AFRICA SOCIAL DEVELOPMENT & HEALTH INITIATIVES (ASDHI), Annual Report 2008

The Road Ahead

Be the change you Desire to See

The road ahead

Those that have read or seen ASDHI's profile might be familiar with Farazia, an old lady we pictured with two great grandchildren. In September 2007, when we took that picture, she had a radiant smile and had a lot of hope in the future. Though she was frail and living in extreme poverty, she lived for the day when her two great grandchildren that had lost parents to AIDS would go to school and return with stories of success. Unfortunately, in December 2007, at the age of 71, malaria ended her life. When we visited her home to see how the family was doing, the great grandchildren began crying before we could say a word.

After minutes of crying, one of them found the courage to tell us the story of how she died. "*Jaaja (grandmother) died of malaria. She was sick for only 3 days. We could not take her to hospital since we had no transport and money to pay for her treatment. No boda boda (motor cycle, which is the major means of transport in the area) would carry her due to her weight and the bad hilly road from here. So she died in pain as we watched."*

Farazia's story is a common occurrence in Ssi-Bukunja sub-county where ASDHI works. Many people get sick and die without access to timely care. For persons living with HIV and AIDS, lack of timely access to counselling, treatment for opportunistic infections and the life-prolonging antiretroviral drugs, has condemned them to a life of pain, psychosocial stress, regret and early death. Bad roads and lack of basic services in the sub-county is something that natives have lived with for generations and have come to accept as part of life.

In 2008, ASDHI with the support of Kamwokya Christian Caring Community (KCCC), Uganda Cares, Tackle Africa and community-based volunteers, intensified her efforts of increasing access to HIV prevention and treatment services. The road to meeting this goal has not been an easy one. On many occasions ASDHI members have had to dig deep into their pocket so that we can buy medicine, transport health workers and counselors and feed them during a hard day's work. In other instances we have had to ask KCCC to cover all the costs of the activities their own financial limitations notwithstanding. Together we have enabled many to live another day without pain, with hope that life will get better and better. Through the Sport for Health activities supported by Tackle Africa we have provided timely and accurate information on the drivers and modes of transmitting HIV and other sexually transmitted diseases. This has started many young people on the road to making informed choices and decisions. With time, we may experience a reduction in new HIV infection in the fishing communities where we work.

As we enter 2009, the ***road ahead*** may be rough and tough but we need to keep working together, keep hope and faith alive and always be the change we desire to see. We thank all of you that have contributed to our work. We encourage those that are committing time and energy to raising resources for our work to continue and encourage others to do the same. Over the next few pages are examples of what we have done with your help and prayers. Our friends in Ireland, we are encouraged and touched by your enthusiasm, selflessness and commitment to raising funds to improve education in Ssi-Bukunja sub-county. All our supporters and partners, we hope reading about the achievement and challenges outlined in this report will motivate you to support our work or reach out more to the underprivileged in the community.

Peter K. Byansi
Director

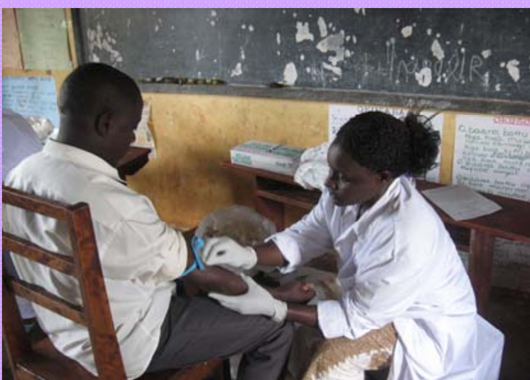
Dr. Kaggwa Mugagga
Board Chair

Sports & access to timely and accurate HIV /STIs information & treatment services

HIV pre-test group counselling sessions, during one of the sport for health matches

Football match at Bungula, Ssi

***Girls in action at Ssi* primary School**



Laboratory technician drawing blood for HIV testing

Traditional Wrestling

If anything is effective in bringing multitudes of people together, then it is sports. People from all walks of life, young and old alike love to watch or participate in one sport or the other. In 2008 with the support of Tackle Africa UK, ASDHI organized one sport for health tournament that ran from the beginning of September to October 9th, 2008. It involved wrestling, netball and football competitions among young people between 15-25 years old.

Each of the eight participating fishing villages sent one team for each sport. Football teams had an average of 16 members; netball teams had 12 members while those of wrestling had six members. 19 football and 19 netball matches were played plus six wrestling matches.

Each of the football matches attracted an average of 300 people. The final match attracted over 1000 people.

During the matches ASDHI staff engaged spectators in discussing STI pictures that were passed around to arouse debate. Key points of discussion included: signs and symptoms of STIs/HIV, importance of early treatment and where to access services.

In the discussions, people raised many questions related to STIs and expressed the need for accessible STD/HIV counselling, testing and treatment services.

Area Member of Parliament, Dr. Bayigga Lulume, addressing the crowd during the finals

Competitors and spectators were challenged to adopt and sustain HIV preventive behaviours such as abstinence, avoidance of alcohol and drug use, HIV testing before sex and delayed sex debut.

Other HIV/STI prevention behaviour emphasized included: ensuring that they and their partners receive treatment for Sexually transmitted diseases, Disclosure of HIV sero-status to sexual partners, and mutual fidelity with a partner of known sero-status and partner reduction.

Kobba Parish netball team, the 2008 winners

Couple counselling

In partnership with by KCCC, individuals and couples were counseled and tested for HIV. Although 380 people turned up for testing, due to limited human resource only 278 people (145 females, 133 males) were tested, 44 of them tested sero-positive (23 female, 21 male). Since then, every last Saturday of the month HIV testing, counselling and treatment services are provided. By December, 2008 a cumulative total of 341 (163 males, 178 females) had been tested.

Of those that tested for HIV in 2008 , 75 were sero-positive (36 male, 39 female).

KCCC and Zzitwe PLHA network post-test Club members gave a human face to HIV as they presented songs and gave testimonies encouraging people to seek HIV testing, early treatment in case they are infected and change their behaviors to avoid infection or re-infection.

Members of the KCCC post-test club presenting to the crowd that came to watch the final soccer and wrestling competitions

When people saw and heard healthy-looking men and women testifying that they have lived with HIV for more than 10 years, they realized that HIV/AIDS was so close and real.

Straight Talk Foundation distributed youth/adolescent-related information on HIV, sexual and reproductive health matters. Adolescents and youth appreciated getting this information, which they admitted was new and rare to them.

Person living with HIV sharing her life experience

Working together so the sick can access treatment and support

Ssi-Bukunja Sub-county has one government Health Centre III that is understaffed and inadequately stocked with essential drugs. When ASDHI intensified her HIV prevention, treatment and care work in the area in 2008, it became clear that there were many people that urgently needed access to treatment services. These mostly included children and pregnant women that frequently suffer from Malaria. Others included those affected by HIV/AIDS, Tuberculosis, and Sexually Transmitted Infections.

In order to access proper care, people have to travel 16 Kms kilometers to Nkokonjeru Hospital or Kawolo Hospital, which is more than 35 Kms from the fish landing sites where such services are needed. .

To bridge the treatment access gap, ASDHI working together with KCCC and Ssi Health Centre to mobilize, educate, counsel and provide treatment to the sick in the area. This is being done every last Saturday of the month at Ssi Health Centre. HIV counselling and testing was integrated in treatment services to ensure that more and more people know their sero-status so as to access timely treatment and care should they be infected. HIV testing kits were donated by Uganda Cares and KCCC.

By the end of 2008, a total of 654 people (408 female, 142 male, 104 children below 15 years) were treated for various conditions, which included malaria, respiratory tract infections, diarrhea diseases, fungal infections, sexually transmitted diseases and nutritional deficiency.

A sizeable number (53%) of those that access ASDHI's treatment services are persons living with HIV. Others are the elderly and children

Dispensing drugs at Ssi Primary school

Chance to see a doctor

Challenges.

1. **Few men accessing services**. Though in most fishing communities men are more than women, the latter have better health seeking behaviour. Men's poor health seeking behaviour is attributable to:

   (a) *Unfavourable Timing*. Services are usually provided in the mornings and afternoons when men are still busy working, which prevents them from accessing them.

Challenges ...

Men at Senyi landing site have indicated that they have little time left from when they land to when they return to the islands. Most of them prefer to use the time to sell their fish, buy a few necessities for using on the island instead of seeking health services.

(b) *Stigma*. Men are still sensitive to HIV-related stigma and therefore fear to be associated with such services. Since most of them tend to be in multiple sexual partnerships at the landing sites, they believe being seen to access such services will raise many questions and make their partners suspect they might be infected with HIV.

(c) *Lack of reliable HIV care and support services targeting fisher folk.* Most men ask; *what will happen after I know I am HIV positive?* Though discussions with men and women alike have revealed that they would want to know their HIV status when they are sure of getting consistent services should they test sero-positive, men are more skeptical about the motives of voluntary HIV counseling and testing. Many have argued that knowing one's HIV status when there are no care and support services is the major cause of premature death among their HIV-infected peers.

Related to the above, some men believe that knowing one's sero-status increases chances of early death. This is because one begins to worry about the future yet there no support groups and counselling services to enable him/her cope. To them, ignorance is bliss as the saying goes. Men's apathy towards HIV testing is made worse by the experience they have had with several organizations that have provided testing services at the landing sites and promised care services in the future but don't return thereafter.

(d) *Socialization*. In most Ugandan cultures men are socialized from a younger age to remain strong or simply feign strength even when sick or faced with challenges. This is why when a man seeks timely treatment for any ailment he is perceived as a weakling by his peers. This keeps many away from services for fear of being ridiculed

2. **Moderate levels of HIV awareness and limited behaviour change.** In our HIV prevention work we continue to note that most people in fishing communities do not have timely, accurate and comprehensive information on HIV and AIDS. In addition, behaviour change (abstinence, consistent condom use, mutual fidelity with a partner of known status, partner reduction, disclosure of HIV status to sexual partners) remains an uphill task. Men and women cite differing reasons why this is the case. Women observe that their dependence on men makes it difficult for them to negotiate for safer sex or HIV testing before sexual intercourse. Most of them lack communication, negotiation and interpersonal skills needed to engage men in discussing sex and sexuality matters without making them feel insecure and/or believe that they are simply disobedient or disrespectful.

   Also, though HIV is virulent, when compared with pregnancy, it does not manifest in a short time. It gives its victims time and can be concealed, which is why it is less feared than pregnancy, which carries with it immediate social consequences (e.g. rebuke, dismissal/isolation from family, being labeled promiscuous) especially if one is young and unmarried.

Challenges.....

Men on the other hand argue that since HIV is mainly acquired through sexual intercourse, which is a basic need it is difficult to postpone, resist or ignore.

The value placed on bearing children to guarantee the survival of one's lineage means that men will continue to engage in sex the threat of acquiring HIV not withstanding. For fishermen, sex is a means of relaxation from the stressful life on the lake/islands and a way to celebrate that one has not yet drowned in the lake.

Men also aver that Islands and lake shores lack positive leisure activities (e.g. sports). This is why alcohol, drugs and sex remain the main means of relaxation even though they increase one's vulnerability to HIV infection.

3. **Politics, religion, tribalism and their influences on development work.** When ASDHI started her work in Ssi-Bukunja sub-county, it sought to work with everyone irrespective of their political, religious and tribal affiliations. However, in time we learnt that people and communities are deeply dividing along these factors. This posed a challenge especially in identifying and selecting community-based volunteers and in working with local leaders. For instance, most individuals and local leaders subscribe the main political parties (i.e. National Resistance movement, Forum for Democratic Change, Democratic Party, Conservative Party and Uganda People's Congress).

In preparation for the 2011 elections, members of each of these parties are canvassing for support using whatever means available. When a new Community-Based Organization (CBO)/NGO comes in the area it becomes a target for achieving this aim. Politically ambitious individuals and existing local leaders will in time begin associate with the CBO/NGO. Others will even make pronouncements in the community that they are responsible for the coming of the CBO/NGO.

We have found that it is important to take time to understand the existing community dynamics before one can select volunteers to work with. Though this delays the planning and implementation of activities and thus the achievement of set targets and outcomes, it saves the CBO/NGO from being associated with a given group or individual that may negatively affect its work and/or possibly lead to deregistration by government.

4. **Dependence annihilating personal initiative and collective responsibility.** Though past interventions did a lot in improving schools/education, building roads and promoting agriculture, they also created dependence. People still expect CBOs/NGOs to give them hand-outs and meet their basic needs. The view that individuals and communities have assets and resources they can mobilize or draw upon to liberate themselves from poverty seems farfetched. Individuals and families feel helpless and powerless, and for many, personal and collective responsibility have become a thing of the past.

Future Plans

1. **Strengthening treatment, Care and support for Persons living with and affected by HIV/AIDS**
   This will entail taking the following actions:

- Providing HIV testing and treatment for Opportunistic Infections (OI) at two sites - Senyi fish landing site and Ssi Trading Centre.
- Identify and partner with Organizations/Health facilities already providing ARVs to extend the same services to ASDHI's target fishing communities
- Provide home-based care services and on-going supportive counselling to PHAs
- Form and support post-test clubs to promote positive living and advocate against HIV-related stigma and discrimination
- Advocate for health services targeting fishing communities

2. **Intensify disease/HIV prevention efforts**
   ASDHI will continue using sports to mobilize people for HIV testing, early treatment of sexually transmitted diseases, promote adherence to treatment and behaviour change (i.e. abstinence, mutual fidelity with person of known HIV status, disclosure of HIV status to sexual partners, friends and family, and partner reduction)
3. **Embark on the process of strengthening education at St. Henry's Primary School, Najjunju.**
   In keeping with ASDHI's goal of improving education in Ssi-Bukunja, ASDHI will undertake several activities at St. Henry's primary school, Najjunju. The aim will be to transform the school into a model for others in the area

ASDHI is aware that it will take time to achieve the targets envisioned. If resources allow, 2009 activities will include:

- Painting the school,
- Developing resources/approaches for improving the delivery of English lessons
- Establishing a readers club
- Promotion of sports and recreation activities
- Establishing a model school garden for growing crops for use under the school feeding scheme.
- Leadership development for the head teacher and school board
- Building of teacher's houses.

AFRICA SOCIAL DEVELOPMENT AND HEALTH INITIATIVES (ASDHI)
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31ST DECEMBER 2008

1	**INCOMES (Uganda shillings)**		
a	Donation from Tackle Africa, UK	7,386,488.0	
b	ASDHI members' contribution	520,000.0	
c	Consultancy fees (for facilitating KVTC Strategic Plan)	6,000,000.0	
d	Community contribution (clinic user fees)	78,600.0	
	Total Incomes		**13,985,088**
2	**EXPENSES**		
a	Sports Equipment & related expenses (Trophies and prizes)	3,142,500	
b	Transport and communication expenses	484,500	
c	Meals and refreshments	693,500	
d	Printing and stationary	280,000	
e	Publicity and advocacy	810,000	
f	Other Equipment (Battery-powered Mega-phones)	208,000	
g	Facilitation allowances	6,145,000	
h	Drugs and medicines	95,100	
i	Fuel and lubricants	210,000	
j	Bank Charges	217,600	
	Total Expenses		**12,286,200**
	Surplus of Incomes over Expenses		**1,698,888**
	Surplus represented by:		
	Bank Balances	**1,698,888**	
	Cash at hand	**-**	
	Total	**1,698,888**	
Note:	**In-Kind Support from Partner Organizations & ASDHI Members**		
1	During this financial year, ASDHI received in-kind donation from its Partner organisations as shown below		
	Kamwokya Christian Caring Community		
	Fuel to Vehicles during sports for health activities	140,000	
	Fuel to Vehicles during Outreach clinic activities	280,000	
	Drugs and Medicines	1,350,000	
	HIV Testing Kits and Laboratory supplies	1,088,000	

	Total In-kind donations	2,858,000	
	Uganda Cares		
	HIV Testing Kits (Abbot, Determine, Start park and Tubes)	2,810,000	
	ASDHI Members		
	Rent (office Space Donated by Mr. Musisi Wilson	3,000,000	
	Volunteer Time (7 Members)	82,255,972	
	Total In-Kind Support	**90,923,972**	

Annex 1: ASDHI Background Information

ASDHI's History

Africa Social Development and Health Initiatives (ASDHI) is a community-led organization that was started in 2005 to mitigate the impact of poverty and HIV/AIDS on rural and fishing communities. Its formation was inspired by the work of the late Sr. Olive Digan, an Irish Franciscan Missionary Sister, which restored hope and human dignity, promoted integral development and social justice among the poor and disadvantaged in Africa.

While its founders were accomplished health and social development professionals contributing a lot to addressing poverty, HIV/AIDS prevention and care in other parts of Uganda, the fishing communities where they were born and raised were hugely affected by the same challenges yet they remained underserved.

To give back to the communities where they come from, honor the late Sr. Olive's memory, celebrate her life and emulate her example they formed ASDHI.

ASDHI's Vision and Mission

ASDHI's **Vision** is a healthy and developed population enjoying a good quality of life.

ASDHI's **Mission** is to improve the quality of life of rural and fishing communities by bridging gaps in access and utilization of basic services, engaging people in discovering and utilizing their potentials, skills and existing resources in a sustainable manner while building secure, productive and just communities.

Long-term Development Objectives

1. To engage communities in learning how to improve crop production by using sustainable agriculture practices and appropriate technologies that do not harm the environment yet improve household incomes and increase food security
2. To improve access to savings & micro-credit services and business skills training to enable people undertake income generating activities, increase their ability to market & sell what they produce, and create employment opportunities
3. To increase access to health care services especially those dealing with HIV/AIDS prevention, treatment and psychosocial support for persons infected and affected by HIV
4. To improve the quality, supply and demand for formal education, business, technical and vocational education in rural and fishing communities
5. To improve access to and utilization of safe water, sanitation and hygiene facilities in rural and fishing communities
6. To utilize the existing pool of skills, knowledge and know-how of ASDHI members to enhance the capacities of individuals, Community-based Organizations, Non-government Organizations and government structures to effectively deliver equitable health and social services

7. To build the capacity of rural and fishing communities to understand their rights, question their situation and act to bring about change for themselves , advocate for and monitor the implementation of policies that affect their lives
8. To build ASDHI's institutional capacity to mobilize and efficiently utilize resources for improved and sustainable organizational performance and development

Where we work

ASDHI works in Ssi sub-county, one of the fishing villages around the shores of lake Victoria. It is situated in Buikwe County approximately 45 Kms from Mukono District headquarters. According to the 2002 Uganda Population and Housing Census Report , Ssi sub-county covers 52 villages and 7 parishes .The 2008 projected population is 23, 307 people (50.4% male, 49.6%female and 3.8% children under 5 years) residing in 4,736 households. Its inhabitants derive their livelihoods mainly from fishing and fishing products, agriculture, lumbering, and retail businesses.

Although endowed with fertile land and a rich biodiversity, most of its inhabitants live in poverty. They also have limited access to quality education, health and other social support services. Being a fishing community characterized by fluidity of 'marital' relationships, dominance of sexually active groups, risky livelihoods, lack of social cohesion, and limited livelihood options, people are vulnerable to HIV/AIDS and other diseases.

Mukono District where Ssi is located, HIV is higher than the national average of 6.4%. Prevalence data from 17 voluntary HIV counselling and testing sites stands at 9% while that of mothers attending 16 ANC sites is 11.6%. In Buvuma islands which boarder Ssi sub-county, HIV prevalence stands at 16%.

Although the government introduced free universal primary education, few children access it. Many of those that are lucky to go to school drop out before completing primary level. Most of the teachers are not qualified neither are they enough to handle the number of pupils. For example, one of the government aided schools, St. Henry Primary School Najjunju with a population of 250 children has only 3 qualified teachers. The other four teachers are form four dropouts. The latter are paid by the parents-teachers association, which more often that not is unable to raise their salary of US $ 27 per month. In addition, schools have no text books, science laboratories, sanitary and co-curricular facilities, furniture, teachers housing and adequate classrooms. Besides, most of the children have to walk to and from school for more than 10 km a day in most cases barefooted and without food. These conditions make it difficult for children in such communities to concentrate in class, complete their education, and much less compete favorably in national examinations.

As the headmaster of one of the schools in Ssi, Muvo primary school, revealed, while there is increasing enrollment, the drop out is unacceptable especially for the girls. While about 60 children (58% girls) are enrolled in Primary one , only 10 are able to complete Primary seven. Factors contributing to the drop out include:

- Poor quality of education

- Lack of sanitary facilities for girls when in their menstrual period
- Early marriage & pregnancy
- Low value attached to education by parents
- Long distance to school
- lack of scholastic materials & fees
- Economic survival & fishing allure for boys

What we believe in

b) ASDHI believes that education saves lives, reduces poverty and builds communities. This is because it provides people with better opportunities for leading full, secure and healthy lives through increasing labour productivity and reducing vulnerability to early pregnancy and marriage, delinquency, alcohol and substance abuse and HIV infection.

c) Human beings have assets, competencies and talents, which when identified and effectively utilized can lead to long-term positive change. Development practitioners can play a catalyst role in enabling others to translate ideas and skills into action and in tapping into existing assets and opportunities.

d) For sustainable and meaningful development and improved health to take place, individuals and communities must be committed to investing their energies and resources, skills, competencies, knowledge and know-how and social institutions in creating the change they desire. In this regard, individuals, families and communities must be agents of their own transformation by setting their own agendas, tapping into existing resources/opportunities, developing and proactively participating in implementing programs and policies that affect their lives.

e) Outside assistance is necessary but can be more useful when and if individuals and communities are proactively involved in developing their own assets, challenging injustices, and managing existing resources in a sustainable manner.