Makerere University Institute of Public Health

IPH-CDC HIV/AIDS FELLOWSHIP PROGRAM

Fellows October 2004-2006

Year Book

Centers for Disease Control and Prevention
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Forward

With the 4th intake of IPH-CDC Fellows, the program has been able to further expand its geographical coverage, serve new target groups and engage in new activities. Some of our new ventures during the tenure of the October 2004 - 2006 Fellows were working with rural conflict affected communities in Bundibugyo, Apac and Katakwi; underserved urban poor in Mbuya Kampala; uniformed personnel in the Uganda Peoples Defense Forces; counseling and psychosocial support plus interventions related to orphans and vulnerable children at national and district level.

The varied activities undertaken by the Fellows indicated heightened organizational interest in aspects related to monitoring and evaluation, quality service delivery, client satisfaction and management information systems. Like previous years, Fellows have remained eager to participate in implementation of proven or new HIV/AIDS programming strategies, be exposed to new experiences as well as initiate their own ideas. We commend all the collaborating organizations that have made identification and involvement in all these activities possible and successful.

The Makerere University Institute of Public Health remains dedicated and committed to continue developing HIV/AIDS program management capacity in Uganda through imparting our unique hands on knowledge and skills. With a larger and more competent HIV/AIDS Fellowship family, we strongly believe that together we will make a bigger impact in mitigating the effects of this deadly pandemic.

Prof. David Serwadda,
Program Director, IPH-CDC HIV/AIDS Fellowship Program.
Acknowledgments

The Director Makerere University Institute of Public Health, the Steering Committee and the staff IPH-CDC HIV/AIDS Fellowship Program thank all organizations and individuals that have contributed to the success of the October 2004-2006 Fellowships.

We are highly indebted to the Centers for Disease Control and Prevention for their continued commitment to Fellowship Program during its fourth operational year.


The mentorship given by the Host Mentors Ms. Josephine Kalule, Dr. William Sikyewunda, Dr. Geoffrey Kabagambe-Rugamba, Dr. Kizito Mugenyi, Dr. Grethen Antelman, Dr. Maxensia Owor, Dr. Mary Glenn Fowler, Ms. Catherine Watson, Ms. Anne Akia Fiedler, Mr. Willie Otim, Mr. James Kaboggoza, Dr. Jim Arinaitwe, Dr. Martin Nsubuga, Mr. Robert Ochai, Dr. Tom Ogwal, Dr. Bildad Baguma, Ms. Alice Ankur, Dr. Ambrose Musinguzi, Dr. Kusasira Stephen and Dr. Margarethe Junker is highly appreciated.

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We thank all international and local short course facilitators for their willingness to share and impart their knowledge, skills and experiences.

The entire management and staff of the Makerere University Institute of Public Health is also thanked for its continued support to the Fellowship Program.
Fellowship Program Brief

Overview
The IPH-CDC HIV/AIDS Fellowship Program is a 2-year, non-degree full-time program. The program provides systematic Public Health training focused on building capacity for high quality HIV/AIDS prevention, care, treatment and support services in Uganda. The participating Fellows are from a wide range of professional backgrounds ranging from public health practitioners, physicians, social workers, statisticians, journalists and information technology specialists enhancing the unique multidisciplinary nature of the HIV Fellowship program. The mix of diverse experiences provides an opportunity for the Fellows to have a symbiotic relationship and acquire competencies in Public Health and HIV/AIDS Program management through interaction and sharing during the learning process.

Fellowship Program Nature
The Fellowship Program is a field-based program with the field component accounting for 75% of the 2-year Fellowship duration. The field placement is at a Host Institution, which is a HIV/AIDS program involved in service, information dissemination, policy development or implementation. The remaining 25% of the 2-year Fellowship period is dedicated to the academic component, which comprises of compulsory multidisciplinary short courses conducted at the Makerere University Institute of Public Health. For purposes of professional and academic development, each Fellow is assigned to a Host Mentor as well as an Academic Mentor to offer guidance and support throughout the entire Fellowship period.

Administrative structure
Administration of the Fellowship program is largely through committees that oversee training, financial and administrative issues. A Steering Committee acts as an advisory board to the Fellowship Program, overseeing and providing input into the management of the program. A Management Committee conducts the management and administration of the Fellowship Program. The Steering Committee and Management Committee work together to ensure that the Fellowship Program is consistent with helping the Fellows and Host Institutions achieve their objectives and maximum development during their tenure and collaboration with the Fellowship Program. On day-to-day basis the Program is run by the Training Manager and Program Administrator.

Fellowship Program Objectives

Long-term objective:
Build capacity for high quality HIV/AIDS prevention, care, treatment and support services in Uganda.

Short-term objective:

i) Strengthen the capacity of HIV/AIDS service agencies in HIV/AIDS prevention, care, treatment and support services

ii) Build Fellows’ competence in HIV/AIDS program management, program evaluation and communications through short courses and hands on training.

iii) Provide opportunities for evaluation, sharing experiences particularly in HIV/AIDS program management and service provision.

iv) Promote technical assistance linkages between Makerere University Institute of Public Health and HIV/AIDS service organizations inside and outside Uganda.
Short Courses

The academic component of the Fellowship Program accounting for 25% of the Fellowship period comprises of short courses organized by MUIPH. The main objective of the short courses is to build a strong knowledge foundation, which can enable the acquisition of general skills and competencies in the field. The following are the short courses undertaken by the October 2004-2006 Fellows.

**Management**
Courses offered to build program management capacity among the Fellows included:
- Introduction to management
- Introduction to monitoring and evaluation
- Practical approaches to monitoring and evaluation
- Finance for non-finance managers
- Human resource management

**Research and Statistics**
In order to strengthen the Fellows capacity to plan, design, implement, analyze and report the outcome of their apprenticeship and programmatic activities courses undertaken were:

**Research**
- Operations research
- Design and implementation of HIV/AIDS programs
- Health research ethics
- Effective project planning and evaluation in biomedical research

**Statistics**
- Basic statistics
- Statistical packages (EPI INFO & SPSS)

**Communication**
In a bid to sensitize both the general public and the scientific community about prevention, care, treatment and support, communication courses are offered to improve Fellows dissemination skills.

Courses ensure that written, oral as well as visual presentations are informative and persuasive.
- Behaviour change communication for HIV/AIDS
- Writing skills
- Effective oral Presentations
- CV writing and interviewing skills

**Epidemiology and Public Health**
Given that the Fellow taken onto the Program are from diverse educational backgrounds, introductory courses provided are in Epidemiology and Public Health as a step towards uniform understanding in public health and HIV/AIDS.
- Basic epidemiology
- Demography

**Seminars**
Given the continual changes and advances in the picture of HIV/AIDS, seminars updates keep the Fellows abreast with recent and/or topical issues in the HIV/AIDS arena both nationally and globally.
- Natural history and progression of HIV/AIDS
- Factors affecting transmission of HIV/AIDS
- Monitoring and evaluation coordination of national response to HIV/AIDS
- Advances in HIV/AIDS vaccine development
- Advances in anti-retroviral therapy

External short courses relevant to the goals of the Host Institutions undertaken by the Fellows are detailed within the Fellows profiles.
COMMUNITY RESILIENCE DIALOGUE

Community Resilience and Dialogue (CRD), a USAID funded program started operation in October 2002. It is headed by International Rescue Committee (IRC) and implemented through a consortium of five international NGOs namely Associazione Volontari per il Servizio Internazionale (AVSI), CARE, Catholic Relief Services (CRS), IRC and Save the Children in Uganda (SCiU). In line with Uganda’s policy to decentralize services, CRD works with district authorities, local NGOs, and national NGOs to provide psychosocial support, peace building/conflict resolution, economic development and HIV/AIDS services to victims of conflict, abduction, displacement, and torture. CRD currently operates in four main regions of Acholi, Western Uganda, Karamoja and the West Nile.

In Bundibugyo district the CRD HIV/AIDS component is mainly implemented by Catholic Relief Services (CRS). The main goal of the CRD HIV/AIDS component is to reduce and mitigate impacts of HIV/AIDS in conflict areas by:

- Increasing availability of accurate and timely HIV/AIDS data
- Improving district HIV/AIDS planning and data capture
- Increasing client access to and utilization of HIV/AIDS prevention, care, treatment and support services

Fellow attached: Ms. Sharon Ajedra Amacha, BSc, MPH

Key apprenticeship responsibilities of the Fellow:

Technical support and supervision (planning, implementation, monitoring and evaluation) of CRD HIV/AIDS planned activities

Mentors
Host Institution: Dr. Willam Sikyewunda, District Director of Health Services, Bundibugyo District
Ms. Josephine Kalule, HIV/AIDS Advisor, CRD

Academic Mentor: Dr. David Ndungutse, Department of Epidemiology and Biostatistics, Makerere University Institute of Public Health
Kabarole District is located in Western Uganda. It borders with Kamwenge, Kyenjojo, Kibaale, Bundibugyo and Kasese districts. The District Directorate of Health Services (DDHS) office is responsible for the coordination (planning, implementation, monitoring and evaluation) of all health programmes in the district. The DDHS office is also responsible for support supervision of health sub-districts, disease surveillance and mobilization of resources for district health services.

In the field of HIV/AIDS, the DDHS office co-ordinates all HIV/AIDS activities including project specific activities under the Uganda Global Fund for HIV/AIDS Tuberculosis and Malaria (UGFATM) and Uganda HIV/AIDS Control Project. HIV/AIDS activities in Kabarole are implemented using the multi-sectoral approach in the areas of:

- HIV prevention that includes VCT and PMTCT services and behavior change communication especially among young people
- Care and treatment of People Living with HIV/AIDS, widows and orphans support
- Coordination, capacity building, monitoring and evaluation of HIV/AIDS activities

**Fellow attached:** Dr. Solome Nampewo, MBChB, MPH

**Key apprenticeship responsibilities of the Fellow:**
Participation in coordination and supervision of HIV/AIDS activities in Kabarole District including formulation of strategies to follow-up clients on ART

**Mentors**

**Host Institution:** Dr. Geoffrey Kabagambe-Rugamba, District Director of Health Services, Kabarole District
Dr. Kizito Mugenyi, Project Coordinator, PMTCT Project Kabarole

**Academic Mentor:** Dr. David Ndungutse, Department of Epidemiology and Biostatistics, Makerere University Institute of Public Health
The genesis of the research collaboration to conduct HIV related research was in 1988 between investigators in Makerere University (MU) and Case Western Reserve University (CWRU) USA. A group of CWRU investigators moved to the Johns Hopkins University (JHU) continuing the collaboration thereby establishing MU-JHU in 1996. MU-JHU research collaboration works in close partnership with Mulago Hospital and Ministry of Health, to improve the health status of families infected and affected by HIV/AIDS through research, training, prevention and care. Key activities implemented include comprehensive HIV Care services, community HIV/AIDS education, Antiretroviral Therapy (ART) to families & children, medical research and social services.

The Social Support Division comprises of four units: Health Visiting, Counseling, Community Liaison & Education as well as Psychosocial Support. The Psychosocial Support Unit adopted the MUJHU MTCT Plus model of family centered comprehensive HIV care and support which engages HIV positive clients in a range of support activities including peer psychosocial support groups (PSS), income generation, nutritional education and activities that address the unique needs of HIV infected women, their infants, children, adolescents and families.

Fellow attached: Ms. Juliana Etima-Ongom, BSc. (Psychology & Zoology), MA Counseling Psychology

Key apprenticeship responsibilities of the Fellow:
Head Social Support Division; strengthen child counseling at MUJHU; enhance design of the Peer Education, Support and Community Outreach Program

Mentors
Host Institution: Dr. Grethen Antelman, Senior Collaboration Manager/Research Associate, MU-JHU
Dr. Maxensia Owor, Clinic Director, MU-JHU
Dr. Glenn Mary Fowler, JHU Site Investigator, MU-JHU

Academic: Mr. Lynn Atuyambe, Assistant Lecturer, Department of Community Health and Behavioural Sciences, Makerere University Institute of Public Health
The Ministry of Gender, Labour and Social Development (MoGLSD) is mandated to provide overall guidance on Orphans and Vulnerable Children (OVC) in Uganda through the Department of Youth and Children’s affairs. The OVC Secretariat based within the Department of Youth and Children’s affairs, is specifically responsible for coordinating, directing and supervision of all OVC activities in Uganda. It does this through the implementation of the National Orphans Policy (NOP) and the National Strategic Program Plan for Intervention (NSPPI) for the OVC. The NOP defines the framework that guides Uganda’s approach to assisting orphans and other vulnerable children. The NSPPI is the strategic framework for implementing the NOP, with a goal to scale up effective program interventions to reach OVC, either directly to the children or through the household and communities in which they live.

**Fellow attached:** Ms. Esther Sempira, B. Stat, MA (Demography)

**Key apprenticeship responsibilities of the Fellow:**
Coordinate and strengthen the MoGLSD OVC monitoring and evaluation system

**Mentors**

**Host Institution:** Mr. Willie Otim, Commissioner Youth and Children Affairs, MoGLSD
Mr. James Kaboggoza, OVC Focal Person, Department of Youth and Children Affairs, MoGLSD.

**Academic:** Dr. Virgil Onama, Department of Health Policy, Planning and Management, Makerere University Institute of Public Health.
Reach Out Mbuya Parish HIV/AIDS Initiative is a faith based community based organization founded in May 2001 to support poor people living with HIV/AIDS. In July 2002, a clinic was established at Our Lady of Africa Church to provide holistic care (medical services, psychosocial care and community outreach). In 2003 the antiretroviral component was launched. Treatment is free and open to all the people residing within the catchment area. From its inception, a community network organized in three tiers: the community supervisors, the community TB and ARV supporters (CATTS) and community volunteers provide support to the clients.

Holistic care is provided through a total of 14 medical and social support departments. The Medical support department comprises of clinic, medical training, counseling, pharmacy, and the treatment implementation unit (ART, TB, and PMTCT). Monitoring and Evaluation remains a support function. Over the past five years, Reach Out has scaled up care and treatment services and expanded into the communities by building satellite clinics with the main of objective of improving access to services. In August 2006, Reach Out was registered as a Non government organization.

**Fellow attached:** Dr. Stella Alamo Talisuna, MBChB, MDC

**Key apprenticeship responsibilities of the Fellow:**
Setting up and ensuring ARV program quality through client medical care, design of a comprehensive monitoring and evaluation system and training of health care workers

**Mentors**

**Host Institution:** Dr. Margrethe Junker, Clinical Director, Reach Out Mbuya

**Academic:** Dr. Fred Nuwaha, Head Department of Disease Control, Makerere University Institute of Public Health
ST. FRANCIS HOSPITAL NSAMBYA

St. Francis Hospital Nsambya is a tertiary referral hospital involved in patient care, research and teaching. It offers specialized services in surgery, internal medicine, paediatrics, obstetrics, gynaecology, Urology, Eye care, Orthopaedics, endocrinology, endoscopy, laparoscopy and HIV/AIDS care.

Under HIV/AIDS care programs, the Hospital provides Social support for the infected and affected, PMTCT, PMTCT Plus, ART, and General Medical care and voluntary counseling and testing. The hospital has over eight departments which include a Records Department which is in charge of collection, use, storage, distribution and mining of health information.

Fellow attached: Mr. Elly Ssebyatika, B.Stat, PGD (Stat)

Key apprenticeship responsibilities of the Fellow:
Establish a Management Information System (MIS) for all HIV/AIDS programs in St. Francis Hospital.

Mentors
Host Institution: Dr. Martin Nsubuga, Medical Superintendent, St. Francis Hospital Nsambya.

Academic: Mr. Simon Kasasa, Assistant Lecturer, Department of Epidemiology and Biostatistics, Makerere University Institute of Public Health.
STRAIGHT TALK FOUNDATION

Straight Talk Foundation (STF) is a Ugandan health communication non-governmental organization registered in 1997. Its inception was from the newspaper called “Straight Talk” that was launched in October 1993 and appeared as monthly inserts in the New Vision newspaper. STF focuses on behaviour change communication related to adolescent sexual and reproductive health issues as well as parents through its teacher and parent talk programs. Departments within STF include radio, editorial, School Environment Program, Monitoring and Evaluation, finance and administration, distribution and the Community Outreach Program.

The Community Outreach Program is involved in community mobilization and sensitization through health fairs, workshops at district level and distribution of local language newspapers. The newspapers are distributed to community based organizations, faith based organizations, parent-teachers associations, local government and to health units for distribution to out of school adolescents. The parent talk project in the department was started in 2004 to sensitize parents, guardians and key adults about their sexual and reproductive health issues and that of adolescents' through increased couple and family dialogue with the aim of improving the reproductive health situation in Uganda through Parent Talk newspapers and radio programs.

Fellow attached: Dr. Edrine Namayanja Kamugisha, MBChB, MPH

Key apprenticeship responsibilities of the Fellow:
Parent Communication Officer; Generate Parent Talk Newspaper messages and support materials

Mentors
Host Institution: Ms. Catherine Watson, Communications Director, Straight Talk Foundation
Ms. Anne Akia Fiedler, Program Director, Straight Talk Foundation

Academic: Dr. Gakenia Wamuyu Maina, Training Manager, IPH-CDC HIV/AIDS Fellowship Program, Makerere University Institute of Public Health
The AIDS Support Organization (TASO) was established in 1987 to contribute to a process of restoring hope and improving the quality of life of persons and communities affected by HIV/AIDS, in Uganda. TASO has ten centers namely Mulago, Entebbe, Jinja, Mbale, Tororo, Masaka, Mbarara, Gulu, Soroti and Rukungiri. It is the largest indigenous NGO providing HIV/AIDS care and support services in Uganda.

TASO's core business includes counseling services, medical services, social support services training, advocacy for PLWHA and capacity building for other organizations and communities through its international HIV/AIDS training institute. The Program Support and Evaluation Department is responsible for overseeing TASO's activities in the areas of medical care, counseling, training, social support, data management and ICT at all TASO centers in the country.

**Fellow attached:** Dr. Abdallah Nkoyooyo, MBChB, MPH

**Key apprenticeship responsibilities of the Fellow:**
Participate in strengthening TASO's Monitoring and Evaluation systems and document its implementation and expansion strategy

**Mentors:**
**Host Institution:** Mr. Robert Ochai, Head Program Support and Evaluation Department

**Academic:** Dr. Olico Okui, Senior Lecturer, Department of Health Policy, Planning and Management, Makerere University Institute of Public Health
Uganda AIDS Commission (UAC) was established by an Act of Parliament in 1992 to oversee, plan and coordinate AIDS prevention and control activities in Uganda. There are currently 3 functional directorates of the secretariat that include Research, Advocacy and Policy Development, Finance and Administration as well as Planning and Monitoring.

The Directorate of Planning and Monitoring is responsible for the monitoring and evaluation of HIV and AIDS national response. Specific functions of the Directorate are:

- Monitoring and reviewing UAC organizational performance and ensuring attainment of targets
- Leading periodic reviews/updates of the National Strategic Framework (NSF), Monitoring & Evaluation (M&E) Framework and the joint HIV/AIDS Programs
- Identification of obstacles to the implementation of HIV/AIDS policies and programmes
- Establishment and management of national HIV/AIDS Management Information System

Fellow attached: Dr. Innocent Bright Nuwagira, MBChB, MA (Demo), MPH

Key apprenticeship responsibilities of the Fellow:
Develop and pilot test a Management Information System (MIS) for monitoring and evaluation of HIV/AIDS activities in Uganda

Mentors:
Host Institution: Dr. Jim Arinaitwe, Monitoring and Evaluation Technical Advisor, Uganda AIDS Commission

Academic: Mr. Stephen Lwanga, Health Information Specialist/Consultant, Makerere University Institute of Public Health
The Uganda Peoples Defence Forces (UPDF) is the National Ugandan Army created in 1981. The UPDF community is spread nationwide with majority being male in the productive and reproductive age group. UPDF can also be described as a highly migratory community, making it a special group vulnerable to HIV/AIDS. As a result, the Uganda Peoples Defense Forces is among the institutions in the country that came up very early to openly face the challenges posed by the AIDS pandemic through the establishment of the AIDS Prevention Programme in the late 1980s. The mission of the UPDF AIDS Control Program is to contribute to the defense of the country through prevention of further transmission of HIV/AIDS and mitigation of its impact to military populations.

Fellow attached: Dr. Vincent Bagambe, MBChB, MPH

Key apprenticeship responsibilities of the Fellow:
Scale-up and strengthening care, support and treatment activities of the UPDF AIDS Control Programme

Mentors
Host Institution: Dr. Ambrose Musinguzi, Director Medical Services, UPDF
Dr. Stephen Kusasira, HIV/AIDS Program Coordinator, UPDF

Academic: Dr. William Bazeyo, Deputy Director, Makerere University Institute of Public Health
UGANDA RED CROSS SOCIETY

Uganda Red Cross Society (URCS) was established by an Act of Parliament in 1964 as an auxiliary organization to the government. In 1965, it was admitted as a member of the International Federation of Red Cross and Red Crescent Societies, the umbrella organization that brings together all the National Red Cross Societies Worldwide.

URCS is involved in many humanitarian activities and operates through 48 branch offices covering the whole country. Its programs include communication, disaster preparedness and response, youth program, branch capacity building, tracing, fundraising, Northern Uganda relief operations and integrated health. HIV/AIDS activities focusing on care for people living with HIV, OVC care support and prevention are under the integrated health program.

**Fellow attached:** Ms. Penninah Kyoyagala, BA (SWASA), MA (Dev. Studies)

**Key apprenticeship responsibilities of the Fellow:**
Participate in coordination and implementation of Home Based Care and OVC activities

**Mentors**

**Host Institution:** Ms. Alice Uwase Anukur, Deputy General Secretary, URCS
Dr. Tom Ogwal, Senior Health Coordinator, URCS
Dr. Bildad Baguma, Senior Health Coordinator, URCS

**Academic:**
Dr. Christine Zirabamuzale, Lecturer, Department of Community Health and Behavioural Sciences, Makerere University Institute of Public Health
Significant Fellowship accomplishments
Established a computerized data entry register for Bundibugyo Association of Women Living with HIV/AIDS; Updated District HIV Counseling and Testing (HCT) data bank; Participated in the situational analysis, proposal development and direct implementation of the CRD PMTCT activity promoting male involvement and the use of 'mama kits' to increase PMTCT uptake in Bundibugyo district.

External courses undertaken to enhance individual knowledge, skills and competencies
Diploma in Community based HIV/AIDS Prevention, Treatment and Management, Galilee College Israel, May 11th-29th 2006 (IPH-CDC Support)

CRD Capacity Building Workshops to promote holistic utilization of psychosocial, peace building and HIV/AIDS services to affected clients and their families, Fort Portal. January 2006 June 2006 (CRS Support)

Training workshops facilitated
- PMTCT Male Involvement training workshop, 3rd - 4th May 2006, Rainbow Hotel, Bundibugyo.
- Refresher Course in HIV Counseling & Testing, 16th 22nd October 2005, Vanilla Hotel, Bundibugyo.

Information dissemination
Oral presentations:


Programmatic activity
Assessing the Quality of Counseling in HIV Counseling and Testing Sites in Bundibugyo District.

A rapid assessment of VCT services in Bundibugyo District indicated that quality of the service may not be good. In a bid to strengthen and improve the VCT services, baseline information on the quality elements that maybe deficient was required. Preliminary results revealed that the quality of counseling is mainly affected by lack of Continuing Medical Education (CME), lack of regular meetings to discuss challenges faced in HIV/AIDS counseling and high workload among counselors. Majority of the clients reported that the time spent with the counselor was adequate (79%) and the HCT services were well organized (69%). The number counselors at the health facilities were however thought to be insufficient.
Significant Fellowship accomplishments
Spearheaded analysis of VCT and PMTCT data; Reviewed ART center data collection tools; Participated in running Bombo treat clinic; Developed guidelines for adherence, education and psychosocial support for HIV care in UPDF, Developed guidelines for management of patients on ART by non-medical personnel; Established a M&E framework and key indicators for UPDF AIDS Control Programme.

Information dissemination
Radio presentations:
- Several talk shows on Adolescent Sexual Reproductive Health including HIV/AIDS on Capital Radio, Kampala
- ARV's accessibility and effectiveness, Kyoga Veritus Radio, Soroti, December 7th 2005

Training workshops facilitated
- Trained UPDF peer educators in HIV prevention and care; UPDF leaders in ART care and its benefits; UPDF leaders in ART basics and care; Laboratory personnel on Rapid HIV Testing methods and UPDF unit in charges in disease surveillance and HMIS.
- Trained Reach Out staff in Monitoring and Evaluation of HIV programmes

Programmatic activity
Establishment of an HIV/AIDS monitoring and evaluation system in UPDF

Since the inception of the UPDF HIV/AIDS Prevention Program in 1989, a number of HIV/AIDS prevention and mitigation interventions have been provided. Inspite of these efforts, information available for use in planning, refocusing interventions, resource mobilization and identification of best practices was found to be insufficient. A phased approach was therefore adopted to develop the UPDF M&E system in a bid to map out activities taking place, where, when and by whom.

To design the M&E framework, key indicators were identified and stakeholder meeting held to reach a consensus on indicators to use. Routine management of the M&E system was conducted through training and support supervision of M&E staff, regular staff meetings to discuss challenges and design solutions as well as servicing and maintenance of office equipment. Capacity of UPDF in M&E was continually strengthened through data base management training to enable utilization and sustainability of the M&E system. The M&E system will enable the harmonization of data collection and effective coordination with other HIV/AIDS service providers.
Significant Fellowship accomplishments
Conducted Baseline Survey for the Parent Talk Newspaper and Radio; Identified and contributed to relevant topics for the Parent Talk newspaper and radio programs; facilitated varied Straight Talk advocacy and sensitization workshops; Participated in the impact assessment for STF interventions in Uganda.

External courses undertaken to enhance individual knowledge, skills and competences
Trainer of Trainers course in Strategic Communication for Health and Development, Kampala, March 6\(^{th}\) to 10\(^{th}\) 2006 (IPH-CDC Support)

Training workshops facilitated
Facilitated workshops on Adolescent reproductive health, HIV/AIDS, parent child communication, couple dialogue and couple counseling and testing for Community Based Organizations, District partners, non-governmental Organizations and communities in Busoga Region, Mukono, Kiboga, Mbale and Kampala.

Information Dissemination
Oral presentations:
Made varied presentations on reproductive health collaboration and networking, HIV/AIDS, parent child communication, couple dialogue, couple counseling and couple testing at national, district and organizational level to district officials, NGOs, CBOs, FBOs, Members of Parliament, parents, adolescents, youth and health workers.

Poster presentations:
• Parent Talk: A straight talk foundation strategy to improve parent’s participation in adolescent sexual reproductive health in Uganda, (Accepted for European and Developing Clinical Trials Partnership Conference on HIV/AIDS Tuberculosis and Malaria, Durban South Africa, October 3\(^{rd}\) 5\(^{th}\), 2006)
• The contribution of Straight Talk Foundation in the delivery of quality HIV/AIDS in Uganda, 4\(^{th}\) Uganda National HIV/AIDS Conference, Kampala Uganda, March 21\(^{st}\) - 25\(^{th}\) 2005 (IPH-CDC Support)

Radio presentations:
• Developed radio spots on parent-child communication, couple dialogue and couple testing
• Made presentations on Central Broadcasting Services, Radio Hoima and Straight Talk studio on topics such as parent to child communication in relation to HIV/AIDS prevention among the youth, positive living for young people living with HIV/AIDS, prevention of mother to child transmission of HIV/AIDS, The role of STDS in the transmission of HIV/AIDS.

Print Media:
Contributed varied parenting and couple dialogue articles for Parent Talk Newspaper; Responded to several adolescent question and answer issues in Young Talk and Straight Talk (Uganda and Sudan) Newspapers.

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Educational background
• Bachelor of Dental Surgery (Makerere University 1991)
• Masters of Public Health (Makerere University 2004)
Programmatic Activity
A Communication Strategy to increase parents' awareness of HIV/AIDS and Adolescent Sexual and Reproductive Health in Busoga

Despite efforts to address adolescent sexual and reproductive health (ASRH) issues through print and radio messages, the situation has remained poor in many districts of Uganda especially in the Busoga Region. Lack of parental guidance has been suggested to be a key contributing factor to this situation. In a bid to improve parent’s awareness about reproductive health and HIV/AIDS issues, a baseline survey to identify information their gaps was thus conducted and a communication strategy designed.

Baseline survey results revealed that although parents were knowledgeable about HIV/AIDS transmission, there were misunderstanding of HIV/AIDS prevention strategies like couple counseling and testing, positive living, Prevention of Mother to Child Transmission of HIV/AIDS and discordance. Only 18% of the parents affirmed that they discuss with their adolescents' issues concerning reproductive health. In addition, only 4% were involved in couple dialogue and none had tested as a couple.

The communication strategy employed to improve the situation included mobilizing parents, holding open table dialogues (EBIMEEZA), airing radio spot messages and distribution of Information, Education and Communication materials. The program needs to be continued to gain wide coverage in the region as well as the rest of the country. Training parents as peers would be beneficial in passing on information to other parents.
Significant Fellowship accomplishments
Established an M&E system for the ART Programme; Spear headed scaling up PMTCT, VCT and ART services to one health centre IV and sixteen HC IIIs; ; Documented successes and challenges of scaling up and implementing an ART Programme in a district setting; Trained operational level health workers in HIV chronic care, VCT and PMTCT.

External courses undertaken to enhance individual knowledge, skills and competencies
- HIV comprehensive care and ART, Infectious Disease Institute, Kampala, March 2006
- Trainer of Trainers course in HIV care, Infectious Disease Institute, Kampala, March 2006
- Participatory Planning Monitoring and Evaluation, Kampala, May 15th to 23rd 2006 (IPH-CDC Support)

Information dissemination
Oral presentations:
Experiences of Using ARVs among HIV positive patients in Kabarole District, 3rd African Conference on Social Aspects of HIV/AIDS Epidemic Research (SAHARA), Dakar, Senegal, 10th 15th October 2005 (IPH-CDC Support)

Radio presentation:
Community awareness on VCT, PMTCT and ART services in Kabarole District, Voice Of Tooro, Kabarole

Training workshops facilitated
HIV/AIDS prevention, care and treatment:
- Voluntary HIV Counseling and Testing training for operational level health workers
- Life planning skills training for youth friendly secondary school teachers
- HIV comprehensive care and ART for operational level health workers
- Orientation on the district ART Programme for District Health Team and health unit in charges

Programmatic activity
Establishing a Monitoring and Evaluation System for the ART Programme in Kabarole District

With the increasing access to ARVs by PLWHA, a M&E system that tracks the implementation of the ART program is vital. In Kabarole District, establishment of an ART M&E system was deemed to be crucial in assisting the District Health Team (DHT) to identify gaps and successes in program implementation. The DHT was therefore oriented on the framework to monitor and evaluate the ART Programme and DHT members selected to spearhead the scaling up of ART services to HC III level. Monthly and quarterly data from nine ART clinics was obtained and regular meetings held with stakeholders to review progress of the ART Programme in the district.

Some of the key service delivery challenges identified were lack of transport to access ART services, lack of basic laboratory services in most HC IIIs, lack of home based care services for bedridden patients especially in government health units and inadequate man power to cater for clients needing ART services, testing kits and drugs.

Successes in care and treatment registered included increased enrollment of clients accessing ART services, ART service scale up to all three hospitals and two Health centre IVs, ART adherence rates above 95%, enhanced community involvement in follow up of clients enrolled in chronic care through Community volunteers in Virika, Kabarole hospitals and Rwimi CB ARV project and high levels of commitment from health workers to provide HIV care and treatment services.

To improve the ART program, it is recommended that the DHT should to strengthen home based care and laboratory services; promote active follow up of clients on ARVS to ensure adherence and seek additional funding for HIV/AIDS prevention, care, treatment, support and capacity building activities.
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Educational background  
- Bachelor of Medicine and Surgery (Mbarara University 1997)  
- Master of Public Health (Makerere University 2004)

Significant Fellowship accomplishments:  
Reviewed the TASO quality assurance standards and evaluation tools for client satisfaction; Participated in development of the directory of AIDS service organizations in Uganda; Participated in documentation of the TASO regionalization strategy, quality assurance strategy and Mini TASO strategy; Led development of monitoring and evaluation tools for TASO Training Center.

External courses undertaken to enhance individual knowledge, skills and competencies:  
Participatory Planning Monitoring and Evaluation, Kampala, May 15th to 23rd 2006 (IPH-CDC Support)  
Monitoring and Evaluation of Health Programs, Pretoria South Africa, October 2006 (TASO Support)

Information dissemination:  
Oral presentations:  
• The role of NGOs in building capacity in HIV/AIDS service delivery in the context of a rapidly evolving epidemic; (Accepted for the STI International Conference, Thailand, March 2006)  
• Clients driven approach to HIV/AIDS care and support (Accepted for the International Society for Quality in Health Care, Vancouver Canada, October 25th-28th 2005)  

Radio presentations:  
ARV’s accessibility and effectiveness, Kyoga Veritus Radio, Soroti, December 7th 2005

Training workshops facilitated  
Facilitated monitoring and evaluation trainings for varied TASO centers and other NGOs

Programmatic activity  
An Assessment of the cost, adherence and side effects of Cotrimoxazole prophylaxis among TASO clients

A cross-sectional study among TASO clients taking Cotrimoxazole prophylaxis since 2002 and have been in TASO for at least 3 years was conducted. Estimates revealed that the cost of providing Cotrimoxazole prophylaxis to the clients ranged between 26,509 and 29,439 Uganda shillings per client per year. Increased costs were attributable to delivery of the prophylaxis to bed ridden clients (especially those not on ART) through home visits and during provision of psychosocial support within their communities.

The number of clients defaulting on Cotrimoxazole refills from the TASO service delivery points was found to be increasing yearly. No evidence was found to suggest that clients refill from other service delivery organizations. Lack of transport was cited as the key reason for non-adherence. Very few side effects were reported as a result of Cotrimoxazole prophylaxis and these were not severe thus did not discourage continued use of Cotrimoxazole.

Increased resource mobilization and strengthening of referral systems with an enhanced feedback system between TASO and other service institutions including the government health units is recommended in a bid to increase cost effectiveness and adherence. The TASO community program (not outreaches) should also be strengthened by empowering community nurses to provide refills thus reducing clients transport costs. Clients refilling at community service points should then be given appointments to attend psychosocial support sessions at the centre at least once in three months.
Significant Fellowship accomplishments

Developed an operations manual with relevant tools for the district component of the monitoring and evaluation framework.

External courses taken to enhance individual knowledge, skills and competencies

- Comprehensive Course in HIV/AIDS Care including Antiretroviral Therapy (ART), The World Health Organization, Kampala, 2006
- Participatory Planning Monitoring and Evaluation, Kampala, May 15th to 23rd 2006 (IPH-CDC Support)
- Country Response Information System (CRIS) for Monitoring and Evaluating the Millennium Declaration on HIV/AIDS, UNAIDS, Cape Town, 2005
- Regional Millennium Development Goals (MDGs) and Statistical Literacy Course for Developing Countries, (Africa Development Bank and United Nations Development Programme Support), 8th 13th August 2005, 2005

Information dissemination

Oral presentations:

- Tips on how to make Effective Scientific Presentations at International Conferences, Pre-ICASA conference: Kampala, 2005

Print Media:

Challenges Facing Monitoring and Evaluation of the National Response to HIV/AIDS in Uganda, Reach Out Mbuya Hope Inspiration and Victory Newsletter, July December 2006

Training workshops facilitated

- National Workshop to Develop Patient Monitoring Tools for Uganda, Jinja, 2006
- Comprehensive HIV Care including ART Regional Training Workshop for Northern Uganda Districts

Dr. Innocent Bright Nuwagira

Contacts

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Education background

- Bachelor of Medicine and Surgery (Makerere University, 1996)
- Master of Arts in Demography (Makerere University, 2003)
- Master of Public Health (University of Nottingham, 2004)

Programmatic activity

Development of an Operations Manual for the Monitoring and Evaluation of HIV/AIDS at District Level in Uganda

Literature review of the various management information systems regarding HIV/AIDS in Uganda revealed that they are neither fully developed nor functional. In addition, there is lack of a national level system as most of the existing systems are organization-limited or project-specific hence narrow in scope and complexity. This state of affairs has led to paucity of data and information on HIV/AIDS as most of what is available is discrete, disjointed and in some cases contradictory. Further more, there is no national one-stop-centre or data base for HIV/AIDS response interventions and their outcomes.

Stakeholders' consultative meetings to build consensus on emerging issues were thus held. District level indicators for monitoring and evaluating national response to HIV/AIDS were refined and data collection tools developed and pilot tested. From these, an operations manual was developed, field-tested and disseminated.

Uganda AIDS Commission needs to spearhead the development of a comprehensive national Management Information System for HIV/AIDS that will ensure adequate collection, storage, retrieval, analysis and utilization of data on HIV/AIDS to generate strategic information for policy and programming.
**Significant Fellowship accomplishments:**

- Development and implementation of a holistic child support program at MU-JHU for children affected and infected by HIV/AIDS;
- Development of counseling guidelines for sero-status disclosure to children;
- Implementation of child-friendly approaches in child counseling;
- Staff capacity development in areas related to psychosocial support;

**External courses undertaken to enhance individual knowledge, skills and competencies:**

- HIV/AIDS and Family Planning, MU-JHU 2006
- Communication and Psychosocial support (Play Therapy) for children affected by HIV/AIDS, Nsambya Home Care & MU-JHU 2006
- Infant and young child feeding counseling course, Ministry of Health and MU-JHU, 2005
- Anti-Retroviral Therapy, MU-JHU 2005
- Good Clinical Practice, MU-JHU, 2004

**Information dissemination**

**Oral presentations:**

- MU-JHU's experience in disclosure to children; Pediatric HIV Care: A day of disclosure, Pediatric Infectious Disease Center, May 2006
- HIV/AIDS psychosocial support groups an innovative strategy: Experiences of Makerere University Johns Hopkins University Research Collaboration, 14th International Conference on AIDS and STIs in Africa (ICASA), Nigeria-Abuja, 2005 (IPH-CDC Support)

**Poster presentations:**


**Electronic media:**

- Community Outreach Peers (COPS): A strategy to strengthen community involvement in HIV/AIDS prevention, care, treatment and support programs.
- Strategies of increasing adherence to anti-retroviral drugs (ARVs) among children: Experiences of Makerere University-Johns Hopkins University Research Collaboration (MU-JHU)
- Understanding behavioral and psychological response of HIV pregnant women attending antenatal based PMTCT; Kampala suburb communities

**Print media:**

- Peer Psychosocial support for persons infected by HIV/AIDS, MU-JHU Yearbook Vol.1 2006

**Training workshops facilitated**

- Peer Educators HIV/AIDS Community Outreach Curriculum Development Workshop, August 2005
- Training of Peer Educators in mobilization & Education of Communities on PMTC/MTCT-plusservices, MU-JHU, November 2005
- Review of step-by-step guidelines for the development of psychosocial support groups for PMTCT, EGPAF/MOH, November 2005
- MU-JHU/MUWRP CAB Orientation Workshop

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**Mrs. Juliane Etima-Ongom**

**Contacts**

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**Educational background**

- Bachelor of Science in Psychology & Zoology (Makerere University 1997)
- Master of Arts in Counseling Psychology (Makerere University 2004)
Workshop on Extending Peer Education into the Community, January 2006
- Basic counseling skills and communicating with children affected and infected by HIV/AIDS, June 2006
- Training of Care-givers in the provision of Psychosocial Support to children infected and affected by HIV/AIDS, September 2006

Programmatic activity

**Development and Implementation of a holistic child support program at MU-JHU for children affected and infected by HIV/AIDS**

A situation analysis of MU-JHU children affected and infected by HIV/AIDS revealed that 92% of the children required psychosocial support because of the challenges posed by HIV/AIDS on their lives and well-being. A strategy to systematically provide holistic psychosocial support through capacity building of service providers and care-givers was thus designed. Key to the capacity building intervention was a pediatric psychosocial support curriculum based on the four major themes of relationships, wellness, health education and advocacy. The content for the pediatric psychosocial support curriculum as well as the most suitable methods of providing psychosocial support to the children was determined through use of focus group discussions and key informant interviews. Peer mothers/fathers and care-givers were trained in the use of the pediatric psychosocial support curriculum as well as in use of child friendly approaches (story telling & play) to provide psychosocial support to children infected and affected by HIV/AIDS. A monitoring and evaluation framework for the child support program was also developed.

Continued efforts should be made to address the psychosocial needs of children as they play an important role in their development and well-being.

*Juliana (in pink) pre-testing of Pediatric Psychosocial support curriculum at Reach Out Mbuya*
Mrs. Esther Nabukeera  
Sempiira  
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Educational background  
- Bachelor of Statistics (Makerere University 1995)  
- Master of Arts in Demography (Makerere University 2003)

Programmatic activity  
*Development of a Comprehensive M&E Guide for OVC Service providers*  

District level assessments revealed lack of harmony in various M&E processes and indicators used by different service providers. This was attributed to the fact that various M&E terms are not clearly understood and M&E is considered a complicated program function. As a result, in many programs, M&E is handled as an adhoc activity hence given little attention and is poorly budgeted for. To address these issues, development of a comprehensive M&E guide was thus undertaken.

Using information obtained from literature searches, individual, organization and web-based sources a draft framework for the comprehensive M&E Guide was developed. Technical review meetings at national, district and community level were held with technical persons and mentors to agree on its content. Key stakeholders were then oriented on the use of the guidelines in training workshops. Even with the guide in place, organizations need to continually explore opportunities to impart knowledge and skills in M&E, share information and experiences as well as clarify M&E issues through National M&E conferences, workshops and review meetings.

**Significant Fellowship accomplishments**

Development of a Comprehensive M&E Guide for OVC Service providers; Coordinated OVC component of Round 3 Global Fund activities; Assessed capacity needs at national and district level; Developed OVC National Indicators; Trained National, district and community OVC service providers on OVC service delivery and M&E; Advocated for inclusion of OVC indicators in national data systems (UDHS & LQA).

**External courses undertaken to enhance individual knowledge, skills and competencies**

Anglophone Regional Monitoring and Evaluation of Population, Health and Nutritional Programs workshop. Adids Ababa, Ethiopia, 24th July -12th August 2006

**Information dissemination**

**Oral presentations:**

- *Challenges of developing the national OVC MIS, Uganda’s experience* (Accepted for Easy Conference, Germany, October 2006)
- *Developing a national OVC MIS, within a decentralized structure, Uganda experience* (Accepted for the XVI International AIDS Conference, Toronto Canada, August 13th -18th, 2006)
- *Institutional framework for managing the orphanhood problem in Uganda, Global learning Centre, A World Bank Regional Interactive Forum, May 2006*
- *Experiences of developing and implementing a national orphans policy* (Accepted for Children in Distress (CINDI) conference, South Africa, April 2006)

**Poster presentations:**

*Linking policy and Practice for OVC service delivery* (Accepted for National OVC Conference, Kenya)

**Training workshops facilitated**

Various national, district and organizational trainings on OVC service delivery, M&E, data collection, OVC data needs, OVC Policy and Plan.

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**Esther at a technical working group meeting**
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Educational background
- Bachelor of Statistics
  (Makerere University, Uganda 1989)
- Post Graduate Diploma Statistics
  (Makerere University, Uganda 1992)

Significant Fellowship accomplishments
Spearheaded the establishment and computerization of an integrated Hospital Health Management Information System for St. Francis Hospital Nsambya

External courses undertaken to enhance individual knowledge, skills and competencies
Visual Basic Programming, Kampala, 2005 (IPH-CDC Support)

Training workshops facilitated
- Facilitated EPINFO training sessions for Home Care Department staff, 10th -16th July 2006
- Offered on going training and support supervision to nurses, midwives and doctors in the use of the computerized Hospital Health Management Information System
- Offered on going training to 4 Homecare staff in data management using Microsoft Access

Programmatic activity
Improving HIV/AIDS Management Information System for St. Francis Hospital Nsambya

Nsambya Hospital was faced with difficulties in monitoring and evaluating its health programs as most of the data was paper based and majority of the data collection tools were not standardized. Several attempts had been made to improve the HMIS through computerization of various sub programs.

However, these programs were insufficient to handle the volume of data generated and were not centralized. Recognizing that collection, use, storage, distribution and mining of information is essential for clinical care, research, health services administration and teaching, a project was thus initiated to centralize the management information system for the Nsambya Hospital.

Registration, medical follow-up, counseling and pharmacy forms were standardized. A sever based relational database was developed using MYSQL and Visual Basic. Workstations were created at the hospital reception, doctors' rooms and selected wards. The system was piloted within the outpatients department. Patients are allocated unique numbers to facilitate follow up through the system. Data was entered online from the workstations connected to the server and reports generated. User friendly interfaces using can now be used with minimum supervision at various workstations.

Elly overseeing data entry at the Nsambya Hospital outpatient department
Significant Fellowship accomplishments

Implemented Pediatric holistic care including ART utilizing a family approach; Established a resource centre and in house laboratory; Designed pharmacy stock cards and dispensing logs as well as data base for stock management; Initiated and established M and E unit; Supervised data entry for a back log of 2000 clients on care and treatment; Conducted first adherence data analysis; Initiated a children's peer support club; Initiated Reach Out Mbuya Hope Inspiration Victory Newsletter; Developed and implemented a comprehensive HIV training curriculum for nurses and clinical officers from disadvantaged areas; Initiated development of first strategic plan for Reach Out; lead person in the production of Reach Outs documentary entitled “beating the drum”; Designed “Road to health ART card” that has been adopted as a national level tool.

External courses undertaken to enhance individual knowledge, skills and competencies
- Training in pediatric HIV/AIDS for health professionals, January 16th - 20th 2006
- Integrated management of Childhood illnesses (IMCI), January 23rd 28th 2006
- Data Management, Kampala Uganda, March 2005 (IPH-CDC Support)

Information dissemination

Oral presentations:
- 4th Uganda National AIDS Conference, Kampala, March 21st 22nd 2005 (IPH-CDC Support)
  - Evaluation of adherence at Reach Out,
  - Cryptococcal meningitis: The silent Killer in HIV/AIDS patients
- Sustaining high adherence to ART at Reach Out Mbuya, 3rd African Conference on Social Aspects of HIV/AIDS Epidemic Research (SAHARA), Dakar, Senegal, 10th 15th October 2005 (IPH-CDC Support)
- Presidential Emergency Plan for AIDS Relief (PEPFAR) 2006 Implementers Meeting, Durban South Africa, June 12th
- 15th 2006 (IPH-CDC support)
  - From Sick and Dependent to Breadwinner of the Family the importance of microfinance as part of holistic care,
  - A successful ART holistic program in a Low-income Urban population in Kampala Uganda
  - Positives to positives, a cost-Effective model in delivering ART services
- XVI International AIDS Conference, Toronto Canada, August 13th 18th 2006 (IPH-CDC part funding)
  - Involving men in Prevention and care-crucial intervention for reduction of HIV/AIDS morbidity and mortality,
  - Nurse based holistic HIV care scores remarkable success in treatment out comes at Reach Out

Poster presentations:
- Sustaining adherence at Reach Out; How do we do it? 4th Uganda National AIDS Conference, Kampala, March 21st 22nd 2005 (IPH-CDC Support)
- Community networks: the backbone of Reach Out. 4th Uganda National AIDS Conference, Kampala, March 21st 22nd 2005 (IPH-CDC Support)
- Positives to positives support- the key to a successful ART programme. Reach Out’s experience. XVI International AIDS Conference, Toronto Canada, August 13th 18th 2006 (IPH-CDC part funding)

Radio presentations:
- One talk show on Voice of Teso Radio covering ART, PMTCT access to HIV services, December 4th 2005
- Four presentations on Uganda Broadcasting Cooperation on Resolutions in HIV, HIV disclosure, How to build a relationship with your physician if you are HIV positive and HIV stigma in different contexts with PHAs.
Print media:
- Six articles in the Monitor Newspaper on varied topics such as the ABC strategy, talking to children on HIV/AIDS, benefits of Septrin prophylaxis, marriage and HIV/AIDS as well as challenges of being a HIV positive child.
- Four local newsletter articles featuring Reach Out program implementation strategy and clients stories
- The role of the community in providing services to HIV infected persons. Reach Out Website 2/02/2005

Peer-reviewed journals:
- Reach Out- a low cost model giving 'Hope' to people Living with HIV/AIDS through greater involvement of people living with HIV/AIDS, BMJ special issue for Africa, October 2005
- The role of Education in HIV/AIDS. Published in the Harvard Educational Review, no 42, pg 297-304.

Programmatic activity
Initiation of holistic pediatric ART care at Reach Out Mbuya HIV/AIDS initiative using the family approach

Reach Out Mbuya Parish HIV/AIDS Initiative provides holistic care including antiretroviral therapy to PLWHA around Mbuya Parish. During the implementation of the program, the need for care and support for children living with HIV/AIDS became apparent as a way to bridge the gap towards a family approach. A holistic family based ART program including a pediatric component was thus initiated.

By October 31st 2006, a total of 132 children had been recruited into the pediatric ART care program. All the children are receiving nutrition support, 25% are on school fees support and 53% of the primary care takers have access microfinance loans. Activities conducted to enable implementation of the program included:
- Training of staff from the different departments on pediatric ART care, training of the pharmacy coordinator in management and dispensing of pediatric ART formulations as well as training of laboratory technicians in procedures for testing children for HIV through CDC support
- Development of monitoring and evaluation forms for registration, social assessment, pre-test and post-test counseling, referral, ART screening and eligibility, under and over five ART follow up as well as under and over five non-ART follow up.
- Development of guidelines for pediatric adherence counseling, counseling guidelines and comprehensive HIV care guidelines
- Development of ART cards for clinicians' use and pediatric ART wall charts
- Initiation and implementation of a children's peer support club

Introduction of the pediatric programme has made it possible to implement the family approach across all Reach Out programmes. The approach is associated with better outcomes. With some additional training, the nurse practitioner can successfully deliver pediatric HIV care including ART and this is important considering that task shifting is now high on the agenda as an approach to scale up ART services. Furthermore, the developed pediatric guidelines may be adopted for use by lower level health centers.

Stella officiating at a football match as a way of targeting youth for prevention through sports.

Training workshops facilitated
- Facilitated eight local courses in topics related to HIV/AIDS care, treatment and capacity building to health workers and mid-level program managers
- Organized 13 local training courses in HIV/AIDS care, treatment and support as well as management for different cadre of health workers
Mrs. Penninah Kyoyagala-Tomusange
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Educational background
- Bachelor of Arts Social Work & Social Administration (Makerere University 2000)
- Master of Arts Development Studies (University of Leeds, 2003)

Significant Fellowship accomplishments
Evaluated Uganda Red Cross Society (URCS) supported income generating activities for people living with HIV;
Developed a new IGA strategy;
Conducted a situational analysis of orphans and vulnerable children care and support in URCS project districts of Lira, Kitgum, Kamuli and Soroti

External courses undertaken to enhance individual knowledge, skills and competencies
Community Based Prevention, Management and Treatment of HIV, Galilee College, Israel, November 10th 28th 2005 (IPH-CDC Support)

Information dissemination
Oral presentations:
Care and support for People Living with HIV and AIDS in chronic complex emergencies: Experience of the Uganda Red Cross Society (URCS) in Katakwi District, Eastern Uganda, 3rd African Conference on Social Aspects of HIV/AIDS Epidemic Research (SAHARA), Dakar, Senegal, 10-15 October 2005 (IPH-CDC Support)

Poster presentations:

Print media:
- A hope for Uganda's Orphans and Vulnerable Children, International Federation of the Red Cross electronic News letter
- HIV/AIDS in Conflict Situations; Challenges and opportunities, Reach Out Mbuya Hope Inspiration and Victory Newsletter, February 2006

Radio presentations:
Improving Access to care for people living with HIV, Dembe FM, March 2006

Training workshops facilitated
- Integrated Care for Orphans and Vulnerable Children, Uganda Red Cross Society OVC community facilitators
- Effective Home based Care for People living with AIDS, Uganda Red Cross Society home care facilitators
- Adolescent Reproductive & Sexual Health HIV related issues, Mukono University
- Project planning and management, Uganda Red Cross Society Youth Department
- Effective report writing and presentation skills, Reach-Out Mbuya, September 2006

Programmatic activity
Situation Analysis of Orphans and Vulnerable Children Care and Support in Uganda Red Cross Society Project Districts
Results based management of an intervention can only be effective if the situation before the intervention is well known. Benchmark information is thus an essential pre-requisite prior to starting any project in a bid to easy monitoring and evaluation. Based on this premise, a pre-intervention situational analysis was conducted to determine the status of OVC households in Uganda Red Cross Society Project Districts.

The situation analysis revealed that 70% of orphans and vulnerable live with women as care givers. In addition, 40% of OVC still do not attend school regularly despite the fact that they have educational support like scholastic materials and school fees. In respect to HIV/AIDS, 3% of OVC are living with HIV whilst 11% of the children live with an HIV positive care giver (self reported HIV status). Worries about hunger are the most predominant among OVC.

It is recommended that care and support for OVC should be looked at in a holistic manner with enhanced program focus on women as they are the main care givers. Community school gardens should also be introduced to ensure that the nutrition needs of children are well catered for.

Penninah visiting a child headed household in Pader
Third Certificate Award Ceremony

The nine October 2003 - 2005 Fellows were awarded their Certificates of Participation on December 2nd 2005 at the Grand Imperial Hotel at a ceremony officiated by Prof. Livingstone Luboobi, Vice Chancellor Makerere University.

Fellows and Mentors Awards of Recognition

In response to recommendations given in varied Fellowship Program fora, awards of recognition beyond the Matthew Lukwiya Award were given during the 3rd Certificate Award Ceremony to both Fellows and mentors who had shown exemplary performance.

a) Fellows Awards of Recognition

- Dr. Hizaamu Ramadhan, Fellow attached to Jinja DDHS for the leadership he provided amongst the Fellows as well as in his Host Institution Jinja DDHS where he aptly mentored two district staff, trained numerous HIV/AIDS stakeholders and innovated the development of the Monitoring and Evaluation Framework for HIV/AIDS activities in Jinja District.

Ms. Joan Mugenzi receives her Fellowship Certificate of Participation

Dr. Enid Mbabazi receives her Fellowship Certificate of Participation

Communications Officer,
John Hopkins University/USAID/AFFORD
Health Marketing Initiative

Dr. Enid Mbabazi
Head of TB/HIV Integrated Services,
Mulago-Mbarara Joint AIDS Program Project Officer

Dr. George Didi Bhoka
Project Officer, HIV/AIDS Prevention and Care, UNICEF Lira

Mr. Ibrahim Musa Lutalo
Monitoring and Evaluation Officer,
Training Department, Infectious Disease Institute

Ms. Joan Mugenzi
HIV/AIDS Communication Specialist,
World Vision Uganda

Ms. Juliet Kanyesigye
Independent Consultant

Mr. Robert Kamoga
Independent IT consultant

Dr. Sarah Asiimwe
Acting Senior Health Information Officer,
Ministry of Health Resource Center

Dr. Hizaamu Ramadhan
Program Coordinator,
Traditional and Modern Health Practitioners together Against AIDS and other Diseases (THETA)

Ms. Joan Mugenzi receives her Fellowship Certificate of Participation

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- Mr. Ibrahim Musa Lutalo, Fellow attached to THETA. Although he began the Fellowship three months after his colleagues, he ventured in with a strong spirit of determination capitalizing on his sound knowledge and competence in data management hence creating a THETA Health Management Information System in which he captured and analyzed over analyzed 11,491 records collected since 1992.

- Mr. Stephen Lwanga for providing statistical and program design mentorship to all the Fellows

b) Academic Mentors Awards of Recognition

- Dr. David Ndungutse who maintained an open door mentorship policy creating a supportive environment for research and program activities for his mentees. He demonstrated commitment to keeping in touch with his Fellows in Arua, Bundibugyo and Kabarole through physical site visits as well as regular email and telephone communication. In addition, he was always keen to keep the Fellowship Program updated on the Fellows Progress.

- Dr. Geoffrey Kabagambe (Kabarole DDHS) placed great emphasis in advancing the professional development and leadership skills of his mentees. His extremely supportive mentorship had a multiplier effect and the Fellowship Program deemed it fit to attach another Fellow to Kabarole District in 2004.

c) Host Institution Mentors Award Recognition

- Dr. David Kitimbo (Jinja DDHS) who ensured both the Fellow and his staff benefited from the Fellowship Program activities.

- Dr. Kabagambe (DDHS Kabarole) displays his Certificate of Recognition accompanied by Drs. Nampewo (Fellow Oct 04-06) and Amanyire (Fellow Oct 02-04)

- Dr. David Kitimbo (Jinja DDHS) receives his Certificate of Recognition

Publications in peer reviewed journals

Dr. Matthew Lukwiya was a physician who obtained his Masters of Public Health at the Makerere University Institute of Public Health. He was working at Lacor Hospital in Gulu at the time of the Ebola epidemic in 2000. Dr. Lukwiya showed remarkable outbreak investigation skills by recognizing the clinical manifestations of Ebola infection and having specimens tested to confirm the infection. He also showed outstanding leadership by running the Lacor clinical team caring for patients with Ebola. This put him at great personal risk, as it did many of his colleagues.

Dr. Lukwiya understood the risks he was taking while caring for patients during the epidemic, and he recognized that not all of the physicians and nurses were willing to continue working under such dangerous conditions. He was dedicated to his patients and to public health, and he affirmed this by commenting that he “would continue fighting Ebola alone if necessary until the virus was beaten or until I am dead.” Tragically, his willingness to continue caring for patients and leading his health care team also led to his death, by Ebola, acquired while caring for a patient with the illness.

Soon after his death, the Makerere University Institute of Public Health received support from the United States Government to honor Dr. Lukwiya by establishing an award to be given out to the IPH-CDC HIV/AIDS Fellow who has demonstrated personal sacrifice, devotion, and leadership in carrying out professional responsibilities during her or his apprenticeship at a host institution.

The Matthew Lukwiya Award for the IPH-CDC HIV/AIDS Fellowship class of October 2003 - 2005 was awarded to Dr. George Didi Bhoka for the leadership he demonstrated in supporting the District AIDS committees, health care workers, community members, religious and politicians' leaders in the West Nile Region in implementation and understanding of a broad range of HIV/AIDS activities and strategies. Dr. Bhoka also actively participated in training and sensitizing close to 2000 HIV/AIDS stakeholders in diverse and cross cutting aspects of HIV/AIDS prevention, care and treatment.
**CONTENTS**

**OCTOBER 2004/2006 HOST INSTITUTION**

**Community Resilience Dialogue**
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Web: www.aidsguanda.org
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Text compiled and edited by Dr. Wamuyu Maina
The Fellowship Program has provided the greatest opportunity for becoming a programme management specialist.

Penninah Kyoyagala

The Fellowship Program has greatly enhanced my skills and competence in management and strategic communication for health programs.

Edrine Namayanja K.

The Fellowship Program has been the best thing that has happened to me in my career. My competence in program management, operational research and communication has been greatly enhanced.

Edrine Namayanja K.

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Innocent Nuwagira

I gained knowledge and skills in designing implementation, monitoring and evaluation of HIV/AIDS prevention care and treatment programs.

Solome Nampewo

It was gratifying to demonstrate the role of information in monitoring and evaluating health programs.

Elly Ssebyatika

I never imagined I could grow this fast in management nor get the skills to articulate so well both orally and in writing. The two years Fellowship were well spent and worth while.

Stella Alamo Talisuna

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Vincent Bagambe

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