



Medical Missionaries of Mary



Masaka Catholic Diocese

20 YEARS OF CARE FOR PEOPLE LIVING WITH HIV AND AIDS

**THE MMM - KITOVU MOBILE
Intervention in Masaka, Rakai and
Sembabule districts
1987 - 2007.**



Masaka Catholic Diocese

20 YEARS OF CARE FOR PLWA.

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THE BIRTH OF KITOVU MOBILE.

The year 1987 was a turning point for many families whose members were in a way affected by the AIDS epidemic that had been identified in Uganda some 5 years back.

This new epidemic was first reported on 1982 at Kasensero landing site found on the shores of Lake Victoria, in the present day Kyebe Sub County of Rakai district.

In its early days, there was no direct government intervention because of the 1980 – 1986 Civil war.

From Kasensero, the disease spread quickly through Rakai to the rest of the country. During this time, there weren't any interventions to check its spread, or even help those infected and affected by the disease.

Social systems like the extended family and social responsibility broke down. Poverty was on the increase.

The infected could not access medical care as their families became impoverished. With a family member laying helplessly on a bed in the family's living room, the family became less productive, descending into poverty. Many children were orphaned, and dropped out of school. In response to this growing need Kitovu Mobile AIDS Organization was born.

Sr. Ursula Sharpe of the Medical Missionaries of Mary (MMM), was carrying out routine community based health care in Rakai district when she realized that a considerable number of AIDS patients were asking for help. Even the numbers getting admitted at Kitovu Hospital were on the rise. Many of these patients lacked support and care. Given the poverty at the family level, their family members could not pay the hospital bills and the requirements to stay in hospital for so long. As a result, many patients were abandoned by their relatives in hospital and by the time they were discharged, or unfortunately died, there was no transport to take them home. There was a vacuum of support and care for these people prompting Sr. Ursula Sharpe to start Kitovu Mobile.

Funding was sought from outside the country and a Mobile Home Care Program caring for AIDS patients within their homes was started with a small Suzuki car which was donated by CAFOD.



Initially the main task was to care for AIDS clients as well as HIV/AIDS preventive education.

A humble beginning, with a small budget and workforce, Kitovu Mobile had an overall goal of mitigating the psychosocial and economic consequences of HIV/AIDS in the community, the organization was committed to serve.

"We had a small Suzuki van. It was in this vehicle that we carried the sick and the dead back home;" Cotty Nanteza recounts Kitovu Mobile's days of infancy. The organization's staff visited individual clients in their homes to give them medical and psychosocial support. Eventually the numbers grew to such levels that it was no longer feasible to visit individual patients in their homes. In consultation with the patients, Meeting centers which were convenient to the patients were chosen. These included churchyards, schools or residences of one of the clients within a given community.

The organization then started visiting the clients at their respective centers every two weeks and only the bed ridden or those requiring specialized care were visited in their homes.

The organization first operated from within the Kitovu Hospital complex until 2002 when the Irish Aid helped the organization to buy its own premises located at Plot 4, Delhi Road, Masaka town.

With support from partners and donors, Kitovu Mobile has built capacity to support community members infected and affected by HIV and AIDS in Masaka, Rakai, Lyantonde and Ssembabule Districts.

Its interventions currently involve Home Based Care for People Living with HIV/AIDS, Orphans and Family Support program, Counseling and Training.

People living with HIV and AIDS, their families, orphans, teenage school dropouts, youths in and out of school and women groups are the main beneficiaries of these interventions.

The Mobile Pioneer staff

[Pictorial – Full page]

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HOW WE HAVE MANAGED.

Over the last 20 years, Kitovu Mobile has touched souls of many people living with HIV and AIDS, their families and orphans. Currently, Kitovu Mobile cares for over 4,000 people living with HIV and AIDS and thousands of orphans. But how has it managed to achieve this success?

While caring for the sick, it was found necessary to prevent new infections. Kitovu Mobile started to mobilize and sensitize the communities about HIV/AIDS prevention and care. In order to supplement the work of the organization, a new cadre of health workers based in the community was found to be necessary. Community volunteers referred to as community workers were subsequently identified and trained in the different aspects of HIV/AIDS care and management.

“We have been working with a network of over 750 well trained and committed community workers. These mainly operate at the grassroots. They link the organization with the community,” says Mrs. Robina Ssentongo, Director of Kitovu Mobile.

To strengthen their capacity to serve, the community workers were given bicycles to ease their transport; they have been trained in making of wills, basic counseling skills, herbal medicine and identification of TB (Tuberculosis) as well as its management. Some were trained in palliative care for the patients.

THE HOME BASED CARE APPROACH

“We employ a holistic approach to fight the scourge, and our spirit of innovativeness when we introduced new approaches to deal with emerging issues made us succeed,” Robina Ssentongo adds.

Currently, the department cares for over 4,300 PLWA. Many of these receive treatment for opportunistic infections like candidiasis, herpes zoster, diarrhea, cryptococcal meningitis and Kaposi sarcoma.

“Our clients receive free ARV drugs that we get from Uganda Cares. But we first carry out an assessment of eligible clients whom we then refer to the Uganda Cares clinic at Masaka Hospital or to the Medical Research Council for their CD4 cell count,” says Madiina Nantumbwe, the Home Based Care coordinator.

The Home Based Care nurses continue with home visits for clients enrolled on Anti-retro viral treatment to ensure that they adhere to medical instructions.

The organization enjoys the services of expert patients that assist in providing information on treatments to the clients.

"The expert patients are our clients being treated on ARVs. We have so far trained 30 clients to help educate fellow clients and care-givers information about ART." Nantumbwe adds.

Trained clients have been discovered to be good mobilizers of fellow clients to seek treatment since they speak out experience.

Herbal medicine is also emphasized to complement medical drugs. 80% of the clients use herbs besides other medicines that they get from the home based care nurses.

"Herbal medicine has been found to be effective in some conditions like herpes zoster, oral thrush, ulcers and skin conditions." says Robina Ssentongo.

However, painful conditions like Kaposi Sarcoma, Cryptococcal Meningitis, Post Herpetic Neuralgia among others are on the rise even in patients being treated on ARVs. The organization is also registering more patients with different types of cancer. This increase can be attributed to the unavailability of palliative care services anywhere else.

"Since August 2000 when Dr. Carla Simmons joined the home care department our Palliative care services greatly improved. She has been a full time advisor to the department," Robina Ssentongo adds. Apart from health care, the home based care (HBC) department also takes care of the clients' social needs. Under the nutritional and social support component of the HBC, very needy clients continue to receive food supplies, soap, beddings, transport and medical fees.

The clients have also been organized to form self help groups to build solidarity, save, and engage in income generating activities through which they can meet their basic needs.

Currently, there are 48 self help groups each with a membership of about 15-20 members. From within the groups, the members save and access small loans to start income generating activities.

The department also conducts Gender awareness and empowerment workshops. "These workshops intended to increase the involvement of men in HIV and AIDS prevention, and women in decision making and improve communication in families of People Living with AIDS" Madina Nantumbwe says. For recreational purposes the department organizes annual get together functions for the People Living with HIV and AIDS. These functions are popularly known as "Open Days" held in the clients' respective areas. It is a time for the clients share their experiences living with AIDS, poems, sing, dance and play drama with

messages on HIV prevention and care as well as share a meal together.

Mobile Farm Schools

The growing number of orphans is one of the devastating effects of the epidemic. Children were increasingly dropping out of school as their parents got terminally ill, and eventually died. Kitovu Mobile with support from Donor Agencies supported thousands of the orphans in schools. They received school fees, uniforms and scholastic materials. By the end of 1997, the numbers of orphans supported in schools were well over 8,000. But with the introduction of the Universal Primary Education (UPE), the Organization was forced to cut back on the numbers of orphans under the education support program due to financial constraints.

Presently less than 500 of them are supported every year in formal education. Many orphans have thus failed to enroll for school, and even some of those that had enrolled for the Universal Primary education dropped out after failing to meet some requirements at school. To cater for this number that could no longer be supported under the school support program, Kitovu Mobile started the Mobile Farm Schools Program.

"In 1998, we embarked on training teenage school dropouts, mostly orphans, in sustainable modernized organic farming through the Mobile Farm Schools..." says Robina Ssentongo. "Under the program, the children are taken through a 4 year course which encompasses organic crop farming and animal husbandry," says Stephen Malinzi, the head of the Orphans and Family Support program. "Our trainings in the Farm Schools also include basic literacy classes, co-curricular activities like home economics, arts and crafts, knitting plus games and sports" Malinzi adds. At the farm schools, trainees are also treated to counseling sessions to make them more resilient to their various stresses. This approach has helped to improve family relations between the trainees and their guardians. There are reduced conflicts within the families, as family relations improve.

The farm school trainees are also given HIV and AIDS awareness and behaviour change messages. Through this approach, the trainees have become good agents in passing on information about HIV/AIDS prevention to their peers. This is done through informal discussions with their peers.

While training in modern organic farming methods, Agriculturalists use demonstration gardens. These help the children to understand the different methods of crop farming. "With the knowledge they have

acquired from the farm schools, the children have improved their farming techniques. They have started wonderful gardens from which they have been able to improve their livelihoods." adds Stephen Malinzi.

Kitovu Mobile has facilitated graduates of the Mobile Farm Schools to form the Mobile Young Farmers' Groups for Social and economic empowerment. Well established and registered groups are facilitated by receiving agro-supplies like seeds and other farm implements.

The organization also gives them start up capital for income generating projects. "We encourage the groups to open bank accounts before they apply for funds from the organization. Once we have deposited this money on the respective group accounts, members then obtain loans from the group fund with a small interest rate of 3% to boost their income generating activities," Malinzi adds.

"You don't have to return anything to Kitovu Mobile. It is a revolving fund for individual members to borrow from," Gorreth Nakiyiwa a trainer in the Orphans department told members of the Mobile Young Farmers' Groups in Kitanda Sub County, Masaka district while handing over cheques for the groups' start up fund in October.

"We have many NGOs around working to improve the wellbeing of orphans but none of them has come with direct financial support to the orphans like Kitovu Mobile is doing," comments the Kitanda Sub County Chairperson Isa Ssansa. Currently, Kitovu Mobile is supporting about 80 Mobile young farmers' groups of which only 24 are yet to receive financial assistance.

Besides, the department also carries out educational support for a number of orphans who receive school fees, uniforms and scholastic materials. "There are over 200 Orphans and other vulnerable children (OVCs) in Secondary Schools and Tertiary Schools that are being assisted with school fees," Stephen Malinzi says.

This is done, he adds, in the spirit of enabling the OVCs to acquire education necessary to sustain them in their life time.

MITIGATING PSYCHOSOCIAL PROBLEMS THROUGH COUNSELING.

In order to minimize both long term and short term psychosocial problems, the organization provides individual and family counseling through the Counseling and Training Department.

The department has over the years been implementing a Trauma Counseling program in schools with a major objective of taking care of traumatized children in Primary and Secondary schools.

"This was designed to scale up the psychosocial support to OVCs both in and out of school that has been on going since 1988 when the

organization started caring for Orphans and families affected by the epidemic," says Robina Ssentongo.

Trauma counseling program in schools, she says, was started with consultations in the community on how best the Organization can handle cases of trauma among children at school.

"We mainly consulted the guardians, parents, community and religious leaders who concurred that teachers were the best group to undertake trauma counseling. The argument was that the teachers spend more time with the children at school." She adds.

With support from KNH, the project was piloted in Kisekka and Lwankoni Sub Counties of Masaka and Rakai districts respectively in 2002.

More funding was obtained from Irish Aid and the project was expanded to include; Nyendo/ Ssenyange Division of Masaka Municipality, Bukulula and Buwunga sub Counties of Masaka district, plus Kabira, Kasasa and Kirumba Sub Counties of Rakai district.

The major focus is the teachers to whom we give basic counseling skills, because if they lack practical skills of handling a traumatized child, the problem will instead get worse.

"In some instances, the Children feel more comfortable sharing their problems with a teacher than a parent," says Cotty Nanteza, the Counseling and Training Coordinator.

Besides the relationship a child can build with a teacher, teachers proved more effective because they can reach out to more clients and stakeholders. Teachers are respectable in the communities. Because they educate their children, community members accept a word from a teacher more easily than any other member of the community.

If a child has a problem at school, a teacher can take it up, follow it up to home. If the home is the origin of the problem, a teacher counselor can easily involve the child's guardian or parent.

The one year training program involves intensive trainings during the holidays supplemented by weekend refresher trainings. "We have trained 373 teachers who have graduated as School Trauma Counselors. They were selected for training by their own pupils and students," says Cotty Nanteza.

Although this program closed, Kitovu Mobile Counseling staff continue to monitor the School Trauma Counselors to ensure that they live up to the expectations of the program. This is supplemented by an annual refresher workshops to equip them with new skills to deal with trauma and emerging events.

"This year, we are phasing out the Trauma Counseling program in Kisekka and Lwankoni Sub Counties. But as we phase out, we want

the community to carry on the program," says Cotty Nanteza, the Counseling and Training coordinator.

The phase-out program she explains is not intended to close out counseling services to the two communities.

"We are empowering the target groups in the two sub counties so that they can help other members of their respective communities who are going through traumatic experiences," she adds. This is done basing on the 2005 Evaluation report done in the two sub counties.