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Human Interest STORIES

Amref Health Africa

Lasting Health Change in Africa

Human Interest Stories

STAYING ALIVE PROJECT

Childhood memories missed because of Fistula



Parity is defined as equality: close correspondence or similarity. However this definition is not close to what a 15-year-old girl in Osokotoit Village in Serere district felt. For many children, there is a very thin line between poor health and a despondent childhood. For many girls, this is a derailing step towards the failure to realize their dreams.

Worldwide, women have been a continuous force behind, social, economic and political development.

Celebrating women means advocating for and supporting gender parity through empowerment by helping women and girls achieve their ambitions. This is a cause so dear to and a heartbeat of what Amref Health Africa stands for through various ways and interventions. One of the interventions is providing medical care for women suffering from the fistula condition. Amref Health Africa in Uganda in partnership with Ministry of Health undertakes fistula repairs on women and girls in hard-to-reach areas of Eastern Uganda.

Dr. Patrick Kagurusi, the Program Manager of Sexual Reproductive Health and Maternal and Child Health describes Fistula is a condition where abdominal passage between normally closed internal body organs to the exterior of the body. Amongin is one of the Fistula survivors that have been repaired under the Staying Alive Project of Amref Health Africa; this is her story:

“I am Mary Amongin, I come from Osokotoit village in Serere district. I am 15 years old, the first born among 7 children and I am in primary seven studying from Ocokodoro Primary School. I have been having fistula ever since I can remember. I did not know back then that it was called fistula but I remember I was about 7 years old when I noticed a constant abdominal pain. The problem escalated to continual passing of urine and a very bad odor coming out of my private parts. That is when I realized something was wrong with my body.
At first, I thought I was being bewitched, and then I thought God hated me so much because no other girl in my village or at school had such a problem. Worst of all it was a persistent condition that left me filthy and embarrassed.

Out of fear and confusion I lived with this condition failing to disclose it to my mother, Young and worried I did not know what to do and what was wrong with me. My mother got concerned about my behaviors, I was acting in a very suspicious way, and she noticed that I kept away from other children, which was odd for a 7 year old. My mother became friendlier to me until one day

when I had turned 8; I told her about my confusion, fear and how my body felt. Mother took me to Ongino Hospital in Kumi district where I continued to receive routine medical checks but with no medical help to stop the constant flow of urine and the smell that came from my private parts. After a while, I lost hope and stopped visiting the health facility. I became a center of attraction for the wrong reason.

My siblings did not understand my pain and shame so they would talk about me at school. In the years that followed, I could not concentrate in school this affected my performance, the shame I felt resulted to staying away from school in order to protect myself from being the topic. My teachers could not intervene since they too did not know what the condition was. The backbiting became a blessing in disguise as the Amref Health Africa's Staying Alive Project through the Village Health Team (VHT) leader scouted for females with my kind of problem. The headmaster of my school got in touch with the VHT and informed him about me and that I needed the free Fistula repair that the project was offering to many women in my village.



At first it felt more shameful that even my headmaster knew about my situation but the VHT counseled and sensitized me about fistula. I learnt that it was something that happened to several other females and could be reversed. I registered for the procedure and my parents signed to consent to it. The Amref team picked me up the following day and took me to Soroti hospital where I was given a full checkup and then operated on. My life has changed for the better since then; I am now a candidate, always scoring a first grade. I no longer fear wearing my knickers because they would stink horribly in the past or having to put on a jean skirt to prevent my school uniform from getting soaked in urine. Best of all, I have several friends at school now," Amongin is among the many women and girls, who have benefited from this specialist out reaches for fistula repairs carried out in by Amref Health Africa.

Her story is a ray of hope to the lost childhood and painful memories she had to endure. As I look in her eyes I see a bright future ahead of her to this, I too pledge to Parity.

Amref Health Africa strives to create a lasting health change among the communities it serves through the already existing platforms. Through the Staying Alive Project in the Districts of Soroti, Serere and Katakwi, the project took an initiative of mobilizing the Fistula women into Income Saving Groups. These groups help them get loans to start businesses and also contribute weekly as a way to save. Amongin being in school, her father is her representative in the Fistula Women's Saving Group in her village. During the past 4 months, with the help of some savings and an additional loan from the Savings Group, Amongin's father has been able to buy a goat and also pay school fees for Amongin to join the boarding section of Ocokodoro Primary School.

Paving the way for a girl like Amongin in terms of good health and education helps build her up to compete favorably with pride in who she is. The young girls being the mothers of tomorrow, empowering them at an earlier stage keeps them in school to get an education, which is step towards gender equality in Uganda. Through initiatives like these, Amref Health Africa Pledges for Parity.

Hope renewed for fistula survivor



36-year-old Christine Akiror is a mother of three living in Kangeta village – Soroti district. Akiror is a fistula survivor and was repaired by Amref Health Africa in Uganda under the Staying Alive project. She did not have a lot to go on with life after being down with fistula for over 6 years. Amref Health Africa gave her the opportunity to start a small income-earning venture that incorporates other community members.

Using the facilitation she received, Akiror has been able to startup a sugarcane trading business in Arapai market, which is one of the leading trade areas in Soroti district. Through this support, Akiror with other fistula survivors in Arapai parish formed the Fistula Mothers' Group – a financial support group made of 20 women that she chairs. "Amref initially supported us with Ug shs. 500,000 with which I mobilized other women in my position and we each started small businesses for our survival," said Akiror.

The savings group is a way for Akiror to get and give financial help to the fistula survivors where there is a system saving, borrowing with a 10% interest rate, and acquiring loans. The women collect an average of Ug shs.80, 000 per week, which is a source of sustainability in the community and improves their welfare.

"Amref has created change in our community by fixing our fistula and supporting us to start up lasting businesses. At least now I can afford medication for my family," Akiror said gleefully. Akiror just like the other survivors feels more accepted in the community, since she is no longer rejected for licking urine and having a body odor.

"Amref Health Africa gave her the opportunity to start a small income-earning venture that incorporates other community members".

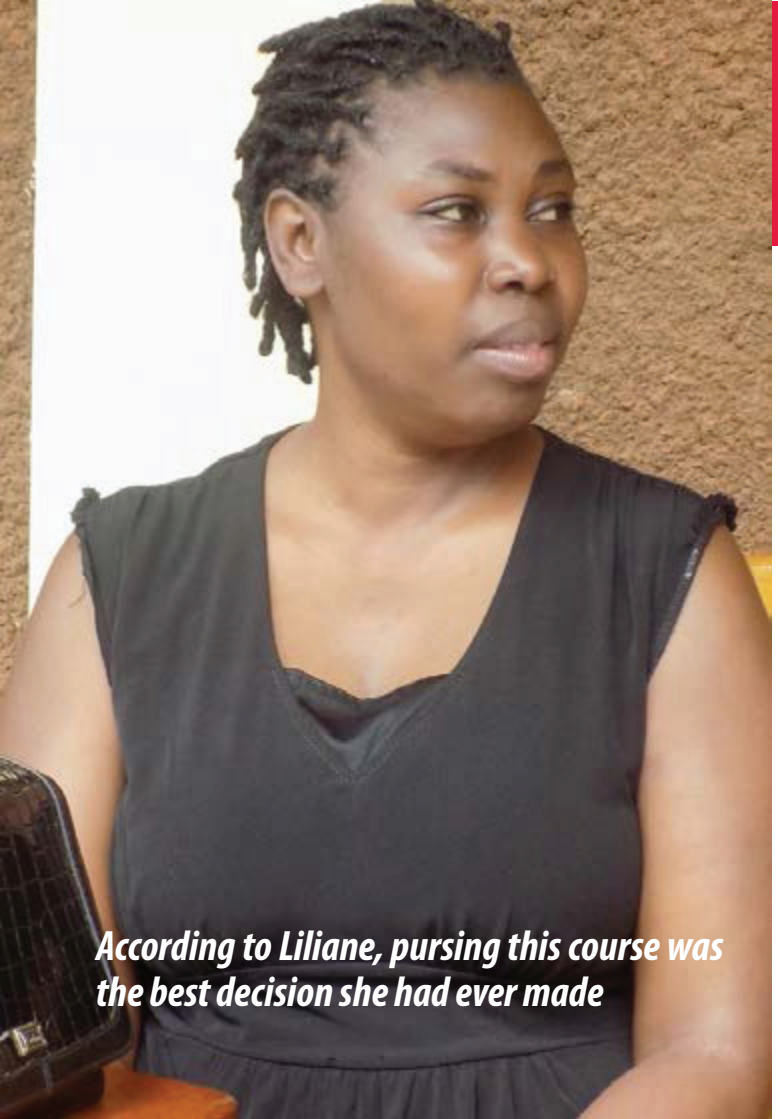
"Amref has created change in our community by fixing our fistula and supporting us to start up lasting businesses".



Akiror selling sugarcane in Arapai market



The women collecting their weekly contribution and clearing debts



According to Liliane, pursing this course was the best decision she had ever made

ELearning Project:

Upgrading midwifery Skills to reduce maternal and child deaths through eLearning

Liliane is a single mother to one child, a registered midwife, and currently works at Rubaga hospital. She has been in this profession for the last eight years. “I don’t regret ever joining midwifery, in fact my wish is to become a doctor someday,” said Liliane.

“I got to know about the Amref Health Africa e-Learning programme through an advertisement that was brought to our school. However, I first thought it was for free. Then later, applied, did an interview and then enrolled”, said Liliane. She has since graduated after completing a 2-year diploma in November 2014.

Liliane noted that it was not easy considering that the tuition fees were too high. “I spent close to 4million Uganda shillings which was too exorbitant for me given my meager salary,” Liliane added.
According to Liliane, pursing this course was the best decision she had ever made because even before she graduated, she attained a job promotion as an assistant In-charge of one of the Labour wards at Rubaga hospital. She carried on this position for about 7 months and later after graduation she was further promoted and moved to the public health department at the same hospital.

“My new role involves counseling and taking care of new mothers, ANC and EMTCT. I have also achieved a lot and putting this on my CV is a huge accomplishment,” narrated Liliane “This program has enabled me to learn how to manage complicated cases which was not the case before. I have also managed to recommend this same program to fellow midwives about the great opportunity for upgrading while attending to other obligations at work”.

“One of the complicated cases that I was able to manage was while I

was in the labour ward and a mother had a post-partum hemorrhage. We were all there wondering what caused it and I later examined her and found out that she had a torn cervix. I immediately called a Gynecologist to confirm and it was true.

Aside from gaining skills and knowledge, am also able to fend for my family since I attained a job promotion," mentioned Liliane.

Amooti also noted that she has been able to benefit from the program through skills and knowledge realization, which she applies to her day-to-day work.



Amooti has been a midwife for the last 14 years and had never thought of going beyond her current qualifications due to the busy work schedule. "Initially I had no time but with this course, it is quite favorable regarding the study schedule. We are able to have face to face sessions and at the same time able to juggle with other roles like family and work," said Amooti.

"Much as the program is great, it is also costly considering the insufficient resources that we earn and also most people are unable to access the internet unlike a few of us," added Amooti.

Amooti also noted that she has been able to benefit from the program through skills and knowledge realization, which she applies to her day-to-day work. "I am now called a consultant at Joy Medical Centre because I am able to manage complicated cases but above all doctors believe in me and we no longer refer any cases since we now manage them," added Amooti.

"I have gained several skills like; assessing patients and being able to differentiate between a medical or psychiatry cases," Amooti said. Amooti has managed delivering persistent posterior and breech cases as well as resuscitating babies. In addition, she has been able to gain management skills unlike before. She mentions that a major challenge she used to face with her colleagues is that ward in-charges would look down on them because they were juniors. "Today, I am able to manage all the junior staff as expected," noted Amooti.

She added that when it comes to managing emergencies, there are cases, which are not meant for health center management, but at Joy medical Centre, she is able to save lives and manage different cases like bleeding instead of making referrals.

"For instance, recently I was able to resuscitate a baby who was severely asphyxiated. There were drugs in stock though I did not know how to use them but with the knowledge I acquired, I have managed to utilize them accordingly and also save the baby," recounted Amooti. "Because of that, I can now recommend this program to my fellow midwives and majority will be joining in the next intake,"

European Union-Water, Sanitation and Hygiene (EU-WASH) Project:

Health Clubs; A life -changing activity for children in Schools



Manishiba Phiona a pupil and President of the Mulago Private primary school Health club in Kawempe division shares her experience.

I am glad I joined the School health Club; Amref Health Africa shared this idea with our Head teacher and us. We did not know about school health clubs before but now we do and I am happy that our School Head teacher allowed us to set up. We have been supported by Amref Health Africa staff that has trained us in issues regarding good hygiene practices, before we had problems with general cleanliness and girls had a big problem of how to manage issues related to menstruation. For example during my menstruation I used to get a headache and I did not know why I was suffering from it.

I even remember that some times I would leave school and go back home because I was in my menstruation, this made me feel sick and worried. I did not know what to do. I always thought I was sick but even feared to go to the school nurse.
However since last year in June Amref Health Africa staff have helped us set up our health club, taught us about Menstruation and personal hygiene. I learnt that it was normal to undergo changes, I even learnt how to make my own Sanitary towel /pads with guidance from Amref Health Africa facilitators and our Health Club Parton and Senior Lady Teacher.

With support from Amref Health Africa and our teachers the school has now been able to set up a girls changing room, clean water to enable us bath privately.
Our school now has a teacher who provides us with counseling and painkillers when we feel sick due to menstruation.
The other challenge we had was water supply. Sometimes we could not wash our hands after playing, visiting the toilet or when we are going to eat. We had no water at school, some children suffered from disease like typhoid; this was a big problem in the school.
However, with support from Amref Health Africa we are among the many schools in Kawempe division who had water tanks constructed for us. Our school now has a very big tank and it keeps enough water.

My main responsibility now as the School Health Club President is to teach other children what I have learnt in the School Health Club. Many of my fellow pupils can make pads, know how to wash their hands properly and keep clean.

We have also learnt to share what we have learnt in through dance music and drama, our school has competed with other schools and we have always done very well. Our teachers and parents are so proud of us. As a school health club President I am so proud of Amref Health Africa, I now stay in school through out the term, I have not fallen sick due to bad hygiene practices, I am more confidence in class and with my fellow pupils and teachers. I am a leader in my right. I now advocate for proper Hygiene and sanitation in my school and home.

Thank you Amref Health Africa.

Let us pay attention to Girls Menstrual challenges

Teacher Lydia, one of the teachers we work with in schools through the Health Club had this to share. She says their greatest challenges were basically poor sanitation, bad hygiene practices, they had not also paid any attention to the girls 'menstruation challenges we felt this was an area for Parents and guidance to manage.

Some students were falling sick and taking weeks off school, some even thought they were sick and abnormal. After the workshops with Amref Health Africa, we decided to start the health club in school and appoint a pupil to be the president. This helped us interact freely with the pupils. Some students have seen us teachers use the changing room and they realized that menstruation is part of life and it is normal. Some even consult from us.

The health club was the first club in our school, however under it we started the menstrual club for the girls and the true vine club. Under the true vine we make Art and Craft, we make pads for the girls to use especially those who cannot afford. They write to the club and we offer them the free service. The water tank has been instrumental in helping to stop diseases like diarrhoea dysentery and typhoid.

Amref Health Africa opened our eyes and now we are opening the eyes of our community, the parents have picked interest and we are getting more students especially with the improvement in hygiene and sanitation. We even held a meeting with parents mothering girl children and passed on the information we a better school now our performance has improvedand absenteeism for the Girl Child has greatly reduced.



Teacher Lydia-middle, Director of Studies, Assistant patron Health club with the health club leaders

MacArthur Fistula Project:

"Amref fixed my life," Ayet, a fistula survivor shares her story



Molly Ayet is a 30year old farmer who is married with no children. She comes from Pawel- Angany village in which is approximately 90kilometres from Gulu town.

As she comes from the garden, she welcomes the Amref Health Africa in Uganda team that is there to meet her. She greets the team with smiles and lays down a mat made out of papyrus reeds for us to sit. As we finish our introductions, Ayet tells her story:

"I very grateful to Amref because it not only saved my life, but also gave me the decency and respect I had lost very many years ago. I lived with the fistula for about 12 years because I remember that I have been suffering since 2003. That was after I lost a pregnancy and was operated in hospital to remove the dead fetus.
I was leaking urine all the time, with too much pain and had a bad odor coming from my body. It was so embarrassing and uncomfortable that everywhere I went, people would point at me and avoid me. I hated myself; I could not take part in the village women groups anymore since I had become an outcaste.

Fistula robbed me of my happiness for all those years, as I could not even drink water anymore. I was scared that whenever I would drink water, I would have a lot of uncontrollable urine coming out of my body. I would be thirsty during the dry season and I actually became too thin and weak. During the nights, I would have to change my beddings like four times because of the urine.
The husband I had back then took me to hospital and dropped there, never to see me again and after some years I remarried a man who accepted my problem and me. I got lucky and my uncle who had heard a radio advert about the free Amref Health Africa free fistula repair services on Mega FM, decided to link me to the VHT so that I could get help.

In June 2015, Amref took care of my transport and also helped me process the needed requirements for the operation a Gulu hospital.

After the operation, I was still facilitated by Amref to get back to my home. I have been healing ever since June and now I am practically back to my old self before the dreadful year of 2003.

My husband has been by my side throughout; from the time I was still licking and even now that I am healing. What I am happiest about is that I have not been victimized again. The women groups have welcomed me with open arms; I contribute to the women farmers' group where we rotate in cultivating different families' gardens. My husband usually helps me out as he takes my place whenever I am too weak to participate.

My life has generally changed for the better; I can now dig and prepare my husband a delicious meal. That is one way I can show him my appreciation. Amref repaired my fistula and so fixed my life, for this I will never forget.

Amref has been doing a lot for people like me in Pawel and also has helped with controlling Malaria, sensitization on victimizing people affected by fistula plus other health issues through our Village Health Teams and for this too I am grateful. I really hope that Amref continues to change other people's lives that are going through the same misery I used to go through."



Ayet seated with her husband at their home in Pawel- Angany

Amref Fistula repairs motivated me to pursue nursing



Esther is a 31-year-old mother from Olu village, Lamila Parish, Kijomoro Sub County, Maracha District. She had caesarean section following complicated labour and in the process, her bladder got injured and she developed fistula. Out of her own initiative; she came to Arua RRH after developing leakage for one month. Her VVF was successfully repaired from Arua Regional Referral hospital in July 2014.

Esther was happily married with 4 biological children, and one stepson. With her fifth pregnancy, her stepson stole her money equivalent to 1,500,000 shillings saved from her small-scale business that she used to run in the nearby trading centre. As she was angrily inquiring from this young boy the where about her money was, she developed labour pain and was taken to the nearby health facility. She had a complicated labour that resulted into a caesarean section. She developed fistula as a result of injury to the bladder.

“My family and community members blamed me basing on false accusation of my stepson and they attributed the fistula to accusations of my mistreating the boy. That I cursed for ill treatment to the young boy,” recounted Esther.

During the follow up visit this month, June, 2015, Esther was excited to see one of the nurses who cared for her while she was in the hospital. She narrated that she was well taken care of while in the hospital and based on this good treatment she received while at the hospital, she had developed passion of becoming a nurse so that she can also help other patients.

The husband is willing to support her achieve her dream of becoming a nurse. She has applied to Arua School of Nursing this coming academic year and waiting for admission. Currently, Esther is engaged in small-scale business at Kijomoro trading centre.

She narrated that she was well taken care of while in the hospital and based on this good treatment she received while at the hospital, she had developed passion of becoming a nurse so that she can also help other patients.

COMIC RELIEF – Sanyu Project:

Facing the Harsh Realities of Teenage Pregnancy

A long queue outside the antenatal care services office in one of the health centres in Kyankwanzi District clearly indicates the emphasis on importance of maternal and newborn health in Uganda. Among the ladies waiting in line, is a young girl. She appears to be younger than the other women, and this piques my interest. I am further concerned when I see her swollen feet and face. She seems tired; one can read her struggle in her eyes. I attribute her tiredness and swollen feet to the visible pregnancy she is carrying, and the possible long walk she had to take to get to the health facility. I move closer to where she is sitting and greet her. Her voice is soft, subdued and strained. She shifts awkwardly due to the attention I give her. I introduce myself, tell her that I work for Amref Health Africa, and she agrees to speak with me later, after she has seen the doctor. When she emerges from the doctor's office, she walks with me towards a small bench, where she tells me her story.

"My name is Jane (not her real name). I am 15 years old and come from Katugo village, Nsambya sub-County in Kyankwanzi District. I used to attend Katugo Primary School but stopped going to school after a 16-year-old boy raped me from my village. I did not do anything about it, but my mother noticed that there was something different about me after a few months. We came to hospital at that time and were told that I was five months pregnant. My mother was supportive and encouraged me to keep the pregnancy," she explains.

Jane does not know where the young man who raped her went. "He disappeared from the village after that. But his father said he would help us raise the baby," she says.



The sadness and innocence in her voice as she shares her story are palpable. She wonders how she got pregnant after that one violent incident. The common notion among many teenagers, and adults alike, is that one has to have sexual intercourse several times before they get pregnant.

I decided to keep track of Jane during the rest of the pregnancy and the birth of her baby. She attended her antenatal clinics at Kikonda Health Centre III, which was close to her home area. However, her mother insisted that she gave birth at Butema Health Centre IV in Hoima District which she considered a better health facility than where she attended her ANC. Butema health centre is 12 miles away from their home, only seven miles of which are accessible by public transport. Even when Jane's mother preferred Butema Health Centre, they were referred to Hoima regional referral hospital because her case was considered too delicate for the health centre.

Jane gave birth to a healthy baby girl on October 8, 2015 in the health centre. Her mother welcomed her little granddaughter, but when I met her, there was sadness in her eyes. Despite the hardship they have gone through and looming challenges, mother and daughter are not about to give up on life. Jane decided to enrol in a vocational training school for hairdressing in order to support herself and her baby. She would begin by learning hair braiding which would not require her to invest in any equipment since it is done by hand.

Unfortunately, Jane's story is not unique. Indeed, Uganda has one of the highest teenage pregnancy rates in Africa. According to the Ugandan Ministry of Health Health Sector Performance 2014 report, the country has a teenage pregnancy rate of 24% with 10% of these ending up in abortion-related deaths.

In response to these statistics, Amref Health Africa, with funding from COMIC RELIEF UK, is currently implementing a four-year project whose goal is to improve maternal, newborn and child health in Kyankwanzi and Nakaseke Districts in Central Uganda. The project, dubbed Sanyu lya Muzzadde (A Parent's Joy), carries a local name to allow ease of acceptance by the target communities.

From numerous conversations I had with other dwellers of Katugo village, I realised that many households had been affected by teenage pregnancy. John*, a Village Health Team (VHT) Coordinator of Katugo Parish, has had a similar experience.
"My daughter, who had just turned 15 at the time, had an abortion in April 2015. She nearly died by the roadside due to over bleeding. She was rushed to the health centre by sympathisers and because the health facility staff knew me as a village health worker they attended to her quickly," says John. He readily shares his daughter's experience with members of his community to educate them to the risks of teenage pregnancy.

The Sanyu lya Muzzadde project has engaged 650 VHT members in community sensitisation to issues in maternal and child health, as well as reproductive health for teenagers and mothers in Kyankwanzi and Nakaseke Districts. The project team has also developed evidence-based messages to engage the boys and men with the aim of deterring rape and encouraging them to be accountable for pregnancies they are responsible for.

"You should be cautious of the people you interact with because anything can happen," Jane warns fellow teenagers. "But in case you get pregnant like I did, keep the pregnancy and give birth. Chances of dying during an abortion are very high yet you only have one life to live," she concludes wisely.

Saving Lives at Birth (SLAB) Project:

E -learning midwifery course has motivated me to serve diligently



I am Asumpta Namugumya 32 year old, an enrolled Midwife working at Kabale referral hospital for four years. I am one of the 10 students benefiting from e- learning program sponsored saving lives at birth project sponsored by Grand challenges and Amref Health Africa.

As a midwife I used to carry out my routine work without giving it much attention. Whenever women would be referred to the hospital, I would not take time to study their cases. I would immediately refer them to a doctor. Whenever mothers would be in labour, I would tell them to walk around without monitoring them, which would lead to complications in most of the time. Having been admitted to Kabale School of comprehensive Nursing for e- learning program I was enlightened on the use of the basic computer skills, e-learning management system and use of Internet in order to improve on my skills and knowledge in practical midwifery. I can monitor mothers in labour using a partogram. I take time to take history of the referred mothers and I always deliver them because I always realize that their cases can be managed without doctor's support.

I am able to apply what I have learnt immediately at the workplace since I work while studying, I am able to read from Internet the latest management of complicated conditions or those that I cannot find in a textbook. With eLearning it is easy to remain on a payroll and it does not require one to apply for need a long study leave.
Due to the skills and knowledge acquired I am able to perform much better in my career (midwifery) with confidence, assess and manage any mother with or without a complication.
There is evidenced that there is increased number of live babies, reduced asphyxiated babies and neonatal deaths and mothers delivered. All registered against me as per delivery register. The e – learning course has strengthened my capacity in terms of service delivery.

As a result of my excellent performance at the hospital I was awarded a certificate of the best performer in midwifery in Kabale regional referral hospital. I acknowledge my sponsors, mentors, supervisors from Amref Health Africa and my tutors from Kabale School of comprehensive Nursing and Kabale Regional Referral Hospital. Long live Amref Health Africa.

"Due to the skills and knowledge acquired I am able to perform much better in my career (midwifery) with confidence, assess and manage any mother with or without a complication".

Scaling Up Comprehensive HIV/AIDS Prevention (SCHAP) Project



A VMMC outreach activity staged by the Amref Health Africa team in Wakiso district provides comprehensive counseling and HIV testing to several young men among whom Job surfaces. In his perception, there is no need to test for HIV but just to get the circumcision service and continue with the "unproductive life he envisioned".

By design of the counseling package, individual sessions are provided to address issues relating to sexual dissatisfaction, health and wellness, sexually transmitted infections and other personal reproductive affairs. "I have been told twice that my CD4 is still high yet my health has progressively deteriorated" Job defines his situation to a counselor in a private session.

As key outcomes, Job was encouraged to have a repeat VIH test that revealed him to be HIV negative. Psychosocial support was given to enable him cope and was as well supported to take a confirmatory test provided by a partner IP (Mildmay) that was in agreement with the new status. The positive outcome highlights the importance of individual counseling in breaking the limitations of group counseling.

We are committed to improving the health of people in Africa by partnering with and empowering communities, and strengthening health systems.

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