

OAFLA UG

*REPORT of THE EMTCT
CAMPAIGN*

Teso Region

31st July 2015

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..... | Error! Bookmark not defined. |
| 3.1 Status Report on EMTCT in the Teso Region | 8 |
| 3.2 Discussion on the Causes and Solutions of Teenage Pregnancies in the Region..... | 7 |
| 3.3 Remarks by the Executive Director OAFLA Uganda | Error! Bookmark not defined. |
| 3.4 Remarks by the Secretary General Parliamentary Forum on Population and Food Security | Error! Bookmark not defined. |
| 3.5 Remarks by the LC V Vice Chairman Jinja District..... | Error! Bookmark not defined. |
| 3.6 Remarks by the Director General Health Services MOH.. | Error! Bookmark not defined. |
| 3.7 Remarks by the Minister of State for Primary Health..... | Error! Bookmark not defined. |
| 3.8 Remarks by the First Lady and EMTCT Champion..... | Error! Bookmark not defined. |
| 4.0 Remarks by the Political Leadership | 9 |
| 5.0 High Lights of the EMTCT Launch | 12 |
| 5.1 Remarks by the Director General Health Services MOH..... | 13 |
| 5.2 Remarks by the Representative of the US Ambassador | 13 |
| 5.3 Remarks by the WHO Country Representative..... | 14 |
| 5.4 Remarks by the Minister of State for Primary Health..... | 15 |
| 5.5 Remarks by the First Lady and the Champion EMTCT | 16 |
| Conclusion | 16 |

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: 444

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 under the theme *“Stand Out, Participate and be Counted – Towards an HIV Free Generation”*, 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 Teso Region EMTCT Campaign held on 31st July 2015; the ninth in a series of Campaigns to create awareness about the need for Male Involvement in the Reproductive Health of their wives. The Campaign covered the districts of: Soroti, Kaberamaido, Kumi, Serere, Katakwi, Amuria, Bukedea and Ngora. In this region the Campaign was run under the sub theme: *Keeping Families in Care*.

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.
- **The Religious and Cultural Leaders Dialogue:** A Dialogue was held with Religious and Cultural Leaders to create awareness about EMTCT and address key issues of concern regarding cultural and religious practices that hinder HIV and EMTCT programmes.
- **Stakeholder's Consultative Meeting and the Public Rally:** The main Campaign activities began with a Stakeholder's Consultative Meeting held at the Soroti State Lodge, which was followed by a Public Rally at the Sports Grounds Soroti.
- **Commissioning of the Renovation of Health Center IVs in the Teso Region:** The Minister of State for Primary Health Care commissioned the renovation of Princess Diana Health Center IV; the first renovation in series of refurbishments of Health Center IVs in the Teso Region by Baylor Uganda. The Health Center was also provided with new equipment to support the "Keeping Babies Alive" Programme.
- **Testimony of a Father on the role he played in the birth of his HIV Free baby girl:** A man living with HIV shared a story of how he supported his wife to give birth to an HIV negative baby. He attended ANC with his wife, he was at the health center at the time of the baby's birth and he enabled his wife and baby get the necessary medical care. He now participates in peer education for other HIV positive couples in his community.
- **Our Mothers, Our Heroes - Testimonies by children born HIV Free Hero:** Over 50 young children born HIV Free were presented to the National Champion. They shared testimonies of how their mothers attended ANC and sought medical treatment and as a result they were born HIV Free.

1.3 Outcomes of the EMTCT Regional Campaign in Soroti

The concerted effort on awareness creation, HIV Counseling and Testing (HCT) outreach programmes and media campaigns characterized the Teso Region Campaign for two months. Service delivery was scaled up enabling a wider coverage of the population and platforms for information sharing; increasing the number of expectant mothers and their families as well as communities reached. The Campaign also provided a platform for awareness creation amongst religious leaders on issues of HIV and AIDS as well as EMTCT. Discussions were held on their role in mobilising communities and addressing areas of stigma, discrimination and hindrances of access to health services.

2.0 Background to the Stakeholders Consultative Meeting

The Stakeholder's Consultative Meeting was held at the Soroti State Lodge. The Meeting was attended by Ministers, the representative of the US Ambassador to Uganda, the UN Family, Development Partners, Implementing Partners and officials from the MOH. Also in attendance were key stakeholders from the eight Districts of the Teso Region including: the district leadership, religious and cultural leaders, key national and regional actors in the health sector, and Civil Society Organisations.

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.
- To discuss the challenge of retention - *Keeping Families in Care* and to share strategies to address the issue.

3.1 Opening Remarks

Remarks by the Executive Director OAFLA

The Executive Director OAFLA Mrs. Beat Bisangwa welcomed the stakeholders to the Consultative Meeting and gave a background to the EMTCT Regional Campaigns and in particular the Stakeholders Consultative Meeting which she said is a key activity in the Campaign. She explained that the Meeting receives the EMTCT Regional Status Report and discusses key issues pertaining to the HIV/EMTCT Response while proposing strategies to address these concerns.

She applauded the Leaders for braving the journey that began in August 2012 with the nomination of the First Lady as the National EMTCT Champion and that has seen nine campaigns implemented across Uganda. She explained that the region's sub theme is: Keeping Families in Care; which brought the focus of the Campaign to the issue of retention. Mrs. Bisangwa talked about the activities that characterized the Teso Region Campaign. She shared highlights of the dialogue held with the religious and cultural leaders pointing out that there are still a number of cultural practices and religious beliefs that hinder the EMTCT response.

She thanked all the stakeholders for their tireless efforts that resulted in the success of the Campaign and wished them fruitful deliberations.

3.2 Discussion on the issues hindering retention in the region and strategies to address them

Group work was conducted on the theme: Keeping Families in Care. The participants were required to discuss the issues hindering the realization of retention and promotion of male involvement in the EMTCT response and strategies to address these issues.

Factors hindering the realization of retention and promotion of male involvement

1. Male involvement is not adhered to especially by the elite men who are reluctant to attend ANC and partner follow up programmes.
2. Low staffing in hospitals and the lack of motivation by health workers affects service delivery and hinders mothers from seeking health care.
3. Cultural norms such as preference to TBAs and herbal treatment as well as issues of widow inheritance. There is also an increase in cesarean sections that causes fear of delivering at the health facilities.
4. The privacy and secrecy surrounding sex and sexuality which consequently hinders sex education and the proper use of condoms. (The culture of keeping sex in the dark)
5. Literacy is still low and this impacts on how information is passed on to communities. There is also a low risk perception amongst mothers and families because of lack of information.
6. The lack of health packages for men when they escort their wives to the health facilities
7. The high level of teenage pregnancies and the resultant fear of stigma by young girls who hide instead of attending antenatal clinics. The young girls also lack family support because of their status.
8. Access is facility based and yet health facilities are long distances from the communities; making it difficult for mothers to travel to health centers without
9. family support.
10. Alcoholism is a real issue in the region. The men take alcohol (Ajono) from morning to evening and neglect their families. Alcoholism also depletes family resources.
11. Stigma is high in the communities and affects access to health care

Strategies that could be used to address these challenges:

The following are the strategies proposed to address these issues:

1. Religious and cultural leaders should be equipped to sensitise communities. There is need for continuous dialogue to enable information sharing.
2. Motivate health workers and ensure community based access to health care.
3. Health facilities must be brought nearer to the people and there should be improved transportation and infrastructure
4. Provide for health services when the men escort their wives
5. Men should be sensitized to be able to consider pregnancy as a family issue. The focus should turn to peer sensitisation.
6. Train TBAs so that they refer the mothers to the health services
7. Promote abstinence and faithfulness. Encourage couples to test for HIV.

3.3 Status Report on EMTCT in the Teso Region

The DHO Serere 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.

3.4 Remarks by Stakeholders and Government Leaders

Remarks by the Director General Health Services Ministry of Health

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 then made some comments regarding the issues raised in the group discussion as follows:

Dr. Aceng pointed that operations at the Health Centers are at times a result of the fact that young girls get pregnant when their bodies are not developed and they then require cesarean sections. In 2015 the MOH launched a campaign against teenage pregnancy in eastern Uganda where the rate of teenage pregnancies was highest. The other challenge is that most mothers were malnourished early in life and grow up stunted thus they get complications in child birth.

She applauded the men who have set the example of male involvement by forming Male Action Groups and pointed out that the MOH has developed a Male Involvement Strategy to guide and promote male involvement in the reproductive health of their spouses. There is also the challenge of cervical cancer which is transmitted by the Human Papilloma Virus that is sexually transmitted. The MOH has now secured a vaccine to support women country wide. The vaccine will mainly be administered to young girls who are between 9-13 years of age consequently they must be sensitised not to engage in sex at an early age. She then called upon Dr. Alex Opio the Commissioner National Disease Control to share information about SMC.

Dr. Alex Opio the Commissioner National Disease Control explained that SMC does not reduce the sexual performance of men. He also allayed fears that SMC contributes to prostate cancer; stating that that is a myth. SMC is one of the effective HIV prevention tools. It reduces the risk of acquisition of HIV by 60%. Consequently, the circumcised person is still expected to employ other tools including condom use. The surgery must be done by a properly trained medical worker using appropriate tools. It is safer than most circumcision which is done without sterilized equipment and reduces the risk of STDs and penile cancer. Furthermore the partners of the circumcised person cannot easily acquire cancer of the cervix.

With regards to the use of the condom he explained that the first tool in the line of prevention of the spread of HIV and AIDS is abstinence from sex, being faithful is the second and the third is condom use, because there are those who will not be faithful.

Remarks by the Representative of the US Ambassador

Remarks by the Representative of the UN Family

Remarks by the Minister of State for Teso Region

The Minister of State for Teso Region Hon. Christine Aporu expressed her gratitude to the MOH, the UN Family, the American Government, 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.

Remarks by the Minister of State for Primary Health Care – Representing the First Lady and National EMTCT Champion Hon. Janet Kataha Museveni

The Public Rally

The Teso 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 Teso Region namely: Jinja, Iganga, Kamuli, Kaliro, Namayingo, Namutumba, Luuka, Mayuge, Butaleja and Bujiri.

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 Teso 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.

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.

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 Teso Region

“Teenage pregnancies are very high in the entire eastern region and this implies that people have unprotected sex” she observed. We must defeat HIV and AIDS in our life time. Hon. Minister of State for Primary Health generation!” Health EMTCT Champion

5.4 Remarks by the Minister of State for Primary Health

The Minister of State for Primary Health, Hon. Sarah Opendi explained that the Teso 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.

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!” she concluded.

Conclusion

The Teso 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.