

# MUWRP

## PEPFAR Program Updates



“

The American government is concerned about the health of the Ugandan citizens and hence the commitment to the PEPFAR funding

”

### About us:

We are a leading Biomedical Research Organisation mitigating disease threats through Quality Health Research, Disease Surveillance and Health Systems Strengthening.

MUWRP, through its PEPFAR program



Delivers equitable, people-centered HIV prevention and treatment services



Strengthens community systems that are required to sustainably control the HIV epidemic, and deliver effective, efficient, and sustainable health care.



Partners with Ministry Of Health, District Health teams, civil society (community based organizations including faith based organizations), the private sector, multilateral institutions and people living with HIV for effective and efficient service delivery.

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**Dr. Fred Magala**  
**Program Director, MUWRP-PEPFAR.**

Welcome to the MUWRP-PEPFAR Dispatch , a quarterly publication providing updates on its HIV prevention, care and treatment program in Mukono, Kayunga, Buvuma and Buikwe districts. With support from the Presidential Emergency Plan for AIDS Relief (PEPFAR), MUWRP works with Ministry of Health to serve over 65,000 people and the first three months of financial year 2023 came with double efforts in achieving the first 95% target with daily site mentorship, coaching and client chart reviews; we are glad to have registered a tremendous improvement.

MUWRP-PEPFAR program expresses gratitude to all partners and stakeholders and looks forward to consolidating achievements and continuous improvement for the rest of the year.

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# 20 YEARS OF IMPACT

As the Presidential Emergency Plan for AIDS Relief (PEPFAR) programme marks 20 years of saving millions of lives, preventing millions of new infections, and changing the course of the HIV epidemic, the US Deputy Chief of Mission paid a courtesy visit to Koome HCIII and Kimmi islands on 6th/January/2023(all supported by Makerere University Walter Reed Project (MUWRP)

## PEPFAR celebrates 20 Years

PEPFAR has been funding the provision of HIV prevention, care and treatment services in Uganda for 20 years and MUWRP is one of the organisations through which this support has been channelled since 2005. MUWRP is currently the lead implementing partner in four districts of Buvuma, Mukono, Buikwe and Kayunga.

While addressing health workers at Koome HC III, the Deputy Chief of Mission, William Bent said, "The American government is concerned about the health of the Ugandan citizens and hence the commitment to the PEPFAR funding". He continued, "This January, we are celebrating 20 years of the PEPFAR Program and we are committed to improving the lives of Ugandans so that they can be productive".

At Kimmi Island, the visiting delegation interacted with the beneficiaries of the DREAMS program, female sex workers and the community leaders with whom he held brief discussions about HIV prevention, care and treatment services at the Islands.

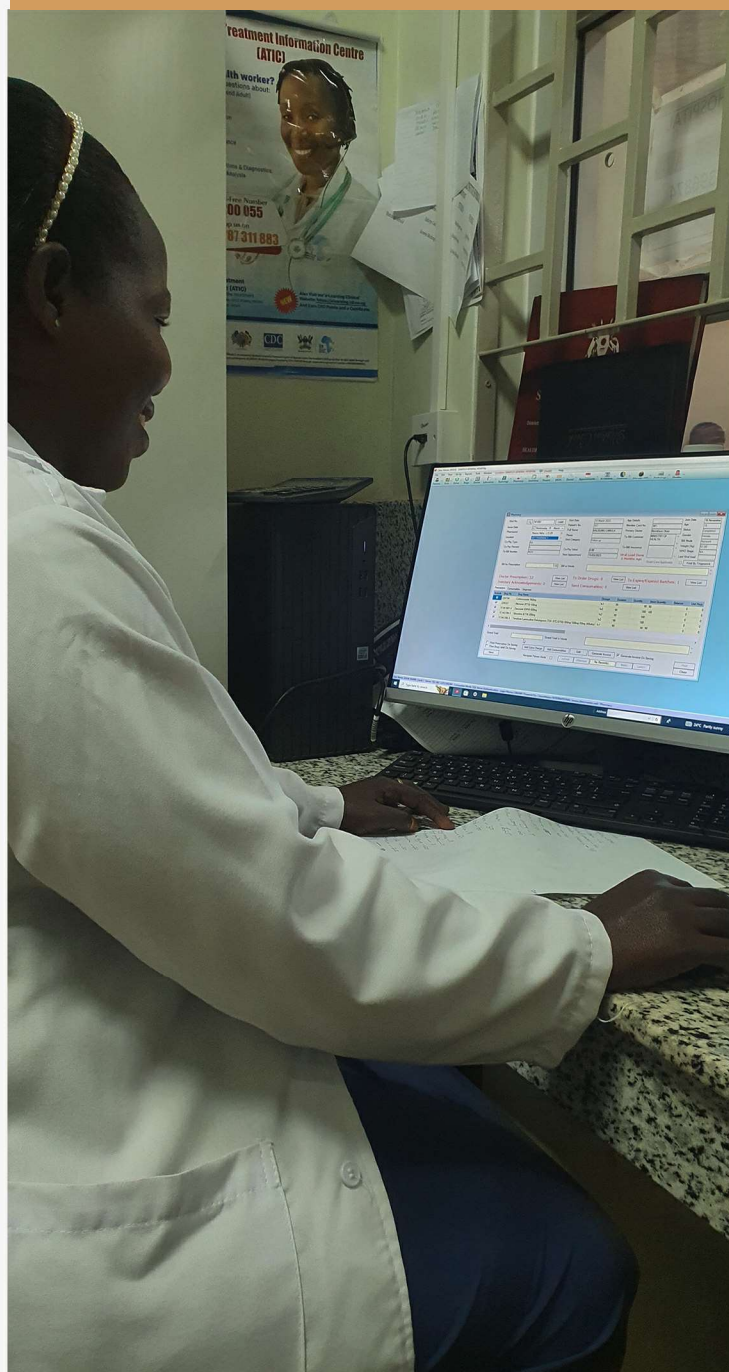
The MUWRP-PEPFAR Director, Dr. Fred Magala applauded the American government for the support extended to the people of Uganda over the years which has seen 1,325,288 persons receive HIV treatment including those in hard to reach places, such as Islands.



# Electronic Medical Records Systems

Ministry of Health aims to centralise data and also enable ART Clinic clients access all services in the facility easily.

## Dispensing Drugs through Clinicmaster



Makerere University Walter Reed Project collaborated with the Ministry of Health in the successful migration of the ART Clinic data from Uganda EMR to ClinicMaster (both Electronic health management information systems) at Kawolo General Hospital. This is in line with the Ministry of Health efforts to centralise data and also enable ART Clinic clients access all services in the facility easily.

The government of Uganda last year moved to digitise the Healthcare System in the Country and the electronic Health Management Information Systems which runs on the ClinicMaster platform was rolled out at Kawolo General Hospital in August 2022.

However, the ART clinic was left out since they already had a digital system (Uganda EMR) functional in the ART clinic.

The migration activity kicked off with a two-week working bootcamp whose major aim was to come up with the best mechanism to migrate the Art data from Uganda EMR into ClinicMaster. The activity was attended by different stakeholders including MOH staff from the Division of Health Informatics, the METs team and the MUWRP Health Information Systems team.

The data was successfully migrated and the ART Clinic staff team trained on the use of ClinicMaster and currently all clients in the ART Clinic are being attended to electronically, all the way from reception/triage area, to the

**The electronic way of working has reduced the waiting time of the clients by more than an hour and also reduced errors of data capture since patient information is captured into the system real time**

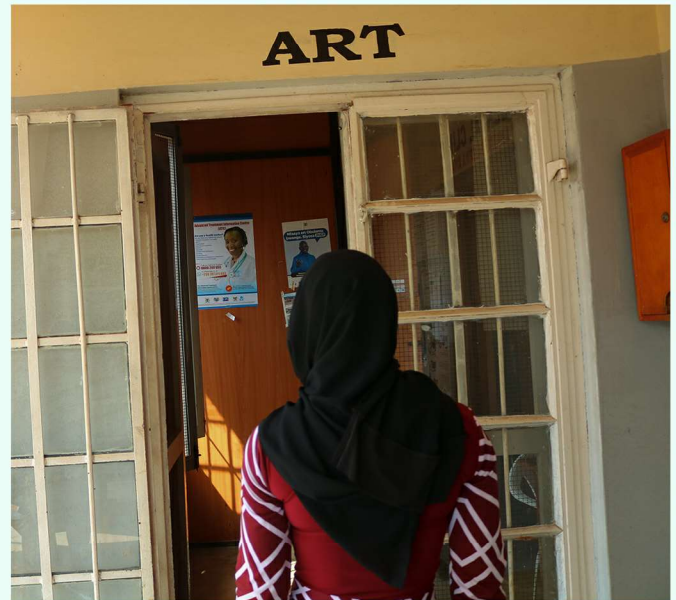
## Pre-exposure prophylaxis (PrEP)

PrEP is an ARV drug which HIV negative people at substantial risk of HIV acquisition can take to protect them contracting the Virus.

The year 2023 started on a good note for Stephanie when her partner visited her parents' home in preparation for holy matrimony. The happiness was however short-lived when her partner suggested for a joint HIV test before their scheduled wedding in March 2023 that turned out positive

"I was broken, I cried, it was a tough time for me and what was more hurting is that my partner was negative and while he pledged not to dump me during counselling, he immediately separated with me after we reached home". Stephanie recalls.

To date, Stephanie tries to reach out to her partner in vain; and decided to settle back at her parents' home in Kiyoola, Ntenjeru sub county Mukono district.



Stephanie at Nakifuma HCIII Art Clinic

The story is however different for Joanita and her husband Moses who are living happily as a discordant couple. (a condition where one partner is HIV positive and another is negative).

"I got to know my wife was HIV positive after her antenatal visit when her HIV test turned out positive". Moses recalls. Moses was contacted by the facility linkage facilitator (FLF) who advised him to accompany his wife to the hospital because they needed to carry out some tests on both of them.

"I initially didn't share any details of why we needed him at the facility; but upon arrival at the facility, he agreed to take the test and the results were HIV-negative". Nakifuma FLFshares.

Joanita and Moses were both started on antiretroviral treatment (ART) and PrEP respectively.

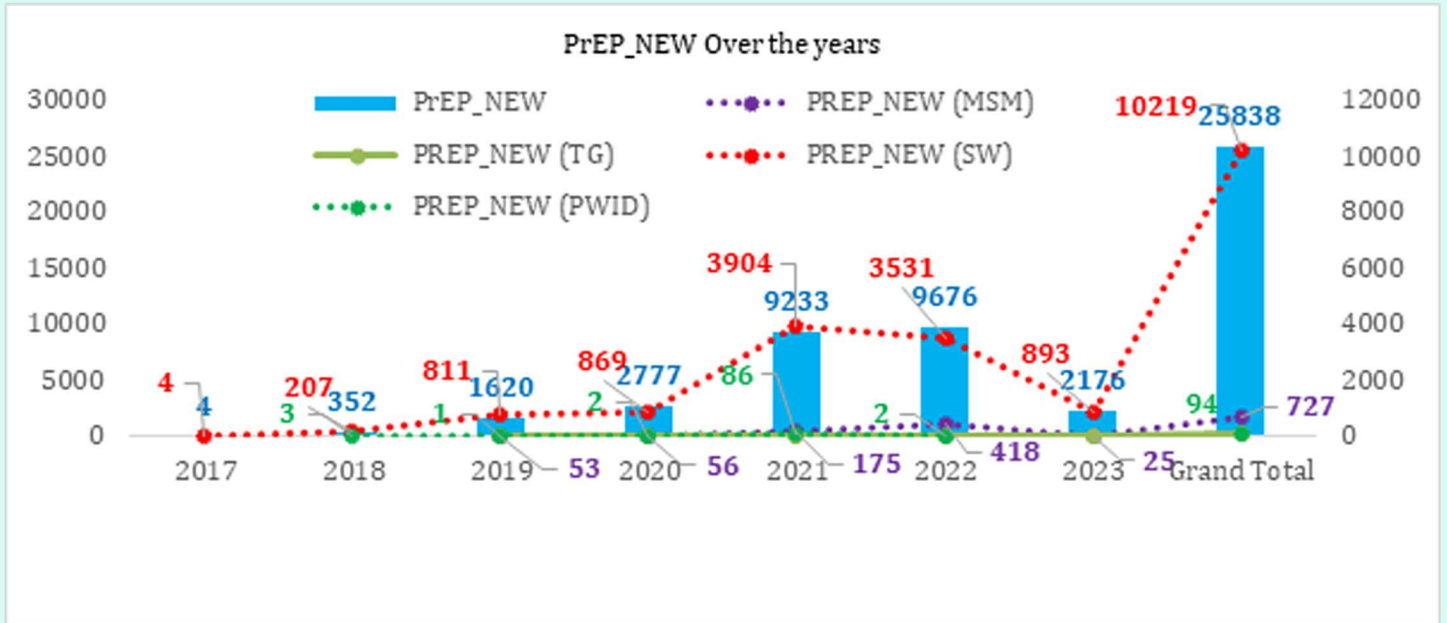
"It is now eight months of living happily and healthy and we continue to support each other to take our drugs. I thank God who gave me the strength not to abandon my wife at a time when she needed me most". Moses said as he sheepishly looked at his wife.

Joanita says she was scared that her husband would abandon her, but to her surprise, he has been supportive all through which has enabled her to take her ART medication well and with a suppressed viral load.

**One pill per day is what one needs to prevent HIV despite sexually interacting with an HIV positive person.**

*HIV infects the body by replicating (making copies of itself). The anti-HIV drugs in PrEP stop the virus replicating in your body. If you are exposed to HIV, for example during sex without a condom, but have been taking PrEP correctly, there will be high enough levels of the drugs in your body to prevent HIV transmission.*

Clients on PrEP over the years (2017-2023)



## About Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is an ARV drug which HIV-negative people can take to protect them against HIV infection.

Taking PrEP correctly will reduce your risk of getting HIV to almost zero, however it won't protect you against other sexually transmitted infections (STIs). Condoms are still the best protection from these.

PrEP is not taken for life – it is only taken for short periods of time when you may be at risk of HIV infection.

PrEP is different from PEP (Post-exposure Prophylaxis) which is an emergency prevention taken after possible exposure to the virus



## Mentor Mothers and Midwives PrEP Training

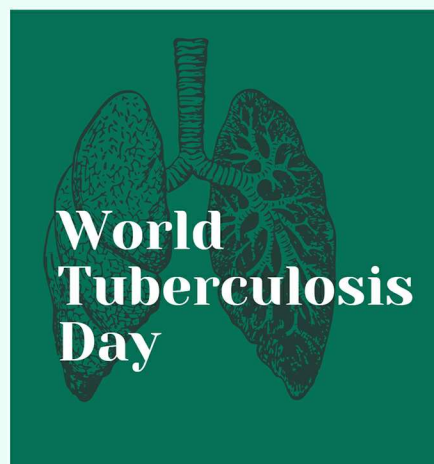
Makerere University Walter Reed Project trained over 28 mentor mothers and midwives from Buvuma, Mukono, Buikwe and Kayunga on PrEP.

Program officer KP Programming Joshua Kato noted that this was a refresher training on what PrEP is, who is eligible for PrEP, difference between PEP and PrEP among others and the participants will use the knowledge acquired to boost PrEP enrolment among pregnant and breast feeding women.

## Commemoration of World TB Day in Uganda

Uganda Joined the rest of the World to commemorate World TB Day on the 24th-March-2023.

Makerere University Walter Reed Project as part of the activities to commemorate the day organised community testing and social media campaign to create awareness about how to prevent and treat Tuberculosis.





# PMTCT Collaborative

99% infants get prompt 1st DNA PCR test done in MUWRP supported facilities.

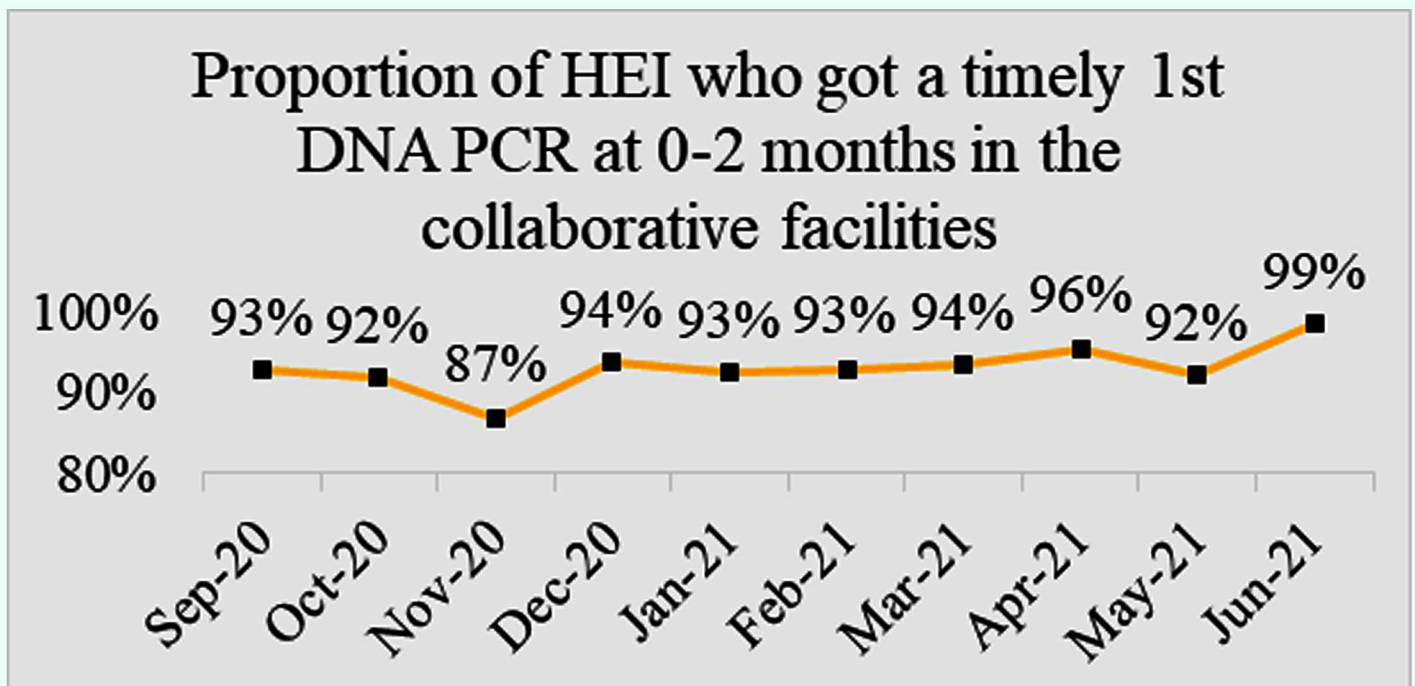
*The collaborative was implemented in 50 selected facilities supported by MUWRP in the four districts of Kayunga, Mukono, Buvuma and Buikwe.*

In 2020, the Ministry of Health, Maternal Child Health (MCH) department rolled out a collaborative effort to improve four indicators where bad performance was registered across different regions under prevention of mother to child transmission of HIV.

Some of the key gaps included; delayed blood draw for the 1st DNA PCR (-0-4 weeks) and poor documentation through the entire process. Many mothers who were delivering at the MUWRP supported facilities would not return leading to a backlog of breast-feeding women (BFW) that could not be followed up

These included timely 1st DNA PCR at 0-2 months and documented final outcome at 18 months, achieving 3rd PCR and rapid test.

In the graph above, through the collaborative, 99% infants had their 1st PCR captured on time.



# PMTCT Collaborative

Through the collaborative, MUWRP with support from the Ministry of Health implemented the following practices and innovations to improve performance majorly on two key indicators that included timely capture of the 1st DNA PCR and the final outcome.

- Health Workers ensured timely capture of data in the Early Infant Diagnosis (EID) registers and constant reviews done to ensure data is entered rightfully. Monthly coaching sessions were also conducted on updating EID registers.

- MUWRP also adopted the use of the ART directory to trace parent health facilities where mothers were receiving care. This was done to confirm the mothers were taking the children for the PCR tests and all the necessary care but also support where this was not happening.

- All HIV positive mothers were tagged to mentor mothers who would follow them up with appointment reminders and check ins.

- Immunisation was aligned with mother refill appointments. Mothers were encouraged to always move with their children for immunisation when they return for refills. This also reduced hospital visits to make it convenient for mothers to report once for more services.

- All transfers of infants and mothers under EID were documented including deaths registered. This eased tracking of the mother baby pairs (MBPs).

- Health workers were closely supervised and monitored by both district and MUWRP staff to document the final outcome. The final outcome that captures the HIV status of the child is done in months.

## Challenges

Despite the successes registered, some areas remain a challenge and these include the failure to document in EID registers and capturing of the 3rd PCR.

These formed the basis of the FY23 PMCT collaborative with 15 MUWRP supported facilities participating.

## PMTCT: MUWRP SCALES UP RETESTING OF POSTNATAL MOTHERS

In a bid to prevent more mothers from exposing their children to HIV, Makerere University Walter Reed Project has intensified screening in antenatal, labour and delivery, postnatal and young child clinics and retesting of all the eligible mothers.



The retesting is done following strict documentation of information about the mothers from when they attend antenatal care, through to delivery and post-natal care.

ART clinic in charge at Bbaale Health Centre IV, Esther Nabatanzi says that testing has been aligned to activities at the young child clinic and community outreaches targeting mothers who fail to return to the facilities to immunise their children.

“We are keen on documentation because we are able to know the mothers who are due for retesting and those found positive are immediately enrolled for treatment”. Sister Nabatanzi told the MUWRP reporter.

Facility linkage facilitator at Bbaale Health centre IV, Patrick Katende who leads the health education sessions with the mothers emphasised the need for mothers to be retested for HIV as he also spoke to mothers about TB testing, PrEP, PEP, immunisation and STI screening for a healthy life of both the mother and the child.

“All mothers who have made six weeks and above after delivery are eligible for screening and through consistent health education, more mothers are turning up for immunisation days which is an opportunity for us to retest them”. Mr. Katende said.

# PMTCT: Postnatal Maternal Retesting

## Innovations and best practices for postnatal maternal retesting

Birth cohort monitoring with consistent documentation (right from antenatal, delivery, young child clinic (YCC) and follow up on the mothers who don't turn up on immunisation days.

Health education on the importance of retesting the health of the child and the mother.

Testing during routine immunisation drives in the communities.

Use of VHTs who mobilise mothers using audio speakers in the communities for the immunisation activities in the communities.

### Challenges

Workload resulting from having the role of screening to the midwife on top of the other duties.

Fear of the unknown associated with HIV testing

Mothers who dodge immunisation days and send caretakers

Results are given in the counselling room but with no counsellor to support mothers who need counselling

Transportation for ART staff during community outreaches

### Mitigation Measures

Midwives work with lay workers like mentor mothers and facility linkage facilitators who support in health education and screening under the supervision of a qualified midwife.

Health education on the need to test for HIV during pregnancy and six weeks after delivery.

Community outreaches harmonized with immunization days.

Lay workers and health workers at the ART clinic offering the counselling.

Worked with colleagues under immunization to have testing done.

## DREAMS: Florence Beats all odds to succeed in male dominated workforce.

A powerful woman is a heat-resistant and storm-bracing calibre, goes the saying from Gift Gugu Mona, a poet and Philosopher from South Africa. This saying suits Florence Nanziri (19 years) who has beaten all odds to pursue her dreams and stay resilient.

Nanziri, a resident of Njerere Village in Mukono central division, Mukono district is one of the girls who graduated after undertaking the DREAMS program. She enrolled for the program at 17 years after dropping out of school, and being forced by her father to get married. Amidst this confusion, Florence resorted to brick making to support her family since her father had failed to provide.

While going through her day's work, a friend visited her and encouraged her to join the DREAMS programme that she had benefited from as a hairdresser. "We were home with my mother, who is the breadwinner of a household of five members (herself and four children). when my friend visited and told us about the DREAMS program.



Florence : DREAMS Girl



Florence at her brick laying site

My friend was wondering why I continued to do male dominated work rather than learn soft skills that are designed for women. I took up her advice and immediately went to Mukono Church of Uganda community department, where I was screened for DREAMS eligibility and enrolled for the program". Florence shares as she walks around her brick making site. While in the DREAMS programme and receiving services in the Kirowooza safe space, Florence joined a group called "shield girls". She recalls receiving health education and screening for an HIV test. They were also offered different training sessions as per the DREAMS programme and this is what she had to say.

"I was glad that the HIV test result was negative because I was always scared about my status since I had a sister who was HIV positive. I was empowered with information and different sessions on staying safe. I chose to abstain which I continue to do to date. I was also told about PEP, PrEP and condoms but above all. I received the stepping stones package which has helped me take charge of my health. I also received training on tailoring and was able to buy the tailoring machine from the savings I get from brick making. I preferred this because I wanted to be able to walk away from brick making since it sometimes has health risks like chest pain. In addition, I did receive financial literacy, village savings and loan association (VSLA) which helps me manage all my business including the banana food kiosk I started at the trading centre". She shared with the MUWRP reporter.

Excited with the program benefits, Florence continues to share how the DREAMS program has made her empowered and resilient to community social offensive language as she narrates. "I usually received harsh comments from people who nicknamed me (Kyakulasajja laterally meaning "raised like a man" and iron lady) funny names because of the work I do; but after the program, I was resilient and nothing could stop me. I have now also opened up another business where I sell bananas and other food stuff to supplement my brick making business". Through brick making, I am able to make 720,000/= for a one-off sale of 8000 bricks.



*Supervisors review files at GOMA HCIII*

**Medicine Management supervisors (MMS)/Laboratory supervisors from Mukono district visited 32 facilities for Anti- retroviral Therapy Supervision performance and recognition strategy (ART SPARS).**

ART and LAB SPARS approach is employed to improve supply chain of ARV drugs & laboratory commodities. Management of the commodities requires adequate regulatory, financial, and human resource including health care workers who are trained to gain appropriate skills, Knowledge, attitude and skills for improved service delivery.

Some of the areas focused on include: - ensuring that medicines of good quality are available, accessible, affordable, and appropriately used as a key objective of the Uganda National Medicines Policy. Staffs are mentored on Medicines management processes which enable facilities to adhere to Uganda's medicines policy & reduce the pharmaceutical supply chain constraints, have functional laboratories that offer minimum set of lab tests menu and facilities independently order for commodities on time among others.

***In the pictures, Ruth Nakyagaba for ART SPARS and Julius Ssemwogerere for LAB SPARS share feedback with health workers at Goma HCIII***

# No Means No Training

With Support from PEPFAR, Makerere University Walter Reed Project trained 125 trainers of trainers (TOTs) to support the DREAMS program in Mukono District roll out evidence-based curriculum packages to the AGYW 10-19 years at risk of HIV infection.

The trainers received both sessions in Aflaten and Aflatoun financial literacy packages that are comprehensive to balance social life skills with financial education purposed to build on a child's natural curiosity, to believe in themselves, value appropriate use of natural resources, and spend what you have planned. The trainers also received the No means No curriculum training that seeks to teach girls mental, verbal and physical skills to prevent sexual and gender-based violence.

The TOTs were drawn from the six community-based organizations that implement the DREAMS program in 13 sub counties and one municipality in Mukono district.

In the picture as some of the scenes from the two weeks training.

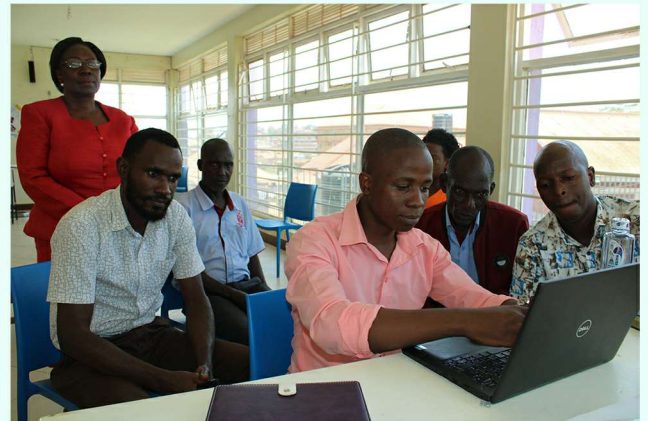


*A No Means No Training Session*

# Community Intergrated Model

Ministry of Health oriented Makerere University Walter Reed Project on the community integrated model that seeks to reorganise community structures towards achieving HIV Epidemic Control.

Some of the areas prioritised under the model include: coordination in delivery of services at community and household level, standardising approaches to achieve efficiency in reaching PLHIVs, harmonising community Health Information Systems and efficient human resource for optimum utilisation.



This is all meant to prevent and break chain of transmission among adolescents and adults, addressing mortality among subpopulations on ART, strengthen the social services support and linkage to livelihood opportunities, improve efficiency in service delivery and an opportunity to strengthen self-care among PLHIVs.



In a bid to increase the uptake for HIV testing among young people in institutions of higher learning, the Ministry of Health in partnership with life care diagnostics rolled out the CheckNow HIV self-testing campaign.

The campaign will be led by peers in 8 universities that include Makerere, Kyambogo, Uganda Christian University, Nkumba, Kampala International University, Makerere University Business school, Ndejje and Nkozi university.

Launching the campaign, Health minister Dr. Jane Ruth Aceng said the campaign will greatly support timely identification of cases among young people as the country drives towards ending HIV by 2030.

## CheckNow

Cases identified will be referred to the particular implementing partners in areas where the universities are situated.



*Nakifuma HCIII ART incharge welcomes the IHPT team*

## International HIV Prevention and Treatment Visits

As part of the efforts to improve collection and use of data to guide programming, a team from the International prevention and treatment program (IHPT) strategic information visited four sites supported by Makerere University Walter Reed Project.

The team led by Health Management information system advisor at IHPT, Victor Katemana accompanied by Vincent Butera visited St. Francis Nagalama Hospital, Kayunga Hospital, Nakifuma HCIII and community-based organization CHAIN foundation.

Katemana said this is a quarterly exercise carried out either virtually or physically for organisations supported by MHRP to understand the different practices and innovations as implemented by partners to include data management system like EMR.



*IHPT -MUWRP team reviews data*



# IHPT Visit

The facilities visited included: Mukono general hospital, Nakifuma HCIII, Kimenyedde HCIII, Buvuma HCIV, Busamuzi HC III, Makonge HCIII and Tongolo HCII.

A team from IHPT clinical services comprising the technical director clinical services, Patricia Agaba and technical advisor clinical services, Rosemary Mrina in March 2023 visited seven MUWRP-supported facilities on a temporary duty yonder (TDY).



TDY team at Mukono General Hospital

**Some of the recommended strategies included: commodity security - Health care worker mentorships to facilitate MMD for age group.**

The TDY team interacted with the ART Clinical Program focusing on supporting the strengthening and optimization of the Pediatric care cascade, viral Load Coverage and suppression, interruptions in treatment and retention with a focus on disadvantaged subpopulation among others.

Overall after chart review of about 120 charts of patients aged 1 year to 14 years, excellent performance was observed in; documentation of weight for all children, all were optimized to effective regimens and optimal dispensing of ITP and Cotrimoxazole. However, multi month dispensing (MMD) and viral load coverage/ suppression (VLC/S) remain a challenge in this age group.



TDY team at Busamuzi HCIII in Buvuma Islands

A team from DOD/WRAIR led by Col. Chad A. Koeng conducted a TDY visit (Temporary Duty Yonde) to Koome Islands. The team comprised CSM Rodmond Q. Churchill, COL Mara Kreishman-Deitrick, Mr. Robert Nelson and a team from DOD WRAIR Uganda led by Country director Dr. Vamsi Vamsi.

The team visited Koome Health Centre III and Kimmi Island KP hot spot. They interacted with the health workers and community members in Kimmi.





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