

HISTORY OF HIV EXHIBITION IN UGANDA TIMELINE July 2019 to December 2020																	Expected Output	Persons Responsible		
Quarter	July 2019-December 2020																			
Quarter	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Quarter 5			Quarter 6				
Month(s)	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Key Actions																				
Objective 1: To convert a static exhibition, curated for a National Museum setting, to a mobile exhibition that can be taken to rural sites around Uganda																				
1.1 Recruit staff																			Contract signed, At least 2 staff recruited- Project Coordinator and Curator	Academy Program Director/Program Manager
1.2 Collect Archival materials																			Archival Materials collected	Program Manager/Project coordinator
1.3 Translation of Archival material to 5 local languages																			Database developed	Program Manager/Project coordinator
1.4 Advisory board meetings																			Advisory board meeting held	Project Coordinator/Academy Program Director
1.5 Recruit and train exhibition guides																			Exhibition guides recruited and trained	Program Manager/Project Coordinator
Objective 2: To scale up access to the exhibition to a wider demographic group around Uganda, by translating the exhibition into several languages																				
2.1 Physical setup of mobile exhibition in 6 sites across Uganda																			Mobile exhibition set up	Curator/Program Manager/Project coordinator
2.2 Organise meetings with key district stakeholders																			Stakeholder meetings held	Academy Program Director/Program Manager/Project coordinator
2.3 Close out and feedback to district stakeholders																			Close out meeting held. Exhibition report developed and shared	Academy Program Director/Program Manager/Project coordinator
Objective 3: To evaluate the responses of the participants to Historical HIV IEC materials																				
3.1 Revise IRB requirements/data collection tools																			Data collection tools revised	Social scientist
3.2 Train data collection team																			Data collection team trained	Social scientist
3.3 Conduct qualitative data collection																			Qualitative Data collection conducted	Social scientist
3.4 Conduct quantitative data collection																			Quantitative Data collection conducted	Social scientist
3.5 Conduct transcription, translation and analysis of data																			Data transcribed, translated and analysed	Social scientist
3.6 Organise analysis and report/publication of results																			Results published	Academy Program Director

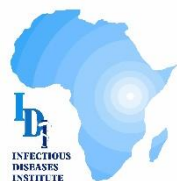
3.7 Develop communication plan to promote visibility	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	Communication plan developed	Communications Officer
3.8 Implement communication plan	□	□	□	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Communication plan implemented	Communications Officer

M&E FRAMEWORK FOR HISTORY OF HIV EXHIBITION IN UGANDA PROJECT (July 2019 to December 2020)

Key Action Steps	Output Indicator	Overall Targets	Quarterly Targets	Data Source	Person Responsible
Objective 1: To convert a static exhibition, curated for a National Museum setting, to a mobile exhibition that can be taken to rural sites around Uganda					
1.1 Recruit staff	Number of project staff recruited	4		Staff files	Academy Program Director/Program Manager
1.2 Collect site specific Archival materials	Number of Archival materials collected	at least 5 new per site		Archival Database	Program Manager/Project coordinator
1.3 Translation of Archival material to local languages	Number of languages	5		Archival Database	Program Manager/Project coordinator
1.4 Advisory board meetings	Number of meetings held	4 Advisory meetings held		Meeting minutes	Project Coordinator/Academy Program Director
1.5 Recruit and train exhibition guides	Number of exhibition guides recruited	3		Staff files	Program Manager/Project Coordinator
	Number of exhibition guides trained	3		Training reports	Program Manager/Project Coordinator
Objective 2: To scale up access to the exhibition to a wider demographic group around Uganda, by translating the exhibition into several languages					
2.1 Physical setup of mobile exhibition in 6 sites across Uganda	Mobile exhibitions set up	6	1	Exhibition report	Curator/Program Manager/Project coordinator

2.2 Organise meetings with key district stakeholders	Number of meetings held	6 meetings held. 120 attendees	1 Meeting with 20 attendees	Meeting minutes	Academy Program Director/Program Manager/Project coordinator
2.3 Close out and feedback to district stakeholders	Number of community engagement meetings held	6 meetings held.		Exhibition report	Program Manager/Project coordinator
Objective 3: To evaluate the responses of the participants to Historical HIV IEC materials					
3.1 Revise IRB requirements/data collection tools for qualitative data	IRB approval.	IRB approval		IRB approval.	Social scientist
	Data collection tools revised	5 tools- including HIV counselling and testing, Focus Group Discussions (FGDs), Exit interviews, Cohort, and Observation at HIV booth		Revised data collection tools	Social scientist
3.2 Train data collection team	Number of data collectors trained	5		Training reports	Social scientist
3.3 Conduct qualitative data collection	Qualitative data collection conducted	Qualitative data collection report		Qualitative data report	Social scientist
3.4 Conduct quantitative data collection	Quantitative data collection conducted	Quantitative data collection report		Quantitative data report	Social scientist/M&E officer
3.5 Conduct transcription, translation and analysis of data	Data transcribed, translated and analysed	Data Analysed		Exhibition report	Social scientist/M&E officer

3.6 Organise analysis and report/publication of results	Number of feedback meetings held	6	1	Exhibition report	Academy Program Director/Program Manager/Project Coordinator/Social scientist/M&E officer
	Peer reviewed publications for scientific literature	1		Peer reviewed publications	Academy Program Director/Program Manager/Social scientist/M&E officer
3.7 Develop communication plan to promote visibility	Communications plan developed	1		Communications plan	Communications Officer
3.8 Updated exhibition catalogue - site /language specific insert	site specific insert	6	1	Activity report	Communications Officer



The Ugandan Academy for Health Innovation and Impact

Risk Register for Mobile History of HIV exhibition project

Guiding objective	Risk	Impact	Likelihood	Mitigation factors/strategies	Controllable or uncontrollable
1. To convert a static exhibition, curated for a National Museum setting, to a mobile exhibition that can be taken to rural sites around Uganda	1 a) Exhibition of poor quality	Moderate	Unlikely	Involvement of experts in the curation and sufficient budget	Controllable
	1 b) Poor attendance of the exhibition	Major	Unlikely	Dynamic advertising through TV, Radio and flyers and community sensitization programs. Key populations will be provided transport to the exhibition.	Controllable
2. To scale up access of the exhibition to a wider demographic group around Uganda, through several languages	2a) People distressed after visiting the exhibition	Major	Possible	An experienced HIV nurse-counsellor will be available for counselling	Uncontrollable
	2b) Failure to get buy-in from key stakeholders in the upcountry sites	Major	Unlikely	IDI has existing projects in the proposed sites with good relationships with key stakeholders	controllable
3. To evaluate the responses of the participants to the Historical HIV IEC Materials	3a) Poor quality of data collected	Major	unlikely	A well-qualified team in place	controllable

Guiding objective	Risk	Impact	Likelihood	Mitigation factors/strategies	Controllable or uncontrollable
	3b) Failure to adequately understand the data collection tools	moderate	unlikely	Adequate training provided to the team with oversight from senior social scientists	controllable
	3c) Major loss of human resource resulting in insufficient technical capacity	Major	Possible	The organization has a succession planning policy where at least more than once person is able to take on a specific role Staff retention strategies in place	controllable

Background information on use of exhibitions for behaviour change and health engagement

In Uganda, during the 1980's and 1990's behavioural change communication (BCC) campaigns were effective in reducing the spread of HIV. Many organisations in Uganda have archived communication materials that were used in these earlier campaigns. Scholars and practitioners believe these materials could be used to activate a dialogue with people at risk of and living with HIV infection today. Many young people may be complacent about HIV as they have not lived through the times when HIV was killing thousands of people weekly before effective treatment was available. UNAIDS have warned that complacency (in people at risk and in policymakers) about HIV has caused a stalling in the prevention of new HIV infections in adults, and a rise in new infections in young people (5); tackling complacency was highlighted in 2017 at the launch of the Uganda Fast Track to End AIDS by 2030 (10).

Artefact engagement has been studied as a mechanism for improving health outcomes in hospitalised adults and children or those suffering from cognitive impairment in high income settings (6). Effective exhibitions include those that are interactive and encourage visitors to become a part of the historical narrative. For example, war-era exhibitions encourage one to understand their role in society as a bystander, witness or rescuer; we hypothesize that these methods may work with an exhibition about the HIV epidemic. Peer-led discussions around historical health messages e.g. smoking adverts and school children have been shown to impact on people at risk of contemporary disease and help with public health interventions (7). However, these methods have been rarely translated to resource limited settings. Many books have been written about the history of the HIV epidemic but whilst Kampala has an emerging contemporary arts and music scene (8), museum exhibitions are only accessed by a small section of the population. By moving our exhibition around the country we aim to increase access to a diverse demographic, by age, educational status, economic level and employment activities.

Table 2 summarises how the mechanisms and principles of how we will engaging visitors at the exhibition aims to address HIV risk behavior for people at risk of HI

Group	HIV risk factors / Barrier to HIV testing / barrier to accessing care	Mechanisms employed at exhibition
Young people/ adolescents	Complacency Lack of knowledge Lack of specific targeted HIV testing/ care services Fear of accessing testing/ services	<ul style="list-style-type: none"> • Non stigmatising/ non-threatening environment • Access to novel information/ images
YAWG	Gender disparity Intimate partner violence Age-sex disparity	<ul style="list-style-type: none"> • PLHIV peer guides who can offer support/ information
High socio-demographic urban women (and men)	Lack of time/ access to large scale testing Stigma Denial of risk Complacency	<ul style="list-style-type: none"> • Peer discussion facilitated by materials/ presence of peer supporters
Men	Lack of time/ access to large scale testing Stigma Denial of risk Complacency	<ul style="list-style-type: none"> • On site HIV testing for opportunistic testing of people who do not have time to access health facilities
Key populations	Lack of specific targeted HIV testing/ care services Fear of accessing testing/ services	<ul style="list-style-type: none"> • Information / referrals to targeted services per group (e.g. adolescent care, key population services)

Alignment/Coherence with National Plans - This project is aligned with the National HIV/AIDS Strategic Priority (NSP) Plan 2015/2016 -2019/2020(12) as well as Uganda Vision 2040, which highlights preventative health as a priority, and most other Government of Uganda multi-sector activities with an HIV component(9). This project is aligned with the priorities of the Ministry of Health AIDS Control Programme through demand creation for biomedical interventions and HIV care and stigma reduction.

Project management

Diana Asiimwe Bena, program manager of the Ugandan Academy for Health Innovation and Impact (UA) based at IDI, was lead on the original exhibition and has project oversight. Ruth Nalunga, a project co-ordinator will provide day to day co-ordination of the following teams. Sylvia Matovu is the TASO librarian and archivist and has been archiving their historical materials. Mirembe Musisi is an installation artist and permaculture garden designer. She will use natrul materils to create interactive spaces for experiential learning. The exhibition team will also include a nurse counsellor and three PLHIV tour guides (expert patients from TASO/IDI representing different KP/PP). These individuals will be responsible for activating the exhibition and monitoring audience responses. c) Logistics team including a part time administrative assistant and IDI grants/ finance support. Communications will be supported by the UA/ IDI teams. d) Social Sciences team will include Dr Rachel King, a senior social scientist based in Uganda who will work with Eunice Kyomugisha, project social scientist

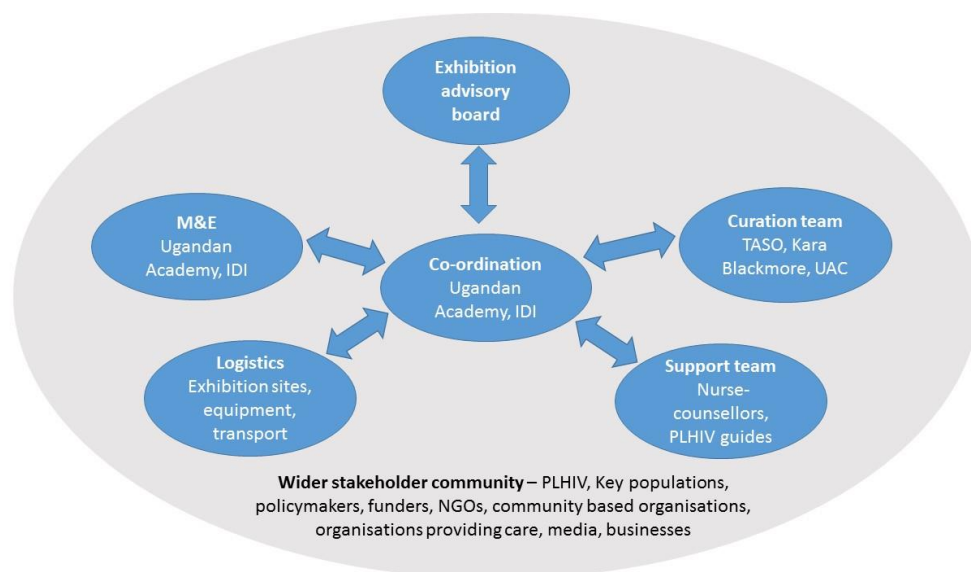


Figure 2 – Project Coordination

Co-ordination and consultation

We will work with our existing exhibition advisory board (EAB) to support in-country resource mobilisation, policymaker engagement and advocacy. This includes Dr Michael Etukoit (Co-I), Executive Director of TASO, Dr Nelson Musoba, acting Director-General (DG) of UAC. Rose Mwanja Nkaale Commissioner Museums and Monuments in the Ministry of Tourism, Wildlife and Antiquities. Susan Ajok, Executive Director of Straight Talk

Foundation who are the leading adolescent health communications agencies in Uganda. Dr. Christine Ondo is the immediate past DG of UAC and the former Minister of Health for Uganda. The Exhibition advisory board will meet every 4 months. They will advise on the communications strategy to the community, stakeholders and wider academic community.

Cross-cutting issues

Gender equality Adolescent girls and young women (AGYW) as highlighted earlier have the highest HIV incidence. We will use this exhibition to specifically target this group. We will be sensitive to gender in choice of materials in the exhibitions. The Infectious Diseases Institute (IDI) has a non-discriminatory human resource policy. We adhere to gender equality principles and guidelines outlined in national documents including The Uganda Gender Policy (2007).

Environmental impact This project is not expected to have a big negative impact on the environment. Wherever possible locally available and/or recyclable materials will be used in the construction and running of the exhibition. Wherever possible visual aids instead of printing will be used, in addition, IDI has a limited printing policy. Transport will be using pooled vehicles to reduce on unnecessary fuel emissions.

Governance The lead applicant, the Ugandan Academy for Health Innovation and Impact (The Academy), is headed by a board of directors and housed within IDI. The Academy was formed after a Memorandum of Understanding between the Ugandan Ministry of Health, IDI, Janssen, the pharmaceutical companies of Johnson & Johnson, and the Johnson & Johnson Corporate Citizenship Trust as a collaborative program to empower healthcare workers, academics, and patients to address critical health challenges, including HIV, TB, and maternal and child health in resource limited settings. IDI which is an integral part of the College of Health Sciences at Makerere University, has well-developed and reliable financial, Human Resource, grants management and Information Technology systems.

HIV/AIDS Rosalind Parkes-Ratanshi, Diana Asiimwe-Bena, Rachel King, Sylvia Matovu have extensive experience in working with people living with HIV and the issues ranging from confidentiality to the stigma associated with the disease will be handled appropriately.

Advisory Board				
	Name	Job title	Organisation	Role on the project
1.	Dr. Etukoit Bernard Micheal	Executive director	The AIDs Support Organisation	Advisor
2.	Dr. Andrew D. Kambugu	Executive director	Infectious Diseases institute	Advisor
3.	Susan Ajok	Executive director	Straight Talk Foundation	advisor
4.	Dr. Nelson Musoba	Executive director	Uganda AIDS commission	Advisor
4.	Jackie Katana	HIV/AID advisor/Ireland embassy	Irish Embassy	Advisor
5.	Suzan Candiru	Head of library	Uganda AIDs commission	Advisor
6.	Dr. Christine Ondo	IDI /Academy board member	Past Minister of Health and past ED Uganda AIDS Commission	Advisor
7.	Kara Blackmore	Curator	African consults	Advisor
8.	Dr. Rosalind Parkes-Ratanshi	Academy Director	Infectious Diseases institute	Advisor
Project team				
1	Diana Asimwe-Bena	Programmes manager	Infectious Diseases institute	General oversight of the project
2	Nalunga Ruth	Project coordinator	Infectious Diseases institute	Overseeing day to day running of the project
3	Flavia Lubega	M& E officer	Infectious Diseases institute	Monitoring and evaluation for the project
4	Immaculate Namutebi	Grants and Contracts Manager	IDI	Providing assistance with project financial planning and budgeting.

5	Geraldine Babirye	IDI Projects Finance Officer	IDI	Provide financial management of the project
Consultants				
1.	Rachel King	Senior social scientist	University of California San Francisco	Oversight of qualitative work
2.	Mirembe Musisi	Artist	Independent	Designing the exhibition
3.	Sylvia Matovu	Communication specialists and librarian	The AIDs Support Organisation	Archivist

Key in-country beneficiaries The table below outlines the key stakeholders and beneficiaries of the exhibition and the impact on this group

Stakeholder group	Expected impact on group	Mechanism of impact
Target populations: Young people esp. adolescent girls and young women	<ul style="list-style-type: none"> -Increase HIV/AIDS awareness -Learn about the history of HIV/AIDS -Reduced risky sexual behavior -Knowing of HIV status by testing 	<ul style="list-style-type: none"> -Understanding of project and aims -Attendance at exhibition -Dialogue at exhibition -Advocacy with peers, CBOs post exhibition
People living with HIV/AIDS (PLHIVA)	<ul style="list-style-type: none"> -Getting an appreciation of the progress made in care of people infected with HIV/AIDS - 	<ul style="list-style-type: none"> --Attendance at exhibition -Dialogue at exhibition -Advocacy with peers, MOH and NGOs, CBOs post exhibition
National government, Uganda	<ul style="list-style-type: none"> -Access to data in order to plan future programmes on HIV prevention -International recognition of achievement -Increased communication with research partners in Uganda and beyond -Inclusion of the study in the National strategic plan. 	<ul style="list-style-type: none"> -Stakeholder meetings -Project reports and pilot data finding dissemination meetings -Attendance at exhibition -Support for the exhibition
In country NGOs, CBOs & international multi-lateral agencies	<ul style="list-style-type: none"> -Access to data in order to plan future programmes on HIV prevention -National and international recognition of work with PLHIVA -Understanding of best practices to scale up elsewhere in East and Southern Africa 	<ul style="list-style-type: none"> -Contribution of materials for the exhibition -Stakeholder meetings, in depth interviews -Project reports and pilot data - dissemination meetings -Attendance at project exhibition -Engagement with advisory committee -Funding prioritisation
Ugandan curators/ archivists/ historians / researchers	<ul style="list-style-type: none"> -Increased number of researchers with interest and skills in multidisciplinary research using exhibitions 	<ul style="list-style-type: none"> -Publications -Involvement as key members of the research team -Mentoring relationships -use of archive after end of project
Wider academic community	<ul style="list-style-type: none"> -Development of tools for using exhibitions to develop healthcare messages in Uganda 	<ul style="list-style-type: none"> -Dissemination through conference attendance / published research work

MOH = Ministry of Health, NGOs = Non-governmental organisations, CBO = Community based organisation

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