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Charitable registration number:  
119219236 RR0001

# How an African village brought HIV/AIDS under control: a success story

A SUMMARY OF THE EVALUATIVE STUDY  
UNDERTAKEN BY THE DALLA LANA SCHOOL  
OF PUBLIC HEALTH, UNIVERSITY OF TORONTO

SUMMARY:  
**Alanna Mitchell**

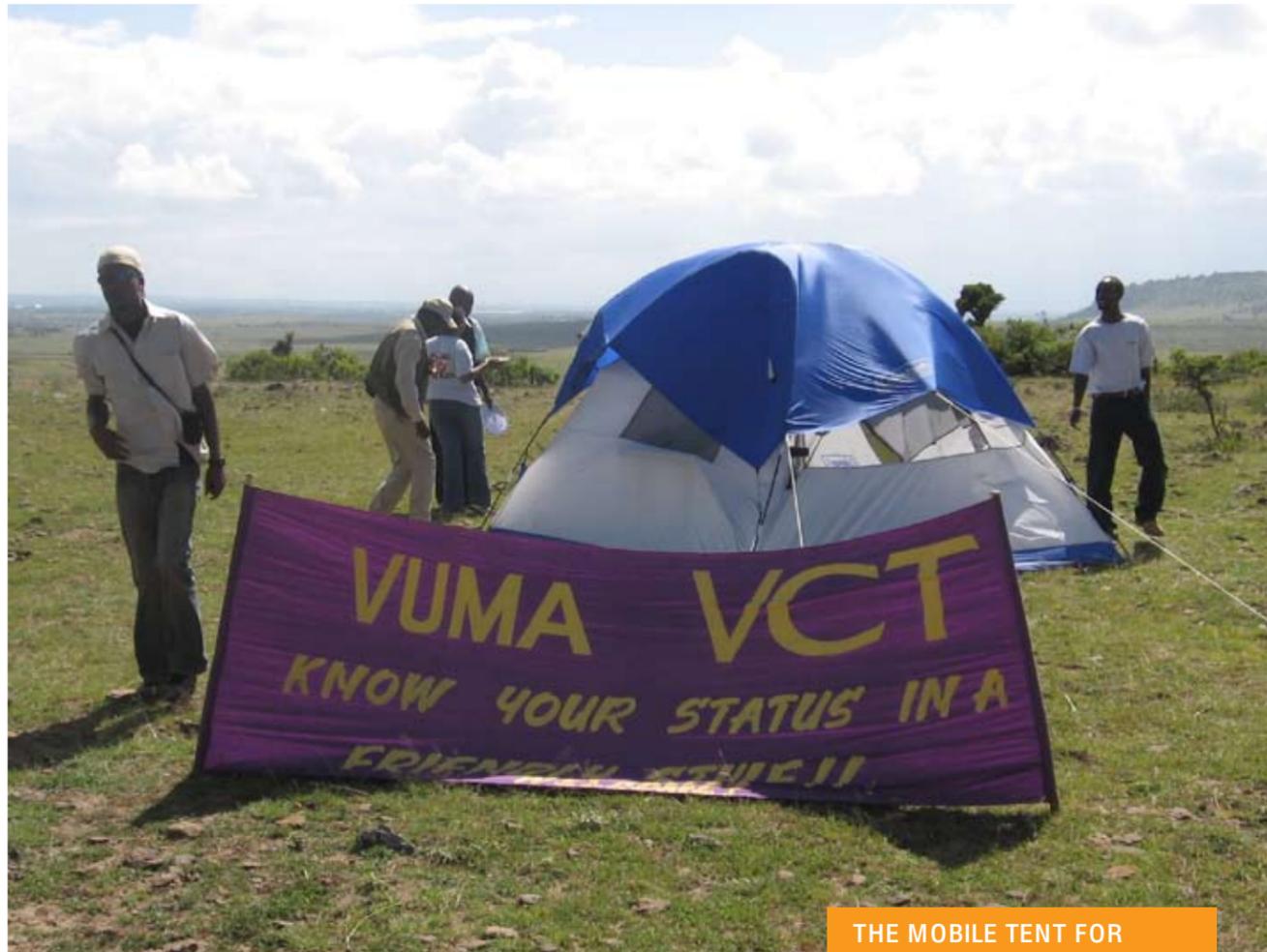
ORIGINAL REPORT:  
**Katharine Hagerman**



A PROJECT OF *listen to the drumming...*



UNIVERSITY OF TORONTO  
DALLA LANA SCHOOL OF PUBLIC HEALTH



THE MOBILE TENT FOR COUNSELLING AND TESTING

## How an African village brought HIV/AIDS under control: a success story

### HOW IT BEGAN

When the project to control HIV/AIDS began in the sprawling Kenyan community of Il Ngwesi in 2006, the barriers to success were colossal.

To begin with, many of the 9,500 who live in the rugged, drought-stricken Maasai community in the Great Rift Valley believed that the sickness comes from a curse. The concept of a communicable disease – and therefore of preventing it – was absent for most. Many others believed that it was a disease that afflicted other tribes, not Maasai.

Among the other barriers: Although settlements of homes are many miles apart, fewer than half the residents can read and telephones are rare. There are no roads, few bicycles and fewer cars but lots of troublesome elephants that get in the way of easy movement.

As well, the cattle-rearing economy is on the brink of collapse as a result of global climate changes. Deep poverty and hunger are inescapable facts of life. Government-run health care services are scant.

Not only that, but some Maasai cultural practices were making them unusually vulnerable to infection:

- polygamy and wife-sharing
- a large, young, unmarried, travelling and highly sexually active male population
- reluctance to use condoms
- male and female circumcision with unsterilized instruments
- home-birthing practices without sterilization
- no medication for prevention of mother to child infection at birth

Plus, the Maasai are isolated from the larger society. Kenyan public health authorities' efforts to reach this difficult group were seldom as effective as they needed to be.

How did the community overcome all these hurdles?

In February 2006, the community's elders met with John Patterson, then 62, an Ontario-based volunteer with the international development charity ICA Canada who was travelling in the area, to ask for ideas and help. They wanted everyone in the community to be educated about the disease, encourage the most vulnerable to be tested, control the spread of the virus, and care for those who were infected.

They knew it would be tough.

In fact, it was ambitious in international terms because of its broad goals and the difficulty of reaching the population, both culturally and logistically. Still, the ICA took it on and raised enough money to get underway. In time, the organization raised about \$200,000 for the program.

### THE RESULTS

Three years later, the program has undergone a scientific review, based on statistically representative interviews, one of the few to be conducted on an HIV/AIDS control program in Africa.

The study's author, Katharine Hagerman, a student of community development and global health, working under the supervision of Dr. Suzanne Jackson at the Dalla Lana School of Public Health, University of Toronto found this:

- the program is “an excellent model of health promotion in action” that “enables the community of Il Ngwesi to take control over the ...determinants of their own health.”
- the program's structure and philosophy are so “uniquely comprehensive,” successful and different from the mainstream that they have been dubbed “the Il Ngwesi approach” to combating HIV/AIDS in Africa.

### WHAT CHANGED

Hagerman's report says that in the beginning, when trained volunteers from the community would go door to door in the community to provide information, they would be turned away. The community believed that HIV/AIDS came from a curse rather than a virus.

Also, they believed that only people who lived in a town or in other tribes could get the virus, and that the Maasai were immune, despite the fact that some in the community had already died from AIDS.

A limited number of the broader community had been tested and few had any counselling about how the virus spread or could be prevented. Stigma surrounding the disease was high and levels of knowledge were low.

Today, people know that HIV is part of life.

“People with the disease are accepted as part of society,” one volunteer educator told Hagerman.

She found:

- nearly 72 per cent of those surveyed had been to an HIV/AIDS counselling session at least once
- 56 per cent had been tested for HIV in the program's roving tent
- more than 8,000 tests have been conducted in Il Ngwesi in a total population of 9,500 (some are repeat tests)
- the incidence rate is under 5%
- those testing positive have been helped to get care
- condom use is more prevalent and some of those who didn't use condoms had informed reasons

- 83 per cent could name a treatment available in Il Ngwesi for someone who tested positive for HIV/AIDS and could name such things as anti-retroviral drugs, and the necessity to get a count of the blood molecule CD4 to check the strength of the immune system
- nearly 86 per cent said they had either volunteered with the project or knew someone who had
- 81 per cent said a program volunteer had visited them at home to provide information
- 61 per cent said they personally provide support for a person who is HIV positive or the family of that person.

### WHEN KNOWLEDGE CHANGED, SO DID BEHAVIOUR AND ATTITUDES

It's a huge shift.

"Traditionally, Maasai don't believe in natural death; there always has to be a reason," said Saaya Tema, 25, a Maasai who helped launch the program.

"Now they are learning that death is caused by disease. It's important with HIV/AIDS," he said. "The earlier you know your status, the longer you live."

People are not afraid to get testing and counselling any more.

A volunteer educator told Hagerman that the community believes it has launched a "rescue" operation of those who would have died.

The changes go even deeper, though. The Hagerman study found that young people considering marrying or becoming sexually involved go for counselling or testing beforehand.



LOCALLY-RUN ICA VOLUNTEER TRAINING SESSION

This is a step toward stopping the spread of the virus, the international gold standard of a successful HIV/AIDS program.

Tema said that the silence and ignorance surrounding HIV/AIDS is broken. "People talk about HIV/AIDS in ways I wouldn't even talk to my mother," he said.

### SECRET TO THE SUCCESS

The Maasai told researchers that "the Il Ngwesi approach" worked because the community itself drove its conception and design.

In their own words:

- "Other programs sit on their own and come to us with everything arranged. This one, they came to us without anything arranged and we did it together."
- "It was a 'home grown' solution for the problem. We baked it here. We took our culture into consideration. That's why it was successful. If we had imported ideologies, it wouldn't have worked."
- "It involves young and old. Everyone participates, not just the leaders. And everyone is trying to participate, unlike other programs."
- The project's goal was different and clear: "This is really important because they've never seen any program that has 'How to Save People's Lives' as an objective."

From an international perspective, the program is an intriguing example of a successful collaboration between a whole village and a foreign non-governmental organization, CICA. The village wanted change, but wasn't sure how to go about it. So it sought advice from an organization that knew how to help villagers put voice to what they wanted.

Once those goals were front and centre, the non-governmental organization helped villagers set up the steps they needed to succeed. That included the skills to raise money, train volunteers, make connections with other Kenyans in HIV/AIDS-prevention programs.

In essence the non-governmental organization shone a mirror into the community so villagers could see themselves and their aspirations and catch a glimpse of how to move towards them.

### THE IL NGWESI APPROACH: CREATING SUCCESS TOGETHER

1. The community initiates the program, leads it and ultimately owns it, making use of the foreign non-governmental organization's power as a catalyst.
2. The whole community supports and builds the program, including youth, elders, women and children, using tools the non-governmental organization suggests.
3. From its strong grass roots, the community grows collaboration among outside organizations.
4. The program is focused on stopping the spread of HIV/AIDS, but it fosters a stronger community in other ways.
5. It begins with outside funding, but moves toward sustainable funding from the home country and the non-governmental organization can withdraw.

Then it unlocked the villagers' own power to shape their future.

The details:

- CICA sent one volunteer manager to the community for 11 months, with two rotating sets of three volunteers
- the group held planning sessions with representatives from each part of the community
- they trained 200 volunteers to visit homes in the community to teach people the basics of HIV/AIDS

MAY 2006	JUNE 2006	AUGUST 2006	OCTOBER '06	NOVEMBER-DECEMBER 2006
1. Community leaders decide to act	3. Gathering baseline information from a household survey	4. Leadership and CICA representatives co-develop the approach	5. Awareness campaign begins	6. Door-to-door awareness campaign
2. They seek outside help and money				7. Community agrees to the project
				8. The whole community plans the project
				9. First volunteer training (200 and climbing)

JANUARY 2007	JANUARY to JUNE 2007	AUGUST 2007	SINCE AUGUST 2007
10. Outside testers begin testing during a one-week push. Three test tents set up. Encouragement through door-to-door visits and a drama campaign	11. Tents set up in each neighborhood	13. Local organization takes it and runs with it and sends local staff for formal counseling and testing training.	14. Extension of approach to other communities
	12. Follow-up care: information, training people on home based care, money for travel to nearest town for CD4 count.		15. Training of National Ministry of Health personnel



MAASAI MORANS GATHER FOR HIV/AIDS INFORMATION SESSION

- 10 young adults from the community went to a course in the Kenyan capital, Nairobi to become certified professional counsellor-testers
- they bought and pitched small tents for testing and counselling, moving them from one area to another so residents had access to services
- they connected the community to existing government and non-government services and organisations so that the care being provided could be institutionalised
- within a year, the villagers took over the program fully, allowing CICA to withdraw.

### WHAT'S HAPPENING NOW

In early 2008, the people of Il Ngwesi guided a

neighbouring Maasai community, Makurian, to adopt "the Il Ngwesi approach."

The Hagerman study finds that it's been a success there, too.

"Initially, we didn't like the idea of HIV because of stigma," a member of the focus group told the researchers. "Now with training and information we've accepted the reality and presence of HIV."

"Now people know their status, how to prevent transmission, how to live. ...This thing came from Il Ngwesi to Makurian. Now we've moved on to helping out our neighbours."

Other Kenyan communities are in line to adopt it as well.

The U.S.-based charity Family Health

International has recently donated \$ 150,000 to the program.

As well, the ministry has twice engaged the ICA and the people of Il Ngwesi to train its health field workers in "the Il Ngwesi approach." Each training program was 5 days long.

"This program has saved a lot of lives in the community," one Maasai said. "We have a lot of challenges, but if we all sit together and discuss them openly we can fix things."

### THE FUTURE

The future of "the Il Ngwesi approach" is unclear. So is the role it could play in helping turn the corner on the spread of the pandemic in Africa and other parts of the world. Will other donors support its replication?

A key recommendation of Hagerman's study is to make sure that future donors supply enough money for "the same kind of training and capacity building that happened in Il Ngwesi." That includes strategic planning and assistance with writing grant proposals.

The people of Il Ngwesi are eager to share what they've learned with others.

"Il Ngwesi is like an example," said a Maasai staff member. "We sell the idea, and for those that accept it, they put it in their plans and we help them start to put the structures into place."

And the villagers appear determined to make sure their community, at least, continues to benefit.

"If the program ends somewhere there [outside of Il Ngwesi], it's fine," one said. "It won't end here on this side."



SOME OF THE WOMEN OF IL NGWESI