

The Heartbeat

MRC

MRC/UVRI Uganda
Research Unit on AIDS



Quarterly Newsletter of MRC/UVRI Uganda Research Unit on AIDS

VOL 1, ISSUE 1 Nov. 2014

From the Unit Director



Welcome to this inaugural edition of the MRC/UVRI Uganda Research Unit's internal Newsletter, which will be produced quarterly. This edition comes on the heels of the annual Science Advisory Committee (SAC) meeting, held on the 4th and 5th November and the Unit's anniversary celebrations, held on 6th and 7th November under the theme "*Celebrating 25 years of Research Excellence through partnerships*".

As we look back, so much has been achieved over the past 25 years and life transforming discoveries have been made through our research. The Unit has grown in terms of infrastructure, research activities, sites and staff numbers; from less than 50 in 1989 to the current over 365. These achievements have been a result of deliberate efforts and hard work by so many people; our partners, donors and dedicated staff.

As we celebrate the 25 years, this is also a time for us to recommit ourselves to the qualities that the MRC stands for; Scientific excellence, Leadership, Agility, Innovation, Vision, Trustworthiness, High ethical standards, Openness and Accountability. The work conducted in the past 25 years, provides a solid foundation for what we shall accomplish in the coming years and as has been the case in the past, staff will remain an integral part of the Unit's development and success. Part of the Unit's mission is to support capacity building for research in Africa and we pledge to continue doing that.

I encourage you to take advantage of the available capacity building opportunities provided by the Unit and challenge you to be the best that you can be.

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Editorial

Dear Reader,

Welcome to the inaugural edition of The Heartbeat, the Newsletter for the MRC/UVRI Uganda Research Unit on AIDS Newsletter.

The Heartbeat will be published on a quarterly basis and Unit staff are welcome to contribute articles.

In this issue, we bring you updates about the Anniversary celebrations held in early November, 2014 in both Entebbe and Mengo. Do not miss the interview with one of the longest serving staff members who took leave from their teaching job to join the Unit in 1989 and has never gone back and the bit about the then lone computer in the Kyamulibwa station which was inscribed with the writing, " DO NOT TAMPER WITH THIS COMPUTER".

The Unit Director signed the health and safety policy in September and we bring you highlights on the policy

and what it means for the Unit staff.

Also in this issue of the Heartbeat, we bring you details about the Performance Management process, an area that has been central to the HR department activities this year.

We look forward to receiving feedback from you and to your support as we build The Heartbeat into a resourceful channel of communication and knowledge sharing throughout the Unit.

Happy reading and Merry Christmas

Pamela Nabukenya Wairagala
Communications and Engagement Officer

NOTICE BOARD

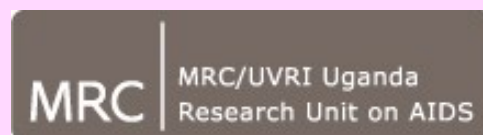
Christmas Break

The Unit will close on 19th December, 2014 for the Christmas Break and re-open on 5th January, 2015.

First Aid and Fire fighting training

The above training is scheduled to take place for all Unit staff in December. Dates will be communicated.

The Heartbeat is a Publication of



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Uganda Unit endorses Health and safety policy

As part of the Medical Research Council, the MRC Uganda Unit is committed to the Council's policy on Health and safety. On 29th September 2013, the Unit Director Prof. Pontiano Kaleebu signed the MRC Uganda Unit Health and safety policy, which became operational immediately.

Ms Jayne Thomas, a Health and Safety consultant working with the MRC (UK), is currently supporting the Uganda Unit to establish a health and safety management system. She gave us some insight into the policy and what it means for the Unit and staff;



Hi,

please tell us about yourself?

Hello MRC Uganda, my name is Jayne Thomas and I am working here with you for 3 months to help establish a health and safety management system for the Unit. I have been working in health and safety for many years and first worked with the MRC in 2002 in The Gambia and later at the Harwell Unit in UK. My background is in chemistry though much of my work has been with the biological sciences. I love my work for many reasons though essentially because it enables me to meet many people and learn more about them and their work, critically whilst doing this I am often able to help them find ways of working more safely - this is good for

individuals and good for our research.

I currently live in UK with my husband Paul, I have 2 sons and 4 lovely grandchildren.

What is the Health and safety policy about?

Our Health and safety Policy is a commitment by our Director and the Unit to take care of the people that work here and to ensure that this is a safe and healthy place to work. It demonstrates that the number 1 priority for MRC Uganda is its people. This commitment enables us to be the best that we can be in our work which ultimately means that our research can be of the highest quality and recognised on the world stage.

Why is it important for the Unit to have the above policy?

Our Health and Safety Policy will be familiar to our colleagues, sponsors and customers around the globe. It will demonstrate to them that this is a high quality organisation that shows respect to its people and this in turn will reflect positively on the Ugandan Unit as a place in

which to do world class research.

We are assured that our safety questions and concerns will be answered, enabling us to work efficiently and go home safely to our families at the end of each working day

What will be different, with the adoption of the policy?

We are assured that our safety questions and concerns will be answered, enabling us to work efficiently and go home safely to our families at the end of each working day. We can all rest assured that our Directors believe in the importance of a safe working environment and that they support us in striving towards this.

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Robust IT systems installed in Mengo and Masaka



IT staff in one of the Unit server rooms

In a bid to improve IT service delivery to meet the current technological trends, new robust IT systems which will ensure 99.9% service availability have been installed at Mengo and Masaka stations . These will

deliver more effective and efficient voice and data solutions to satisfy daily operations.

Servers and Storage

High performance servers with features such as enhanced virtualization capability have been installed together with Storage that offers expansion for demanding applications and storage needs.

This guarantees 24/7 access to user files and database applications. VMWare software has been used to set up all servers as virtualized platforms, therefore each physical server can host a number of other server.

Network

High speed fibre links for both internet and leased line connecting Mengo and Masaka have been installed to provide better connection speeds and response times to demanding applications such as the New Open Clinical database system and Freezer-works lab sample management system.

An improved controlled secure wireless connection to the internet and all network resources has been installed at Mengo and Entebbe to ensure constant connectivity by mobile devices.

We hope that these changes will improve IT services across the unit.

For support contact;
IT-Helpdesk@mrcuganda.org.

Dr. Kinyanda receives African Research Leadership Award



Dr Eugene Kinyanda in collaboration with the Centre for Global Mental health, London School of Hygiene and Tropical Medicine (LSHTM) has been awarded the prestigious joint UK Medical Research Council and the UK Department for International Development African Research Leader award (MRC/ DFID African Leadership Award).

The three year Award will be used to study mental health problems among HIV infected Children and Adolescents in Kampala and Masaka, Uganda (CHAKA Project).

The vision of CHAKA is to generate evidence to inform the development of mental health services for children & adolescents with HIV/AIDS.

Speaking about the Award, Professor Baron Peter Piot, the Director LSHTM , Dr. Kinyanda's nominating institution in the UK congratulated Dr. Kinyanda upon the receiving the award.

"This award is undoubtedly an important stepping stone to a truly international career and leadership role".

Commenting about the award, Dr. Kinyanda said, " I am excited at the news of the award. This funding will go along way in addressing an area in HIV/AIDS research that has for long been neglected".

CHAKA Numbers

- ◆ Duration- 3 Years
- ◆ Cohort study- N=1,260
- ◆ Qualitative study- N=48

MRC Uganda Unit Health & Safety Policy

Continued from page 3

Ultimately, it guarantees the quality of our work and research – fewer accidents, less down time, better productivity and happier, healthier people!

Who is responsible for implementation of the policy?

The implementation of the policy is part of the responsibility of every Director, Manager and

Supervisor that works here. This is because we must ensure that health and safety is an integral part of all work that we do - no one person can do the health and safety for everyone in the Unit and though Peter Nkurunziza, who is your Health and Safety Coordinator, can help in the process, it is down to the individuals who plan work to ensure that it is done safely.

What is the role of staff in implementing the policy?

Every one of us working here has a role in working safely, following the guidance and training we are given and ensuring that we do not do anything that puts ourselves or our colleagues at risk. By following this simple requirement and always recognising our responsibility we each contribute to the success of our Unit.

Highlights of the Health and Safety policy

- ◆ **Safety organisation and arrangements;** The Director has delegated specific duties to the identified managers to ensure the health and safety of the staff under their supervision. The Unit's team leaders are composed of Unit Operations Director, Deputy Unit Director, all Project leaders, the Human Resources Department and all station administrators/Managers
- ◆ **Health and Safety Project Board;** both staff and management are represented on the Unit Health and Safety Project Board. The Project Board meets on a regular basis. Its prime focus is to manage the implementation of MRC Uganda Unit health and safety plan.
- ◆ **Line Managers;** Anyone in charge of staff, who issues instructions, which others are to obey, has responsibility for the health and safety of those staff.
- ◆ **All employees are responsible for working safely and efficiently;** using protective equipment provided in the proper manner; Reporting to their immediate line manager incidents, that have led, or may lead, to injury or damage; Assisting in the investigation of accidents with the object of introducing measures to prevent a recurrence and consulting with management continuously to improve health and safety standards and performance.
- ◆ **Training;** MRC Uganda Unit will provide adequate health and safety training for all its employees on being recruited and on being exposed to new or increased risks, because of changes in responsibilities, work practices, the introduction of new equipment or new policies and procedures. This training will be repeated periodically to ensure continuing competence.
- ◆ **Accident reporting and Investigation;** All accidents and near misses, however minor, must be reported to the relevant line manager and recorded.
- ◆ **First Aid;** Suitable and sufficient arrangements for first aid provision will be implemented for all staff.
- ◆ **Information;** MRC Uganda Unit will provide staff with information on the risks to their health and safety identified by assessment and the measures taken to control those risks. General information on health and safety issues will also be provided on notice boards, memos and posters.
- ◆ **Visitors;** All visitors are required to report to reception on arrival. Each visitor will be met by and become the responsibility of a named individual member of staff for the entire period of their stay.

For details about the Health and safety policy contact; Peter Nkurunziza; Peter.Nkurunziza@mrcuganda.org

Performance Management

Our Core Function, Your Responsibility

Did you know that almost all activities performed by HR are targeted to achieve high levels of performance for the employees? We recruit, develop and review policies, manage welfare and administer benefits, maintain staff documentation, manage talent and employee relations and manage separation. We do all this because there is work to be done and at the highest standards. This is why performance management is obligatory.

Supervisors and managers want their teams to work to the best of their ability and attain results. Employees also desire to have their individual and team tasks accomplished, see improvement in their performance levels and also improve on their skills as well as enhance talent and grow in their career. All these can only be monitored and achieved with a functional performance management cycle.

Ask yourself: What is your attitude toward performance management activities? How much do you like the appraisal exercise? How often have you coached your supervisees? How often do you give performance feedback?

One of the key performance areas for the human resources department this year has been the additional emphasis on performance management across

the Unit. In order to identify and reward outstanding performance, it is important that targets are set, monitored and assessed so that any performance gaps identified are bridged.

We reviewed our performance management tools after which all staff were engaged in setting performance objectives indicating the critical performance areas of their respective roles; these will be evaluated in April 2015 during the annual appraisal process.

The current performance management cycle is as follows;

Setting 'SMART' performance objectives; This is done by all staff immediately after completing an annual appraisal (April), and also by new staff as part of their induction exercise by their supervisors

Mid-term appraisal This activity is for staff who have served half their probationary period (currently 3 months)

Probationary evaluation Staff who have served their full probationary period (currently 6 months) undergo an evaluation with their

supervisors. Depending on performance the employee is either confirmed into service if performance is satisfactory or is extended for another period not exceeding six months.

Annual appraisal

This activity is for all staff at the end of the performance year (April). It is an opportunity for assessing documented proof of performance and feedback between an employee and their supervisor

Key points to note throughout the performance management process;

Healthy communication between the supervisor and supervisee is key to the success of the entire process.

It is important that the supervisee gets on-going support from the supervisor through on-going feedback on performance. (it is not professional to surprise a supervisee during the appraisal)

It is possible to adjust the performance objectives due to changes in the job requirements.

We encourage 'SMART' Objectives because moni-

toring and assessing performance are simplified if the objectives are Specific, Measurable, Achievable, Realistic and Time bound.

Let us all embrace the performance management system as it is mainly intended to guarantee that all staff get all the necessary support to perform to the best of their ability.

The HR department pledges to give support by spearheading the activities and providing a linkage between staff and their supervisors in order to realise individual growth and also achieve organisational objectives.

What is your attitude toward performance management activities?

How much do you like the appraisal exercise?

How often have you coached your supervisees?

How often do you give performance feedback?

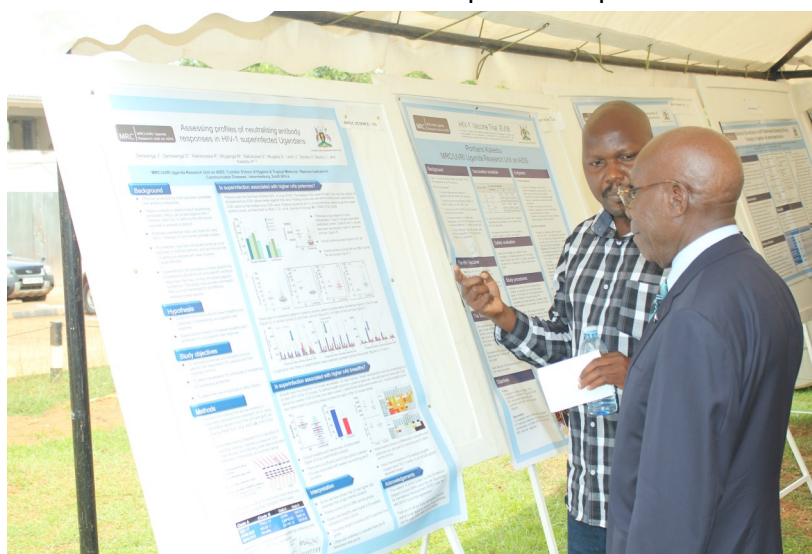
25 YEARS ANNIVERSARY CELEBRATIONS

On 6th and 7th November, the MRC/UVRI Uganda Research Unit on AIDS celebrated 25 years since its inception. Held under the theme, “*Celebrating 25 years of Research Excellence through Partnerships*”, the celebrations brought together collaborators, partners and staff to commemorate the Unit’s

the Unit upon its 25th anniversary and applauded staff and partners for their role. “The Unit can be proud of making significant contribution to public health in Uganda over the last 25 years, which would not have been possible without outstanding staff, community support and powerful partnerships”. He reiterated the

infrastructure and human resources that have established it as an internationally recognized center for research on HIV and other communicable diseases, and commended the MRC-UK for their support. “We are very grateful to the MRC-UK that has invested in our infrastructure through Capital development funds and the training funds, without these resources we would not have made all these achievements”. He further reiterated the Unit’s commitment to capacity building. “In all areas, we will make it a priority to build more human capacity to have more senior researchers as future leaders”.

The anniversary celebrations also comprised of a scientific symposium, poster presentations and a dinner at which staff who have worked with the Unit over the last 25 years were recognized.



The Guest of Honour, Hon. Dr. Zerubabel Nyiira attends a Poster presentation by one of the scientists at the Unit.

MRC

achievements over the years.

Speaking at the celebrations, the Guest of Honor, Dr. Zerubaberi Nyira the State Minister for Agriculture, who represented the Prime Minister, Dr. Ruhakana Rugunda commended the Unit for their investment in Research and the fight against HIV/AIDS.

Dr. Tony Peatfield, the Corporate Affairs Group Director, who represented the MRC Chief Executive Officer, Sir John Savill, congratulated

commitment to the research activities in Uganda. “MRC commitment has been large, with the current five-year (to 2017) research program support of up to £16,215,000 (~£4m pa), considerable research infrastructure as well as substantial training/capacity-building”.

The Unit Director, Dr. Pontiano Kaleebu noted that MRC/UVRI Uganda Research Unit on AIDS had over the 25 years of its existence, developed physical

25 years– The numbers

- ◆ Over 600 Publications
- ◆ 44 PhD students
- ◆ 74 MSc students
- ◆ 3 MRC studentships per year and other studentships by other funders
- ◆ capacity award from the Wellcome Trust which will support 50 undergraduate interns, 4 MSc and 3 post-doctoral fellows in the next 2 years

25 YEARS ANNIVERSARY CELEBRATIONS

Ultra-modern Mengo clinic opened



The Minister, Dr. Elioda Tumwesigye © is joined by Dr. Tony Peatfield (2nd Left), MRC/UVRI Director Dr. Pontiano Kaleebu and the UVRI Director, Dr. Edward Mbidde and MRC staff to commission the new clinic

expanding range of partners involved in both infectious and non-communicable disease research as well as offer opportunities potentially to expand the scientific epidemiological and social science activities beyond HIV infection alone.

The event was attended by partners including the community advisory board members, clinic clients and representatives from our collaborators and partner institutions like KCCA, CDC, JCRC and the Uganda Police. Some members of the Scientific Advisory Committee were also present.

At the end of the various speakers and the edutainment from SAIL Uganda, the take home message for our clients, partners and staff was clear; the fight against HIV/AIDS still continues.

As part of the events to mark 25 years of existence, the MRC/UVRI Uganda Research Unit on AIDS opened their forth field station on 7th November, 2014. Based in Mengo- Kampala, the £900,000 facility which houses a clinic that targets disadvantaged women as well as laboratories for research was constructed with funding the UK Medical Research Council (MRC UK) and the UK Department for International Development (DFID) under the MRC/DFID concordat agreement and was commissioned by the Hon. Dr. Elioda Tumwesigye the Minister Of State for Health & General Duties.

While officiating at the opening event, the Minister commended the MRC/UVRI Uganda Research Unit on AIDS for their fight against HIV/AIDS through investing in research and called

for increased research in non-communicable diseases.

Dr. Tony. Peatfield who represented the MRC CEO, Sir John Savill, noted that the new clinic would provide the Uganda Unit with a key physical presence in Kampala, closer to an



Good Health for Women peer educators and Community Advisory Board member during the celebration

25 Years and still counting ...

Ms. Betty Nabunya Kabunga is a Social Science Research Assistant based in Kyamulibwa. At the Anniversary celebrations, Betty together with nine other staff were recognized for their long service with the Unit. We caught up with her and she told us about her 25 –year journey with MRC Uganda . Below are excerpts;



Ms. Betty Nabunya Kabunga at her work station in Kyamulibwa

Tell us about yourself and your work at the MRC/UVRI Research Unit on AIDS

I am Betty Nabunya Kabunga, a teacher by profession; by the time MRC came to Kyamulibwa, I had been teaching for 13 years. I am 57 years old, married to Mr. Charles Kabunga and I am a mother of 4 children, one girl and three boys. My husband is a retired secondary school teacher . When I joined MRC, my husband was still teaching.

When did you join MRC/UVRI and what prompted you to make that decision at a time when HIV research was castigated by the community of Kyamulibwa?

I joined MRC in September 1989 as an interviewer and I was trained on the job. At that time, MRC was looking for people from within Kyamulibwa who could read and write. My husband was the Resistance Council (R.C) 3 secretary as they were called by then. One day he came home and

requested him to put my name on the list.

After sometime, MRC and the R.C 3 invited all the people who had registered for a meeting to brief us on what was going to take place. In the meeting, we were told why the organisation had come to work in Kyamulibwa ; that training was going to be conducted and what the trained people would be doing within the community.

I was prompted to join MRC because we were told the organisation was going to do HIV/ AIDS related work, and during that period, we had many people dying and being buried without a clear cause of the death. Sometimes they would say, he/she died of *Omutego* (a form of witchcraft which kills all people in a homestead) while others said it was Silimu. So, I wanted to know what was killing our people. I also expected a higher pay than what I was earning. However during the training, we were informed that we

I happened to see a list of names on a piece of paper that he came with. When I inquired why he was registering people, he told me that there was a new organisation looking for people who could read and write. I

were expected to work long hours. I requested for a leave without pay from my teaching job to be able concentrate on MRC work; I have never gone back to teach.

T here was only one computer in the data

entry office with a sticker written on “DO NOT TAMPER WITH THIS COMPUTER” and I never touched that computer until it was taken.

What was it like to work for the MRC then and what did the community members think of you?

There was both positive and negative attitudes towards us who were working with the community members. Some people knew me as a teacher, so they were welcoming me, however some of the questionnaires had questions like how much land do you own, so the community members thought we had joined the *Bazungu* to take away their land. In case you asked whether they owned household items like a bicycle, they would inquire as to whether MRC was going to offer

them one, in case they didn't have one already. So some answers were difficult to accept because sometimes they were not correct.

Some few people thought that we were earning a lot of money and making fast personal developments and they (participants) who answered the questions and gave blood samples were not benefitting as much.

When MRC gave us gumboots and raincoats, the community started saying, we were selling their blood samples. But we continued holding community meetings with the leadership of the community coordinator and all staff until the situation improved.

What have been some of your key professional and personal achievements over the last 25 years you have worked with MRC/UVRI?

When I started, I was like an empty box in the area of research, but because I could read and write good English, I had continuous education on how to conduct research. There was only one computer in the data entry office with a sticker written on "DO NOT TAMPER WITH THIS COMPUTER", I never touched that computer until it was taken. Those days we used to write in note books and the research assistants would compile and analyse the data from the notebooks, but today I can ably use a computer.

I have managed to take all my children to school and they have completed school, we have a better moderate home from our earnings and my health has also been supported by MRC since I get a lot of care and I am very grateful.

If you were to turn back the clock, what is that one thing you would change or do differently back then that would make MRC a much better place?

We have not had many exchange visits to other research organisations, to know how differently they do their things , maybe its done for senior staff.

Also we do conduct research in many vulnerable households but never do much afterwards. I think we need to partner with other organisations that can support such people. Also a lot of education is offered to senior staff, but many low level staff have not got the chance and I think this needs to be looked into.

What have been your major challenges in the last 2 and a half decades of your work with MRC and how have you been able to cope up.

Some community members have a perception that I am a class above them which is not true and although I remain social with them, they try to keep away from me.

They think we earn a lot of money from MRC. Also when we used to work outside the study villages, we used to get an allowance and this motivated us, but now it was removed, I wish it could be returned.

We used to walk on foot during the household coping strategy between 1989 to 1990 covering averagely 12kms a day. By then we were still young and very strong, but later we were allowed to use bicycle boda bodas and later graduated to motorcycle boda bodas which we still use today.

Also staffs have continued to be indebted by going for bank loans that have high interests. If there was a fund that offers loans at reduced interest rates, it would be very good for MRC staff.

Why do you think many young people change jobs often unlike you who has been worked with the same organization for 25 years and what advice would you give them?

The youth these days lack patience, They also plan for so many things which they want to achieve in a short time and also don't love their jobs and most of all they don't fear God.

They should fear God, have patience and should work well with fellow staff in order to be successful. They need to be trustworthy; love their jobs and what they are doing. The youths shouldn't put themselves under pressure to achieve what their peers have achieved.

What are your future plans while still working with MRC and afterwards.

I hope to continue serving faithfully with all my heart because this job has given me knowledge, contacts, interacting well with others and also enabled me to save something for my future on top of NSSF. I intend to do personal things after this job.

25 Years anniversary celebrations— Entebbe



25 Years anniversary celebrations – Mengo

