



Message from the Executive Director

Congratulations everyone!

Inside this issue:

Message from the Executive Director 1

Facing the Adherence challenge as a team 2

Hard-to-Reach Persons Revealed 3

Promoting Male involvement as part of family centered approach to care 4

SAINTS Project's Life-changing Experiences 5

The Baylor-Uganda Journal club is back! 6

It has been a challenging year and all of us have held our guard and matched forward. To some, the loss of the dear ones presented the worst moments; to others, the anticipation for new grants was like waiting in labour for a baby. Yet, actually, some were blessed with new members in their families.

We faced grief together, held anticipation and received joy as a family. This strength is the inner wheel that makes us unique both as a family and an organization.

The grants writing teams never disappointed us even at the critical of the moments, when they left their families and spent nights at the office. Out of such unrelenting efforts, we won UNICEF-Karamoja and two Research grants. The implementation team has continued with their habit of challenging us by exceeding some of the targets. To all, I say, thank you.

No wonder the much awaited SMGL external evaluation report had but to confirm what the communities had said about the programme. The interventions we made during the pilot have placed us at another strategic and delicate position in which we have to maintain the high standards set.

Everyone, I inclusive, has been waiting for the end of the year to celebrate the achievements made, retreat, and re-strategize for the coming year. I can't wait visiting Karamoja, Teso, West Nile and Rwenzori and get the feel of what our cluster field health workers go through day after day.

Send my love to your families for being supportive as we engage each one of you to deliver high quality family-centered paediatric and adolescent health care, education and clinical research. You and I have a mission; let's go achieve it.



Dr. Addy shares a light moment with staff



EDITORIAL TEAM

PAUL MUYENDE
MASTURAH CHEMISTO
CHRISTINE KALEEBA
MONJEA ASURINDA

MERRY
& HAPPY
CHRISTMAS
NEW YEAR 2014



Enjoy!

Dr. Addy



Facing the Adherence challenge as a team

On Saturday 30th November, 2013, caretakers and clients met for the last time this year at the COE. The quarterly meetings for caretakers and clients experiencing adherence challenges are a platform to share experiences and success stories.

It is important to keep track of which clients make it to these meetings to measure the impact on adherence to medication and quality of life. During the meeting, the caretakers and children shared testimonies and appreciated how the counselors had helped them track their adherence. A basic rule in the meeting is the use of inclusive language “we should, we shouldn’t” as opposed to the exclusive “you should be, you shouldn’t be doing this”. This helps to break the barriers between staff and clients.

At one point, a young girl, Rebecca, asked to dance for Baylor-Uganda staff to show her appreciation for the work they do. “It was a touching and up lifting moment that reminded us all of why we do what we do”, commented one of the staff.

When clients were asked to share why it is important to them to take their drugs, a little boy walked up to the facilitator and whispered his reasons which were not shared. The image of this young boy was a powerful reminder of the need for early disclosure. He knew why he needed to take his drugs. Early disclosure is believed to decrease anxiety and depression in children.

Disclosure also gives the child the opportunity to appreciate the situation and participate in their treatment.



Counselor Godfrey addressing the audience



Rebecca dancing for Baylor staff

Many causes were listed by clients to explain why they failed or why they were failing on their drugs. Goretti’s mother said ‘ my child was so small, I would look at her and feel sorry for her and sometimes I would spare her the burden. I wouldn’t give her the drugs. She failed on first line because of me.’

When asked by the facilitator if the lack of food was a contributing factor as it was for some in the audience she said ‘No, food was

not an issue. I’d get food but I would sell it’. When giving her testimony she asked her daughter to come up for all to see because she was sure she had lost her. She thanked Baylor-Uganda for the support and services calling Counselor Esther, ‘a sister’.

The meeting ended with the introduction of community volunteers from Nakawa, Makindye, Kawempe, Central division and Rubaga as the link within the community to Baylor-Uganda. Counselor Charles reminded the clients and caretakers of the importance of seeing counselors when required. The next meeting will be on 1st February 2014.



Young boy talking to the facilitator

Christine Kaleeba





Hard-to-Reach Persons Revealed

A new category of workplace persons has been revealed to exist within modern work places: some due to location, others as a result of technology.

This revelation came during the recent Supervisory Skills training organized for the Baylor-Uganda mid level and senior managers. The training whose purpose was to improve supervisory skills among the above categories left participants in thoughts of self assessment and pondering ways to support the 'hard-to-reach persons' in case they came in touch with them.

Not even the programme implementation gurus whose 'daily bread' slogans of Most-at-risk populations and Hard-to-reach areas could easily offer solutions of supporting the 'hard-to-reach persons'.

"I have known about the 'hard-to-reach areas', but not the 'hard-to-reach persons'. It is a new concept that I am still thinking about", a participant was overheard saying.

"Because, some of you work in the so-called 'hard-to-reach areas', you have chosen to fit that description where the phones, internet and all communication will not be available most of the time", said the trainer.

The most disturbing however, is the existence of the 'hard-to-reach persons', masking themselves behind computers, internet and cutting off all physical interaction with others, even when they are within the easy-to-reach areas. The impact of such was expressed by Albert Einstein, the man who developed the general theory of relativity, "I fear the day technology will surpass our human interaction: the world will have a generation of idiots".

The basic characteristics of the 'hard-to-reach persons' is closely reminiscent of the hard-to-reach areas. 'Think of any hard-to-reach' health facility with its characteristics and imagine what should make you as a supervisor to become 'hard-to-reach' and how best you can help a supervisee who has self-introduced 'hard-to-reach' as part of his/her JD", the trainer challenged the participants.

Sharing personal experiences of how, along the way, he had met and interacted, and made family friends with his workplace colleagues from the different agencies of work; the trainer encouraged the participants to build teams that outlive their work places-people who will no longer be in the same work place but have 'a family bond' because they loved, care and shared with one another.

Think about it! It is time to break our 'hard-to-reach' self imposed walls loose.



The Facilitator giving tips on supervising

Paul Mayende





Promoting Male involvement as part of family centered approach to care



Male involvement meeting at COE

There is a growing consensus that male involvement is crucial to the success of HIV/AIDS prevention, care, and treatment interventions. In the Prevention of Mother-to-Child Transmission of HIV (PMTCT), studies have shown that male partner involvement reduced the risks of vertical transmission and infant mortality by more than 40%. Often being the only bread winner, men determine what services women and children can access by providing transportation and permission. Unfortunately, some women will choose not to access certain services if it requires them to disclose their HIV status to the partner for fear of violence, expulsion/rejection and stigma.

At the Centre of Excellence, efforts to get more male partners involved in the care and treatment were triggered by the realization that on a clinic day, of the 100 clients that showed up, only 10 were men. 'Men's access club' meetings started in June 2013 with over 100 male care takers in attendance. They identified the lack of interest in the family's health as major barrier to male involvement. One caretaker confessed that for four years, his partner did not disclose her HIV status but explained that the regular clinic visits were to treat their child's pneumonia.

In the West Nile region, male involvement in PMTCT has in some places exceeded the 50% Ministry of Health target. This is largely attributed to local bylaws that dictate that every woman who attends her first Ante Natal Clinic (ANC) visit must do so with her partner. Women attending the clinic with their partners are prioritized in the waiting process which is viewed as an added incentive. At the clinic, the couple receives: primary health education, HIV/AIDS education, counseling, testing and other services. Some women are unable to bring their partners along, especially those whose partners work across the border in Sudan or Congo. These women are required to produce a letter from a cultural leader confirming their situation.

The barriers to male involvement are universal. At COE, the main reason why so few men are involved in their children's care and treatment is ignorance of the situation-where female care takers have not disclosed their HIV status to their partners. Another reason cited by the men is a lack of time as they work during the clinic days and the long waiting time at the clinics. Many of our clients are from low income households and cannot afford to have the whole family visit the clinic. In the regions, waiting time was also cited as an issue along with negative health worker attitudes.

In conclusion, what do men need to get more involved? The attendees at the male care takers meetings suggested : prioritization at the clinic, shorter waiting times, friendly service provision, synchronized appointments for them and their children or have them access care at the same clinic with their families, management of minor opportunistic infections when they present to clinic with children ,routine monitoring of blood pressure among others. Lack of knowledge on health issues and their low levels of health seeking behavior can be tackled by providing them with appropriate information that is tailored for them about the services available and how they can get more involved in their families' health.

Christine Kaleeba





SAINTS Project's Life-changing Experiences

In 2010, Baylor-Uganda received a 5-year grant from CDC/PEPFAR to Support and Improve National Training Systems for health workers in Uganda (SAINTS). The SAINTS project aims to support existing pre-service training institutions to increase the production of new health workers; strengthen national systems for planning, coordination, standardization, certification, accreditation, and supervision of both pre- and in-service training of health care workers; and improve the capacity of in-service training institutions for health workers and integrate standardized HIV/AIDS training curricula into their programs.

Under the project, bursaries are offered for the training of Medical laboratory and Midwifery personnel. Nagawa Immaculate Mary, a Medical laboratory Technician and Solomon Ojilong from Bukedea are some of the beneficiaries of the bursary scheme.

Nagawa has worked with Baylor-Uganda since 2009 as a Lab technician. She got to know about the SAINTS program through a staff meeting and applied. She was among the lucky ones enrolled on full scholarship in 2011 to study for Bachelors in Medical Laboratory Science (BMLS) at Mbarara University of Science and Technology at the Mulago Paramedical School campus.



Nagawa Immaculate Mary

Mary says, the bursary program is really great especially for those who are disadvantaged and can't afford to pay the course fees. More so, beneficiaries come from all regions in Uganda; giving an opportunity to the health workers in remote areas to get a chance to study and be able to compete in the job market.

“Without this bursary, I don't know how my life would have been. I wanted to study but the course was unaffordable for me to cover on my own. So, I am glad that I got the bursary which helped me to achieve my BMLS degree. This has put me at an advantage. I really want to thank Baylor-Uganda for the opportunity. SAINTS project has helped me develop my career from technician to a technologist and I am going to apply the new knowledge and skills attained to improve my assignments at the COE laboratory.” Nagawa who scored a Second Class-Upper is awaiting her graduation next year



Solomon Ojilong

Solomon Ojilong

A senior four finalist and school drop-out due to lack of fees, Solomon learnt about the SAINTS program by peeping into someone's copy while on bus to Kampala. He decided to trace the copy, see the details and apply. By good luck, his application was considered and Solomon enrolled in 2011 at Mengo Hospital Laboratory Training School.

At the time of enrolment, he had been out of school for five years.

Solomon hails the SAINTS program for being genuine and true when it comes to selecting its candidates. The bursary has given him an opportunity to upgrade and get a certificate in Medical Laboratory Techniques.

“I would not have found a way to earn this certificate without this bursary,” Solomon admits and says that the bursary has made his life better and rejuvenated. He thanks Baylor-Uganda for being genuine and for the great opportunity.

Although Solomon has not yet got a job, he admits that this certificate puts him at a great advantage to compete on the market.

Immaculate and Solomon are among 1,708 students that have been awarded scholarships by September 29, 2013 under the SAINTS program. The scholarships include 821 for Certificate Midwifery[CM], 441 Certificate Medical Lab techniques[CMLT], 303 Diploma Medical Lab Technology[DMLT], 76 BMLS, 37 Bachelor Medical Education[BME] and 30 Diploma Clinical Mentoring[DCM]).

Monica Aturinda





THE BAYLOR-UGANDA JOURNAL CLUB IS BACK!



Pioneer Journal Club

Presenter:
Dr. Jacqueline Balungi Kanywa
MChB (MUK), MPH
Epidemiology (UTSPH)
November 21st 2013

© 2013 Texas Children's Hospital. All rights reserved.



On Thursday 21 November 2013, the clinical team held the first Journal club. A journal club brings together a group of people with common interests to positively critique journals and publications of their interests. These meetings serve to help staff share their knowledge and improve their research, writing and analytical skills. Previously these meetings were held jointly with the Infectious Diseases Institute located at Mulago hospital staff on Monday mornings but were gradually phased out. The rekindling of the journal club for Baylor-Uganda staff is a welcome and exciting learning opportunity.

As medical and psychosocial staff it is important to keep up to date with developments in these fields. The journal club will provide a platform for staff to share these developments. Published research has the potential to influence policy and Baylor- Uganda staffs are encouraged to develop and make use of their research skills to this effect. Though critiquing staff have an opportunity to pick up new skills from their peers, the exercise also allows staff to identify best practices that can be adapted to the Baylor-Uganda setting.

The pioneer journal club was led by Dr. Jacqueline Balungi Kanywa, the Medical Care Manager at COE. Dr. Kanywa shared a study on the 'Effectiveness of Patient Adherence Groups as a Model of Care for Stable Patients on Antiretroviral Therapy in Khayelitsha, Cape Town, South Africa' by Miguel Angel Luque-Fernandez et al. The study examined the effect peer groups had on patient adherence concluding that patients attending these group meetings were more successful in adhering to their regimens than patients who did not attend. The lesson for Baylor- Uganda was to continue the good work done with our groups and explore ways of making these clubs smaller or intimate to allow for more open peer to peer exchanges.

The journal club convenes on the third Thursday of every month. The next journal club will take place on Thursday 19th December 2013 and will be chaired by Dr. Fairuzi Naiga who will be critiquing a study published in March 2013 on Post-Treatment HIV-1 Controllers with a Long-Term Virological Remission after the Interruption of Early Initiated Antiretroviral Therapy ANRS VISCONTI Study All are welcome to learn.

Christine Kaleeba



November in pictures



Hiccup circus visits COE



Supervisory Skills Training



Watoto schools HIV/AIDS awareness week



PMTCT stakeholder's meeting



Caretaker's meeting





Health Tips

Tips for Healthy Living



There is a measles outbreak at the moment. Please ensure your children are immunized especially children under the age of five.

I would also like to encourage staff to come to me and get immunized for yellow fever, hepatitis B and Meningitis.

Baylor- Uganda vaccinates against hepatitis due to high rates in the regions. Yellow fever and Meningitis



*Dorothy Ssali
Immunization nurse*

HUMAN RESOURCE CORNER

NEW ARRIVALS



Gilbert Elijah Sangadi
Care & Treatment Officer
Karamoja



Phillip Onyango
M&E officer
Karamoja



Mark Balyejusa
Driver
COE



Sandra Namyalo
M&E officer
West Nile



MERRY
CHRISTMAS
& HAPPY
NEW YEAR 2014