

Events Around MJAP

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PEPFAR Science Summit
2024

USAID LPHS E.C/MJAP Project's Insights from PEPFAR Science Summit 2024: "Follow the Science to Epidemic Control". January 22nd - 23rd, 2024

The USAID Local Partner Health Services-East Central Uganda Project (USAID's LPHS E.C) is a five-year initiative implemented by Makerere University Joint AIDS Program (MJAP) and Youth Alive Uganda (YAU). Operating across 12 districts in Uganda's East Central region, the project aims to increase the availability, accessibility, and utilization of quality integrated HIV/TB services.

Recognizing service delivery gaps, the project emphasized operational research for informed decision-making and equitable resource utilization. In its second year, the project focused on strengthening its research agenda and actively participated in the PEPFAR Science Summit 2024, themed "Follow the Science to Epidemic Control."

Key lessons learned include the importance of measuring program success, involving adolescents in planning, the impact of information acceptance on treatment adherence, staying updated on HIV research, global sharing of research findings for improved visibility, utilizing technology for conferences, and leveraging meetings for international collaborations. These lessons contribute to the project's commitment to evidence-based interventions and achieving the 95-95-95 goals in line with continuous quality improvement (CQI).

MJAP's active participation at the PEPFAR Science Summit 2024 demonstrated its dedication to advancing these objectives.

By. Joel Kasakaire

MJAP JOINERS



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Mr. David Kamanzi
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DPS— Bugweri District



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DPS— Busia District



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Audit & Compliance Officer



Ms. Charity Nimusiima
Project Administrator

We warmly welcome Catherine, David, Scovia, Herbert, Promise and Gerald, to the MJAP community

Effective Leadership Styles Every Leader Should Possess.



Effective leaders in 2024 will stand out, not because they know how to show off their titles or power, but because they know the secrets to effectively engaging every employee under their supervision, and understand how to use their leadership style to pull the best out of each, enabling them to achieve their full potential. Scholars have written on, and researched, numerous leadership styles.

But there are 3 Key Leadership styles, at the least, that aspiring leaders should aim to master and have in their toolkit in 2024:

1. Transformational Leadership Style: This can be defined as a leadership approach that results in positive change within individuals, with the end goal of developing followers into leaders. Their research states that through a transformational leadership style, your team members' will have a sense of identity to the overall mission of the organization.

Some key traits of this approach include "being a role model for followers; challenging followers to take greater ownership for their work, and understanding the strengths and weaknesses of followers, so the leader can align followers with tasks that optimize their performance."

In more simple terms, Simply Psychology states that transformational leaders begin by identifying individual strengths and weaknesses of their team members, and then, guiding team members towards a common goal in which all play an active part. This fosters a sense of unity within teams and helps to retain engagement.

2. Adaptive Leadership Style: Adaptive leadership is where a manager or leader questions the status quo, embraces change, grows themselves and their organization through ongoing adaptation, learning, and experimentation, and creates an environment in which people feel empowered to take risks and learn from their own mistakes. All these qualities can perhaps be summed up in two words: growth mindset.

A good example of where adaptive leadership would come into play is if you were a project or product manager, for

instance, and halfway through development, a significant shift occurs in the market, rendering the project or product ineffective or outdated. You would then need to assess the situation from various sources, obtain feedback and seek input from team members, create a safe space for your team to share their ideas, and provide support and encouragement while testing and adapting your project's approach. All the while, you would need to reiterate to your team that it's OK to make mistakes, and implement mechanisms for lessons to be learned through failures.

3. Inclusive Leadership Style: This is perhaps one of the most important styles a leader or manager needs in 2024. More socially conscious Gen Z professionals are entering the workforce, and within a few years, will constitute the majority of the global workforce. They have made it clear that diversity and inclusion are their key priorities when considering a new employer, according to Deloitte research. Additionally, remote and hybrid work means that you will likely be managing (directly or indirectly) employees from around the globe, with varying backgrounds and cultures. Inclusive leadership entails creating an environment in which all team members are respected and valued, have a sense of belonging, and that they are all equally given the resources and opportunities to excel in their role.

To adopt inclusive leadership, seek to build empathy, facilitate various learning styles and preferences, and establish rapport. You also need to commit to recognizing bias when it occurs and being culturally intelligent, so you can develop stronger working relationships with your employees. Leadership is more than issuing directives and enforcing your authority and control. Today's organizations need leaders who are emotionally intelligent, empathetic, adaptable, resilient, and put their people first. Therefore, to face the challenges posed by the modern workforce, leaders will need to possess and understand a diverse range of leadership styles, so they can continue to motivate, inspire, and empower their teams to be high-performers and compete effectively within their industry, regardless of the circumstances.

By. David Mutesasira

IMPROVING THE PROPORTION OF CORRECTLY DOCUMENTED ADVERSE DRUG REACTIONS THROUGH CONTINUOUS MEDICAL EDUCATION AND TEAMWORK AT MULAGO ISS CLINIC, A HIGH-VOLUME HIV CARE FACILITY IN UGANDA.



In a study done by Namulindwa et al in 2022, it was revealed that the prevalence of adverse drug reactions among HIV patients on a dolutegravir (DTG) -based regimen was at 33.1% in Uganda. At the Mulago Immune Suppression Syndrome (ISS) clinic, the largest single HIV clinic in Uganda, out of 16,606 patients at the facility, 95% are on a DTG-based regimen. Proper documentation and reporting of adverse drug events experienced by patients is key in learning how to assess, manage, follow up, and prevent re-occurrence. This requires health professionals to completely and accurately document adverse drug reactions (ADRs). At Mulago ISS Clinic, correct documentation of ADRs was at 19% by January 2023 which was suboptimal. The ADR work improvement team, which comprised of the pharmacy team, a doctor, and a nurse, attributed this to the knowledge gap among health workers about correct ADR documentation and its rationale.

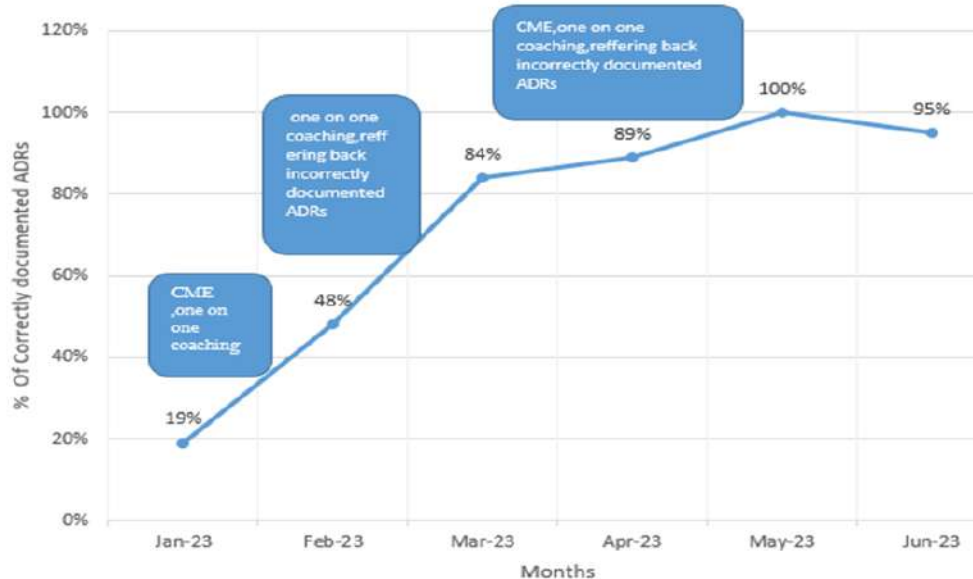
WHAT WAS THE INTERVENTION

We conducted continuous medical education (CMEs) regularly on proper ADR documentation and its rationale, this was followed up by one one-on-one coaching sessions. Reports of ADRs that were not correctly documented were also identified at the pharmacy level and referred back to the reporters who were coached on proper documentation.

CMEs on proper documentation and its rationale, followed up with one one-on-one coaching increased the proportion to 48% by February 2023. Referring back incorrectly documented ADR forms with coaching increased the proportion to 89% by April 2023. All the interventions were intensified which increased the proportion to 100% by May 2023.

RESULTS

Percentage Of Correctly Documented ADRs



LESSONS LEARNT

Capacity building through regular CMEs and one-on-one coaching of the pharmacy and clinical teams encouraged staff members to take action to intentionally ensure correct documentation of ADRs. When incorrectly documented ADRs were identified at the pharmacy, their forms were referred back to the responsible clinicians, and given one one-on-one coaching by the pharmacy team which fostered great teamwork among the two teams, this resulted in correct ADR documentation in the long run.

By. Dorothy Nakawangi

Engaging institutions of higher learning to offer HIV prevention care and treatment services



Higher institutions of learning frequently receive young men and women from different locations, cultures and environments coming from within and outside Uganda to pursue their studies for relatively long periods and they need healthcare services as they stay at the university halls and hostels of residence.

The majority of institutions of higher learning have well-established medical facilities to offer health care service provision to the students, staff and the communities around these institutions. However, the provision of these comprehensive services such as prevention, care and treatment of HIV/AIDS remains a challenge to most of the teams at these facilities.

In the year 2011, Makerere University Joint AIDS Program (MJAP) and Makerere University Hospital (MUH) both as entities of Makerere University partnered to start offering comprehensive HIV services to students, staff and the communities around the university. The institution championed Voluntary Male Medical circumcision (VMMC) services and established an ART clinic with about 50 recipients of care (ROC). Presently, the ART clinic has about 450 clients active on ART and has circumcised over 30,000 men over time.

With the increasing demand for these services and continued efforts to reach young people with comprehensive HIV services, MJAP partnered with Kyambogo University through its medical centre to offer similar services to the community around Kyambogo. This was welcomed by the management of the medical centre and outreach services for VMMC services were initiated in 2017.

To strengthen this collaboration, official engagements were made and MJAP is currently supporting a full package of comprehensive HIV services. By the end of quarter 1 of COP 23, the Medical Centre supported about 80 clients on ART and had circumcised over 2500 young people. A fully established static site for VMMC services has been established and more young men at the university can now access VMMC services.

MJAP has continued to offer these services to other institutions of higher learning within Kampala district but these services are mainly offered as outreach services to boost numbers to the static sites. Currently, institutions of higher learning such as the Young Men Christian Association (YMCA), Makerere University Business School (MUBS) and Nakawa Technical Institute are engaged as outreach sites for prevention care and treatment services including HIV testing, STI screening and management, provision of PEP and PrEP, gender-based management, support and linkage to care and treatment services.



MJAP and KYU staff after an engagement meeting. L to R, Mr. Waswa Kibuuka the VMMC team lead, Dr. Mukisa Charles, the KYU Medical Centre director, Mr. Sabiti Laban, HIV prevention coordinator and Ms. Nandawula Rosylin, the assistant administrator for VMMC services

By. *Laban Sabiti*

Transformative Impact of UgandaEMR: Revolutionizing Data Management and Patient Care in Ugandan Health Facilities.



The introduction of UgandaEMR in Ugandan health facilities marked a significant shift towards electronic medical records, supported by the Ministry of Health and METS. Despite initial challenges, including poor network connectivity and limited financial support, MJAP-LPHS-EC, with the backing of SITES and METS, implemented strategic interventions to enhance UgandaEMR utilization. These interventions included solar system installations, provision of power backups, on-site mentorship, and distribution of computers and tabs. As a result, the number of facilities utilizing UgandaEMR and POC increased substantially. POC emerged as a crucial tool in improving health outcomes by offering real-time documentation and enhancing service delivery. Valuable lessons in collaboration, innovation, and perseverance were learned throughout the process, guiding facility-based teams towards optimal UgandaEMR and POC utilization. In summary, UgandaEMR has transformed data management in Ugandan healthcare facilities, ushering in a new era of patient care and well-being.



Dr. Kawuma Samuel Receiving Computer accessories from Dr. Nahataba Felist (UHA) Donated to LPHS—EC to accelerate Uganda EMR Point Of Care in the Region

MJAP board members attending the district entry meeting in Bugiri before proceeding to engage with the health facility team at Wakwaka HC III. This meeting serves as an opportunity for them to gather insights and context about the local healthcare landscape before directly interacting with the team on-site.



During the field visit in Bugiri, MJAP board members had the opportunity to observe water transport activities. This snapshot provides insight into the unique challenges and contexts faced by communities in accessing healthcare services, enriching their understanding of the local dynamics.

GALLERY

MJAP Activity implementation across the Thematic Areas in pictures.



MJAP board members visiting Wakwaka Health Center III in Bugiri District to actively engage with the team and gain a comprehensive understanding of their work, while also showing appreciation and support for their efforts.



Anne Mary Nambubi CLINICIAN, NANKOMA HC4 presenting on behalf of USAID LPHS-EC MJAP at the Science summit committee 2024. On the Right is Dr. Moses, our Chief of Party, is representing MJAP at the PEPFAR Science Summit 2024.



Dorothy Nakanwagi, a Pharmacy technician and also the pharmacovigilance focal person at Mulago ISS Clinic having a One-on-one coaching session with a Clinician

Dr. Charle Balwanyi the DPS of Namayingo District addressing staff during Bugiri cluster coordination meeting with all transferred project staffs.



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