News Letter - May 2013

BAYLOR COLLEGE OF MEDICINE Children's Foundation UGANDA

QUALITY SERVICES BEYOND OUR PROFESSIONAL COMFORT ZONES

First Lady launches eMTCT campaign

Paul Mayende

The campaign to eliminate mother to child transmission of HIV (eMTCT) through strengthened and effective interventions has been launched by Uganda's

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Nothing endures like a mother's love

Since the husband left two years ago, they are living on their own in a rented one-roomed unit in Katooke village, Wamala parish, Wakiso district.

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Awards, Scholarships and Recognitions

NSSF Award

Baylor-Uganda was recently awarded the…….by the National Social security Fund.

Scholarship

Three members of staff have been awarded study scholarships to pursue post graduate studies in Public health and Nutrition.

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Findings of the ARROW study unveiled during the CROI 2013 conference

Dr. Adeodata Kekitiinwa presenting a paper on HIV treatment for children in resource-limited settings during the CROI 2013 conference in Georgia, Atlanta

The findings of the 5-Year Anti-Retroviral Research for Watoto Trial (ARROW) study were revealed during this year's Conference on Retroviruses and Opportunistic Infections (CROI) in Atlanta.

In an abstract on the 'Impact of routine laboratory monitoring after ART initiation in 1206 HIV+ African children' presented by Dr. Adeodata Kekitiinwa, it was found that HIV treatment can achieve good results in children living with HIV without need for routine monitoring of CD4 cell counts and laboratory markers of side-effects.

ARROW was a randomized controlled clinical trial designed to assess whether anti-HIV drugs can be given safely and effectively without doing regular blood tests to monitor children's response to HIV treatment; and whether starting children on 4 anti-HIV drugs for a short period of time before continuing with 3 drugs is better over the long term than starting on the standard 3 drugs.

The study, which recruited over 1200 HIV positive children ages (4 months to 17 years) from Uganda and Zimbabwe was funded by the Medical Research Council (MRC, UK) and the Department for International Development (UK).

The research sites included: the Paediatric Infectious Diseases Clinic (PIDC) – Baylor-Uganda, the Joint Clinical Research Centre, Uganda Virus Research Institute Programme on AIDS, and the University of Zimbabwe.

The children who had moderately advanced immune suppression were randomly selected and it was found that they did just as well on antiretroviral therapy without routine laboratory monitoring of CD4 cell counts or drug side-effects as those who received regular monitoring during the four years of follow-up.

According to UNAIDS 2011 estimates, only 28% of children in need of HIV treatment were receiving it. On this basis, and the study findings that HIV treatment for children is safe and highly effective without laboratory monitoring, the researchers recommended that money spent on expensive laboratory tests should be directed towards expanding access to HIV treatment.

The research teams from Uganda, Zimbabwe and the United Kingdom all urged that in settings where laboratory facilities and resources are limited, laboratory monitoring may not include viral load or CD4 counts. They concluded that HIV therapy for children in resource-limited settings was highly effective and safe without routine clinical monitoring.

The Mama Kit wonder: What the women really need for delivery at health facilities

Sister Doreen (left) and Sister Florence of Rwimi Health Center hold the Mama Kit

By Baylor-Uganda staff

"Baylor has increased the numbers of mothers who deliver at the health centre and this has been largely because of the Mama Kit. The first set of Mama Kits that were brought to the HC had a lot of good things", says Polina Angom of Patongo in Pader district.

Over 400 miles away, Mulongo Florence, a midwife at Rwimi Health Centre, Kabarole district says "when we started giving the Mama Kit's, we stopped delivering an average of 30 mothers a month. We had an average of 125 mothers in a month and the first thing they would ask for was the Mama Kit"

For women like Kadoma, a mother of 5 from, Kanyegaramire Village, Kyenjojo district, one of the reasons she could not attend ANCs and deliver from a health facility was the list of things that she could not afford. "I heard friends tell me that nurses told them to buy kavera, cotton, gloves, baby sheets, gauze, and blades among others. I knew I could not afford them, so I could not go to disturb the nurses at the health facility".

These are just three of thousands of stories about the Mama Kits. For community mobilisers like Polina and health workers like Florence, the Mama Kit has made their work easy while for the mothers themselves, it has meant accessing services with boldness and avoiding the dangers associated with deliveries not supervised by qualified health workers.

During community dialogue meetings, women of reproductive age expressed the need for basic items needed to deliver comfortably at health facilities since lack of such items contributed to women delivering at home. The Ministry of Health established a Mama Kit which Baylor-Uganda requested to enrich with more items so that all basic items are included.

At the celebrations marking World AIDS day 2012, the Busia district Chairman, commented thus about Maama Kits "Our mothers have for a long time died in the communities while giving birth because they didn't get enough care from the health workers and this has been now reversed. With the provision of Mama Kits, training of health workers and supporting the VHT, Communities have been empowered to seek for assistance at the health centers....."

The kit contains 2 pairs of gloves, a pair of baby sheets, baby shawl, soap and powder, cotton wool, polythene, gauze and surgical blades. The pack is given to every woman delivering from a health facility.

First Lady launches campaign to eliminate mother to child transmission of HIV

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First Lady, Janet Museveni who is also the campaign champion.

She called upon the people to exercise restraint and access services so that they do not get infected or infect others including their children with HIV. "Let us not be convinced and confused with the many messages some of which are conflicting, but rather be disciplined to protect ourselves. Those who are HIV free must ensure that they remain free and those infected with HIV should not pass it to anyone", she said.

"Even with fire extinguishers, you need to take precaution on the sources of the fire. We have the ARVs, but we cannot encourage the entire nation to get infected because of the presence of ARVs. Today is our turning point. It does not help for us to come here and say so many words when our actions do not change"

The First Lady reiterated the need to scrutinise every message that goes out specifically those on safe male circumcision and family planning. She said the many messages were not promoting informed service access and some people were being misled not to go for services because of biased information.

Responding to earlier remarks by the State Minister for Health regarding limited male involvement in antenatal visits, the First Lady appealed to men to show the commitment they had when they first fell in love with the ladies. That first love to support, protect and provide for the family should include protecting the unborn.

"If we are protecting our animals in the game parks, why are we not able to protect ourselves and our children? Many times our spouses have disappointed us. You have the responsibility of heading the family; but you do not care about your spouse's health including HIV".

She called upon those who have accidentally caught HIV to ensure their children do not have HIV.

The First Lady observed that the day was not just about the launch of a campaign to eliminate HIV among children but 'a day for all of us to rededicate and commit ourselves to stand and fight HIV at every level'.

She noted that we started with 30% prevalence, fought it to 6% but then relaxed which has now caused the rise in prevalence to above 7%. She called on the participants to agree to fight HIV. She gave examples of entire families lost to HIV prompting questions of what really went wrong.

She appealed to those agencies offering services to ensure that the services respect human rights. She

Meet Uganda's Representative to the Global Birth Club

The Global birth Club is part of the ways to share information, changes and opportunities that mothers face. This initiative by EveryMotherCounts connects pregnant mothers across the globe to track their progress, surprises and feelings till they give birth. Uganda is represented by Norah and below we track her at about 16 weeks of pregnancy.

My name is Kobusingye Norah, aged 24, married and staying in Uganda, Kamwenge District, Kamwenge Town Council, Kamwenge Ward, Karambi LC 1. To tell you more about Kamwenge district, we host one of the largest game parks in Uganda, but also one of the largest resettlement camps for people displaced from other countries like DRC (Democratic Republic of the Congo). That tells you, we are a hospitable community. We are mothers giving birth to children, and the district is 'mothering' many people from outside the country.

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said "Even with fire extinguishers, you need to take precaution on the sources of the fire. We have the ARVs, but we cannot encourage the entire nation to get infected because of the presence of ARVs. Today is our turning point. It does not help for us to come here and say so many words when our actions do not change".

Option B+ is a World Health Organization strategy to prevent mother to child transmission of HIV through provision of lifelong combination Antiretroviral (ARV) drugs to all HIV-infected pregnant women, regardless of their CD4 cell count and clinical stage

The overall objective of rolling out option B+ in Uganda is to eliminate Mother-to-Child Transmission of HIV by 2015; thereby reducing the estimated 20,000-25,000 new pediatric infections to less than 5%.

In her concluding remarks, the First Lady appreciated the partners, the American people and CDC for their work in Uganda. She called upon the media to tell people that we need to hold our hands together and fight HIV.

My pregnancy is now approximately 16 weeks and it's the third pregnancy of my life. Unfortunately only one child aged 2 years is alive. I lost the other child due to severe diarrhea.

I am a housewife with no professional work. Early in the morning I take my child to a baby care school, prepare and take him his lunch and pick him at 4:00pm. Otherwise I do my simple house chores like washing and cleaning utensils.

It is amazing how I came to know soon I will be a mother again. I missed my menstrual periods for three consecutive months that made me suspect pregnancy. Most times in the rural communities like mine, you know you are pregnant after missing the periods. I became excited and told my husband, Wilber and he too was happy. Together we planned to start attending antenatal care visits at Padre Pio HC III.

I feel weaker physically than when I was not pregnant and even weaker than in the first two months. I no longer do all the things I used to do. I experienced vomiting and was also admitted due to Bruccellosis [a bacterial infection that often comes from exposure to farm animals or their meat or feces] that has now cleared. I had abdominal pain in the third month, but was given medicine at Padre Pio Health Center III and stabilized. My appetite has been affected and if I eat before my time, I vomit whatever I ate or

Apparently I cannot eat meat and fish ever since I had Brucellosis. I am now used to eating only once a day mainly in morning and that takes me

up to the next day. My clothes no longer fit me well. They are tight on me and some cannot be used anymore. Another amazing thing is that my baby has already started kicking inside the stomach.

Share with you the progress, next month

Project C.U.R.E donates medical supplies and equipment

The Kabarole RDC Hajji Abdallah (left) and Dr. Wuhib talks to a mother who had just delivered at Kabarole Regional Referral Hospital on

By Chemisto Masturah

The Commission on Urgent Relief & Equipment (C.U.R.E) has donated medical equipment and supplies to the newly constructed wing of Fort-Portal Regional Referral Hospital through the Ministry of Health.

The equipment worth 847 million Uganda Shillings is part of the US$ 4 million consignment of medical supplies to be shipped to Uganda during the year in a partnership with the US Centers for

Disease Control and Prevention (CDC) with Baylor-Uganda.

While receiving the equipment on behalf of Ministry of Health before handing them over, the Commissioner for Clinical Services, Dr. Jacinto Amandua said "I am glad that I am talking from the best district as far as health services delivery in Uganda is concerned. I am blessed on this day because when I first visited this hospital, we immediately commissioned an assessment whose recommendation results we are seeing today. Thanks Baylor-Uganda for being part of this change".

The equipment including incubators, IV stands, surgical equipment, beds, monitors, refrigerators is intended to improve health care infrastructure that medical personnel need to deliver healthcare to the communities.

This donation will help meet the equipment needs of 11 hospital in the Mid–Western region of Uganda including Fort-Portal Regional Referral, Bundibugyo, Bwijanga, Kagadi, Kyenjojo, Kiboga, and Masindi. Other health centers to benefit from the donation are Bukuuku, Kibiito, Ntara, and Rukunyu.

Dr. Tadesse Wuhib, the CDC Executive Director urged the hospital and district leadership to reinvigorate the talk against HIV/AIDS, be good stewards of this support and use funds optimally for the benefit of the Ugandan people.

In his remarks, the Kabarole LCV Chairman, Mr Richard Rwabuhinga thanked CDC and Baylor-Uganda for their efforts in improving health care in his district.

"Kabarole was ranked number one in delivering health care services in the country and this has been because of the immense support in terms of equipment, supplies, refurbishments and the general positive change of attitude among health workers", he said. He thanked the American people for the donation of the much needed equipment and pledged to ensure that it is put to its intended use.

Dr. Adeodata Kekitiinwa explained how frustrating it can be to have well trained and exceptionally committed health workers but without the equipment to use. She said health workers will helplessly watch mothers struggle without obstetric care and premature children breathing their last due to absence of incubators. She commended the district political wing for having much interest in the programs and monitoring to ensure that high quality services were being delivered.

OUR COLLABORATION IN PICTURES

The US Ambassador, H.E Scott De Lisi arrives at Baylor-Uganda Clinical Center of Excellency on his way to deliver the public speech during the World Health Day 2013. He was received by Mr. Maganda Albert, Director of Strategy Development before greeting the excited clients at the clinic

Dr. Adeodata Kekitiinwa, the Baylor-Uganda Executive Director and Ada Eze, the Managing Director of Total Uganda Limited at the COE

Part of the medical equipment donated by Baylor-Uganda in partnership with the American Foundation of Children with HIV to Mpummudde Health Centre IV in Jinja district

Members of the Baylor-Uganda Senior Management Team and Board of Directors in a group photo with the leadership of Kabarole District Local Government on a field visit in Fort Portal

Her Excellency, the First Lady of Uganda and Champion for elimination of Mother To Child Transmission of HIV (eMTCT) campaign launch in Ntungamo district. She is listening to Baylor-Uganda's interventions in Prevention of Mother to Child Transmission of HIV.

Boys or Girls: Nothing endures like a mother's love

By Ssemmanda Emmanuel

Josephine is a stay-at-home mother from Wakiso district. The mother of two lives with her children after the husband disserted complaining that the 23 year- old mother and her children needed a lot of care. Since the husband left two years ago, they are living on their own in a rented one-roomed unit in Katooke village, Wamala parish, Wakiso district. Josephine's children, Benon and Nathan are aged 3 and 4 years respectively and both on antiretroviral treatment at the Baylor-Uganda clinic at Mulago.

For a living, she sells roasted maize from a nearby kiosk to support her family. Unfortunately, the income she earns is barely enough to cater for the basics of life including buying food.

'Sometimes, the children could have only one meal a day and yet they had to take their ARV syrups', says Josephine as she explains that on bad days, she can only sell maize worth Uganda shillings 2,000 (less than 1 dollar). With such an income, she can only afford to make porridge

Josephine is all smiles after receiving food support from Baylor Uganda

for her and the children besides the monthly house rent.

For Esther, a mother of two girls, the lack of enough food was the major challenge affecting their treatment. “We were all thin and the signs of sickness were written all over our faces. With such support, we are now free, leading normal lives. When we are moving, no one can even tell that we are sick because we are healthy”, says Esther.

In order to support their well being, Baylor-Uganda, through the Orphans and Vulnerable Children (OVC) program supported Josephine and Esther with monthly supplementary food rations. For three months now, Josephine and Esther have received supplementary emergency foods including maize flour, sugar, rice, beans and cooking oil.

Josephine and Esther are part of the over 100 households that are supported under the food and nutrition intervention but this is a temporary measure. The two mothers live in opposite directions and different peripheral districts of the Baylor-Uganda clinic. As part of sustainability, Josephine and Esther will be assessed and if found capable of doing small scale business, they will be trained and provided with start-up grants for a business of their choice.

Food insecurity is one of the biggest challenges in households with HIV infected and affected children and their caregivers. The majority of the children treated at the Baylor-Uganda clinic and other supported health facilities are vulnerable as 56% of them are single orphans while 35% are total orphans. The OVC program ensures that all vulnerable children and their households access adequate and appropriate supply of food that guarantees their short and long term nutritional needs.

With support from PEPFAR through CDC, nutrition support is provided to critically vulnerable OVCs with emergency food assistance. These households are further provided with nutrition education and sensitization on alternative strategies to improve food security.

In order to ensure sustainability, care givers are taken through a phase out sustainability plan that includes training in income generating activities, clustering into groups and access to small startup capital grants that help them to improve their incomes.

Esther with her two children after receiving rice, beans, flour, sugar and cooking oil

Scaling up Home Based Care through facilitating Community Volunteers

tanley Nyanzi, a community volunteer receiving the bicycle and a kit from Johnson, the CHCB officer.

By Susan Naliba

Baylor-Uganda has facilitated over 300 community volunteers in Kampala with bicycles in order to sustain demand for HIV/AIDS services and retain patients in care by mobilizing and linking communities to service provision points.

Each of the volunteers operating under 7 zones of Kawempe, Makindye, Rubaga, Central, Nakawa, Mukono and Wakiso received, a bicycle, airtime and a home based care kit that includes – bag, rain coat, gumboots, umbrella, ORS/zinc sulphate, condoms, cotton wool and gloves.

"We have been able to follow up on clients, remind them about not missing their appointments at the clinic and also providing them health information", commented 40 years-old Roy Kasozi, a volunteer from Nakulabye village, Rubaga Division.

She added "We have been moving under the rain without rain coats. So this is going to help us perform our work better".

Another volunteer, Stanley shares his experience "the skills I have got from trainings have helped me transfer this knowledge to other people easily. Being a community volunteer since 2008 has earned me very many friends in my community as people see me as a knowledgeable person".

Baylor-Uganda initiated the Community Home Based Care services in 2008 to work through existing community structures in order to strengthen community care systems and link clients to the clinic. The organization has also extended the same facilitation to 1,015 VHTs trained and supported in Rwenzori, Eastern and West Nile regions operating in over 20 districts.

Awards, Scholarships, Recognitions; Congratulations: We keep winning

NSSF Award

Baylor-Uganda was recently awarded the…….by the National Social security Fund. The Award was in recognition of Baylor-Uganda's contribution to staff savings. The organization has over 350 who are members of NSSF. While commenting about the award, the Human Resources Manager, Barbara Sentiba said "On all fronts in terms of our obligations, we are outstanding"

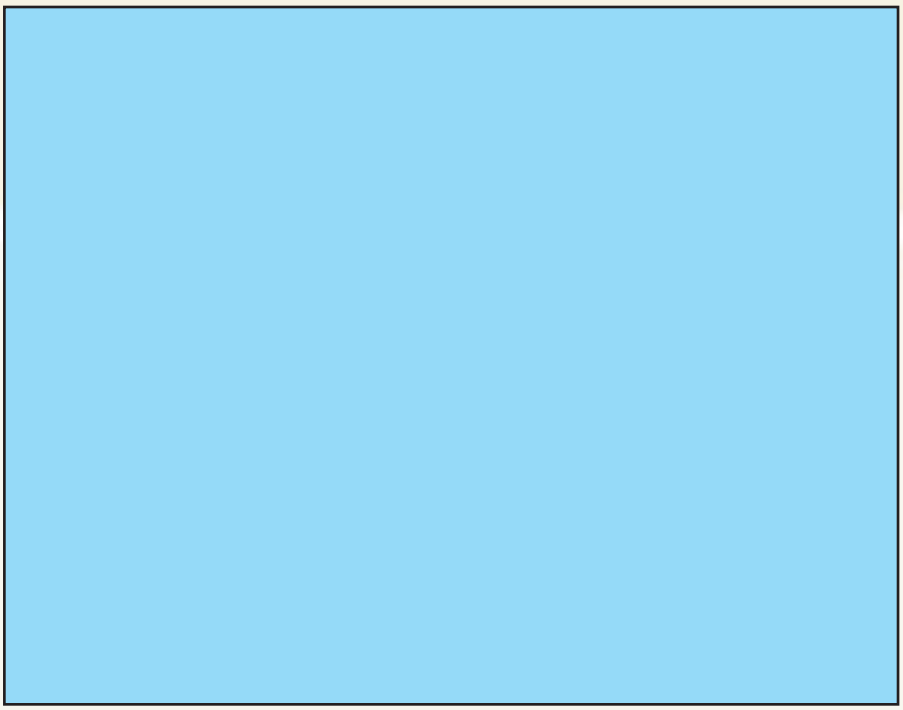
Scholarship

Three members of staff have been awarded study scholarships to pursue post graduate studies in Public health and Nutrition. They will be starting their programs in August this year at

Texas Children's Hospital International Excellence Award

This year's annual Award was given to Dr. Adeodata (Addy) Kekitiinwa, the Executive Director, Baylor-Uganda in recognition of her work to improve the health of children and their families infected and affected by HIV/AIDS. The award marks over 30 years of her involvement with health professional training, infrastructure development, advocacy, leadership and management of health delivery systems.

Delivering quality services beyond our professional comfort zones



By Harriet Bitimwine

Having attained my Masters of Medicine in Paediatrics and Child health, I was eager to put into practice the new found knowledge. After a search, I was offered a job at Baylor-Uganda whose duty station was 300 Km away from my family. At the time, my youngest child was only 8 months old. Naturally, a zillion questions ran through my mind but I was determined to get experience with a reputable organization despite discouragements from peers.

I recall someone telling me how even people mad were moving towards Kampala and I was moving to the villages. In implication, I was more than mad. This however did not deter me from achieving my goal. I finally decided to take on the job and travelled to my new work station with my head high. I settled in smoothly thanks to the dedicated team I found at the Soroti office.

The job required me to oversee the Eastern region office that was supporting three health facilities in two district of Soroti and Kaberamaido. The Baylor-Uganda team in Soroti by then was relatively small and directly offered HIV/AIDS services in the region. The assignment required working alongside the health workers on the different activities. Thereafter we would give them a stipend. Due to this motivation, the health workers were always willing to do the work at the HIV clinics and during outreaches.

On my first visit to one of the health facilities, Kaberamaido HC IV, I was amazed to see so many bicycles belonging to the clients that had come to attend the clinic. Because of the large volume of clients we found at the facility, we returned from the field late in the night. This became part of the routine.

On two occasions, our return journey proved rather scary and I wondered whether to continue with the job. One night on our way back from the outreach at about 8 pm, we encountered a man along a stretch in a swamp waylaying bicycle riders with an iron bar. We notified a rider we met after passing through the swamp about the dangerous man. The rider pleaded with us to give him a ride across the swamp which we were unable to give for our own safety. I was haunted for having done this yet thought I had no better choice.

Another time while on our way back with the car covered by a canopy of vegetation/grass, I was concerned about the darkness and asked the driver if we were safe. He told me that the area was previously Kony's hiding place and I had heard of so many horror stories about the atrocities Kony committed. At this point, I was very scared despite knowing that Kony was no longer a threat in the region. Thank God nothing bad happened.

Beyond the scary events, the experience of seeing many people waiting for services, the commitment of the health workers was fulfilling. I was encouraged by the health workers who were highly motivated and eager to work. The community believed in the quality of services offered for children at the Baylor-Uganda supported facilities and thus trekked long distances to seek services at these health units.

In September, 2011, Baylor-Uganda received a new grant from CDC with an expanded mandate. We expanded from six health facilities in two districts, to 150 health facilities on comprehensive HIV/AIDS service delivery in eleven districts. My role also changed to Care and Treatment Specialist. This meant that the number of staff had to be increased to match the new demands of the grant.

District mentors were also identified to support lower health facilities which not only motivated the health workers but leveraged human resources. Through the training and mentorship, we were able to scale up and get more sites prepared and accredited for ART.

It was interesting to learn how the communities worked together and appreciate how much they knew about each other. Many times I went to a health unit and worked with the facility teams to identify a lost child in the clinic. For the health workers, it was common to fail to find a child, however the VHTs always came in handy to confirm where the child was or would have an explanation why the child is missing.

Save for the travels every weekend to meet with my family, the thugs that broke into my house on two occasions and the lightening that struck the house, the whole experience was worth it. I could never have got it if I had not had the courage to take up the opportunity of working upcountry. One thing is for sure - I am a better person today because of that invaluable experience.