

R25 Funded Practicum:
Interdisciplinary Experience in Uganda
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How do you describe two weeks that changed your life? That filled your head with images you can't forget? That reminded you of your passions and inspired you to make a difference? After writing this report, I am not sure I captured any of that...

PART I.

Pre-Trip Goals:

- 1.) Meet with HIV researchers in Uganda to gain better understanding of current state of research and future needs.
- 2.) Learn through observation and communication with community members (when possible) about community's understanding of HIV epidemic, HIV clinical care and treatment, HIV education, prevention methods, etc.
- 3.) Work in interdisciplinary team to better understand their fields of research and to understand how fields can work together to make impact in Uganda.
- 4.) Visit orphanage in Uganda to gain better understanding of plight of AIDS orphans in the country.

Goal #1

With respect to goal #1, I was very successful. I met with two professors from Makerere University School of Public Health, Department of Epidemiology. Dr. Noah Kiwanuka's current research is focused primarily on vaccine trials and, specifically, how vaccine efficacy may be impacted by different subtypes of HIV. Dr. Kiwanuka feels that Uganda would benefit most from HIV research that focuses on the efficacy and feasibility of combining the prevention efforts that are already known. Dr. Fred Mangen has been working in HIV research for many years and has recently moved in to more policy and programming work, where he is able to work on implementing what is already known about HIV. His previous work focused largely on circumcision and ART. He is currently focusing on creating Uganda's National Strategy for Prevention (of HIV). These two professors provided me with an incredible amount of information and perspective.



Goal #2

With respect to goal #2, I was moderately successful. Before arriving in Uganda, I knew that Uganda is viewed as one of the “success stories” of Africa, with respect to HIV, as it has substantially decreased its national prevalence. I was anxious to see the programs in place that contributed to this success. I was, unfortunately, unable to see an HIV clinic and was not able to get much firsthand information about HIV clinical care in Uganda. Mulago Hospital had stricter policies than we had originally anticipated and did not allow the majority of our team to observe within their hospital. However, I was able to speak to several western physicians who were rotating through Mulago about the care being given there. It was a grim picture, with inadequate supply of HIV medications, abundant bribery to receive the medications that were available, and inadequate care for many common secondary infections common in HIV-positive individuals. I was able to discuss HIV with a variety of Ugandans. The disparity between the educated and the uneducated was immediately apparent. HIV education is required (by law) as part of primary and secondary curriculum. However, this does not always occur, especially in the more rural schools. The effect of this is profound, as I encountered a 14 year old who believed that HIV was spread by mosquitoes. Alternatively, I was able to speak at length with a Ugandan individual who has spent many years caring for “street” children (homeless) with HIV. He was extremely knowledgeable about treatment options, life span, prevention methods, etc. There is a clear effort in Uganda to promote healthier sexual practices (see sign below).



Goal #3

I was very successful in meeting my third goal. In my opinion, the interdisciplinary aspect of the trip to Uganda was largely successful. In the planning stages, I felt like this was a once-in-a-lifetime opportunity --- one in which I wanted to soak up every possible minute learning about the things I am most passionate about (reproductive health, HIV, and children). However, I cannot overemphasize how much I learned from the interdisciplinary nature of the group and our interests. I could have left Uganda with a very skewed picture of the country - had I spent all of my time in HIV clinics, with HIV researchers, and with "AIDS orphans". But, instead, I left Uganda with a broad (although there is still much to learn) understanding of what life in that country looks like. Because of the interdisciplinary group, every day was enhanced as an educational opportunity. I feel more confident that I understand more about the challenges Ugandan residents face, which, ultimately, is necessary if I want to help that population.



Goal #4

While in Uganda, I was able to visit three different orphanages, New Hope Childrens' Center, Sanyu Babies Home, and Watoto. These three organizations clearly illustrated the wide range of conditions in the country, ranging from Watoto which had excellent facilities and obvious ample financial support (from Christian organizations in the U.S., UK , and Australia) to New Hope, which had extremely poor facilities and very few resources. The plight of the orphans in Uganda is one that will haunt me...and is what will ultimately call me back to Uganda, I am sure.

There are no easy words to describe what I saw. There is no easy way to describe what it looks like to see nearly three million orphans in a country the size of Iowa (UNICEF, 2006). It is devastating. It is heartbreaking. It is overwhelming. It demands attention.

An 'orphan' is defined by the United Nations as a child who has 'lost one or both parents' (UNAIDS, 2006). UNICEF estimates that there are approximately 2.5 million orphans in Uganda, as of 2010. Of these, 45% were orphaned by HIV/AIDS. In total, approximately 15% of all the children (under 18) in Uganda are orphans (UNICEF, 2006).

All orphans face many challenges, including decreased access to resources and emotional stress. Orphans are less likely to receive education and healthcare and are more likely to live in a low-resource environment (UNICEF, 2006). However, children orphaned due to HIV/AIDS are at increased risk for problems. In one study carried out in rural Uganda, children orphaned by AIDS were found to have very high levels of psychological distress. These children were found to have increased levels of anxiety, depression and anger compared to other children. Twelve percent of AIDS orphans reported that they wished they were dead, compared to 3% of other children interviewed (Atwine, 2005). Children orphaned due to AIDS may face increased risk of exploitation. For example, there is evidence of an association between AIDS orphans and increased child-labor (UNAIDS, 2006). Child labor may include agricultural work, domestic services, and street sales. The Ugandan government also acknowledges a high rate of trafficking for sexual exploitation (USDOL, 2005).

Traditionally, Ugandan orphans were "absorbed" by extended family. Studies in sub-Saharan Africa have repeatedly demonstrated that growing up in a family environment is more beneficial to a child than institutional care, which should be considered a temporary option or a last resort (UNICEF, 2006). However, the epidemic of orphans has overburdened extended families, leaving many children to reside in institutions (orphanages) or on the street. Reports indicate that

at least one out of every four families in Uganda is caring for an AIDS orphan, a statistic that doesn't count the children orphaned for other reasons (Masland & Norland, 2000). The population of "street children" 'is getting larger also, with a 2009 Ugandan news report stated that 16 new children were coming to Kampala streets every day, leading to an unmanageable situation for the local government (UGPulse, 2009).

There are many problems associated with orphanages being used as long-term care providers of children. Some of those problems are detailed by UNICEF, as they clearly state the need for governments to "establish and promote community-based care options". Problems include:

- *High staff turnover rates make it difficult to create a caring environment.*
- *High child-to-staff ratios that exacerbate the 'care deficit'.*
- *Difficulties in reintegration during early adulthood, due in part to community stigma*
- *Frequent failure to respond adequately to the psychological needs of children.*
- *Higher costs compared to community-based care and greater challenges to scaling up.*
- *Lack of government standards and monitoring the care provided.*
- *Worse outcomes physically and mentally for children living in residential care facilities, as documented through research in western countries. (UNICEF, 2006)*

The answers to this problem are not clear. There are so many children who need a home in a country where there are very few homes with the resources to share. There is no easy path for international adoption in Uganda, although those avenues are becoming more available. The number of children in need is overwhelming...yet inaction cannot be an option. Without action, the future of Uganda will be severely impacted, as the next generation of adults is made up of too many orphans who are not receiving the education, care, and resources they so desperately need.



PART II

Overall Assessment of the Rotation

Overall, this trip was a very positive experience. While there are things I would change if going again, I believe that the majority of those are lessons that had to be learned from experience.

Feedback on Site

While we participated in numerous activities during this practicum, the majority of these were in and around Kampala, Uganda. Kampala, the capital of Uganda, is a very large, overpopulated city that is a mix of modern buildings and makeshift housing/road-side stands. One day in Uganda, one of our hosts, when describing our upcoming visit to a slum, said “ You will need all of your senses in Namuwongo”. I find that statement to be true while describing Kampala, as well. The sights, sounds, smells, and feel of Kampala were unique. I was constantly bombarded with a sense of....seeing the most beautiful place or person only to turn around and be greeted with the sight of abject poverty, the sounds of children laughter as they played amidst raw sewage and trash piles taller than their homes, the overwhelming smell of air pollution as we gazed out the car window on to a landscape so beautiful it took our breath away.



While in Uganda, we resided at Mulago Hospital Guest House. The guesthouse was a very functional residence, with semi-private rooms, private baths, running (hot!) water, and electricity. The staff was wonderful – kind and helpful. I would definitely choose to stay at this facility again. Note to future travelers: We were told repeatedly that the guest house is often full –so it is vital that it be booked as far in advance as possible.



We were hosted by Global Youth Partnership for Africa, a small non-profit, that helped organize our trip and provided Ugandan “hosts” to guide us throughout the practicum. The hosts, Joseph & Rita, were absolutely amazing. The trip would not have been the same without them. One of them was with us at all times. They spent countless hours showing us their beautiful country and sharing with us their own experiences. They entertained and answered any question we came up with.

Advice Relating to Travel

I have very little specific advice relating to travel in Uganda. I found the country to be extremely safe and welcoming to Westerners. Within Kampala, there was easy access to Western-style grocery markets (where water and other basic food items could be purchased) and banks (for safe, easy money exchange). One thing I will do differently before returning, with respect to travel logistics, is learn some basic Lugandan. While English is the stated national language, the uneducated do not know it as well. While there are multiple native languages in Uganda, Lugandan is prominent. I wish I had been able to, at a bare minimum, say the basic greetings, “please”, and “thank you”, so that I could attempt to communicate with those non-english speakers that we did encounter. My second piece of advice would be to plan a two or three open days at the end of the trip. Throughout our stay, I met many contacts, many of whom had suggestions for people I should meet or places I should visit to further my education in my fields of interest. However, because our itinerary was already full, I was unable to follow up on the majority of those leads. I wish I had had the foresight to plan a few free days at the end of my trip to make additional contacts.

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