

September , 2013

Volume 1, Issue 2

Inside this issue:

BAYLOR-UGANDA TO START OPERATIONS IN KARAMOJA REGION	1
KTOOBERO PULLS CROWDS AT THE FULL WOMAN HEALTH CAMP	2
EVENTS IN PICTURES	3
WORD FROM THE FIELD	4
GETTING TO KNOW... TEACHER JANE BEYEZA	5
MEET THE RECEPTION TEAM	6-7
MOONLIGHTING IN KABAROLE	8

EDITORIAL TEAM

PAUL MAYENDE
MASTURAH CHEMISTO
CHRISTINE KALEEBA
MONICA ATURINDA

BAYLOR-UGANDA HEADS BACK TO KARAMOJA

By Masturah Chemisto



Dr. Adeodata Kekitiinwa receives the cooperative agreement from UNICEF's Planning Specialist, Mr George Ebong

5th September 2013 marked the return of Baylor-Uganda operations to Karamoja region. This was after the signing of a cooperative agreement between Baylor-Uganda and UNICEF.

The two year project to cost 1.7 Billion shillings will scale up access to Pediatric and Adolescent HIV/AIDS Services in the district of Abim, Kaabong, Kotido, Amudat, Nakapiriprit, Napak, and Moroto.

At the end of the 1st phase of the project on 31st August 2014, the number of HIV exposed babies identified accessing services for early diagnosis of HIV should have increased from (1,268) 30% to (2,537) 60% while those enrolled on ART increase from (2,114) 50 % to (3,382) 80%.

Baylor –Uganda will also support in strengthening capacity of district and health facility systems in planning and management of pediatric HIV/AIDS services .

Kitoobero pulls crowds at The Full Woman Health Camp

By Monica Aturinda

The Kitoobero meal was a major attraction to the Baylor-Uganda stall during the Full Woman Health Camp at the Kampala Serena hotel. The innovation by the Baylor-Uganda nutrition department pulled many women to Baylor stall to learn more about the unique recipe of kitoobero and how it is prepared.

The camp that was organized by the Daily Monitor with a theme of 'Wellness and total health' attracted hundreds of women from corporate and public organizations.

Baylor- Uganda participated in the camp through exhibition and food displays by the nutrition team. Dr. Addy Kekiti-inwa, was a panelist during the camp and in her presentation, she urged participants to watch what they eat because a good health starts with eating the right foods.

The nutrition team educated women on how best to feed their children with cheap local foods that are readily available on the market.

The Kitoobero food is a mix of both animal and plant proteins plus one carbohydrate type of foods. Glorious Enid Tumweheirwe, the Baylor Uganda nutritionist says that 'kitoobero is a mixture of variety of food from the three groups that one can use to feed a baby. It includes energy giving foods (go) body building foods (grow) and protective foods (glow)'. She adds that preparation of the kitoobero meal varies according to what recipe one needs to make for a child as preparation varies per recipe.

The team also offered nutrition education and counseling services.



Pregnant women and mothers attentively listen to Enid Glorious Tumweheirwe explaining the 'Kitoobero' recipe



Yummy ...The different types of nutritious kitoobero meals recommended For children from 6 months to 2 years of age.

Kitoobero of Rice beans and Meat

Procedure

- Measure one palmful of dry beans and soak them over night, remove the skin and wash them before preparing,
- Scrape the meat using a knife and mix it with clean water to ensure the meat pieces are separate,
- Sort the rice and measure one palmful. It can be topped up with vegetables for example scrapped carrot or chopped green leafy vegetables.
- Mix the skinned beans, scrapped meat and sorted rice in to a tiffin commonly known as *boxi ye enva*, add 500mls of water and a pinch of salt cover and steam the food in banana leaves for 3hrs.
- When food is ready mash and serve.

Baby Sharon enjoying kitoobero of groundnuts, matooke and mukene during the health camp



SEPTEMBER EVENTS IN PICTURES



The Director General of Ministry of Health Dr. Ruth Acheng hands over the award to Dr. Sam Okware during the Joint Annual Scientific Health Conference.



The Baylor-Uganda Communication and PR team (Christine, Masturah and Monica), join Dr. Jacqueline Kanywa (L) for a photo opportunity during the JASH conference at the Silver Springs hotel



Baylor-Uganda staff during the conference.
L-R Regina Achen, Sandra Amodot and Glorias Enid Tumweheirwe.



The Saving Mothers Giving Life Coordinator Dr. Lubwama Joseph presenting a paper during the JASH conference. Other presenters included Paul Mayende, Dr. Patricia Mwebaze and Dr. Kigozi Daniel.



Baylor Uganda staff listen attentively to the NSSF Executive Director Mr. Richard Byarugaba while he was presenting during the CME at the COE.



The Baylor-Uganda Pharmacy Coordinator, Rogers Sekabira explains to the NSSF team the Pharmacy procedures while Dr. Addy looks on.

WORD FROM THE FIELD : Samuel Engulu



Samuel Engulu,
Safe Male Circumcision
MCO/Team Leader

It's widely believed that after circumcision a man loses his manhood and this has broken some families. Men who get circumcised first have to sleep with another woman to prevent their women from becoming promiscuous.

Please introduce yourself to our readers explaining who you are and what you do.

I am Samuel Engulu working with Baylor Uganda Eastern region as the SMC medical clinical officer and team leader for Soroti Serere cluster

Please would you briefly describe what safe male circumcision entails?

SMC is done in a safe, sterile and secure environment. Clients are counseled as a group and tested for HIV and *Hemoglobin Estimation (to ensure there is no history of blood loss or anaemia)*. After testing vital signs are taken to rule out contraindications to circumcision. The theatre team composed of the circumciser, assistant, running nurse, records person, cleaner and dispenser are at this point all prepared with the necessary supplies and equipment arranged in place.

Once the vital signs are taken, clients wear a theatre gown and are taken to the operation room by the assistant, reassured of the procedure. The procedure lasts about 15 minutes, during which the running nurse taking note of the procedure details documenting them on client form. Waste is disposed of and the client is cleaned helped off the table and led to the recovery room/ at times doubles as the changing room.

Post operative information (verbal and written), medications, post test results and follow-up dates are given to each client. Data from the client forms are then transferred to the register after all documentation has been done. Theatre is then cleared of waste and day closed.

What do you believe encourages your clients to seek out your services?

Quality of care that is offered to clients (packaging of the message during sensitization drives, Privacy and Peer influence

What more can be done to encourage men in your region of operation to access safe male circumcision services?

It is best to involve all stake holders (religious, political, cultural and local leaders) into advocacy for the service, engage women through their communities and groups to understand the basic facts of SMC and encourage their men to embrace the service. We also need to increase awareness through massive sensitization of all communities and stake holders; government at national, district and local levels to take lead in community sensitization and mobilization. Sensitization needs to be targeted and focused in order to achieve considerable results in Safe Male Circumcision.

What barriers, human and cultural hinder men and boys to access safe male circumcision?

It's widely believed that after circumcision a man loses his manhood and this has broken some families. Men who get circumcised first have to sleep with another woman to prevent their women from becoming promiscuous. Some religious sects have since opposed circumcision as misleading the young generation as its believed that this could be a hidden agenda by the government . Other communities have linked SMC to Satanism because they believe the foreskin is used for rituals; People argue that even cultures and religions that circumcise men still die of HIV and as such SMC is not helpful because it has only partial protection yet even the first interventions (ABC) have not helped; Political and cultural leaders who are against SMC have had a big lasting impact within their communities because their members believe in what they say.

What three key messages would you give to Ugandans on safe male circumcision?

As a nation, Uganda still grapples with the increasing burden of HIV and AIDS, it's a call that I make to fellow country men and women with a passion to end this misery brought by HIV and just as we believed that ABC approach was mile stone to HIV reduction in Uganda, lets rise and fight the spirit of ignorance on SMC that others have made their gospel and believe that with the entry of circumcision we are just closer to ending this battle.



Interview done by Christine Kaleeba

GETTING TO KNOW : Teacher Jane



Teacher Jane Beyeza
Play Therapist,
Baylor-Uganda

Seeing a child who came in sad going back home smiling keeps me going because it makes me realize how much my services are appreciated by these children. And then you keep around ensuring that even the next child who needs care is attended to.

What is your name and title?

I am Jane Beyeza, a play-therapist at Baylor Uganda though many know me as teacher for the children who attend clinic at Baylor.

When did you join the Baylor Family?

Haaaa! Paused, as if she is finding trouble remembering. Well, I joined Baylor family nine years ago. First I came in as a volunteer for two years to manage adolescents in 2004-2006. Thereafter, I was offered a job as a Play-therapist for children from 2006 to this day.

What do you do as a play-therapist?

What we basically do here at the children's play centre is to ensure that children with emotional, social and spiritual illness are attended to through play. We ensure that children's time is well spent while attending clinic by engaging them in activities that involve their emotional physical, psychological and spiritual needs. We also identify their needs and refer them to responsible people.

Briefly take me through a typical day of your work.

When I report in the morning, I make sure the TV is on showing cartoons or any children's program to attract them to the play centre class. They are seated down until the play ground is dry from dew to play. At around 8:00am, the children are taken to the play ground and usually we encourage individual games at the play ground because some children come in too weak to play with others. We give

them balls and they decide what to play either to bounce, kick or throw in the air. We closely watch so that they don't knock each other down or knock down those that are in a weak state yet want to play. We later introduce them to group games where we focus on rhythms and a few physical exercises like stretching and jumping.

The children then go back to play centre class where we start activities that need brain work like singing, playing with toys, shading, reading stories, jig-saw puzzles, rhymes and later watching TV. 'We ensure that every hour, they have a new activity to do so as to break monotony and keep them entertained' says teacher Jane. She added that you have to plan to keep the play area interesting so that children who come in late don't feel they missed a lot and they go back home with something they enjoyed for the day.

How many children do you attend to a day?

We attend to about 60 children a day and these ranges from a play group of 3yrs to 12 years of age. They have to be Baylor Uganda clients.

Why did you choose your line of work?

First and foremost, I trained as a primary teacher and so I am a teacher by profession. I taught for 23 years before joining Baylor-Uganda. Having worked with children for all those years gave me good experience in handling children. With such a background coupled with experience, I felt I could share a lot and impart skills in these children.

What do you enjoy most about your work?

I enjoy seeing smiling faces of children every morning when I come in. Seeing a child grow into an adult and independent gives me great joy. For instance some of the children from my class are all grown up, happy and independent and sometimes they come to check on me and that really makes me happy. Identifying children's talents and developing them also gives me great joy at my work place for example the Baylor children's choir originated from identifying these children's talent of singing.

What keeps you motivated?

Seeing a child who came in sad going back home smiling keeps me going because it makes me realize how much my services are appreciated by these children. And then you keep around ensuring that even the next child who needs care is attended to.

What challenges do you face in line with your work?

Space is still a problem because the number of children is growing and yet there is limited space for them. However we try to limit the activities and concentrate on those that can be played with in the space we have now. Also, some children come in very weak and need great care and support but the fact that we are a team of two sometimes makes it hard to have special care for one and yet others are waiting to play. So we always liaise with the nurses to ensure such children are taken to the

treatment room for special care. Mixed age groups are

also a challenge because the younger ones cannot play the same games as the older ones and on the same space. However we try to group them in their different age groups and give them different tasks that are suitable.

What is the best thing you have done at Baylor so far?

'I am the brain behind the Baylor children play centre', Jane says with a smiling face. When I first came here, there was no such thing as children's play centre so I am proud of this achievement and that it is still serving its purpose. When I was given a job, I thought of what other benefit the children could get from Baylor other than what was already being provided to them. A thought came to me to introduce a play centre for the children so that as they wait to be attended to by doctors, the brains keep active with the knowledge and skills that they would get from the play center.

What do you enjoy doing in your free time? Singing and surfing



Teacher Jane narrating a story to the children at the Baylor Uganda Play Centre

MEET THE TEAM: Baylor-Uganda Lower Reception Staff

The lower reception is the core of the clinic. It is the start and end point for all clients accessing any service at the clinic writes Monica Aturinda

If it were a battle field, the Baylor-Uganda reception team would certainly be at the frontline. They are the face of the organization and that precisely explains the importance of this team of six dedicated employees to the Baylor-Uganda family. They consist of a nurse, data clerk, Community Home Based Care officer, M&E officer, and the security team.

At the clinic reception, Our day starts by organizing the reception desk, which includes Trays with clearly marked labels for the various services and service points for the clinic that include Nurse Visits, Psychiatrist, adherence counseling , Doctor , labs , Reproductive Health to mention but a few .

“Our main task is to receive clients, old and new , screen, and attend to their needs then guide them through the clinic process to access services” explains Catherine, a member of the team.

Registration of clients starts as they come in and we make sure that their clinic books are put in the right tray for different clinicians to come and attend to them. We work with the nurse at the table for those with critical illnesses or those that need urgent attention to ensure that they are attended to first .Data capture and validation, Report Generation are also done at the end of the day.

The Baylor clinic has different clinic days for its clients. The paediatric days are on Monday, Wednesday and Friday while Tuesday and Thursday is reserved for adolescents and family day respectively.

“On average we attend to 180-200 clients every-day save for Thursday which is Family day, where



Baylor Clinic reception team, R-L,Hadijah Adams Volunteer CHBC ,Mbabazi Catherine is a Data Clerk ,Ankampwera Allen is CHBC officer and Milky Nakiyuka a Nurse.

the number is 80”says Catherine.

Paediatric clinic day is the busiest among the three and this is because Baylor clinic is mostly a children clinic so it is expected to receive children more than any other clients .

The Community Home Based Care team (CHBC) ensures Patient retention by following up clients who missed their appointments and ensure that they return for care. They do this by following up through phone calls and where necessary, home visits.

So what motivates this team?

The continuous presence of clients keeps us motivated because we came to serve them so their presence keeps us going. The working environment is conducive for us because it’s clean and the pressure is manageable which is good for us and most importantly, the passion one has for their work is the greatest motivator for each one of us here and that’s why we never miss a day because we want to keep serving.

Seeing a smile on the faces of clients, thanking us for the work we do, and healthy looking children playing, and happy, when previously they came in critically sick, malnourished, and weak makes us happy as a team.

MEET THE TEAM: Baylor-Uganda Lower Reception Staff

The Security Team

They are the famous 'Men in Green'. They ensure the safety of our lives and property. Oloya and Bernabas are always smiling, welcoming and willing to help if you follow the rules but will at the same time stop at nothing and will handle rule breakers with iron hands if they feel they will disturb the peace and security at Baylor-Uganda.

They work together with the reception team to ensure everyone is attended to. "We attend to visitors and suppliers ranging from 15 to 20 in a day. The clients whom we directly attend to are the new clients who do not know where to go and they range from 5 to 10 clients a day". Says Bernabas, one of the security guards, attached to administration. He adds that visitors are received, scrutinized and directed where they are supposed to go.

Challenges

Open space at the work station at times leads to breaching of confidentiality while attending to clients. But usually when a client comes and has an issue to discuss, we quickly send them to the counselors.

Also, on busy days, the number of clients is overwhelming but this has been managed by booking clients on different days.



L-R Banabas Wagabono and Genacious Oloya in charge of the security at Baylor-Uganda Centre of Excellence

We have learnt how to manage people from different walks of life. For example we identify them as a team and fast track through the clinic process. Since this is the first stop for many who come to COE building, we interact with very many people and at times some do not know the language and others are out of control but we have been able to learn how to manage all this. We have learnt to be flexible and multi-task to ensure that each client is attended to as soon as possible.

Open space at the work station at times leads to breaching of confidentiality while attending to clients. But usually when a client comes and has an issue to discuss, we quickly send them to the counselors.

BAYLOR-UGANDA ACTIVITIES



Dr. Denise Birungi
Prevention Coordinator

Moonlighting in Kabarole: Commercial sex works get HCT services

In an activity dubbed 'Moonlighting', Baylor-Uganda has counseled and tested 154 people identified as MARPs in hot spots for commercial sex work and fishing activities in Kabarole district. The activity targeted commercial sex workers whose HIV prevalence is estimated at 30%; three times higher than the national average.

The targeted MARPS (Most At Risk Populations) are commercial sex workers, fisher folk, boat makers and fishing communities. Baylor-Uganda is supporting targeted outreaches to MARPS with the aim of providing HCT and prevention services at their places of work while protecting their privacy and confidentiality.

The hot spots of Commercial sex work and fishing communities have been identified in nine key districts of Kabarole (Rwiimi town board and Fortportal town) Kamwenge (Bigoodi township and Mashoro landing site along lake George, Kasenda) Ntoroko (landing sites across the district), Nebi (Pakwach town and Panyimur fishing community along River Nile), Arua (Arua town), Koboko (border post), Kaberamaido (landing sites along Lake Kyoga), Serere (fishing communities across the district) and Soroti (Soroti town).

154 commercial sex workers HIV tested and counseled and 58 (37%) of whom tested positive.

The aim is to offer HIV testing and counseling, risk reduction and counseling to minimize exposure, STI screening and management, condom demonstration and distribution, Family planning including emergency contraception, linkage to care and ART and peer education. Outreaches last 3 to 5 days and are carried out by a team of health workers from the public health facilities; nurses, clinicians, peer counselors, laboratory technicians and over seen by the PMTCT/HCT Officers and Community Linkage Officers for that cluster. All tests are done on the spot (HIV, RPR and Pregnancy tests) and CD4 samples drawn for the positive sample and routed to the nearest hub with a turnaround time of two days.

The challenges faced by the team implementing is that fishermen are mobile and commercial sex work is illegal and stigmatized making it extremely difficult to offer services. However, the success of moonlighting in Kabarole was because of community engagement and buy-in by the target community through the use of peer community mobilisers.

The moonlighting services are mobile service that is adapted to the MARP's lifestyle because of the nature of their jobs,. MARPS are not able to access conventional healthcare as the fishermen are often away fishing and the commercial sex workers avoid health centers due to the stigma they face while seeking services. There is a need for change in health worker attitudes but also to train CSW and fisher folk peer educators to encourage their peers to regularly seek health care services.

By Dr. Denise Barungi & Christine Kaleeba

HCT OUT REACHES HELD IN SEPTEMBER IN KYENJOJO AND KYEGEGWA DISTRICTS



PMTCT officer , Rosaline Nuwarinda in a health education session with the adolescents in Kyegewa HCIV.



In the two outreaches held in Kyenjojo and Kyegegwa HCIVs, 226 children were counseled and tested. 17 of whom were HIV positive and 7 were immediately initiated into care were given an appointment date during the week following the campaign since the care takers were not ready for initiation.

BAYLOR-UGANDA ACTIVITIES

Power of Hope Camp at Kiwatule Recreation Centre



The camp organizers and facilitators have a photo opportunity during the pre-camp training. At the centre (seated) is Cissy Ssuuna, the Baylor-Uganda camp coordinator



Dr. Israel Kalyesubula joins the campers in the bus to the camp venue



Train Ride.....some campers had never imagined they would ever be on a train

The annual Power of Hope Camp took place this September at the Kiwatule recreation Centre. The theme of the camp was " Responsible Adolescent hood". The one week camp attracted 100 adolescents, 6 peer facilitators and 5 child ELITs (Leaders in Training).

The goal of the camp was to teach the adolescents about responsible relationships, essential life skills and adherence through a fun way and this was done through intentional programming, discussions and games with the aim of self discovery, registering success and also enable the campers to take up challenged by choice and then take time to reflect about their lives



Having a swim.....the campers take swimming instructions



The children doing group work during the camp

FOOD FOR THOUGHT

“DOING SMALL THINGS WITH GREAT LOVE – A CALL FOR ACTION”

By Emmanuel Ssemanda

Majority of children accessing care at Baylor Uganda are vulnerable having either lost at least one parent or both, living in child headed households, living with elderly caretakers, living in poverty stricken households, disabled and some of them abused!



These children and their siblings are always marginalized and therefore interventions to ensure they live with dignity are critical. The OVC program under the social work unit aims at promoting the wellbeing of these OVC by trying to address their holistic needs through providing support such as emergency food rations, education, psychosocial support, child protection and economic strengthening.

However, the burden of OVC continues to overwhelm the available resources. Each day a number of OVC caretakers flock the social work unit desperately seeking assistance for food, education, capital for income generation, psychosocial support among others. Amidst trifling resources the social work unit is left with no choice but to vitally assess for the neediest of the needy using strict criteria. This however does not mean that the ones left out are not needy; in fact even among the neediest; a number of them are left out!

Emma Ssemanda , OVC Program Officer, calls upon ALL not to sit back but act

It is against this background that the social work unit calls upon every staff who can sacrifice any resource small as it may be towards responding to the OVC cause, this may include your time towards mobilizing resources from friends who may be church members, business partners, family members, corporate companies among others. The unit proposes to establish a **BAYLOR OVC RESPONSE TEAM** with an intention of increasing resources for OVC. We do not need to wait for billions from Americans to change the lives of OVC in our care; we can do just small things with love.

Mother Teresa said that “In this world we cannot do great things, we can only do small things with great love”, “It is not how much we do, but how much love we put in the doing, it is not how much we give but how much love we put in the giving.” even when you can’t give anything at least donate a smile to every child you serve, because every time you smile at someone, it is an action of love, a gift to that person, a beautiful thing!”

Do you want to join the Baylor OVC response team? Please walk in room 5 or e-mail esem-manda@baylor-uganda.org to know how you can offer a service to OVC beyond the one you are paid for!

Love cannot remain by itself- it has no meaning, love has to be put into action and that action is service. Friends let this be your corporate social responsibility

We call upon every staff who can sacrifice any resource small as it may be towards responding to the OVC cause. The unit proposes to establish a **BAYLOR OVC RESPONSE TEAM** with an intention of increasing resources for OVC.

DOCTOR SAYS

“Many times in Africa, we wait to drop dead with advanced diseases because during the disease incubation period; we generally felt well and did not think, we needed to see a doctor. Many of these diseases such as HIV, cervical cancer, breast cancer, and high blood pressure when diagnosed early; can be treated with good outcomes. I advice staffs to have a wellness check with their health insurance service provider at least once a year to be sure no disease is waiting to rob them of themselves!”

BAYLOR STAFF ANNOUNCEMENTS

NEW STAFF- WELCOME TO BAYLOR- UGANDA

Dr. Jacqueline Balungi Kanywa is the new Manager Medical care , in charge of the COE. Previously, she was a medical officer on the ARROW study before going for further studies at the University of Texas School of Public Health for an MPH in Epidemiology



Dr. Paul Tumbu
Program Manager , Rwenzori Region. He was previously the Manager Medical care at the COE before he went for further studies at the University of Texas School of Public Health at Houston for an MPH in Epidemiology.

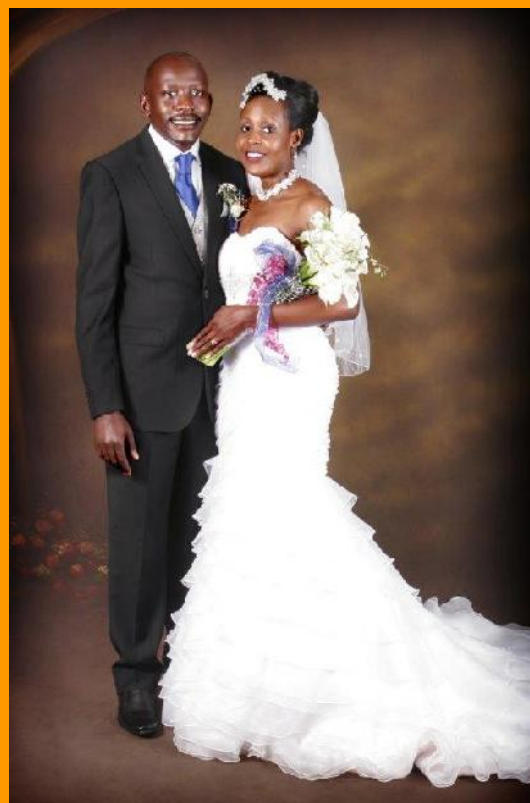


HR MONTHLY THEME FOR OCTOBER

Monitor performance consistently and make results predictable

What can't be measured can't be achieved. Document your achievements and let the world see you shine

BAYLOR-UGANDA FAMILY ANNOUNCEMENTS



The Baylor- Uganda Internal Auditor Pius Kihumuro says 'I do' to Judith Atwebembeire on 21st September 2013 at St Padre Pio Chapel, Makerere University Business School. The Reception was held Emerald Hotel, Kampala.

Congratulations Pius We are always happy to here wedding bells.



Anywar Charles
Clinical Officer



Akuju Faridah
Quality Improvement Officer
West Nile