



## There SIMS to be a problem..

### *Seeming superbly surprised by SIMS*

By Willy Kafeero Bikokye

For some time now, we have been hearing about **SIMS** both during the staff meetings and discussions. Some of us have had our activity requests to the regions adjusted while others have managed to be part of the team during the exercise. Recently, I was asked by a number of people to explain what SIMS is, who oversees it and may I add 'when SIMS will end'. Here below are quick answers to help you understand SIMS.

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### What is SIMS?

**SIMS** is the Site improvement through monitoring systems. It was developed by PEPFAR as a quality assessment tool that is administered to two categories namely ; site assessment that takes place at the health facility and above site assessment that assess performance of district leaders; Site assessment is done following 15 domains namely; Medication management, Key population, sexually transmitted infection (STI), Point of care testing, pediatric care and treatment , prevention of Mother to child transmission of HIV (PMTCT), prevention , TB/HIV, voluntary male medical circumcision(VMMC) , finance and planning, site management performance , Policy and practices , quality improvement and Monitoring and reporting

### Who conducts SIMS?

At the moment, we have joint teams including Baylor-Uganda, CDC Uganda, district health offices, and at times joined by Ministry of Health and USAID partners.

### How often is SIMS done?

Joint supervision by CDC is conducted quarterly. However, Baylor-Uganda has adopted the SIMS for our routine support supervisions using the tool to improve performance of health facility service delivery.

### How is the grading done under SIMS?

Technical Support Supervision (TSS) supervisors use available MOH data tools used at the facility to capture data and reporting, policies and clinical guidelines / SOPs for assessing performance based on defined domain and indicators and scores according to the agreed standard set, and have colors to show performance as per the status of the service delivery.

Color codes	Interpretation
Dark Green	Surpasses Expectation
Light Green	Meets Expectation
Yellow	Needs Improvement
Red	Needs Urgent Remediation
N/A	Not Applicable

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### What does it mean when you are doing badly or doing well?

Action points are developed upon finding worst/ bad performance and they are used by Baylor-Uganda technical team to conduct mentorship as way of improving the services at the facility. Important to note is that, all PEPFAR funder partners use the same tool which captures performance for health facilities supported. This HF's performance is then aggregated to reflect the overall performance of the implementer.

## Teen Pregnancies, Health Tourism Affect West Nile HIV/AIDS Efforts

By Paul Mayende

Baylor-Uganda has called upon the local leaders in West Nile and specifically in Yumbe district to address teenage pregnancies. During the performance review meeting in Arua recently, the Executive Director, Baylor-Uganda requested the district leadership of the affected districts to urgently find solutions for the increasing number of child mothers in the area.



Dr Addy , the ED together with CDC and Baylor staff having a review meeting at one of the health facilities in the West Nile region.

"As a mother, I am ashamed and angry that children are getting pregnant in the communities and the leaders seem silent. I have found some of them at health facilities alone because the men responsible for defiling these babies have either shied away or abandoned them", she observed, before requesting the leaders to take action.

"You and I, can't tolerate this situation. Tell your men, if they need to sleep with a woman, let it not be a child. These men are shameless!", she added.

During a visit to Midigo health centre, the majority of caesarian cases were children aged 13-17 years which the health workers noted are increasing. However, the men responsible do not come to the health facilities during ANC visit thus affecting couple HCT outcomes. The health workers also shared about the difficulty of

disclosing the HIV+ status to the teenage mothers since many of them are still dealing with the stigma of the pregnancy.

Dr. Addy requested the district leaders who attended the meeting: the LC V chairs, the RDC and district Secretaries for Health to conduct community sensitizations; and where necessary apprehend those involved in causing child pregnancies.

Apart from teenage pregnancies, other challenges highlighted during the review meeting included insufficient staffing at health facilities, limited male involvement, and the presence of 'medical tourism'.

The technical health staff observed that since each of their districts share borders with other countries, it has become increasingly difficult to plan and coordinate effective health care delivery. "We plan for our populations that we are aware of, but people continue crossing the borders to seek for services. In cases such as HIV/AIDS, it is only during the follow-up when you will know that the client gave you wrong names, wrong location and wrong contact", remarked one district health officer.



West Nile region districts health leaders have a joint review meeting with CDC and Baylor Uganda staff.

The performance review meetings bring together different stakeholders and are held to track progress of project implementation. During the meeting, it was also announced that Baylor-Uganda will be winding up her comprehensive HIV/AIDS support in the region as scheduled in March 2016.



## FAMILY SUPPORT GROUP ROLL OUT IN THE REGIONS:

The Family Support Groups are psychosocial support groups formed as one of the components of PMTCT/EMTCT strategy that provides a forum for follow up of EMTCT services for women/couples and their families with an aim to improve retention and adherence. It addresses part of the 4<sup>th</sup> pronged strategy for prevention of MTCT which is "provision of treatment, care, and psychosocial support to women infected with HIV, their infant and families."



A group discussion during the TOT at a health facility in Arua

Although strategies for HIV prevention and continuum of care for people living with HIV and AIDS are now better understood, the burden of disease and suffering continues especially among women and children. The Elimination of Mother to Child Transmission of HIV (EMTCT) strategies and programs in the African region has focused mainly on the medical aspects of elimination of HIV transmission and yet the social and psychological effects are likely to have a powerful, often devastating impact on the life and the coping mechanisms of the HIV positive women and their families have largely been ignored. As antiretroviral Therapy (ART) becomes more accessible for EMTCT, the need to complement these medical interventions with psychosocial support is critical. This will increase access to HIV Counseling and testing as well as improving adherence to prescribed treatments.

Family Support Group (FSGs) provides a forum for follow-up of EMTCT services for women/couples and their families.

In FSGs, members discuss and build peer psychosocial support to live positively and improve their health seeking behavior which leads to better access to treatment and care. FSG members help each other to adopt safer sexual behaviors that will contribute to HIV prevention and retention of mother-baby pairs in Care.

FSGs have been found to be cost effective because they use minimum resources to access a large population of HIV positive women/couples. In low resource settings, such as Uganda, this intervention is highly recommended.

Family support groups have been rolled out across all the regions of Rwenzori, Eastern and West Nile.

**Two** Training of trainers (**TOTS**) and **10 trainings** for health workers have so far been held in Rwenzori and Eastern Regions. Post-training mentorships were rolled out in the health facilities and so far. In Rwenzori Region 110 FSGs have been formed while in West Nile 70 have so far been formed.



Training of Trainers of the family support groups in Arua

### BRAIN TEASER OF THE MONTH

You get to bag **10,000/=** airtime if you are able to make four sentences from these four words ..... GOOD LUCK



## Profiles

**INTRODUCING ROBERT MAGANDA ,THE NEW ADMINISTRATION MANAGER**

**Masturah Chemisto spoke to Robert on taking on this immensely challenging role at Baylor-Uganda.**

If you have not met him yet, he is 6 '4 ft tall with a contagious smile and laugh. He is Robert Maganda and he is the new Administration Manager of Baylor-Uganda.



**Mr Robert Maganda, the new Admin manager, takes Masturah through his life's achievements and great ideas for Baylor-Uganda during the interview in his office at COE**

He has a Bachelors of Commerce Degree with a bias in Accounting and a Masters of Business Administration both from Makerere University. He is also a member of the Chartered Institute of Purchasing and Supply (CIPS) and has attained additional trainings in marketing, performance management, leadership, change management, and quality customer services.

Robert comes with a wealth of experience from the banking sector where he has worked for the past 15 years with FINCA Uganda Ltd where he started out as an Accounts relations Officer and climbed the corporate ladder to Assistant Accountant, Administration Officer through to the Head of Administration – a position he held for 10 years and also takes credit for setting up the administrative function from scratch.

He had to develop all the policies, administration manuals, and Standard Operating Procedures and also went on to set up similar administrative functions and structures for other FINCA affiliates in Malawi, Congo and Tanzania.

It is no surprise that barely three months now in Baylor-Uganda, Robert seems to have fitted into the system so fast and he attributes this to his

nature of being a **'people person and the love for working with people'** while emphasizing that at his level, nothing can go on without good interpersonal skills.

With his vast experience of managing FINCA operations in over 23 districts, Robert's focus is to instill teamwork in order to achieve universal goals as an organization. 'Working together helps a lot in achieving objectives as opposed to working individually', he notes while citing the example of little termites that build a huge anthill.

Often times, he is frustrated by people who start something and don't follow it through to the end. Although Baylor Uganda is an NGO, he equates clients to customers in the corporate world. 'One must know that our clients are our customers and without them, then we shall have no jobs', he says noting that administration is a support function to other units for smoother execution of operations and achieving of targets.

Robert strongly believes that a lot can be achieved with good organizational skills and proper work plans. He has some plans up his sleeves which among others include introducing a few more controls especially in procurement processes, logistics, and facilities management. He also brings to the table good negotiation skills that can save the organization a coin or two.

He is optimistic that with enhanced teamwork coupled with adequate planning among all units in the organization, the sky can only be the limit for his department.

Married with 4 children, 3 of who are biological while one is adopted, Mr. Maganda says he is greatly inspired by his children. **'When I wake up every morning and I see them running around,** that is what inspires me to work harder', he says with a lot of nostalgia

One might wonder how he has managed to be in such a sensitive field for such a long time. His secret is hidden in integrity as his most crucial life principle because all what you have worked for can collapse in a flash if you don't uphold your integrity. This is one thing he sees as very critical and he has his mother thank for it as she instilled it in him and siblings four of whom, just like Robert was, are in the field of banking and accounting.

Although he might have deviated completely from a different field of banking, Robert feels he is in the right place and really appreciates what Baylor is doing and he is 'proud of making a contribution to the wellbeing of the most disadvantaged people in society'.





## THE POST NATAL CARE UNIT On securing the next HIV free Generation

By Bryan Tumusiime



Dr Lydia assesses one the infant clients at the PNC unit.

It's an early Friday morning when I take a stroll from the COE to the old looking building that houses the Post Natal Care unit of Mulago National Referral Hospital. At this facility, mothers who delivered from the hospital are registered, their babies' immunized and they are offered family planning services among others.

A key component of this clinic is the PMTCT linkage that is done by a Makerere University Johns Hopkins University (MUJHU) officer who works hand in hand with the midwives to identify exposed Infants who are those born to mothers who have tested HIV positive. With the link created the mother baby pair is then referred to the in house Baylor supported Early Infant diagnosis (EID) and elimination of mother transmission (EMTCT) unit commonly known as PNC.

Walking into the multi roomed unit, I'm welcomed by the sound of crying infants and mothers trying to soothe these, there is barely space for me to make my way through as it's lined up with mothers and their little ones waiting to be seen by either a triage nurse, a counselor, a doctor, a pharmacist or lab technician.

The staff on the other hand are all busy either taking vitals of the children, counselling mothers, checking through records, doing diagnostic tests or giving health talks to the 30 plus mothers and some couples in the clinic's attendance. Despite this intensity, each of them I encounter seems collected and affords a smile when I drop by their work stations to steal a few action photo moments.

As I try to find my way around, Dr Lydia Nakajako the medical officer leading the team comes to my aid, she is calm and composed and seems unflustered by the current busy work state, she assures me how most days are like this quickly attributing the relaxed temperament to the dedication and love that staff have for the work they do. Due to the busy clinic time though I'm not able to interview her more on this, we make a plan to meet up later on after the clinic has toned down.

A couple of hours later, I'm back at the visibly empty and relaxed unit clearly not exhibiting what the state of affairs was earlier on, this time round I get to speak to Dr Lydia more extensively about the team, their work, their challenges, hopes and motivations.

She firstly takes me through what their **EID EMTCT** work is all about, speaking authoritatively about the processes involving enrollment of newly referred infants on **Septin prophylaxis**, first **6 months exclusive breast feeding** advocacy coupled with nutrition health talks to the first **DNA PCR HIV** testing of these infants at 6 weeks to determine their HIV status and hence course of treatment.

All Together, the 10 staff that include **2 nurses**, **2 counselors**, **1 CHBC staff**, **1 lab technician**, **1 data clerk**, **1 pharmacy technician** and **2 medical officers** have worked to maintain the positivity rate of the current **1,412 0- 5 years** old exposed or ART clients seen at the clinic at **2.2%**, a commendable result that falls below the national pediatric prevalence rate.

Commenting on how even the **2.2%** turn out positive, she quickly informs me that these are mostly referral in's/ missed opportunities of infants whose mothers were never enrolled on Option B+ or didn't know their status all through pregnancy and found out the first time their child fell ill and was tested at a health facility. She alludes to the fact that since for all her tenure at PNC, she had seen no child sero-convert.

Speaking about some winning tips that have enabled the PNC unit contribute immensely towards the global and national goal of getting to zero new infections she strongly attributes it to: the great support the COE staff has rendered the unit, the self-driven and skilled staff she works with and most importantly the shared vision and unmatched joy that they all share when they discharge a previously exposed infant with an HIV negative status at **18 months**.

About the challenges faced by the unit she feels that the dilapidated state of the building is the biggest as it poses a physical hazard to the staff working environment and patient care space. Their internet connection could also be improved. Even in the face of these issues, the PNC staff make do and serve each client with the highest standard of care they deserve, they work to the joy of discharging every infant who enters the clinic with a negative HIV result.



The Triage staff at the PNC clinic checking the vitals of clients .

## SMGL Feature story

### SMGL & MUKCHS PARTNERSHIP BRINGS OBS GYN STUDENTS CLOSER TO THE COMMUNITIES

Baylor-Uganda has partnered with Makerere University College of Health Sciences as part of its strengthening capacity for delivering Maternal and New born care programs by supporting post graduate medical students on short term field assignments.

The first batch comprising of 6 second year masters of medicine in Gynecology and obstetrics students travelled to Rwenzori region on 9<sup>th</sup> June 2015 and were based at Kyenjojo hospital, Kibiito HCIV, Ntara HCIV and Rukunyu HC IVs for a month each. **Bryan Tumusiime met each of them at their placements**

#### Day 1: Kyenjojo General Hospital, Kyenjojo District, countering teenage pregnancies

I find Dr Sarah Anyango and Dr Aminah Najjemba in the hospital's spotless clean operating theater catching their breath after performing an emergency caesarian section on a mother who presented with obstructed labor, Both these ladies have families, career paths and a lot that they left in Kampala to come and serve the communities as part of their school work rotation.



Dr Aminah Najjemba(L) and Dr Sarah Anyango( R) review a teenage mother they delivered by C-section at the hospitals' post natal ward.

In their view, the biggest community reproductive health problem was the high prevalence of high risk teenage pregnancies in the district, this is evident in the high number of young mothers( 8 out of the 13 complicated deliveries they handled ) they've had to perform surgeries on with the youngest being 13 years.

To counter this, Dr Sarah and Aminah initiated an adolescent friendly clinic that would offer family planning and STI prevention and treatment at the hospital, they've trained health workers and created awareness about the services during their community outreach programs both at the nearby Kyenjojo Secondary School where they talked to the over 700 students and the listening in public at a local radio talk which they facilitated.

#### Day 2: Rukunyu HCIV, Kamwenge district; Overwhelming numbers, limited resources but exceptional work ethic.

At Rukunyu with Dr Joshua Sebuliba , i get to see first-hand what it means to work with the most minimal resources to save lives: within a few hours of our interaction he is working tirelessly with the midwife on duty to save a 19 year old lady's life, a referral in with severe effects of an incomplete abortion, it's a heated and intense time as he contains the mother's profuse bleeding, gets blood transfused to her and performs the lifesaving manual evacuation procedure to rid her of the remaining contents of the miscarriage, more amazing though is how with the most basic tools this team is able to turn back this almost lifeless person's life back. With her life saved, she get another chance at becoming a mother in the future.

Speaking to Joshua later he diagnosis the community reproductive health issue at hand as first delay where mothers try child labour at the traditional birth attendants only to come to hospital with multiple complications that possibly result into fatalities either to them or the newborns.

Dr Bahizi Archibald, the health facility's vigilant in-charge was beyond gratitude for this specialist support and called for more similar programs.



Dr Sebuliba Joshua listens for a fetal heartbeat on a mother who presented with complications in pregnancy.



## SMGL Feature

### Day 3: Ntara HCIV, Kamwenge district; A state of the art health unit with low patient volumes.

Dr Jonathan Mpanga is quite the talkative and interactive gentleman, right from seeing him finishing up a caesarean section with the facilities in charge at the well-equipped operating theater, to walking me through a ward round, to engaging alongside the senior midwife expectant mothers attending Ante natal care (ANC) in health talk, he does exude the people person energy.

During the ante natal talk which I'm informed he supports every morning before seeing complicated pregnancy cases, he makes a quick contact with a mother who directs us to a traditional birth attendant living nearby and with his community appeal in high gear, we drive through a couple of blind spots before getting to Anna Tibamwenda's shop whose backroom doubles as the delivery room.



Dr Jonathan Mpanga gives a health talk to ANC attending mothers

Talking to the 50 year old TBA becomes challenging as the community gathers around us threatened that we may have come to arrest her, Dr Jonathan though with his limited rukiga command is able to calm the situation down and soon he's delivering professional advice to her on the best practices in referral.

Ntara is a high capacity health facility but it's easy to find the maternity wards empty, this Dr Jonathan attributes to the strong cultural belief that the community has to birth attendants with one and like Rukunyu this poses a third delay to the mother -new born pair.

Dr Omia, the facility in charge expressed his gratitude for the student's support relating to the numerous specialist skills that he has imparted on the team.

### Day 4: Kibiito HCIV, Kamwenge district; A volume unit with a touch of excellence.

Dr Stephen Kajaaya and Dr Gideon Alex Mugisa were both posted to this newly renovated maternal and child health hub. Getting a hold of them is very difficult as following a local radio announcement that talked about the presence of 'specialist doctors from Kampala' at the unit, women with different complications have since filled up the waiting areas.

Dr Stephen takes me for a ward round where we review a number of post-operative mothers, he listens and cares to pay attention to each complaint his patients raise. An even more interesting discovery is his skills in performing precise obstetric ultra sound scans, the doctor found a high tech Phillips ultra sound machine that was redundant and stored due to lack of a technician to operate it and together with the in charge, he had it set up in a



shared consultation room and has been monitoring pregnancy growth for a number of mothers have benefited from the service let alone

**Left** :Dr Kajaaye Stephen shares the findings of a foetal ultra sound scan with an expectant mother. **Right** : Dr Gideon Alex Mugisa( **brother to our very own Dr Emmanuel Mugisa**) reassures a mother before carrying out an obstetric procedure on her at the Kibiito HCIV theater.

the health workers getting a better insight on delivery planning.

Dr Gideon is running up and down in the busy labor ward, he's monitoring at least three mothers who are in active labor while checking with the midwives to ensure that every mother gets the deserving attention they need. Each of the five delivery beds at the facility is occupied and he does a good job at ensuring that the student midwives attending to the mothers on these are doing the right thing. Dr Gideon affirms that their biggest number of complicated deliveries arise from teenage mothers who are referred in from other health facilities with mostly obstructed labor, these he says make up two thirds of the emergency caesarean section surgeries carried out at the health facility.

The biggest challenge both doctors have faced at the health facility is lack of a reliable anesthetist as the current one also works at the regional referral hospital.



## Picture Summary

### SANYUKA CAMP JUNE 2015



Volunteers, facilitators and the attendees at the Sanyuka camp 2015 pose for a group photo at the Taibah Junior School where it was held.

### Eastern Region : Orientation of Teso leaders on EMTCT



District Leaders from Teso Region during an orientation on Elimination of Mother to child Transmission of HIV (EMTCT) in preparation for the EMTCT campaign regional launch event to be held in Soroti town on 31<sup>st</sup> July. The First Lady and campaign champion Mrs Janet Museveni is expected to officiate the function



Baylor- Uganda staff and camp volunteers present a drama to the Sanyuka attendees.



University of Wisconsin Medical Students learn from COE



Innovation at its best : among other activities, the children were given an opportunity to showcase their character building skills using basic materials, here we have two super heroes all dressed up out of paper materials.



Medical students from University of Wisconsin visited and learnt best practices in paediatric HIV/AIDS from the COE, they also donated lots of play things for the children. Many thanks



# Picture Summary

## 2015 IMPAACT /HTPN Meeting , Arlington - Virginia USA



**Left:** Cissy Ssemambo, the community liaison officer / IMPAACT Counselor prepares to present the poster on Baylor's adolescent CAB team, the first of its kind in Uganda.

**Right:** The research manager Dr Vincent Tukei ( ex.left ) joins in conversation with various researchers at a dinner hosted by the meeting organizers



## Meet Baylor-Uganda's caretakers newly wed couple



Two years back within the caretakers meeting, a singles club was formed called kwagalanakwo which stands for " the EYE's have seen".

In this club we have over 60 members determined to promote prevention of HIV/AIDS. In the last Saturday of June , we witnessed some of the fruits of this club as two caretakers wedding and we expect a couple more soon!

We are honoured to introduce to you Mr and Mrs Sulaiman Makumbi, whose wedding reception Baylor- Uganda COE hosted.



## THE IN- KIND DONATIONS SPOT



**Left:** Ms Norah Rwakihembo ( L ) a cousin sister to the Director of finance , Ms Winnie Gafabusa donated a couple of assorted items including children's books and clothes to the clinic, the Clinic manager Dr Jackie Balunywa ( R ) receives the items.





## COLLEGE OF AMERICAN PATHOLOGIST AUDIT THE COE LABORATORY

Baylor-Uganda hosted auditors from the College of American Pathologists (CAP) .The team conducted bi-annual audits having accredited the Baylor-Uganda Laboratory as one of the Centers of Excellence in Eastern and Central Africa.

The audits are conducted to maintain internationally acceptable standards and quality in laboratory services delivery and research, a direct benefit to the clients we serve.



One of the visiting CAP auditors shares a couple of key concepts with the Laboratory manager Mr Peter Oballa ( R) The visiting CAP auditors pose for a group photo with the COE lab team

### WELCOMING NEW BAYLOR- UGANDA STAFF OF JUNE 2015



**Nakasumba Harriet Sherie**  
Study Midwife



**Kamusiime Walter**  
Internal Audit Assistant



**Constance Tumusiime**  
Study Coordinator



**Brian Ssebiragala**  
Performance Management  
assurance officer



**Rogers Rubahimbya**  
Human Resources Officer



**Dorothy Nansikombi**  
QA/QC Coordinator