

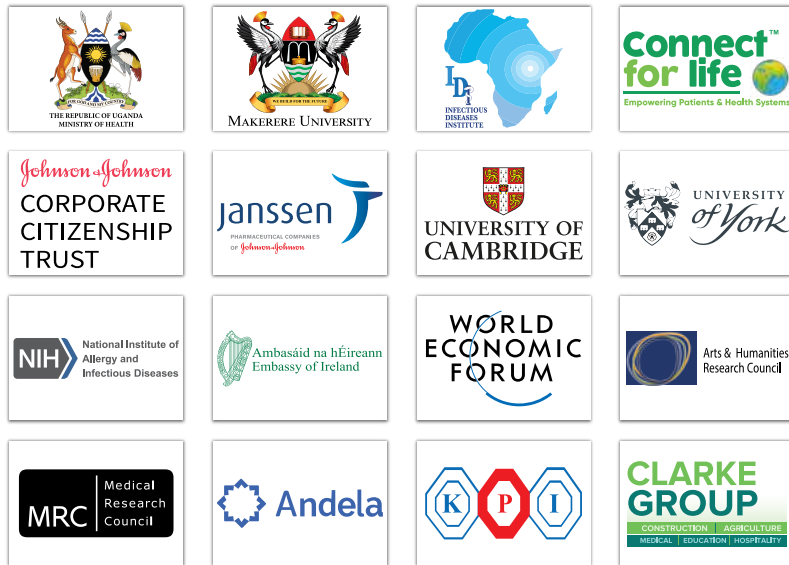


Academy for
Health Innovation
Uganda

ANNUAL REPORT



2019 - 20



Message from Board Co-Chair

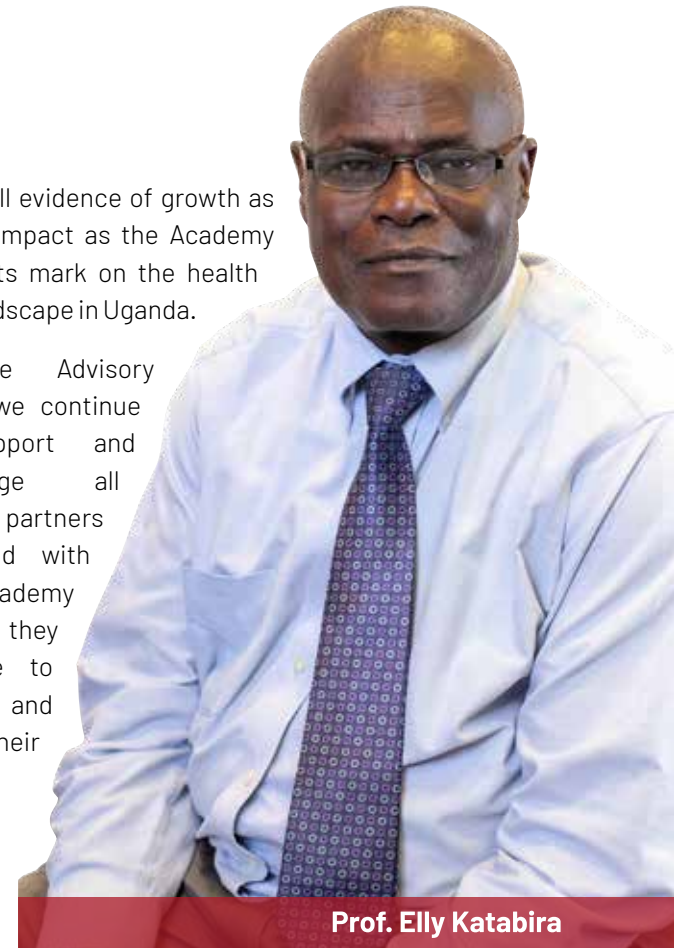
For the last five years, I have had the privilege and honour to serve as the Advisory Board Chair of the Academy; this has given me a vantage point to observe the tremendous growth that has been taking place. It is with utmost pleasure that we share this growth with you in this edition of the Annual report.

The Academy for Health Innovation has evolved and diversified its mandate over the last 5 years; not only as a health innovations hub but as a melting pot for creativity and technological advancement towards improving of healthcare services delivery and wellbeing of the communities they serve.

It has evolved from digital health innovations and diversified into influencing policy and perceptions for older persons with the Pictures of Ageing project, analysing trends in HIV/AIDs management with History of HIV to crossing geographical barriers in order to overcome challenges in health care delivery with the Medical Drones project.

This is all evidence of growth as well as impact as the Academy makes its mark on the health care landscape in Uganda.

As the Advisory Board, we continue to support and encourage all our partners to stand with The Academy team as they continue to thrive and realise their vision.



Prof. Elly Katabira

Executive Summary

Director Message

The period of July 2019 to July 2020 covered by this report was unpredictable to say the least; from successfully off our sub-grantee activities into a global pandemic. Not only has the Academy shown true resilience during this time, but we have also managed to grow and expand our activities into direct COVID support.

As a primarily Health Innovations hub, we took it upon ourselves to innovate and evolve throughout the unprecedented change that befell the globe. We immediately delved deep into working out scale-up integration and adaptation possibilities for our already existing innovations; the ARTAccess and Call for Life-IVR phone-technology tools for the COVID pandemic. Call for Life was quickly adapted with help from Janssen, the pharmaceutical companies of Johnson & Johnson for support to those in quarantine due to high risk for COVID as well as follow up of COVID contacts.

With support from the Ministry of Health, Ministry of Defence and Civil Aviation Authority of Uganda, we successfully acquired all necessary approvals for

the commencement of our Medical Drones project. So as we waited for the actual drones to make a landing, we managed to cover some ground work like sensitize the community leaders and locals within Kalangala, set up all equipment needed to monitor the drones as well as set up a solid Drones project team to manage the activities on the islands.

Through the continued partnership and support from partners like Janssen the pharmaceutical companies of Johnson and Johnson, USAID, University of Cambridge, Wellcome trust as well as Makerere University through IDI, we managed to continue to fulfil our mandate. We managed to successfully launch the Mobile exhibition for the History of HIV in Arua, PACT-TB in Karamoja as well as develop and deploy our own local IVR technology that is now available commercially.

Our team was tested throughout but we managed to evolve and restructure in order to cope with the times. We managed to build a strong internal business continuity system that saw the Academy increase in productivity and thrive despite the challenges of working remotely through a global pandemic. We have enjoyed the unwavering support of our Advisory board, IDI SMT and Board of Directors as well as that of our partners both local and international and we take none of it for granted. We hope that we can always count on this continued support in order to achieve our vision and mission.

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Research and Development



Call for Life Projects:

Call for Life (CFL) project facilitates the management of Tuberculosis, HIV/AIDS patients and COVID-19. It uses basic mobile phones (Ka- torch) through voice automated call system known as IVR (Interactive Voice Response); a computer assisted patient management system. It is accessible, easy to use and has the potential to be widely applicable.

There are a number of projects that have been developed under this IVR innovation; and all these projects facilitate the management of HIV/ AIDS, Tuberculosis, COVID and other diseases.

Call for Life-Lite:

This project facilitated treatment support to 3100 people living with HIV. The patients received weekly adherence calls, weekly health tips and were also able to report symptoms. A total of 674 symptom alerts were responded to by the IDI Call for Life team.

IDI-Mulago has so far managed 368 symptoms while Kasangati and Kisenyi managed 209 and 97 symptoms respectively. Of those patients who were successfully contacted, 107 (15.9%) reported Gastrointestinal symptoms, 95 (14.1%) reported febrile illnesses and 92(13.6%) reported Musculoskeletal system symptoms

Call for Life TB project:

This project was aimed at determining the effect of CFL-TB on TB treatment success (treatment completion and cure rates) in patients with TB receiving care at three public health facilities in Uganda. The study sites are; Kisenyi, Kasangati and Kiryandongo. The sample size is 274 patients (137 per arm) who were to be followed up at 0,2,6 months.

Call for life Youth:

This project aims at assessing barriers and enablers of adherence among youth living with HIV in Kiryandongo Hospital at baseline & study end.

To assess acceptability of mHealth for HIV adherence support among YLWH in Kiryandongo Hospital at baseline and study end.

To assess effect of the CFLU mHealth tool on ART adherence among youths initiating ART at 6 and 12 months.

To evaluate the cost of the CFLU mHealth adherence tool in comparison to Standard of Care.

The site in Kiryandongo was initiated successfully in August of 2020 and 2 focus group discussions and 3 in depth interviews were completed; 88

young adults with HIV were screened and 21 enrolled so far with the target being 178.

IAS Conference presentation on Call for Life- HIV



Following the declaration of COVID-19 outbreak as a global pandemic by World Health Organization on 11th Mar, 2020¹, different countries around the world started going into a lock-down². Uganda was not spared as the government issued a “lockdown” that prevented all public and private transport, causing transport challenges for PLHIV and health care workers. This lockdown disrupted treatment continuity and globally the supply chains were halted and most patients in chronic care faced

challenges. Call for Life (CFL), a web-based mHealth Interactive Voice Response tool, has been supporting ART adherence since December 2016. Eva Nakibuuka, an mHealth nurse, presented the implications of the lockdown on PLHIV and how CFL supported continuity of care amidst health facility access challenges.

CFL tool was able to facilitate the sending of weekly automated calls to registered PLHIV attending three health facilities in 3 languages. CFL recorded self-reported ART adherence, and gave health information “tips.” PLHIV were able to report symptoms/concerns. Clients registered on CFL tool were also able to directly phone the nurses in case of emergency advice as it was during the lockdown. CFL nurses received alerts and were able to phone back to give telephone advice.

Medical Drones Project :



Kalangala district, which is largely made up of a fishing population, has a high HIV prevalence of about 27% and as well as several essential health services. The population is also largely inaccessible due to the fact that many people live on the 84 islands scattered across Lake Victoria. The available resources are constrained and cannot meet the health requirements of the population.

Through the use of medical drones, this project aims at remedying some of these challenges being faced in Kalangala district. The drones will be used to deliver essential medical supplies to communities and health facilities. The drones are controlled by a human being who monitors its flight path, landing locations.

After obtaining all necessary approvals from the Ministry of Defence and Health, Civil Aviation Authority, the Drones project team successfully sensitized the district officials on the use of drones

As well as the communities at the different landing sites of Serinya (Bosa), Kabale (Kitobo), Buyovu (Kusu) and Bugaba (Kaazi).

Project offices were set up in Kalangala near DHO for close follow up with the district Health Team (DHT) and the IRB approval was obtained from Makerere University School of Public Health (HDREC) on 25th May 2020. The protocol was submitted to UNCST for approval.



Pictures of Ageing:



An Exhibition on Self Perception of a community of Older Persons in Busukuma Sub-County.

University of Cambridge, in collaboration with The Ugandan Academy for Health Innovation and Impact, based at the Infectious Diseases Institute in Makerere University, conducted a multidisciplinary study to understand ageing in Uganda. The study combined demographic, phenotypic, social science and artistic methods in order to understand the picture of Ageing in Wakiso District, Busukuma Sub-County. This exhibition showcased

the artwork produced by established artists and some of the older persons during the course of the project.

This event also provided a platform for the Masters Student attached to the project, Namatovu Doreen, to showcase her fashion show and final school project. This fashion show was comprised of the older persons- from this community dressed in fresh and modern designs all made by Doreen.

The artworks and the fashion show served as a form of expression of their perception of ageing in this community and this allowed different project stakeholders to get insights into the study.

The study was led by a group of researchers who are experts in their different fields. They are **Prof. Carol Brayne** from CIPH-Cambridge University, **Prof. Noeline Nakasujja** from Department of Psychiatry, CHS,

Makerere University, **Dr. Rosalind Parkes-Ratanshi**, Infectious Diseases Institute, **Dr Alice Reid** Department of Geography, University of Cambridge **Dr Stephen Ojiambo Wandera**, Department of Population Studies, Makerere University, **Dr Allen Kabagenyi**, Department of Population Studies, Makerere University, **Dr Sarah Walters**, London School of Hygiene and Tropical Medicine, **Prof Zoe Kourtzi**, Department of Psychology, University of Cambridge, **Dr Louise Lafortune**, Cambridge Institute of Public Health, **Ms. Margaret Nagawa**, Independent artist-curator, **Dr. Phoebe Kajubi**, Infectious Diseases Institute, **Dr. Hortense Videler**. The project was funded by the UK Arts and Humanities Research Council and Medical Research Council Global Public Health Partnership Award number AH/R005990/1...

Adaptation and Integration

ART Access:



As a health Innovations hub, we strive to always be at the centre of technological advancement in the country. We have achieved this through the ART Access tool. This is an mHealth tool that links information for patients on ART and their viral load to an algorithm which guides a community pharmacy in dispensing ART without additional staff needs.

This tool supports the community pharmacy refill program which

involves partnering with selected private community pharmacies within Kampala to conveniently provide low frequency high quality HIV services including ART refill for qualifying stable clients under IDI-KCCA care.

It was developed to support government health facilities in Kampala Capital City Authority (KCCA) including Kiswa, Kisenyi, Kawaala and Kitebi HCIVs which have over 25,000 HIV positive clients. Since January 2019, the web based version was developed and piloted in 2 KCCA health facilities and 3 pharmacies. The 2 pharmacies are attached to Kawaala HCIV (Shubh and Cedars) and one attached to Kiswa HCIV (Hefra pharmacy). By end of January 2020,

4112 patients were already enrolled on the tool.

This mode of operation is based on the WHO strategy of differentiated service delivery models that IDI is implementing; the community pharmacy refill program under the Kampala Health Project (KHP) in the KCCA facilities.



Pharmacy refill nurse using the ART Access App to serve clients

Capacity Building:

IDI E-learning and ATIC

The ATIC (Advance Treatment and Information Centre), despite the limitations that came with COVID-19, endeavoured to ensure continuity. For a program that largely thrives on face to face interactions, it adapted fast in order to continue its mandate. This continuity was managed through partnering with other projects that had exemptions to train health workers at health facilities while maintaining physical distance and observing other MoH directed SOPs for safety.

- 381/500 registered users accessing the eLearning website; 2034 website visitors were registered.
- 4 case scenarios developed through engagement with other ATIC partners
- 4/2 eLearning resource was reviewed by experts
- 12/2 events were live streamed
- 447/240 calls handled by ATIC to provide technical assistance to health care workers

PhD Scholars,

Richard Muhindo



Together with his supervisors, he reviewed the draft response to the reviewer's comments to second manuscript and is under consideration for publication in BMC Public Health.

He also started data entry and analysis for Objective 3: To evaluate the effect of FSW led peer educational support and mobile phone text message reminders on uptake of regular STI and HIV screening services.

Dr. Agnes Bwanika



Submitted full signed proposal to Directorate of Research & Graduate Training-Makerere University on 18th Mar 2020. She was however unable to receive her admission letter due to closure of the University following the outbreak of COVID-19

A protocol training for 5 members of the core study team were trained on the protocol as well as on the Redcap data management system. They were able to collect baseline data which included 2 FGDs and 3 in depth interviews

However, recruitment of young adolescents onto the study was halted due to COVID-19 lockdown; as directed by the Uganda National Council of Science and Technology to halt all research activities following COVID-19

Scale-Up:

NEW INNOVATIONS:

PACT Karamoja project:

For the first time we are deploying call for life in an implementation project (outside on a study setting) and in Karamoja, the most rural part of Uganda. Call for Life TB has been deployed and integrated into the USAID funded Programme for Accelerated Control of Tuberculosis PACT.

The project has so far been rolled out in 4 health facilities; Matany Hospital, St Pius HC3, Loputuk HC3, Iriiri HC3

where a total of 8 health facility staff were trained to use the tool and 153 patients were enrolled.

IVR: Interactive Voice Response (IVR) can be defined as an automated phone-based system that interacts with callers, collects information and channels calls to the appropriate recipients

For the first time, The Academy is able to offer connectivity to our local interactive voice response tool at very competitive rates. Thanks to our Information Systems team that

was able to develop and deploy this system.

The Academy is now able to link your existing software system to route IVR calls and we can also tailor the software to your needs. Some of our upcoming opportunities include use of IVR for delivering short trainings and quizzes to health care workers, and using interactive voice response to undertake research surveys. Please do get in touch with mbalaba@idi.co.ug if you are interested in using this technology



Call for Life COVID

The Academy was at the fore-front, alongside the Ministry of Health in the fight against COVID-19. With the use of the Interactive voice response (IVR) technology; Call for Life™, the Academy was able to support the Ministry in the COVID-19 National response.

In response to the pandemic, this technology was quickly adapted to support Ministry efforts in COVID surveillance through automated calls for symptom assessment and follow up to high-risk travellers, contacts to positive patients during quarantine and post-quarantine. This was in ten districts of (Mbarara, Jinja, Kyankwanzi, Kiryandongo, Kanungu,

Nebi, Adjumanin, Kagadi, Yumbe, Kalangala) where 672 clients followed up for 14 days per each. 829 COVID alerts were generated and triaged the IDI medical team.

CFL-C Surveillance was later set up in 13 districts in the West Nile region and since 1st August the system has followed 570 high-risk persons; of which 269 have reported alerts that have been triaged and responded to by the CFL-C medical team.

With COVID numbers increasing and hospitals stretched, the Ministry approved to adapt CFL-C to offer psychosocial and clinical follow-up to clients post COVID treatment. Since

1st September, 9 COVID treatment units were trained and a stable and functional psycho-social module deployed, to monitor discharged COVID patients. 1648 clients were supported, of which 440 clients reported psycho-social concerns. These were triaged and through partnership with Strong Minds Uganda; A mental health NGO, that screens for mental health and also asks about domestic violence. These were offered tele-counselling.

Both the surveillance and psycho-social modules have up to 9 local languages in content approved by the Ministry of Health.



History of HIV in Uganda:



LC5 Arua cutting the ribbon and officially launching the Mobile History of HIV in Uganda Exhibition

Following the exciting and successful launch of the History of HIV in Uganda exhibition at the National Museum, The Academy was granted more funding

from The Wellcome Trust to convert this exhibition into a mobile one. The exhibition aimed at engaging people in HIV response through reflection on the history of the HIV epidemic in Uganda; research undertaken, evolution in behaviour change communication, and the journey towards scale-up of HIV treatment. The exhibition was enriched with content like scientific papers, IEC materials, media outputs, paintings, sculpture, music, testimonies from survivors and leaders in the HIV response. The mobile exhibition was meant to be taken to six regions across Uganda (Arua, Wakiso, Rakai, Moroto and Hoima) specifically targeting and engaging young people, who are at risk of HIV acquisition through community, school and religious groups.

The launch of this mobile exhibition was held on the 5th March and it went on until the 27 March 2020 in Arua district. A total of 620 participants where 108 people were screened for HIV, 47 were tested and one (1) person was found HIV positive and referred to care.



History of HIV Project partners






Innovation Sub granting close out

End of project evaluation

The Academy for Health Innovation Uganda undertook an end of project evaluation for its year one sub grantees (first funding grants). Five organizations including; Sustainable Development Initiative

(SDI), Integrated Community Based Initiatives (ICoBI), The Aids Support Organisation (TASO), Child and Family Foundation Uganda (CFU), and Hoima Caritas Development Organisation (HOCADCO) were selected, and received grants for between US\$20,000 and US\$220,000 (approximately Ugandan Shillings 71m

and 790m) to implement their projects for a period of two years starting 2017. The main aim of the evaluation was to generate knowledge and experiences that would provide a basis for strategic decision making processes with a view of improving future programs. The specific objectives and scope of the evaluation included:

- | | | |
|--|---|--|
|  <p>i. Evaluating activities undertaken towards achievement of the expected project results/outputs</p> |  <p>ii. Assessing internal program management systems, practices and approaches and how they affected project activities</p> | |
|  <p>iii. Identifying the major challenges that affected the project</p> |  <p>iv. Analysing and collating lessons learnt from interventions implemented</p> |  <p>v. Providing recommendations for future programming</p> |

A team of evaluators was externally sourced and constituted through an open advert in the national newspaper. Following this, a number

of activities including; understanding the scope of the activity and individual projects, development of activity work plan and budget, development of

data collection tools, training of data collectors, data collection activity, data cleaning, analysis and report writing were undertaken.

Full reports for each sub grantee have since been developed and shared. A publishable manuscript is being put together aimed at sharing achievements, lessons learnt, knowledge and experiences that could help improve future programming

CLOSE-OUT OF THE ACADEMY SUB-GRANTEES

For the Financial year June 2019 to July 2020, the Ugandan Academy had three Sub-grantees i.e. Rural Initiatives for Community Empowerment (R.I.C.E/ WN), Reach out Mbuya (R.O.M) and Infectious Diseases Research Collaboration (I.D.R.C) implementing

in the Northern and Central region of Uganda. As the project life ends, we undergo a series of activities to ensure a smooth closeout and this was done for these three academy sub-grantees. This closeout processes involved; - Review of Final cumulative financial reports from inception to the end of the project ensuring that all costs are recorded according to the stipulated financial guidelines, review of Final Bank Statements & reconciliations, asset verification for all items procured under the project, a refund of unutilized monies to IDI, review of final bank statement showing closure of the account.

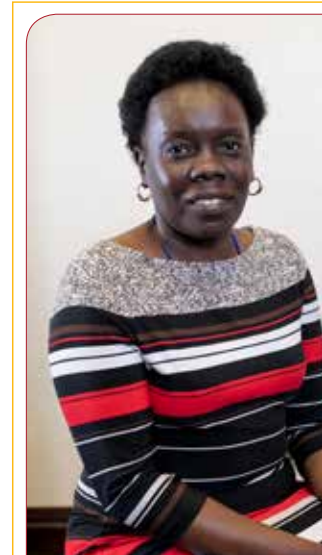
The closeout activity was scheduled for March 2020 and for one partner

(R.I.C.E) the closeout visit was done. However, this was not possible for the rest of the partners due to the restrictions put in place to curb the spread of the pandemic COVID'19. With the relaxing of the restrictions in June 202, the closeout visits were successfully conducted for the remaining partners and the process finalized. The partners were very thankful for the support given by the IDI and the Ugandan Academy and this support translated into better service delivery to the communities served as well as internal growth for the partner organizations. They shared their continuity plans and IDI/ Academy pledged to support them where necessary.

New Academy Advisory Board Members



Michael Niyitegeka
Program Director Refactory
Clarke International University



Susan Ajok
Country Director
Child's i Foundation



Prof. Umar Kakumba
Deputy Vice-Chancellor
Makerere University

Gallery: The Year in Pictures

Academy Staff in West Nile



Gallery: The Year in Pictures

Launch of the Mobile History of HIV exhibition
in Arua



Gallery: The Year in Pictures

The Pictures of Ageing Project Team





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