

Uganda Protestant Medical Bureau Newsletter

January 2023



About UPMB

The Uganda Protestant Medical Bureau (UPMB) is a National Faith Based Not for Profit Organization (NGO) that was established in 1957 as an Umbrella Organization for the Protestant (Church of Uganda, Seventh Day Adventist) and Pentecostal Churches Founded Health Facilities and Training Institutions. UPMB Coordinates and provides Institutional capacity development, Technical support supervision to and Advocacy for its Member Health Facilities (MHFs) and implements health related activities in Uganda. Currently, UPMB has a network of 317 MHFs (majority rural based) including 20 Hospitals, 11 Health Centre IV's, 159 Health Centre III's and 127 Health Centre II's and 16 Health Training Institutions.

CORE VALUES

- Christ Centeredness
- Integrity
- Service Quality
- Teamwork
- 4 pillars of Our Strategic Plan
- People

VISION

Preferred Christian Health Care Partner For Sustainable Services

MISSION

Supporting Church Member Health Facilities to Provide Sustainable Quality Services for The Glory of God.

Welcome to Our January 2023 Newsletter!



Greetings and welcome to our first issue of the Newsletter.

We are excited to share with you a few highlights in the month of January 2023. We are grateful to God, our dear partners for all we have together achieved and continue to achieve.

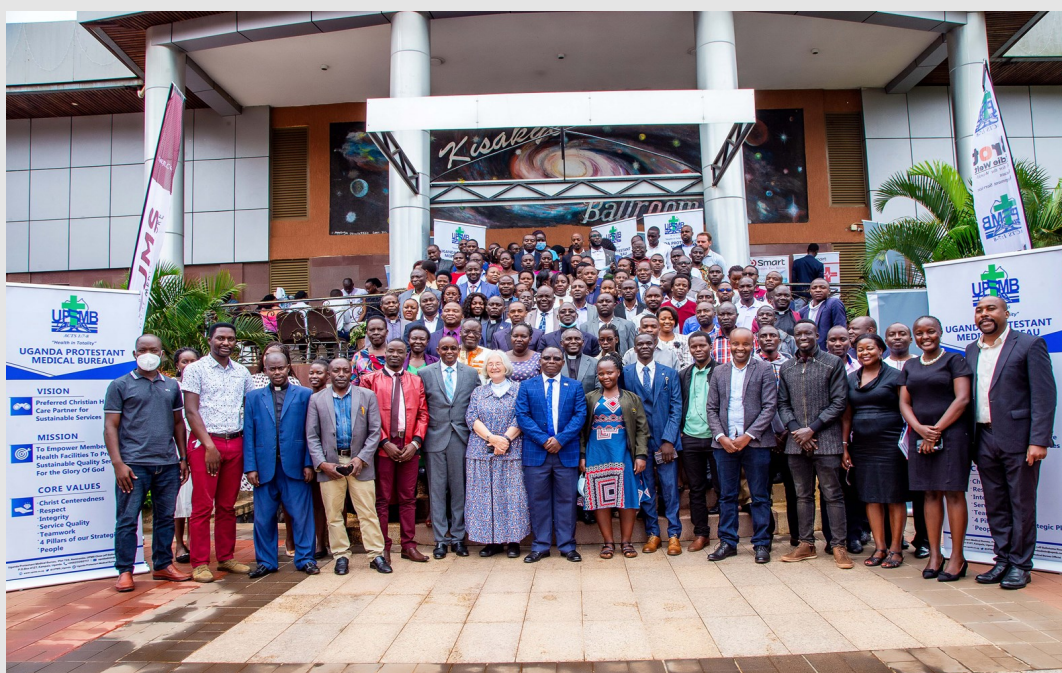
We are grateful for all partnerships, support and pledge to continue working together to achieve our different project set goals.

We hope you enjoy this first issue of the Newsletter. We shall be sharing with you monthly updates going forward. At UPMB we are committed to becoming the Preferred Christian Health Care Partner For Sustainable Services. Wishing you blessings.

Dr Tonny Tumwesigye

Executive Director | Uganda Protestant Medical Bureau

After over 2 years of Virtual meetings, the Annual Symposium was physical



We are thankful to God that we finally organized a physical Annual Symposium after over two years of the COVID 19 pandemic. The theme for the symposium was “Improved health systems for sustainable quality services”. Over 200 stakeholders participated and discussed pertinent issues regarding health. In a bid to serve the public better, UPMB has grown from a staffing level of 50 to 150 and established three regional offices in the Eastern, South West and Northern Regions. We continue to work towards becoming the preferred Christian health care partner for sustainable services.

In this Issue

- Story- The thin line between TB treatment success and failure
- HIV Services to the hard to reach areas
- Scholarships for Health workers
- Improving Family Planning Services Uptake through Community Health Insurance.
- Story- The Long Journey to viral Suppression
- Visit the UPMB Optical

UPMB staff team building activity

Staff participated in many team building activities including sports, performances and so many competitions. It was a very enjoyable day. Such activities are very key in improving teamwork in the day to day activities at office.

Also, staff are more aware of one another's strengths that can be maximized to perform the organizational tasks.



Treatment Support – The thin line between treatment success and failure

By: Dr. Betty Zalwango – TB Specialist & James Wokorach – TB Focal Person – Iceme HC III

The pain of going through Tuberculosis treatment without the support of friends and neighbours can have a psychologically effect on a client. Tuberculosis clients are faced with this challenge since the community perceives the disease to be closely associated with HIV. Treatment support combined with client sensitization greatly contribute to treatment success rate.

Olwa Geoffrey, 50 years, of Agwiri village in Oyam district shares his experience after he was diagnosed and treated for TB.

“One year ago, I was diagnosed with Tuberculosis. When I heard the news, I got depressed because I had heard rumors that TB is not curable. When my friends found out that I had TB they withdrew from me, even my neighbours; the ones who learnt that I had TB stopped visiting me. But this did not bother me or make me feel bad because my family members offered me the love, support and affection that encouraged me in taking my medication in order to regain my strength. I advise family members of TB patient not to despair or get depressed. They should encourage the patient and should not be worried or scared because there is treatment for TB.

For many months I was not feeling well until I visited "Te-okic" Iceme Health Centre III accompanied by a community linkage facilitator (CLF) who suspected that I had TB. I was examined by the Clinical Officer, he requested for "aola" sputum, I was given two tins to put my "aola" sputum. One tin was taken to John Paul Hospital Aber (PJHA), and another was worked on from the facility. After waiting for the results, I was told that I had TB and my blood was also tested for HIV but I was negative.



A Community Health Worker attached to Iceme HCIII delivering a health talk at Agwiri Trading Centre, Iceme Sub County during community hotspot screening.

I was started on TB treatment immediately after talking to me about the importance of taking my drug correctly without missing. I am very grateful to them. Before the treatment, I could not walk long distances, I lost my appetite for food and had chest pain. The health facility started me on four big tablets a day and told me to come back after they got finished. I started to gain my appetite and strength, I could now walk short distances and started gaining some weight.

I came back after two months and the clinician gave me four smaller tablets to be swallowing. I was given drugs for three months and after completing them, he again sent me back to the laboratory for a test. The results came back and he said I was negative for TB. I was given drug for only one month and was told it was my last month on treatment. After completing that one month, I was again tested but I was negative. I was told that I was cured. I am thankful to God for the treatment given to me and to all the nurses and doctor.”

Iceme Health Centre III is among the PNFP health facilities that are supported by USAID LSDA in Lango region. In Program Year 2, the facility treated **89 clients for TB with a treatment success rate of 88%.**

Geoffrey and many other community members in areas surrounding PNFPs supported by USAID LSDA benefit from HIV/TB community services. This story was narrated by our client who completed his TB treatment.



HIV Services to the hard to reach areas

The team under Engaging FBOS/CSOs/PNFPs and Communities to Support and Sustain HIV Epidemic control in Uganda project (e-FACE) travels on a boat to Rapha hospital to conduct comprehensive technical support.

According to the AIDS Commission report, Uganda has 1,100 weekly HIV infections of which 64% are female and 36% are male. The numbers reflected in this report still reflect that there is great need to sensitize people on HIV prevention. The team routinely visits the health facilities they support to ensure that quality HIV services are given to the people within the different communities. We are working towards curbing down new HIV infections and hopefully zero infections in the near future.

122,182,571 Uganda shillings to benefit 27 health workers on scholarship

Uganda Protestant Medical Bureau (UPMB) in partnership with Overseas Christian Medical Services (JOCS) and Joint Medical Stores (JMS) annually awards scholarships to in-service health workers in UPMB Member Health Facilities. Upon graduation, better services are offered at their duty stations. We are glad that we are ensuring quality services to our beneficiaries within the UPMB Member Health Facilities.

2022/23 Beneficiaries

Course	Number
Bachelor of Dental Surgery	1
Diploma in Clinical Medicine & Community Health	3
Diploma in Nursing	4
Diploma in Midwifery	6
Diploma in Lab Techniques	3
Msc. In Environmental health & Safety	1
Bachelors in Medicine and Surgery	1
Certificate in midwifery	1
Bachelor in Medical Imaging	1
Bachelor in Health Services Management	1
Tutors, Mentors and Clinical Instructors in HTI's	5
	Total 27

Improving Family Planning Services Uptake through Community Health Insurance.

The Community Health Insurance (CHI) membership has grown- we now have **10353** members in 505 groups. CHI is a financing mechanism that increases Health Facilities' financial base and access to timely and quality health for all members. Community Health Insurance (CHI) is an emerging concept for providing financial protection against the cost of illness and improving access to quality health care and service for low-income rural households who are excluded from formal insurance.

An increase in Family Planning Services uptake has been noted in a number of Health Facilities with Community Health Insurance. UPMB in partnership with the USAID Family Planning Activity supported HF with existing CHI schemes to sensitize members on the benefits of FP and enroll more groups in the schemes. 11 HFs in seven districts of Bundibugyo (Ebenezar HCIII, Busaru HCIV, Mantoroba HCII) Kyenjojo (God's Care HCIII, Hope Again HCIII), Ntoroko (StellaMaris



Sensitization on FP services

HCIII), Gomba (Rapha HCIII), Kyankwanzi (Bukwiri COU HCIII), Kibaale (St Jude Bujjuni HCIII, Kabasekende HCIII), and Kiryandongo (St Thadeus Karungu HCIII) to sensitize 39 active CHI groups on FP. The 11 HFs also identified 40 additional groups to be followed up for CHI activation in the subsequent quarters. More emphasis has been put on building capacity of health workers and community gate keepers to enhance, community sensation on CHI and FP.

Health Facilities equipped with IT and Solar Equipment

84 laptops were procured and delivered to health facilities. 77 laptops for USAID sites and Seven 7 laptops for CDC sites to support them with gaps such as lack of computers for E-Systems and also solar equipment for 27 health facilities 17 USAID LSDA sites and 10 CDC EFACE sites to support them with the power outages that are faced by the facilities. This solar equipment will support computer use and lighting at the health facilities. Zoom equipment with each implementing mechanism getting a 65 inch television screen,

desktop, mouse and keyboard, Local area network equipment (routers, switches and wireless access points) was also availed to cover all the sites that are eligible for E- Systems that is availability of power, data clerk and security

Goli Health Centre IV received echo zoom equipment



The Long Journey to Viral Suppression

– the ordeal of a young orphan boy.

By: Dr. Grace Akot – Paediatric & Adolescent Specialist & Jackson Olum Olugu – Counsellor at Aber Hospital

Opio Hendrick (not real names) a 16-year-old orphan, 3rd born of 4 is the only HIV positive person in their family. He tested HIV positive at the age of 5 in 2012 following frequent illness and stunted growth.

He was initiated on antiretroviral therapy (ART) immediately but had never achieved viral suppression in the last 10 years despite the many enhanced intensive adherence counselling (IAC) sessions and changes in his antiretroviral drugs. His caregivers were also sensitized on disclosure and positive living skills but to no effect.

Hendricks parents died when he was still an infant and was taken into care by his elder brother who lives in Oyam District in Northern Uganda.

During counselling at facility and home visits, the medical teams noted a number of barriers affecting Hendricks treatment. He was not taking his medication timely since he could not easily access the drugs when the brother was not at home. The caregiver was busy with his work and would not bother to observe how the boy was taking his medication, narrates Jackson Olum a counsellor at

Aber Hospital who frequently attended to Hendrick.

With the technical and financial support from the USAID Local Service Delivery for HIV/AIDS project, the clinical and the orphans and vulnerable children (OVC) teams, comprehensively managed Hendricks case at the facility. They conducted many home visits to offer psychosocial support, caregivers' literacy on directly observed therapy (DOTS), adherence counseling, positive living strategies, peer to peer support by young adolescent's peer support (YAPS), provision of vegetable seeds to boost nutrition and agreed on one caregiver. However, with no tangible improvements, the team persisted despite the continued challenge. Jointly, the clinical and OVC teams discussed the results and switched Hendrick to a second line drug regimen in 2020 but the Viral load results continued showing upward trends.

In January this year, two blood samples were taken from Hendrick for repeat viral load and drug resistant testing. This time the drug resistant results gave more understanding into the real barrier to viral suppression. The case was discussed at the third line regional drug

resistance committee meeting.

The team agreed to switch Hendrick to a third line ART regimen and was started on TDF-3TC-DTG-DRV in March 2022. Hendrick together with his caregivers were counseled and they pledged complete support to the boy's wellbeing. Currently his repeat viral load is suppressed to <50 copies as of 31st July 2022.

The clinical and social works team are happy with the progress and continue to support Hendrick and family to understand the importance of a low viral load. Hendrick and his caregivers are happier, stronger and benefiting from preventive measures and



Hendrick (in shorts) talking to the medical personnel from Aber Hospital

pledged to support other non-suppressing children.

Visit the UPMB Optical Unit Today

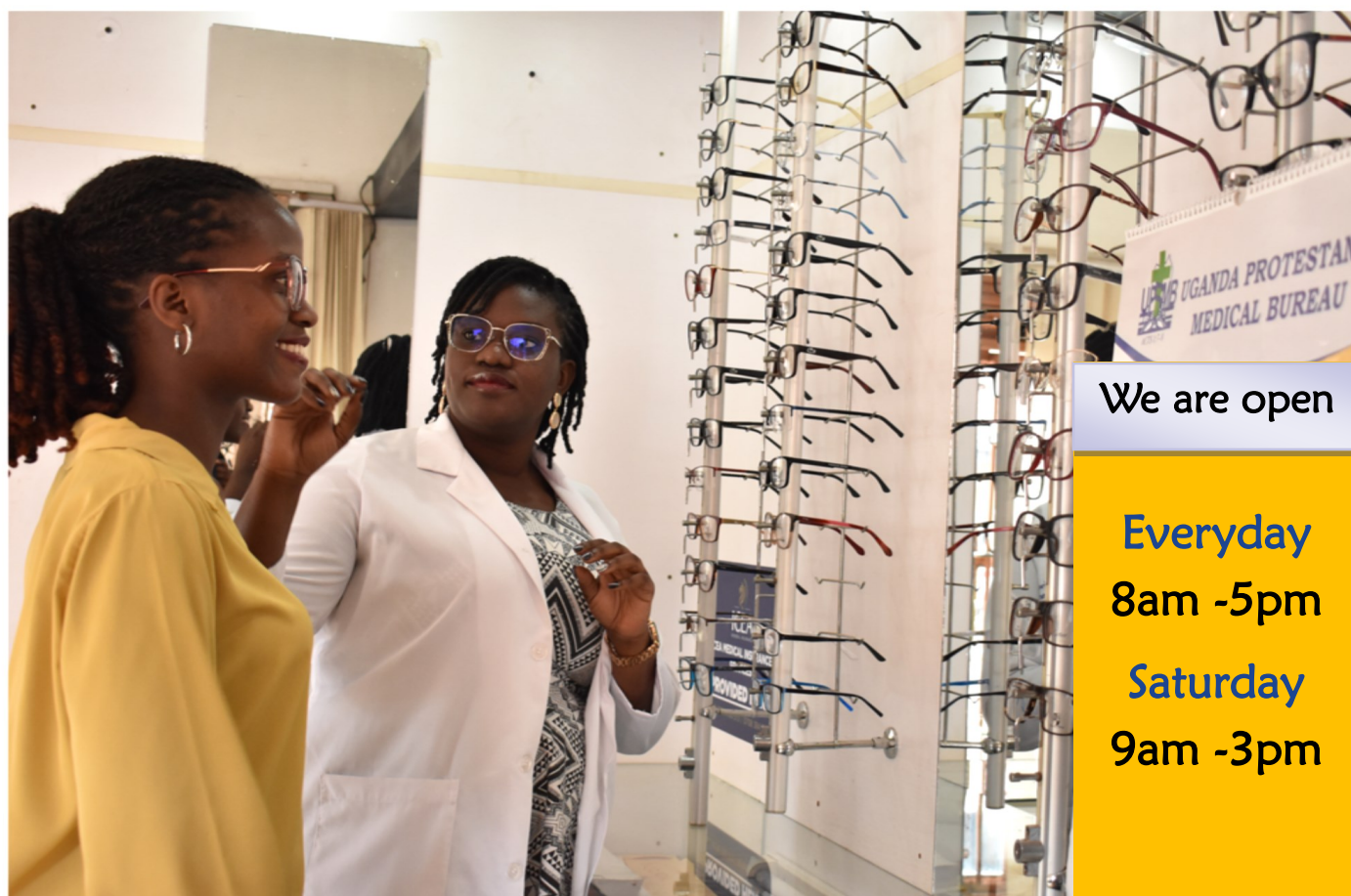
UPMB has two optical units;

- ♦ Mengo branch that has been in existence for over 30 years, located on Balintuma Road
- ♦ Ruharo branch that has existed for 3 years, located within Ruharo Mission Hospital (RMH) Mbarara

Services offered include;

- Eye examination that includes refraction assessment and other optical related assessment
- Assessment for driving permit licenses
- Provision of all types of frames and lenses
- Frame repairs and adjustments
- Spectacle accessories

We serve all walk-in patients and those on Insurance on UAP, Prudential, ICEA Lion, Sanlam and UMC.



We are open

Everyday
8am -5pm
Saturday
9am -3pm



We hope you enjoyed reading this Issue!

Contact us on;

Plot 728, Namirembe, UPMB Close (Off Balintuma Road), Mengo

P. O Box 4127, Kampala

Tel; +256 200927177

Website: www.upmb.co.ug

Twitter: @UPMB_Uganda

Email: upmbadmin@upmb.co.ug

YouTube: Uganda Protestant Medical Bureau Official

Content Contributors; Andrew Ogei, Betty Zalwango, Audrey Asasira, Apollo Kahurubuka, Zabia Namulawa, David Kiyimba, Teba James, Miriam Niwamanya, Lydia Balibali, Martin Owor, Dr Grace Akot, Christine Makobole and Adellah Ankunda.

Editorial; Dr Tonny Tumwesigye and Adellah Ankunda

Design and Layout; Adellah Ankunda | Communications Officer UPMB