

Report

Consultative Meeting on the Elimination of Mother to Child Transmission Eastern Region

EASTERN REGION

**Reproductive Health Uganda
Youth Center – Tororo**

16th August 2013

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Acronyms

ADPs	AIDS Development Partners
ARV	Anti Retroviral
CAO	Chief Administrative Officer
DHO	District Health Officer
EMTCT	Elimination of Mother To Child Transmission
MOH	Ministry of Health
MTCT	Mother To Child Transmission
OAFLA	Organisation of African First Ladies Against HIV/AIDS
RHU	Reproductive Health Uganda
SMS	Safe Male Circumcision
UAC	Uganda AIDS Commission
VHTs	Village Health Teams

1.0 Background

The Organisation of African First Ladies Against AIDS (OAFLA) is an organisation committed to contribute to efforts towards an AIDS free Africa.

OAFLA has developed a four year strategy to achieve the virtual EMTCT by 2015, under the following vision and mission:

Vision: The virtual EMTCT by 2015, towards an HIV Free Generation.

Mission: To advocate for effective strategies, shared responsibility and accountability for community mobilisation and efficient EMTCT service delivery.

In fulfillment of the Mission OAFLA in partnership with the Uganda AIDS Commission (UAC), the Ministry of Health (MOH), the Development Partners, Implementing Partners and other Stakeholders has been launching EMTCT Campaigns nationwide.

This is a Report of the EMTCT Campaign conducted in the Eastern Region in Tororo District on 16th August 2013. The Campaign provided a platform for the National Stakeholders to hear Commitments toward an HIV Free Generation from the Youth and the testimony of a Father practicing Male Involvement in the Reproductive Health of his entire family.

The Eastern Region Launch is the third in a series of EMTCT National Campaigns geared towards creating awareness about the need for Male Involvement in the Reproductive Health of their spouses. The Campaigns have received wide acclaim and have been very instrumental in increasing demand for commodities and services. They have also been very successful in bringing together Stakeholders in Consultative Meetings, organized to share perspectives on the HIV Response in each region, with a cross section of the regional leadership as follows:

- The EMTCT Campaign in the South Western Region - Ntungamo District, 22nd March 2013, provided a platform for a dialogue between Key Stakeholders at the district level and national actors.
- The EMTCT Campaign in the Northern Region - Lira District, 23rd June 2013, provided a platform for the National Stakeholders to hear from the Village Health Teams, Religious and Cultural Leaders.

Similarly, the Eastern Region Consultative Meeting was held at the Reproductive Health Uganda (RHU) Youth Center, in Tororo. This event was a pre-cursor to the Public Rally to Launch the EMTCT Response in the Eastern Region, by the EMTCT

Champion and First Lady of Uganda Hon. Janet Kataha Museveni. The Launch was run under the theme “*Stand Out, Participate and Protect! Have an HIV Free Baby*”

1.1 Objectives of the Consultative Meeting

The objectives of the Consultative Meeting were to:

- Provide a Forum for key stakeholders in the EMTCT Response to share information regarding EMTCT and HIV/AIDS in general;
- Hold conversations on hindrances to Male Involvement in EMTCT and share recommendations to address them; and
- Advocate for the integration of the Youth and their Fathers in promoting Male Involvement in EMTCT.

1.2 Participants Profile

The Meeting was attended by Cabinet Ministers, Members of Parliament, the US Ambassador to Uganda, Development Partners, and officials from the UAC and the MOH. Also in attendance were key stakeholders from the 14 Districts of the Eastern 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.

1.3 Pre- Launch - Life Skills Workshop

One of the pre- cursor events of the EMTCT Campaign in Tororo, was a one day *Life Skills Workshop* organized by OAFLA, on 15th August 2013. The objective of the Workshop was to promote *Behavioral Change* amongst the Youth in Tororo District.

During the Workshop the Youth took part in participatory activities conducted in a lively and fun filled atmosphere. They were also challenged to re-think their lifestyles through discussions held on the following topics:

- *Choices and their Consequences* – The Youth talked about the fact that their choices have consequences and that they must make the right choices in life.
- *Sex and Sexuality* – This session provided the Youth with a platform to hold conversations on facts about sex and sexuality.

- *Making Life Commitments* – The importance of setting life commitments was discussed and by the end of the session, 63% of the youth had made and signed commitments, to abstain from sex until marriage.

The Workshop was concluded with a very lively debate on the topic “*Risk Elimination is better than Risk Reduction in the HIV Response*”. The debate resulted in 70% of the participants in support of *Risk Elimination*.

The following day 16th of August 2013, representatives of the Youth addressed a Consultative Meeting presided over by the Champion EMTCT. They shared the outcomes of the *Life Skills Workshop* and read out the *Commitment of the Youth of Tororo District towards an HIV Free Generation*. They also pledged to promote EMTCT in the Eastern Region.

1.4 Outcomes of the Consultative Meeting

The Consultative Meeting provided a great opportunity for information sharing and discussions with stakeholders across the spectrum, from the community to national level leadership, on issues of male involvement in Reproductive Health.

The Meeting identified key issues that should be addressed to improve access to health care services by men and their wives, some of which were: the male ego, gender dynamics regarding male involvement, structural aspects of the health facilities that affect attendance by men, the availability of commodities and the attitudes of health workers that discourage men from accessing the health services.

The EMTCT Champion and other national leaders provided the Meeting with direction, with regard to practical strategies to enhance the public response to EMTCT. The participants also heard presentations from two youth representatives who read their commitment towards an *HIV Free Generation* and a Father who talked about his involvement in the Reproductive Health of his family.

The participants left with a renewed resolve to encourage and support men to take part in the reproductive health of their spouses and to get involved in the lives of their children in general.

*Once again a whole Region took time off, to focus on EMTCT!
Once again the key stakeholders in the HIV Response were called upon to:*

Stand Out, Participate and Protect!

Deliberations of the Consultative Meeting

4.0 Remarks by the Mrs. Beat Bisangwa Director OAFLA

The Director OAFLA, Mrs. Beat Bisangwa welcomed all the stakeholders to the Eastern Region Consultative Meeting. She thanked the Reproductive Health Uganda Team for hosting the event and then shared details of the days programme.

Mrs. Bisangwa pointed out the importance of hearing community voices share about their experiences as they promote male involvement in reproductive health. She called upon the Consultant Mrs. Betty Byanyima to guide the Meeting in a discussion on the hindrances to male involvement in reproductive health and recommendations to address these hindrances.

4.1 Session on Hindrances to Male Involvement in Reproductive Health

Mrs. Betty Byanyima presented the objectives of the Consultative Meeting as follows:

- Provide a Forum for key stakeholders in the EMTCT Response to share information regarding the Response to EMTCT and HIV/AIDS in general;
- Hold conversations on hindrances to Male Involvement in EMTCT and share recommendations to address them and
- Advocate for the integration of the Youth and their Fathers in promoting Male Involvement in EMTCT.

She then introduced a Buzz Group Discussion exercise, by asking the participants to sit in groups of threes and fives to discuss the following issue:

What are the Political, Social and Economic hindrances to Male Involvement in the Reproductive Health of their spouses and how can these hindrances be addressed?

Plenary Discussion

The participants shared their responses in a plenary discussion. Below are some of the opinions shared. *(Additional responses are laid out in the presentation made to the EMTCT Champion recorded in part 4.6 of this report)*

Buzz Group Responses

Socio- Cultural Issues

- There is a general lack of commitment by men on issues of Reproductive Health.
- There is social stigma attached to men who comply to Male Involvement.
- Men assume if their spouses are HIV negative, they are also negative.
- Moral decay because of lack of religious education.

Access to Service Delivery:

- The health facilities are understaffed and men prefer to be served quickly. Delays in service delivery make men reluctant to comply to male involvement.
- The long distance to the Health Centers discourages men from participating.
- Political leaders do not promote Male Involvement.
- The public turn to private facilities because health centers lack commodities.

Economic Issues

- There is need to increase food production to ensure surplus food in the home.
- Lack of finances hinders the ability of men to provide for their wives needs.
- Men fail to provide for their homes; they sell their spouses hard earned property.
- Men are preoccupied with trying to provide for their families and do not have the time to attend antenatal clinics.

Recommendations

- Review gender roles and train the boy child from childhood to get involved
- Conduct barazaar's at the LC I level to sensitise people about the importance of male involvement in reproductive health.
- There should be more institutions to address teachings on issues of marriage to encourage male responsibility in the home
- There is need for sensitisation of men about Reproductive Health
- Teach men to take responsibility in the home to ensure a culture of male support.
- Men should be role models when they are still young
- Conduct special days for men at community level
- Train health workers of both sexes so that men have options
- Religious leaders should be supported to participate in EMTCT.

The Executive Director OAFLA, Mrs. Beat Bisangwa, welcomed the First Lady and Champion EMTCT to the Meeting. She gave a brief background to the EMTCT Regional Campaigns and the successes registered as a result of each Launch.

This is the third campaign in a series of four planned campaigns to Launch EMTCT nationwide. The previous campaigns were held in the Western Region in Ntungamo District and the Northern Region in Lira District. The

“The Campaigns have resulted in increased visibility of EMTCT services all over the country, as well as a build up and acceleration of service demand and delivery”.

Executive Director

OAFLA

EMTCT Campaigns have resulted in increased visibility of EMTCT services all over the country, as well as a build up and acceleration of service demand and delivery. The Stakeholders are now looking forward to a similar impact in the Eastern Region and later in Karamoja, in September this year.

Mrs. Bisangwa attributed this success to the support received from the leadership and communities in each region, as well as the cross section of stakeholders represented in the Consultative Meeting who have unreservedly participated in the organisation of each event. The political will exhibited by the tireless efforts of the First Lady and EMTCT Champion Hon. Janet Museveni, is commendable.

She introduced the District leadership, national Stakeholders, members of civil society and the Development Partners. She expressed gratitude to the leadership of RHU for hosting the event and for supporting OAFLA in the implementation of the *Life Skills Workshop*, which enabled 200 youth acquire knowledge and skills on personal development and HIV/AIDS. All the stakeholders should endeavor to work with the Youth who have an important role to play in the HIV Response.

Ms. Bisangwa drew the EMTCT Champion’s attention to the Art Work made by the Youth in commemoration of her visit to the RHU Youth Center and thanked her for her personal resolve to provide political leadership to EMTCT.

4.3 Presentations by Representatives of interest groups

4.3.1 Presentation on the Life Skills Workshop

Ms. Esther Irumba shared about the experience of the Youth who participated in the *Life Skills Workshop* organized by OAFLA and Life Ministry Uganda. She expressed her gratitude to the EMTCT Champion for her heart for the Youth and for choosing the RHU Youth Center, for her EMTCT Launch in the Eastern Region.

Over 200 Youth participated in the *Life Skills Workshop* that was conducted on the 15th August 2013. The Workshop covered topics such as: the Role of the Youth in promoting EMTCT, Developing Dreams, Choices and their Consequences, Sex and Sexuality as well as Life Commitments. It was very participatory and the youth had a lot of fun, sharing information and perspectives regarding their personal development. During the Workshop the male youth apologized on behalf of their Fathers for the lack of involvement in the Reproductive Health of their mothers.

The Youth also participated in a debate on the topic: *“Risk Elimination is better than Risk Reduction in the HIV Response”*. The debate resulted in 70% of the participants in support of *Risk Elimination*. At the end of the Workshop 63% of the Youth made and signed commitments, to abstain from sex until marriage.

Ms. Irumba concluded her presentation by calling upon the men of Uganda to respect girls and to stop harassing them sexually. She appealed to them to leave them to live their lives and to fulfill their dreams.

4.3.2 Presentation of the Commitment of the Youth of Tororo District

Mr. Joshua Othieno read the following Commitment of the Youth of Tororo:

The Commitment of the Youth of Tororo District towards an HIV Free Generation

78% of the population of Uganda comprises of youth between 18 to 30 years of age. We therefore have a role to play in sharing about HIV and AIDs with our peers. In this regard we commit ourselves to doing the following:

In our personal lives: we commit to being responsible and making the right choices, by avoiding the drivers of the HIV/AIDS epidemic namely: drugs, alcohol and

indisciplined sex. We commit to abstaining from sex before marriage as much as possible. We commit to going for Voluntary Counseling and Testing.

We appeal to our fellow youth to join us in our efforts to have a HIV/AIDS Free Generation, because we believe the commitment begins with each one of us.

To our Families and Fathers: We commit to sensitizing our families and communities about HIV and AIDs. We appeal to our fathers to involve themselves in the reproductive health of our mothers. We appeal to our Fathers to be part of our lives. “Please talk to us and nurture us. We need you in our lives!”

We appeal to our parents to Be Faithful to each other and to avoid getting into sexual relationships outside marriage. We ask them to be supportive, as we do our sensitization work.

To the Stakeholders: We appeal to the community leadership to sensitize the public about the importance of Voluntary Counseling and Testing.

We thank the First Lady and EMTCT Champion for supporting the Youth of Uganda.

4.3.3 Presentation by the Representative of the Fathers

Mr. Calvin Abacha a Retired Probation Officer, Tororo District shared insights from his life, as an ardent proponent of male involvement in family life.

He explained that he has developed a close relationship with his children through “Peace Talk Sessions”, held in his home every Thursday evening. This time is used to discuss issues about life and the importance of having meaningful friends. “I make the effort to get to know the friends his children and to go to church with them’ he said.

With regards to supporting his wife, he explained that he is always present at the birth of his children and personally takes his wife to attend antenatal clinics. He appealed to Ugandan men to ignore cultures and traditions that state that child birth and nurturing are for women.

He appealed to Ugandan men to take part in the reproductive health of their wives. “Be Faithful. Support your spouse to bring up your children. Go together for Voluntary Counseling and Testing, plan your family and be part of your children’s lives. Talk to them about sex education.

“Be Faithful. Support your spouse to bring up your children. Go together for Voluntary Counseling and Testing, plan your families and be part of your children’s lives. Talk to them about sex education.”

Mr. Abacha to the men of Uganda

“Thank you Mama Janet Museveni for Championing EMTCT and for this timely theme of: *Male involvement, Stand Up. Participate, Protect*” he concluded.

4.4 Remarks by Country Director UNAIDS Mr. Musa Bungudu

The Executive Director OAFLA introduced the Country Director UNAIDS, Mr. Musa Bungudu, who she said “believed in OAFLA and led the way in supporting the Organisation to fulfill its mission”.

Mr. Bungudu appreciated the UN Agencies, Implementing Partners and the Government of Uganda for their tireless efforts in supporting EMTCT. Stakeholders should increase and enhance their engagement with the cultural and religious leaders, who interface with communities on a daily basis. With regard to resource mobilization there is now renewed hope that the Global Fund related resources to Uganda, will increase to approximately 300 million dollars in the near future. This progress in resource mobilization is attributed to the efforts of the UAC, MOH and other agencies.

He called upon the MOH to heed to the voices of the Consultative Meeting regarding the gaps in service delivery that hinder male involvement.

4.5 Presentation by the Chairman Uganda AIDS Commission.

“I want you to remember that we have lost 2 million Ugandans since the epidemic began and over 2 million people are currently living with HIV. Some of them did not choose this, they were born with HIV”.

Dr. Vinand Nantulya noted that the Scourge has reached disturbing heights, pointing out that the most logical thing to do would be to diagnose and treat all the sick immediately, however for this to happen Uganda needs to start raising her own resources, a venture that the country needs to continue working towards.

The UAC Chairman shared his thoughts over the deliberations held regarding “hindrances to Male Involvement” and expressed dismay over the fact that men pride themselves in giving birth to children whom they name and adopt in their clans, but never take the time to participate in the reproductive health of their mothers. “The men of Uganda must stand up and be counted to ensure their children are HIV free” he said.

A generation of AIDS free Ugandans costs more than asking mothers to be treated. It requires one to make an early start in choosing the right lifestyle. It goes beyond giving birth to a baby, to nurturing the baby and ensuring they grow up with the right values and character. This is the responsibility of both fathers and mothers.

Poor mothers in the remote areas are expected to provide Mama Kits for themselves including the gloves and thread to tie the baby's umbilical cord. He explained that in other countries the death of a mother in child birth, is considered a national crisis. The responsibility to ensure that expectant mothers are well taken care of moves beyond the health workers, to the political leadership. Every leader in Uganda should consider it abnormal for a woman to die in child birth.

"We must all play our role to fix the issues on health care!" he concluded.

4.6 Remarks by the Director General Health Services

The Director General Health Services Dr. Aceng presented an overview of the deliberations of the Consultative Meeting, to the First Lady and Champion EMTCT. She explained that the discussion focused on the Political, Economic and Social hindrances to Male Involvement in reproductive health.

The key aspects discussed evolved around cultural and religious mindsets that promote reproductive health as a women's issue. In this regard the male ego and gender roles that are inculcated in young boys from childhood, promote reproductive health as a "women's issue". There is also the issue of men in monogamous relationships who turn to extra-marital relationships that result in "silent wives" and "silent children" who they choose not to care for. Furthermore, there are no Male Champions who can be looked up to as role models.

Dr. Aceng informed the Champion EMTCT that the discussions also revealed that on the social front men do not find reproductive health issues "trendy", so they prefer to occupy themselves with "male activities" in clubs and at work. Similarly, Health Centers are not structured to promote male involvement, for instance labour wards do not provide couples' with privacy. Health workers are not trained to attend to the needs of men who accompany their wives and this puts men off. Additionally, regardless of the Health Workers efforts to counsel couples, there are also fears that the revelation of one's HIV status could arise in domestic violence.

The Director General Health Services (MOH) also talked about some of the recommendations proposed during the Meeting as follows:

- Sensitisation of men, the youth and the boy child, at all levels: the household, community, in schools and at places of work.
- Identification and promotion of “Male Involvement” Champions as role models. Political leaders should be encouraged to become such Champions.
- Couples should engage in planning for the family before conception.
- Increase the budget allocation to enhance Reproductive Health Services.
- Training of more health workers with strategies to attend to men who accompany their wives to health centers.
- Increase the pay of Health Workers to enhance commitment.
- Increased involvement of Cultural and Religious Leaders in “Male Involvement” Campaigns.

The EMTCT Champion was also provided with information regarding the various interventions currently being employed by two Implementing Partners.

Reproductive Health Uganda carries out the following activities:

- *The Young Men as Equal Partners programme* – targeting the male child from primary level until adulthood. This programme sensitises young people about the gender roles and the need for a change of mindsets.
- *Youth friendly services* - Service in the Youth Centers is “youth focused” and managed by the youth.

Star E uses the following strategies:

- The use of invitation letters with language that encourages men to attend antenatal clinics with their wives.
- Provision of Certificates of Participation for partners who have undergone HIV Testing together. These Certificates do not include their results.
- “Wellness Days” held on Saturdays when the majority of men are not engaged in their regular work. These days integrate tests on blood sugar and high blood pressure as well as other health issues that involve both men and women.

4.7 Remarks by the First Lady and Champion EMTCT Hon. Janet Kataha Museveni

The First Lady and Champion EMTCT, Hon. Janet Kataha Museveni expressed her appreciation to all the Stakeholders for their continued participation in the EMTCT Campaigns.

A strong and effective EMTCT programme must involve all stakeholders including parents, communities, implementing partners and the funding agencies. Ugandans

must move away from cultural attitudes that tend to leave men out of the reproductive health process and adopt creative approaches to male involvement.

Hon. Janet Kataha Museveni observed that the Consultative Meeting's provide opportunity to reflect on where Uganda stands in her response to HIV/AIDS and to re-visit the awareness messages availed to communities.

She expressed alarm over the increase in the spread of HIV with 130,000 people and 65 babies infected every day. Uganda was highly regarded in the past as the Success Story on HIV. This success was achieved by applying the Abstinence, Be Faithful and Condom use strategy. It is time to constantly ask ourselves what went wrong in our country. Indeed the major reason Uganda lost ground, was the watering down of the original message.

There is need to emphasis the importance of faithfulness and to make condoms available to those who must use them. The people need to know that ARVs are not a cure for this disease. She commended the youth for stating their *Commitment towards an HIV Free Generation* and the Mr. Abacha for his resolve to model male involvement in his community.

"We must unashamedly, unapologetically and frankly give the young people clear, appropriate, life saving messages that abstinence from risky behavior including pre- marital sex, drug and alcohol abuse is the only way of not contracting HIV and AIDS"

Champion EMTCT

She concluded her remarks by appreciating support from the Development Partners and urging all the political, cultural and religious leaders to get involved in the campaign to promote Male Involvement.

"Our final goal is to resolve to return the Country to the prevention strategies that worked so well" she said.

5.0 Key Emerging Issues

The key emerging issues emanating from the Consultative Meeting were as follows:

- The significance of customizing all Health services and facilities to address and respond to the needs of men at the Health Centers.
- The continuous need for "attitudinal change" sensitization and training of Health Workers, to help them appreciate and promote male involvement.
- The need to challenge the mindsets of the Youth, to develop the right attitude and perspectives on male involvement while they are still young.
- The importance of the visibility of political, cultural and religious leaders in the EMTCT campaign.

- The need to nurture and promote “Male Involvement Role Models” in every community.

6.0 Conclusion

The Consultative Meeting provided a great opportunity for information sharing and discussions with stakeholders across the spectrum, from the community to national level leadership, on issues of male involvement in Reproductive Health.

The Meeting identified key issues that should be addressed to improve access to health care services by men and their wives, some of which were: the male ego, gender dynamics regarding male involvement, structural aspects of the health facilities that affect attendance by men, the availability of commodities and the attitudes of health workers that discourage men from accessing the health services.

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