

- 2nd Cohort Graduation Ceremony
- Fellows projects

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# Fellowship Focus

December 2013

# UON HIV Fellowship Program





# **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

# warm welcome to the 2<sup>nd</sup> 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 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 most of the organization's overseeing HIV prevention, Care and treatment.

This has enabled organizations to utilize funds as well as apply achieved experience and technologies to create 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

Prof. Isaac O. Kibwage Prof. Mwanda Walter Prof. James N. Kiarie Sospeter Ndaba Dr. Carol Odula Dr. Ann Mungai Stephen Omondi Samuel Kanga Kipruto Tallam Paula Ngarega 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. Mwanda Walter Otieno 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 aimed at improving the society.

I pay gratitude to other departments and schools which have been very supportive. They include: School of Medicine, Economics, Business, Computing and Informatics.

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 elearning 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

## Volume 2 . Issues NO. 002

# **Program Director's Message**



Prof. James N. Kiarie, MBChB, MMeD, MPH, MD Senior Lecturer Director, UNITID Fellowship Program

elcome 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 closeout 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 the competency based capacity building program. For the five years, the program has been in existence; it has contributed significantly to leadership and management of 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 1<sup>st</sup> 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 2<sup>nd</sup> cohort (August 2010 intake) will be graduating in December 2013 while the 3<sup>rd</sup> cohort (November 2011 intake) will graduate in 2014.

In the last one year the program has recruited 116 fellows to undertake medium term fellowships in Quality Management and Monitoring & Evaluation of Health Programs. 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 graduate in Early December 2013. The rest will graduate between January and April 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.'



Prof. Kiarie's presentation during program review meeting



Prof. Kiarie presents during a program review meeting

# The Program Manager's word



Sospeter Ndaba Kimani ProgramManager, UoN HIV Fellowship

t 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

# WE HAVE COME A LONG WAY!

over 22 prominent organizations involved in various HIV/AIDS interventions. These organizations have been an

avenue for our fel-

lows to gain 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  $2^{nd}$  cohort fellows who will be graduating with the rest of the university fraternity on  $6^{th}$  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. mv colleagues in the secretariat, the program director, the faculty members including institutional mentors, the university administration and our donor CDC.

Our collective efforts established have 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.



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

"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

he 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 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 MAKSPH-CDC 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 :

 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

methodologies in addressing micro and macroeconomic issues in HIV/AIDS programmes.

Equip trainees 4. 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.

'We have
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marking
other similar
fellowships.'



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



Mr. Odindo holds his certificate after graduation ceremony

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**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. Oketch 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. Mubuuis 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 sorely a financial issue or are health providers not treating

them with respect? Why is access toskilled 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 theycannot afford to pay the full cost of user fees.

Output-based aid is also known as "performancebased aid" or "results based aid" or "demand-side financing".

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

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

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 areutilized 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 (2<sup>nd</sup> 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. 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.

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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 framework.

A guest speaker was invited on the final show to give the listeners perspectives on "Tablebanking" which was very popular.



## A PROJECT TO HONOR

Renyatta 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 4<sup>th</sup> 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

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# 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. I-TECH 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 heath 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.

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



Samuel Gichihi Kang'a

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.



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



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

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

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

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.

2001June — 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 Hospitalinitially at Medical Officer (MO.I) in the Casualty Department and its auxiliaries namely: Amenity wards (Private Wing), Staff Clinic and Pediatric Filter Clinic (PFC)

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



**Quality Assurance and** Standards Unit Ministry of Health, National Government of the Republic of Kenya.

2013- Date: Head,

Senior Medical Officer—

Infectionsb Department of

2002—Masters in Public

Health (MPH) in the De-

partment of Community

1986-1992 — Bachelor of

Medicine and Bachelor of

CH.B), at the University of

2006 Dec— Received the Kenyatta National Hospi-

tal Employee Excellent

Surgery Degree (BH,

Health, UoN.

Nairobi.

Award

Comprehensive Care

KNH.

Centre; Respiratory and

2005 - Master of Public Health (MPH) Policy Planning /Health Systems Management. 2012— Certificate in **Biological and Social** Surveillance of HIV/ AIDs among MARPS -University of Columbia in collaboration with ICAP.

Francis Kilonzo Muma MPH, BSc.

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 (KRCHN) using the elearning approach.



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

#### Dec 2008 — University Clinic, St. Luc-Belgium: Certificate on Urogynaecology 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 to 2004 — Marie Stopes Kenya 2000 to 2003 — University of Nairobi-Registrar Department of Obstetrician/ gynecologist. 1998—1999 — Aga Khan Hospital Nairobi— Senior House Office. 1997—1997 — Kenyatta National and Referral Hospital — Internship.

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Mission Liberia Immigrations Expert/ Advisor. Oct 2003 - Dec 2008 - Im-

sons.

migration Officer at Ministry of State for Immigration and Registration of persons.

January 2010 to date: Senior

Ministry of State for Immigra-

tion and Registration of Per-

Dec 2008-Dec 2009: UN

**Immigration Officer** 

Hellen A. Were, MA Economics University of Nairobi

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 done: MS Dos, MS Word, MS Access, Introduction to Computers, Internet.

1999 — 2001 — Vision Institute of Professionals, Nairobi. Certifcate CPA I.



#### 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.

### Jared meshack owiny MA. Hospital Management

#### Master of Arts in Hospital Management (MA) 1999: University Of Leeds: (Uk)

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

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** 

sor-Standards (I-**TECH Kenva**) **Strathmore University:** 2006 - 2009Masters of Science in Information Technology Jomo Kenyatta University of Agriculture and Technology 2003 - 2005 BSc. in Information Technology-First Class Honors

Technical Advi-

JKUAT 2001-2002 Diploma in Information Technology

Dr. Masese Ongeri 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 Member of Pharmaceutical society of Kenya - As from 2006. .....



May 2010 to date: Lecturer at Moi University. Lecturing in National Development and evaluation of students. 2006-2009: University of Nairobi Master of Arts in Economics. School of Economics. 1997-2001: Egerton University B.Ed Arts (Hons) Second Class Upper divi-

sion (Economics and

**Business Studies**)

**MA, BA Economics** 

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) Lecturing in Economics for Business, Public Relations and Human Resource Management.



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2001- 2002 : Jomo Kenyatta University of Agriculture and Technology Di-

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

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## Volume 2 . Issues NO. 002

## **Fellowship Focus**

## **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.

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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.

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Pamoja project Strategic objecincluded: increasing tives knowledge of CPT among Shujaa staff, Referral health centre's CCC staff and peer educators, in Kajiado North

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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, In FY1 (Foundation Year 1) local health care workers and tance of CPT. Each group was sensitized on the importance of CPT in a one-day workshop and this empowered them to

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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

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The project has created a good bridge between the HIV Testing and Councelling (HTC) and clinical services both at the field DISC and H/C level".



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



#### 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.

### Jared meshack owiny MA. Hospital Management

#### Master of Arts in Hospital Management (MA) 1999: University Of Leeds: (Uk)

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

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** 

sor-Standards (I-**TECH Kenva**) **Strathmore University:** 2006 - 2009Masters of Science in Information Technology Jomo Kenyatta University of Agriculture and Technology 2003 - 2005 BSc. in Information Technology-First Class Honors

Technical Advi-

JKUAT 2001-2002 Diploma in Information Technology

Dr. Masese Ongeri 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 Member of Pharmaceutical society of Kenya - As from 2006. .....



May 2010 to date: Lecturer at Moi University. Lecturing in National Development and evaluation of students. 2006-2009: University of Nairobi Master of Arts in Economics. School of Economics. 1997-2001: Egerton University B.Ed Arts (Hons) Second Class Upper divi-

sion (Economics and

**Business Studies**)

**MA, BA Economics** 

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) Lecturing in Economics for Business, Public Relations and Human Resource Management.



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Project monitoring and evaluation conference – cum – training at the International Law Institute - Washington DC, 30<sup>th</sup> Oct – 11<sup>th</sup>Nov 2013. By Mr. Tallam Kipruto



Monitoring and Evaluation Manager UON HIV Fellowship Program Monitoring and Evaluation Manager

onitoring 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

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



Some of the participants at the Project Monitoring and Evaluation conférence



International Law Institute - Washington DC

institutions around the 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, gov-

ernment and Non-Governmental institutions.

## **International Microbicides Conference**





Dr Carolyne 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 transmitted HIV and HSV-2 infection.

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

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 slow-release vaginal ring.

## **PHOTOS**



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



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



Philomena Waruhari with Fellows during their graduation



A fellow receives a certificate during 1st Cohort Graduation



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



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



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



1st Cohort Fellows after receiving their certificates during 1st Cohort 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.

## Vision

To be the premier distance education centre in the Kenya.

## 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.











<b>ODC</b>	Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People. The UON HIV Fellowship Program Donor.	MEDS	Mission for Essential Drugs and Supplies. A world class faith-based medical supply chain and capacity building organization
W UNIVERSITY of WASHINGTON	Together we make history. Discover what's next.	Kenya Red Cross	To work with vigor and compassion through our net- works and with communities to prevent and alleviate human suffering and save lives of the most vulnerable.
Maisha!	Provide policy and a Strategic framework for mobiliz- ing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya.	HOPE worldwide KENYA	Bringing hope. Changing lives.
fhi	Family Health International is a public health and de- velopment organization dedicated to improving living standards of the world's most vulnerable people.	<b>Г</b> -тесн	A global network that works with local partners to de- velop skilled health care workers and strong national health systems in resource-limited countries.
ñ <b>H</b> if	Provides accessible, affordable, sustainable and qual- ity social health insurance through effective and effi- cient utilization of resources to the satisfaction of stakeholders.	Mäic	Maryland Global Initiative Corporation. Improving the livelihood of small scale farmers.
X	To promote and participate in the provision of high quality curative and rehabilitative medical services	A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH	Pathfinder International. A global leader in sexual and reproductive health.
AMREF Better Health for Africa	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	BOMU HOSPITAL – Health. Hope. Humanity
	To provide accessible specialized quality healthcare, facilitate medical training, research, participate in national health planning and policy.	CHAK	Promoting access to quality health care.
Dity Council of Nairobi	To be recognized as one of the most attractive cities of the world.	MATIBABU	Envisions a healthy, productive and prosperous society in western Kenya with community members that are self-reliant and able to determine their own destiny.
<sup>©</sup> ICAP	Global. Health. Action		National AIDS & STI Control Programme. Fighting against HIV/AIDS.
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# **Management and Support Staff**

- Sospeter Ndaba Kimani MPH, BSc—Project Manager
- Kipruto Tallam— Monitoring and Evaluation
- Omondi 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

" If people let the government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as the souls who live under tyranny. "

Thomas Jefferson



UNITID P.O BOX 19676—00202 Kenyatta National Hospital University Campus 020 8080391 Email: unitid@uonbi.ac.ke



" The wish for healing has always been half of health."

Lucius Annaeus Seneca