



THE BAYLOR MAIL

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Above and Beyond!!

EBOLA EDITION



Baylor-Uganda under the leadership of the Ministry of Health in Uganda with funding from Centers for Disease Control and Prevention (CDC) Uganda and USAID Uganda has supported efforts to stop Ebola in Uganda.





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MESSAGE FROM EXECUTIVE DIRECTOR BAYLOR-UGANDA DR.. DITHAN KIRAGGA

The Global Health Security (GHS) Program at Baylor-Uganda works with the Ministry of Health (MOH) and other partners to build international health regulation capacities in the Republic of Uganda and improve health security. The program works at the national, subnational, health facility and community levels. It covers the four regions of Rwenzori, Bunyoro, Soroti and Kampala. It has helped strengthen the country's ability to prevent and detect and respond to public health threats of national and international concern. Uganda's GHS capacity is unique because it covers both rural and urban areas and has five action packages under the Global Health Security Agenda (GHSA). These are: 1) public health surveillance, 2) national laboratory systems, 3) prevention and control of antimicrobial resistance (AMR): 4) border health security/ points of entry (POE); and 5) public health emergency preparedness and response.

The intervention was funded by the Centers for Disease Control and Prevention (CDC) and the U.S. Agency for International Development (USAID). This accomplishment led the Ministry of Health to create the first-ever National Ebola Survivors' Program. The Program has been instrumental in addressing the medical, mental health, and psychosocial concerns of survivors. As a result, both the overall public health system in Uganda and the security of health around the world have been strengthened.

HEALTH MINISTÉR, DEVELOPMENT PARTNERS MOBILIZE MUBENDE DISTRICT AGAINST EBOLA

By Joseph Basoga, Communications ManagerBaylor Uganda

The Health Minister of Uganda, Hon. Dr. Jane Ruth Aceng Ochero led a team of development partners to Mubende district to mobilise communities against the Ebola virus disease (EVD). The team included Dr. Yonas Tegean Woldemariam, the World Health Organisation (WHO) Representative in Uganda, Dr Mohamed El Munir A. Safieldin, the United Nations Children's (UNICEF) Representative Uganda, the Permanent Secretary Ministry of Health, Dr. Diana Atwiine, and other directors at the Ministry of Health.

Hon. Aceng thanked the people of Mubende and Kassanda for adhering to Standard Operating Procedures (SOPs) against EVD. The Minister had the chance to interact with the people in the Kiruma and Kalwana subcounties. She addressed their difficulties and dispelled folklore about harvest of body parts and witchcraft, among other social and cultural beliefs that had misguided adherence to the Ebola campaign standard operating procedures. "I want to thank them for their commitment and determination to end epidemic". She affirmed, adding that "epidemics start and end communities. Go Kiruma qo!" applauded them via her Twitter handle, urging them to respect the lockdown quarantine that was announced by President Museveni to control the epidemic's spread.

Hon. Aceng commissioned Madudu isolation facility in Mubende district to admit suspected cases of Ebola. She thereafter toured the third and biggest isolation facility at the district works ground in Mubende. "I must appreciate Médecins Sans Frontières (MSF), UNICEF, WHO, the Centers for Disease Control and Prevention (CDC) and all other partners for this investment" she said.

Baylor-Uganda is among the partners that supported the Ministry of Health to provide surveillance operations, contact tracing and other services in Mubende region and the neighbouring districts to curb the spread of the virus.



Development partners show the Minister of Health, Hon. Dr Jane Ruth Aceng Ochero (middle) around the new isolation facility. Deputy Incidence Commander, Kajirita Atek (in white shirt), WHO Representative in Uganda, Dr Yonas Tegegn Woldemariam (next to Minister) and MP Kassanda, Hope Nakazibwe (extreme left).

END OF EBOLA OUTBREAK IN UGANDA: THE CONTRIBUTION OF BAYLOR - UGANDA



On January 11, 2023, the Ugandan Ministry of Health (MOH) and the World Health Organization's Regional Office for Africa (WHO AFRO) declared Uganda Ebola-free. following а 42-day monitoring period during which no cases were reported. Uganda's Minister of Health, Dr. Jane Ruth Aceng credited the achievement of this success in less than four months to the good coordination and implementation of several interventions by the government of Uganda through the Ministry of Health and several partners and the institution of lockdowns by the President of the Republic of Uganda in epicenter districts of Kassanda Mubende. The and interventions extended were additional districts of Bunyangabu, Jinja, Kagadi, Kampala, Kyegegwa, Masaka and the four high-risk non-response districts of Kakumiro, Kyenjojo, Kabarole and Mityana. The implementation partners included. WHO, CDC Africa, UNICEF, MSF, Save the Children, JHPIEGO, AFENET, IDI, Mild May, The Red Cross, and Baylor-Uganda.

Baylor-Uganda implemented several interventions with funding from the United States Centers for Disease Control

and Prevention (CDC), United States Agency for International Development (USAID), and UKAID (through GIZ), including:

Establishing the Ebola virus disease (EVD) situation rooms/Data Center

Baylor-Uganda with support from CDC established EVD situation rooms in Mubende, Kassanda and Kyegegwa districts to provide timely situation updates.



Baylor-Uganda's John Baptist Kibongo trains partners staff on data tools at the Ebola Data center in Mubende

Baylor-Uganda further seconded staff to the MOH, Incident Management Team and the National Public Health Emergency Operations Centers support epidemiology, surveillance, public health emergencies, health informatics, and the development of alert management systems (AMS) to guide tailored response efforts at both district and national levels.

Field epidemiological activities

Baylor-Uganda dispatched field epidemiologists to conduct rapid mass

gathering risk assessments to determine the risk of holding public events and ensure appropriate mitigations are in place. Additionally, field epidemiologists supported orientation and awareness viral hemorrhagic fevers (VHF) that enhanced Crimean-Congo hemorrhagic fever (CCHF) virus surveillance during the Sudan ebolavirus outbreak in Kampala city.

Surveillance

Baylor-Uganda improved **EVD** surveillance and response capacity through contact tracing, active case search for sick persons and suspected EVD cases; point of entry (PoE) screening at border points; community-based disease surveillance and mortality surveillance. It also built the capacity of healthcare workers, districts, and village health team supervisors to effectively respond to the EVD, through contact tracing, follow ups and compilation of data for the situation reports.

Infection prevention and control (IPC), laboratory, intensive care and treatment

Baylor-Uganda supported the implementation of IPC/WASH in 489 healthcare facilities, and further trained 138 laboratory personnel and 154 drivers across five districts on safe EVD specimen collection and transportation from contacts, confirmed cases and dead bodies. Given the challenges posed by the lack of a currently licensed vaccine or treatment for EVD, Baylor provided technical assistance effective clinical treatment, patient health monitoring. mental and psychosocial support in the Ebola Treatment Units (ETUs).

National Ebola Survivors' Program



Ebola survivors and Donors and MoH wave the victory sign at the ceremony to declare end of Ebola in Uganda

To address continuing health problems among EVD survivors, Baylor-Uganda worked alongside MoH and other partners to establish a survivor program provide comprehensive that would support for the medical and psychosocial challenges thev face. including minimizing risk the continued Ebola transmission. Support included the setup of Ebola survivor clinics that were established in Mubende and Entebbe Regional Referral Hospitals to treat the disease's aftereffects; prevent the re-emergence of the virus that may persist in survivors' body fluids, such as semen and the breast milk of lactating mothers; and support the mitigation of community myths and misconceptions about survivors and their reintegration into society. Another Clinic will also be established at Kikandwa Health Center.





145 Confirmed cases



55 Deaths



87 Ebola survivors

BAYLOR-UGANDA DONATES PLAY THERAPY TOYS TO CHILDREN IN EBOLA ISOLATION UNITS.

By Joseph Basoga, Communications ManagerBaylor Uganda



Left: Dr. Emmanuel Batiibwe receives items from Ali Kizito Baylor M & E Manager.

CDC/Baylor-Uganda in their continuing bid to contain the Ebola outbreak under the guidance and leadership of the Ministry of Health in Uganda, handed over a donation of assorted play items for children in the EVD isolation unit. The items that included dolls, books, drawing books, crayons, toy cars and a lot more were received by Dr Emmanuel Batiibwer, the Director of Mubende Regional Referral Hospital.

Dr. Batiibwe and the team were grateful and called for more support beause another unit for children had been

opened and needed support. He was quick to ask for counselling/psychosocial support for the children. "We really need and appreciate the good gesture," he said.

US Embassy staff and their family members together with Baylor-Uganda employees and friends, donated play therapy materials to be used by children admitted for treamnt in the Ebola treatment units.

The Baylor-Uganda staff in the spirit of solidarity and support to all efforts going on to curb the Ebola epidemic formed a non-funded group named 'Health Care Workers Reaching Out with Love".

The team of 12 healthcare workers with diverse technical skills also welcomed offers non-Baylor staff. It free pediatric infectious not-in-person diseases consultations to doctors treating children in the Ebola treatment emotional support; encouragement to all, but especially healthcare workers admitted and isolated for Fbola treatment.

EBOLA SURVIVOR GIVES BACK TO PROGRAM THAT HELPED HIM

By Honorata Twebaze and Louisa Kiggwe



Sisto shares his experience during a community dialogue session organized by the National Ebola Survivors' Program. The session was held to dispel rumors and false information about Ebola and survivors.

Ebola survivor Sisto is always enthusiastic to share his Ebola experience with his friends, family, and local community. He makes sure clearly explain the Fbola-related symptoms and urges his audience to seek medical attention as soon as they notice any symptoms of Ebola. Sisto is able to volunteer his time in this way thanks to the swift medical attention he received when he caught the virus and the ongoing support he receives from the National Ebola Survivors' Program. The Survivors' Program is an initiative from the Ugandan Ministry of Health run in partnership with Baylor Uganda with funding from the United States Agency for International Development (USAID).

Ebola outbreak and treatment

On September 20, 2022, the Ministry of Health declared an Ebola outbreak in the Mubende district of Central Uganda. The early symptoms of Ebola—fever, fatigue, and aches—are very similar to those of malaria, which is widespread in Uganda. This similarity led to some confusion and a missed opportunity to diagnose the early cases.

When Sisto developed the early symptoms, he sought medical treatment at a local clinic, but his condition did not improve. When his symptoms worsened to include vomiting, diarrhea, and palpitations, he was transferred to the larger Kikandwa Health Center.

Charles Kizito, the Health Center Manager recounts, "When we received Sisto, we recognized the persistent fever and

symptoms. They were identical to what the Ministry of Health had identified as signs of the Ebola Virus Disease, particularly since he was coming from Madudu, an Ebola danger zone." The Health Center isolated Sisto right away and later the Ebola response team moved him to the Ebola Treatment Unit at Mubende Regional Referral Hospital.

At the Treatment Unit, Sisto was officially diagnosed with the Ebola virus disease and received treatment. When Sisto was able to leave the hospital and return home to Ngangi village, his recovery helped allay community anxieties that no-one survives the virus. However, Sisto's battle with Ebola was not over.

National Ebola Survivors' Program

Many survivors, like Sisto, experience post-Ebola effects that cause them physical and psychological distress. Additionally, stigmatization and discrimination against Ebola survivors, coming from a fear of contracting the disease, can leave survivors feeling dejected.

To support survivors and help reduce their distress, the Ministry of Health launched the Ebola Survivors' Program. in partnership with Baylor Uganda and USAID. The program provides survivors with medical mental health treatment, psychosocial support. This psychosocial support is also extended to family members. Common post-recovery side effects the program treats include joint pain, headaches, exhaustion, muscle discomfort, hearing loss, visual complaints, and abdominal and scrotal pain.

To help address fear and stigmatization, the program holds community dialogues and counseling sessions in collaboration with village health team members. These community dialogues take place before and after survivors are discharged from the Ebola Treatment Unit. Through the help of these dialogues, Sisto's neighbors, wife, and mother warmly welcomed him back home and he quickly resettled into the community.

Sisto explains how he was greatly helped by the Survivor's Program, "If it weren't for the medical personnel who checked on us, transported us to the clinic during the lock-down for our medical reviews, and provided us their phone numbers to call them if we weren't feeling well, I would not have survived the awful stomach pains I suffered."

In addition to the medical care he received, Sisto also appreciates the program staff who continued to raise awareness about Ebola, enabling his community to follow the health recommendations to help end the outbreak and get their lives back to normal. The Ebola outbreak ended in January 2023 after no new cases had been registered for consecutive 42 days.

Giving back

As a result of the National Ebola Survivors' Program's efforts, Sisto is recovering well from the effects of having Ebola and is taking every opportunity to share his experience with others. Sisto believes he was given another shot at life to be able to warn others about the risks of Ebola and save their lives. He does this through volunteering with the Survivors' Program. "Five of my friends are still alive today because they believed me, promptly informed the VHTs [Village Health Teams], swiftly transported were ambulances to Mubende Hospital during the outbreak," says Sisto. "I am a living example that Ebola exists, and people can survive from it. When people fall ill, I always encourage them to seek medical attention; they believe me because I returned alive."

A Journey from Despair to Hope with Support from the National Ebola Virus Survivors' Program

By Louisa Kiggwe and Faith Kakai



K<mark>amiyati and her young son, who were</mark> both supported by the National Ebola Survivors' Program, with the pyschosocial counselor and Nutritionist

Kamiyati's life was changed by the Ebola outbreak in Uganda in 2022. But through her own determination, coupled with the support, care, and generosity of others, she is beginning to see some light at the end of the tunnel. When Kamiyati and her three-year old daughter's Ebola tests returned positive for Ebola, they were both immediately

transported to the Ebola Treatment Unit at the Mubende Regional Referral Hospital. Faith Kakai, a Mental Health and Psychosocial Support Counselor working with Baylor-Uganda, says Kamiyati was unsurprisingly "devastated, bewildered, angry, in denial, worried, and traumatized" when she arrived at the unit, having already lost her

husband to the disease.

To support survivors like Kamiyati to post-Ebola effects. overcome National Ebola Survivors' Program was started by the Ministry of Health, in partnership with Baylor Uganda, and with funding from the United States Agency for International Development (USAID). The program offers medical care, mental health treatment, and psychological support to Ebola survivors. One of the first things the program did for Kamiyati was to ensure that she and her children were able to keep in touch with one another during her time in Quarantine center hospital. program staff coordinated calls from the quarantined children to the Ebola Treatment Unit, allowing them to chat with their mother and sister.

The children stayed in the quarantine center until Kamiyati was discharged from the hospital, given that they had nobody at home to care for them. In collaboration with UNICEF, the program provided Ready-to-Use Infant Formula and a caregiver for Kamiyati's three-month-old son. Program staff visited Kamiyati's children, and others in the same situation, bringing clothes and toys donated by UNICEF.

To protect her son, Kamiyati could not breastfeed until her milk was declared Ebola free and the program stepped in to help with this issue, "I thought it would be challenging not to breastfeed, but the team always delivers the baby's milk on time. The medical staff also gave me medication to stop the milk flow."

While Kamiyati and her family will need more time to physically and mentally recover from the effects of the Ebola outbreak, through the support of the Survivors' Program and her community, she believes there are reasons to be hopeful about her future.

WORLD HEALTH ORGANISATION REGIONAL EMERGENCY DIRECTOR MEETS EBOLA COORDINATION TEAM IN MUBENDE.

By Joseph Basoga- Communications Manager Baylor Uganda



Dr Abdou Salam Gueye (in red) on the right, chats with Baylor Uganda GHS Director -Dr. Elyanu Peter(2nd left). At the center is Dr. Yonas Tegegn Woldemariam, the WHO representative in Uganda.

At the Ebola Coordination Center in Mubende, Dr. Abdou Salam Gueye, the WHO Regional Emergency Director in Africa, met with the Mubende EVD outbreak coordination team in Mubende. The WHO announced that the meeting of ambassadors is committed to supporting efforts to stop the Ebola outbreak. He reiterated that all efforts should bring on board community members and actors to take their space in the fight.

Deputy Incident Commander, Mr. Atek Kagirita, briefed the WHO representative on the progress of interventions taking place and thanked him for taking off time to come and see for himself the progress taking place. "This means a lot for us at the center of the Ebola fight, and we are doing all we can to make sure that this outbreak is contained without spreading any further," he said.

The meeting was attended by Mubende District Leadership, the EVD National response team, and partners in the fight against Ebola, including WHO, CDC, Baylor-Uganda, and The Infectious Diseases Institute (IDI), among others, On 20th September 2022, the health authorities in Uganda declared an outbreak of Ebola after a case was confirmed in Madudu sub-county, Mubende district, central Uganda.

CDC, through Baylor-Uganda, has contributed to the Ebola fight by providing technical staff to support coordination and surveillance activities and doctors for case management. Other support includes orientation of

contact tracers and Village Health Teams (VHTs) on contact tracing and supporting teams to do contact tracing in the affected communities. Baylor collaborated with other CDC-funded partners (IDI, METS and MildMay) to train over 1,000 VHTs in the Mubende district.

CDC/Baylor-Uganda has also provided response logistics, including vehicles for contact tracing, laptops, phones for alert management, routers for internet for the situation room, furniture, stationery, and thermometers for daily monitoring during follow-up of contacts.

Baylor also volunteered to provide case management services. This boosted diagnosis and treatment of cases, a very big intervention in making sure that victims survive.

THE SPILLOVER OF PSYCHOSOCIAL SUPPORT PROMOTES POST-EBOLA RECOVERY

By Louisa Kiggwe and Faith Kakai



The Kalwana Ebola Survivors' Association builds a new house for a widowed Ebola Survivor with nine children, who was living in a run-down house.

Alex Senfuka, 20, resides in Kalwana Village, Kassanda District. He is a motorbike (boda-boda) rider and member of the Kalwana Ebola Survivors' Association. The association is made up of 14 people who have survived the Ebola disease and have gone through similar experiences to overcome their distress and loss.

After being discharged from the Ebola Treatment Unit, the survivors had to deal with stigma and discrimination in their hometown. "No one approached or engaged with us. The restaurants refused to provide us any food, so we turned to one other for comfort. We would gather at the clinic of our fellow

survivor who is a certified nurse and talk about our experiences and he would also prepare for us food," narrates Alex.

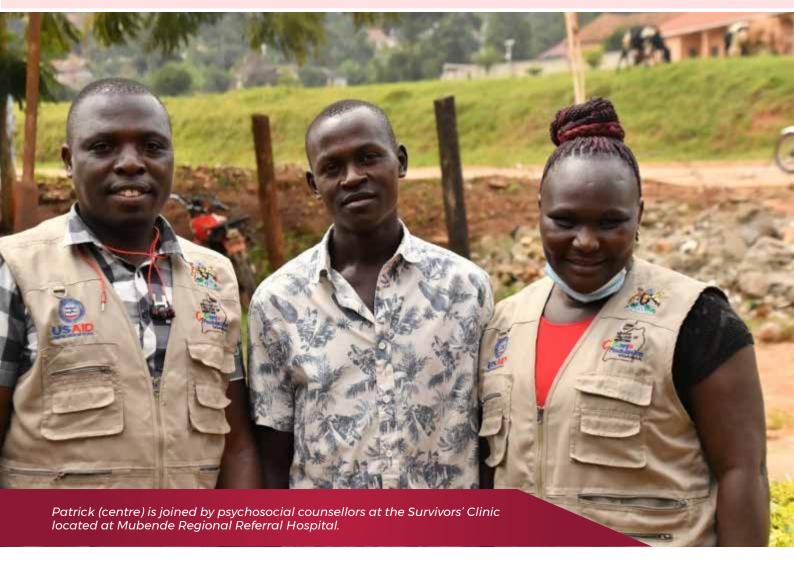
Thankfully, a team of counsellors began making individual visits to every one of them, including survivors who lacked the confidence to leave their homes. They offered psychosocial support to survivors and trained community members, including survivors, local community leaders. and other members, to raise awareness of the Ebola virus and enlist their assistance in reintegrating survivors into the "Owing to the close community. interactions. discussions and sensitization sessions that the counsellors held with us and our communities. the community eventually believed that we were free of the Ebola Virus and accepted us back into the community," says a delighted Alex.

The team is part of the United States Agency for International Development (USAID)-supported National Survivors' Program that that was established by the Ministry of Health with support from Baylor-Uganda and with funding from the United States Agency for International Development (USAID). The program provides Ebola survivors with mental health and psychosocial support services in their communities. "Every time they came to our village, they would meet us at the clinic or one of us would mobilize the group for a therapy session with the counselors," says Alex. meetings strengthened the group's

bonds and paved the way for the creation of Kalwana Ebola Survivors' Association and a peer support group. "In this group, whether we were alone or with the counselors, we spoke about topics that affected us and came up with workable solutions," adds Alex. One of these solutions came in the form of constructing a home for a 41-year-old Ebola survivor with eight children. She had lost her spouse to Ebola and was residing in a run-down house. With their limited funds, they purchased timber and other building supplies and put up a structure of a bigger house. They are currently moulding the mud and wattle house to ensure that she enters it before the end of the year.

THE NATIONAL EBOLA SURVIVORS PROGRAM RESTORES THE HOPE OF EBOLA SURVIVORS

By Louisa Kiggwe and Godfrey Nyanja



Patrick Serugo, 30, resides in Kanseera Village, Kassanda District. He has two wives and four children of ages 11, 7, 4 and 3 years old. Patrick rarely falls sick but on October 25, 2022, he developed a high temperature and general body weakness after being in close contact with his close friend, Matovu – a very sociable and loveable person in the community. Unfortunately, Matovu passed away. The cause of death was

the Ebola virus disease (EVD), and a search for his contacts was launched.

When the District Ebola Surveillance team visited Kanseera Village and conducted a search, Patrick who was one of Matovu's numerous contacts and friends, was afraid to come forward. "I had just learned of the demise of other Ebola cases and I was worried," says Patrick. It was not until

the symptoms of high temperature and joint pains worsened that he sought medical help at Kikandwa HCIII, a government healthcare facility.

According to the In-Charge of the HC III, Patrick was showing Ebola disease symptoms, so the In-Charge called for an ambulance that whisked Patrick away to Mubende Regional Referral Hospital (RRH) where he too was diagnosed with Ebola. At the treatment unit, doctors laboured to give Patrick the necessary treatment, which he responded to.

Patrick was delighted to be discharged on November 4, 2022, and was expecting a warm welcome, but the community stigmatized discriminated against him. "If they wanted to offer me anything, they would throw it at me". The community has gradually been able to regain its trust in Patrick and other survivors because of the work psychosocial counselors who routinely held community dialogue meetings and sensitization seminars to allay residents' anxieties about the EVD.

These psychosocial counselors are from the National Ebola Survivors' Program dubbed 'The Survivors' Clinic' that was established by the Ministry of Health with support from Baylor-Uganda and with funding from the United States Agency for International Development (USAID).

The program helps to reintegrate Ebola survivors into their communities by providing regular medical care, mental health and psychosocial support. Additionally, they counsel male survivors and their spouses on safer sex until semen is Ebola-free because multiple studies have shown that the Ebola Virus can survive for a while in their semen. "I managed to convince my wife to allow us to have protected sex until my body fluids are clear of the virus," says Patrick who thought that he had overcome his biggest challenge, until he started developing post-Ebola medical concerns including muscle pain, joint pains, body weakness and tiredness, headaches and scrotal problems. Like his fellow survivors. Patrick is receiving treatment at the Survivors' Clinic government-owned Mubende RRH.

> "I managed to convince my wife to allow us to have protected sex until my body fluids are clear of the virus,"

WHO EBOLA CASE MANAGEMENT EXPERTS PAYS COURTSEY VISIT TO EVD SURVIVOR'S CLINIC

By Twebaze Honorata-Communications & Knowledge Management Officer (ACE-BUNYORO)



WHO officials interact with Baylor staff.

Fbola Dr. Marta Lado an Case Management Expert (also a Global health expert and an Internal medicine and infectious diseases specialist) and Dr. Daniel from World Health Organization who are supporting Ministry of Health with Case Management paid a courtesy call to the Mubende Ebola Survivors Clinic. The two have over 8 years of experience in managing Ebola cases and survivors having served during the outbreaks in Congo and Sierra Leone.

During the visit, the informal discussion focused on various issues of mutual interest aimed at supporting the Psychosocial team to make the program a success. They also met and interacted with some of the survivors who had come for the bi-weekly clinical and counselling follow-up. Dr. Gerald Aaron Mwima-the Program Manager, who gave the two a brief on what the clinic and team does, thanked the them for their words of encouragement.

Since the Ebola disease outbreak, the power of team work has been very evident. Ministry of Health has continued to work hand in hand with other partners like USAID, WHO, UNICEF, Red Cross, WFP among others to curb the spread of the virus.

PICTORIAL



An Ebola survivor shares his story with a Mental Health and Psychosocial Support Counsellor during a home visit.



Training village health teams in Madudu.



The Baylor-Uganda Mental Health and Psychosocial Team.



Deputy Incident Commander, Mr. Atek Kagirita talks to Dr Abdou Salam Gueye, WHO Regional Emergency Director who is standing beside Dr Yonas Tegegn Woldemariam, WHO Country Representative to Uganda.



Uganda Health Minister, Dr. Jane Ruth Aceng Ocero poses for a photo after briefing the Ebola Management Team in Kyegegwa district.



(L-R) Nyanja Godfrey, BU Mental Health and Psychosocial Counselor, Dr. Dithan Kiragga, Baylor-Uganda (BU) Executive Director, H.E. Natalie Brown, US Ambassador to Uganda, Dr. Peter Elyanu, BU Director of Global Health Security and Mr. Richard Nelson, USAID/Uganda Mission Director at the End of Ebola Declaration Event in Mubende district.



The psychosocial team during one of their brainstorming meetings before heading out for field visits.



An ophthalmologist at Mubende Regional Referral Hospital reviews an Ebola survivor experiencing eye problems.



Faith Kikai, a Mental Health and Psychosocial Support Child Counselor visits a school to collaborate with teachers to create a supportive environment for child survivors' recovery.



An Isolation Unit in Mubende district.



Baylor-Uganda donates items to the EVD Children Isolation Unit.



The EVD Children Isolation Unit.

THE WALK FROM DESPAIR TO RECOVERY: AN EBOLA SURVIVOR'S JOURNEY

By Honorata Twebaze- Communications & Knowledge Management Officer (ACE Bunyoro



Ndawula, a 32-year-old market vendor and father of three from Kangulumira Village in Mubende District is frequently seen gardening with his daughters, who are 12 and seven-years-old. Three months ago, this same garden was neglected, covered with weeds, and abandoned because his wife, who frequently tended the garden, got a fever and started vomiting. All attempts to treat her at several clinics were futile. so she was transferred to Mubende Regional Referral Hospital (RRH) where she was diagnosed with the dreadful Ebola Disease and passed away after a few days.

Following this tragic event, tests for ten family members including Ndawula who had been in regular contact with her, returned positive. While Ndawula survived and was discharged by the hospital, he lost four more family members, including his four-year-old son, plunging him into depression. With psychosocial support, he eventually recovered.

Ndawula's journey to recovery started the day a team of psychosocial counselors from the National Ebola Survivors' Program visited him at his home. The program is implemented by the Ministry of Health with support from Baylor and with funding from the United States Agency for International Development (USAID). It offers medical care, mental health and psychosocial support services to Ebola survivors and assists them to reintegrate into their communities. Numerous studies have shown that Ebola survivors suffer from various forms of psychological distress, and Ndawula was no exception. He was suffering from depression, anxiety, sadness, grief and anger and had locked himself in his bedroom.

This catastrophe and the costs associated with treatment at the clinics left him financially strained and mentally drained. Besides using up all his savings to cover his deceased wife's clinic bills before she was admitted at Mubende RRH, the lockdown that had been implemented to restrict the disease's spread further prevented

Ndawula from going to the various markets, where he used to sell garments in mobile markets. The community's social stigma discrimination directed at them further aggravated his situation. The National Ebola Survivors' Program sprang into action to provide frequent counselling visits, home dialogues and community discussions to help Ndawula overcome his psychological distress.

Today, eighty-seven survivors, including Ndawula and his children, have been able to move past their horrifying experiences and rebuild their lives thanks to the medical and psychological interventions provided by the Ministry of Health and the USAID-supported National Ebola Survivors' Program.

BAYLOR-UGANDA AWARD WINNERS







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