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STRENGTHENING THE CAPACITY OF TRADITIONAL HEALTH PRACTITIONERS TO RESPOND TO HIV/AIDS AND TB IN KWAZULU NATAL, SOUTH AFRICA

By

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ABSTRACT

South Africa is currently experiencing explosive twin pandemics of HIV/AIDS and tuberculosis (TB), with over 16% of the population infected with HIV/AIDS. Two-thirds of those with HIV/AIDS also suffer from TB due to their weakened immune systems. AMREF has been implementing a traditional health practitioners' project whose aim is to contribute towards effective and efficient management, and integration of HIV/AIDS, STIs and TB services by traditional healers in Umkhanyakude district, KwaZulu Natal, South Africa.

This paper presents the experiences, impact and lessons of the innovative approach of working with traditional healers in HIV and TB prevention and control programmes, especially at the primary health care level.

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AMREF	African Medical and Research Foundation
ART	Antiretroviral Therapy
C-IMCI	Community Integrated Management of Childhood Illnesses
DIME	Design, Implementation, Monitoring and Evaluation
DOTS	Directly Observed Treatment Short-course
HBC	Home Based Care
HIV	Human Immuno Deficiency Virus
KZN	KwaZulu Natal
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
Pop.	Population
PSC	Project Steering Committee
SAMA	South African Medical Association
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
THP	Traditional Health Practitioner
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

2.1 | BACKGROUND AND PROBLEM STATEMENT

Everyday, over 6800 people become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health. Sub-Saharan Africa is the most seriously affected region. The estimated number of deaths due to AIDS in 2007 was 2.1 million [1.9–2.4 million] worldwide of which 76% occurred in sub-Saharan Africa.

As the HIV/AIDS epidemic grinds on relentlessly in sub-Saharan Africa, South Africa is experiencing twin pandemics of HIV/AIDS and tuberculosis (TB). KwaZulu Natal has an estimated 60% co-infection rate of HIV and TB. According to the National Department of Health[1] , KwaZulu Natal's HIV prevalence rate is 36.2% (95% CI: 33.4-39.0), the highest provincial rate compared to national figures estimated at 24.5% (95% CI: 23.4-25.6). In recent years, there has been an alarming resurgence of TB cases in South Africa, increasing from 92,380 in 1996 to 215,154 in 2003.[2] Incidences of TB in KwaZulu Natal is now estimated at 591/100,000, much higher than the national average of 556/100,000 (Statistics SA 2005). Factors contributing to this include a low demand for voluntary counselling and testing (VCT), late reporting to formal health facilities and an increasing trend of non-adherence to treatment.

HIV and TB have added an increasing demand to the health system. According to the KwaZulu Natal annual report (2007), the ability of the province's health system to cope with demand is compounded by high (17%) nurse vacancy rate, high attrition rates for both doctors and nurses (60% and 13%, respectively), an average recruitment rate of 72% for nurses and doctors and an unsustainable 50% nurse absenteeism. The burden posed by both diseases is further compounded by unequal distribution of resources, inability to access health facilities (long distances travelled for over two hours) and shortage of health care workers .[3] According to the KwaZulu Natal annual report (2007) the average provincial nurse workload ratio is high (1:8333) and even higher for doctor:patient (1:155000). shows that for every 1000 people in a rural area such as Umkhanyakude, there are 84 nurses.

1. *National HIV and Syphilis Sero-Prevalence Survey of Women Attending Public Antenatal Clinics in South Africa: 2000.*
2. *South African TB Crisis Plan (2006)*
3. *World Economic Forum White Paper (2006). From Funding to Action: Strengthening Health Systems in Africa.*

AMREF Case Studies 2009

Table 2.1: Ratio of people per health professional

Input	2003/04 Actual	2004/05 Actual	2005/06 Actual	2006/07 Actual
Medical Officers per 1000 people	10.08	11.63	14	16
Medical Officer per 1000 people in rural district	6.53	9.77	9	10.5
Nurse per 1000 people	96.33	96.52	101	103
Nurses per 1000 people in rural districts	75.60	101.16	84	88
Pharmacists per 1000 rural districts	2.17	2.5	10	15
Pharmacists per 1000 people in rural districts	0.81	1.65	5	8

Source: KwaZulu Natal Department of Health Annual Report, page 109. (2007)

As noted in Table 2.1, the average number of nurses per rural district is 88 per 1000 people. This high patient-nurse ratio makes the role of traditional health practitioners (THPs) key in providing health services. It is estimated that there are close to 200,000 traditional practitioners in South Africa. Table 2.2 shows that KwaZulu Natal (KZN) has the third largest population of THPs (25,430) in South Africa. Despite the high number of THPs, very few (2,719) have received any form of training, a gap that AMREF sought to address through the THP initiative.

Table 2.2: Number of THPs in South Africa by province

Province	TOTAL
Eastern Cape	10,780
Free State	22,645
Gauteng	61,465
KwaZulu Natal	25,430
Limpopo	7,366
Mpumalanga	57,524
North West	5,935
Northern Cape	2,221
Western Cape	2,600
TOTAL	**185,477**

Source: Indigenous Health Care Systems, University of KwaZulu-Natal

AMREF Case Studies 2009

Table 2.3 : Number of THPs per District in KZN

INDICATOR	Ugu	Ethekwini	Ilembe	Uthungulu	Umkhanyakude	Umzinyathi	Amajuba	Uthukela	Umgungu	Sisonke	Total
No. of THPs in pop.	3000	8000	3500	1700	**1500**	840	3000	2700	1990	1200	**25,430**
No. of THPs operating	2000	2500	3000	900	**600**	590	700	900	782	750	**12,722**
No. of THPs on register	1200	1500	1000	800	**400**	150	110	400	492	250	**6302**
No. of THPs trained	200	600	325	200	**348**	20	45	220	411	350	**2719**

Source: Indigenous Health Care Systems, University of KwaZulu Natal. (Zululand not included due to missing data)

2.1.1| GLOBAL AND SOUTH AFRICAN POLICY FRAMEWORK

The South African indigenous health system dates back to ancient times. Since the late 1970s, a number of international resolutions have been passed to promote regulation of traditional medicines and implementation of specific measures to govern traditional health practitioners.

From the early 1990s, the World Health Organisation (WHO) has advocated for the inclusion of THPs in the national AIDS programmes. In 2003, the 56th World Health Assembly of the World Health Organisation resolved, under its global strategy on alternative medicine, that its member states must ensure that their health care systems promote and support provision of training and, if necessary, retraining of traditional health practitioners, and a system for the qualification and/or accreditation or licensing of the practitioners [4] .

After five years of debate, the South African government enacted the Traditional Healers Act of 2004 in order to integrate about 200,000 traditional healers into the mainstream of primary health care. According to Clause 5e, the Interim Traditional Health Practitioners Council of South Africa must promote and develop interest in traditional health practices by encouraging research, education and training. Clause 6.2a explains that the Council must promote, regulate, and liaise between traditional health practitioners and other health professionals registered under any law [5]. This Act affirms the dignity and respect of traditional medicine and offers a framework to ensure the efficacy, safety and quality of traditional health care services from registered and trained traditional healers. It also provides management and control over regulations, training and conduct of practitioners.

5. Traditional Healers Act, Chapter 2 section 5e and 6.2a.

2.2 | LITERATURE REVIEW

In South Africa, the traditional health system can be described using four broad aspects:

1. It is a holistic approach that focuses on the whole person's health rather than particular organs or disorders
2. The body, spirit and environment (mainly spiritual and social) are all considered important to one's health
3. The traditional healers use rituals, divination (getting information through supernatural ways), faith healing, offerings, herbs and other naturally derived medicines
4. There are different types of traditional healers – *inyangas* who are skilled in natural medicines, *sangomas* who heal through communication with ancestral spirits (spiritualists), traditional birth attendants and traditional surgeons.

Despite the South Africa Traditional Healers Act, the traditional health system holds a somewhat ambivalent position in African society. The traditional healers retain strong support in predominantly rural areas (such as Umkhanyakude district), but appear to be regarded with some distrust by health professionals in the Department of Health. There is a considerable amount of anecdotal evidence to suggest that traditional healers are regarded with, at best, suspicion, and, at worst, derision by some of the health professionals working within the

Typically, a person who visits a traditional healer presents a health problem, the symptoms of which the traditional healer then treats. (Note that usually traditional healers do not visit patients. The patient must go to the traditional healer.) Some of these treatments involve making small cuts or punctures in the skin using a razor blade or sharp object and then applying muti (medicine) to the affected area. It is also not unusual for patients to receive treatments that involve the use of emetics and enemas.

An extremely sick patient may be invited to stay with the traditional healer and his or her family while treatment continues. In other words, it is not uncommon for sick people to be invited into the traditional healer's home where they share sleeping areas, food, utensils and toilets.

All of the practices described above have attendant health risks for the patient, the traditional healer and the traditional healer's family, particularly if the patient is suffering from a contagious disease such as tuberculosis, or is HIV-positive.

Department of Health. According to the African Health Care Systems Research Network (*Colvin M et al, 2001*) efforts to improve the care and treatment of South Africans with HIV/AIDS are often hampered by misunderstandings and poor relations between western health care workers and community-based traditional healers. Colvin *et al* admit that the new South African legislation on traditional healers is vital to guiding intervention efforts aimed at resolving these differences.

Doctors for Life International, a body that represents about 600 conservative-minded, pro-western physicians view the traditional healers sector as unscientific and to be kept out of South Africa's health care system. The body maintains that the practices of traditional healers are not based on empirical truth and licensing them will have a negative impact on patients and the economy of South Africa . [6] Masauso *et al* (1996) noted that there is an unresolved argument that traditional healers perceived modern medicine as treating only STD symptoms, but not curing them. WHO [7] also noted that South African men felt that STDs were better treated by traditional healers than by the conventional health services.

The baseline assessment study conducted by AMREF in 2005 indicated that many of the traditional healers interviewed felt that they were marginalised. They cited a number of instances in which, prior to the intervention, both they and their patients were given short shrift by the doctors and nurses they came into contact with at clinics and hospitals.

Despite mixed views from professionals and a renewed interest by science in documenting best practices in traditional medicine for the cure of major communicable diseases like HIV and TB (Masauso *et al,* 1996), political interest in this subject has resulted in the passing of the Traditional Healers Act of South Africa. Furthermore, Dr Kgosi Letlape, the chairperson of the South African Medical Association (SAMA), remarked that many people utilise traditional healers and getting them registered with standardised safety practices is a good notion . [8]

Most researchers in South Africa (Abdool Karim *et al*, 1994; Masauso *et al*, 1996; Wilkinson *et al* 1999; Colvin et al, 2001; Liverpool *et al*, 2004; Threethambal *et al*, 2002) have concurred that integration of traditional healers into South Africa's primary health care system is vital for effective management of communicable diseases.

6. *Jerome Cartillier. Licensed to heal: South Africa moves to recognize traditional healers. Agence France-Presse - September 8, 2004.*
7. *Bauni EK, Garimoi CO, Maharaj P, Mushingeh ACS, Neema S,. Ngirwamungu E, and Riwa P. (1998). Attitudes to sexuality and family planning. World Health organisation. Progress in Reproductive Health Research, No. 48 part 2.*
8. *Ibid.*

Traditional healers offer a vital, innovative and effective approach in Africa's AIDS prevention and control programmes, especially at primary health care level (Liverpool *et al*, 2004). A study conducted by Threethambal *et al* (2002) in Durban, KwaZulu Natal noted that traditional healers have always been an integral part of health care in South Africa. However, their contribution in the sector remains unknown. It was reported that 210 out of 300 (70%) patients consulted a traditional healer (*sangoma*) for the first time. The researchers recommended that health care professionals need to be proactive in integrating traditional healing with westernised practices to promote health for all.

In line with this recommendation, another study conducted by Shai-Mahoko in 1996 in North West Province of South Africa noted that 17 out of 26 (74%) traditional healers referred their clients to a western trained physician. Wilkinson *et al* (1999) reported that 84% of patients on TB treatment preferred having a traditional healer as their treatment supervisor. Ninety-two percent (92%) of the traditional healers were willing to act as treatment supervisors for TB patients and were also keen to negotiate collaboration with health services since 88% of them reported that they had previously referred their patients with possible TB to hospital. Wilkinson *et al* concluded that the potential for collaboration between traditional healers and TB treatment services in KwaZulu Natal province is high.

Colvin et al (2003) reported that there were no significant differences in treatment outcomes for patients supervised by traditional healers and those supervised by people other than traditional healers. However, they noted that 80% of TB patients who had completed treatment reported high levels of satisfaction with the care received. Thus, it was concluded that traditional healers make an effective contribution to TB programme performance.

With no vaccine or cure in sight, the need to scale up innovative and best practice models that are proven to have collectively contributed to reversing the infection rates from the highs of above 30% to the lows of 6% is urgent.

2.3 | THE TRADITIONAL HEALERS PROJECT IN SOUTH AFRICA

Traditional health practitioners (THPs) constitute a valued and trusted primary health care service. Over 60% of rural inhabitants in South Africa seek health advice and treatment from traditional healers before visiting a mainstream primary health care service.

Traditional healing in South Africa is a form of holistic medicine, examining ill health from a social, psychological, spiritual and physical perspective. Traditional health care delivery provides a client-centred, personalised approach that is culturally appropriate and tailored to meet the specific needs of the patient. It embraces a wide range of practices including herbalism and spiritualism, and practitioners such as diviners, priests and faith healers. Traditional healers have long been recognised for their expertise in treating sexually transmitted diseases and play a crucial role in addressing psycho-social problems, even in the context of rapidly changing societies.

In South Africa, THPs treat large numbers of people infected with, affected by or vulnerable to HIV/AIDS and TB. They, therefore, represent an important and effective medium to reach vulnerable communities with correct information regarding HIV/AIDS and TB and effective prevention methods. They comprise an accessible, available, affordable, trained and experienced human resource pool.

AMREF recognises the importance of THPs in rural South Africa and views their role in preventing and mitigating the impact of HIV/AIDS and TB as pivotal in the organisation’s overall community-focused response to the epidemic.

In developing an inventory of successful HIV/AIDS interventions, AMREF in South Africa identified a model of best practice emerging from a successful collaboration between a traditional healers’ forum and a primary health care programme in Standerton, Mpumalanga province. The model was fashioned around deployment of THPs into Standerton Hospital to offer counselling and HIV prevention training. In 2006, AMREF documented the impact of this model and, recognising the scope to replicate and build on this effective initiative, the organisation developed an innovative and successful project in Umkhanyakude, KwaZulu Natal.

The project aimed to harness and build the capacity of THPs to respond to and more effectively manage HIV/AIDS and TB services in Mtubatuba municipality. It also aimed to facilitate strong community participation and partnerships between traditional medical systems and biomedical systems through integration of community-based and national health care services.

The initiative sought to document a model of community-based health information system in which traditional healers would document their patient profiles and make referrals to the main health care system. This approach had gained momentum in South Africa and offers an innovative and ambitious intervention in the fight against HIV/AIDS and TB (Liverpool *et al,* 2004).

The objectives of the traditional healers programme are:

1. To increase acceptability and awareness of the role of traditional healers in health delivery
2. To improve the capacity of 80 traditional healers to support the management of HIV/AIDS, STI, TB and child care in Mtubatuba
3. To improve the quality of traditional healing in Mtubatuba
4. To improve access to voluntary counselling and testing services in Mtubatuba
5. To document and disseminate a best practice model of integrating traditional healers.

2.3.1| BACKGROUND

Between 2003 and 2006 AMREF documented an inventory of successful HIV/AIDS interventions in eastern and southern Africa. Good practices and lessons learnt from these interventions were disseminated and some were replicated and/or scaled up. In South Africa, the Standerton Traditional Healers Project was documented.

In 2004, AMREF conducted an assessment on the capacity of community organisations, institutions, and structures (household heads) in the care and support of Orphans and Vulnerable Children (OVCs), People Living with HIV and AIDS (PLWHAs) and families affected by HIV/AIDS. Among the findings were challenges faced by traditional healers in dealing with HIV/AIDS and TB, especially lack of training, lack of necessary equipment like gloves and razor blades, patients not revealing their status thus exposing them to infection, and lack of space to nurse patients in their homes.

The organisation later developed the Traditional Healers Project and implemented it in Mtubatuba sub-district of Umkhanyakude District in KwaZulu Natal province. Mtubatuba is one of the five sub-district municipalities in Umkhanyakude district with a population of about 35,000, largely rural and peri-urban Zulu-speaking communities. The area has an estimated 600 practising traditional healers (see Table 2.3).

AMREF set up a VCT centre in Dukuduku village, about six kilometres from St Lucia, a small coastal holiday resort, and 30 kilometres from the larger town of Mtubatuba. This centre is the focal point for the traditional healers' initiative and serves as a link between them and the health care system.

2.3.2 | ACTIVITIES

Following consultations with the THP leaders, it was decided that the most effective way to achieve the project's objectives was to establish a relationship of trust, transparency, honesty and accountability with the traditional healers and their leaders, build on their existing knowledge and practices and develop a learning intervention that applied the principles of participatory and experiential learning.

At an initial meeting with 30 THPs and their leaders, held in April 2004, it was noted that traditional healers held negative feelings towards most outside organisations and institutions, particularly those that conducted research and published their findings without consulting them. AMREF dealt with the hostility by being honest and open from the project inception. The organisation was realistic about what the project could and could not achieve. Several meetings were held with the executives of the Traditional Healers District Committee and Department of Health officials from different tiers, including the District Director of Health, the HIV/AIDS unit and district primary health care co-ordinators.

After extensive community and leadership consultative meetings with the local stakeholders , a cohort of 80 THPs were selected. They comprised 60 females and 20 males. The criteria used in the selection included area of residence (Mtubatuba), whether or not one was registered with the THP Council, gender (empowerment of women), literacy level as defined by ability to read and write, interest and availability of the traditional healer for training and mentoring.

Out of the 80 selected, 68 (85%) were trained as traditional healers. Out of these, 25% were registered with the KwaZulu Natal Traditional Healers Council. The youngest traditional healer was 26 years and the oldest, 88 years. Forty-six percent (46%) were between 25 and 55 years. Fifty percent (50%) of the participants had never attended formal education, while 18% studied up to standard two. Only 6% had metric level education and 25% had attained secondary level education.

The cohort of 80 THPs received training and mentoring over the course of a year in the following areas:

1. HIV/AIDS
2. VCT
3. Home-based care
4. TB and directly observed treatment short-course (DOTS)
5. STIs
6. Antiretroviral therapy

7. Prevention of mother to child transmission (PMTCT)
8. Community-integrated management of childhood illnesses (cIMCI)
9. Care of orphans and vulnerable children including grants available to them and how to apply
10. Project management
11. Financial management
12. Ethics in health
13. Leadership

Training content and methodologies were appropriate to the THP audience in terms of both literacy level and context. The choice of training materials and teaching methods were based on existing knowledge and the communication methods used by traditional healers. They actively contributed to the content of the training materials which captured their "real life" experiences, approaches and methods. They also provided input on how these could be improved, culminating in training packages for traditional healers developed by traditional healers in their own language (Zulu). In addition, training times and days were negotiated in order to ensure that the participants still had opportunities to see their clients. Overall, the training was done in a spirit of strengthening the traditional healers' current practices, rather than making them "western doctors."

A Project Steering Committee (PSC) of key stakeholders was formed, trained by AMREF in DIME (Design, Implementation, Monitoring and Evaluation) and tasked with managing the project together with the project manager. Over 50% of the PSC members (25) are THPs. This ensured full local ownership and increased participation by THPs and other key stakeholders. Regular monitoring and evaluation was conducted to review the project's logical framework. This was done through quarterly review meetings, project reporting, and final evaluative research. Evaluative research data was collected using questionnaires, in-depth interviews and focus groups administered by trained THPs to ensure full participation and cultural sensitivity.

Before the intervention, a situational analysis was conducted to assess contemporary knowledge, attitudes, practice, treatment and capacity of THPs with reference to HIV/AIDS and TB, as well as the communities they serve and their willingness to integrate with primary health care service providers. This phase aimed to identify the most appropriate interventions to strengthen traditional healing and integrate it with primary health care in a sustainable and mutually beneficial manner.

It was assumed that capacity building of THPs in identified areas of training and mentoring, and linking them to the health care system would result in:

1. Increased acceptability and awareness of their role in health delivery
2. Improved capacity to support the management of HIV/AIDS, STIs, TB and child care in Mtubatuba
3. Improved quality of traditional healing and access to VCT services.

2.3.3 | RESULTS AND ACHIEVEMENTS

The Umkhanyakude Traditional Healers Project has achieved a number of outcomes.

Improved quality of traditional healing services

Evaluative research findings conducted in 2007 indicated that the project had a positive impact on the quality of traditional healing in the Mtubatuba sub-district. The quality of traditional healing among the THPs involved in the project greatly improved as a result of the training and mentoring. Prior to the intervention, six out of 30 interviewees had no toilet and only one had two toilets – one being used by the family and the other by the patients. Today, all of the traditional healers have toilets and are actively protecting their own health, the health of their families and patients, particularly where potentially contagious diseases are concerned.

Twenty-five (25) out of 80 traditional healers who did not have means to dispose of faecal waste in their facilities or homes have now built pit toilets. These were constructed after AMREF negotiated with the District Water and Sanitation Department to allow the THPs to participate in their waste disposal planning. Reports also indicate better control of infections through hygienic waste disposal practices (digging holes and burning).

Improvements were also observed from the range of structural changes, such as having waiting room facilities for clients and building shelves to store medicines, having separate bottles or containers for different medicines, sterilising treatment equipment, avoiding sharing razor blades by using one corner and breaking it off after use and using gloves when handling clients' body discharges.

All the traditional healers now have vegetable gardens as compared to earlier when only 22 out of the 30 interviewees reported having vegetable gardens. In addition, 12 of the interviewees had made significant improvements to their food gardens as a result of the intervention.

All the traditional healers now provide home-based care and counsel, and advise their patients on a number of health- and nutrition-related issues. They also provide oral rehydration therapy (ORT) for the treatment of dehydration due to diarrhoea.

Referrals

Twenty-five (25) out of the 30 traditional healers interviewed stated that they had referred patients to a VCT, local clinic or hospital for TB. Additionally, 17 had referred patients for HIV/AIDS, nine for diarrhoea, two for 'fits', two for chicken pox, two for malaria, two for diabetes, one for 'sores', one for 'miscarriage' and one for 'eye problems.'

All those interviewed during the evaluation stated that they were now able to identify the symptoms of STIs, AIDS and tuberculosis and referred patients to either a VCT, local clinic or hospital. The number of referrals varied from 'about one or two a month', to the norm of 'four or five per month', and, in the case of two traditional healers, 'over 800' (over a 12-month period).

Prior to the AMREF intervention, none of the traditional healers interviewed as part of the evaluative research had ever referred a patient either to a local clinic or hospital for HIV testing or an AIDS-related condition. They could not identify the symptoms of HIV/AIDS infection or TB, and would continue to treat a patient presenting with these symptoms, literally to death. In addition, THPs now refer all potential THP trainees (amathwasa) for HIV testing before enrolling them.

All of the traditional healers interviewed now use the Traditional Healers' Referral Letter when referring patients for treatment and the Patient Form for Traditional Healers to keep a record of their referrals.

Building partnerships and advocating for acceptance

An assessment of the knowledge and attitudes towards and perceptions of health care professionals towards traditional health care practitioners was carried out prior to the intervention. Table 2.4 highlights the responses from health professionals.

Table 2.4 : Perceptions of health care professionals towards traditional healers (baseline)

Proposed attitude	Agree	Disagree
THPs are fakes who pretend to cure AIDS	45%	41%
THPs can cure AIDS	13%	62%
Some THC practices could increase risk of HIV infection	78%	15%
THPs cannot be trusted to treat people with HIV/AIDS	31%	47%

Proposed attitude	Agree	Disagree
THPs have all the knowledge needed to treat people living with HIV/AIDS	19%	65%
THPs are ideally placed in their communities to provide effective support for people living with HIV/AIDS	47%	34%
Traditional medicines can play a role in the treatment of PLWAs	48%	32%
THPs are well placed to provide DOTS for TB	37%	51%
THPs can be trained to provide DOTS for TB	76%	20%

It is significant that all the traditional healers interviewed during the final evaluative research survey maintained that their standing within the community had improved and their relationships with the doctors and nurses with whom they now interact more frequently had changed from 'bad' to either 'fair' or 'good'. These findings were further supported by the medically-trained nursing personnel who confirmed that the relationship between the traditional healers involved in the project and the medical personnel with whom they came into contact had 'greatly improved'. In addition, there was strong evidence, based on enquiries and requests received by AMREF, that a number of the traditional healers who were not included in the initial project were interested in undergoing the training.

As noted in Table 2.4, the health professionals acknowledged that traditional healers do play a role in assisting with DOTS, or could be trained to provide DOTS. Sixty-six percent (66%) of those who filled out the questionnaire and 76% of the interviewees stated it would be an asset to have a THP on a team of medical practitioners involved in prevention and treatment of TB.

Improved capacity to support the management of HIV/AIDS

There was consensus among all the stakeholders (health care workers and managers) interviewed that the roll-out of ARV treatment had improved as a result of the project. First, over half of the traditional healers on the project are now referring patients they suspect of having AIDS for testing and treatment. Second, all of the traditional healers have been trained to recognise the symptoms of HIV/AIDS. Third, there is strong evidence that the traditional healers who were part of the project are being integrated into the health

system and are now (a) actively encouraging patients they suspect of having AIDS or being HIV-positive to go for testing, and (b) are providing support and counselling to patients taking ARVs.

Formation of partnerships with the formal health care system

Formal health professionals now acknowledge the role played by traditional healers in the health system. This is evident by the referral of clients back to traditional healers for monitoring and further support. The Umkhanyakude Traditional Healers' project has successfully established and strengthened community-based referral systems for HIV/AIDS and TB care in Mtubatuba. Traditional healers are considered valuable and effective by the Department of Health. An estimated 2500 clients were referred to the formal health services for VCT and a further 108 clients as TB suspects following the intervention (between October 2007 and August 2008). Traditional healers who participated in the project have been provided with home-based care kits that are replenished by local clinics and hospitals. These kits are basically small rucksacks containing rubber gloves, condoms, bandages, disinfectants, etc.

Establishment of a networking system

In a dramatic departure from conventional practice, all of the traditional healers who were part of the AMREF initiative are now part of a focus group (continuation of the Project Steering Committee) which meets on a monthly basis to deliberate on issues of common concern (e.g. referral of patients, traditional medicine updates, and collaboration with government departments such as Forestry and Environmental Health and Wildlife for medicines). These meetings are also used as platforms to interface with the Department of Health and improve collaboration mechanisms.

Facilitating access to VCT services

Another major output of the project relates to the role of traditional healers in facilitating VCT to improve access to quality counselling and testing at primary health care level. By being more aware of the importance of VCT and actively encouraging clients to know their status means that more members of the community will be accessing VCT. Traditional healers indicated that they had learnt counselling skills that enabled them to persuade their clients to visit the VCT centre. Their role in this respect has often involved some of the healers going to the VCT centre with their clients to provide support.

Interestingly, some participants felt that the counselling skills taught were an extension of existing functions that THPs perform in their day-to-day work,

because they listen to people and allow their stories to emerge without rushing clients, which was seen as a sign of respect for the person. Respect was perceived as an important part of healing that is inherent in traditional healing practices but is lacking in Western health practices:

"We treat people with more respect than these doctors and nurses. They even treat HIV positive people badly… they just discharge them and tell them to go home, then we have to care for them so that they can die with dignity. Even a sick person must be respected and we help people that way."

All the traditional healers interviewed demonstrated pride and confidence in their own abilities, and stated that they are more respected within the community and that their relationships with the Department of Health has greatly improved. In fact, all of the traditional healers interviewed believe that their patients now receive preferential treatment from the doctors and nurses.

A number of the traditional healers who were participants in the project are now mentoring traditional healers who were originally excluded from, or who chose not to be part of, the project.

The above results allude to strengthened relationships amongst THPs and the Department of Health clinics that has been harnessed and channelled towards the development of systems for internal mentoring, information sharing and patient referral. Some THPs have reported increased confidence in their healthcare provision.

"We have been empowered to feel proud of what we are doing and we are committed to do it better for the safety of our patients and ourselves. We are now able to talk to our children freely about HIV and AIDS and we share the information on the pamphlets with our families"

Mrs Tembe
Traditional health practitioner

2.3.4 | LESSONS LEARNED

Lesson 1: It is possible to develop a highly effective learning intervention for traditional healers who are barely literate and increase their effectiveness in managing clients, with support from the formal health system

Participants reported that they had been taught to recognise signs and symptoms that were suggestive of TB and HIV/AIDS. This has led to an increased improvement in their management of these cases. They were also able to distinguish between idliso and TB, by first referring clients who presented with weight loss, coughing and night sweats for sputum tests. Only when TB has been excluded do they proceed with their own treatment. Similarly, when someone comes to them indicating that they have the calling to be traditional healers and presents with symptoms suggestive of HIV infection, they first refer them for VCT in order to exclude HIV/AIDS. This was particularly important because the presentation of idliso, the calling, TB and HIV/AIDS can be confusing as all have similar symptoms including weight loss and coughing.

Thus, it is possible to develop a highly effective learning intervention for traditional healers who are illiterate or barely literate and increase their effectiveness in managing TB, HIV/AIDS and STI clients, with support the from health system. In addition, traditional healers see these trainings as complementary (and not a replacement) of their holistic approach on treatment. When traditional healers are given up-to-date and accurate health-related information and are properly trained, they will make appropriate changes in their working environment and abandon potentially harmful practices and treatments.

Lesson 2: One can positively change both the role and function of traditional healers in the community

When traditional healers and health professionals are given a practical and effective way to work together, both groups demonstrate a willingness to change their behaviour and help each other.

While traditional healers expressed negative sentiments about their relationship with western medicine, they made it clear that the project had had a positive impact on the overall practice of traditional healing in the area. One important factor was the relationship among the THPs themselves. The participants indicated that they had gotten to know one another better, which had led to closer co-operation.

Securing buy-in to the project from traditional leadership structures had also led to increased prominence of THPs in the overall functioning of the community, with the chief setting aside time at each meeting to confer with them and

monitor how the project was proceeding, as well as consulting on other issues. Traditional healers were keen to continue playing a meaningful role within their communities and were committed and sensitive to the cultural issues that impact on their patients' behaviours. They were also interested in working in partnership with the Department of Health, not as "western doctors or nurses".

2.3.5 | CHALLENGES AND RECOMMENDATIONS

Key challenges that emerged from the project included lack of resources on the part of the traditional healers, operational challenges in maintaining the referral and patient records system, and challenges related to the negotiation of a relationship between the THPs and the mainstream medical services.

Lack of resources

While a number of gains regarding resources and infrastructure development were reported, traditional healers spoke about difficulties they experienced in implementing all the lessons learnt from the training, such as lack of water and resources needed to build extra rooms for proper home-based care. They highlighted how these deficiencies often put their own families at risk for infection:

"These patients are discharged from the hospital and have nowhere to go . . . I cannot chase a sick person away so I accommodate them in the same hut with my children."

"It's not safe for my family but what can I do? They don't have anywhere else to go and you can't throw a person away like a dog, . . . so they sleep with the children."

"It would be good if we can get help to build toilets, waiting rooms and a place where they can sleep so that they do not sleep in the same room with my children."

Lack of government support for the work of traditional healers, and their lack of skills in securing funding was also identified as a challenge. All the THPs spoke about their own poverty as well as that of the clientele. The latter resulted in them not being able to make a living from their work, as they were unable to charge fees and often had to settle for payment in kind, such as live chickens.

A key challenge relating to personal capacity and historical access to resources was the problem of illiteracy and language difficulties among THPs. The project did, however, attempt to deal with this challenge in very creative ways. For example, the current materials being used have all been or are in the process of being reworked so that those who do not read or write English can use them. For example, the referral form that has been developed for THPs to refer clients to hospitals is an example in this respect – all items are indicated by an image that is easily recognisable to THPs and hospital staff.

Tension between western and traditional healing practices

While THPs were learning to work together, they still complained about the attitude of the mainstream, western health care settings which they described as undermining. For example, they never received any feedback from clinics about clients that they had referred for assessment and treatment, and it was felt that the referral system was one-way, with western medicine not referring to THP cases that they were unable to tackle.

This area of collaboration should be the next step in the project, i.e. working with clinics to facilitate a more co-operative, equal relationship between the two.

"They [doctors] never look at the patient and how they have improved. Why do they want to see the medicine I used and not look at what has happened with the person? I will never show them what I use."

"I know what my medicines are. These doctors don't even know what is in the pills they give, or how much of what is in there. I search for my herbs according to what has been revealed to me (by ancestors/spirits), so each person who comes to me gets what is right for him or her. These doctors just use the same thing for everyone….and then they always demand to see what my medicines are."

The traditional healers are critical of the methods of western medicine, particularly the distancing of practitioners from their clients and the materials they use. The tension between these two systems was experienced not only by THPs but also from the health workers. Interviews with health care providers at the local clinics and the hospital indeed indicated an ambivalent relationship with THPs, with some of the participants being negative about traditional healing while others felt that there was merit to traditional methods of healing in as far as they could cure some illnesses:

"They know some things – for example asthma, they can cure it with the water that comes out when you lift a snail up… you know, those few drops that come out of the snail, they really work."

Health worker

"I have seen people with STIs who have used a traditional healer's treatment and have been cured, but then I'm not sure because they keep coming back, …so I don't know if they have been healed and got re-infected or what."

Clinic nurse

It is worth noting that more than a third of the health professionals (34%) were averse to any kind of collaboration, posing some considerable resistance to the success of the project. However, despite such misgivings from the health workers, the majority were prepared to collaborate with THPs in the context of HAST (HIV, AIDS, STI and TB) prevention, treatment and care. More intense education and awareness raising among mainstream health professionals would overcome some of these barriers.

2.3.6 | CONCLUSION

Traditional healers who have undergone practical training and participated in strengthening of community-based patient management and referral system have significantly contributed to the early detection of diseases such as HIV/AIDS and TB. There is strong evidence to suggest that the Umkhanyakude Traditional Healers' Project has been a success, especially in imparting knowledge and skills designed to enhance the practices of traditional healers and to strengthen linkages with the formal health system. The intervention has been a significant factor in strengthening the community-based referral systems for HIV and AIDS care in the district. Traditional healers have also become a valuable and effective ancillary to the Department of Health. Those interviewed during the evaluative research demonstrated more pride and confidence in their own abilities. They are more respected within the community and their relationships with health department personnel have greatly improved. In fact, all of the traditional healers interviewed during evaluative research were of the opinion that their patients now received preferential treatment from the doctors and nurses they are referred to. The lessons learnt from the results achieved through traditional healers project are to be considered by any interventions focusing on capacity building of traditional healers.

2.4 | REFERENCES

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