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Kakiri Uganda: Health Proposal to Combat HIV/AIDS

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ABSTRACT

This is a health proposal to combat the incidence of HIV/AIDS in Kakiri Uganda by using a vertical and horizontal approach to strategically better and benefit mothers and children from the village of Kakiri who seek medical attention at a proposed clinic. The clinic will receive financial support from major international donors and will allocate funds to resources to detect and treat HIV/AIDS and other secondary diseases such as Tuberculosis, Malaria and non-communicable diseases. Screening and testing processes will help develop policies and intervention plans that will be used to prevent the spread of HIV/AIDS to those not infected, especially children.

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KEYWORDS: HIV, AIDS, Uganda, Health Clinic, Communicable, Disease, Intervention

Uganda is a country located in East Africa bordered by Kenya to the east, South Sudan to the north, Democratic Republic of the Congo to the west, and Rwanda and Tanzania to the southwest and south respectively.As of 2015 Uganda has a total population estimated at39,032,000.[1] 48.1% of the population are 15 years of age or younger, and only3% of the population is 60 years or older.[1] The median age in Uganda is 15.8 years and37.8% of the population is living off of less than a single US dollar per day.[1]

The average life expectancy at birth m/f is 60/64 years old respectively.[1] The probability of dying however between15-60 years of age m/f (per 1000 people) is 325/256 respectively.[1] The under-five mortality rate (per 1000 live births) is 179 and the maternal mortality ratio (per100,000 live births) is 780.[1] With a great proportion of the country living in poverty due to the low median age and low income, it is easy to imagine that the population would also be stricken by various diseases and illnesses that are better prevented and treated in more developed countries.

The three greatest burdens of disease in Uganda presently are Tuberculosis, Malaria, and non-communicable diseases.[1]HIV/AIDS however will be the focus of this health proposal. Often Malaria and TB become co-infections with persons infected by HIV/AIDS which only aggravates the current medical condition of the victim. Currently Uganda ranks fifteenth among the world's 22 high burden TB countries and its 6.4% HIV prevalence maintains HIV as a catalyst for TB incidence.[2]In Uganda there were 0 cases of Malaria being absent as a co-infection with HIV/AIDS per1000 people.[1]And of non-communicable diseases, cardiovascular diseases and chronic respiratory diseases are responsible for the most deaths[1]

Two main issues remain evident in Uganda, HIV/AIDS and lack of family planning and contraceptive use. The village Kakiri has the highest prevalence of HIV/AIDS compared to any other village in Uganda.[1] HIV/AIDS alone leave about 20,000 children orphaned each year throughout the country.[1]The effects of HIV/AIDS are understandably worsened by contracting Malaria and/or Tuberculosis.

Lack of family planning, contraceptive use, and lack of monogamous relationships also increases the prevalence of HIV/AIDS in Uganda. During an International Conference on Population and Development in 1994, it was brought to light that sexual and reproductive health needs of developing populations or underdeveloped populations has been displaced and now included practices such as family planning along with other services to combat gender-based violence and sexually transmitted infections.[3] In a very conservative society where women are expected to be unquestionably submissive to their husbands, their husbands are given no accountability when it comes to remaining sexually faithful in their marriage. Often husbands will take other wives or mistresses or simply sleep around increasing the likelihood that they will contract HIV/AIDS and then spread the disease to their wives who can then potentially spread the disease to their children through

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pregnancy and breast feeding, and since there is a high prevalence of HIV/AIDS among women, 6.5% of pregnant women in Uganda transmit HIV/AIDS to their children.[4]

90% of all cases of HIV/AIDS in Africa is located in sub-Saharan Africa.[4] 95% of HIV/AIDS cases were due to Mother-to-child transmission, even if the transmission didn't occur during pregnancy, there is a 25% chance of a risk of infection during labor and delivery and an additional l5-20% during the course of breastfeeding.[4]HIV/AIDS was responsible for 17.4% of all deaths in2012 or 61.4 thousand people.[1]Malaria also causes great distress in Uganda and remains the major public health problem with an estimate of 10 million cases and43,000 deaths annually, of which 91% of all cases are children below 5 years of age.[5] Malaria also causes close to 5.5 thousand premature deaths and about 500 other deaths annually.[1]

While Malaria has such a high prevalence throughout Uganda, since HIV/AIDS is extremely relevant to the village of Kakiri, a health clinic specifically aimed to intervene with the spread, treatment, and prevention of HIV/AIDS will be proposed. A Community Advisory Board(CAB) will be established consisting of a mix of 6 educated villagers and the most respected or sought-after villagers for medical advice. The proposed age of a CAB member will be 30 years or older. Ideally the CAB members will be HIV negative and be given the responsibility of conveying thoughts, and ideas from the community members to researchers.[6] Each CAB member will represent a subgroup of the village and will be the direct liaison between the villagers in their subgroup and with researches and medical staff.[6]

A community based health center could partner with larger regional hospitals that patients with more extreme cases or health issues could be referred to.[7] These regional hospitals could also aid in training and resource allocation for the clinics.[7] The clinic itself would be run by one internal overseeing organization (the CAB)that can remain detail oriented and focused but also maintain valuable partnerships with referable regional hospitals and other district hospitals. This will help to ensure the quality and care of the health clinic and to ensure that the specific needs of Kakiri are being met instead of a popularized agenda being implemented from outside hospitals or clinics.

The clinic will train and utilize a staff of 4 midwives for the village. The midwives will be responsible for providing HIV/AIDS testing to mothers and to administer antiretroviral drugs, to pregnant women since studies have shown dramatic survival rate improvements of HIV-infected patients that are treated with antiretroviral therapy in other parts of Africa such as Senegal, Nigeria, South Africa and even other areas of Uganda.[8]In order to add a spiritual element to the clinic, a soup kitchen will also be provided and will be staffed by community volunteers or missionaries that might be visiting the village. The purpose of the soup kitchen will be to combat malnutrition, in children especially, while providing a platform to spread the gospel of Jesus Christ. By feeding the hungry the clinic will be adhering to the teachings of Christ and Paul and be able to open a door for conversation on the nature of the soup kitchen.The soup kitchen can also provide space for small bible study groups to meet and study together.

There will ideally also be a small general health clinic to meet the various other needs of the village that might be brought up.This general health clinic can provide regular screenings to the villagers such as screenings for TB, cardiovascular disease, cancer, malaria, and the most prevalent issue, HIV/AIDS. These screenings will be able to better assess the health status of the village and also cross screen for any patients that might also be co-infected with TB or Malaria.[2] Currently on 30% of TB patients choose to be tested for HIV/AIDS.[2]

To maintain progress of the clinic, performance standards will be set on patient outcomes as well as staff performance.This will provide accountability; monitoring and the ability to modify behavior and policy initiatives based on the feedback provided.[7] A District Health Service Manager will be responsible for operating the clinic on day to day operations and filling out performance reviews on a regular basis.They will be responsible for training and educating their staff on various practices that need to be addressed within the clinic and then coach their staff through the critical feedback they will receive. This provides a secure relationship between administration of the health clinic and the staff wh

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will either work of volunteer for the clinic.[7] This will also allow for the District Manger to request additional support from other regional clinics who might be better trained or better equipped.

Due to the lack of any effective vaccines or curative therapy, HIV is still one of the most epidemic global health challenges of today's day and age.[9] Sadly, by the end of2015 36.7 million people around the world were known to be infected with HIV, of which 25.5 million were estimated to be located in sub-Saharan Africa.[9]Uganda is hopeful though, because in recent studies, the country has shown a reduction in the magnitude of HIV prevalence, with a higher prevalence among women and in adults older than 35 years of age, with the majority of cases being reported geographically in the central region of Uganda with a 10.6% prevalence.[9]

Antiretroviral therapy (ART) then needs to be pushed as a key component of the health clinic in treating patients with HIV/AIDS. In one study, 93% of patients before ART, were unable to hold a job or go to school. 69% said that they stayed in bed for a majority of the week or month.[8] In a study conducted by Spacek, after just 12 weeks of ART treatment, 85% of patients reported their health status as "good", "very good", or "excellent".[8]ART administered to mothers, pregnant mothers, and children will greatly impact their life expectancy and quality of life. For pregnant mothers especially, ART will lower the risk of transmitting HIV/AIDS from mother to her unborn child.[8]

To specifically address the needs of the village, the health clinic will take a vertical approach for gaining funds, donors and resources. A vertical approach allows for more political opportunities in regards to gaining political support from candidates or already in power government officials looking for a better public image for themselves. Up to 70% of bilateral health development assistance in Uganda is allocated to HIV/AIDS because it attracts the largest amount of donors bilaterally and it is usually highly prioritized by bilateral donors.[10] A vertical approach can also seek more attention from bigger companies that already have successfully supported or implemented their own health clinics in various developing countries, tackling issues such as HIV/AIDS, Malaria, TB, Zika, Dengue Fever etc. Bigger companies such as World Help Int. for instance, can help facilitate the gathering and allocating of resources and volunteer missionaries to help run the clinic. Vertical approach is also more popular with big paying donors because it is easier to get their attention than through a horizontal approach.

A horizontal approach will be used for communication with other health clinics in villages near Kakiri Uganda and clinics throughout the country as a whole. It is important to communicate with other nearby clinics to stay aware of protocols and policies they are implementing so as to consider their use for the clinic in Kakiri as well. If there are updated policies that show a higher rate of improvement and growth in other clinics then it would be ignorant for our clinic to not at least consider the new policy. Also in the case of short term emergency aid, having open communication with nearby clinics will allow for us to be better aided by said clinics and for us to be able to aid other clinics should an emergency arise.

The clinic will be financially supported in the beginning by complete donor support and as the clinic gains validity and respect from the regional and international community; governmental grants will be sought after as well as the support of other international organizations that support HIV/AIDS relief efforts. The clinic will be requesting 10 million dollars to start off the clinic which will pay for medical equipment and basic medications that can begin to screen and treat patients. Support will ideally be raised by other international organizations that specialize in facilitation such as World Help International who have the ability to help raise awareness and support for a local Ugandan clinic. Governmental financial support will also be sought after in order to obtain grants that would benefit the clinic.

An annual budget of 25 million U.S. dollars will be proposed to support the local clinic. 10 million U.S. dollars will be allocated to advertisement to attract large scale private donors from international charities and mission organizations and also political support by not only the Ugandan government but by European countries and the U.S. 5 million U.S. dollars will be allocated to the daily maintenance of the facility including any sort of repairs, renovations, electricity and other utilities necessary to the daily function of the clinic. 14 million U.S. dollars will be

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allocated to supplies and medication. Of that $14 million $5 million will be specifically allocated towards medications, vaccines, and other supplies. Additionally, another $5 million will be allocated towards screening and testing equipment specifically.

Lastly, $4 million will be allocated towards treatment and prevention services in the clinic. This will include the treatment of HIV/AIDS, TB, Malaria, other women's reproductive health needs, pediatric needs, and contraceptive funding. $250,000 will be allocated to training mid-wives, community health workers and other clinic workers on the latest techniques and policies pertinent to their daily role at the clinic. $250,000 will be used as a salary fund for the 30 total staff members that will be working full time in the clinic.

The remaining $500,000 will be used for research into new policies and intervention strategies and to also communicate and travel to nearby clinics in other villages. This budget can fluctuate to reflect the needs of the clinic and village. The budget will be handled by the community advisory board that will need to maintain a majority vote on all decisions regarding financial allocations and budget spending. This will be to prevent any sort of laundering of money or pocketing the money into their own personal pockets.

The clinic will be able to address HIV/AIDS in the village by providing screening and testing to the villagers at little to no cost thanks to donations and other financial support. Twenty Community Health Workers(CHW) will be trained along with the mid-wives to administer screenings for early detection of HIV/AIDS. By keeping accurate records, the clinic will be able to better monitor the health status of the village and let researchers know if new policies need to be implemented to improve said health status.

CHWs will also be able to educate the village on the ramifications of contracting HIV/AIDS and how to prevent contracting the infection. They will also educate the village on how HIV/AIDS is spread while promoting monogamous relationships and the use of contraceptives in any sort of short term relationship, especially if a partner is known to be infected with HIV/AIDS. The promotion of monogamous relationships will be tied to the biblical image of marriage that we read from scripture. This is another way that biblical principles will be taught and attempted to be applied through teachings by the clinic.The most common reasoning why contraceptives are not used, is due to fear of the possible side effects, irregular periods, and a belief that natural methods are more effective.[3] Religion is also a considerable barrier in regards to family planning and contraceptive use as some villagers may site religious convictions towards the use of contraceptives or limiting the number of children a family has.[3]

The more educated families are the more likely it would be that mothers would take preventative measures to contracting HIV/AIDS and children raised on the knowledge of how easily HIV/AIDS could be contracted could grow up with a positive mindset towards family planning, contraceptive use and monogamous relationships.

Family planning is often stressed in developing countries as a larger family puts more financial strain on the family which each additional child and no new way to provide the adequate resources to raise that child. With the high prevalence of HIV/AIDS in Kakiri and Uganda in general, the more children an infected mother produces, the more children she may possibly infect and as they grow up they might infect their future partners or children. In response to this, 15% of funds that go towards HIV/AIDS relief efforts are specifically allocated to maternal health and family planning.[10]Some of the benefits that come from family planning include child spacing, better health status of each child, and resources to adequately care for the family.[3]

Support of family planning can vary from country to country or even village to village Barriers against family planning can also vary in the same fashion. However there are indicators to suggest how to proceed through those barriers. Women, for instance, that are higher educated, are more likely to engage in family planning regardless of if she has children or not.[11] A woman who has little education but has multiple children will be more likely to practice family planning than a woman who has never had children.[11]

However there are some negative stigmas surrounding more conservative views on women's roles within the home and more specifically with their spouses. Women's respectability is sometimes earned

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by her being sexually available to her husband or partner, and allowing him to make all sexual decisions without question or resistance and to remain sexually faithful.[11] If a woman does not submit to her partner or husband, there could be fear that there would be negative consequences. Those same negative consequences could also deter woman from practicing family planning or to even bring up the subject to their spouse or partner.

If there is spousal opposition to family planning then that will also discourage contraceptive use by women for purposes of family planning.[3]In fact in many patriarchal and male-dominant societies, which are often seen in developing countries, women are culturally dictated to be "good" women if they are ignorant about sex and passive in sexual interactions with their husbands.[11] To intervene in this derogatory view of women, the health clinic should also advocate for women's rights and opinions in regards to sex. The clinic should advocate that woman's opinions and comfort levels in regards to sex and family planning not only matter but should be respectfully considered by their spouses. This can encourage discussions of family planning between spouses, and encourage monogamous relationships and the use of contraceptives.

What husbands and males partners need to understand are the financial benefits of family planning and consequently, the financial strain or difficulties by not practicing family planning? Health budgets usually allocate one quarter of their budget towards mothers and their children and their family.[10] With the successful implementation of family planning, $112-120 million each year could be saved and allocated elsewhere instead of going towards family planning associated clinics or resources. Financially for each family, gathering food for their children would prove difficult. So the soup kitchen that is a part of the health clinic could provide meals or meal vouchers for later.[10] Again this would be an opportunity to spread the gospel to people who are more desperate to hear good news.

In order to better influence the health status of children and to prevent them from becoming orphans, HIV/AIDS is a serious disease that needs to be adequately addressed. In already weak, nutritionally deprived children, HIV/AIDS can be even more detrimental to their health. Equally mothers are on enough strain to provide for their families while their husbands or partners are away from home. The healthier mom is the better she can operate and run her family. Treating HIV/AIDS will also greatly reduce the risk of co-infections from TB, Malaria and other non-communicable diseases which could be extremely dangerous for any mother or child that might become infected with both diseases. The clinic's main focus, through the treatment of HIV/AIDS, will be to cater to the health of mothers and children and to increase their health status and life expectancy through efforts made.

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VOL: 3, ISSUE: 12
December 2017
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