

ALIVE & Healthy



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Foreword



Gilbert Kamanga
National Director, World Vision

Most child deaths are easily preventable hence intolerable. They are treatable conditions such as acute respiratory infections, pneumonia, diarrhea, malaria, malnutrition and neonatal complications. Inconstancy in flow of information and lack of improved technology in the medical field to treat such conditions is unacceptable.

Health for the Under-five children is a big challenge in Uganda especially in the rural areas. According to the 2011 Uganda Demographic Household Survey, One in eleven children dies before their fifth birthday. Almost all child deaths could be prevented using simple, proven - inexpensive solutions. For children living in rural communities, the statistics are worse than the national average. Given these realities, improving child health is very important to Government and every Ugandan.

World Vision Uganda (WVU) in 2010 launched the Child Health Now campaign (CHNC) in order to ramp up support and action for child health. World Vision as an organisation is glad to be contributing to the reduction of Child deaths in Uganda and

According to UNICEF (2009), globally over 7.7 million children under the age of five years die each year. Ninety percent of all these child deaths occur in developing countries- Uganda is no exception. These are not mere statistics. They are children with names, an identity and families.

globally.

WVU working through strategic partners and coalitions has contributed to policy changes at National level that are directly aimed at improving child health. For example, WVU and its partners played a significant role in; drafting of the Uganda National Nutrition Plan, supporting Members of Parliament to lobby for an increase in the Health sector funding by 49 billion Ugandan shillings and influencing the 126th Inter-Parliamentary Union (IPU) to adopt a resolution on Maternal and Child Health.

Integrating Citizen Voice and Action, an approach to local level advocacy in Child Health Now campaign has led to some districts to pass ordinances that promote child health. These include; Tororo, Bundibugyo and Hoima. In the communities, health seeking behaviours are changing for the better. Pregnant mothers are seeking antenatal services while mothers with children seek early medical treatment when their children fall sick.

The Global Week of Action held in November 2012 demonstrated that more Ugandans are now committed to working towards the improvement of child health. As one of the activities during the week, WVU visited 29 districts across the country gathering evidence on child death using

the Under-five mortality quilt. The quilt was used a lobbying tool to influence decision and policy makers to take action in improving child health in Uganda

Even though strides have been achieved, a more deliberate concerted effort is needed by Ugandan individuals, policy promoters and makers to ensure that the Governments and districts adequately and deliberately plan for maternal and child health but also work at improving the health system to function effectively.

I thank the Governments, Civil Society Organisations, churches and faith-based organisations and other stakeholders in communities where the campaign is implemented for supporting CHN. Special thanks to World Vision Uganda staff for driving the campaign.

I call upon everyone to promote child health because together we can end child deaths. For more information about CHN visit <http://www.childhealthnow.org>, follow us on Facebook: ChildHealthNowUganda and Twitter: @ChildHealthNowUganda and on our blog: <http://chnuganda.wordpress.com/>

God bless you!

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Davinah Nabirye

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Early this year I grieved the loss of one beautiful baby who only lived for two days. I sorrowfully watched as its mother Mercy mourned during the funeral service. After the service, I had an opportunity to interact with her but could not find the right words of comfort to say.

.....

My inability to do or say something suddenly made sense; I finally realized why advocates around the world are now taking child health. Mercy's baby had become one of those statistics I always quote in my work. It is then that I fully understood the significance of World Vision's Child Health Now Campaign (CHN) in contributing to the reduction of child deaths due to preventable and unacceptable causes like malaria.

And because we live with this silence emergence in our community, WVU's advocacy team has produced this magazine entitled "Alive and Healthy" as a channel through which you can learn more about CHNC and children who have been saved.

In this issue, you will learn about the genesis of the campaign, actions taken by the districts, and stories on improved child nutrition and the protection of children from disease. The stories bring to life testimonies of people across the Uganda who are promoting child health issues.

I am sure after reading the magazine; you will be inspired to become a child health promoter in your community.

Have a great read!

A handwritten signature in blue ink, which appears to read "Davinah".



A happy mother and child

Contributing to the reduction of Under-five deaths

Over the last 15 years, Uganda has made great progress in terms of development. Peace and security have been restored in most parts of the country. The Government has put in place key priority programmes and as a result, Uganda is experiencing considerable transformation in education, agriculture and poverty reduction.

However, maternal and infant mortality and morbidity although declining, remain unacceptably high. According to the 2011 Uganda Demographic Household Survey (UDHS), maternal mortality remains high at 438 maternal deaths per 100,000 live births even though it shows a decline from the 2000 UDHS from 505 deaths per 100,000 live births. This translates to about 6,000 women dying every year due to pregnancy related causes.

Compared to non-maternal deaths, maternal deaths have far more consequences on the survival of children. A study on “Maternal mortality and the consequences on infant and child survival in rural areas” by Anderson FW et al from the, University of Michigan Medical School shows that, “when a family experiences a maternal death, that family has a 55.0% increased odds of experiencing the loss of a child less than 12, whereas when a non maternal death occurs, no increased odds exists.”

The findings are not different from the Ugandan context; the survival of children whose mothers die due to pregnancy related complications are low. According to 2011 UDHS, Infant mortality has reduced from 67 in 2006 to 54 deaths per 1,000 live births. Under-five mortality rate stands at 90 deaths per 1,000 live births. This simply means that one in every 19 Ugandan children dies before their first birthday, and one in every 11 children dies before their fifth birthday. The neonatal and post-neonatal mortality rates are at 27 deaths per 1,000 live births each.

The occurrence of maternal, neonatal, perinatal and child deaths in Uganda is a major concern to everyone including Government and all stakeholders. Three quarters of the neonatal deaths occur in the first week of life while the highest risk of death is in the first 24 hours of life. The major causes of newborn deaths include asphyxia, infections and complications of preterm birth. Generally, perinatal mortality has

been linked to poor quality of intra-partum care.

Maternal death is caused by either a complication that develops directly as a result of pregnancy, delivery or the postpartum period or due to an existing medical condition. Major direct obstetric complications responsible for maternal deaths in Uganda include; bleeding, infection, obstructed labour, unsafe abortion and hypertensive diseases. About 15% of all pregnancies develop life-threatening complications and require emergency obstetric care. If these mothers do not access appropriate medical attention in time, they die.

The current maternal and child health statistics are a clear indication that Uganda is lagging behind in achieving Millennium Development Goals 4 and 5 aimed at reducing child mortality and improve maternal health by 2015 respectively.

Finding effective solutions to reduce maternal and child morbidity and mortality is worsened by

the fact that the legal frame work in Uganda is not strong enough despite the fact that Uganda is a signatory to many international instruments which recognize the right to health. For example, the Universal declaration on Human Rights (UDHR 1959), the international Covenant on Economic, Social and Cultural Rights (1966) and the Convention on the Rights of the Child (CRC 1989). Uganda also has the Children's Act (CAP 59) which has a provision for the protection of children's rights to health.

Despite the challenges, the Government and several other actors through the Health Policy and the Health Sector Strategy and Investment Plan (HSSIP) which are the within the National Development Plan, the Ministry of Health explicitly defines the strategies and structures needed to provide internationally accepted interventions to reduce maternal and child morbidity and mortality.

However, the Civil Society in Uganda finds itself constrained to optimally support the government's effort to reduce child and maternal morbidity and mortality. This is because of the inadequate financial resources to operationalize the HSSIP, Health and Nutrition Services do not reach the people who need them. Little investment is being put to address the high prevalence of nutrient deficiencies in the country and there are gaps and implementation challenges in the policy and legal framework. ■

The Child Health Now Campaign

In August 2010, World Vision Uganda (WVU) launched the Child Health Now Campaign (CHNC). The campaign is World Vision's first organization global campaign aimed at helping the world achieve Millennium Development Goal 4 by reducing preventable deaths of children under-five years by two third; an equivalent of 8.1 million lives saved each year until 2015.

In Uganda the campaign aims to contribute to the reduction of under-five mortality from 90 to 56 deaths per 1000 live births by 2015 by:

Ensuring equitable access to quality health services to effectively address maternal, newborn and child health

Advocating for increased allocation to the national health sector budget

Encouraging children, families and their communities to practice disease prevention and risk reduction behaviour

In the last two and half years, the campaign has been implemented in 16 districts including; Amuria, Bugiri, Buikwe, Bundibugyo, Busia, Gulu, Hoima, Kiboga, Kitgum, Mpigi, Mukono, Nakaseke, Nakasongola, Ntoroko, Soroti and Tororo. However, with effect from June 2013, the campaign will be integrated in all World Vision Uganda's Area Development Programmes implementing health.

Through the campaign, WVU has actively worked with Members of Parliament especially the Parliamentary Committee on Social Services, District Local Council V

Councilors, District Health Teams, Community Health Workers (especially Village Health Teams), Community Based Organisations and mothers (pregnant women and those with children below five years).

The CHNC promotes 12 proven cost effective interventions that could save millions of children's live if implemented at household level; These include; Growth promotion and monitoring 1000 days plus nine month of pregnancy, Promoting the life saving practice of exclusive breast feeding, Access to zinc and oral rehydration particularly in areas with poor water quality and sanitation levels, Supplying and educating communities to sleep under Long Lasting Insecticide-Treated Nets (LLITN) to protect against mosquitoes and malaria infection, Proper hand washing and disposal of waste materials, Training and providing access to skilled attendance at birth, Ensuring access to age appropriate Immunization, Vitamin A supplement, Mobilizing mothers for Antenatal Care (ANC) and Prenatal Care (PNC); at least four ANC attendance, Community based family planning education and commodity dispensing, System strengthening especially ensuring functional Village Health Team (VHT) that is motivated and supervised, and Local level advocacy at village level to promote accountability in the delivery of health services ■



Delegates sign-up for the survival of children at the CHNC launch.

Campaign History

The CHN shuttle- a symbol of the campaign

Before the August launch, various pre-launch activities were carried out to raise awareness among staff and in 10 selected districts across the country.

The shuttle, commonly referred to as the campaign symbol played a significant role in introducing the campaign in Uganda. Wherever it went, community meetings with mothers and children, interactive radio talk shows, district symposia on child health with policy makers were organised. Staff moving with the van put their advocacy and marketing skills into play by precisely, accurately and clearly explaining what CHN was about.

This shuttle was vigilantly branded with dazzling World Vision colours - orange and white and catchy images, short messages, the campaign slogan and both World Vision and Ministry of Health logos.

As a result, various districts welcomed the campaign and were optimistic that it would promote child health in their communities. Awareness about the maternal and child health problem was raised.

Today most communities in the 10 districts are more aware about child health issues. The staff appreciate and promote the campaign's agenda in their day-to-day work.

Uganda launches the Child Health Now Campaign

On August 12, 2010 Government officials pledged their commitment to fight malaria and malnutrition through during the launch of the CHNC in Uganda.

With malaria and malnutrition responsible for more than two-thirds of child deaths in the country, health officials and civil society leaders expressed deep concern at the high mortality rates attributed to preventable causes.

Ms Stella Ayo, Executive Director of the Uganda Child Rights Network said she was "ashamed that children are allowed to die of diseases like malaria" and challenged all stakeholders present to "eradicate malaria in the same way as we did for polio".

Guest of Honour and Director of Health Services in the Ministry of Health Dr. Nathan Kenya-Mugisha underscored the need to empower families to take personal responsibility for their health of their household - such as taking proper medication and using insecticide treated bed-nets.

In support of World Vision's campaign strategy, parliamentarians and civil society leaders also agreed that adequate preventive measures such as effective public education would have a significant impact towards reducing child deaths.

The event brought together key stakeholders including other non-government and faith-based organisations and local media ■

Creating a platform to influence policy makers

John Donne (1572-1631) in his book 'Devotions upon emergent occasions and seuerall steps in my sickness' wrote a famous quotation, "No Man is an Island". This is loosely means that "Human beings do not thrive when isolated from others".

Like wise organizations cannot thrive in influencing policies when other like-minded organisations are not on board. Since the commencement of CHNC, WVU has actively influenced the agenda and participated in two coalitions; the Uganda Civil Society to Scale Up Nutrition (UCCO-SUN) and Civil Society Organisation on Maternal, Newborn and Child Health (CSO-MNCH).

Scaling up nutrition

World Vision Uganda is involved with the Scaling up Nutrition (SUN) movement at the national level, particularly through the coalition 'Uganda Civil Society to Scale up Nutrition (UCCO-SUN)' where WVU is the secretariat.

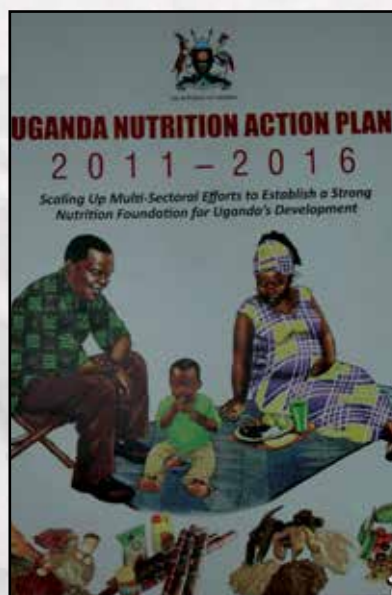
UCCO-SUN is a consortium of international, national and local civil society organizations with potential to turn the SUN initiative into a robust grass root movement transforming people's views and perceptions on nutrition.

To date highlights for WVU include; participation in the first Uganda CSO Fair on June 6-7th, 2011 which helped raise both UCCO-SUN's and World Vision's

profile.

UCCOSUN also lobbied the Speaker of Parliament and as a result a section of Members of Parliament advocated for improved legislature to prioritize Maternal, Infant and Young Children Nutrition (MIYCN).

UNAP launched



On October 5, 2011, President Yoweri K. Museveni launched the National Nutrition Action Plan (UNAP). This document recognizes World Vision among others for playing a leading role-both technical and financial to its formulation process.

The nutrition action plan sets

out guidelines for districts to implement nutrition programmes aimed at improving maternal and child health in the country by reducing malnutrition in women of reproductive age as well as infants below two years.

The UNAP is a key document for WV and other stakeholders because these play a critical role in ensuring the health and providing for the nutritional needs of the entire household in Uganda.

In support to the implementation of the UNAP, WVU has enhanced its nutrition advocacy efforts particularly through round table dialogues, breakfast meetings, community campaigns, district council dialogue meetings and production of education and communication materials to advocate for nutrition.

Key WVU partners include the USAID-funded FANTA 2 Project, the National Planning Authority and the World Food Programme. WVU has worked with FANTA-2 to come up with key messages that target government, specifically Ministry of Health, Finance and Agriculture, also district leaders, communities and civil society ■

Lobbying Members of Parliament to focus on maternal and child health

In 2011, organizations focused on improving maternal, newborn and child health formed a coalition called the Civil Society Coalition on Maternal, Newborn and Child Health (CSO-MNCH). World Vision sits on the steering committee.

The coalition was formed out of the urgent need for CSOs to harness their efforts and work strategically to increase attention and action towards achievement of MDGs 4 and 5. The coalition is currently comprised of 33 CSOs.

James Kintu, Associate Director, Advocacy and Justice for chil-

dren says it is important to work through coalitions because different civil societies have different strengths and comparative advantages which are important in the promotion of maternal, newborn and child health with a focus on agreed upon priorities.

The civil society in Uganda has grown and is very active in raising

awareness and acting as a watch dog for human right, policy and delivery of essential services.

One of the highlights of this coalition was the participation in the 126th Inter-Parliamentary Union (IPU) Assembly as seen in the story below: ■

WVU participates in the 126th Inter-Parliamentary Union

World Vision has an observer status at the Inter-Parliamentary Union Assembly (IPU). This is an opportunity for WV to participate in the international advocacy agenda.

An example of such opportunities was working with legislators to prioritize maternal, newborn and child health during the 126th IPU meeting.

WVU engagements kicked off as early as February 2010 through UCCOSUN. Under WVU's leadership, UCCOSUN lobbied the Deputy Honorable Speaker of Parliament together with others Members of Parliament to prioritize MNCH at IPU. UCCOSUN presented a policy brief to the Ugandan delegation which was used to influence legislators at the 24th IPU assembly in Panama, Central America.

Engagements in Panama and other processes influenced by the coalition culminated into a decision for Uganda to host the 126th IPU conference from 31st March to 5th April 2012 under the theme, "Parliament and the People: Bridging the Gap". Among other issues discussed, "Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children" was high on the agenda.

Prior to the 126th meeting, WVU through the Civil Society Coalition on Maternal, Newborn and Child Health (CSO-MNCH) organized side events including; three panel discussions and an exhibition. The panel discussions were attended by an average of 150 people including key policy and other decision makers on addressing maternal and child health and members from the general public.

All the engagements contributed to influencing the 126th IPU assembly adoption of the resolution, "Access to health a basic right: the role of the parliamentarians in addressing key challenges to securing the health of women and children."

This achievement encouraged WVU to boost efforts in strengthening collaborations with the National Parliament in profiling MNCH issues and sustaining pressure of the legislature to take action on. Through the CSO-MNCH, WVU is keeping track on the implementation of the IPU resolution especially allocation of resources and accountability in the MNCH context.

Today, WVU has continued strengthening its linkages with the Regional MNCH and Partnership for Maternal, Newborn and Child Health (PMNCH) initiatives for support in tracking commitments made by the state under the United Nation's Every Woman Every Child initiatives ■

An end to Uganda National Budget approval deadlock, but still failing health workers



Since its formation in 2011, the Civil Society Coalition on Maternal, Newborn and Child Health (CSO-MNCH) where WVU is a member of the steering committee) has been advocating for an increment in the Health Sector budget.

Although these efforts have not resulted into the desired target of 15 per cent of the National Budget going to the health sector as per the Abuja declaration, smaller but significant strides have been achieved.

In 2011, the Ministry of Health declared the shortage of health workers in Uganda, particularly rural areas, a 'crisis' while activists reported that expectant mothers were bearing the brunt of the country's staffing deficiency. Then only 58 percent of Uganda's available health positions were filled instead of the recommended minimum 65 percent by World Health Organization.

According to the World Health Organization, any country with less than three health workers per 10,000 people is said to be facing a severe shortage of health workers to meet its health needs. This is a critical necessity for the improvement of maternal and child health in Uganda with

a huge population of 34 million people.

However, the 10 June 2012 reading of the financial year 2012-2013 National Budget left many civil society organisations perplexed when out of the Ush.761.6 billion (USD. 299,842,519) allocated to the health sector; only sh.125 (USD 49,212,598) billion was allocated to run all the Ministry of Health operations, with a meager proportion towards addressing 'the crisis' of few professional health workers particularly midwives and nurses who are at the frontline on duty.

This prompted Parliament's refusal to pass the health sector budget until funds were relocated to the escalating human resource crisis.

On 25 September 2012 Parliament finally passed the 2012-2013 National Budget after about two weeks of negotiation with the Executive. This caused more discontentment among civil society organizations with government's

executive decision to ignore the reports from the Parliamentary Budget Committee who originally proposed that an additional sh.260 (US\$.102,362,204) billion be reallocated from the Defense budget to support the recruitment and enhancement of professional health workers at all cadres in health centre facilities.

Instead government committed an additional sh49.5b to the health sector with a paltry sh6.5 (US\$ 2,559,055) billion for the recruitment and enhancement processes; which according to Prime Minister Amama Mbabazi was "seed money to kick start the effort of recruiting 6,172 new health workers at Health Centre 1V."

Although the increment was meager, it showed Ugandans that the CSO and members of parliament were concerned about maternal and child health challenges are doing something to avert the situation ■

Implications on maternal and child health

Maternal and Child Health activists point to the lack of trained nurses and midwives, and poor facilitation of those who exist as the key factor behind the fact that an estimated 16 women die daily while giving birth in Uganda and one in one in 11 children dies before five years.

Yet the government has ignored the importance of frontline cadres of health workers- midwives and nurses who take home a pittance for their lion's share of duties in health centre IIIs and IVs where there are few or no doctors. Therefore, the likelihood that such decisions outrage the frontline cadres with serious de-motivating effects cannot be underestimated.

"The budgetary provision to recruit additional 6,172 health workers is a good political gesture, but it falls far short in terms of addressing the current human resources crisis in the health sector. An additional US\$200 billion is urgently required to save lives of especially mothers and children", as observed by James Kintu from WVU.

Mr. Wicliff Aliga, the deputy president for Uganda Nurses and Midwives Union, described the move as "completely misplaced... the government had made a very big mistake by creating differences between doctors and nurses." "There will be no motivation for nurses who earn UgSh 300,000 compared to medical officers who will earn UgSh.2.5million. There will be no team work and those doctors cannot work without the majority nurses," Mr Aliga added.

In 2011, the International Monetary Fund also reported that

Zambia and Uganda have similar GDPs, but World Health Organisation figures show very different death rates for mothers in the two countries: 7.8 percent of all deaths of women of reproductive age in Zambia are related to childbirth, against 11.3 percent in Uganda.

Children, especially those within the vulnerable group, are affected when health facilities are not functioning effectively due to lack or absence of health workers. Uganda's national budget for 2012-2013 is sh.11.157 trillion. About only 7.8 percent of the total budget is allocated to the health sector.

Therefore, if Uganda is going to make major strides in improving maternal and child health before the phasing out of the Millennium Development Goals in 2015, the government must invest in the recruitment and retention of all professional health workers at Health Centers II, III and IV ■



Uganda participates in the Global Week of Action



Staff participate in the Keep Kampala Clean exercise

World Vision's first ever global popular mobilisation, the Global Week of Action (GWA) exceeded all expectations, as citizens in more than 80 countries united in support of the UN's Every Woman, Every Child Initiative and raised the profile of World Vision's Child Health Now campaign.

Initial analysis shows that the campaign reached more than 48 million people, with 2.55 million actions taken by more than 2 million people from 82 countries.

The GWA brought people together across the Uganda to show support for the millions of children at risk of illness or death from these kinds of preventable causes such as malaria, diarrhoea, pneumonia and others. It showed the public, other organisations and political leaders that World Vision has the breadth and capacity to mobilise a large number of people around one goal. Consequently WV learnt what a popular mobilisation is and how to do it, including the benefits it can bring to communications, branding, media, community/ child/youth participation and marketing as well as advocacy, opening up many opportunities for future planning and integration.

WVU organised a series of advocacy events which resulted in 8,574 Ugandan (both children and adults) supporting the campaign. Below are stories of how WVU mobilised masses.

Staff mobilization

The advocacy team raised awareness and garnered staff support during devotions on Monday. After learning about the importance of the Global Week of Action, staff raised their hands in support of the call that children and women around the world are still dying needlessly therefore leaders need to know their citizens care about this. Staff become ambassadors of the GWA.

Keep Kampala Clean exercise

Kampala Capital City Authority (KCCA) in partnership with WVU organized a cleaning exercise to keep Kampala clean. On October 26th, 2012 the exercise took place in Mulago- a suburb in Kampala city. Participants including WVU staff, KCCA officials took and the members of the community in Mulago participated in exercise.

The aim of the exercise was to practically demonstrate to the community how to keep their environment clean. Staff got an opportunity to promote the CHNC by interacting with the community.

At the end of the day, Hands were raised to promote the survival of children.

Uganda makes a "quilt" of mothers' memories

The advocacy team travelled to four regions across the country in 29 districts, each facing their own set of challenges round maternal and child health services. The team invited mothers who had lost children in the last year to create a "memory quilt" on their behalf. In total, 1180 women contributed a square to the quilt. Several mothers also told their story on film with the testimonies uploaded to World Vision Uganda's Youtube account: ChildhealthnowUganda.

The quilt was later presented to the decision and policy makers as evidence of the huge numbers of preventable child deaths. 6,606 supporters came on board during this activity.

Breakfast meeting with CSOs, media

In order to bring more supporters on board, WVU organised a breakfast meeting with other likeminded child-focused



Qwela Band sings the "Survive 5" song during the Child Health Now Concert

organisations. At the meeting, CSO members discussed the challenges Uganda is facing in address maternal and child health issues. The CSO developed a CSO statement which was presented to decision and Policy makers at a GWA-Health Policy Dialogue on 20th November, 2012.

The policy dialogue on maternal and child health held

The Policy Dialogue on Maternal & Child health was organized and hosted by WVU at Hotel Africana on November 20th 2012 to commemorate the United Nations' Universal Children's' Day. It also marked the climax of the Global Week of Action.

The was attended by Chief Guest and chairman of the Parliamentary Health Committee Hon. Dr. Sam Lyomoki, Ministry of Health Officials, Members of the Parliamentary Committee on Health, the media, and the Civil Society Coalition on Maternal, Newborn, And Child Health among other partners.

WVU and other CSOs called upon Government to priority Policy Advocacy Strategies to realize commitments made by government of Uganda in the Every Woman Every Child Strategy (EWEC) – Representative from MOH.

In 2011, the Ministry of Health made the following commitments;

- To increase emergency care of newborns by more than 50%
- To ensure the availability of basic EMOC services in all health centers
- To see that health service providers are available in hard to reach areas, especially by hiring more doctors and nurses in Health Center IVs.
- To increase ante-natal care from 42% to 75% with emphasis on PMTCT.
- To ensure that 80% of children under the age of five years have access to ORS and treatment.
- To avail one net for every two people in order to fight Malaria.
- To introduce a vaccine to people vulnerable to diarrhea. (This has been introduced already)
- To formulate a Malaria vaccine (Research is ongoing)
- To pilot the immunization

of women against cancer.

The CSO's concerns were well received by .Dr. Sam Lyomoki who at the beginning of his speech asked participants to observe a moment silence to remember children who continue to die of preventable causes. He said this dialogue will only be considered successful if one year later, indicators show that child health has improved in the country.

He pledged commitment on behalf of the Parliamentary Committee on Health to partner with different stakeholders to come up with a solution to the missing link. He gave an example that the committee has been making recommendations regularly until finally they made a resolution to not pass the budget unless something is done to address the financial holdup in Ministry of Health.

Child Health Now Concert

The dialogue culminated in a free public concert by Qwela Band dubbed the Child Health Now Concert, which attracted a big number of revelers. The Guest of Honor was Sarah Opendi Achieng Sarah Opendi Achieng, the State Minister for Primary Care ■

Working with others

Rafiki Theatre Participates in CHN: Maria's story

By: Rose Mary Mayanja- a member from Rafiki Theatre

It is rare that a partner takes you through a residential workshop to explain what they need from you. In July 2011, World Vision invited Rafiki Theatre group for a workshop where CHNC was introduced to the team. We learnt that the campaign was aimed at reducing mother and child mortality rates in Uganda.

Rafiki Theatre was tasked with producing a play on basic family health practices. The most memorable moment was integrating of puppetry into plays and mobilization. Rafiki also participated in community mobilization using giant puppets which are huge attention grabbers.

It was a good innovation for WVU to use the participatory theatre approach to reach out to community members with behavior change messages. It was also a privilege for Rafiki Theatre Limited, a specialist and a professional group to partner with WVU in one of the most essential life saving campaigns in Uganda.

'Happier Tilapia' is the name of the play that Rafiki Theatre designed for the Child Health Now campaign. The messages in the play relate to nutrition, sanitation and hygiene, malaria prevention and how male dominance influences family decisions on health issues.

As the Rafiki routine, the play is

very authentic and provocative. I get to act as a health worker who cares so much about her community and would like to end preventable deaths by spreading messages of hygiene, early treatment, importance of breast feeding but the masses don't want to listen to me. The people call me a stranger whose intention is to create chaos in the community. The play ends with the death of a two-year old son dies because his parents refused to seek early treatment.

Even though Rafiki theatre has performed at many functions during the campaign implementation, I still get nervous before going onto the stage but I always remember my colleague telling me once that a little credence is all I need to save me from getting a heart attack during

During performances, I look out for a mother with her child attending the event and I worry if there was no mother or child because without them then the message in the play becomes irrelevant. This does not mean that father are not relevant, they too are because they make most of the decisions in the homes.

Besides performing and mobilizing masses in over 10 districts for various campaign activities, Rafiki has partnered with WVU to build capacity of local drama groups in plays with messages on family health practices ■

Networking for child health in Soroti district

By: Mr. Joseph Eliau, TUSANET Chairperson

In 2011 WVU trained community-based organisations in local level advocacy using the Citizen Voice and Action approach. The objective of the meeting was to establish a district advocacy network that would pursue the advocacy agenda at district level for policy influence.

At the end of the training, an action plan was developed with an action of establishing a well coordinated district advocacy network. Consequently, Tubur Sub-county Advocacy Network (TUSANET) was formed in May that year.

During the training we learnt about the health policies and service standards which made it easy for us to identify health services delivery as our community challenge. TUSANET embarked on massive sensitization of the community on their rights and the kind of services they are expected to receive from the health unit.

Initially Tubur Health Centre III had only five staff; one clinical officer, one midwife, one nursing assistant, one laboratory assistant and one records assistant, which is far below the required standard of a minimum of 17 staff. Most patients would go to the unit and never attended

to due to high patient-medical worker ratio. This caused a number of deaths of children in the community.

TUSNET's experience

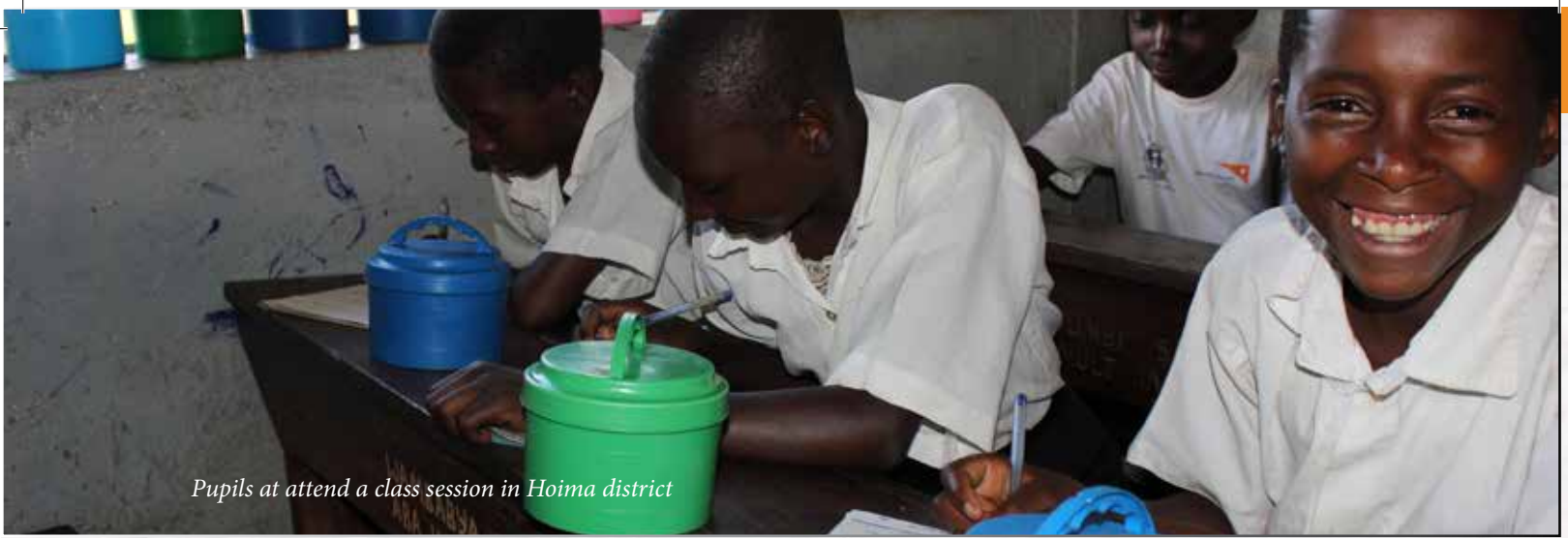
In July 2010, TUSANET members attended a community health fair organised by WVU's Soroti cluster where we presented our child health issues on behalf of the community. Some of the issues identified included; understaffing at the Tubur Health Centre III leading to the high patient nurse ratio hence high deaths reported (on average two children die every month in the centre according to health management reports), negligence by the health centre staff and lack of vaccines.

We were happy that some of our issues were included in the policy statement that was presented to the District Council during district policy dialogue. At the dialogue I spoke on behalf of the community and explained to the

district councilors the implication of limited health care personnel to maternal and child health.

After the dialogue, the network worked together with health centre management committee to lobby for improved service in the facility. A letter was written to remind the District Health Officer (DHO) about the identified issues and several follow-up meetings with the District Leadership and DHO were held.

In September 2011, the health facility received five additional staff; two clinical officers, two mid-wives, two nursing assistants, two enrolled nurses, one laboratory assistant and one records assistant. Today there is an improvement in reporting on health service delivery at the unit partly due to reduced work load of health workers. Child deaths have also significantly reduced ■



Pupils attend a class session in Hoima district

Hoima's district promotes school feeding

The idea of sending children to school hungry is now tantamount to breaking the law in Hoima district, thanks to World Vision. Hoima Local government is urging every parent to pack break and lunch time bites and safe drinking water for each of their school going age children.

“Feeding at school was boosted by WVU which argued that pupils need some food to eat while at school,” recounts the Hoima district vice chairperson Fred Kakoraki. “World Vision brought different players, parents, NGOs and district leadership, to a round table. That is when we discovered a missing link between the universal free primary education standards and parent behaviours.”

Under the Universal Primary Education (UPE) framework, the Government of Uganda offers free tuition education but parents must meet the school and learning requirements like feeding, scholastic materials among other needs.

Hoima district, like in many various other semi-illiterate villages of the country, did not quickly appreciate the details of the framework therefore did not provide school feeding to children. Parent compliance to school feeding requirements remained low, although the teachers continuously urged pupils to carry packed lunch.

“Attaining 70 per cent compliance has been no easy achievement. There were children who used to carry their plastic containers stuffed with stones to be allowed school attendance. On WVU’s invitation, I personally witnessed a child at Zirantumbe Primary school who had stuffed the container with stones. This was the case because the teachers were tough on the issue but the parents still didn’t get it,” revealed Kakoraki adding that, “We had to go back to the drawing board with the parents and discussed lunch issues to detail, says Fred.

“Honestly, we were kind of giving up on the issue but World Vision revived our synergy. It brought us in a big meeting with my councilors and I”, he said.

Prior to pressing for a council meeting, World Vision had sensitized parents on the school feeding requirements. The parents had agreed to adhere and accepted the district leaderships’ monitoring on the same.

“I and my councilors signed a

commitment charter. It is displayed in the Local Council V’s office for the last two years. We agreed to enforce school feeding for all children” he said.

The council has initiated ‘Hoima District School Children Dropout Ordinance 2012’ as an instrument that will support sustainable compliance to the packed lunch rule for each individual child. It will tantamount to child neglect for non-compliant parents when the ordinance is passed within 12 months according to the district council meeting schedule.

A tour to Bambya Primary School in Hoima is revelation of how a container and water bottle have become part of each child.

“After a hard day of Mathematics, English and Geography, when I carry food, I still have some strength to play dodge ball before going back home,” confides Jane Nankunda 10.

“You cannot believe the Archbishop Ntegeriya was once a teacher in this school,” boasted a teacher in Bambya Primary

School. "We are a small unit but capable of achieving big goals. Our goals will be bigger now that the parents are consistently packing food for the children"

At the school, every child brings something to eat. The variety is comprised of cassava, rice, posho or bananas with beans for sauce according to the teachers. The effect of food on each classroom is double. The pupils concentrate for longer hours, they are happier even in the afternoon and have the strength to play games after classes."

During the earlier months of the enforcement, some boys in higher primary classes felt very superior and did not want to carry food to school like the little ones. "But portions often went missing. They were the first suspects, carrying food even for bigger boys became compulsory and the food disappearing has completely stopped," said head teacher, Justus Kasenene.

Hoima's ordinance was one of the actions by the district to promote health after the district dialogue on health was held ■

Early malnutrition and/or micronutrient deficiencies can negatively affect many aspects of child and development. School feeding provides food to hungry children which improves their physical, mental and psychosocial health.

Bundibugyo District Council spearheading Sanitation

It cost Ug.Sh.22 Million for Bundibugyo district, World Vision and a concerted enforcement of the district council to implement Operation Latrine, in August and September, 2011. For thirty days each of the 30 councilors went to their constituents and enforced latrine construction before the deadline.

This thirty-day action was preceded by World Vision's two weeks radio sanitation sensitization programmes. The action increased the number of toilets from a small coverage of 45 percent to 78 percent today.

"The operation was enforced shortly after 30 people including children died of preventable sanitation related diseases in our district," said Bundibugyo district Vice Chairman, Godfrey Baluku Mbalibulha. "The tragedy happened between July and August 2011 after several patients were diagnosed with diarrhea, typhoid and intestinal perforation."

"Towards the end of the operation, I remember climbing up the mountain to visit three far-off homes on the ridges of Bukangama, Irambula and Busamba villages. I saw water sources that had been cleaned up during the operation and they were adorable", recalls Godfrey.

Godfrey represented the district Chairman, John Tibemanya in leading the 30-day latrine operation.

"It was established that, 75 percent of the 22 deaths that occurred were children less than six years of age," lamented Godfrey. "Their sudden deaths had earlier on been attributed to water poi-

soning and juju (black magic) by the residents." But thorough investigation and laboratory tests done in Kampala it was established that the cause was sanitary related.

The tragedy coupled with World Vision's earlier warning to the district and partners, triggered "Operation Latrine" which has resulted in a decline in the frequency of sanitation related diseases." Godfrey adds that, "Better still with the tippy-tap practice and toilets constructed in schools we expect a long time trickle-down effect in the communities. Pupils will, when they grow up, replicate this good sanitation practice in their individual



homes.”

“Operation latrine was implemented shortly after the presidential elections,” narrates Godfrey in a flashback. “We labored to explain to the citizens that a good toilet benefits you and your immediate family not your preferred political candidate as detractors had framed it.”

Reluctant family heads were apprehended by the police and only released after their colleagues had constructed toilets in a given law breakers homestead.

To ensure sustainability of sanitation programmes in the district, the council has drafted “Protec-

tion of Bundibugyo water sources” bill that regulates human activity on and along the water sources. The Secretary for Social Services, Justus Nkayararwa will present the bill to the council for discussion and endorsement in 2013.

The instrument prohibits pollution of water sources through human activities which render it unfit for use. A fine of Ug.Sh.200,000 or imprisonment for two weeks is proposed to be levied on law breakers. Owners of domestic animals such as pigs, sheep, cows and goats found drinking water or straying in sources of water face imprisonment or a fine of between

Ug.Sh50,000-60,000. Also outlawed is fermented cassava in water sources used by the public.

Turning springs into car washing bays and contaminating them with oils is a common occurrence as Bundibugyo gets more urban. This will also be punishable by paying between sh50,000-150,000 if not done in designated places that are permitted by the local authority.

Finally, all the water facility users will be charged a minimal fee to enable foot the maintenance and sustain the utility. Any failure to pay will lead to a halt in using the facility, only renewable by paying Ug.sh10,000 ■

Nakaseke's VHTs promote Hygiene

Unlike their counterparts operating in the rest of the country, a group of 253 members have formed Nakaseke Village Health Team Association (NVHTA). Beyond the health related tasks that Village Health Teams perform in other districts, the Nakaseke association has created a leadership team that monitors WVU programmes at household levels. The team ensures maximum benefit of its community from the Child Health Now campaign by sensitizing households through voluntary home visits.

“Recently we hosted the Queen of Buganda, Her Royal Highness, Nabagerika Sylvia Nagginda,” says Nakaseke NVHTA chairman Eric Migade. “This gesture endeared us more to the populace that cherishes traditional leaders. Nagginda’s positive speech about our role in society has since elevated us (members) to celebrity status.”

“The negative reception of homeowners chasing us while mumbling ‘twakowa’ (we are fed up) is no more. It has been dramatically replaced by mobile phone calls of inquiries about malnutrition and other information needs like advising an expectant mother for ante natal,” says Eric.

Asked about NVHTA’s achievements, one of the top leaders David Sozzi cannot hold back a smile of satisfaction.

“Being able to juggle our time between voluntary work and our personal occupations is not easy,” said Davis. “We have families to support and homes to sustain. But like me, the NVHTA members are able to apportion their time effectively for the good of our children and those of our neighborhoods.”

Another member Robert Swanonda says, they are now the eyes and ears of government in their locality for health campaigns like male circumcision, eradication of polio or cholera. The group is the right channel through which important messages trickle down to the people, breaking it down into a language households can understand.

“Kimansa mazi” is the highlight success of the group so far, since its inception 2011. “We successfully de-campaigned the careless disposal of human waste. Households didn’t have toilets and their children would defecate anyhow. Flies would hop from poop to baby’s foods or lips, saturating villages with diarrhea among other diseases,” Eric said.

The association is lobbying Nakaseke referral hospital for a permanent office for which permission has been verbally permitted so far. Membership Identification cards are in process and the association meets all financial needs of its meetings and activities.

Revolutionizing lifestyles for affordable balanced dieting, successful sensitizing of district to build latrines and urging residents to visit health centers are the highlight achievements so far of Nakaseke Village Health Team Association (NVHTA) ■ .

Child health, a Priority in Soroti District

World Vision’s relevance in Soroti District is very visible in as far as the maternal to child health programme is concerned. It has been instrumental in mobilizing mothers, airing programmes on local radios and facilitating different related programs.

The District Local Government Health Educator Martin Amodoi says WVU has done a remarkable job in promoting breast feeding, improving the nutrition of mothers and their children.

“For instance, we recently had a breast feeding competition week. The goal is to encourage career mothers to breastfeed their children,” says Martin. “A mother is supposed to feed the baby in the first thirty minutes after birth. The right positioning, while breast feeding a baby enables bonding with the mother. Breast milk remains the perfect diet for the newly born.”

The worst breast feeding offenders, according to Martin, are the career women who believe it reduces their ‘visual appeal’.

“It is one thing having the food but it is another preparing and eating it,” stresses Martin. “Mother care groups teach them



A nurse uses a pinard to listen to the fetal heartbeat

how to mix the food and how much to serve.”

Immunization coverage in the district’s hard to reach communities has been possible for the last three years when WVU started financial support to the Child Days Plus campaign in Soroti providing transport to the immunizing teams. With WVU’s continuous mentoring, Soroti District’s community workers are more participative and self driven than in neighbouring sub-counties where the organization’s activities have not yet reached.

“I know for sure that World Vision has revived community participation for child health programmes. Somehow, the community treasures the whole health related venture and they own it as their own initiative.” says Martin.

Mothers have mobilized each other into voluntary care groups that move from door to door disseminating vital information on nutrition and immunization.

“Mothers no longer take ailments like measles, bukalism (malnu-

trition), diahoreah and cholera lightly,” says Martin. “Even the rural mothers can now identify the symptoms. They know the fatal danger involved if not addressed appropriately. Mothers are empowered to save lives. Thanks to the tool kit that World Vision availed to supplement their knowledge.”

The Soroti district’s Bio Statistician, Stephen Areke says with a general population of 322,000, the birth rate stands at 5.2 with a Maternal Mortality Rate improving to 284 out of every 100,000.

“World Vision has done a lot to bring urban and rural leaders to the forefront of decision making,” says Areke. “The mobilization was very good in Tubur, Arapai, Gweri and Kamuda sub-counties. As a district leadership, we are mindful of our responsibilities and our communities have learnt to demand of us all the child health services.

This platform for feedback is new and appreciated by the people.” Stephen said. The district has a child population of 66,010 delivered by 16,100

pregnant women annually from which 15, 617 live births are expected according to the Soroti district Bio Statistics office.

Benefiting the child is the HIV and AIDS component which encourages mothers to voluntarily test for the virus and prevent mother-to-child infection.

“This is a dramatic transformation from what was a horror in the recent past,” says Martin adding that. “Patients now know how to balance diets and to choose positive social behaviours for their unborn babies to have a good life.”

Although significant strides have been taken to improve child health in the district, there are challenges due to inadequate family planning according to Martin.

“Amorphous families are the cause of endemic poverty in the populace. The Soroti District Local Government Health team wants the council to pass a bylaw against big families that individual parents cannot handle.” said Martin.

Child birth in Soroti district remains a celebratory issue for the entire community. The occasion is marked with feasts that are crowned with dancing, singing and the child’s forehead being smeared with millet beer in some families. World Vision in collaboration with the local authorities and other health service providers like Save the Children, are enabling these babies to attain their fifth birthday at full potential ■

Mothering Gone Communal

A Mothers Care Group (MCG) in Soroti has contributed to reduced number of visits to the doctors. Consequently, families are saving money that would have been spent on treatment, babies are gaining weight and scarce resources are being spent on other equally big family requirements.

This follows government and WVU's initiative to train community-based volunteers popularly called MCGs in child nutrition. Talking to the members was a revelation of their achievements and ambitious goals in their individual communities. The energetic women move on bicycles or walk on foot from one house to another educating the community about nutrition every Thursday. The oral lessons are carried out under tree shades or in homes very often in the presence of host home husbands.

In Tubur sub-county, there are 15 MCGs serving a population of 22,700 adults with 4,585 children in their midst. The economic activity is mainly subsistence farming and petty trade. Each MMG member has a personal story to tell as below.



Margaret Alupot, 37

I am a mother of seven from Paleat sub-county. Since I joined the Mother Care Group, the appearance and health of my children has changed drastically. They do not suffer from malaria, cholera or diarrhea as regularly, as it were.

Having taken them for immunization, they are safe from the killer diseases that still claim lives in our midst before a baby celebrates their fifth birthday. I discovered that the nutritious food products are within our reach but preparation matters. Since joining MCG I have managed to make the dishes more palatable and rich in diet with silver fish, soy bean and milk.

Life has never been the same since I was taken for a two-day

training sponsored by World Vision and the Ministry of Health. I learned how to make vegetables more palatable to the children.

The porridge can be spiced with soy milk, 'mukene' (silver fish) and ground nuts. My youngest son, Rapheal Ekiring, is growing up in a different way from the way I brought up his siblings. I wish I had that knowledge before.



Stella Ariokot, 22

I am a house wife. To supplement our farming income, I bake 'kabalagala' (pan cakes made from cassava and sweet bananas) which earn me sh15,000 (\$6) on a good day. I have no regrets having joined the Mother Care Group.

I was taught how to prepare vegetables, porridge and millet bread to suit the preference of children. You cannot believe it, children who used to hate eating 'eboo' (cowpea leaves) are now ask for more whenever I prepare such food. Their weight is proportional to their individual ages and height.

To my surprise when the family is healthy, our marital relationship is smooth. My husband is not stressed by treatment expenses on the children. We laugh a lot and even go to Church on Sunday.



Modesta Alupo, 28

I am a mother of four children. I joined the Mother Care Group three years ago and it has been an eye opener. How I wish I had the same knowledge as I brought up the three children who came before Catherine Anyigo who weighs 5kg at one month of age. She has not suffered from bukalism (malnutrition). There is no curly hair, extensive bellies and white eyes. It is upon MCG members to have every baby in the 89

families found in Tubur sub-county enjoy life to the fullest.

The nutritious foods are within our reach. They are affordable or can be planted within the compound. Some of these vegetables, I have learned, do not need perennial rainfall. You can harvest them throughout the year. Twenty liters of water is enough per day for one to harvest sukuma wiki (borecole) ebbo (cowpea leaves) or entula (bitter berries) throughout the year.



Grace Akello, 36

My life has never been the same since I joined the Mother Care Group. Recently I won the breast feeding competition organized by World Vision. I took home a

basin, a towel, sauce pans and numerous kitchen utensils. It made me the happiest mother. I remember ululating with joy.

The judges considered the health state of the baby by weighing, checking the texture of the skin and I was given some oral interview. I told the judges I had breast fed exclusively for six months. They asked me to demonstrate the right angle to breast feed a baby. Then I demonstrated how to keep the breast hygienically good for the baby.

Being a mother of seven children, we are considering family planning to be able to cater for those we have already had. I and my husband are yet to agree on the method to apply. We have discussed the pill, condoms and an implant ■



Members of the Mother Care Group having light conversation

Improved medical services in Hoima

The state of health services and the infrastructure in Hoima district are a lot better thanks to World Vision Child Health Now Campaign.

“The immunization ratios have shot up lately. This has sent the Infant Mortality Ratio from 103/1,000 to 87/1,000 currently due to government health service provision, NGO activities and Tullow Oil roles in development activities,” revealed District Health Officer, Dr. Joseph Luyanga adding that, “Nobody has supported our health infrastructure like World Vision has and you cannot believe the National Medical Stores (NMS) now delivers so much medicine on regular basis. We even refuse to take some of it because it will expire before use, given our monthly capacity of operation.”

World Vision supported the construction of facilities at Kihukya Health Center 11, Bakyayanga Health Center 11, Kasiha Health Center 11 and Buhimba Health Center 11.

Protection of water sources and creation of new ones that World Vision has done is important to Hoima district that has in the past had bouts of Ebola and Cholera once killing up to 20 people, although 700 cases were treated successfully still due to World Vision’s district emergency programs including radio sensitiza-

tions and distribution of Cholera management kits.

World Vision’s community facilitations include distribution of 300 bicycles to Village Health Teams whose government instituted major role is to monitor child well-being among other household health issues. To boost family nutrition and income, World Vision continuously gives cows, goats, piglets to democratically and communally identified families. Other facilitations include solar panels, mosquito nets and child de-worming kits to various households.

“However, the challenge is upon us to make people use of mosquito nets to prevent malaria among vulnerable children. Unfortunately, many of our people still use the mosquito nets for catching fish, curtaining windows or other things like bridal gowns. The sensitization struggle still continues and I can say that with World Vision, we have support” Dr. Luyanga said.

Hoima district is currently operating on 50.8% staffing capacity but the central government has advised for recruitment of health workers in all districts, which will fill staffing percentages to 89% if

the recruitment exercise is successfully completed.

“Hoima district has come a long way. Children used to die because the community road networks were in such a sorry state. Taxis would operate once a day,” recounts Dr. Luyanga. “I remember a baby dying in my hands because the parents didn’t get a taxi to bring the baby to the health facility early enough. That is why as a district, we really appreciate organizations like World Vision that enable better opportunities for children and entire community.” Dr. Luyanga said.

According to his Health Educationist, Solomon Kwebiha the World Vision’ sponsored radio talk shows and discussions have eased his mobilization work against immunization and nutrition ■

Improvement in medical services; key to child health in Bundibugyo

She screams and cringes in pain when she sees a group of people approach her bed. She probably imagines we are about to touch the hurting wounds on her right leg.

For over two weeks now, baby Agnes Tungwe, who is a year-and-eight months old, has been for a week wriggling in pain in Kikyo Health Centre IV in Bundibugyo district. Her mother, Jessica Muhindo of Buyaaya One village in Ngamba Parish, rushed her to the health centre following an injection abscess which resulted from a poorly administered quinine injection, burning all her upper thigh muscles.

“I took baby Agnes to a local clinic in our village when she showed signs of malaria. After a few days, I noticed that the injection spot was oozing pus and was becoming smelly. I tried to treat it locally with salt and hot water, but it only worsened. So, I rushed her to this Health Centre as a last resort,” sadly explains Jessica.

Unfortunately, that is all Jessica can say about this misfortune. The fear of the likely stigma and communal rejection that might befall her in case she reveals the quack doctor who brought this unwarranted pain to her first born child, is overwhelming yet the culprit remains such a guarded secret.

Worrying though is the thought that this secrecy may not be lim-

ited to Buyaaya One village – one can conclude that many other children, have either suffered deformities or death, especially in the hard-to-reach areas of the district and in other parts of Uganda, as they seek medical help from untrained and unauthorized people.

What is even more disturbing is the fact that the mothers unintentionally hand their children to death.

They cannot access professional medical services due to costs and long distances. Most rural health centres are kilometres away from most homes in rural areas which is beyond the World Health Organisation recommended distance within 5km walking distance.

But, Jessica is quite lucky. She did not see her daughter succumb to death the way other mothers did three years ago due to lack of access to basic medical services.

Three years back, Jessica would have had to run all the way to Bundibugyo Hospital about a whole day’s walk away for her daughter’s treatment. Fortunately, with the extension of health services, she dashed her daughter late in the night to a World Vi-

sion supported Kikyo Health Centre, half-a-kilometre away upon realising that the baby needed urgent medical attention.

She was fortunate that skilled medical personnel were available at that time of night to give her baby first aid and immediate treatment.

Emmanuel Muhindo, the head officer in charge of the health centre, at that time says Baby Agnes was received in a critical condition she could have lost her leg if nothing had been done.

“She is a lucky baby – if her mother had delayed any further, she would have lost her leg. The rotten wound was quickly treated her with antibiotics after cutting off the rotting skin,” Emmanuel says, “She is responding very well to treatment,” he adds.

Emmanuel says this is one of the many similar cases they receive daily, attributing the problem to the mothers’ poor attitude.

“Most mothers are reluctant to come to health centres. They think it is expensive and time consuming since most centres are distances away from homes,” he says.

Subsequently, Emmanuel says, the mothers go for the cheap but deadly options in the long run -unauthorised local clinics manned by unqualified people.

According to Rogers Baluku, the chairman of community management at Kikyo Health Centre, three years ago the centre had tent as a general ward for admission of the critically ill. Few patients came for treatment because there were no drugs and medical personnel.

“It was not easy to retain staff because the place is remote. We also lacked accommodation for medical staff posted to work here. So many would report and disappear immediately once they found these unfavourable conditions,” he explains.

Currently, however, Rogers has a different and visibly different story to tell.

“Thanks to World Vision for constructing a block of staff quarters which accommodate 12 staff members. This has helped retain staff at the centre,” he appreciates. “We are no longer operating under a tent because we have a new block where the general ward is located which was constructed by the community and World Vision.

Consequently, according to Rogers, the number of patients has greatly increased because they are assured of medical attention from available staff and a comfortable room in the general ward.

The new block comprises an out-patient department, a dental clinic and a maternity ward. “On average, we receive about



50 mothers for delivery a month,” says Emmanuel.

Apart from handling children-related sicknesses, the health centre has for the last three years mobilized and sensitised mothers on the need for antenatal care.

More mothers are now seeking antenatal care services at least twice during their pregnancy. “World Vision trained village health teams who carry out this exercise in villages. They mobilise mothers to come early for antenatal care to detect levels of hemoglobin and rectify any problems” Emmanuel says.

He adds that most mothers handled and show signs of malnutrition and anaemia, thus likely to deliver low birth weight children (weighing below 2.5kg).

As a remedy, Emmanuel says the mothers seek antenatal care services where investigation on haemoglobin level, blood group, blood sugar, presence of syphilis and HIV are done. Mothers are also advised on better nutrition.

The work by the VHTs has registered success going by 17-year-old Saada Musooki’s experience, a resident of Buyaya Three, Ngamba Parish.

Saada who is 24 weeks into her first pregnancy says VHTs encouraged her to attend early antenatal care.

“This is my second visit and I am being checked for my blood pressure, blood group, and urine test, to determine that my pregnancy is progressing well,” she comfortably states.

The significance of seeking antenatal care services is also explained by 21-year-old Jeniffer Bokota who is also 24 weeks into her second pregnancy. Jeniffer lost her first baby at birth due to low weight and weakness. She attributes the loss to irregular attendance of antenatal care.

“I attended antenatal care in the last trimester. So, I was unable to rectify the related problems that developed, hence losing my baby,” she sadly says, adding: “This time I started as early as three months to avoid losses again.”

Apart from supporting Kikyo Health Centre, World Vision has been in Bundibugyo district since 2004 carrying out projects in education, health, WASH (Water and Sanitation), HIV/AIDS, and sponsorship of various other programmes ■

Kiboga's pioneer baby

At about 9.00am on 1st July, 2012 Ronald Ssenkoomi was delivered at Naalinya Ndagire Health Center III, Mulagi sub-county in Kyankwanzi district. He was the first baby to be born at the facility; 30 days after the village received its first midwife.

“We were exactly one month old in this village when we received our first delivery. Ronald is our 30-day anniversary gift,” reports Scovia Ampire, the Health Centre In-charge

In its entire life, Mulagi sub-county had never had a midwife even when it received its Naalinya Ndagire Health Center in 1998. It had been operating with two medical staff; a Nursing Assistant and a Laboratory Attendant. On 28th May 2012, Scovia Ampire- a Clinical Officer, Aketch Teddy- an Enrolled Nurse, Tashobya Dinah- a Midwife and Susan Akiny- another Enrolled Nurse arrived at the Health Center, so much to the relief of the over worked Gorette Kabengano- Nursing Assistant and Nasaazi Plaxerda a Laboratory Attendant.

The arrival of the four newly posted medical staff excited the health center but not as much as it did to the mothers in various villages of the sub-county. Under different circumstances, baby Ronald would have been under the risk of village home deliveries where chances are that both baby and mother, Dafolooza could have died due to mismanaged delivery, or picked infections among other complications.

But because Dafolooza had her child delivered near her home,

approximately 2.5kms away, she was able to have three warm homemade meals daily brought in by her husband, Bernado Mudogo. She did not have to worry about transportation to the health center because it was affordable as she simply walked to and from the facility until delivery time.

It was heroic moment for Dafolooza to bring forth a new human life due to the adequate medical attention she received during delivery of her fourth baby, Ronald at the Health Centre. “I was so surprised with the Musawo (Nurse) at Nnaalinya. I didn't know I was supposed to be treated with deep kindness like she gave me. She attended to me all the time and even though my labor delayed for days, Musawo encouraged me until I delivered smoothly,” Dafolooza explained.

This was a different experience for Dafolooza who had her three older children; Sylvia Nampijja, three, Edisa Nakyeseero, five and Damaseri Kasigwa, seven at Kiboga district hospital which is 10Kms away. The hospital was always crowded with an average of 350,000 patients monthly coming from a radius of up to 80kms according to Hospital Medical Superintendent of Kiboga district hospital, Dr. Michael Musiitwa.

Due to long distances coupled with bad road networks, most parents choose home deliveries. “During our community immunization outreaches, we have discovered that almost 90 % of mothers deliver at home” Scovia Ampire reports. Scovia and three medical staff were posted at Nnaalinya Health Center after a community dialogue was held to assess community development under the CHNC initiative.

Previously only two nurses had been handling patients at the center, and on several occasions only one was available for all including children and mothers. The situation remained bad until WVU through the Kiboga Cluster project intervened using the Citizen Voice and Action approach- a local level advocacy methodology that transforms the dialogue between communities and government in order to improve services which impact the daily lives of children and their families.

On April 11, 2012 through a community gathering, residents reported that their biggest problem in this center was inadequate staff to provide the required services. Locals reported that the two nurses were too few to handle the big numbers and on many occasions patients returned home without



She could have lost her leg if nothing had been done



Ronald's sibliinngs

treatment. Lack of a midwife was another challenge because mothers found it cumbersome to trek 10kms to Kiboga Hospital. The center also closed over the weekends- on Saturday and Sunday due to inadequate staff.

The World Vision team forwarded the residents' concerns to the sub-county council for a dialogue, which resulted into councilors passing a resolution directing the center to remain open, seven days a week. This later culminated into posting of the additional four medical workers at the Health Centre.

Today Naalinya Ndagire Health Center III's number of patients has shot up since the new staff was posted. This is an indicator that there is increase in the demand for services leading to a healthier and more productive community. At seven weeks, Dafolooza was healthy and productive enough to be in the garden under the protective hands of her husband.

In May 2012 according to hospital records, 349 patients received treatment from the center but the number more than doubled to 1,128 after the additional staff reported in June. The center now remains operational both on weekends and at night, giving a 24-hour service throughout the week.

For the children below five years, the center offers immunization, Vitamin A supplements, nutrition guidance and education to mothers, health education, and antenatal services among others. Pregnant mothers are tested for HIV ■

A grandma's mouth-watering meal

Even before lunch, Joram Kawumi, five, and Catherine Nsonyiwa, nine, are go about playing as they exhibit a lot of energy. Part of their energy is got from eating fruits such as paw-paws and sugarcanes in between meals.

The duo is joined by their relative, Samuel Sserwanga, 10. Together they sing and jump as they play the 'sipolongi' game as they wait for lunch.

"Sipolongi, my father, sipolongi my mother..." the children sing on happily as they play.

At the signal of their grandmother, Samuel runs to the house and emerges with a large tarpaulin. He lays it half open while Catherine places a stack of plates on it.

Meal time is a special event in this household. Seated at the in the circle with the children is Lydia Namuli, 50, the grandmother and family caretaker. She seems pleased to see the children munching away a healthy and colourful meal of 'Nakati' and 'dodo' (local vegetables), groundnut sauce, matooke (green bananas) and cassava.

Lydia who lives in Nakigga village, Muwanga sub-county in Kiboga district has been a widow since 2008 and has some of the well-nourished children in

the community.

Her family is one of the 200 families that were trained on balanced diet and other nutrition basics which have so far benefited 548 children in Muwanga sub-county.

After the death of her husband, Lydia struggled to perform both the motherly and fatherly roles. Single handedly, she continues fulfilling her responsibility of paying university and secondary fees for her first born, Daudi Ssewakiryanga, 16, two of her other school going sons and daughter Irene Mbatudde.

In addition, she also meets the home welfare needs of her fore mentioned grandchildren, nephews and nieces.

Having agreed with the community opinion leaders that child malnutrition was a big challenge in Kiboga district; WVU started a health and nutrition programme in the area, training mothers and caretakers in basic skills of preparing nutritious meals for their families using community available resources.

Watching Lydia and her family prepare a day's meal is interesting:

She goes with Irene and Samuel to pick matooke from the garden.

The children also joyfully participate in preparing the meal by peeling matooke and preparing the fire. Lydia stocks enough firewood, which she says is vital in preparing a quick nutritious meal. Catherine and Joram go to the nearby garden to pick green and red vitamin-filled vegetables. Other children help pound roasted soya beans and ground nuts in local wooden mortar.

The ground nut paste is boiled first which when ready, Lydia adds two spoons of soya flour and boil for another 10 minutes.

She prefers to steam rather than boil the matooke to preserve nutrients which she learnt are good mainly for potassium.

"I never feel comfortable cooking one type of food. These children and I have diverse





Five year old Joram Kawumi carrying a pumpkin



Lunch time at Lydia Namuli's home in Kiboga district

tests. We grow these foods and we do not see why we should not enjoy a variety at every meal," she says, adding: "I am careful to provide vitamin and protein foods at every meal. The children have learnt this drive and are active in integrating vegetables in our recipes."

During meals, she carefully watches the children eat which helps her monitor their eating habits. Loss of appetite from the children calls for alternatives at subsequent meals or medical check-up.

Lydia has a vibrant matooke garden of 412 suckers received

from the government National Agricultural Advisory Services (NAADS) program. She raises the children's school fees from sale of surplus matooke. She bought a Fresian cow which provides milk that boosts the protein diet for her family. It's dung is used to fertilise her gardens.

With WVU's support, Muwanga and other sub-counties countrywide use Ekitoobero (a mixer of proteins, carbohydrates, fats and vitamins foods) diet to curb severe malnutrition among children below five years. Kiboga district has 14 model villages for Ekitoobero diet to help slow learning child caregivers ■

World Vision uses community-based approaches to address nutrition-related complications that affect the child's well-being.

The approaches aim at causing sustainable behavioural change among mothers and caregivers. Mothers and caregivers are trained on improved nutrition and hygiene practices. The trainings encompass demonstrations on the preparation of nutritious meals tailored for children and how children should be fed.

Emphasis is placed on providing elementary knowledge to participants on the different food groups and how these can be combined to form a balanced diet. The use of locally available foods is the major focus here.

The media such as radio is also a major channel through which we pass on nutrition information to mothers and caregivers. The radio talk-shows are interactive and panelists sometimes are comprised of mothers practicing a given behaviour we are promoting. The essence is to encourage other mothers to adopt the best practices.

By: George Waliwomuzibu, Nutrition Officer-World Vision

Grace's trick to having healthy babies

At the age of five, Ronald Kagame goes to Springs of Knowledge Nursery and Primary School in Kasawo sub-county Mukono district located about 50km North of Kampala city. The school is located in a busy rural trading center, about 200 meters from his home. Pupils in the nursery section return home at 1.00pm.

The day is very hot, Ronald looks tired but he wears a wide smile and opens his arms as he is received back home by his one and half year old younger brother, Lucky Mark Rwigyema. Ronald responds joyfully to the warm welcome.

Their mother, Grace Nakityo, 32, a housewife and shop attendant is amused and looks on with thrill. She has just been breastfeeding Mark who looks satisfied and happy.

The mother of five says she expects to breastfeed Mark for two years or more, just like she did to Ronald and her other children.

"I like breastfeeding. My children normally wean off by themselves or after people start teasing them to stop but after attaining two years and above," she said.

Grace says she attended several WVU education seminars on health and nutrition where she learnt about child nutrition and discovered that exclusive and long breastfeeding was the best

way to have a healthier baby.

She says she also uses the 'trick' as a family planning method to attain child spacing. Her eldest son, Frank is 13 years. He is followed by Derrick who is 10 years. Resty her third born is eight years. Since Mark is her last born and does not plan on having more children, Grace is planning to use a modern family planning method to prevent unwanted pregnancies.

"Ever since I decided to breastfeed exclusively, I get enough time to look after my babies who are healthy and rarely get sick," she said with a wide smile.

During my conversation with Grace, Mark interacts with most customers who know him. Occasionally, he responds and waves 'goodbye' to whoever buys from this shop.

Most ordinary busy mothers find it weird that Grace has continued breastfeeding Mark even at his age but Grace is not discouraged by what people have to say.



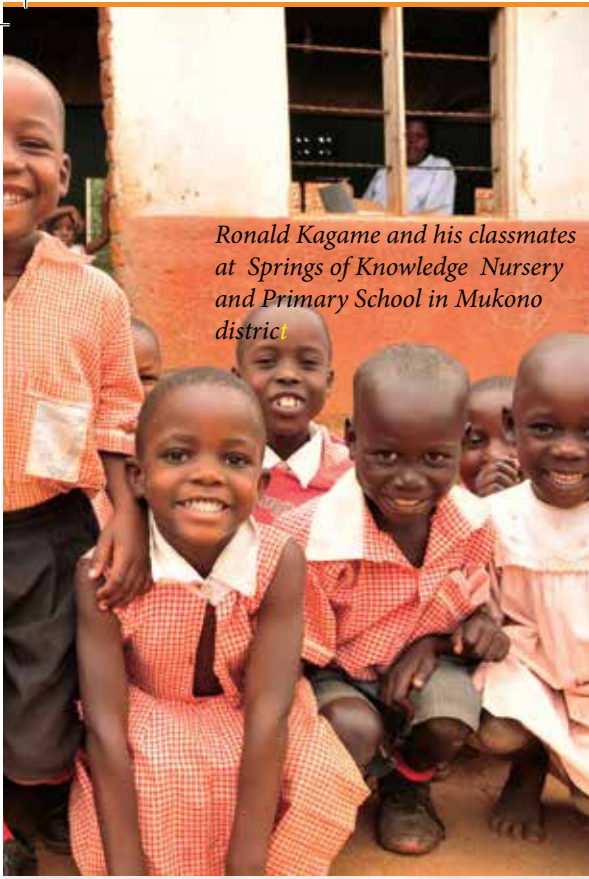
"I can't see any reason why I should stop breastfeeding off since I have enough breast milk. When I stop breastfeeding, I feel sick so I use this as advantage to continue breastfeeding" she explained. She breastfeeds at least four times a day and whenever Mark feels hungry.

The other trick Grace learnt from the WVU seminars is that she has to give enough time to the baby at each breastfeeding interval. "I make sure nothing interrupts his feeding, I have a lot of milk and I let him feed until he stops by himself," she said.

To ensure constant flow of milk, Grace eats well and takes a lot of maize and millet porridge. She eats ordinary foods like bananas, sweet potatoes, cassava and green vegetables.

"My babies give me peace and I feel happy seeing them satisfied".





Ronald Kagame and his classmates at Springs of Knowledge Nursery and Primary School in Mukono district



Grace Nakityo carrying her last born Lucky Mark Rwigyema

At this age, when Mark feels he wants to feed, he does not cry like other babies. According to Grace, he normally comes around her, clings onto her leg when she is standing or opens the chest button by himself and pulls out the breast when she is seated. She can tell when he wants to sleep or finds out the problem when he gets moody.

When she is not available, the baby is fed on porridge by the father or by any other person at home. Following advice from nutritionists trained by World Vision, Grace has also started feeding Mark on special prepared meals locally known as 'ekitoobero' (a mixture of different food prepared together).

World Vision facilitates health workers from the health center to conduct outreach programmes at village and parish levels and at the health facility during immunization days under a special nutrition programme called Positive Deviance Hearth. Among other things, mothers are taught how to prepare baby nutritious meals using available food like silver fish, groundnuts, soya among others.

The 'ekitoobero' formula has become so popular in most World Vision operational areas that most mothers who have taken it up have reasons to smile.

As a result of longer breastfeeding addition to providing a balanced diet to her children, Grace's babies perform well at school.

Teopista Babirye, the headmistress of Springs of Knowledge Primary School where Ronald studies reports that Ronald held

the third position in his class last term.

She says the boy is always among the top performers and is fast at grasping what he is taught in class and outside. He participates well in co-curricular activities and likes playing. "He is generally social, happy and gets on well with peers," she said.

Erick Walugembe, a child sponsorship and development assistant in WVU acknowledges that WVU conducted several training seminars for mothers on the best nutrition practices for children including exclusive and longer breastfeeding.

"Our trainings have been able to change many mothers' attitudes and we have reduced cases of malnutrition amongst children under the age of five, which in turn has saved families from overspending on medical treatment," Erick says.

Under the CHNC mothers like Grace whose life style and behaviours change positively after learning the importance of a given practice such as breastfeeding are considered role models. They play a tremendous role in teaching other mothers to emulate them ■

Facts about Breastfeeding

Breastfeeding a baby exclusively for the first 6 months, and then continued breastfeeding in addition to appropriate solid foods until 12 months and beyond, has health benefits for both the mother and child.

Importance of breastfeeding for baby

- * Babies who are fed breast milk have a lower risk of gastro-intestinal (gut) illness, allergies, asthma, diabetes, obesity, some childhood cancers, respiratory tract (chest) infections, urinary tract infections.
- * Breastfed babies are less likely to be hospitalised.
- * Breast milk has important ingredients that are not found in any infant formula, to build the baby's immune system. Breast milk changes from feed to feed to suit each baby's unique needs, making it the perfect food to promote healthy growth and development.
- * Breast milk is more easily digested than infant formula. Breastfed babies are rarely constipated and are less likely to get diarrhoea.
- * Breast milk has no waste products and leaves no carbon footprint.
- * Breast milk is FREE, convenient, clean and safe – always available at the right temperature anytime

Importance of breastfeeding for mother

- * Assists the uterus return to its pre-pregnant state faster
- * Can help women to lose weight after baby's birth
- * Reduces the risk of ovarian cancer and pre-menopausal breast cancer
- * Reduces the risk of osteoporosis
- * Reduces the risk of mothers with gestational diabetes developing Type 2 diabetes

Going Against Death Trend

Scovia Mahoro would be alive today had the Prevention of Mother to Child Transmission (PMCT) programme been in place at Nabyewanga Health Centre II.

Unfortunately, it was not there – Scovia succumbed to AIDS at the age of two, missing enjoying life with the rest of her fellow young ones. She was the second born to 28-year-old Consolatta Nyirantezimaana, a Rwandan refugee mother living at the periphery of Nabyewanga trading centre near the shores of Lake Victoria – about 100km south-west of Kampala city.

Scovia was infected with HIV at birth and persevered with the virus until she succumbed to the disease in August 2010 two year later after her father's death. Little happiness is told in Scovia's short life because she lived amidst prickly poverty and spent most of her life sick. By the time of her death, her mother was expecting another child, Hamza Kiyega (now aged two), from her second husband, Bashir Ssesimba.

Hamza too would have lived a life similar to his sister Scovia hadn't WWU introduced PMCT services in Mpigi district at Nabyewanga Health Centre. The health centre is located in a highly populated area with several landing sites on the shores of Lake Victoria. Most of the residents fish mongers and peasant farmers.

However, Hamza too has a story to tell. He was delivered at home late in the night. Earlier that day (during the day) Consolatta visited a nearby health centre located a quarter-a-kilometer away during the day because she was in labour. On arrival, an unskilled health worker who examined asked her to return home because she could not help her. When the labor pains intensified later that night, Consolatta delivered a baby boy from her home unattended too.

"I was surprised by the nurse who examined me. I was sure the baby was about to come because I had counted my days well and I could feel the la-

bour pains. I delivered by myself that night," she narrates.

Catherine Birabwa, a registered nurse and the in-charge at Nabyewanga Health Centre II, confirms this. She says the centre did not have a midwife at the time and the person who handled the mother was not qualified.

"The situation was bad. The PMCT programme was not yet here, only two people manned the center and none was qualified to handle mothers yet it was the only available health facility in the area," she said.

World Vision introduced the PMCT programme at the center in September 2010, two months after Hamza was born. Fortunately, Consolatta had been sensitised about PMCT. Frustrated by the nurse at Nabyewanga, she took baby Hamza to Nkozi Hospital the next morning for vaccination and management against HIV infection.

After the introduction of the PMTCT programme at Nabyewanga, Hamza continued getting treatment from there. When Hamza made one year and six months, he was tested declared HIV free.

The battle to prevent HIV transmission had not ended. Months down the road, she discovered that she had conceived again. Later she gave birth to Craish Ssesanga. Even though the couple was taking antiretroviral treatment (ART) drugs, Consolatta worried that the baby could get infected with HIV.

Throughout this pregnancy she was on preventive treatment provided by Nabyewanga Health Centre II. After delivery, nurses

instructed her to breastfeed the baby and give him syrup until he was nine months

At one-and-half months, Craish was tested and was HIV negative. He is now 11 months and nurses say they will test him again before he graduates to a free HIV baby.

Today Consolatta who is 28 weeks into her last pregnancy is taking careful steps to ensure the baby too HIV free. She has been attending meetings organised by the Mama Club where she has become more aware on the prevention, care and treatment of HIV and AIDS.

To avoid another pregnancy, Consolatta and her husband are now contemplating the best family planning method to utilize. Her husband agrees that spacing has been a problem and has dropped his quest for a baby girl.

"Since the introduction of PMCT services here, all babies delivered here by positive mothers are free of HIV," Catherine says, declaring the programme a success so far. Hamza is among the eight children who have so far graduated since September 2010. Thirty three children are still on early infant diagnosis.

"At least 21 mothers have delivered from the centre since July 2012. At least between 600 and 700 patients receive treatment at the centre every month," reports Catherine.

Despite the horrible poverty around this home, Consolatta continues to put up a spirited fight against HIV/AIDS. She lives in a tiny iron-roofed house with five people including her eight-



year elder daughter.

For today's lunch, Consolatta is peeling tiny potato tubers which will be accompanied by a cup of black tea.

"Sometimes I cook this food and prepare just dry tea for the babies, but when I get money, I prepare porridge for the children because I know it is good for them," she says, at least affording a smile.

She fled her country during the civil war and settled in Uganda with her late husband. Hopes of returning to her homeland seem to be fading as she hopelessly searches into the future. With few relatives to lean on, she manages to remain a strong and self-driven woman.

Her perseverance in learning new methods on how to take good care of her children has gained her favour from some of the health workers in her village. "She is very active; she does not miss any of our sensitisation meetings and reports to the health centre in case of any problem," says Stephen Kiganda, a VHT volunteer ■

About PMTCT

The risk of mother-to-child transmission of HIV can be reduced to less than 5 percent through a combination of prevention measures (PMTCT), including antiretroviral therapy (ART) for the expectant mother and her new-born child, hygienic delivery conditions and safe infant feeding.

According to new guidelines issued by the World Health Organization (WHO), a woman with HIV can breastfeed her baby in settings where it is judged to be the safest infant feeding option. She must, however, breastfeed exclusively and she or her newborn need to receive ART at the same time.

Although many countries have made great efforts to establish PMTCT services, many pregnant women in rural areas do not have the means to reach them. Among those who attended antenatal care in 2010, less than a half received an HIV test (WHO, 2012).



A caring husband saves both mother and baby

Laden with his four-day-old baby and his dry-lipped wife in a small trading centre, this family portrays a different picture from the norm as they trekked back home from Nakaseke hospital.

This scene is a tip of the iceberg of how Nyandamura 28, got involved in supporting his wife when her labour pains began at 8:00pm. During the day, Nyandamura's wife, Sadrini Akimana ignored abdominal pains and went ahead to beat the chaff out of the soya bean harvest, while consistently writhing as she went about her work. Little did she know that the baby was due for delivery.

When emergency struck, "I had to hurriedly get a bodaboda (motorcycle) at sh5,000 to take the two of us to Nakaseke Hospital. Just as we arrived, the baby's head began popping out. She was rushed to the labour ward," recounts Nyandamura.

"At the hospital, I realized we

did not have requirements such as hand gloves, a basin, polythene paper and cotton wool which I had to buy immediately at UgSh.65, 000. But what mattered was seeing both my wife and baby healthy"

After what seemed like eternity in waiting room, Nyandamura was able to see both his wife and second born child, Anania Iyunva safe and in good health.

However, pressed by financial insufficiency to cater for the mother and baby while in the health centre, he requested the authorities to discharge the duo before vaccination was done. Back at home, their first born child, Paul Iranzi, was at a priest's home for temporal care. The next day, Nyandamura escorted both his child and wife back to the health

centre for vaccination.

The financial constraints did not deter Nyandamura from ensuring his wife and baby was healthy.

In 2011, Nyandamura attended a Child Health Now campaign fair where he learnt about the importance of men being involved in maternal and child health issues.

Even though, the couple had not properly planned for the birth of their baby, Nyandamura decided to dedicate his effort to supporting his family.

"Now that we are back at home, I am doing the cooking as Sadrini heals. I fetch water from the well and sweep the house – we share the responsibilities. But, I really appreciate the care that the hos-

pital staff accorded us. They were so tender with my wife!" Nyandamura appreciates.

Despite the engagement in home chores, Nyandamura did not neglect the importance of vaccination; he still has it at heart. Today, the couple had another visit to the health centre for another dosage of vaccination.

"Today, we have walked 13 miles to the hospital to get vaccination, although it means both of us being away from 8:00am and getting back home at 8:00pm on an empty stomach," Nyandamura says, adding: "I have spent all my savings of sh80,000 on footing the hospital bills, but God is the giver, he will replenish.

To confirm Nyandamura's story, I cross-checked the hospital records where I found his wife's names written in blue ink.

The nurses say their efforts to urge him to stay for one more day and have the baby vaccinated were futile because he did not have the finances to sustain his family. But they were glad when after three days he took the baby for vaccination.

Tracked down to his rural home was a revelation of why he preferred to be home other than hospital. He has taken over managing the home until his wife is well enough to resume her duties. He is more than caring going by what he does and the zeal with which he does his work.

He lights a wood fire, prepares porridge and boils cabbage and bananas for his family.

"I have brought Paul (first born) back home and I am able to go and do my lejaleja (odd jobs) to earn small money and buy essentials like soap, salt, sugar and beans," he says with resolve.

Now that the family has two children, Nyandamura plans to use family planning methods to prevent unwanted pregnancies.

"We are going for family planning because of our low income. "We cannot manage to support another mouth right now," Nyandamura says ■

A mother's confession

By Norah Nakabuye



My name is Norah Nakabuye, from Nakaseke district. Before I got positive-parenting lessons, I was such a cruel mother. I used to bark at the children and never used to hug or clasp their hands in affection.

does not move me. I want you child to see my point of view and I will not care what yours is".

My intentions were not to hurt any of them. I just thought toughness is the path to parenting. I still recall that I never had the time to investigate why my children were crying.

There was no time to waste on such petty issues – as I thought so then. Playing with the children was an alien practice. I simply assigned each daily house

hold chores followed with strict deadlines.

Very often, my wrath overflowed when the chores were not accomplished. As a result, I noticed that a cemetery silence engulfed the house whenever my voice was heard. My children's playmates from the neighbourhood would sprint back to their own respective homes the moment I was sighted back home.

Worse still, none of my children seemed to confide in me, and I

would cast them a cruel eye and no a child's crying would move me.

On the inside, I would get the urge to pick up a crying child, soothe and cuddle them. But, my outside seriously resisted – always pretending like "your crying

now wonder how I never even sensed the widening gulf that existed between my children and I!

Honestly, I regret having terrorised my children to that dangerous magnitude. I have learnt this is why teenagers get rebellious and flee from their parental homes, some of them becoming street children and others drug addicts.

With this realization, I regret having provided a hostile home to my children. I urge every parent to think about the effects of their behavior either a slap or harsh words to their little ones. I advise parents to get time to chat with the children or send them messages on the phone reminding them about your unconditional love, ever lasting care and how you wish them the best in life.

I also urge parents to always monitor their children's health instead of assuming that is their character or ignoring their mood swings. If I were given a second chance to mentor my children, I would make them toys, play kawuna (hide-and-seek) or kwepena (dodge ball) with them. I know this would double as an exercise or physical fitness for me. If I didn't have the money for buying toys, I would locally make toys for example by wrapping a fiber ball or making a fibre baby for the girls. This is what makes parenting fun.

Today, the way I relate with children has definitely changed. When I return home from work, unlike as it were in the past, I receive welcome hugs, cheers and big smiles from my grandchildren.

Instead of running away from me, they are attracted to me like grasshoppers to light in their season.

None of them ever hides behind doors, in the toilet or flees away. I even want to know their friends. Our home is peaceful without any inferiority or superiority complexity.

If I were to conceive now, I would start to sing for my baby in the womb at zero age! Doctors say the atmosphere in which a fetus is conceived determines the character of a child.

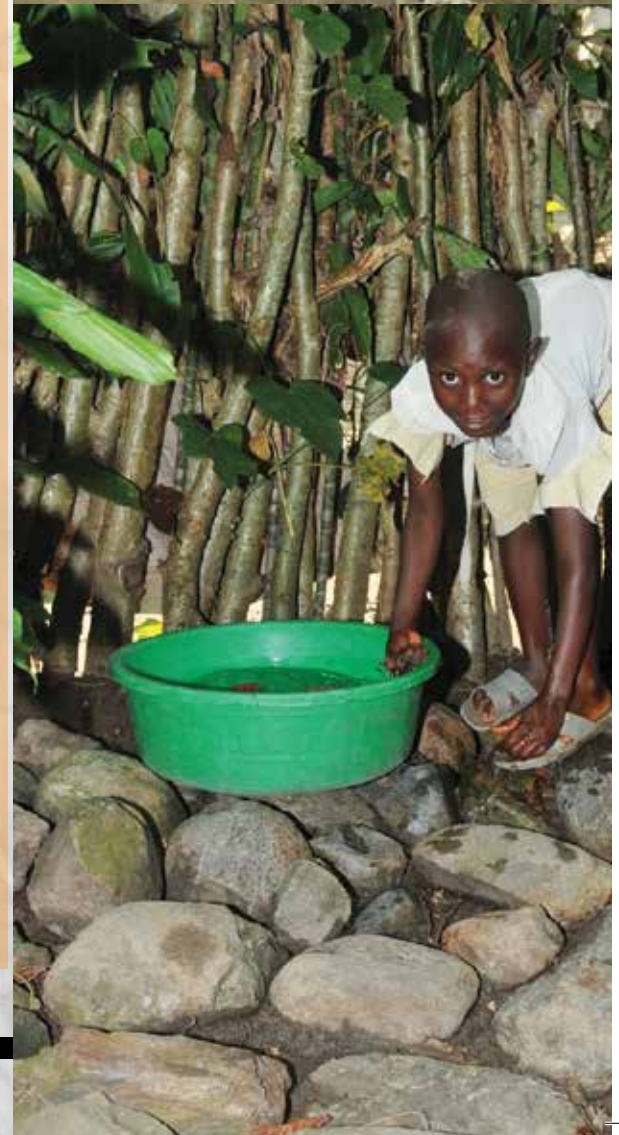
A fetus is affected when the mother smokes, take alcohol or when a mother is being battered. I have also learnt that loving a child is not a preserve of mothers. Fathers can also do a good job when it comes to parenting. Even if the baby is still in the womb, it can interpret phrases of endearment or a tender touch on the stomach.

Relationship misunderstandings greatly affect the baby in the womb. The moment a mother is not happy, the sad mood is relayed to the baby who has choice, but to sulk like the mother to whom it is connected.

Mothers should feed well, be treated for any ailment and be pampered, while pregnant if they are to bring forth a healthy new born ■



(Top) Owen Onyali washing his hands from a tippy tap. (Below) Owen's sister Maimuna washing her feet from the bathroom.



Basic hygiene practices enhance family happiness

Owen Onyeli is an eight-year-old jovial boy in Primary One at Bundimasoli Primary School in Bundimasoli trading centre in Bundibugyo district.

He is the fifth born in a family of eight children living with their grandmother Evakate Kyarukale, 53. His father, Bosco Oboth was a policeman who passed away last year after a short illness. To make ends meet Onyeli's mother does odd jobs in Fort Portal town.

Approaching their homestead, one cannot help but notice the clean environment; a well swept compound, dishes and utensils tidily kept away outside the kitchen on a drying rack.

As the children see strangers branching to their compound, out of curiosity they come running towards them. All the children are well-dressed in rubber sandals – they are on their way to fetch water at the nearby tap that was constructed for them with support from WV's Uganda Water Sanitation and Hygiene (U-WASH) Project.

The children are notably smart and clean, even when the floor of their house is not cemented.

Owen is quick to respond that their grandmother always encourages each child to be clean to avoid diseases.

"Before, we used to run around barefooted and would often

falling sick with cough, flu and malaria, but since grandma went to those teachings (trainings by World Vision), she is always teaching us new things, like safe hand washing using the toilet which we never did before," says Owen.

Owen's grandmother, Evakate learned a lot from attending trainings on improving health. As the immediate guardian of her grandchildren, she Evakate used to spend money monthly, either on treatment of rashes, scabies, cough, flu and diarrhoea, among other communicable diseases. She did not realise her little ones could be healthier until she attended the village hygiene campaigns that are regularly conducted by Village Health Teams (VHTs).

"I learnt that children and adults must wash hands every after toilet use. It helps to reduce sickness," she says, adding with a smile loaded with satisfaction: "I can now save my money for the so many needs we have at home, for instance, I buy them milk every Sunday."

Use of proper bathing facilities is the other household hygiene Evakate learnt and is now practicing it with the children.

"Before we constructed a bath-

ing shelter, the children used to bathe from outside. So, the compound was always wet and full of stagnant water – it would breed mosquitoes which cause malaria," she says.

"Now the children rarely fall sick with malaria," Evakate adds.

Owen often helps his grandmother with washing utensils and spreading them on the drying rack.

"We used to wash the utensils and spread them anywhere like on the mat on the floor, but now grandma constructed this rack to keep our utensils clean after washing to avoid germs and diseases," he explains.

One cannot help but notice the happy faces of the children as they run around, which is a sign of the absence of ill health.

Their grandmother acknowledges that it is the teachings she heard from the VHTs that have helped improve the children's health.

Clean homes, hand washing facilities near toilets, bathroom shelters and dish drying racks are evident in 75% of the households according to community reports at World Vision's cluster in Bundibugyo ■



Clean and safe Water, a right for All Children

As I walk along the village paths of Nyabulenge village, Ngamba sub-county, Bundibugyo district, I hear the endless sound of flowing water and the laughter of children as they play and run along the paths on their way to fetch water for their homes.

A faster walk towards the sounds leads me to a water source, a protected spring called Nyamujuna Spring as I later learn from the locals. I follow one of the children after they have fetched their water and it turns out her home is just a hundred meters away from the protected spring.

After exchanging greetings I ask her if she enjoys fetching water and her answer is an enthusiastic yes. On enquiring why, she says, "Because the water is very clean and very near home. Before my sisters and I used to fetch water in an open spring, it was regularly dirty and I never liked the experience most of the time."

She adds after a short pause, "We also often used to fall sick

with stomach aches, diarrhoea and skin rashes because of drinking the dirty water." When asked why she thinks it's the water that caused the sicknesses she says she heard about it when the village health team members came to sensitise the community against drinking water from exposed and dirty springs.

During the conversation, mother Jemima Mwana Mwana, 30, comes to welcome us to her home and joins in the talk. "Yes it's true. I was always treating my children for endless water borne diseases before the construction of the protected spring. The VHTs also came and talked to us about the dangers of drinking dirty water and encouraged us to use water from the protected springs. Since then my children never fall

sick of any water borne diseases like before and we drink clean and safe water," she reports.

During the time of the visit, there was cholera outbreak in the area but according to World Vision's staff Franklin Masereka says, "but I have never heard of anyone in Ngamba sub-county falling sick," He attributes this to the availability of protected springs in the villages.

According to Franklin, WVU has so far constructed 19 protected springs in Kasitu Area Development Programme which are providing clean and safe water. Of these, Nyamujuni Spring is just one of them and serves about 200 households of Nyabulenge and Buyaya Two villages, both found in Ngamba sub-county ■

Improved health services; an incentive to seeking health care

On a bed at Tubur Health Centre III in Aparisa village, Tubur sub-county in Soroti district, Jennifer Amollo, 22, and a mother of three, sits calmly.

She is carrying her sleeping baby, Timothy Eleu, who was diagnosed and immediately admitted in the children's ward the day before with malaria. He has a drip in his right arm.

Jennifer says she always brings her children to the health centre when they fall sick.

"I used to sit home helplessly when my children fell sick until 2010, when the children's ward was officially opened," she says, adding: "Since then, I know that when I bring my children here, there is always a medical personnel to attend to them, there is medicine and if they are very ill then they will be admitted and will taken care of."

As a norm, the health centre management gives mosquito nets to mothers upon delivery of babies to prevent both the mother and the baby from getting malaria.

"Indeed, when I gave birth to Timothy, I received a mosquito net under which he sleeps every night," attests Jennifer.

She also says that unlike her two older children, Joshua Oriuna, seven, and Sharon Agello, four, who never slept in mosquito nets when they were younger, Timothy rarely falls sick. Efforts to seek medical treatment in

the past were frustrated by lack of doctors and medicine at the health centre.

Today, the health centre has improved its service provision hence the only reason why Jennifer decided to bring Timothy to the hospital as opposed to administering local herbs at home. Besides providing mosquito nets to new mothers, the health centre now has a skilled health workers who provide treatment to the patients when needed.

For example, the nurse in charge at the time Timothy was admitted, Christine Asalo, says, "When Timothy came in; he was lethargic with a high fever. We put on a drip of quinine and dextrose, which he will have to complete in the next two days. Now he is much better and is ready to be discharged tomorrow," she says. Esther Amollo, 22, who hails from Awesi village, Tubur sub-county, is another happy mother at the health centre.

"I saw my child's eyes glazed over and had a high fever – I rushed here immediately because I knew these were signs of malaria like the VHTs had told us in many of their sensitizations," she says. She adds that, "VHTs advised them to rush to the health centre within twenty-four hours to save their children from deaths."

"He was treated and we went back home. I have just returned for review like the doctor asked me to," Amallo explains.

The former chairperson of Tubur health unit management committee at the health centre, Joseph Eliau, says services have greatly improved since the intervention of World Vision in 2007.

"Before, we only had three medical personnel – today we boast of 11. World Vision has greatly improved health care services because this is the healthy centre in sub-county and neighbouring sub-counties like Arapai, Katine in Soroti district and Orunga and Akeria in Amuria, a neighbouring district," reports Joseph.

Josephs recounts that the centre used to have as many as 400 patients per day, but with World Vision training and support to 15 VHTs who were trained and given drugs to administer at Health Centre I only about 200 patients are received daily at Tubur Health Centre III.

"We are also able to provide outpatient services, laboratory services, in-patient and children's ward admissions. Thanks to Word Vision – we have a children's ward which was donated to the health centre in 2010 to help with child-related diseases, especially malaria," he appreciates.

The ward, according to Eliau, was equipped with 25 beds, 25 mattresses, 25 blankets, 25 bed sheets, furniture nets and drugs.

“We also have static immunization everyday at the health centre and 12 VHTs trained as community-based vaccinators go out for daily immunization,” he explains, observing: “Before, the sub-county was poor at immunisation with only 24% immunized, but today it has risen to 95%.”

Joseph recalls that as part of World Vision’s Child Health Now Campaign, in February 2012, 12 members of the health unit management committee were trained to sensitise and educate



the community on the need to bring their children to the health centre for treatment and other available services.

“For long, people always knew that would not get services and medication if they went to the

health centre. This has, however, changed due to World Vision intervention,” he says.

It is therefore no wonder, that even with a child still admitted in hospital, Jennifer is calm because she knows all is well ■

Why Butangira Mothers immunize Babies

Grace Alata, 38

“I am a mother of eight children, unfortunately, one child died. His death was a big lesson. If I had taken him for immunization, he would still be alive. Today immunization is the fortress I build to protect my kids. I under take it religiously in order to guard my children from killer diseases like cholera, measles and polio. Some people tried to discourage me against vaccination because it subjects the children to intense pain. I took their point seriously, but, opted to reduce the inflicted pain by having them swallow pain killers like aspirin tablets.”

Akong Jackline, 23

“I took my child to Coope for immunization, because, that is where I gave birth. The nurses advised to me to take Atim Among now two years old, for immunization, if I wanted him alive. Atim is my third child. Immunization has always protected my children against diseases. The nurses caution that we risk having the children crippled, by polio or mentally degenerated, if not checked medically.”

Pamela Akello, 19

“My oldest son Brian Kakanyero is 18 months old. He is left with one immunization doze. It is the solution to stop children from dying before they celebrate their fifth birthday. After hav-

ing four children I want to stop conceiving completely. I am told it wears out the body. Besides I am in a polygamous marriage, I don’t want to burden the bread winner (husband). We (wives) love our husband so much and would not care if he married a third woman. She will help with labour and child bearing which makes women age very fast.”

Lucy Oyela, 20

“I gave birth four days ago. The child has not even been given a name. My first born is Mercy Apio who is two and a half years old. Immunization is good because it protects children from killer diseases like polio.”



A child receiving Polio vaccination

Immunization at Coope Health Center in Gulu

There is a steady increase in the immunization data at Coope Health Centre. Mothers are increasingly appreciating the benefits of immunization to the family health.

Ironically, the figure plummeted from 89 babies in January 2012 to 68 in February, 78 in March, 77 in April, 55 in May, 50 in June, 39 in May, 39 by July and 91 in August. The fall in immunization numbers is partially attributed to the return of peace to villages and cessation of Internally Displaced People (IDP) camps in the area.

“At the peak of the Lord’s Resistance Army (LRA) civil war Coope was the safest place to be,” says John Okeny, a VHT “That way it was easy to mobilize all the children and have them immunized against killer diseases.”

“To cope with changing post war settlements, other than urging mothers to take their children for immunization – there are mobile immunization out reaches.” “Another explanation for falling

numbers being is that it was only Coope with refrigeration gear to keep the medicine before being transferred to various health centers, so instead of going to other posts and bounce, mothers preferred communing Coope.”

Besides immunizations, In October 2012, Coope Health Center carried out a communal spraying to kill mosquitoes that spread malaria in the area. 1,200 benefitted from the initiative.

However, HIV is still mystic in Coope especially among discordant couples, where people continue to live in denial and some women fear to tell their spouses about their status. Stella Achieng, a mid-wife observes that, the number of mothers testing HIV positive is comparably very low.

“You find that in January two

mother tested HIV positive and 15 were negative. The trend continued with 4:16 in February, 0:10 in March, 1:18 in April, 3:16 in May, 3:16 in June, 1:23 in June and 1:15 in August,” says Stella. “Unfortunately those found positive vanish and secretly continue their lives in denial. There is still need for sensitization among the populace on how to prevent the baby from HIV infection from their mother.”

The prevention of mother to child transmission of HIV difficult to implement because many mothers do not reveal their status to their spouses due to fear of breaking up their marriages. “The man will simply chase her out of the marital home and marry another woman. Promiscuity here is prestigious among the youth who are not so religious people.” ■



Stemming HIV and AIDS in the Bud

Four years ago, Jackline Kyalisima, now 25 years old, was a confident young lady ready to conquer the world. But her dream was boorishly cut short when she was about to complete her one- year catering course at Millenium College in Hoima district. She fell in love with a young man who three months down the road made her pregnant and she had to drop out of school.

“My mother was disappointed because she had solely paid for my school fees up to senior four and then college.” She narrates. “After discovering that I was pregnant and dropped out of school I started living with my boyfriend.

“At three months, I went for a routine antenatal checkup at Kikube Health Centre IV and discovered that I was HIV positive. I was shocked and too scared to

tell anyone, not even my boyfriend. For over a month after that I felt so weak. The midwife gave me some tablets and encouraged me to take them daily. I was later given one more tablet to take at the onset of labour. I was told that it was to prevent my child from getting HIV from me at birth.”

Asked why she never revealed her status to her boyfriend, she says, “I had just moved in with him and did not know how he

would react. The midwife asked me to come with him for the next antenatal checkup so we would be tested and counseled together.”

“When I told him that the midwife had asked me to go with him for my next antenatal visit, he refused without giving me any reason which made it even harder for me to tell him what was happening to me.”

Jackline strongly believes she contracted the virus from her

boyfriend because when she took a routine HIV test after a pregnancy test, she was found to be negative. It was only after her first antenatal visit that she was found to be HIV positive.

“He has never discussed with me his status but I believe he is aware of it because in October last year, he underwent police training and registration and one of the conditions to qualify was to undergo a routine medical checkup which included HIV testing. After testing, he never proceeded with the training. I believe it was because of his positive status but has never told me anything about it”.

Jackline plans to talk to one member of the village health team or health worker to talk to the couple about HIV and AIDS testing so that both can reveal status and employ the best care and treatment.

Fortunately for Jackline, except for occasional headaches which respond to painkillers almost immediately, she has never fallen seriously sick with any opportunistic diseases. It was only during her second pregnancy that she felt weak for about three months but later became strong and continued with her normal life till she gave birth.

She now has two children, Godwin Kyomuhendo, three and a half years old and Patience Gumisiriza, 10 months old. Both babies were tested and declared HIV negative. The first born has already undergone the Early Infant Diagnosis (EID) process and fully declared HIV negative but the younger child is yet to undergo other tests to confirm if she is totally HIV free.

“I don’t intend to give birth again because we were taught at the Prevention of mother to child transmission (PMTCT) centre that the more we give birth, the more the chances of getting weaker and get opportunistic disease. I am currently using Depo-Provera injectable as my family planning method. Luckily my boyfriend is also in support of child spacing and wants us to have another child after five years.”

For now, Jackline, a housewife, is trying to make the best of her troubled life. She loves tailoring and would like to grow rice and other foodstuffs so she can sell them off to buy a sewing machine. “I regret dropping out of my catering course, but I also have a talent in sewing and in future I would like to set up my cloths shop to keep me busy as I look after my children,” she says.

The PMTCT centre was set up at Kikube Health Centre IV Hoima District two years ago with funding and support from World Vision Uganda. It targets pregnant mothers and their babies before and after birth.

World Vision Uganda supports outreaches carried out in the ADP areas in the district and encourages mothers through village health teams to come for early HIV testing and antenatal care services at the health centre.

The head of the PMTCT centre, Bright Kagimu, says mothers are tested for HIV at thirteen weeks of pregnancy and if found positive, immediately start treatment by taking ARTs and Septrin up to delivery. Nevirapine is provided at the onset of labour to prevent the child from contracting the

disease from the mother during delivery.

During outreaches they usually encourage mothers to deliver at the health centre to access these services especially Nevirapine to stop the child from acquiring the disease from the mother at birth. The mother then continues with more ARTs after birth.

According to Bright babies there is a program called Early Infant Diagnosis (EID) where a child of HIV mothers is tested at six weeks after birth to confirm their HIV status. The babies are then given a daily dose of Septrin tablets and Nevirapine syrup up to one and a half years on when another test is done one week after stopping breast feeding. A child is declared HIV negative once this last test is done and the child is found to be negative and free of the disease. If a child is found to be positive it then starts a dose of ARTs as prescribed by the doctor.

Many mothers still fear being stigmatized for having HIV. To ensure the mothers access PMTCT services for their children, Bright says the centre has combined the immunisation and Child Days together with the PMTCT and EID activities so that mothers come more regularly for all these activities.

He has noticed that few men are willing to come and test for HIV and many mothers who attend have never told their partners their status. Out of ten partners we usually receive only three couples who attend together but we keep on encouraging them in the outreaches,” he concluded ■

Grandmother tale of her orphaned little ones

In Uganda, According to the Uganda Demographic Household Survey (UDHS) 2011, twelve percent of children under age 18 are orphans. Most orphans have either lost a parent or both to HIV and AIDS. Although the Uganda Government has been keen on promoting Prevention of Mother-to-Child Transmission of HIV (PMTCT), today a many children are born with the infection.

Fifty- six year old Felista Nakimera who lives in Nakaseke sub-county is caretaker to two orphaned children living with HIV. Her attitude towards children has made her a darling to many Nakaseke Hospital patients, staff, strangers and visitors. She is warm-hearted, has ably sustained a family of eight orphaned grandchildren and continues to brave biting poverty and incurable diseases.

“I never gave up on life after the death of my daughter Novisa Nakimuli in 2006,” reports Felista. “I inherited taking care of my eight orphaned grandchildren. My biggest challenge was when I discovered that the youngest, Suzan Nakigudde, who was then two months, was infected with HIV/AIDS at birth.”

The discovery did not only hit her hard, but made her feel the world crumble. Overwhelmed, Felista sought counsel from one of the members of her village health team, Alice Nakubuye. Alice encouraged her to stand firm to overcome the problem.

Alice gave her hope when she explained that HIV and AIDS is an opportunistic disease which rides on the back of other ailments like malaria, tuberculosis and cholera, which if treated in time with a changed lifestyle,

one can live longer.

According to Alice, as reported by Felista, early victims of HIV/AIDS could have lived a little longer, had they known what we now know about the epidemic.

“Following her strict diet guidance I have seen Susan transform from a bag of bones, she was, into a chubby strong girl. The curly hair is no more. Her skin is smooth textured. I spend sh500 on an egg and a cup of milk every day,” whispers the elderly Felista as she cracks her fingers with nervousness.

“I want to see her blossom like any other child. She loves books and has promised to build me a decent home when she gets a job in future,” tells Alice.

At this moment, one wonders, how granny and her beloved Susan avoid transmission of the fatal ailment to each other. In their modest home, they have to live under very strict rules and coping mechanisms without feeling offended.

“For example we do not share razor blades, needles, tooth brushes and safety pins,” confides Alice.

“Taking oral ARVs has become Susans way of life. She always tells me Jaja ngenda kwebaka



Felista Nakimera and her grandchildren

naye edagala lyange. (Granny I am going to bed but I have not had my medicines),” says Nakimera.

The same is repeated before clutching her bag and going to Nakaseke Primary School. She never forgets to take her prescription of a half of a seprin tablet.

“With advice, she had all the vaccinations against killer diseases which is done daily at the hospital,” explains Alice. The VHT has also equipped Nakimera with parenting skills like talking to the child, avoiding spanking and sharing quality time.

“Teenage is the worst part of a child. They are so rebellious, adventurous and confident. The VHT told me to fore warn them against the dangers of STDs (sexually transmitted diseases), defilement and unwanted diseases in order to enable them make informed decisions,” she says.

Asked what she does to make ends meet, the revelation of her ingenuity to earn a living is rather encouraging. She is a cleaner at the hospital, earning sh45,000 per month. She also washes and irons clothes for patients to supplement her income and fetches water for homesteads.

Her rent is sh5,000 per month and to keep the doctor away, Alice has adopted strict rules in her home, where washing hands is a compulsory. Her use of energy saving stoves has reduced the expenditure on charcoal and harvest of rain water reduced labour wasted to fetch water from long distances.

To eat well, one does not have to go for expensive fatty food in multi-continental fast food joints, snacks, hot dogs or burgers.

“Our VHT says a child feeding on mukene (silver fish) flavoured porridge, a piece of avocado, ground nut butter and vegetables are as healthy as or much better than his counterpart feasting on yoghurt and chips,” says Alice.

Lack of this knowledge, according to Alice, is the reason most people take obesity for a sign of wealth.

When everybody thought Alice’s plate was full, she surprised them by taking care of a two-year-old Kirabo, who was abandoned in Nakaseke Hospital.

A man brought the underweight baby with a bag of few cloths, kicomando (junk food of beans

and chapatti) and dumped her at the cement seats at the hospital. “Like Susan, Kirabo was moody and skinny in the beginning. The doctors took her for HIV testing and she was positive. Medicine was prescribed and I am already seeing positive changes in her. She (Kirabo) now smiles, eats voraciously and crawls,” Alice narrates.

The people in Nakaseke suspect that Kirabo’s mother could have died and her father could not take care of her singly, opting to abandon her here where she could get medical care, food and company.

According to data at the hospital, 140 mothers were found HIV-positive from January to June. One wonders how many took the necessary steps to avoid mother-to-child infection, leave alone being able not to breast feed, but afford supplementary foods.

The Child Health Now campaign, through dialogues with community leaders, district health teams and with support from the village health teams is promoting the PMTCT services to give children whose mothers are HIV positive a chance to live healthy full-filling lives ■



His fingers fiddle nervously as talks Henry Kiguli’s five-year short journey of life. As he narrates’ situations surround Henry’s death, he closes his eyes and carefully chooses his words. It is clear that Wilson is still devastated by his loss.

Henry was the sixth child in this family that lives at Bukalunga village in Ggolo parish, Nkozi sub-county in Mpigi district. The area lies along the Lake Victoria shores, approximately eight kilometers south of the Equator. Given the warm tropical temperatures that favor the mosquitoes to thrive, malaria, which is spread by this vector, has been and continues to be one of the killer diseases in the area.

“He fell sick, vomiting and developed a high fever. I took him to Masaka Hospital where he received treatment and returned him home but his condition worsened a few days. I rushed him to Nkozi hospital where he died from,” Wilson said. “His life was short lived by malaria,” he adds.

Wilson had seen and heard about people who died of malaria but losing his own child was a wake-up call. Together with his wife Norah Namata, 35, they became fidgeted and feared losing the rest of their children; Wilson Sserubiri, 17, William Ssekadde, 16, Fred Ssebalirira, 14, Agnes Nakaweesa 11, Olivia Nakiyingi,

Wilson a fighter against malaria

The death of his five-year old son was a turning point in his life in 2008. Seated under a verandah at his home on a sunny day, Wilson, 36 can ably remember the full names and dates of birth of all his eight children and perhaps describe the circumstances surrounding each one’s birth.

eight, and Sarah Namitala, aged two.

Ggolo is one of the parishes most affected by malaria. Children especially those of school going age have been most affected. Disease among the children has therefore contributed to poor health and poor school performance due to the high rate of absenteeism when children are down with malaria attacks.

The malaria attacks were frequent that one family headed by Muhammad Kalule, 60 shifted to Bugonja, a nearby village. Muhammad left Bukalunga after two of his daughters, three-year-old Jalia Nakubulwa, and one-year-old-Aisha Nakawooya were killed by the disease.

Overwhelmed by the deaths and sickness, World Vision through Nkozi Area Development Programme intervened. The organizations conducted bi-weekly sensitization seminars at St. Kizito Primary School- a central point in this parish.

According to Wilson, over 200 people attended each of the seminars through which the community was educated on preventive, control measures and scientific explanations of the real causes of malaria.

"It exciting to see so many people turn up for the seminars; even the fishing community that normally shuns such activities has been keen on attending in big number," reports Wilson.

At the seminars, the community members learnt that lake water especially during heavy rains created small ponds with stagnant water all along the shores, which became breeding sources for

mosquitoes.

Majority of the homes had banana plantations around their houses which if not well trimmed create good hideouts and breeding sources for mosquitoes. Other sources that facilitators pointed out included coffee, dry leaves left open around people's homes, bushes and stagnant water. They also advised locals to close windows and doors in the evening. Malaria cases had become so rampant that few traditional witch doctors took advantage by relating the cases to witchcraft hence misleading people in the community

"We were well advised to trim our banana plantations regularly, destroy all stagnant water points, clear or burn bushes around us and spray around our houses," he explained.

People were also advised to stop believing in witchcraft as the cause of malaria because this diverted them from solving the real problems related to malaria. World Vision's immediate remedies included supplying mosquito nets to all families-giving priority to children and pregnant mothers. Residents were also advised to immediately go to a health facility in case one developed malaria symptoms.

Wilson's family received two nets but these were not enough for the big family. He bought four extra nets himself, his wife, and two children who had not received any.

Because of his frequent visits to the health center, active participation and collaboration with the World Vision team, Wilson was identified as a strong local

resource person. He was recently recruited as a Village Health Team (VHT) leader for the entire parish.

One of his major roles is to mobilize and sensitize other people about malaria control and help in identifying families with malaria problems. This gained him recognition by Malaria Consortium, another NGOs which provide further training on the distribution of simple malaria drugs.

He acquired skills in describing dosage, usage and storage of the drugs and when to refer one to a health facility for further examination and treatment. Each village has a VHT who provides the same services and gives frequent updates to World Vision.

From his talk, you could tell that Wilson has never looked back. "I joined the seminars because I had problems in my family especially after losing my son... since I got involved in the malaria fight, we have all remained healthy," he explained.

At least between 15,000 and 20,000 residents in the parish have been sensitized and others benefited directly or indirectly or both from the World Vision fight towards malaria.

Today, Wilson's community is aware of the prevention and treatment of malaria. A big number of the community no longer believes that witchcraft is the cause of the rampant sicknesses. Most of mosquito breeding grounds have been destroyed ■



Hon. Amelia keen on promoting maternal and child health

With a cheerful poise she talks about the piped water projects, education subsidies, maternity wards she has supervised in Mawokota North, Mpigi district.

She has been at Kampiringisa Health Center to visit mothers and at Kam-mengo Health Center, she saw a child mother crying in labor.

She has been at Moslem, Catholic and other religious meetings hence proving that development is non-sectarian. Visibly, Hon. Amelia Anne Kyambadde is an advocate of development. She is the Member of Parliament for Mawokota North, also the Cabinet Minister for Trade, Industry and Co-operatives.

"I once saw a girl in labor in my constituency who said she was 15 years but she looked like 13. She crying like a child as she looked up to her mother who seemed to be in the range of 27-30 years," Hon. Amelia said explaining child mothers and the related reproductive issues.

In 1989 World Vision started activities in the then huge district reaching out to the communities

with education, health, income generation, food and nutrition, water and sanitation, among other programs. In November 2009, Twezimbe Development Foundation where is Hon. Amelia is the patron launched activities in Mawokota North joining government and NGO efforts in the district. With support from World Vision and Twezimbe, Mpigi district communities are moving forward in various development aspects but the need that remains cannot be undermined.

At Muduuma Sub-county, where World Vision has recently extended programme, Hon. Amelia has agreed to continuously mobilize women and children to participate in development. "Mother to Child Transmission of HIV is not a joke. It is a serious matter and us in power, just like other citizens need to ensure that children live free of the HIV," she said emotionally.

"Similar to all districts in Uganda, male and father involvement in community development and promoting maternal and child health has remained elusive. Fathers are yet to adequately participating in immunization, pre and post natal programs, among others." ■

Stakeholder Opinion

"Fathers fear showing favoritism because they have more than one wife. Fathers that have one wife are attached emotionally to their children and wife. Polygamy is a problem. By the way, women in such polygamous families are busy competing to deliver babies for their husbands," –Hon. Amelia Kyambadde, Member of Parliament for Mawokota North, Mpigi district also Cabinet Minister for Trade, Industry and Co-operative.

