

THE DISPATCH

MUWRP-PEPFAR PROGRAM UPDATES

October 2023–September 2024



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US Ambassador commends MUWRP for enhancing Health Care in Koome Islands



Group photo: MUWRP, DoD WRAIR and Koome HC III teams in a group photo.

“ We are happy that the incidence of HIV has gone down, and the use of technology to ensure people access treatment is great.” Ambassador Popp.

The United States Ambassador to Uganda, His Excellence William Popp, visited Koome islands, where he interacted with health workers and girls under the DREAMS and Key populations (KP) programs.

At these islands, Makerere University Walter Reed Program (MUWRP) supports the implementation of a comprehensive HIV prevention, care and treatment program with support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

Accompanied by the DOD/WRAIR team led by Dr. Vamsi Vasirredy, and the MUWRP team led by Dr. Hannah Kibuuka, the ambassador was briefed by health workers at Koome HC III about the various innovations put in place to facilitate identification, initiation, and retention of ART clients, particularly for mobile populations in care.

The health workers included clinicians, laboratory staff, Electronic Medical Records (EMR) system personnel and the community engagement team.



Illustration of how the bio-metric system works to track patients. ➔

Ambassador interacts with girls under DREAMS and key populations



At Kimmi Islands, the ambassador interacted with the KPs and adolescent girls and young women under the DREAMS program.

The KPs expressed gratitude for the quality of services they receive under the PEPFAR Program. On their part, the adolescent girls and young women showcased products they made using skills acquired from the DREAMS Program. The ambassador appreciated the community leaders for their participation in the program. He is the first US Chief of Mission to visit Koome Islands.



Above: US Ambassador William Popp is welcomed at Kimmi DREAMS safe space .

Right: Teams walks through the community where the Amb. Popp, MUWRP and DoD WRAIR teams interacted with KPs.



MUWRP commissions motorised water vessel to improve access to health care for Islanders in Koome and Buvuma Islands



With support from the US President's Emergency Plan for AIDS Relief (PEPFAR), Makerere University Walter Reed Program (MUWRP) commissioned a 20-seater water vessel, to facilitate safe transportation of health workers, medical supplies, and commodities to scattered islands in Koome and Buvuma islands.

Speaking at the boat commissioning event at Speke Resort Munyonyo on 21st-June-2024, MUWRP Executive Director, Dr. Hannah Kibuuka noted that the boat will serve as a lifeline, ensuring that healthcare providers can reach islands communities promptly and individuals can receive the care they need without the added burden of travel difficulties. During his speech, Ambassador Popp highlighted the importance of the boat in reaching out to remote communities and ensuring that they receive the necessary medical care. He emphasized the US Mission's commitment to supporting Uganda in making HIV care accessible to all, regardless of their geographical location.

MUWRP implements a comprehensive HIV Prevention, care and treatment program in both islands currently serving 5,435 clients on ART (FY 24) in both Islands. (Buvuma 4,073, Koome 1362).



Above: Ambassador Popp, DoD WRAIR team on a boat ride.

Below: WRAIR Africa Director, Col. Shannon Lacy, DoD Country Director-Uganda, Dr. Vamsi and Ambassador Popp at the commissioning event



Case finding: MUWRP exceeds annual case finding target



Left: Program officer HIV testing Mr. Vincent Kawooya facilitating a skill-building session.



Right: Joyce Nandobya, screener at Buvuma HCIV multi-tasking for triage, TB Screening and pre/post-test counseling and linkage of positives and negatives (Status neutral/HTS for prevention services)

Makerere University Walter Reed Project exceeded its annual HIV case-finding target by realizing 8,721 (118%) far above the annual target of 7,555 (Q3,FY24).

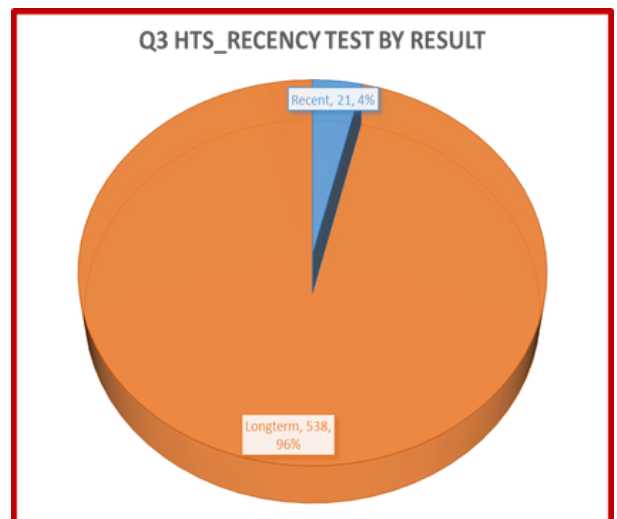
This performance has been attributed to the scaling and optimization of high-volume case finding interventions and innovations, including provider-initiated HIV testing and counseling (PITC), index testing (facility and community) and social network testing strategy, Munoonye Campaign to find HIV positive children, and training of health workers at different service points.

By Q3, we had surpassed the annual RT testing targets, with Luweero and Nakasongola contributing to the largest RT testing numbers. Overall 21.4% of HIV infections are recent

Makerere University Walter Reed Project also conducted integrated and targeted HIV testing outreaches across 12 sites in Buvuma District.

These initiatives are part of a broader strategy to reach key populations and ensure that those at risk of HIV receive timely testing and initiation on ART.

A total of 670 health workers (including lay workers) and 141 KP peers across the six MUWRP-supported districts, received capacity building and training in delivering quality-assured HIV testing and counseling including applying safe and ethical approaches across modalities and multitasking by lay workers.



Care and Treatment

Ministry of Health Pilots the Integrated Community Service Delivery Model in the MUWRP-PEPFAR program districts



Ministry of Health and MUWRP teams during one of the meetings to discuss the program implementation

The Ministry of Health (MoH) rolled out the Integrated Community Service Delivery Model (ICSDM) under the pilot program supported by the Makerere University Walter Reed Project in Mukono, Kayunga, Buikwe, and Buvuma districts.

MUWRP started implementing the model in October 2023 with seven facilities, including Lugasa HC III, Galiraaya HC III, Njeru HC III, SSI HC III, Nakifuma HC III, Buvuma HC IV, St. Charles Lwanga, and Mukono General Hospital. These facilities were selected based on the number of non-suppressing clients, and health workers were attached to each non-suppressing client to provide dedicated support. Currently, 84 facilities across six MUWRP-PEPFAR program districts are implementing the model.

Positive Outcomes and Success Stories of the ICSDM Pilot

The implementation of ICSDM showed significant progress and positive outcomes across the pilot districts. The overall training rate of community health workers (CHWs) reached 97% by July 2024, an improvement from 94% in June 2024. This demonstrates a strong commitment to building capacity. Mukono District, in particular, achieved an impressive 103% training rate, by training 143 CHWs above 139 targeted.

Re-suppression rates among non-suppressing clients have also improved notably. In July 2024, 177 out of 404 clients (44%) who were eligible for a repeat viral load (VL) test, achieved viral suppression, up from 139 out of 352 clients (39%) in June 2024. This increase indicates enhanced adherence and effectiveness of treatment efforts under the ICSDM.

Improvement in performance across sites



Several facilities have demonstrated exceptional performance in enrolling clients onto the ICSDM. For example, Buikwe HC III (Buikwe District), Lwajje HC II, and Namiti Health Centre HC II (Buvuma District) all achieved 100% enrollment rates for High-Level Viremia (HLV) clients, reflecting effective engagement strategies and strong community involvement.

The Index Case Testing (ICT) approach has also been effective in certain areas. Luweero and Nakasongola districts reported relatively high yields from ICT, with over 5% of household members of non-suppressing clients testing positive for HIV, indicating targeted testing efforts are yielding results.



Ministry of Health officials interact with the MUWRP care and treatment team during onsite support supervisions at Njeru Town Council HC III.

Referral to socioeconomic services has seen an improvement, with a total of 468 clients out of 7,107 People living with HIV screened. Of the 468 clients, 256 (55%) successfully accessed support, highlighting better integration of health and social support systems. Nutrition support was the most sought for service.

Support Supervision for Scale-Up

A team from MoH, led by Dr. Linda Nabitaka, conducted support supervision in the selected sites. They engaged with the teams from the different facilities implementing the model, who shared data-driven updates. After these interactions and onsite supervision at some of the selected facilities, a scale-up was recommended due to the model's success.

Success Story of the Community Model



Shakira scans through files of non-suppressing clients at Njeru T/C Health Centre III.

Shakira Nalwoga is a mentor mother at Njeru Town Council Health Centre in Buikwe District. She is one of the five community health workers who support the implementation of the Integrated Community Service Delivery Model. Currently, Shakira supports five non-suppressing clients. Her day begins with visits to her two clients, who take their medication at 7 and 8 am respectively. Afterwards, she proceeds to the health centre to attend to other assignments before resuming her visits to the remaining three clients later in the day.

Nalwoga has been carrying out these responsibilities for the past three months following the rolling out of the Integrated Community Service Delivery Model by the MoH and MUWRP.

“At the start, I gathered information about my non-suppressing clients. I obtained their telephone contacts and contacted them for directions to their homes. We have been consistent in our efforts, never missing a day without taking the prescribed medication. Recently, their viral load tests were conducted, and I am optimistic they will show suppressed levels.” Nalwoga says.

The selected clients also connect to other services, including TB screening, assisted partner notification, nutritional support, and socio-economic programs. As we continue our conversation, Shakira realizes it's almost time for one of her client visits, and I accompany her. In about 10 minutes, we arrive at the home of Susan (52 years) and Peter (70 years) (pseudonyms), both living with HIV, but Susan's viral load remains non-suppressed. She is currently undergoing directly observed treatment (DOTs) with support from Shakira. "This initiative has been incredibly beneficial. The health worker has provided invaluable support, and we are making progress." Susan says.



Home visit by a community health worker for directly observed treatment

Shakira acknowledges that it has not been a smooth ride.

"Some clients initially resist visits, but through befriending them, they eventually realize it's for their benefit. They become more willing to share, which helps us determine the right interventions,"

Overall, Shakira sees the ICSDM as a beneficial model. "My clients were supported to form a savings group in December 2023. I have remained consistent in my support, never missing a day, and gradually, the clients have become accustomed to the schedules. I am confident they will maintain adherence even after the visits cease," she adds.

Njeru Town Council HC III currently has 664 clients under HIV care and treatment, with 39 identified as non-suppressing. Among these, 38 have community health workers who support them in adhering to treatment.



Shakira supports Susan (left) during directly observed treatment at her home

Enhancing Prevention of Mother To Child Transmission of HIV Implementation through focused trainings

In a concerted effort to bolster the capacity of newly recruited midwives, a series of Prevention of Mother-To-Child Transmission (PMTCT) focused trainings were conducted. These sessions aimed to equip participants with the necessary skills and knowledge to effectively implement PMTCT programs. The trainings saw participation from four districts that included Mukono, Buvuma, Buikwe and Kayunga. During the sessions, several key indicators were prioritized to ensure a comprehensive understanding and robust implementation of PMTCT initiatives.

Major indicators covered included PMTCT program performance, essential PMTCT program interventions such as the Early Infant Diagnosis (EID) cascade and maternal retesting, and innovative approaches like the integration of Expanded Program on Immunization (EPI) with EID, Estimated Date of Delivery (EDD) and birth cohort monitoring, and Orphans and Vulnerable Children (OVC) screening. Additionally, participants were trained on the use of PMTCT Health Management Information System (HMIS) tools, among other critical aspects. These focused trainings are a vital step towards improving PMTCT services, ensuring that newly recruited midwives are well-prepared to contribute to the health and well-being of mothers and their children.



Group photo: Participants who attended a PMTCT training at Kayunga District Local Government offices.

Cervical Cancer screening and treatment improves in MUWRP-PEPFAR districts

MUWRP continued to offer cervical cancer screening and treatment services with 8,289 females aged 25-49 years screened by Q3,FY24 in the six districts against a target of 10,335. 871 tested positive and of these 754 women were treated. In quarter three alone, 2,943 females were screened for cervical cancer and of these, 330 positives were identified and 294 treated.

For some time, women encountered challenges in accessing cervical cancer screening services and treatment services like inadequate loop electro-surgical excision procedure (LEEP) services, long turnaround time for HPV results and transport challenges access services. To address these challenges, MUWRP conducted refresher training for health workers on cervical cancer treatment protocols and closely working with laboratory departments to have same day HPV results, active follow up and offering transport refund to women called back for treatment to mitigate these challenges. Mukono general Hospital is also supporting LEEP services for other districts



In the pictures: Training of health workers on cervical cancer



Cervical cancer screening room at Mukono General Hospital.

Integration of non communicable diseases in HIV care



MUWRP fully integrated non-communicable diseases (NCDs) screening and management into HIV care in 135 facilities. The program started as a pilot in 19 facilities and this has been scaled up to 135 facilities across the six districts of Mukono, Kayunga, Buikwe, Buvuma, Nakasongola and Luweero districts in financial year 2024.

A health worker at Mukono General Hospital takes blood pressure measurements of a client

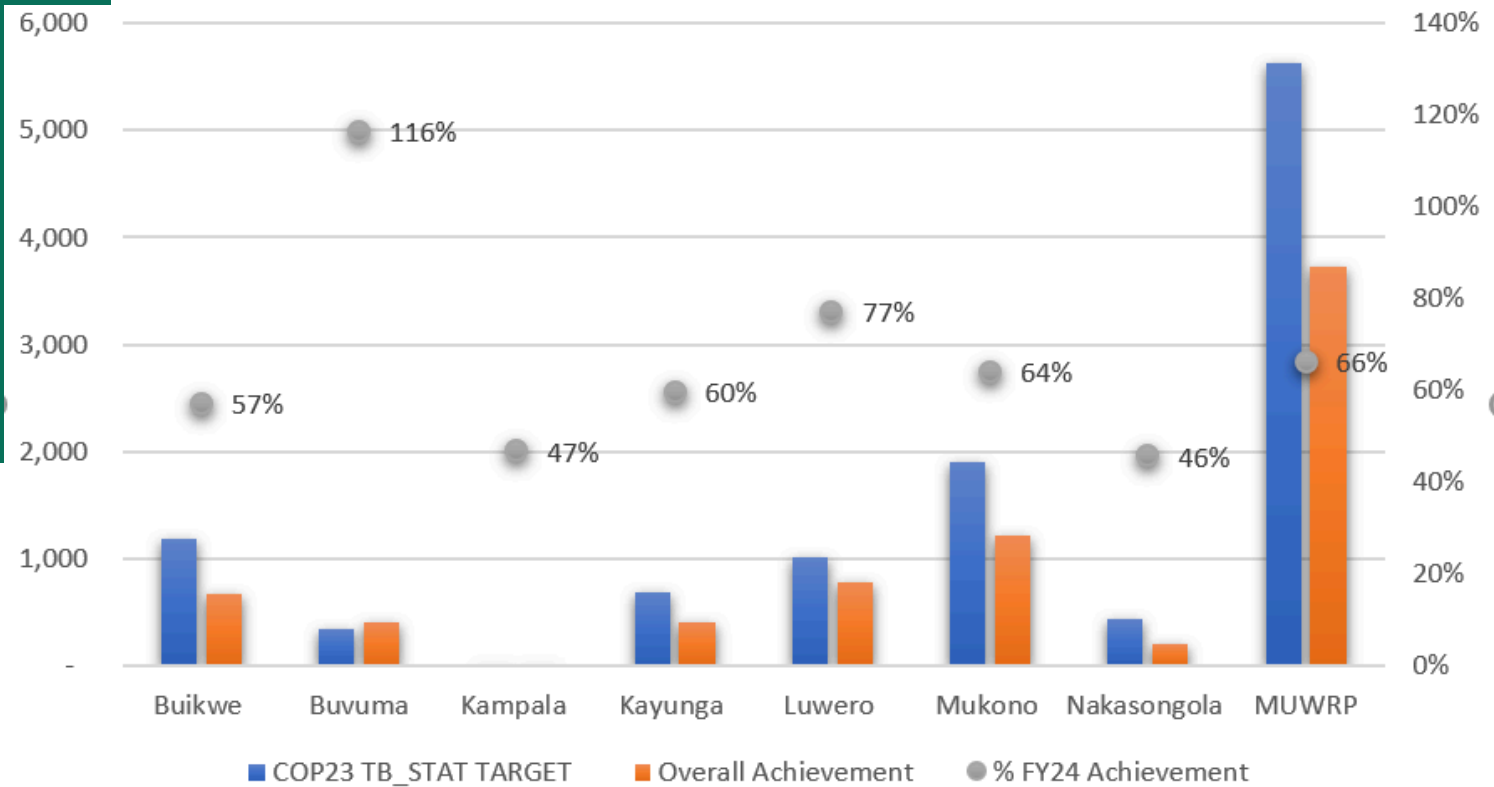
The program started with the training of targeted District Health Teams and Health workers from selected ART and PMTCT sites and later cascaded to facilities where trainings were also conducted. Focus was on screening, diagnosis, and management of hypertension, diabetes, anxiety, depression, alcohol abuse, and substance abuse among persons living with HIV using the Standard Operating Procedures. By the end of the trainings, trainees were able to demonstrate their ability to train health workers in completing data collection tools for HIV and NCD integration and equip them with the necessary knowledge and skills to provide counseling for priority mental health conditions using the Group Support Psychotherapy approach.

By July 2024, up to 1,542 cases had been identified and 1,386 have been treated. 305 Diabetes cases were identified and of these 275 were treated. 209 cases of alcohol/substance abuse were identified and 106 cases were treated, while 160 clients reported with anxiety/depression and of these 65 were treated.



Dr. Nicholas Ssentenza from MUWRP engages clinical teams during one of the capacity building sessions.

MUWRP registers improvement in TB case identification and treatment



One of the TB Cast activities in Luweero and Kayunga districts. The cast campaign also happened in Mukono and Buvuma.



MUWRP continued to support tuberculosis case identification and treatment services across different sub-populations in the six districts. MUWRP achieved 100% coverage and this has been attributed to TB Cast+Campaign in conjunction with Ministry of Health, Hot spot testing, facility-based TB surge with daily updates from selected facilities.

Nearly all TB/HIV co-infected were started on ART, except 1 client in Nakasongola and 3 in Mukono who were still on the intensive phase of anti-TBs and overall TPT completion and initiation at 98% & 75% respectively. Kayunga has lowest TPT initiation at 49% followed by Mukono at 73%. These rates can be improved through Chart Reviews and alerting Clinicians of those who need TPT initiation.

MUWRP supported facilities perform well in SIMS assessment

In financial year 2024 , MUWRP conducted both comprehensive and focused Site improvements and monitoring systems (SIMS) assessments in eight facilities. This exercise, led by DoD WRAIR and District Health Teams, was carried out in six districts: Luweero, Nakasongola, Buikwe, Buvuma, Kayunga, and Mukono.

The assessments evaluated facilities against enhanced standards, which included the quality of healthcare services, the establishment of Quality Improvement Committees from the district level to individual facilities, patient rights observations and tools, child protection, availability and use of HMIS tools, documentation, integration of quality improvement activities, data quality, and the implementation of 5S practices (Sort, Set, Shine, Sustain, and Standardize), among others.

Feedback was shared with the facilities, and significant improvements were observed across all SETS and CEEs. As a result of this activity, service delivery at the facilities improved notably, with the formation of quality improvement committees, weekly performance review meetings, and the provision of Patient Rights Charters to further enhance service quality.

These results highlight the dedication of healthcare teams to delivering high-quality care and emphasize the positive impact of continuous monitoring and evaluation. The progress achieved in these areas lays a strong foundation for future advancements toward excellence in healthcare delivery.



Caption: DoD WRAIR and MUWRP teams run through files at Galiraaya HC III

MUWRP participates in National quality improvement conference.

MUWRP participated in the 10th National Quality Improvement conference at Imperial Resort Beach Hotel in Entebbe from 12th- 14th- March- 2024. The conference reflected on the theme: “innovations to strengthen health systems for delivery of quality health care in resource limited settings”. 531 abstracts were submitted to the Ministry of Health Standards, Compliance, Accreditation and patient protection (SCAPP) department and out of these 196 were nominated for presentation at the conference including MUWRP’s abstract on improving client satisfaction for women screened for cervical cancer.

MUWRP’s abstract was authored by the technical advisor on continuous quality improvement, Mrs Lucia Nakiyega Wamala who presented during the meeting. The abstract stemmed from a client satisfaction survey on cervical cancer screening at Mukono General Hospital indicating that 90% of women screened for cervical cancer were satisfied with the service.



MUWRP’s Technical Advisor on Continuous Quality improvement – Mrs. Lucia Nakiyega Wamala – makes a presentation during the conference.

MUWRP rolls out DREAMS Program in Kayunga

The Makerere University Walter Reed Project (MUWRP) started implementing the DREAMS Program in Kayunga District with a target to reach 6,149 adolescent girls and young women during the financial year 2023/24.



Currently, the program is operational in five sub-counties of Kayunga District. These include Bbaale, Galiraaya, and Kayonza sub-counties under the Hands of Charity and Busaana and Nazigo sub-counties under the Community Health and Empowerment and Relief Agency (CHEDRA).



Girls under the DREAMS program during violence prevention and skilling sessions.

Adolescent boys and young men under DREAMS



Boys during one of the sessions in Mukono District.

Adolescent boys and young Men (ABYM) this year benefitted from prevention programs under the DREAMS program. With support from PEPFAR, MUWRP successfully implemented the DREAMS program in Mukono District for the past seven years until financial year 2024 when it expanded to Kayunga District and this time with a package for ABYMs.

The primary objective of this initiative is to involve ABYMs in advocacy for violence prevention, with an aim to mitigate risk behaviours. Furthermore, the program has empowered ABYMs access health services and support their partners in accessing health services as well. The services include voluntary medical male circumcision, HIV testing services, PrEP, condoms, and psycho-social support.

The target age groups for ABYMs include 10-14, 15-19, and 20-24 years. To facilitate effective implementation of the program, MUWRP engaged youth leaders and other stakeholders who led in community sensitization efforts, identification of safe spaces for conducting training sessions, and pinpointing ABYMs who were trained as peers and later delivered the curriculum. The initiative was welcomed with open hands by community leaders, including youth leaders.



Chris Lucky Kafeero- Youth leader

This is a good initiative because it will help deal with the so many challenges we are having with adolescent boys and young men. The trainings are a good opportunity for them to reflect on their behaviour for a positive change.



Communities welcome violence prevention packages for boys and young men under DREAMS.

The program is good especially when it comes to those out school. More focus should be put on those between 20-24 because majority of these are behind the high cases of sexual violence against girls and young women.

Jane Namaja - Head of child protection police unit at Katosi



Triumph Over Hardship: Bena Nabaggala's Journey through DREAMS



Bena interacts with a fellows DREAMS girl at the DREAMS in Mukono

Bena Nabaggala is a beneficiary of the DREAMS program. As a young woman she faced significant challenges in her education journey. At the age of 17, she was forced to drop out of school due to her father's illness. His diagnosis of skin cancer meant he could no longer provide financial support for the family, leaving Bena feeling hopeless and despondent.

“My father's illness left him bedridden, and with my mother being a housewife, there was no means to continue my education. It was disheartening to watch peers go to school while I stayed at home,” Bena recalls.

One morning, Bena heard an announcement on a local community radio urging out-of-school girls to gather at the local council chairperson's residence. Without hesitation, Bena joined the group, spurred on by the presence of other girls in similar situations.

After undergoing screening, Bena qualified for the DREAMS program, where she received comprehensive training on HIV prevention, including topics such as condom use, family planning, and assertiveness skills to resist negative influences.

“What struck me the most was receiving HIV-negative results, which empowered me to remain vigilant in maintaining my negative status. Through the program, I have not only learnt to protect myself against HIV and violence but also forged valuable friendships,” she shares. Bena further availed herself of the socioeconomic empowerment program by enrolling in a bakery course. Presently, she crafts cakes for birthday celebrations within her neighborhood and for friends. “My most profound joy came when I baked a cake for my parents' wedding anniversary, after my father was declared cancer-free,” she emotionally reflects.

Bena has diversified her skills by delving into craft making as well. She actively participates in various community and national platforms to showcase and sell her handmade products.

“What struck me the most was receiving HIV-negative results, which empowered me to remain vigilant in maintaining my negative status. Through the program, I have not only learnt to protect myself against HIV and violence but also forged valuable friendships.”



Bena at the stall selling out to guests at the National Pre-World AIDS DAY meeting for young people



Bena together with other DREAMS girls at the Women Katale exhibition in Jinja.

DREAMS Program in islands- A focus on Kansambwe islands



Above: Girls at one of the safe spaces in Kansambwe

Kansambwe is one of the islands that make up Koome Islands in Mukono district. With a population of over 23,000 people, the Island relies on fishing as the main economic activity. It has one primary school and no secondary school. Many of the children on this Island drop out of school. At the Islands, several girls and young women walk around the village, while some tend to fishnets, and others work in bars that run day and night. This state of affairs prompted MUWRP with support from PEPFAR to extend its DREAMS to the islands.

How DREAMS transformed Nakayiza's life

Nakayiza Doreen, 24 years old, is a DREAMS Girl. She testifies that her life has transformed because of the information and mentorship she received through the program.

"I joined DREAMS after hearing announcements on our community radio. I was out of school and surviving through maintenance, repair and management of fishing nets." Doreen recalls. She was educated about the HIV prevention program and took an HIV test, which turned out positive. After intensive counseling, she was started on ART and encouraged to live positively. She has also benefited from the skills development program, such as weaving, which has helped her earn a living without depending on transactional sex for survival.

"I have transformed my behavior, and knowing my status empowered me to enroll for ART. I know how to protect myself and those around me. I have acquired weaving skills and serving as a mentor." Doreen said, adding that her dream is to see more girls supported through the program since many do not study up to secondary school.

At Kansambwe Island, the community engages in various activities to earn a living. Some activities include fishnet laying, drying silverfish, commercial sex work and bar attendance. Programs like the DREAMS complement the government's effort to improve the state of life for its citizens, and residents of Kansambwe attest to this. Nannyonga Juliet, 43 years old, has a child who participated in the DREAMS Program. Juliet testifies that the program has transformed her daughter into a responsible person. "By the time my daughter joined the DREAMS program, she was out of school, locked to a peer group and would barely listen to me. After joining the program, she transformed her lifestyle and accepted to go back to school. She is in senior three now," Juliet revealed adding that the program has also helped many young girls refrain from loitering around the village, and many are now engaging in productive activities. Juliet, however, decries that many girls continue to be at risk of encountering gender-based violence, yet they do not access justice due to weaknesses in law enforcement.



Life on Kansambwe Islands

On his part, the LC I chairperson for Kansambwe is grateful to MUWRP for supporting the girls on the Island to live better lives. "As leaders, we will continue to mobilize the communities to participate in MUWRP's programs," he promised. Regarding gender-based violence, the chairperson pointed out that until the government sets up a police post on the Island, Gender based violence will remain a challenge. He, however, committed to continue engaging his community on the need to end gender-based violence.

Voluntary Medical Male Circumcision

Makerere University Walter Reed Project extended voluntary medical male circumcision (VMMC) services to boys and men between ages of 15–60 years. By August 2024, up to 21,724 boys and men were circumcised with 2,406 in Kayunga, 7,658 in Buikwe, 775 Buvuma, 3,151 in Luweero, 6,605 in Mukono and 1,129 in Nakasongola.

MUWRP reached out to men through camps and VMMC clinics at health facilities and conducted capacity building workshops for both community and facility teams.

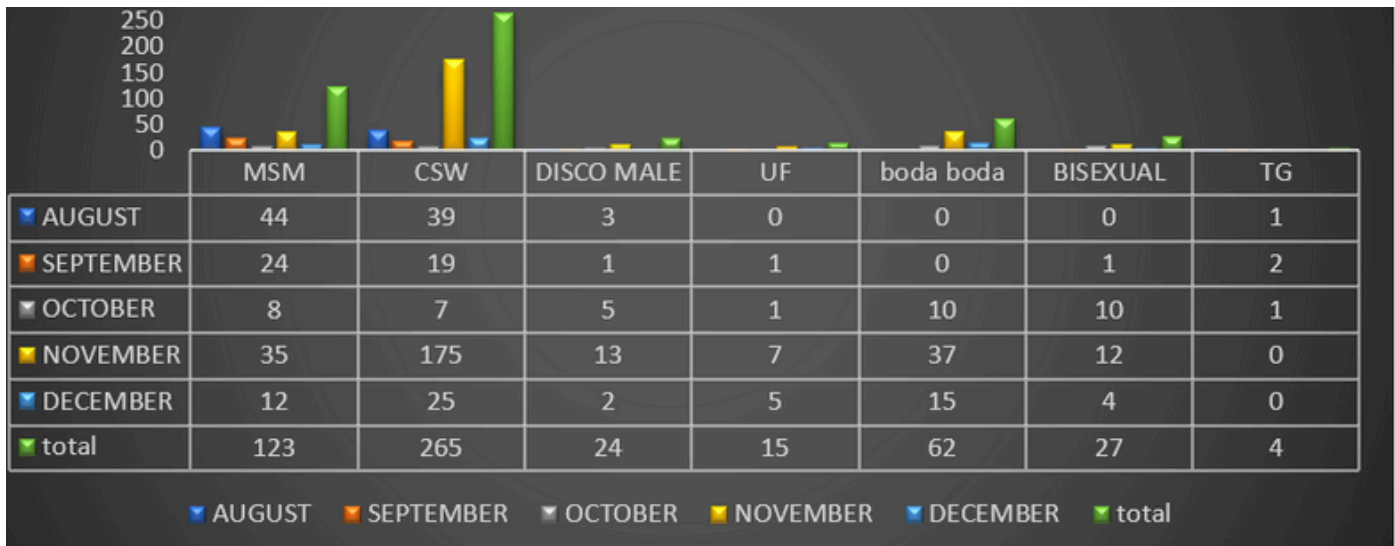


VMMC Camp held in Kayunga District.

Right: Training of health facility teams on safe medical male circumcision.



PrEP



PrEP initiations between August to December during the pilot program.

The Ministry of Health approved the oral event-driven PrEP option in the new 2022 ART guidelines, following the approval of Oral Event-Driven PrEP (ED PrEP) by the World Health Organization. This approval that applies to cisgender men and male peers assigned male at birth for HIV prevention offers a more convenient option for PrEP as a biomedical prevention strategy taken only when necessary in response to HIV risk, before and after exposure, rather than on a daily basis like daily oral PrEP.

The implementation of an Event-driven PrEP (ED PrEP) pilot program took place at Mukono General Hospital under the supervision of MUWRP. The strategy involves individuals taking a double dose of Truvada before engaging in sexual activity, followed by additional doses at specific intervals. Specifically, one pill is taken 24 hours after the initial double dose, and then another pill is taken 24 hours after the second dose.

During the implementation of ED PrEP, MUWRP identified and trained healthcare providers and peers involved in the program. They also raised awareness among the male population about ED PrEP and followed up with clients who had stopped taking PrEP due to reasons such as pill burden. Additionally, they provided information on the drug's mechanism of action to some clients who had previously discontinued PrEP, and re-initiated some of them on PrEP.

To facilitate the transition from ED PrEP to oral daily PrEP and vice versa, MUWRP developed an ED PrEP transitioning tool. MUWRP enhanced the documentation of ED PrEP to efficiently monitor clients in the PrEP register as well as documented clients who were due for appointments in the appointment register to ensure tracking of clients for follow up.

During the pilot phase, MUWRP diligently ensured that clients who required follow-up were effectively contacted through phone calls, and their progress was monitored using the PrEP appointment registers and peer support. It is worth noting that a significant proportion, precisely 66%, of the eligible clients were successfully followed up.

Strengthening Health Information Systems



Training of HIV clinic staff on electronic exchange process at Kayunga Regional Referral Hospital

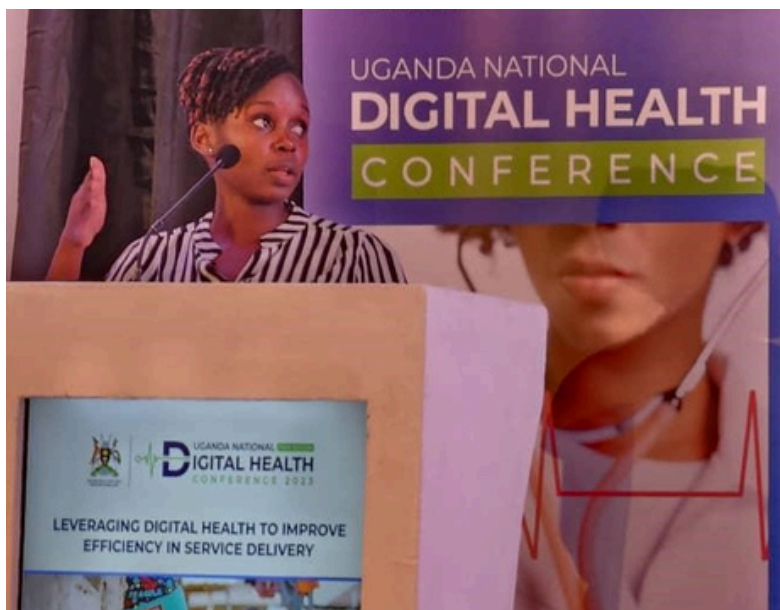
We can now send viral load requests and receive back results electronically through the electronic medical records (EMR) system.

The Health information systems team (HIS) at MUWRP and the Clinic Master team, with support from key stakeholders at the Ministry of Health, successfully implemented the second phase of the Viral Load-Health Information Exchange Integration with ClinicMaster.

This phase included sharing additional key parameters along with the test details when requesting viral load tests from Central Public Health Laboratory technical(CPHL).

The integration was successfully piloted at Kayunga Regional Referral Hospital , where the MUWRP HIS and CPHL teams collaborated. The hospital's HIV Clinic staff were trained on the electronic exchange process and proper handling and delivery of samples to CPHL. To streamline the process, CPHL introduced barcodes, significantly improving the identification of patient viral load samples. To date, a total of 449 viral load samples have been sent electronically through this system.

In a related development, MUWRP also participated in the National Digital Health Conference and presented an abstract on the use of Electronic Medical Records systems (EMR) to improve patient care and management at Kayunga Regional Referral Hospital.



**Left: MUWRP's Josephine Nampala making a presentation at the conference.
Right: The MUWRP HIS-Technological support services team at the conference**

Health Systems Strengthening

MUWRP collaborated with five health facilities to improve patient flow, confidentiality, and infection prevention and control (IPC) at their ART Clinics by enhancing patient waiting areas. The facilities involved were Buikwe HCIII, Goma HCIII, Naggojje HCIII, Kangulumira HCIV, and Nkokonjeru HCIII in Kayunga District.

Over 1,000 healthcare personnel—including clinicians, medical social workers, lay workers, and other staff—were supported through salary and wage subsidies, aimed at improving the quality of service delivery. MUWRP also maintained strong partnerships with United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Infectious Diseases Institute, and the Ministry of Health (MOH) to support the Kayunga District Health Team during the cholera outbreak.

To extend HIV prevention, care, and treatment services to the grassroots level, 24 community-based organizations (CBOs) were sub-granted to implement these programs. Along with the financial support, capacity-building in financial management was provided to the CBOs. Quarterly leadership and governance meetings were held with district local governments to address structural and administrative challenges affecting service delivery. Furthermore, support was provided to Kayunga Regional Referral Hospital in developing a 5-year strategic plan.

MUWRP participates in Self -Care Day celebrations in Kayunga

MUWRP participated in national celebrations to commemorate National Self-Care Day at Ndeeba Church of Uganda in Kayunga District. The celebrations, which started with a march through Kayunga town, focused on the theme "Self-Care for Health and Well-Being."

MUWRP in partnership with Kayunga Regional Referral Hospital conducted HIV testing and screened residents of Kayunga for non-communicable diseases such as hypertension and diabetes.

Young people living with HIV under the Young and Adolescent Peer Support (YAPS) program also showcased their products and called for an end to stigma through a performance at the event. The event was presided over by various government officials, led by representatives from the Ministry of Health, Kayunga District Local Government officials, and the Resident District Commissioner.



Right. YAPS team performs at the commemoration of Self-Care Day. Left. MUWRP and KRRH offering HIV testing services.

MUWRP participates in World AIDS Day Commemorations 2023

MUWRP actively participated in the annual National HIV/AIDS Symposium held at Millennium Park in Lugogo, Kampala, in November 2023.

The primary objective of this event is to facilitate a comprehensive review and assessment of the country's HIV/AIDS performance, aligning with the targets outlined in the The National HIV and AIDS Strategic Plan for the period 2020/21 – 2024/25. Decisions and discussions at the symposium played a pivotal role in shaping the planning and monitoring of the national multi-sectoral response for the upcoming year, 2023/24.

Organized by the Uganda AIDS Commission, the symposium featured the sharing of relevant statistics concerning the state of HIV/AIDS in Uganda. Notably, despite an overall reduction in new infections from 86,000 in 2010 to 52,000 in 2022, the incidence among adolescent young girls aged 15-24 years remained alarmingly high, contributing to 70% (15,000) of the new infections.

Another notable issue is that out of the 52,000 new infections, 4,000 were reported among young men. A session was dedicated to young people to voice their concerns and advocate for increased and meaningful involvement in HIV/AIDS programming, as they are one of the most affected segments of society.

The event also served as an invaluable opportunity to showcase the innovations of partners actively engaged in HIV and AIDS research, prevention, care, and treatment. MUWRP, in particular, showcased its impactful work in HIV research, prevention, and treatment programs and was recognized for its outstanding contributions.



Right: Minister for Presidency, Hon. Mary Babalanda, takes a group photo with the US Ambassador to Uganda, William Popp.
Left: DoD WRAIR country Director, Vamsi Vasireddy, and PEPFAR Coordinator in Uganda, Mary Bogman at the symposium.

Our stories in pictures

National HIV/AIDS Symposium 2023



MUWRP holds camp at Kimmi Landing Site



Engagement of leaders and communities on Gender based violence



Technical Duty Yonde (TDY) Visits

Right: International HIV Prevention and Treatment (IHPT) and MUWRP clinical teams



Above: Kris Panico visit to the KP and DREAMS program



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