



The Baylor-Uganda Mail

Quarterly Newsletter

July - September 2019

Editorial note

Dear readers of The Baylor-Uganda Mail –

It gives us great pleasure to welcome you to the revived edition of The Baylor Mail for which we have acted as Editor. We are very excited to once again have a platform to share with all you what is happening in our work stations. Read about what's kept the region busy this quarter.

We warmly welcome submissions from the entire Baylor-Uganda community. It's a privilege to have your work published in this Newsletter and your contribution will ensure the success of this platform. We always appreciate reviewers and guest editors for their hard work, and welcome any comments and suggestions to improve the quality of the Newsletter.

We are ready to edit your writing- just put down all that you encounter as you go about your busy Baylor day. Pictures tell the story in a thousand ways-snap away but make sure to get consent from the subjects. Otherwise, enjoy this reading and we welcome comments.

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* COE Lab CAP Accredited once again

... 2



inside

* Commissioning of the ART Clinic at Karugutu HC IV



* BOD Visit to the Region



* DHO Engagement in Mityana



COE Lab CAP Accredited once again.



The team poses for a group photo after Accreditation

CAP stands for College of American Pathologists. This certification is a peer-based inspection process that combines regulatory and educational coaching from the world's most respected pathology organization.

Certification helps lab professionals:

- Reach the highest standard of lab quality
- Deliver accurate results for optimal patient outcomes
- Ensure confidence in diagnosis of patients

- Manage and reduce the chances of inaccurate test results

The Laboratory Accreditation Program inspects a wide variety of laboratory settings to ensure they are meeting the highest industry standards for optimal test results. By becoming CAP certified, we ensure patients get accurate diagnosis and test results.

Commissioning of the ART Clinic at Karugutu HC IV

The Board of Directors - Baylor-Uganda handed over the ART Clinic at Karugutu Health Centre IV to the district leadership on Friday 9th August 2019. Present during the hand over were staff of the hospital led by the District Health Officer, the CAO, RDC and the LC5 Chairman. The state of the art building is yet to be fully operationalised.

In his remarks, the DHO was thankful for the effort that Baylor Uganda made to put up the structure given the circumstances that the clinic was running a few years ago. There was no water and power and when the Baylor leadership team visited the facility, the state of working was very appalling. The ED Baylor-Uganda went back to Kampala disturbed.

The RDC called upon the facility leadership to jealously protect this new multi-million shillings building because it is a district asset. He warned them against rearing animals on the verandas of the building and allowing children to damage the walls.

The LC5 Chairman was also equally thankful for the new clinic building.

"I am happy to see that we are now officially in charge of this building as a district. I remember what we had a few years ago and as chairman, I will even use this in my campaign. I tried to be involved during construction by supervising at least every two weeks. We fully appreciate Baylor-Uganda for the love shown to Ntoroko district in terms of strengthening our health system.

The building which cost over Ugx 800,000,000 will have a children's play area, a well-functioning laboratory, counselling rooms, clinicians' rooms, and a nutrition room, dispensing room, store and records.

The vice chairperson of the BOD Baylor-Uganda encouraged the district leadership to take interest in the health system of the district in order to motivate implementing partners to offer the additional support.



BOD Visit to the Region

The BOD members and senior management team set off for the region (Fort Portal) on Thursday 8th August 2019.

On Friday 9th August, the BOD Members, accompanied by senior management team travelled to Ntoroko district in the morning to officially hand over the new ART Clinic at Karugutu Health Centre IV to the district leadership. The RDC, LC 5 Chairperson, the CAO, District Health Officer and facility In-Charge, religious leaders and staff of the facility were onsite to receive the building/clinic.

The team then moved back to Nyaika hotel -Fort Portal where they picked a snack and split into two teams; one heading to facilities in Kyenjojo while another proceeded to Kamwenge. The Kyenjojo team visited Kyarusizi Health Centre IV and Kyenjojo Hospital

The Kamwenge team visited St. Padre Pio Health Centre iii, a Private Not for Profit facility support-ed by Baylor- Uganda



BOD and Baylor staff look at maternal and new born data in Rukunyu hospital

through IBC, and also Rukunyu Hospital. Rukunyu hospital has been a benefi-ciary of Baylor-Uganda programs- a well-equipped laboratory, a functional NICU, a new labour suite and maternity wing. The team was deeply touched by the babies in the NICU. The hospital in-charge was grateful for the

efforts made by Baylor towards saving the life of these little ones that were previously dying in the communities. He however noted that there are periods when the NICU is overwhelmed given the population from the Rwamwanja Refugee settlement that sends in a big number of babies, coupled with the clients from the surrounding communities.

There was also a Community Based Organisation- Youth and Women Empowerment that was visit-ed to get first-hand information on how the project works with these organisations to meet the project objectives.

The BOD members, Senior Management team, some Baylor staff, and district leaders were hosted to a working dinner later in the evening and on Saturday 10th August 2019, the Board of Directors held a meeting at Nyaika hotel.



BOD members in the office of the In-Charge Rukunyu hospital, Kamwenge

DHO Engagement in Mityana

Baylor-Uganda through the ACE-Fort project held a two day consultative engagement with the District Health Officers from the nine districts in the region. The meeting objectives included assessing the level of achievement of key project HIV/AIDS/TB indicator targets, discussing and assessing the extent to which the project is meeting its Health Systems Strengthening mandate under District-Led Programming, sharing experiences between DHOs and Baylor -Uganda core project management in implementation of the various interventions identifying

strengths, challenges and documenting best practices. The DHOs were also updated on new donor and MOH/ AIDS Control Programme, Uganda AIDS Commission priorities and initiatives among others.

The meeting objectives were met through a series of presentations with a twist of a radio talk show involving DHOs sharing experiences from their jurisdictions which was very engaging given that no one was prepared for such an activity.

The discussions rotated around the performance

of the project, actions from the recently concluded quarterly district review meetings, functionality of the Regional and District Quality Improvement structures, updates on the National Q.I collaborative for Viral Load suppression, Retention in care, ART optimization and IPT and the TLD Transition. Lessons picked from the meeting included making changes especially in human resource if they exhibit complacency, paying keen attention to district data to foster ownership and improve implementation of activities.



DHO Engagement Mityana

TB CONTACT TRACING AT A SHRINE

In many parts of rural Uganda, traditional healers continue to offer medicine to a big population. People travel long distances seeking the healing power of particular healers and those that have used their services attest to the power.

In Kijura Sub County-approximately 25km from Fort Portal town, Ndahura Richard is a powerful traditional healer who receives about thirty clients seeking his services on a daily. He has a few people that help him in the shrine and each has a role in appeasing the spirits. He says that he works on all ailments/illnesses and cited a number that often brings clients to him. Ndahura and his wife- a young girl less than twenty years old mainly run the day to day activities in the shrine.



“Most patients that I receive come because of witchcraft presenting with pains in different body parts. Others come to treat bad luck, infertility, sexual weakness, bringing back lost partners. I give them medicine according to the problems that they have. Some of the medicine is boiled and drunk, some is chewed raw while other medicine is smoked in pipes. I also treat mental conditions but am so powerful that I can differentiate mental conditions that require biomedical interventions from what I can treat resulting from witchcraft.” Says Ndahura, 42.

We got to know about the traditional healer through his hospitalised brother that has multidrug resistant TB. The practice is that the patient informs the health workers about the people that he/she lives and these are visited to check for symptoms of TB such as persistent coughs. Their samples are collected and tested for TB. The traditional healer was traced with the help of the community leadership and an appointment was made to

go and collect sputum samples of all people in his household. There were about twenty people in his house the day we visited.

Notably, almost everyone that walked out of the house was coughing, apart from the two one year old boys-children belonging to Ndahura. There were more men and just two women who we are informed have stayed for two days having come to seek healing. In a few minutes, Ndahura’s wife informs him that they need to start working and asks for money to buy the first bottles of alcohol to open the day activities. Eager to enter and see what happens in the shrine, Ndahura tells us we have to first buy alcohol and after some negotiation, we part with Uganda shillings 5000. This alcohol is just enough to let us peep into the shrine. He sternly warns us against taking any photographs as the spirits will be angered.

At this point, my interest is in seeing the shrine and relating it to the spread of TB. As expected, there is no ventilation and Ndahura confirms that all patients come in and sit inside once sessions start. And doors the doors are kept shut. Sometimes there as many as twenty five people in a hut that on average can accommodate 8-10 people with all its regalia inside. It is not surprising that the coughs have spread to the clients that hang around a lot.

The traditional healer is aware of the danger posed by the treatment methods in his shrine given that he has been previously been treated for TB. He acknowledges that some of these illnesses are beyond his power and rallied clients that live within his community and were coughing to have their samples taken. Some refused to

have their samples taken and Ndahura promised to contact the TB Officer attached to Fort Portal Regional Referral hospital once his clients understand the purpose of having them tested for TB.

After testing the sputum samples, one out of the eight collected tested positive and has been initiated on treatment.

As a party involved in curbing the spread of HIV/TB in the region, Baylor Uganda fronts collaboration with all relevant stakeholders in the control of the epidemic. From the experience with Ndahura in Kijura, traditional healers have a lot of influence in communities especially in the rural settings. We can ride on this influence to even reach more people who visit the shrine seeking services as referral points for illnesses beyond their expertise. If well engaged, traditional healers can be an avenue of health education given the number of people that seek their services daily.

“Protect the Goal Tournament” - A TASO / Baylor-Uganda Initiative in Ntoroko district



The partnership between Baylor-Uganda and TASO uses various approaches such as community driven HIV Prevention interventions and focussing on high burden and under-served locations and populations.

This is done through Social and Behavioral Change Communication to enhance prevention of HIV spread among AGYW. Social events such Netball tournaments, debates & drama are organized in the community and HIV Testing and Prevention services are given to the community at large.

This tournament was hosted by Kanara subcounty alongside the shores of Lake Albert and attracted four teams in a Netball competition.



ED talks to a health worker



Baylor staff, Ministry of Health and kyenjojo district officials



ED shares light moment with CAO Ntoroko



Rotary Cancer Run 2019 Participants



with Best performing facility representative at the Quality Improvement review meeting



Inside the Rukungu NICU



nyabuharwa community engagement



Rotary Cancer Run 2019



BOD in the lab at Rukungu



Karugutu group photo



BOD and Baylor staff look at maternal and newborn data at Rukungu



DHO Engagement in Mityana



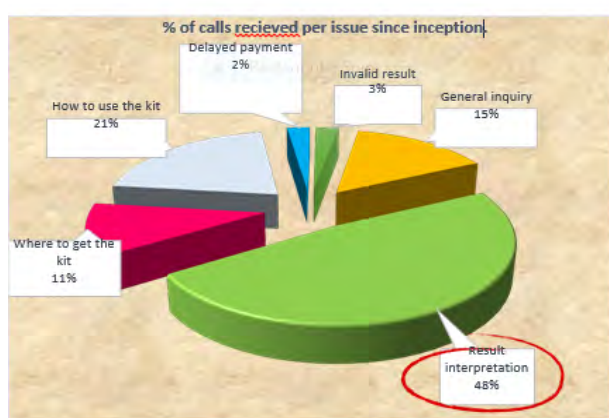
ART Clinic Karugutu HC IV-Ntoroko district



COE Lab Accreditation

The OraQuick; Call Center Updates on HIV Self-Testing.

"Wow am so happy to hear about what you people are doing. it is not far from what we are practicing back home in Kenya." exclaimed Olivia Njathi, the Regional Director OraSure technologies corporation, the manufacturers of the Ora-quick kit used in conducting HIV self- testing. The National Pediatric and Adolescent HIV/TB call center at Baylor-Uganda is privileged to have been selected by the Ministry of Health as the only call center to disseminate HIV self-testing information and also attend to inquiries from the general public on HIV-ST.



Since the call center started supporting HIVST inquiries in September 2018, one hundred and forty three (143) consultations have been registered from different regions all over the country, the month of October 2018 led with 14% followed by June 2019 with 13% of the total consultations. The biggest number of inquiries were from the central region (44%) encompassing districts like Mityana, Kampala, Wakiso, and Mubende among others districts. 35% of the calls were from Masaka region with calls from Bukomansimbi, Kalangala, Rakai, and Lyantonde among others.

Among the issues called about, 48% of the

calls received were inquiries about interpretation of results after the test followed by questions about how to use the test kit at 21% and then general inquiries which included calls inquiring on whether the kit can be used by two people (twice) or whether the kit does really give genuine results, queries on how come saliva can test HIV among other queries contributing 16% of the total calls.

The center has registered invalid tests for example in Kamwenge district were a client pricked her tongue during the procedure and removed the kit with blood on it and in another scenario, the client had the red line neither on C nor T mark. Seven (7) clients called with test results indicating two red lines and these clients were advised to go back to the facility for a more confirmatory test and clients who had negative HIV results after using the ora quick were advised on HIV preventive measures.

The government has embarked on distribution of the kits in pharmacies in a way of extending the service to the general public and with much emphasis put on marketing the toll free line country wide, the number of clients calling the helpline with consultations will automatically increase.





IF YOU WOULD LIKE TO MAKE A CONTRIBUTION
TO THE NEXT ISSUE OF THE NEWS LETTER PLEASE CONTACT:
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