equipment.

...ment, especially for malaria.
Tina Nakatudde, a mother of six, praises the hospital for its cleanliness

...where patients pay only sh4,000 as consultation fees. However, to recover the cost of medicines, patients who can afford are encouraged to pay the full amount.

patients who are referred late," Kavuma says.

He adds that the aim of setting up the hospital was to demonstrate that it is possible to have a community

was constructed in 2013 and opened on March 21, 2013 with donation from Gary S. Holmes, a US citizen based in Minnesota through Hope Medical Clinics Uganda.

My 11-year-old helps me take my ARVS – Lukwago

BY JACKIE NALUBWAMA

For Joseph Lukwago, living with HIV has been a trying journey that he hopes to win, especially for his children.

He learnt about his status on December 12, 2012, when he decided to test with his wife at Uganda Cares, an organisation that provides drugs to HIV-positive people in Kalisizo, Masaka district.

"They first called my wife and told her and then they later told me. When I was told, I did not take it the wrong way. I was counselled to remain strong and healthy," Lukwago recalls.

He says his wife was hit by the news of their status and cried a lot before she came to terms with living with HIV. Together with the counsellors, Lukwago assured her that life goes on even with HIV.

Armed with a positive attitude, Lukwago chose to live a meaningful happy life and set up a business for his wife. He opened up a grocery shop for her dealing in home supplies such as sugar, salt and cooking oil.

ABANDONED BY WIFE

Sadly, his wife left with their baby girl, who is HIV-negative.

He is now a single father, looking after his three other children. Lukwago says his challenge at the moment is raising his children by himself.

"As a single father, it is hard to look after children because I have to go and dig for them to have school fees."

STRONG WILL

Lukwago has a strong will to live and is grateful for the support from different medical personnel.

"Doctors care for us and if we follow their instructions, we will live," he says.

He thus takes his medication diligently and endeavours to eat in order to remain healthy. He also continues to do his farm work, tilling the land and growing sweet potatoes, maize and beans.

Lukwago tells people to keep hope alive, especially those in the villages that do not easily have access to treatment.

"People living in rural areas should always have hope and not give up on life," he reiterates.

Lukwago says he also talks to his children to live responsibly and avoid behaviour that can expose them to HIV/AIDS.

FAMILY SUPPORT

Regardless of how old or young, family is important to see us through hard times. In Lukwago's case, his 11-year-old son helps him to take his ARVs.

"He is my eldest son and he helps me by giving me medicine. I sometimes come back home to find that he has prepared drinking water for me to swallow my medicine. He loves me," Lukwago says.

"It is good to have support because you can sometimes forget to take medicine and they remind you," he says.

HIV FACTS

How do you detect HIV in babies?

Every baby born to an HIV-positive mother inherits her antibodies that include those to fight HIV. Thus when tested by the common methods of looking for antibodies, they will test positive to HIV. But it does not mean they have the virus.

It is only after 15-18 months that the mother's antibodies can wane that you can get a dependable test result. Yet earlier identification of HIV infection in exposed babies and referral for Antiretroviral Therapy (ART) are essential. Most experts believe that, where resources permit, viral load testing should be performed when the child is between 4-14 weeks.

In Uganda, the health ministry has established routine early infant HIV testing in which at-risk infants are identified during regular postnatal follow-up visits, especially vaccination visits, and are tested as early as 4-6 weeks of age.

According to Option B+, the standard prevention of mother-to-child HIV, all babies born of an HIV-positive mother are put on an ARV. If after six weeks the baby still tests HIV-positive, the treatment is changed to the standard combination of ARVs. HIV medicines help children infected with HIV live healthier lives.

Compiled by Hilary Bainemigisha