

OAFLA UG

*REPORT of THE EMTCT
CAMPAIGN*

Busoga Region

4th December 2014

Table of Contents

Acronyms	3
1.0 Background to the EMTCT Campaign	4
2.0 Background to the Stakeholders Consultative Meeting	6
3.0 Deliberations of the Consultative Meeting.....	6
3.1 Status Report on EMTCT in the Busoga Region.....	6
3.2 Discussion on the Causes and Solutions of Teenage Pregnancies in the Region.....	7
3.3 Remarks by the Executive Director OAFLA Uganda	8
3.4 Remarks by the Secretary General Parliamentary Forum on Population and Food Security	9
3.5 Remarks by the LC V Vice Chairman Jinja District.....	10
3.6 Remarks by the Director General Health Services MOH.....	10
3.7 Remarks by the Minister of State for Primary Health.....	10
3.8 Remarks by the First Lady and EMTCT Champion.....	11
4.0 Remarks by the Political Leadership.....	12
5.0 High Lights of the EMTCT Launch	14
5.1 Remarks by the Director General Health Services MOH.....	15
5.2 Remarks by the Representative of the US Ambassador	15
5.3 Remarks by the WHO Country Representative.....	16
5.4 Remarks by the Minister of State for Primary Health.....	17
5.5 Remarks by the First Lady and the Champion EMTCT	17
Conclusion	18

Acronyms

ARV	Anti Retroviral
CAO	Chief Administrative Officer
DHO	District Health Officer
EMTCT	Elimination of Mother To Child Transmission
HCT	HIV and AIDS Counseling and Testing
MOH	Ministry of Health
MTCT	Mother To Child Transmission
OAFLA	Organisation of African First Ladies Against HIV AND AIDS
VHTs	Village Health Teams

1.0 Background to the EMTCT Campaign

The HIV Programme of the First Lady's Office in Uganda operates as the Uganda Chapter of the Organisation of African First Ladies against HIV and AIDS in Africa (OAFLA U). OAFLA is committed to contributing to efforts towards an AIDS free Africa.

The Uganda Chapter is guided by the following Vision and Mission:

Vision: Zero new infections leading to an HIV Free Generation by 2020.

Mission: To provide political leadership and a strategic platform for stakeholder engagement and community mobilization, to ensure an effective HIV and AIDS response; towards an HIV free generation.

1.1 Origins of the EMTCT Campaigns

The First Lady of Uganda was nominated the National EMTCT Champion in August 2012 and thereafter she embarked on Regional Campaigns to create awareness about EMTCT. These Campaigns are organised and coordinated by OAFLA U in partnership with the Ministry of Health (MOH), the Uganda AIDS Commission (UAC), HIV/EMTCT stakeholders and the political leadership at all levels of society.

The Campaigns have created general awareness about effective HIV/EMTCT service delivery and specifically the need for leadership involvement, starting with male involvement in the family reproductive health. They have succeeded in: engaging key stakeholders in consultations around EMTCT, creating awareness about the Option B plus and stepping up the availability of commodities in the regions' reached.

This is a report of the Busoga Region EMTCT Campaign held on 4th December 2014; the seventh in a series of Campaigns to create awareness about the need for Male Involvement in the Reproductive Health of their wives.

1.2 Activities organised to mark the Regional Campaign

The following activities were organised as part of the Regional Campaign:

- **Media Campaigns:** The Campaign witnessed over two months of radio messages on EMTCT as well as HIV and AIDS awareness.
- **Enhanced Service Delivery:** The MOH and Implementing Partners in the Region scaled up service delivery on HIV and AIDS including EMTCT. Open air sites for HCT and other related services were set up, to promote additional access to

services during the Campaign period. A few days before the Launch, these services were re-located to the Budondo Primary School grounds.

- **Stakeholder's Consultative Meeting and the Public Rally:** The main Campaign activities began with a Stakeholder's Consultative Meeting held at the State Lodge in Jinja, which was followed by a Public Rally at the Budondo Primary School grounds in Budondo Sub County, Jinja District.
- **Briefing on the Campaign against Teenage Pregnancies in Busoga Region:** The Stakeholder's Consultative Meeting received a briefing from Members of Parliament on the Parliamentary Forum on Population and Food Security which had conducted a Campaign against Teenage Pregnancies in the Busoga Region.
- **Testimony of a Peer Educator from "Mothers to Mothers" Organisation:** A woman living with HIV shared her testimony and success story of the impact "Mothers to Mothers" has had on her life and the life of other women in her community. She also talked of her two babies who benefited from Option B+ and were born HIV free.
- **Song: Mothers our Hero:** A young lady born with HIV sang a moving song in appreciation of Mothers who have heeded to the call on EMTCT.

1.3 Outcomes of the EMTCT Regional Campaign in Busoga

The Busoga Region EMTCT Regional Campaign was very effective in providing two months of intensive HIV and AIDS services across the Region. Throughout the Campaign awareness was created about EMTCT and HIV and AIDs in general, through the media and meetings with selected interest groups within the Region.

The findings of the MPs who conducted a Campaign against Teenage Pregnancies drew attention to the unique challenges the Region faces with regard to child abuse, poverty, the perils in the sugar cane industry and the northern transport corridor, all of which contribute to fueling the problem. The Campaign also brought out the importance of involving cultural and religious leaders as a means of addressing behavioral change.

2.0 Background to the Stakeholders Consultative Meeting

The Stakeholder's Consultative Meeting was held in the lush green gardens of the State Lodge in Jinja. The Meeting was attended by Cabinet Ministers, MPs, the representative of the US Ambassador to Uganda, the UN Family, Development Partners, and officials from the MOH. Also in attendance were key stakeholders from the 10 Districts of the Busoga Region including: political leaders, key national and regional actors in the health sector, the district leadership, Civil Society, as well as cultural and religious leaders.

The objectives of the Stakeholder's Consultative Meeting were:

- To provide a Forum for key stakeholders in the EMTCT Response to share information regarding EMTCT and HIV AND AIDS in general; and
- To discuss the challenge of teenage pregnancies and how this impacts the EMTCT Campaign and share recommendations to address the issue.

3.0 Deliberations of the Consultative Meeting

The Director General Health Services MOH, Dr. Jane Ruth Aceng welcomed the stakeholders to the Consultative Meeting and thanked them for making the time to attend. She explained the purpose of the Meeting and spoke about the discussions that would be held on the EMTCT Status Report on the Busoga Region and the causes and solutions of the Teenage Pregnancies in the Region. She called upon the DHO Jinja to present the EMTCT Status Report.

3.1 Status Report on EMTCT in the Busoga Region

The DHO Jinja District, Dr. Peter Nantamu presented the EMTCT Status Report for the Region. He explained that the Region comprises about 7 million people and in March 2013 the people of Busoga had the benefit of the roll out of Option B +.

There are unique issues that drive the epidemic in the Region namely: the fish folk around the water bodies, the plantation workers who leave their families to provide labor for the sugar cane industry and the truck drivers plying the northern transport corridor, all of whom are part of the most at risk population.

Antenatal clinic attendance is very poor in the whole Region and yet it is one of the entry points for the identification and care of HIV positive women. Furthermore women identified during their first visit, drop out and do not return for care and treatment. With regard to Family Planning only 32% of the women in the Region use modern contraceptives. Dr. Nantume observed that while these commodities are available, only 41.9% of the women of child bearing age say they have access to these services. Male involvement is still a challenge in the Region, worse still there are mobile populations such as security agencies and workers who once initiated on treatment and care move on and stop accessing the services.

Dr. Nantume called upon the stakeholders to discuss these issues and come up with practical solutions to address them.

3.2 Discussion on the Causes and Solutions of Teenage Pregnancies in the Region

The participants at the Stakeholders Consultative Meeting were divided into groups and asked to discuss the drivers of Teenage Pregnancies in the Region and to make recommendations to address them. Below are the responses that were given:

Drivers of Teenage Pregnancies in the Busoga Region

1. Economic Issues

- Poverty: young girls are exposed to “sex for money”
- Lack of law enforcement; defilers are arrested, they bribe and are released
- Exposure to pornography and other media that negatively impacts on morals
- Lack of employment; girls engage in sex for employment
- Cane production; men earn money and are not living with their spouses

2. Social Issues

- Peer pressure; adolescents influence each other
- Illiteracy and the high rate of school drop outs affects mainly the girl child
- Drug abuse influences poor decision making by young people
- Emphasis on condom use encourages children to try out sex
- Belief that healing from male circumcision is through sex with a virgin
- Sexual abuse by teachers in schools

3. Parenting Issues

- Child labor that exposes young girls to sexual relations
- Domestic violence increases the risk of family breakdown and sexual abuse
- Lack of parental guidance; busy parents and do not have time for children

- Boarding schools for young children expose them to sex.
- Exposure to pornography and other media that negatively impacts on morals

Recommendations to address the drivers of Teenage Pregnancies in the Busoga Region

1. Sensitisation

- Focus HIV/AIDs messages on abstinence and not condom use
- Parents must be given “Parenting Sessions”
- Provide continuous education on prevention of HIV/AIDs
- Promote education on morals and life skills for the boy child
- Promote sex education and the empowerment of the girl child
- “Ekisakate” organised by the Kyabazinga to instill morals in the young people

2. Law Enforcement

- Scale up community policing to address issues of defilement and drug abuse
- Pass Ordinances and By laws to strengthen law enforcement

3. Economic Interventions

- Promote income generating projects for the family
- Ensure that men in cane production are allowed to live with their families
- Address poverty mindsets
- Sensitisation in vocational training
- Promote the education of the girl child

3.3 Remarks by the Executive Director OAFLA Uganda

The Executive Director OAFLA Uganda Mrs. Beat Bisangwa, thanked the participants for the proposals raised in the discussion on Teenage Pregnancies in the Region. She then provided the Meeting with a brief background of the EMTCT Regional Campaigns.

Mrs. Bisangwa expressed concern over the high levels of teenage pregnancies in the Region and the drivers of HIV and AIDS peculiar to the Region. She expressed gratitude to the MPs for the work they have done in the Region in sensitizing communities about the importance to keep their children in school.

She appreciated the efforts of the Champion EMTCT in the remarkable decline in MTCT, pointing out that she has been applauded in several fora for this success in Uganda. She further commended the MOH and other partners whose efforts have continued to enable service delivery and information sharing on EMTCT and HIV and AIDS in general.

3.4 Remarks by the Secretary General Parliamentary Forum on Population and Food Security

“The youth today are more scared of getting pregnant than of contracting HIV. They therefore use emergency pills”

Secretary General
Parliamentary Forum
on Population and
Food Security

The Secretary General of the Parliamentary Forum on Population and Food Security Hon. Milton Muwuma gave a brief report of the findings of the Forum during their Campaign against Teenage Pregnancies in the Busoga Region. The Campaign which is funded by UNFPA was launched this year in Butaleja and Iganga Districts; the epicenter of the problem. The MPs have since engaged the VHTs, religious and cultural leaders teachers, parents and the young people.

Hon. Muwuma pointed out that one of the key drivers of Teenage Pregnancies is poverty which affects girl child education. He observed that issues like lack of lunch at school very easily result in young girls selling themselves for a meal. School girls are also being abused by their parents and teachers.

“The youth today are more scared of getting pregnant than of contracting HIV. They therefore use emergency pills” he said.

There are a number of viewpoints that fuel sexual activity including the belief that abstinence leads to the mal functioning of sexual organs. There is also the belief that after circumcision a boy must become sexually active in order to heal effectively. The MPs were also informed that there are no youth friendly services where young people can get information on sex education. There is also the challenge of polygamy which leads to mothers abandoning their children with step mothers thus exposing them to a higher risk of being sexually abused in the home. Hon. Muwuma shared the experience of children who spoke of witnessing the sexual activities of their parents in homes that have limited living space.

He concluded his remarks by appreciating the efforts of the First Lady in championing the EMTCT Campaigns nationwide and assured her of the Forum’s support.

3.5 Remarks by the LC V Vice Chairman Jinja District

The LC V Vice Chairman Jinja District, Mr. Paul Baliddawa welcomed the First Lady to Jinja and thanked her for choosing to host the Campaign in Jinja.

Hon. Baliddawa explained about the mindsets of the people of the Region that have lead to them abandoning food crops for the quick gains of sugar cane growing. This has lead to issues of poor food security in the whole region. The other challenges that eventually fuel HIV and AIDS are domestic violence and the lack of family planning; with some families consisting of more than 3 wives and 50 to 70 children.

He called for a multi sectoral approach to addressing the issues raised during the Consultative Meeting. He recognized the efforts of the Development Partners, the Implementing Partners as well as the National and Local Organising Committees that worked tirelessly to ensure the success of the EMTCT Campaign.

3.6 Remarks by the Director General Health Services MOH

The Director General Health Services MOH, Dr. Jane Ruth Aceng thanked the DHO for presenting the EMTCT Status Report and the participants for discussing the challenges of Teenage Pregnancies in Busoga which are the highest in the nation. She explained that Teenage Pregnancies have a direct impact on EMTCT because they are an indicator of unprotected sex. Pregnant girls face the risk of contracting HIV and passing it on to their unborn babies, especially since most of them are reluctant to attend antenatal clinics.

Dr. Aceng went on to explain the multi pronged approach to EMTCT which includes interventions for primary prevention of HIV infection among women of child bearing age, providing the unmet need for Family Planning among HIV infected women, the lifelong ART among HIV infected pregnant and lactating women as well as the Option B+ and family centered care for mothers, children and men.

She recognized all the MOH partners present and thanked them for their support.

3.7 Remarks by the Minister of State for Primary Health

The Minister for State for Primary Health Hon. Sarah Opendi expressed her gratitude to the First Lady and all the stakeholders for the good work that is being done in promoting EMTCT. She then presented the discussions held during the Consultative Meeting on the

causes and solutions of the challenge of Teenage Pregnancies in the Busoga Region as captured above in part 3.2 of this Report.

Hon. Opendi then explained that the MOH launched the Campaign against Teenage Pregnancies in April 2014 at which the Rt. Hon. Speaker of Parliament was the Chief Guest. During these Campaigns the Stakeholders were confronted with shocking information of children as young as 10 and 14 years of age, pregnant and married off by their parents. She observed that most cases parents do not want to take their girls to school and the law enforcement officers are lenient with defilers. The lack of employment and the increase in drug abuse with so many people growing marijuana also fuels the problem.

She expressed optimism that the assent of the President to the Narcotic Drugs Bill will address some of these issues. She called upon the Religious and Cultural leaders to speak to their congregations and promote behavioral change amongst their people.

3.8 Remarks by the First Lady and EMTCT Champion

The First Lady and EMTCT Champion Hon. Janet Kataha Museveni expressed her pleasure at presiding over yet another EMTCT Consultative Meeting this time in the Busoga Region. She thanked all the stakeholders who have tirelessly spent their time and resources to make these Campaigns a reality. She then shared a brief background to the objective of the Campaigns.

“I am happy to note that there has been a decline in the number of babies born with HIV. This is evidence that EMTCT can become a reality in the near future” she said.

She appreciated the work done by the MPs who have traversed the Region campaigning against Teenage Pregnancies, pointing out that she is appalled by the level of negligence amongst parents who openly expose their children to their sexual activities in the home. She abhorred the high rate of polygamy in Busoga that is now fueling the spread of HIV and AIDS.

“I am happy to note that there has been a decline in the number of babies born with HIV.

This is evidence that EMTCT can become a reality in the near future”.

EMTCT Champion

The EMTCT Champion urged parents not to abandon their parental responsibilities to teachers and paternal aunties normally referred to as “Senga’s”, stating that at times these very teachers sexually abuse the children. She urged the political, cultural and religious leaders to work towards changing mindsets of the people in their charge. “Busoga is a

region endowed with fertile land and a good climate that should be taken advantage of to address poverty and food security” she said.

She applauded the MOH and other stakeholders for the big scale up in the provision of treatment for people who need ARVs and called upon all the leaders present to sensitise communities about the “miracle” Option B+ that can be used to protect babies from contracting HIV. She urged them to ensure that pregnant women are mobilised to attend antenatal clinics at least four times during their pregnancy, go with their partners to test for HIV and adhere to their treatment regimen if found HIV positive.

She expressed her gratitude to the MOH, the UN Family, the American and Irish Governments, the Development Partners, the District Leadership, Implementing Partners, Religious and Cultural Leaders and all the other stakeholders for their involvement in ensuring that Uganda achieves an HIV Free Generation.

The Public Rally

The Busoga Region EMTCT Rally took place at the spacious grounds of Budondo Primary School in Budondo Sub County Jinja District. The Rally was attended by hundreds of people drawn together from the 10 Districts that make the Busoga Region namely: Jinja, Iganga, Kamuli, Kaliro, Namayingo, Namutumba, Luuka, Mayuge, Butaleja and Bujiri.

4.0 Remarks by the Political Leadership

4.1 Remarks by the LCI Chairman Budondo

The LC I Chairman Budondo Sub County welcomed the First Lady to Budondo and informed her that the people of Busoga support the EMTCT cause and the work she is doing in the area of HIV and AIDS. He thanked the President for the work he has done for the nation with regards to the HIV and AIDS campaign and the NAADS programme.

The Chairman appealed to the First Lady to advocate for the construction of the road from Jinja Town to Budondo saying it is the road used by tourists as they travel to the waterfalls and other tourist attractions in the area. He urged the parents present to keep themselves free of the HIV in order to protect their babies and to live healthy lives.

4.2 Remarks by the Vice Chairman NRM Budondo

Mr. Haruna the Vice Chairman NRM Budondo Sub County, made remarks about the host school which he said was established under the Anglican Church. He welcomed all the guests to Budondo and thanked the First Lady for choosing to hold this big EMTCT Campaign in the Sub County. He pointed out that the people of Budondo are willing to support Government programmes and appealed to the First Lady to advocate for funding to renovate the St Stephens Church situated in the Sub County.

4.3 Remarks by the LC V Vice Chairperson Jinja District

Hon. Baliddawa the LC V Vice Chairperson Jinja District informed the First Lady that the Busoga Region comprises of 10 districts and that the people in the Region have all been looking forward to her visit for several months.

“Mama Janet we are aware that the task you are handling is for the wellbeing of all Ugandans and we thank you for loving Uganda” he said.

He pointed out that the country has been battling HIV and AIDS for 30 years; a battle that has cost Ugandans tremendous resources including lives. He informed the gathering that the First lady had come to appeal to the Basoga to ensure that every mother delivers an HIV free baby. Hon. Baliddawa identified the key drivers of the epidemic as poverty, domestic violence and defilement. He recognized the efforts of all the Implementing Partners operating in the region and stated that the people of Busoga are ready to work as a team; participate, stand up and be counted.

4.4 Remarks by the Area MP Kagoma County

The Area MP Kagoma County, Hon. Fred Mbagadhi Nkayi welcomed the EMTCT Champion and her guests to Budondo in Kagoma constituency. He then introduced all the MPs present at the event.

He thanked the MPs on the Parliamentary Forum for Food Security and Population for visiting the Region on a mission to address teenage pregnancies. He pointed out that the Forum during its tour learnt that one of the biggest challenges of the Region is poverty and noted the need to address mindsets which promote poverty and illness. He urged the people to help those who are infected and boldly give sex education to their children.

“Thank you Mama! We assure you that the people love you and are proud of your contribution to the nation” he concluded.

5.0 High Lights of the EMTCT Launch

Various activities marked the Launch of EMTCT in Busoga, these included a testimony, a song by a young adult living with HIV, cultural music and the presentation of gifts to the First Lady for her commitment to fighting the HIV and AIDS Epidemic.

Song by TASO “Mothers our Heroes”

Miss Syliva Nalukwago from TASO was born HIV positive at a time when there was no drug to prevent MTCT. She found out she was HIV positive after her mother had passed on. She decided to create awareness amongst mothers about the importance of embracing EMTCT. She presented a song about mothers who are heroes, to appreciate mothers who have tested and adopted Option B plus.

Testimony from “Mothers to Mothers”

The Spokes person “Mothers to Mothers” peer mentors, Ms. Juliet Nalume presented a testimony about the work they do amongst both the HIV positive mothers and women who are HIV negative. She explained the difference “Mothers to Mothers” has made in the lives of women in their communities with support from UNICEF and Star EC. The following is an abridged version of her testimony:

“I was 26 years old when I attended an antenatal clinic and found I was HIV positive. My mother had died of HIV, TB and cervical cancer, so I knew the journey ahead would not be easy.

As I walked home that day, I thought about the stigma I was going to face taking the drugs, being one of my husband’s three wives. He was the bread winner and I feared that if he found out, he would throw me out. So I stopped taking the drugs. I gave birth to twins. One developed HIV related illnesses and passed away at 4 months.

At 9 months my second baby tested HIV positive. I felt alone and terrified; a poor village woman with no income and no one to turn to for help. I then met a nurse who told me to apply for a job with “Mothers to Mothers”. I became a peer educator and disclosed my status to my husband and my community. I started taking medication and I am now empowered and educated. I travel the world soliciting funding for the Organisation.

I have had two more children who are HIV free. My work gives me a lot of joy. Working with these women reminds me of who I was so many years ago. I tell those who are positive that they are not alone and I hold their hands. This is one of the best models of support for women”.

5.1 Remarks by the Director General Health Services MOH

The Director General Health Services in the MOH, Dr. Jane Ruth Aceng expressed her gratitude to the First Lady for her continued efforts to launch the EMTCT Campaign in every region of Uganda. She observed that the journey has been a long one since March 2013 where the First Launch of EMTCT country wide took place in Ntungamo District.

Dr. Aceng explained that despite these efforts, the AIDS Indicator Survey 2011 states that HIV prevalence is higher among women at 8.3% than men at 6.3%. The prevalence rate for Busoga is 6.7 for women and 4.8 for men. However a downward trend has been registered in the number of new infections per year and the pre-natal HIV transmission rates in Mulago are now between 3% and 4% down from 30% in 2000.

“The pre-natal HIV transmission rates in Mulago are now between 3% and 4% down from 30% in 2000”

Director General
Health Services

Uganda has implemented the EMTCT programme for 14 years. It is multi pronged and includes interventions for primary prevention of HIV infection among women of child bearing age, providing the unmet need for Family Planning among HIV infected women, the lifelong ART among HIV infected pregnant and lactating women, the Option B+ and family centered care for mothers, children and men.

She expressed appreciation to the UN Family for funding the Campaigns and the National Organising Committee, the Local Organising Committee as well as the District leadership of Jinja for coordinating its implementation. Dr. Aceng made a resounding appeal to the people gathered to support expectant mothers, encourage them to attend all the 4 required Antenatal Clinics and to deliver at the Health Facilities.

5.2 Remarks by the Representative of the US Ambassador

In her remarks while representing the US Ambassador, USAID and the AIDS Development Partners, Ms. Godwin appreciated the First Lady for her commendable leadership as Champion EMTCT.

She explained that under the leadership of President Obama the US supports EMTCT and believes it is possible to save the lives of unborn babies and to eliminate the scourge spread through Mother to Child Transmission. The Campaign is critical because science has shown that it can work and the healthy babies born to mothers are a shining example of this progress. Unfortunately despite these success stories HIV still threatens

Uganda's future, it still takes lives and still has no treatment. Too many children are still exposed to HIV every day and there is urgent need to address the bottlenecks. Almost 35,000 HIV positive pregnant and lactating women missed enrolment in the EMTCT in 2013 despite the accelerated efforts to decentralize services. Additionally, young women continue to experience intimate partner violence. This affects their ability and decision to enroll and sustain use of PMTCT services and advice.

Ms. Lisa Godwin assured the gathering of the US Government's commitment to improving the health of Ugandans through the President's Emergency Programme for AIDS Relief (PEPFAR).

5.3 Remarks by the WHO Country Representative

The WHO Country Representative Mr. Alemu Wondimagnehu represented the UN Resident Coordinator Mr. Ahunna Eziakonwa Onochie. He expressed gratitude to the First Lady for leading the cause of HIV and AIDS; EMTCT in particular. He congratulated Government on launching the "Protect the Goal Campaign".

He however pointed out that HIV is taking on new dynamics. He stated statistics indicating that HIV is more prevalent in the youth, pointing out that not enough has been done for the young people in terms of prevention. He noted that the predominant mode of HIV transmission among Ugandan girls is heterosexual intercourse which also puts them at the risk of unplanned pregnancies; exposing them to HIV if the partner is infected. The challenge of pregnancy for young girls can be stressful let alone finding that one in addition is HIV positive.

Mr. Alemu Wondimagnehu talked of interventions that can be used to address the issue of teenage pregnancies namely: educating girls since school is the best place for girls to be, providing young people with sex education done by both parents and teachers and ensuring youth friendly services on a confidential basis at the Health facilities.

He concluded his remarks by urging parents to stop early child marriage and invest in teaching children sex education.

5.4 Remarks by the Minister of State for Primary Health

The Minister of State for Primary Health, Hon. Sarah Opendi explained that the Busoga Region EMTCT Campaign is the 7th in a series of EMTCT Campaigns that began in 2013. She thanked the EMTCT Champion; stating that her efforts are not in vain.

Hon. Opendi pointed out that the recent Population and Housing Census placed the population of the young people at 78%; consequently there is cause for all the stakeholders to focus on the youth and step up efforts to ensure a generation free of HIV and AIDS.

“Teenage pregnancies are very high in the entire eastern region and this implies that people have unprotected sex” she observed.

Uganda is currently listed amongst the 10 countries with a high HIV prevalence, with 380 people infected with HIV every day. The current statistics indicate that only 55% of the young people know their status. “What is happening to the 45%”? She asked.

“Teenage pregnancies are very high in the entire eastern region and this implies that people have unprotected sex”

Hon. Minister of
State for Primary
Health

She informed the gathering that only 58% of women deliver at a health facility, while the others miss out on the required HIV testing and treatment. The MOH is piloting “Samba Two” an innovation that provides HIV results of babies in a few hours. All the stakeholders need to work with the VHTs and mentor groups to address the challenge of low men involvement and harmful cultural practices such as widow inheritance.

She concluded her remarks by calling upon everyone to embrace the “Protect the Goal” Campaign which uses the analogy of foot ball to promote HIV awareness.

5.5 Remarks by the First Lady and the Champion EMTCT

Hon. Janet Kataha Museveni the First Lady of Uganda and EMTCT Champion gave a brief history of the origin of HIV and AIDS in Uganda. She marveled at the way Ugandans at the time took up abstinence and behavioral change; bringing the prevalence rate from 30% to 6% in record time. She decried the fact that with the advent of ARTs and a move from the A and B aspect of the strategy, the epidemic escalated.

The First Lady explained that the EMTCT Campaigns are about creating awareness about the new hope that has come with Option B+, which gives children a chance to be born free of HIV. She appreciated the work “Mothers to Mothers” is doing and urged them to speak out more because of the vital information they have for society. She thanked all the partners who have worked tirelessly to reach communities with services and messages to prevent the spread of HIV and AIDS.

The EMTCT Champion expressed concern over teenage pregnancies that increase the rate of maternal mortality, since most of the young girls bodies are not ready for child birth. She urged parents to provide sex education at home and not to abandon this work to teachers. She explained that life experience is the best teacher and every mother has the wisdom required to pass on this vital information to her children. She also called upon the religious and cultural leaders to share messages on HIV and AIDS, since God will hold them accountable for the people under their care and leadership.

“Now men stand up,
participate and be
counted! We are in a
battle for the survival
of the human race.
We must defeat HIV
and AIDS in our life
time. We owe it to the
next generation!”

EMTCT Champion

“Now men stand up, participate and be counted! We are in a battle for the survival of the human race. We must defeat HIV and AIDS in our life time. We owe it to the next generation!” she concluded.

Conclusion

The Busoga Region EMTCT Regional Campaign was very effective in providing two months of intensive HIV and AIDS services across the region. Through the Campaign activities awareness was created about EMTCT and HIV and AIDs in general through the media and meetings with selected interest groups within the region.

The findings of the MPs who conducted a Campaign against Teenage Pregnancies drew attention to the unique challenges the region faces with regard to child abuse, poverty, the Sugar Cane Industry and the Transport Corridor all of which are drivers of the epidemic and contribute to fueling the problem. The Campaign also brought out the importance of involving cultural and religious leaders as a means of addressing behavioral change.