we have been, there are things they went on giving out like chicken so that they do what, they help those patients.
M: Ooh
P4: Eeh, that's the difference that I see there, but we who give traditional herbs, it's very hard to say that you will give so and so this herb to treat what, or what but cough can be cured. The medicine is available
P7: Even diarrhea, they are all available
P: (agree)
P4: Even diarrhea, you also?
P1: You cure it.
P4: You treat it.
P1: Ooh
P4: Eeh, we don't cure/treat the virus, but those ones are the ones we treat
P1: to reduce
M: To reduce!
P1: To reduce those symptoms, like diarrhea, blisters
P5: Ahaheehe
P1: Eeh… like rash, like akaheehe, that medicine if found
M: On that you have struggled
P1: Ooh
M: Let's go to the next item, which says by that building on that, it says that would you support your AIDS patients to seek for treatment from hospitals
P6: Yes
P1: Yes, we all support that one
M: You support it?
P1: (laughs) Eeh

M: That's very good
P7: Before next, I know most people should be counseled in our own way telling them to come
M: Oooh
P7: Let them know their own statuses, their stand
P1: Ooh
P7: We can do that
P4: Now like in Kyangwali, they… this one find I have the documents, now for us when I know that this disease has failed in this way, now for us we fill that name on the form and take the names to hospital, hand them over to the in charge, then those people are tested and they begin getting treatment. Here/these ends we have not seen anyone come to us saying here are the forms to monitor patient's progresses, another one comes sincerely like we THs and at the same time herbalists and give medicine, another one comes totally down really showing that it's the virus.
M: Ooh
P4: But for him, he wants to begin that they have bewitched me
P1: (laughs)
P4: Then you look at someone saying , does this person's brain function?
P1: He is mad
P4: Then… for you.. you having nothing to do, you just find some medicines to give him and
M: He goes
P4: He goes
P1: (laughs)
P4: But if you had a form, there is no way you would force him that go to hospitals, you don't have any way.
P1: Oh
P4: Only just give him/her whatever you find. If he gets to his senses he will go and get tested.
M: As we have all
P2: (interjects) Me… me… adding on what that one is saying, with me when they come and after understanding that he/she has that disease I tell him/her that if you have ulcers, go to hospitals and test for ulcers, or you have chronic, too much malaria, you are not bewitched go to the hospital, they take your blood sample and test for malaria and I will know without telling him so that they find the virus and treat him/her
M: Ooh
P2: With my case, many of them come and I refer them there, because I got one opportunity, I used to work in hospital therefore I can easily tell the reactions of that disease/virus
M: Yes. Now that we have all seen, we support that. We should advise these patients to go to hospitals to get AIDS treatment.
P6: Yes
P1: Yes

M: Now there is another issues arising, yes, as a doctor, considering all the other diseases that you treat, or those that you cure, you find that sometime they are caused/brought about by the HIV having weakened our red blood cells.
P1: Ooh,
M: now when would we refer these patients to get treatment from hospitals? Because just like we are in our villages, in our places we give them the treatment that helps patients treat
??: Makes one feel better
P1: Because if you… if you treat a patient, eem, syphilis, you will have reduced. If you treat him a skin rash, you will have reduced, then when would you be forced to refer your patients to go get AIDS treatments in hospitals?
P2: That it's advising someone, after getting to know, you advise telling him/her to go to hospital for that disease so that they even take your blood sample
M: Ooh
P2: If you think you have worms, go and do the culture, they check you so that you can get treatment
M: Ooh
P2: If you said worms, or you tell him malaria or ulcers, it becomes easy for him/her to go for check up
P1: If you told him direct
P2: If you told him direct that he/she is infected
P1/P2: indistinguishable chatter about something being very bad
P1: But that's where you manage him/her from
M: Aam, now another question, similar to that one says, what have you experienced as a doctor…. Oh… in working together with modern health workers. Let's say when you refer a patient after discovering in your way, what have you experienced considering what you have just said, that if you told him/her direct, they will feel so hurt, he/she may not even go there, we have also seen that already
P1: eeh, eeeh,
M?: but what else would we have shared/seen that you have gone through/experienced. Let them be good, let them be bad.
P6: Oooh.
M: Working together with health workers? Hajji?
P1: Now, after we have given him/her/her herbs and there are no improvements in malaria, we send him/her to hospital, so that he goes and they check him/her and they take the blood sample for test
M: Yes
P1: Ooh
P2: And when you send him/her there, you should tell him/her very well, explain to him that go and get treatment, go for examination, they if you realize that you didn't improve, you'll come back so that he/she goes with a clear mind, other than scaring him/her telling him… people's lives are not the same. There are those who are scared, they say, or they might be lonely swallowing tablets committing suicide (laughs)
P1: ooh
M: Ooh

P2: therefore, we have to send them, personally, I refer them using my own tricks
M: Ooh
P2: Eeh, now another one may tell you that their body itches, like those with "trichomonas"
M: Yes
P2: That "trichomonas" involves diseases of different kinds. So she ends up getting wounds in the uterus, and… she… gets
P: Indistinguishable chatter
P2: They she gets ebisunsa (reproductive diseases), whatever but me after detecting,
M: Ooh
P2: They come to me and I tell them for that cae, go to hospital, they will give you erythromycin. Uuh, go or they check the swab, so that they are able, he goes, they understand and there after they are able to give treatment, but in case you told him/her directly, he/she won't go there
M: Uuh
P2: Eeh,
M: that's still like that
P2: When they come to me and see that, that's what I tell them I even don't need their money, because I can't take his money yet am not going to help him in any way. Secondly, with cough, I may give him the medicine
M: Yes
P2: Then medicine for "omufumbi" (skin rash with wounds, boils), I can give him, even… even other sicknesses….
P1: (interrupts, some indistinguishable) You are a Mutooro, like that one has said the medicine for "Omufumbi" those are "ebiziimba(boils)"
M: Ebiziimba (boils)
P1: Eeh, (clears throat)
M: We shall struggle slowly by slowly
P1: God willing (laughs)
M: Now doctors, generally how do you view your interaction/collaboration with medical practitioners in treatment?
P6: Uhh, now there, our relationship, kind of wants to bring us some small problem
M: Yes
P6: Because for them first of all, they take us to be as if we have nothing that we are doing.
M: For them the other side
P6: For them the other side. Therefore, when you tell them that I can, I can do this, they tell you to come and demonstrate it from here and bring the other thing you use, as you use it, how do you use it. Maybe it's you who contributes towards the persisting diseases in the other patient
M: Uhh
P6: Therefore we find out that there is a problem between us and them, therefore the relationship fails… fails to move smoothly
M: Move smoothly
P6: Eeh.

M: Doctor no. 3, do you have anything you want to supplement on that?
P3: Supplement on that one, that's the truth
M: Uhh
P3: Uhh
M: That's the way they take it
P1: That's the way they take it
P4: And by the way, another issue, there are some doctors who will say that disease you go and consult the traditional doctors, but now for us, a problem came which people have not yet realized, we all believe that God exists, therefore you find a born again preaching that Jesus is going to cure the virus, for that matter the born again makes the patient ignorant
P7: The ordinary person
P4: The ordinary person who would have had a sense of realizing his status to go for a test so that I get treatment
M: Ooh
P4: Now, when he goes to church, pray and jump becoming happy that day he will forget to go for treatment. Instead of going for treatment as God continues helping him/her to push on, those ones are also causing us problems
P: Indistinguishable chatter
P2: First of all even these ones of medical hospital, they don't trust/believe in us. They don't have confidence in us. You hear them saying, those ones can't cure yet we can also cure. An example is, there are some diseases which they don't have medicines for. For instance, they give valium to a mad person, they inject him a weakening medicine, yet for us we give him medicine curing him. Like asthma, the hospital, the government has no medicines, for us, for us the traditional doctors have the medicine to asthma
M: Yes
P2: okay, aah, "Omufumbi" (boils), which results into cancer, they call it cancer, we have medicine, and with "omufumbi" (boils), we cure it. In English it's called cancer.
M: Uhh
P2: Then, there is…. This… blood six sugar we have the medicine, blocked tubes, you give him the medicine and he/she gets fine and yet they don't have it in hospitals they use an inhaler, because it's true since I personally used to do the same in the hospital.
M: Doctor
P7: Ya, supplementing on that issue, there is a problem, the problem is, now let me assume as we talk maybe there are other people who were invited and they refused to come here, because the modern doctors normally scare the traditional ones that you, they will imprison you , you use thing to treat, you are not approved, and yet I hear you call us doctors! Are we truly qualified as real doctors?
P1: (laughs)
P7: This is the same room we were in and they question/warned us that let anybody call himself a doctor anymore, he will get imprisoned because he didn't go through a university, he didn't get a degree in this and that, therefore people have begun to be reserved, whoever know this thing doesn't wish to tell it to someone else.
M: Uuh
P7: And e may not wish to supply it to another person

P2: (interferes making P7's statement) unavailable enough. We are also treating sicknesses, just like them… like them… For them, they test, they put sensorts, but for me, I'll stand here and tell you, you are not fine here, her and there and you find that what I'll have told you is the real disease
M: Uuh
P2: Uh, that's to say our science is better than theirs, because theirs is on paper, it's on blackboard. For us, ours
P1: knowledge, knowledge
P2: But about that one… that one
P4: Some are being weak in bed… there is no child here, when you go to hospital and they give you 30 injections do you get fine?
P1: Not at all, not at all
P4: We have the medicine, if you have anyone suffering from the same bring him and we first give him medicine freely
P2: Even the medicine that was taken by XXXX from here to Canada, it was the traditional doctors who gave it to him, that one which increases effectiveness in bed.
P4: Eeh, eeh, even if, eeh
P2: He used to consult people who gave him those herbs. Have you heard, actually most of them were given to him from Mwenge, it's a pity he passed away. They were given to him by a man Dr. Bamuhinga, have you heard, others came asking about them and they were told others asked about them and they were hid away from them
P1: Uh
M: Yes
P2: Take an instance of malaria, if you got a guava tree, Ekibiriizi (bitter herb), get a Cassava plant leaf and mix in banana juice, there some one gets cured of Malaria
P1: Uh
P2: Ah, chemicals, water, oh you boil and mix it
M: Uh
P2: Say like… cough mixture, is made of out "musisi" (tree). I will prepare that medicine, even if you had a bad stomach/complicated pregnancy, the baby will begin to improve in the womb and you have a normal birth and all those herbs come from that
P1: Out of traditional natural herbs
P2: From herbs. Cough mixture is made out of Musisa (tree), cough is out of mugu (tree), uh
P1: Uh
M: That's very important, we also have to be proud of our own medicines
P1: So much so
M: Then some other thing I would like to add on that, am saying that we should not be shy because even if one says that you as doctors didn't go through universities, the services you provide are recognized by the government and that's why you were given the certificate of operation. Therefore we should not feel scared, there are some even the doctors in hospitals there are some mistakes that they do
P: (agreement)

M: However, when he makes a mistake, that doesn't distort all medical doctor reputation. Even if there might be one who doesn't follow procedures and medical ethics, maybe he used someone's wife to say…
P2: That's being above the law
P: Eeh
M: Maybe, they sacrificed a child just like what we have heard of in Kijura
P: Uh, eh,
P2: That doesn't mean that all of you did it. They will make him face the courts and the problems are sorted out with him, because even other people, the doctors in hospitals also have
P1: They have mistakes, mistakes…
M: They have ways in which they do wrong in their ways
P1: Mistake
M: Now proceeding to the next issue adding on that one, we are saying that, if we reflect on the treatments and HIV/AIDS drugs would we wish or be able to support those programs?
P4: uh, we have to support the programs working together, to protect our health
P2: (interjects) Good health, surely.
M: We all work together as doctors to support those programs. Just as our profession as doctors, now that we have worked, we have worked, time has passed and we have experience in what we do… How would we support those programs? (silence)
P2: Uh, we would support those programs if the herbs are tested and they get confirmed
M: Uh
P2: That would have been good (some silence)
P4: Now some other thing. It would have been helpful, if the government was able to give us a hand, am sorry to mention, they call us evil people… they look at us as hopeless. If government or any other organization was able to help us with a storage facility like a fridge ensuring that your, your medicine is safely kept. But now when a patient comes… first boil, give it to him/her, maybe he is badly off, that's also a course to problems
M: Uh
P4: Uh. But we had good storage, even if someone came you would be sure that the medicine is not expired and it has helped, that factor discourages us. The medicine is around but the issue of… but people… since religions came into existence, when one is told to go and he/she prayed for he totally goes there.
P2: Now, secondly that one, we once had a meeting here, did we sit in Heart Beat hotel (now cornerstone). There was a suggestion with Dr. Okech, they were proposing that they also send us to hospitals, give us our own rooms, so that we may attend to those patients, but when we discussed it, it was never implemented
M: Um
P2: Therefore there are some people who failed it.
M: Um
P2: Up at the administration, but ah, Dr. Okech, there at Heartbeat he said that there is a suggestion of also making us qualified, so that we are also addressed as doctors. That suggestion has been there but the issue of giving us rooms in hospitals so that we also

begin finding patients there giving us chance to meet them so that we see what we can't handle and refer to them, actually, they have not implemented that for us. (coughing)
P4: Supplementing on that are it's the other man who said it saying that you may have invited many but others feared here
P: (some support) (someone laughs)
P4: For us just like that man had said, sometimes we sleep, right in Heartbeat, sometimes at Kenneth Inn there and attended because we are sure/confident about what we do
P: (laughing)
P4: But another one who is just doing things, if someone came, even if they gave him "Ekidoodo" (dodo), he can't even come here to know what's going on, he will keep on hiding
M: Yes
P7: Ya, in addition to that question you asked that what way would we want to relate. Those who are not lacking the confidence should come for training so that their herbs are preserved, as my request
M: Uh
P7: So that it takes much more time because we normally make our herbs and it goes bad in just 3 days and for that matter you cannot give it to anyone
P4: You cannot give it to anybody
P7: That's what we want, now you hear about those who advertise themselves, they got the technology/knowledge on preservation of herbs, they keep if for 6 months, 3 months, this gives him a chance to put I in the drawers and it stays there as he sells. If we also got that knowledge, we can do our things and maintain our people
P2: Ours are normally stored in terms of dry state
P1: Powder form
M: Uh
P2: We store powder form, we… without making juice/fluids, because when juice is… is made and… it gets spoiled. Take example of the medicine for blocked tubes, it may be made and lasts for a week or two, but one will be taking it
M: Uh
P1: Uh (clears throat).
M: Now let's go to the next issue, all of them go on building on eachother.
P: indistinguishable chatter
P1: Um
M: Now, you as a doctor, with all that you do, do you accept to supplement your works of treatment with the modern treatment?
P1: Yes
P7: Ya
M: All your traditional medicines or the… the
P7: The modern one?
P1: Eh, eh
M: The traditional ones
P1: The traditional ones
M: To supplement the modern ones
P1: Eh

M: In a bid to broaden the treatments
P4: Eh, in case we jointly work with them
P2: (Interjects) Ok, if she has no appetite, the herb for the appetite is available
P1: It's available
P2: the herbs for cough, is available
P1: The herbs to stop diarrhea, is available
P7: All of them, even for vomiting
P1: Ehh
M: Sure
P1: We have them
M: Ah, no. 3, what are the modern trends of treatments and services would you want to provide out of those that you know and use? (some silence)
P3: Maybe… just like we are… There is one coming and you find the whole body is paining and there is no way you can touch him/her since it has wounds. If you gave us gloves for us to stay with
M: Uh
P3: That helps, because there is finding on who showing you under his arm and the whole person is badly off failing to get where to touch
P1: (laughs)
P3: If given gloves or powder
M: Uh
P3: To supplement on ours, that helps us.
M: Is there anyone who would want to add on that? (some silence)
P6: Uh… what would happen, ah, it's they, the modern doctors, just like we explained to them already that we have our medicines that we use, that is fresh, getting spoiled in 3 days, ah, to keep on calling us to equip us with more knowledge, to ensure that we give the medicine to people in an appropriate way… other than leaving us behind with out dropping us anything, to supplement on ours
M: Uh
P6: With that we also realize that they are going ahead to ignore us, as we also continue to avoid them, because to supplement more, they call us everyday asking about what herbs we use on someone having headache
P: Indistinguishable chatter
P6: Bring that herbs, so that we go and examine it… after examining it we shall know what it truly treats headache
M: Yes
P6: Then there's also what happened, there one those who got them and we brought them, after taking them, they didn't tell us at last, whether they treated??? Or not, they, they got lost from there and at the end they came back as doctors setting up clinics
M: Uh
P6: That issue caused a discouragement to traditional doctors, saying that these people just want to take our medicines and knowledge, taking our things. (laughs)
M: Am, do we all agree with what no. 6 has said
P6: (laughs)
P4: Eh, uh, we agree with that, it's true

M: Uh, am
P4: That's why you see if one had his herbs, he hides it away
P6: (laughs)
P4: You also hide away to feed your own stomach, therefore let me also keep quiet even if I know something
M: But still, when we analyze, unity is strength
P1: Ah, haa
M: We have to unify, if its not about unity, we wouldn't have invited you to come for the discussion
P?: It's so good
P2: Another thing that… talked about, people who brought new religions, they have killed many people. They tell them, let's go and I pray for you, yet the other person is suffering from AIDS, suffering from syphilis, maybe he's running mad. There's no disease that causes madness like syphilis
M: Uh
P2: The moment they become chronic, one has to run mad. (indistinguishable) There's a church here in Kahunga Bunyonyi, they ended up dying, and the man has just died recently. Now in 1800, when they… were coming, whites introducing religion, they came with medicines, they treated "Emporndimi" XXXX, they treated "Kyebaaga" wounds, they… they treated
M: The one unclear to me
P1: Kyebaaga, is cancer
M: Ok
P1: Eh, kyebaaga
M: Uh
P1: (laughs)
P2: Now, those ones coming, we request the government and other knowledgeable people to stop allowing such people to support them. And someone saying that you should not take medicine, take water, water its own function, water works hard with the blood, now, how does water become medicine? And if you are praying, why can't they lock up hospitals? We normally see their people come out being buried night and day, then really are you not killing some ones' ideas?
P: Indistinguishable chatter
P4: We are not denying, let them pray, but don't throw someone in a ditch of 25 feet, stopping him to take medicine. You know for us our knowledge is not forged, ours is right from the clan. We grew up being given "Entego" (enemar), giving us traditional herbs
P2: Make "ekibiriizi" (herb), whom are you giving that one
P1: Uh
P4: But, that's why am, I requested, the government should help, let them pray in their religions but should not ill advice the patient to avoid or stop taking the other medicine
P7: They should leave the body to also get treated
P4: And yet it's the one that might have helped him/her other than praying to God
M: No. 5, did you have something to add?

P5: Eh, about what this doctor was saying, that's really true. You will find some one sick and you identify that he is sick for them they only look at praying. If there happens to be a wise person who will constantly encourage him to go to hospital, you will find the patients gaining beyond recognition yet he is even positive. We actually see them, there are religions in our places there. You find them forcing him to go and pray, with prayer he only continues to deteriorate, he continues but when he goes and gets this treatment from hospitals, you find when he has regained and looking good

M: Now, doctors, since we have been relating with our patients on treatment of their difficult diseases. Do you think it would be of benefit to the patients receiving the HIV/AIDS drugs from you or the hospitals? (some silence) Would it be of any benefit to collect the AIDS drugs from you?

P6: Uh, that would have been of benefit, ah, if we follow the collaboration like we said

M: Uh

P6: By knowing… each other, ourselves and the modern ones, to provide uniform care and treatment. Maybe he is with a running, stomach, maybe he is suffering from "Ebiziimba" (boils) or loosing a lot of fluids from the body. We also first try our herb with our own before you apply yours, so that we see whether what we are up to will stop, if they accept, there, that becomes of benefit to us, ensuring that we treat a given person hand in hand until he/she gets well

M: Therefore, before we proceed doctors

P6: Ah, ha

M: It will be of benefit to you as doctors

P6: Ah, ha

M: But do you think the other patient or patients would benefit from receiving those services from you?

P6: eh

M: They as patients

P6: Eh

M: No. 7?

P7: Ya, it would be of benefit because even as we talk, considering the people we have or the trials we have carried out… there are medicines from, you hear that they contain chlorophyll, I don't know what, now that medicine is very expensive but when they come to us, for our case the chlorophyll is in the greens.

M: Uh

P7: We make our herbs which have the green liquid, after drinking it you find him acquiring original chlorophyll, other than the other one which is diluted on top of spending less money

M: Uh

P7: and sometimes when we are carrying out experiments, we even give them out freely sometimes our relatives, they are there. That helps the patient testifying that, eh, when I take your medicine, I got relieved, please give me more because he has not spent much like the amount they ask him to pay

M: Uh

P7: Therefore, that becomes a benefit on both sides

M: On their side because the money is saved

P7: Eh
M: Doctor
P1: To add on that issue, ah, what we use to hope for victory, because if he develops diarrhea and we give him the medicine, (knocks table), he has to regain the strength to go to, to hospital, uh
M: Yes
P1: If they test him in hospital without any fear, we join hands and cure his disease
M: Uh, that's to say you'll have given them a hand to add on their strength to proceed to the other side
P1: Uh, very well
P: (agreement)
M: Therefore if you give a hand, giving him a starting point, this means that you would still to work hand in hand with them
P7: Yaa
P2: Yes
P1: I have tried and stopped at this stage, that's where my strength has reached, let other others also supplement on that
M: Because you have also noticed where your ability starts and ends
P1: Eh, very much so
M: However, do you think that would be of benefit to those patients?
P7: Yaa
P1: Others take it to be of value
M: Would they like it? In your thinking?
P1: Very much so
M: In your own thinking?
P6: They would have liked it just like you would help me, am sick and I have come to you and you say, your ear is sick I have the medicine
M: Uh
P6: Let me give it to you so that it helps you. Therefore it becomes beneficial before I have not worsened and spent much money
M: Uh
P6: I would have become better, where it fails them, then you continue to the next level some where else.
M: Uh
P6: Eh, it becomes beneficial to me as a patient
M: Uh
P7: The disadvantage continues to be, like we have already talked about, the new religions that have come! When they see someone coming for medicines, they say that one is going to sacrifice you, trying to kill the relationship between you and the patients and they will continue telling him not to go back for medicine but for prayers. With prayer, there are things that go right and equally there are things that go right with us, but if they take one side and a miracle happens
M: Uh
P7: They really tarnish our name, therefore that's also bad on our side and the very people who confuse the patients

M: Yes
P2: There is a certain man who spent 3 years being prayed for, but when he came to me and I treated him, he cured. But for a full 3 years they were praying for him
P7: This one and I treated someone with a neck problem
P2: Uh
P7: They had taken him to Nairobi, with plans of taking him to Germany, yet if he had no disease and they gave him the medicine in Germany, he would die. But he came back and we treated him, sometime we work uniformly with our colleagues
M: You as you herbalists
P7: We say I go to P2 and ask for particular herbs and someone gets well. Other than working alone, and it this unity that finishes a problem
P7: Eh
P2: Actually, there is another one who used to work here, he was tested with pressure and what not, but I treated him
M: Uh
P2: Uh
M: Doctors
P4: Uh
M: In case you are requested, to join the program of providing AIDS care with the modern medical personnel, what are the key things you would first consider before you take a step to get involved in the program?
P2/P4: Indistinguishable
P1: Please, one at a time… one at a time
P4: It would have been Ok joining them so that they will give us the equipment
M: Uh
P4: Maybe if you get a patient, and you help him/her, for you to join them to know where to take him next, and get that kind of relationship, so that we manage to help the patients
M: Ah, no. 2, did you have any thing to supplement?
P2: I would have supplemented that's why we would have unified with them. You should be sure about what you are going to do and understanding the medicine that you are going to give him/her
M: Uh
P2: If we can work hand in hand with them, last time they had proposed to give us rooms in the hospitals… so that we extend closer to them making it possible to serve each other
M: Uh
P2: It would have been okay
M: yes
P2: That's because we are all fighting for a human beings' health
M: Ah, no. 7,
P7: I would have liked to supplement on my fellows/colleagues… it's good to work hand in hand with whites but they should first train us because before joining someone, you should first acquire the recommended skills
M: Uh
P7: To join someone, we have ever had seminars, Uganda traditional healers and herbalists association used to organize them long time about the way to welcome the

patients, entertaining the patients, welcome him, talk to him in such and such a way. There are some colleagues of ours whom we identified, they just bark at patients just because they want to get money from them, they just bark at them, people like those ones don't come here…. Because they have their problems. But for us were once trained about how to relate with a person, this is how you negotiate you even find it easy to get money and remain friends

P2: And that's why we came, they should enforce on those so that we gain the experience, how do you… you welcome the patient

P2: How do you welcome the patient and how you treat him so that he/she gets hospitality/happy

P7: For instance, the way the other girl approached us when she come to invite us, her approach was very, very good, you can even see we came, but others who are not confident have not come.

P: (agreement, laughter)

M: Right now doctors, before we get any other one to supplement on that issue, I request that we, when we are talking about the doctors in hospitals we don't only refer to these ones with white skin colour

P1: Uh, uh

M: Even our own doctors like XXXX, XXXX

P1: Eh

M: The doctor one who is a qualified medical doctor he is the very one we are referring to

P1: Uh

P7: Yes

M: Eh, that's what… because even if we are to relate, we will do that with them since they are the ones close to us

P2: With my case, I once got a chance, I served in hospital for 37 years. Therefore, for that matter, with me as a patient comes, I confirm him very sure of what am doing. Even if I am put in hospital to work with them, it would be easy for me

M: Uh

P2: Because I was there already

M: Yes,

P2: Um

M: doctor no. 2, what idea would you develop contributing towards your joining such a program

P5: It's just sensitizing me, anyway us being trained

M: First get trained so that you tend to his qualification

P5: Uh, uh

M: So that he doesn't disrespect you

P5: No, actually not that far, just half way

M: Eh (laughs), kind of coming close so that you speak the same language

P: (agree)

P7: Isn't that what I said, to get some training?

P: (laughter in support)

P2: For us in hospital we have terminologies that we use to refer to the medicines and diseases
M: Uh
P2: for example, I was telling you about "trichomonas" If you tell someone about "trichomonas" she will not understand the language to interpret the disease. However, there's also a way we refer to it in Rutooro, uh. There are those diseases which one may not be able to test requiring a microscope, those that require to first test… now like swabs and other things
P7: Uh
P2: Those ones require to first be tested in the microscope (phone), eh, we have the medicine, make it, give it to him, and he gets well because he drinks it.
M: Yes, we have so far gone so well with our study
P1: Uh
M: Am, now there is something I want to say, just like the whites/English say. Last but not least
P: uh
M: Am, just like they go on building on each other
P1: Uh
M: Now, in an arrangement of joining the doctors in hospitals… would you find it of importance? What benefit would you realize out of it?
P1: Because you will continue enriching the brains
M: The brains?
P1: Eh, you continue to enrich the brain, as well as knowledge
M: Uh
P1: Uh
P2: And to add on that, it also helps you, to ensure that you don't catch the disease as you treat that patient, because there are those diseases which are passed on from one person to another
M: Uh
P2: Eh, just like those am talking of "trichomonas", syphilis, if you carelessly treat them, you catch them
M: Uh
P2: Syphilis are in 7 kinds, there are those you would get from a seat used by someone with syphilis
P1: Very much so
P2: Uh
P5: Even from the toilet
P2:Therefore urinating where some other person has urinated, talk of those who have the one in blood group e
P: syphilis
M: Meaning syphilis is worse than gonorrhea?
P: (together) Yes
P2: Syphilis has even killed many than AIDS
P4: In case you used some one else's towel, you get it.
M: Ah,

P2/4: indistinguishable chatter
P1: Let him listen to each at a time
M: Uh
P?: Then what if I sleep with someone or maybe someone with syphilis used the bed sheets
P2: "trichomonas"?
M: And I use the very bed sheets, do I get syphilis?
P4: You get it
P: (together in support)
P2: If you have blood widows, it cannot be transferred to you
M: Because they are in different types
P1: Eh, they are in 7 different ways
P2: Those in widow (blood)
M: That's through sexual intercourse
P7: Ah, ha, from sexual intercourse
P2: But if you don't do it, you will never get it
M: Eh, he, Now do you know why I asked that?
P: (together) Uh huh
M: Let's take a picture, say you came from far, since it's already raining, and you go to sleep in the lodge, ah, you have not carried bed sheets with you, you have no towel of your own, you have no sponge
P5: Uh
M: Ok, with me a sponge and towel, I never use them even if I go to a lodge
P7: I also don't use those ones
M: But the bedding… that's why I inquired from you as doctors
P2: Now, I have told you about those things. If someone has "trichomonas" you'll get it but if one has blood widow you don't get it
M: Uh
P2: In case he has these ones, that come with a rash
P7: You would still get it
P2: You will get it, because they…
P1: Because they become wounds
M: Eh, the liquid
P1: The liquid
P7: Ah, ha
P6: Does that issue you are at having a lot of problem?
M: Ah, ha, that's what I wanted to talk about.
P6: It has problems, it has problems
M: What challenges would you encounter if you chose to work hand in hand with those doctors?
P6: If we decided?
M: Uh
P6: With that it becomes hard because new technologies were introduced. We shave our hair from salons; therefore you find the same machine being used on you and I.
M: If it's the syphilis in the body fluids, skin rash

P6: If it's that you get it
P7: You get infected also
M: Uh
P6: Therefore on that note, if… it's for benefiting… or ever to the benefit of the others, it's impossible
M: Uh
P6: Because, these modern things have brought us very many problems
P1: Uh
P6: During our days children were shaved using a razor blade at home but these days because of modernization, the child really refused the razor blade
P1: Very much so (laughs)
P7: They also don't allow pairs of scissors
M: But the truth is it does not perform effectively
P6: Ah… haa… (laughter)
P7: It's true
P6: Therefore…
M: He won't go to school with a poorly shaved hair style
P1: They will laugh at him/her. Uh,
P6: That has also caused…
M: However, with salons, we should be observant on the kinds of salons we use
P6: Aa, ha
M: There is that salon in which they will wash your head using warm water, powder you, after shaving and the machine, is put in a machine for sterilization
P6: Uh
M: Therefore if you prefer a cheap salon of 500k
P7: You will encounter those problems
P2: In addition to that, they would be having "hibitern"
M: Uh
P3: (laughter)
P2: Because with "hibitern" (sterilizing drugs), you find them using spirit, spirit has nothing to do
P7: It doesn't help very much
P2: It doesn't help, it doesn't kill the germs
M: Uh
P2: For it, when you apply spirit, it may, in case you have had an accident, it's for tetanus.
M: Uh
P2: To get…to get what we call tetanus
M: Uh
P2: Because it's gotten from blood, through blood. But medicine like that "hibitern"… they should be having so that they use it to deep in those machines of sterilizing them, so that it helps to avoid getting such diseases and actually most diseases are spreading through such things
M: Uh
P2: Um. And many diseases spread through that way

M: Now doctor 3, as how we had discussed earlier the benefit we would get if we worked with modern doctors we've seen the good benefits. What problems are we likely to encounter while working with them in fighting HIV/AIDS?
M: If we doctors were the ones responsible of giving the AIDS care and treatment to the patients, what would be their thinking, would they embrace it or not? That all was also understood. We went ahead to talk about the advantages and disadvantages that we would encounter in the arrangement or program of working together. We as traditional healers, traditional herbalists and the modern medical doctors which we also understood. Therefore those were the main issues that we looked at in our study/discussion today. I request therefore that if there was any unclear issue or maybe that one that we didn't look at putting aside all those issues, we have a chance and talk about them so that it enables us to conclude very well. (some silence)
P6: Now, ah, eh, my issue… right now there are laws that are passed prohibiting traditional doctors from advertising themselves on radio
M: Uh
P6: Now, how beneficial is it going to be for us to widen and utilize our knowledge and yet they are fighting us? How do we also help?
M: Uh
P6: That has gone on and on creating problems… It's the one who knows that I can help or maybe at one time I helped someone at one time, who comes to me… It's just like for example what we have gone through, ah, we have been used to carry out a research. What will you help us, we as people on the ground, you have researched from us.
P7: Uh
P6: When we come back tomorrow, of what benefit is it going to be to us?
M: Uh
P6: If there is still something I have not revealed, do you think they are all exhausted?
M: I know that (laughter)
P6: How is that going to be dug out? (laughter)
M: I know other issues have not been exhausted
P6: Eh, therefore, that's where it is by the time someone comes out
M: Uh
P6: There must be… what… something that has attracted him/her… and a reason to come out
M: Uh
P6: Because of my patients are coming, they know me, it may not force me to go to Dr. XXXX, am sorry, what's his name?
P2: XXXX
P6: XXXX and the rest for… that I have come to unite. My patients are there coming
M: They are coming
P6: Eh, they are coming (laughs)
M: Join the modern doctors or not, they still come!
P6: Eh, they are all the same and that… that will bring us a problem
P1: Some other thing you talked about… talking about secret issues without hiding, but we have arrived to ok all of them. We said that we have the medicine for manhood issues/problems. We said that we have medicine for syphilis, those are secrets.

M: Uh
P1: Things to do with private parts have been talked about, now which issue is that that you said was secret?
M: Am, now, am, doctor no. 1, before I switch to yours no. 6, let me first respond to this. Now, the issue of confidentiality that I talked about, you can' avoid talking about something like that when you came in a discussion like this… because if you decide not to talk about such diseases, we shall all come, look at each other without anything talked about, until when a time comes and we go. However, the secret I was meaning is that… take an instance as a doctor, when your patient comes you don't go on advertising that I treated Maurice who had blocked tubes or maybe he was infertile.
P1: Then you will be killing the market
M: That's the confidentiality that I meant
P1: Ok
M: That's to say, I transferred that confidentiality from treatments to our study. It's true that this is a research, but it will be kept with the highest confidentiality. That's why as I earlier told you, those numbers you are seeing were given to you for that purpose, so that we are all contented without any doubt, saying for instance Dr. Moderator said this and that, therefore you never know I am going to be blamed. That was the confidentiality, meaning that whatever we discussed here is ours, there is no taking anything on radio giving a report or putting them in radio announcements because there is not any news reporter here. There won't be anything like Dr. so and so were at Mucwa say from 1:00pm to 2:30 pm saying this, this and that. That's the confidentiality
P1: Uh
M: What if I come to you as a patient and yet I take my disease to be of much confidentiality without revealing to the Dr, how would he help me? With that one, we have to be open so that the patient is helped
P1: Treated
M: Therefore, that was the confidentiality
P1: Ok, thank you very much
M: Ah, huh
P2: I also wanted to ask
M: Yes, Dr.
P2: We also request that the government takes us to these people's place of stay so that we also go and study from there
P1: Laughs
P4: Laughs
P2: Two, let her tell us, are there no traditional healers like us back at their home?
P7: Laughs
M: Uh
P2: Let her tell us
NT: What should she tell you?
P7: Are there traditional doctors like us at their place?
P2: Aren't they there?
NT (English): Do you have herbalists or traditional healers at your place?

J (English): Yes
P: (laughter)
J: Yes
P: (laughter)
P2: Then let the government also take… take us there, so that… so that they
P4: We exchange knowledge
P6: Eh
P2: We request that the government takes us there so that they give us their herbs as we also give them ours.
P4: (gives same view)
P6: (laughs)
P7: Supplementing on my colleagues issues, so that we also see how the trees that they use to get herbs/medicine looks like. Can those species grow in Africa so that we import them? Maybe we benefit from them.
P4: Uh
P7: (laughs)
P4: actually for us we have many, they even have no bushes in their countries
P7: (laughs) Moderator, we have put you to task
P1: (laughs)
NT: Ok, what they use are far much different from yours
P1: That's what we want to learn
NT: Yes please
P7: For them, they use medicines
NT: They use theirs since your tree species don't grow the other side, and what they have don't grow here.
P7: Those are the ones we want to see
P: Indistinguishable chatter
P7: Laughs
P2: That's what Pharaoh used to wear on his hands
P7: You hear
P2: They were of different kinds (some silence)
P6: indistinguishable speech
P6: The chains
NT (English): Bangles
P6: You use it
J (English): Ya, it's very common
P2: They wear them on the hands
P7: (laughs)
P3: They have them
P2: XXXX, Sister XXXX, I used to work with her in the hospital
P7: (laughs) (more laughter from all)
P7: Does she know sister XXXX?
NT: indistinguishable speech
P2: A white, she was a white
NT: How do you become a sister at the same time a traditional healer?

P2: Of course she was a sister in the hospital
NT: Eh
P2: Didn't I use to treat patients when I was working in the hospital?
P7: (laughs)
M: Am, excuse me Janis, I think I have around four main issues that arose
J: Do we, should we talk about them afterwards, or
M: Ah
J: Like, should we talk about them afterwards, or are they
M: We have finished, we concluded
J: Ok
M: They arose after summarizing and going through the main points
J: Ok
M: Yes, so, um, this one issue is… is inquiring about how… these doctors will also benefit from this research that we have conducted, considering that data that gathered from them
P7: Uh
M: How are they going to be motivated, into getting into another venture of research, considering how they will benefit from one?
J: So, what is the benefit of this stage?
M: What is the benefit of the research
J: I can't guarantee any, but hopefully, we will find that, we will work to involve them and we can create a program and expand HAART services
M: About that, about how we shall benefit from that research we've conducted. She says that, like we had explained, she's also a student in Canada, she's doing a master's degree, You also know it, you have your daughters, sons, grand children, when one is going to finish their education in case of higher institutions
P1: To do research
M: There is a research that you do. We carry it out within ourselves and we help each other. Therefore, that's why she also came here. They told her to come and exercise her research topic from Africa, Uganda.
P1: Aham, thank God
M: Therefore is her own capacity, since she also likes the services most especially the care and treatment of AIDS, she is saying that she has nothing much to promise now, but in case everything goes well, all the projects that we talked about, those to do with drugs and what not, those to do with care and treatment of AIDS, it might be possible, that's the ways she answered that one.
P1: Nam, yes
P7: Longterm
M (English): Eh, Am, Janis, there is another one which was talking about am, am, the Doctors, shall those doctors also pay a research visit to Canada?
J (English): That… I will.. I will doubt it, on the side.. (laughs) It's very expensive to go to Canada.
M: Sure.
J: I don't know how much it will cost them to reach that way

M: About the issue of you doctors from here going to Canada to do some research, see the trees they use, be told about he diseases and the treatments they provided, she said that since she came as a student on her own without any other person who sponsored her to come to Uganda here, ah, therefore she's saying they, the way she always here about what is said about Africa, it might not be easy boarding a plane to go to Canada
P1: No
M: Eh
P7: We are poor
P5: We are poor
P7: Where do you get that money?
M: Because there will be money for the flight, there will be money for the accommodation there, food
P7: Passport
M: The passport is not available. Therefore she says that she would have also liked it but ability, because she can't afford it on a personal basis to take all of you
P1: Uh
P2: If it were government to do that for us.
M: In case it was the government which had sent her, or if we try to find a way of talking it over with the government, maybe it would make is possible. But considering they way she comes on a personal sponsoring, we can't make it that way
P1: And she is still a student
M: She's still a student.
P1: uh.
M: Maybe she has no money, maybe it's her parents paying for her school fees
P1: Namm
M: But she has development ideas
P: (agreement)
M: Just like you would have your child and say considering the words my child normally says, he/she is a bright child
P1: Let her go
M: And you invest money in him/her. Therefore, that's what it was. Um, I think all of them have been answered. Then about the tree, I think she told you that theirs' are different, and the ones here are different
P: Uh
M: I think that's why even develop an idea of saying let's go and see how their trees look like
P5: Uh
M: How do they help?
P4: That's why they take them pictures?
M: That's why… (laughing) that's why they take them snaps… eh…That's to say those were the issues. Am, this would have been my last issue no. 1, you had asked one, something to do with confidentiality?
P1: Nam
M: I had told you that… there should be no worry, it was about helping each other… broadening our brains, mostly to get knowledgeable about an issue connected with AIDS

P1: Uh
M: Therefore, am, in my own capacity as the day's moderator, I thank you all
P1: Amen.
M: I thank you all for the love, energy, and dedication… to come and be part of this study just like you were invited and exchange ideas
P1: Thank God
M: I thank you very, very much. Let's stand up and end with a prayer of thanks and as for journey mercies and a safe stay. Which doctor is going to lead us in our last prayer?
P4: Let sheik lead us.

Appendix 19-Female Healer Focus Group
Kyenjojo District

M: Can we start the discussion while you are eating, there's a Rutooro saying which says that "Batooro aren't supposed to talk while eating"
NT/P: laughter
P: We can talk while eating
M: You can talk/discuss
P(few): Yes
M: Now, we thank you all for coming though we have delayed you a bit but we were still waiting for the rest of the members even if they haven't come. We shall begin the discussion. Isn't it. The main reason for this study, there are birth attendants, herbalists, isn't it and others meaning traditional healers, but I don't think we have them here. So you shouldn't worry because in our culture the word "traditional healer" is used to describe herbalists, even if you are a birth attendants they refer to you as a traditional healer, is doesn't mean you should have fear that we called you because you are traditional healers that's not true, we just invited individuals who knew herbs, birth attendants, so that they can share their views with us. You might fear that other people will call you traditional healers practicing witchcraft.
P1: That's how our village mates take it
M: That's really true
P1: Villagers don't understand the meaning traditional healers, you would have separated the word for example, traditional healers/herbalists and birth attendants.
M: Eh, you can pardon us because in our culture all healers are termed as traditional herbalists
P1: You know, it changed meaning because there are many witchdoctors now days
P?: (interjects) A traditional healer is known to be practicing witchcraft
M: Umm, the aim for this discussion is that we want to know you as individuals, hope you don't mind being referred to as traditional healers, you've understood the meaning
P: Yes
M: We want to know your views on AIDS and its treatment such that we would like you to discuss with us. So it's up to you if you feel like answering the question you do so and if you don't know the answer to the question you are free not to answer that question, isn't it?
P: Yes
M: That's why we aren't going to use names but name tags, when I mention no 3, no 3 should respond. Then when a respondent is talking, you shouldn't interrupt her. First wait for her to complete discussing and you supplement or add on your views because I will be asking a question and select like, no 4 to discuss about it. No 4 will give her views or no 3, eh. Now, whatever we are going to discuss will be recorded using these two things, the recorders have no effect, they will help us write down whatever we've discussed afterwards so that we can know what so and so has discussed, but the recorders have no problem. You shouldn't worry that "eh, now they've recorded our voices and they will take our voices somewhere else to do this and that".
P: The recorders are already staring at us
M/P: laughter
M: Ah, you shouldn't get scared of them
P: laughter

M: So I was requesting you to speak up whenever responding to a question so that the recorders can record you
P: Eh
M: Um, whatever we are going to discuss will be between us, it won't be disclosed anywhere, there's no need to worry, eh. When a participant says something and you disagree with it, it doesn't mean that you insult her, um
P: Let's first finish up the eating because the recorder will get our voices in a bad tone
M: Ok, another thing is I should have begun with it but I think I forgot and started with other issues. The principle investigator you see seated there is called Janis Huntington from the University of Canada. She's the one researching, she wants to know your views/ideas on HIV/AIDS and your traditional herbs (clapping), the one beside her is called Julius, he's one of us, we are helping Janis because she doesn't know Rutooro, so we are helping her. Julius will be taking notes, he also has his own work (clapping). I am called Banura Lillian, I hope you are seeing our names (clapping). I think we should begin, isn't it?
P4: Yes, we should commence (3)
M: Each one should tell us which part of Kyenjojo she lives in, isn't it? Where she does her work from for where she performs her work from of a birth attendant. We want to know which part of Kyenjojo you live in. No 2, tell us
P2: (2) I stay in Mabale
M: Mabale
P2: Yes, um
M: What of no 1?
P1: I stay in Mabale
M: No 3
P3: I stay in Nyamwandara
M: No 4
P4: Nyamwandara
M: No 5
P5: Mpunda
M: Now we want to know what type of healer, are you a birth attendant such things, have you understood me? No 4, tell us which type of healer are you?
P4: I am a herbalist, I use traditional herbs I treat diseases like malaria, cough and other diseases. I treat even women. I use all other herbs to cure different diseases I can use to treat patients.
M: Um, what's the difference between you and a birth attendant?
P4: Birth attendance differs from me because she knows how to help expectant mothers deliver which I don't know. I only know the work of herbalism/using only traditional herbs.
M: No 4, what type of healer are you. No 3
P3: I always help expectant mothers
M: You are a birth attendant
P3: Um, I am not a birth attendant, but I just volunteer. I've never put my hands inside the mother's womb. I help expectant mothers when they are, but I've never come across expectant mother's having difficulties in delivering. I give them advise, and offer them

antenatal services, I check the position of the fetus, I give her advise on the time she's supposed to push out the baby, and the inches where the fetus has reached. If the fetus is half an inch, I instruct the expectant mother to push out the baby. The fetus keeps coming until it's time for it to be pushed out.
M: What's the difference between you and a traditional healer?
P3: A traditional healer is different because he knows many herbs which I don't. He practices witchcraft, which I don't know
M: No 1, which type of healer are you?
P1: I am a birth attendant. When an expectant mother is ready to give birth but she has failed to get labour pain, I get her herbs for drinking. She gets quick/strong labour pains and gives birth so fast. Another thing when kids get cough and me too, I get herbs like pineapples, mango leaves, eucalyptus leaves, boil all of them and put the liquid in a bottle. I give kids 2 spoons in the morning, lunchtime and evening.
M: Which means you are a birth attendant and herbalist?
P1: Yes, um
M: What of no 2?
P2: No 2, I am a birth attendant
M: Um
P2: I am a birth attendant in the village. If an expectant mother comes to me with difficulties, I offer her antenatal services and find out where her problem is/pain. When I find out that the expectant mother has a difficult case I can't handle, I refer her to the government hospital. If the expectant mother is beyond producing age, I refer her because they discouraged us from helping such patient. If an expectant mother exceeds her producing time, I put her on a boda-boda and bring her to the hospital then explain to the midwife the hours I've spent with her
M: Now what's the difference between you and a herbalist?
P2: I am not a real herbalist but if an expectant mother has difficulties in her labour pains, I've some traditional herbs I know of which I can give her or smear on her belly to fasten the labour pains. If the placenta fails to come out, I can also give her herbs and she pushes it out.
M: What of no 5?
P5: Laughs. No 5, I should put the name tag this way
M: No 5, which type of healer are you
P5: I am also a birth attendant, but before I began that job I used to do it then I went for training to add knowledge on what I already knew before, when I came across an expectant mother to give antenatal services at times you find the fetus is still far/not ready to be delivered. I can't temper with that expectant mother to help her deliver, I just refer her to the hospital and when the fetus is ready to be delivered, I have a right to help that mother deliver. If she exceeds the expected hours for example if she spends a whole night at my place till morning without giving birth, I refer her to the hospital where she delivers from. As form, I don't know of any traditional herbs, I only know of "Ensamba" (some herb)
M: No 2, how do you look at HIV/AIDS treatment in your village. Do you recognize the victims easily or you don't? Do you see many people s infected or there's still stigma?

P2: If I see a patient sick as we are living in the same village, I work in my own zone. If I come across a village mate who is sick, I get time and tell him/her "My friend, first go to the hospital, don't you listen to what they always teach on radios" He reply that yes, "you go and hey check your blood. Now days they take blood samples, you go and they test your blood so that you can know what you are suffering from. I always tell them that maybe it's malaria or any other diseases. You go and they check your blood then you get proper treatment (last words not heard)
M: Do people still have stigmas, or they are willing to get treatment?
P2: They are willing to get HIV treatment and they people I advise to go for treatment always do so. If it's a young child or a pregnant teenager, I first refer them to the hospital for further treatment so that they can keep antenatal forms with them. As for pregnant teenagers who fear being recognized I counsel them that "if you are pregnant, don't abort and spoil the government's asset, go to the government hospital for antenatal checkup"
M: No 3, how do you look at HIV/AIDS treatment in your village?
P3: In our village, Katooke sub-county, HIV/AIDS treatment is doing very well. Many people go for HIV checkup, the health workers check their blood samples to find out those who are infected and those who aren't. As for the youth we always counsel them as elders to go for HIV testing, but some of them still have stigma and refuse to go for HIV checkup. I tried to advise the orphans I have at home. I took them for HIV testing but they were all negative. Now days, I've not bothered to take them back for further examination.
M: Can you recognize an infected person so easily?
P2: Yes, I can recognize him/her easily.
M: Eh, what of no…
NT: Excuse me, now we want to know the difference between traditional healers, herbalists and birth attendants
P: Because traditional healers practice witchcraft and demands money from his patients and when you reach his place of work he/she converse with you stuff you don't understand or know of yet for us we talk about reality.
M: Um, is there anyone with an idea?
P4: Yes, traditional healers are different reason being, there are some who practice witchcraft while others help people who have been robbed of their stuff. The healer mixes/gives his/her different herbs and the thief takes back what he stole from the real owner then others go there to get herbs for killing his/her enemies.
P?: (interjects) Killing his/her enemies
P4: He/she gets herbs from a traditional healer so that he can kill his/her enemies so there's a difference because he works or deals with all cases, he/she can't kill someone, he/she can help people recover their stolen properties also, he has his own category he's related to, so he differs from herbalists. Herbalists give herbs to cure patients depending on their illnesses but traditional healers can help a patient kill someone, or even heal patients depending on the situation they visit.
M: No
P5: traditional healers/witchdoctors are those who advertise themselves as people who work on crimes, etc. We don't deal with them but for us we deal with people for example

someone having stomach ache, we give such patients herbs for first aid then we refer them to hospitals for further treatment
P(few): Um
P5: And if the pregnancy isn't in it's proper position as how we were taught, you tell that patient that if the expectant isn't in its proper position, we give her some herbs which help restore the pregnancy in it's normal position, like in our Batooro culture they shoot cow/bull and get its blood then boil it so that after the patient eating the blood, the pregnancy becomes normal again, that's the work we train people to do as for traditional healers, we don't know anything concerning them, we are Christians, I don't use them
M: N 3, I was asking you that how do you see HIV/AIDS treatment in your village, do you recognize it so easily, or people still having stigma or not?
P3: If someone is infected I can recognize him/her. If she has HIV/AIDS symptoms but there are many youths still having stigma, though we try to counsel them, there are some people I took to TASO and they started HIV treatment, those I used to suspect being infected we would talk in a friendly way and they told me the truth, there are some I took to TASO.
M: Do people still have stigma?
P3: Yes, they do still fear going for blood checkup, he/she tells you that "No way I go for HIV checkups, no, ah"
P: laughter
P3: They still have stigma, um
M: No 1, how do you see HIV treatment in your village?
P1: AIDS treatment, many people have knowledge about it, that's what we discussed in a group we said that the behaviours which are current in our community if they were preset in the past, people wouldn't have been infected with AIDS comparing with the sensitization we have now days on radios, groups, like kind Uganda which sensitizes people on radios. They advise people to go for blood testing, so many people are willing to go for HIV testing, there's another project called VHT which trains people in the villages. I am one of them. I always go on looking for people with HIV symptoms. I try to advise some to go for blood checkup, others tested and started ARVs but they later gave up on swallowing them because they were bedridden. Then I tried to bring others to the hospital and explained their condition to the doctors since they had stopped taking HIV drugs. The doctors help me counsel those patients; they even encourage them to begin taking drugs like tuberculosis drugs and ARVs because of counseling, you find patients regaining/recovering their health due to taking drugs since they had almost died. We are now elites.
M: Ahm, are people willing/eager to get HIV treatment?
P1: Yes
M: Um, what of no 2, how do you see HIV treatment in your villages?
P2: No 2, we stay in the same village with no 1, counselors come and educate our village males so people no longer have stigma. Vehicles come and reach our home area in Mabale, counselors come to our chairman I think you came to our village in Mabale. They even immunize children from there, um
M: (interjects) are people willing to get HIV treatment?

P2: Yes, they are willing to get HIV treatment because we were sensitized; volunteers always come to teach us. We live near the chairman.
M: No 5, how do you see HIV treatment in your village?
P5: In our village no one in interested in AIDS treatment, they aren't active.
M: They still have stigma
P5: Um, they still have stigma
M: Why
P5: Um, what can I say, they still have stigma
M: What if (motorcycle disrupts)
P5: They once gave me cards to supply. We stayed with them and later submitted in a report. I remained with 3 cards, even up to now I still have them. There were 8 cards. How many did I supply? I think 5.
P?: 5
P5: Ain't they five
P?: Yes, you remained with only 3
P5: I still have them at home. Ain't they have stigma? I always ask them to come for the cards, they promise to come for them, but they never turn up.
M: Is the virus hidden or can it b easily recognized?
P5: They have the virus
M: Can you recognize someone who is infected?
P5: Yes
M: laughs. Eh
P5: um
M: People still have stigma
P5: Um, they still have stigma
P1: So much
P5: Um, there's one person at m place who had stigma but she later came for treatment and she's now fine. We are very close relatives.
M: Now, I would like to ask you another question; what do you think of HIV/AIDS treatment in hospitals, are patients getting good services or they are fiding difficulties in accessing HIV treatment. No 4
P4: In hospitals, patients are getting good services because you find someone is bedridden but when she/he is brought to the hospital, there's a great change. If she/he has symptoms of AIDS, they are treated and she/he recovers. Slowly, we have two groups of patients. They are who find modern treatment easy for them to access and they say that "in case I go to the hospital I will be somehow OK and if she/he is to die, no one will recognize him/her as someone who was HIV positive" because of the treatment he/she had got from the hospital. Then another one says "If I realize that I am infected, I can die so soon" because of thoughts which disorganize his/her life. There are in 3 types those who don't want to be told directly that they are infected or have such and such a disease
P1: (interjects) They say "Just leave it at that"
P4: You need to convince such patients in a good language. For example, if he/she has malaria let's go and they treat your malaria or cough, there you will be treating/reducing on some signs just in case he/she is infected.
M: Do you think change in HIV treatment is a good or bad in hospitals?

P4: The change is so good
M: Eh
P4: Um
M: No 1, what do you think of HIV treatment in hospitals? Is it good or bad?
P1: The treatment offered is so good, because many HIV patients were looking bad health wise, but they are now looking good/very healthy. The treatment has improved greatly as how no 5 was saying that many people still have stigma but it's because there is no one to sensitize/counsel them so that they fight the stigma, concerning cards she's been talking about, they are for one of the organizations called Mubiru. Those are the cards no 5 got but it's because people weren't sensitized on the use of the cards. Otherwise they would have loved or been eager to go for blood testing (HIV) and HIV treatment being offered.
M: No 3, what do you think on HIV/AIDS treatment in hospitals
P3: The way hospitals treat HIV/AIDS is so perfect/good because I see many HIV patients in our villages visiting the hospital to get drugs and the treatment has helped them so much. Patients who were at death point, after the treatment they recover and look more healthy then before. And another thing is that we have a drama group which comes to our village and stages plays portraying different ways of spreading HIV/AIDS, thus sensitizing villagers by watching such many people pick interest in going for HIV testing except there are some who are difficult to convince and still fear to go for HIV testing. According to me, I see HIV treatment is being offered so well
M: Do patients encounter problems in accessing that treatment?
P3: No, they don't have any problem
M: Eh
P3: (interjects) And you find them looking so healthy. They even teach them how to feed/drink well, so you find them very healthy and their life span extended. Even if he/she has a kid, he/she lives till that kid is grown up or educated. In case he/she dies, now days you find HIV/AIDS patients still caring for their kids to grow up. I appreciate HIV treatment which has helped patients live for some years so that their children are educated/grown. Instead of a patient leaving behind a newborn baby, but now you find her surviving and looking after her kid to grow up. They are even advised not to breastfeed the babies so the treatment is so good. There you find the kid growing up with its parents. If the parent was to die like in a month, he/she dies in 2-3 years to come.
M: Um, laughs
P3: Um
M: What of no 2?
P2: I appreciate so much HIV/AIDS treatment plus the government which supported it even up to today I pray hard for that treatment to continue in existence because patients who were at death points, who had lost hair. After getting HIV treatment from the hospital which helped them recover you find a strong man there in his garden, on his motorcycle. Others are in the market selling, dressed so smartly and when we visit the hospital we find them there in TASO collecting their drugs without any fear. Why? Because he's willing to get treatment. Even if it was me seated here, you find I am infected but I look healthy and walk in public freely, eh, because of HIV treatment the government put in places but in the past we used to carry HIV patients. They would

cough so much and we wish them to die, you say "Oh God, when will this patient die, I am fed up" but now days when the disease comes and if God has made it happen, that's what God has planned for you. I've really appreciated. I've seen so many HIV positive orphans whose patients died of HIV/AIDS in government aided organizations they have educated them and helped us the parents you find HIV positive children looking healthy. When you tell such a kid that he/she is positive she/he might even report you to the higher authorities and he says that "did you find me infected". We thank the government so much for that, it's so good. I appreciate the services with my whole family.
M: Now no 5, what do you have to add on that
P5: What I am adding on is that I have a testimony of my relative who is positive, even up to now she's still living but her three children died of HIV when she didn't know and the forth child has also died leaving the mother very ill. He/she died and left the mother sick. After realizing that she's infected, she was brought to hospital for HIV testing and treatment. If you are to see her now, you would even wish to marry her (laughter)
P4: (interjects) She's no so beautiful
P5: So, so beautiful
P(few): Um
P?: That' a big sin
P5: That's how it is
M: Eh, now as you give patients herbs isn't it, how do you compare your treatment with the treatment patients get from the hospital (2). Is there any difference?
P5: (interjects) In our traditional herbs?
M: Eh
P5: Traditional herbs treat few diseases but a patient should visit government hospitals for further treatment. We don't test for blood we don't do urine analysis. Why should we insist on treating patients? You first advise the patient depending on the condition he/she is in. Why should you insist on treating the patient from the village yet you cannot test his/her blood or urine?
M: What of no 1?
P1: I also see it that if you keep the patient in the village and you say that "Ah, I will give you herbs" to cure like malaria and herbs don't cure her, then you are like "As I've given this patient herbs and he/she isn't recovering, let me go to the hospital. You take the patient to hospital for blood check up after lab tests the patient is told what he/she is suffering from the he/she is given an appropriate treatment
M: What of no 3?
P3: When you give a patient herbs and her/his condition doesn't improve the patient doesn't recover. You decide to take him/her for blood check up and other tests so that they can find out what he/she is suffering from then they give that patient treatment but if we the herbalists decide to offer treatment, we just treat the disease we aren't aware of. At least if the patient is lab tested and his/her blood sample taken, they can find out easily or tell from the results which disease he/she is suffering from, and they treat it.
M: What of no 4?
P4: No 4, the difference which is there on our traditional herbs is that we use such herbs as first aid to patients. If a patient is sick at home and you haven't yet taken him/her to hospital, in case of some difficulties so it becomes easier for you if a child has an abrupt

malaria or any other person you look for herbs very fast and you give the patient. If he/she doesn't recover after 1 day you take that patient to the hospital and explain his/her condition to the doctors hen they treat him/her according to the disease he/she is suffering from. There are some patients you find suffering from appendicitis and many other different/rare diseases which are supposed to be cured using traditional herbs with such a patient you take him/her back home and you continue using traditional herbs to treat him/her depending on the medical results got from the hospital.
M: No 5
P5: No 5, what I know is herbs like for treating malaria, I know herbs for treating patients with heart problems, patients suffering from appendicitis, women with a pregnancy which has retarded, I give her my herbs and it expands to it's normal size.
M: how do you compare your treatment with that from the hospital?
P5: Health workers in hospitals have their own ways of treating patients. I also have my own ways I offer treatment to patients. If the patient fails to recover I refer him/her to hospital
M: Um, if a patient fails to recover, he/she goes to the hospital
P5: Uh
M: Eh, another question concerns HIV/AIDS patients. If you have an HIV positive patient, can you support him/her to get treatment from other hospitals or you say that "ah, let me treat that patient alone"
P?: What do you use to treat that patient?
P4: We can support that patient
M: You support the patient?
P4: umm (yes)
M: What of no 3?
P3: I support him/her
M: No 1
P1: I support him/her
M: What about no 2?
P2: It's a must I've to support a patient to go to the hospital even when she's pregnant and positive, I cannot help her deliver, just advise her to go to the hospital
P?: Uh,
M: Because you cannot manage to treat her
P2: I can't manage her/handle her situation
M: Even you no 5
P5: Me too, I cannot handle her situation also
M: If you can't handle/treat her, you refer her to hospital
P5: (interjects) I refer her to hospital
M: What if you can manage to treat her?
P5: I leave her if she's to deliver, she delivers (laughter), she can deliver after all many women have delivered from my place
M: No 1, if you had an HIV positive patient, can you support him/her to go to hospital, but you said you can support him/her to go for treatment in the hospital?
P1: Yes
M: How do you support such a patient?

P1: Now on such a patient, I talk to him/her depending on the HIV/AIDS signs he/she has. If she has HIV signs, I advise him/her to go for HIV testing if he/she refused there are some patients I even escort to hospitals and explain their conditions to the nurses/doctors so that they can give them treatment. I do it most of the time by accompanying patients to the hospital so that they can get treatment you find them looking healthier than before.
M: Can you stop a patient to get treatment from the hospital?
P1: No, I just escort him/her to the hospital
M: Is there anyone who can stop her patient to go to the hospital or treatment?
P(all): No
NT: Let me ask you another question, what can stop you from telling a patient to go to hospital?
P5: A patient with HIV/AIDS?
NT: Um,
N: Not only HIV/AIDS patients, but patient from any other disease
P2: Any other disease like stomach ache?
M: Um
P4: What can hinder us from referring the patient to hospitals might be due to some difficulties like means of transport to take the patient, that's the only problem which can hinder a patient from seeking medical help, money for treatment, to get a patient from his/her village to the nearest hospital
M: (interjects) transport
P4 and others: Transport. Only the issue of transport.
P4: That's the only hindrance which can stop a patient from seeking medical attention
NT: Mm
M: Do you all support her views/ideas
P(all): Yes
M: That's the only problem which can make you fail to refer a patient to hospital
P(all): Um
P2: (interjects) Anytime a patient is supposed to go to the hospital
NT: Um
-a participant comes in late- (2)
P2: Anytime an HIV patient is supposed to visit the hospital because she might transfer/infect the newborn because she might deliver the baby and the baby is infected at the time of birth due to blood contacts or an expectant mother might be anemic and she dies. There her life will be in danger and if she delivers from the village she might be badly off and the newborn might be infected
M: Um, before we proceed, thanks for coming mummy
NT: Excuse me, we request you to introduce yourself
P6: I am from Kyenjojo in Bamutuza herbal clinic
NT: Um, which type of healer are you?
P6: Herbalist/traditional healer
NT: Traditional healer
P6: Um,

NT: You know traditional healers differ there are birth attendants, herbalists, all those are called traditional healers, we would like to know which type of healer are you?
P6: I am not a birth attendant, but I am a herbalist
NT: Um
M: You treat patient, do you get HIV positive patients?
P6: Um
M: You don't get/treat HIV patients
P6: no
M: what do you think of ways for treating HIV/AIDS (3)
P6: Drugs for treating HIV?
M: Um
P6: I've never given treatment to an HIV positive patient
M: Um, don't you have any idea on HIV/AIDS patients?
P6: (too quiet to hear)
M: I was requesting you to speak up because these recorders are recording your voice
P6: We first carry out lab tests on a patient to find out which diseases he/she has then we decide on which treatment to give him/her.
M: You as a herbalist who supplies herbs in a clinic, isn't it? How do you compare the treatment you give to patients with that they get from the hospital?
P6: my treatment is perfect because patients themselves testify on the herbs I give them and they recover
M: Um, can you support your patients to get treatment from other hospitals, or?
P6: If I've given them treatment, I support them to seek medical attention from other hospitals
M: How do you support such patients? In which condition do you refer them to hospital?
P6: I prescribe the herbs they've been using and if that patient hasn't recovered I refer them to the hospital
M: What can stop you from sending patients to hospitals?
P6: What might stop me?
M: Um, what can stop you
P6: Because everyone has freedom to seek medical help from anywhere he/she feels comfortable or get what he/she wants.
M: Eh, you found when we had finished discussing what I've discussed with you, but I was requesting you to speak up because I ask you a question, no 6, you respond isn't it?
P6: eh
M: Eh, that's all, you found when we had completed question 7, and we have discussed it with you, the other is our principle investigator, who's conducting this research since you came late she's called Janis
P6: I met with her once
M: You met with her
P6: Yes
M: Eh, there's no problem. Another question mummy I am asking you is what did you encounter or gone though while working with health workers or you talked to them one day or worked with them I want you to tell me what you went through or working together in treating patient using modern drugs. What do you have to say on that? (1)

What did you go through like maybe you talked with health workers from this hospital, their behaviours or you've ever worked with him/her and if you've never talked/worked with them, you can say so. No 6, tell me
P6: I've never talked/worked to a health care worker
M: You have never carried out any activity with them?
P6: Um
M: No 2
P2: No 2, I relate with a health worker from this hospital. In case I bring a patient to this hospital. If I fail to treat that patient/help her deliver if she/he's in a bad state. I relate with a health work because I've brought my patients to hospital.
M: (interjects) What have you gone through do they mistreat you, or do they treat you well?
P2: I talk/discuss what I know and the rest will also give their views. We cater for ourselves and there's nothing we get from the government aid. When we visit the hospital or in the past we used to submit in the number of children we've helped get delivered from the villages. We used to fill forms from the hospital, indicating the number of boys and girls delivered per month with my friend (points to colleague) we used to bring them here and they send the number of newborn babies to Kabarole District. Now that the world has changed and is full of disorganization, you can't come to Kyenjojo Health Center and find there a nurse, I can't hide this from you. A nurse just stares at a patient he/she finds seated on a bench without even greeting that patient. When we brought a letter, they chased us away, they said "you go back, we no longer work or deal with such things". I think a letter to authorize birth attendants to continue helping expectant mothers in far villages. As for the gloves, we use our own money to buy them. From the clinic, their prices were even increased/hiked. You buy and take our own gloves, thread, we don't get equipment from the government. When we trained and they sent us equipment later they never reached us, they were snatched by unknown people. We were trained by whites but when they sent our equipment they were taken, got lost from Kabarole. Only birth attendants from Rwibale got those equipments for us. We never received anything we use our own money to buy equipment, we don't get any government equipment.
M: No 1, what have you gone through while working or talking to them, their ways, are their behaviours good or bad?
P1: According to me, the nurses and doctors have been good to me. They're easy to approach because in most cases I bring expectant mothers here at any time, they always tell me to keep an eye on the expectant mothers and if the patient's time reaches for delivery I should go and call the midwife so that the mother delivers in case the fetus is ready to be delivered but we will be collaborating and he/she will be trusting me because I will be telling her the truth and not intending to waste his/her time to make him/her stay at the hospital. On the side of HIV/AIDS patients, HIV/AIDS patients as how I had discussed earlier, I told you that some had stopped taking drugs and different diseases had started attacking them. I've brought them back to the hospital for treatment and some people in the village started saying that "they will chase you away from the hospital with your patients because they had stopped taking treatment and spoiled the first dose". I went and talked to the doctors who registered them a fresh, they treated one of the

patients, he/she is now doing well health wise, she has now spent 2 weeks. I brought her to the hospital and thought that the doctors will chase me away with her but the doctors are good and they treat so well.
M: no 3?
P3: The doctors are good and they treat so well. When I take the patient there, they do treat him/her but at times we go to private hospitals without going to government hospitals, but when you go there, the doctors/nurses offer your patient treatment and advise on how to give the patient drugs. Whether or not to put a cold cloth on a patient in case temperatures rise or he/she gives a care take drugs. If the patient's condition has worsening like some of us who live in far villages, they give us drugs for injecting patients from home
M: You inject the patient
P3: Eh, because the care taker has come from very far and you don't have money to transport the patient to the hospital everyday for treatment. There God can give you wisdom because it's your brain that works to direct you what thing to do.
M: Are the health workers good or bad
P3: They are good
M: No 4, what do you have to say on that?
P4: All the doctors and nurses are very good because when you bring a patient to hospital and you talk to them in a friendly way, they give your patient treatment so fast. Plus, all the required drugs, if they don't have drugs they prescribe for you drugs and say that "we don't have such and such drugs, go buy them from another hospital or clinic" then they direct you to inject that patient
M: No 5, what do you have to say old woman? What have you one through working with health workers
P5: Health workers, what no 2 talked about we came here with her and stayed at the hospital for the whole day, we came with our monthly reports but they just chased us away
M: Are they well behaved or not?
P5: Maybe they are well behaved, do we know them so much?
P2: (interjects) They never chased me away
P5: For us, we were chased away from the hospital
M: You as an individual, how do you see their behavior?
P5: They are well behaved
M: You don't have any problem/issue with them?
P5: Of course, where can I get it from?
M: laughs. Generally, how do you see your relationship with modern doctors in treating patients, you as herbalists?
P2: Modern doctors offer perfect treatment. Let me say they are the ones who have led to many lives surviving. Now us who are birth attendants, if all expectant mothers died, whom do we help to produce?
M: I am asking, are you supposed to work together or not?
P2: We should work together?
M: Why?
P2: Because they treat HIV/AIDS and other diseases which we can't treat

M: they are more experience/powerful
P?: (interjects) They are more experienced
P2: Um
M: No 6, what do you have to say, are you supposed to work together with modern doctors/nurses in treating patients or not?
P6: We should work together because they are more experience compared to what we are doing
M: Do you think it's a good/perfect idea?
P6: Yes, it's good
M: Why?
P6: Because…
M: Why?
P6: Because they have more knowledge in treating different diseases
M: No 2.
P2: 1
M: Eh, you had discussed it already no 1
P1: I was suggesting that we should work together because even if we treat patients in the village you find the patient is taking a dose which isn't complete you can't tell whether your herbs will continue curing his/her disease yet you haven't given that patient a complete dose. You say that "since I've given a patient a certain herb it will cure him/her" You find a patient getting/suffering from the same disease due to incomplete dosage/our knowledge is little. That's why we are using or getting help from modern doctors/nurses
M: (interjects) because they are more knowledgeable?
P1: They're more bright
M: What of no 4?
P4: It's so good to work together because the doctors were trained/educated enough on the lives of patients and how to treat them, so it's good to work together with our traditional herbs so that they can add on our knowledge, understanding depending on the ideas/knowledge they have. They learnt human medicine more than us, as how we understand it, it would have been better to work together so that we can add on our knowledge. What we don't know when working together they teach us. We learn more.
M: Um, what of no 3? Are you supposed to work together?
P3: We should work together, cooperate with them because they have more knowledge than us because they are more educated. Even if we are herbalists, health workers are educated and know the right doses to give patients which we don't know. Even though we use tablespoons for measuring herbs, how do we know? Maybe a patient is supposed to take ½ a tablespoon of herbs or maybe he/she is supposed to take 1 spoonful of herbs and you give him/her 2 spoonfuls, that's why I am saying/supporting the idea of working together with health workers, because they are educated and know the dosage of drugs which we aren't aware of. We boil herbs we weren't trained on how to use different herb. You boil them, get a spoonful and give a child, maybe that kid was supposed to take ½ a spoonful. You give him/her a full spoonful.
M: (interjects) You think it's good or bad?
P3: It's good to work together with health workers, we accept to cooperate with them

M: Why?
P3: Because they are educated/have more knowledge on drugs, which we don't have. We just give patients herbs for first aid. If he/she fails to improve on her health you refer him/her to the hospital for further treatment
M: What about no 5?
P5: No 5, the burden we have is helping patients who are stuck on the XXXX. It's not a rule for us to have our maternity rooms at home, the main hospital is here in Kyenjojo. If the patient gets an abrupt problem, I help him/her
M: You help that patient?
P5: I help the patient
M: I was asking that, in your own thinking capacity, can you accept to work together with modern doctors/nurses?
P5: Why not, I accept working with them
M: Is it good or bad?
P5: It's good
M: Why is it good?
P5: It's good because they are more experience and they are the ones who even taught/trained us and they have all the equipment. Do we have medical equipment?
M: You don't have medical equipment?
P5: Um
M: Equipments
P5: Um, equipments/medical requirements
NT: Before you proceed to another question, I wanted to ask you; in general, the question was saying that generally, is your relationship/cooperation with modern doctors/nurses, is it good or bad?
P(all): It's good
M: They had answered that question and said the cooperation was good
NT: Um
P?: We have appreciated the idea of cooperation with modern doctors/nurses
P2: it's so good because when you come to the hospital with a patient or when sick, the health workers are concerned and ask patients what they are suffering from, it's so good
M: Another question I want to ask you, in your own thinking if they brought ARV programs in your villages, I understand some of you don't have such programs in your villages, if they introduce ARV programs in your area, would you support them?
P(all): We can support them
M: I was each one of you to tell me, no 4, if they brought ARV programs in your village, would you support it. If so, how would you support it, ARV program for treating HIV/AIDS patients?
P4: I would support it. When they introduce ARV programs and want to come in our village, I get concerned or hold the responsibility of informing my fellow villagers. If there is a seminar I mobilize villagers to come and attend that seminar. But it might force me to visit each one in his/her own home, or I write chits and display them in different areas of the village so that those who are able would attend
M: No 3, would you support ARV programs?
P3: Me too, I would support it

M: In which way?
P3: In this way, since I am a leader of women in my village, I can sensitize my fellow women and local chairmen to go and attend that seminar so that they can learn, hear for themselves what's discussed and get knowledge on HIV/AIDS.
M: No 5, can you support ARV programs for treating HIV patients in your village, if at all they introduced it there?
P5: Would I be the one to lead them?
M: No, the program has its own leaders. Would you wish to join hands and fight AIDS or you wouldn't?
P5: Um, why not fight HIV/AIDS? I can also join hands and fight AIDS. I can also lead.
M: Eh, how do you lead them?
P5: I lead them in this way: by directing them to the right channels, or the place where they would be, would I go telling someone that he or she is infected?
M: No
P5: Can she accept the reality that he/she is infected?
M: Um, he/she can't accept, but when they introduce ARV program in your area, you can support it?
P5: Yes
M: You can support it
P5: Yes
M: (laughs) what of no 6?
P6: If the program is introduced in my area, I think they would have informed me in advance. I first go to the chairman for an introductory letter to introduce me to different villagers or I write a note and hang it beside the road. I inform whoever is concerned most especially the youth and other people who can gather in a certain place and we discuss about HIV/AIDS
M: No 2
P2: I can also support it. If they inform me in advance that they are visiting my village because they always come there. We have a chairman who is nearby. I've to first inform the chairman there are some women who bring their kids for immunization at the clinic, the chairman may write a note and hang/display it at the roadside in our trading centre through that all the people in the village will get to know the information portrayed.
M: No 1, would you support ARV program if it's introduced in your area?
P1: Yes, I can support it. Now for example there's a program called Kind Uganda which is at Kaihokwa county and for us we live in Mabale but I've tried my level best to write notes/chits to different people in Mabale and make sure that whoever I tell should go to Kaihokwa for blood checkup at the count. I also try my level best to sensitize people even if you come to the hospital they also teach you about HIV/AIDS. So when they introduce ARV programs, I am willing to support them.
M: I would like to ask you another question. You as herbalists and others birth attendants, can you allow to add ARVs on your work? Like birth attendants, can you allow to supply ARVs beside doing your work. If you can, how would it affect your work when you add ARVs. No 2, tell me
P2: How would it affect me, yet it's my work and I want to fight/chase away Satan (referring to HIV/AIDS) in the village. How can you refuse? You have to accept the

obligation. They give us drugs to supply from the government to patients, would I refuse them and go to look for herbs?
M: You cannot
P2: Yet you are chasing away Satan and we are holding a rod to fight it.
M: No 6, as you are working or supplying herbs, would you accept to supply ARVs to patients in case they entrusted you with them?
P6: I can accept to supply them
M: How would it affect your work of supplying traditional herbs?
P6: It can affect my work somehow because it's like I would be putting my herbs aside and concentrating on modern drugs because they cannot be combined with traditional herbs. I first leave giving out my herbs then I supply their modern drugs.
M: Can you really accept that and you decide to first leave supplying your herbs?
P6: (interjects) It can create problems if I decided to give patients all the drugs at the same time
M: Which means it will be disturbing/disrupting your usual work
P6: Yes, it can disrupt my work somehow
M: Um
P6: But I support the idea of supplying ARVs
M: Yes, you can accept to supply modern drugs but it will disrupt your work/activities
P6: Yes, because my work/activities will be on stand still
M: What about no 5?
P5: No 5, firstly in case they brought modern drugs, do I have traditional herbs for treating HIV/AIDS?
M: I also don't know
P5: Um, me I don't have it. I cannot feel proud that I have herbs for HIV/AIDS, I have my own herbs which treat other diseases but not HIV/AIDS, but if they are to bring modern drugs to give patients I support the idea
M: Eh, you can allow to supply modern drugs, won't it affect your work?
P5: How would it affect my work? Do I always do a lot of work? Uh (laughter)
M: No 4, what do you have to add on?
P4: I support that arrangement because I always get time to go to the forests to look for herbs for treating patients. I can also sacrifice time to distribute modern drugs. I can manage to supply them.
M: It can't disorganize/disrupt your other activities?
P4: It cannot disrupt me because the time I spend looking for herbs is enough for me, so I can also secure time to distribute modern drugs, depending on the instructions given to me
M: No 3
P3: I can also use modern drugs because I can distribute them to patients as how they are packed/measured in different doses and how they've instructed me. I can distribute them to patients, there's nothing which can hinder me.
M: No 1
P1: If I am given drugs, I can distribute them to patients depending on how they would have taught me, about modern drugs and traditional herbs because the people concerned

must have explained/taught me how to use drugs. So I use drugs according to how they've taught me and continue distributing them
M: Um, now, as you have all accepted to distribute drugs, I would like you to tell me, how patients/HIV patients would feel if they got HIV treatment from you compared to getting it from other hospitals. No 3
P3: Getting ARVs, the main concern is on blood testing. If someone has tested positive, there you get a chance of giving him/her drugs. Can you treat an HIV patient who hasn't gone for HIV testing? No, you have to make sure that she's tested positive
M: (interjects) No, if a patient has been tested positive, how would they feel as patients if they got HIV treatment compared to when they were getting it from the hospital?
P3: Because the patient will be getting treatment from a nearby place and doesn't use transport to go far away hospitals because he might not get transport to the nearest hospital, maybe it's 2-3km, he/she might be weak, physically to go to the hospital but if I am nearby
M: (interjects) You give him/her drugs
P3: I give him/her drugs
M: Would it be of great help to that patient?
P3: Yes, it would be of great help to him/her because a patient might be weak or he/she has no transport but if I am nearby he/she can come to me for help and thus being of great value to her.
M: Now, will HIV patients like it?
P3: They will/can like it
M: According to you, the patients will like it
P3: They can like it, eh
M: Um, now as they say that ARVs can't be combined with traditional herbs
P3: (interjects) they can't be used at the same time, no
M: What do you think would be the best treatment for HIV/AIDS patients, traditional herbs or modern drugs?
P3: Modern drugs
M: Modern drugs
P3: Mm
M: Why?
P3: Because he/she takes/gets treat after being tested positive by the health workers who are more educated and trained on the issues of HIV/AIDS. They know it better. If I give a patient traditional herbs for AIDS, do I know the strength of HIV/AIDS, have I tested it, do I have herbs to destroy it or weaken its strength? That's why I recommend them to use modern drugs so that they can get proper treatment.
M: No 6, you said that you have herbs which can be used to treat HIV/AIDS, isn't it? You treat but not heal them completely? How would patients feel if they were getting ARVs from you compared to when they would be getting it from the hospital?
P6: I think on that issue, patients would be very happy to get ARVs from me because I live hear them. There are some patients who complain that they live in far villages and by the time they reach the hospitals they find very many patients in long lines and they end up going back home without drugs so if they get drugs from me it would be of great

advantage because the drugs will be at a nearby place and they get them on time. Then I explain to them how to use those drugs so well.
M: Do you think they would love it, or?
P6: I think they would love it
M: Is it important for this program to be put in place?
P6: Um
M: As how you said that your herbs can be used with modern drugs, which advice would you give a patient?
P6: I first advise a patient to use modern drugs because modern drugs have been approved/lab tested more than traditional herbs. Modern drugs are more recognized than our traditional herbs.
M: No 5, what do you have to say if patients were getting ARVs from you compared to getting it from the hospitals. Would it be of great value to them or not?
P5: Getting ARVs from me
M: Um, they bring ARVs to your place and they ask you to supply them to HIV/AIDS patients. How would patients feel?
P5: of course they would feel good
M: Why
P5: because they trust modern drugs as the only source/hope of recovery
M: If they were getting ARVs from you, would it be of great importance to them or not? At least they rather visit the hospital for treatment instead of getting HIV treatment from a traditional healer
P5: It can be of great value to the patient because services are brought nearer to him/her
M: How? If the services are nearer, would it be of great importance to the patient in terms of transport?
P5: (interjects) Um, in terms of transport
M: Not well know (1) in terms of transport
P5: Um
M: Would you advise the patient to use traditional herbs or modern drugs?
P5: Modern drugs, do I have traditional herbs for treating HIV/AIDS? (laughter)
M: What about no 2?
P2: No 2, it would be better for an HIV/AIDS patient to get modern treatment because in the past diseases like syphilis, gonorrhea were all treated using traditional herbs but now days traditional herbs have lot value. Now the diseases which are common include cancer, TB and other diseases we didn't know of in the past. Why should I use traditional herbs? Traditional herbs are used as first aid incase a patient has no means of transport, you give a certain herb for drinking or smearing to a patient but now the whites introduced modern drugs for treatment. Why should I use traditional herbs?
M: How would HIV patients feel if they were getting ARVs from you? Would it be of great value to them?
P5: It would be of great value to them because there are some who are unable or poor. You find a patient has no one to help him/her at home. He/she is bedridden and has no caretaker so it would be better for me to visit and counsel the patient and tell him/her that I've government drugs to distribute, do you like them or not. If he/she refuses and says

"Ah" she/he is free to visit the hospital and if he/she says that "ah, you will save my life old woman", let me offer him/her help for today, tomorrow and other days. It's so good.
M: Can you advise a patient to use modern or traditional drugs?
P5: Modern treatment, I don't have traditional herbs for treating HIV/AIDS
M: What of no 1?
P1: If I find a patient in my village and I have ARVs at a nearby place, the drugs save/help us during hardships. Very many people have problem you find others lacking means of transport. You find a patient very ill sleeping at home and you ask him/her "what happened to you? Go to the hospital" He/she replies that "Ah, I don't have means of transport to the hospital" If the ARVs/drugs are nearby I tell the patient that so and so has drugs, let me go and tell him/her to bring you drugs. It would be better and easier for us when drugs are nearby/services are nearby.
M: It's easier for the patients, would it be of great importance to them?
P5: Yes, it's of great value
M: What of no 3, what do you think?
P3: It can be of great value to patients because some of the are unable to walk long distances and they might die before reaching the hospital but when drugs are in the village parish or sub-county which is nearby, any patient can reach there and get drugs for treatment instead of a patient dying without getting any treatment. The only problem is that most villagers have no means of transport to the hospital to get treatment, with that he/she sleeps and fails to get drugs but if the drugs are nearby or it's me supplying them or my friend, it would be helpful and easier for the patients to access treatment.
M: Would that arrangement disorganize the patients or it can be of great help to them?
P3: It can be of great value to patients because he/she would have been tested from the hospital and he/she is suffering from a know/checked disease. The treatment given is a right one, so it would be of great value for them
M: Um, would it affect them in any way?
P3: There are no difficulties
M: Can you advise a patient to use traditional herbs for HIV/AIDS in case you had them
P3: Herbs for treating HIV/AIDS
M: Eh
P3: Which herbs can I give a patient? I don't have herbs for treating HIV/AIDS
P: Eh
M: Eh, now I want you to tell me what can force you or tempt you to work with government health workers in the fight against HIV/AIDS and I want you to tell me what you think would be the reaction of health workers if at all they were told to work with traditional healers. No 4
P4: It would be of great importance for government health workers to work with us who are in the villages. Instead of patients going to the hospital they will be getting treatment from the village thus reducing on the work load of the health workers. Someone supplying drugs get the responsibility of collecting drugs from health workers and supplies them to the patients in the village. It's important to patients and other people who still have stigma because there are some who go for HIV testing and find out that they are positive but they fear going back for HIV treatment. Such people may go somewhere for HIV/AIDS testing either in Kampala or any other place. When found

positive, they can go to the village to someone who is supplying drugs and can keep his/her secret.
M: Secret
P4: Secret, he/she can get drugs from that person and her health improves or maybe others want to protect themselves. They go to someone responsible and get the protectives to help themselves. Services will be near them.
M: What can force you to work/collaborate with government health workers in care and treating HIV/AIDS?
P4: What can force me to collaborate with them is because they have more knowledge than I. They are more educated and learned. They know much about HIV/AIDS. It's beginning and it's ending plus it's required or recommended dosage, the strength of the virus, CD4, that's what may force me to collaborate/work with health workers because they are more knowledgeable than me.
M: Do you think health workers can allow to work with you?
P4: If they can
M: (interjects) or no
P4: according to me, I think they cannot refuse because we will be reducing on the work load since we stay in the village, they are be stress free somehow.
M: What can stop you from collaborating with them?
P4: Except if someone can't distribute their drugs according to their rules and regulations or his/her understanding is so low, the health workers might have fear for such a person to supply drugs and give patients overdose.
M: You personally, what can stop you from collaborating with health workers? You might say that "my dear I can't work with health workers because they are proud"
P4: Ah, there are some who are good, you first study their behaviours in a seminar, you study their ways. For example, how the doctors/nurses behave themselves in public places
M: If he/she is well behaved, you work with him/her?
P4: Eh, if she/he is good I work with him/her, if she/he is difficult, you cannot collaborate with him/her. Such a person is hard to deal with, he/she feels proud and doesn't even greet you. It becomes difficult to work with him/her unless someone is well behaved and welcoming, it forces you to collaborate with him/her.
M: What of no 1? What can force you to work with government health workers in treating HIV/AIDS patients or what can stop you from working with them
P1: What can stop me from working with them might be villagers who don't trust me. They say that "if you give her drugs to supply, she won't supply them. If you give her mosquito nets, she won't give them to us" Villagers are the only ones who can deny you the responsibility because they won't be trusting you. They cannot allow you to supply drugs and you end up not working.
M: Will you be working with them or with government health workers?
P1: With government health workers, there's nothing which can stop me from working with them because we must have began together doing that job and became one, there is no problem.
M: There's nothing which can stop you from working with them?

P1: No, there isn't any, because when I visit the hospital with a problem, the doctors and nurses help me out, there's nothing.
M: Um, do you think they can allow to work with you, or they can refuse?
P1: No, they can accept, comparing to the work they began like VHT, which has started from the villages. It seems they want to use villagers to do the work of doctors/nurses so that services can be brought nearer to patients, though we are below them but we offer same services at a nearby place so that the health workers can find it easier to give each one treatment.
NT: Forgive me for asking you, what does VHT do?
P1: VHT has promised to give us drugs for giving HIV/AIDS patients in the villages, so that services are brought nearer to patients. Instead of patients going/walking to far away health centers.
M: Um
P1: Um
M: Drawing services nearer to patients
P1: Eh
M: No 2, what can force you to work with health workers or what can stop you?
P2: Collaborating with health workers from this hospital
M: Umm
P2: Nothing can stop me, when you visit the hospital so often, the nurses/doctors became familiar with you
M: Even if they aren't familiar with you, you personally, if they told you to go and work with health workers, what can force you or stop you from working with them
P2: Our traditional doctors
M: Um, ah, modern doctors in hospitals
P2: It depends on the relationship you create with them. You can get a friend from many doctors/nurses. If she/he is a simple person you explain your condition to him/her. You get used to each other as how we have recognized ourselves now. So when we meet somewhere else, we cannot fear talking to each other. In case I go to him/her with a problem
M: if the told you to work with them in treating HIV/AIDS, what can force you to work with them and you say that "Eh, let me work with nurses to fight HIV/AIDS"
P2: They are literates and have drugs which come from the outside world. They are educated. When I come and they give me advice on a certain issue, I also advise him/her that "my dear, I have a patient at home what can we do" he tells you to take the patient to hospital by using any means. I get time t take the patient to hospital or if the patient is able to walk to hospital he/she does so.
M: What can stop you from working with them?
P2: From working with them, a patient
M: Um, a health worker
P2: I can collaborate with health workers, I don't have any issues with them. They are the ones who have opened my eyes and led me forward; how can I refuse working with them?
M: Do you think that health workers can ask you to work with them in treating HIV/AIDS?

P2: Will I have gone to him/her, how will they know my existence? It's me who will go to them and I introduce myself that "I'm so and so, I studied this and that, I stay in such a village, they told us to do such and such things, will you help me or not". If he/she is to help me, he/she gives me equipments to use at home if not I bring my patient to hospital
M: No, you as an individual, you have not understood me. I am asking you that what can stop you or force you to work with modern nurses/doctors in treating HIV/AIDS?
P2: There's nothing which can stop me from working with them.
M: What can force you to work with them in fighting HIV/AIDS?|
P2: I can work with them because I feel hurt by the disease in the village. We want to chase/fight away HIV/AIDS completely as how we did to measles in this world. We fight AIDS so that our future children may live happily.
M: Um, what of no 6?
P6: I can be very happy if I am told to work with health workers because two heads are better than one. When they invite me to go for a seminar, I go there and we discuss/interact with them. It's not because we go there for formality but we might share new ideas and combine them together so that we can treat our HIV/AIDS patients
M: What can stop you from working with them?
P6: Nothing can stop me from working with them
M: Do you think they would love to work with you?
P6: Um, because they are reserved/selfish that they would like to work alone
M: Um, what of no 5, tell me something. What can force you to work with modern doctors/nurses in treating HIV or what can stop you from working with them?
P5: Nothing can stop me
M: Um, and what can force you to work with them?
P5: I want us to fight HIV/AIDS
M: You also want to join hand and fight HIV/AIDS?
P5: Um
M: Do you think health workers will accept working with you
P5: I don't know (laughs) if someone is welcoming as how we are talking now. We can collaborate/work together
M: I want you to tell me, which benefits you expect to get from this program if you are told to work with health workers. I want each one of you to tell me, the benefits she expects to get and if you expect no benefits you tell me also. No 2.
P2: The benefits I would get if I collaborated with government health workers?
M: Eh
P2: It's so important
M: Eh, which benefits can you get, you as an individual?
P2: The benefit is to help my nation to develop our country
M: Do you expect to be paid, or not?
P2: It's up to them to appreciate my efforts, but as for me I will be helping the government. It's them who will be knowing that I am volunteering and they should give me a token.
M: What about no 1?
P1: What I expect to get? Firstly I get to be recognized by important people I meet, that one being recognized. Secondly, they cannot leave you to do many activities as I had

told you earlier that workload is too much, for example visiting many patients in the village. It's a must they have to give you a token/something to enable you to conduct all those activities.
M: Do you think they will pay you for the services rendered, or you will just volunteer?
P1: You may volunteer depending on how they've understood it or you might be paid according to their own will. If they find out that you are doing a great job, it's a must. They have to pay you. They can't just leave you like that. They give you some transport.
M: (laughs) What of no 6, which benefits can you get while working with government health workers?
P6: The benefits I may get are being recognized by big people in higher positions, the giving treatment to my own people who are unable to access treatment. Because I wouldn't wish to see my friends falling sick all the time, another benefit I expect to get. All those activities require time, energy plus other requirements so you be expecting some pay, so that the activities may run smoothly.
M: what about no 3?
P3: I see it's a bright idea working with modern doctors and nurses because the benefit we might get is helping our fellow villagers. HIV/AIDS has made us sad and when you are volunteering you feel happy because you are helping your own people by giving them drugs and in the past before they introduced ARVs, HIV patients used to die in a bad state/condition but now days HIV patients on treatment fall sick and die within a day and you just remain with pain mourning, without him/her giving you hard time of buying milk, passion fruits, looking for money which you don't have and can't get it from anywhere, you don't have anything to help the patient with to take him/her to the hospital. You feel troubled and the patient is troubled too. That's the only benefit we can get from that program concerning services rendered to patients. People responsible might think about you and give you something, but you can volunteer and help your people/country.
M: But you will be expecting some pay
P3: Even if you don't get paid, you have to work and if you get paid still you have to work because you have to help other people when you are still alive. For example, if you find a patient lying in a bed at your village and you fetch for him/her a jerry can of water, do you expect to be paid? But he/she appreciates your services after recovering thy appreciate by giving you a bunch of banana, others give you bean, g-nuts just because you helped him/her in time of need, others just say thank you we have different hearts.
M: Thank you
P3: Um, thank you
M: What of no 4?
P4: The first benefit I expect to get is being recognized by doctors and other people. Secondly, I will be working with elites who will add new ideas to my knowledge. Another benefit is giving treatment to your own village mates and they recover from illnesses or diseases they might be having. It would be of great importance to you and your relatives or village mates because of the treatment offered to them. Another benefit is working with doctors who might consider you when supplying drugs to villages, the means of transport required, and upkeep. It's their work to consider you, that's a benefit

also, you first work so that you can reap good results. You can't be rewarded without working first.
M: Um, no 5, what benefit do you expect to get when working with government health workers in treating HIV/AIDS
P5: We don't treat HIV/AIDS patients only, we started helping patients long time ago. HIV/AIDS has just cropped in, but we treated many people. We work from the village, we really help expectant mothers deliver so much but in doing that, we've never got any token, not even 1
M: I am saying, what benefit can you get when working with government health workers in caring and treating HIV patients
P5: In caring and treating HIV patients, won't you be knowing what you have worked for? The government will be knowing what you have worked for, um
M: Um, you are assured of some pay
P5: Eh
M: Um, (laughter) Eh, ok, we've discussed most of the important things, we are through/done and you've told us that you are willing to work with government health workers n caring and treating HIV/AIDS
NT: Before we wind up there's a question I would like to ask you. You talked about witch doctors, how are we going to avoid/stop them from treating HIV patients and other patients who aren't HIV positive?
P5: Witchdoctors are traditional healers, they bewitch people, ah, we don't want to work with them. They are witches, you hear he/she has bewitched so and so "someone has taken my land, go and kill him/her" We cannot work/collaborate with them yet we want to develop our country. They are murderers, someone's land was taken "go and kill him or her" We don't want such things, not even coming closer to us.
M: Is there anyone with an idea? No 1
P1: When I see witchdoctors pretending to collaborate with us, I am like "where do I get strength to throw him away?" (laughter) I bring a faith healer or preacher to him/her and an HIV patient so that he/she can realize that his/her sickness can be cured using modern treatment. A faith healer may pray for that patient to have more faith so that he/she can stop believing and going to witchdoctors
NT: No 4, what do you have to say on that?
P4: (laughs) My views on a witchdoctor, the truth is that, when God was creating this world
P5: (interjects) He belongs somewhere else
P4: He said that "curse upon where satan goes" Satan also said that "I will also follow/run after my own people" It would have been better because satan and God can't be brought together because for us we deal with godly people, who want everlasting life, witch doctors want to destroy the whole world. Even those who go to them just go there out of ignorance. It would be better for us not to mix with witchdoctors, let each group be taught according to how they are and what they do
P5: They should be cursed in the name of Jesus
P4: Let each one of us lead his/her own way because people took different directions but they all reach the same destination

M: Thanks so much for your contributions. We want to wind up. The most important thing we wanted to know is that can traditional healers accept working wit modern doctors in fighting HIV/AIDS. You accepted and told us that you don't have any problem with that arrangement. That's what we were looking for. We thank you so much for your ideas. Unless there's someone who has a question, suggestion, additions or subtractions on what we have discussed. Already you are free to talk now, because whatever we've discussed will not be disclosed, there's not any other problem/disturbance.
P?: (interjects) First kneel down and pray my sister
M: No 4, tell us
P4: What I want to add on is, that firstly I would like to thank you so much for this big gathering. I thank God first because it wasn't out of our own making to call us but you managed to reach/come to each one of us in our villages, plus the principle investigator who came from outside Uganda and the rest of you who came looking for us in the villages. We didn't know each other, but you managed to come. I thank you for that. I continue thanking fellow traditional healers for coming to this discussion so that we can share ideas and come out with fruitful results. Another thing I was requesting for is, to make clear clarifications on our invitation letters, it should be specified into 3 categories. You know in the villages when you mention traditional healers, they take it the other way around. They expand the term, so I was requesting you to separate traditional healers from herbalists and birth attendants so that people can find it easier to understand that term and some will say "Ah, so and so is a herbalist" not meaning a traditional healer. Very many people in the villages call us traditional healers
M: They call you traditional healers
P4: I wanted to widen it for you. That's how villagers take it. When you are writing on your forms you should separate them. Traditional healers/herbalists/birth attendants. If you want to know their views, you invite them according to those three divisions.
NT: (interjects) Now we have understood you. All people who don't use modern drugs are all termed as traditional healers,
P4: um for us we understand it but others didn't
NT: Now, others didn't understand it
P4: Yes
NT: But that's how it's supposed to be termed
P4: For us we understood that term, but others in the village didn't understand it. They thought that the seminar was meant to be for traditional healers/witchdoctors. So that's why we are advising each other, incase there's another seminar, you must separate traditional healers from witchdoctors and birth attendants
NT: Ok, we will do it that way
P4: Eh, you should always do it that way
NT: Okay, that's good
P4: Um, even when someone knows me from the village, he/she says that "so and so does this and that"
NT: Is there anyone with a question
P?: I want to continue explaining on that issue. We have nurse and midwives, we want the term traditional healer to be separated like that, because there are nurses who treat patients and there are midwives, so when you mention the term traditional healer, it spoils

or tarnishes the image of all birth attendants, herbalists, we are all term as witch doctors. We want you to separate us from traditional healers, birth attendants and herbalists.
NT: No 2
P2: Us villagers when you say the word traditional healer we develop so much fear. When they find us on the way walking and they refer to us as traditional healer from a certain village, we fear that term so much. In our villages they call us trained birth attendants who were educated, we don't collaborate with traditional healers and we don't have anything to do with them. They cal us birth attendants and they refer patients to us. "Go to a birth attendant for antenatal services, don't you know where she stays". They don't call us traditional healers. When you come to the village looking for a traditional healer instead of a birth attendant you can get confused/lost because they call us birth attendants, not traditional healers. If you ask for a birth attendant, they can show me to you so fast. We fear being called traditional healers, some of us are faith healers, charismatic members, um
P4: That's how villagers take it, because we have a different understanding of ideas/views. But you wanted to shorten the term since it has been termed like that from the past. But now days people term it in their own way. A sin is always a sin.
P5: Even when someone meets us they say "traditional healer can't you give me some herb"
P4: Even when we were coming here people didn't know where we were going
P5: Someone take you aside and asks you for herbs.

Appendix 20-Female Healer Focus Group
Kabarole District

Noise in the background
M: We welcome you all again for coming.
P(all): Thanks for appreciating
M: We want to know you as herbalists, traditional doctors who use herbs, can you allow to work with modern doctors in treating HIV/AIDS, that's the main reason, we want to know whether modern medicine can be combined with traditional medicine to help treat HIV/AIDS patients that the main reason for this study and the researcher you see moving out is called Janis from the University of Canada
P: ummm
M: And she was given permission from Uganda National Council for Science and technology to come and conduct her survey from Kabarole district. Now, another issue is about tape recorders you see lighting, which record voices but the main reason is
P: ummm
M: we want to know what we have as you see the person writing, working on the data is different and we don't have the same thinking, after we have finished the discussion and got your ideas
P: ummmm
M: we shall use the recorders to help up write down you feedback but the recorders do not have any problem because we record voices, what we have written and discussed will be amongst ourselves
P: ummmm
M: we shall not disclose any information for example discussing what so and so has said here or any other thing, us talking outside. N, that's the main reason as to why we request you to be recorded before we begin the discussion. Incase you hear any information we have discussed outside the group, you have permission to report us, because we promised you to keep your secrets, but we disclosed them, there you will be entitled to report us. That's why we requested you to allow us record your voices, then whoever wants to go for a short call can go before we begin. As you have numbers, when I ask a question one participant should answer at a time because the recorders can't record two voices at a go. It records one voice at a time. Yes, when I ask a certain participant to answer a question she answers it then the rest add on what she had said
P: ummm
M: Another issue is about respect, if someone says something and maybe it hurts or annoys you, it doesn't mean you insult her or maybe tell her that her answer is wrong. We all have important ideas. Yes, you wait for a participant to give her views then you either add or subtract on what she has said.
P: ummmm
M: Yes, then another issue is about your phones. Put them in silence because it might ring and distract our work, we might not hear what someone is aying
P: ummmm (silence for ~2 sec)
M: So prepare yourselves whoever wants to go for a short call should do so and we begin. If you have not heard the question very well, you beg my pardon and I repeat for you the question (10 sec)
P10: meaning that each one of us should talk about herself, the way she does her work
M: Yes, that will be the first question

P10: ummm
M: Yes, each one will talk about her work and where she does it from
P: ummm
M: But let's first wait for other participants who have gone for a short call then we begin (6 min)
Participant came in late and greeted other participants
M: Thanks for coming, mummy
P7: okay, mmmmm
M: now mummy, you found when I had finished explaining to other people
P: ummm
M we want your phone to be in silence
P: ummm
M: then I told them the importance of the study and why we have called you
P7: should I keep the phone?
P interjects: You switch it off
P7: I don't know how to switch it off
M: We want to know traditional doctors
P interjects: I take any type of soda, I've no problem (XXXX some voices)
M: Mummy, where's your identification card?
P7: It's here
M: Put it one (participants discussing in a low voice)
M: we want to know, if they combine your traditional medicine with modern medicine, can they help in treating HIV/AIDS, that's the main reason for this research/survey
P7: Ummm, now my herbs
M: No, I've not yet started asking you the questions but I want to explain to you what I had told the other participants who came before you
P: ummm (3 sec)
M: I think you have completed everything as I had told you
P: ummmm
M: you have understood the main topic, who is carrying out this research, the main ideas we are looking for. I've already told you all that
P: ummmm
M: We shall begin with the first question. We want to know which part of Kabarole District each one of you does er work. Shall follow the order and each one should tell us which part of Kabarole district she works in, only the place, let each one of you tell us. Let's start with no. 6 to tell us which part of Kabarole district she works from
P1 interjects: I've a question, let's start with prayers
M: We begin with prayers?
P: yes
M: Ok, there's no problem, Abwooli P1 lead us in prayers
P1: participant 9 will help me lead prayers
M: Ok
P1: umm
P9: Let's stand up and pray
All stand for prayers, takes about 2 minutes

M: thanks no. 9 for having led prayers, thank you so much. As I had told you before, we want each one of you to tell us which part of Kabarole District she does her work of herbalism. Let's start with no. 6
P6: I stay in Bulyanyenje, that's where I work from
M: no. 3
P3: I stay in Kitumba
M: no. 9
P9: I stay in Kagote
M: no 1
P1: stays in Harubaho
M: no. 8
P8: stays in Bukwali
M: no. 4
P4: Bukwali
M: no. 2
P2: Rugendabara
M: speak up
P2: Rugendabara
M: no. 10
P10: Mpinga Nyantaboma
M: no. 7
P7: Harugongo
M: Harugongo
P7: ummmm
M: (coughs) We want to know, you have told us where you work from, we want to know what type of healer are you and tell us what type of hear are you? (silence) are you understanding me?
P: few reply yes
M: ummm
M: no. 7, what type of healer are you?
P7: I?
M: yes
P7: I heal patients who have long menstrual cycles (pains)
M: You cure Akaharo (get English name)
P7: Yes, when a patient is great menstrual pains I give herbs and after having she conceives
M: Umm, when you give a patient herbs and she conceives, what's the difference between you and a traditional healer?
P7: I am a herbalist (uses only herbs to cure patients)
M: Ummm, you are herbalist? What do others do? Do they use witchcraft?
P7: I don't know about those who use witchcraft, if they are there I don't know (laughter)
M: What of no. 10, tell us the way I am asking, if you feel you can't manage answering the question, you leave it because you might feel shy and think that you are being questioned like pupils in a class.
P: No

Appendix 20-Female Healer Focus Group
Kabarole District

M: Now, no. 10, tell us what type of healer are you?
P10: I am a birth attendant as a healer, I help women deliver naturally but I don't help women deliver by giving herbs. But I wait for the expectant mothers' labour pains to begin then I time here and understand the position of the fetus where it's likely to cause hardships then I wear gloves and put the fetus to help it be delivered. In addition, I have other herbs for boiling which cure whooping cough, strong menstrual pains and sneezing herbs which cure headache, menstrual pains and menstrual over-bleeding
M: which means you are both a birth attendant and herbalist?
P10: yes
M: You do both jobs
P10: yes, I do both
M: What of no. 2, what type of healer are you?
P2: I am a healer, if an expectant mother gets a miscarriage at 4 months, I cure her and she deliver again, when a child has worms, I cure her/him I lets say even if someone has whooping cough I can also cure him/her and even when a patient has a swollen stomach with difficulties in passing out feces I give herbs and hi/her system normalizes
M: Which means you are only a herbalist
P2: Yes
M: Ummm no. 4 what type of healer are you?
P4: (silence) I am a birth attendant and herbalist
M: Ummm, that's all?
P4: (nods head)
M: no. 8, what type of healer are you?
P8: I am a birth attendant and herbalist
M: no. 1
P1: I am a herbalist
M: no. 9
P9: I also treat patients with malaria, cough, all disease I help them by giving them my herbs and they are treated
M: What of no. 3, what type of healer are you?
P3: I am also a herbalist I always treat a patient the way he/she has comes in it depends on the disease he/she comes with, I give treatment
M: Ummm. . .what about no. 6
P6: I am also a herbalist
M: You are just a herbalist
P6: Yes, even syphilis, XXXXX, malaria and cough
M: Now we want to know how you see HIV/AIDS treatment in your villages, the diease do you recognize positive patients so fast, or do patients hide themselves or do they still fear being known or maybe they are much willing to get HIV/AIDS treatment, that's what I want to know. Have you understood?
P: yes
M: eh, we want to know, you personally, how do you see HIV treatment in your village, do people still have stigma for fear of being known or patients are willing to get treatment let's say if they make on outreach in your village are patients much willing to get HIV treatment

M: No 8, you as an individual, how do you see HIV treatment in your village, tell me how HIV treatment is, if people still have stigma or not, and if people are willing to get that treatment?
P10: People still have stigma, but depending on those who are really sick he/she is the one who goes to the government hospitals to get treatment. Only those who are very sick with HIV/AIDS but others like us who are still healthy and not ill, let's say a husband and wife going to the hospital for HIV/AIDS testing, most people still have stigma, they cannot go there but when the treatment is available only patients who are very sick allow to go for that treatment
M: Ummmm. According to you, do you see many HIV/AIDS patients in your village? Do you recognize them easily?
P10: It's hard to recognize AIDS victims
M: It's hard
P10: Yes, it's hard to recognize the except for those who are very ill, they are the only ones you can recognize or maybe he/she went for HIV testing and she comes to us with the medical form, that's when you know whether she's positive or negative
M: According to you, are patients much willing to get treatment or not?
P10: patients are willing to go for treatment only if they are tested
M: If it's available
P10: and know their status, that's when they can allow to get HIV treatment
M: No. 6, what do you have to say on that question?
P6: patients in our village need HIV treatment except they don't have
M: Speak up mummy, so that the tape recorder can record
P6: Patients in our village need HIV treatment buy they don't have people to help them get that treatment
M: But they're willing to get treatment but there's no one to help them
P6: Yes
P6: you find some people fearing to go to the hospital but when you approach him or her, they're many I have helped give advice, after you find them going to hospitals for testing
M: Do you recognize those people as HIV/AIDS victims?
P6: I just tell them that this and that is like this -----
M: Is it hard or easy to recognize them?
P6: Yes, it's hard to recognize them
M: Ummm
P6: But if I suspect the person to be infected and I go to him/her, she/he trusts me
M: Do you think people still have stigma or not?
P6: In our village people don't have stigma, except most of thm are willing, but some people keep promising for example one person might promise to visit the hospital next week another one the following week, they keep postponing but when you go to such a person and the treatment is available she/he goes for it
M: No 1, what do you have to say on that?
P1: Some people still have stigma, while others go for testing and get treatment (silence)
M: How do you see AIDS treatment in your village? Are most patients getting treatment or not?
P1: most of them get treatment

M: Most of them get treatment?
P1: Ummm, yes
M: What of no. 9, how do you see it?
P9: Where I come from I don't know or maybe is it because they stay in urban centers. They don't have stigma at all, and the moment you suspect a certain person having symptoms of HIV/AIDS you visit her and then you counsel him/her, she/he tells you the truth
M: Now how do you see HIV/AIDS treatment in the village?
P9: The treatment in the village?
M: Yes
P9: People need the treatment
M: Do you see patients getting that treatment very well or not?
P9: Patients get treatment
M: They are much willing to get treatment?
P9: Yes, they are willing
M: There's no fear?
P9: No
M: What of no. 3, mummy what do you have to say on that?
P3: Some people still have fear whereas others don't because it reaches a time we might be together and no one discloses her status to the other, but you find he/she is on treatment till you get to know it yourself or maybe she/he has a problem then discloses her status and the time she's spent on the drugs
M: Are patients willing to get treatment or not?
P3: They're willing to get treatment because it has helped them extend their life span
M: No. 4, do you have anything to add on what others have discussed?
P4: In our village, people still have fear, when you realize someone is positive and you advise him/her to go for testing and get treatment, he/she abuses you
M: Which means people still have stigma?
P4: yes
M: how do you see AIDS treatment, is it better or worse?
P4: Now days when a patient is very ill and goes to the hospital, they take his/her blood sample and tell him/her her status, that's when he/she allows to get drugs but before he falls sick he/she cannot allow to get treatment
M: Ummmm. No. 2, tell us something
P2: Treatment is needed in the village but you find people still have fear. When it reaches a time and you find out that a certain person is HIV positive, that's when he/she tells you "Ahh, I got infected a long time ago and I am on treatment"
M: interject Treatment
P2: Treatment
M: How do you see treatment?
P2: interject Treatment is needed in the villages
M: Needed in the villages, which means there's no HIV/AIDS treatment in the villages?
P2: No, it is not available
M: No available
P2: Yes, ummm

M: Aunt no. 10 , what do you have to tell us, how is the treatment?
P10: Treatment in the village?
M: Ummm
P10: Treatment in the village. Many people still hide themselves, but you find them on treatment after being tested, then others after getting drugs, they fail to tell their wives, the whole truth after sometime and her husband falls sick, they end up starting a quarrel just because the husband failed to disclose his status to her and went ahead to get treatment without telling her for fear of scaring his wife
M: Do people still have fear?
P10: People no longer have much fear, umm, they no longer fear, many people from different areas in our village visit hospitals for HIV testing, you find them lining to get their drugs
M: Do you have anything to add on No. 7?
P7: Yes, I have something to add on
M: Ummm
P7: In our village, most people in Kanyemwogoda have tested and started treatment but we cannot recognize them, and when they are advising us, they tell us to go for blood testing and know our status. I personally have an HIV/AIDS patient I am taking care of, my daughter is HIV positive
M: can you recognize a HIV patient easily or maybe he/she has symptoms
P7: I can tell
M: You can recognize a HIV positive patient easily?
P7: yes
M: If you look at me now, can you recognize me as an AIDS victim?
P7: I can recognize you but all the HIV/AIDS symptoms are many event he uterus or herpes zoster are one of the symptoms there's also herpes zoster of old days the time I was born I found that type of herpes zoster
M: Now people in your village, are they willing to get HIV/AIDS treatment?
P7: All the people I've seen go for HIV/AIDS treatment but they don't tell us though they get treatment because they tell us "Aaah, stay redundant, if you take your HIV patient for drugs she/he can improve on her health"
M: laughs, which means such people go for treatment.
M: Eee, which means they're willing to go for treatment
P7: Yes, and there's a time they supplied drugs in our village last year. A vehicle passed through the village supplying drugs even people we never suspected to be HIV/AIDS victims were being given drugs
M: Umm, my other question is, I want to know as you have realized a change in HIV/AIDS treatment in hospitals, has there been a positive or negative change, do patiets get problems in treatment from hospitals or? I want each one of you to tell me her idea. What do you think of AIDS treatment in the hospitals? If you If you have seen a positive change you tell me and if you have seen a negative change, you tell me also
M: No. 1, tell me have you seen a positive or negative change in AIDS treatments in the hospitals, what do you think on AIDS treatment in hospitals, like Buhinga, Virirka, not our herbalists' hospitals

P1: Ummm. There are those who get treatment and it works for htem and there are others who get treatment which gives them side effects.
M: How does the treatment affect the patient? I wan to know whether the change in patients is positive or negative
P1: There's a positive chane
M: You see a positive change in patients who get treatment
P1: Yes
M: Which means you see AIDS treatment has improved
P1: Yes
M: According to you
P1: Yes
M: Eeeh, no. 10, how do you see AIDS treatment in hospitals?
P10: I see the treatment is doing well in hospitals, and if the patient follows instructions when using drugs before the virus multiplies the drugs extends his/her life span and a patient spends many more years and if a patient decides to give birth they stop her from breast feeding the baby she can breastfeed it like for only 3 months or 4 but you find the baby has grown up very healthy an the lady can even produce 3 more children without breast feeding them
M: Now patients aren't getting any difficulties in the treatment?
P10: Those patients?
M: Yes
P10: No, there's no problem in the treatment
M: No problem
P10: yes
M: No. 7, do you say also that there's no problem in the treatment?
P7: Yes, those who take HIV/AIDS tablets are doing well, I personally went for HIV testing and I was found negative, but was told to go back 3 times since I had a husband. Those who were very sick and went for treatment are now doing well and look healthier than me; they look more younger and beautiful.
M: Laughter
P7: One person I was seeing very thin, now she's fat and beautiful after getting the treatment
M: No. 4, what do you think of AIDS treatment in hospitals?
P4: I see treatment doing very well because those who get treatment are better, expectant mothers are advised not to breastfeed their new born babies and the children grow up well when used to cow's milk
M: No. 8, what do you have to say Aunt?
P8: I see treatment as something good because there's a lady in our village who was sick but now she's doing well, she went to Buhinga hospital for treatment but now she's healthy. She had fallen sick, she's healthy now
M: She's doing well
P8: Ummm
M: No. 2, tell me how do you see

P2: The treatment is good because you find a patient who is very sick after getting HIV treatment he/she becomes healthy again and starts dong his/her daily activities planning for his children, and the children grow up very well
M: You see that patients aren't getting problems in treatment
P2: Yes, they aren't getting any problems
M: You see the treatment is doing well
P2: Yes, the treatment is perfect
M: What of no. 6, do you have any supplement
P6: No, I don't have
M: You don't have?
P6: Yes
M: What of no. 3?
P3: I see the treatment is doing well, but it needs a patient to begin treatment when his/her CD4 count is strong or antibodies but if he/she starts treatment when the antibodies are weak, a patient finds it hard to respond to the treatment and those who start treatment early respond to the treatment so fast.
M: No. 9, what do you have to say on that mummy?
P9: We have found out that the treatment is good and helpful to patients but in the villages if a patient realizes that he/she needs herbs, when he/she uses them they can also help. In general, when patients go to hospitals for treatment they recover so very and do their daily activities as usual.
M: Do you have--- You've said the herbs patients take, how do you compare the treatment you give to your patients with that they get from hospitals especially HIV patients?
P9: According to me, HIV/AIDS patients, the herbs we learnt, even if a patient is using drugs from the hospitals, and you give that patient herbs at home in powder form, then she/he drinks it in warm water, you find that herb being helpful to him/her by adding on energy
M: laughs. Have you ever treated AIDS patients?
P9: yes, even now days I have patients I am treating
M: Yes, you as an individual, how do you see your treatment
P9: My treatment is doing well for those patients because they keep asking me for the herbs with that you come to know that your herbs have helped a certain patient
M: Now what's the difference between the treatment you give patients and that of other hospitals
P9: The difference
M: Yes
P9: I don't see a great difference, because in hospitals they offer treatment to patients who get cured, whereas I also do the same and the patient cures
M: Interject you also treat
P: Ummm
M: No, you might say that your treatment is stronger than theirs
P9: My herbs
M: Yes

P9: My herbs aren't so strong except they increase antibodies in HIV/AIDS patients jst incase a patient has few antibodies
M: Now you don't see any difference
P9: you see the difference when a patient looks healthy
M: I want t see the difference you as a herbalist, the way you give treatment to patients with that treatment patients get from hospitals when they go for tablets
P9: There I cannot understand it, because the patients I have now days no longer visit hospitals
M: You offer them treatment
P9: You find when I go back home, patients leave chits written on herbs they would like me to give them, they say "prepare for us such and such herbs, we aren't going to the hospital" when their herbs are over they again send for more powdered herbs which means my herbs are important
M: Eeeh, do you see your treatment as doing well or bad?
P9: Very well, because I've not seen any of my patients complaining that my herb has had any bad side effect on them
M: Now you have a right to say that your treatment is strong because patients no longer go to hospitals (laughter)
P9: yes, because if patients no longer visit hospitals, I am confident that my herbs work
M: Ahh
P9: Umm
M: laughs. Is there anyone who treats AIDS patients or there's no one
P: We are there
M: You are there
P7 interjects: I also treat my AIDS patient at home and other patients who come to me like patients having diarrhea in most case who with diarrhea, vomiting
M: How do you see your treatment compared to that from hospitals?
P7: It also helps
M: They also help
P7: Ummmm, because when a patient is having diarrhea and almost get dehydrated, you boil for him/her herbs, ah, or I get other herbs squeeze them in boiled water and give a patient
M: What's the difference between the way you treat your patients with that from the hospital?
P7: The treatment is there, according to me I treat only patients with diarrhea, but others—
M: Is there any difference?
P7: If a patient is having diarrhea and I give herbs which cure him/her I see a change
M: Now
P7: interjects Because he/she will be taking tablets that's why I can't tell whether it's my herb or tablets which have cured her
M: You don't see any difference? Or you think your herbs cure so fast or treatment from the hospital?
P7: interject No, my herbs cure so fast, reason being a patient will be taking tablets and

he/she diarrhoeates. Instead of going to Buhinga hospital for diarrhea treatment, I giv to her/him and he/she stops diarrhoeating
M: No. 10, do you have anything to say on that?
P10: On AIDS treatment?
M: Yes
P10: I only know herbs for blood increasement if a patient is weak if a patient doesn't have enough blood
M: Umm, that's the only herb/treatment you know of?
P10: Yes
M: Now that drug you know of blood increasment, and the treatment patients get from government hospitals, what difference do you see there?
P10: There's a difference because in each and everything there's a change, umm, I recognize a sick patient an know that he/she doesn't have enough blood then I begin boiling for the patient my herb, he/she takes it like for a week. If find if she's having a hear attack it helps cure that and fainting plus becoming weak
M: Now, do you have to say that there's a big difference because your herbs cure diseases so fast?
P10: There's a difference because my herbs work as nutritional booster let's say patients without enough blood nutrients or feeling dizzy because if a patient doesn't have enough blood automatically the nutrients will be low thus a patient gets dizziness
M: Who else has a suggestion?
P2:To me, if a patient is HIV positive, and pregnant, I give her herbs, she becomes find and delivers her baby who is healthy there after she comes to me explaining how good my herbs are because they helped her. She says "I went for HIV testing and feared taking tablets, but your herbs have helped me"
M: What difference do you notice, are your herbs more strong?
P2: interjects. Yes, my herbs are more strong
M: It's stronger than modern medication
P2: Aaaah
M: Eeeh. Laughs. Is there anyone with an idea? Eeh, no. 3?
P3: What I was saying, our traditional herbs are very strong, the herbs are like food, sauce, there's a person I know of who was tested and found positive, but he saw someone who was on drugs but the drugs had side effects on him, he decided not to go for the drugs but he started using herbs for some time even up to now he has never gone for ARVs but he looks healthy
M: Now you say that your herbs are very strong
P3: Yes, they are very strong
M: laughs Because he has mentioned his health, it cures so fast
P3: Yes
M: Because modern drugs bring side effects to patients
P3: Yes, because when he/she started went for HIV testing he was feeling stomach ache, headache and other signs after offering our treatment the patient became so fine without having any disturbances but she/he has not yet gone back to the hospital for CD4 count or
M: No. 6, you had something to say?
P6: I want to add on what others have said, traditional herbs really work, because I had

my father though he died, even if he died it's not that the drugs helped him a lot because he had diarrhea but when we gave him the herbs, the diarrhea stopped, even herbs for blood increasement used to help him regain his strength after taking them. He had a negative reaction on ARVs after swallowing them, he would vomit thm out but the little time he spent on earth was due to the herbs he was taking
M: What difference do you see in your traditional herbs and going to the hospital to be put on a drip of food?
P6: Traditional herb is better than the modern one, because if a patient has dizziness it helps cure him faster than modern treatment which is slow to heal a patient
P: Ummmmmm
M: Is there anyone with an idea? Now, I want to question you no. 9, you said that you have patients you are giving treatment and they don't visit hospitals
P9: Ummm
M: Can you support your patients to seek treatment from other hospitals?
P9: Giving a patient advice?
M: Yes, like the patient you are giving herbs can you advise them to seek treatment from other hospitals, or
P9: How can I advise them to go to hospitals when they don't have difficulties in my herbs? Or I've failed to treat them? If I see I can't really treat that patient, I advise them to go to the hospital.
M: If you fail to treat the patient?
P9: Yes
M: What can stop you from referring your patient to hospital?
P9: what can stop me?
M: Yes
P9: If I treat a patient and he/she becomes well/recovers, why should I send him/her to the hospital?
M: Aah, this one had told me that there's a patient she had given treatment, can you support that patient to seek treatment from other hospitals?
P2: If I have given a patient my herbs and he/she recovers so well, what reason would force me to refer him/her to hospital?
M: Which means you can't refer a patient to the hospital?
P2: Aaah (M laughs), my herbs haven't had any side effect on the patient (laughter)
M: Others said ----- no. 8 if you had a patient you are giving treatment using herbs, can you send such patient to get treatment from other hospitals?
P8: Yes, I refer him/her to hospital most especially going for HIV/AIDS testing because you can't recognize most HIV/AIDS patients whether they're positive or negative but when you're offering treatment, especially expectant mothers, she has to first know her HIV status. If she's positive, she has to first go for HIV testing and she brings you the results.
M: (coughs) then you come to know whether she's positive or negative and you give her advice to visit the hospital for treatment? You cannot treat such a patient yourself?
P8: No, I cannot treat such a patient
M: You cannot manage her?
P8: This disease is uncontrollable/unmanageable

M: Ummmm
P8: Ummmm, you cannot treat her, ummm
M: No. 10, do you have any HIV patient you've ever given treatment?
P10: I had HIV/AIDS patients at my home, they were my relatives. When they got first symptoms like herpes zoster, there's a herb I mix with black salt and smear them, this helps cure herpes zoster, then there's another herb I know of, you know HIV/AIDS has many symptoms, if a patient has boils, the whole skin if affected, I give my herb and the patient's skin clear, even when a patient has diarrhea and stomach ache, I give herbs and he/she stops diarrhoeing
M: I was asking, can you send such a patient to go for HIV treatment in other hospitals?
P10: But---- yes I can
M: In which condition?
P10: In referring her, if I've given the patient treatment and her boils have reduced, stomach ache is no long a threat, I can send her to the hospital so that she can get tablets to add on the treatment she's been given before and boost her energy
M: But you can't send a patient to the hospital if she/he is doing well?
P10: Yes, if a patient is healthy, I can't refer him/her to hospital?
M: Why, for example
P10: What?
M: Why
P10: Ummm---- It depends on the patient's condition
M: Do you think you can treat that patient by yourself?
P10: Ummm
M: Is someone else having a different idea? Can you send a patient to the hospital to get HIV treatment?
P7: I can send a patient to hospital because if I am to give him/her my herbs I should be knowing what disease I am treating
M: In what condition do you send a patient to the hospital?
P7: If a patient is sick but before he/she falls sick she/he can't allow to visit the hospital, she/he refuses
M: But if you have herbs to treat the patient
P7: I personally sent my own relative to hospital because I was treating different symptoms coming at different times, you treat one symptoms, after sometime the same symptoms appears again, you decide to refer him/her to hospital, even for other patients you try to convince them if the disease persists most especially us the herbalists who give them herbs you tell them that "I've given you enough herbs, go for blood check up instead of becoming more weak, go to hospital for check up". Such a patient goes to hospital and brings you the report that "Aaah, what you told me was right, I was tested positive"
M: You be treating a patient without knowing that he/she is positive?
P7: Yes, but according to me. I advise such a patient to visit the hospital because he/she would be tarnishing your name, you treat a patient who doesn't get cured (laughter)
M: And you will be taking her money for nothing

P7: Yes, because when you treat diarrhea and it cures, boils show up after, boils cure, another symptom comes out here are others who get symptoms but hey aren't HIV positive
M: If you don't send such a patient to hospital, and you are with her/him at home, what stops you t send that patient to hospital?
P7: At home? He/she abused you, he/she says that "don't force me to go for check up, it's someone's willingness to do so"
M: The insults scare me and I say "it shouldn't start with me" (laughter)
P7: I put in much effort and the patient goes to the hospital
M: Ummm, now Abwooli, no. 1, if you had a patient you were giving herbs, would you send such a patient to go and get treatment from other hospitals?
P1: Yes, I can send the patients to hospitals
M: In which condition do you send that patient?
P1: silence. Now in the village, we get two types of patients, there are patients who come after testing and found positive, eeh, you know most people advise each other, he tells his/her colleague that herbs treat another one says, what we are seeing also, modern drugs have helped and worked for patients. Now we were also educated about herbs when you get a HIV positive patient, he/she explains to you her condition/problem, let's say HIV patients we have different herbs to treat them
M: You have the herbs, I want you to tell me, if you were to refer a patient to hospital, in which condition do you send him/her, or why wouldn't you refer that patient to hospital?
P11: No, it's a must, I have to send the patient to hospital
M: Why do you refer a patient to hospital? To get drugs, or?
P1: Yes, to get drugs
M: (laughs) What of the herbs you've been giving?
P1: silence. The herbs I be giving the patient?
M: Yes
P1: there are HIV patients who come to me, when they're very weak
M: interjects You find that you cannot treat him/her in bad condition
P1: Yes, I refer such patient to the hospital and if
M: interject you fear the patient dying from your home? (laughs)
P1: Eeeh, no, before we reach that state, you cannot allow a patient to be brought to me when he/she is badly off, I cannot even accept his/her care takers to bring such a patient to me Patient comes while walking and not in a bad condition, you find a patient talking to me and there I am even likely to help him/her but I have to send the patient to hospital to get drugs
M: There you have to send hm/her to hospital to get drugs. But if you were giving that patient your herbs, and he/she is improving, would you still send him/her to hospital/
P1: No, I stay with the patient and treat him/her
M: interjects You leave referring the patient to hospital, and you say "If it means dying with the patient I will do so, but still you treat her"
P1: You know, you want to prove whether the treatment you have given the patient has really worked for him/her or not
M: interject you prove

P1: Yes, they've taught me how to use a certain herb, incase I get a patient with diarrhea, vomiting or having dizziness and I was shown a certain herb which can cure that patient, now others are told to be put on IV fluids, but you were taught that incase you get a patient having HIV who is dehydrated, we were instructed to boil a certain herb and give a patient according to an instructed dosage, you find such a patient recovering so fast, Have you understood me?
M: Yes, I've understood you. Now, you will be treating that patient?
P1: interjects You find a patient recovering from dizziness, regaining her appetite there after, if a patient has boils, they taught us how to treat a patient with boils or diarrhoeating, and there are some people with skin rash, they tell us that they have used all drugs/treatment but they've not recovered but our soap has helped them
M: Your soap really works, I proved it (laughs)
P1: If you follow instructions on how to make herbal soap, it's a must the patient has to recover. Ummm
M: Now, the way you are here, ether are some of you who have worked with doctors, nurses, or you went for a healthy seminar and you were given drugs to distribute in your village, I want to know the problems you encountered while working with health workers, or eeh, is there anyone who has ever worked with healthy workers like doctors or nurses? I want t know the experience, what you went through, or there's no one who has ever worked with health workers. (1)
P1: I am one of them
M: eeeh, what's your experience?
P1: I've ever worked in a hospital
M: Ummmm . . .what was your experience/problems encountered?
P1: Like which problems?
M: Or maybe you encountered some problems and decided to quit, or
P1: aaa, I was retired because of age
M: interjects because of age difference
P1: Yes
M: But you never had any problems with health workers
P1: No, I didn't encounter any problem
M: They were nice people and cooperative?
P1: So much
M: Is there someone else who has ever worked with health workers?
P3: Yes
M: No. 3
P3: I've ever worked with them
M: What problems did you encounter?
P3: By that time I had completed my S.A. and was in vacation. I used to inject and dispense drugs to patients but I never encountered any problem till I left and started doing my own work
M: I mean maybe if one of you has ever talked to health workers when you go to get treatment in hospitals, I want to know the hardships you find while discussing with them
P3: We always converse with them. I even have friends who are nurses and work on HIV patients but they always tell me that if a patient is on ARVs he or she isn't allowed to use

herbs but according to the research I have made, they tell us that herbs are stronger than modern medicine but the nurses always tell patients "aah, your HIV treatment will not work for you if you mix it with traditional herbs". I have found out that it's all because if a patient takes ARVs and doesn't use local herbs to give him/her energy thus boosting his/her nutritional status and increasing her antibodies, you find with time he/she fails to continue taking ARVs alone
M: What problem have you sighted? They decampaign your herbs?
P3: What?
M: Are they decampaigning your herbs, they decampaign your herbs
P3: It seems they are discouraging us from taking herbs which can boost our immunity/health because you find a patient on ARVs but he/she has lost it completely and if she continues taking ARVs they make a patient more weak because she/he won't be eating yet a patient is supposed to be eating. If you give such a patient herbs for appetite and she/he regains it, you find a patient is doing very well.
M: Is there anyone who has ever talked to doctors in hospitals or has ever got any problem with them?
P2: There's no one.
M: There's no one? OK, let's proceed with the next question. Generally, how do you see the relationship between modern doctors and you the herbalists. Do you think you should work together with modern doctors, do you view it as a good idea to work with them? If it's a bad idea, you tell me and if it's a good idea tell me also, have you understood the question?
P: Yes
M: eeeh, I want you to tell me generally how do you see your collaboration, you as herbalists with that of modern doctors. Is it good or bad? If it's good to collaborate, tell me the reasons, or because of such and such reasons we should work separately. No. 89, I want to tell me you as a herbalist what do you think of your collaboration with doctors or nurses, are you supposed to work hand in hand or not
P8: I see it as a good/ brilliant idea because I am so scared of HIV/AIDS. We as herbalists cannot afford to treat HIV/AIDS much as they introduced ARVs I think we should collaborate and work with modern doctors so that they can maybe help us, if possible they educate us on ARVs and give them t us so that we be supplying them in our villages. I personally look at it as important idea.
M: Yes, umm. . .because they will be educating you and at the same time learning/getting other ideas from you
P8: Yes. Ummmm
M: No. 4 what do you have to say?
I see the idea as being vital to us because where we fail I get problems modern doctors intervene and give us ideas while we as herbalists give them ideas on our herb
M: No. 2, what do you have to say on the question?
P2: I see collaborating with modern doctors is good. They add knowledge on what we know and vice versa. With that the treatment becomes perfect, our herbs and theirs combined so that we see the results.
M: No. 10, do you want to collaborate with modern doctors or not?
P2: interjects aaaah, we should work together

M: laughs
P10: Eeeeh I want us to work together, so that we advise each other we research, as you said that each one of us should boil her herbs we share ideas and thoughts so that we work together in our country because the country is perishing. It's good we collaborate.
P7: I don't disagree with them
M: You don't disagree with them
P7: Yes, ummm
M: What they've said is what you want to support also?
P7: Yes
M: What of no. 6?
P6: That's it
M: No. 3
P3: We should collaborate because there are times we get difficulties in giving treatment, so tis good to work with them because a patient can go to the hospital for HIV testing but a herbalist can treat a patient without knowing his/her status. But after a patient going to the hospital and being tested then he/she is told what he's suffering from, there you will be knowing what type of disease was diagnosed though you haven't tested it but he/she has been diagnosed from the hospital, then you give treatment with that you will collaborating with modern doctors.
M: Now you see it's good to collaborate
P3: Yes, and others agree
M: No. 9, do you agree with that?
P9: Collaboration wouldn't be denied because I personally support it. When I herbalist, fails to treat a certain disease, another doctor helps treat that disease, a collaboration should be there
M: It's good for you to collaborate
P9: Yes
M: Why do you think so?
P9: You find situations where by herbalists fail to treat certain diseases and modern doctors help treat them
M: They're diseases you fail to treat while doctors can treat them
P9: Yes
M: Abwooli, No. 1, what do you have to say. Are you supposed to work with modern doctors, or not?
P1: We should work together
M: Why?
P1: they're times we get difficulties
M: ummmm (machine in background), coughs. Now you have come from different villages, there are those having ARV programs isn't it? Is there anyone having ARV programs in your village?
P: All say no.
M: No, now if they are to introduce ARV programs in your village, you personally, or all of you, would you offer support for these programs, or (silence)
P: (few reply, we support them)

M: You all support the programs?
P: (Few reply) yes
M: Incase they introduce ARV program in your villages, yourselves may be because you have no knowledge on such programs. You all support the programs?
P: (All) yes
M: Eeeeh, which means you support the programs
P9: (few) Yes
M: What of the remaining participants, can you support ARV programs?
P: Yes, we can
M: How can you support them? (silence)
P7: I've not understood the question?
M: You haven't understood the question?
P7: Yes
M: Now they say if they brought ARV program to help HIV patients in your village, they ask, would you support the program by helping or not, or maybe you demand for payment, I don't want to work for free, or maybe you fear getting infected with HIV
P7: I support them
M: interjects You support them? O you ask for payment, or you do it for free?
P7: I work voluntarily
M: Eeeh
P7: I help the world
M: Do you all work for free?
P: (few) yes, we support the program, me voluntarily
P7: interjects It's only God who will reward me
M: Sure! Laughs
P7: God isn't on earth
M: Laughs
P7: Collaboration is necessary or a must because you can be treating syphilis yet a patient is having HIV/AIDS because HIV symptoms come with different diseases and for me
M: Ummmm
P7: ummmm
M: I want to ask you, would you allow to treat HIV/AIDS using modern medicine alongside traditional herbs/treatment. (silence) I want each one of you to tell me whether she's accepting, you are all herbalists
P: Yes
M: If you allow to be given modern drugs eeeh, for example treating patients using modern medicine alongside your herbs let's say tablest, there are some herbalists who may say "No tablets might disorganize my herbs"
P: Yes
M: Incase you aren't willing to do so , you tell me how it might disorganize your work as a herbalist. Have you understood me?
P: (all) Ye
M: Eeeh, has everyone understood?
P: (all) yes

M: I want you to tell me for instance no. 6, do you allow to use modern drugs alongside your traditional herbs
P6: Yes
M: (laughs) won't it affect your work of herbalism?
P6: No
M: Eeh, what of no. 3?
P3: I allow to offer HIV/AIDS treatment to patients, but it depends on the patient advise, she/he gets form hospital. If a modern doctor counsels a patient and advises him/her not to take herbs that "when you are using modern medicine, don't take herbs because they will worsen your condition" If a patients get such advice he/she obviously fear taking herbs
M: Uhhhh
P3: Uhhhhh
M: I am saying adding/using modern drugs alongside your traditional herbs
P3: Adding on my treatment. I allow to use modern drugs alongside my traditional herbs.
M: You allow to add on your traditional treatment?
P3: Yes
M: You allow to use both treatment?
P3: Yes
M: No. 9, do you allow to add modern drugs to your traditional herbs?
P9: Yes
M: Won't it affect your work in any way? The traditional work?
P9: no
M: No. 1
P1: Me too.
M: What of number 8?
P8: I also agree
M: You agree. Won't it affect your work in any way?
P8: No
M: Eeeeh. What of no. 4
P4: I also agree with it.
M: No. 2
P2: I also agree with it
M: Won't it affect your work?
P2: interjects No it won't
M: Eeh, what of no. 10
P10: I agree with it also because when I fail to treat a patient I refer him/her to hospital this is because I am not in position to treat his/her illness
M: Which means when you are using modern drugs and traditional herbs, it doesn't affect your treatment in any way.
P10: No, ummm
M: What about mummy no. 7?
P7: Me too, all the same
M: Now you as herbalists isn't it? You are supplying traditional herbs and they brought you modern drugs to supply them isn't it? You have all allowed that it won't affect your

traditional treatment, then they tell you to supply modern drugs also. Now according to your understanding, what do you think patients would feel if they got ARVs from you than from hospitals, do you think it would be of great value to HIV patients because you are near them, or would it disturb their minds?
P2: patients
M: Uhhh, I am saying, you have all allowed to supply ARVs alongside herbs. Now patients, imagine I am a patient coming to you for ARVs, do you think it would be of great value to me or it can effect any other patient?
P7: You ask each one of us
M: Yes
P7: Are you asking each participant?
M: Eeeh, now tell me mummy
P7: no, there it would be easier even those who had stigma after realizing that the ARVs are nearer, it's a must he/she goes for HIV testing, and comes for treatment, there are others who get treatment in hiding
M: Getting treatment from you, or?
P7: Yes, you know there came Yellow XXXX, and many patients fear going there.
M: Now you think it would be of great help to them if patients got drugs from herbalists?
P7: interjects, Yes after a patient tests HIV positive, in the hospital it would be of great value to get drugs from us
M: Interjects Instead of going to the hospital
P7: Yes
M: According to your understanding,, don't you think it will disturb HIV patients?
P7: No
M: It won't disturb them, eeeh, no. 6, what do you have to say?
P6: That's how it should be because you find some patients having problems with transport to go to hospital, he/she stays in the village helplessly but when you are nearby, you give him/her the ARVs
M: Do you think this could be an important service or not?
P6: The services are important
M: Even patients might like the idea?
P6: They will like it
M: Eeeh, no. 3, what do you have to say on that?
P3: I see it can be of great value/good idea because the way we are in touch with patients who come to us for treatment after counseling such a patient to go for HIV testing, most of them tell us that they fear going to hospital, so far I've escorted like 2 patients to go for HIV testing, they were found positive and were told to go for ARVs but they feared going back for them
P7: interjects She/he fears going to the yellow ward house
P3: He/she tells you that he has found there so and so, thus being scared of people knowing her status but if it's between the 2 of you it becomes easier for him to get ARVs from you
M: Would it be of great help to a patient or?
P3: It would be of great help to a patient

M: Will patients like it just incase we introduce this system to them?
P3: interjects Yes, incase of any change on the patient he/she runs to a herbalist in his/her village then explains his/her condition or change in sickness because a herbalist will be knowing that patient better
M: He/she will be knowing his village mate?
P3: Yes
M: No. 9, what do you have to say?
P9: That's how it should have been, it's good because if the treatment is combined and HIV positive patient gets to know that a certain herbalist from the village has all ARVs, it becomes easier for him or her and he cannot avoid or fear coming to you, anytime he/she feels like coming to you, he/she does so at his own convenient time
M: can't he/she fear being known by fellow villagers?
P9: No
M: Uhhhh
P9: no, he/she can't, after knowing that a herbalist supplies drugs, he/she becomes close to you
P7: He/she can even learn you not to disclose her status
P9: interjects Eeeh, of course, do you always disclose people's secrets?
M: Interjects Instead of going to the hospital and being found there by known people who disclose their status
P9: That's what they always fear
M: Eeeh, Abwooli no. 1, what do you have to say?
P1: I am suggested the same idea, it would be better if we are trustworthy incase HIV patients come to us by not disclosing their secrets because you would b helping him/her reason being he/she refused to go to hospital for fear of being known and hence entrusted you to give him/her help. You as a herbalist, you should welcome the patient, talk to him/her well and make sure you help according to his/her issues. The most important thing is to keep his/her secrets
M: Do you think this idea is of great importance to HIV patients?
P1: Yes, it's of great value to patient
M: Will they like it or not?
P1: They will like it
M: No. 8, tell me also
P1: Interjects with that program, you might find us getting many more patients
M: Eeeeh
P8: It's good because a herbalist supplying ARVs will be near the patient
P1: interjects He/she will be near the patients and patients go to her anytime they feel like getting ARVs and the patient trusts that herbalist
M: Ummmm.
P1: Eeeh
M: No. 4, do you have anything to say?
P4: Yes. We have HIV patients in the village who fear going for ARV in hospitals because they fear being recognized by fellow villagers but if they give us ARVs to supply from the villages, it would be of great help because it's a secret between the patient and herbalist. You don't go telling other people that so and so is infected

M: You say it would of great value and they will like it
P4: Yes. Eeeeh.
M: Eeeh, what of mummy no. 2, how do you look at it?
P2: interject: It would be of great help because when you advise someone to go for HIV testing, most of them fear being known/sighted by their friends, but when he/she goes there once because the check one person at a time, he/she is given her results alone then he comes and tells the herbalists if you have the ARVs you dispense them to her and keep it a secret. Ummm, ahhh, even transport is a problem for patients who live in far villages
M: No. 10, how do you look at it?
P10: I support that idea also, that's how the arrangement should be
M: Ummm
P: Ummm
M: OK
P7: interjects That idea helps, patients may even go for HIV testing in large numbers for example. There's a time a medical vehicle came to our village looking for a certain lady who had registered from Buhinga hospital; they had brought her drugs, they searched for her in her garden, then gave her drugs. Everyone was alarmed because they never knew that she was positive, there after her husband ended up committing suicide.
M: Sorry, because the health workers came looking for the man publically.
P7: No, his wife
M: Eeeh
P7: interjects It's because the husband was a Rastafarian, (to another participant) the other man in our village, but I won't disclose him. Since it was a secret between husband and wife then the health workers came searching for his wife. It was a shame because villagers came to know their status. Health workers were asking "where is Mrs. So and so, we've brought her ARVs. Villagers confirmed it that they were registered in TASO. Ummm, the man was ashamed and decided to commit suicide.
M: Sorry
P: Talk in a loud tone
M: But if you are entrusted with ARVs to supply them in your village, a patient passes behind gates secretly to collect ARVs.
P: yes (laughter)
M: Aaah. Now, all these questions are related, but you might be having different ideas, they ask, if you're asked to work with modern doctors, you as herbalists in supplying ARVs what things do you put in mind first before you begin working with them? You as an individual, you might be having your thoughts before being given ARVs to supply them in the village and working with modern doctors/nurses, each one of you has precautions before doing anything you always think twice whether the outcomes with be positive or negative isn't it?
P: yes
M: That's what I want you to tell me. If you were askd to work with health workers in supplying ARVs, I want each one of you to tell me, what important things she would consider first before allowing to work with them. Maybe you want knowledge about them, their behaviours etc, because you cannot just allow to work with something without

knowing his/her behaviours. Have you understood me?
P: (few) yes
M: Is there anyone having a problem with the question?
P7: No difficulties, except the only problem I have is illiteracy
M: You only have a problem of being illiterate?|
P7: Only that
M: You have to first know whether the health workers need literates or not?
P7: Uhhh, that's the only issue
M: What of no. 10?
P7: interjects If I am to dispense tablets, how will I prescribe the drugs?
M: Ummm
P10: Me as no. 10, the idea I have before they entrust you with the ARVs to supply in the village, you should be having a nice cupboard to keep the drugs and they should be trusting you so that they give you the responsibility and work together in treating patients in the village
M: Now mummy, if you don't have a cupboard to keep drugs, you first tell health workers to wait till you acquire a cupboard for keeping drugs/ARVs
P10: eeeh. For keeping drugs/ARVs
M: Or if you aren't trustworthy you refuse working with them
P10: Yes, I refuse. Eeeeh, it needs when you are trustworthy, because many people were sent to our village to dispense drugs, they even give them transport plus other requirements but they were taken by unknown people and thus they never reached the intended people for example, there's a time the ministry of health sent birth attendants equipments to use while attending to expectant mothers, but we never received them
M: Who do you suspect to have taken them?
P10: You can't tell, maybe the local chairman who receives the equipment, you can't know because there are times the ministry of health sends birth attendants equipments, or maybe bicycles but they don't reach the intended people. That's another issue
P7: interjects XXXXX That's why I was suggesting that such responsibilities should be given to trustworthy people or if we collaborate with the government, they might give us cupboards because it's a health sector
M: interjects, No, I was asking you that you as an individual what do you consider before working with health workers and dispensing drugs.
P10: What I consider first
M: Yes, you as an individual, because you had suggested being trustworthy, which means if you know that you aren't trustworthy you can't allow to work with health workers
P10: If I am not trustworthy, I refuse to work with them
M: Does that stop you from working with them?
P10: Yes, it does
M: Ummmm
P10: Ummm
M: What of no. 2
P2: Me too, I don't know how to read well, but I can work with them except for cupboards which are needed. ARVs need a favourable condition, they aren't kept in cold

places, they need to be kept in nice place then being trustworthy because if you give a patient ARVs it doesn't mean that you go telling other people in the village. Aaah, that's all
P7: interjects Even getting money from patients. No, we should give drugs at a free cost
M: Now, they ask what can force you to work with health workers in dispensing drugs. Giving modern drugs to patients and working with modern doctors, what can force you to work with them?
P2: If you are obedient, trustworthy, and well behaved, if a patient comes to you just give ARVs ad keep it to yourself
M: No. 4, if you're given an opportunity to work with modern doctors in giving out drugs, what can stop you for force you to work with them
P4: Firstly, you have to know whether they are trustworthy, keeping their secrets
M: You have to first find out whether they are trustworthy
P4: Yes
M: How can you tell that they are trustworthy?
P4: You learn their behaviours while working with them (laughter). Incase you are called for seminars, there you will be interacting with health workers. Ummm, it needs you be having little knowledge on how to dispense drugs. They can put a seminar to train herbalists because it becomes difficult to dispense drugs when you don't knowledge on them. Ummm
M: Now what can stop you from working with them?
P4: Nothing can stop me.
M: What of no. 8, tell me what you think
P8: Nothing can stop me from working with modern doctors, because I trust myself in dispensing drugs besides I am ready to work with government health workers in the fight against AIDS. Ummm
M: Which means you are forced to join hands in the fight against AIDS
P8: Yes
M: What of Abwooli?
P1: I also support the idea, we should join hands
M: Ummm, what can force or stop you form working with health workers?
P1: Nothing can stop me
M: There's nothing?
P1: Yes
M: No. 3, you had said that medical workers despise your traditional herbs by stopping patients from using them thus giving them advice to use modern drugs. Can you allow to work with them or?
P3: I allow to work with them, because you find a patient who is using both modern and traditional herbs has an improvement in her health. There I allow to work with them but where I fail to work with them is in situations where they set working hours which aren't favourable to me, you can't tell
M: What of no. 6?
P6: I also allow to work with them but there are some requirements which we don't have like cupboards you know, most of us can't afford them and drugs need to be kept in

cupboards. Secondly, I am not educated but I can dispense drugs, I know some of the alphabetical letters even drugs which are supposed to be taken thrice in a day, I can tell
M: interjects You even know how to write your name
P6: Yes (laughs) such things. If you're allowed to work with modern doctors obviously you won't collaborate because your level of education is low compared to theirs.
M: No. 9, do you have anything to add on?
P9: I don't have anything to add on except I support what my friends have suggested. If you want to fight a certain disease, you combine efforts and work together in order to reduce HIV in the villages.
M: Don't you have anything which can stop you from working with them?
P9: There's nothing which can stop me
M: (laughs) there's nothing really
P: Ummmm
P7: interjects Umm, to me there's nothing except being illiterate
M: Now you've allowed to work with health workers
P: (all) ummmm
M: Even if you aren't educated maybe they can decide to teach you
P: Ummm
M: Not knowing how to write, maybe they can give you a helper as you have allowed to work with health workers. I want each one of you to tell me what good outcomes she expects to get from this program. I want you to tell me whether you expect to get good or bad results if it's no you tell me the bad outcomes you expected to get from the program (silence). Ummm (laughter) No. 8, what do you expect to gain from supplying drugs and working with health workers
P8: (silence) I get knowledge on how to prevent myself from acquiring some disease, if I am infected I should be tested and when found positive, I begin taking ARVs before my antibodies weaken
M: Ummmm. That would be the only vital benefit you expect to gain from supplying drugs as a worker
P8: eeeh
M: Umm, no. 4, what can you benefit from supplying or there's nothing important you can gain?
P4: The important benefit I expect to get, if I am given drugs and supply them to patients who become fine, I get courage to go for HIV testing and after knowing my HIV start, I begin taking ARVs. Ummm.
M: You don't see any obstacles in that?
P4: No (shakes head)
M: No. 2, which benefits do you expect to get from supplying drugs if you expect no benefits you tell me the problems you are likely to encounter
P2: There are benefits because when you supply patients with drugs they go on praising you that "so and so went for a health seminar and she's helping us supply drugs" and as an individual you can go for HIV testing then begins ARVs if you found positive.
M: you see it as being the only benefit you're likely to get
P2: Yes, that's the only benefit because you will be helping fellow citizens

M: What of no. 7, which benefit do you expect to get or if not what negative benefits do you expect to get?
P7: The benefit is helping citizens, relatives by offering services even us old women, when they test us and we are positive they give us ARVs while extending our life span to look after our children by helping them to go for HIV testing, that's a very vital idea
M: What of no. 10?
P10: The benefit is there, because "proverb" "something that comes when you are aware of, takes few things?. Meaning, if a disease comes/breaks out and you are aware of it, few people die because they will prevent themselves
M: (laughs) "something that comes when you're aware takes few things"
P10: eeeeh, it takes few things. Because we still have young children we are looking after, some are still in primary schools whereas others in secondary schools but they have to grow up knowing that virus and how it's treated, even if he's to get infected, he/she will be having knowledge on AIDS
M: Don't you foresee and negative benefits likely to be associated with that program?
P10: There are no problems
M: interjects Ummmm
P10: interjects, No one has ever allowed Death to occur to him/her
M: No.6, what benefit do you expect to get from the program, or if you don't expect any benefits, tell me also there's no problem with that
P6: The benefits are there. I personally, if I am positive/sick I will be accessing services which are nearer, even my friends won't be having difficulties because they know I am around to give them drugs, even others will grow up knowing that I can help and educate them health ways
M: Ummmm. What of no 3?
The benefit is there because if you are supplying drugs ,you can get luck incase you aren't around and your patient comes, other people help him/her. Aaah, I see there are benefits
M: No. 9, do you see any benefit you may get from the program?
P9: The benefit I get is being a professional. I will be considered a trustworthy person because they selected me from many people they didn't trust. It makes me feel proud. I will be treating my fellow villagers, we should work together and phase out AIDS plus other diseases so that we start doing our daily activities.
M: Don't you foresee any bad outcomes?
P9: Bad outcomes?
M: Uhhhh
P9: Which bad outcome?
M: (laughs) ummm, what of no. 1?
P1: (silence) I see it's a good program because anything concerning health needs attention and another thing, we would be building on our knowledge, for instance modern drugs even if we worked in hospitals, some of us never had a chance to dispense them. Now there's an opportunity likely to arise of teaching us how to dispense drugs and caring for someone's health, they might teach us all that
M: Now, that's the only benefit likely to be achieved
P1: Uhhh

M: Aren't you foreseeing any problems, let's say
P1: interjects No, uhhh,
M: Eeeh, let's say if you join the program, doctors might insult you or maybe I might encounter other problems (laughs)
P1: Like which doctors?
M: Doctors from the hospital, you will be working with those doctors in supplying drugs (P laughs), you might get problems of doctors insulting you because of being uneducated, things like tat
P1: Uhhhh
M: They can't insult you?
P1: Uhhh
M: Eeee, Now we have ended the discussion, I thank you for your views, we've found out what we wanted to research on, we wanted to know if you are willing to work with modern doctors in treating HIV/AIDS patients, you are all aware that we have many HIV patients and they need treatment
P: (all) yes
M: And you have all agreed to collaborate there's no one who has rejected the idea of collaborating with modern doctors, you have all agreed to work with them and you gave me reasons as to why you should work with them plus benefits you expect to get. Let's hope we shall work together with you the herbalists and others in the fight against AIDS. I want to know if some has a question or any other suggestions she wants to add on what we've discussed
P: (coughs)
M: Is there anyone with a question or additional suggestion?
P7: Uhhh, I don't have any question or suggestion, except being uneducated but if they teach me how to dispense drugs I am willing to do so
M: Uhhh (laughs)
P7: I am willing to work
M: You are willing to put in much effort
P7: Ummmmm
M: Ummmm, thanks mummy
P7: Because even if I have my traditional herbs, they cannot prevent a patient from taking herbs
M: Your herbs can't stop patients from using tablets?
P7: Ummm, even me by the time I sent my patient to go for ARVs from the hospital, traditional herbs had failed to help him/her, uhhh, the herbs had failed to treat him
M: Umm, but most of you say that your herbs are strong
P7: interjects When you treat diarrhea, a patient gets fever, the headache, which effects one side of the cheek, if you haven't studied how to treat all those symptoms, but when he started using ARVs, there was a great improvement
M: Umm, you all agree to send patients for check ups in different hospitals
P: (all) umm
M: You support it all of you
P: (all) umm
M: Even your herbs treat well

P1: so much
M: (laughs) You hear Abwooli saying so much
P1: yes, so much because we've used those herbs curing diseases so fast. Let's say patients with herpes zoster, it dries up so fast, even body itching disappears
M: interject Disappears
P1: Uhh
P7: even us in the village, we have penicillin in Vaseline form
P1: Yes, you find it curing the disease quickly
M: It helps herpes zoster patients to recover faster
P1: Yes
M: Uhhh (laughs)
P1: and other related diseases
M: (laughs) like skin rash
P1: Uhhh
M: (laughs)
P6: As a certain participant has suggested, that herb helps all other HIV related symptoms show up on the patient's body after suing the herb, but you keep on curing one symptom at a go though other keep occurring. Ummm
M: Now the most important issue is you herbalists collaborating with modern doctors so that you can add on what you already know, as your herbs are strong and theirs too, What you don't know, you learn from them and what they don't know also they get knowledge from you
P: (few) Ummm
M: Eeeh. Okay, thanks so much for your views, I am so happy because your views are very important
P2: Uhhh
M: Umm, do you have a question?
P2: Yes, I have heard you saying that we should allow to work with you, now
M: interjects, not with me
P2: eeh accepting to collaborate/work with doctors. Like me I stay far away and have no phone contacts, how will you get in touch with me
M: We have information concerning you and the village where you live. Ummm, don't we have all of your details?
P2: Yes
M: Incase the program begins, we can trace you, but not now because after getting your views, that student will be the one to pioneer this project because you all know that this program may take even years before it starts. After getting your views, she forwards the report to her supervisor, who decide whether they should fund the project or not. Eeh, that's the main reason for this research. We want to find out whether you the herbalists can allow to work with modern doctors
P2: that's what I wanted to know
M: What we've discussed remain a secret. We won't go out telling people what so and so has discussed. No, we shall take back out voice recorders and it will be the researcher who will feed data in her computer, then there after she takes back the feedback from the surveyed population, then it will be the decision of donors who will decide whether to

fund the program or not because they will determine from the research herbalists are willing to collaborate with modern doctors in the fight against AIDS/ Umm. That's all. Thanks so much and we wish you a safe journey back home. All the other arrangements we shall refund your transport. Umm, thank you so much for our suggestions.
P7: please help me with water.
M: Okay, let me get it for you.

M: We are very happy and thank you or your coming here, is of great importance to us, as per the discussion we are going to have. So, my mane is Julius Agaba, I will be asking you or sharing ideas. We shall need to talk loudly so that these recorders can pick your voices clearly so that we hear what you're responding. Another thing I told you is we need to hear each other when some one is talking another person should keep quiet until he finishes. Hmm… let us agree on that. And if there is any question we shall ask you to ask it after the discussion. When we finish you can ask it after the discussion. Hmm…we shall have every one to introduce himself to tell us his name and the places he is from. We shall start with P6.
P6: My name is XXXX from Buraro from Mulaka Nyakogongo
P5: XXXX, I am from Harubaho, hmmm… East Division
M: Hmmm
P4: Am called XXXX am coming from Ruteete sub-county
P?: XXXX from Karambi sub-county
P?: XXXX from Rwegweri village in Karambi sub-county
P?: XXXX, Ruteete sub-county, Kiiko parish, Kasuja village
P?: XXXX from Kitumba East Division
M: Another thing am going to request from you is that lets put the phone in vibration
P?: I have already switched off
M: so that they don't disturb us. So we are going to the first question concerning what is the distance from your home to the nearest traditional healer? We shall begin with no. 1, here to tell us what is the distance from your home
P1: from my home?
M: Yes
P1: It could make 1km, moderator, like 1km
M: No. 7, can you please tell us what distance is it from the nearest traditional healer to where you stay?
P7: Like 3000 meters
M: Like 3000 meters
P7: Hmmm
M: No. 2, can you tell us?
P2: 3km
M: Like 3km, hmm. No. 5
P5: half a kilometer
M: Hmmm. No. 4
P4: neighbouring him (laughter)
M: You neighbour him
P4: yes
P3: Just like the other one told you, 3km to reach him
M: Hmmm. So we are going to another question about on your own thinking when you see these traditional healers, what comes in your minds.
P?: In his work I don't believe in them
M: You don't believe in them for their work? What are you saying no. 5?
P5: For my case I get my treatment from government hospitals and I get good treatment and I get my drugs so I don't believe in traditional healers

M: Hmm. No. 7, what are you thinking about that?
P7: I don't believe in traditional healers because I get my drugs from hospital and it helps me
M: In you own thinking where would you have preferred to get these services from?
P7: In the government hospital
M: What are you saying no. 3, when you say the traditional healers services?
P3: The reason why I don't believe in the traditional healers is that they go get herbs from the bush and I was shown the herb using microscope, it has some thing and you can see it and these healers come prepared with this drug and give it to you to drink yet you are drinking dirty herbs and these herbs from bush. We are told that there is chlorophyll which has an effect on the drugs we take, that's why I hate a traditional healer.
M: Hmmm. No2, what are you thinking about that or how do you see it when someone tells you about traditional healers what comes in your mind, or how do you think?
P2: In my own thinking, I don't believe in traditional healers because there are so many I hear and those I see that say that they have gone to a traditional healer after running away/leaving these drugs supplied by the government and end up dying because I see he doesn't have any good thing he is doing that is correct and for us how we were taught they told us not to use any traditional herbs or drug so that's why I don't believe in them. I have to follow drugs given to me by the government doctors so that I can go up with them, and it's the one which has helped me. I was very weak after starting taking them I was cured.
M: Hmmm, what of no4? What are you saying when some one tells you about a traditional healer? What comes in your mind?
P4: According to my experience, like my neighbout
M: Yes
P4: So many people have been very sick, when they reach the hospital after a few days you hear them saying they are okay after taking their drugs. In fact I took three clients to hospital after teaching them they started taking ARVs they improved and now they are there thanking me so much
M: Yes
P?: No me the last, what am thinking about the traditional healers
M: Yes
P?: Why I hate them is that when you suffer a disease or virus like AIDS
M: Yes
P?: The one we are having, and get tempted to go to the witchdoctor, get to know that you are going to die because he tells you that bring goats, bring chicken, bring money he can't tell what you are suffering from or from AIDS, he will just tell you bring chicken, goats and bring these ones am going to heal you from supernatural spirits or you are bewitched. Have you understood?
M: Yes
P?: Now with that thing why I hate them, they are not straight forward, for that particular reason which would have forced you to go there he ends up putting you in other things, or diverting a patient to other things.
M: Yes. Okay, is there any one who would want to add any thing on that he has said? No7 do you have any other contribution, more to that?

P7: To add on that there are other times they go and use their things which are not supposed to be used, like razor blades which is not boiled. Yet they have used it on patient with HIV/AIDS and their she will bring the virus and introduce it in your body which is not good.
M: Hmm, is there any one who can add on what we have just talked about?
NT: Excuse me moderator, there is a question which you have not asked, you will forgive me to take you back but there is a question. You had told us where you stay but we want to know what distance is it from where you stay to the nearest hospital?
P?: We shall respond
M: You will respond! Hmm, let's begin with No. 6.
P6: 1km
M: 1km, hmm, no7
P7: 2km
M: 2km, hmm, no5
P5: ¼ km
M: Hmm, no3
P3: I have not understood you well, you mean from the hospital where I get my medical attention or the hospital nearest to me?
M: The hospital nearest to you
P3: It's ½ km, hmm
M: Hmm, no4
P4: 4km
M: 4km, hmm, now what do you think when you compare the services from hospital to the service from the traditional healers according to your own thinking?
P?: My own comparison the service from the hospital and that from the traditional healer. The service from the hospital are better than the service from the traditional healer because when you go to hospital especially when you find services providers like counselors and you have problems they will first comfort you, calm you and you may find yourself getting better without medicine but when you go to these traditional medicine only what she/he wants is money when you come, she/he will tell you this is the medicine take after taking the money, but you will find one type of medicine is used to treat like 10 diseases.
M: 10 diseases, hmm, one
P1: Yes, and beside they will not allow you check and read the expiry dates of the medicine, what, but for him/her will give you the medicine and tell you to take some, I see the traditional healer's services are bad and hospital services are good.
M: no4
P4: There is something else am saying. There are other medicines you take without prescription. You see us as people we have diseases that are not equal in strength. The traditional doctor, the one he/she has given a person with a strong one is the one and the one he/she has given this one without a strong disease. But those ones will test you ad see the white blood cell, see that strength they have then they will give you treatment, first take CD4 counts of patients and then offer treatment to patients.
M: No1, what do you have to say about this?

P1: The traditional healer, the medicine they give you usually is not measured, they don't know their strength so when you take the medicine you could even die
M: Hmm, no7, what do you say about it?
P7: The medicine the traditional healer gives you is not measured at all. Except this one we are taking for it's measured on how we take it and the strength we are taking it.
P?: Me, I see the traditional healer's work is to eat/take our money. You can't say anything about it. His/her work is to eat the money or use it to get what to eat. You can't say he/she has been trained on the work that he will cure or decrease or suppress the disease. Me, I see the traditional healer would not be having any use to us like us who have this disease. We have to follow the orders of the doctors. If he/she has prescribed or measured some medicine for your health, because before they give us the medicine they first see/test you and see your CD4 count. If your CD4 cells are high and have not yet reached the stage of you getting the medicine they don't give you, not until you have reached that stage that's when you get the medicine. But the village or local doctors he/she just squeezes the herbs for you and commands to take away and take it, go bathe this one, go do such and such to this. So there you find yourself dying. You are completely lost when you go to the traditional healer
M: Hmm, no5
P5: The service of the traditional healers, we continue decampaigning it because for them they are there to make money. You can't go there when you're not sick or with out any problem. Let is be when you are sick or not he/she will tell you that you have a problem meaning for him/her is doing business yet the services from the hospital, when you go and they test and find out you have not yet reached the stage of getting medicine they will not give you the medicine not until you reach the time when they see you have reached the stage of getting the medicine they then give it to you. For that matter me, I have reached 3 years am on that medicine therefore the hospital services I thank it so much there is nothing I can say about it, it's 100%.
M: Hmm, yes, no6, what do you have to say
P6: Me, the traditional medicine I don't deal with it at all because I use the modern medicine, because they have given me the drugs I feel okay. I have my energy, I don't have any problem.
M: Hmmm
P?: Me, I continue criticizing traditional doctors, those ones I had something here that was swollen but I went to a traditional healer, there healers I was still in Kampala, these doctors the traditional healers who advertise themselves that they sell medicine. The man sold to me the medicine and started taking it. But I was coughing and bringing out black things and the swollen thing failed to heal, not until I started taking ARVs which healed the swelling. So there I see those men and women make the herbal medicine in one way or another have a way they deceive people.
P?: To add on what the previous speaker has just said, I have ever used traditional medicine, when this medicine of ARV had not been used/discovered/seen, I bought a jerry can, two, three. You take, no change, you take, no change. Next time we went back, he/she saw the customers were very many she added in more water making the medicine diluted when I reached home. On taking it was really water, we took the medicine back, he/she said I made a mistake I mixed it with a lot of water so I got a lot of

doubt about them. Those traditional doctors mixing the local medicine do it so bad and if you are not careful you could even die.
M: Now we are going to another question which, say what do you think about the traditional healer treatment on HIV/AIDS?
P?: The traditional healer?
M: Hmmm
P?: The traditional healer, me, the way I think about them or the treatment of HIV/AIDS. Those men or women were among the people trying to spread HIV because you go to his place, the blade he/she used to cut one person he/she doesn't know his status and then you who comes in a hurry will also cut you with the same blade. Maybe you didn't have the HIV now, he/she has gotten it from the other person. Has cut you and has now introduced the HIV to you
M: Hmm, no7, what do you think about it?
P7: The traditional doctors, what I think about them there is nothing they are helping about HIV/AIDS, but me just increasing or promoting it, just nothing much. Just like no5.
M: Hmm, no9, what do you think about it?
P9: On my own thinking about the traditional healers they have nothing they can do about HIV/AIDS. Reason being they will deceive you, maybe you had began your ARV medicine you had gotten from hospital, then he/she deceives you puts you on the local medicine and yet they told us the local medicines kills off the drugs we help ourselves with. Now you find the local medicine you have taken killing the ARVs you deteriorate and could even die
M: Hmm, no1
P1: The traditional healers, many of them I have seen have treated people, have seen them die. For that matter I see that all they do is not right
M: Hmm, no4
P4: On my own, okay, I see there are some things/herbs, they use and you see them treating patients like in the past in the villages we grew up taking (Ekibirki) herbal medicine type and the stomach ache heals, but now when you go and mix it with the modern drugs. These are local medicine that can't work together with modern drugs, there times when it fails, but when you mix the local medicine and the modern one it's like you have done nothing. So that's why I say those people have just made it worse because they don't even teach people on how to use the medicine
P?: Now those traditional healers, they way I see on research they also try to pull you close to them, so that they can get what to eat, for them, they don't treat you any diseases. When you tell them oh, oh, I feel pain here, they will tell you that this is witchcraft they have put in you, so they will say bring hens, bring cows and we remove it or the drugs they've given you from the hospital has caused this swelling, just leave them aside and start using my herbs in the end. If you have a soft ear you will do it, there you start using the traditional doctor's herbs. You end up stopping the ARV, there combining traditional medicine, the traditional doctor has given you and this medicine of ours, you end up being poisoned and you end up leaving the world
M: Hmm, no5

P5: When we go back the medicine of the traditional doctors, their medicine has no measurement. That's one, the second thing their aim is making money, the third thing the medicine they put in you they make cuts on the body, they don't show you that you can also go to a shop or else where and buy it or gather it from the bush. She/he has grinded "ekitokotoko" (herbs) mixed in what, you cannot know exactly what he/she has put in
M: Hmm, no6, do you have anything you want to say about this or have something to supplement?
P6: Now the traditional medicine, why should I go use them? When I get a disease/sickness I go see my doctor and he gives me medicine/treatment
P?: Another thing am talking about is hygiene, they are not clean. An example is in Kampala, those drugs are usually made in Kisakyamuzade, but if you went to see where they make it from, you will say that medicine I will never take it. This medicine again, eeecchh, where he/she makes it from eecchh, you will say you will not take it again, dirtiness
M: Hmm, no7, do you have anything to add?
P7: No, me am just refusing them, they are just misleading people.
P?: Me, I see the traditional doctors, me I see they tell you, me that diseases I minimize it, but after a month, the disease has killed that same person. Now how can that person heal you when it's the same disease that has killed him/her? Now that's where I realize that the traditional doctors have nothing, they are doing a part from looking for what to eat only, eehh
M: Hmmm
P?: But for us when you fall sick I go to the doctor, I tell him that my hand is paining, or some fever, or eechh, the doctor prescribes for me the medicine it finds the other one I was taking (ARV) and I am o my legs running. That's why I see. The traditional doctors to me I see they have no plan according to me. I don't believe in them, me.
M: Now we're going to another question which says do you think it's easy to get ARV drugs from hospitals you go to or is it hard? No 2?
P2: Ah, the hospitals you go to all don't have ARVs, it's not that each hospital you go to you, will find ARVs, and you can't get them where there is no doctor. The doctor is the one to give you the medicine maybe the type you have been taking or the one he/she can begin you on depending on your condition health-wise.
M: No 1
P1: In the hospital they have to take your CD4 count, know your strength then you are given HIV/AIDS drugs
M: What we want to know is it hard accessing the ARV drug service supply or is it hard?
P(all): Easy
M: No 5
P5: Yes, it is accessible to get the services. It's possible for the one who has gone and done the test or tested him/herself. The one who did not test it's not easy to get the services. If they test and get to know their status or their being is they will get the services but if they don't test they don't get the services because they cannot treat a person when they do not know his/her status
M: What do you think about it, no 4?

P4: According to me, it depends on how one is taking him/herself. They are people who fear testing, to know they are sick (have stigma). Then there are hospitals that don't have enough drugs, there are only few HIV drugs. But it is possible when you reach there they give you the drugs that's if they had tested you. In fact, there are places you will find that they don't check the CD4. There they refer you to bigger hospitals so it is accessible, possible.
M: Hmm, no3, what do you say about that?
P3: I don't have so much to talk about it. What I know in some big hospitals like Virika, Buhinga, and Kabarole, they are so far the best in providing the services of treating HIV/AIDS. Now like me, the health center where I come from, health center III, there are no ARVs. So there you find people who have not yet known much about these services, it is not possible for them to get the services.
M: Hmm, no9, what do you say about it?
P9: Me, I don't have much to say about it. It depends on how one is, if you see you have been attacked by diseases you go to hospital they test you. If you test positive and you put efforts you are checked and if positive they start you on drugs. The services are accessible but if you don't go there well knowing you are sick the services are not easily accessible
M: No7
P7: The services from hospitals are easy to get. That is if you have tested because they cannot just come and catch you forcing you to test. So that they know your status but the services are easily accessible.
M: no8
P8: Me, I see the services are available. Now, like me I get drugs from Virika hospital but the person who puts an effort to go to hospitals, he or she is helped as much as possible rather than one deceiving us, eh, we stay in the village just
M: Is there anyone who want to add on?
P?: What I wanted to add on that is there are some people who are unable and poor to go to a long distance to get tested and get the medicine. So that is the thing that is on ground. Others stay in the villages because of being unable. You only find the drugs in big hospitals only, the small health centers maybe if they take them there and that could be once in a month. The services in the villages like health centers where we come from you cannot find those services of ARVs, so that we can get them from there every time. You first go there, test, the process is very long. If it were like aspirin or septrin that you can go to the health center they supply you and even the others get, I think so many people would be coming but that distance is long
M: No6, is there anything you wanted to add on that?
P6: It is easy so long as you go to hospital. You easily get the drugs
M: Now we are going to another question, saying what ways do you think are the problems affecting the relationship between the health workers and traditional doctors that affects the services to the AIDS patients? (silence) No4
P4: There has been a lot of disturbance/disorganization between the health workers and traditional doctors. These people have tried to discourage people because they tell them that they have medicine that will help patients. So the people do not try to find out. One of us had talked about transport the long distances to Virika. The person will think about

always going for the drugs, people seeing him/her lining for the drugs, so they get discouraged by that. They prefer going to traditional healers who are nearby and won't disclose their status.
M: Hmm, no2, what do you think about it?
P2: My thinking about the relationship between the traditional doctors and health workers is these traditional doctors they try to persuade with the words they say. It depends on the services they give, like the person who lives in a far village, or who has stigma of knowing about his/her status of being positive, so they start going to a traditional doctor. He/she sneaks to get treatment from him, they tell them I have such and such a diseases, yet it's HIV/AIDS, but instead complain of other diseases, ahh, the traditional doctors will welcome them telling them even if it's HIV/AIDS, come bring your jerry can then they are given the medicine telling them it will help them and yet it will not even help them. They decampaign health workers that they don't treat. I heal them well, so that is how they persuade people. But if you know you went to a doctor, were tested and you have known your status it's not common that you will change to the traditional doctors.
M: Hmm, no5
P5: To add on that, a good relationship between the traditional doctors and doctors or health workers can't be there because the traditional doctors want to persuade you by taking you to him/herself to get money. Yet the health worker wants to treat the patient to heal so they cannot have a good relationship because they have different goals, the thinking of a traditional doctor is not the thinking of a health worker
P?: Hmm, to add on, the health workers have training they go to be taught for either 1 month or how many. But for the traditional doctors we don't know whether they are taught and where. He/she could spend 5 years just working not getting any training but continues doing his work.
M: Hmm, no9
P9: Now me, I see there is no problem that can affect the patient connected to the doctors of hospitals because that's where we get our medicine. If you don't go for the traditionals and you continue taking your drugs there is no problem you can meet. Because when you get the drugs and they tell you the rules you should follow when taking the drug and you follow the rules, I think there is no problem you can meet.
M: Hmm, no7, what do you have to say about this?
P7: The traditional doctors have disturbed our health workers because we people get the ARVs but they persuade and mislead the people, they make them stop the ARVs, start them on traditional medicine and people end up dying.
M: What do you think cause people to be diverted?
P7: There are other people who don't want to be known/still have stigma
M: Hmm, no8
P8: Yes the people who are in the period of not believing. They say they are in denial. When one is not believing asking oneself where they could have contracted virus. No, if don't have the disease/virus. And if this person also has a cultural belief of knowing that his/her family members believed in traditional doctors. So with that habit the traditional healer will take advantage and to persuade that person to practice witchcraft and reaches an extent of dying without knowing what has killed him/her. The person/patient with denial has stigma to reach out to other people for help. This leads him/her to use a

traditional doctor until death and not seeking medical treatments for help. I personally don't agree with such, we should not collaborate with them.
P?: These traditional doctors from the time I have observed, I have never seen any traditional healer who has cured HIV/AIDS. So far in that matter I see there is a very big difference between health workers and traditional doctors.
P?: Me, I see there is still a long way/difference between the traditional healers and health workers. You find a man has rented a clinic like in Kisenyi or else where, but you will know that the specialist doctor can be found in Buhinga, Virika or Kabarole. And you will know that the doctors you find in Buhinga, Virika or Kabarole will use modern medicines to check/test you, but the other one will use hands and eyes to diagnose a patient. So there you find we don't have equality/equity and collaboration
M: Is there anyone with an additional idea?
P5: Hmm, am no5, I compare a traditional doctor to other religions that have come up where they say you can pray for some one and he/she is cured of HIV/AIDS and yet it has entered your blood. If a virus has entered your body can anyone pray for you and it cures without medicine? So a traditional doctor is similar to that person/faith healer.
M: Okay, so we are moving on to another question that is in you own view do you think the traditional doctors can support ARV programs if they are introduced in your areas?
P?: If the program came will the traditional doctor support the program or refuse it?
M: To support and implement it.
P?: Yes, hmm, because
M: No8, tell us
P8: To see that the traditional doctors support the program of eeh,
M&P: ARVs
P8: Of ARVs that it comes and help the people in the villages?
M: Yes
P8: Yeah, me I see they can accept it because still if the traditional doctor reaches a stage and is weak in health he/she ends up running to hospital and he/she comes at the last point. They come when they are on the last point and come to hospital so if the drugs are available every where in the villages, every where in trading centers, they can support it and they also take ARVs
M: Hmm, no1
P1: Most of the traditional doctors have proved it that they don't have herbs to treat HIV/AIDS. Many will tell you to go to government hospitals, where they offer the right treatment for HIV/AIDS
M: Do you think that they will support the program of ARVs if it's brought up?
P1: Yes, they will support it
P?: Me, why am saying that they can accept is because there is one I personally know of and he sells traditional medicine but you also find her/him waiting for ARVs in hospital. This shows you that (laughs) their medicine does not work but they know where to get the right treatment
M: No4, what do you think about it?
P4: I don't have anything different from what they have said
M: Hmm, no2?

P2: Even me I see that the traditional doctors, if these ARVs get chance to be brought to small government hospitals they can support it. Because they now believe in the modern medicine because there are some who are infected. Even me, there are times when I know this is a traditional doctor but I see we get ARVs together at Buhinga hospital
M: (laughs with other) no5?
P5: To add on that the traditional doctors can support ARV programs easily they could be having 2% only of the population which support them, the majority of people don't believe in them, they don't have a mandate. They don't have many people which support them here.
M: No9, what do you think about it?
P9: I was also saying that they might support the program. Reason being they are also patients just like any other patients, except they visit traditional healers who deceive and get money from patients but if they bring services nearer to them they can use them.
M: No6, do you think they can support the program of ARVs if it was brought?
P6: The…?
M: The traditional doctors?
P6: Yeah they can, when they see HIV patients getting treatment from the hospital and they recover so well, they can support it also.
M: What of no8, what do you say about it?
P8: To add on that, as traditional healers, their manpower as traditional doctors is still few because they will be the ones to do the accountability like to see how many traditional doctors are in one sub-county. Then to total up you will find out that they are just 4-6, not even making 10. Do they have man power to opp0se government arrangement/programs to be implemented in a certain village? They can embrace and welcome ARVs in the village and then in the end you will find us one.
M: No7
P7: Traditional doctors can support ARV programs because they are also HIV positive. We get with them ARVs even their own children are sick only that they practice traditional healing to extract money from patients.
M: Do you think they will therefore support the ARV program in their villages?
P7: Yeah, they would support it
M: Is there anyone who wants to add on what we have been talking about/
P?: Yeah, to add on that if they got counseling, teaching them what to do so that they can come up and join the rest in fighting HIV/AIDS, because without teaching someone, one can't learn, he/she knows what he/she is doing is the right thing
P?: Lastly, besides that's where the traditional healer has been getting money for buying children's milk. (laughs)
M: So we are going to another question, inquiring what do you think on the view if you were getting your drugs from the traditional doctors?
P?: If their herbs were working, it would have been easier for patients but they also have HIV patients in their homes.
M: If you were getting your ARVs from the traditional doctors, what would you be thinking?
P?: From the traditional doctors?
M: Yes

P: (laughter)
M: No 8 tell us
P8: Getting ARVs from the traditional doctors, it would be very difficult because the traditional doctor is not trained, he is trained in his issues of getting money from the people but he is not trained like a medical doctor. Every one even the people from the grassroots/villages believe in a medical doctor, that one is trained in health, yeah
M: Hmm, no2
P2: Now on that one for the traditional doctor to be supported if they gathered herbs and are taken to modern machines and are checked and then approved through the hospitals and they tell us that the ARVs now have been changed, if you have been using such and such a drug like Trimone now you are going to use this one according to how the doctor has explained to you on how to use it, there we can use the traditional medicine
P?: Me, I have something small am to say we know we go to hospital the ARVs are of different types they are sealed together marked ARVs, or ARTs. Now what will their herbs be called/prescribed?
M: What I mean is what if you are told that these ARVs have been taken to the traditional doctors, for you to get or be supplied there?
P?: These ARVs we get?
M: Yes
P: (laughter, indistinguishable chatter)
P?: They will totally kill us
P?: indistinguishable chatter
M: No4, what do you say about it?
P4: Me, I think these traditional doctors, the ones we have in the villages are the worst. They follow what their fathers used to do, they are not trained like health workers.
M: No9
P9: Me about that thing of traditional doctors distributing their herbs to us, I don't agree with that. I will be taking my ARVs from the hospital then you later advertise or not advertise that there are new drugs being introduced for HIV treatment in traditional doctors ad you divert me from taking/swallowing ARVs no the other side, I can't accept.
M: What we mean is giving traditional healers ARVs so that they will be the ones supplying them to HIV patients
P?: (interject laughter)
P?: No, it's difficult because even the storage will fail them, they don't have enough facilities to keep the drugs
M: No5, what do you say about it?
P5: That issue of giving traditional doctors the ARVs to supply, you can also clearly see that it's wrong, it's abnormal. It's not right at all because they don't have any knowledge about them, they didn't study them. For such to happen maybe you want all HIV patients to perish in the villages.
M: No7, what do you say about it? (continued laughter)
P7: That issue of traditional doctors supplying us with ARVs it's not even allowed. They will just kill us. What dose will they give you and how do they measure?
M: No6, what do you say about that?

P6: It's not possible at all, at all. You go to the doctor, they prescribe your drugs and you start taking at their measurements. Traditional herbs have no measurements.
M: What do you have to say?
P?: To add on that, I say the reason as to why the traditional doctor cannot keep well and supply the ARVs. Our drugs we take, some are kept in the refrigerators. Where the traditional doctors live there is no electricity, the refrigerators, they don't even know how they look like. Now the ARVs you're giving them how will they keep them?
P?: Me, what I will add on allowing traditional doctors to supply the ARVs, you will go to a traditional healer with your HIV symptoms. What I don't now is that are they giving traditional healrs ARVs to supply them at a free cost to sell them? If she/he wants money, they see the rashes on you, they will keep the ARVs and give you a bottle of traditional medicine.
M: Hmm, no2, what do you have to add on?
P2: To add on that, that is the real truth because if you say you're giving traditional doctors in the villages ARVs, they will do it their way, no check up. Because I will go and tell them about stomach pain, they will tell you that's HIV/AIDS, yet it's not the one I have. He/she just gives you drugs which are supposed to be taken by a patient weighing 80kg. When you reach home and take that drug, ah your life ends up dying.
M: Hmm, no7, what are you adding?
P7: How will they prescribe for us they will give us an overdose?
M: Is there anyone who wants to add on that? No5?
P5: If the traditional doctors were good they would have begun by guiding those who are going to them telling them they have HIV/AIDS, I will not treat you go to hospital. But they tell you that you are bewitched, I will give you Ekitokotoko (herb) and you will be healed. So there we can't agree to get ARVs from them because people will all die and the whole world is finished.
M: So we are now going to another question, what are you supposed to know about the traditional healers before you decide that they are not supposed or are supposed to supply ARVs
P?: Repeat for us that one
M: Let us say the way you think, what are the things you are supposed to know about traditional healers before you decide that they supply or not supply ARVs. No 3
P3: You will find the man stopped in primary one and is making his medicine like Ekitokotoko (herbs) or what but if they want to supply ARVs let them go back, do a degree or what so that he/she is trained and can now supply me the ARVs
M: Hmm, no7?
P7: The second thing the traditional doctors are dirty, there is no way they can handle ARVS
M: Hmm, no8?
P8: For the traditional doctors on the rules of keeping the ARVs, they don't have the storage system. The way the drugs enters into our bodies in the blood, it cannot be kept well by the traditional doctor. They do not have stores or any way they can handle well the ARVs, they stay deep local there, some built there in villages where the roads to their places is like a path to the well, now how will that one keep the drugs?
M: Hmm, no1?

P1: Many traditional doctors are not educated, so there it's hard to find them following the rules of keeping the ARVs safely
M: No2
P2: Me, I disagree with the traditional doctors keeping and supplying ARVs to be the ones to treat us because they don't have where to keep them and their understanding is wrong, it is still low. If they had been educated and known how the world is they would not be deceiving/misleading people telling them to go and they cure them
M: No4, what do you say about it
P4: I agree with this man who said that their understanding is low on issues related to ARVs
M: No9?
P9: Me, I disagree with that and reason being some traditional doctors, for him/her was born, maybe him/her inherited traditional healing from his/her father. Even if you told that person to go and be educated and he/she completes a degree course still they shouldn't be given ARVs to supply. She/he will go back to the village and practice traditional healing because it's in his/her blood. So me I disagree with it.
M: Hmm, no5
P5: The traditional doctors some do not have houses, the ones they have you cannot even develop an interest of entering there. Now is it the place where the medicine will be supplied from their houses looks like an hills. Putting you in the corner is it where they are to give you ARVs, give you treatment? (laughs)
P?: Me, those traditional doctors most of them are not in born from here. They come from Ankole and rent here. Now if when they are given ARVs and tomorrow you go back and find he/she has shifted, how will the people get the services (laughs) won't they die here?
M: No6, do you have anything to add?
P6: To add on that, instead of ARVs being supplied by the traditional doctor, we would rather get access to ARVs to be like how aspirin and panadol are common in the trading centers. ARVs should be accessible, be very near so that us getting the drug we health educate the people and they know I can go and get it from the trading center not from the traditional doctors. At least I go to the business personal in the shop and I get my ARVs (laughs) Yes, other than going to the traditional doctors
M: What of you no4, what do you have to say about it? What you should know before you agree with or not agree with the traditional doctors supplying ARVs?
P4: It's not possible; they can't keep them well. Even their education level is low, even storing them they can't very well. Like the way the doctors are doing it in big hospital
M: Now we are going to another question. What stops you from choosing the traditional doctors to supply ARVs? No9.
P9: Me I see what would stop them from supplying ARVs number 1, is dirtiness. A traditional doctor who enters here or in hundred people can be identified as a traditional doctor. And when you reach their homes, you can't find them with a well built house, at least the one with good floor, it is stoney, there are termite houses and the termites are there so me I think that would stop them from keeping the ARVs
M: Hmm, no2?
P2: Me, I see the traditional healer, he is not supposed to be told to be given ARVs for AIDS patients because even if you give it to him, he will be there and won't give it to

you. Yet, he also needs money, he will change and give the client his herbs so that he gets money that's why one should get drugs from hospital
P?: Another thing they have increased diseases yet people have not been having some disease, they have got them from these traditional healers
NT: Like which diseases?
P?: You find people have not been having TB you get it from these people, he gives you something and get it from that item, ex cups, you find other people are having malaria, and they can't know if they are diseases people normally suffer from.
M: No3
P3: Me, what I see either man or woman, they can't handle to store ARVs. You find health workers bringing ARVs in containers from Kampala to a traditional healer for him to keep he has no sore, where will he keep them?.
M: No5
P5: What can stop a traditional healer from supplying drugs is that they are not educated, they have a little understanding, little knowledge (all laughing)
NT: Is very dangerous
M: No8, what are you saying on that?
P8: Hmm, a traditional healer, what stops him from distributing ARVs, or stay with them is the first place the most important thing is education. His education level is to use local herbs but is not to keep the ARVs. Education is the most important thing.
M: No7, hmm
P7: A traditional healer, it is not easy to be given these ARVs to keep, he doesn't have a store he is not educated, he didn't study/wasn't trained on these drugs. Hmm, he just studied these local herbs.
M: Hmm, who would have preferred to choose a traditional healer to distribute or keep these drugs?
P?: No one
P?: I think how we are 5, I think there is no one who would support that idea. Let me see if there is anyone who is opposing me as now we are seated here.
P: (all laughing)
NT: Let me ask you, all of you don't support that but there are some patients or some people who are infected in villages, they have stigma to come to hospital and hospitals don't give them drugs, isn't it, now don't you think it would be of great use if these drugs are given to traditional healers to give them to these patients. How you think as human beings and themselves how they have the stigma and don't have enough transport to pick the drugs, if these drugs are given to these traditional healers to distribute these drugs to these people how do you think, don't you think it will be of great advantage to get access? No3?
P3: Me, how I see these drugs to be taken to traditional healer at least they put these drugs to health center III because you go and find the health center II They don't have ARVs and people need this help, you can't say that you take these drugs to traditional healers, on my own, I don't support it
M: No4?
P4: Why I am saying that a situation where some one has feared to come to the health

center will go to the traditional healer even if you go there they will still find you there and now that person is sick
M: Hmm, no6, what are you thinking about that?
P6: It is not in order to give the traditional healer to keep these drugs, these drugs are supposed to be kept in hospital or health center which are small. Me, am saying that thing of giving a traditional healer to keep drugs and distribute to these people in villages to help them I see it's not of any advantage because these drugs will be given to traditional healer and I know that one knows and others know that those drugs are available at the traditional healer's place, this one and this traditional healer, the person going there is believing in traditional healers and others going there he/she is going in hiding, doesn't want people to see him/her and if you go there tomorrow to this person since you have been told that the drugs are there, and yet you had hidden not to be seen and known that you are having AIDS now it will be the time for you to find each other there, two to three, that means you will go there, you find the first person and another time find there another person and those drugs will be expired since you are not using it.
M: Hmm, no5
P5: No5, to add on that with traditional healers, they usually do their work at night they don't do it during day time, and the person who goes there doesn't want to be known that they visited a traditional doctor, and therefore it is not possible, that can't help people in villages to get drugs from these herbalists for treating them and second, attendance of the people who believe in witchdoctors are very few, out of 10 you can find only 1 or even not one.
NT: No man I mean also the herbalists, not only the witch doctors, if the herbalists, in case there are some in the village who use herbs, if they say that they should be given these ARVs to give HIV patients
P?: To add on that, hmm, I had even given an example even you have recorded me I said I went to traditional doctors, they gave me a jerry can, I took it before I started these drugs. I went there they added me more and when I went there for the third time I bought each jerry can for 60,000. When I went there the third time they poured to much water, hmmm, to reach home the herb was diluted, have you understood me so therefore
M: No 8?
P8: (interjects) For me how I see these people we can, those who still have stigma in villages and those who are suspecting that the drugs to be taken to a traditional healer, it can be easy. It can't be easy for them at all, except we would be making ARVs lose their value of healing patients. Instead of giving traditional healers ARVs, at least they rather give it to the community volunteers, people believe/trust in them so much, network support agents, people believe in us. You can even visit a traditional healer at his/her home and discuss about HIV/AIDS on the same table while taking/having a drink with him/her. But now as for network support agent the person is social, you find you know all houses or all zones in your village or zones 1, 3, 4, you will be knowing all the homes within the area, even at the back of their houses including the traditional healer's house, you can sit at the back of his/her house. And a person who has stigma starts believing in you like how he/she would trust an LC of the zone and those with stigma can come and see you and network support agent or community volunteer comes to you and gets

treatment instead of going to a traditional healer or herbalist. ARVs would have lost meaning/their value (laughing) people start fearing to swallow it.
M: Now, we are going to another question which says that what can force you to choose a traditional healer in treating an HIV patient or which people would have preferred the traditional healer to look and care after them in treatment?
P?: Me, in my own understanding, hmm
NT: They are saying what can lead you to choose a traditional healer to be the one looking after you in treatment?
P?: What can lead you?
NT: Hmmm, to say that the traditional healer is the one to look after these drugs for AIDS or for you, you disagree
P?: It's not there (laughing)
M: Ok, in your own thinking, which patient would have preferred to get treatment from the traditional healer
P?: Which kind of people?
P?: Which type of clients are those?
M: Yes, yes, those who are supposed to get treatment, hmm, yes, no3
P3: Me, what am seeing the people who have little understanding and knowledge are the ones to keep on going to look for treatment from the traditional healers, hmm
NT: The one who have little understanding, or ignorant patients
P?: Ignorance, hmm
M: No2, what do you have to say?
P2: Hmm, to say that the drugs should be given to traditional healers I can't believe in traditional healers those who will, that's their own thinking. You can't find a patient having a capacity using traditional medicine, that knows the drugs are at the hospital, and follow a mere person/traditional healer to give you ARVs.
P?: Those who go to the traditional healers are those who still have stigma so that people can't recognize them that they have AIDS, those who hide and go to such traditional healers
M: Hmm, no9
P9: Me am saying a person who used to use a traditional healer and knows that the traditional healer, those are people who can hide and go to such people
M: No9?
P9: Me am saying a person who used to use his doctor and knows that the traditional healer is the one who treats me and when am sick he heals me and I get cured, let him go on with him and let us go on with ours, the health workers who treat us and our health improves/we survive for sometime
M: Hmm, no5, do you have anything to add on?
P5: Yes, I want to add on in most cases people lacking education and awareness when he/she gets malaria and it develops into cerebral malaria, he thinks that he/she is bewitched yet you can get AIDS and become mad so therefore those people who have that belief that am suffering from that and am bewitched before going for blood testing, those are the ones who remained believing in traditional healers
M: Hmm, no4, what are you adding on that? Which patient who would love

P4: Me am going to support participant 5's idea that people being ignorant or health workers not educating people or the government failing to put in more emphasis on educating people or extending outreach education/awareness of HIV/AIDS to people living in villages
M: No8
P8: You talked about people who would love to get HIV treatment from traditional healers. I think only insane patients can get treatment from traditional doctors. (laughing)
NT: Madness, in which kind?
P8: Mad people who have mental disorders are the ones who would prefer going there. Those who have been going there and getting herbs it's because their mind is not stable but if some one is stable/normal and know that you are looking for something to help your life in your blood you can't go there to get treatment because many people start regretting after telling him after coming to the hospital and being tested and found positive and say, "I wish I knew all my property has perished, I had a farm of cows, the witchdoctor slaughtered cows, chickens, and ate goats, all my wealth/money and has become poor". But after getting tested and found with the disease and get drugs that's when he/she realizes that he/she has used all the money, it has been lost and he can't recover his/her money, he can't get the balance and all of his property was destroyed. Hmm, so which type of person can really visit a traditional healer?
P?: Me, I disagree with it. A man I had talked about this before after getting his drug (Kikirizi) all of the chloroquine he has got from this herb he does not mind to strain this chloroquine so that some one can get a small dose but for him as how he has got it he gives it you all or all herbs which treat malaria as how he gets it all. That how he gives it to you to drink. You don't know how many drugs he has given to you at once and there that's why you find these men who treat using herbs I don't believe in them. Unless they first go back and get education and know that this drug should be done like this, like this, to go back in its original form, but otherwise we shall not believe in them
M: No2?
P2: Also I don't believe in traditional healers now you find when they are advertising themselves they say that tangawuzo, 4 kilos of garlic herb, put kibirizi (herb) and others add water, irish potatoes, all mix it at once and drink now don't you take poison in those three things and again. When you are still taking your drug, if you combine them with ARVs, wouldn't that be acid which you've drunk?
M: Now in your own opinion which patients would have preferred to get these treatment from there?
P?: To come get treatment from a traditional healer?
M: Yes
P?: (laughing) I don't know how I can explain it to you, maybe people without any reasoning capacity, or people who didn't go to school. Even if you have never gone to school, but you have reasoning capacity, even those who didn't get education, knowledge is inborn without education you survive in future (laughing) you do something which can help you in future to help your life. Me am, seeing I can't go following traditional healers. Someone who has just advertised himself, he hasn't tested or taken blood samples to check different diseases and administer the correct treatment, he/she just gives patients herbs like that.

P?: To add more on that, that is to say those who use herbs, local ones, of Entoro (traditional herb)
NT: Hmm,
P?: Those people their local drugs, if they were of great importance in helping HIV patients before ARVs coming they would have helped HIV patients. So, we don't believe in local herbs that they can treat HIV. If they were working, ARVs wouldn't have come, now this time ARVs are the ones which are helping HIV patients.
M: Hmm, no5?
P5: Those people who would want to get services from traditional healers are those who have belief that when someone gets in an accident he/she has been bewitched. If some one has been hit by lightening, he/she has been bewitched. Those are people I know that would prefer to go to witch doctors, such people would prefer to get services from traditional healers, they believe that some one to get accident is bewitched or cows to get hit by lightening and all die they think that cows have been bewitched. I believe those are the people who would prefer to get services from them but not in treating AIDS
M: No6, what do you have to say on people would want to get services from or get help from traditional healers?
P6: Hmm, those who are bewitched they should go to traditional healers. Hmm, and get the services but for us who have the disease they should go to hospital and get services and get enough energy and power
P?: Hmm, and to add on that even all those people who are still having stigma, refusing to come and know their status, those ones may be in their categories of the people who are still going to the traditional healers. All those people who are still in their denials of suspecting having, having stigma. Still those people (coughs), are the one who have away to go to the traditional healers but someone who has come and knows his status and starts his drugs, he can't go or doesn't have any interest of going there
NT: (interjects) Now can you tell us the meaning of the word stigma, they are those who don't know it, the word stigma
P?: To see that a person is fearing and can't come out to disclose his/her status, go for HIV blood testing, and feel great in the heart. If I have AIDS I can't die of HIV/AIDS, even other diseases can also kill me, even lack of awareness because you get sick but you know it is not the only thing that can kill me. Someone might die in an accident, yes he's HIV positive. Now, someone without a strong heart still has stigma.
M: Ok, hmm, thank you for your discussion, all of your views have been important and good. Only if there is anyone who has a question or what he wants to know about our discussion for today.
P?: To add on that, abwooli, stigma is in two types, I don't know with others. Now there are different people despising themselves that so and so is infected, that's the only problem hindering patients from accessing HIV treatment.
M: Hmm, is there anyone who has any other question he would like to ask about what we have learnt?
P?: Ahh, the question I have is what is the main important reason of making this research? Was is about ARVs being given to traditional healers or not? (laughter)
M: The reason for asking you as patients is to get your views whether you can accept to get ARVs from traditional healers or what would have stopped you from getting drugs

from these traditional healers. Hmm, or what would have been the problems which would have resulted from these people, hmm, because the research is about traditional healers. Hmm, is what the research is about.
P?: For me, what is the essence for this research, when you include in traditional healers do you have any arrangement of giving us traditional herbs or we shall continue using our ARVs?
M: Now this program since she has been studying about the traditional healers and herbalists that's why she brought in this idea that if you people could get drugs from these people how can it help you because some HIV patients stay near traditional healers, would you see it as advantageous or disadvantageous
P?: We see it as bad.
?: Now from today and for this research which has been carried out you should even record this that from today there is no one who believes in traditional healers to be given drugs to distribute to us and there is no hope that they can be given drugs to give to us and there are no drugs which can treat us from them, that's the real research.
M: Thank you
P: (all laughing)

Appendix 22-Female Patient Focus Group
Kabarole District

M: We welcome you all for coming
P: Um
M: You are welcome though the rain disrupted you but you managed to come on time. Now my name is Banura Lillian, the one beside me is called Janis, I think most of you know her, she's the one we came with while inviting you. She's the one conducting this research. She's the principle investigator for the research. She's the one carrying out this research and the questions we are going to discuss with you and that gentleman is called Maurice. He will be the note taker, ah. Now the aim for the research is that we want to know your ideas about traditional healers, what do you think of traditional healers offering ARVs to the patients. We want to know what you think of traditional healers offering you treatment, that's what we are going to ask you, then another issue is about phones, you either put them in silence or switch them off because we might be discussing and the phone disrupts us. Whoever wants to go for a short call should do so and prepare yourself before we begin. Now, as you have numbers (phone rings, laughter) as you have number tags, it's what I will be using to identify you. When I mention no 5, she will be the one to answer the question. If she feels like not responding to the question, she tells me or keeps quiet. Eh, if I ask a question, I will ask each one of you and you answer me, if I say no 1, she will respond, the no 8 will do the same like that or if a participant mentions something you don't agree with, it doesn't mean you insult her by saying ah, she's lying, we all have important ideas. If she mentions something and you want to supplement, just wait for that participant to finish her point then you add on what she has said. Isn't it
P: Yes
M: We have all understood ourselves. Is there anyone who would like to visit the toilet?
P: laughter
M: Another thing, those two things you see lighting are called recorders. Eh, whatever you will be discussing will be recorded, the recorders have no problem because they will be helping us after the discussion, we shall go back and write down whatever we have talked about, but they don't have any other problem that's why we are asking you to allow us to record your voices. Eh, in case you hear anything we have discussed outside this group, you have authority to report us to the higher authorities you say "last time we discussed such and such a thing, why have you disclosed our information?: Eh, that's why we beg you to allow us record your voices first because it will help us write down whatever we have discussed later.
P: What we have discussed/accepted
M: Eh, the discussed ideas will help us in this research, isn't it?
P: Yes, I, but you should not fear the voice recorders, they have no effect
M: Eh, whatever we discuss
P: Now us having cough
M: Yes
P: (interjects) What of us with cough and flu?
M: You can cough, the recorder will record it then I will write it down later that so and so has coughed (laughs)
P: Eh

M: There's no need to worry, eh, but you can talk louder so that the recorder can record you voices clearly
P: To record us
M: Yes, to record your voices when you speak in a low tone the recorder won't record well (3). Um, let's wait for the who have gone for a short call and we begin our discussion. You may forgive us for the delay
P: Um
NT: (interjects) What of the drinks? If we want to drink can we drink or? Because some of us have come early without taking breakfast from home
P: laughter
M: laughs, there's no problem, can we serve you drinks? But it's cold
NT: what can we do?
P1: We want water to take our drugs
P: (interjects) me too, I feel thirsty, ah
M: How many want water?
P: (indicate who wants water)
NT: Is there anyone who want to take water?
M: There are also sodas, whoever want a soda should say so.
NT: laughs
P: Do you mean to say that whoever takes water won't take a soda?
M: No (laughter) there's not problem, she will take both
P: indistinguishable chatter
M: Do you need a soda?
P: wanted a mirinda fruity (sodas take about 3 minutes)
M: I want to see your number tags. Because when I am asking you questions (3) Can we begin the discussion while you are eating or we wait for you to finish up first?
P: We should begin because of time, we should discuss while drinking and talking slowly, uh,
P: Will the recorder record us while eating?
M: No
NT: The few cannot be heard in the recorder (laughter)
P: We shall chew slowly
M: laughs
NT: Uh, the jaw
P: Are they recording now?
M: Now the first question wants you to introduce yourselves by using the name you are using in this research, now let each one of you tell us her name. No 12, tell us your name
P12: XXXX
M: Speak up so that the voice recorder can record you
P12: XXXX
M: What of no 6?
P6: XXXX
M: No 4
P4: XXXX
M: No 3

P3: XXXX
P: Um, you have made a mistake
M: No 2
P2: XXXX
M: No 10
P10: XXXX
M: No 5
P5: XXXX
M: No 7
P7: XXXX
M: No 9
P9: XXXX
M: No 8
P8: XXXX
M: No 1
P1: XXXX
M: 11
P11: XXXX
M: Um. Now, we want you to tell us the villages where you come from and the distance to the nearest health unit, have you understood me?
P: eh, um
M: Eh, now no 11, tell us where you live, and how many km are there to the nearest health center, in case you wanted treatment how many km2 can you walk?
P: Um
P11: The nearest hospital or health unit?
M: Eh, from your home area to the nearest health unit
P11: From my home area to the nearest health unit, it's 7 km
M: Um, do you foot all the 7km?
P11: Yes
M: Um, what of no 1? (3)
P?: (interjects) shh, you talk
P?: (interjects) she doesn't know them
M: She doesn't know, if you don't know the km, say so
P1: I don't know the kms
M: Eh, no 8
P8: There are 7 km
M: What of no 9?
P9: ¼ km, I think, I am just near Virika hospital
M: No 7
P7: It might be like 1 km
M: Now, I want you to tell me where you live and how many km are there to the nearest health unit. No 8, you didn't tell me where you live
P8: I stay in Gweri
M: Eh, what of no 9?
P9: I stay in Nyakagongo

M: No 7
P7: I stay in Rubingo
M: No 5, tell me where you live and the km to the nearest health centre
P5: I stay in Kigarama and it's 5km to the nearest health unit.
M: No 10
P10: I stay in Kibasi, and it's ½ km to the nearest health unit
M: No 2
P2: I stay in Kamengo and it's 4 km to Virika hospital
M: No 3
P4: (interjects) I stay in Gweri and it's 3 km to Kataraka hospital
M: No 6
P6: It's 8 km, I stay in Gweri Kagusu deep in the village
M: What of no 12
P12: I stay in Gweri and it's 3 km to Kataraka Hospital
M: Um, now the third question
P3: (interjects) Me, I've been left out
M: No 3
P3: Um
M: I would like to see you number tag
P3: I stay in Gweri and it's 3km to Kataraka hospital
M: Eh, now, thank you so much. Now the next question is as I had told you earlier that we want to know more about traditional healers isn't it
P: Eh
M: And their treatment on HIV/AIDS, each one should tell us, what I am going to ask you, ok, if that person, isn't it near you home you say so, isn't it. We want to know how many km a nearest traditional healer is from your home. No 9
P9: 1 km
M: The nearest traditional healer from your village to his/her home is 1km
P9: Yes, um
M: What of no 7
P7: It's like 5km
M: No 5
P5: Like 7 km
M: No 10
P10: There's no traditional healer near my home
M: no 2
P2: ½ km (1) (doubts by moderator) Hakatoma
M: No 3
P3: We don't have a traditional healer in the village
M: No 6
P6: There's no traditional healer
M: No 12
P?: (interjects) You have skipped me
M: No 4
P4: We don't have a traditional healer in the village

M: What of ah, no 11
P11: ½ km
M: No 6, have you told me something?
P6: Eh, there's no traditional healer around my home
M: What of no 1?
P1: There's no traditional healer
M: No 8
P8: We don't have a traditional healer in our village
M: Eh. Now you as individuals, when someone says a traditional healer what do you think and I want you to tell me the difference between traditional healers, faith healers and herbalists. Only, are you understanding me?
P: Um
M: Are they all the same or they differ
P?: They differ
P?: They differ because…
P?: They differ
M: (interjects) No 12, first tell me, when someone mentions a traditional healer what comes to your mind? What do you think of first when they mention a traditional healer?
P12: There are those who may be herbalists, and others faith healers but not herbalists
M: Mm, which means they aren't all the same?
P12: Not the same, um
M: What of no 6?
P6: I understand a traditional healer as someone who does satanic things and witchcraft things like that, then there are others who use herbs for example if a patient has stomach ache he/she gives herbs which cure that patient, there's a difference between the two
M: No 4, when we say a traditional healer, what comes to your mind?
P4: There's no way I can side with a traditional healer because I don't believe in whatever they do/practice
M: Do you think herbalists, faith healers and traditional healer are the same or they differ?
P4: They aren't the same
M: Why?
P4: Because some faith healers deceive patients that they will pray for them and they heal. Patients end up diverted from taking ARVs and go for prayers and end up falling into a pit (dying)
M: Which means they aren't the same?
P4: They differ
M: Others, ok, faith healers divert patients intentions
P4: (interjects) They divert patients' intentions
M: And make them fall into a trap
P4: Into a trap
M: laughs
P4: They make patients fall into a trap
M: No 3, what do you have to say
P3: me, I don't believe in traditional healers because I don't trust whatever they do

M: What do you have to comment on traditional healers, herbalists and faith healers? Is there a difference?
P3: At least faith healers can pray for patients, but it's not right because they don't give patients drugs and they end up dying
M: Um
P3: Eh
M: What of no 2?
P2: I think traditional healers differ because they are those who use witchcraft, others use herbs like he/she can give a patient a certain herb which cures that patients, even prayers help but prayers help only those who are on drugs, most especially us on ARVs don't believe in traditional herbs but we hear that such herbs are available
M: Which means you see a difference?
P2: Yes, there's a difference
M: What of no 10, what do you have to say?
P10: The difference I see between traditional healers is that traditional healers are in different types, there are those who are herbalists and don't use witchcraft. You explain to the herbalist your disease/sickness he/she gets herbs from the forest she/he either dries the herbs or boils them and he/she treats different diseases he/she knows about then there are faith healers who believe in prayers throughout uh, someone decides to commit his/her entire life in prayers day and night there you believe in that faith healer that he/she can pray for a patient and he/she recovers but according to my own understanding as I am on ARVs, and I was given instructions to follow while taking ARVs so that they can treat me well. We don't base I believe in traditional healers most especially herbalists who give herbs for drinking because we were warned that ARVs aren't supposed to be combined with traditional herbs. In another way we can believe in traditional healers but there's a saying that "God helps those who help themselves"
M and P: (interjects) those who help themselves first
P10: If a patient decides to visit a faith healer he/she should not stop taking ARVs before going for prayers let's say at around 10am all in the name of getting healed, the patient should first do what? Take his/her ARVs
M and P: Take the ARVs
P10: which means I am adoring/praising two Gods on earth
M: two Gods
P10: Ah, therefore according to my own understanding I think traditional healers are present and we cannot disagree with them that they don't treat, they do heal but it's us the patients to decide who to believe
M: Eh, no 5 what do you have to add on?
P5: No 5, I am supplementing that most traditional healers deceive people. There are some beliefs which don't make sense, many people have lost their property. For example, witch doctors deceive people and take their property yet that person is positive instead of telling he/she the truth, the witchdoctors keep deceiving patients by taking their assets until they lose all their property. With that I don't believe in traditional healers. Yes, a mere person may be knowing certain herbs on our new born babies, when they had complications in their stomach and would feel better after being given the herbs, there are

times when traditional herbs aren't needed at all especially when the person is HIV positive.
M: No 7, do you have anything to say
P7: Yes, what I have to say about traditional healers is that there are traditional healers who use witchcraft. I see those as deceivers who mislead patients that they are going to heal them, they promise to give patients HIV treatment yet they cannot heal that patient, they give treatment which doesn't help HIV victims at all. On the other side, I believe in faith healers somehow, because you can take ARVs ad go for prayers at the same time, You feel you have faith and strength just because of someone's prayers and drugs you have taken. With that a patient can live happily.
M: No 8, what do you have to say?
P8: I was suggesting on issues concerning traditional healers, no, I disagree with it. I don't believe in them. They differ so much from the ARVs we are taking
M: Um. They're just doubtful
P8: Yes, they're doubtful
P?: (interjects) They just want to extract money from the patients
P8: Um, doubtful, um
M: What of no 9?
P?: (interjects) how can you stop using modern drugs and you opt for traditional medicine?
P9: I categorize traditional healers in 3 types. There are those who use witchcraft as we discussed earlier.
M: laughs Um,
P9: He tells patients when they visit him that "you were walking and skipped dangerous herbs", such things
M: And the herb has entered the patient's feet
P9: the witchdoctor tells the patient that "you were walking and jumped some herbs which entered your feet" Not knowing that it's HIV/AIDS, the disease we are having now
M: Um
P9: We have other traditional healers who are herbalists only. Those ones are so good and I like them. I was tested positive in 1993 and I got the results in 1994, but since that time I was helped by traditional herbs. Because they used to get me herbs like Omwihura (grass) which increases antibodies in the blood
M: (interjects) did they used to squeeze it for you then you drink it
P9: Yes. From 1994 I used to take traditional herbs and other herbs till 2005
M: 2005
P9: I was doing very well health ways till 2005 when I started taking ARVs. I thank God because herbalists gave me their herbs with one heart. Then the issue of prayers. I am a born again and I like praying so much. After knowing my HIV status/being positive I wanted to commit suicide because people used to segregate me for fear of infecting them because by that time the situation was alarming, but when I went to church I found there Christians who counseled me so well, spiritual counseling. With that the bad spirit of suicide disappeared from my mind. I realized I had a future to live, the beauty and energy I have is because of prayers and God.

M: (interjects) Because of God
P9: If it wasn't for Jesus I would have committed suicide long time ago
M: Um
P10: So the two groups I've mentioned about, herbalists and faith healers, I believe in them so much, but as for the witchdoctors, I visited them also and they told me that I was bewitched by my co-wife such things yet she hadn't bewitched me, just because I hadn't know my HIV status. So with that I disagree with witch doctors, but as for the two groups, I believe in them
M: But we term herbalists as traditional healers
P9: Yes, they are traditional healers, Yes they are, don't you see.
M: No 1, do you have anything to say?
P1: I also disagree with others. I don't believe in traditional healers, at least I believe in faith healers. When you are taking ARVs, they help pray for you so that you can be strong spiritually. You might get healed.
M: Um, No 11, suggest something
P11: My ideas aren't different from participant 9. The question asked us what we think of traditional healers, faith healers, traditional healers and herbalists. The way I understood them, there are witchdoctors we call those ones liars. I don't trust them at all. Then as for herbalists who give herbs, now that I am on ARVs I don't believe in them because he/she cannot give me herbs when he/she hasn't tested my HIV status, those who give a dose of herbs in jerry cans I don't believe in them, reason being the ARVs I am taking discourage the use of traditional herbs, ie combining modern drugs with traditional herbs. On the part of faith healers, I believe in them because they are close to God who is the beginning and end of everything, that's all I have
M: Umm
P11: Umm
M: Um, thanks so much, another question says you as individuals here, what do you think of the treatment you get from modern hospitals with the treatment from traditional healers and between the two which service can be easily accessible by you. No 8, tell us
P8: What I was saying concerning traditional herbs and modern medicine, as participant 9 had suggested that she used herbs before she started taking ARVs and they helped her. It's a sure deal. In case we get a capable herbalist who can give us herbs still there has to be a difference and we use the herbs because the herbs will be improving our health where we have reached, those are my words.
M: Eh, I think others have not understood the question
P?: (interjects) We have understood the question
M: Now I am asking you what do you think as getting AIDS treatment from modern hospitals, compared to getting that same treatment from traditional healers, between the two, which one can be easily accessed and the waiting time. Do you wait for long hours to gt treatment at the hospital, or you wait for long hours at the traditional healers place?
P?: I wait for long at the hospital because I started using ARVs not traditional medicine. After testing positive I started ARVs from the hospital till now
M: Umm. What of no 6?
P6: I personally, a traditional healer cannot test me for HIV. He/she can't give me a recommended dosage. Maybe the herbs have dried up during a day, sunny season and I

don't finish up the dose due to shortage of herbs. You find the dose he/she had given me wasn't enough, but the treatment I am on now is accurate. I get my drugs on time and don't wait for long.
M: (interjects) You don't wait for long hours at the hospital?
P6: Yes, I don't wait for long because the nurses are doing a good job. Ah, so with that I don't believe in traditional healers much
M: What of no 4?
P4: Um, no 4, me I want to use modern drugs only I cannot manage to use traditional herbs
M: Between modern drugs/treatment and traditional treatment, which service is easier for you to access?
P4: Modern treatment
P?: Modern treatment, traditional herbs are..
M: (interjects) What of no 12
P12: I find modern treatment easy for me to access because traditional herbalists are rare to find most especially those herbalists who can treat HIV/AIDS. They aren't in existence.
P?: (interjects) Those available demand for money
P12: And besides they are rare to find
P?: (interjects) Others give bitter herbs which you may fail to drink
P: laughter
P?: Fail to drink or the herbs may make a patient vomit
M: No 11, what do you have to say
P11: According to me, I find it easier to get treatment from modern hospitals instead of going to traditional healers who may delay me by performing their rituals like talking a patient to graves/tombs and other places. I find it easier to access treatment from the hospital other than traditional healers.
M: No1, which service is easier for you to access?
P1: Me, too, modern treatment is easier for me to access compared to traditional treatment
M: No 9, which service is easier for you?
P9: Now days, modern treatment is easier for me to access because the ARVs we are given are good, they are not sour, they don't have a bad scent but traditional herbs aren't good at times we would take them and they cause stomach disorders, they are sour, they cause diarrhea. Eh, many effects, so I prefer modern treatment because there are nurses and doctors, concerning waiting time at times you find there are very many patients waiting for treatment at the hospital, when you wait for long you go back home when you are angry
M: There are times you wait for long hours?
P9: Yes, because HIV/AIDS patients increased in number
M: Eh, if you were getting that same treatment from a traditional healer, would you be waiting for long hours, or?
P?: (interjects) You wait for long hours also
P9: You wait for long hours too, because by the time the herbalist goes to the forest to look for such and such trees (laughter), he/she goes to look for other herbs in Kijura…but

at the hospital the drugs are always available even if they tell you to go to the clinic to buy a certain drug just in case that drug isn't at the hospital it's somehow OK
M: No 2, what do you have to say on that?
P2: Hospitals are easier for me to access. It's true other herbalists have herbs which treat different diseases but when you begin taking ARVs, you have to stick on them strictly. If a patient decides to take herbs he/she should also use herbs throughout without mixing the two
M: (interjects) If you are
P2: (interjects) According to me, modern drugs are the best
M: If you were getting that same treatment from a traditional healer, is a traditional healer easier for you to access and waiting time being short or long?
P2: No, modern treatment/hospital is easier for me to access
M: What of no 10?
P10: According to me, I look at modern hospitals as easier and right places to get treatment. Even if we are many in number, when we were few in number in the past HIV/AIDS treatment was quicker to access or the process wasn't a long one, but now days HIV patients are many in number, so HIV patients should get used. They should put it in mind that nurses/doctors are also human being, so patients have to consider the number of patients and nurses, how long will the nurses take to work on patients. Then waiting time, there is a saying "First come first served". If a patient reaches earlier at the hospital without encountering any problems like your medical file getting lost or other hardships, it means you get treatment early and go back home early, at the earliest possible time spent do you see that.
M: You get quicker services on time
P10: On time, but when you reach the hospital late, and you find 100 patients, you cannot be the 4th patient. You will be 101st patient to get treatment. Do you understand me?
M: Eh
P10: The issue of delaying at the hospital wouldn't be a problem unless your medical file has been misplace. We always encounter such problems. You reach the hospital earlier and your file is misplaces. They search for it everywhere, even patients who come after you receive treatment before you but later the nurses recover the file but I find modern doctors and their treatment easier for us to access. Even the drugs are easy to sallow. The modern drugs differ so much from traditional herbs, how do they differ? You can be using traditional herbs for example, our parents used to give us herbs for cough and other diseases, but you find their taste is bitter/the taste makes the patient fail to complete the recommended dose because of the herbs' taste. Do you understand me?
M: Umm
P10: They you may be forcing yourself to use a certain herb but you find it causing side effect maybe it's so bitter, sour instead of taking a full glass, you decide to take half of it because it's bitter, have you understood me?
M: Eh, you find the herb hasn't helped/cured you at all?
P10: (interjects) Which means the herb will not cure your illness at all, all in all you wouldn't have completed the dose because you have skipped some dosage, then taken it wrongly, and not followed the instructions. With that I wouldn't have relied on one side, but all in all our drugs we are taking from the hospitals called ARVs are the best. I don't

know if there's anyone who opposes me using herbs after starting ARVs, it's your wish to do so.
P?: Um
M: No 5, do you have anything to add on that?
P5: What I am adding on is that modern drugs are so good and in most cases as you see all of us seated here, we all look healthy because when we go to hospitals they teach us a lot. We follow instructions concerning ARVs, and we take ARVs on time. You find herbalists giving herbs without a dosage, he/she gives a patient one bottle or jerry can he/she tells the patients to be drinking on that when you feel stomach ache you just take the herbs but the ARVs we get from the hospital, if you decide to take ARVs at 8am, it's strictly 8am. I thank my counselors so much for counseling me, I tested in 1997, but I have never started taking ARVS. I take septrin tablets and I've never fallen ill. That's why I am thanking hospital services
M: You find modern medicine easier to access compared to traditional services?
P5: (interjects) Modern treatment is easier for me to access and I am well known by the nurses or easily recognized
M: Eh, what of no 7, do you have anything to say in short?
P7: What I want to say on traditional healers. If he/she gives you 1 jerry can of herbs he/she tells you that 1 jerry can isn't enough, he tells you that for a full dosage the patient has to take 1, 2, 3 jerry cans and for all those jerry cans he/she charges you 100,000UGS yet you cannot afford that money and you don't have it. If you manage to buy 1 jerry can, you can't take a second one due to lack of money, you find yourself not going back to the herbalists but the drugs we get from the hospital are at a free cost. It's upon the patient's will t take ARVs in time and follow instructions given. Me, I look at modern treatment
M: (interjects) Do you wait for long hours at the hospital, or not?
P7: At the hospital I don't wait for long hours. When I move from home early ad reach the hospital at 8am, I am always the 2nd patient, or 4th, 8th, 7th, I don't exceed the 19th number. The time I reach the hospital is when I get treatment and go back home unless my file has been displaced plus other disturbance but modern treatment is quicker and easier for me to get
M: Um, another questions I want to ask you is you as individuals, what do you think of traditional healers in terms of HIV/AIDS treatment/care. What do you think of them? No 9, what do you think of traditional healers in the treatment and care of HIV/AIDS. Maybe you don't want them to get involved in the AIDS treatment or they should join in the treatment?
P9: No, I support traditional healers. Why I support them I told you Omwihura (some grass) if you know that grass, it's very bitter, you squeeze, it produces bubbles, it increases antibodies in the blood. You mix in potato flowers plus other herbs, they helped me so much which means if an HIV patient hasn't started taking ARVs if those herbs because there's something you know herbalists are now educated, they give herbs in doses, you find when they have written on the bottles/jerry cans depending on how they have boiled them or some give patients instructions for examples I used to take 1 glass of a herbs (Omwihura) per week, every week, 1 glass
M: (interjects) 1 glass

P9: I don't have a second glass
M: Um
P9: And the herb used to treat me well. There I find traditional healers…if a patient hasn't started taking ARVs because ARVs can't be combined with traditional herbs, they aren't associated at all. They only problem is that ARVs destroy traditional herbs and vice versa when you use both at the same time.
M: Um
P9: But traditional herbs work if a patient has diarrhea and they give him/her coffee leaves which cure him/her wouldn't that herb have worked?
M: Now you advise patients who are using traditional herbs to continue with them and not take ARVs?
P9: Yes, ah, then there after, it would have been better, before taking herbs. What would be his/her illness, the person may be diarrheating without knowing that he/she is having HIV, so it would be better for that patient to go for testing if he/she is found positive he should go straight to the hospital but if she's negative and has other diseases, traditional healers can help cure that disease, they do treat.
M: No 2, what do you think of traditional healer to the care/treatment of AIDS?
P2: I think traditional healers excluding witchdoctors because witchdoctors kill people, they deceive patients and extract a lot of money from them for nothing, but with herbalists I don't disagree with what no 9 has said, patients who haven't started taking ARVS should use herbs. It depends on the patient's willingness. If he/she has money to buy herbs, but if the patient wants to visit the hospital he/she should do so without using traditional herbs.
M: What of no 10?
P10: I don't disagree much with no 2. I support what she has suggested. If you know it individually because you cannot go to the traditional healer without knowing the disease you are treating unless you first confirm the disease you are suffering from after proving the disease you have there, you decide whether to start taking ARVs or traditional herbs. If you know that herbalists are qualified to offer you treatment, it's upon the patient to decide what treatment to use. If she/he decides to continue with the exercise where he/she tested from getting treatment from modern hospitals, if depends on the patient's willingness, where he/she wants. But all in all traditional healers offer treatment because they are qualified now days, qualified in that you find them having certificates of recognition, they know how to mix different herbs. You find other herbs are still in powder form not yet mixed up. You find herbalists doing right things which they know very well. Their hers are strong and it's true they cure.
M: Um, old woman, what do you have to say in short?
P?: Me, I disagree with traditional herbs because I've never used them, reason being the herbalists might give me expired herbs. He/she might be traveling, as you know the roads now days aren't good, cars experience mechanical breakdown on the way. He/she has boiled herbs and by the time he/she reach town, the herbs would have gone bad.
M: (interjects) gone bad
P?: I won't be knowing how many days the herbs have taken on the way to town. He/she gives me a jerry can of herbs to take for a week, I won't know what I will be taking,

maybe the herbs have gone bad without me knowing, me I don't support the idea of using traditional herbs
M: You don't support traditional herbs
P?: I don't support the use of traditional herbs
M: What of no 4?
P4: I don't support the use of traditional herbs so much
M: (interjects) you doubt them
P4: Uh, I doubt them, there's some doubt because if I have been tested positive and I am given ARVs, I continue using my ARVs, I can't divert to using herbs. I continue taking only ARVs.
M: No 6, what do you have to say?
P6: Me, I don't even take traditional herbs, I am allergic to them. I don't use them.
M: What of no 12?
P12: Me too, after knowing my HIV status I didn't think of any idea of using traditional herbs
M: No 8
P8: Me too, I don't support the use of traditional herb in any way because after starting taking septrin up to now, I am used to septrin. If I decide to use traditional herbs, I might forget my septrin. I cannot start using traditional herbs because I am now on septrin.
M: No 1, what do you have to say?
P1: Me too, I don't believe in traditional herbs
M: What of no 11?
P11: I disagree and continue to disagree with traditional herbs because ahh, before modern doctors came to check HIV patients for CD4 counts, viral load and other tests, traditional healers were already in existence. HIV/AIDS had killed many people. When modern doctors introduced ARVs as one of HIV/AIDS treatment, that's when traditional healers came up also with their herbs for HIV/AIDS treatment. In which way do they test and treat HIV/AIDS?
P?: (interjects) How do they come to know about HIV/AIDS?
P11: Then they say that their herbs reduce HIV/AIDS, why can't their herbs heal HIV/AIDS and modern medicine just reduce on the virus. There we collide with traditional herbs, I don't believe in them
M: It's true you don't believe in them
P11: (interjects) because many people died of HIV/AIDS when they were also in existence with their herbs. Now that the whites have introduced ARVs, HIV/AIDS patients are doing very well, even patients who are bedridden, their health improves after taking ARVs. With that I disagree with traditional herbs. We should continue using modern medicines. I don't believe in traditional herbs but I believe in modern doctors.
M: Another question is about drugs you get from hospitals. Do you get all the drugs on time or it's difficult to get those drugs or it would have been different is you were deep in the village?
P?: I Find it easier, as I see, you
M: The hospitals you go to give you drugs so well?
P?: Yes, eh, it's easier for me

M: What if you were staying deep in the village, would you still be getting the drugs?
P?: Eh, I make sure I walk or I borrow money for transport so that I can get the drugs, but not using traditional herbs
M: What of no 4?
P4: You have to look for transport in advance when you know that the drugs will be used up on such and such a day, you keep on saving transport till the day you are supposed to go for the drugs when it reaches you get transport, go for the drugs at the hospital then back home
M: What of no 12?
P12: That's how it is. Before the drugs are used up, you must be having time because they don't give patients a does for 4-3 days, but a dose for months. So within that period you must have planned for yourself even if you stay deep in the village
P?: And besides money for transport isn't as much as money for buying drugs, if the drugs are given for a free cost. Buying that drug might be pretty expensive so you rather look for little money for transport to get treatment
P?: (interjects) Little money
M: What if you were staying deep in the village, would you still b getting the drugs?
P12: How do you get treatment? No, you can't, that treatment, you see, it's a must a patient has to look for transport to go to the hospital for HIV treatment, it's a must you have to look for transport and seek medical treatment
M: OK, no 11, where you get treatment from, where you get drugs, do all patients get drugs equally, even those who stay deep in the villages or?
P11: To answer your question, where I get treatment from, patients who stay nearby get drugs, but those who live deep in the villages still have so many difficulties. You find some of us saying that "I will look for transport to go for the drugs after 3-2 months in the hospital" but there are patients who don't have any source of income, he/she is tested positive and he's ill, he/she cannot go to the hospital by herself and yet he/she has no help for example people living in Kiyombya, in Harugongo, village deep down patients are still doing badly because hospitals aren't taking there treatment
M: Um. No 1, what do you think, do all patients get drugs where you get them from?
P1: Patients in the villages might not be getting drugs so well but for us we get them because we stay nearby.
M: Why don't village people get the drugs well?
P1: Because
P?: (interjects) Because of transport
P1: Because they have no means of reaching the hospital or maybe they don't have transport to
M: What of no 8?
P8: Us who live nearby get drugs well, but those staying deep in the villages have a problem of transport because I always see patients we get drugs with at the hospital complaining they say "Oh God, we wish they could bring us ARVs in the village"
M: Isn't there any arrangement in the hospital for taking drugs to the patients in the villages?
P8: They do make outreaches, but still you find people complaining. You can't tell

M: They don't reach everyone in the village?
P8: Yes, um
P9: People in the village would be getting treatment but there are people who still have stigma. Very many people in the villages still have stigma. We have a drama group, we usually visit villages and teach them but you find people still having stigma. Now you find people around urban areas are the ones who went for HIV testing and treatment. There are those who don't get treatment just because of stigma in the villages, then I see in other hospitals like Joint Clinical Research Centre in Buhinga, Kabarole hospitals, at least make outreaches in some villages but they don't reach patients in far villages. There are villages which are really far and a vehicle cannot reach there. Yet you find there patients in our village. Poverty also, the patient has no means of transport money. Plus stigma such patients still exist, such patients need more education or help on HIV/AIDS to be sensitized so that they can come out and get treatment for example. If 20 patients are found to be positive in a certain village and they go to the hospital, automatically they will be offered treatment because in most hospitals HIV patients on drugs are being followed up, but most patients aren't getting HIV treatment because they aren't known to be having the virus and others aren't getting HIV treatment because of stigma/ignorance
P?: (interjects) ignorance
P8: Umm
M: No 7, what do you have to say on that?
P7: What I was saying, it's true there are patients in the village who aren't accessing HIV treatment and there are some who still have stigmas mixed up with olden beliefs of being bewitched. Someone falls ill and reaches a death point but he/she still insists on being bewitched. We say no, "it's a sure deal I am bewitched", he/she fears visiting the hospital to be told that he's infected
M: (Interjects) Infected
P7: Because he/she thinks that whoever has HIV/AIDS must to die. There are some people who still have that olden thinking even if he sees medical doctors/nurses who have come for an outreach activity in the village, he fears so much and he says "eh, doctors/nurses have come for to treat HIV/AIDS, I won't go there for treatment"
M: (interjects) Do all patients get drugs equally and well where you get treatment from or the nurses/doctors segregate patients?
P7: Others get drugs so well but there are those who can't afford transport costs, you find a patient is living alone at home
M: Alone
P7: You find that patient is sick and has no one to send to the hospital to get him/her drugs, you find such a patient having difficulties in accessing HIV treatment
M: umm, what of no 8, what do you have to add on?
P8: Most of us get drugs so well, but many people still have problems. There are some people after testing, like some of us who tested earlier the health workers make sure that we get CD4 count but to most people it's a very big problem. You find some people testing for HIV only once, then continues taking septrin when his/her time reaches to start taking ARVs, he/she hasn't gone for a CD4 count, you find that person still being backward even if you try to counsel him/her to go for a CD4 count he/she tells you that he/she doesn't have money to go for a CD4 count, this has discouraged many patients

because in most health centers/hospitals where you find there are ARVs/drugs, but no services for CD4 count, patients are referred to urban hospitals for CD4 count, such services aren't available at health center IVs, IIIs in the villages which has discouraged/disorganized patients
M: Which means not all HIV patients are getting ARVs because of CD4 count
P?: Umm, the health workers can't give a HIV patient drugs without knowing his/her CD4 count.
P(few): Um
M: Eh, what of no 10?
P10: According to me, I don't disagree much with no 5, because I will give you an example depending on where I work from. I work from Kijura Health Centre III but we always get treatment from JCRC, they always give us specific days for coming to our health unit for HIV/AIDS blood check up first HIV testing then when they come, like in a month. Sometimes they take many blood samples because at times patients are many in number but when they are bringing back the results, you find they have brought some results and others are missing. Patients wait for even 3 months without getting their results. Other results are misplaced by the health workers such things, if a chance arises and they come to check for CD4 counts they don't check CD4 counts of patients exceeding 20. You find them visiting the health unit once in 6 months and remember some people transport themselves from deep in the villages like Kabende which is 8-10km coming to Kijura health centre after reaching the health unit for the whole day with hunger his/her CD4 count isn't checked just because the health workers put a limit of checking CD4 count for only 20 patients. Yet from Kabende to Kijura health centre is approximately 5000 shillings when using a boda-boda even the roads aren't in a good state and patients go back home grumbling even for the second time. If you are a counselor and you counsel that person to come back some other time or encourage him/her to look for transport and go to urban hospitals for CD4 count, he/she tells you that "I will go to town and they demand 11,000 from me. I've even failed to get transport to bring me to Kibasi health unit. Where will I get 11,000? And the transport from Kibasi to hospital is 7000 to and from the roads are bad, how do I get 22000, minus lunch. Let me stay in the village and die from there because I am poor. I've nothing to do" With that, I see the poor are still suffering due to insufficient treatment/medical services the medical services reach only developed villages/villages near the urban centre, but rural areas which are still under-developed have problems. Very many people in far villages are suffering and dying in a poor state
M: What a pity. No 2, add on in short
P2: In short, where I get treatment from almost all patients get drugs but it depends on the patients effort to reach at the hospital early. You have to go there very early in the morning if you are the first or fifth patient to reach the hospital without being maybe the tenth patient by 11am you will be going back home after getting the treatment, but there are some people in the villages, my friends have talked about stigma. Many people still have stigma. You find someone was tested positive, he/she goes to the hospital like Virika to start, let's say for a CD4 count and starting HIV treatment. When he/she reaches there, the medical workers tell him/her that they already have more than enough patient to offer HIV treatment and instead of that patient going to another hospital, he/she

won't go there for fear of being recognized by his/her village mates, who might go on spreading rumors to other people about his status, he/she goes back home, keeps quiet and decides to die from there because of stigma.
M: Because of stigma
NT: Excuse me moderator, um, I was requesting um, participant no 2 to explain/talk more about stigma. What does the word stigma mean?
P2: Stigma means ignorance
P?: (interjects) Fear for oneself
P2: Someone might be ignorant from deep in his/her heart and he/she has stigma for fear of being known in the village that he/she is on ARVs so that patients suspect to find people he/she knows in Kabarole or Buhinga hospitals. Now, he/she decides to go to Virika hospital which is a bit far from town because people there don't know him or her. Such that he/she can get HIV treatment from that hospital but when he/she reaches there and he's told that they already have enough patients on ARVs, no more recruitment of patients he's instead told to go to another hospital for treatment, but he refuses to visit any other hospital for fear of finding there a village mate who might spread rumors about HIV status, due to ignorance the first thing that which comes to his mind is to go back home because of ignorance and when he's at home he's attacked by strong diseases. Others reach an extent of dying, he/she ends up dying because of ignorance.
NT: Um
M: Now, I want to ask you as patients, do you think, let's say if traditional healers are combined with modern doctors in offering you HIV treatment, do you think it will be beneficial to you or it will be bad?
P6: It would be bad for me.
M: No 3, how will it be to you? You don't want modern doctors to work with traditional healers?
P3: No, I don't want them to work together.
M: No 2, do you want traditional healer/modern doctors to work together or it will have a negative effect on you, the patients?
P2: Those, there's a time, modern doctors can do their work and traditional healers can perform their duties also, but as for our supervisors the modern doctors, they can't allow us to combine ARVs with herbs, it can't be guaranteed.
M: Eh, what of no 10?
P10: It's true, I am sure and can confirm it, even if you are to force our modern doctors they cannot accepts to mix/combine us with traditional healers, that's how it will develop if a modern doctor allows to work with a traditional healer, have you understood me?
M: Um
P10: That means I, the client will have to get treatment from the two doctors, or be combined with the two, I am emphasizing on what I am saying that there's not any other way we can be combined with traditional healers
P8: (interjects) We were taught/instructed not to use traditional herbs if you are sick you must seek treatment from the hospital
M: Is there anyone with a different idea or you all agree not to be combined ie modern doctors combined with traditional healers?
P(most): Yes, we agree

P9: (interjects), not all of us, I don't agree with what others have said
M: Um
P9: I was saying, I would have been better, you know, your question asked about collaboration. If there's no collaboration between something, they fail to work out. I was saying traditional healers and doctors should collaborate. How do they collaborate? If a traditional healer is well known by people, not witchdoctors, those who practice witchcraft herbalist who boil herbs like some we have around town. In case he/she gets a patient and he/she cannot manage to treat that patient, the herbalist is sure that in Buhinga or Kabarole hospital, there's Dr. Richard. If there's good collaboration between the two doctors, he should know that HIV/AIDS isn't supposed to be treated by him alone, he/she should give that patient a written noted to take to Dr. Richard, when the patient takes the chit to Dr. Richard and he finds out that the patient is from Dr. Hajji which means Dr. Hajji has failed to offer treatment.
P?: (interjects) Has failed to cure him/her
P9: He has referred the patient to me there, the doctor takes part in treating that patient. If the two keep on not collaborating meaning each one working separately.
M: Doing separate work
P9: there are some diseases they also fail to treat
M: Fail to treat some disease, mm
P9: My friends now days, there are diseases like ebisunsa (genital diseases) we have our common diseases, you go to herbalist with such an illness and he/she gives you herbs which you put in a basin and sit in, then the ebisunsa heals by breaking. I personally know of some herbs which can cure a patient having that illness and there are herbs you find modern herbs being used by pregnant girls but they fail to get cured completely. But when she's given herbs to sit in by herbalist, her illness cures. If traditional healers/doctors don't collaborate and hate each other, treatment wouldn't fail to work out because they might decide to treat a certain patient even if that patient fails to recover rather than referring him/her to a modern doctor and vice versa, he/she says "I will stay with my patient instead of referring him/her to another doctor because I am not collaborating with him/her because the patient will give him/her money, let me take this money" But when the two are collaborating a traditional doctor won't fail to refer a patient to Virika hospital if he fails to treat a certain disease "I've given a patient treatment but he/she isn't recovering, you try to test for HIV/other diseases". Even when the modern doctors offer treatment to a certain patient for a long time and they say "Um, this disease if we use blackjack to treat it, can't it cure" My dear friends, there are some traditional herbs which really work/heal. If you have a fresh wound after cutting yourself and you put a herb (Omuhoko), so you mean to say that a wound can be cured by ARVs?
P6: (interjects) Without interfering with what you are saying, you have said herbs for sitting in, if you squeeze your herbs and I sit in them, that herb won't be absorbed inside my body to mix up with ARVs?
P9: (interjects) Eh, P6 the herbs will work on the external parts of your body. That's what the question asked for. You shouldn't mix up the two things.
P6: Herbs for sitting in are different from those swallowed (meaning external treatment has no effect on the internal treatment)

P?: (interjects) In my own thinking I was suggesting in case herbalists are discovered to be treating our HIV, they should collaborated with modern doctors who are giving us ARVs, but they should first confirm whether ARVs are recommended to be combined with herbs because when they were giving us ARVs, the doctors told us that ARVs aren't supposed to be used with herbs, they should do further research and know the real truth
M: Um, now if traditional doctors happen to work with modern doctors, do you think that arrangement would be good or bad for you
P6: The arrangement might be good to us because very many people are still testing for HIV/AIDS
M: Eh, in case they work together to treat HIV patients, it would be a good collaboration?
P6: Eh, a good collaboration?
M: No 11, eh
P11: Adding on what other participants have suggested, I am sorry for taking you back shortly, moderator, forgive me for correcting you. In our constitution for people living with HIV, we've something which says that it's not good to call a HIV/AIDS person a patient. I've corrected you on that. They call them clients, I don't know how others can interpret it. Ah, adding on others, I was suggesting our modern doctors would be working with only herbalist not witchdoctors who use hensXXXX and other satanic thing. I was requesting, I also had an idea, our modern doctors would leave traditional healers to treat diseases like Akaimeme, Ebisunsa, which are natural and cured strictly by herbs, such diseases but not allowing traditional doctors in treating HIV/AIDS, they should leave traditional healers to treat other diseases while collaborating/helping them with the treatment of such diseases because…
M: (interjects) Not collaborating with them in treating HIV/AIDS
P11: eh,
P?: I was also supporting participant 11's idea. Herbs for drinking should be combining with ARVs but herbs for external use like herbs for sitting in, smearing the body should be used. In other words, modern doctors should support traditional herbalists in using external herbs only on that issue. They should collaborate.
P?: They should collaborate.
M: If modern doctors combined with traditional healers, do you think it would be good for you or not?
P6: On my side, it is bad/not right for modern doctors to collaborate with traditional healers
P?: It would be good to us patients because if they have collaborated or combined treatment they would be understanding each others' treatment or known all instruction. If a herbalist has ARVs to give patients, he/she cannot give you herbs to drink alongside ARVs, because if they're in good terms, a herbalist will be aware of the effect of his/her herbs on ARVs, he cannot give a HIV patient herbs to drink
P12: Eh, adding on what that one has said, there are some people in the village who say that "I, swallowing tablets, ah, no way I would rather get an injection or take traditional herbs" Who ever believes in traditional herbs? If research is made and a herbalist who can treat HIV/AIDS is found having herbs to treat HIV patients and the virus reduces, whoever is able/willing to use traditional herbs should do so, then those who find it easier

to use modern drugs should continue using them because some people say "eh, taking tablets, I would rather leave and die". Such people still exist
P6: (interjects) At least I take my traditional herb
P12: Since I was born I use herbs to treat my diseases, and I heal/cure
P?: (interjects) Such people still exist
P12: Such people still exist with that thinking. He/she has never swallowed any tablets in life, even if you are to give him/her aspirins he/she cannot swallow it. Now, if you tell a patient that the drug is for "Rutekero" a patient replies "You leave, I would rather die". Instead of, now it would have been better for them to work together. A patient should go for testing, still there shall be collaboration. The traditional healer won't treat the disease he/she doesn't know because he/she hasn't tested the patient's blood sample. The traditional healer has to first corporate with a modern doctor who will check the patient's blood if the patient if found positive. He goes to a traditional healer for treatment. Why won't there be cooperation? It has to be in existence.
M: Will that cooperation be helpful to HIV positive patients?
P12: Not so much, except for the few who are still ignorant, and say that they cannot swallow… I don't think if you are, if you fail to swallow tablets but they still exist, there are others who say that "I cannot swallow what, tablets"
M: Eh
P12: Um
M: In you own thinking capacity, do you think traditional healers can support ARV programs if they are introduce in your village, or they won't? No 7, in your own thinking or maybe you have ARV programs in your village, do traditional healers support them or not?
P?: No
P7: (2) Others support ARV programs reason being they themselves have not yet discovered HIV/AIDS drugs, fighting the virus like our drugs ARVs. They are still putting in more effort in finding HIV/AIDS drugs but when we are in one accord with the traditional healers and modern doctors, then the two allow to work together. It would be of great value to us the patients because there are some diseases which cannot be cured by modern drugs, there are HIV/AIDS symptoms like herpes zoster, the truth is that herpes zoster is cured by traditional herbs, when you use herbs you take only a week to heal but with modern drugs you can even spend one month sleeping without getting cured
P6: Let me answer you. Traditional herbs are used for smearing outside the body but not for drinking treatment
P7: (interjects) They are also herbs for drinking which treat herpes zoster
P6: Me, I only know of herbs for smearing outside the body, not for drinking
M: In you own thinking, do you think traditional healers can support ARV programs in your villages or not? If they are to support them, how can they support such programs or you don't know?
P7: Let me talk. He/she will not support the ARV program, because he/she will be using herbs to make money. He/she won't support the program which will be decampaigning his/her job. Where will the herbalist get money from if he/she supports the program? Many traditional healers sell herbs to earn a living. He/she won't support the program yet

he/she want to make money out of his herbs. He/she keeps on enticing patients to go for treatment at his places not from the hospital. They are always after making money.
M: Ok, no 12, can traditional healers support ARV programs?
P12: He/she would be wanting to make money and if he supports the ARV program where she/he get money from (laughs)
M: No 11?
P11: What I am seeing with traditional healers as we have two different types. We have not understood if you meant herbalists or traditional healers
P?: (interjects) herbalists
M: I mean both the herbalists and the traditional healers
P11: With traditional healers, they don't like to hear that there's a drug for HIV/AIDS treatment or the drugs are treating patients, they disagree with it so much. Even the herbalists when they see HIV/AIDS patients, I even know of herbalists in our village who discourage patients taking ARV drugs they tell the patient that "you delayed, the whites are deceiving you, the whites will kill you any time, so come to us and we give you herbs which will extend your life span". You find such herbalists encouraging patients to go for his/her herbs so that their life span can be extended yet he/she has no machines/equipments for HIV testing, so they disagree with ARVs we are taking
M: Um. No , do you think traditional healers will support ARV programs, or they won't?
P1: No, they won't support them
M: Why?
P1: Because they want patients to seek treatment from them so that they can get money
M: No 8, what do you have to say?
P8: Traditional healers will not support ARV programs because the ARV program will make them lose market
M: Make them lose their market
P8: Yes, the arrangement will make traditional healers lose market
M: No 9, do you think traditional healers will support ARV programs?
P9: 2 out of 10 healers may support ARV programs
M: Why?
P2: Because you go to a certain herbalist as I had told you earlier, some herbalists refer patients to hospitals if he/she can't manage to treat the patients disease after examining him/her, he/she tells the patient that "I cannot give you my herbs because you seem to be infected" Now, 2 out of 10 herbalists might support ARV programs
M: Which means the herbalist will be joining others in the fight against AIDS?
P9: Yes, you know some herbalists are educated in their own way and those who don't support ARV programs aren't educated and just work in darkness, but in our town most herbalists have knowledge on ARV programs
M: No 10, what do you have to add on?
P10: (silence) According to me, I think those men as one of the participants suggested, 2 out of 10 herbalists may support ARV programs. I can give an example of Bamtuza herbal clinic in Kalita taxi/bus park, he always has issues for follow up, when he's giving out hers, or a patient has a certain disease which requires herbs for drinking. He always asks patients which diseases they normally suffer from, have you understood me? And then he inquires from that patient where he/she gets treatment when he/she suffers from

that disease um, "And do you have any medical forms, so that I can give you treatment basin on your medical forms?" And if he finds out the disease you have been treating for example a HIV positive patient may give him a card where she/he gets drugs from, that's where he bases when giving treatment to the patient. He says "Due to such and such arrangement, I was supposed to give you this herb/treatment". Do you understand me?
M: Um
P10: "But I found out that the herbs I was supposed to give you wouldn't be combined with the drugs you are taking right now" Do you understand me?
M: Eh
P10: Which means 2 out of 10 herbalists might support the ARV programs
M: Eh
P10: Because he/she will be knowing the use/value of the drugs the patient is taking and the goodness of the herbs he's going to give a patient. Which things will disturb between the use of herbs and modern drugs, that means a herbalists will be sincere with the patient he/she won't be wanting only money from her. But there are some who are cheats whether he's aware that the patients is HIV positive or not he gives the patient a dose of 60000 shillings. Do you understand me? He gives a patient a jerry can/dose of 60000.
M: (interjects) Those who want to cheat patients
P10: Do you understand m?
M: EH
P10: Then you bring your ARV card to such a herbalist for treatment and yet the herbalist is aware that ARVs can't be combined with herbs
M: Not in conjunction, um
P10: Of course the herbalist has to play monkey tricks on the patients and makes sure the patient has paid 60000 shillings and takes the herbs, in the end the herbs bring side effects to patients. Do you understand me? The herbs disorganize between the patient and the ARVs he/she has been taking, that's why I was saying 2 out of 10 patients might support ARV programs because the majority of the herbalists are after making money/looking for their own staff things
P?: (interjects) it's true
M: No 2, what do you have to say?
P2: My ideas aren't different from what participant 10 has said, they are almost similar, reason being when they give patients herbs for herpes zoster treatment and other external diseases it's okay but there are times they give patients herbs even if the patient hasn't started taking ARVs, they give a patient herbs for a long time and if the patient doesn't recover that's when they realize that "ah, we have failed to cure your disease, go to the hospital"
P10: after extracting money from you
P2: After even taking all the patient's money, the patient ends up gaining nothing and you find his/her antibodies aren't present in his/her body when he's taken to the hospital. Such a patient may be in his/her last stage of death.
M: Now if a herbalist gives you herbs to smear on your body, and herpes zoster heals, don't you think they will be supporting ARV programs?
P2: Those will be herbs for external use only, but not for drinking?

M: (interjects) not for drinking. No 5 do you have anything to say or you support what other participants have suggested?
P5: The truth is someone coughed in most cases, let's say, why HIV/AIDS increased is because we don't trust each other on this planet, a patient goes to a traditional healer to seek treatment but instead of him/her telling the patient that he cannot manage to treat his/her disease he's just after making money
M: Making money
P5: He cannot tell a patient that "I cannot manage to treat your disease" but he/she just accepts to treat the patient in the end, you find he has disorganized the patient's health. Maybe that patient would have gone to the hospital for check up and told what disease he/she is suffering from. When he's positive, he's given treatment early. You know when you begin taking ARVs they need when you still have some strength and energy and the treatment becomes easier for a patient to get used to it then it helps that patient but most traditional healers want a lot of money from patients.
M: No 7, do you have anything to add on? Can traditional healers support ARV programs or can't they?
P7: I don't disagree much with my fellow participants. Some traditional healers might support ARV programs, reason being, there are some diseases he/she can treat but he's aware that he won't cure them yet a patient goes there with an intention of getting healed then you testify afterwards that so and so gave me treatment and I got cured. On top of offering a patient treatment and he/she doesn't get cured, the herbalist tells the patient to take his/her medical forms where he used to get treatment from then the herbalists refers to those medical forms before giving a patient treatment. He asks the patient which diseases he/she usually suffers from. There, he would be finding out which diseases he can treat and those he can't treat.
M: Eh, let me ask you No 9, how would you feel if you got HIV drugs/treatment from a traditional healer?
P9: Like which drugs?
M: Like ARVs. If they start up a program of supplying ARVs to HIV/AIDS positive patients in villages with an aim of bringing services nearer to people. Do you understand? They select different traditional healers in the village to give out ARVs to patients
P9: and now, as you learnt English and the work you are doing right now. Can I do the same work?
M: (laughs) What if they train you? Can't you read them?
P9: (interjects) Most traditional healers aren't educated, they just practice traditional healing without knowing even letter "A", but his own God, I don't know, or spirit instructed him/her to use some herbs which cure patients on matters concerning education. My friend, he can't manage to study
M: (interjects) What if he's taught?
P9: Let modern doctors do the needful, those who are literate and traditional healers should do their own work also but I disagree they shouldn't give them ARVs to supply to HIV/AIDS patients unless they are well-trained and given certificates but giving ARVs to herbalists
P6: (interjects) He/she will be used to his/her traditional herbs

P9: He won't be knowing what ARVs are all about, he/she will be used to his/her traditional herbs (laughter)
P10: (interjects) he/she knows only Ekibiizi (bitter herb used to cure malaria)
P9: He/she has no knowledge on ARVs
P10: Then he/she is given ARVs to supply.
M: Let me ask you no 10, a traditional healer is called and trained then given a certificate of attendance afterwards, uh, do you think it would be beneficial for you to get ARVs from that traditional healer?
P10: I disagree with that arrangement for a reason. Why I disagree with it is that I wouldn't wish traditional healers to supply ARVs. ARVs have their own restrictions. Have you understood me?
M: Eh
P10: When you get those drugs. Are we together? They first teach you, eh, even if they train that traditional healer, maybe it will be a short, quick course/training because they are in need and want a traditional healer to supply ARVs, do you understand me? You can go for a course of supplying ARVs and you take 3 months without learning their instructions/rules, do you understand me? In the end the supervisor/trainer gives/asks you a question and you give irrelevant answers not related to what he/she wants, he tells you to go back for training and report to them in the following week.
P?: (interjects) Yet they taught you everything
P10: Do you understand me? You go back for counseling and they tell you that before starting on ARVs you are supposed to stop taking alcohol, no worrying so much, then taking/swallowing ARVs on time, such things. There you have to master everything such that when your supervisor asks you, you'll be knowing right answers to give him/her, do you think a traditional healer will do or learn all those things, will he do them?
P?: No
P10: Will he do them?
P?: No
P10: He won't because he isn't educated, he has no knowledge on ARVs. He will be given ARVs and then he supply only nevirapin to a patient knowing that it's taken in a single dose yet it's supposed to be swallowed with septrin
P2: Um, he/she gives a patient a wrong dose
P10: How do you avoid such/rule that out?
M: But he/she will have been trained
P?: Ah, no way even if he's trained
P6: He/she will be already doing two jobs at a go, he/she is giving out ARVs then another patient wants traditional herbs, how will he/she perform/conduct tow duties at a go?
P2: We don't agree with that arrangement
P?: Even in hospitals you find modern doctors training people but they fail to learn supplying ARVs
P?: They all disagreed with the arrangement of supplying ARVs
P10: Lillian
M: Yes
P10: I want to give you an example
M: Mm

P10: Even in hospitals, you find health workers who are qualified and supplying ARVs, remember they studied/learnt more about drugs. He/she suffered/spent money and completed that course, but you find them encountering difficulties eh, looking for someone else with a wider knowledge to guide him/her on ARVs. Therefore, f you give a traditional healer ARVs to supply and he/she find difficulties, yet he/she lives far from a medical worker who can guide him, do you really think he/she will give a HIV patient a right dosage?
M: I don't know also, that's why I asked you that question
P(all): No way, we disagree with that
P9: No, I disagree giving traditional healers modern drugs, they should continue using their herbs, they should leave modern drugs aside.
M: No 8, do you opposed that suggestion also?
P?: (laughs) but you people
P8: Um, I don't agree with that nurse, the traditional healers will kill all of us, yet we are still living
M: And no 11, what do you have to say?
P11? They shouldn't dare giving traditional healers ARVs
P?: (interjects) We don't want/wish to hear such an arrangement
P?: How will they supply ARVs?
P?: Someone is on ARVs and looking good
P11: First of all, you find them forging and supplying traditional herbs, most people are still living in darkness and don't know what to do. Traditional healers are giving out herbs yet their children have all died of AIDS but when a HIV patient visits them, they just extract money from them. How will they give patients drugs? Ah, no way, the government shouldn't dare giving them ARVs.
P10: Another thing is that I want to tell you that most traditional healers, uh, you find advertising themselves on radio, portraying posters where he/she is working from, but you find in his own family that strong/powerful traditional healer, his family members go for treatment in hospitals. Uh, do you understand me? But he's advising his services, putting up posters, and doing other duties while knowing that he's looking for customers.
P?: (interjects) Um, why can't he first treat his family members?
P2: We don't allow that
P?: We disagree with that.
P?: They will lead to our death
P: (all disagreed)
M: Now, okay, tell me what do you first consider before allowing a traditional healer to supply ARVs to not to supply them?
P10: What we have decided, and what we should be knowing?
M: Eh, before knowing whether a traditional healer is supposed/able to supply ARVs, no 2
P2: We should all know that ARVs aren't supposed to be combined with traditional herbs, even if you are in need, you must make sure you protect your life
M: Do you all disagree with traditional healers supplying ARVs?
P(all): they aren't supposed to give out ARVs

M: Why, no 10, why?
P10: Reason being, all the guidelines/instructions I am supposed to get form the hospital aren't available at the traditional healer's place
P?: They aren't there
P?: The traditional healers aren't educated
M: Eh, you are all tough (laughs)
P9: Traditional healers aren't educated at all on how to use ARVs even if he's given a certificate of attendance. He won't manage supplying ARVs.
P6: He/she is used to traditional herbs
P6: He will use unboiled water to squeeze herbs yet the doctor advised me to take boiled water. And now if I take unboiled water, won't it multiply my HIV/AIDS?
P2: laughs
M: Do you think old woman, I've said using unboiled water to make herbs?
P6: Um
M: I said giving ARVs to a traditional healer to supply HIV patients
P6: No, I refuse that because I won't be sure/aware where he stores those ARVs then supplies them to me.
M: Why, what can stop you from allowing a traditional healer to supply ARVs?
P6: Maybe he/she has no cupboard for keeping ARVs, he kept ARVs in a box and they stayed all night long being aerated, then he gives me expired ARVs
P11: Old woman, the question was like this, do you support if the government decided to give traditional healers in our villages ARVs so that services are brought near to us, in other words traditional healers supplying us ARVs (laughter)
P(few): No, no
P6: No, I disagree with it at least I will be waling to the hospital and get my ARVs from there
P?: It's a shame
P6: (interjects) I will try my level best
P11: Ah, first of all to add on what the old woman has said, there are some drugs of ours having special names for example AZT, you find it being called zidovudine, ah stockrin has a special prescription also. Now if a traditional healer finds such names live Epiva, Lamiva, zidovidine, what will a traditional healer think of such terms?
P?: laughs
P6: I have the drugs, I take here (participant shows a sample of ARVs to the moderator)
M: Don't you think a traditional healer will have been trained/taught such terms?
P?: No way
P6: He/she will end up giving a patient a wrong bottle containing different ARVs
M: Maybe he/she will be given instructions on how to dispense drugs/bottles containing ARVs to specific patients
P?: He's not educated
P2: (Interjects) a traditional healer isn't supposed to dispense ARVs
P11: Moderator, let me add on that issue. Even doctors who are qualified and have knowledge on ARVs, some of them get confused by different types of ARVs. There are some clinical nurses who have no knowledge on ARVs. At times they take us as expert clients to go and teach clinical nurses in Bundibugyo, Kyenjojo, Kasese districts. We go

to educate/teach clinical officers and you find when they have no knowledge at all on supplying ARVs. So they always take us to train clinical nurses, you find them saying "I didn't study that I don't know it". How will a traditional healer learn/understand all that information?
P?: He/she has never even seen some ARVs
P?: Um
M: That's what I was saying, if a traditional healer is taught/trained and given enough information on ARVs, can't she/he supply them
P6: I will not be satisfied
P2: No way
P11: Besides, most of them are illiterates
P?: They aren't educated
P?: I won't be sure
P9: Most of them have knowledge on their herbs/get herbs and squeeze
P?: Traditional herbs
P?: Traditional herbs are easier for them to use
P?: They only know how to mix different herbs
P?: They won't manage/handle using modern drugs
M: You all say that traditional healers can't manage to supply ARVs
P(all): Yes. They aren't educated and can't manage
M: Eh, you can't even choose them to
P(all): (interject) No, no
P?: At least we walk to the hospital for treatment
P?: To add on that, if they failed to treat children yet the tablets come sealed with all instructions indicated and they know it that children from 2 months, 2 years are supposed to swallow a red tablet and they failed to learn that, do you think they will learn how to supply ARVs? All the people were called and trained for 3 days but they used to make mistakes by giving green tablets to a wrong patient, all the whole treatment is made a disorder
P?: Vice versa
M: Which means they do start the other way round (laughter)
P6: Because they are used to traditional herbs
P10: Looking for herbs and supplying them to patients, ah
P11: Using unboiled water
M: Which means you disagree with the arrangement even if they're called and trained to supply ARVs to patients
P6: Yes, I disagree with that, I won't even go to their homes
P?: We can't handle getting ARVs from them
P?: Um
P?: They won't manage
P?: Unless the government wants us to die
P10: Just wait and see the negative outcomes because I, XXXX, will be missing herbs, then you give me bottles of ARVs to supply to Lillian, whereas my herbs are getting spoiled and not selling, do you really think I will give ARVs to Lillian?
P?: No

M: You can give her ARVs
P?: You can give her ARVs
M: What if traditional healers accept to supply HIV patients ARVs?
P10: Ah
P?: Can you allow to lose market for your herbs?
P11: The herbalist will tell the patient that "wankura" (herb) works with nevirapin as septrin.
P?: No way (laughter)
P?: Yes
P11: That's the truth.
P10: When a patient take nevirapin the herbalist will give her/him "wankura" herb alongside that ARV. You must keep it in mind (laughter)
P6: The truth is herbalists will give HIV patients a single dose of ARVs then herbs and they tell patients that the two work together when combined, the patients use both treatment at the same time and they end up getting side effects
P10: Eh, combine the two. Remember the patient will be knowing that traditional healer as someone who is qualified, therefore it will be the patient to suffer
P?: Um
P2: they are deceiving
P?: They are not serious at all
M: Mm, Thanks so much for our suggestions and we have come to the end of the discussion. The most important things we were looking for are those you've talked about, we wanted to find out whether you can accept traditional healers to combine with modern doctors in giving HIV patients treatment and most of you have disagreed with it
P(all): yes, we've all disagreed/opposed that arrangement.
M: You won't accept it.
P(all): Um (yes)
M: Ok, thanks so much. Is there anyone with a question/comment, adding or subtracting on what we've discussed. No 2
P2: I want to add on something shortly on what we've discussed. I once went to the herbalists but I had gone for advice on how I should feed myself and increase on my antibodies or CD4. When I reached there, they told me that they had herbs which can increase my CD4, they gave me a bottle of herbs to drink and told me that after taking those herbs my health will improve. I refused to accept and avoided going back to the herbalist because I was taught or told that our ARVs aren't supposed in any way to be combined with herbs
M: Um, let me ask you, no 2, you had gone to the herbalist to get herbs for increasing your antibodie/CD4
P2: I had gone to get advise on how I should feed myself. Nutritional status.
M: On feeding, eh, because we have found out that there are some herbalists who give herbs like what no 9 had mentioned, that you drink a certain herb, what is it called?
P9: Omwihura
M: That herb increases/strengthens antibodies
P9: You can't take that herbs when you are on ARVs
M: Eh (laughter)

P9: You thought that herb is supposed to be combined with ARVs
M: Eh
P9: You had my history. I tested for HIV in 1993 and got my results in 1994, but I had never used modern drugs, ARVs, but I was using traditional herbs. Isn't it what I said? Till 2005 but when I started taking ARVs, I came to realize that ARVs aren't supposed to be used with other traditional herbs, but I had told you that traditional herbs helped me in the past before ARVs were introduced, but now my trust is in ARVs.
M: Modern drugs
P9: Isn't it because they can't be combined?
M: Umm
P9: I again told you that HIV patients who haven't reached a stage of starting ARVs can used traditional herbs because the two can't be mixed up
P?: (interjects) It's a must he/she will end up using modern drugs
P9: You find traditional herbs helping them extend their lifespan for a short time
P?: (interjects) Let me ask a question
P9: (interjects) Then there are some herbs no 2 was talking about for boosting energy in patients, we refer those ones as herbs also, because we weren't aware that Batooro eat macdonald's eye but now days many people are eating macdonald's eye
M: How do they eat it mummy?
P9: As greens
P?: (interjects) Me, I don't know it
P2: (interjects) You mix it in g-nuts
P9: Even potato leaves. In the past we used to drink potato leaves when raw, the time we tested for HIV, but now when you boil and pound them, they are like real dodo, as how we eat yam leaves, do you mea to say that such herbs are dangerous to your health? Old woman don't you eat dodo or yam leaves?
P6: Yes, I do eat them
P2: "Sombe" (cassava leaves)
P6: (Interjects) I know them
P2: They always teach us how to use such herbs as food
P9: Any leaf/leaves on edible plants are supposed to be eaten
P6: They've never taught me how to prepare and eat potato leaves
M: You are supposed to eat it
P?: (interjects) even banana flowers are eaten
P9: Have you heard old woman, you shouldn't fear eating greens, like potato leaves, bean leaves, anything on edible plants is supposed to be eating
P6: No, I always eat them.
M: Except herbs for drinking
P9: Yes, except plants which aren't edible. Those that are boiled, squeezed and bitter but if you know of herbs which can be eaten like sweet potato leaves and can be eaten in any form, that one you can eat
M: You eat it to boost your energy
P9: And it's all food, we find them in our daily food
P6: When they taught me, they never mentioned macdonald's eye and potato leaves
P2: we eat all of them

P?: Don't lie
P6: You can't fail to eat g-nuts just because you don't have dodo when macdonald's eye is available, just look for the best or you look for potato leaves
P?: (interjects) or eat banana flowers
P10: Even if she gets whole macdonald eye plants and steams on top of bananas, it's the best sauce ever tasted
P2: You even eat banana flowers
P6: I always hear people talking about banana flowers on radio
P10: Even if you get macdonald's eye and mix in cow ghee it still take like real or fresh dodo
P9: Like how we east "nyamantundu" (herb) don't we eat it/
P?: Um
P9: That's how others are also
P?: Even enderema (some herb)
M: Um, thanks for teaching me different herbs for making sauce
P4: eh, it's all grass but we eat them
P7: I've a question for my sister no 11. What forced her to leave using traditional herbs and start using modern drugs
M: Modern drugs
P9: That's what we had discussed, you can use traditional herbs when you are staying in the village, and have no access to modern drugs like our time I used traditional herbs just because traditional herbs weren't in existence
P2: ARVs weren't in existence
P7: Eh, ok I understand you now
P9: Then afterwards my CD4 count was checked, then it reduced and I started taking ARVs, but which I used to drink "omwihura". To tell you the truth, since I tested HIV positive, I've never suffered from diarrhea. "Omwihura", that herb has some element which helps HIV patients in one way or the other. But when I began using modern drugs I follow their instructions. You cannot mix up the two
M: No 11, do you have any suggestion you want to add on
P11: I was adding on what no 9 has said. No 9, your faith made you believe that traditional healers were giving you treatment but your antibodies were still powerful/strong enough to resist diseases even if they tried giving you herbs we have patients at the clinic who tested positive in 2000 and they aren't taking traditional herbs or any treatment. Their work is to go for CD4 counts only at the hospital, and get septrin. Ah, his/her CD4 count is always high. There are some who aren't even on septrin but each time they visit the hospital doctors tell them that their CD4 count is high
M: What brings that? Is it good feeding, or?
P11: Good feeding and he's not attacked by common diseases
P10: He/she might be so protective/assertive and not having sexual intercourse, he/she abstains. No adding to/subtracting on his virus
P11: Another thing, giving you an example, I came across a Tanzanian herbalist who was giving out herbs for treating patients. There's one family I know of but they were my relatives and very rich, he lost all his children all in the name of traditional healer deceiving him with jerry cans of herbs. Each time they go there all his children holding

degrees died, yet the traditional was just giving him herbs which don't cure AIDS. And when we went to the herbalist's house we found there very many different types of herbs, tree samples, nothing was missing, he used to boil ,mix the herbs and deceive the man. A dose cost 1 million, 900,000 shillings, 500,000 shillings he used to charge for his herbs. But I want to tell you that all members of the family passed away. Even the Tanzanian himself got infected with the virus yet he's the one who prepares HIV herbs by boiling, mixing different herbs, then supplying to patients. He was also infected, he never risked not even talking/using his own herbs.
P10: He rushed to the hospital/ran away
P11: Did he run? He died even when you go to his former work place, his grave is there, his herbs rot, some were scattered, and thrown away. Secondly, I had a sister. We went and bought some herbs b that time were still ignorant. That sister of mine was HIV positive, we went opposite standard chartered bank in Kampala and found there a herbalist called Iddi Lukwago. We bought herbs from there, he sells each small bottle of herbs at 35,000 shillings. A whole dose consisted 10 bottles and yet you've bought each bottle at 35,000! We sold whatever my sister had, we even used our own money and some of us were really bankrupt. We were confused when she used to drink that herb by that time she was bedridden, scratching her body, diarrheating after taking the herbs, she would pass it out
P?: As now she had drunk it
P11: And when we used to take her to the hospital for blood transfusion the blood use d to go through the body when we are just looking on
M: What?
P11: Blood passes through he vein to the outer body, the whole bottle of blood is passed out by the patient
P?: Um
P11: There was no sign of a patient improving at al till she died. The doctor was demanding a lot of money from us promising us that the patient was going to recover. All the treatment failed and it all failed. She ended up dying. That's why I am advising patients even those who haven't started taking ARVs, they shouldn't trust/believe in traditional hers, those herbs don't cure patients at all because the traditional healers won't be knowing the viral load of a patient, CD4 count, no one has check for it. A patient will be getting treatment in darkness and living like a blindfolded person. Everyone who is positive should/must come out and used modern treatment available because modern doctors/nurses are aware of what they are doing
M: Thanks so much mummy, thanks so much for you views/ideas. Let me hope there not any other person with a question because some of our friends have come from Virika and want to go back
P(all): Um
M: Eh, they've asked for permission to come for a short time and they go back. It seems we are done with the discussion
P(all): Yes
M: Ah, thanks so much for you contributions, may God bless you all and safe journey back home
P2: Thank you too

P(few): Thank you so much for teaching and guiding us
M: Ok, sit down and they refund your transport then we see how you will go back home.

Appendix 23-Healthcare Worker Interview 1

M: And you're okay with having the interview recorded?
P: It's fine
M: Okay, leave that here. So maybe you could just explain for me what type of AIDS care you're involved with
P: The care we're involved with is general. We look at children, we look at mothers (2), and eh,
M: No fathers?
P: Even fathers
M: Okay
P: The whole population in general
M: Okay
P: Mainly we do diagnosis, we do counseling, both the pretest and post-testing counseling, then we also give ARVs. (2)
M: And you're involved with providing the patients with the ARVs as well?
P: Yes
M: Okay (2). Do you find that any patients have difficulties in accessing any aspects of AIDS care?
P: Yes, patients do have difficulty, because, mainly it's a constraint of transport.
M: Okay
P: Some of them are, hmm, don't have money now, to move from deep in the villages, to come to this center. So to try to remedy that we created an outreach program. We have outreaches, we have around 6 outreach sites, but even those are not enough
M: Where are the outreach sites located?
P: We have 1 in Rwimi every first Friday of the month, we have one in Kyagura, every first fri- every first Monday.
M: Okay
P: We have another in Kicwamba, we have another in Kyakojo which is a prison center
M: Okay
P: Uh, we have another in Ruteete, and uh, we have another in, uh, (4), the other one Kibasi.
M: So they're spread out throughout the district
P: They're spread out through the district but some are nearby, the majority are nearby. They're not really very far.
M: Okay
P: Yes, but um, even then we feel we are not doing enough.
M: Okay. Why would you say that?
P: We feel we're not doing enough because, uh, the outreaches are busy, they're very busy in the sense that they're nearer.
M: So they're busier than this center?
P: Sometimes, yeah, they're nearer. Sometimes they're competing. You go, there are very few people there, you get a very big lot, quite a number, 2m42sXX% remain behind here, and you will still have another big lot, yes,
M: And do the outreaches do testing as well or just providing treatment?
P: We do testing.
M: Okay

P: We do, we do, we usually start them off with a health talk, there are different individuals, who are assigned to do different things in the outreach. For the clinician, we would be in a specified room, attending to clients, 3m7sXXX counsel and give health talks and encourage testing, and after that she will give previous results, or we'll continue with other testing together with the lab person, and issue the results to the, to the clients.
M: Do you find that people are hesitant to get tested?
P: No, they're not very hesitant
M: Pretty free
P: But some times the prob, the challenge is or if you've, uh, not planned well, you come for what? If you went with few kits you run out of kits
M: The testing kits
P: Yeah, that's a big challenge. Sometimes we just have to come with the drugs, and do the testing XXXXX(in some other instance.)
M: Do you find that you're getting the same people who want to keep getting tested or do you get new people that have never been tested?
P: We do get new people, but some, there are also old people who are tested who do come and test. And majority of those who come test, who come to test actually test positive
M: Okay
P: Yes.
M: So it's quite
P: Very few test negative, it's actually the children who test negative mostly
M: Okay, so why do you think so many people are positive?
P: why I think so many people are positive is that, uh, they have probably had a test before
M: Okay
P: Maybe it was positive, from maybe a local clinic but they were not sure, so they want to confirm, maybe to come and have another test, because our organization is kind of popular around in providing ARV services,
M: It's well known
P: It's well known, so people will come and 4m55sXXXX positive, and since it's one of those well know organizations with no limits, there're others which have added a cut-off of enroll, of recruitment
M: Okay
P: So everyone would like to join and have that, uh, have him or her or child recruited if they're positive
M: So these are people who already know or think they're positive
P: Yes
M: And they're more motivated to
P: Yes
M: Okay
P: The other thing is that sometimes we put announcements prior to going to these
M: Radio?
P: Yes, we put prior radio announcements prior to going to these outreaches, maybe that's why they come quite often
M: So they get enough advanced warning that

P: Yeah
M: That they know when it is. Okay. Um, for patients that would be needing care but aren't getting it, why do you think they don't?
P: Why they are not getting the care is that this place is congested. On a really busy day, it's very, very congested, and if it's very congested that means that the waiting time is going to be long for the client. Not only the waiting time here at the clinician's room, but the pharmacy where they are picking drugs and also at registration. (4) That's one of the most important factors, the waiting time
M: So you think patients are coming in and having to wait too long and leaving, or?
P: It depends.
M: Or they have a negative experience then decide not to come back
P: Depends on the day. Because most of, some actually, that yeah, some days are busy, some days are not very busy. If it's a busy day they know and they're braced for that. But if it's not a busy day it's fine.
M: It's quite quick
P: But it's always busy.
M: What about people who haven't even been tested yet, why do you think that they
P: Those who haven't been tested yet rarely come. You can get 1, 2, 3, a trickle. But how we get those ones we sometimes organize sensitization, uh, campaigns. Sensitization campaigns, we go to a place usually with a PA system, public address system, and maybe with some drama activities, we play out 2 or 3, and some music, and people gather
M: So it's about knowledge about HIV, and not access to care necessarily.
P: That is sensitization. Sensitization's different.
M: Mmhmm
P: Yes. During the sensitization process there are lots of things that happen. People come to ask questions, they come to talk to counselors. If at that time the doctor has gone with them, they get a chance to talk to the doctor to alleviate misconceptions mainly.
M: Are you finding that stigma is an inhibiting factor, or it's not as present
P: Stigma is because uh, it's, uh, if I can't categorize it, it has its own classes. The class of people who are mostly stigmatized are those who are well to do.
M: Okay
P: Those who are like well to do, I mean the wealthy ones, those who are in the middle there are fine, and those ones the low class who are not very wealthy, they are fine
M: Okay
P: They are not really, they don't have that stigma pain. Maybe the other kind, the other comes in is adolescents. The adolescents don't like to associate with the kids, with the very young kids, and they don't like to associate with the adults. They want to come in
M: Be separate
P: On their own, be separate, but we have organized a separate day for them, like separate clinic day, we shall have their treatments like on Wednesday.
M: So the adolescents don't even like coming in to get care when there's other groups around?
P: Usually not, but they come in at weird times, either they are very first in the clinic very early in the morning and they go out, or they come late. Or they could come on a day that is not theirs, on a day like today, Thursday; we usually don't attend to clients, mm
M: So what do you think they are so sporadic and they don't come in on a regular basis?

P: They don't come on a regular basis because most of them are in school
M: Right, okay
P: They're in boarding schools mainly, they, now like this season, most have not come in, because they are in schools, most of them are in boarding schools, others in schools in Kampala, so when they come we usually give them a 2 or 3, 2 month refill. Then they will send either a parent or brother or sister to pick for them
M: Okay. And what kind of information do you keep about adherence and side effects? Do you know how well people are maintaining the regimen?
P: Yes, we do ask adherence assessment, usually they do it at the triage first by the adherence eh, we have an adherence team.
M: Okay
P: You should have met that one, but we have an adherence team which does that. But it doesn't stop there. Even the clinician does assess the client's adherence. We ask our client about their medicines, um, the side effects we do document. We have a few forms where we fill some of the adverse drug reactions. They are provided by National Drug Authority, it's just copy.
M: Okay
P: We have a few of those forms filled in. Yes, so we really follow up these adverse drug reactions. (2) But the other challenge is uh, some of the parents of these children, or guardians, they don't really facilitate the 11m15sXXXX quite enough. You might find that there are drugs which we have to recommend for them to buy that we don't have here, you write
M: For ARVs, or other symptoms
P: No, not ARVs, OI, opportunistic infections
M: Okay
P: You find that when the client, the child goes back home, the, the parent has not bought the drug, and the condition we treated is still there. So that's a very big challenge.
M: I guess so. And why do you think that people who are wealthy are stigmatized
P: I think they have not, why I think they are stigma, stigmatized it this. They have not gotten proper adherence counseling. They are wealthy, they have their money, they think they know it all. That's how simple put it. But this is how we get them. They usually, uh, they usually some of them do mess up the drugs, yeah, when they mess up the drugs you correct them and you explain to them that they get back on track. But they have this air of arrogance around them, that's how I'd put it.
M: the arrogance, okay
P: They didn't get this adherence counseling
M: Okay. So if you look at Uganda national statistics, I think the ministry of health estimates that under 50% of people who actually need ARVs are getting them, and you mentioned some factors like the transport, waiting times are problems. Are there any other main challenges to getting that treatment to everyone who needs it, to getting universal ARV coverage?
P: Yeah, the challenges are there. Most, one, most important one I think is awareness. We've talked of awareness, people have talked of awareness on the radio stations, but you still find the populations there who can't get it, who can't have radios
M: Some people don't have radios and can't get them

P: Some of them, they are there Uh, there are people deep in the villages, deep, deep, deep, deep, where you can't even have vehicles going, the networks of the roads can't be good. Now, this is the rainy season, the roads and the terrains are not good
M: Yeah, I've been on them
P: So, then the other challenge is, the other partners who are, who are giving ARVs, who are involved in care, some of them are, have, have, because of funds they have stopped, like enrollment, they want to only take care of those they already have, the number they already have, at which they're XXXX 14:11. Others because of some reasons or other reasons, they have actually, they are not participating
M: Okay (2)
P: Why they are not participating I don't know.
M: so you mean they are not participating in ARVs at all? Or they're not participating in
P: Participating in taking care of patients. Uh, because usually we, here, we have uh, we have uh, a memorandum of understanding with the Ministry of Health
M: Okay
P: That means that if we gather samples from the Ministry of Health units, those samples are not supposed to be, they're supposed to be attended to free of charge.
M: Okay
P: The samples
M: So you're referring to public clinics versus private clinics?
P: No private clinics, I'm talking about government
M: Just the government, okay
P: Ministry of health. But what you find, sometimes we get some clients who have gone to those health units and they had a rough time there, then they're coming here. They've been telling us they pay a certain fee amount.
M: And it should be free
P: It, ideally, on paper, it should be free.
M: So JCRC is not a government run clinic
P: No, it's not. But it has a memorandum of understanding
M: Okay
P: Within the Ministry of Health. And that means some samples are run free, like the CD4 samples should be run free, the viral load samples in children should be run free
M: Viral loads are only done in children?
P: We only, we also do them in adults
M: I do know that's a very expensive test
P: It is, but it is a necessity in assessing resistance.
M: Definitely.
P: It's a very necessity because in this place people have been on ARVs for a very long time, actually in other places they don't even follow up these people, they just give them ARVs, uh. If you chance to learn such a client and you just do viral load, you will be overwhelmed
M: They're not maintaining below detectable levels?
P: No, no, no, no, no, no, no. You'll find the viral load in millions actually.
M: wow

P: And it's common. But the other challenge is some clients of course are not sensitized about these viral load things, but then they only know CD4 counts, once it's low they start you on ARVs.
M: Mmhmm
P: Yes
M: Okay. Um, do you think there are different challenges facing the rural populations than the urban populations for getting care? You talked about the roads, um, and sensitization (3)
P: The challenges are there. Uh, I talked about transport, sensitization, (2) transport
M: Those are the big
P: Transport is big, sensitization is another, but mainly the economy. Now we talk about fuel now, we're in a crisis of fuel.
M: Yeah, yes
P: Everything is, is stuck on these past three days we've been just getting a meager number of clients, which is unusual. (2) That means, or that explains that some are trapped home. They don't have the money because the fares for transport are up, the vehicles are not there cause fuel is lacking
M: Even if they could buy it it's not available.
P: Yeah, it's not available. So (3)
M: So it's, from what you're saying it's definitely harder for people who are deep in villages to get care?
P: It is harder
M: Do you think that they are less likely to seek care, or is it just the challenges are overwhelming?
P: No, they are not, they want to seek, but the challenges are overwhelming. Even sensitization campaigns, you find that the funds are not enough to carry out some of these campaigns, around because, eh, I don't know, most of these organizations they USAID funded, so if they say people do not use funds in time, it's difficult
M: It's challenging. Okay. Um, what do you think about traditional healers and the care that they provide to AIDS patients?
P: Traditional healers?
M: and when I say healer I'm referring to herbalists, and um, anyone that provides care for patients who aren't modern doctors.
P: Yes. (3) I have negative reservations about traditional healers, but I also have a few positive ones.
M: Okay
P: But the most important negative reservation that I have about them is that they extort.
M: They extort, okay
P: It's a very big challenge
M: So they are focused on money
P: They focus on the money, they extort clients. Uh (3), they're weird, I'm going to say they are weird
M: (laughs) Don't feel like you can't give me negative opinions
P: No, no
M: They are just as good
P: I'm telling you that

M: Okay, so be as honest as possible
P: They are really weird
M: Mmhmm, so what, obviously my experience with healers has been limited to the past 3 months, can you describe what about them would make them weird,
P: What makes them weird, it is true, some of these herbs, some of them, actually work.
M: Mhmm
P: But, because some of these herbs work, they would like to exploit this reason, and say since this herb worked on this it can cure this, it can cure HIV, it can cure this, and this and that, and eh, some clients have come actually and told us and they've come and put some of the herbs, and eh, sometimes it is psychological, it is psychological inside of the clients to cure, so they tell you my sons, I have sons in Kampala, they went and bought me these herbs, and they said if I take them they will work, because I've had this condition for a long time and it's not going away, for example peripheral neuropathy which common, which is a common side effect with some of the drugs (2) they tell you that
M: They say like, numbness
P: Yes
M: In extremities, okay
P: Yes, so they will tell you that eh, they, my sons bought me these herbs, they help me, take a little away from neuropathy.
M: Okay
P: If this is a client who did not have good adherence lessons, who did not have a learn through the ARV side effects, it's going to be so hard to convince this client that this neuropathy is because of the symptoms. But it's XXXX 22:12 is to get this and that, it's very hard. Some of these herbs uh, have very good extracts which actually very rich in multivitamins, some of them, I'm not saying all. But the challenge is they are expensive
M: Mmhmm
P: you see?
M: Yeah
P: They are even more expensive. This is why I'm saying these people, the herbs will not be bad, but they are extorting clients who don't even have money. Someone may have a goat or two, which is going to sell, these 2 or 3 goats, uh, a goat may be around 50,000, she will sell her goat for 50,000 to buy this extract. That's where the challenge is, extortion
M: Okay. What do you think about the actual care itself? Um, is there a role for it or do you think that it's negative, even if it were free?
P: The actual care
M: Do you think other than the money that there's any sort of intent to treat the patient or is it all about extortion?
P: It's not direct that it's extortion it's a consequence, because, because, eh, because eh, the challenge, these people don't even know, some of them may not know actually know how an HIV test is like, some of them maybe have never even tested for HIV, they don't know CD4 counts, they don't know viral loads, things like that. But talking about uh, the extortion bit, it's eh, it just comes along, they intent to heal is there, but also the intent to make a profit is very high, overruns the intent to heal, so in my opinion, I have a feeling there's no code of conduct among these people

M: So do you think it would be, and this is sort of a side note, do you think it would be beneficial to get more regulations in place for healers, to get that code of conduct, or do you think they should be just sort of phased out entirely?
P: Phasing out entirely, I wouldn't agree, because they have this psychological healing they give
M: People believe in them
P: Yes, which, but what I'm thinking, or what is good, or what is best, is like to integrate, but how we go about this? Um, we need to, to get easy, getting easier I mean, train them, give them knowledge about HIV/AIDS, uh, I mean and the way we, we, we give treatment, but not to despise their medicine. Some of these herbs do work, I agree, entirely, but the dosages we don't know. The majority of these drugs definitely do interact with ARVs, but that one we don't know. I'll tell you I had a scenario, the client came with ah, with his herbs his sons had bought him uh, the herbs, and I just looked at the, at the contents of extraction, most of them are vitamins, so the client asked me may I please take these ones or should I leave them. So I look at, sure he was taking his ARVs, I looked at it as controversial, so I said what do you feel? I asked him are you taking these drugs before? He said yes, I used to take them and I got well, but when I started the ARVs, I stopped taking them,
M: Okay
P: I said okay, I think it's fine, continue to take your extracts. They were a bit XXXX extracts.
M: Okay. Um, and you did mention that other than your negative reservations there were some positive things
P: The positive things are that eh, (2) they, sometimes we have what we call um, CLVs, (2), these CLVs usually they're like scouts outside there. They move to every home, somehow they do some sensitization, and some of these could
M: What does that acronym stand for?
P: CLV, community liaison volunteers
M: Okay
P: they do talk to these people and, they do refer some clients to us, but not in a routine document
M: Okay
P: But refer XXXX
M: Okay. And people in the villages know who these people are, or are they sort of in secret?
P: That one I'm not very sure
M: Okay
P: But the CLVs should be known, because they are the ones mainly in the villages
M: and they've had some experiences with the healers as well?
P: Yeah, some. Some have, some have not.
M: Okay. (2) If healers were involved in expanding ARV programs, what are some ways you think they could support that expansion
P: The way they would support the expansion is through sensitization. They would talk to their clients. Because the majority of these clients usually get for example skin infections, for which they would run to the healer, thinking maybe they could help. Um, like herpes zoster, for example, so if the healers knows herpes zoster as an opportunistic

infection the best advice would be, well, he may extract his money from the client by giving the client a herb that may actually not work, but he will also add that at least you do what, you go and have an HIV test if you've never had, you go to this place, you do take care of this, things like that.

M: If patients are scared to go to the modern health units, and they only rely on healers, um do you think that that would be enough for them to recommend for them to go, or do you think that they would need to be involved with more aspects

P: It's not that they are scared to come. They are not scared at all. They are actually willing. But who is the first, what's their first step when they get a problem? They find the healers just within reach. Now, when you go to the healer, it will take you another month or two weeks to come to a hospital because you have to mobilize, the hospital where you've never actually been. You don't even know where it is. So that's the challenge

M: What about other aspects of actual treatment like, um, keeping track of adherence, or recording side effects, do you think that they would be able to be involved in those areas, or?

P: Adherence, yes, even tracking side effects, yes, but we'll do that after they have been made knowledgeable

M: So, training?

P: Yes.

M: Okay. Um, another aspect that community volunteers have been involved in even in Kabarole is actually bringing the patients medication to their homes. Um, what do you think about healers being involved with that?

P: Healers being involved with that would be fine, but as I, as I told you they will still be extortive, they will take advantage, and extort clients. Uh, we, personally I still, I um, I kind of feel worried that these people could actually start trading these drugs.

M: The healers would start

P: Trading the ARVs, if you give them ARVs to take, and they would sell them, so that one is tricky

M: Because they're money minded, so they'd want to profit

P: Some, not all of them, but some, because eh, if you also looked at the religious pattern, if for example you say you've seen a few, have you taken their religious pattern?

M: Yeah

P: Uh huh, Muslims, Catholic, Protestant?

M: Yeah, I know what religion, how often they go to church, information like that

P: And those that go to the mosque?

M: Yeah

P: How many have you got, for example?

M: Um, if I'm to guess I would say about 20-30% are Muslim, maybe less.

P: Have you encountered those that have actually small public address system, they have herbs in their cabins, or with small vehicles

M: Like vehicles to distribute, or?

P: Yeah, like a vehicle to distribute and small public address system, with which they use to call upon their clients.

M: Um, I didn't even know this existed, and I'm not sure

P: Have you also, like, have you enquired the big authorities, like National Drug Authority about their policies on these traditional healers?
M: Um, we've, I've had some documents but I haven't received anything official from them. But that's one thing I'm getting before I go.
P: Actually, the National Drug Authority of Uganda, it does, eh, it does eh, it does not encourage selling of unregistered drugs, herbs, like that, they are actually fighting them, so they are hiding,
M: I've heard that
P: They are in hiding, it is a secret, only some few people know of them
M: We have had people fear that when we were coming that we were there to arrest them. So I do know that they are scared right now, and that they are worried about what people think about their practice. So it's tricky.
P: It's very hard. Because National Drug Authority is very unfriendly to these people for good, general reason because sometimes
M: And you believe these reasons, yeah
P: Yes, I do
M: Of course
P: Because sometimes, do you use a bus when you're coming this side?
M: To Fort Portal?
P: Yes
M: Yeah
P: Uh, there are usually people on the bus who are selling these herbs, they actually advertise on the bus
M: Really?
P: Yes. So these are things
M: I guess I'm not the right market (laughs)
P: This is uh, the reason why National Drug Authority does not want, uh
M: I know they're not allowed to advertise,
P: They do
M: On the radio
P: They do
M: I definitely see advertisements, especially around Kampala, so I'm not sure how that
P: Even the buses, if you had paid attention you would have noted that on the buses they do advertise from Kampala. When the bus is traveling up country, those people get in their briefcases, they are smart, they start advertising. Sometimes they sell expired drugs, it is true.
M: One thing I have heard from some herbalists is, um, especially the ones in the executive of the healers' association, is that they don't respect the healers that advertise, and that they discourage it themselves.
P: Yes,
M: Which is sort of interesting.
P: Uh, in the medical practice, advertisement is something that is actually is non-existent,
M: You'd think that if people need care they just get it.
P: It's non-existent, advertising, but it's different from sensitizing, yes. If they are sensitizing, fine, but if they are advertising it's a different story. Usually the things they

advertise, counterfeit maybe drugs, they could be counterfeit herbs, that's the biggest challenge.
M: Okay.
P: That kind of advertising does not only take place on the bus, but even. Have you gone to some of these markets, outside town?
M: Um,
P: Like these markets
M: Like Mugusu, or?
P: Migratory markets, yeah, like Mugusu
M: I haven't been to Mugusu yet. I just go to Mpanga market, and the farmers' market on Wednesdays.
P: No, no, no. You take time
M: Okay
P: Go, there's one in Rwimi every Friday.
M: In Rwimi,
P: Yes, where there's the other Rwimi project. (Village name) Tuesday, these people are there, they do advertise themselves, they're there.
M: Okay
P: They are mobile, they're there.
M: So, knowing that there are some herbs that interact with ARVs, would you be worried that if healers were involved with treatment, that would increase the number of interactions, or do you think that they would put their herbs aside.
P: It depends on how we include them in treatment
M: Mmhmm, okay
P: If we are partnering with them, and at the end of it the client will access ARVs and not take herbs, fine. But if we have this sort of partnership the client will access ARVs and at the same time herbs, that's the difficult part
M: Okay
P: Yeah (2)
M: Um, what kind of challenges would you see to working with healers within ARV care?
P: The challenge is that if they resist training, they resist, eh, uh, having seminars, many need to be educated, surely, that will be the biggest challenge.
M: So if they're unwilling to work on your terms or unwilling to educate themselves to provide the best care, then that would be the biggest challenge?
P: That would be the biggest challenge, yeah, would be that they would expect them to get employment, they will expect that they will be employed once they get trained, they will be employed and they will be like being paid some kind of special allowance which may not be there. And, eh, that will, that will not, kind of enhance their degree of extortion
M: Okay. So instead of extorting the patient, they would just be extorting
P: No, both
M: They would still try
P: Because they will expect to be paid
M: Okay

P: For whatever work they will be doing, and secondly they will expect that they will be paid to sell their product.
M: So they would still want to sell their herbs to these patients
P: Yes, but ideally the partnership would be such that they don't sell their herbs.
M: Okay
P: To the patients. Or if they are selling at least they should notify which herbs they're giving to the patient, so that
M: So register it
P: We can get it registered and track any side effects that may come or any interactions that may come with the herb
M: Okay
P: That they may not be able to provide, or to accept? 15:38RM
M: Okay. Can you think of any benefits for the patients if you were to work with healers to provide them care?
P: The benefits would be that the patients will, will, if these healers are, I'm looking at the context if they are trained
M: Okay. They would have to be
P: Working like super-community liaison volunteers, because they have knowledge, they have trained, not only at sensitizing, but they're giving other kind of thought, it would improve someone, but not completely, because still there is that one percentage that will stay behind, because of transport
M: The patients?
P: Yes
M: Okay. So even if there were enough human resources available in Uganda to offer care, you think that there still would be people who can't get it, because, just because of transport?
P: Eh, not that.
M: Okay, sorry
P: Enough human resource, yes, but where is this human resource? In one center? That will not do. This human resource should get out there. Should be a mobile thing. Should be like mobile outreaches.
M: Okay.
P: Every particular day of the week there's an outreach on this side, we go there. Maybe a hundred, or two hundred or three people gather around that place every week. If it is a routine, they know it, fine, I think it would be okay then.
M: Okay. And can you think of any negative aspects for the patients for that collaboration?
P: Uh, the negative aspects come when the patients gets severe disease, the patient gets admitted. Um, (3)
M: Do you think the severe illness would be harder if they were being supervised or their treatment was being monitored by healers? Or do you think that
P: It can be hard on both sides, both the clinician's side who are educated and both the traditional healers but traditional healers cannot admit, have no wards, but you rely on them in the sense that they would refer, but sometimes, some don't refer, especially those that are not knowledgeable. They don't refer, they keep the patient there, the condition

deteriorates, deteriorates, until the other tenants or relatives of the patient learn about it, then they carry someone who is critically ill to the hospital.
M: Okay. Um, would you be willing to work with healers to provide ARVs to patients?
P: It depends on the terms.
M: Okay
P: If these people are trained (2) well enough, in the field of HIV care, just HIV basic care,
M: Mmhmm
P: By the way, some believe they can't catch HIV/AIDS, some, so, I'd say those are hard nuts to crack, but yeah, they can help. But after of course, constant and repetitive training
M: Mmhmm. Do you think the health care workers would require any training for that collaboration to work?
P: They do. They do require that collaboration training.
M: What kind of training do you think the health care workers would need?
P: One, the health care workers will need to, there's a, there's this superiority complex which health workers do have. That one has to die out. (2)
M: Okay
P: Let me say, good leadership training. Because if someone has good leadership skills, uh, he will not look at the challenge and keep pushing it away. He would see a way of marrying it together with another and come up with something better. Which I think, they will need really good leadership training skills.
M: Okay. Um, I'm just going to go over what the goals and objectives were for this discussion. Um, I wanted to talk about current barriers for patients to access ARVs, what challenges there are in rural and urban areas, what types of care healers are giving to patients and how they might be involved to collaborate and what barriers there might be to that collaboration. Did you have anything else you wanted to add to any of those points? (6)
P: I wonder if you have, uh, assessed poverty of this place?
M: Poverty of the healers or the patients?
P: Of the patients
M: The patients, um, it's not part of my study, but um
P: But how did, did you look at it? Because it has a very big affect. Poverty, but there you'll say how do you define poverty because the majority of people around there live below the poverty line and depends on how you define poverty.
M: Well, I think the WHO defines poverty as people who live with less than $2 a day. However, um, Uganda is a remarkably fertile country and I think that people are very poor but, um, unlike other countries in Africa, people don't seem to be starving. So, there's differences in that.
P: (quietly) Actually us too.
M: You think there are food shortage issues as well?
P: There is food shortage, because within Fort Portal here, food is very expensive,
M: So if people aren't
P: And this is the place that is fertile, you can see there's lots of matoke, and you wonder why
M: So people aren't farming there own food, around here
P: Some here are not. Some of them.

M: Do you think that getting good diets to people is a challenge in ARVs?
P: Yes it is a challenge, because most of them rely on what they have,
M: Okay
P: Um, sometimes just greens, we call them dodo,
M: Yep, dodo
P: You know, you know dodo?
M: Yep
P: Um, it's, it's species name is (amarashis) species, now that one, if they see you eating that, you can make sauce, you can make lot of things out of it. Ah, they will say ah, this one is what, is eh, is poor. I mean they down look and some people don't like that.
M: Okay. Hmm. So there is, people look at what other people are eating and pass judgments on them
P: Yeah, if they see like, ah, like this one, I can't have this kind of meat,
M: So what do you think is the biggest challenge about poverty in getting ARVs?
P: The challenge comes in transport
M: Just in transport. (5) Okay, um, just to go through some of the stuff that you were talking about, like the challenges to some collaborations, you were talking about if they resist training, that would make it very tricky, um
P: If they resist training, first of all, they might resist training in the sense that they'll feel that they are being identified for National Drug Authority to pluck them out. So, they may fear. So they need that fear, needs to be alleviated.
M: Okay
P: If it is alleviated, I think they will accept. And if, it depends which organization is training. If it is a popular organization, they feel they want to get attached to it, because they know maybe they'll get some incentives there, and they'll even be more popular and get more clients.
M: So, what I find from talking to healers is that they're aware that they need training and they want training and they feel like they wouldn't be able to collaborate without that as well. Um, I find that they don't have a lot of faith in the government programs, and that they've been let down by them in the past, so that, that would be their biggest challenge. And one thing that they talked about that makes them hesitant to collaborate is um, what you were saying about the health care workers' superiority complex, and they feel like they are really looked down upon with those collaborations. What do you think would be the best way to overcome those reservations that healers have about working?
P: One, you have to conquer the superiority complex among the health workers, by organizing some special, well, they will be definitely their superiors, um, organize some special leadership training, and they should change their attitude about, the attitude they have. But the other challenge is that some of these health workers uh, have had past experiences, bad past experiences with traditional healers, and it will be difficult to change some of those particular behaviour. But anyway, the goal is to have the training, all in all
M: Yeah
P: But there are those small individual problems amongst the health workers who have had bad experiences with them.
M: Okay. They may be hesitant. Alright, I think that's it for questions that I had, did you have anything you wanted to ask me? (2)

P: For how long is your study going to take?
M: Well, we've been collecting data since the last week of Sept, we should be finished collecting data by the end of next week. After that point, I'm hoping to have a few public meetings while I'm still in Fort Portal, just to let people know what's been collected, then in February or March we'll have a formal report finished that we'll send back to Fort Portal to give to the district health offices, and anyone else that's interested in the area. And then the results will be published some time next year. And if the results are positive, and we find that it would be a good idea to involve healers, my supervisor would submit a grant proposal to get funds to do this type of program, and that would take even longer, so we're still in the data collection phase right now. I'm sure you're familiar with the community ARV program in Rwimi
P: I am, I have heard about it, and eh, we, we, (2) we organized to have an outreach there because eh, the program that was being run there with the University of Alberta was running out. Not that it was running out, but we have priority to organize outreaches in health center IIIs, because we think that health center IVs can take care of their own, they can manage their own things. But even there we have the challenge that when we get there, the staff at the center, they leave everything for us. These outreaches are heavy, they are very, very heavy
M: It's very busy
P: It's very busy, so they do work, a lot of, most of the work for us. We had thought that maybe we would, would uh, work hand in hand, like we're giving, would be like a hinge for them, giving them assistance but actually they even expect uh, things like allowances from us, so it's a very big challenge, and it's still go on, still go on
M: Okay, so to provide a bit more information for you, um, the people that run the community ARV program, is the same university that I work for. So, if we were to submit a proposal for this program, it would be through them. So what recommendations would you have from the challenges of that program to start a new one? (2) Just, you were talking about how there was issues with them having expectations that maybe can't be met by JCRC. So it's better to work closer hand in hand to figure out how to work things together.
P: Yes, they, it's true because (3) I'm going to put it like this, any HIV patient is looked at as the other, if you had a boy and a dress, rather a girl and a dress, you will say the dress belongs to the girl, or the girl should have the dress. So HIV patient and JCRC, that's the connection. HIV, JCRC. JCRC, HIV. Nothing else.
M: Okay
P: That's the connection. Now, when we go there, like, ah, they will say, if the patient's not HIV fine, but if the patient is HIV, ah, those are your patients. So, there is stigmatization in the way, yes, ah, there's stigmatization there because the other people, the other health workers don't like to attend to the clients, because they lack that incentive of the motivation in terms of money maybe, at most money, so it has been a very big challenge. Every time we've gone to Rwimi, we sweat a lot. Not only Rwimi, even the other centers. But we are planning to have uh, those places identified, those two individuals who can have, most of those individuals have had training, by the way, yes, the clinical officers in Rwimi, two of them are trained here, so they expect right now XXXX, and that XXXX that particular, that Friday we thought it would be an outreach

for children only, because the other ARV program that was running on Wednesday, (3), we actually had it both for children and the adults
M: Okay
P: On Friday
M: All together, which is
P: Very heavy
M: Very heavy
P: XXXX
M: So the days are busy for outreach
P: Outreaches are very busy, they are very busy. But it's another better way, it can XXXX to reduce congestion here, and you access more outside there. But if uh, if you guys could organize, and XXX get funds for outreach programs, it would surely be a better way to go.
M: Outreach programs are the way.
P: Outreach programs would be a better way to go.
M: Better way than (2)
P: Better way than just being in one center, one place
M: One spot
P: Like us here now. We're lucky we have outreach programs. If we get, if individuals there need to refer, we will refer them. If you learn, stumble upon someone who needs to be referred, refer to hospital, we refer them
M: Now the other ARV programs in Fort Portal, like Virika, do they have outreach programs as well?
P: Not sure
M: Okay
P: Virika I'm not sure, but eh, Kabarole I think does, but I don't know exactly what activities they do in outreach programs. They could say outreach, but it could be sensitization.
M: So it's not quite the same. (1) Okay, well I think that's everything. Thank you very much for your time, I really appreciate it.

Appendix 24-Healthcare Worker Interview 2

J: And you're okay with having the interview recorded?
P: There's no problem
J: Okay. So the first question is what aspect of AIDS care are you involved with?
P: Personally?
J: Yes
P: Since I am a general nurse, I integrate a lot, but my main area where I work is, okay, to deal with adherence.
J: Okay. So you're a nurse by practice, okay. So what kind of things do you do to monitor adherence then?
P: One of them is to educate clients about adherence, there are treatment supporters to provide drugs and make a follow-up to ensure that they are taken properly (pause)
J: Okay
P: Without wasting them. And to continue assessment to ensure that adherence is maintained
J: Okay, so for assessment you are looking at patient's health, and things like that?
P: Mmm
J: Okay. Do you find that the patients have any problems accessing care?
P: Not really, because all their drugs are available, the counselors are available, the clinicians are there, except the problem they face is related to patients themselves, whereby they may lack treatment supporters, or financial, they may lack transport to come and give an appointment.
J: So, what exactly is a treatment supporter?
P: Mmm, the treatment supporter is a relative to a client, where child or adult, who takes responsibility in the absence of the community volunteer or health worker to make a follow-up to the patient to ensure that the drugs are being taken at right time, right dose, right patients, right strength, following the proper, eh, giving instructions
J: Okay, and when you're saying that the counselors and the drugs and the clinicians are available, do the patients always come to Virika to get their medications, or do people ever bring the drugs out to them?
P: Okay, patients are given appointment on a regular basis, and they come here to the clinic with the balance of their drugs, TB drugs, prophylaxis or ARVs, they come along with them
J: Okay, they're given more than they need for a period of time
P: Okay, the amount given depends on the patient's adherence and social, psychosocial and economic issues. So it varies from one patient to another. Some patients who are stable and have no problems, we give more time, and for those with problems we give less time so that we might keep closer contact with them, give them a short interval of return
J: Okay, so, with those patients who are having psychosocial issues, what are the big issues that make it difficult to remain on treatment?
P: Okay, we first assess the patient for initiating them on drugs. If we find that those issues will affect the patient's adherence, instead of wasting the patient's time and at the end of the day the dose is not adhered, we postpone while we handle those issues. And if we find that we can do, uh, an option, we have an option for the concerns, we help the patient out to get working together as a team, and if we feel that uh, um, the patient can cope as they start, by changing, by having some changes, developing some changes in

their problems, then we may start and we monitor closely, so it's normally individual based.
J: Okay, so what kind of issues would a patient have that would make it better to postpone treatment?
P: For example, the patient's refuse, for example the patient may say "I'm not good at taking drugs", they fear taking drugs. The patient may say "I still fear" because they were told the misconceptions about drugs. A patient may say, "the pill burden, I'm still on TB drugs, I'm on, like I'm on 4m1sXXXX, so I still have burden of drugs, so I cannot afford getting a lump sum of tablets in my hands to swallow". So we consider all of those.
J: Okay. So, if you think any patients that aren't getting care right now, why do you think they don't?
P: Those who are not getting care?
J: Mmhmm
P: Uh, normally we need to address so many issues, because it ranges from the drugs themselves and sickness, and plus the psychological and economical issues, so we address one by one so that by the time the patient starts, we have addressed all of those. But most cases what stops them from getting the drugs is mainly lack of support, they say I don't have anything to eat, I don't have any care taker, I don't have anybody to bring me, I don't have anybody to remind me, things like that. There are those who are really helpless and yet they are sick
J: Okay. So, but these are patients that have come in to try to get care?
P: They come to get, they come for care but they find since it's a long term treatment they cannot sustain it.
J: Mmhmm, so what about patients that don't even come for care, do you think that they have different reasons for not getting it?
P: Yes, okay, we are trying to disseminate information to them, concerning the need for coming in for care, many are coming, but you may find there are those who do not listen to radio, those who don't attend meetings, they won't go to community meetings, don't who, those who rarely go to church, you may find there are those who are still lacking information. So we may miss those ones
J: So they are misinformed about treatment
P: They are misinformed about the whole care
J: Okay. So, if you look at statistics in Uganda, um, they estimate that around half of people who need care, don't get care. Would you say that they are the ones who don't have the information, or the ones that lack the support?
P: They could, it could be both.\
J: Both, okay
P: The information could be there but the way they interpret it. They are times getting information, uh, at random, just grabbing the information, it, they cannot analyze it or make use of it, those ones are there. And there are those who will have the information, and they've analyzed it, but they don't have the support, and their support could be there but they're underrating it
J: Okay. What are your biggest challenges to getting HIV care to everyone who needs it?
P: The challenge we have?
J: Mmhmm
P: Of getting the treatment

J: Ya
P: Uh, the challenge is we may start this patient on treatment and they drop out along the way, so, and others keep changing when they improve on care, they tend to become more active and they tend to move away. So, those ones are also difficult. Ah, another problem we have here as a center is we have wide catchment area, so in case we get any problems we cannot get them so easily than when we had a smaller catchment area, so we need to have, so we have follow-up, really is really hectic because some of them are coming from distant places. By the time we realize this one has jumped out of care, you have taken more than two weeks we agreed on to make a follow-up.
J: Okay. Um, do you find there's a lot of wait times? Is the clinic very busy and the people that come have to wait around a long time, or not too bad?
P: Uh, we are trying to improve, because at first we find the patient's standing here the whole, whole day. We increased the man power, we changed the flow, but still compared to the clinicians care, counselors we have, they're still, the patients are still many, compared to the number of patients we had.
J: So looking at human resources, are you lacking in nurses, clinicians, treatment supporters? What would you need for man power to increase the number of people getting care?
P: The first challenge is place actually, the place alone. This place was meant for something else. But when AIDS came in we had to improvise. And another thing, the management enrolled clinicians and counselors, but you know there is competition in Uganda, so they keep coming and going, coming and going like that, so there is high work turnover of employees. We find that today they have enrolled, we have many clinical officers, we have many doctors, in a couple of months they have gone for greener pastures or further education, further training, we end up losing, so it's always up around like that.
J: And do you find that patients who don't have treatment supporters um, they're missing a lot of family support or they just have no one that is willing to act as supporter? Are they hiding their disease from their family?
P: Okay, the families, the support issue is becoming less because we try to define it better, because some of them are looking only at their spouse, at only their biological child, something like that, but we looked at since we are living for us here in Africa, we, our families are extended, you may find the auntie, the uncle, the grandparents, such a relatives may also give support. So the issue of treatment supporters is becoming less. Only with the children most of the treatment supporters are working and you find that at the end of the day, they have gone to work and they've sent the child alone, ah, things like that. But at least in a good number, around 90%, they have got the treatment support. The only challenge is getting them sleeping under the same roof.
J: Okay
P: You may find my house is there, my treatment supporter is sleeping in the next room, or in the next village, something like that, and that is the person who is so close. At times monitoring the adherence becomes a little bit tricky.
J: So it's better to have someone that's right in the house?
P: Mm
(interruption)

J: Um, do you find that there are different challenges facing the rural patients compared the urban patients?
P: Um, I beg your pardon?
J: Um, are there different challenges for the rural patients deep in the villages compared to the people that live closer to town?
P: Well, the challenges are there. Those ones in the rural places, their challenge is financial most cases. Uh, you find that they're falling sick and they need some finance, and they need to come to the hospital but they can't. And the challenge we have with the town people is there's a lot of stigma around town
J: Okay. So what, what kind of stigma do you think is around?
P: Uh, for example we give them kits, health care kits, that prevent them from getting malaria, from, taking safe water, uh, things like that. You may find that because they attribute to associate with HIV, so you may find the net is not being used because they might think this one, this family has HIV, the vessel is not being used because they may think that the family has a member who is HIV positive. Except now we are trying to change the approach so that we put them on open market so the rest who can afford, those who are HIV free, to buy them so that they're all circulating in the community. Cause whenever they are different, they look different, especially the safe water vessel, so whenever they would look at the white jerry can they would know there's an HIV patient in that family, so something like that, so it would increase stigma. And another thing why I think there's stigma, some of them, we have files, they're unique, they're not like for ordinary patients. You find a patient hiding it in their bag or something, while crossing the road, they don't want to be seen. Another 12m19sXXXX, they'll say, oh I'm busy I can't come, they're actually not busy but they don't want to come here to pick their drugs they fear that place
J: Okay, and do you think there's stigma in the rural areas as well?
P: It is there, but very low, but for them they are less bothered like the, uh, urban, people in the urban areas.
J: Okay, why do you think they're less bothered by it?
P: Because they are free, they talk about it, and most of the expert clients we have are from the rural area, those who talk about HIV freely. But it's difficult to get someone that's from around town coming up and saying I'm HIV positive, I wish to be an expert client to the other clients
J: Okay. So, what do you think about traditional healers and the care that they're providing to AIDS patients?
P: Well, the traditional healers, I have them in two perspectives. One, I agree with them because the drugs they use to help, they're the, they're the same drugs that we use in modern medicine, only that the preparation is a little bit different. So if those drugs are used correctly they would help our patients to solve some of their complaints and distressing symptoms. Ah, the only challenge we have there is we don't know their interaction with ARVs. That's why at one point or another. But whereby there's some drugs where we know that this drug interacts with these and the patients like to use them, if we have knowledge about them we encourage the patients to use them, but first tell us. So there are some doctors we interact with, traditional healers, so they know that this drug will interact with, so the drug interaction where it is known we tell the patient. But

the most challenging thing that most of the product, we don't know the interaction with ARVs especially nevarapine, that interacts with so many, many things
J:Mmhmm
P: And another thing, another challenge we have is the uh, some of these traditional healers who tell our people that their drugs are curing HIV.
J: Okay
P: So when it comes to that we get a little bit challenged, because our patients tend to drop ARVs and go for traditional
J: Do you find this happening a lot, or just sometimes?
P: Well, we've done a lot of sensitization but there are some few who, uh, we can point them out, there's around like ten out of a hundred, you find they sneak and go there, and they tend to hid, uh, to stop taking ARVs. But the outcome we've seen is they deteriorate and die cause we've actually not seen a drug that is curing HIV. So we are trying to sensitize them but before you leave ARVs first find out, have you really cured from using those herbal, uh, traditional drugs. Because there are a few who say my drugs will cure your HIV so they tend to throw away these ones and go for…but otherwise if they tell us it's also suppressing what is, they are treating the symptoms, we agree with those ones.
J: Okay. So if traditional healers were involved in expanding ARV programs, what are some ways you think they could support that expansion?
P: I would think if we worked together, uh, integrated, and worked out a way that, how their drugs work, to which extent
J: Okay, so you want to know more about their drugs and how they're working
P: How they would interact these drugs we are using in medicine
J: Okay. What about um, if they're supporting ARV programs, so to hand out ARVs to patients, um, what ways do you think that they could help health care workers in getting more people ARVs?
P: Okay, if we could learn how their drugs act as far as the viral suppression is concerned, would work with them because already we have so many people that are eligible to start ARVs, but they cannot be enrolled because the programs are full so those ones would help to suppress the, to improve the immunity of our patients further. But the problem is we don't know, we can't refer them because we don't know how these drugs work.
J: Mmhmm, okay, do you think that there's any possibility for healers to um, refer patients to get ARVs, or act as treatment supporters?
P: Okay, the healers, to get, they get the patients, they really get the patients, except the challenge they also face is we don't work in the same line with them. Those if they go to a traditional healer, and they come, there is education they get as to how their drugs work, and when they come to us, we also challenge them, we don't know how those drugs work, so you are going there at your own risk, so you find a patient is getting confused. This one is saying this and we are also saying this, we are not in the same line. But if we had worked together, a system of knowing how we would work together, it would help the patient to avoid all these confusions.
J: So the patient would get the same information from both
P: They get, the information they get was matching that whatever they get from a traditional healer is what we, especially when it comes to benefits, cause they're given the benefits on the other side and when they come this way we discourage them from

going the other side, because we don't know how these people work, so you find that the patient is getting confused. At the end of the day it's now the patient to decide whether to stay there or to come this side and seems for us we have more strength, so we end up, the impact of the drugs, which could work anyway, they lose out on the other side so you find that instead of patient being helped even better, we don't know, but because we are not informed, we don't have the knowledge, much knowledge about these drugs, we pull them to our side and yet they would be helped. Probably a patient stays without treatment because they are waiting for us to expand the program and things like that. And yet he would be getting or she would be getting help from the other side, but because we don't know, that's why we are keeping them hanging

J: Okay, um, when looking at the patients that are going to healers, do you think that they are more or less likely to also come to hospitals?

P: You know there is a problem here that says that when you are sick you have to seek for treatment, indeed when they come to us and they feel they are not cured, you see they are still looking for the cure, and there comes in another patient who tells them, I went to a traditional healer so and so, he gave me or she gave me this herb and this and this and they improve, this patient will rush to the other side, probably they try it and fails, or try it and it works, if it works they stay there. If it doesn't work, then they come back. If it works they stay there. And simply because we told them that they're not supposed to leave our drugs, they are taken for life and sometimes they come for the sake of coming to us, but they continue mixing the traditional and our medicine, so we don't know which works there.

J: Okay. What are some challenges to working with healers to provide that information to patients?

P: Uh the, the, the challenges we fail to find a way of coming together. Although the government was, uh, was one of the workshops they were saying they wanted to harmonize and bring us together but seems, I don't know where they failed from, it seems it is delaying to come up. But I feel, like myself, I feel if we had come together, on the round table and discuss it would make our work easier because now information would flow systematically. We know what the traditional drugs do, what our drugs we are using are doing so at the end of the day we find that we are helping the patients properly. They are now, find it is a tug, one is pulling, another is pushing and we are not in the same line

J: Okay, so if we're looking at a patient who might have HIV but has never been tested but always goes to a healer. If they were to go to this healer and the healer would recommend they come get tested and this patient is found to be positive and needs to go on ARVs, um, what would you think about the healer then acting as the treatment supporter to monitor their adherence and look at their side effects and things like that.

P: You mean the side effects of their drugs?

J: Mmhmm, and looking at adherence and how they are staying on the regimen

P: Okay, this information they have, cause they also give good instructions about their drugs, how to take them, how to, the continued, and like, the challenge is the two parties. We don't, because they give very good information about their drugs, how to mix, how to take it and everything, and what they expect and how to get the refills and like, and more at that, the best thing about traditional healers they are, their drugs are a little bit less, eh, less expensive than ours. And they are based, most of them are based in their

communities, it's easy to access them. But then the challenge comes because we don't know how their drugs work, so we tend to decampaign them

J: So if healers were not offering patients their drugs and only offering HIV patients ARVs, would that be better

P: ARVs, if they were giving, okay, ARVs in the form of the herbs, form of the herb…herbal or traditional healers, the only challenge is we don't know, most of us, if there are any they are very few doctors who went in to interact with the traditional doctors and worked together, they are very few. Uh, they would successfully help our patients, but the problem is whenever they go there and they come here and tell us, you see, uh, doctor so and so gave me this drug and says this would suppress the virus, but because we don't know, we know few drugs we have here, like if you uh, name, we look at this one as is she picked any shrub from the field and knows this one is suppress the virus. Because there's no study which was proved and we know it, we query it, we think maybe, maybe not, and most cases we say no, please don't because we don't have the information based on that. And yet they would work because we have seen people going in for traditional healers where we have failed, and they've improved. But because there is no data written down for us to read, that's why we won't, but what I know practically, they are doing some very good work for us there

J: So they're good working with the communities, and being accessible to the patients

P: And they're, most, you may find that the biggest percentage, or seventy percent they mix and they don't tell us. Cause when they try, for instance, when it comes to the skin, you find that we've given all the tubes and all the rest have failed, then they will go back to that healer in the village, in the community who will give something, and then when they come to us and keep quiet and say I have healed. Whenever the problem comes they go back, but they don't tell us because they know we don't work together. And even when I give a drug as a nurse in the traditional form they will say, ah! People will not accept it because they know for us we don't agree in traditional medicine. But the actual thing is it works, only that we don't have data written down to show that if it is aspirin it works like this or like this, it was like this, like that information.

J: Okay. So if a healer was to say I think my patients would be better off receiving ARVs than my herbs, and I want to support the ARV program and not give AIDS patients herbs, do you think that they could work and collaborate with health care workers to expand those programs into the very deep villages?

P: They would work very well because it is cheaper for the patients, their drugs readily available because they are using the ordinary things in the village, and the patients would improve. It would help

J: Okay, if there was more research

P: If there was more research. Okay, the research is there, they know their things, except we are not bringing them on board to, to make use of their drugs.

J: Okay. Can you think of any benefits to the patients if modern health care was working with traditional medicine?

P: Yes, it would help them. Cause they would not always be coming in for a simple problem or ailment in their body they come to us here. But you may find there are some things that can be managed at the community level there.

J: So they would prefer having the services within their communities

P: Yes

J: At that level
P: And which we don't provide to the fullest
J: Okay. Um, can you think of any negative things for the patients with that collaboration? Would there be anything bad for the patient if health care workers worked with traditional healers?
P: It would improve our working relationship because, uh, the patient would improve, would benefit from both parties
J: Okay, um, would you be willing to work with healers to provide ARVs to your patients?
P: To work in collaboration with the traditional healers? Yes
J: Okay. Um, in what way do you think you could work with them, or what would be the best way to work with them?
P: The best way to work with them is uh, one of them, those are the people who would empower, to educate our patients on prevention
J: (interject) so sensitization I guess
P: Sensitization, I think that, and another thing like the minor complaints, whereby if their drugs are not interacting with these ones we are using, it would help them to, it would be less expensive to the patients, because some minor complaints would be managed at the community level, but because we feel they should not come and, we are discouraging them from using the traditional medicine, so any very minor complaint, however minor it is, they have to, that's why you see these congestions in the clinics. But you may find there are some herbs and shrubs and whatever they are using in the village to help them. And another thing, they would not hide going, they would, the communication would be free to interact with each other. But sometimes they go there, privately, and another thing it would remove is the misconceptions about the traditional drugs. Some, they think it is witchcraft, it's not actually witchcraft but it is traditional healing.
J: Okay. Do you think there is any witchcraft that is still practiced that's just different than the traditional healing? Or do you think witchcraft is, no one uses it anymore?
P: I think witchcraft is different than traditional healing, cause with traditional healing they use the materials that are available at the community level or wherever they go and look for it, and they give away the patient to take or use topically or any form of application which is different where witchcraft one says to you, you have been bewitched, you are cursed, something like that. But in most cases we tend to mix the two, and this brings about confusion.
J: So, um, that's all the questions I had. I'm just going to go over the goals I had for the interview and see if you had anything else to add. So, I wanted to talk about different challenges to ARVs care in this region, um, what types of patients aren't accessing care, what are the challenges they have in getting care, talk about traditional healers and the care that they provide to AIDS patients and different ways to expand ARV programs using healers and how this might affect the patients. Do you have anything else you want to add to any of those, or do you feel like you've said everything that you wanted to?
P: According to, the only thing I would ask is if there's a way of putting the medicine, the modern medicine work with the traditional healers so that we avoid these clashes, it would help our patients better. But it seems, I don't know whether the system has failed, we are going slowly, or who is supposed to work on it, I don't know, that's why there are

so many clashes between the traditional healers and so we tend to clash a lot and at the end of the day the patients become confused.
J: Okay, sounds good. Alright, so that's everything I had to ask you today. Did you have any questions for me? Everything's pretty clear?
P: Okay, what would you think, what actually do you have about the traditional healer and the modern medicine?
J: I think that healers are very willing to work with modern medicine, I think that they have a lot of fears because their work isn't respected as much as they think it should be, I think that they really believe ARVs are important for their patients and they try to refer their patients to get treatment and testing but they tell me that their patients have problems getting care, can't access it or they're not willing to come because of stigma, so there's those problems. They've had bad experiences in the past where the government has promised them programs to educate them, or give them equipment and they haven't followed through so they are hesitant to trust that a program will actually happen and work that will benefit them and the health care workers, so those are issues. Um, we've talked to 210 healers now, between Kabarole and Kyenjojo and we find they actually have pretty good knowledge of ARVs; we've only talked to maybe, less than 5 who think that they can cure AIDS, most believe that they can only treat symptoms or that they can, they only refer patients for modern medicine. So most of them believe ARVs are good for their patients and want to help them get that care because they think it's needed. So. So right now we're just trying to finish data collection to see if it's possible at all to bring the two together and the best ways to do that and try to get some funding, to start something, so that's where we're at.
P: Okay, now what is your aim making this study? Is it to harmonize these two parties?
J: The aim is to find a way to expand ARV programs through using traditional healers, and you'd have to harmonize, you'd have to bring the two together. So looking at them to either do education or sensitization to increase people that want to get care, or maybe they could act as treatment monitors so that more people have support when they are getting treatment. They could be counselors, um, just look at the different ways that they could help get people care. And then if we find that they are able to and willing and that it would work within Kabarole we would submit a grant to do a project to see how well it works, so that's, that's what we're hoping to get out of this. If we find that it wouldn't work, and that healers don't want to work with health care and they only want to use their drugs and they wouldn't support ARV programs then we would not suggest to include them in care, so we're trying to figure out if they can and how they can be involved in ARV care.
P: I think our challenge is we don't know how these, we know they work but to which extent, that one we don't know. Do you think there can be some tests to prove that these drugs they're using can really suppress the virus?
J: I think it would be excellent to do that research. Um, I don't know if, cause I'm in public health, so we don't do anything biological, um, I used to be a microbiologist so I did genetics testing, but now I just work with health services programs. If we could collaborate with a group that is capable of doing that research, I think that would be extremely meaningful and important for people in rural areas who want that care that they can get from healers for their symptoms and still want to be on ARVs, so there's more information on which traditional herbs you can't take with ARVs. That's something that

I'm definitely interested in, I just don't know if we have the capacity to do that, but it's certainly something that I would try to encourage, to try to bring in with that group, bring in another group that's able to do that research. I think it would be interesting. Do you think it would be valuable for the health care workers here to know that?

P: Because the only challenge we have. My, we, uh, drugs work, but now I cannot explain to the public to which extent. And if I made the mistake of encouraging people to go traditional healer for virus suppression, I would get the biggest number going and my fear is the outcome, because they know those drugs are there, there are people living with them, and they have the drugs with them, but if they don't suppress the virus at the end of the day they die. The whole blame will come back to us. At least with this other side I'm very sure they studied them, they know how they, to which extent, so that's how we are just in the middle there. But if they were to come on board and we realize that their drugs are really doing some good work for our patients, then really many patients outside there who should have come for enrollment who have tested, they know their status but they can't be enrolled anywhere because these programs of medical care, of HAART care, are full. So, others request us, please enroll me privately, please I may die, things like that. But if we had an alternative in the time, for the time being, they would be helped

J: Okay, excellent, so I think that's everything

P: Thank you very much

J: Thank you very much.

J: And you're okay with having the, the recording done?
P: Uh
J: Okay, no one has access to it but me, so
P: (indistinguishable)
J: Alright, um, so first question: What aspect of AIDS care are you involved with?
P: AIDS care
J: Mmhmm
P: We have, we have the preventive, whereby we give health education to the community, and also information and uh, to the community such that they can come up and test. Secondly we are also involved in curative, we provide curative services that is mainly prophylaxis, 0m45s(says name of drug, can't understand) and then the ARVs. (2)
J: Okay, and you oversee the programs in the health center
P: Yes, we oversee the programs in the health center together with the district
J: Okay. (2) And you yourself are a doctor
P: Yes
J: So you diagnose and
P: Diagnose, treat, (3)
J: Do your patients have any difficulties in accessing this care?
P: Eh, of course not so much limited like in the past, now we are improving slowly, at least every client who can get tested can easily access ARVs.
J: So
P: Cause they are available
J: So clients that know their status can access the ARVs
P: What?
J: The clients that get tested and know their status are able to get ARVs
P: Yes, they are able to access and start immediately (3)
J: Um, what about getting testing, is this difficult
P: No
J: It's not, okay
P: Every department carries out testing, we have organizations like 2m0sXXXX, it comes and has educated every health worker so that they can do that test.
J: Okay. So there's lots of people that are able to do the testing so it easy. Okay. What about patients that aren't getting care, why do you think they don't?
P: Eh
J: Like patients that don't come for testing, or patients that don't come in for ARVs, why do you think they don't get this care?
P: Uh, those who don't get tested I think, eh, one of them is fear, stigma. There is still stigma because people still consider HIV as a taboo and they see (2)
J: Okay, so what kind of stigma is present in the area?
P: Yes, it is still there
J: There's lots? Okay. How would you describe the stigma?
P: Um, I may say that what actually happens, that when somebody is tested that some people tend to isolate them in the community and the way we give out the ARVs is not so private as such, cause it is one ward, everybody comes so, it is not in general care that someone could hide there getting treatment. So when you are HIV you go to a specific area and when people see you, then they fear maybe they will get infected. But of course

we are trying to fight it through health education, educating people through radio programs, tell them actually HIV is with us and it's a disease like any other disease and we can try to manage as far as we can
J: Okay. Why is it separated from general care?
P: Yeah, because it is a, there are ARVs, and we are trying to ensure that we monitor how these patients improve on drugs. Because we avoid these things like resistance, what, there's a lot of records so we have a separate department
J: So it's necessary for all the extra things
P: Yes, which is the extra care which they need apart from the other general patients
J: So what kinds of things do you do to monitor adherence and keep track of that?
P: Oh, uh
J: With the patients. Do you have separate workers who do this or do they get monitored within the clinic?
P: Yes, we have, they are the same workers but we allocate duties such that they, this week we have certain staff working in that department who can do, who can work on those clients. But they are the same workers
J: And do you have any outreach into the villages or does everyone come into the health center to get ARVs?
P: Yeah, so first of all we usually get, they have to come here because we are not supported to carry those drugs there. So those are the challenges we are having. Although we have one organization which is TASO, it only gives us ability to conduct outreach testing, not. But we have been integrating; when we go for testing at times we can carry ARVs such that those who are very far to reach when we move with our vehicle they are along with the ARVs to supply them
J: Okay. Well that's good. How many ARV programs are there in Kyenjojo district?
P: ARV programs?
J: Mmhmm. Is this the only one in the district, or are there other?
P: Yeah, there are three sites in the district, three sites. Of course the supported site is this one which has got NGO support, but others are not actually supported.
J: Okay, so this one has NGO support? Is it
P: Yes, we have NGO support
J: Is it government as well?
P: Yes, all of them are government. But this one has extra NGO support
J: Okay. (2) So, what would you say is the biggest challenge in getting care to everyone that needs it?
P: The biggest challenge is that resources are a bit limited, as usual for us. Because we need actually to have better monitoring systems. Some of the testing systems, like when we test, we can do rapid test and detect that someone has HIV and can get enrolled into care, get septrin prophylaxis, but we may not start on ART monitoring like CD4 count, know how he's doing with his immunity. That machine is only one in the region.
J: One in Kyenjojo?
P: No, the whole region.
J: Even with,
P: The whole southwestern region, Bundibugyo, Kabarole, it is just in the referral hospital there. So when somebody wants that test we have to refer him to get the test there first and then come here.

J: Which hospital is the referral hospital?
P: Buhinga.
J: Buhinga
P: So testing services are poor, to monitor is poor, three the staffing.
J: Staffing
P: Staffing is very poor, it is 40% staffing levels, and you see staff members the work as actually overstretched and this compromises the quality of care.
J: So are you missing like doctors, clinical officers, nurses or everyone don't have enough
P: Maybe doctors are there, the clinical officers are missing, nurses are missing, midwives are missing. Yeah.
J: Okay. And are these affecting the ability to diagnose, or provide ARVs?
P: No, this one affects the ability to provide quality. We can provide, but how quality, how much time do you spend with a patient? How much counseling do you do? Eh, how much, how much information do you give? Because the patient is, eh, the clinician is actually rushing through her big numbers, like for instance today it is a Tuesday, you may find that you, you are going to find a very big number, 100 clients being worked on by one clinician
J: Wow
P: Yes
J: Why Tuesday?
P: Eh?
J: How come Tuesday is so busy? Is it a clinic day?
P: It is a clinic day. On such clinic days you find there are very big numbers.
J: How often do patients come in to collect ARVs?
P: It's, eh, it's uh, okay ARVs we have, the ARVs we have two days in a week that is Tuesday and Thursday, and then the other days are for septrin prophylaxis
J: Okay, so for one patient who is on ARVs, how often does he have to come in to get them? Once a month, once every two weeks?
P: Yes, of course when the client is doing well, according to clinical assessment, at least we give him a month
J: A month at a time
P: And when you see that he is not doing well we give him two weeks, then come back
J: Okay. By not doing well, you mean not adhering to the regimen?
P: 9m10s(can't make it out)
J: Okay. Um, what kind of things affect adherence levels in patients?
P: What? I beg your pardon.
J: Um what factors are different between patients that have good adherence and patients that have bad adherence.
P: Okay. Those who have got a good adherence, at least you can find that the general clinical picture improves, the clinical state, the clinical picture improves, and uh, the actually even able to do, perform their normal duties. And those who are not adhering you find that they are progressing poorly
J: Okay. So what do you think allows the patients to have good adherence? Do they have more money, have more family support?
P: Maybe it is the family support and eh, secondly their attitude. The attitude towards taking ARVs. And then also from our side, the health workers, the way we give

counseling and adherence counseling to the client to understand, but mainly the factor which people have not been adhering is they come from very far. Much as we are saying we are providing free ARVs, but they are expensive for the patient because every month must maybe use something like 20,000 or 10,000. That's around $7 or $8 to come to pick the drugs, so that one, some people are very poor and they can't afford, so the adherence is very hard, too

J: Okay. And are there different problems for people who are in very deep villages compared to people who live in the trading centers?

P: No, there are no different programs, all of them expect them to come to the health center

J: So, do people that are very far, do they have challenges in coming in, other than transport?

P: Yes, the challenges that, they don't have any challenges, they are actually much willing, but their main complaint becomes transport. Because even the relatives are very willing and supportive to pick them, but the main issues that we've been getting is they actually lack transport to come. That's why we are thinking in the future if we can get an NGO that can fund us and then do some outreach to hard to reach areas, and also is they help us also follow up those who are lost, cause we have, currently we have enrollment on HAART already like 850, but the active one is around 600. So the 200 are lost and we don't know what is happening and they need to do what, go and do some follow-ups. In case we get some support, we can do follow-up home visiting and find out what is actually happening to these

J: So with the rural patients and the urban patients, is the stigma the same between them? Or is it different?

P: Um, I think the urban patients stigma is not very, a big problem. It is still with the rural clients.

J: They have more stigma. Why do you think that is, that the rural patients have more stigma?

P: I think programs actually, these people in town they actually access these programs, and they are able to take up, understanding what is taking place. People in the village, they, maybe they are dug into poverty, the situation is actually not good.

J: Okay. So, what do you think about traditional healers and the care they provide to AIDS patients?

P: Yeah, with the traditional healers is has been pretty controversial because we actually don't know, okay, how do they determine, how do they test to know somebody has HIV? Secondly, we don't know that the type of treatment which they carry…although maybe they give some spiritual and emotional healing which is very important to us, and is very, it can do very much for care and improvement of the client, but uh, these curative or herbal, I don't know how they work, their mode of action, how do they work, is it actually, are they working on HIV? That's still very hard to determine because we, we have not done much research on it

J: Okay, if healers were involved in expanding the ARV programs to the rural areas, what ways do you think they could support that?

P: Yes, it would be very important to use them, in case we found those who are, uh, some who are educated who can be 14m12sXXXX the knowledge, then we can transfer the knowledge such that they can be able to help us. Because they are there you can't avoid

them, so using them it is better because it would give to the overall improvement of the clients
J: Okay, so you think they could help with education and sensitization
P: Yes, sensitization is what we need them to do and what they can do
J: Okay, what about supporting the actual ARV treatment? Do you think they could help monitor adherence or um, keep track of side effects of drugs, and things like that?
P: Yes, that's what I was saying?
J: Okay
P: What, when they, if they are able, if they are trainable, that is, we can train them on monitoring adherence, side effects, counseling and also be able to refer what they can't manage. It would be a positive step.
J: Okay. What would be some challenges in working with them to do that?
P: What?
J: What would be hard about working with healers to do those things?
P: What would be hard? I think one of our fears is some of them would personalize and try to take over all responsibility in care, and it would compromise our health care delivery systems. So, I believe that if we had to, to talk to them, and we understand each other, then we can help each other handle these clients together.
J: Okay. Can you think of any benefits to the patients if you were to work with healers?
P: Yeah, one of the benefits is that they would be dealing with their own traditional professionals, (laughs) I may say, who they trust, and some of them they believe in them so much
J: Okay
P: so that means that may help us in adherence, and main, the main, main thing on ARV provision and improvement is we need adherence. If there is poor adherence, we are going to do very badly on ARVs. And if they can monitor ARVs, and also try to give spiritual support, that would be very good.
J: Okay. So, these patients that trust healers, do you think they're the types of patients who are less likely to seek care from a health center like this?
P: It is traditional, everybody in the community, especially the local, the lower levels actually trust the, traditional healers have been there for life and we cannot avoid them and they will be there, so everybody by, by culture, and I say by culture, our culture brings up the way of these traditional healers. Every family you may find it attached to a traditional healer, if possible but we believe that they are very much 17m6sXXXX, because of the upcoming of religions and whatever so, now it is become sort of stigma to isolate them, but I believe they still go there
J: Um, are patients hesitant to tell you or a nurse that they see a traditional healer, or are they open to talk about that?
P: Of course they fear, because they know we medical workers, previously they have been doing more harm than, and this one is badly to blame because of us, because maybe we have not given them information, we may not have research, and with them also they try to take the overall control by themselves so they have been conflicting with us, the health professionals and traditional healers. We don't know what actually they do there now, and then for us we do not support what they are actually doing cause there is no rational way of, what they do their things, it's not explained, and this, majority of them can bring patients when they are harmed. For instance, I was on the view of telling some

of my colleagues that they're some that if they condition means spiritual healing, and it comes through the health care person and does not do, we may, we are not 18m2sXXXX providing that spiritual work sort of healing. And if the client liked it and went to a traditional healer he will do well and appreciate. But someone, if he had some pathological condition like maybe, oh, maybe an infection like malaria and you go to a traditional healer, maybe he's uh, his treatment may not involved that, the patient may go and become worse and by the time the patient comes it is a catastrophe. So, those are conflicting ideas, now, because we want to help this patient, and the patient wants to go there. So, how do we marry ourselves. The only way forward is if we cooperate and we see where are we supposed to provide the service, where do you stop? What do you expect from you, and what we expect you to do after you have failed, you are far. Some of them you see it on these patients, until they become even more worse, so we believe there should be a mutual understanding on the way we work

J: Mmhmm, and do you think that patients get confused because they hear different information from healers and from the health centers?

P: Ya, that's what we are saying. Because a traditional healer, when he goes to the radio, he will tell you "I am curing HIV, I'm curing syphilis, I'm curing every condition" So when the patient comes here, maybe it's a chronic condition which needs more time to take drugs and drugs, so he may think that now this traditional healer may actually give a short cut to treatment, they have tried that, 20m13s(indistinguishable)

J: Are there a lot of healers who advertise on the radio? Is it common to hear an advertisement for a traditional healer?

P: Yes, it is very common, they use a lot the radio

J: Now, some of the healers in Kabarole tell me they are not allowed to advertise on the radio.

P: That has been a recent development

J: Okay

P: In fact with the national drug authority. We have tried to discourage because the majority of the clients now have been converted to go to, diverted to traditional healers than seeking the health care services. They come here when they are worse off, and maybe they need to refer, yet the condition could have been managed at the primary level.

J: Do you find that anyone that enrolls in the ARV program drops out to go back to traditional medicine?

P: Yes, the cases are there, but not common, of course we hear of them, but of course we have not done research. When you are not doing research you are not finding out the facts, you cannot have the basis. But we hear of such cases.

J: Okay. Can you think of anything negative that might happen for the patients if you were to work with traditional healers for AIDS CARE?

P: Beg your pardon?

J: Is there anything that would be bad for the patients if you were work with traditional healers for AIDS care?

P: Yes, the main fear is that these eh, traditional healers may take up the program. And when they hijack the program and start saying they are giving each kind of the treatment, some may cooperate, and some will likely not cooperate, and this will be a very dangerous situation.

J: So you think they would give their own treatment instead of supporting the ARVs?
P: Yeah, the ARVs
J: Okay, what would be their motivation, do you think, for doing that? For providing their own treatment? Do they think it's better than ARVs, or are they trying to make money?
P: Yes, they main issue is money. Our traditional healers, they are now, they are not the traditional, traditional healers, they are more interested in the money. Some of them are younger boys, younger
J: Mmhmm, so are you more likely to trust an older traditional healer than a younger healer?
P: It will depend how cooperative and how the information is. It is hard actually to determine. You may find a young one is cooperative, and the old one may not cooperate, or vice versa.
J: Okay, um, what do you think they would say about working with health care workers? Do you think healers would have any problems working with health center? Would they want to or not want
P: Yeah, they would be like, they would like that
J: Okay
P: But eh, we don't have, we may not have had any problems, but our fear is that they are so much inclined, the ability to change, transform from what they are doing, and explain to us how their medicines or drugs work, that is very important. If they can explain to us, and then we find out how do these medicines work, like you see we are having traditional healers, I don't know in what context, because we have traditional healers, the spiritual ones, and then we have the herbalists, I don't know who you are talking now
J: Um, we talked to all three types. So we talked to people who are herbalists, birth attendants, and some faith healers, people like that
P: Yes. At least the herbalists have come up to show us how their drugs work, because they give us some of their traditional, the trees, the herbs which they bring, some of them have been tested in labs, I think we have got information, some of them have got some of these medicinal effects. Now the challenge is how to determine the dosage, how to monitor the side effects, and then what is the quantity, won't it expose somebody to more resistance. Something like that. The herbalists we don't have a problem. But we have also these traditional healers who actually can, some take an x-ray of an invisibility, eh, just tell you things, maybe he thinks that I'm going to, by something which happens, I've checked you but the issue cannot be explained
J: so those healers
P: They use spirits, some spirits which cannot be seen, and cannot be verified. But the herbalists can prove that I'm using this medicine, which I'm giving this client
J: So the traditional healers, are they treating just traditional diseases, or do they try to treat modern diseases with traditional methods?
P: Yeah, they are trying to treat modern diseases with the traditional methods
J: Would you be willing to work with traditional healers to provide ARVs to patients?
P: If there is, if we can make a study and can find out that they are willing, we don't have any problem. For us what is important is that the patient actually improves or benefits. So long as it's for the benefit of the patient and there is no, we are not going to contradict with our normal operations, I don't see any problems working with them.

J: Okay. So I'm just going to go over what we were talking about today. I wanted to talk about ARV programs and what kinds of problems patients have accessing them, what challenges there are for care providers in getting treatment for everyone who needs it, what problems there are in coming in for care, about traditional healers and AIDS care and the work that they do, how they could support ARV programs, what kind of challenges there might be to support those programs, and how that would affect the patients. Do you have anything else you want to add to any of those points?
P: Um, mainly what we need is support, we need to do more research and get facts, factual information about traditional healers. Cause on the other hand you may find they are right, and on the other hand you may find they are completely wrong, so we need to conduct research
J: So research
P: And get facts
J: So research their methods?
P: Hmm?
J: Research their methods, how they're practicing,
P: Yes, how they're practicing, and also research on the type of herbs, carry out more research, how do they work, their side effects. Some of them, how we can modify their dosing. So we need more work to do such that we can marry the two together. Unless we do that, because we shall continue conflicting, because we don't know what actually they are doing, the ethics
J: What about patients
P: There's no, there are no write ups of what they are actually doing, and you cannot study what they are actually doing. We cannot risk our patients with them, unless we find the facts
J: What about problems of interactions between herbal drugs and ARVs? Do you think that there should be more research on that kind of thing as well?
P: yes, that's what I'm saying. They need to do more research to find out how, how these drugs actually work. They may be making it more worse with our ARVs, or they may be 28m15sXXXX them or doing very well, so we don't know actually, we are in a blindness, but what we say we cannot risk so we tend to avoid coming closer. But if there could be research, if we know what is actually happening, then we can go in and cooperate to work together
J: Okay, so that's all the questions that I had, did you have any questions for me about the research, or the work that we've been doing?
P: Uh, yeah, maybe what I wanted to know is that are you just doing research to find out what is happening, or there is a process that you are going to find out of some kind of support, and help the cooperation of the traditional healers
J: Okay, so what I'm doing is a feasibility study, so we're trying to figure out if healers could be involved in ARV care, and how they could be involved, if they're willing and if it's possible, and from that if we find that there is a way to involve healers in care, we would submit a grant to get more funding to do a larger scale project that involves them to see how it works. And that would take about a year to get started, maybe even a bit longer. And if that goes well, and we see that traditional healers are successful in providing support to ARV programs, then you would expand it even further and involved them even more.

P: So
J: so we are, if the results are positive and we find it would be good to involve healers, we would more forward to actually involve them so we would start a program using them to do that research to find out how successful they would be in supporting care. And any problems that might arise if they do in fact, like you were saying, push their treatment instead of the ARVs, and look at those aspects. We would look for that as well
P: Is it done, when you are starting to pilot, it's done here or do it in the whole country?
J: well, we would start in the areas that we were here, so we would probably start through Kabarole or Kyenjojo, and if it's shown to be very successful, they would then expand to other districts, if it works very well. So that's how that would go generally, you would start small scale and then as it's proven to be successful you would expand to go lots of places
P: So, thank you for that initiative
J: Thank you very much for your time.

Appendix 26-Healthcare Worker Interview 4

J: And you're okay with having the recording done? Okay, I'll just start. What aspect of AIDS care are you involved with?
P: Okay, the AIDS care we are trying to do here, I personally give voluntary counseling, I give adherence counseling, and ARV counseling actually (2)
J: (quiet) Adherence and ARV counseling. Okay. Do any of your patients have difficulties in getting that type of care?
P: Yes they do.
J: What kind of challenges do they face?
P: Some people at first they feel that they're not confident enough to bring out their ailments to a person at least they have not met before. But with time when they get used to you and they build confidence in you they just come out, talk outward, what disturbs them. Whereas some people it is difficult to come out with inner problems which would actually be solved if they came out with them, they brought them out.
J: Okay (2) Um, now with patients that aren't accessing care why do you think that they don't?
P: Okay, these patients when they want to access this care, some get misinformation before coming. One reason why they get this misinformation, some clients come when they are very sick and when they're tested and given drugs sometimes they go down, some get the fears. They kind of, think of withdrawing, but actually with VCT when they're told what it is all about, because at VCT we have to explain that you can actually go down when you come, when your CD4 is really down, when it is low. When they get explanation, they get the courage to go on.
J: Okay, for patients that don't even come in for testing, why do you think that they are hesitant to come in?
P: Okay, at least right now, the fears are becoming fewer, but at first they would fear that when they come here, they will get that stigma, people will know about their status, and they'll be pointing fingers to them, so they will fear that. Most people fear being pointed on, "this one is HIV positive". Actually even coming for a test, not even knowing their status, coming for a test because we have a separate place where they have to come and sit, wait, we give out education, then we continue and do personal counseling. So before that they have to be in one place, they feel someone will get me here, and they have come for HIV, so that have that stigma, they fear people to point them out they are going for HIV.
J: Okay, is stigma very present, or is it not as much as it used to be?
P: No, it is much smaller. People no longer fear.
J: But it's still there?
P: It is still there, but little compared to when we started doing VCT
J: What type of patients do you think have more stigma?
(interruption)
P: In most cases, people who are suspicious of themselves have more stigma, and actually people who feel they can't even share their results have the, have so, so much stigma. And in most cases, men have more stigma. Because with women we have less problem than men, because in most cases when women come here we test them, whether they're negative or positive, we tell them to go and explain to their men. Some can get the courage of telling their husbands about it, but most women say can't even approach their husbands and tell them about it. Whether they are negative or positive, they fear telling

their husbands. And especially when they are positive, we tell them to talk to them, they normally tell us, "Ah! This man will kill me" And even if you went and got the courage of telling him, most men don't want to come in and test?
J: So why is it that men have so much stigma?
P: Most men are polygamous, even if he doesn't have many wives at home, that you say this one is my wife, the other one is mine, and mine, most men are so sexy, they have many sexual partners and they don't want to reveal, they don't want these wives at home to learn about it. So you would say, ah, but after all, if this only one woman has gone for a test, should I take all the other women? They think about that, so they want to keep hiding, because they will not want to reveal most of the sex partners.
J: Okay.
P: Yes
J: What do you think are the biggest challenges to getting care to everyone who needs it?
P: Well, right now, like, in this unit, we would be able to provide that care these people want if we had the, we had enough counselors to do. Right now I'm the only counselor.
J: How many patients are you responsible for counseling?
P: Okay, in most cases, even a day, you can get over 20. And it becomes very hectic for me, it makes me very tired
J: I guess so
P: It makes me very tired, especially when I get these positive clients, I have to take time with them, not until I see they are comfortable with their status shall I leave them. You have talk to my client until this client is comfortable with the status, feels he can live in the status he has found out. So, when you get about 5 positive clients, it is really hectic to show them everything that I'm supposed to show them, and I feel challenged if I don't give him the care he's supposed to get.
J: Okay, um, are you, is the clinic lacking any other types of resources, human resources or are there enough doctors and nurses here do you think?
P: Well, even actually other human resources because, sometimes we have even to improvise the forms we are supposed to use for them. And if you have to improvise, you have to write everything there, even dangers of these things being lost. If they are not the actually forms we are supposed to use, we have to use paper, copy the data, others we shall leave, we will leave, we shall copy, the few things we shall write, others should not write, because you cannot provide something like this for example to another paper. So sometimes we find ourselves in a dilemma we have to use other papers, improvise, because you cannot counsel a client without any form. Really, we should need that. (2) Sometimes, we have a problem, you may find, I'm the counselor, I'm even supposed to go to outpatient department. So, the workload becomes much.
J: Do you find a lot of patients that are coming here are coming for the first time, or have they gotten HIV tests in the past already?
P: Most come for the first time because, after these people who are tested negative, when they go I think that they feel comfortable that they are negative.
J: Okay, so they feel like they don't
P: Yes
J: Need to come back any more
P: Yes, most of them feel that it's not important that I need to go come. But of late, people are beginning to learn that it's important that you back even the second or third

time, of late. Because right now we are getting people who are coming even to test after a year. They have tested first time after 3 months they come, after 6 months they come back, even after 8 they come. So, it gives me some reason to think that these people are beginning to learn that it's important to continue knowing one's status; it's not enough to check just once or twice.
J: Okay, and with the outpatient visits that you do, what kind of things are you doing with the patients
P: Uh?
J: The outpatient, are you doing counseling just not within the clinic?
P: Well, right now is, is a certain project which has come in which was to do routine counseling, every patient which comes in outpatient department should be given some bit of counseling, then tested and given results but is also not very easy to be done in outpatient department because the patients are many. We have a very big turn up here. Now, this clinician who is in OPD, doing all this clerking the patient who has come in with an ailment, now bringing in the issue of HIV and what what, doing some bit of counseling, you may not cut short the counseling when the client wants to know something it is not really easy to cut short. But they say, we should have some bit of counseling but it may be, it may not be possible to give this person some bit, it may require you to continue with him or her, as long as this person still wants to know some information from you. So, it becomes time consuming, so in most cases it is not done, in outpatient. If it was done in outpatient, then this VCT would be easier, because we would get fewer people who would come and visit VCT, because most people would be done in OPD, because they would come in when they are sick, be given routine counseling, and they are tested from there. But now here, it is becoming impossible, the 11minutes,8seconds XXX is much, the clinician will not manage to do it, he gets very tired, with about 10 clients he gets very tired.
J: And that's for testing, counseling
P: Yes. And the patients are still on the queue, so it becomes very difficult
J: Okay. Do you find there are different challenges for rural patients to get AIDS care then for urban patients?
P: Uh, well, (interruption) So where were we?
J: I'll repeat the question. Are their different problems for the rural patients to get care then the people close to the trading centers?
P: Well, (2) incidentally, these people in the centers are not ready to get the care than these people in rural areas. The rural people seem to be wanting, getting the urge to get the health care, in terms of HIV and AIDS, than these people in the centers. I don't know if it's because of these volunteers who have gone to there, because of most of them are in the villages, in the rural area, so most people are coming from the rural areas. It's of recent that we are seeing even people from around, coming up like, they're 13minutes, 0seconds XXXX, since 2006 we have been doing this, you can see someone from just around here, coming for the first time here. So I would imagine these volunteers have done a good work in the villages. Because the ARV volunteers, most of them are in the…
J: And that's the volunteers that are treatment monitors?
P: Yes
J: Okay, so they're also providing education

P: Yes, they do. They do some education about, because they are community based so in their communities they are trying to tell people how good it is to test, how good it can be when you are on drugs, how you can come up even if you are going down, even like that, so we do think these people in the rural areas are getting it better than these people. And you know in the urban areas in most cases 13m50sXXXX they feel they know it, they understand it, but these people in the villages, they welcome the knowledge, taking to them for the first time and feel proud of you and feel they want to know more about it. So I think that's why most people are coming from the rural areas
J: And are the people in the rural areas then accessing the community volunteers to monitor their treatment?
P: Yes
J: They are getting the drugs from the community volunteers?
P: Yes
J: Is that much easier than if they had to come here to get their drugs?
P: Yes, it is.
J: Okay
P: It is, because some of them really come from very far, although it is also challenge for the volunteers. Some volunteers have to travel big distances, long distances to come and pick the drugs for them, but why it is good for them, one volunteer may carry drugs for many clients. So it helps these clients not to move, although now some of the clients have to come and pick drugs for themselves, because the project have taken care of a certain number of people whom they want to, whom they enrolled in the study, but the rest who came after the study, they pick the drugs for themselves. We have some days they have to come and pick their drugs, and we have days the volunteers come and pick the drugs so we minimize the number of people coming and queuing up here.
J: Mmhmm. So transport would be an issue for those people
P: Yes! It would be very important for these people
J: Okay. So what do you think about traditional healers and the care that they provide to AIDS patients.
P: Well these traditional healers, challenge us also. It's another challenge, it would be good, if, if they would be sincere enough and give things which would help these people because true, these traditional healers have some things which help these AIDS patients, but sometimes, they bring in business so that, sometimes they give things which they even know themselves are not going to help these people, but because they want money they will have to give. But if they would be sincere enough and they have tried their things and give (phone rings) and give the things that are really helpful to these people, it would be very important and it would be helpful for these people, because they would be getting their ARVs here and getting some support from these traditional healers because these patients already are oriented, and if someone is already oriented to a certain traditional healer, he would have confidence, and this confidence would affect his mind and he feels he's being helped. And it would help us because that's all we require. If the confidence is there, than this person will be helped to get up much easier.
J: Do patients feel free to tell you that they see traditional healers, or are they nervous about bringing that up?
P: Some are nervous. And most of them are nervous because they know these health workers, medical workers, we are not in line with those people because of what they do,

most of it is fake. We feel most of it is fake, although there are some things that are not fake. So, they feel if I told these people I'm taking some herbs, yet I'm taking their drugs, they may not want it, so they may be nervous and not tell.
J: So what areas do you think are fake and which ones do you think have importance?
P: Okay, some of these people have some herbs that even we use to heal these old, old people to come out, they can heal ABCD, they can, we use to use these for this, we use to use these for this, and these are the very things these traditional healers are using. But there are certain things, you can just get things there. There are people that go to the bushes, collect some herbs, they tell you I'm giving you this for ABCD, but these, there are these people who just get with bottles, who don't know what they are trying to give the people.
J: So they are trying to be secretive about what they
P: Yes. They are keeping it a secret to themselves, so you feel they may be even just getting some things, things which are not even helpful for this person, so we would discourage such
J: Okay
P: Yes
J: Are there any fears about interactions with ARVs?
P: Yes, yes. There's a fear they may give them things which may not, okay cause interactions, as you see here when you have TB, there are some drugs you may not take with TB drugs. What if these traditional medicine you are taking may not, interact with the ARVs you are taking, so those are the fears we have, of course we have to discourage.
J: Okay. If healers were involved in expanding ARV programs, what are some ways you think they could support expansion of ARV programs, especially into the very deep village?
P: Mm, well, me I would think this, this program of volunteers would be very important. If these volunteers would be motivated, or if there would be some way of getting more volunteers, because these people are used to the communities they are living in. They know the people they are dealing than I know them. That person who would come from very far in the village to, and be very free with me, he would be more free with a person he already knows. Or if these volunteers would supported and many more would be recruited, I think it would be very great, and these people would be reached very deep in the villages.
J: And do you think healers would be able to work as those volunteers?
P: Well, I think, in this case, these volunteers would need to be oriented and told what it had to do with ARVs. If they had knowledge about what we do here, and they understood it, maybe we would gauge to see how much we can go with them, how we can work with them. If they would feel, if we would see it is really possible to work with them, then they would be the best people to use.
J: The healers would be the best?
P: Yes
J: Why do you think that is? That they would be good to work with? If they were knowledgeable and willing.
P: Yes, if they knowledgeable they would be the best people because people are already using them. Although, the people may be nervous and not tell us about it. But now if we involve them and we tell them what to do, they got the knowledge of what we do, and

they see it would fit in theirs, they would be the best people to use and they would even go deeper in the villages because they see more people than us, people have confidence in them

J: Okay. Do you think people ever get confused because they hear different things from their healers than health care providers, that the patients don't know what to think?|

P: Well, I would imagine these people, these traditional healers, have things they tell to these people so that they gain their confidence. Of course they cannot get confidence in you unless you feel you tell me and I assure you that you are going to help me, if you told me that. And they have more time for them than we have, they get time for them, he will sit down with someone, explain to him or her, and this person really gets confidence that this person is helping me, although he may not help him or her. For us, because of the queue we get, sometimes we don't get enough time for these clients and if we don't get much time, enough time for clients, really we lose them. Sometimes we lose them because we don't get enough time

J: They'll just leave, or?

P: No!

J: Or they come and get the treatment then don't feel that they're getting enough time

P: Yes, we don't get enough time for them because we have very many clients XXXX

J: Okay. What do you think would be some challenges to working with traditional healers?

P: Well I would imagine these traditional healers have in their herbs and what not, and mixing it with this medicine, the medicines of ours, sometimes would cause problems, I think.

J: So interactions with drugs

P: Yes

J: If they were encouraging the use of herbal medicines still

P: Because they may not really be serious enough to say ah, we shall not give this person these drugs because they may interact, and because they will not get all the medical knowledge, they will not get it, even if they are given the knowledge, and actually they may take risks, that maybe let me try this even if he's on it, let me try this also, and it may cause some drug interaction

J: Okay. Um, do you think that healers would have any um, doubts about working with health care workers?

P: They would fear. They would fear us (laughs) They may fear, (1) they may fear

J: Um, what is that fear based in? Are they worried about being disrespected, or?

P: Yes, they fear that we are trying to get into them so that we get something out of them, and maybe we just want to destroy their work

J: Um, what do you think would be a way to let the healers know that you want to work together to provide better care to the patients and not just take information from the healers?

P: Well, I may not have much knowledge about that. (laughs)

J: I'm not sure anyone does

P: I wonder how it can be done, because these people are suspicious. The moment they know you are a health worker, they say, ah, this one, uh uh, they don't feel comfortable, so I really don't know how that can be done.

J: Can you think of any benefits to the patients if you were to work with traditional healers to provide them AIDS care?
P: To these patients, what I think is since these traditional healers are more based in the community than we are, because when you see, like now, the traditional healers are mushrooming, they are so many, so if they were really reliable, these, these AIDS care would be given to more people, they would be accessible ,the traditional healers would be more accessible than the health workers, because if someone has to walk about, many, many kms to come to the health facility, but has a traditional healer near her, he would get more people and give that person, those people knowledge they would require, if he had it, he would give them the knowledge about ARVs, HIV, AIDS, and what, what, what, and he has got it. Then he would be able to, he would be more accessible than we are. So I think these people would benefit from that healer than coming here, because even if you are very sick and a traditional healer is near, it would be possible to carry that person to that healer, and he talks to them, he tells them what to do, and it would be more difficult as you see, most people are poor. They don't even have transport. So, if you say I'm now about 15 kms away from the health facility, how do I go? Let me sleep here, when I'm much better I will go, and he may not get better. But if the healers were working with us, and he's nearer, since they are mushrooming now, if he's nearer, then maybe he would be more accessible, they would reach to him, he would maybe treat her somehow.
J: Are there any thing, or any things negative for the patients if you work with traditional healers? (2) Anything bad that might happen for the patients if healers and healthcare workers were to work together for AIDS care?
P: Some bad things may be there, because sometimes if these people who are not trained as health workers have access to health information, sometimes they could be harmed. They may decide even to handle these injectables, what, what, and if they may spread more HIV, then it would be done here, because here they would say no, if this is an HIV patient then they have to be very careful, they have to deal with him like this and that, which the traditional healer may not know.
J: Okay, so they might actually have too much confidence in their abilities
P: Yes, yes. They may think they know much, they now know
J: Okay. Would you be willing to work with healers to provide ARVs?
P: Yes
J: Okay. What makes you willing to work with them?
P: Pardon?
J: What would make you willing to work with healers to expand AIDS care?
P: If they were given the knowledge and if we gauge that really they can make it, it would ease us from the burden, the workload, because some people would be helped by them, maybe would be given the ARVs, would be given, some of these supplies we give to them, the condoms, what, what, they would be given them from those people and the workload here would be less and we would provide quality health care here. It would be more quality.
J: Okay, that's good. I'm just going to go over um, what the objectives were. I just wanted to talk about patient's access to care and what types of patients might have difficulty getting it, um, the different challenges facing the rural patients and the ones in the trading centers, about traditional healers, the care they provide and how they can be

involved in ARV programs and what the problems and benefits might be for the patients. Did you have anything else you wanted to add to any of that?
P: Well, I don't think really,
J: Okay. So that's all that I wanted. Did you have any questions to ask me about the research or what we're doing/
P: Okay, now, you're trying to ask all that.
J: Mmhmm
P: Well, I think maybe, the research may help us, maybe expand this program, which is really good. Could be, could you be having an intention, or intentions of maybe expanding it to rural, rural areas, deeper than we have already gone now. Because, this project when it came here, it has really helped people, even people from very far, because this coordinator here even has to run and go to villages when people have problems, would you be wanting to expand even farther than this?
J: Well, we're hoping to find ways to expand. The goals are, for any ARV program you want universal coverage, so we're, um, my research project is looking at is it possible to involve traditional healers so um, you mentioned a lot if we could gauge their knowledge to know if they could, that's what I've been doing for the past few months. I've interviewed 215 healers to find out what they know about HIV, um, how they would be willing to help out, what they would want to do, what they would expect to get back from that, um, and what they've already done to work with health care workers and what their experiences have been. So that's what we're trying to do, is gauge in what way we can use them to expand into rural areas.
P: And then, as far as you have gone, have you seen them kind of willing to work with health workers?
J: Um, almost all of them. I would say most of the ones that aren't willing is just because they are too old, um, that's no formal analysis, but I find when people say that they can't it's just because can't move from their houses anymore, but almost everyone I talk to says they want to work with health care workers. Um, we asked if they'd want to charge, the majority say yes, but there's still a good number that say they would do it voluntary, and there's a large number that would do it for a very, very small amount, and would try to convince them to volunteer.
P: And uh, when you interviewed those traditional healers, how much knowledge do they have about these HIV and AIDS? Are they knowledgeable?
J: They know quite a bit, um, maybe not very detailed, but the most important thing is almost none of them think they can cure AIDS and the best thing is ARVs, and um, which is good, because I hear a lot of people say "Oh, healers think they can cure AIDS and they tell people this" They could be lying to me, I don't know, but most of them say there's no traditional treatment anywhere, that patients should be getting ARVs.
P: That's wonderful
J: So that's good
P: Yeah, I think if these people could be given more knowledge, added to what they already have, I think it would be good if they would be used
J: They agree, that they need more knowledge
P: Yes
J: Alright, that was all the questions I had, so thank you very much for your time.

Appendix 27-Healthcare Worker Interview 5

J: So you're okay with having the recorder going. Okay, so I'll just start then
P: Is it, uh, far enough XXXX put it near
J: Well, maybe I'll put it closer to you, what you say is more important anyway!
P: (laughs)
J: I know what I say. Um, what aspect of AIDS care are you involved with?
P: The, the
J: AIDS care
P: What type of AIDS care?
J: Mmhmm
P: Actually I'm involved mainly in treatment, and also prevention. Prevention, and treatment, actually I deal with opportunistic infections and also HAART, anti-retroviral therapy.
J: So you're a clinical officer?
P: Yes
J: Okay. So you work with providing, HAART to patients
P: Yes
J: And what kind of prevention activities are they doing in Kibiito?
P: Prevention activities?
J: Mmhmm
P: Uh, actually I'm sort of, I supervise, we oversee, we have what we call peer educators
J: Peer Educators
P: Peer educators, they are people who are HIV positive but they have been empowered with knowledge, to preach what, prevention messages. So we oversee them, we supervise them, we guide them, but also, if also, if need be we also give health education to patients direct. Um, to prevent secondary transmission of what, HIV
J: Do your patients have any difficulties in accessing the care
P: Yeah, they do, they do
J: What kind of problems do you think they have?
P: First of all, sometimes transport problems, some of them do come from very far
J: Is the problem just the time or the money?
P: Both, both. The distance, the distance
J: What about in the prevention activities, do you think they are getting out to everyone, that everyone can access them or is it hard?
P: No, because sometimes those who don't, it's difficult for those people who don't come for the care, then maybe we have to go to the field and then sometimes there are no resources, there are not resources to go to the field and do either health education or VCT, yes
J: So what kind of resources are you missing to get out to the field?
P: Uh, mainly we have, we have transport means, but sometimes we lack fuel. You find that the motorcycle is there, or the motorbike was there, but there's no fuel to put in.
J: So there's money to buy fuel and there's not fuel available, or
P: No, no, no
J: There's no money either
P: Ya, no money, the bikes are there, the cars, the buses, the money's not
J: Okay, that's tricky. Cars need gas. And if you had enough fuel, are there enough people available to go out and do the outreach?

P: Uh, we can always divide ourselves, but sometimes not really, the staff itself is also not so adequate.
J: So, are you missing, like, peer educators or
P: The peer educators are enough, but maybe the clinical officers are not enough, even the nurses themselves who may train and then they become counselors, they are also not enough, because um, uh, they, when the government was introducing this aspect of care, they did not think
J: The outreach aspect?
P: No, I mean they did not bring, okay, the idea of recruiting other staff members, 3m57sXXXX of integrating the existing what, which works for them, but um, I think it means that some of the activities will have to be interfered with because of, because this is uh, a program that is really demanding and needs a lot human resource, so if you are caring for, for people at the health center then it is difficult for you now to move outside. Although sometimes you have to identify days which you have to go outside.
J: So do you separate clinic days from outreach days, and patients come in those days?
P: Outreach days, my colleagues, the ones I work with are the ones who normally go. But its, me I usually stay, Friday's I normally stay putting the paperwork together.
J: Okay, and Fridays would be outreach days when people go out?
P: Eh
J: Right. So are those outreaches really busy?
P: Mm, they are, they are busy but actually most especially they are, they see what, they see um, they're home visits. Actually, that is the right word
J: They're home visits
P: Home visits, the patients who are not able to come or who missed their appointments or who are too sick, yes
J: So you're not recruiting new patients but continuing with patients you already have?
P: We do recruit on a daily basis.
J: Okay
P: Actually we do recruit, every week
J: Okay. So what kind of patients are you recruiting?
P: Uh, we are recruiting, we recruit according to ministry of health guidelines. Um, those ones who are stage 3 and stage 4 disease but of course with stage 4 disease many times we have to follow the what, because we are a health center, so if a patient comes in with a stage 4 condition, which is not maybe also vaginal candidiasis, or if it's not extensive herpes zoster, those other complicated and easily, uh difficult to manage at the health center level, they are supposed to be referred. Because sometimes it's difficult because, um, for, the patient see it, the attendants see it as a last resort, so sometimes you refer them, they say when you refer us we shall take the patient back home because we are, they are a little exhausted, they have gone to different areas, what, what, patient may probably is not improving
J: So why do you think the patients view it as the last resort?
P: It's not the patients but the attendants because at that time the patient has no, no capacity for decision making, he is too sick, or
J: So, it's their family members that are
P: Yes, yes, caretakers.

J: Okay, and are they just overburdened and they can't take/
P: Yes
J: So you think that they want to get to the hospital, but
P: Yes, yes, but due to other, due to other problems associated more so financial problems, yes
J: So, these patients that aren't accessing care, um, are most of them getting tested and not coming in for treatment, or are most of them not even getting tested?
P: They are, many times the ones who are tested get the care, but there are those ones who don't for some reason just stay there, and by the time you test them they are already in stage 4. Even just testing, just testing them they are too sick. So only that they develop signs and symptoms that they come to get the treatment
J: And when you are looking at the people who aren't getting care, waiting so long, is stigma a part of that, or do patients feel free to come in, they just can't?
P: I've observed stigma amongst the men. Men usually, sometimes they do tests and then do what, disappear for some time until they show signs and symptoms and then he tells you he tested like maybe 2 years ago. So you ask them why they had not come and they say it was so difficult to even believe
J: It was difficult to believe they were positive?
P: Yes, yes
J: So, how come you think that there's so much extra stigma in the men compared to the women? Are the women even getting tested?
P: Yes
J: They are
P: My own understanding actually, because I've not done, like, a study of why, but my own understanding I think is uh, I don't know maybe because of personalities, I don't know, but I think, that's my observation. It's easier for men to come up and uh, I mean for ladies to come up for treatment. Because when they are tested, the men, they just are not willing to come up with what, come clear, so I think maybe that should be a subject of study (laughs)
J: Why men don't come in (laughs). What are the biggest challenges in Kibiito to get care for everyone who needs it?
P: Um, first of all the human resource is limited.
J: Human resources
P: Then also (2), with, we have, the treatment, uh, the drugs, the ARVs we get, they are just from government, we don't have another partner that gives us ARVs, and the supply from government is very irregular. Irregular in not that they fail to bring, but they bring it at, the timing, the schedule for bringing is irregular. So like you find, it can delay for um, what you are expecting for this month comes in the other month, so that for instance affects you. For instance, it's a big challenge actually, it's one of the biggest challenges actually
J: Does the government give you any reasons for the irregularity?
P: The government has at ministry level, for them they have no problem, but I think there are logistical problems at the level of national medical stores. The national medical stores, that's where the problem is
J: So the government is getting them to the stores, but the stores logistically is having problems logistically in getting them out

P: Also sometimes, like recently there was a shortage of a combination of which contains combivar and nevirapine, then when we communicated, we enquired from national medical stores, they told us, what they are given is what they give out, because they are just a store. So it means that they had not purchased the what, the combination
J: Ah
P: Yes, so, um, there, of course that one comes at the government level not even at the national stores level, so
J: And would you say that there are different challenges for the urban patients compared to the rural patients? Like what do you think those differences are?
P: The challenges are, what my own observations are, there is more stigma in urban patients than the rural patients.
J: More stigma in the urban
P: Yes
J: Even though they have more access to information
P: Yes. More access to information but the stigma is much more in these one, because we have observed someone comes from Fort Portal, he goes to the rural health center to get treatment from there. He does not want to be identified with the treatment around. So, it's a common thing. Then also, but also um, the, the urban patients seem to have more resources to seek care than what, than uh, than uh, than the rural patients
J: So they have more money or
P: Yes, yes
J: And transport's easier
P: Yes, both. Even transport is easy, even the money, just they need to go by public means.
J: Okay. So would you say that the rural patients feel very free and they want to get treatment they just can't?
P: Eh
J: Okay. So what do you think about traditional healers and the care that they are providing to HIV patients?
P: Traditional healers
J: And when I say healer I'm including um, traditional healers, herbalists, faith healers
P: Witch doctors
J: Yeah, witch doctors, it's just anyone who's practicing non-conventional medicine. You can talk about them differently if you want, cause they're very different
P: So now, um, the problem is some of them just um, the care they give is not out of some sort of research, you get eh, they just treat because um, I think uh, for them their main objective is um, profit making. That is their biggest objective. Profit making, make more money. Then, um, they also over charge patients. Overcharge patients, and then of course that one affects quality of care because if they, they are going to say that you come on several, several visits, and then on those several visits you are taking a lot of money from an already a very sick patient, sometimes they will fail to make their appointment the other day because they don't have the money to raise.
J: So, in addition to over charging the patients and trying to exploit them to get money, are the treatments that they are providing also causing harm to the patients? (3)

P: I may say yes because sometimes, uh, they are, there are some patients that came telling me that taking those drugs also have their side effects are limited, nausea, vomiting.
J: From ARVs?
P: No, just the herbs, the other herbs that they use
J: So they're getting lots of side effects from those herbs as well
P: Mm, yes.
J: Alright. Um, if traditional healers were involved in expanding ARV programs, what are some ways you think they would be able to support that expansion?
P: Um, me I think they would be helpful to, because, they would be helpful to refer to us patients who, whom they cannot manage to treat. Because the truth is our people attend to those people, I mean they seek care, in the, from traditional what, healers.
J: The patients seek care from them
P: Mm. And the biggest reason is that for them, they advertise aggressively. They do advertise aggressively. I'm doctor so and so I do what, I treat this, I treat, so what they, they are so aggressive in terms of what, advertising. Then also, um, patients also are, I think, when you get something, some desperation into you, you get an open mind to seek care, alternative, or do what, do what, what may work for you. And I may have a skin rash, when the cream you gave me in the hospital did not work very well, so if a traditional healer tells me he has a better medicine, I have to try that, you get eh?
J: Yeah
P: So
J: So you said that it would be good for them to refer patients they can't manage
P: Yes, yes
J: Are there some conditions they can manage?
P: I have a feeling that um, things like skin rash, what, they have remedies for them, just for relief, but also our, the problem I have with them is that I don't, I don't trust the way they make the diagnosis. The diagnosis are made, in conventional medicine you make a diagnosis from having made a what, an investigation, maybe a lab investigation, or nurse, or taken proper history.
J: And healers from what I understand from the NDA regulations aren't allowed to advertise, but I guess they do
P: Yes, yes, maybe nobody enforces it
J: So who's responsible for enforcing it? Just the NDA?
P: The NDA, but they have local offices, they have regional and then the district offices. And then it's the 18m13sXXXX to tell authorities like police or what, that this one is doing what is not right.
J: Are there any forms of herbal medicine that is allowed? Or is everything just not allowed?
P: At the moment I don't know of any herbal medicine. Although, although people are using it a lot.
J: Yeah, there are quite a few herbalists and faith healers around, certainly. And patients that are seeking healers, are they different than the patients that are coming into health centers? Or are they just the ones that are able to access those ones and not the health centers?

P: They are also different because for me what I have realized is some of them are going to both. The other day you'll find him at the traditional he- what in that place, the other day you'll find him in the hospital, so

J: And for patients that are just using healers and not modern medicine, is it just that they don't trust modern medicine, or they can't get it?

P: Maybe that they don't trust, I don't think they cannot, they can, but maybe they don't trust or um, maybe, you know sometimes you can go to hospital and you find a long line of 80 patients waiting to see the doctor. But you go to the traditional healer's place, you get enough attention. He talks to you for one, for 30 minutes, talking just like, you get?

J: Yeah

P: That satisfaction also makes you go back.

J: So if healers were to be involved in ARV programs and providing HAART, what are some challenges to that collaboration?

P: The, the challenges would be, ARVs are for free, but again, I don't know if they would, all of them would cooperate to know that that service should be free. Yes. Because for them, theirs is money, they're money-minded. And also um, the knowledge because they have to have some sort of knowledge about the ARVs themselves, which I don't think it's easy to educate them because, some of them just learn through inheritance, they have never gone through education, or they dropped out midway, at the early stages and then they just inherited the treatment part of it from either their fathers, their grandfathers or um, they learned like on job, you get eh? So sometimes it can be difficult to understand some those principles of ART

J: Do you think it would be better to, within Uganda, form some sort of system to train and provide that knowledge to healers, or to just phase them out of care?

P: I think phasing them out is not a solution, I think we should be able to inform then and then we put some sort of like, quality assurance, you see a traditional healer should be offering, this, this, this and this, and he should not be offering this, this and this; we put guidelines for them. And then we work hand in hand to see if they are able to refer to us patients, or if they all like that. So I think the collaboration there, it definitely has to be there. Because phasing them out means they would start working under what, behind doors.

J: They're still going to do it

P: Yes, yes. Phasing them out is not optional.

J: And when you are looking at patients who are receiving both types of care, do you think it's difficult for them to receive the conflicting information?

P: Mm, it's so difficult, my, yes, it can be confusing to them, but also the ones I've interacted with is also actually those ones who are on ARVs, before they take up any medicines that have been given or some herbs that have been given by the traditional healer, they first ask. Others come and ask is this safe for me to take? This herb which I was given because my, my skin rash or what was not going away, or my cough was not going away, I was given, is it okay for me to take it? So you give advice about it

J: So do you think that most patients that are using both are free to admit to their health care worker that they are using herbs?

P: No

J: Most of them don't

P: No, some of them don't. Some of them just take them but see some of them are bold, they are bold, they can often tell you
J: Do you think there's lots of problems with interactions that, that you as a clinical officer can't be aware of because of that?
P: Are there interactions between the herbs and the ARVs?
J: Mmhmm
P: Um, I may say no, only that uh, only that I think that one should also be subject to research and we see. Also they have identified some few things, um, a few herbs which don't really do what, which may interact with ARVs, but I think generally they are…
J: There's not many known interactions?
P: Yes, yes
J: do you think it would be helpful if you were working with the healers to know exactly which herbs the patients are taking and then you could keep track of those things?
P: Yes, but um, it would be a good idea but I don't know the, the, how faithful they would be to tell you everything they are giving
J: Why is that?
P: Those, (2) each one of them claims to have something unique which the other doesn't have, you getting me, so by telling the health worker it means the rival traditional healer might know of that medicine or herb, you get eh
J: Uh huh. So they want to keep it secret
P: Because uh, like, our conventional medicine, if it's aspirin here, then it's aspirin in USA, and aspirin in South Africa, you get eh, it's different for these traditional healers because they get their medicine from different areas and they have their training, different places, and they want to portray themselves as being the best.
J: Mmhmm
P: So
J: What about healers working together? Do you think that they talk very much and want to link up together, or do they try to stay separate?
P: Mm, they also have associations and I think, I've not attended those associations but I think those, they are meant also to collaborate and I think they share some information as regard to what they do and I think through the association you can also be able to understand what exactly their practices are
J: Can you think of any benefits to the patients if you were to work with the healers to get people ARVs?
P: Yes, I think, people would, uh, people would, to get treatment would be identified early. Some, some of them first go, they think that they are bewitched, they don't have HIV, they are bewitched. Then they go to the traditional healers and they stay there for a long time so by the time they come to our treatment it's a little late, you get eh, and it's difficult now to resuscitate them
J: Thanks (to server)
P: I think, uh, working with them, I think it's a good thing
J: Okay, a lot of time healers will talk about trying to refer patients to modern medicine but the patients are scared to go or not being able to access it. Do you think that would still be a challenge um, with a formal collaboration and do you think that there's any way to over come that?

P: Uh, I think that will be, help us, when we are working together the referral will be easy because sometimes the patient is, who has gone there might think he might be blamed for having gone the other side first, which is not the case. He thinks he might be blamed for going to the traditional healers and I think there is no problem.
J: So they feel some sort of shame for visiting the traditional healers when they should've gone to health care workers
P: Yes, yes
J: Okay. And what do you think the collaboration would do to ease that? (2) Just to let them that it's okay to use this, and we want you to come in?
P: Yes, yes, I think the collaboration in a way, if they, the traditional healer is also referring from an informed point of view he will even be able to explain to the patient, that no, I'm referring you because of this and this, maybe you have to be tested for this and this before either, or to get better treatment or what, I think the patient, he will have to do what, to explain to the client and I think it will be easier that way
J: So it's just that the referrals right now are under-informed, they're not giving enough information
P: Yes, yes, they're under-informed, they are not collaborative,
J: Can you think of anything that might be negative for the patients if you were to work with healers?
P: Mm, (5)
J: Not a lot?
P: No
J: Um, some people have talked about problems with worrying that the healers will try to provide their herbs instead of ARVs, or that they'll still try to exploit money from the patients. Do you think any of these things are real concerns or that the collaboration would work to benefit the patients mostly?
P: No, I think as I told you from the beginning that uh, these are, people who are referring free treatment working with people who are referring treatment for pay. So problems, still they have, there has to be a conflict. So, because of, they will need, they will need to, try to inform the patient that theirs is the one which is more superior to the, to maybe the ARVs, and then I think that that compromises the health of the patient
J: Okay
P: Because they want to sell
J: And are they talking about herbs they would be using to cure HIV, or herbs for the opportunistic infections?
P: Uh, um, herbs for HIV, because some of them, we have heard them talking on radio that they also give herbs which work like HIV, like ARVs I mean. So there, you can't be sure whatever, because I for one don't have that at heart, I don't believe it. I don't have, I don't believe it
J: Yeah
P: And I uh, and, uh, working together (1) working together it means that each time they have to keep doing what to referring the patients, I don't think they have the capacity to dispense them or what.
J: What do you think about them helping to do things like monitoring adherence and keep track of side effects and report back to clinical officers? Could they work in that capacity, or are they better off to just refer?

P: Monitoring side effects and adherence, I think uh, it depends, maybe when they are recruited as part of some sort of health care, not part of as, as healers, because I don't think they will have the time to monitor some of those things, and I don't think they will have the commitment to do it also.
J: Okay
P: And, although sometimes you might orient them in the knowledge, to look at the key signs, 31m32sXXXX side effects or what, but I think still they should be still XXXX
J: So, would you be willing to work with healers to provide healers to patients, or to expand ARV programs?
P: Yes,
J: What makes you willing?
P: Um, because, our patients trust them, they do trust them. And they seek help, they attend them. Okay? So, I would be unfair, I would be unrealistic to say that uh, they, we should not work with them, because now it means they would be cut off, they would be cut off, and then the patients would be going there, you get?
J: Mmhmm. So if it's unrealistic not to work with them, how come there aren't any programs set up now that works with them?
P: Um,
J: Has there just been no opportunity for it?
P: No, yes, mm, I think my take on that is, that (2) the methods they use are not scientifically proven.
J: Yes
P: Yes, so because they are not scientifically proven there is no uh, standard, or guideline under which they work. Who can be able to monitor their what, their activities, so I think that's why they have not been able to do what, to work with them.
J: Alright then. I'm just going to go over the targets for the discussion. I wanted to go over what type of care you're involved with, difficulties patients have accessing the care, what kinds of patients aren't getting care, what the challenges are in getting medication to everyone who needs it, how that changes between rural and urban patients, looking at traditional healers and ARVs and how they might be able to be involved in expanding care, what kind of benefits and harms to the patient that might cause, and um, if it would work, so do you have any other comments you want to add to those points?
P: Um, (3) My comment would be that um, the word traditional healer is too broad based, is too broad. We have to understand whom we are working with. Either, either the witchdoctors, or the herbal, herbalists or the faith healers, or what, but in my opinion I would think if we are to work with, then we should work with the herbalists. Because the faith healers you can't, I don't know what they use whether it's spirits, or what, then the traditional, I mean the witchdoctors also I think theirs is also, they use some supernatural powers, or something like that, so I think in my opinion if we are to work with, you have to select a group, which I think should be the herbalists
J: Okay
P: And then we can work with those ones
J: What about traditional birth attendants in there?
P: Actually those ones are more important than what, even all the others, because for them they have registered a willingness to cooperate in other areas, eh, in other areas like

referral of patients, or escorting patients to health facilities, more so the pregnant women, so those ones are also very helpful
J: So looking at definitions of witchdoctors and herbalists, how would separate the two?
P: Mm, a witchdoctor preaches the gospel of demons, the gospel evil spirits, a gospel of, of those ones
J: Would they
P: The supernatural
J: Still identify as being Christian, or Muslim, or would they still have a religion though?
P: Yes, some of them, some of them claim they do, still on the contrary they would say um that they are, uh, their powers are the ones that have performed some miracles or something. If I may put it like this, some of, they don't really confess to religion, but um, you would still by somebody's name, whether he's a Muslim, Christian or what, but uh, I've not seen one confessing to be of a certain religion
J: So, if I'm doing a survey with a healer and they say they are Catholic, I haven't met anyone who doesn't say they are Catholic, or Protestant, Muslim, Seventh Day Adventist, they all identify with something. Would you say that I've not talked to any witchdoctors or they're hiding the fact that they're witchdoctors?
P: They could hide it.
J: Okay, so just because they don't say I worship demons, doesn't mean they're not witchdoctors
P: Yes, yes, but herbalists, for them they will say that I, they use the herbs that are derived from trees, grasses, shrubs, and they prepare them the way they are prepared and then they give a mixture to drink or smear on themselves you see, like a sort of, some sort of medicine is going
J: So, do witchdoctors not use herbs at all?
P: Uh, some of them do, but uh, my understanding is he would give you something to take but put other, put other, let me see, uh, instructions, eh, put other instructions that either you have to take it um, when nobody else is around, to put it, you have to take that herb when you are naked or something like that (laughs)
J: So what about herbalists who say that they get their herbs from dreams or from spirits, are they still different from witchdoctors, or are they sort of the same then
P: So, even may say some herbalists, it's, it's difficult to put white and black between the two groups. Some of them practice both
J: Okay
P: But others purely, when you talk to him and you direct him you see that this one is a witchdoctor, this one is a what, is a herbalists, more so for herbalists. Because so, most witchdoctors, also some of them give some herbs, but many herbalists, the true ones, they are not involved in witchcraft
J: Okay. Um, so, are witchdoctors the only ones treating traditional diseases, or could herbalists also be treating traditional diseases?
P: Traditional you mean?
J: I mean people saying that um, I'm guessing things like false teeth, and failure to produce, and um, loss of spouse, jealousy among co-wives, things like that
P: Oh, uh, I think those ones are common among what, among those witchdoctors,
J: Okay, so if somebody tells me that these are the types of diseases they treat, they're probably witchdoctors

P: Eh
J: Now do you think there's people who treat these diseases that wouldn't tell me they treat these diseases?
P: Yeah, and also when they are witchdoctors, they tend to hid because they know that many times, whether they tell you, in your conscious you are not believing what they are telling you.
J: Okay. That's good. Do you have any questions for me about the study or anything like that?
P: Actually, when you told me about it, and um, about the study, (2) what came into my mind was that we were going to be giving ARVs to those witchdoctors to dispense them. I don't know how true that is, but the first thing that came into my mind was I hope that wasn't, was not a good idea (laughter). Right, because, um, sometimes it's even difficult for our health workers who are not directly into the treatment of care, of HIV, and uh, and AIDS to even understand the principles and concepts of what, of ARVs,
J: Mmhmm
P: of anti-retroviral therapy, so how is it going to possible for a witchdoctor to understand them
J: So from the perspective of this study, I guess it was sort of born because of the community ARV project in Rwimi and them finding out that a lot of people are using traditional medicine, and it's well understood that about 80% of people around here are still seeking traditional medicine or going to traditional healers, um and there's a lot of people who can't get care, so we think if there's all these traditional doctors and all these people who see them, how can we bring these two together. And the point of this project isn't to say yes, this is what we want to implement, but to say, to ask rather, what ways can we implement, are there any ways we can bring the two together. So I'm not suggesting what we should do, but try to talk to people to find out is there anything we can do. Yeah, so, that's the purpose of my study, a feasibility study to find out is there any way that we can expand ARV programs with healers, or is it completely a bad idea. If we find that it wouldn't work at all, then we would never introduce it
P: Recommend it, yes, yes,
J: But um, right now the results aren't entirely negative, but I can't see us giving ARVs to healers to dispense. I think that realistically, the best thing that they would be able to be involved with is sensitization, and referral and maybe some treatment support and um, just providing the moral support to the patients that are trusting them. And maybe get some patients who have no faith in modern medicine to finally come in and get testing, because the two groups are working together. So that's, right now I haven't done any data analysis, just from talking to people that's the impression I'm getting right now. So that's good. This is the second last interview, I'm done data collection tomorrow morning, so.
P: This is the second last eh? You have seen many more?
J: Well, we only did 6 interviews with people in health care. We interviewed 221 healers, we did 4 focus group discussions with healers and then we had 2 discussion groups with patients. So, that's the extent of everything. So that's good. And what we're going to do, I'll have a report ready by June, I want to say sooner but I don't want to underestimate the time it's going to take me, so we're going to make sure it's available at all the health centers we talked to people at as well as the district offices. Um, you'll be able to see the final results

P: So will you disseminate this side, or how are you, because, maybe I would have wanted for my own interest, maybe if I can give you my email so maybe you can

J: So I'm definitely going to get the reports to the health centers, but I can email you one, thanks. Do you want to just write it down on the consent form. We have to keep that, so (10)

P: It's difficult for me to write "@"

J: So that's agaba_b27@yahoo.com. Perfect, okay. Like I said, it's going to take a long time, probably 5 or 6 months to get a report together, so um, and I'll probably also do radio announcements when the report is ready just so people that were in study know they can come pick on up if they like

P: And more so the patients, if you have interviewed the patients

J: Yeah, they'll want to know. Patients overwhelmingly do no want to get ARVs from healers, but they did agree that in the very deep villages they would be good for sensitizations and referral and stuff like that (3). Okay, I'm just going to shut that off.

J: The recorder on. Or should I take more detailed notes? (laughs). This is good? Okay
P: Okay
J: So I'll just leave that there. Okay. (papers shuffling) So the first thing I wanted to talk about was um, in what aspect you've been involved with overseeing ARV programs in Kabarole district.
P: I work as a health educator. My duty mainly is community mobilization, for, to raise communities so that patients can access ARVs wherever they are available, mainly in our health facilities
J: Okay
P: The, since 1990, no since 2002
J: So what kind of activities are being done for the community mobilization?
P: (2) Kay, most of the activities are done by the health workers and they have, engaged in community meetings, whenever communities, mainly organize community meetings and the health workers and health educators go to talk to the communities to inform them the availability that such infections such diseases can be treated, and the treatment is available at the health facilities, also we have, in some areas we have been using community drama.
J: Okay
P: Community drama. We have drama groups which go around and through drama they pass messages in health, inform the communities, and the other thing is sometimes we use radio talk shows and also we, oh, sometimes we use what we call film show, film shows, video film shows, there is a film van which comes from the ministry. It comes here on quarterly basis
J: Okay
P: It has loud speakers, it goes busy places like markets, trading centers, distributing messages.
J: Okay. How many centers are there in Kabarole that offer ARV programs?
P: Um, in fact all facilities, up to health center III
J: So health center IV's and III's do?
P: All, you have 3 hospitals, 2 health center IV's which are operational, or health center III's.
J: Okay
P: Right now I cannot tell you exactly the number, cause some of them are government and the others are not government
J: Okay, so some are private. So, Rwimi is a health center III that's doing, that's one of them
P: Yes, yes, health center III's are the ones which are at sub-county level
J: Okay, yeah, (2) So what programs have worked in the past to successfully increase coverage of ARV programs?
P: (1) Um, there is an organization called JCRC, Joint Clinical Research Center, this one has been in the district for at least 5 years. Then the, we have the community based ARV project which is based in Rwimi only, and we have ministry of health, which provides ARVs to all these facilities, then we have other non-governmental organizations like Virika Hospital, Kabarole Hospital, um, also we have a 4m45sXXXX, for example private or profit, for profit. But this one maybe, I'm not sure on that one, you may not note it.

J: Okay
P: Not sure about it
J: So why do you think programs like JCRC and the community based program have been successful?
P: Yes, they have been successful, only that the area covered is not wide enough. For example, CBRV is only one sub-county
J: CBRV?
P: Yes, community based
J: Oh, community based
P: ARVs, only in Rwimi
J: It's only in Rwimi
P: It's only in one sub-county, and JCRC is based only in Fort Portal hospital, so it is not covering the whole district. But they have outreaches, even those outreaches do not cover the whole district.
J: And so, why do you think makes these programs successful?
P: Now, I think communities are becoming aware. Community awareness has increased, so then community demand is increasing
J: Okay, so as they go out to the villages, people are becoming more aware of
P: Yes
J: the treatment and that it's available
P: Yes
J: Okay
P: And also the health workers, when they are in the communities there, they tell the community that services are available Fort Portal Hospital, or at Rwimi, or at these other health facilities, so people go there. And if you get time to visit, I don't know whether you have had opportunity of visiting JCRC
J: Mmhmm, yeah,
P: Clinic, you find it is very busy, even Rwimi is also very busy
J: Mmhmm, definitely. What challenges are there for patients in Kabarole to access ARVs?
P: Okay, the biggest challenge is the stigma. Stigma. People, most people don't want to be known that they are positive. So some of them just stay in the village and die there. And the other thing is on, ah, okay people are poor. Poverty. So when someone is on ARVs someone may need a good diet, some people may not afford that good diet.
J: So you think some patients in the villages have so much stigma they don't even want to get care?
P: Yes.
J: Okay. And are
P: Also there is the, the male involvement in these programs is not so good.
J: There's fewer men?
P: Yes
J: Why do you think that is?
P: Maybe due to stigma, but uh, (2) yeah, male involvement is not good. Cause when you go to look at the PMTCT program, the uptake of the services is not so good, and one of the reasons is low level of male involvement

J: Okay, so what do you think is different between the stigma that a man has compared to the stigma that a woman has?
P: Hmm (2) Here, the man, men really, have more, it is more on men than the women
J: Okay. Okay, are there different challenges facing the rural programs compared to urban programs?
P: (2) Beg your pardon/
J: For the ARV programs, for the rural ones, are there problems that are different in those ones compared to the ones that are based maybe in Fort Portal, in the urban centers? Is it harder in the rural areas to create programs?
P: Yes, yes, access to services is actually much better in urban areas than in rural areas. Access to the programs.
J: And that makes it easier to create the programs?
P: Yes, in urban centers it is easier
J: Okay
P: and also maybe the level of education, people in urban areas have actually can access things like maybe newspapers, print media, and listen to the radio, and also many of the programs actually based around the towns
J: Okay, so do you find that with the rural programs you need to focus mainly on sensitization?
P: Yes, exactly
J: And that's already sort of done with the urban programs, you just need to provide the care?
P: Mmm
J: The care, okay. So what do you think about traditional healers and the care that they are providing to HIV/AIDS patients?
P: Okay, traditional healers are contributing, their contribution is actually good, and the government recognized they contribute to the treatment of ARVs, but the only problem is that uh, they are not open,
J: Okay
P: They are not open and the medicines are cannot be easily measured, the dosage is not easy to make, and some of them, some of them are actually, shall I say they deceive shall I say they deceive people, they are cheats.
J: Do you think, um
P: Now the other challenge I was talking about was, was about belief in witchcraft. Some people believe in witchcraft
J: Paitents?
P: Yes, patients (phone rings)
P: But, eh, there are a lot of misconceptions about HIV/AIDS, so you find some of, some people may believe in witchcraft, others believe in, others are very religious they say that praying can, can, those can heal so some of those misconceptions are actually common
J: and what is the
P: Some other challenge actually
J: And what about like brining herbalists and birth attendants and, um, are they, are they also deceiving patients or are their practices a bit different than say a traditional healer or someone like that?
P: Okay, there's a big difference between these traditional birth attendants, you see right

now policies, government policy is trying to discourage them, that they should only refer to health facilities, they should not engage in delivery, that's government, that's the policy currently. Um, birth attendants cause if they don't refer you find that they may increase the risk of mothers dying in the village. So, they are trying to advise them that their role, their main role should be referring to health facilities. Now with traditional healers see our communities still believe a lot in them

J: Mmhmm

P: That's why they can be easily deceived, they believe in the traditional healers is deep rooted in the communities

J: So a lot of patients go to them

P: Yes, in fact, the majority (interruption)

Woman: Bye Janis

J: It was nice to see you today

P: For a majority of people, before they go to a health facility, majority of them go to the traditional healer first. So the traditional healer, when they fail that's when they go to the health facilities

J: Okay. If traditional healers or herbalists, when I say traditional healer I'm including everyone who does non-conventional medical care. But if they were involved in helping to expand ARV programs in Kabarole district, what are some ways you think they could support that expansion?

P: Yes, um, (3) now, (2) See, we're trying to, to, to request them always to refer to health facilities, but since they, what their medication is, has a cost, so they always want to, to be paid, so that's the really challenge there, challenge because those who are in need of money they cannot be easily refer, refer to health facilities.

J: Mmhmm

P: But currently, currently traditional healers are not given ARVs,

J: Yeah

P: They are not, they are not.

J: What about other aspects of providing ARVs, like community support or counseling, or monitoring adherence and side effects, do you think they could be involved in ways like that/

P: Yes, counseling services (beeping), they can do it. First of all, what we call community counselors, there was a program that had just started training them, those traditional healers since the communities believe in them, so they can do well in, in counseling communities, can do very well

J: Okay

P: If well trained

J: If, yeah, if trained

P: Yes

J: What do you think would be some challenges in the district offices if working with healers to expand ARV programs?

P: Most of these, mainly, the level of education, is still very low, the level of education, um, (2) the fact that they want to get some money, yeah, and any service they give they would like to gain some money, that would be a challenge, and the ministry of health may not afford that.

J: Mmhmm

P: And also, the fact that they want to sell their, their drugs, their traditional medicines, and then ARVs from ministry of health
J: So they, you think that they would encourage patients to take their herbs instead of ARVs?
P: Yes
J: Do you think that there are a lot of healers that advertise or tell patients that they can cure HIV?
P: Yes, they have been, they are, they are there, they are there. Some have even come on the radios, and advertise their medicines and that one you find they are deceiving people.
J: Mmhmm. Can you think of any
P: Some of their medicines can cures these opportunistic infections, some of them would actually, but not healing HIV, but they can cure some of these opportunistic infections
J: Do you think that there would be a problem if they were interacting with patients on ARVs and there were interactions between the ARVs and the herbs they are using for the opportunistic infections and the ARVs? Do you think that would increase if healers were involved with ARV programs?
P: Yes, the uptake of ARVs would increase actually, the, the, still the challenge would be the level of education.
J: Okay
P: You see, you find that even the trained health workers need some more training not to, to, to administer these ARVs, so it would be worse with the traditional healers.
J: Mmhmm, and can you think of any benefits to the patients if health care workers and the district were to work with healers to help them get support from their ARV programs?
P: Yes, more clients would have access to these ARVs. The traditional healers are actually to the grassroots, more clients, more patients would have access to the ARVs.
J: Okay. And when you're saying that there are patients who have so much stigma that they don't want to come to health care to get um, to get treatment, are these patients still going to healers do you think?
P: Yes
J: So it's possible that if healers were supporting these programs that you could get those patients who are too scared
P: It would reduce the stigma
J: Reduce stigma. And you've touched on a few things about them deceiving patients, but can you think of any other negative aspect for patients if healers were to work with district health care for ARV programs? (4)
P: Um
J: The money and the exploitation would be the main negative aspect?
P: Yeah, see, the only thing is that these traditional healers, most of them are money hungry, that would be, so you find that some patients who have accessed free drugs may not access, the traditional healers would have a cost, which some of the patients may not afford.
J: Okay. And do you think that the district health offices would be willing to support collaboration with traditional healers?
P: Yah, they would be willing but the only problem is the level of education, the level of education, it would a very, the main road block

J: And why would the offices be willing to work with healers do you think?
P: In order to have more patients access more services (3)
J: Okay, I'm just going to um, summarize what I was going to go over today. Um, I wanted to talk about ARV programs in the district and what programs have been successful, what kind of challenges there are facing patients s to get care, how traditional healers are working and how they might be involved in ARV program expansion and any challenges and um, negative aspects to patients if um, we were able to do that. Do you have anything else you wanted to add to any of those points?
P: Okay, people in the rural areas you see they, the biggest problems there is we have got a shortage of CD4 count facilities, CD4 count, so our health workers may not initiate someone, they use clinical, or on a clinical basis so you find that a majority of our clients are actually suffering out there in the villages and when they come to Fort Portal here you find that the facilities are only available at Fort Portal hospital, and not all of them can access that very easily, there is, and they find that there is a cost which many patients may cannot afford easily. So if it was possible to have at least these facilities, to decentralize at the health center IV level, that would be better
J: There is only one CD4 machine in south western Uganda from what I understand, there's just the one at Buhinga
P: I'm not sure about that, but in Fort Portal area, there's one
J: And that's for all of Kabarole even
P: All of Kabarole
J: And I believe Kyenjojo send their samples here as well
P: Yes, exactly, Kyenjojo, Bundibujo, Kasese. In Mbarara there is a facility in Mbarara. But, in the way I'm not sure exactly,
J: But there are a few
P: There are a few
J: And other than those questions I was also wondering if it was also possible to get a hold of statistics in Kabarole about HIV rates and if there was any published NDA regulations about traditional healers?
J: I'm not sure if it's available or not
P: That one is not available. With the statistics, if it was a working day you would see this lady called XXXX, she could give the statistics, but, what we know according to this serobehaviour survey which was carried out in 2005 in the general population, the prevalence rate is 11.3%, the general population.
J: Okay
P: Now when you go to VCT sites, where they are doing this voluntary counseling and testing, the prevalence is around, it's between 18-22%
J: That high?
P: Yeah, it is so high
J: Now the published rates are 6% for the general population
P: No, that is for, that's the national rate
J: Oh, this is just for Kabarole
P: Yes
J: Okay, excellent, make note of that
P: That's for Kabarole. The national rate according to that survey it was 6.5
J: And that was the sero-behavioural study

P: In 2005
J: the national
P: The national was 6.5%
J: So Kabarole is much higher
P: It's much higher
J: Why do you think it's so much higher than the national rate?
P: Uh, that one, that one, it's not easily to explain
J: Could be lots of things
P: We have to carry out a survey and what
J: Okay, that's good. So that was all the questions that I had, did you have any questions for me about the research project or any thing like that/
P: This is part of your study I'm sure?
J: Yeah.
P: So the report we should, know its
J: There will definitely be a report, I should have that analysis done in the next few months and I'll send a report either with Arif of I'll email it to the project offices. They'll definitely be one available within here, and I'm going to try to get it to the different health centers that I've talked to as well
P: I would be glad if I could have a copy of your research findings
J: Definitely
P: And the reports
J: There will definitely be a report available, I can guarantee that. Especially in this office, it would be unacceptable to not get a report here. But it will take several months, so the latest I'm anticipating is June, but I'm hoping to have it done before that
P: Is this only done in Kabarole, or other areas, cause I'm hearing you have also been to Rwanda
J: Well, I was just on vacation in Rwanda (laughs) So, um, I did some interviews in Kyenjojo as well, so we did about 150 interviews with traditional healers in Kabarole and then about another 65 in Kyenjojo, and then we did 2 FGD
P: How have you been able to find these traditional healers?
J: Well, we started off with a list, from the Kabarole Traditional healers and herbalists association, but the list is out of date, and
P: You know some people are very clever these days, some say he is a traditional healer when he is actually not
J: So what we've been doing is going to villages and just asking people are there healers here and then they would direct us to people. XXXX at Makarere was saying that's a good way to find healers cause then you are getting the healers that the community trusts and believes are healers
P: Cause with our community here, you find that traditional healers are so many, yeah, There are so many
J: Yeah, and the other issue we had with the list was that, that list included anyone who had ever come to any meeting about herbs, there were actually people on that list who told us "we're not healers, we only went to that meeting to find out about herbs to cure our own problems" So we had issues with that. Yeah, we just went into the villages and just talked to people to find out who was there

P: Okay. So which areas did you go to, all of Kabarole, or some selected areas?
J: No, we tried to hit everywhere, I'm sure we didn't find every healer in the district but we went to Hakibaale, Kicwamba, Kisomoro, um Kibiito, Rwimi, Ruteete, and I believe there's one more I'm missing on the west side, but yeah
P: Cause we have about 16 sub-counties
J: 16
P: and how many have you covered?
J: Bukuuku we've been, Kisomoro, Ruteete, yeah, I mean we've definitely covered all of the district, I don't think we've been to all of the villages, but we've covered all the sub-counties, but not necessarily, not necessarily every single healer in every sub-county, that would be impossible. But we tried our best to get as many. We talked to herbalists, most of the people we talked to were herbalists, that's what they said they were, quite a few birth attendants, maybe, I would say 5-10 faith healers, maybe a few more, and only about 3 people who said they're traditional healers. Um, and then (2) that's about it. And then we had group discussions with patients as well to get their input
P: Patients from health facilities, or
J: So we recruited patients from post-test clubs, um, so I didn't want to worry about accidental disclosure, so we talked to patients from these groups. One group of men, one group of women. Good. Okay. I will definitely have a report available for you as soon as it's ready. Thank you very much for your time, I know you're very