

AIDS education through Imams:

*A spiritually motivated
community effort
in Uganda*



UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

■ UNAIDS
■ Case study

■ October 1998

Thanks to the volunteers

IMAU would like to thank the following Imams, County Sheikhs,
Supervisors and District Khadis who volunteer their time
for IMAU. Many thanks also to the Assistant Imams, Family AIDS
Workers, Trainers and Voluntary AIDS Workers

ARUA DISTRICT: ABUBAKER SHABAN, HASAN A. ALJAB, ABDULAI JUMAN VUNI, RAMADHAN DAFALA, ABDULAI AGANAS, IDDI HASAN ENGLE, ALI M. AZABO, JUMA BAKHIT, RAHAMA HASAN, SULAIMAN BINAHA, AHMAD ABDALLAH, AL MUKTAR MUSA, AHMAD AJOBE KEREE, IBRAHIM JUMA, MUHAMMAD SAID, SWALEH BAHERO, HARUN RAJAB, SAID ALHASAN, HARUNA DAFALA, SAFI UMAR, MUHAMMAD TUMUNI, ISMAIL HAMID, ABDALLA H. KHEMIS, RATIB MAHAMMUD, YASIN ISMAIL, KHASINI MUSA, ZUBAR IDDI, AKBAR SULEIMA, JUMA ALI YABA, SEBBI DAFALA, BURAHAN KATUA, KHEMIS NOAH, RAMADHAN OZARI, ADAM SURA, KHASIM ADAMU, ALIAS HARUNA, YASIN ATIKU, YUSUF SAFI, RASHID RAMADHAN, YASIN DOKA, MUHAMMAD ADIGESI, NASURU DAFALA, UMAR SEBBI, MUSA YUSUF, AHMAD M. YUSUF, SWALEH ALI, MAHAZIN KAIRALA, ABUBAKAR AME, MAHAZIN KHARIM, UMAR BAKURU, ADAM ALAK, RASULU ALAHAI, YASIN NDAH, BURUHAN, SEBBI EIJOGA, NOAH K MALMOTO, ASIRAFU MURUSALI, AKASA K. ONDRE, SEBBI ISSA MBALE, ABIBU AJIRA, ALYASI, AMINI ASUMAN, JUMA ASUMAN, HASIMU SULEIMAN, MAHAMAMU HUSEIN, UMAR MARIJAN, AHMAD MARUFA, SILMAN WAIGA, SAID ISMAIL, KHEMIS KELILI, NURU KELILI, NURU ALAHAI, ABAS JUMA, RAMADHAN SEBBI, NASURU MARIJAN, TWAIB S. AYILE, AKBAR DRATE TABU, ADAM SAFI, SWALI ABAS, MUSA ZAKARIA, IBRAHIM ABDULAI, RAMADHAN YUSUF, NASURU SEBBI, SWAIB JABIRI, IBRAHIM ALMASI, AKABA JUMA, SWADICK JUMA, RAJAB SADALA, ABDALA FARII, NUHU NURU, ABUHURA GIRISIMU, AKABA UMAR, SWALI KALFAN, MAHAMUD ABDALAZIZI, ADAM ABDALAZIZI, SULAIMAN YASIN, ADAM SAID, MUKTAR HUSEIN, NASURU DOKA, KHEMIS NOAH, MUSTAFA NOAH, JAFARI MUSA AND AHMAD AMIN MAGA. **MOYO DISTRICT:** ALIMASI ANJINGU, MUSA SARTI, RATIB AHMAD, ABASHI JUMA, HUSSEIN KALILI, RAMADHAN B. DAUDI, KASIM SULEIMAN, ABUBAKAR RISIGALE B. SAID FARAJ, MIZAMILLI MOHAMMAD, THABI ZAKARIA, KHAMIS ABDARAHAMAN, KASIMU A. JUMA, KASIM ISMAIL, SWALI M. ABDALA, NOAH JAMEH, SEBI AYIGO LEMERICA, ABIBU AMUZA, JAFAR BUTO, SEBI MOHAMMAD, ABUBAKARI ACHIKULE, JUMA AYILE, SWALI MOHAMMAD, SWALI ABDALA, ALI FAKIRI AND ABUBAKARI KOKOA. **NEBBI DISTRICT:** SWALEH YUSUF, JUMA ABDALLA, ABDU ONGEI, RAMADHAN MUSA, YASIN ABDU, HABIBU NASURU, SHABAN AHMAD, MUHAMMAD ADAM, YUSUF ALI, NAKU AMIN, RAJAB OLIM, ABDALA AMIN, MUSA OGEN, ABDU HASSAN, HASSAN SAID, RAMADHAN ONOBA, ISMAIL IBRAHIM, RAMADHAN ADAM, SAFI JUMA, MUHAMMAD, AMIN TOMUNGO, UMAR LABONGO, ABASH OKOLO, IBRAHIM OKUMU, JUMA ABDULAH AND ADAM KHAMIS WERI. **KAMULI DISTRICT:** YAHAYA NDAADA, ASUMAN MAYEMBE, MOHAMMAD DHABALAMU, SAID KYEWALYANGA, ALI MUGWERI, HASSAN MAGOOLA, ISA MUWATA, ABUBAKAR ALAMADHAN, ABDUL MAGID, MOHAMMAD KIBUMBA, BADRU SOWOOBI, AHMAD KITENTEGERE, ANAS HASIM KAKANDE, MUTWALIBI KINTU, BAKAALI BIKADU, HASSIM ABUBAKAR, MOHAMMAD BAMULOBEIRE, JUMA MITAANGU, HARUNA MUKASA, MOHAMMAD KINTU, MUSA MEGAREWU, IDI BABI, ABDU KADUYU, TWAHA BAALWA, KHALIM TERWANE, MAGIDU, AYUB MAGYOGO, ZAIDI ISABIRYE, SHABANA KASALE, KHADIRI BAZIMBEYWA, HAMUZA KALANGE, FALAHAN KULAZIKULABE, ARAMADHAN BWANGA, ZAID BATWAULA, HAJI JUMA KYONJO, MAWAZI MAKIKA, TWAHA SOWEDI, ERIAS KASIBA, SULAIMAN WAGWOMUWA, KHADIRI WAISWA, ISHA TENYNYA, MOHAMMAD MBAGO, ASADU JAWZYI, ISMAIL NANTAWUWA, SULAIMAN NDHEYAWO, SHABAN KYANGWA, MUSTAFA LUBALE, ISHA GWAIVU, JUMA WAISWA, YAKUBU DARAKA, HASSAN, SADIKI MUSTIWA, HUSSEIN SENGENDO, MOHAMMAD MWIGO, SNAINI BAZIRONDERE, HAJI ZUBAIRI JUBA, JOWAD AKUBONABONA, B. SIRAJI, MUSTAFA MUGANZA, JUMA, MUTWALIBI KAKANDE, ISA NDIKO, ERIASA WATONGOLA, YUSUF MUNIHAGA, AMUZATA ISOOBA, MWAMAD, MOHAMMAD ALI, HASSAN GOBE, ABUBAKALI ISABIRYE, ABDALLA EDIRISA, MUNILU GULOBA, YAHAYA MUDE, ABUBAKAR TABUGWA, SULAIMAN ISABIRYE, SADIKI ISABAKAKI, AWAZI BIRAMENGO, SEMARI AKUBOA, MOHAMMAD ISABIRYE, AYUB LUKEKE, ISA ABDALLA, MWAMAD, SIRAJI WAISWA, IBRAHIM MUGANZA, YAKUBU MATEGE, SULEIMAN ALITABALA, YAHAYA NDAADA, MS. ZIYADA NALIMANZI, MR. SULAITI TATISA, BADIRU SOWOBI, MUSA MEGALEWU, MUSA NGOBI, ALI AKALI, BOGERE MOHAMMAD, SADARA KAYEYERA, REHEMA WATONGOLA AND YAKUUBU DARAKA. **MPIGI DISTRICT:** MUHAMMAD KAZIBWE, ABDALLAH ZIZI TABULA, HUSAIN SENYONJO, ABDALLAH SENGENDO, SULAIMAN SENNOGA, KAGGWA JUMA, MUSTAFA SEKIMULLI, MUHAMMAD KAGOLO, KANGAVE MUSTAFA, ABDU KASUJI, ABDU KASUL, HAMISI KIBIRIGE, SALIMU KITALI, MUSA NAMALEGO, BADIRU KASULE, SULAIMAN MUGANGA, SWAMADU BUKENYA, HUSAIN BBALE, HAMUDANE KAMULEGEYA, YUSUF KABOGGOZA, BADRU MULEGGU, ABAZI MUYIRO, GWAYAMBADDE, AFANI LUBEGA, DIRISA SEMBATY, MUHAMMAD BATESAKI, MUHAMMAD SERUNJOJI, ABDALLAZIZI MUYINGO, YUSUFU LULE, NOAH SEMWOGGERE, SULAIMAN LUKANGA, YAHAYA MUSOKE, ZAIDI KIGGINDU, ASUMAN MUBIRU, BUDALAZIZI SEMATIMBA, ABAASI KIKRONYOYO, KADDU YUSUFU, ABUBAKALI MUTEBI, HALINA MUSUMBA, ABDU NKAYEYE, SULAYMAN KATENDE, MUHAMMAD WAMALA, ISSA SEMAKALA, AHMADA MUKIBBI, H. KAMOGA, UMARU NSUBUGA, MUHAMMADI SENTONGO, ALI ALIZIGALA, SULAYMAN KIRUMIRA, AHMADA MUYINGO, KASIMU MALE, ALI KASIBANTE, SULAIMAN MAYANJA, BADIRU TAMALE, KAMADI KIBUBBU, MUHAMMAD KYEYUNE, MUHAMMADI KABENGE, SWAIBU MAGALA, SULAIMAN SEBAGGALA, ZAIDI BINTUBIZIBU, ISMAIL SENTONGO, SIRAJE KAMOGA, MUHAMMADI KAFUMBE, IBRAHIM WASWA, MUSTAFA MUKASA LAMAANZANI SEKAWUNGU, AUSTI BATAALE, ABDU HAYIRI KATAME, MUWADA WALUGEMBE, ZAKIYU GAAYI, SABANE MILINDWA, ZUBAIRYI WALLISIMBI, ABAASI KANAABI, MUHAMMADI SEJUNGO, ABAASI SEKADU, ALI K. KADDU, DAWUDA MUTWONGE, YUSUFU SSENABULYA, BILUHANE KIWIWU, MUHAMMADI WAMALA, BULUMBI SENGENDO, ABDALA SEGUYA, ABDU KANOANYA, ABAZI SEBUGHAWO, NUMANI SEMAKALA, ABDULATIFU KATONGOLE, ABAASI LWANGA, B. KASIBANTE, ABDU NOOH MUBIRU, J. SEMUWAMBA, AFAANI MULYOYA, S. KABUNJGA, AMULANE NSUBUGA, MUEWAZI KITAKA, ABDU NOOH KYEYUNE, S.A. TITIBYE, ABDU S. NSAMBA, IDI KANGABO, ALI SENDEGE, KAWOOYA SAIDI, ISHAKA SEBINENE, M. MAGEZI, ALI SSEWUME, ABDULATIFU, ASUMANANI MALLULU, HAKIMU SERUFAMBI, ABDU KIBIKIRAWO, ABUBAKALI AKULA, KASIMU SEGAABWE, SOWEDI ZZIWA, ERIYASA SEMUYAGA, DIRISA SEGUJIA, ABDALLA MAJWALA, SETH MUKUYE, HARIFAANI SEGUJIA, SULAIMANI WALUGEMBE, SULAIMANI KINTU, AYUB MUKIBBI, ABDULLA MAWANDA, SULAYMANI ZZIWA, ABDU SWAMADU KASULE, HUSAIN BOGSA, AMINSI KAWADWA, SAZIRI MUGERWA, KASIMU MUSOKE, ABDUL KANYANA, KASIMU MUWANGA, SIRAJE SEWAKIRYANGA, MUSTAFA KALUNGI, EDIRISA SEKABEMBE, SABANE KAYONDO, MUHAMMAD NKUGWA, MUHAMMADI LUWANGA, MUHAMMAD MWANJE, BADRU MPAGI, MUHAMMADI KYADONDO, BADRU KAVUMA, ABDULLA KASOZI, ABUBAKALI KYEYUNE, ABUBAKALI KIWALABYE, MUHAMMADI SLLI, MUHAMMADI MUSISI, ISAKA KAYIRA, MUHAMMAD BISUMIKA, ABDU NUHU KAWOOYA, HOOD NTAALE, WALLISIMBI HAJI YUSUFU KATENDE, SIRAJE LAMANZANE HASAN, TWAHA NSUBUGA, MUHAMMADI KYEYUNE, ABUBAKARI KALUMBA, HAMIDU SERUNJO, MUHAMMADI KAVULE, IBRAHIM KIVUMBI, MUHAMMADI ALI, MUSTAFA KATO, TOMUSANGE HARUNA, ALI JUMA, ALI MUKIBBI, MUHAMMAD WOMIRAKO, SAMALINA NSUBUGA, AMIRI KITANDWE, TWAHA BUDAWI, YAKUBU MUSAJIBI, ISMAIL KATUMBA, AHMED SANSA, ABDULATIFU TAMALE, AHMED AGADA, TERUSWEKE H., AHMED MUSISI, AHAMADA WOKULIBA, ARAMANZANE MUSOKE, KALYANGO IBRAHIM, SIRAJE KAWOOYA SAIDI, HAWUSI BUKENYA, MUHAMMADI KASULE, SETUBA MUHAMMADI, KIGGINDU KAMULEGEYA, SAKKI DIRISA, HUSSEIN KATO, HUSSEIN KATO, KASSIM, IDIRISA LUBANGU, MUHAMMAD KAWOOYA, ABDALLA HAMANI SAABWE, MUHAMMAD MATOVU, ABAASI BATIRA, ZZIWA AHMED, HAFSWA SERISO, HADIA KASULE, ABDU KAWOOYA, TWAHA MUBIRU, KIGOZI KASSIM, SENJAKO MUHMOOD, SULAIMAN KANYA, BADIRU KIRAWA, NUHU NTEGE, Y. KIKULAKWETTA, A.K. WADDA, A. KAWOOYA, B. DDAMULIRA, HARUNA LUBEGA, M. SEMUYAGA, HAMIDA NTAMBI, S. LETAAKUBULIDDE, NABUNYA JOWERIA, NAKIBUUKA MARIAM AND UBURUKANGI. **TORORO DISTRICT:** ABUBAKAR NDUWA, ABUBAKARI WEDEHEYE, YAYAYA WALEGERA, BURUHAN MUYONJO, YAHAYA HAVUMBA, ZAIDI HINGHANGAMA, SWAIBU KIYEMBA, EDIRISA KITIKYAMUWOGO, YUSUFU MUGUMBU, ISA MWIMA, TWAHA MUGERAGI, SULAIMAN WAWIRE, ASUMAN MUKWANA, AHMADA NABHAMBWA, YUNUSU MUKOMBA, ABDU NAKWADU, ASUMAN TAHALA, DALAWUSI WERE, ADAMU MALINGHA, ISSA HAMAYO, ABUBAKAR ZUBAIR, BURUHAN WERE M., ASADI WADANDA, MUHAMMUDU ISSA TULSO, ABDU HYUHA, AMUZA NALLILU, HAMUZATA WAFULA, HALIDI HAREBA, SULAIMAN TAHALA, YUSUFU HAYUMBA, MUHAMMUDU DWAPA, ABDU KADIR, ALIYU HAMBWA, ANASI MWALIA, SULAIMAN DWAPA, ABDU WAHID TONGI, ABDU RAHIM MUTASA, EDIRISA MULEKWA, RAJAB ITARA, ISSA JUMA, ABDULLAH DAUDAH, ABDU NASSER, SAAFI IDASO, ALI IKULO, MUTWALIBI NFNUNYEKU, BADIRU KANYA,

AIDS education through Imams: A spiritually motivated community effort in Uganda

ISLAMIC MEDICAL ASSOCIATION OF UGANDA



ONUSIDA
UNICEF • FNUO • FINLAY
UNESCO • OMS • BANQUE MONDIALE

A word from the donors

The AIDS Education through Imams project has been a remarkably successful effort to educate community members about AIDS and HIV prevention, and to encourage changes in behaviour to reduce risks of transmission. IMAU has also inspired communities to accept persons living with AIDS, and to offer practical support and compassionate care to individuals and families affected by the epidemic.

What have been the keys to IMAU's success? One crucial element has been IMAU's excellent record of accountability, not only to the donors, but more importantly, to the community. Local communities and the donors learned that we could trust IMAU to be punctual, honest, and reliable. At the community level, this trust was transferred to other more sensitive areas, such as teaching about condom use for HIV prevention. This inspiring model of integrity and accountability greatly enhanced IMAU's successful effort to empower and mobilize Ugandan communities.

*Dr Elizabeth Marum
USAID/Centers for Disease Control and Prevention*

IMAU has done much in sensitizing communities about the challenges we face with HIV/AIDS. I had the privilege of travelling to their project area in Busolwe. I went there to show some solidarity and to hand out bicycles.

It was an arduous journey, but I made it, and I was impressed with what I saw. In fact, that field visit made a lasting impression on me. The religious leaders and community leaders turned up in such large numbers that I was overwhelmed.

IMAU and the Muslim communities have been able to mobilize and sensitize people to the challenges of this virus. I think what we are seeing now, in terms of the acceptability of some of the approaches that used to meet a lot of resistance, is due to the good work of this and other organizations.

*Professor Thomas Babatunde
Resident Representative
United Nations Development Programme*

The Muslim population in Uganda is not that large, compared to other religions, but we find IMAU a good partner to work with. They have a good structure in the field with Imams and Sheikhs. It is important that these religious leaders be given accurate information, like their counterparts in Catholic, Protestant, and other churches.

The beauty of the project is that once these leaders are given information, they share it with everyone in their area, not just their religious community. This is important when it comes to HIV/AIDS because we do not always have partners from within our own religion.

UNDP has been happy to associate with IMAU. Their intervention has been quite commendable and also relevant in terms of cost effectiveness.

*Dr Romano Adupa
UNDP
HIV/AIDS Control and Poverty Reduction Programme*

UNAIDS/98.33

© Joint United Nations Programme on HIV/AIDS (UNAIDS) 1998. All rights reserved. This document, which is not a formal publication of UNAIDS, may be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged. The document may not be sold or used in conjunction with commercial purposes without prior written approval from UNAIDS (Contact: UNAIDS Information Centre).

The findings, interpretations and views expressed in this publication do not necessarily reflect official policy, endorsement or positions of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The designations employed and the presentation of the material in this work do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

Text & Photographs by Maggie Wheeler

Cover photo: Wandegeya Mosque, Kampala

Contents

Acknowledgements	4
Preface	5
Foreword	6
Country profile	7
Islam in Uganda	7
AIDS in Uganda	8
HIV/AIDS Worldwide	10
IMAU (Islamic Medical Association of Uganda)	11
AIDS education	12
Mobilizing Muslim communities	13
The FAEPTI project	13
Community action for AIDS prevention	20
Madarasa AIDS education and prevention project	22
Motivating volunteers	24
Empowering women	27
Overcoming hurdles	30
The future	32



Acknowledgements

The Islamic Medical Association of Uganda is grateful for the generous support received from all donors, including the World Health Organization (WHO), the United States Agency for International Development (USAID), World Learning Inc., the United Nations Children's Fund (UNICEF), and the United Nations Development Programme (UNDP). IMAU appreciates the willingness of these organizations to fund our innovative projects.

IMAU would like to thank the Uganda AIDS Commission and the Ministry of Health for their efforts in coordinating all AIDS prevention activities in Uganda. Special thanks go to the Uganda Muslim Supreme Council and His Eminence the Mufti for support and encouragement from the outset, and to the District Khadis where IMAU's AIDS prevention programmes operate. Special mention is made of UNAIDS for supporting the production of this booklet and the companion video *The Long Jihad: A Bitter Battle Against AIDS*. Noerine Kaleeba, the UNAIDS Community Mobilization Adviser and founder of The AIDS Support Organization (TASO) in Uganda, is thanked for her support during the implementation of the project and production of this booklet.

Dr Elizabeth Marum of USAID and the Centers for Disease Control and Prevention is given special acknowledgement for eliciting her Government's support for a religious-based nongovernmental organization (NGO). Her tireless effort has been critical to the project's success. Special mention is made of Dan Lukenge and Janet Nahamya of World Learning, Inc. for their master training sessions of IMAU trainers, and of Vasta Kibirige with the Ministry of Health's AIDS Control Programme for her training support.

Documenting project success would not have been possible without expert data collection, and baseline and follow-up surveys conducted by Dr David Serwadda and Dr Fred Wabwire of Makerere University's Institute of Public Health.

IMAU gives special thanks to their Kampala staff for many hours of dedicated service, matched only by the IMAU trainers' in the districts and the Imams and Muslim communities' in the project areas.

Finally, we are grateful to the Family AIDS Workers, Voluntary AIDS Workers, and Madarasa teachers who are doing all they can to ensure that their communities are learning about HIV/AIDS and are encouraging community members to change their behaviour to prevent HIV infection. We salute all those who changed their behaviour as a result of the projects, for without them, all our efforts would have been in vain.

Preface

“AIDS Education Through Imams” arose out of the need to increase awareness of HIV/AIDS prevention and control messages in our communities. This was not an easy task because of the social and cultural diversity in our communities. Different groups tend to receive and perceive these messages differently. Moreover, dissemination of AIDS information remained largely inadequate and often inaccurate. This gap needed to be filled.

IMAU was therefore received with enthusiasm in the struggle to implement government strategy of the Multi-Sectoral AIDS Control Approach (MACA). Government adopted this strategy when it realized that AIDS was no longer a health issue alone but had social, cultural, and economic aspects that needed the collective effort of other institutions and sectors. The high level of HIV/AIDS awareness and declining levels of infection we see today are the direct results of the commitment of individuals and institutions who chose to confront the epidemic head on.

IMAU has succeeded in integrating Islamic religious values and wisdom with scientific medical information on HIV/AIDS. As a result of its excellent work, IMAU has been chosen by UNAIDS for documentation as a shining example of best practice. This is a great honour to IMAU, the Islamic community, and Uganda.

I wish to thank all those people who are participating in the IMAU. I salute all those who died in the struggle and call on everyone to continue fighting with new determination. Finally, I extend our deep appreciation to our partners and donors who have continued to support us throughout this struggle, until the “Jihad” is won.

Omwony-Ojwok
Director-General
Uganda AIDS Commission

Foreword

Assalam Alaikum.

The Islamic Medical Association of Uganda (IMAU) believes that if AIDS education efforts are to reach our Muslim communities, they must involve our religious leaders.

We have worked with this understanding since 1992 to train and supervise over 8,000 religious leaders and their teams of volunteers. These spiritually motivated community members have made repeated home visits to over 100,000 families in 11 districts across Uganda, offering accurate information on HIV/AIDS and motivation for behaviour change.



Dr Magid Kagimu Salongo (centre) joins Family AIDS Workers in Kamuli District.

After only two years, baseline and follow-up surveys revealed that community members in IMAU project areas showed significant increases in correct knowledge of HIV transmission and prevention, as well as increased knowledge of risk associated with the Muslim practices of ablution of the dead and (when unsterile instruments are used) circumcision. The surveys also show a significant reduction in self-reported sexual partners and an increase in self-reported condom use.

The key to our success has been our ability to mobilize Muslim leaders—Imams, County Sheikhs District Kadhis, and His Eminence the Mufti, who in 1989 showed support for our mission by declaring a Jihad on AIDS.

Our Association of over 300 Islamic medical practitioners is well respected and Muslim leaders take our advice to heart. We are conversant in the teachings of Islam and are able to quote verses from the Qur'an to make scientific explanations of HIV relevant to our people. Although IMAU does not offer material support or clinical services to families suffering with AIDS, we help communities network with other organizations that do offer these services.

Our continued progress is critical as it is now estimated that one in every ten Ugandan adults is HIV positive.

IMAU's AIDS education programmes focus on Uganda's Muslim communities but also extend to people of other religious faiths. As one Imam said: "We all suffer the same."

This booklet has been produced for readers in Uganda and Muslim communities in other parts of the world who may be interested in learning more about IMAU's community-based health efforts.

Alhaj Dr Magid Kagimu Salongo
Chairman Islamic Medical Association of Uganda

Country profile

Islam in Uganda

Following a lengthy period of devastation, Uganda is now rebuilding, with healthy but fluctuating economic growth rates.

The cash economy is heavily dependent on coffee, while the population is sustained mainly on subsistence agriculture.

Total population (1997)	20,344,200
Urban population (1997)	2,945,254
Annual population growth rate	2.5%
Infant mortality rate	97
	(per 1,000 live births)
Life expectancy	male: 43
	female: 44
Literacy rate	male: 65%
	female: 45%
Per capita GDP (US\$)	283 (1995/96)
Surface area	241,038 sq. km

All figures are from UNAIDS country profile for Uganda, August 1997.

According to the latest population figures, 16% of Uganda's 20 million people are Muslim (compared to Catholic 33%, Protestant 33%, and indigenous beliefs 18%). Muslim leaders feel this number is an underestimate and cite figures between 20% and 30% of the population.

The central organizing body of the Muslim community is the Uganda Muslim Supreme Council, headed by His Eminence the Mufti. Under the Mufti, there are 33 district religious leaders called District Khadis. Under each District Khadi there are approximately six County Sheikhs. Each County Sheikh oversees 30 to 40 Imams, each of whom heads a mosque. Every Imam is the spiritual leader for approximately 75 families.

There are certain traditional Muslim practices that have the potential to increase the risk of exposure to the HIV virus. These practices include male circumcision (as sometimes practised in the rural areas with one unsterilized razor being used for several infants), ablation of the dead (if individuals fail to use protective gloves when cleaning bodily orifices) and possibly polygamy (although there is currently no evidence associating polygamy with increased risk of HIV).



"Addressing the ties between religious issues and health issues has united Muslim leaders with their communities."

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

ولتكن منكم أمة يدعوون إلى الخير ويأمرون
بالمعروف وينهون عن المنكر وأولئك هم

المفلحون [١٠٤]

Let there arise out of you a band of people inviting all that is good, Enjoining what is right, and forbidding what is wrong: They are the ones to attain felicity. Q3:104

AIDS in Uganda

The AIDS epidemic in Uganda is said to have started in Rakai District, on the well-travelled truck route from the United Republic of Tanzania to Uganda.

Today it is estimated that 1.5 million Ugandans are living with HIV infection. This means that 1 in every 10 Ugandan adults may be HIV positive. The number of actual AIDS cases is estimated to be 500,000. Mean survival time after progression to AIDS is said to be 1 year to 15 months.

The distribution of clinical AIDS cases varies by district, with the greatest concentration found in Kampala, followed by other parts of South/ Central Uganda and the war-torn district of Gulu in the north.

While the picture is bleak, Uganda is known for its innovative approaches to HIV prevention. The Government and the nongovernmental organizational sector have encouraged many pioneering initiatives such as the first multi-sectoral commission coordinating prevention and care efforts and the first voluntary and anonymous HIV testing and counselling centre in sub-Saharan Africa.

Other innovative projects, such as the AIDS in the Workplace project, implemented by the Federation of Uganda Employers, the care and advocacy for persons with HIV/AIDS, provided by The AIDS Support Organization (TASO), and the AIDS prevention project, developed by the National Resistance Army of Uganda, have established Uganda as a fertile environment for creative approaches to AIDS prevention.

The Islamic Medical Association of Uganda's AIDS-prevention programme is yet another pioneering initiative, focused on the country's growing Muslim community.

Encouraging trends

Ministry of Health surveys show evidence of a significant decline in HIV infection. In some cases, the percentage of mothers testing HIV-positive at urban health clinics in 1997 was almost half of what it was in 1992.

Most public health workers believe that Uganda's aggressive response to the AIDS epidemic, led by open Government policies and innovative programmes, contributed



“Our policy in fighting AIDS has been to give it a human face and to expose it as our total enemy. As a result of this openness, we have been able to achieve a very high degree of HIV/AIDS awareness in Uganda.”

Prime Minister Kintu Musoke—1997. Southern Africa Economic Summit

to a high rate of behaviour change that fuelled this remarkable decline. Surveys of behaviour change in urban areas show that from 1989 to 1995 there were significant delays in age at first sex, less sexual relations with non-regular partners, and increased condom use.

Research carried out by IMAU in their project areas found a similar trend. A follow-up survey in project areas showed that two years after IMAU began their AIDS education effort, community members showed a significant increase in correct knowledge about HIV transmission and methods of preventing HIV infection.

The survey also found changes in high-risk behaviour, showing a significant reduction in sexual partners among respondents under 45 years of age and a significant increase in self-reported condom use.

Living positively with AIDS

Sarah Wakabu is HIV positive. She learned this after her husband died of AIDS in 1993.

When he first fell sick, Sarah made the bold suggestion that they both go for HIV testing.

Not surprisingly, her husband refused. Sarah waited until after her husband died to go for testing.

Sarah is now Day Centre Supervisor at The AIDS Support Organization (TASO) in Jinja, one of the organizations where IMAU refers their community members. Sarah is pleased to work for the organization that rescued her with counselling and food assistance when she first



“I let my Muslim brothers and sisters know the importance of HIV testing before marriage. Not just with the first wife, but with every wife. And the

received the news that she was HIV positive.

Sarah’s job is important because she is responsible for her two sons, as well as several orphans left behind when three of her sisters and one of her brothers died of AIDS.

“I have finished building our house and I have started putting something away for my children’s future” she says.

For now, Sarah and her sons are healthy and she takes pleasure in sharing her experience of living positively with AIDS with the many HIV positive men and women who come to TASO.

HIV/AIDS worldwide

The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that over 30 million adults and children worldwide are believed to be living with HIV infection—1 in every 100 sexually active adults. If current transmission rates hold steady, by the year 2000 the number of people living with HIV/AIDS will soar to 40 million.

UNAIDS estimates that 2.3 million people died of AIDS in 1997, a 50% increase over 1996. Nearly half of those deaths were in women and 460,000 were in children under 15. In most parts of the world, the majority of new infections are in children and young people between the ages of 15 and 24.

Since the beginning of the epidemic, 3.8 million children under the age of 15 are estimated to have become infected with HIV and 2.7 million to have died. Over 90% of these children acquired the virus through their HIV-positive mothers, whether before or during birth or through breast feeding. So far, more than 8 million children have lost their mothers to AIDS when they were less than 15 years old—and many of these also lost their fathers. It is estimated that this figure will almost double by the year 2000.

UNAIDS

IMAU

The Islamic Medical Association of Uganda (IMAU) was established in 1988 to provide support to Muslim health professionals. It aims to improve the health of the people of Uganda in general, and the Muslim community in particular.

IMAU's objectives



- To unite Muslim medical personnel and promote their spiritual, moral, and material welfare.
- To encourage the integration of scientific medical practice with Islamic practice, including arranging for prayers, preaching, and terminal care for Muslim patients.
- To distribute medical literature.
- To establish hospitals, clinics, pharmacies, laboratories, and medical training schools.
- To encourage the training of Muslims in all medical fields.
- To promote health care in the community using the mosque and other appropriate fora.
- To promote good relations with other Islamic organizations at home and abroad, including other Islamic medical institutions.
- To raise funds and establish projects for carrying out these objectives.

The idea for the association originated with three Muslim doctors who shared with each other the professional alienation they experienced in a country where Muslims are a minority. The three doctors had worked with medical associations in the United States, Europe, and Arab countries and noted how these groups helped reduce an individual's sense of isolation.

A meeting in a private home with 30 health professionals from across the country grew into an association that today has over 300 members.

In the beginning, IMAU established Saidina Abubakar, a modest nursing home and medical unit next to their headquarters in Kampala. Since then, IMAU has laid the foundation for an Islamic hospital, supported family planning services in 17 Islamic health centres, organized conventions on topics related to Islam and medicine, provided financial support to medical students, and pioneered the first AIDS prevention programme for Uganda's Muslim community.



IMAU project staff pose with the Mpigi District Khadi. Rear, L-R: Tatu Nalunga, Nakyanjo Neema, Sheikh Ibrahim Nkangi (Mpigi District Kadhi), Haji Rashid Munyagwa, Twaha Swanyana, Dr Yusuf Walakira. Front, L-R: Sarah Namugga, Abdul Karim Mpagi.

AIDS education

The misery and human suffering that AIDS brings is a serious concern for Muslim leaders. In September of 1989, IMAU took the lead in uniting the Muslim response to the AIDS epidemic by holding a National AIDS Education Workshop. This workshop, funded by the Ministry of Health's AIDS Control Programme and the World Health Organization, shaped the Muslim community's role in responding to the AIDS epidemic.

The National Workshop boasted the attendance of every District Khadi in Uganda, as well as representatives from WHO, the Ministry of Health, and many Muslim health professionals. Perhaps the most important participant was His Eminence the Chief Khadi, who was prompted to declare a Jihad on AIDS. This declaration of support from the highest level of Uganda's Muslim community was a critical first step in mobilizing the Muslim community in the fight against AIDS.

Following the National Workshop, IMAU organized AIDS education workshops for Imams in several districts. Extensive dialogue between health professionals and religious leaders at these early workshops revealed the need to design an AIDS education project to reach Muslim families through educators trained with and sanctioned by Imams.

Mobilizing Muslim communities

IMAU's initial effort to mobilize Muslim communities in the fight against AIDS took the form of the Family AIDS Education & Prevention Through Imams Project (FAEPTI).

This was followed by Community Action for AIDS Prevention (CAAP) in Kampala, which was conceived as an urban companion to FAEPTI. CAAP workshops train teams from churches as well as mosques plus social groups like bicycle transporters. The project design takes into account the density of urban populations and focuses on community groups as well as individual families. As well, IMAU has reached out to Muslim children through a separate initiative, the Madarasa AIDS Education and Prevention Project (MAEP). This project helps Imams and their assistants provide children with AIDS education through a special curriculum designed for informal schools attached to mosques, called Madarasa schools.

The FAEPTI Project

This innovative project helps Imams (mosque leaders) incorporate accurate information about HIV/AIDS prevention into their spiritual teachings and trains teams of community volunteers to provide education, basic counselling, and motivation for behaviour change through individual home visits.

FAEPTI was launched in two districts in 1992 and spread to ten districts within five years. The project has worked with leaders at 850 mosques and has trained 6,800 community volunteers who have made personal visits to 102,000 homes.



IMAU's Dr Yusuf Walakira hands over a bicycle to an Imam.

Project rationale

As HIV is spread primarily through sexual intercourse, modifying current or future sexual behaviour is the focus of IMAU's effort to prevent HIV transmission. Influencing sexual behaviour is a delicate task and discussing this private part of people's lives can even be taboo. Fortunately, people are open to discussing sexual behaviour when they understand that their health and the health of their family and community are at stake.

IMAU's AIDS education efforts begin with the understanding that preventive interventions in Muslim communities are more likely

Mobilizing Muslim communities

to succeed if the “message bearers” are trusted members of the community, such as religious leaders. IMAU also acknowledges the important role of parents, teachers, and peers in discouraging high-risk behaviour.

Although mass information campaigns and group education help some people modify their behaviour, it is clear to IMAU that others need a more personal approach. Overall, individuals are more likely to adopt safer sex practices if they are perceived as the norm prevailing among their peers and in their community. It is crucial to work at the community level to personalize social norms, such as mutual fidelity and the moral responsibility not to endanger others.

As a respected community leader and head of the mosque, the Imam is the recognized teacher and model for social behaviour within the Muslim community. His teaching occurs during congregational prayers and at intimate family ceremonies such as marriage, birth, and burial. For this reason, IMAU committed itself to promoting behavioural change at the community level, using the mosque, the Imam, and selected community volunteers as the focus of their activities.

Project design

In the project design phase, IMAU met with groups of Imams and other Muslim leaders to determine the most effective way to support an AIDS education effort in Muslim communities. It was mutually agreed that an education campaign should combine public health messages with Islamic teachings, such as:

*Nor come nigh to adultery:
For it is a shameful deed and an evil,
opening the road to other evils.
Q17:32*

and

*The believers must eventually win through. Those who humble themselves in their prayers. Who avoid vain talk, who are active in deeds of charity, who abstain from sex. Except with those joined to them in the marriage bond...
Q23:1-6*

In the planning phase, Imams requested that community volunteers be trained as their assistants, to help further take the project to the household level. Imams also requested bicycles to

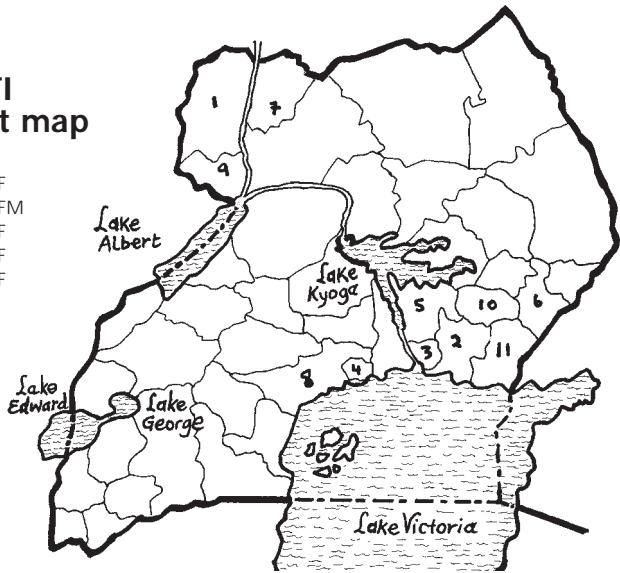
FAEPTI Project map

1	Arua	F	7	Moyo	F
2	Iganga	F	8	Mpigi	FM
3	Jinja	F	9	Nebbi	F
4	Kampala	C	10	Palisa	F
5	Kamuli	FM	11	Tororo	F
6	Mbale	F			

F: Family AIDS Education Through Imams Project (FAEPTI)

C: Community Action for AIDS Prevention (CAAP)

M: Madarasa AIDS Education & Prevention Project (MAEP)



help their team move around the community and income-generating activities to sustain volunteer motivation. IMAU agreed that frequent supervision of project activities would be necessary to ensure volunteer motivation and to check that accurate public health messages were being passed on.

Baseline survey

The first step of the project was to determine knowledge, attitudes, practices, and behaviour related to HIV/AIDS in the project area. Mpigi and Iganga districts were selected for the pilot project as they are the districts in Uganda with the densest concentration of Muslims. Funding for the pilot project was received from the United States Agency for International Development (USAID) through World Learning, a U.S.-based nongovernmental organization (NGO), and technical assistance from the U.S. Centers for Disease Control and Prevention.

Nearly 2,000 people responded to the survey. The results revealed that although most Muslims in the project area understood that HIV is transmitted sexually, there was a lack of knowledge regarding transmission from mother to child, as well as the protective value of the condom. The survey also found that Muslim leaders and their communities needed further education about risk factors of

Who does what

District Khadi

The District Khadi supervises Imams and works with IMAU to ensure that the project is properly implemented. He periodically visits different counties to assess the project's success and address local concerns. If a mosque team is having difficulty working together, the District Khadi is often asked to intervene

Imam

The Imam visits families individually and also teaches about AIDS during public ceremonies. The Imam relates risk-avoiding behaviour back to religious teachings. The Imam supervises his assistants and FAWs. Each mosque team comes together at the end of each month to discuss any difficulties they had during family visits and how best to address these problems.

Imam assistant

One male and one female assistant are chosen by the Imam to help him carry out his work. Imam assistants supervise FAWs as well as make individual family visits. Imam assistants visit families already reached by FAWs, to ensure that correct information is being shared. If problems are noted during these follow-up visits, the Imam assistant meets with the FAWs to address the problems.

Family AIDS workers

Five male and female community members are chosen by the mosque community to be Family AIDS Workers. Generally respected by their peers and also viewed as approachable, FAWs visit homes and teach families about modes of HIV transmission and ways to prevent infection. Over time, FAWs are consulted about problems that arise with spouses and sometimes counsel couples. They receive questions about the use and availability of condoms and are often asked to discuss sensitive issues with youth.

particular importance to Muslim communities. These included polygamous marriage (again, this remains an unproved hypothesis), unsterile instruments for circumcision, and ablution of the dead without the use of protective gloves. The survey determined the need to develop sensitive and appropriate messages regarding these practices for Muslim communities.

The Baseline Survey helped to focus project activities and provided indicators for comparison at a follow-up evaluation.

Project activities

In each district, five-day training workshops were designed for Imams and their selected team of volunteers: two assistants (one male, one female) and five Family AIDS Workers (FAWs). The District Khadis and County Sheikhs also participated.

The workshop curriculum was supplied by the Ministry of Health, with special modifications made for the Muslim community based on the findings of the Baseline Survey. Twenty-three IMAU trainers were trained to conduct the workshops.

Workshop participants studied basic facts about HIV/AIDS, as well as: STDs, risk perception, principles of behaviour change, safer sex, AIDS in relation to gender and adolescence, principles of communication, and counselling, and the role of the community in sustaining AIDS prevention activities. The workshops also trained participants in how to conduct home visits to discuss AIDS-related issues with members of their communities.

Teams from each of the 200 mosques in Mpigi attended a workshop, as did teams from half of the 400 mosques in Iganga. Each team member was made responsible for visiting 15 homes each month to pass on the AIDS information and to make themselves available for counselling and consultation.

In order to facilitate movement, a bicycle was given to each Imam for his use and that of his team. The District Khadis, the County Sheikhs and their assistants were also given bicycles. Each FAW was given two local hens, or the financial equivalent, to start an Income-Generating Activity (IGA). IGAs provided incentive for the volunteer work demanded by the project.

FAEPTI: 1992-1997

District	No. of participating mosques	No. of volunteers trained	No. of families visited
Jinja	75	600	9,000
Kamuli	75	600	9,000
Mpigi	200	1,600	24,000
Mbale	75	600	9,000
Tororo/ Palls	75	600	9,000
Arua	100	800	12,000
Iganga	200	1600	24,000
Moyo	25	200	3,000
Nebbi	25	200	3,000
TOTAL	850	6,800	102,000

Imam Ali

“Everyday I visit two homes. I use the teachings of the Qur’an to educate people about AIDS—especially as regards the dangers of promiscuity. My visits are not new. The people here expect me because this is my duty as an Imam.

People feel free to talk to me and I frequently settle marital disputes. In our community we have always had problems surrounding issues of co-wives. The project has given us some tools to solve these disputes. The Qur’an says: Marry women of your choice, two, or three, or four; but if ye fear that ye shall not be able to deal justly (with them), then only one (Q4:3).

I have two wives and eight children. I married before I knew about HIV. I tell men to marry only one wife, and I will not marry again.



Imam Ali
Busowa Mosque,
Iganga

A person can avoid AIDS through hard work. A religious person does not sit and pray all day. You have to work hard and with AIDS around you must work harder. My wives and I trust each other because we concentrate on working. We don’t have time to go outside our marriage.

In our community, marriages are stronger, people are avoiding discos and bars, and they are not sharing razor blades at circumcision operations. My biggest task is to bring people to God. Through strengthened faith we can avoid AIDS. ”

بسم الله الرحمن الرحيم

فَذَكَرْ أَنْ نَنْفَعَكَ الذِّكْرَى [٩]

Therefore give admonition, in case admonition profits (the hearer). Q87:9

Mobilizing Muslim communities

Follow-up survey

After two years, a follow-up survey indicated that there were significant increases in correct knowledge about HIV/AIDS in the project area, including transmission from mother-to-child, and risks involved with unsterile circumcision and ablution of the dead. In addition, community members who were exposed to the project reported a significantly lower number of sexual partners and increased condom use.

Although condom education received initial resistance and this component was left out of the curriculum's first year in the district of Iganga, knowledge of the protective value of the condom increased overall. Condom distribution was not heavily emphasized, but over 200,000 condoms were distributed informally and the topic of condoms spontaneously arose at most workshops.

Overall, IMAU's pilot project to educate Muslim communities about HIV/AIDS showed that a cadre of community volunteers can be successfully mobilized to provide education, basic counselling, and the promotion of behaviour change.

Support from the United Nations Development Programme (UNDP) has made it possible to expand the FAEPTI project from 2 to 11 districts, and to reach residents of Kampala through the CAAP project. Support from the United Nations Children's Fund (UNICEF) has made it possible to reach Muslim children through the MAEP Project.

Sheikh Mohammed Bukenya

"I have been Imam at Rayaat Mosque since 1979. We began working with the CAAP Project in 1995. I was joined at a five-day training workshop by an assistant and nine members of our community who were selected to become Voluntary AIDS Workers (VAWs).

People must be educated about AIDS. Many think it is caused by a type of witchcraft. We have to tell people the truth about how the virus is transmitted.

For the past two years, I have used a variety of opportunities to pass on what I learned. I include AIDS teachings when I conduct daily prayers, Khutuba (Friday sermon), and when I speak to families at birth, wedding, and funeral ceremonies. In fact, I will not perform a marriage ceremony until both people have gone for an AIDS test. Couples usually thank me for this.



As Chairman of the Local Council, I speak out about HIV and AIDS prevention at meetings of the Local Council.

AIDS is a sensitive topic and visits to individual families continues to be the most important way to reach people in our community. I visit at least two families every day. I try to focus on large families. My assistants and five VAWs do the same. The first family I visited had 26 members.

Our group chose to put together our money to create two Income-Generating Activities. We buy and sell matooke (bananas) and

have prepared 5,000 clay bricks for burning. The profit from the initial investment of 275,000/= (U.S. \$275) has been 550,000/= (U.S.\$550). We use this to maintain our AIDS education programme and to support other mosque activities."

Community action for AIDS prevention

The Community Action for AIDS Prevention project (CAAP) in Kampala takes advantage of the urban setting to jointly train religious and community leaders of many faiths. Due to the density of the population in their communities, trained Muslim and Christian leaders place less emphasis on home visits and more emphasis on spreading AIDS education messages through group talks at mosques, churches, and Local Council meetings.

CAAP reaches beyond religious leaders and trains groups of bicycle taxi drivers (*boda boda boys*) and market vendors to pass on information about HIV/AIDS through their interaction with the public—at market stalls and while delivering passengers to their destinations.



Catherine Byenkya

We work in a densely populated area. Every home in our congregation has been affected by AIDS. And it is not only AIDS that is killing our people—there is cholera, dysentery, malaria, and typhoid. The area next to us is Katanga Valley, one of Kampala’s largest slums.

I joined Muslim leaders in Kampala at IMAU’s AIDS Education Workshop. Since then I have worked with women from Katanga Valley to start Income-Generating Activities. These women can be very bitter. They have already lost their children to AIDS. Some call their body their “shop” and feel they have no other means to support themselves. It is the local men here, the mechanics in the garages, who misuse them. They give them enough to buy a meal for that day. Socially, these women become misfits then opt for drinking and more prostitution.

We meet weekly as a group, for fellowship and to develop self-respect as women. The

women are from many faiths—Catholic, Protestant, Pentecostal, and Muslim. They enjoy coming together to learn, but feel they already know everything about HIV/AIDS. I vary the topics of our weekly meetings and bring in guest speakers. We talk about AIDS, but we have also had lessons on basic hygiene, recycling waste into fuel briquettes, cookery, and how to wear the traditional dress.

Starting with a small amount of money for IGAs, the project has grown incredibly. Women take out loans from the group to start small businesses, like selling doughnuts or cassava chips. All they need is a charcoal stove, a frying pan, and a slotted spoon. Many of them used to do something, like work in a salon, but then got pregnant and the father ran away.

They have children and no source of income. Our village bank helps get these women back on their feet.

Catherine Byenkya
Women’s Group Leader
St. Peter’s Church, Kampala

Organizations represented at CAAP workshops

To date, the 70 organizations that have participated at CAAP’s Kampala workshops have included:

- 19 mosques
- 29 Catholic and Protestant churches
- 4 born-again churches
- 16 local Council parishes
- 1 group boda boda boys
- 1 group market vendors

Madarasa AIDS education and prevention project

In most parts of the world, the majority of new HIV infection is in children and in young people between the ages of 15 and 24. In 1995, IMAU developed an AIDS education programme for Muslim youth to address a lack of information in this most vulnerable sector of Uganda's population.

The Madarasa AIDS Education and Prevention Project, funded by the United Nations Children's Fund (UNICEF), works with 350 Madarasa schools in Kamuli and Mpigi Districts. Madarasa schools are informal schools attached to mosques and teach young people important principles of Islamic culture and behaviour. Each school is attended by approximately 50 children ranging up to 15 years of age. Classes include in-school as well as out-of-school youth. Madarasa teachers are Imams or Assistant Imams and some are members of the Uganda Muslim Teachers Association.

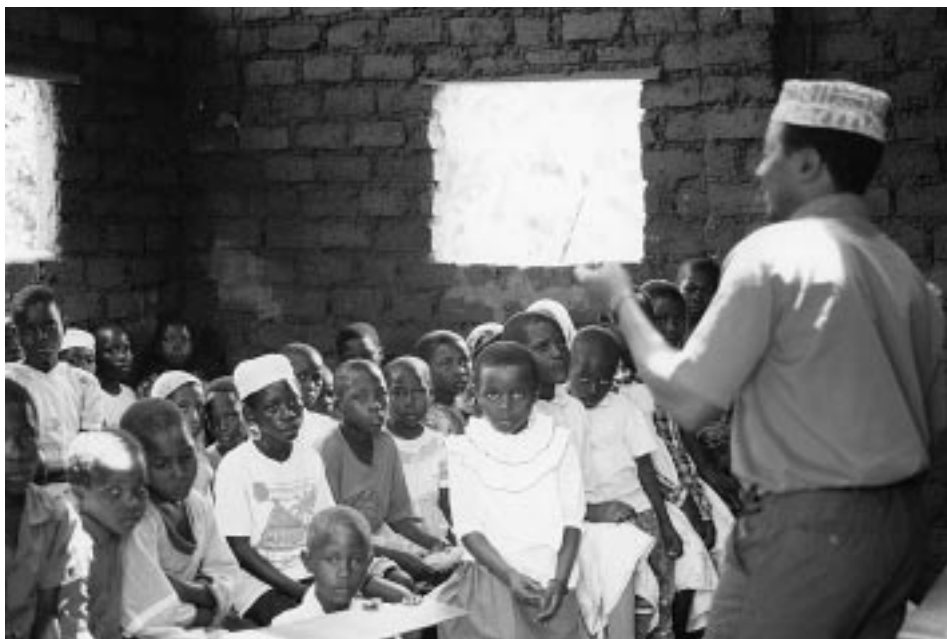
IMAU and UNICEF developed an AIDS education curriculum with 36 lessons, each of which can be covered in a 40-minute session on a Saturday or Sunday morning. The curriculum is tailored to be age-appropriate for classes of mixed age groups. The AIDS education session is taught in addition to the religious topic addressed that day.

Madarasa students learn about HIV/AIDS transmission, prevention and control. They are shown how to care for AIDS patients and encouraged to help people in their own communities suffering from AIDS. Teachers and their assistants organize activities that include music, drama, and games. Parents and guardians are encouraged to talk to their children about HIV/AIDS.

IMAU gives training in the use of the AIDS Education Curriculum to 24 supervisors in each district. The supervisors, who themselves are Imams, County Sheikhs or selected assistants, pass on their training to two Madarasa teachers from ten different mosques. Overall, 20,000 Muslim children have been educated since 1995.

Madarasa school AIDS education curriculum

- Understanding adolescence
- Adolescent friendships
- Peer pressure
- Understanding sexuality
- Facts and myths about HIV/AIDS
- Islamic teachings on safe sex
- Responsible healthy living
- Breaking the stigma
- Peer counselling
- Building positive dreams
- Discussing AIDS with parents



“The World AIDS Campaign has helped to draw the attention of political leaders and communities around the world to the devastating effect of the HIV/AIDS epidemic on the lives of young girls and boys. Much of the future course of this epidemic will be determined by our ability to ensure that the rights of these children and young people are protected—not only that they are given essential care and support but also that they are given access to information about how HIV is transmitted and to the means to avoid it.”

*Dr. Peter Piot
Executive Director of UNAIDS*

Motivating volunteers

Motivating volunteers is one of the most difficult tasks in community-based health initiatives. IMAU's AIDS education programme draws on the talent of people who are already volunteering—Imams, County Sheikhs, District Khadis, and other religious leaders. The project motivates religious leaders and their volunteer assistants to become AIDS educators by appealing to a sense of shared responsibility for an issue critical to public health. The project also establishes ties between teachings from the Qur'an and behaviour that reduces the risk of HIV infection.

As further incentive, each mosque team, or other institution as in the case of Kampala, is given a shared mode of transport (one bicycle) and the means to start a small Income-Generating Activity. Supportive supervision by IMAU officials is also used as an effective motivator for volunteers.

Income-generating activities

IGAs are a popular component of the FAEPTI Project. IMAU believes that Increasing individual and family income is an important factor in reducing the likelihood of HIV infection. Families with higher incomes are more likely to educate their children. Their children, in turn, are more likely to find gainful employment and understand the dangers of high-risk behaviour. Lack of meaningful activity is often cited as a condition that puts young people at risk for AIDS.

At the beginning of the project volunteers were given money to buy two hens. This was later modified and each was given two female goats. In many cases the hens and goats multiplied to benefit the volunteers effectively. Other IGs were started from the sales of the multiplied goats and hens.

"We have planted a sunflower garden for our bees. We have five hives and can collect four litres of honey, per hive, every six months."



Namukose
Nuru
Busowa,
Iganga District

*“Whoever recommends
and helps a good cause
becomes a partner therein,
And whoever recommends
and helps an evil cause,
shares in his burden:
And Allah hath power
over all things.”*
Q4:85



Many hands make light work. Aisha Ndirugendawa, Women's Group Leader (right), Igumya, Kamuli District.

Stone Crushing

“I have been married for 14 years. I am the only wife of Ali Kintu. We have four children. I started selling heaps of rocks in 1995 when our women’s group encouraged us to take up brick

laying and stone crushing. I took up stone crushing because it was less time-consuming. I use the income I earn to supplement what I make selling vegetables from my garden.

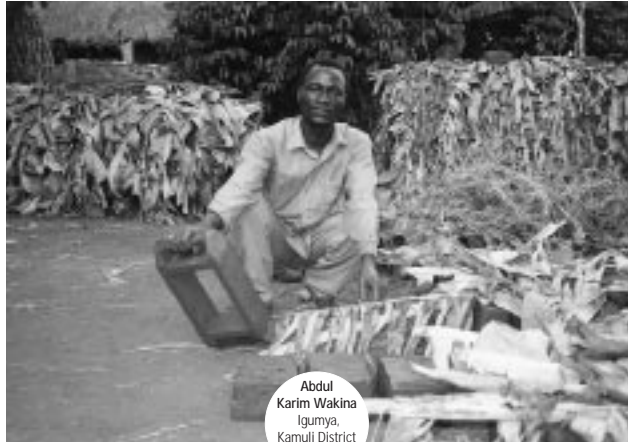


Khasifa Nangobi
Nawanyango,
Kamuli District

I get the stones from my father-in-law’s garden, near our house. Working part-time, it takes me about three weeks to make twenty heaps of stones. I start working in the afternoon when I get back from gardening. I break the stones while I prepare lunch and then I return to my garden. Each heap sells for 1,500/= (U.S. \$1.50). The first stones I made were used to build our house. Later I sold stones to build the nearby school.”

Brick laying

“We all contribute to the project. It needs a lot of energy, not a lot of money. We started by making bricks for the mosque. Now we have seven stacks of fired bricks—3,500 altogether. There are eight women in our group. They fetch the water, make the mix, and collect banana leaves for shade. I am one of two men in our group. We form the bricks using a frame, then stack them. People buy our bricks locally.”



“Income generation is not simply an economic issue. It is part and parcel of the strategy for fighting against HIV and AIDS. That is why we use HIV/AIDS as an entry point into the whole area of development.”

*Dr. Omwony-Ojwok
Uganda AIDS Commission*

“Poverty fuels AIDS and AIDS brings poverty. If we are to fight AIDS we must develop our communities.”

*Sheikh Saidi Bifamengo
Acting District Khadi, Kamuli*

Empowering women

There is an important link between a woman's ability to make choices about her life and her susceptibility to HIV infection. Women participating in IMAU's AIDS education projects say that they have learned self-respect and this helps them avoid high-risk behaviour. They also say that having their own source of income has made it easier to stand up for themselves, in the face of an unfaithful husband.

It is a custom in many Muslim homes, particularly in the villages, that women are not supposed to work outside the home. IMAU's focus on educating women and encouraging their Income-Generating Activities met initial resistance. As time passed, more conservative community members saw that progress for women meant progress for everybody.

IMAU involves women at every level of its AIDS education activities. The Imam is required to have a female as well as a male assistant, and Family AIDS Workers (FAWs) are comprised of equal numbers of men and women.

Project staff agree that it is the women volunteers who are the most interested and effective participants. Female FAWs find that women in their communities are willing to confide in them important issues regarding HIV/AIDS that they would never raise with their husband or the Imam.

Female FAWs also play a critical role in reaching out to and educating teenage girls, who in Uganda are considerably more likely to be infected with HIV than boys their own age. (The numbers balance out between the sexes as they grow older.)

Encouraging the formation of women's groups and offering incentives for IGAs is at the heart of IMAU's efforts to empower local women. Many women say that their IGAs keep them from looking outside their marriages for other partners to contribute to expenses, such as school fees. They also say that if they are financially dependent on their husbands, they fear standing up to him because he may throw them out, leaving them destitute. This is one reason why women who suspect that their husbands have been unfaithful do not refuse his advances or insist he wear a condom.

Ziada Ikoote

"I am my husband's fourth wife. We have been married for 21 years and have 6 children.

AIDS is a big problem in our community. I have seen both men and women suffering. I became active in fighting this disease when IMAU came and heard that there was an educated woman hiding some-where in the village.

First I was trained as a Family AIDS Worker, then I was nominated to become an Assistant County Khadi for the project. Now I am a Supervisor.

I do very many things. I move from house-to-house and teach people in the villages—men, women, and children—about how AIDS is spread.



Ziada Ikoote
Family AIDS
Worker,
Nawanyango,
Kamuli District

Our people are happy to learn because they think Muslim knowledge on HIV is lagging behind other religious groups.

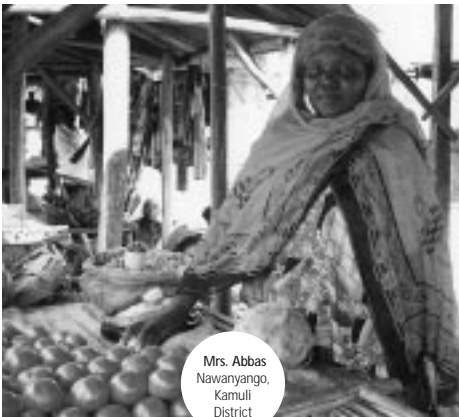
The most rewarding part is seeing the women in our community coming together to address the problem.

Previously, we were always at home. Now we form women's groups,

making mats, growing vegetables, breaking rocks, laying bricks, and making stoves for extra income.

Being together we develop self-respect and a measure of financial independence, which helps protect our families from HIV infection."

Mrs Abbas



Mrs. Abbas
Nawanyango,
Kamuli
District

I have eight children. My husband is a retired police officer.

I was the first Muslim woman to have a stall at our local market. This was in 1996. People disapproved, but in time they got used to it. Now there are five Muslim women selling at the market.

In the beginning, my husband did not support the idea. But he listened to IMAU's teachings and thought it would be a good idea for me to contribute to our family's income. My earnings from the market pay school fees and buy things for our home.

I feel strong now and when people see me pass they talk about me with respect.

H a j i A b b a s

My wife told me she wanted to open a stall at the market. I thought about it for three days then agreed it was a good idea.

Some people became my enemies. They thought this would be my downfall. Others envied me. As time passed, everyone could see the benefit.

We wake early in the morning and do the gardening together. People thought the garden would grow bushy, but it hasn't.

Things are changing. It is high time we changed too. We don't have to do what our ancestors did. A husband and wife can both work together to support the family. We can share the burden.



Haji Abbas
Nawanyango
Mosque,
Kamuli District

“If women have their own income they are more likely to buy the things that they admire with their own money. They are less likely to go outside their marriage looking for someone else to provide the things they admire.”

*Halima Nantakyika
Family AIDS Worker,
Nawanyango, Kamuli District*

Overcoming hurdles

Controversy over the condom

Perhaps the most difficult issue has been sensitizing Islamic leaders to the important role that the condom plays in preventing transmission of the HIV virus.

Some religious leaders argued that condom education would promote sex outside marriage, which is against Islamic law. They refused to accept this topic in the project curriculum.

In order to encourage wide participation in the FAEPTI Project, IMAU took a cautious approach and removed the topic of the condom from the workshop curriculum in the first year. In its place, IMAU held a dialogue with Islamic leaders to listen to and address their concerns about condoms.

In this dialogue, IMAU stressed that the condom was only being promoted as AIDS protection after the failure of a first and second line of defence: abstaining from sex and having sex only within marriage.

IMAU argued that the third line of defence should not be ignored because human beings have their weaknesses, as witnessed by girls becoming pregnant before marriage and the many cases of sexually transmitted diseases (STDs). Married people who ignore condoms often leave orphans behind and this destroys communities.

IMAU argued further that knowing about condoms does not mean that people will use them indiscriminately. Muslims know about alcohol but that does not mean that they drink it.

IMAU emphasized that the condom not only protects against STDs but can be used for family planning by married couples. IMAU noted that several Muslim countries manufacture condoms for their own reproductive health programmes.

Although the Islamic leaders feared that knowledge of the condom would bring promiscuity, IMAU made it clear that many things used irresponsibly are harmful, even food. Using this analogy, IMAU made the important point that communities need to understand responsible eating so that they do not endanger their lives.

At the end of the dialogue, the Islamic leaders agreed that education on the responsible use of the condom was acceptable within Islamic teachings and necessary to defend communities against AIDS. The condom education component was re-inserted in year two.

Neema Nakyanjo

Sustaining voluntary spirit

Our work depends on volunteers in the field. A big hurdle is to sustain their spirit of volunteerism. Most volunteers stick with the project, but some move away. These are the ones that expect material rewards from IMAU. We encourage the Imams to train other volunteers to take over when these people leave.

It is surprising to see the dedication of our volunteers. Years after the initial training workshops, monthly field reports show that families are still being visited, every day. Our Muslim leaders understand that this AIDS education is benefiting their communities. And the volunteers know that their rewards will be in the life hereafter. Community participation in planning, implementation, and monitoring project activities, plus a sense of ownership of the project by the community, are necessary tools for sustaining project activities.

When communities see us carrying out supportive supervision in the field, they work harder. Supportive supervision is a big motivator for volunteers and helps them carry on. IMAU has gaps in funding and sometimes we cannot travel as much as we would like. This is a problem. We need more local and international collaborators.



Neema
Nakyanjo
FAEPTI Project
Officer

Networking

Our projects do not screen blood for HIV or dispense food and medicine to families suffering with AIDS. This is another difficulty. People often say, "We are already sick. What can you give us?" or "We want to know if we have HIV." We would like to help these families, but for now we can only refer them to TASO (The AIDS Support Organization) and other organizations like the AIDS Information Centre. Networking with other organizations is invaluable in the fight against HIV/AIDS.

The future

Much has been done in Uganda to confront the AIDS epidemic. IMAU's Family AIDS Education & Prevention Through Imams Project, Community Action for AIDS Prevention Project, and Madarasa AIDS Education & Prevention Project have contributed to significantly higher levels of awareness within Muslim communities.

It is clear that the recent reduction in Uganda's prevalence of HIV infection is due in part to this increased public awareness. Nevertheless, many rural areas still lack information about HIV/AIDS control and prevention.

Changing risk behaviour is a slow process and AIDS education efforts have a long way to go, particularly in reaching Uganda's young people.

It is agreed that many challenges lie ahead in the fight against AIDS.

IMAU has been active in Muslim communities in 11 of Uganda's 45 districts. Although IMAU project districts have the nation's heaviest concentration of Muslims, there are obviously many other communities that could benefit from IMAU's initiatives.

IMAU would like to expand their education effort to completely cover the districts they are already working in and to reach out to new districts.

In current project areas, IMAU would like to conduct Participatory Research to find out how communities can move from a change of attitude to a change of sustainable behaviour.

Alleviating poverty continues to be a key element in the struggle. Increased family income means better schooling for children and more choices for parents. IMAU's Income-Generating Activities have shown that small-scale community projects bring big changes in attitude and behaviour. Women in particular become empowered to make important decisions that protect the health of their families.

IMAU will continue to seek support for small-scale Income-Generating Activities and their ongoing AIDS education campaign through Imams and Madarasa teachers. In project areas that are far from AIDS Information Centre testing services and TASO's counselling and support, IMAU is interested in helping to bring these services closer to the people.

IMAU pledges continued solidarity with the many religious and other organizations who are making significant contributions to Uganda's continuing effort to fight the AIDS epidemic.

ABDU HYUHA, AMUZA NALULU, HAMUZATA WAFULA, HALIDI HABEBA, SULAIMAN TAHALA, YUSUFU HAYUMBA, MUHAMMUDU DWAPA, ABDU KADIR, ALIYU HAMBAA, ANASI MWAJIA, SULAIMAN DWAPA, ABDU WAHID TONGI, ABDU RAHIM MUTASA, EDIRISA MULEKWA, RAJAB ITARA, ISSA JUMA, ABDULLAH DAUDAH, ABDU NASSER, SAAFI IDASO, ALI KULO, MUTWALIBI NFNENYEKU, BADIRU KANYA, MUHAMMUDU JAFFALL, MUZAMIRU PANDE, ABDU SADIKI MUMPI, TWAHA KULUYA, EDIRISA WAISANA, RASHID WERRER, ISSA UBEID, MARIJANI BUNYANGA, MUHAMMAD NYENDE, MUHAMMAD KWENYI, ABDU-RAHMAN, MUSTAPHA BUYA, ABASA MUNGHAIWA, SOWEDI MUGODA, YAKUBU SINANI, ISSA MUYIGO, TWAHA NAKOLA, MUHAMMUDU NAIGERE, ABDU KADIR, AHAMADA HISSA, ABDU KADIRI MWASE, MAWAZI GABULA, SOWEDI MWATA, HUSSEIN BETERA, SIRAJI HABIBU, ABUTWALIBU AYUB, ASADI ZIYADI MUDIKU, EDIRISA KOWA, HARUNA SSALONGO, ISAHAKA MUGISE, MUHAMMAD WANAMU, JUMA KAMADI, EDIRISA DEMBA, ABDU HYUHA, SULAITI WANDERA M, ABDULLAH NAWONGHA, ALI MUTAGANA, MUSILIMU PULISI, YAHAYA PAPAYO, MUZAMIRU RAMADHAN, MUHAMMAD HAMUDANI, MUSTAPHA MBIRO, SINANI GADO, AMIRI SUUDI, ISMAIL HWUMBIRE, MUBONGOHO PULISI RASHID S., SAADI BWANGA, NUHU NABULIKA, HUSSAIN KIRYA, EDIRISA TAGOYA, ABBEY WERE, ALI MUTAGANA, EDIRISA TAGOYA, NUHU NABULIKA, UMARU DAUDAH, ABDU HYUHA, MUHAMMAD TONGI AND ABUBAKAR SSEMPHIRA. **IGANGA DISTRICT:** SHABAN BUMBA, ABDU BASHIR UMARU, AHAMAD FEDEDE, MUHAMMAD MATYAMIRE, ALI TABU, IDI MAKALANGA, MUTWALIBI SHANYA, ABUBAKAR MUNGERE, SULAIMAN LUBANGA, AMINSI NYANGA, MUSA NTALO, HUSSEIN MUSTAFA, SWAIBU IBRAHIM, HARUNA MUSTUMA, ABDU BALAGANJU, YAZIDI KALISA, AYUBU MUGOYA, YUNUSU WEDUBI, UMAR LUTAAYA, MAGIDI KAKAIRE, AHAMADA MWIMA, SWAIBU BWIRE, ZAIDI WAISWA, MUHAMMAD DAUDA, ADAMU WERE, IDDI SEKALIBA, ASUMAN MWANGA, ALI MUGOYA, AMINSI KUMBUGA, SULAIMAN MUBIRU, ABUBAKER WAPALYA, ABUDALLAH MUGOYA, ABUBAKAR MAWAZI, ZUBAIRI NABULYA, HAMUDU MUWAYI, JAMADA MWINDA, BUMALI WAIBI, SULAIMAN NAIDYA, MUHAMMAD MUKWENYO, ABUBAKER WEERE, ALIYI DHRAMUSANGO, SIRAJI OJWANGA, ASAN MBASA, SOWEDI KAKETO, MWAMADI WAISWA, AMINSI LUBANGA, ISMAIL KAYOLO, ABUBAKER KAMYA, HUSSEIN MUGOYA, HATIBU KIRANDA, BURUHAN DAUDA, ALI MUNOBI, ERISA KASAKYA, ASANI MUPEESA, JAMADA KIRYA, TWAIRI BAGAYA, AHAMADA BABI, BURUHAN MAGOOLA, ABAASI ASUMAN, EDIRISA MUGOYA, ALI MAMA, BADRU DHALAUSI, ABUBAKARI MUHAMMAD, TWAHA WANALWA, MUHAMMAD MUYINDA, SHEIKH M. MARIJANI, HUSAINI MIWINA, SOWEDI MUTEUGUYA, SULAIMAN MUGOYA, SALEH ITOKE, ISSA WAISWA, JAMADA ZAIDI, HUSSEIN LUKUDHA, ALAMANZANI LUBENGETE, ABDU MUSHIRA, AMUZA MULUNYA, MAJIDI GYAGENDA, KASSIMU ALLI KASSAN WERE, ISMAIL NASLUIRE, ISHAKA KIRENDA, KASSIM MUGOYA, ALI SEBABBI, MALIKI MWIMA, LUTU BADRU KIIRE, ZUBAIRI KIRANDA, SADIKI JUMA, SULAIMAN WALEKWA, ZASOKO, ARAJAB KAMYA, ASANI KADAMA, AHAMADA NAKINYA, SOWEDI MWUTA, BAKARI, ISSA SAKIBU, SULAIMAN ALI, MUZAMIRU IWOMBE, MUHAMMAD BYAKIKA, ZAIDI BIKADHO, AMINSI MUGOYA, ISSA KOIRE, MUHAMMAD N., ISUFU KAKAIRE, ZUBAIRI MUWAGA, MAWAZI ISIKO, DAUDA LUGOMBA, MUHAMMAD MUNGONO, DAHIYA ISABIRIYE, BADIRU TALIBBA, YAHAYA NUME, ABDU KIWULE, HARIDI AWUYE, MUSTAFA ISIKO, AFANI KASUKA, UMARU K. KALANGE, SIRAJI BAGAYA, ZUBAIRI MUSOBYA, AMINSI KIRYA, YUSUFU ISABILYANGA, BURUHAN MOGA, SULAIMAN BAVUKUNO, HASAN MUSOBYA, BAKARI KAIRUGALA, HAMUZA KALOGO, HUSSEIN MAHATI, SULAITI WALLUSIMBI, ISMAIL KIREVU, ZUBAIRI BELLUNGU, SULAIMAN MULYANGULE, AMINSI WAISWA, AMUZA KEMBA, AMUZA LUGOMBAMBO, ABDU WALLUGYO, SHABAN MUTAKUBWA, MUHAMMAD KIYEMBA, ABUBAKARI KIWANUKA, ABDU WAHAB JUMA, SHEIKH M. WAISWA, MUHAMMAD ISIKI, SHEIKH ABUDU KHAMIS, HAJI MUSA KAWESA, AMULI NKUME, SHEIKH ABUBAKARI M., ISMAIL GWAIVU, SHEIKH AMUZA GWAIVU, BADRU MPAGI, YUSUFU MWANDHA, ERISA NSADHU, MUYINDA ISIKO, JAMADA WAISWA, SHABAN KISWAKITA, JUMA MUKEMBO, ASUMAN BOYI, JAMADA WAISWA, SILIMANI WATUKUE, JUMA MWONDDA, SADIKI MUSOBYA, ASANI MUKWAYA, KULISENI OLWITA, SIRAJI MUKWAYA, HABIBU YUSUFU, ABDU RAHAMAN M., JAFARI ABDALLAH, MASUDI MUTUMBA, BUMALI MUKOSE, MUHAMMADI MULONGO, SULAIMAN BAZIBU, IDI ISIKO, ABDALLAH NSUMBA, AMINSI MATYAMIRE, MUTWALIBI GATA, MUHAMMAD DHABASADHA, BUDHALA BUYINZA, AMINSI BANAKITA, ZUBAIRI MUSUSWA, AMINSI MAGOLA, ABDU NKUTU, ASUMAN ADAMU WAMBOYA, IDDI ZIRABAMUZAALE, HUSSEIN IGUILU, YAHAYA KIBESI, IBRAHIM GWAITA, ALAMANZANI MPALA, AHAMADA MUSANA, ISSA WAKOBE, KASSIM WAKITOYI, MUHAMMAD KYEFUULA, ISMAIL NKWANGA, HUSSEIN MAKOOMA, SINANI MUWANIKA, SADIKI WAISWA, MUHAMMAD MUGEMULE, A. MWONDDA, SULAIMAN MUGUMBU, SHABAN ABDU KAKUMA, ERISA GWAIVU AND NABONGHO ABDUNULU. **JINJA DISTRICT:** MOHAMMAD BATAAKU, JUMA KATEGA, ALI KAKULUKU, AHAMAD BUKYANGO, SULEIMAN KASUBI, AHAMAD BATEGANYA, HASSAN KAYE, ARAMADHAN KAZUNGU, EDIRISA BASALA, HAMUDAN WAGUMA, HUSSEIN MATAINGI, SIRAJI KEZAALA, HAMISI IZZINGA, JOWALI BATWAILA, ASUMAN MWANJE, BADRU ZINGA, YUSUF SOWOBI, ADAMU BWAMIKI, MUTWALIBI KIWANUKA, SWALEHE SAJAKAMBWE, JUMA NAKUWA, MUHAMMAD KABI, HAMID TEGWAMADU, BADIRU KATEGA, KARIM BALEYJUSA, AHAMAD MUWANGA, BURUHAN TEBUGWA, MUSA MAGUMBA, MUZAMIRU TIBENKANA, EDIRISA WAISWA, BADIRU BAZIRA, ABASI TIRUSASIRA, MUHAMMAD MUTAGAYA, MUHAMMAD KISUBI, ZUBAIRI MUWALU, YUSUF KIGANDA, SOWEDI KALEMA, MOHAMMAD KUDI, ZIYADI MAAKAYO, JUMA BUONOYO, ASUMAN ZIRABA, HAMISI MUWEREZA, ISMAIL KASOMBA, BADIRU MUGOYA, DANIRI WAIWSA, SALIM MUGOYA, HAMID WANKYA, ABUBAKAR MUKAAYA, AYASI KIRO, MUHAMMAD KYAMALIRE, MUTWALIBI ALIMANSI, RAJAB MUGANZA, ASADU MWIMA, MUGIRATU MBULAMBAGO, SHABAN WAGALUKA, HAMUZA MUTUGA, AMUZA DITIZAALE, MUHAMMAD MUMBYA, SIRAJI MUGOMA, SHABAN TAGI, HASSAN DAUDA, ISA MAWAZI, ALAMADHAN GALYANA, RUKIMAN MALINGA, HAMUDAN BYANGUWA, SIRAJI MAGUMBA, YUSUF HAMYA, ABUBAKALI ISABIRIYE, ZAKARIA KEZAALA, HAMUZA BALAMYA, AHAMAD BATEGANYA, DAUDA KISUBI, TWAISI ALI, ALI OCHWA, ISA MABURIRA, H. NYABENDA, OMBIA ABUBAKAR, AMINSI KASADHA, MUNILU MWANIA, MUSA EZAIRWA, ZIYADA NALUMANSI, BADRU SOWOBI, SULAITI TATISA, MUSA MEGALEWO, MUSA NGOBI, GADARA KAYEYERA, MUHAMMAD BOGERE, ALI AKALI, YAKUBU DARAKA, REHEMA WATONGOLA, AMINA BABALANDA AND SAFINA MUGABA. **MBALE DISTRICT:** MUNIRU NABENDE, ALIMANSI WANAWABA, HUSSAN NAMUNANE, MUHAMMAD SHAO, ABDULAI MASABA, ABUBAKAR WEBISA, ABDU NABENDE, MIISI MAFABI, HUSSEIN MUSUBI, SIRAJE WANDEREMA, ALIYI MUDUDU, IDDI MABABO, HAZAMA KNVUMBI, AYUBU SHABAN, SAADI WALIMBWA, BADRU KALANDA, YUSUF KAMYA, ALI JUMA, ALIMIA MUKASA, ALI MARYALE, MUTWALIBI WAYABA, AYUBU WALIMBWA, ABDU WAKOWU, ISMAIL S. MADOL, HAKIMU NANDAKA, ABUBAKAR MUBOOLU, ASADI MUSA, MUBARAK MURJANI, MUSA WALUMULI, BURUHAN MASABA, SOWEDI TAIMWA, JUMA WANINDE, MUHAMMAD WASUKIRA, MUHAMMAD BWETE, SULAIMAN MAJEME, ZUBAIRI LYADDA, FAZILI MUJISA, SOWEDI GIDUDU, BADRU KALIBA, MUHAMMAD WERE, MUHAMMAD WANGADYA, MUDATHIR BUBI, HUSSEIN BUMBA, SULAIMAN MANITA, ABDALLAH MASABA, AHAMADA WADALA, MUSA, MAKUMBI, AUIS KASSIM, BIRALI MANANA, ABDU RAHMAN UTHUMAN, MUBARAK MUGOYA, ABDU NOOR KAKAIRE, IBRAHIM WAMANGA, SAIBU WANJA, ABUBAKAR NABENDE, ISMAIL NAMUNZU, HABIBU KADOGO, ALI WADADA, SWAIBU WAMBEDA, ADINANI NAMAISI, ALI MWERU, MUHAMMAD WAMBEDA, NOOR MUTHIR, MUHAMMAD MUTUSA, MIZAMILI JUMA, ZUBAIRI WANYAKALA, JUMA WEPUKHILLU, MUTWALIBI WANGOLO, SULAIMAN MANITA, AHAMAD MULEME, MUHAMMAD MAFABI, EDIRISA GIDUDU, BADIRU GIZINGA, MUHAMMAD WAMANGA, EDIRISA WANGOLO, ABUBAKAR KAHEMBA, MAWAZI SHABAN, HASSAN NAMUNANE, ABASSI WAGOOGO, SIRAJE WANDERA, TAIBU MUBIRU, ABDU WASIKA, ABDU KADAMBI, AHAMAD WAYABA, SHAFI A. BBOSA, ISMAIL KAMYA, ABDALLAH RAJABU, RAJABU WABOMBA, YUSUFU WATABA AND SHABANI MUBAJE. **KAMPALA DISTRICT—KAWEMPE DIVISION:** MOSES MUTEBI, PAUL KIYEMBA, JUSTINE LUMAL, KASIRIBITI, BWABYE, TEO SEKIWUNGA, SAMUEL MAGONA, PHILIP WANYAMA, MOHAMMED JA-AFAR, MOHAMMED D., J. NATEMBO, J. LUBOYERA, ENOCH KAWAASE, ISRAEL JOIMBE, B. KATUMBA, MOHAMMED LUBWAMA, ALI MUBIRU, MOHAMMED MAYANJA, BETTY MUJIZI, FARIJALA, MOHAMMED WALAKA, MUGOYA, AHMED BADAWI, ALICE SEEBBALE, SSEMAKULA MUSOKE, TOM WABWIRE, KALEGE JOSEPH, PROSCOVIA KASIBANTE, KIKONYOGO, MOHAMMED BUKENYA, BOKA, JOHN BUKENYA, SSEWANYANA, NSUBUGA, ABDU BRUYE AND MUKYALA MUWANGA. **KAMPALA DISTRICT—MAKINDYE DIVISION:** SADDAT KALUNGI, NURIAT KARANDE, SULAIMAN LUYIMBAZI, GALIWANGO, JONATHAN KITANDWE, HOPE KOBUSINGYE, JOHN KIZITO, ISHAK LWASA, SULAIMAN KAWOOYA, RICHARD MUTEBI, DEO SEWAGUDDE, MUZAMMIL KIBESI, KIGOZI, JOHN MALE, YUSUF MUYISE, RAJAB KYEYUNE, HERBERT MUKASA, CHRISTOPHER KYAMBADDE, AHMED NTEGE, SARAH SEKITENDE, MARJORIE NAKIMUNI, MUSA KYAMBADDE, KIYITA, KAGOLO ERIAS, KIWANUKA FREDRICK, NALWADDA, NSUBUGA PETER, REHEMA KIZZA, SHEDRACH KAMULEGEYA, MOHAMMED KIZZA, PROSCOVIA MAYANJA, YUSUF MUKALAKAASA, MAARIQ BIVANJU, ABILIA LAWRENCE, MICAH BWAMI, SEKAMWA JOYE AND SOLOME MUKASA.