



THE BAYLOR MAIL

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BAYLOR UGANDA GETS A NEW EXECUTIVE DIRECTOR

By Joseph Basoga PR Communications & Advocacy Manager

Baylor Uganda has a new Executive Director. After 18 years of service by the outgoing Executive Director Dr. Adeodata Kekitiinwa, let us welcome Dr. Dithan Kiragga.

But who is Dr. Dithan Kiragga?

Dr. Dithan is a public health physician and expert with 20+ years of experience in technical leadership and management of complex health programs in developing countries including post conflict nations. His Leadership and expertise includes; quality of care in service delivery, emergency preparedness and response, public-private partnerships for health sector development, accreditation of

facilities, and development of standards for the public and private sector.

He has great expertise in health policy and advocacy programming within government ministries and stakeholders, domestic resource mobilization and specific expertise in private sector market systems and development. He is a seasoned Public Health Expert, who has for long time provided technical and managerial oversight for Health and HIV/AIDS project implementation across many countries in Africa and Asia.

It should be noted that early in his career, Dr. Kiragga managed the rehabilitation of critical health service infrastructure and establishment of functional health systems for the World Bank, in the post-conflict projects of East Timor and Rwanda, grounding his understanding of programmatic implementation in fragile settings.

His academic prowess, work acumen, shrewdness, tenacity and fortitude enabled him to quickly rise through ranks, to attain the position of the District Director of Health Services in developing countries at an early age.

He later served in many senior level technical advisory and management positions on four USAID projects. Prior to becoming Baylor Uganda Executive Director, Dr. Kiragga served as the Chief of Party of the USAID Regional Health Integration to Enhance Services in the North, Acholi (RHITES-N, Acholi) region of Uganda. His work in the eight Northern districts, covering a population of 1.2 million people speaks for its self. His leadership supported 331

health facilities, to provide quality services, with a focus on Maternal Neonatal and Child Health, Family planning, Reproductive health, Malaria, TB, Nutrition, Health security and HIV/AIDS. As the key USAID/Uganda Partner for Quality Improvement, Dr. Kiragga's leadership supported the rollout of USAID's Quality Improvement Collaboratives across all regions of Uganda.

Dr. Kiragga also served as Chief of Party of the USAID/Uganda Private Health Support Program (PHSP), where he, together with key professionals, established the Uganda Healthcare Federation (UHF), an umbrella group for the private sector in Uganda. Through PHSP, Dr. Kiragga also led the first-ever private sector health sector assessment study, updated Ministry of Health (MOH) referral guidelines, established a Ugandan Labnet (a laboratory franchise) and developed the Self-Regulatory Quality Improvement Standards (SQIS).

He also served as chief of party for the Health Initiatives for the Private Sector (HIPS) Project, where he spearheaded service delivery, Public private partnerships and OVC programs across the private sector in Uganda.

But Dr. Kiragga did not begin at the top. The qualified Doctor from Makerere University trained in Human Medicine and Surgery, started as a Medical Officer at the Mulago National Referral Hospital (1995–1996) and later worked as a Company Doctor at the Uganda Posts and Telecommunications Company; (1996–1997). Dr. Dithan also worked as a District Director for Health Services for the World Bank Health and Population Project in Rwanda (1997–1999). He then served as a Health Planning and Management Advisor (2000–2002) for the USAID Delivery of Improved Services for Health (DISH) II Project, where he worked as a branch office team leader and senior team member for Management Sciences for Health (MSH) project. He later moved to Timor-Leste in Asia where he spearheaded revitalization of health systems under a World bank project. He has also had a stint with Plan Uganda as the Country Health Advisor.

He is currently deep into his PhD in Public Health at Walden University USA. Dr. Dithan also holds a Master of science degree in International Primary Healthcare from the University of London (common wealth scholar), and a Master's degree in Public Health from the University of Liverpool (World bank scholar). He also holds a Certificate in Leadership for Population and Reproductive Health from Johns Hopkins University, Quality of care from Harvard University, to mention but a few.

Born to the late Mr. Dithan Wamala Male and Mrs. Gertrude Nakiwala Male of Masooli Kitetika, Dr. Kiragga attended Kabojja Mugwanya preparatory school (P1-4) and St. Savio Junior School (P.5-7), St. Mary's College Kisubi (UCE and UACE), before joining Makerere University.

Dr. Dithan will steer Baylor Uganda to greater heights in the next 3 years as Executive Director and Principal Investigator in the many researches that Baylor Uganda is working on to ensure that Children and their families live a healthy and fulfilled life.

DIRECTOR OF THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), DR. ROCHELLE WALENSKY VISITS BAYLOR SITES IN UGANDA.

By Joseph Basoga PR Communications & Advocacy Manager



“The CDC values the long and close partnership it maintains with Uganda’s Ministry of Health and our many strong partners like the Infectious Disease Institute”

Dr. Walensky

Director of the U.S. Centers for Disease Control and Prevention (CDC), Dr. Rochelle Walensky, visited Uganda July 27-30 to examine U.S. and Uganda collaboration to protect both countries’ populations from disease threats.

Dr. Walensky’s visit demonstrates the continued importance of U.S.-Ugandan partnership in advancing global health security.

At Mpondwe point of entry, she observed how US investments are supporting outbreak surveillance and response to prevent cross-border disease spread.

Dr. Rochelle appreciated the work done by Baylor brave health workers at Mpodwe for identifying and managing Ebola cases in 2019 and successfully. This prevented community spread in Uganda.

She lauded the partnership between the US and Uganda governments in health and other medical fields, saying it has benefitted the people of Uganda.

While attending a press conference in Entebbe. She is quoted that the Daily Monitor online to have stated said the “The CDC values the long and close partnership it maintains with Uganda’s Ministry of Health and our many strong partners like the Infectious Disease Institute, BAYLOR UGANDA, the Uganda Virus Research Institute, The AIDS Support Organisation (TASO), and many more.” Dr. Walensky met with Government of Uganda counterparts and visited partners working on HIV service delivery, public health workforce development, public health emergency response, and global health security, among others.

She interacted with some of the talented women making advancements in medicine and public health, and setting an example on the importance of STEM education for girls and young women.

Credit extra info; US mission website and daily monitor online

A DAY IN THE LIFE OF YOUNG ADOLESCENTS ENROLLED IN THE BAYLOR KAMWENGHE HIV PEER SUPPORT PROGRAMME



Kamwenge Health center 3 in Western Uganda

At the government facility of Kamwenge Health center 3 in Western Uganda, a group of young adolescents brave the morning cold and drizzle to come to health center for health services. Their motivation to come early at this adolescent center, stems from the fact that the ELMA programme has set up children spaces with entertaining and mind development games. They have board games, building blocks, swings and lots more toys that children use to play.

As games take place, young people are called one by one to the health desk to see a health worker that conducts bleeding. "Bleeding is where we take some blood samples to check on issues like CD4 cell count, Viral load and etc. This is done to monitor progress on suppression and other issues"



Young people play board game -Ludo at Kamwenge Health center 3 in Western Uganda



At exactly 9.00am the adolescent's social worker in charge of Kankarara Village Turyansingura Deo, calls them to order and gathers them at place where they begin an interactive session. " We make sure everyone is comfortably sited, before Provia their leader takes them through carefully selected topical issues like Viral Load, suppression, CD4 count, how to prevent stigma and much more" says Deo

The next session involves role plays and demonstrative interactive learning using simple tools. This is conducted in local language and it lasts for 15 minutes. All this is done under the watchful eye of supervisors who are skilled to guide the question and answers session.

In this session one is empowered to ask about all mythical issues and everything they are not sure about. You will hear innocent questions like, is it ok to swallow my medicine using a piece of meat? Some questions are usually punctuated with laughter and awes but this is done with respect. It is a mixture of fun and learning.



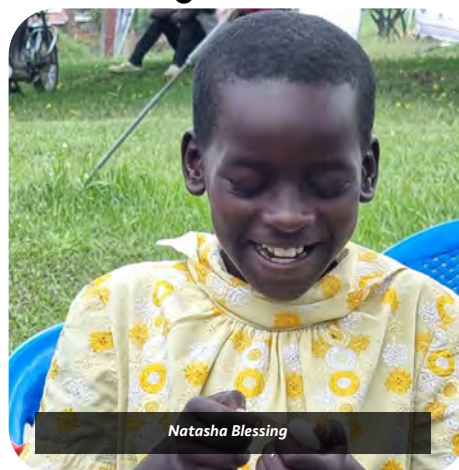
Natasha takes part in a role play conducted by a peer leader



Peer leaders support the session

In the last 3 minutes of this session, Provia handles a recap session where participant adolescents are given chance to talk about what they have learned. This is a kind of take home lessons; call it “pick of the day”, to make sure they both learn and memorize. During the holidays after a long school term, the young people share experiences on stigma and how teachers and nurses have helped them cope and adhere to taking drugs.

Natasha Blessing 7 years is among the youngest attending today in team that has young people ranging from 4 to 19 years. She narrates how her teacher protects her “She has been good to me. She gives me time to rest after class when I get so tired. Other students clean the school compound as I rest” says Natasha a P.1 pupil in local primary school in Kamwenge.



Natasha Blessing



One on one- boys session

The teams then break into gender mainstreamed classes where the girls sit alone and discuss girl related issues like hygiene, family planning, sexual reproductive health and much more. In the male class, peer educators discuss issues to do with abstinence, peer pressure, STDs, stigma, drugs and others.

Infants are allowed to take a break to go and play but before that, they meet with their parents and a special class on DTG a new ART regimen that has been introduced to reduce on the double pill drug burden is conducted. Peer educators consult with parents and care-takers on adherence and any other challenges they may find.

This takes 15 minutes and the breakaway gender mainstreamed class is crowned with celebration of a snack, and a heavy meal of porridge and a biscuit.

“We are happy to have something to eat because after the sessions we used to feel too hungry to walk home on an empty stomach” says Basemera Emily one of the adolescent girls on the programme.

The team of health workers then dispense drugs, provide medical advice according to the results from the bleeding exercise before the young people are sent back home. It takes time but it is very educative and positively involving programme.

As part of the programme, the young people also benefit from scholastic material and families are empowered to set up kitchen green gardens to improve and back up nutritional feeding.

Deo Turyasingura says that the biggest



Snack time

challenge still remains adherence of infants during school since some caregiver forget to remind them to take drugs. The other is stigma which is reducing steadily through follow ups with teachers and community.

Baylor- Uganda in consortium with IBC and WONETHA is in the fourth year of implementing the ACEFORT project supporting comprehensive HIV/AIDS/TB services in Fort portal city and the districts of Kabarole, Bunyangabu, Kasese, Kamwenge, Kitagwenda, Kyenjojo, Kyegegwa, Ntoroko and Bundibugyo.

The project aims to achieve at least 80% coverage of high impact combination prevention interventions in the scale-up districts, provide Healthy, Safe, Stable, Schooled, and case management services to eligible OVC and their families and graduate families out of vulnerability and strengthen governance and systems for sustained epidemic control by 2023.

By March 2022, there were 2,050 children and 4192 adolescents on ART shown in the viral load coverage and viral load suppression was 80% and 91% for children and adolescents respectively. The viral suppression was at 89% and 93% for children and adolescent respectively.

ROAD TO RECOVERY – AN MDR SURVIVORS' TALE

By Sidney Akuma Pr Communications & Advocacy Officer



Apedoi Wilson a citizen of Kaleko Village, Akisimi Parish, Kanyumu Sub county, Butebo District had his world change on 30th March 2022. Prior to this life changing event Mr. Apedoi had been coughing for a while and had chest pain, with other complications. Apedoi Wilson had been bedridden, unproductive and fatigued for some time. Unfortunately, he did not bother to visit the health centre even as his health deteriorated.

A team of Baylor Uganda staff from Butebo

Health Centre IV was conducting community contact tracing under the TB CAST campaign in his home area. When Apedoi's sputum sample was taken. He was discovered to have contracted Multi-drug resistant TB and needed to seek urgent Care.

Apedoi was transferred to Mbale Regional Referral Hospital, where he was treated for one month, when his condition improved, he was sent home for further treatment.

He has a daily drug regimen that's administered from the nearby Butebo Health centre IV and his vitals are monitored to ensure adherence and improvement. The breathing has

normalized, he no longer feels pain in his chest. Wilson has gone back to his farming duties and he can now take care of his family better.

He is grateful to the Baylor Uganda team for the intervention made and promises to adhere to his medication. "I encourage whoever is out there with a persistent cough to get checked out as they may be sitting on a "time bomb". - Says Wilson.

The TB CAST Campaign programme is funded by USAID LPHS-E. It is a five-year project implemented in 15 districts in the regions of Sebei, Bugisu and Bukedi. The project focuses on HIV/TB programming, from prevention to care and treatment.



Mr Apedoi poses with Butebo DTLS Mr Adam



Mr Apedoi Wilson poses for a photo

BAYLOR - UGANDA'S NFM3 PUTTING SMILES ON YOUNG GIRL'S FACES IN RWENZORI REGION.

By Joseph Basoga PR Communications & Advocacy Manager



Asaba Sylvia 24, presents a brilliantly innocent smile from ear to ear. She wipes her little sweat with a red handkerchief, catches her breath and sits down to talk to me. "Master" she addresses me with a title used to address her tutors, "I'm sorry but I am happy today, it felt good scoring the first goal for my team" she says shyly, as I encourage her to with an ok facial expression.

Baylor-Uganda with support from the (TASO) Programm New Funding Mechanism³ (NFM3) organized out of school tournaments and soft skills trainings in the Rwenzori, to empower vulnerable girls and young women in Rwenzori as a tool to sensitize them against HIV as well skilling them to be gainfully self-employed. Sylvia is among the 153 Orphans, Gender Based Violence victims, teenage mothers, school drop outs and others category of vulnerable

girls that are part of the Business Enterprise development assistance programme and receiving a second chance to life at the innovation camp in Buhanika Kigorobyia and Kitooba in Hoima West in Hoima District.

Sylvia narrates an ordeal that that is healing behind her smile. "I conceived my first baby at 16 while in primary six, I dropped out of school and the man responsible denied the pregnancy" This sentence dropped in my mind like bomb in quiet night. Sylvia poses for 2 minutes to contain flowing tears. I give her time to gain composure before we continue the conversation.

Sylvia's single mother, then a factory worker quit her job to take care of her daughter. This motherly care saved Sylvia from committing suicide due to stigma from the community that had branded her a "prostitute and wasted child".

"My mother nursed me up to the time when I gave birth. I owe her my life" she affirms.

But Sylvia's problems were not about to end; when the baby was 3, her in-laws claimed her and forcefully took her from Sylvia. "for 4 years" I was demonized for being a bad mother until the community that had earlier seen how resilient I was, forced them to give me back my baby" The child **"names withheld"** is now 9. The baby's mother is now a skilled Baker. "I'm going to take this second chance very seriously, I have learned to make cakes and other snacks. My dream is to use this income I can get to give my child an education and decent living" she says with a smile.

Kyomugisha is also part of the team playing today in the out of school tournament. She is the captain of the 9 women Police team. The 25 year old single mother from Kigorobyia Ndarige II also dropped out of

school in Primary six. She got pregnant at 18 after her father had passed away. "I thought my baby's father loved me. But when he discovered I was pregnant with child, he abandoned me. I was devastated to the extent that I nearly lost my child " She says.



Nyangoma Anna-Mary from Kiseke Hoima proudly displays her products

Her only new hope was when mentors from the second chance programme enrolled her to the Baylor-Uganda with New Funding Mechanism3 (NFM3) second chance baker class. "This is what I needed and making cakes is going to save me from this misery, I will use the skill to get an income to take care of my baby"

Tusiime Maureen 17 was abandoned by her father at infancy. "I have never seen him" she exclaims with such annoyance! In brief, her dad left her mom after conceiving Tusiime and he has never returned. Her single mother could not afford to take her to school so she was enrolled to the programme up as a vulnerable young girl.

While at the camp. You listen Story after story. Each girl child has her own narration. But perhaps the most eye-brow raising story is that of Nyangoma Ana-Mary, 18 who was who was allegedly made pregnant by a Police Officer in Kiseke Hoima. Nyangoma dropped out of school and the police officer never wanted to look at her again. "He was arrested, and later released and he still

serves the force but never takes care of my baby” the vulnerable mother who was previously surviving by doing house hold chores for well to do families is now a skilled Baker with a full starter-pack ready to start a new business and a new life. “Baylor has really opened up my mind to many things including enabling empowering me with information on how to avoid HIV/AIDS and how to live positively”. She said.

Just like Nyangoma there are other young girls who have been skilled in basket weaving. They have perfected the skill and ready to change livelihoods.



AGYWs enjoy a game at the innovation camp

Baylor-Uganda has been implementing the Global Fund grant for TB/HIV since 2018 as a Sub-Recipient from TASO the Principal recipient of the Global Fund for non-public sector (UGA-C-TASO). Baylor-Uganda received the New Funding Mechanism3 (NFM3) this year 2021 to continue implementing HIV prevention activities in Cluster districts including; Bundibugyo, Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyegegwa, Kyenjojo, Ntoroko, Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo, Masindi, Kassanda, Kayunga, Kiboga, Luwero, Kyankwanzi, Mityana, Mubende, Nakaseke, Nakasongola and Buikwe

BAYLOR - UGANDA ROLLS OUT eLIF SYSTEM COVID DATA TRAINING IN KAMPALA.

By Joseph Basoga PR Communications & Advocacy Manager

“Laboratory testing is one of the essential components of diagnosis. Laboratory reporting remains poor especially in private facilities in Uganda. Quality laboratory service is useful for increased disease detection, effective patient management, and rational drug use” This was the opening statement made by Jacob Muhire Health Informatics Analyst at the training for Laboratory technical staff from 7 health facilities from Nakawa Division in Kampala.



Jacob Muhire Health Informatics Analyst, guides participants on how to operate the eLIF APP

Baylor Uganda with funding from GIZ trained over 40 health workers from Kampala city private and public health facilities, is to strengthen COVID-19 laboratory data management, reporting, and use. The eLIF system which is an electronic tool that captures bio and laboratory information data used to strengthen indicator-based surveillance for diseases like Covid -19, TB, Hepatitis B and many other vaccineable diseases.

The Manager for the Global Health Programme at Baylor Rogers Kisame said that “the aim is to skill all Laboratory technical staff to be able to enter results and attach them to the bio and laboratory information data for the viewers of the system to able to review the entered

information”. At the same training Kibanga John Baptist Regional Global Health officer for Baylor attribute the eLIF system to one that will improve reporting in the selected public and private health facilities on COVID-19 laboratory data. The system training programme will be rolled out in Kawempe, Makindye and Nakawa divisions”. Baylor Uganda, in working with the Ministry of Health recognized the need to expand and develop quality laboratory services as part of grater framework of health system strengthening within resource-limited settings.

The Initiative funded by GIZ is part of the effort to strengthen service delivery, by instituting laboratory quality management system at all laboratory levels. Baylor intends to rollout eLIF system use over 120 health facilities with laboratory persons trained.

Baylor GIZ project in charge Alinde Agnes said that the one year programme monitors 30 private and public facilities in Kampala will end in March 2023.



Baylor staff Winnie Agwang Lab Tech Officer guides participants on what to do.

BLIND, OUT OF SCHOOL BUT LIVING POSITIVELY

.....the story of Turyasingura Andrew Baylor Elma client from Kitagwenda in Western Uganda.

In the little known village of Kyanihurira, Kitagwenda District in Western Uganda Nyabana Health center 3 serves over 200 clients on a clinic day. Among the many clients is Andrew Turyasingura. Turyasingura is a man with multiple challenges; He tested HIV positive 17 years ago, has nearly lost site in both eyes only to be saved by a minor surgery recently, that partially saved his sight. He is living positively with a suppressed Viral load.



Turyasingura Andrew blind but living positively

Turyasingura got HIV from a mother to child transmission. His mother only discovered that she was infected after giving birth to Turyansigura. By then, the Prevention of Mother to Child Transmission (PMTCT) services were had to come by in remote areas like Kyanihurira. "His father died and I only came to know I was infected, 2 years after giving birth to my son" said his 41 year old mother Tumushabe Sentrina.

Turyasingura however came to know of his status after he had been admitted with a painful eye infection. "I used to feel like there was sand and dust in my eyes but when I visited the hospital for eye checkup, my mother also insisted that I should be tested for HIV, and results turned out POSITIVE" said Turyasingura who doubted this for almost 3 years since the eye issue had cleared.

At the nearby Ntara Health center, he was enrolled on ART, at the age of 3 and 2 years later, he was referred to Nyabana Health center 3 after Baylor introduced HIV services at the facility.

"Baylor - Uganda has made it easier because we are now given drugs that could last for four months at a go" said Sentrina smiling. Turyasingura dropped out of school in P7 because his eyes could no longer support his sight. He used to change schools due to stigma from fellow students. His recent attempt was to join a mechanics workshop to get skilled motor vehicle repairs but still his site worsened and he lost the chance to becoming a dream mechanic.



Turyasingura and his mother smile at each other

His says he is saving every little money he earns as a temporary casual laborer to buy a Boda motorcycle for business. "I know with good adherence I have many years to live, if God continues to give me good sight, I will work hard to support myself and my aging mother" he affirms.

Baylor- Uganda in consortium with IBC and WONETHA in, Kamwenge, Kitagwenda, Kyenjojo and other western Uganda districts aims to increase the proportion of

PLHIV who know their HIV status to at least 95% by September 2023 and to achieve at least 80% coverage of high impact combination prevention interventions in the scale-up districts by 2023 among other things. By March 2022, there were 2,050 children and 4192 adolescents on ART with a viral load coverage and viral load suppression of 80% and 91% for children and adolescents respectively.

Turyasingura and his mother are part of the success so far achieved

BAYLOR-UGANDA PARTICIPATES IN BUNYORO KITARA KINGDOM EMPANGO RUN 2022.

By Honorata Twebaze, Pr Communications & Advocacy Officer - Bunyoro

Over 500 people participated in a run organized by Bunyoro Kingdom on May 09, 2022. The run is part of the activities to mark the 28th anniversary of the coronation of the Bunyoro kingdom leader, Omukama Solomon Rukirabasaija Agutamba Gafabusa Iguru I.

According to the Bunyoro Kingdom Prime

Minister Rt.Hon.Andrew Kirungi Byakutaga, who flagged off the run, this is a way of mobilizing the subjects to raise awareness and celebrate the Omukama's coronation alongside the target of the run. Byakutaga said that the proceeds realized from the run which will be used to procure an operating theatre for Kikuube Health Center IV



Baylor Uganda, through the Global Health Security team, offered COVID-19 vaccination services to the masses. The mass vaccination at the run helped to meet the national targets for the district of 70% majority who got vaccinated are now waiting for 2nd vaccination dose which will be done in due course run. Most of the people already got all their doses and are waiting for 6 months to elapse and they get booster doses.



BAYLOR - UGANDA EXCELENTLY SCORES IN THE CDC-FUNDED SIMS EXERCISE IN BUNYORO.

By Honorata Twebaze, Pr Communications & Advocacy Officer - Bunyoro

Baylor - Uganda's ACE-Bunyoro team recently hosted a team from the Centres for Disease Control (CDC) in a SIMS audit entry meeting that took place in Hoima, Buliisa and Masindi districts. The visits were mainly to evaluate the use of Site Improvement through Monitoring System (SIMS) in selected districts of Bunyoro region. SIMS is a quality assurance tool used to monitor and improve program quality at PEPFAR-supported sites that guide and support service and non-service delivery functions. PEPFAR developed the Site Improvement through Monitoring System (SIMS) to ensure HIV and TB implementing partners deliver high-quality HIV services.

The team, led by Dr. Jennifer Galbraith the Sustainability advisor for CDC Uganda, supported by the Baylor Uganda staff from the region, did the site visits using a standardized tool, that consists of a rapid assessment of services provided at CDC-funded health facilities. Using the 4-color scoring criteria (red, yellow, light green and dark green), the visits examined core components of service delivery for HIV-infected patients. Proudly, all the health facilities visited (Hoima RRH, Biiso HC4 and Masindi RRH) scored above 95% meaning they majorly scored green in key areas.



The team in a group photo with the DHO Hoima District after the meeting.

It was also noted, that additionally, SIMS has led to tangible and sustainable changes that positively affect facilities' delivery of care. Some examples of substantive changes include; Physical modifications in sites' systems. One specific example of positive change that stood out was registered at Biiso HC4 where the use of VHTs to bring back to care significantly grew the numbers at the health facility. Also, the team at the facility. The use of the raspberry pi has also saved situations where power abruptly goes off as it does the same work as computers.

Staff adherence to guidelines. SIMS is always seeking to be in lock-step with the evolving changes made to standards of care. With task distribution and weekly strict monitoring of staff, health facility heads noted that there has been increased adherence to guidelines.



Dr. Jennifer Galbraith, supported by Dr. Geoffrey Ndikabona mid evaluation of administration & commodities at Biiso HC4.



Group photo moment for the team involved in the evaluation at Biiso HC4.

To ensure there is local leadership support, the team met with the DHOs and CAOs of Hoima, Buliisa, and Masindi districts. This is because, Baylor-Uganda, as CDC's implementing partner, is charged with helping districts strengthen their capacity to eventually take on the lead role of supporting HIV facility services. SIMS creates room for ensuring that district engagement with CDC partners is ongoing, reflective of joint planning, and leading to a period of transition from CDC-supported sites to district-supported sites. Baylor Uganda, supported by CDC not only contributes to the provision of care through human resources but the processes that lead to sustainable health systems strengthening. According to Dr. Dirisa Musisi (CDC), "Data use is the way to go to identify with precision, areas to support so it is part of systems strengthening that districts are supported in ways like SIMS."



Kenneth Byoona (GHS Regional Coordinator) shares COVID-19 vaccination details while Dr. Peter Mukobi, the Director Hoima Regional Referral Hospital looks on. This was in the hospital's EOC.

The Hoima EOC under the leadership of the Director HRRH impressed the CDC team with the hospital's EOC's contribution in generating data that supports decision-making to address emerging issues in the region.

important role our teams play in the national scale-up of HIV/AIDS prevention, care, and treatment," said Adeodata Kekitinwa, ED Baylor Uganda during the final debrief that marked the end of the regional SIMS audit visit which was held via echo zoom in the Masindi district hall.

"This visit and the results signify the



L-R: The team poses for a group photo after meeting the Bullisa and Masindi district leadership, respectively.

By the end of the visit, the teams in the region were better positioned to; Make necessary shifts to inform their operational plans, monitor service delivery sites in all program areas, use data and quality-assurance outcomes to improve services, and recognize successes and share best practices among partners.



L-R: Echo-zoom facilitated closing debrief and the team from Masindi hospital that participated in the evaluation respectively.

The CDC has been a strong partner and supporter of Baylor's efforts in Uganda since the paediatric HIV/AIDS program first reached the country in the early 2000s.

SPINAL TB PATIENT WALKS AGAIN AFTER MONTHS OF PAIN.

By Honorata Twebaze, Pr Communications & Advocacy Officer - Bunyoro

During the commemoration of World TB day in Uganda on March 25th 2022, it was noted that TB remains one of the world's leading causes of death, with an estimated 30 deaths and 223 people contracting TB every day in Uganda. TB usually attacks the lungs, but can also affect other parts of the body including the bones, sometimes leading to disability. Anyango Vicky, a mother of 5 and an HIV-negative female from Alero B village, Kigumba sub-county Kiryandongo District, was in good health, supporting her husband to sell dry grain, tend to their retail shop, and run other family activities, when a strange disease put her down and never left her the same. Vicky recalls that the disease started after she had given birth to her fourth child. "It started in January 2021 as mild pain in my lower back and would end with headaches and cold shivers all over the body, especially in the evening. Shortly thereafter, I couldn't even lift a finger. I felt my body was numbed in pain. I lost a lot of weight and self-confidence. Many said it was witchcraft. I did not take it seriously and only took painkillers. Besides, we did not have money to go to the hospital," she narrates.

A year later, the pain had failed to subside. Vicky's husband, Thomas, took her to seek medical treatment at a Hospital in Gulu where she was given an orthopedic corset to correct the spinal code that had changed position and had started protruding

following a bone infection that was diagnosed on x-ray. The pain, however, did not subside despite the corset and taking painkillers for the whole year. The husband decided to reach out to Oyuku Tom, a nurse they knew well around the village. Tom is the TB focal person at Dima HC3 in Kiryandongo District and had attended training supported by Baylor Uganda. After reviewing her medical file, and seeing her very frail and weak structure as she was unable to hold a cup, sit up or walk straight, he suggested that she gets tested for TB and have a repeat x-ray. In February 2022, they returned to the hospital in Gulu, this time, with Tom in tow and she was diagnosed with spinal tuberculosis and started on anti-TB treatment.

In April 2022, barely two months into the treatment, Vicky was on her feet but with the help of a walking stick; something they had not seen her do since late 2021. For the past 4 months, she has continued to respond well to treatment. She adheres to all clinic visits, and treatment and wears her orthopedic corset religiously. By the time we visited her home, she was juggling tending to the clients at their retail shop and laying out grains to dry, something she had given up on. The mother of 5 has since gained back more than half her original weight (She weighed 70kgs before the illness, was 50kgs by the time of diagnosis, and is now at 62kgs, just 4 months into the treatment).



Vicky tending to the dry grains and stall in front of their retail shop. On the right, Thomas, his wife and child during the story coverage.

Full of praises for Baylor Uganda which supports Oyuku Tom (the TB Focal person) is Vicky's husband. "I am thankful for our guardian angel, Tom Oyuku, who dropped everything and used some of his resources to save my wife's life. With Baylor Uganda's support, he was able to continually offer psychosocial and medical support," he shared. Vicky's is a journey of support from family especially her husband who has never left her side and the TB Focal person who still offers psychosocial support to her.

THE ONE YEAR BAYLOR PROGRAMME COOPERATIVE AGREEMENT (PCA) SIGNED WITH UNICEF CLOSES OUT IN NAMAYINGO AND KAMULI DISTRICTS (31/5/2022 & 1/6/2022 RESPECTIVELY).

By Joseph Basoga PR Communications & Advocacy Manager

After one year of a very beneficial cooperative agreement (CPA) that saw Baylor - Uganda support Namayingo and Kamuli Districts to strengthen health systems, the Baylor - Uganda UNICEF PCA has come to an end.

In Namayingo alone, Baylor - Uganda helped to increase enrollment of the Health

workforce from less than 50% to 75%. This statistic will help to greatly increase health worker patient ratio and improve service delivery, especially in the in the lower health units in Namyingo District. In Kamuli District the enrollment of the District Health teams increased from 75% to 100% through Baylor - Uganda's support to the district service commission.



The Namayingo District Vice Chairman LC V Hajji Twaha Kawuta addresses a close out work-shop as a health worker from Namayingo listens in.

The Namayingo District Vice Chairman LC V Hajji Twaha Kawuta was appreciative to Baylor - Uganda for helping to close system gaps. "Specifically, Baylor - Uganda supported recruitment in Namayingo District which has improved from 51.6 percent to over 72%. It should not go unmentioned that so many activities related to improved community awareness on disease prevention and health promotion were carried out" Said Hajji Twaha. However, he said that the district continues to be challenged by floods because two thirds of the district is covered by islands.

This leaves the district with limited farming area causing an even bigger challenge of food shortages and as a result, many young people have turned to illicit ways to survive which has exposed them to many Sex related illnesses. Namayingo district has one health center IV that is expected to perform 15 percent of C-section deliveries in the district.

At the close out it was revealed that the biggest cause of child morbidity and mortality in the district is malaria mainly facilitated by mosquitoes in water-logged

areas. “We have waged war on misuse of mosquito nets because we may not have another opportunity to have partner to provide this ” said Hajji Twaha. The other diseases under serious intervention include Pneumonia, Acute Diarrhoea and UTI’S in that order.

As part of their DHSS mandate, Baylor-Uganda among other things supported TB reviews, development of annual work plans to inform activity implementation. Additionally, Baylor-Uganda, supported partner coordination meetings and trained Health unit management committees that substantively act as a governance council for the health facilities hence improving their capacity to provide over sight functions to the health units .

Baylor - Uganda Interventions in areas like Banda, Buhemba, Lolwe and Namayingo Town council increased awareness in regard to malaria prevention including GBV and teenage pregnancy which have consistently been a source of suffering in the district. Baylor - Uganda supported talk shows that mobilized and sensitized on the uptake of health services and also conducted dialogues on SRH/HIV for adolescents and RMNACH/PMTCT including GBV for the adults.



Facility-In-charges attend the close out.

Kangaroo mother care initiation among the low birth weight babies in Namayingo district did well at 100% in the last quarter under review (January-March 2022). Better still, 99% of all women who tested HIV positive in the health facilities were enrolled on ART as recommended. Namayingo district commended Baylor-Uganda for supporting the district efforts through mentorships which has greatly built capacity of the health workers in using the new MOH guide lines and protocols.

In Kamuli. Baylor-Uganda’s intervention strengthened Health systems especially in the areas of data collection, reporting and usage. The CAO Kamuli, Mrs. Tappy Namulondo said that, “Baylor-Uganda is well known nationally in building capacity of health workers and therefore Kamuli district must work hard to grow this capacity and skills acquired so far”. In the areas of data collection, there still remains a challenge of providing complete and accurate data. This challenge is mainly caused by limited internet access, expensive internet data and a few HMIS tools not yet grasped by the officers carrying the exercise. This has affected timely delivery of data for decision making and there is critical need to close the gap.



Kamuli District Health team poses for a photo during the closeout at the district.

The top diseases which are a source of hospital attendance in Kamuli district include malaria, colds & flue and pneumonia.

The programme has built the capacity of the district to adopt and implement a one health-plan to facilitate political and strategic health leaders to manage all health issues.

Under Baylor-Uganda stewardship, 94% of babies were successfully resuscitated, viral load suppression by way of providing sustained Paediatric ART fell short of the PEPFAR target score of 95% and the district technical leadership has pledged to do more mentorship and accredit more sites to provide Paediatric ART.

Baylor-Uganda signed a one-year cooperative agreement with UNICEF called “Strengthening technical and management capacity of District Local Governments for Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH), WASH and education services to cover 10 districts in Western and East-Central zones of Uganda.”



The PCA was aimed at improving access and utilization of RMNCAH, education, and WASH services in 10 districts of Uganda as well as the reduction in the supply and demand bottlenecks in the health systems, in underserved populations in the 10 selected districts in the Western ((Kasese, Kamwenge, Kyegegwa, Kikuube, Mubende, Isingiro and Ntungamo) and East Central zones (Kamuli, Tororo, and Namayingo)

BAYLOR - UGANDA WORKING TO IMPROVE CERVICAL CANCER SCREENING AT INFECTIOUS DISEASES CLINIC MBALE REGIONAL REFERRAL HOSPITAL.

By Sidney Akuma Pr Communications & Advocacy Officer

Baylor-Uganda's USAID LPHS-E and the clinic administration led by the Clinical Care Coordinator, has provided space and equipment to screen cervical cancer clients at the IDC facility in Mbale. The one-stop center for services will enable clients to access all the necessary services at the facility without crossing the road so as to receive services from the annex of the hospital.

Cervical cancer screening had greatly lagged behind at the Mbale Regional Referral Hospital with a total number of only 5675 in care in the largest facility that acts as regional referral for the bigger population in Bugisu subregion.

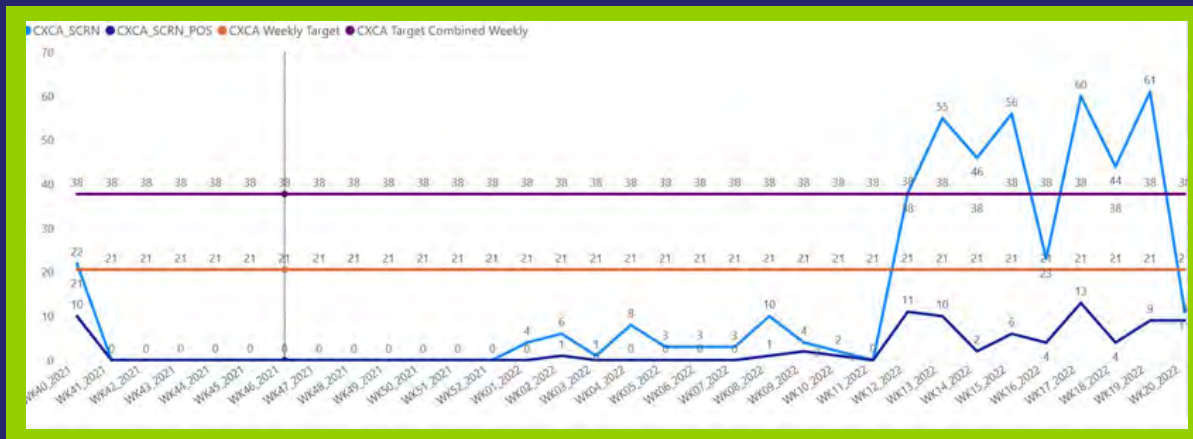
Figures indicate that the number of women eligible for a cervical cancer screening in Mbale region stands at 1,071. The numbers of those screened at week 52 of COP year 22 stood at 0 and this was attributed to a number of reasons including:

Health workers had earlier attributed this to limited screening facility at the existing IDC clinic where women who were due for screening were supposed to be attended to. There was also a challenge of lack of an autoclave at the facility to sterilize tools used in screening such as speculums, faucets and kidney dishes.

Poor community mobilization by community health workers leading to a low

turn-up of clients for screening and the lack of integration of cervical cancer screening in regular ART clinic days hence clients missing out on the opportunity to get screened also contributed to poor cervical cancer screening results

CERVICAL CANCER SCREENING DASH BOARD FOR MBALE REGIONAL REFERRAL HOSPITAL



Baylor-Uganda USAID LPHS-E and the clinic administration led by the Clinical Care Coordinator, (name) has provided space and equipment to screen cervical cancer clients at the IDC facility in Mbale. The one-stop center for services will enable clients to access all the necessary services at the facility to avoid . This eliminated the need to cross the road so as to receive services from the annex of the hospital.

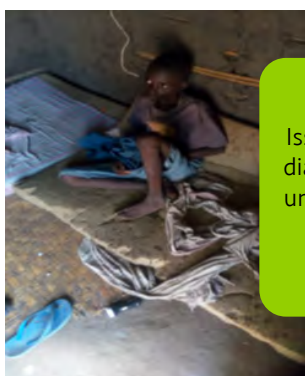
The supply of 500 kits of HPV brushes by National Medical stores greatly aided the self-sampling. Clients who preferred privacy had the option of sample collection at their own convenience and this greatly

improved screening. This was evidenced by the jump to 55 clients screened and 10 positive cases discovered by week 13.

Improving community mobilization through follow-up calls and door-to-door mobilization through the lay workers. This dynamic method of getting clients improved the uptake of cervical cancer screening among the clients.

With 460 screened out of a total 1071, IDC needs to increase its efforts so as to achieve its PEPFAR targets. This shall also include innovating so as to come up with methods to attract more clients for screening.

THE STORY OF DDUMBA ISSA



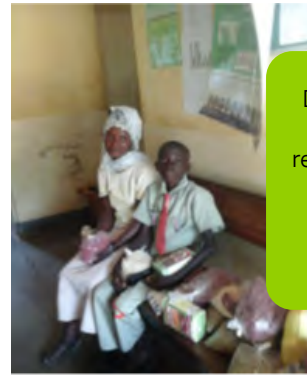
Issa Ddumba had been with diarrhoea for 4 days. He was unable to stand and walk by him self.



Issa Ddumba was enrolled into Baylor-Uganda TB Programme and was admitted in hospital. After a few days he was able to feed him self.



Issa with Clare (Baylor Staff) on the date of discharge from Kilembe Mines Hospital he had gratefully improved.



Ddumba Issa and the care taker (Family friend) receiving the rationed foods from Baylor-Uganda at Muhokya HCIII, 30th Jan 2022.

UGANDAN HIV POSITIVE CHILD DREAMS OF BECOMING A DESIGNER.

By Joseph Basoga PR Communications & Advocacy Manager

Along the small paths that lead through the nicely curved green hilly plains of Kitagwenda in Western Uganda, Difan Ainembabazi 14, is seen neatly dressed in a tailored purple dress. She walks hand in hand with her mother wearing a kitenge with a head black cap. As they approach the Nyabani Health center 3 to collect their ART regimen, Difan and mum notice that the group sitting under a tree is staring at them and they shyly smile.



Komwasa Jennifer and her daughter Difan

Difan has a hearing problem. She is partially deaf, but living positively with HIV. Difan's mum Komwasa Jennifer was married in an abusive relationship at Nganiiko Trading center in Kitagwenda. When I complimented her dressing, the mother was quick to reply "Yes I don't think she heard you well but she dreams of becoming a tailor" Komwasa Jennifer's husband concealed her status for all through his life. He always told her the medicine he was taking was for cancer. "Every time, I wanted to escort him to hospital, he would turn me down until he was so sick to go by himself" said mum Komwasa Jennifer. "The day I took him to

hospital is the day I discovered he had been taking HIV/AIDS drugs" she said with a sad face.

After his death, the mother who was already pregnant with Difan, tested positive after at one of the antenatal clinics. Through breastfeeding she passed on the virus to her daughter. She was then enrolled on ART and is now living a much healthier life. "This was a rescue for me, I was scared of losing my baby after losing my husband, but see 14 years later we are still alive, I'm grateful " she says nodding positively.

Difan dropped out of school due to hearing impairment, but the mother is determined to help her pursue her childhood dream. She has registered to enroll in a tailoring school. "If I don't get money for this, I will attach her to a salon, to learn how to style hair" said her mother adding that she is gifted to design things.

Baylor-Uganda in consortium with IBC and WONETHA is in the fourth year of implementing the ACE-FORT project, and is supporting comprehensive HIV/AIDS/TB services in Fort Portal city and the districts of Kabarole, Bunyangabu, Kasese, Kamwenge, Kitagwenda, Kyenjojo, Kyegegwa, Ntoroko and Bundibugyo.



VIRAL LOAD HEALTH INFORMATION EXCHANGE.

By Sidney Akuma Pr Communications & Advocacy Officer

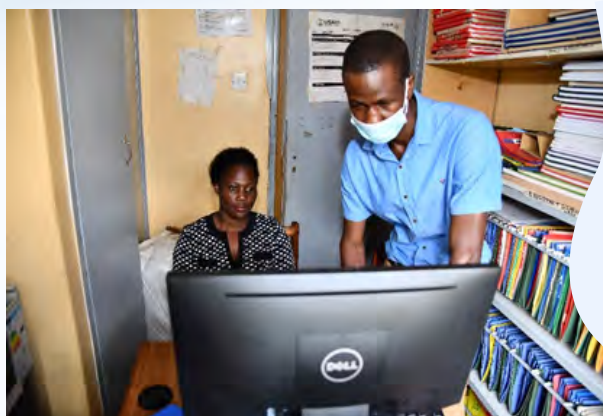
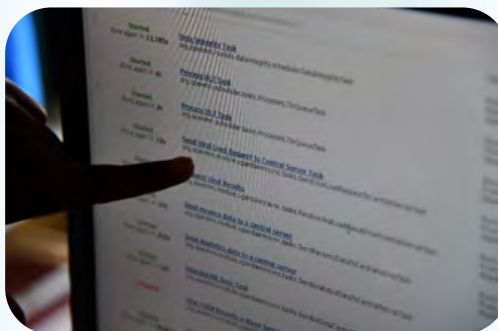
Osukuru HC III located in Abwanget Village, Osukuru Sub-county has an ART clinic that serves 360 clients of which 10 are children. The health centre sends about fifteen samples to CPHL Hub at Tororo hospital every week. Before the installation and upgrade of the Uganda EMR that supports Information Exchange, a hub rider would pick the samples from the health centre on every Thursday and return with results of samples that were sent to the Hub. The results would be manually entered by the Data Assistant on the Uganda Electronic Medical Records system so that the clinician would offer treatment. This process would drag as the facility waited for viral load results. Adults would have their results back in not less than 4 weeks and up to 12 weeks for children between 0-19months.

Following the introduction of the Viral load health information Exchange, as soon as the client is bled, the sample Identification number is captured in the EMR. It is sent electronically to Central Public Health Laboratory while the Hub rider delivers the samples to the Hub. Immediately the results are published electronically, they are

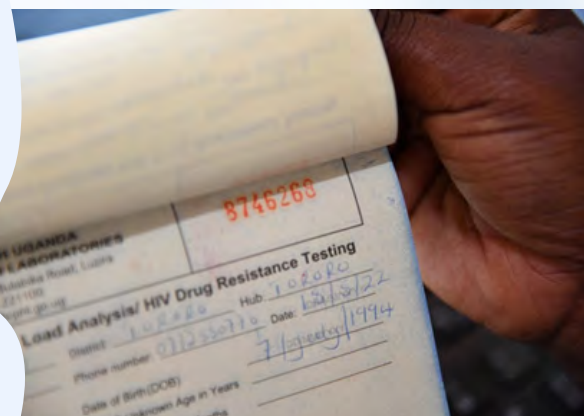
uploaded and the data assistant can download them with the aid of an active internet connection which USAID LPHS-E provides. The hub rider also picks the printed results and delivers them after for filing.

The introduction of this system has greatly improved the turnaround time for results with clients being updated under four weeks. Akello Freda, the data assistant at the facility acknowledges that the improvement has been a bigboost especially for clients who are non-suppressed. They are given intensive Adherence counselling and monitored regularly. This improvement in the delivery of results has the team working on the 15 non-suppressed clients which ultimately improves the viral load coverage of the facility.

Osukuru HC III Health Information systems is supported by USAID Local Partner Health Services - Eastern Region Activity implemented by Baylor-Uganda. The five year project based in the Sebei, Bugisu and Bukedi regions deals with high quality comprehensive HIV/TB prevention, care and treatment.



Daniel Opuch Health Information Systems Officer, Baylor-Uganda, showing a Data Assistant the new features of the upgraded EMR version 3.3.7



The unique number used to track the movement of samples at CPHL hubs in Tororo District.

LAUNCH OF THE FORT PORTAL REGIONAL PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE

By Diana Loy Akongo, Pr Communications & Advocacy Officer - Rwenzori



State Minister for Primary Health Care Ms. Margaret Muhanga cuts tape to launch RPHEOC

The Fort Portal region officially had its Regional Public Health Emergency Operations Centre (RPHEOC) launched on 11th July 2022 by the State Minister for Primary Health Care, Ms Margaret Muhanga. The centre which is housed at the Fort Portal Regional Referral Hospital is to support the region in early detection of disease outbreaks in the communities and help the Ministry quickly respond to them. She said that after the detection of diseases, the ministry will respond quickly to evacuate and treat the suspected case.

The RPHEOC was birthed during the Covid-19 pandemic with the regional District Health Officers forming a regional coordination mechanism to keep abreast with the cases and response in the Fort Portal region. The regional mechanism held weekly meetings where they shared district level data and updates on covid-19. The Director of the National Public Health Emergency Operation Centre, Dr Isa Makumbi, said the Rwenzori region is prone to disease outbreaks but the facility will help them to control the diseases.

"This region (Rwenzori) is vulnerable to emergencies of diseases but this time we want to control these diseases at the source to stop their spread to other communities," he said.

The Fort Portal Regional Referral Hospital Director, Dr Alex Adaku, said the new facility will help to easily detect diseases and quicken coordination with the Ministry of Health for response.

"This time we shall be able to analyse data in time and respond immediately with relevant authorities on emergencies," he said.

The event was graced by technical officers from around the Rwenzori region including Resident District/City Commissioners, Chief Administrative Officers, District Health Officers, LCV Chairpersons, departments dealing with human and animal health and the Ministry of Health.

The operations of the centre are funded by the Ministry of Health in partnership with the US Centre for Disease Control through Baylor Uganda under the Global Health Security project. It is expected to help the region in sharing data on the outbreak of emergency diseases such as; Ebola, Crimean Congo Haemorrhagic Fever, and Rift Valley Fever among others.

For the last five years, districts along the border with DR Congo, especially Kasese, have been experiencing the outbreak of Crimean Congo Haemorrhagic Fever and Ebola and many lives have been lost. The presence of the RPHEOC will support surveillance efforts along the porous border areas to curb outbreaks.



PICTORIAL



L-R Dr. Amy Boore - CDC GHS Director, Dr. Dithan Kiragga-ED Baylor-Uganda, Dr. Adeodata R. Kekitiinwa Former-ED Baylor-Uganda, Dr. Henry Mwebesa-Director General Health services, Hon. Benard Tungwako-FORMER Prime Minister Tooro Kingdom, Hon. Min. for PHC-Margaret Muhanga, Hon. Richard Rwabuhinga-Chairman LCV Kabarole district, Mr. Angalia Godwin Kasigwa-RDC Fort Portal City, Dr. Daniel Kyabayinze-Director Public Health MOH.



Baylor Texas team welcomes Baylor-Uganda's new Executive Director Dr. Dithan Kiragga (with specs at the back) and bid say farewell to former ED Dr. Addy Kekitiinwa (2nd left at the back-navy blue).



L-R Dr. Pauline Amuge, Paediatrician, Research Coordinator and ODYSSEY Trial Manager, Dr. Patricia Nahirya, Programme Outcomes and Knowledge Manager, Prof. Nicolette Nabukeera, Senior Lecturer Dep't of Paed MUK, Ms. Rashida Nakamyuka Msc Pharm student and grant winner, Prof. Annette Nakimuli, the Dean School of Medicine, Dr. Kaddu Mukasa Deputy Dean School of Medicine, Dr. Dithan Kiragga Baylor-Uganda ED, Dr. Ezekiel Mupere, HOD Paed and child health.



Dr. Mupere, Prof. Nakimuli and Dr. Kiragga hand over a scholarship award to Nansubuga Caroline, MUK student of Paediatrics and Child health. The 2 beneficiaries of UNIVERSAL project capacity building activities were sponsored by PENTA, funded by EDCTP2 and CIPHER.



HPTN Team with Monitors



Staff of Butaleja District and USAID LPHS-E pose for a photo after the inception Meeting on American Rescue Plan Act (ARPA). The Catalytic fund looks at preventing unwanted pregnancies among adolescent young girls.



Baylor-Uganda Choir.



AGYW beneficiaries under Baylor-Uganda NFM3/TASO programme in Kiboga



Baylor-Uganda NFM3 AGYWs graduation in Hoima City.



Baylor-Uganda NFM3 AGYWs graduation in Hoima City.



A health worker dispenses drugs to a beneficiary mother and baby under the Baylor-Uganda UNICEF programme in Nagongera, Tororo.



AGYW in Kamwenge receives bicycles by UNICEF



Dr. Richard Ayebare, Senator of Hakizimana, receives the token of appreciation on behalf of BU from the Hoima City AGYW class of 2022



GHSD District and Elyanu

Dr. Addy's farewell in pictures



L-R Dr. Paul Tumbu-PM, LPHS-E, Former ED Dr. Adeodata R. Kekiitinwa and Dr. Dithan Kiragga in Mbale during the introduction of the new ED to stake-holders.



Laboratory team Celebrate Dr. Addy



Family celebrates Dr. Addy



Barbra Kemigisa one of the pioneer beneficiaries of the Mulago COE clinics celebrates Dr. Addy



Some members of the Board Celebrate Dr. Addy



Donors celebrate Dr. Addy



Some of the friends that turned up to celebrate Dr. Addy



Dr. Addy cuts tape as she enters COE farewell party venue

Dr. Dithan's Welcome



ED at ELMA



ED at Uganda Aids Commission



Dr. Sabrina Kitaka & Dr. Mupeere welcome Dr. Kiragga



ED at IDI



Dr. Kiragga at UNICEF offices



ED at TASSO office



ED in Bunyoro



ED in Rwenzori



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For any views and feedback on this newsletter or
Baylor Uganda in general, please write to:
The Chief Editor, Baylor College of Medicine
Block 5, Mulago Hospital | P.O. Box 72052 | Clock Tower Kampala, Uganda
Tel: +256-417-119100/200/125
Fax: +256-417119166

Mail: admin@baylor-uganda.org

Facebook: Baylor College of Medicine Children's Foundation Uganda

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Website: www.baylor-uganda.org