

Fellowship Focus

December 2013

UON HIV Fellowship Program



- 2nd Cohort Graduation Ceremony
- Fellows projects

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EDITORIAL

The Principal's Message

Celebrating 5 years of Capacity Building!



*Prof. Isaac O. Kibwage, PhD, HSC
Principal College of Health Sciences*

Dear Fellowship Stakeholders

A warm welcome to the 2nd edition of our newsletter! This period marks the program close-out period of our first phase which is also a time for reflection. A reflection for what we have achieved so far; what impact we have had to our beneficiaries and Kenya at large,

what we did well and what could call for improvement.

UON HIV Fellowship Program is hosted by UNITID in the College of Health Sciences in collaboration with the University of Washington. The fellowship reinforces the good reputation of the University in innovative teaching and research.

As the first fellowship training of its kind in Kenya, it has so far opened doors to other fellowships in the University tailored to providing competency-based training. Through it, we have strengthened the institutional and management capacity of the organization's implementing HIV prevention, Care and treatment.

This has enabled organizations to utilize funds well and apply the experience and technologies to

create a sustainable response to the HIV/AIDS epidemic. Sincere acknowledgement goes to Centers for Disease Control (CDC) for funding us to undertake this important activity and the University of Nairobi Management for the continued support of the program.

I also take this opportunity to congratulate the faculty members in the College of Health Sciences and in the University of Washington that have worked tirelessly to make this fellowship a success. To the fellows who have portrayed commitment during the training session, may you continue with the same spirit in improving the day to day activities and conditions in your workplaces.

Wish you a great read ahead!

'A reflection for what we have achieved so far; what impact we have had to our beneficiaries and Kenya at large, what we did well and what could call for improvement.'

EDITORIAL TEAM

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Elizabeth Kisyang'a



*Prof. Kiarie's presentation during
program review meeting*



*2nd Cohort fellows presenting their
projects to members*

WORD FROM THE DIRECTOR, UNITID



Prof. Walter Mwanda, EBS
MBChB, MRCPATH, MD
 Director UNITID

Let me take this opportunity to welcome you to our second edition of the 'Fellowship Focus'. As we mark the close-out of the first phase, I feel honored by the success of the program. It has laid a strong background for more fellowships at the University of Nairobi is aimed at improving the society.

I pay tribute to all departments and schools which have been very supportive of UNITID in implementation of this fellowship. They include: Schools of Medicine, Economics, Business, Computing and Informatics among others. I also wish to pay special tribute to our partner, University of Washington for their

tremendous support during the initial competition of the grant and their subsequent assistance in setting up and actualization of the e-learning component of the fellowship program.

I would like to pass my sincere gratitude to CDC for giving UON the opportunity to establish this program by generously funding all the training activities for the 5 year period. It is our hope as the UON Fellowship; that the funding will be extended for the next period to enable more Kenyans to benefit through the training thus help the country in achieving its intended goals in managing health and other related programs in its quest to achieving Vision 2030.

Being a competency-based program, this fellowship has been a key pillar in assisting fellows to gain the necessary knowledge required for their day to day activities at their places of work.

My word to the fellows who have graduated and those still undertaking their courses; may the impact of the training touch lives positively wherever you are.

'I feel honored by the success of the program. It has laid a strong background for more fellowships in UNITID and Nairobi University at large aimed at improving the society.'



2nd Cohort Fellows' internal presentation forum



MS Hellen Were doing her presentation during 2nd cohort presentation forum

PROGRAM DIRECTOR'S MESSAGE



Prof. James N. Kiarie,
 MBChB, MMED, MPH
 Director, UoN HIV Fellowship Program

HIV/AIDS programs in Kenya by providing training that is linked to improvement of service delivery in various institutions.

So far, 12 long term fellows in the 1st cohort (January 2010 intake) have already graduated. Most have been recruited as program managers and coordinators of programs involved in HIV prevention, care and treatment while the rest have either been promoted or assigned extra duties.

Eight (8) fellows in the 2nd cohort (August 2010 intake) will be graduating in December 2013 while the 3rd cohort (November 2011 intake) will graduate in December 2014.

In the last one year the program has recruited 116 fellows to undertake medium term fellowships in Quality Management (QM) and Monitoring & Evaluation of Health Programs (M&E). These fellows are in three cohorts admitted at different times in the year.

Twelve of these fellows have successfully completed their

projects and are set to receive their certificates in early December 2013. The rest will complete training in January and March 2014.

My acknowledgements go to University of Nairobi Management, our donors CDC and the University of Washington our collaborators who have worked with us hand in hand to see this fellowship program succeed.

‘As I see what the University of Nairobi HIV Fellowship has grown to, I am proud of the multidisciplinary team that conceived the idea.’

Welcome to the second edition of our newsletter. As I see what the University of Nairobi HIV Fellowship has grown to, I am proud of the multidisciplinary team that conceived the idea. As we mark the close-out of the first phase of funding, it has been such a successful

project and it is our hope that the funding will be extended to enable us to continue with this competency based capacity building program.

For the five years, the program has been in existence; it has contributed significantly to leadership and management of



Prof. Kiarie's presentation during program review meeting



Prof. Kiarie presents during a program review meeting

THE PROGRAM MANAGER'S WORD



*Sospeter Ndaba Kimani BSc, MPH,
Program Manager,*

It has been 5 years of exciting experiences for Fellows, Faculty and Staff of the UoN HIV Fellowship Program. The Program has attained several milestones worth mentioning:

We are proud to be the first fellowship program to be established in any university in the Kenya. To date, the program has entered into MoU's with over 22 prominent organizations involved in various HIV/ AIDS interventions.

These organizations have been an avenue for our fellows to gain

WE HAVE COME A LONG WAY!

hands on experience in program management through a structured mentored process.

The organizations in return have continued to gain from capacity building programs initiated by the fellows and also improvement of service delivery through implementation of problem based projects that address various programmatic gaps.

Furthermore, program has to date trained over 1,800 health care workers on various market driven short courses.

The courses have not only enabled them acquire knowledge but also vital skills that have led to a positive change in practice.

I do take this chance to congratulate the 2nd cohort fellows who will be graduating with the rest of the university fraternity on 6th December 2013.

This is the first time that the program is being integrated into the university graduation and we sincerely thank the Vice-Chancellor, Prof.

George Magoha for giving us this opportunity. We hope that the event will not only be an opportunity to market the program to our clients but also create knowledge to the wider public on "what a fellowship program is all about?"

Lastly I take this chance to thank the fellows, my colleagues in the secretariat, the

program director, the faculty members including institutional mentors, the university administration and our donor CDC.

Our collective efforts have established a foundation that will enable the program meet its long term objective of increasing the number of skilled personnel to effectively manage comprehensive HIV / AIDS prevention, treatment, care, and support interventions in the country.

"I do take this chance to congratulate the 2nd cohort fellows who will be graduating with the rest of the university fraternity on 6th December 2013."

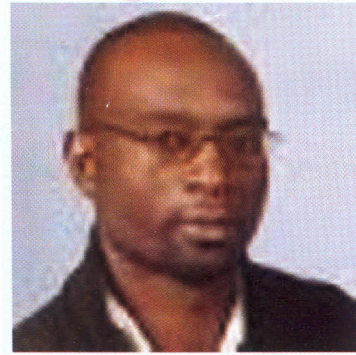


Sospeter presents during the Strategic Review Meeting



2nd Cohort Medium Term Fellows during training

FROM TRAINING COORDINATOR



Stephen Odindo, MSc CBIS, FUoN Training Coordinator, UoN HIV Fellowship Program

coming soon we will be offering selfpaced distance learning through an electronic platform.

courses and coming soon we will be offering selfpaced distance learning through an electronic platform. The evidence of the successes of this efforts are now showing with most of our fellows now placed in various positions of decision and policy making.

We have also continuously refined ways so as to make ourselves more competitive by bench marking other similar fellowships in the region such as the M A K S P H C D C HIV/AIDS Fellowship Program being offered in Makerere University and by constantly reviewing our curriculum using industry and academic professionals in our technical review committees.

Therefore, in relation to the quote by Brian Tracy, UoN HIV Fellowship program usually addresses the experiential skill based adult learning principles.

Through the program, we have managed to meet the following objectives :

1. Enhance trainees' knowledge, understanding and application of modern concepts of epidemiology, management, economics and informatics in in management of HIV/AIDS programs.

2. Equip trainees with skills to develop, implement, manage, monitor and evaluate large scale HIV/AIDS programmes.

3. Equip trainees with skills to utilize health economics methodologies in addressing micro and macroeconomic issues in HIV/AIDS programmes.

4. Equip trainees with skills to utilize health informatics in developing, implementing, managing, monitoring and evaluating large scale HIV/AIDS programmes.

In addition, we are fully committed to the pursuit of providing leadership that will achieve this goals and objectives.

"Those people who develop the ability to continuously acquire new and better forms of knowledge that they can apply to their work and to their lives will be the movers and shakers in our society for the indefinite future." - Brian Tracy

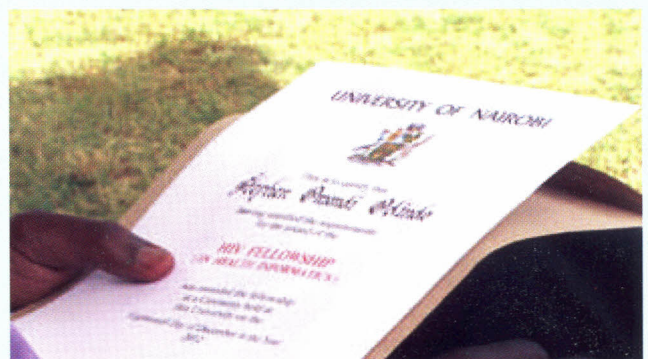
The UoN HIV Fellowship is uniquely designed to build the public health professionals' capacity to provide effective leadership and management of the public and private health sectors.

This goal is continuously being achieved through the postmasters two year long term fellowship, the post-graduate six month short fellowship, short face-to-face courses, online courses and

'We have also continuously refined ways so as to make ourselves more competitive by bench marking other similar fellowships.'



Stephen Odindo (in the front seat) during 1st cohort graduation



Mr. Odindo holds his certificate after graduation ceremony



UON HIV FELLOWSHIP TRACK LEADS



As experts in their different fields, Track Leads have knowledge of training needs in Kenya HIV/AIDS Programs , fellows and short course training participants. These experts lead curriculum development and oversee training activities in their respective tracks.



*Dr. Elisha Toyne Opiyo Omulo
PhD (CS) , MPhil (CS), B.ED
(Science)*

Dr. Elisha Toyne Opiyo Omulo PhD (Computer Science) MPhil (Computer Science), B.ED (Science), is the Health Informatics Track Lead. He is a lecturer at University of Nairobi lecturing a number of courses to Undergraduate Undergraduate (Bsc CS) and postgraduate (Msc CS, MA) students. He has wide experience in Distributed Systems; Data structures and Algorithms; Artificial Intelligence; Object-Oriented Analysis; Design and Programming; Management of Information Systems; Modeling and Simulations; Management of Information Systems and Advanced AI Programming. Dr. Opiyo is also a member of sub-committees within UoN School of Computing and Informatics and a member of subcommittees of the College of Biological and Physical Sciences. He is also a member of active research projects within the School of Computing and Informatics.

Dr. Okech C. Timothy (PhD), (MA), BA) is the Health Economics Track Lead. He holds Doctor of Philosophy in Economics specializing in both Health and International Economics. Dr. Okech has been trained in Health systems strengthening, policy analysis, curriculum Review and Development, Development of teaching materials, writing for publication, case writing and NASA HIV/AIDS Expenditure tracking and has over thirteen years experience in Health Systems policy analysis, leadership and management including curriculum review and development and review; development of teaching materials for many institutions including university of Nairobi, Kenyatta university, USIU, KIM, among others.

Key research areas have included Health Sector Reforms; Health Care Financing; universal coverage, Family planning, Health Care Planning and Budgeting, HIV/AIDS Expenditure Tracking, Monitoring & Evaluation (Performance indicator and evaluation), Health Care Evaluations and Costing; Planning and Management of resources and consultants, Analysis of Trade and Transport nationally, regionally and internationally.



*Dr. Okech C. Timothy
PhD (Health Economics) , MA
(Economics), BA (Economics)*



*Kamau Mubuu,
M.A, PGDCS, B.A*

Mr. Kamau Mubuu MA (Anthropology), PGDCS (Cultural Studies), BA (Government, History & Philosophy) is the Health Program Management Track Lead at UoN HIV Fellowship program. He is a lecturer at UoN School of Journalism and Mass Communication; A lecturer at Nairobi Institute of Tropical and Infectious Diseases (UNITID); Lecturer of Research Methods in Peace Education, Department of Continuing Education, Master of Arts in Peace Education and also an occasional Lecturer at Kimmage Centre for Development Studies MS-TCDC Arusha, Tanzania.

Mr. Mubuu is widely experienced in Health Communication and Resource Mobilization & Grant Writing; IEC Programs Management and Evaluation; Projects Specialization and Proposal Writing; Organizational Culture and Societal Strategy; Methodological Techniques in Gender Research and Organizational Behavior Communication.

PROJECT



Dr. Carolyne Atieno Odula
M.Med-Ob/Gyn; M.B.Ch.B

The Kenyan maternal mortality ratio is 488 per 100,000 live births per year, meaning that about 7,000 women die every year. One of the major reasons is lack of skilled attendance at birth. Questions are often asked as to why these women do not seek skilled attendance at birth.

Is it solely a financial issue or are health providers not treating them with respect? Why is access to skilled attendance poor? Is the infra-structure a contributing factor? Output-based aid is an innovative approach to increasing access to basic services — such as healthcare and education—for the poor in developing countries.

It is used in cases where poor people are not able to access basic services because they cannot afford to pay the full cost of user fees.

Output-based aid is also known as “performance based aid” or “results based aid” or “demand-side financing”.

It is part of a broader donor effort to ensure that aid is well spent and that the benefits go to the needy indirectly.

Promoting the uptake of maternal and newborn health services among a peri-urban population: The case for Kibera, Nairobi

The Kenya Demographic and Health Survey data (2008/2009) tells us that 56% of women deliver outside of a facility. If a woman experiences a complication far from proper medical care she risks losing her life. In the financing strategy being developed by the Government and other stakeholders, protection of the poor and other vulnerable groups in provision of health services is a key feature.

Besides, Vision 2030 reiterates that development of equitable financing mechanisms will be done through introduction of a system to channel funds directly to health care facilities to ensure that funds allocated are utilized for the intended purpose.

The areas in need of alternative financing such as Kibera stem from the fact that the Kenya's indicators of maternal mortality and infant mortality are NOT impressive. These indicators further suggest that if concerted efforts are not put in place at the community level, we will not achieve the Millennium Development Goals-2015.

While the health sector has been receiving increasing funding on the supply side, the health and service indicators have not followed suit.

For instance, utilization of facilities for delivery services in Kibera has generally been low (about 44%). In peri-urban settlements like Kibera, a large proportion (46%) of the population lives below poverty line. The relatively high poverty suggests that even if the demand for maternity and neonatal services is stimulated, the cost will still be out of reach of a large proportion of people, hence the need for demand side or alternative financing to reduce this.

Through promotion of the uptake of maternal and newborn health services among a periurban population project,



Dr. Carol Odula (2nd Cohort Fellow) with 3 junior doctor colleagues and artistes from Mombasa (Escobar and Zureya) before the medics offered free medical consultations to the public between edutainment sessions



Dr. Carol presenting during the internal project presentation of 2nd Cohort fellows

health information campaigns were conducted to support behavior change by increasing understanding and knowledge of factors surrounding maternal neonatal and child health.

Posters, fliers and other IEC material were developed and printed with the assistance of Kibera Community Development Agency and distributed with the help of the youth in Kibera. The information was also printed in the "Kibera Journal" whose main readership is the community.

The fellow together with Gideon and Phillip of a community radio called "Pamoja FM", hosted eight consecutive call-in sessions in an effort to broadcast maternal and child health messages. A guest speaker was invited on the final show to give the listeners perspectives on "Tablebanking" which was very popular. On average there were 15 to 20 callers per session with a wide variety

of questions that were handled aside from the set theme of the day. The national broadcaster Kenya Broadcasting Corporation as well as a private one K24 invited the fellow to host two morning shows each on health-seeking behavior amongst Kenyan in June 2012.

In addition, public barazas, shows and edutainment forums were also organized that had dual roles of educating and entertaining in equal measure. This was done in order to make the locals gain more interest in the campaign. The fellow developed "Effective health communication narrowcast campaign guidelines" which were adopted by the Ministry of Medical Services as to be used nationwide by health facilities.

This is a narrowcast guideline by which any message i.e. health messages can be popularized with the involvement of the community. Narrowcasting is quickly becoming a more effective means of communicating to segmented groups or populations. It entails selecting a specific target group of people that have similar characteristics in order to pass on a message that has been tailored to fit into their worldview. This method of communication is becoming popular because the audience can relate better to the message.

It is an alternative to broadcasting which utilizes mass media i.e. print (newspapers, magazines, billboards), radio, television, even the internet to pass on particular messages to a varied audience. Narrowcasting offers a personalized means of communication as it targets a specified audience with various similarities that can

be targeted in order to tailor the message to connect with them. The guide provided information on how to run a narrowcast campaign as it is a manual on what one needs to do when undertaking such a campaign, while giving examples. It also assists one in defining and choosing goals and objectives which link the overall aims of the campaign. Goals and objectives should be stated clearly to ensure that the program is able to identify, pursue and achieve its main agenda. For instance, the guide provides a detailed example in the process of developing objectives for a Fetal Alcohol Syndrome (FAS) prevention campaign implemented in a past campaign.

In total, there are 2 government run health facilities-(the Langata Health centre and the Kibera District officers Health Centre) and 3 others run jointly with the

government and other partners and 18 fully private ones. The fellow conducted three trainings lasting two days each for the health service providers from both type of facilities in the project area.

The project was implemented in three high volume primary health clinics in Kibera, namely: Lang'ata health center, Kibera health center and AMREF clinic as well as the communities surrounding these facilities. To ensure that good quality and standardized care, Reproductive Health updates were given to the staff in the clinics in the study area using the national training curriculum developed and approved by Ministries of Health.

Meanwhile, collaboration with the Ministry of Health point persons began at the earliest and once demand for services was created, the Ministry was fully engaged to consider allocating resources for the area within its budgetary frame.

ZIARA NINE ZA KLINIKI KWA WAJAWAZITO

ZIARA YA KWANZA

- Mwaliza historia yake ya uzazi
- Mjime hali ya mwili, kama ana damu ya kutotoka, kaswende na kifua kikuu
- Mpe changu ya pepo-panda na madini ya kuongoza damu
- Mpe tamba za SP ikawa ni zaidi ya wika 16
- Mshauri nasaha wa Vitvusi vya UKimwi

ZIARA YA PILI

- Kagua mpango wake wa matayarisho ya kujifungua
- Mpe kwa mara ya kwanza SP na madini ya kuongoza damu
- Sikiliza mpigo wa moyo wa mtoto tumboni

ZIARA YA TATU

- Kagua mpango wake wa matayarisho ya kujifungua
- Mpe kwa mara ya pili SP na madini ya kuongoza damu
- Mpe changu ya pepo-panda (kawa ni wika ya 4 baada ya chanzo cha kwanza)
- Sikiliza mpigo wa moyo wa mtoto tumboni

ZIARA YA NINE

- Kagua mpango wake wa matayarisho ya kujifungua
- Chunguza kama ana damu ya kutotoka
- Kagua hali ya mtoto tumboni
- Chunguza njia za kujifungua
- Mpe madini ya madini ya kuongoza damu
- Mshauri na mwalizisho tena vitvivo oweze kuzaa mtoto mwenye afya

Kumbuka kumuuliza mpango wake wa matayarisho ya kujifungua

Kabla ya mwanamba huya kuondoka kliniki kwanza mauliza kama:

- Amepata damu zenye madini ya kuongoza damu
- Ametambua damu za SP na kaswende chanzo ya pepo-panda
- Anajua dalili batani za mwili wa wazazi wa kujifungua
- Anajua otarudi lizi tena kliniki na kupata kipimo cha pili cha SP
- Anajitayarisha kikumaliza kwa uzazi
- Ashauri tena kuhusu jinsi ya kupanga uzazi baada ya kujifungua

Sasa unamatayarisha mtaje wakul

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FOCUSED ANTENATAL CARE

FIRST VISIT

- Advise on individual birth plan
- Take history
- Do physical exam
- Screen for anaemia, syphilis and TB
- Give tetanus toxoid, iron and folate
- Give SP if more than 16 weeks
- Tell her about danger signs
- Counsel for HIV

SECOND VISIT

- Check on individual birth plan
- Give 1st SP, iron and folate
- Listen for foetal heart sound
- Counsel and Educate

THIRD VISIT

- Check on individual birth plan
- Give 2nd SP, iron and folate
- Give tetanus toxoid (if 4 weeks from 1st dose)
- Listen to foetal heart sound
- Counsel and Educate

FOURTH VISIT

- Update on individual birth plan
- Look for anaemia
- Check foetal presentation
- Do pelvic exam
- Give iron and folate
- Counsel and Educate

Remember to ask about her Individual Birth Plan (IBP)

Does your client know when her baby is due?

- Has she identified a skilled birth attendant?
- Has she identified a health facility for delivery/emergency?
- Can she list danger signals in pregnancy and delivery?
- Has she identified a decision-maker in case of emergency?
- Does she know how to get money in case of emergency?
- Does she have a transport plan in case of emergency?
- Does she have a birth partner for the birth?
- Has she collected the basic supplies for the birth?

Yes!

Before the woman leaves your clinic, STOP and ask her if she:

- Has a supply of iron and folate tablets.
- Has taken her SP and has had her tetanus toxoid injection
- Knows the danger signs in pregnancy and child birth
- Knows her appointment for the next ANC visit and 2nd SP dose
- Has a birth plan
- Has a method of postpartum family planning in mind
- Knows the signs and symptoms of TB and has been screened if indicated

You have now prepared your client!

June 2012 ©Obs & Gynae Services, MOMS

A PROJECT TO HONOR

Kenyatta National Hospital has for many years dealt with manual transcription of patients' laboratory test results as well as manual medical records. Before the introduction of the webbased laboratory information system, it posed challenges associated with loss and misfiling of test results and transcription errors.

These usually led to delays in diagnosis and treatment of HIV patients. It is based on such inconveniences that Philomena Njeri Waruhari MSc. came up with the web-based laboratory information system for Kenyatta National Hospital Comprehensive Care Centre (CCC).

Born and brought up as the 4th born in a family of 12 children, Philomena grew up in the village 'shags' and comes from a humble family. She says she was just a humble typical village girl during her early days.

During her high school and A levels, she realized that she had so much passion in semi-conductor technology and focused in pursuing electronic engineering. It was during her health informatics training at UON HIV Fellowship Program when she identified the need for a webbased laboratory information system to support evidence based medicine.



*Philomena Waruhari MSc.
Health Informatics Fellow '1st Cohort'*

The degree holder in Electronic Engineering and Masters Degree in Information Technology Management, through the UON HIV Fellowship was posted at Kenyatta National Hospital Comprehensive Care Centre which provides care and support to PLHIVs.

'There were issues with patients' manual files; losing, miss-filing of laboratory test results and the process was tedious, time –

consuming and this could push some patients to drop out of the care,' Philomena says.

To protect the patient's confidentiality, the system incorporates extensive encryption and system access controls machines, central database and back-up system, based on the different user roles. It also adapts to a linear type of bar code labeling technique to identify patient's specimens uniquely at the point of registering the test order in the system.

Ms Philomena's system is characterized by the following features: patient registration, test order, specimen bar-code labeling, electronic data acquisition from the analyzer validation of patients' test results before release, audit trail to track and log all critical interactions with the users including capturing of the identity of the user, the user's action and the timestamp of the action, link to allow users to specify test reference ranges, system alert where test results above or below specified ranges are flagged and reports generation.

The system has helped in detection of more than one assignment of patient identifiers (PID) to the same patient. It has also reduced clerical tasks releasing laboratory technologists to attend to analytical work leading to higher productivity.

The patients can check their results status at the records section without necessarily going to the laboratory.

It has also made it easier to generate monthly and daily weekly reports for specified period of time as decision support for management.

'Electronic laboratory information systems have the potential to improve patient care and public health monitoring. A well-designed information system can overcome some of the challenges such as loss and misfiling; transcription errors and double allocation of patient identification numbers' says Philomena.

The project was adopted at Kenyatta National Hospital Comprehensive Care Centre and is currently in the process of being rolled out to the whole hospital.



Laboratory Information System Official Launch

Developing a Generic Clinical Workflow to Guide Electronic Medical Records (EMRs) Implementation at Public Health Facilities in Kenya

PROJECT

Following the successful EMR systems review exercise that traversed through various health facilities in Kenya, that sought to find out the degree of functional compliance of the different target EMR systems to the Standards and Guidelines for EMR systems (EMRs) in Kenya document, a report was released by the Ministry of Health on the findings. In addition the report provided information towards evidence based selection of an EMR(s) that the Ministry of Health (MoH) would recommend for adoption and implementation at the various MoH facilities.

ITECH Kenya provided leadership in supporting the MoH in this venture. Health facilities develop and adopt different clinical workflows in the process of providing health services. In the process of health facilities transiting from paper based records to EMRs, among the greatest determinants of a successful process is the harmonization of the existing clinical workflow with the EMRs workflow. For best results, the existing clinical workflow ought to be analyzed to eliminate bottlenecks and ensure optimal operation.

The resultant clinical workflow then guides the customization of the recommended EMRs during the implementation at the health facilities.

Paper-based clinical workflows have different processes from EMRs clinical workflows and given the increased push by health facilities to transition from the paper based health records to the EMRs; there exists a need to assess the clinical workflows at target health facilities in Kenya, to list the aspects and processes involved.

This shall provide a basis for analysis and modeling of the clinical workflows towards an optimized generic clinical workflow that shall guide the EMRs implementation at public health facilities and ensure harmony between the paperbased clinical workflows and the EMRs clinical workflow. In developing a generic clinical workflow, the project endeavored to:

Summarize the different aspects and processes from clinical workflow assessment at target health facilities:

Clinical Workflows differed from one health facility to another owing to their different levels and patient capacities.

This process identified and summarized the different features and processes in each of the assessed clinical workflows Workflows which were later to be used to develop the respective clinical workflow models.

‘..among the greatest determinants of a successful process is the harmonization of the existing clinical workflow with the EMRs workflow.’



Samuel Gichihi Kang'a

Develop models for workflows in use at target health facilities: based on the clinical workflow features and processes, clinical workflow analysis was conducted towards the realization of models for each of the target health facilities.

The models helped eliminate existing bottlenecks and identify activities that could be eliminated during the EMRs implementation.

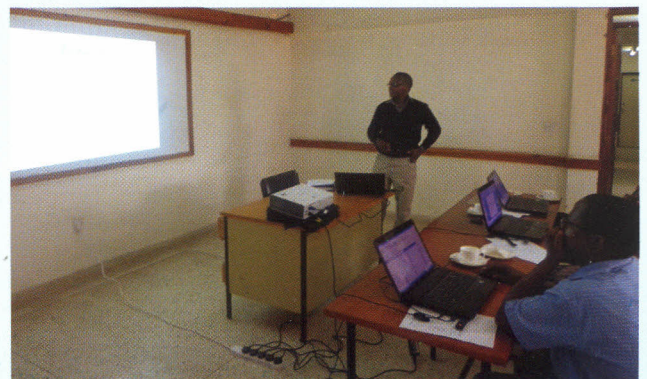
Develop a generic clinical workflow to guide EMR implementation: the resultant clinical workflow models were put together into a generic clinical workflow that that employed algorithms to guide systems developers in implementation of treatment guidelines in EMRs. The execution of this project

incorporated the opinions of the health workers who are moving from the paper based system to the EMRs. This way, the users would have a sense of ownership and readily learn and use the EMRs. Since the EMRs were based on an enhanced version of the existing workflows ,the EMRs learning curve was expected to be leaner.

The modeling and analysis of the existing workflows ensured that any bottlenecks were eliminated leading to optimized processes. This also provided a definite system structure allowing for easy automation of processes and a structured path towards future EMRs improvement. The ultimate outcome of the project was the realization of a generic clinical workflow.

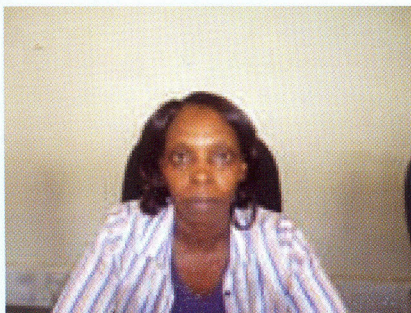


Audience following Kang 'a's presentetation during the internal project presentation by 2nd Cohort Fellows



Kang'a presenting during the internal project presentation of 2nd Cohort fellows

2ND COHORT FELLOWS



*Dr. Ann G. Mungai MB.ChB., MPH, PGD STI
Senior Medical Officer,
Kenyatta National Hospital*

Senior Medical Officer— Comprehensive Care Centre; Respiratory and Infectious Department of KNH.

2002 — Masters in Public Health (MPH) IN THE Department of Community Health, UON.

1986— 1992 — Bachelor of Medicine and Bachelor of Surgery Degree (BH, CH.B), at the University of Nairobi.

2006 Dec— Received the Kenyatta National Hospital,

Employee Excellent Award of the year 2006 for being the best employee in Respiratory and Infectious Disease Department (RIDDD).

2006 Oct — Promoted to Senior Medical Officer I(SMO I)

2003 Sept — Senior Medical Officer posted to Comprehensive Care Centre (CCC) in the Respiratory and Infectious Disease Department of Kenyatta National Hospital where I have been responsible for the daily running of the clinic and management of HIV patients

2001 June— Promoted to Senior Medical Officer II (SMOII).

1997 Feb— Promoted to Senior Medical Officer III (SMOIII).

1992 Oct — Employed at the Casualty Department of Kenyatta National Hospital initially at Medical Officer 1 (MO.1) in the Casualty Department and its auxiliaries namely: Amenity Wards (Private Wing), Staff Clinic and Paediatric Filter Clinic (PFC)

1991 - 1992—Internship training at Kenyatta National Hospital, Nairobi.



*Dr. Carolyne Atieno Odula
M.Med-Ob/Gyn; M.B.Ch.B*

Specialist Obstetrician and Gynaecologist.

2004 to date - University of Nairobi Health Services Senior Medical Officer.

2003 - University of Nairobi Masters in Medicine-Obstetrics and Gynaecology(M.Med-Ob/Gyn)

2000 - University of Nairobi Postgraduate Diploma in Sexually Transmissible infections-PGDSTI/ HIV (Pioneer class).

1996 - University of Nairobi Bachelor of Medicine and Bachelor of Surgery. (M.B.Ch.B) **December**

2008 University Clinic, St Luc - Belgium: Certificate on Urology naecology Laser Surgery. Fully sponsored by Laser and Optic Africa Ltd.

Sept 2006 - April 2007 Lund University, Sweden: International Advanced Diploma on Sexual and Reproductive Health and Rights. Received certificate on "Project of Change" in Male involvement in the management of the infertile couple. Fully sponsored by S.I.D.A.

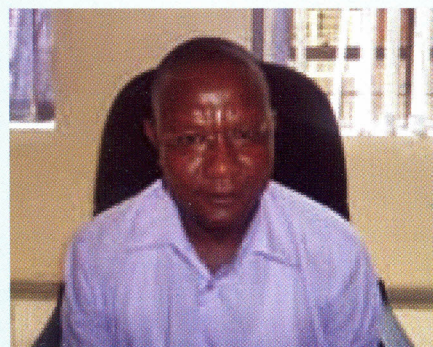
2003 -2004 Marie Stopes Kenya

2000 - 2003 University of Nairobi-Registrar Dept. of Obs/Gyn

1998 - 1999 Aga Khan Hospital Nairobi-Senior House Officer

1997 - 1997 Hurlingham Hospital-Medical Officer

1996 - 1997 Kenyatta National and Referral Hospital-Internship



*Francis Kilonzo Muma
MPH, BSc*

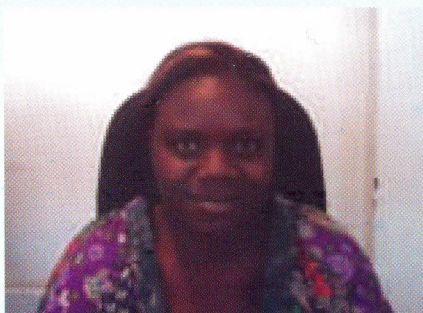
2013 -To -date:

Head, Quality Assurance and Standards Unit

Ministry of Health, National Government of the Republic of Kenya.

2005 - Master of Public Health

(MPH: Policy Planning /Health Systems Management &



*Hellen A. Were, MA Economics
University of Nairobi*

January 2010 to date :Senior Immigration Officer

Ministry of State for Immigration and Registration of Persons.

Dec 2008 - Dec 2009 : UN Mission Liberia Immigrations Expert/ Advisor.

2012: Certificate in Biological and Social Surveillance of HIV/AIDs among MARPS— University of Columbia in collaboration with ICAP.

2009: Certificate in Area Focused Training Course in Quality Improvement of Health Services by 5S-Kaizen-TQM (Tokyo, Japan).

1993-1997 - Bachelor of Science in Nursing (UON) Nov **2004-June 2006** —Senior Nursing Officer (SNO) deputizing the Nursing Officer in-charge at the National Spinal Injury Hospital in Nairobi.

December 2005-June 2006 — Part-time Subject Matter Expert (SME) / Consultant with the Nursing Council of Kenya (NCK), (AMREF) and Accenture (UK) in reviewing training materials for upgrading enrolled community health nurses (ECHN) into diploma level as Registered Community Health Nurses (KRCHN) using the e-learning Approach.

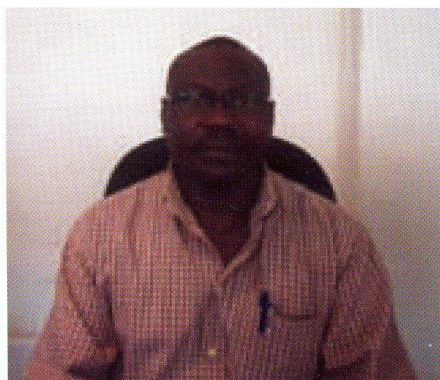
Oct 2003 - Dec2008 — Immigration officer at Ministry of State for Immigration and Registration of persons . **2004-2005**—M.A, Economics University of Nairobi . Research Project "Effect of Health on Foreign Direct Investments in Kenya"

March 2003 to Aug 2003 — Accountant , The Dental Place, Nairobi.

1998-2002— University of Nairobi , B.A., Economics. Research project: "Financing Women Micro-entrepreneurs in Kenya"

2002: University of Nairobi , Computer packages Packages done: Ms Dos, Ms Word, Ms Access, Introduction to Computers, Internet.

1999-2001: Vision Institute of Professionals , Nairobi. Certificate CPA I.



Jared meshack owiny
MA. Hospital Management

Deputy Chief Administrative Officer (Cs) KNH Sep 2003 To Date

Member of the Senior Management Team of the Hospital with varied responsibilities in the management of the Hospital finances, resources, mobilization and ensuring decisions for efficient Hospital Operations.

Master of Arts in Hospital Management (MA) 1999:

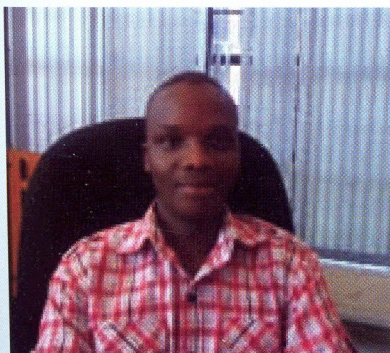
University of Leeds (Uk)

- Core Course in HM
- Health Economics For FP
- HRM and DEV. For Health
- Dissertation.
- Operational HM
- Financial Management
- Dissertation Preparation

Bachelor of Arts (BA) 1988: University of Nairobi.

Ag. Town Clerk – Busia Municipal Council Feb – Sept 2003. Principal Administrative Officer - Public Health Department Nairobi City Council.

Hospital Secretary — Pumwani Maternity Hospital in 1994. **Chief Administrative Officer**— Inspectorate and Education Departments **Children's Officer**—Moha&NH, Kwale district, Mombasa; Kabete Approved School and Garrisa –(1989 – 1993)



Samuel G. Kang'a
MSc. Information Technology

Technical Advisor—Standards (ITECH Kenya) Strathmore University: 2006 – 2009

Masters of Science in Information Technology
Jomo Kenyatta University of Agriculture and Technology 2003 – 2005
BSc. in Information Technology— First Class Honors **JKUAT 2001– 2002**
Diploma in Information echnology.

2001– 2002 : Jomo Kenyatta University of Agriculture and Technology Diploma in Information Technology (Credit).

2006—Most Action Oriented Employee of the year (3Mice)

November 2007—Successful development and implementation of a disaster recovery plan at PKF Kenya

November 2007 - Smooth and successful change over of file servers in the bid to upgrade the systems at PKF Kenya

2009—Presented a term paper at the Strathmore 10th annual ICT conference.

Title: e-Government Systems in Kenya: Possibility on Synergy

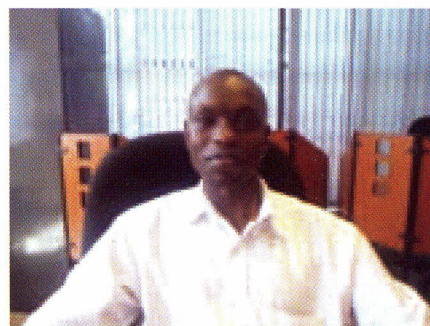
2010 - Employee of the Quarter award Resolution Health E A Ltd

2010 - Successful Virtualization of Production Servers at Resolution Health E A Ltd

July 2008 - Aug 2010: Resolution Health East Africa Limited IT Support Supervisor

July 2007 - June 2008: PKF Kenya System Administrator

October 2005 - July 2007: 3Mice Interactive Media System Developer.



Dr. Masese Onger Johnson,
Masters in Clinical Pharmacy
(MPharm)

Dec 2008; To Date: Pharmacist in charge, Western provincial Hospital, Kakamega. **2006-2008:** Masters in Clinical Pharmacy University of Nairobi. **1998-2001:** Bachelor of Pharmacy Tamil Nadu Dr.MGR Medical University India. (First class). **Diploma in Pharmaceutical Marketing Management (DPMM)** Institute of Pharmaceutical Education and Research; India (Excellent class).

SEPT 2006 – DEC 2008 : Post Graduate Student (Masters in Clinical Pharmacy) University of Nairobi, I worked at Kenyatta National Hospital Pharmacy and wards during the post graduate studies.

Dissertation work on: A retrospective comparative study on Adverse drug reactions among HIV(+) and HIV(-) adult patients taking antitubercular drugs in 2006 - 2007.

Sept 2004- Sept 2006: Pharmacist in charge Migori District Hospital, (Ministry Of Health – Kenya).

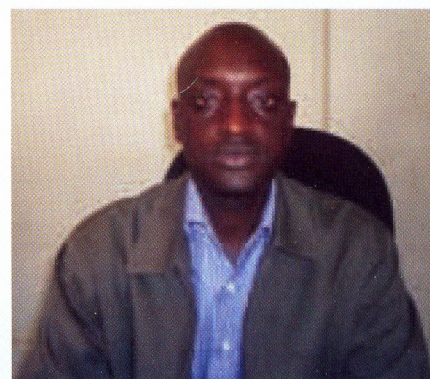
Nov 2003-Feb 2004: Laboratory and Allied for 3 Months as Intern pharmacist.

Aug- Oct 2003: Omaera Pharmaceuticals for 3 Months as intern pharmacist.

Feb –Oct 003: Nairobi Hospital as intern pharmacist for 6 Months.

Professional Achievements

Pharmacist registration - Pharmacy and Poisons Board of Kenya - 2004.
Pharmacist registration - Tamil Nadu Pharmacy council, India - 2002



Wycliff Mariga Ombuki
MA, BA Economics

Currently Lecturing at South Eastern University College.

2006-2009: University of Nairobi Master of Arts in Economics. School of Economics.

1997-2001: Egerton University B.Ed Arts (Hons) Second Class Upper division (Economics and Business Studies)

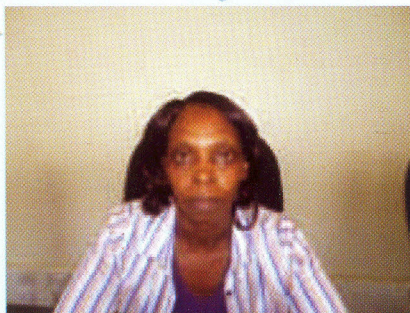
1997: The Kenya polytechnic Certifie Public Accountants (CPA) Been involved in research work in areas such as on share splits at the Nairobi stock exchange market and on problems affecting performance of primary schools in rural areas of Kenya. - Been a lecturer in Business Studies, Economics, Human Resource Management and Office Management both in tertiary institutions and at University level.

-Been involved in administrative work as an administrator and as a Head of the Association of Business Executives (ABE) Department in a tertiary institution.

Feb 2010 to date: Lecturer, ST. Paul's University Lecturing in Public Finance, Macroeconomics and Money and Banking and evaluating students.

July 2008 to date: Lecturer and Administrator, Cornerstone Training Institute, Westlands Campus Lecturing in Economics and Business Communications. May 2008: Lecturer, Metropolitan Educational Centre (METEC) Lec-

PROJECT



Dr. Ann G. Mungai
MB.ChB.,MPH,PGD STI
Senior Medical Officer,
Kenyatta National Hospital

The Pamoja Project was hosted at Hope worldwide Kenya(HwwK) a faith-based organization that partnered with German Foundation for Development (DSW) to implement Shujaa project funded by CDC from 2010-2015. Our goal was to increase access to combination prevention services to MARPs, their clients and general population in Rift valley region.

In FY1 (Foundation Year 1) 38,983 clients were counseled, tested and received their test results. Of these, 1048 clients tested HIV + and were referred to local health facilities for care and treatment. However, it is not known how many among them actually sort the services. According to WHO Guidance, provision of Cotrimoxazole Preventive Therapy (CPT) is one of the core post-test services that should be made available to all HIV positive adult clients or improved retention in patients, either by referral or direct provision of service.

This is because: it is costeffective interventions in HIV treatment, it is associated with reduced HIV related morbidity and mortality, has beneficial effects on CD4-cell count and viral load, it is readily available and in a Kenyan study, CPT care adults ineligible to Antiretroviral Therapy (ART) by over 20% after one year when compared with retention before. Pamoja project

Pamoja project: Improving Combination Prevention Services within Drop-in Service Centers of Shujaa Most At- Risk Populations (MARPs) Program in Rift Valley, Kenya

Strategic objectives included: increasing knowledge of CPT among Shujaa staff, Referral health centre's CCC staff and peer educators, in Kajiado North and Central, by July 2012; procuring Cotrimoxazole for prophylaxis and improving combination prevention services within Shujaa Drop-in Service Centres (DISCs) in Kajiado North and Central by July 2012. During implementation, there was capacity building to establish CPT prophylaxis as a service within the Shujaa project activities and at the (DISC) of Kitengela and Namanga in Kajiado County, Rift Valley.

The project sensitized Shujaa staff, local health care workers and peer educators on the importance of CPT. Each group was sensitized on the importance of CPT in a one-day workshop and this

empowered them to provide cotrimoxazole to all MARPs and general population who test HIV positive at various activities of Shujaa project. Monthly CPT was then continued at the DISC during which reinforcement of behavior change communication messages, prevention with positive interventions and CD4 count tests were done. Clients, whose immunity is not low enough to start ART, retain CPT follow-up at the DISC and CD4 repeated every 6 months and reviewed.

An assessment of feedback after 3/12 from those sensitized revealed: that knowledge on CPT among Shujaa staff, Health facility staff, MARPs peer educators and GP peer educators improved; access to Cotrimoxazole prophylaxis among Shujaa clients who test HIV positive

in Kajiado increased; proportion of clients effectively referred to the health centres in Kajiado increased and combination prevention services within Shujaa project in Kajiado improved. Some of the shared experiences: Registered Clinical Officer (RCO) Namanga, "Since the project began in mid July, 2012 in Namanga, it has raised hopes of many people after testing HIV positive. It also improved counseling uptake among Shujaa clients who are mainly truckers, female sex workers and the general population. The project has created a good bridge between the HIV Testing and Counselling (HTC) and clinical services both at the field DISC and H/C level".



Sensitization Session for Staff at Kitengela on 03/07/2012

Project monitoring and evaluation conference - cum - training at the International Law Institute - Washington DC, 30th Oct - 11thNov 2013.

By Mr. Tallam Kipruto



*Monitoring and Evaluation Manager
UoN HIV Fellowship Program
Monitoring and Evaluation Manager*

Monitoring and Evaluation is a critical part of management of the UoN HIV Fellowship Program. It aims at ascertaining the degree of Effectiveness and Efficiency of the three major training categories being implemented namely: The two year fellowship; Medium term Fellowship and Short courses which are divided into face to face and online courses.

The conference-cum-training was about the current practices in M&E in selected institutions around the



Some of the participants at the Project Monitoring and Evaluation conference



International Law Institute - Washington DC

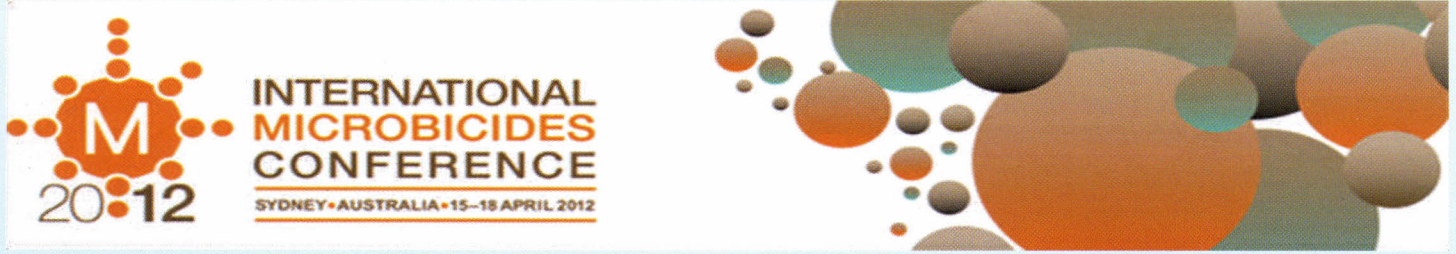
world, identifying the strengths, limitations and how to manage them. Institutions represented were;

- USAID – Ethiopia
- ILI – USA
- Department of urban roads, Ministry of Roads and Highways– Ghana
- Prison Fellowship International – Mongolia
- UoN HIV Fellowship Program – Kenya
- National Assembly Budget and Research Office – Nigeria
- Ministry of Finance, Planning and Economic Development – Uganda
- National Assembly – Tanzania

The conference highlighted the M&E approaches adopted by institutions and programs in monitoring the effectiveness of inputs and processes; and efficiency of outputs, outcomes and impact.

In view of the presentations made, participants were later taken through training sessions to fill the gaps identified, contemporary M&E models developed for Health programs, trainings, government and Non-Governmental institutions.

International Microbicides Conference



Dr Carolyn Atieno Odula-Cohort II, UNITID Program management course

The 2012 International Microbicides Conference (M2012) took place from April 15-18 2012, at the Sydney Exhibition and Conference Centre at Darling Harbour, Sydney, Australia. The conference was attended by researchers, advocates and funders in the HIV prevention field, with discussions and presentations focused on access to prevention technologies, adherence in clinical trials, innovative financing, dual prevention technologies and new methods of preventing rectal transmission of HIV.

Professor John Kaldor of the Kirby Institute at the University of New South Wales, co-chair of the M2012 noted that there has been renewed optimism about development and delivery of new HIV prevention options with the potential for ending the AIDS epidemic, including anti-retroviral based microbicides (compounds that can be applied directly to the vagina or rectum prior to sexual intercourse in order to prevent the transmission of HIV) and pre-exposure prophylaxis (a new HIV prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected).

Traditional HIV prevention technologies have included behavioural risk reduction, HIV voluntary counselling and testing, treatment of sexually transmitted infections, consistent use of condoms, male circumcision, occupational postexposure prophylaxis, and prevention of vertical transmission. New HIV prevention technologies (NPT) include oral prepost exposure chemoprophylaxis, vaginal and rectal antiretroviral (ARV) gels, HIV vaccines and use of ARV treatment as prevention.

The highest burden of HIV infection is in women younger than 30 years, making prevention interventions targeting adolescents and young women a high priority. Current options to reduce acquisition of HIV infection remain limited for women and therefore, new technologies to

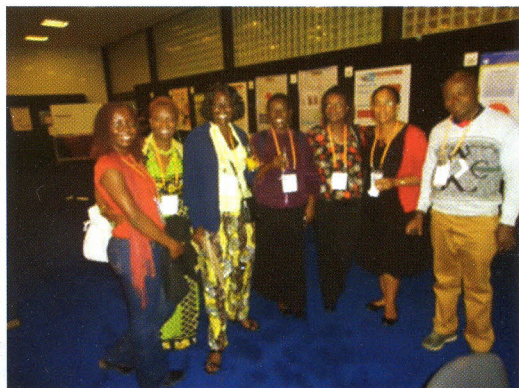
prevent the sexual transmission of HIV in women are urgently needed. CAPRISA 004 Tenofovir Gel Trial assessed the safety and effectiveness of 1% tenofovir gel in sexually active women.

It showed that the gel reduced HIV-1 incidence by 39% and HSV-2 acquisition by 51% in women, thereby providing proof for the concept that antiretrovirals can prevent sexually

The highest burden of HIV infection is in women younger than 30 years

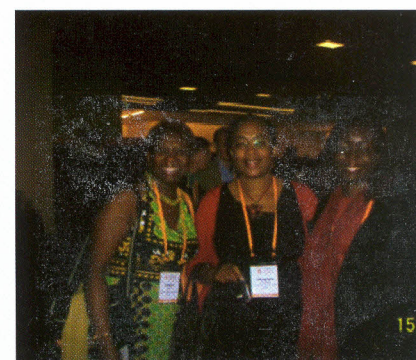
transmitted HIV and HSV-2 infection. We were part of the privileged group to receive the iPrEx study findings. This was a randomized, double-blind, placebo-controlled Phase III clinical trial whereby participants were randomly assigned to receive an antiretroviral tablet (Truvada) containing a combination emtricitabine (FTC) and tenofovir (TDF) or a placebo pill daily. The study was designed to determine whether Truvada could safely and effectively prevent HIV infection among sexually active men who have sex with men and transgendered women who have sex with men. Investigators found that study participants who took the daily dose of Truvada experienced an average of 43.8 percent fewer HIV infections than those who received a placebo pill.

Future microbicide work involves use study of the use an antiretroviral drug Dapiravine in a slowrelease vaginal ring.



Dr C Odula with other delegates

ASPIRE (MTN020) is a planned safety and effectiveness trial of dapivirine vaginal ring, inserted once every four weeks, in nearly 3,500 women to be enrolled at sites across five countries in subSaharan Africa. Other similar studies include the Ring Study (IPM 027) which is also a dapiravine efficacy trial; and MTN 013/IPM026, a Phase I safety study in women who are randomly assigned to use either



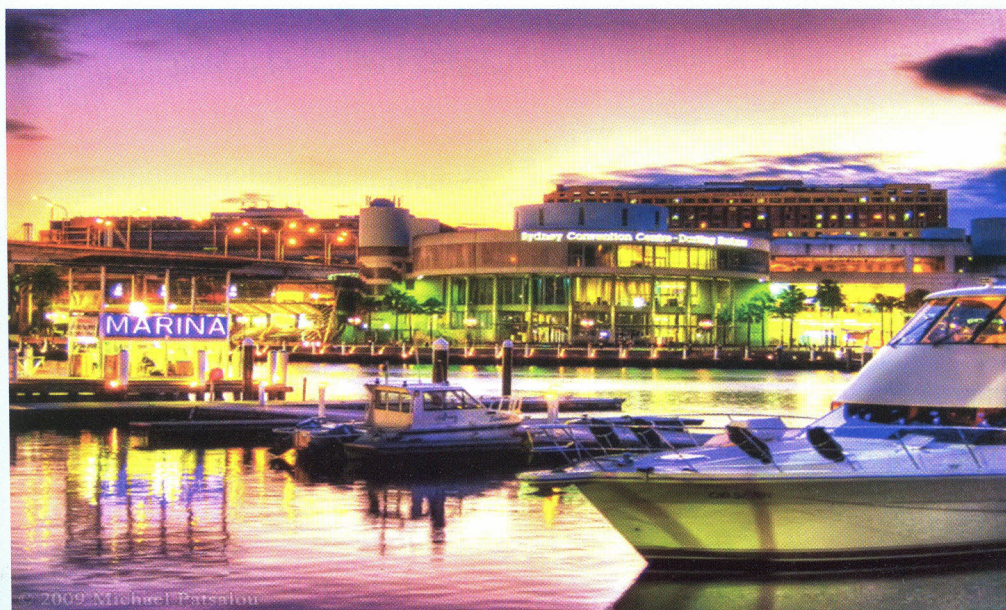
Dr C Odula with some of the delegates from Kenya

a vaginal ring containing two ARV drugs (dapivirine and maraviroc), a ring containing maraviroc alone, a ring that contains dapivirine alone, or a ring with no active drug, inserted once every four weeks. This is the first ARV combination vaginal ring to enter clinical trials. Other presentations focused on the challenges of adherence in clinical trials and the need for science and real world behaviour to go hand in hand. Many presenters noted that people will only use the products that work.

Real world sexual behaviour also brought to light the need for rectal microbicides. Jim Pickett, IRMA chair (International Rectal Microbicide Advocates) noted that for far too long the operating principle concerning the HIV epidemic in Africa has been that it is solely heterosexual, and that sexual transmission is entirely driven by unprotected vaginal intercourse between men and women. But an increasing body of evidence shows quite clearly that unprotected anal intercourse is not uncommon in Africa amongst heterosexuals as well as gay men, men who have sex with men

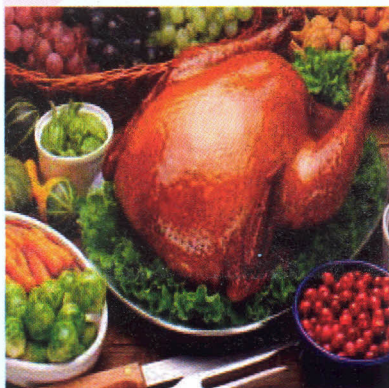
(MSM), and transgender individuals and it is 10 to 20 times more likely to result in HIV infection and so all need to be concerned about this. Highlights of the conference relevant to my fellowship project were the daily press briefings held during morning and afternoon tea breaks.

These small round table discussions provided journalists an opportunity to speak directly with key speakers. In addition were the daily one hour sessions from 1 to 2 pm where scientists were trained on how to communicate effectively in interviews, meetings and with journalists in various media. I also received a "Communications Handbook for Clinical Trials" which is invaluable as it outlines strategies, tips and tools to manage controversy, convey messages and disseminate results.



A view of the Sydney Convention Centre-the M2012 conference venue- across Darling Harbour just before sunset

Best foods for different blood groups



Generally, almost everybody is aware of the four main Blood types: O; A; B and AB. Apparently, the different blood groups are believed to have emerged during different periods which defines the types of foods to be consumed.

Group O is believed to be the oldest and its metabolism benefits from lean meats, poultry, fish and a vigorous exercise. Blood Group A flourishes on vegetarian diets since they are believed to originate from the more settled farmer ancestors.

The nomadic Blood Type B persons have tolerant digestive systems unlike the 'modern' blood type AB which has a sensitive digestive tract. "Depending on one's blood type, some foods have a positive health impact on our bodies while others might lead to immunity systems complexities" according to Dr Peter D' Adamo in his book 'Eat Right for Your Type'.

With all the healthy eating and weight loss fuss going on in today's society, it's probably time to look at it from a different perspective, the blood type perspective. So what should you consume for your blood type?

For Blood Group O which is believed to be the original blood group and the universal donor, in addition to being associated with hunters whose main food is based on meat products, this group is advised



to take more proteins and preferably less carbohydrates. DR. Peter D' Adamo. If you have blood type O, you should avoid acidic foods, such as snight shade vegetables, coffee, tomatoes, citrus fruits, etc. Type Os also do not tolerate dairy products, grains, cereals, gluten and all carbohydrates. Instead, they thrive on animal proteins, figs, plums and food high in vitamin K, such as liver, egg yolks and green leafy vegetables,' asserts DR. Peter D' Adamo.

Similarly, B's are believed to originate from nomadic environment and therefore, they are believed to have a very strong immune system. Just like Blood Group O, persons with Blood Group B fairly thrive well with proteins and therefore carbohydrates consumption should be watched.

Dr. Peter D' says, 'They have strong immune systems and tolerant digestive systems, but can be prone to autoimmune diseases such as lupus, and chronic fatigue syndrome. B types tend to do well with all types of animal and vegetable proteins. However, they are prone to severe insulin reactions after ingesting corn, buckwheat, lentils, peanuts, and sesame seeds, and these should be avoided.... B types thrive on green vegetables, lean animal meat, eggs and low-fat dairy products, and liver.'

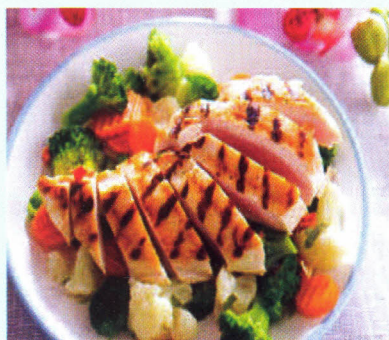
Blood Type A individuals are advised to concentrate on vegetables and grains since they poorly digest proteins which slow down the metabolism. This often leads to heart diseases, cancer and diabetes.' Type As tend to poorly

digest dairy foods, as they produce detrimental insulin reactions and slow down metabolism. Type As are predisposed to heart disease, cancer and diabetes, and should avoid foods high in saturated fats, such as most dairy products. Type As feel best when their body is more alkaline, but wheat can cause acidity in A types, and should be avoided.

Type As thrive on a vegetarian diet high in soy proteins, grains and vegetables,' Dr. Adamo emphasizes. Type AB one of the rarest blood type is the latest emerging. They tend to tolerate lean animal proteins, seafood and lamb products. They also tolerate most grains and cereals well, but should chicken, beef, and pork.

Dr. Adamo says, '...Type AB tends to tolerate lean animal proteins, seafood, lamb and tofu well. They also tolerate most grains and cereals well, but should avoid wheat, corn, buckwheat and bran. They should also avoid kidney and lima beans, and sesame seeds, as these cause insulin reactions that lower blood glucose. Type ABs are highly tolerant of dairy products, especially yogurt and sour cream, but should limit consumption of dairy products if excess mucous starts to form in the body.'

The next time you go grocery shopping you might want to take Dr. D'Adamo's advice and consider buying foods that work with your blood group, you just never know, it could be the healthy eating regiment you've been looking for.



'Depending on one's blood type, some foods have a positive health impact on our bodies while others might lead to immunity complexities,'
Dr. Peter D' Adamo



Frequently Asked Questions

I have heard of the HIV Fellowship Program offered at University of Nairobi. What is it, and what does it entail? The Long term Fellowship is a 2 year, post masters fulltime training program offered on a competitive basis to Kenyan nationals. It is divided into three tracks or specializations as follows:

- Program Management Track: applicants should have at least a Master's degree in Health or related social and biological sciences
- Health Economics Track: applicants should have at least a Masters degree in Economics
- Health Informatics Track: applicants should have Masters Degree in Informatics, Information Systems, Computer Science or biostatistics.

The main objective of the Fellowship Program is to build Fellows' capacity in program leadership and management through hands on training interspersed with classroom instruction. Fellows are placed in host institutions where they spend 75% of their time, with the remaining 25% reserved for class based training at University of Nairobi meant to enhance their competencies in identified technical fields.

Medium Term Fellowship is a 6 months program (3 months class based training and 3 months experiential learning). The main objective of the Medium Fellowship Program is to build institutional capacity through training individuals in Monitoring and Evaluation (M&E) and Quality Management.

How do I apply to join the HIV Fellowship Program?

Applications for the Fellowship Program are invited through the local media in March every year. You can also visit our program website at <http://www.uonbi.ac.ke/projects/unitifp> for an advertisement on the same.

If I am posted to a host institution, does it mean I am now employed by that institution for 2 years? No. Absolutely, not! The Fellow is a trainee with an opportunity to learn on the job. As such, during the 2 year period, you can neither take formal employment elsewhere nor seek employment with your host institution. Thus, while Fellows will be totally committed to the pursuit of their host institution objectives and will participate fully in all program activities as assigned, this does not constitute employment with the host institution.

If I am not employed, how then can I survive for 2 years?

The Fellowship Program will provide you with a stipend for your upkeep for a period of 2 years. The stipend will be paid on a monthly basis and is subject to taxation. Up to \$2,000 dollars will be paid per month during the entire 2 year period.

Can I leave halfway my enrolment, if I feel I can't manage the Fellowship Program?

Yes, you can leave the Fellowship if you feel you can't afford to continue with it, as long as you return all money spent on you up to the time of leaving the Fellowship Program. You will also be required to return any program property in your possession at the time of leaving the program. Ideally, we prefer individuals with clearly defined priorities who will not quit halfway the program.

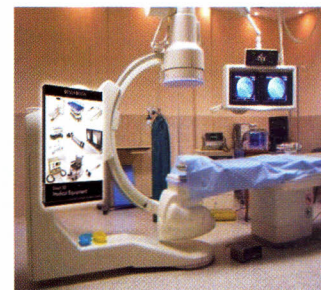
Can I be terminated from the Fellowship Program?

Yes, Fellows can be terminated from the Fellowship Program if they don't live to the Fellowship Program and/or host institution expectations. The grounds for termination are well spelt out in the contract that the Fellow signs with the Fellowship Program at the beginning of their 2 year Fellowship.

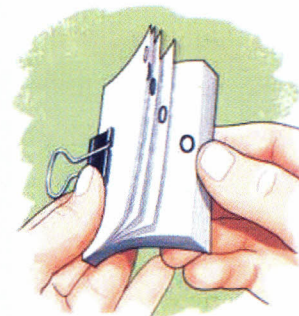
What do I get as the final award upon completion of Fellowship requirements?

All Fellows who successfully meet the requirements of the Fellowship Program are awarded a Certificate of Participation at the end of their Fellowship program.

How can I be sure that I will gain employment upon completing my Fellowship? Our experience suggests that many of the alumni Fellows have been readily absorbed in high level positions in different organizations in Kenya as well as in the region. Many graduates work as program officers, program directors/coordinators or program managers of key governmental and nongovernmental programs while the rest are employed at the level of Technical Advisors. Therefore, considering the trend, our fellows have a upper hand in the job market.



All Fellows who successfully meet the requirements of the Fellowship Program are awarded a Certificate of Participation at the end of their Fellowship program.



PROJECT

Experience at Matibabu Foundation Kenya: A Level 4 Non-Governmental Hospital in Siaya County

I have been longing to work with a non-governmental organization so that I understand how they respond to various challenges facing communities in various aspects of their lives. At last that opportunity came through the UoN Hiv Fellowship program. A Fellow at the Health Economics Track, 3rd Cohort, I was sent to Matibabu Foundation Kenya (MFK) to help identify, with the help of the host institution, any challenges that impedes effective service delivery

and forge ways to address them. registered with the NGO Board. Matibabu's response to HIV/AIDS follows into two categories. First, through curative and second, through prevention: On Curative, there are Medical and nursing care services- Cervical cancer screening, and integrated HIV testing services. On prevention, Matibabu Foundation Kenya is working with the community to prevent communicable and non-communicable diseases, through its Prevention Department.

The department responds to preventing malaria, TB and HIV/AIDS. It also sensitizes the communities on good hygiene practices. On Maternal and Child Health, it identifies mothers to attend ante-natal and neo-natal clinics through its trained Field Officers. It also traces cases of Mothers defaulting on ante-natal and neonatal clinics and ARTs. ICAP and Presidential Emergence Plan for AIDS Relief (PEPFAR) funds the Comprehensive Care Centre program activities. Matibabu's lab provides diagnostic support to as many as 17 Ministry of Health facilities, with HIV/AIDS testing including CD4, biochemistry, and hemogram, in addition to TB-related tests. Through its capacity building efforts it has facilitated the formation of many support groups in Ugenya.

These support groups mainly comprise of people living with HIV and AIDS (PLWHIV). They address their needs through support group activities. Some of these activities include reminding each other about adherence to drug taking, to take ARVs at the designated times and correct doses, not to share ARVs, take good nutrition, how to generate income for their upkeep and that of their families. They also do albeit individually, activities such as peasantry farming and raise some traditional cows, goats, and poultry. Additionally, they do some table banking where the groups I so far visited contribute an average of thirty shillings, which is thereafter loaned to interested individuals. The money will attract some interest when paid back.



Esther Nyaosi, 3rd Cohort Health Economics Fellow

I realised that most of the groups do not have income generating activities. Matibabu Foundation Kenya is a level 4 Non-Governmental Hospital that was founded

I therefore mapped the resources they have and trained them on how to prioritize on high yielding ones, such as dairy and poultry farming.



Tumaini Support Group

in 2001 by Daniel Ogola as a Community Support Group (CSG) in Kibera, Nairobi to address three issues namely: Joblessness, poverty and disease that muted the productivity of women and youth. In 2003, CSG's activities expanded to Ugenya, Nyanza Province: to strengthen capacity and broaden community coverage. In 2006 the CSGs were transformed into Matibabu Foundation-Kenya (MFK), which is Project Management Conference in Perth, Australia was an eye opener.

Project Management Conference in Perth, Australia (13th- 16th Oct, 2013). By Paula Ngarega



A presentation by one of the project managers during the forum

Interaction with project managers from varied fields (academic, financial services, transport, mining industry and aerospace industry) gave an opportunity to learn best practices in project management.

Also I was able to learn issues and challenges that are faced by Project Managers and their approaches to achieving results.

PHOTOS



Prof. George A.O. Magoha, VC, Uo N giving his speech during the 1st cohort graduation ceremony



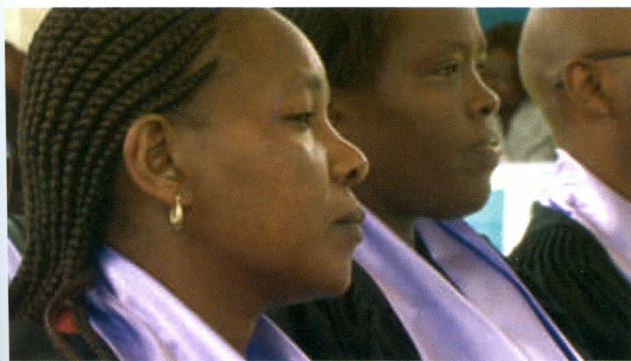
Prof. Kaimenyi giving his speech during the 2nd Cohort graduation Ceremony



Prof. Isaac O. Kibwage giving his speech during the graduation



Dr. Robert F. Breiman (CDC) giving his speech during the graduation



Philomena Waruhari with Fellows during their graduation



Prof. George Magoha, UoN VC following a speech during the graduation



Emily Muga, Program Management Fellow, receiving her certificate during graduation



1st Cohort graduants sharing joyful moments after graduation



UNIVERSITY OF NAIROBI

INSTITUTE OF TROPICAL AND INFECTIOUS DISEASES THE UON HIV FELLOWSHIP PROGRAM

UON HIV FELLOWSHIP PROGRAM DISTANCE LEARNING CENTRE

Objective

- To implement market driven courses aimed at strengthening the national HIV response.
- To Revolutionize training by the University of Nairobi through distance education by making them relevant, interactive, convenient and cost effective.

Mission

To support the Kenya HIV/AIDS program by strengthening the national program capacity of the ministries of health and NGO'S through distance education.

Short Courses

The following Courses are currently being offered:-

- Epidemiology and Biostatistics
- Informatics and Health Data Management
- Global Health Leadership and Management
- Health Economics and Economic Evaluation of Projects

Mode of Delivery

There are two modes of delivery:

- Webcast training: This are real time courses delivered through adobe connect where participants log into the system at predetermined periods for the lectures.
- Online training: This is where participants will log into the system at anytime to access archived lectures. In this instance learning is self paced.

Participants

Participants are staff from the Ministries of Health and NGO's who attain the desired qualifications.



UON HIV Fellowship Program Partners



Centers for Disease Control and Prevention CDC
24/7: Saving Lives. Protecting People.
The UON HIV Fellowship Program Donor.



Mission for Essential Drugs and Supplies. A world class faith-based medical supply chain and capacity building organization



Together we make history. Discover what's next.



To work with vigor and compassion through our networks and with communities to prevent and alleviate human suffering and save lives of the most vulnerable.



Provide policy and a Strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya.



Bringing hope. Changing lives.



Family Health International is a public health and development organization dedicated to improving living standards of the world's most vulnerable people.



A global network that works with local partners to develop skilled health care workers and strong national health systems in resource-limited countries.



Provides accessible, affordable, sustainable and quality social health insurance through effective and efficient utilization of resources to the satisfaction of stakeholders.



Maryland Global Initiative Corporation. Improving the livelihood of small scale farmers.



To promote and participate in the provision of high quality curative and rehabilitative medical services .



Pathfinder International. A global leader in sexual and reproductive health.



For lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty.



BOMU HOSPITAL – Health. Hope. Humanity



To provide accessible specialized quality healthcare, facilitate medical training, research, participate in national health planning and policy.



Promoting access to quality health care.



To be recognized as one of the most attractive cities of the world.



Envisions a healthy, productive and prosperous society in western Kenya with community members that are self-reliant and able to determine their own destiny.



Global. Health. Action



National AIDS & STI Control Programme. Fighting against HIV/AIDS.

Management and Support Staff

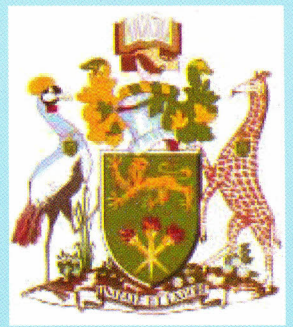
Sospeter Ndaba Kimani —Project Manager
Kipruto Tallam— Monitoring and Evaluation
Odindo Stephen — Training Coordinator
Paula Ngarega — Project Administrator
Mustafa Ali Boru—Financial Accountant
Elizabeth Kisyang'a—Communication Assistant
Paul Mburu — Project Driver

Track Leads

- Dr. Elisha Opiyo — Health Informatics
- Dr. Timothy Okech — Health Economics
- Mr. Kamau Mubuu - Program Management

People are so involved with immediate care but at the same time there needs to be investment in educating people as adolescents when they are still HIV negative

- Charlize Theron



UNITID

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Website: <http://www.uonbi.ac.ke/projects/unitidfp/>



“ The wish for healing has always been half of health. ”

- Lucius Annaeus Seneca