Mulago Obstetrics and Gynecology Affiliation (MOGA)
Uganda Cancer Institute (UCI)

Western Connecticut Health Network / University of Vermont
Global Health Exchange Program

PARTICIPANT’S GUIDE

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1. Welcome Note

Dear Participant,

As the Chair of the department of Obstetrics and Gynecology at Mulago Hospital, I have the privilege of welcoming you to Uganda’s national referral hospital and premier teaching institution. As part of the clinical exchange program, you will be exposed to many different facets of caring for obstetrics and gynecologic patients in a resource limited setting. You will see a variety of disease processes that are not common in the developed world. You will have the opportunity to work closely with House Staff and Consultant physicians to maximize your educational experience.

I hope that this Guide provides you with all the basic information needed for you to start preparing for your stay in Kampala. Please read through it carefully and do not hesitate to contact any one of the Global Health Office members with questions or concerns.

UCI and MOGA together will work very hard to make your stay enjoyable and highly educational.

We look forward to your visit!

Sincerely yours,

Dr. Byamguisha

2. General Information

Uganda is located in East Africa and is bordered by the Democratic Republic of Congo, Kenya, Rwanda, South Sudan and Tanzania. Uganda achieved independence from the United Kingdom in 1962. It has 56 districts and Kampala, its capital city, sits close to Lake Victoria. According to the 2004 census, Uganda's population is 27 million. Half of the population is 14 years of age or younger and just 2.2% are 65 or older. Between 15-17% of children are orphans. Infant mortality is 67 per 1000 live births and life expectancy at birth is 51. Purchasing Power Parity is $1,500 and the population below poverty line is 35%. As of 2007, there are 184,700 refugees from Sudan and 18,000 from Rwanda. The population of internally displaced persons is 1.4 million (mainly a result of conflict between the government and the Lord’s Resistance Army). There are around 20 different ethnic groups living in Uganda. A third of the population is Roman Catholic and a third is Protestant. Muslims and indigenous believers make up 16% and 18% of the population, respectively. The literacy rate is 70%.
In 2003, the number of people living with HIV/AIDS in Uganda was estimated at 530,000. The HIV/AIDS adult prevalence is 6.2%. Approximately 78,000 people died from HIV/AIDS in 2001.

3. Brief History of Uganda

Evidence of human habitation of the land surrounding Lake Victoria dates back 50,000-100,000 years. Around 400 BC, the bands of Nilotic hunter-gatherers who originally lived in the area were infiltrated by Bantu-speaking tribes who migrated from the north, cleared the forests, and brought with them agriculture and metallurgy. The Bantus governed themselves through a system of clan-chiefs, which developed into larger political alliances around the time of the first millennium. Eventually, the Buganda Kingdom emerged as the predominant power along the shores of Lake Victoria by the time European explorers arrived in the 19th century. Buganda had a formidable military presence with an outrigger canoe navy that patrolled the waters of Lake Victoria and an army that numbered in the hundreds of thousands. The Buganda also built an infrastructure of roads, bridges and aqueducts across their territory and their capital was home to an estimated 40,000 people.

Contact with the outside world began in the mid-19th century driven largely by the ivory trade. The introduction of foreign religions, guns, and devastating epidemics of smallpox and sleeping sickness sent much of the territory into social and political unrest. An alliance between the British government and a newly-converted Christian Buganda led to a number of military victories that expanded Bugandan territory and established Britain as the dominant colonial power by the end of the 19th century.

The year 1894 marks a crucial transition in Ugandan history in that it is a time when the East Africa Company officially gave control of the territory to the British Government. This led to the creation of the Ugandan Protectorate, a British territory with borders that roughly corresponds to the present day ones. With this new territory, Britain was swift to levy taxes in attempts to recover some of their military expenses. British agents sought the aid of the Buganda chiefs to act as colonial administrators to aid in tax collection. As one can imagine, this was poorly received by neighboring peoples and led to backlash.

However, not all areas suffered under British administration. Once a means of collecting taxes was established, the British quickly promoted cotton growth and export. From 1905 to 1915, cotton exports rose from £200 to over £350,000 and allowed new schools to be built, as well as novel imports from Britain (metal roofing, bicycles, and automobiles) to be attained.
Through the first half of the 20th century, Ugandans became more and more discontented with Britain rule. As a result, Uganda began to seek independence both politically and economically. This sentiment was originally resisted by the British. However, in 1952 there arrived a new reformist governor, Sir Andrew Cohen, who began preparing Uganda for independence by granting many of the economic liberties that the Ugandan people had been demanding and also reformed the political system to include African representatives elected from districts throughout the country.

It would not be until April 1962 that the Ugandan people were able to hold the election that led to their independence in October 1962. At the time, Uganda was still strongly divided along ethnic, religious and political lines. Protestants dominated political life, while the majority of the citizenry were Catholic and from the ethnic groups of the north. In contrast, economic power was largely in the hands of a small group of Indian immigrants. In the country's first elections, Milton Obote of the Ugandan Peoples' Congress was elected prime minister. However, Obote overthrew the presidency behind the strength of a military lead by a young General Idi Amin in 1967. Amin, in turn, overthrew the Obote government in a political coup d'état when the Prime Minister was out of the country in 1971.

The ten-year dictatorial rule of Idi Amin Dada was a dark period in the history of Uganda. The economy quickly collapsed under his nationalistic policies and his military regime was directly responsible for the deaths of an unknown hundreds of thousands of Ugandans. Amin ruled the country through a disorganized system of martial law. Infighting within the military was common and rivalries often were settled with lethal force. Amin maintained power through the appeasement of the military, execution of the opposition, and terror through the general population. Amin's reign ended with the Uganda-Tanzania War of 1979. Following an incursion by Amin's army into Tanzania in pursuit of mutineers, President Julius Nyerere of Tanzania, a long-time ally of the former Prime Minister Obote, counter-attacked. In coordination with Ugandan military exiles organized as the Uganda National Liberation Army, Tanzanian forces captured Kampala in April 1979 and Idi Amin fled in exile to Saudi Arabia.

With the end of the Amin dictatorship in 1979, Uganda entered an interim period of government in which many different interests jockeyed for the rule of the nation. This ended in 1980 with a military coup and a general election in December of the same year, which gave power back to Milton
Obote. Yoweri Musevini, however, disputed the election results and spent the next 4 years gaining the military power necessary to overthrow the Obote government. As a result, Musevini became president in 1986 and his presidency has remained until the present day.

4. Major Holidays

New Year’s Day - 1 January
NRM Liberation Day - 26 January
Martyrs Day - 9 June
Independence - 9 October
Christmas Day - 25 December

5. Weather

Uganda, being on the equator, has generally mild temperatures (60-80 degrees F is the annual range). There are typically 2 rainy seasons: April-May and September-November.

6. Kampala

Uganda’s capital city, Kampala, is a bustling metropolis with an estimated population of 1.2 million people. The city was originally built on seven hills, but now encompasses 20 hills. English is the official and most widely spoken language in Uganda. However, there are 20 tribes whose members speak more than 60 dialects. Luganda is the major language in the Kampala district and the most widely used after English.

7. Cultural Highlights

Uganda Museum:

The Uganda Museum is located in the center of Kampala. It has various exhibits including those that focus on ethnological, natural-historical, and traditional life of Uganda's cultural heritage. The museum was founded in 1908 after George Wilson called for "all articles of interest" in Uganda to be procured.

National Mosque:

National Mosque, also known as Gaddafi National Mosque, is situated on Kampala Hill in Old Kampala. The mosque is known for its grandeur. Completed in 2006, it seats up to 15,000 worshippers in the main area, another 1,100 in the gallery, and the terrace can cater for another 3,500. Colonel Muammar Gaddafi of Libya built the mosque as a gift to the Muslim population of Uganda. The completed mosque was opened officially in June 2007 and houses the head offices of Uganda Muslim Supreme Council.
Baha’i Temple:

The Mother Temple of Africa is situated on Kikaaya Hill, in the Kawempe Division of northern Kampala. The building stands 30 feet tall and is over 300 feet in diameter at its base. The dome, composed of lace-like tiles, rises over 124 feet high.

The temple was created by compiling materials from all over the world. The green dome is made of fixed mosaic tiles from Italy, and the lower roof tiles are from Belgium. The walls of the temple are of precast stone quarried in Uganda. The colored glass in the wall panels was brought from Germany. The timber used for making the doors and benches was from Uganda. The 50-acre property includes the House of Worship, extensive gardens, a guesthouse, and an administrative center.

Ndere Center:

Cultural dance performance occur every Wednesday and Sunday evening in an outdoor amphitheater. This is a highly recommended activity. Dinner is also available.

Markets

Owino Market:
This is one of the largest markets in East Africa. There are endless booths that line the chaotic alleys of Owino and offer a mind-boggling array of everything under the sun. You can find homemade African goods, to American hand-me-down-clothes, to every type of local food. Everything at Owinio starts cheap and gets cheaper with bargaining. Owino market can be overwhelming but is a great cultural experience if you’re up for it!

Nakasero Market:
This market is a much calmer experience than Owino. There isn't nearly the array of items but they offer a good selection of fresh fruit and vegetables. If you’re in the market for souvenirs, check
out the craft market on Buganda Road or the slightly larger crafts market behind the national theater near the Garden City complex. Also on Buganda Rd. across the street from the craft market you find a number of tailors if you are looking to have clothes sewn.

Garden City:
This is Kampala's version of an upscale mall. They have an Internet cafe, a Forex bureau, coffee shop, a travel agent, and a cinema. They also have a variety of upscale stores that sell Western style clothes and shoes. Garden City can be a welcome change from the hustle and bustle of the center of Kampala. Similarly Nakumatt Oasis is next to Garden City, and bit more upmarket.

Supermarket
There are many small supermarkets around town, including in Wandegeya. The largest supermarket in the city is Tusky (across from Makerere University campus). There are also small "markets" all through Kampala where you will find a variety of fresh fruits and vegetables at very reasonable prices.

8. Pre-Departure Orientation
To further prepare participants for the global health elective, there will be monthly global health seminars at Danbury Hospital and UVMCOM to cover diverse topics in global health as well as to make the participants familiar with the diseases common in the host country. For those who have been selected to be a participant of MOGA/ UCI, two Saturdays will be devoted to pre-departure orientations.

The following checklist should be completed prior to departure:

☐ Contact MOGA (Wasswa email wweb2@yahoo.com) about special interests and arrival details.

☐ Contact Host Family about accommodations, accompanying guests, arrival details and airport transfer.

☐ Notify your banks and credit card companies of your travel plans.

☐ Complete the medical license application and send to UCI (see Annex).

☐ Schedule travel clinic appointment for vaccinations and malaria prophylaxis.

☐ Schedule occupational health appointment for PEP and necessary medical supplies.

☐ Enroll in travel and emergency assistance insurance.

☐ Register with the US State Department and Smart Traveler Enrollment Program (STEP) (travelregistration.state.gov/ibrs/ui/) to inform them of your travel and lodging arrangements.
9. What to Bring

- White Coat x2
- Scrubs x 3-4 sets
- Stethoscope
- Reflex Hammer
- Thermomater
- Alcohol Prep Pads
- Hand Sanitizer
- HIV Post-Exposure Prophylaxis
- Malaria Prophylaxis
- Optional Medical Equipment [Blood Pressure Cuff, Pulse Oximeter]
- Watch w Second Hand
- Non Sterile gloves x2 boxes
- Sterile surgical gloves: 1 box regular/ 1 box elbow high
- Mask w eye protection
- Goggles for OR
- Extra Medical Supplies: Sutures, OR instruments, Kiwi Vacuum (Not expired!)
- Professional Clothes
  - Men: Button-down shirts and slacks
  - Women: Shirts and blouses (that are not low-cut), slacks, dresses and skirts (at knee-length or below)
- Casual Clothes
- Walking Shoes
- Umbrella
- Sunscreen
- Insect Repellant
- Bathing Suit
- Flashlight
- Plug Adaptor
Toiletries

Cash for Visa and Ugandan Medical License (if applicable)

10. Visa and Regulations

Visa

- A single-entry visa can be purchased for $50 at the airport. This must be paid in cash in with a $50 denomination and must be dated within the last 5 years.
- A multi-entry visa can be obtained for $100 from the Ugandan Embassy. For details on how to apply for a multi-entry visa visit: www.ugandaembassy.com/visa.html

11. Ugandan Medical License

If you are a resident, you will need to secure a Ugandan medical license. Since the license takes 4-6 weeks to process, UCI must submit the application for you in advance of your arrival. Please email the following documents as soon as possible to UCI:

- Passport Front Page
- Passport Photo
- Medical License (if applicable)
- Medical School and Residency Diploma (if applicable)
- Letter of Good Standing
- CV

The application fee is $200.

12. Arriving to Uganda

- Flight arrangements to and from Entebbe Airport (EBB) will be made by the Danbury Global Health Department. Entebbe is approximately 40 minutes south of Kampala.
- A driver will be arranged to pick you up and take you to the airport at the time of your arrival and departure.
- There are ATM machines and Money Exchange Bureaus (open 24 hours) at Entebbe International Airport.

13. Accommodations
Most participants will be staying with Dr. Sam Luboga and his host family in Mpererewe Namere.

Dr. Luboga is a professor of surgery and anatomy at Makerere University and an important leader of multiple international collaborations between Uganda and the United States.

There are many advantages of living with a host family. Most importantly, it allows for greater immersion and integration into the cultural, social and language components of the international experience. Moreover, it offers a network of support that will assist you with the transition into life in Uganda and can help alleviate emotional challenges related to the global health experience.

You will be given a guest bedroom with a private bathroom.

You will also be able to share communal, home-cooked meals with Dr. Luboga and his family.

Mpererewe Namere is a village located about 20-40 minutes northeast of Kampala. To commute to and from UCI, you will have two options:

1. You can carpool with your host family.
2. You can arrange a driver or special hire taxi for transportation at alternative times. It should be between 20,000-30,000 UGX one-way. The names and phone numbers of a few trusted drivers are listed in the public transportation section below.

Rent will be $800 for the period of your stay. Meals and laundry will be subject to a reasonable fee.

Additional host families among the UCI and Makerere University faculty may also be utilized depending on the availability of Dr. Luboga and the number of participants on the rotation. These faculty members include: Dr. Robert Kalyesubula, Dr. Fred Okuku and Dr. Jackson Oren.

14. Food and Drink

Traditional Ugandan cuisine consists of a combination of a protein and starch dish. A choice of beef, chicken, lamb, beans or peas are often stewed with various vegetables and accompanied by either matoke (boiled and mashed green banana), rice, ugali (maize meal), cassava or potatoes. Other common foods include chapati (an Indian flatbread) and ground nut sauce (a peanut sauce eaten plain or with meat). Fresh fruit and vegetable side-dishes are also served with most meals.

On Campus:

Both Mulago Hospital and the medical school have cafeterias for dining during the day. It is possible to get traditional cuisine for just a few dollars a day. The food is good, the service friendly and location convenient.
Recommended Restaurants:

- Mama Ashanti’s (Ghanaian)
- Fasika (Ethiopian)
- Masala Chaat House (Indian)
- Haandi (Indian)
- Club 5 (Indian)
- Krua Thai (Thai)
- Fang Fang (Chinese)
- Fez Brasserie (International)
- Mambo Point Pizzeria (Italian)

Recommended Coffee Shops:

- Cafe Java’s
- One Thousand Cups
- Café Pap

15. Financial Issues

- The local currency is the Ugandan Shilling (UGX).
- The exchange rate is approximately 1 USD = 2500 UGX.
- Uganda is essentially a cash-only society.
- **All US dollars that you bring to Uganda must in $50 or $100 denominations and be dated within the last 5 years.**
- ATMs are widely available in Kampala. Most ATMs accepted VISA, however only Stanbic Bank ATMs accept Mastercard at this time.

16. Public Transportation

- Uganda has the second highest number of motor vehicle fatalities in the world.
- As a result, you should never travel by boda boda (motorcycle taxis).
Instead, it is recommended that you use special-hire taxis for transportation around town, especially at night. It is inexpensive and is the safest option. Always settle on the price of your trip before getting in the vehicle.

**Recommended Drivers:**

- Akram: 0776962792
- Patrick: 0772489298
- Joseph: 0782001865

17. Keeping in Touch

**Cellular Phones:**

- Cell phones are ubiquitous in Uganda and offer the most reliable method of communication.
- A cell phone will be available to you to borrow during your time with MOGA.
- However, if it is misplaced/ stolen, it is very easy to purchase a new cell phone for around $20. These phones are unlocked and will work on any network. All you have to do is purchase a SIM card ($1) from your network of choice to activate the phone with a local number and airtime cards to add minutes. You will need to bring identification with you when purchasing a SIM card. Airtime cards can be purchased easily throughout Kampala.
- Many participants bring along their cell phone from home. For it to function in Uganda, it must be an international phone and be unlocked. This can be done in your home country or at any mobile store in Uganda. Cell phones are the target of petty theft. MOGA will not be responsible for lost or stolen cell phones.
- Ugandan cell phones and international cell phones have a place to insert a SIM card. Each Ugandan network service (MTN and Orange are currently the most commonly used) provides their own SIM cards and with this, the phone will be activated and a phone number will be provided.
- To make calls, you must buy prepaid airtime cards. These are sold literally on every street corner in the country.

**International Calls:**

- Prices to call the US from Uganda using a cell phone is ~$1/minute. In contrast, incoming calls (including calls from the US) are FREE, therefore it is much less expensive to have family and friends in the US call you.
- Using Skype to call a U.S. phone number costs approximately 2 cents/minute. Google Voice also works well when the Internet is up and running.
- To call Uganda from the US, dial 011 256, then the number. Leave off the ‘0’ in front of all phone numbers.
- To call the US from Uganda, dial +1, then the number.

Internet Access:

- Two USB Wifi Toggle will be available to you to borrow during your time with MOGA/UCI. You can purchase and recharge data plans at Orange stores.
- There is also internet available at UCI and at internet cafes all over Kampala.

18. Staying Safe

General Precautions:

- Stay up-to-date regarding local news and official travel advisory information from the US Embassy.
- Avoid walking alone at night and in poorly lit areas. Please travel by special hire taxi in these circumstances.
- Do not carry large amounts of money or valuables with you that might attract unwanted attention.
- Do not leave valuables in common areas.

Food and Water:

- Wash your hands often with soap and water.
- Drink only bottled or boiled water.
- Avoid tap water and ice cubes.
- Avoid street food.

Traffic:

- Walk very carefully and defensively at all times.
- Avoid any travel using boda bodas (motorcycle taxis) for they are involved in daily fatalities.

19. In Case of Emergency and Illness

- Always keep your passport in a secure place and carry a copy of your passport and visa with you instead.
- Email the US-based site director of your safe arrival and with your mobile phone number during your stay.
- Keep emergency numbers for your local site supervisor, US-based site director and UVMCOM occupational health services on hand.
• Inform your local site supervisor if you are traveling during weekends and holidays.
• Inform your local site supervisor of any significant illness requiring medical attention.
• In event of an emergency, such as a political disturbance, contact your local site supervisor and US-based site director immediately to seek advice regarding your safety.

Emergency Contact Information:

• Local Site Supervisor: Fred Okuku machyokuku2001@yahoo.com 0772485172

• Mulago Hospital Supervisor: Wasswa wweb2@yahoo.com

• US-Based Site Director: Majid Sadigh msadigh@gmail.com 203-885-8895

• Occupational Health Services: 802-656-3242

Recommended Healthcare Centers:

• The Surgery (2 Acacia Road)
• International Medical Clinic (Watoto Church Building, Bombo Road)
• International Hospital Kampala (St. Barnabus Road)

To file a claim for reimbursement from your insurance company once you return home, you will need to save all receipts and details of care provided.

20. Stipend

You may receive up to a $3000 stipend; you are responsible for any expenses beyond this amount. Save all receipts (airline receipt and boarding passes, receipt for housing, receipt for medical license, airline receipt for box of medical supplies) to submit upon your return.

21. MOGA (Mulago Obstetrics and Gynecology Affiliation)/ UCI (Uganda Cancer Institute)

MOGA and UCI are committed to making your experience in Kampala a positive one. MOGA will make your clinical schedule and UCI will be responsible for your accommodations, and logistical information such as obtaining a Medical License.

The experience of working at Mulago Hospital Obstetrics and Gynecology department will be an incredibly rich one, but it will also be quite challenging. In the labor suite, every bed is typically occupied and often times, there are women laboring on the ground. In the emergency gynecology ward, the patients at Mulago tend to present in the late stage of illness and the resources to care for them are relatively limited. Compared to hospitals in developed countries, there is a high mortality rate at Mulago hospital. You should anticipate an adjustment period, though the time it takes for each person to adjust to working here will differ. If you come into the experience with an open mind, bring with you all you have learned from your own training,
and translate that into a positive energy of collegiality, teaching, and learning, we are sure that you will have a rewarding experience. The way patients are managed here may differ from the "Standard of Care" practiced in the United States, usually secondary to limitations in manpower and resources. Most importantly, you should always respect local practice. It is never wrong to make a suggestion, but always honor the fact that you are a visitor in a vastly different environment.

It is important to remember that as a visitor in a foreign institution, you are ultimately here as an observer. The hospital is giving you the privilege of experiencing medicine in a developing country. You are not going to change the way Mulago functions in six weeks. It is important to protect yourself from getting emotionally overwhelmed and to stay focused on ways you can create positive change!

MOGA’s main office is located at the UCI headquarters. This space provides a safe place for participants to leave their personal belongings for the day. It can also be used as a quite study area, as well as a place with reliable (as reliable gets in Uganda!) intra-net. There is a well-maintained and very clean restroom in next to the MOGA office. All administrative duties will take place at this location.

22. Mulago Hospital

Mulago was founded in 1917 by Albert Ruskin Cook, a British medical missionary. The current facility was completed in 1962. Mulago Hospital is the National referral Hospital in Uganda and a teaching hospital for a top tier medical school, Makerere University. It has a bed capacity of 1500. It is a public hospital financed by the Ugandan Ministry of Health.

Mission Statement

To form a collaboration that increases the breadth of knowledge, clinical skills, and research quality of both Ugandan and American counterparts and ultimately leads to advances in obstetrics and gynecological services provided to the women of Uganda.

23. Meet the Global Health Exchange Staff

Dr. Fred Okuku

Dr. Sam Luboga

Dr. E Wasswa
**24. Clinical Rotation**

Mulago hospital has an extremely busy Obstetrics and Gynecology service. The department consists of Obstetrics, Emergency Gynecology, Urogynecology, Family Planning, Gynecolgy-Oncology, and Maternal-Fetal medicine.

The labor Suite is a very busy ward located on the fifth floor. In 2010, a total of 31,201 babies were delivered at Mulago Hospital. The ward is split into 2 main areas; high risk ‘PET side’ and low risk ‘first stage side’. There is also an obstetrical operating room located within the ward for patients that require emergency C Section. The cesarean section rate at Mulago is approximately 21%. Patients are referred to this hospital from other centers when severe complications are encountered. Labor obstruction, ruptured uterus, and post-partum hemorrhage are common obstetrical complications at this center. The ward is staffed 24hours/day by a team of dedicated doctors and midwives. All visiting residents are expected to have hands on participation with all aspects of the labor ward.

The Gynecological Emergency ward deals with acute situations of early pregnancy and severe gynecological problems. Post-abortion complication is the third most common cause of pregnancy related death at Mulago hospital. Patients with septic abortion, perforated uterus, and other complications are stabilized and treated on this ward. Ectopic pregnancy is also a very common complication found in this population. Other common issues are molar pregnancy, undiagnosed gynecological cancer, severe malaria in pregnancy, and HIV complications. When necessary, patients are prepped for surgery on the ward and taken to the gynecology operating room. Participants round with the House staff in the morning and follow the patients throughout their treatment course.

The Urogynecology department offers consultation as well as medical and surgical management of female patients with birth trauma, urinary incontinence, and uterovaginal prolapse. The services provided include screening, diagnosis, therapeutic procedures, follow-up and rehabilitation, advice on prevention, teaching and research. Resident doctors participate in the daily activities including outpatients’ clinic, operating room, post operation care, and community activities.

The Family Planning vision is to promote research, training, and offer preventive, curative and rehabilitative quality gynecological care to Ugandans. The clinic focuses on issues related to adolescent sexual and reproductive health. Contraceptive counseling and implementation are offered as well as outpatient gynecological procedures.

Gynecological Oncology has both busy inpatient and outpatient services. Women are screened for cervical cancer and basic evolutions for other types of gynecological cancer are performed.
If cancer is diagnosed, various treatment options are offered. If appropriate, radiation and/or surgical resection is performed.

Maternal Fetal Medicine department is run mostly by attending physicians but students and residents are welcome to participate if they hold interest.

**Weekly Schedule**

*Morning Report (q day):* Every morning from 830-930am an overview of notable events that occurred in past 24 hours are discussed. Residents are expected to attend Monday-Friday.

*Ob-Gyn Grand Rounds:*

*Journal Club:*

*Morbidity and Mortality:*

**Evidence-Based Medicine (1x/wk):** Every Wednesday an evidence-based medicine lecture will be held that will entail a presentation of a clinical question that arose during the week and a short synopsis of the current evidence/data. Residents must come prepared with copies of their article to share with the team.

**Case Conference (1x/wk):** Every Friday a teaching case conference will be held and will involve a case-based discussion on high-yield topics seen commonly in the outpatient and inpatient settings. Topics may include:

- Pre-Eclampsia/ Eclampsia
- Abortion (Spontaneous + Induced)
- Communicable disease in pregnancy
- HIV
- Hepatitis
- Obstructed Birth: Fistulas
- Gynecological cancer: Incidence and treatment in Uganda

**Feedback Sessions and Support Group (1x/wk):** Every Monday a feedback session and support group will be held with Dr. Okuku to allow for continuous quality improvement of the global health experience and to monitor how participants are doing emotionally with the contrasts between the US and Uganda.

**Luganda language and Ugandan history, cultural and political sessions will be moderated by your host family at their house over the dinner hour.**

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<td>Feedback Sessions and Support Group TBD</td>
<td>Evidence-Based Medicine TBD</td>
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<td>Case Conference Boardroom 0800-0900</td>
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Attendance, Duties and Expectations

Participants must be open-minded, adaptable, motivated and sensitive to local priorities. It is important to remember that your attitude is a representation of your home institution and your country.

Attendance is mandatory for all assigned clinical responsibilities, scheduled didactic and feedback sessions. If you will be absent, you are required to inform the local site supervisor. You are free to do as you please on the weekends and holidays. However, if you do plan to travel outside of Kampala, you are required to inform both the local site supervisor and your host family for your own safety.

There is flexibility built into the system to tailor your schedule to your personal interests. Please let MOGA know if you have any special interests or preferences regarding: high-risk pregnancy, fistula repair, gynecological cancers, etc.

Clinical Role

Residents are encouraged to take an active part in the care of the patients at Mulago Hospital.

It is important to keep in mind that there is less supervision in Uganda, so it is equally important to know and respect your limits. Just as in the United States, residents should not perform procedures or engage in activities that they are not fully comfortable/competent. Doing this will prevent putting both the participant and the patient in danger. It is important to remember that HIV and other communicable diseases are still a very prevalent in Uganda. Please take universal precautions at all times.

Residents are expected to round with their team on their respective service, every morning, Monday-Friday. Participants should document H&Ps and progress notes, assist with writing orders and consults, and contribute to any other elements essential to patient care, including performing procedures with adequate supervision. Change of shift occurs at 5pm. Residents are free to go at the completion of evening rounds. There is always more work to be
done. It is important to balance the workload with your personal health and need for self-care. It is advised that participants leave the hospital by 8pm regardless of what is happening on the ward. Weekend call is option, but not obligatory.

Teaching Role

Residents should feel comfortable assuming a small teaching role with Ugandan medical students and house officers. Fourth-year Ugandan students have had little patient contact and clinical instruction before they begin on the wards. They are very eager for any clinical teaching one might provide. Opportunities for teaching include instruction on “pre-rounding” and practice with patient presentations. Senior house officers often do not have the time to explain a disease process or steps of procedure to medical students. Any teaching is greatly welcomed.

The Senior House Officers are very well read and extremely knowledgeable. They are exposed to both common and rare obstetrical and gynecological complications. They do a very good job managing an extraordinarily busy service and caring for patients with minimal resources. It is always appropriate to share the differences in how patients would be worked up, managed, and treated at your home institution. Presenting a journal club or a power-point on a common disease state/difference in management is always welcomed and appreciated.

Research

There are many opportunities to conduct research at Mulago Hospital. However, in order to do so, advanced planning, effective communication and partnership is essential. Interested participants will need to identify research mentors early at both Danbury Hospital/UVMSOM and Mulago Hospital in order to design a meaningful and feasible project with an emphasis on collaboration, bioethics, maximizing benefits to the local community and minimizing risks. IRB approval will be necessary at both home and host institutions along with any associated fees.

Of note, it is a requirement for each Senior House Officers (SHO) to conduct a research project. If the participant has a specific interest in Ob-Gyn, it is possible to work together with a SHO on a project that is already in progress. SHO’s are very busy and would greatly benefit from collaboration!

Feedback

We are continuously striving to improve the MOGA experience. For that reason, you will be attending weekly feedback sessions, asked to complete an end-of-rotation evaluation, and to write a reflection based on your experiences at UCI. The global health experience at UCI can be overwhelming at times given the emotional impact of high morbidity and mortality with limited availability of resources. As a result, the weekly feedback sessions should also function as a support group to discuss these issues, provide emotional support and assist with assimilating into a new setting to help alleviate any culture shock one may encounter.
25. Field Trips

Your host family may assist you in organizing field trips during the weekends and holidays.

Popular field trips include:

- Whitewater Rafting on the Nile River and Speke Garden in Jinja
- Origin of HIV in Kasensero
- Gorilla Trekking in Bwindi Impenetrable Forest
- Safari at Murchison Falls and Queen Elizabeth
- Sipi Falls
- Lake Bunyonyi
- Rwanda
- Cultural Dancer Performance at the Ndere Center
- Uganda Museum
- National Mosque

Safari Adventures in Uganda:

For good reason, Uganda is known as the "pearl of Africa". It's home to the tallest mountain range in Africa, the world's longest river and the continent's largest lake. There are a total of 10 national parks all of which provide amazing wildlife watching.

Bwindi National park is one of Africa's most famous national parks. It is home to almost half the world's surviving mountain gorillas. Gorilla tracking is offered in Bwindi by multiple safari companies/tracking groups.

Murchison Falls National Park is Uganda's largest park and is not only known for its plentiful supply of animals, but also for its spectacular waterfall.

Queen Elizabeth National Park is known for its biodiversity, with landscapes ranging from savannah, bush land, wetlands, to lush forests, and is inhabited by more than 90 species of mammals.

All other national parks in Uganda, such as Mgahinga Gorilla National Park, Lake Mburo National Park, Semliki National Park, Kidepo Valley National Park, Mountain Rwenzori National Park, Mountain Elgon National Park, and Kibale Forest National Park have something special to offer.
• Jinja is the source of the Nile and offers an abundance of river activities such as white water rafting and kayaking. The upper stretch of the river offers grade IV and V rapids and is accessible to both first-time rafters and individuals experienced in river sports. It is important to remember that all stagnant water in Uganda is home to Schistosomiasis. If you decide to indulge in the fast moving water, it’s advisable to avoid wading in stagnant water.

26. Recommended Resources

Medical References:
• Oxford Handbook of Tropical Medicine

Books:
• Blue Nile - Alan Moorehead
• White Nile - Alan Moorehead
• We Wish to Inform You that Tomorrow We Will Be Killed With Our Families - Philip Gourevitch
• Long Walk to Freedom - Nelson Mandela
• AIDS in the Twenty-First Century: Disease and Globalization – Tony Barnett and Alan Whiteside

Films:
• The Last King of Scotland
• Gorillas in the Mist
• Hotel Rwanda
• The Constant Gardner

27. Contact Information

UCI Supervisor: Fred Okuku
machyokuku2001@yahoo.com
0772485172

Mulago Supervisor: Esau Wasswa
wweb2@yahoo.com

UCI Director: Jackson Oren
joren@mucwru.or.ug
MOGA Director: Majid Sadigh  
msadigh@gmail.com  
203-885-8895

Host Family:  
Sam Luboga  
lubogasam@gmail.com  
0772503275  
Robert Kalyesubula  
rkalyes@yahoo.com  
0772442700

Drivers:  
- Akram 0776962792  
- Patrick 0772489298  
- Joseph: 0782001865

Occupational Health: University of Vermont  
Department of Risk Management & Safety  
802-656-3242  
Danbury Hospital  
Travel Clinic  
203-749-5720
APPLICATION FORM

1. INFORMATION ABOUT APPLICANT

1. Surname ...........................................................................................................

2. First Names ....................................................................................................

3. Telephone No........................................Fax............................................

4. Nationality .......................................................................................................

5. Sex .................................................................................................................. 

6. Date, Month and Year of birth .....................................................................

7. Marital Status (Single/Married/divorced/widowed) tick 

8. Current Employer ..........................................................................................

9. Present Permanent Postal address:

........................................................................................................................
10. Understanding of spoken/written English: (tick one)
   1. Excellent
   2. Good
   3. Fair
   4. None

11. Other languages ...........................................................

GRF 2003

Note: (i) Attach two clear passport size own latest photographs

(ii) In case of married female doctors who are using husband’s names, attach Certified/Notarised copies of Marriage Certificate.

(iii) Attached detailed curriculum vitae

II. REASONS FOR APPLICATION

13. Category of Registration applied for: (tick one)
   - Provisional Registration
   - Full registration
   - Specialist registration
   - Temporary registration (for non-Ugandans)

14. Purpose....................................................................................

15. Employment commencing on.................................................
16. Intended Employer

17. Postal Address of Employer

18. Employer

  Telephone no...Fax...

  E-mail...
III. UNIVERSITY EDUCATION

19. Universities attended for medical or dental education

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>UNIVERSITY</th>
<th>AWARD TITLE</th>
<th>DURATION OF TRAINING</th>
<th>YEAR OF AWARD</th>
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</table>

20. Field of specialization, if any.............................................................

Note: Certified/Notarised copies of above award, Academic transcripts and Course content should be attached

21. Internship training

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>HOSPITAL</th>
<th>FIELD</th>
<th>DURATION</th>
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Note: Attach evidence that internship was done.
22. Are you a registered medical/dental practitioner?

Yes    No

GRF 2003

Note: Attach Certified/Notarised copy of your current registration, certificate with the council, Board or equivalent medical/dental regulatory body of a country where you are currently practicing or where you have been practicing previously in the immediate past years.

IV. EMPLOYMENT RECORD

Evidence of practice for the last five years.

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Duration (from ___ to ___)</th>
<th>Nature of Practice</th>
</tr>
</thead>
</table>
23. Do you have a certificate of Good Standing in medical or dental practice issued by a council, Board of equivalent medical/ dental regulatory body of a country where you are currently practicing or where you have been practicing previously in the immediate past years?

Yes  No

Note: Attach a copy of a certificate of Good Standing

V. DECLARATION

I, the undersigned, do hereby certify that under the Medical and Dental Practitioner’ Statue of 1996 of the Laws of Uganda, the responses given by me to all the above questions, are true, and correct.

.................................................  ..............................  ..............................
Name  Signature  Date

GRF 2003
FOR OFFICIAL USE ONLY

Decisions taken:

..............................................................................................
..............................................................................................
..............................................................................................
..............................................................................................

Reason if not accepted

..............................................................................................
..............................................................................................
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DATE............. REGISTRAR......................
Annex: Post-Exposure Prophylaxis

In the case of a needle stick and other blood or body fluid exposures which may occur while traveling and working abroad, follow the recommendations below. Please note the following:

1. It is important to run a WHAT IF scenario with your local attending or supervisor BEFORE an actual needle stick accident does happen.
2. Antiretrovirals are expensive. We provide participants who expect to have difficulty accessing them locally with a 7 day supply for PEP. If you have received such a supply, do not open unless needed.

<table>
<thead>
<tr>
<th>STEPS TO FOLLOW IN CASE OF A NEEDLE STICK ACCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>9</td>
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</tbody>
</table>
STEP A. Determine Exposure Code (EC) for Health Care Worker

Exposure to blood, tissues, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluids

What type of exposure?

- Mucous membrane or skin compromised?
  - Intact skin: NO PEP
  - Needlestick / Cut:
    - Large (major splash): EC 2
    - Less severe (solid needle scratch): EC 2
    - More severe (large, hollow needle, deep puncture, visible blood, used in blood vessel): EC 3

Volume

- Small (few drops): EC 1
- Large (major splash): EC 2

STEP B. Determine the HIV Status Code (SC) for Exposure Source

Determine Source Patient HIV Status Code

- HIV NEGATIVE (tested this admission & clinical suspicion low): NO PEP
- HIV POSITIVE
  - Status Unknown:
    - HIV SC UNKNOWN
  - Advanced HIV Admitted with OI CD4 < 200: HIV SC 2
  - On ARVs Asymptomatic CD4 > 400: HIV SC 1
### STEP C. Determine PEP Recommendations

All students with exposure code 1, 2, or 3 who desire PEP are recommended to take the expanded regimen PEP (2 drugs).

<table>
<thead>
<tr>
<th>Exposure code (EC)</th>
<th>Status Code (SC) for HIV source</th>
<th>PEP (all courses are for 28 days)</th>
</tr>
</thead>
</table>
| 1, 2, 3            | 1 or 2                          | Truvada and Aluvia (read package inserts)  
                     |                                  | This is the expanded regimen in your antiretroviral kit |
| 1, 2, 3            | Unknown                         | Start regimen above until source patient HIV status is known or for full 28 days if unable to find out source patient HIV status |

Your kit provides a 7 day supply of drugs. If you are advised to complete the 28-day treatment course, then you should discuss with your UVMCOM contact how to obtain the needed additional drug supply.

If the source patient is on ARVs and failing therapy, give regimen above and call or email one of the physicians below for specific recommendations.
### MOST COMMONLY PRESCRIBED DRUGS FOR PEP

| Tenofovir (TDF) 300 mg po daily | Viread |
| Emtricitabine (FTC) 200 mg po daily OR | Emtriva |
| Lamivudine (3TC) 300 mg po daily | Epivir |
| Lopinavir 400 mg/ritonavir 100 mg po twice daily (two 200mg/50mg tablets twice-daily) | Kaletra or Aluvia |

Tenofovir (TDV) and Emtricitabine (FTC) are both nucleoside reverse transcriptase (NRT) inhibitors. They are also sold in a combined formulation called Truvada. Dosing is 1 tablet a day (TDF 300 mg and FTC 200 mg).

Lopinavir and ritonavir are both protease inhibitors. The combination of these two drugs comes is formulated under the name Aluvia. Aluvia tablets consist of 200 mg lopinavir and 50 mg ritonavir. Dosing is 2 tablets twice a day (total of 4 tablets a day).

### MAIN SIDE EFFECT OF PEP DRUGS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Side Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenofovir</td>
<td>Headache, nausea/vomiting</td>
</tr>
<tr>
<td>Emtricitabine</td>
<td>GI side effects, usually well tolerated</td>
</tr>
<tr>
<td>Truvada</td>
<td>Headache, nausea/vomiting</td>
</tr>
<tr>
<td>Lamivudine</td>
<td>GI side effects, usually well tolerated</td>
</tr>
<tr>
<td>Aluvia/Kaletra</td>
<td>Diarrhea, nausea/vomiting</td>
</tr>
</tbody>
</table>
APPLICATION TO CONDUCT HEALTH/MEDICAL RESEARCH

This form must be completed by all persons/teams intending to conduct health/medical research in Uganda. Upon completion by the investigator(s) it should be submitted to the School of Medicine Research and Ethics committee (SOM-REC). Upon completion of the relevant section by the REC, the form should be submitted to the Secretary, School of Medicine Research and Ethics committee Makerere University College of Health Sciences P. O Box 7072, Kampala. The required registration fee should accompany each application. Cheques should be made payable to; 1) Makerere University Faculty of Medicine if they are in local currency or 2) Makerere University Faculty of Medicine Research for foreign currency (Dollars, Euros etc) in the accounts office.

Protocol Version Number:..................

APPLICATION FORM CHECKLIST

This checklist was prepared in order to aid investigators in preparing a complete application and to help expedite review by the Ethical Review Committee. Your cooperation in completing it will be greatly appreciated.

PRINCIPLE INVESTIGATOR’S NAME:
(SITE PRINCIPLE INVESTIGATOR)

____________________________________________________
Application form duly completed in duplicate.

MUST submit a soft copy of the whole application to reseach9@gmail.com

Eleven copies of complete research protocol in general/funding agency format.

Eleven copies of informed consent forms both in English and local language of the study population.

Eleven copies of Drug Brochure or any supplementary information (if applicable).

Eleven copies of Questionnaire being administered during the study (if applicable).

I have made a copy of this entire application package for my files.

For clinical trials – I have also submitted an application to NDA (if applicable).

Signature: Principle Investigator (At Site)                                Date

Details of Research Team
### Details of the Proposed Research

<table>
<thead>
<tr>
<th>Title of proposed research.</th>
<th>Microbiome Analysis in Ovarian Cancer Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Starting &amp; Ending Dates</td>
<td></td>
</tr>
<tr>
<td>Performance site(s) in Uganda</td>
<td>Mulago hospital- dept of obstetrics and gynecology</td>
</tr>
<tr>
<td>Performance sites (outside Uganda)</td>
<td></td>
</tr>
<tr>
<td>Total number of study investigators</td>
<td>06</td>
</tr>
<tr>
<td>Budget (state currency)</td>
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<td>No</td>
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</table>

**Name and address of Funding agency:**

**Status of funding:**
- a) Submitted for funding
- b) Pending
- c) Funded
- d) Self

**Beginning & Ending Dates of Funding**

**Collaborating Institutions**

<table>
<thead>
<tr>
<th>No</th>
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<tbody>
<tr>
<td>Name of Institution</td>
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<td>Institutional Code</td>
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<th>No</th>
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**Population: Proposed inclusion criteria**  
*(Check all that apply)*
- Males
- Females
- Vulnerable Groups
  - Foetuses
  - Children (Under 12 years of age)
  - Adolescents (12 – 17 years)
  - Pregnant women
  - Elderly (over 65 years)
  - Prisoners
  - Cognitively impaired
  - Hospital patients
  - Refugees
  - Institutionalized
  - Other

**Type of study* (Check all that applies)*
- Cross-sectional/Survey
- Secondary data
- Program/Project evaluation
- Clinical community trial
- Case control
- Longitudinal study
- Record review
- Course activity
- Other (specify) ...........................................

**Consent Process* (Check all that applies)*
- Written
- Oral
- English
- Local Language
- Other (Specify) ...........................................

- Proposed sample size ..................................................

Reading level of consent document:
- Primary
- Secondary
- Tertiary
- Other (Specify) ..................................................

**Determination of Risk* (Check all that applies)*
<table>
<thead>
<tr>
<th>Does the research involve any of the following</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Human exposure to ionizing radiation</td>
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<tr>
<td>Human genetics</td>
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</tbody>
</table>
### Stem Cells

- Fetal tissue or abortus
- Investigational new drug
- Investigational new device or technique (e.g. therapeutic, diagnostic)
- Existing data available via public archives/sources
- Existing data not available via public archives
- Will the research involve the use of stored samples/patient data
- Will the research involve shipping/transfer of specimen
- Observation of public behaviour
- Is the information going to be recorded in such a way that subjects can be identified
- Does the research deal with sensitive aspects of the subjects behaviour, sexual behavior, alcohol use or illegal conduct such as drug use
- Could the information recorded about the individual if it became known outside of the research, place the subject at risk of criminal prosecution or civil liability
- Could the information recorded about the individual if it became known outside of the research, damage the subjects financial standing, reputation and employability?

**Do you consider the proposed research**

- A) greater than minimal risk
- B) minimal risk
- C) no risk

*Minimal risk is a risk where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical, psychological examinations or tests. For example the risk of drawing a small amount of blood from a healthy individual for research purposes is no greater than the risk of doing so as part of routine physical examinations.*

**Do any of the participating investigators and or their immediate families have conflict of interest with the sponsor of the project or the manufacturer or owner of the drug or device under investigation or serve as a consultant to any of the above?**

YES ☐ NO ☐ (If yes, please submit a written statement of disclosure to the Chairman of the SOM-REC)
It is the REC requirement that the composition of the Institutional Review Board (IRB) include individuals with varied backgrounds and education. Investigators are therefore required to attach four (4) copies of a 2-3 page (maximum 4 pages) Research Proposal Summary using the headings provided below in terminology that is understandable across disciplines.

1. RESEARCH QUESTION TO BE ADDRESSED BY THIS PROPOSAL
2. RATIONALE FOR RESEARCH
   - Describe briefly the background of the study, and state reasons for conducting it.
   - State objectives of study.
3. METHODS
   - Study design and rationale for that design. Explain how the study will be performed.
   - Population: Sample size, selection and exclusion of subjects, gender. For larger sample sizes on greater than minimal risk studies, provide justification of the sample size.
   - Subject’s state of physical health. Indicate if healthy, ill, seriously ill or terminally ill.
   - Does the study involve any special populations: Subjects will include minors, fetuses, abortuses, pregnant women, prisoners, mentally retarded, mentally disabled, or none of the above.
   - If subjects are from one of the above special populations explain the necessity for including them.
   - Specify source of participating subjects, e.g. hospitals, clinics, institutions, prisons, industry, unions, schools, general population, etc. NOTE: If you plan to advertise for patients, the ad must be submitted to the SOM-REC for review and approval prior to its publication and/or posting.
   - List all research procedures and/or interventions involving human subjects (when applicable) including tests to be conducted and the analysis of samples (where applicable including where the analysis is to be done – if outside the country please justify including how the samples are to be shipped).
   - Distinguish procedures which are part of routine care from those that are part of the study
   - Questionnaire/interview instrument (when applicable)
     If the study includes either of these, a copy of the instrument is to be appended to this application. If the instrument is in development stages, provide an outline of the types of questions to be asked and the expected date of completion and submission to the SOM-REC.
   - Methods of intervention Will any new drugs or biologic agents be administered to the subjects, or will previously used agents be used in a new manner? If yes, please note that you are also required to file a separate application with the National Drug Authority (NDA) and may not conduct your study without the approval of both the NDA
and the SOM-REC. You are also required to complete the relevant part in this application titled “Studies involving the testing of drugs and medical devices”.

- *Methods for dealing with adverse events*
- *Methods for dealing with illegal, reportable activities (e.g. child abuse)*

**RISKS / BENEFITS TO SUBJECTS**

- Highlight any potential risks - physical, psychological, social, legal, ethical (e.g. confidentiality), or other and assess the likelihood and seriousness of such risks (none, low, moderate, and high). Include the incidence of complications if known. You may use a narrative description if more appropriate or a table with 3 columns (Potential adverse effects, seriousness and likelihood of complications (Incidence if known.).
- Highlight procedures for protecting against or minimizing potential risks.
- If the activity involves women who could become pregnant and is potentially harmful to a fetus, describe steps that will be taken to prevent pregnancy or exclude pregnant women.
- Assess potential benefits to be gained by the individual subject and explain why the benefits outweigh the risks.
- Assess benefits which may accrue to society in general as a result of the planned work.

**COMPENSATION/REIMBURSEMENT**

- Will subjects receive any compensation, monetary or other? If monetary, how much? Will subjects be asked to assume any out-of-pocket costs for participating in the research? If yes, what? Identify expenses such as additional transportation, laboratory tests, supplies, cost of study drug if it becomes commercially available, etc.

**INFORMED CONSENT**

- Any kind of contact with human subjects requires a disclosure/consent process.
- Attach a copy of the consent form. Indicate how (verbal or written) informed consent will be obtained (please request for guidelines for implementing informed consent from the SOMREC Offices).
- If subjects are minors or mentally disabled, describe how and by whom permission will be granted.
- Where will the record of consent be stored? (Consent forms must be kept for three years after the completion of the investigation, unless otherwise stipulated by the SOMREC).

**CONFIDENTIALITY ASSURANCES**

*Describe any means by which the subject’s personal privacy is to be protected and confidentiality of data maintained. Include information on the following:*

- Any sensitive information that will be gathered.
- Plans for record keeping
- Location of the data
- Data security
- Person responsible and telephone number
- Who will have access to the data
- Plans for disposal of the data upon completion of the study

CONFLICT OF INTEREST (real or apparent)
- Other than the normal scholarly gains, are there any other gains you might receive from taking part in this study?

COLLABORATIVE AGREEMENTS
- Provide letters of approval from collaborating institutions’ IRBs and from other local IRBs from other sites.

INTENDED USE OF RESULTS
- Include plans for dissemination and utilization of study results

OTHER INFORMATION:
- Any other information.

**Please note**: Attach **11 COPIES of the full research proposal**. The full proposal should include the following: Title, objectives, background and literature review, methodology (to include research design, subjects and methods, ethical considerations, timetables etc. references, budget etc.). Investigators may submit the full proposal in the funding agency format as long as it covers the above headings.

Please also attach copies of **curriculum vitae** for the Principal Investigators and all Co-investigators. The CVs should include the following: Name, Postal address, Employers name and address, Qualifications, Present Position, past research experience (relevant) and Published Papers (relevant). Principal Investigators or co-investigators who would have already submitted their CVs during the current year are exempted from this requirement.

STUDIES INVOLVING THE TESTING OF DRUGS AND DEVICES

DRUG / DEVICE INFORMATION FOR

PROVIDE DOSSIER OR BROCHURE OF INVESTIGATIONAL DRUG/DEVICE
SIGNATURE ASSURANCE SHEET

Principal Investigator's Assurance Statement:

I certify that the information given by me is correct to the best of my knowledge; I am familiar with and understand the REC's policy concerning research involving human subjects (CIOMS Guidelines or Helsinki Declaration) and I agree:

(Please check all that applies)

1. ☐To accept responsibility for the scientific and ethical conduct of this research study;

2. ☐To obtain prior approval from the SOM-REC as well as the UNCST before amending or altering the research protocol or implementing changes in the approved consent form;

3. ☐To immediately report to the SOM-REC and the UNCST any serious adverse reactions and/or unanticipated effects on subjects which may occur as a result of this study;

4. ☐To complete and submit the Continuing annual Review Form annually (when due) as well as the Final/Study termination form at the end of the proposed study (if applicable).

5. ☐To submit the final study report to the SOM-REC using a standard form.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Print name</td>
<td></td>
</tr>
<tr>
<td>Signature of Co-investigator</td>
<td>Date</td>
</tr>
</tbody>
</table>
SUBMIT APPLICATION PACKAGE TO THE SOM-REC OFFICES (The entire application package includes the application form, research proposal summary (2-3 pages), full research proposal (even in funding agency format), consent form and other relevant documents).

*******

RESEARCH AND ETHICS COMMITTEE REVIEW AND ENDORSEMENT REQUIRED

Statement from the Institutional Ethical Review Board:
The REC will only accept for review and approval research proposals that have been found both scientifically and ethically acceptable in accordance with the Guidelines on Institutional Ethical Review Boards.

We the Institutional Ethical Review Committee established by

........................................................................................................................................

(Name of Institution conducting the research/in which the research is to be conducted)

do certify that we have reviewed the research proposal titled

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

submitted by
We attest to the scientific and ethical merit of this study and the competency of the investigator(s) to conduct the project and do hereby recommend the proposal to the UNCST for approval.

**SIGNATURES**

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<th>Date</th>
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<td>Ethics Committee representative</td>
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<td>Name (Please Print)</td>
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<tr>
<td><strong>Signature: Head of Ethics Committee</strong> (or other authorized signatory)</td>
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<tr>
<td>Name (Please Print)</td>
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</tbody>
</table>

**Contact Tel. Number** : .................................................................

**E-mail address** : ........................................................................

**OFFICIAL STAMP OF INSTITUTION**

*Institution includes Universities, Hospitals, Research Institutes or Companies.*