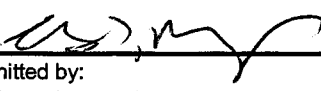


**TRAVEL REPORT SUMMARY/
REPORT COVER PAGE**

Submitted by:

 Christopher Bailey EIP/KMS 27/3/06
 (Name) (Cluster/Dept) (Date)

Programme Classification/Registry file number(s):

Visit to:
 Kampala, Mbarrara, Masaka Uganda
 Indicate clearly name and location of project(s), meeting(s), etc

Inclusive travel dates: 13/3/06 18/3/06 (From) (To)	Co-traveller(s): Name(s)/Cluster(s)/Department(s)
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Purpose/Objective of travel:
 In depth needs analysis at the three demonstration sites for OpenAMRS system in Mbale, Mbarrara and Masaka as well as work with partners on strategies for sustainability.

Specify the type of work which had to be accomplished

Brief summary:

Partners on mission included Abdikamal Alisalad, HIV Officer Kampala office, a clinician and health informatics specialist and a health statistician from Indiana University and an IT specialist and a clinician from Moi University.

- 1) **National AIDS Control Program Uganda:** Met with senior staff to discuss implementation at the demonstration sites. Approval of the project of reiterated with discussions on how to best use the project to inform ICT for health strategy for the MOH at large, and in particular integrating into HMIS strategies.
- 2) **Faculty of Computing, Makere University:** Met with senior staff to discuss Makere's possible involvement in assisting ICT implementation of demonstration sites and on going support of the project. They expressed great interest, agreed to accompany the site visits and work on a proposal.
- 3) **Discussion with WR Uganda:** New WR recently joined office and briefed him on the history of the project, the timeline of the next few months including training and implementation and over the next few years. WR reiterated Kampala Office's support of the project.
- 4) **CDC-Entebbe:** Met with senior Uganda CDC staff. Discussed current state of the project with timelines and explored areas of mutual interest and support. Expressed interest in continued involvement in the project as well as sharing other technologies currently being tested under CDC sponsorship in Uganda. Discussed sharing of data with IEDEA consortium. CDC offered to provide local facilities for a K Platforms workshop in June on data quality and use for members of the ARTLINC HIV data consortium involving HIV clinics from across sub Saharan Africa.
- 5) **Bushnet Uganda:** Discussed with Bushnet their connectivity options and services. Detailed their 'thin client' technology and how that might be a more inexpensive and practical solution to satellite connectivity. Their representatives agreed to visit Eldoret to discuss with the Moi staff in more detail the options.
- 6) **Mbarrara Hospital:** Discussed with hospital staff the history of the HIV program in Mbarrara, as well as details of their current process of care and their infrastructure, both clinical and ICT. Mbarrara has developed a workable EMR system over the last few years but requested to be part of the project as their current system has run into performance problems typical once an MS Access based system reaches beyond 8,000 patients. Infrastructure and training needs will be less than at the other sites. An early implementation at Mbarrara could provide a local training hub for the other implementations as well.
- 7) **Masaka Hospital:** Discussed training and implementation schedule. Masaka staff reiterated their need for a workable electronic system as they had passed the point of practically being able to use a paper system some time ago. Reiterated their desire (like Mbarrara) to use the EMR system not only for care at the hospital, but also as a data entry/learning hub for the larger catchment area in both Masaka and Rakai. Masaka staff, although suffering from past collapses of the paper system and a pilot project of palm devices, felt optimistic and committed to implementing OpenAMRS. ICT infrastructure is limited, but Masaka has a history of innovation and being change leaders. New facilities also provide an opportunity for appropriate space for new system and approach. ICT infrastructure implementation can begin in May in parallel to the software implementation in Mbarrara. Staff at both sites are available for training in April.
- 8) **Mbale Hospital:** Did not accompany group visit due to flight schedule, but did visit last year. Has the least infrastructure, but a strong learning approach.

9) **UgandaCares:** NGO providing technical support, community outreach and drug procurement for Masaka, Mbale and others. Funded by AHF, some discussion at MOH and Masaka on whether or not AHF's existing system might be equally appropriate. In discussion, compared the two systems, and it became very clear that the AHF system was an electronic reporting system without the functionality, backend, or data flexibility of a care based EMR. The two seemed quite compatible. UgandaCares expressed a desire to support the work and see if the technology and or lessons learned could be applied to other sites they are working in.

	Approved: A. Pablos Director KMS
Recommendation(s)/Action to be taken: 1) Work with IT faculty of Makere U. on ICT support proposal 2) Follow up with ARTLINC and CDC Entebbe on June workshop. 3) Ensure logistics of April system training 4) Look into hiring of on the ground consultant to help coordinate implementation in UG and TZ. 5) Revise implementation plan based on needs assessment and ascertain current resource gaps if any. 6) Discuss assistance on Global Fund proposal in terms of health informatics support for care and reporting.	Distribution: T. Evans ADG/EIP K. De Cock HIV/AIDS Y. Souteyrand HTM/HIV/SIR T. Boerma EIP/MHI G. Loth EIP/MHI C. Pervilhac HTM/HIV/SIR A. Soumbey-Alley AFRO/DSD A. Alisalad WR Uganda Y. Kwankam EIP/KMS/EHL P. Boucher EIP/KMS KCS Team

Travel Report Summaries shall be prepared within one week after completion of a trip. A copy of this form will serve as Report Cover Page if detailed travel report is prepared subsequently.