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'All children must live HIV-Free,' Uganda's First Lady

By Masturah Chemisto

Uganda's First Lady, Janet Museveni has called upon all Ugandans to ensure that children are free from HIV.

She made the call while officiating at the launch of the Elimination of Mother- to-Child Transmission of HIV (EMTCT) campaign in the central region.

'It is my prayer and hope that all our children will live AIDS free lives. This is the only way Uganda will have the AIDS free generation', she said.

Baylor-Uganda children's Choir performing off their new album during the EMTCT campaign launch for central region at Kololo Airstrip

Janet Museveni as the champion of the EMTCT campaign, urged young people to test for HIV so that they can know their status. After her symbolic counseling and testing exercise, she emphasized that 'this was reassurance that we are fighting HIV/AIDS and we must live AIDS free'.

Focusing her address to the students in the pavilion, the First Lady was pleased to see young people present at the event which indicated not only their consciousness about HIV/AIDS but the interest of being a force to shape the efforts for a free HIV generation.

The event was organized by the Ministry of Health and the Office of the First Ladies of Africa (OAFLA) in partnership with KCCA and implementing partners.

Some of the children with Uganda's gospel singer, Pastor Bugembe at Kololo

Baylor-Uganda actively participated in pre-launch activities, the weekly National Organizing Committee (NOC) meetings as well as on the event day.

Meanwhile on the event day, Baylor-Uganda's children led the performances as the staff manned the well branded exhibition stall- a point for distribution of IEC materials and information about Baylor-Uganda.

The next regional launch will be held in West Nile in late April. Being the lead implementing partner in the region, Baylor-Uganda is in charge of coordinating the event on behalf of the Ministry of Health. Pre-launch activities have already started with accelerated service delivery in the region.

Traditional Birth Attendant gives up after over 20 years: Praises Baylor

By Ronald Kizito & Paul Mayende

Ronald Kizito with Mary

Mention Muhenda and any woman will tell you about her occupation and give you direction to her home. Muhenda, whose full names are Muhenda Mary Fatima; was a prominent Traditional Birth Attendant (TBA) until recently, helping expectant mothers to deliver from home.

Mary was one of the persons Baylor-Uganda got interested in at the start of *Saving Mothers, Giving Life* project. She and her other colleagues were mobilized to help refer pregnant women seeking their services to health facilities.

"It was a hard decision but it is worth it. So many things were happening to mothers. Some could come to us as a last resort since they could not raise the transport to get them to Kyenjojo or Buhinga hospitals after being referred there.

The 55-year old, says she had been delivering women for over 20 years and many women knew about her. "The women used to come from other districts and at times the number was overwhelming. I could not chase them away because they needed help which they were not getting", she says.

Mary confesses the job was difficult bearing in mind the risks that could arise. She says, in some situations, she made last minute referrals in which situation; she would remain praying that everything goes well for both the mother and child.

She was not aware of the many benefits that women would get by giving birth at health facilities. "When this program started, there were so many messages on radio telling us the dangers of women not going to health facilities", "I learnt about how unborn babies could be protected from getting HIV even when the mother was having HIV. For us, we could not do that".

Dr. Addy introduces Mary to a guest at Kyarusozi recently

There are other things she mentions which were at the health facility such as the Mama kits and doctors who could operate if the mother needed an operation. 'I started telling my clients to also go to a health facility where a doctor would see them. I realized I did not have the ability to test their blood, their pressure or tell if they had STIs', Mary says.

For over a year now, she has been linked to support this health facility (Kyarusozi) and another lower facility as a VHT. Since her previous experience involved talking to the women and counseling them, she has rapport and share with them information which they learnt while training as VHTs.

"My job is now much simpler than it used to be. I do not spend a lot of time in the bushes looking for medicinal herbs but come to the health facility and share with women", she says.

"I have time to attend to my gardens and animals and the women some of whom I meet at the health facility still come to consult me on family matters."

Mary intimates that her involvement with *Saving Mothers, Giving Life* project has led to getting many friends including health workers at the heath facilities, district leaders and people from abroad.

"But now you can see, I am meeting and shaking hands with executive directors of international organizations, people making documentaries and those writing stories", " It is good that I got involved to help mothers receive better care", she concludes.

Baylor-Uganda is funded by CDC, UNICEF, Every Mother Counts, Texas Children's Hospital, Baylor College of Medicine,AmerCares and BIPAI

Empowering Skills, Changed Lives

By Okurut Patrick; OVC Officer – Eastern

Two years ago, Hellen and her husband would never have imagined ever constructing a permanent structure for their family of 9 children. To this family of 11 from, Olio Sub County in Serere District, they have only known life in a small grass thatched hut.

After training in income generation at Olio Sub County in 2011 by Baylor-Uganda with funds from PEPFAR through the Centres for Diseases Control and Prevention, Hellen immediately joined one of the saving groups that were created.

The groups met frequently and each person had to pay 5,000/- during the meeting. By the end of that year, the group had over 7,000,000 shillings in savings. When this money was distributed according to what each person had saved, it was enough for Hellen and her husband to construct a two-bed room permanent house.

For the first time in their life, the couple was able to enjoy privacy in the home as children had their own bedroom. ‘’it is our savings that helped us build this structure. The knowledge from the training opened our eyes’; Hellen emphasizes, adding that Life has since changed for the better in her family.

The family was also supported with cassava cuttings and potato vines for planting. This supplemented their income generation since they sold some of the produce after harvest but most importantly they had plenty of food for their children.

Hellen's cassava garden. They have enough food for the family

Hellen sadly recalls the times when the family had only one meal a day despite being on ARV drugs. ‘But now we can afford to eat more meals compared to the past and as you can see, we look better than when you first identified this household for support”, Hellen laughs

Unlike before, the children are now going to school because they can afford to pay school fees. Hellen explains ‘It is now affordable for the family because we sell some of the produce of cassava and potatoes and also we easily borrow money from our group at cheaper interest rates’.

In spite of the unpredictable weather changes such as floods that threaten their food production and the far distances she walks to attend meetings, Helen’s determination to better her life and that of her family is high.

She believes that with endurance, perseverance and persistence on her side and members of her group; such program interventions that can directly change their lives will greatly improve their community.

Hellen’s husband resting at their former grass thatched hut

The new family house built with savings from their group

The Safe Karamoja-the difficulty of accessing services amid rising HIV infections

Karamoja is a northeastern region of Uganda made of seven districts; Abim, Amudat, Nakapiripirit, Moroto, Napak, Kotido, and Kabong . Due to sustained instability over the years, the region remained isolated and relatively safe from HIV/AIDS. In the 1980s and 1990s, infection rates were 75 percent lower than the rest of the country. Increased stability and human interactions in the last five years have witnessed a rise in infections from 3.5 percent in 2007 to 5.8 percent in 2012(UAIS 2011).

Children in the dilapidated Abim Referral Hospital Paediatric Ward

The region continues to face alarming disparities in access to healthcare and information ranging from a relative lack of comprehensive HIV/AIDS knowledge in comparison to the rest of the country; Karamoja (Women: 20% Men: 48%) Kampala: (Women : 55% and Men 59%). With only five hospitals serving eight districts with a population of 1.2 million scattered over some 28,000 square kilometers, access to health services is cumbersome.

Where health facilities are accessible, they are often understaffed due to the difficulties in retaining staff in remote areas which often leads to long waiting hours at the health facilities. In February 2014 for instance, the regional referral hospital in Moroto was operating at staffing levels of only 40%. In addition, much of the infrastructure and state of the health facilities requires face-lifting.

The drivers of the HIV/AIDS epidemic that exist elsewhere are amplified in Karamoja by high levels of alcoholism and domestic abuse which coupled with high levels of illiteracy and food insecurity increases the exposure risk.

Baylor-Uganda in partnership with UNICEF is supporting the scale-up of access to pediatric and adolescent HIV/AIDS services in Karamoja sub-region. The interventions focuses on health system strengthening (staffing, training and mentorship), laboratory services, care and treatment, monitoring and evaluation and strengthening community response systems such as the VHTs.

Baylor-Uganda is funded by CDC, UNICEF, Every Mother Counts, Texas Children's Hospital, Baylor College of Medicine, AmeriCares and BIPAI

Feature

'Mila Ng'a Wosaba', Pastor Steven tells young people

By Christine Kaleeba

A little boy expresses his views on HIV and faith

'*I am a pastor, but when I have a headache, I go get a panadol. When God gives me relief in the form of a panadol, I use it. Mira nga wosaba (take your drugs as you pray)'*, was Steven Ssengendo's conclusion during a recent peer support meeting.

Steven, a pastor with Victory Church Ndeeba was part of the youth peer support meeting on Saturday 8th February 2014 at the COE. He was speaking about *Faith, its place in our lives, and its role in care and treatment.*

When asked about the role of pastors, priests, imams and monks in our lives, the young people responded with various answers- from acting as a moral compass to being a personal friend. Some had disclosed to their leaders with positive results in the form of spiritual support and encouragement. Others had not disclosed to their religious leaders or communities due to fear of stigmatization or simply preferring to separate the different aspects of their lives.

When asked about religious leaders who '*heal HIV/AIDS'*, Steven replied '*I believe in different forms of healing. If a pastor says you are healed, I will not argue with that but since the pastor did not diagnose you in the first place, check it with your doctor. The pastor says what he believes, the doctor says what s/he sees'*.

In a 2010 IRIN News article exploring the impact of religion on adherence, Cissy Ssuna, then a Counseling Coordinator at Baylor-Uganda voiced concern over *"…a growing trend of adolescents and caregivers who have withdrawn from treatment with a belief of having been cured of HIV/AIDS in church,"*. False prophesies along with discrimination linked to the assumption that an HIV/AIDS positive status implied immoral behavior was among the negative effects of faith listed by the young people.

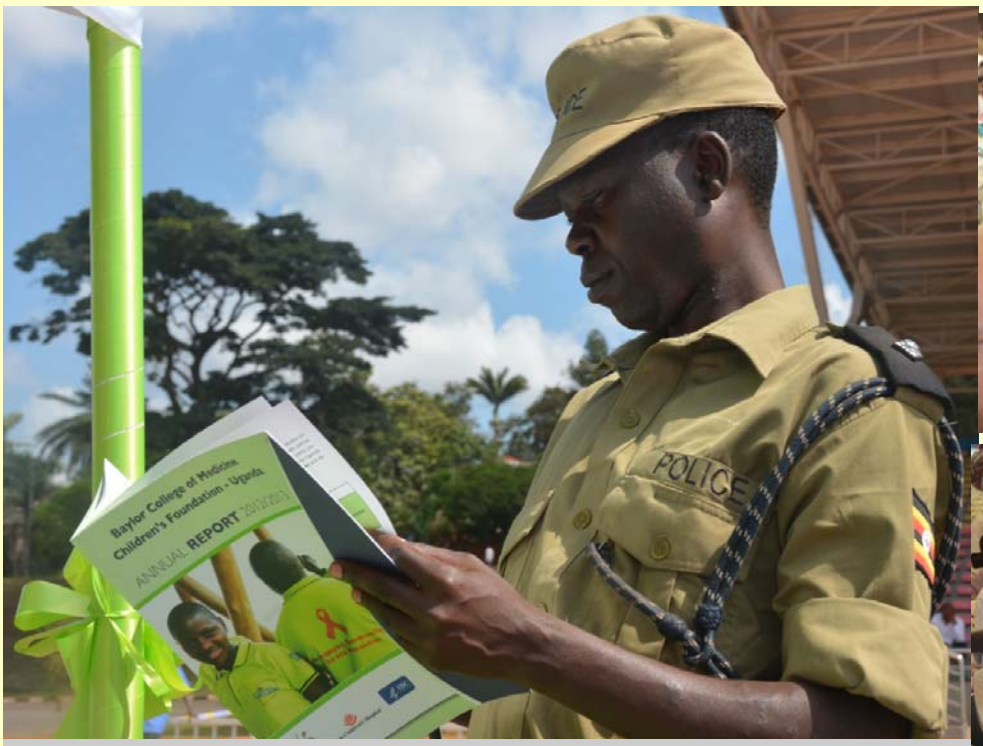
A stern warning came from 18-year old Amelia on false advice given by religious leaders which discourages adherence in favour of prayer alone. '*If you do not take your drugs we will bury you, you may think this is a joke but we will'*, she concluded pointing to the ground and pretending to look into a grave.

This discussion and the young people's views on faith and their adherence were positive and reflected Cissy's view that '*at the moment, due to intensive counseling, and involvement of spiritual leaders / people, many are taking their drugs as well as prayer. They are combining both, though there are may be some who feel that prayer alone can heal them'*.

Pastor Steven Ssegendo of Victory Church, Ndeeba

The young people agreed to have more spiritual leaders being invited to talk to them and offer spiritual guidance even suggesting a religious space where they can hold one-on-one discussions with spiritual leaders would be welcome to discuss more private spiritual matters.

WHAT YOU MISSED DURING THE EMTCT LAUNCH AT KOLOLO ……..Write your own caption



Keeping law and order: This information is very useful in arresting HIV among our children. Once I have this, I will only wait for order from above and take action

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EVERY MOTHER COUNTS IN RWENZORI….. SIGHTS WITHOUT SOUNDS

1

1. It is believed that some Christians such as Adolf Tibeyalirwa were murdered at this place

2. We met this over-turned Subaru but no one was hurt

3. Tea estates and small holder farms provide a beautiful scenery

4. Never dream to be a billionaire. In some places, you can only afford a plate of food.

5. Mothers continue coming to health facilities to give birth.


2


3

4


5

HEALTH

Sleep, Performance and Public Safety

Insufficient sleep may not have led the news in reporting on serious accidents in recent decades. However, that doesn't mean fatigue and inattention due to sleep loss didn't play a role in these disasters. For example, investigators have ruled that sleep deprivation was a significant factor in the 1979 nuclear accident at Three Mile Island, as well as the 1986 nuclear meltdown at Chernobyl.

Investigations of the grounding of the Exxon Valdez oil tanker, as well as the explosion of the space shuttle Challenger, have concluded that sleep deprivation also played a critical role in these accidents. In both cases, those in charge of the operations and required to make critical decisions were operating under extreme sleep deprivation. While the Challenger disaster put the multi-billion dollar shuttle program in peril, the Exxon Valdez oil spill resulted in incalculable ecological, environmental, and economic damage.

In addition to the ties between such high-profile disasters and sleep deprivation, there is a growing recognition of the link between lack of sleep and medical errors in our hospitals. According to the Institutes of Medicine, over one million injuries and between 50,000 and 100,000 deaths each year result from preventable medical errors, and many of these may be the result of insufficient sleep, Doctors, especially newly graduated interns, are often expected to work continuous shifts of 24 to 36 hours with little or no opportunity for sleep.

Although it is difficult to estimate the extent that sleep deprivation plays in medical errors, studies have shown a significant impact. For example, a 2004 study led by Dr. Charles Czeisler of the Division of Sleep Medicine at Harvard Medical School found that hospitals could reduce the number of medical errors by as much as 36 percent by limiting an individual doctor's work shifts to 16 hours and reducing the total work schedule to no more than 80 hours per week.

Have you been mislead by the hullabaloo that sleeping enough is being lazy; and that hard working persons should sleep for not more than four hours?

One of the champions of 4-hr sleep was French military hero Napoleon Bonaparte. He is famously attributed to saying, a normal person should not sleep for more than four hours.

However, on one of the most decisive military incursions, the Moscow Campaign, Napoleon and his army marched into the city not knowing that the Soviets had tactfully withdrawn and set the city a blaze. One can not be falsified for believing that Napoleon was probably suffering from sleep deprivation. That campaign marked the end of his story. (Added by Paul Mayende

Dr. Stuart Quan and Dr. Russell Sanna, Division of Sleep Medicine at Harvard Medical School

BAYLOR STAFF ANNOUNCEMENTS

To our beloved friends (Dr. Miriam Murungi, Catherine Mbabazi, Evelyn Kyosimiire, Charles Okello and Angehulha Kiyonga) who were bereaved during the month, we continue praying for you and the family members to be divinely strengthened during this moment of sorrow.

Although it's difficult today to see beyond the sorrow, May looking back in memory help comfort you tomorrow.
~Author Unknown