



## COOPERATION CIRCLE PROFILE

### Prometra Uganda

***Faiths /Traditions Represented:* Catholic, Protestant, Muslim, SDA, and Traditionalists**

***Location of CC:* Kawempe, Buyijja-Buwama Sub County-Uganda**

***Key Areas of Focus:* Primary Health Care, Environmental Conservation,**

#### Summary:

Prometra Uganda CC is located in Kawempe, Buyijja-Buwama Sub County, Uganda. Prometra CC was formed in 2000 to respond to the poor health conditions and inadequate modern health services by utilizing traditional medical and cultural knowledge. Prometra is committed to avail alternatives to health care and assist people who cannot afford access to health care by encouraging them to use locally available resources within their own environments. The CC's activities include workshops on African spirituality in health, and conferences on traditional medicine, spirituality, and healing. The CC's future plans include creating impact and local change to healthcare access by active participation in URI activities, conducting research and publishing articles on indigenous knowledge in health, culture, environment, and spirituality.

#### ***1. Can you please help me understand the current religious/cultural/political contexts in the area where your CC is working?***

According to the ethnobotanical surveys on *The Medical Plants in and around Kibale National Park in Western Uganda*; Traditional medicine is a key element among the rural communities in developing countries for provision of primary health care, which contributes directly to the socio-economic status and well being of the rural communities. These surveys seem to indicate that in rural Uganda, the majority of the people depend largely on herbal remedies for treating various diseases. The surveys further present that the reliance on herbal remedies in Uganda could also be attributed to the poverty levels of people in most rural areas of the country. According to figures reported by Uganda Bureau of Statistics; an average Ugandan lived on only one US dollar per day between 2003 and 2009.

Prometra Uganda was founded to utilize such alternatives, particularly Primary Health Care (PHC) for people who cannot afford to access health care, by encouraging them to use natural resources in the environment.



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We realize that before Western colonization, African Traditional Medicine (TM) used to hold lives of many Africans but eventually the practice became tainted with demonic attachments as Western civilization gained ground. Africans gradually shifted to Western medicine in the present-day era. Despite the shift however, the majority of the people continue to consult traditional medicine before trying out Western medicine or choose to use it concurrently. Such a choice is believed to be primarily driven by the unique natural endowments that come in handy and more or less attained free of charge or with minimal costs. Nature comes with diversity in plants, herbs, and fresh water springs that you might miss in other parts of the world.

### ***2. Why is interfaith/intercultural bridge building needed where your CC is working?***

Despite its popular curative advantages, Traditional Medicine (TM) is widely understudied, making it more susceptible to gross attacks on its curative ability notwithstanding its ability to cause satisfaction for health seekers. Our CC comes in as an intermediary to provide alternatives to particularly Primary Health Care (PHC) for people who cannot afford to access health care. As people of diverse backgrounds are brought on board, health seekers and promoters, bridges are also being built as each of them is bound together by health needs and not cultural or spiritual beliefs.

### ***3. Can you please briefly describe the main activities of or programs your CC is doing this year?***

Our programs focus on Primary Health Care (PHC), Environmental Conservation, Farming, and Income Generation. From such approaches lies the interconnectedness of every component whereby in order to avail Primary Health Care; the environment which offers the raw materials such as herbal medicines, is conserved through the available plant diversity from huge forest and the herbal gardens at Buyija forest. Our CC also runs a spiritual centre where the traditionalists and other people convene to worship their ancestors and seek for guidance to treat ailments.

### ***4. Between which specific religions or cultures are bridges being built?***

Bridges are being built between Catholics, Protestants, Muslims, SDA, and Traditionalists.

### ***5. Please explain the method or strategy that your CC uses to bring together people of different cultures and faiths that would otherwise not interact or cooperate with each other.***

We strive for a comprehensive approach, where the philosophy is that: traditional herbal medicine goes beyond what you can see, touch and smell, and medical science cannot explain that. The comprehensive approach looks at the human being in totality and his environment, and not as isolated elements of his body. The individual is addressed as an interlinked whole: body, emotions, mind, relationships, and spirit. Therefore, in totality, the



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wide spectrum of our work brings together people of different faiths and spiritual beliefs by virtue of what they bring on board to realize our CC's goals.

The traditional healers in Prometra Uganda are both male and female from the ages of 18 years upwards. Some of the healers inherited traditional knowledge from their parents and others acquired the knowledge from their spiritual ancestors (the dead underworld spirits or one's invisible allies) through dreams. Some of the healers go through formal training. Through the capacity-building programs for the traditional healers; the groups now have gazetted days where they provide health care and treatment in households. This has offered alternative primary health care to the otherwise expensive and inaccessible services in the formal health care system.

Our work is based through existing traditional healers who are the promoters of traditional medicine. The idea is to enroll them holistically, to counter negative attitudes and practices associated with bad medicine commonly witnessed in child sacrifices and demonic practices. The uniqueness with traditional healers is that they are social and have a human touch with everyone.

As a way of enforcing standards and creation of synergies; Our CC also initiates and maintains partnerships, linkages, and collaborations with likeminded organizations at different levels in primary health care. For instance, a National Advocacy Coalition is in the works and existing ones such as PERLUM, National Forestry Authority (NFA), *Uganda Neddagala Lyayo, Manyi Gemitu*, Uganda Association of Herbalists, National Integrated Forum of Traditional Healers, NOGAMU and the World Health Organization, offers expertise on TM among others. The collaborations also help to undertake strict disciplinary action against abuse of the practice.

The younger generations too, whose perception is mixed with foreign thinking, is targeted at the university level and other higher institutions of learning through research opportunities. Annually, about 2 students come from the United States to participate in research activities in our home country.



Community outreach also serves as the best ingredient in traditional medical practice based on people's identified needs. The community identifies pressing issues they face and inform Prometra on what to deliver to them. The sub counties of Gombe, Butambala, and Mpigi have benefitted from such programs as environmental conservation, hygiene, and sanitation

Research is an integral part of our work. We do this through participatory research; the organization operates a forest school, where scholars and academics through collaborative research study the safety of the medicines among other things. From the



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research undertaken with Makerere University and ICIPE, on treatment of HIV and AIDS, TB and malaria; so far, ten different types of herbs have been tested and confirmed safe. Through such collaborations, Prometra has also produced a tube for skin infections.

### ***6. Given the current contexts, you described, what does your CC hope to achieve?***

Our CC responds to the nutritional and health needs of the economically disadvantaged population suffering from ill health, and with only herbs and plants in their garden. To the people who can easily access modern medicine, this may not make sense, but at Prometra Uganda, we see people in the world with reduced availability, accessibility, affordability, and perhaps acceptability to modern medicine. They have to deal with all sorts of challenges to access health care.

In the wake of 2020, we envision a future where we operate a fully functional health facility equipped with a factory (now under construction). The facility should be able to provide the value chain system from planting to the market shelves and services brought closer to the client's reach while using purely indigenous practices in traditional medicine. We also plan to have a spiritual center (now under construction).

Research is also an integral component in our CC's future and this will be strengthened to provide scientific evidence based on services promoted through information sharing and documentation of the practices.

We also plan to heighten collaboration with the National Forestry Authority to undertake a mass tree planting campaign at the local household level to protect and re-stock the degraded indigenous plants and trees which provide raw materials.

### ***7. How do you see your CC's work improving cooperation among people of different traditions?***

Our work brings together people of various spiritual and traditional beliefs coupled with the unique endowments in terms of skills and knowledge they bring on board. The nature of the work done in our CC is non-discriminative, if one can add value. If you take for instance the value chain from planting to the market shelf where the sick person obtains our medicine, people of various social, cultural, and religious backgrounds are placed along that chain, and it is rare that only one type of people are there.

### ***8. How is the work of your CC helping to prevent religiously inspired violence or transforming conflicts?***

Our work has no direct linkage to violent extremism inspired by religion, however, as we perform our tasks, we ensure tolerance and respect for one another's faith and traditional beliefs.

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### 9. What are some indicators / observations you see that relations are improving between people of different faiths/cultures in the area where your CC works?

As people coming from different cultures, we share our cultural practices in Traditional Medicine and the result is that we are in position to emerge with a better practice contributed to by all represented cultures. Thus, a unique, rich, accommodative practice emerges with us all and no one can claim ownership. This counters the associated misconceptions that could arise because of an affiliation to a certain culture or religion.

Furthermore, we have all learned to accommodate each other irrespective of our religious differences and in our work contributions of every individual are respected.



Trench making and mulching of the banana growing demonstration plot



The mulched section of the banana demonstration plot



Trench management in the banana demonstration plot



The current status of the banana plants in the demonstration plot

Elizabeth Birungi is also quick to add that: *“Before working at Prometra, I was one of those people who used to have very strong reservations against Traditional Medicine. However, when I joined Prometra, I realized that these differences arising from religion and culture don’t help us; it’s the value of our indigenous knowledge that can*

*bind us together.*

### 10. Do you have a specific short story you can share about your work that might inspire other CCs or teach us a lesson about interfaith?

a) Dr. Ssekagya shares an experience in Traditional Medicine where unlike isolation in the former, community participatory healing is promoted in the latter. He shares that; in modern medicine, when you treat mental health, we tend to isolate the patient, sedate him, and perform a number of procedures that will facilitate the healing process. In the traditional way things are done differently. For example, in some communities of West Africa, there was an



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instance of a mad person and the way of management of the case was very interesting. When someone became mad, he/she thought that they were maize corn and was going to be eaten by the chicken. And once they encountered any chicken, they run away from it for fear of being eaten by the chicken. In a medical hospital setting, such a person may be counseled, treated, and convinced that they are not corn.

The traditional way of managing such a case is that we use all different approaches which the entire community or tribe contributes towards to ensure the healing of the sick. For instance, the herbs or the cow going to be used to perform a ritual is obtained by the community and everyone participates; causing more accommodation and appreciation towards the healing of a fellow community member. Such an approach where the family or household, and community members contribute towards healing of a sick member contributes to the healing which is regarded as community participatory healing.

Elizabeth Birungi, the Programme Officer shares that; “in the course of my work here, I have witnessed negative stereotypes associated to traditional medicine and long held barriers and perceptions are gradually being demystified once one encounters traditional medicine. For instance, growing up in a Seventh Day Adventist faith, any association with traditional medicine was regarded as a taboo and a contravention of the sacred religious doctrines. However, working with Prometra has changed my perception about it all. I have actually come to realize that the majority of people in my society consult traditional medicine before trying the western medicine or sometimes do both concurrently...” Prometra came in to bridge that gap, where an alternative is created with the sick or health seeker, looking within their own natural environment, which is without cost, or considerably more affordable.

### ***11. How is your CC’s work helping to achieve the mission or URI?***

Our work points to URI’s mission of opening doors and commitment to respecting the diverse spiritual expressions and **indigenous traditions** as expressed in URI’s preamble and principles:

**URI’s PREAMBLE:** *We, people of diverse religions, spiritual expressions and **indigenous traditions** throughout the world, hereby establish the United Religions Initiative to promote enduring, daily interfaith cooperation, to end religiously motivated violence and to create cultures of peace, justice and healing for the Earth and all living beings.*

**PRINCIPLES:** *We respect the sacred wisdom of each religion, spiritual expression, and **indigenous tradition**.*

*We respect the differences among religions, spiritual expressions, and **indigenous traditions**.*



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### ***12. Within your CC, you have members from different faiths/cultural traditions. How would you describe cooperation between these members? What are the challenges?***

As noted above, members at Prometra do not look at their religious and spiritual expressions to cooperate. But what brings them together is their vision to provide alternative Primary Health Care (PHC) to people who cannot afford access to health care, by encouraging them to use natural resources within their own immediate environment

We face a lot of struggles, as Uganda lacks a policy to regulate Traditional Medicine, despite steps that are underway to that effect. The slow pace for the enactment of this policy, now in the shelves of parliament, greatly compromises the progress of our Cooperation Circle. We are in the process of forming a coalition for Traditional Medical Practitioners (TMPs) to lead the crusade for the population to understand and appreciate Traditional Medicine, and most importantly, demystify the long-held stereotypes against the practice.

We also struggle with the wide misconceptions on Traditional Medicine which is regarded as a demonic and satanic practice and is associated with human sacrifice; the latest being in child sacrifices and demonic spiritual attacks that are usually believed to cause strange death.

The increasing rate of deforestation in Uganda, now reported at over 50% of the country's forest cover, has led to immense loss of indigenous trees and plants which have been replaced by foreign tree species such as pine tree and others. The situation is worsened by the fact that most forests in Uganda are privately owned and the owners manage them as they wish.

Without adequate documentation and information sharing and research of our work, Prometra stands the risk of continuing to strive amidst social misconceptions about our work being perceived as demonic and satanic. The strategic collaborations with academic institutions alone without adequate documentation cannot offer preservation and promotion of knowledge in Traditional Medicine.

### ***13. How is being part of URI helping your CC to achieve its goals?***

URI is a strong reinforcement to our vision! URI reawakened us to the unique addition of the interfaith aspect, which we had never seriously considered ourselves beyond the work that we do, yet our own religious and cultural composition is diverse. And because of this interfaith revelation, it has made us discover that we all subscribe to different religions and cultures. Among us are people from the Muslims, Christian, and Catholic faiths, notes Dr. Ssekagya.



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We realized that what binds us together is the issue of health and health doesn't discriminate between religion and culture. Through URI, we have come to appreciate that cultural and religious differences have no significant contribution towards healing one's ill health. But unity in diversity has a great contribution towards the challenges faced by someone facing health issues.

*How I wish that all people could know that if we promote and preserve our environment, our health earns us a life insurance that even medical science cannot afford... adds Elizabeth Birungi. Leonard Bagarukayo, a Board member, also shares the same view that; "Before joining Prometra, I could not compromise certain held values and always thought of myself as a fountain of all knowledge. I am now more tolerant and accommodative of the different cultural and religious views and doctrines of other people."*

### **14. How can URI better support your CC in reaching its goals?**

The purpose statement of URI fits us well, as it justifies creating healing for the earth and all living beings at the end. In order to achieve this goal, Prometra needs to be supported by URI to reach a wider consumer base at national and international levels. The founder propounds that; *our story is a model that disregards religious or cultural differences but collects people who advocate for the good of health.*

And by joining hands with Prometra like how URI has done, Prometra's visibility is able to reach not only the local but also the global arena. Others that come before URI such as the FORD Foundation; are beginning to realize the relevance of Traditional Medicine as an alternative measure for health care existing for people who cannot afford to access health care services from the mainstream medical centers but can do so from within their own environment and these are the majority.

In her words the Regional Coordinator adds, "When Liam and Victor visited during the CC meeting this year; I had a rough time on how Prometra's presentation would be accepted by the dominant Abrahamic faiths that to a larger extent have a dislike for traditionalists in the country. Many associates them with sacrificing children etc. In a panicky situation, I bent over and whispered in Ssekagya's ear to be mindful of this. He looked at me and smiled and simply said... "Don't worry Despina". During and after the presentation... everything was so magical that all the participants were in a lighter mood, laughing and embracing Ssekagya as one of their own."