



COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

Annual Report 2016



Foreword

Hello,

It is wonderful to share with you again, our achievements and successes over the last one year. The School of Public Health at Makerere University College of Health Sciences is a busy hub for research, teaching/training and provision of service to community.

Through the various undertakings at the School, staff and students have been able to impact society in different ways. This report highlights just a few of the achievements we have been able to register in the year 2016.

In the area of **Teaching and Learning** we have put effort in improving curricula through reviews as well as developing new curricula to address emerging needs. We have anew curriculum in Master of Health Informatics.

To facilitate practical learning and training, our students have been exposed to outbreak investigation and disease surveillance opportunities where they have been supported by both faculty and in-service professionals. We have received support from different organisations, enabling us to develop new or strengthen existing training and capacity building programs.

In **Research and Innovation**, the One Health Central and Eastern Africa (OHCEA), this year took firm steps into the research arena by developing a research agenda that spells out the priority research areas for the network.

In a bid to address emerging health concerns - the school- through the various research teams has ventured deeper into Non-Communicable Diseases (NCD) research. New projects in this area include the SPICES; a research project aimed at informing scale up of cardiovascular disease interventions I Europe and sub Saharan Africa. The SMART2D Project is a multi-country, multi-discipline initiative whose main objective is to promote self-management of Type2 Diabetes. Other research is focused on malaria, HIV/ AIDS.

Our **Knowledge Transfer** undertakings included One Health public awareness activities on zoonotic diseases; the IDRC-funded Ecohealth Project at



OHCEA held several engagements and dissemination events for pastoralist communities in and near Queen Elizabeth National Park.

The Knowledge Translation Network (KT-NET) had a productive year that saw the production of a book among the many other achievements.

Under the Service to Community mandate, we have continued to provide services needed and relevant to the communities that we engage. The Centre for Tobacco Control in Africa (CTCA) provided technical services to the government of The Gambia to enact a comprehensive law on tobacco.

Provision of and access to safe, clean drinking water is one of the major challenges hindering attaining of improved health outcomes for majority Ugandans. The School has teamed up with the Rotary clubs of Kalisizo and Lukaya to support communities in those areas with improved water, sanitation and hygiene facilities.

I would like to thank all Departments at the School of Public Health and all members of staff in their respective individual capacities for contributing to this success and achievement. I would also like to thank all our partners and funders, in all their capacities and levels of support. I thank you for the trust and confidence in us.

Dr. William Bazeyo

Professor and Dean, Makerere University School of Public Health

Acronyms and Abbreviations

S/N	Abbreviation/Acronym	Full form
1	ACBF	Africa Capacity Building Fund
2	AFENET	Africa Field Epidemiology Network
3	ART	Anti-retroviral Therapy
4	BEHS	Bachelor of Environmental Health Sciences
5	CBS	Case Based Surveillance
6	CDC	US Centres for Disease Control and Prevention
7	CHW	Community Health Workers
8	CoAG	Cooperative Agreement
9	COVAB	College of Veterinary Medicine, Animal Resources and Biosecurity
10	CQI	Continuous Quality Improvement
11	CTCA	Centre for Tobacco Control in Africa
12	DE	Distance Education
13	DFID	UK Department for International Development
14	DLP	District Led Programming
15	EIS	Epidemic Intelligence Service
16	EPT	Emerging Pandemic Threats
17	FCTC	Framework Convention on Tobacco Control
18	FP	Family Planning
19	FT	Full Time
20	GHPHSR	Global Health Policy and Health Systems Research
21	HBHCT	Home-based HIV Counselling and Testing
22	HIVST	HIV Self Testing
23	HMIS	Health Management Information Systems
24	HSR	Health Services Research
25	IDRC	International Development Research Centre
26	IGAD	The Intergovernmental Authority on Development
27	IVAC	International Vaccine Access Centre
28	JASH	Joint Annual Scientific Health Conference
29	KTNET	Knowledge Translation Network
30	KYSS	Know Your Sero Status
31	LiST	Lives Saved Tool
32	LMICs	Low and Middle Income Countries
33	MakSPH	Makerere University School of Public Health
34	METS	Monitoring and Evaluation Technical Support
35	MHSR	Master of Health Services Research

36	MNH	Maternal and Newborn Health
37	MoH	Ministry of Health
38	MPH	Master of Public Health
39	MPHN	Master of Public Health Nutrition
40	MSM	Men having Sex with Men
41	NITAG	Immunization Technical Advisory Groups
42	NTU	Nottingham Trent University
43	NUCAFE	National Union of Coffee Agribusiness and Farm Enterprises
44	NWO (WOTRO)	Netherlands Organisation for Scientific Research
45	OHCEA	One Health Central and Eastern Africa
46	PEPFAR	U.S. President's Emergency Plan for AIDS Relief
47	PHFP	Public Health Fellowship Program
48	PLHIV	Persons Living with HIV
49	PMTCT	Prevention of Mother to Child Transmission
50	PWID	Persons who Inject drugs
51	QENP	Queen Elizabeth National Park
52	RAN	Resilient Africa Network
53	RCK	Rotary Clubs of Kalisizo
54	RDTs	Rapid Diagnostic Tests
55	RFAs	Requests for Application
56	SDGs	Sustainable Development Goals
57	SPICES	Scaling up Packages of Interventions for Cardiovascular disease prevention in selected sites in Europe and Sub Saharan Africa
58	THET	Tropical Health and Education Trust
59	UCSF	University of California San Francisco
60	UDTS	Uganda DREAMS Tracking System
61	UHC	Universal Health Coverage
62	UNDP	United Nations Development Program
63	UNFPA	United Nations Population Fund
64	UNHCR	United Nations High Commission for Refugees
65	UPDF	Uganda People's Defence Forces
66	USAID	United States Agency for International Development
67	VMMC	Voluntary Medical Male Circumcision
68	WASH	Water, Sanitation and Hygiene
69	WHO	World Health Organisation

Contents

FOREWORD	I
ACRONYMS AND ABBREVIATIONS	II
TEACHING AND LEARNING	1
RESEARCH AND INNOVATION	9
KNOWLEDGE TRANSFER	27
SERVICE TO COMMUNITY	39
CONFERENCES AND INTERNATIONAL	44
PUBLICATIONS	46
ADMINISTRATION	58

1.0 | TEACHING AND LEARNING

Enrollment for 2016/2017 academic year

Sex	BEHS I	BEHS II	BEHS III	MPH I	MPH II	MPH DE I	MPH DE II	MPH DE III	MHSR I	MHSR II	MPHN I	MPHN II	MDM I	MDM II	PhD I	MHI I	Total
F	17	10	10	18	8	23	29	18	9	4	11	12	3	5	8	11	196
M	30	30	31	14	16	30	32	20	10	4	2	4	2	3	12	13	253
Total	47	40	41	32	24	53	61	38	19	8	13	16	5	8	20	24	449

66th Graduation; January, 2016

Sex	BEHS	MPH	MHSR	MPHN	Ph.D	Total
Male	27	27	2	5	2	63
Female	9	25	3	7	3	47
Total	36	52	5	12	5	110

Masters in Health Informatics Programme

The School of Public Health developed a new curriculum of the Master of Health Informatics to provide an appropriate Health Information technology workforce who can generate, disseminate and use evidence around health information technologies digitize the data and process it for maximal utilization. The program is a joint collaboration between the School of Public Health and College of Computing and Information Sciences (COCIS). Initial development of the program was funded by CDC and later by HITRAIN program of NORAD (Norway). The later still supports some activities on the program. The program has brought in new enthusiasm as students plan to work with staff at both institutions on innovations to improve service delivery especially in regard to information flow. The programme started in academic year 2016/17 with 24 students. The pioneer class is shown in the picture below. The picture was taken by Professor Thorkild Tylleskar one of the partners on the program.



MPH curriculum review exercise

The MPH curriculum review was conducted. This very rigorous process has been completed at Curriculum Review Committee level. The reviewed curriculum now awaits approval by the MakSPH Academic Board.

MPH Students Participation in Outbreak Investigation and Disease surveillance related activities

Eleven students participated in different disease outbreak investigations (and response) and surveillance systems evaluation and strengthening in different districts. Some of the tasks performed by MPH students during outbreak investigations and response included: Participating in planning meeting with national stakeholders (taskforce) i.e. planning for the investigation and response, conducting line-listing of cases, contact tracing, community sensitization, data compilation and analysis, report writing and debriefing of district authorities as well as Ministry of Health to inform interventions.



MPH students reviewing inpatient and outpatient registers at the health facility during measles outbreak investigation in Kamwenge district



MPH students interviewing a caretaker of a measles affected child in Kamwenge district



MPH students interviewing health workers during evaluation of Yellow Fever response in Masaka district



MPH students interviewing health workers during evaluation of Yellow Fever response in Masaka district

MPH Field Supervisors' annual review meeting held 20th – 21st October 2016

Following the successful completion of field training (attachment) by MPH students, the MPH program successfully held a two days Field Supervisors' annual review meeting in October 2016. This brought on board several stakeholders who included: District/ Field Supervisors, MakSPH Faculty, MPH Program Secretariat, MPH (DE & FT) students and the Uganda Medical and Dental Practitioners Council representative among others. The meeting achieved its objectives which included: 1] To receive feedback from Field Supervisors, MPH Officers and Faculty Supervisors on the June – August 2016 field attachment; 2] To discuss strategies on improving MPH field training; 3] To review the draft MPH Field Attachment Manual; and 4] To strengthen capacity of Field Supervisors in supporting/ mentoring MPH Officers during field training.



Participants of the 2016 Annual MPH Field Supervisors meeting pause for a group photo



MPH FT student Dr. Espoir Bwenge Malembeka making a presentation on the short study he conducted during field attachment



Dr. Dyogo Nantamu, DHO Jinja (standing) makes a presentation on his experiences as a Field Supervisor



Assoc. Prof. Fredrick Makumbi (standing) giving a lecture during Epidemiological Studies Design and concept development training to Field Supervisors. This was part of strengthen of the Field Supervisors' capacity in supervising students in the field

MakSPH-CDC Fellowship Program wins a new five-year capacity building grant targeting public health workers

In April 2016, Makerere University School of Public Health (MakSPH) entered into a new five-year (2016-2021) Cooperative Agreement (CoAG) with the CDC to strengthen the Ugandan Ministry of Health capacity to execute its essential public health functions through provision of technical assistance, public health workforce development and institutional capacity building. Through this CoAG, MakSPH-CDC Fellowship Program implements two capacity building programs, namely: the Uganda Public Health Fellowship Program and support to graduate programs at MakSPH. This report presents progress made in the implementation of the Uganda Public Health Fellowship Program (PHFP) activities over the past 12 months (the support to graduate programs has been reported elsewhere). Under PHFP, Fellows are enrolled for the two-year **Fellowship in Field Epidemiology**. In addition, MakSPH-CDC Fellowship Program received a grant from the Global Fund to implement a district capacity building program

aimed at equipping health managers with the skills needed to effectively and efficiently manage health service delivery at district and regional levels. The district capacity building program enrolls Fellows for a nine-month **Fellowship in Governance, Leadership and Management of District Health Services**. Over the reporting period, a total of 124 Fellows were enrolled and trained under both programs combined (see **Table 1** below).

Table 1: Number of Fellows and/or supported in 2016

Category of Fellows	No. of Fellows enrolled/ supported	Month/year of graduation
PHFP-Field Epidemiology (Cohort 2015)	10	February 2017
PHFP-Field Epidemiology (Cohort 2016)	10	January 2018
Fellowship in Governance, Leadership and Management (2016 intake)	82	May 2017
Fellowship in Governance, Leadership and Management (2015 intake)	22	July 2016
Total	124	

Uganda Public Health Fellowship Program

As shown in Table 1, 20 Fellows were supported in 2016, including 10 new and 10 continuing Fellows. The 10 new Fellows participated in didactic courses in Field Epidemiology and took part in an outbreak investigation as part of the training. The training took place between January and March 2016 and Fellows reported to their placement sites in April 2016. In May 2016, Fellows

participated in a mentorship workshop that helped them and their mentors to appreciate the role of mentorship in professional development and to forge a way forward in terms of how they (mentors and mentees) planned to work together over the course of two years. Between June and October 2016, Fellows participated in a series of outbreak investigations, wrote newspaper articles to respond

to emerging public health issues, and presented papers at national conferences to enhance their scientific and communication skills in addition to implementing assigned tasks at their placement sites. In November 2016, Fellows shared their work with key stakeholders at the 2nd National Field

Epidemiology Conference which was held at the Sheraton Hotel,

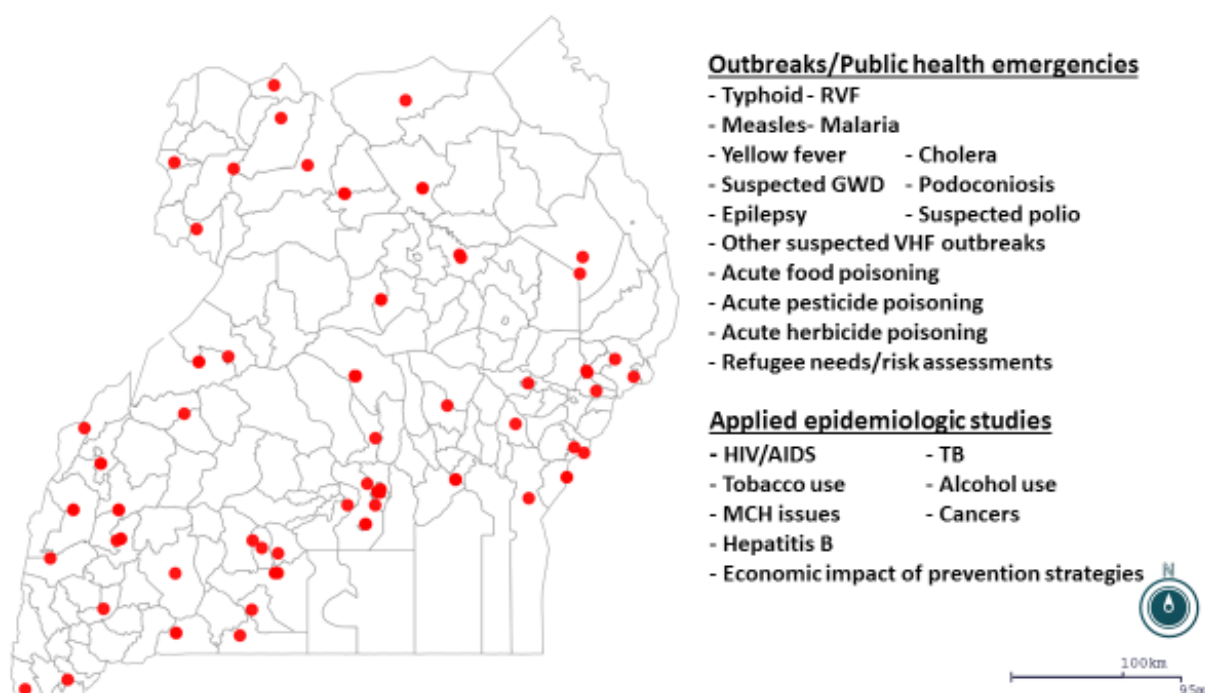
Kampala on November 14, 2016.

During the course of the year, the 10 continuing Fellows continued to engage in a series of academic and program-related activities that were meant to enhance their professional competencies. Fellows continued to conduct outbreak investigations in different parts of the country (see **Map of Uganda below**); wrote and presented abstracts at national and international

conferences (including at the 65th Epidemic Intelligence Service (EIS) International Night in Atlanta, USA, and at the 6th AFENET conference in Abuja, Nigeria). Two of the cohort 2015 Fellows (**Dr Christine Kihembo** and **Dr Fred Nsubuga**) received awards at the EIS and AFENET conferences, respectively, for outstanding presentations. In addition to outbreak investigations,

Fellows conducted descriptive analyses on key topics of public health importance and wrote and submitted manuscripts to international peer-reviewed journals. By the close of the year, one Fellow (**Steven Kabwama**) had three papers published and two others under review. The rest of the Fellows had at least one manuscript submitted to a peer-reviewed journal as is required of each Fellow.

Map of PHFP-FET Investigations (2016)



Enrolment into the PHFP-FET remains competitive, with more applications received compared to the few slots that we have. Of the 34 candidates who were finally shortlisted in 2016, only 11 Fellows were successful at the interviews (these will report for their orientation and training in January 2017). As a result, many of those who applied were not enrolled but we encourage them to keep trying. Our adverts usually run in June of each year, and interviews are held in September/October of the same year for the subsequent year's intake.

District Capacity Building Program

The District Capacity Building program has continued to support district and regional health managers enrolled on the Fellowship in Governance, Leadership and Management of District Health services. We enrolled a total of 134 managers (Fellows) from four regions of the country comprising 33 District Health Officers, 67 Regional Performance Monitoring Teams, 30 Regional Referral Hospital managers and 4

Principal Medical Officers of Urban Authorities. Twenty two (22) managers from the Western region completed training and disseminated their project results in July 2016 while 82 are still undergoing training. Thirty Fellows dropped off the program for reasons ranging from getting other jobs to lack of interest in the course. The 82 Fellows still undergoing training are currently implementing their improvement projects and will be disseminating their project results in April 2017.



Fellows of the Northern region in group work during one of the training sessions

Africa Hub Launches Regional Training course in Health Systems Research

Health systems in sub-Saharan Africa generally remain weak, and are characterized by operational and management inefficiency, poor quality of health services, and low capacity for planning, budgeting, and management. There is need to improve management and planning capacities at all health system levels.

Changing demographics in Africa come with challenges that can only be tackled by building resilient health systems that can be relied upon to address them. In the year 2014, the Africa Hub – a health systems research (HSR) capacity building network – developed a curriculum for a short course in HSR. This was in response to findings of a survey conducted in 2011, which identified the lack of training opportunities including short courses tailored to HSR across most the schools of public health in the network. The training, it was

envisaged, would ***build capacity for design and conduct health systems research, communicate evidence, analyze and apply health systems research evidence for better policy and decision making.***

Following a series of curriculum reviews and approval by partner institutions, the training was finally launched in November, 2016, with the first intake. The training was held for six days from November 28 –December 3, 2016, at Makerere University School of Public Health, Kampala-Uganda. Trainees were drawn from different fields and institutions, including researchers, policy makers, policy analysts, and civil society, academia, and media practitioners. Essentially the course draw audience from individuals working with research institutions, ministries of health and other ministries, international organizations, NGOs, Civil

society, Graduate students, etc. Up to 47 trainees participated in this regional course. Trainees were from different countries within and without the region including India, Tanzania, Kenya, Burundi, Nigeria, Rwanda, Uganda, DRC, Ethiopia, among others. The training offered a platform to, besides gaining skills and expertise in HSR, interact with facilitators who are the region's leading HSR experts and practitioners – identified from Ghana,

South Africa, Kenya, Tanzania, Uganda, the USA, etc. The training also provided a unique opportunity to engage in discussions of health.

Going forward, this regional training will be conducted every year to ensure a critical mass of health systems researchers is build within the region. For more information, please visit www.africahub.org



The Dean (5th from right in Suit), Makerere University School of Public Health (Prof. William Bazeyo) with participants at the HSR Regional Training.

MUSK and MUSPAS Migrate to MUELE

MUSK (Makerere University Sciences Knowledge base) is an internet platform essentially used as an internet-based repository of teaching and learning materials. The system gained popularity among students but for use as a repository. Lack of funds to support its upgrade to accommodate other features led to a decision to join the University wide MUELE (Makerere University E-Learning Environment).

Meanwhile, the Department of Epidemiology and Biostatistics has continued encouraging staff to use adobe acrobat and Skype to interact with distance learning students. Students have applauded the approach.



MPH-DE students attending a discussion group during a face-to-face session

MakSPH Joins collaboration to build capacity for Vaccine Economics and Financing

Makerere University School of Public Health has partnered with **The International Vaccine Access Center (IVAC)** at Johns Hopkins Bloomberg School of Public Health, USA, as well as other institutions to build capacity for **Vaccine Economics and Financing** in the region through a new two year project funded by the **Bill & Melinda Gates Foundation**. **The purpose of the new project is to** improve the efficient use of resources by vaccine delivery programs in low and middle income countries (LMICs). It focusses on capacity development in applied economics and finance for EPI managers, NiTAG members, and Ministries of Health, so they can improve resource allocation and priority setting for vaccine delivery programs. With better skills policymakers, can improve vaccination program sustainability, efficiency, and financial predictability. The project is part of investments aimed at creating an infrastructure to support the ongoing professionalization of vaccine policy-makers in LMICs by creating ongoing local training opportunities in vaccine delivery economics and financing. The training opportunities will be designed to be accessible to target audiences in Gavi eligible countries and

to remain self-sustaining. The project will also build a global network of professionals who recognize high standards of skill in stewarding resources used to procure and deliver life-saving immunization products. The collaborating partners include Johns Hopkins University, the Aga Khan University Department of Community Health Sciences (Pakistan), Makerere University School of Public Health (Uganda), Public Health Foundation of India, and the University of Witwatersrand, South Africa.



Mr. Mayora Chrispus (right) from MakSPH joined the project team at the curriculum development workshop at Johns Hopkins University, USA (February, 2017)

2.0 | RESEARCH AND INNOVATION

OHCEA sets out to articulate the One Health Research agenda and a resource mobilization plan for research funding

Research related to One Health Concept and Practices, rich and remarkably diverse, has a significant impact on the wellbeing and livelihood of the communities in OHCEA (One Health Central and East Africa) partner Institutions. As the OHCEA network continue to expand, the research portfolio will grow dramatically through its faculty and students. This requires a solid and concrete research agenda to guide and orient researchers towards both short and long-term goals. The research portfolio must improve fundamental understanding of science, create solutions to global health challenges and address emerging opportunities, while aligning with its funding sources.

In April 2016, a multi-disciplinary team of nineteen faculty from OHCEA member institutions and Secretariat staff set out to develop the networks' draft research agenda and a resource mobilization plan to guide resource mobilization for research projects at a meeting that was held at the Intercontinental Hotel, Nairobi Kenya. The team comprised specialists in public health, veterinary health, gender and



A cross section of participants from left- standing: Dr. Shyaka Anselme (National University of Rwanda), Dr. Sarah Ssali (Makerere University), Prof. Peter Gatongi (Moi University), Prof. Robinson Mdegela (SUA), Prof. Omer Njajou (Université des Montagnes Cameroon), Prof. Donati Tarimo (Muhimbili University of Health and Allied Sciences), Prof. Mutuku Mwanthi (University of Nairobi, School of Public Health), Dr. Irene Naigaga (OHCEA Secretariat), Dr. Yohannes Tekle Asfaw (Mekelle University Ethiopia), Ms. Winnie Bikaako (OHCEA Secretariat), Prof. Ntambue Mukengeshayi Abel (University of Lubumbashi, DRC)

Squatting from left: Mrs. Agnes N.Yawe Kahundha (Secretariat), Mr. Timothy Wakabi (Secretariat) and Dr. Innocent Rwego (University of Minnesota/ Makerere University).

health systems strengthening.

The draft research agenda was grounded on OHCEAs' niche as the only network of Universities in the region under the leadership of Makerere University School of Public Health (MakSPH) and College of Veterinary Medicine Animal Resources and Biosecurity (COVAB) that works to secure the health of humans, animals and eco-systems through strengthened high education using multi-disciplinary teaching

and learning practices and environment in Africa- a hotspot of emerging and re-emerging diseases.

Participants reflected on diseases of significant public health and economic importance locally, regionally and globally and identified about forty diseases and conditions that were categorized into seven themes recommended to be the focus for One Health research for the coming 5 years. In shaping these themes institutional

and country research priorities highlighted by participants and global health concerns as informed by the Global Health Security Agenda (GHSA) were key references in shaping the research themes. The seven themes include (not in any order):

1. **Bats Transmitted Diseases** including EBOLA; Marburg; MERS; SARS; Nipah Virus
2. **Hemorrhagic fevers** including Rift Valley Fever; Dengue; Zika; CCHF; Lassa fever; Chikungunya; Hanta Virus; Yellow Fever.
3. **Neglected diseases (with emphasis on NTDs)**- Schistosomiasis and Soil Transmitted Helminths; Leishmaniosis; Toxoplasmosis; Leprosy; Onchocerciasis; Trachoma; Cryptosporidium; Leishmaniosis; Lymphatic Filariasis; Soil transmitted helminths; Toxoplasmosis; African Sleeping Sickness.
4. **Anti-Microbial Resistance** taken broadly to include anti-biotics; multi drug resistance including that associated with HIV; Microbial resistance.
5. **Bio-Security and Bio-Safety (Bio-Risk Management)**
6. **Ecosystem Health - Non Communicable Diseases/Conditions (including its linkages to food security and food safety)**

- Mycotoxicosis; Aflatoxins; Malnutrition; Diabetes; Heart Diseases; Hygiene issues; Pollution.

7. **Endemic Diseases**- Anthrax; Brucellosis; Rabies; Q. fever.

With consensus on the above themes, participants considered the most feasible resource mobilization strategy to sustain and grow resources needed to support One Health research. Drawing on the rich experience of the facilitators, a number of options were elaborated including: (1) Formation of teams around the research themes and utilizing the capacities of faculty within OHCEA member institutions with interest and passion on the themes to write winning research grants. (2) A high level resource mobilization team at the Board level, complemented by people of given stature & specialists to hold targeted discussions with donors/agencies and (3) Secretariat coordinated efforts.

Focusing on one of the diseases under each theme, six hypothetical concepts were developed on Ebola, Brucellosis, Ecosystem health focusing on pollution, Antimicrobial resistance, biosecurity, and Soil transmitted helminths. These concepts will be fully developed upon securing relevant RFAs.

In groups, participants developing hypothetical concepts



The meeting was facilitated by three experienced researchers with vast research grants mobilization experience. (1) Dr. Innocent Rwego Assistant Professor at the Ecosystem Health Division, College of Veterinary Medicine and Adjunct Instructor, School of Public Health, University of Minnesota, USA and Africa Technical Lead USAID One Health Workforce project under EPT II, Eco-health chair IDRC Eco-health research project; (2) Dr. Robison H. Mdegela, a senior Lecturer at Sokoine University of Agriculture, Faculty of Veterinary Medicine Department of Veterinary Medicine and Public Health. Robinson is an OHCEA Focal Person at SUA and an active researcher in areas related to Ecotoxicology, wildlife conservation and management, public and environmental health who has won several research grants. (3) Dr. Saul Tzipori from Cummings School of Veterinary Medicine at Tufts University USA, Department of Infectious Disease

and Global Health, a veterinarian who is also involved in diseases of human significant. Saul had over 40 years' experience working on research projects with funding from diverse sources.

The draft research agenda will undergo stakeholder consultations at country level for enrichment before being tabled to the networks' governing body for final review and endorsement.

MakSPH/CDC Contribution to Strengthening HIV Surveillance among MARPS

In 2012, Makerere University School of Public Health (MakSPH) and Centres for Disease Control (CDC) entered into a cooperative agreement (CoAg) for enhanced surveillance to establish strong surveillance systems for the Most-at-Risk Populations (MARPs) in Uganda. For the past four years a number of surveys have been conducted. Notably, the Lake Kyoga Fishing community HIV Bio-behavioural Survey and the population size estimation for men who have sex with men in Kampala among others. These are reported in the previous MakSPH annual report. In the current report, we focus on a new and innovative strategy aimed at increasing HIV testing among key populations.

In July 2015, MakSPH through the Crane Survey set up a routine HTC service, named Know Your Sero-Status (KYSS). KYSS targets key populations including female and male sex workers (F/MSW), men who have sex with men (MSM), people who inject drugs (PWID), transgendered persons (TG), and other high risk groups such as people engaged in multiple concurrent partnerships, people engaging in transactional sex, people with HIV-positive partners, or adolescents having sex with older partners. In addition, KYSS offers HTC services to the general population. KYSS uses information technology (IT) and organizational set-up to facilitate standardized pre-test, behavioural, and post-test counselling (for

select HIV-negative clients). KYSS also uses SMS technology to offer 1-anonymous partner notification, 2-reminders for future testing, 3-electronic test invitations to peers (e-coupons), and 4-reminders to link HIV-positive clients to care. By March 2016, the KYSS clinic received a total of 4090 clients of whom 922 were key populations (KPs). Among the KPs, 372 were MSM, 182 FSW, 110 TG and 258 were PWID. The HIV prevalence was highest among the FSW (29%) and lowest among MSM (9%) in the key population category. The overall prevalence (General and Key populations combined) was 8% and the aggregated prevalence among the key populations was 14%.

HIV Self-testing for Partners of Women Attending Antenatal Care in Central Uganda: Uptake and Linkage to Care (HIVST)

The HIVST study is a cluster randomized trial designed to determine the effect of HIV self-testing (HIVST) on uptake and outcomes of partner HIV testing. HIVST involves an individual collecting a specimen, performs a test and interprets the result by him or herself. It is a two-arm cluster randomized trial being implemented in three public Health facilities in Central Uganda in; Entebbe Hospital, Mpigi HC IV and Nakaseke Hospital. OraQuick (HIVST) kits which use oral Mucosal Transudate (OMT) rather than blood were issued to pregnant 778 women randomized to the intervention arm to deliver to their partners and adult family members as opposed to 743 in the control arm who were encouraged to bring their partners.

The project has completed recruitment and training of 3 site coordinators and 12 interviewers and study participants. Follow up interviews are ongoing.



Part of the HIVST Study team

Study partners are MakSPH, Medical University of South Carolina, Mildmay Uganda and Ministry of Health. It is funded by International Initiative for Impact Evaluation (3ie)



Study team during District entry meeting at Wakiso District Headquarters



A volunteer demonstrates HIVST during the orientation of health care workers in Nakaseke Hospital

Family Planning and Sexual and Reproductive Health Survey among HIV Infected Individuals in HIV Care in Uganda

Comprehensive family planning (FP) services including prevention of unplanned pregnancies and safer conception among HIV infected individuals (PLHIV) are critical to Prevention of mother-to-child HIV transmission (PMTCT). FP has been integrated into HIV services at various levels but gaps remain in programming and availability of data to support decision-making. The aim of this study is to assess the uptake of FP among PLHIV and establish the unmet need for FP among HIV infected women in care. This study will inform the strengthening of SRH and FP services into HIV care and treatment services and will provide baseline parameters for subsequent program evaluations.

This is a one year mixed-method cross-sectional study conducted in 5 regions of the country including Central, Northern, Eastern, Western, and Kampala. It includes structured interviews with 5,198 women in HIV care at 245 health facilities; 60 in-depth interviews with HIV infected women in care; 30 focus group discussions with male partners of HIV infected women in care; and 30 key informant interviews with policy implementers at district level. Facility assessments were also conducted to assess the SRH and FP service packages and models as well as availability of FP commodities at 245 facilities.

Implementation Progress:

Data collection started in September, 2016 and completed in November, 2016. Data entry is complete. Transcription of qualitative interviews is also complete. Data collection for the sex worker specific study in the four MARPI clinic regions will continue into early 2017. Data analysis for all completed data is going on. The study preliminary report is expected to be out in the first week of February, 2017.

The study is being implemented in partnership with the Ministry of Health.

Enhanced linkage to HIV care following home based HIV testing in rural Uganda



Clients waiting at an HIV clinic shade at one of the health facilities. All main clients' survey participants interviewed in the Family Planning study were recruited from HIV Clinics across all selected health facilities.

Home-based HIV testing and counseling (HBHCT), which identifies those who are HIV positive at earlier disease stages than other testing approaches, is becoming a large component of many sub-Saharan African countries' HIV prevention programs, including Uganda's. However, linkage to care may be challenging with HBHCT since the testing occurs in the home at a distance from a health facility. The project proposes to test an intervention which enhances a linkage to care intervention tested in an urban Ugandan provider-initiated HIV testing setting and found to improve linkage.

The aims of the project are:

1. In a cluster randomized trial compare the effectiveness of the enhanced linkage to care intervention vs. standard-of-care (paper based referrals) at achieving individual and population-level HIV viral suppression, and intermediate outcomes of linkage to care, receipt of opportunistic infection prophylaxis, and ART initiation among those eligible for antiretroviral therapy (ART).
2. Using the standard-of-care group as a natural history control, collect longitudinal data on barriers to and facilitators of linkage to and retention in care and HIV viral suppression.
3. Estimate the cost-effectiveness of the intervention, as compared to standard-of-care, in terms of major study outcomes.

Study implementation progress

Data collection commenced with a 'soft launch' of the project on 25th November 2016.

By 31st December 2016, 5,361 people had been tested in 15 villages of Butambala and Mpigi districts. The project is approved to enroll 10,500 individuals for this portion of the study.

A total of 248 who tested newly positive or known positive but never linked to care, were enrolled in the intervention trial while 83 were enrolled in the viral load only testing arm (known positive, linked to care). All intervention trial participants have been receiving 6 month and 12 month follow-up visits as per the approved protocol.



Pictures of the study team after a meeting



The team visits a household led by a VHT



An interview in progress



An interview in progress

Project Promoting Self-management of Type 2 Diabetes (SMART2D)

Background

Type 2 diabetes mellitus (T2DM) and pre-diabetes are becoming a major problem in both developing and developed countries. It is projected that by 2035, cases of diabetes will have increased to 41 million from 20 million in 2013. In Uganda, a steady increase in the number of diabetes cases has been observed; in 2011 the prevalence was only 0.6% among those aged 13 years or older; whereas in 2014 the national prevalence of diabetes was estimated to be 1.4% among adults aged 18 years or older. One of the main risk factors for T2DM is pre-diabetes where the annual risk for development of T2DM is about 10-15%. Pre-diabetes has been estimated to be 21% in a rural Uganda. Healthcare systems in low- and middle-income countries are largely poorly equipped to tackle the T2DM epidemic, and emphasize medical care rather than preventive care.

Rationale

Delaying T2DM onset and its complications through appropriate preventive strategies and improving the management of diabetes through effective control of blood glucose and early detection and management of complications is of paramount importance. By developing and expanding the reach of the health system to the community level through proven strategies, we can reduce the burden on the formal health system, while increasing its effectiveness. That is the focus of the SMART2D project which aims at determining the effectiveness of the health facility

and community interventions intended to improve prevention, management, access and adherence to T2DM care.

The SMART2D Intervention

The SMART2D study aims to empower an individual with T2DM, or an individual with pre-diabetes and their family to live a quality life with their chronic condition through supported self-management. In addition, we aim to optimize diabetes care delivery at health facilities to improve patient management. We plan to do so through a set of strategies that include organization of the care process (provision of basic equipment, use of standardized care guidelines, task shifting, information systems), strengthening patient role in self-management (through motivational coaching and

access to measuring devices), and strengthened environmental support (through peer groups and care companions). This is being implemented through an 18 month cluster randomized study. The study is being conducted in Iganga and Mayuge Districts. We are collaborating with partners in South Africa and Sweden, who are conducting similar studies in their settings.

Policy implications

It is expected that this study will provide locally relevant evidence on how to utilize health facilities,

communities, and social networks to promote and enable self-management for T2DM and other non-communicable diseases. Findings from this study should be important in informing the design and implementation of national and local prevention strategies aimed at improving prevention and management of T2DM and its complications through enhanced self, and patient management.

Innovating health systems and healthcare delivery in rural Uganda: towards building critical capacity to tackle the rising Type 2 Diabetes challenge”

This is one of the 17 capacity building projects at Makerere University supported by Sida for the period 2015 to 2020.

The aim of the project is to strengthen capacity for chronic care (both prevention and management), through education, training at the doctoral and post-doctoral levels, and research evidence generation. The project is addressing two objectives, each with a number of specific objectives:

Objective 1: To contribute to capacity building at Makerere University and Mbarara University of Science and Technology through doctoral and post-doctoral training in a multi-institutional, multi-disciplinary research team environment. The specific objectives under this general objective are to:

- a. Train 3 post-doctoral researchers and 2 doctoral faculty at Makerere and Mbarara University with co-supervision from Makerere, Karolinska Institute and Mbarara University, under a multi-disciplinary research team environment investigating chronic care and health system strengthening for T2DM.
- b. Enhance PhD training and supervisory skills at Makerere and Mbarara University, with co-supervisory support from KI.

- c. Enhance research and evidence generation capacity at Makerere and Mbarara University, using T2DM as an example.

Objective 2: To enhance research capacity under a framework for strengthening health systems and health care delivery using the example of T2DM management and prevention from a health systems and community perspective that could be utilized for other NCDs in the near future.

The specific objectives under this general objective are to:

- i. Determine the added value of specific facility only intervention, as well as specific facility+ community interventions on glycemic control and lifestyle modification, using controlled trial design.
- ii. Evaluate the cost, and cost-effectiveness the specific interventions for T2DM prevention and management.

As part of capacity building of SIDA, our project is training 2 PhD students and 3 Post-Doctoral researchers.

Studies on Fish Landing Sites and HIV

Fishing communities in Uganda are a key population for HIV where alcohol is a major predictor with a very high attributable fraction.

Although the HIV epidemic in sub-Saharan Africa is generalized and stable or declining, high risk sub-groups can co-exist within generalized epidemics giving rise to concentrated HIV sub-epidemics in generalized epidemic settings. For long, there was a belief that fishing communities in Uganda were one of the most-at-risk populations since the first cases of HIV in Uganda were identified from a fishing community in Rakai district in 1982 but empirical evidence was not available. A team of researchers led by Assoc. Prof. Noah Kiwanuka conducted studies in fishing communities along Lake Victoria in Uganda and found that being a member of a fishing community per se (regardless of occupation whether fisherman or not) carried a 3 - 4 fold risk of getting infected with HIV compared to someone in the general Ugandan population.

And that up-to 63% of new HIV infections in fishing communities are attributable to alcohol drinking. These findings, together with similar one by colleagues by MRC Uganda, have confirmed an earlier belief that the fishing communities in Uganda are one of the most-at-risk (key) populations for HIV. Their assessment of HIV incidence, retention and willingness to participate in HIV vaccine trials shows that fishing communities are potential populations for HIV vaccine efficacy trials.



Performance Monitoring and Accountability (PMA2020/UGA)

On July 11 2012, the London Summit reinvigorated family planning (FP) as a health and development issue of global importance, particularly in low resource settings. The routine family planning monitoring and evaluation data systems had limitation to monitor the goals for Family Planning by the year 2020 (FP2020) adequately.

A rapid data collection system, mobile Assisted Data and Dissemination System called PMA2020 using

mobile devices and technology to automatically and periodically update data for family planning indicators was developed. PMA2020 uses a sentinel area design to monitor FP performance at various levels of aggregation, longitudinally over time, and in relatively real-time. Data are collected from both households and service delivery points (SDPs).

The aim of this project is to collect a nationally

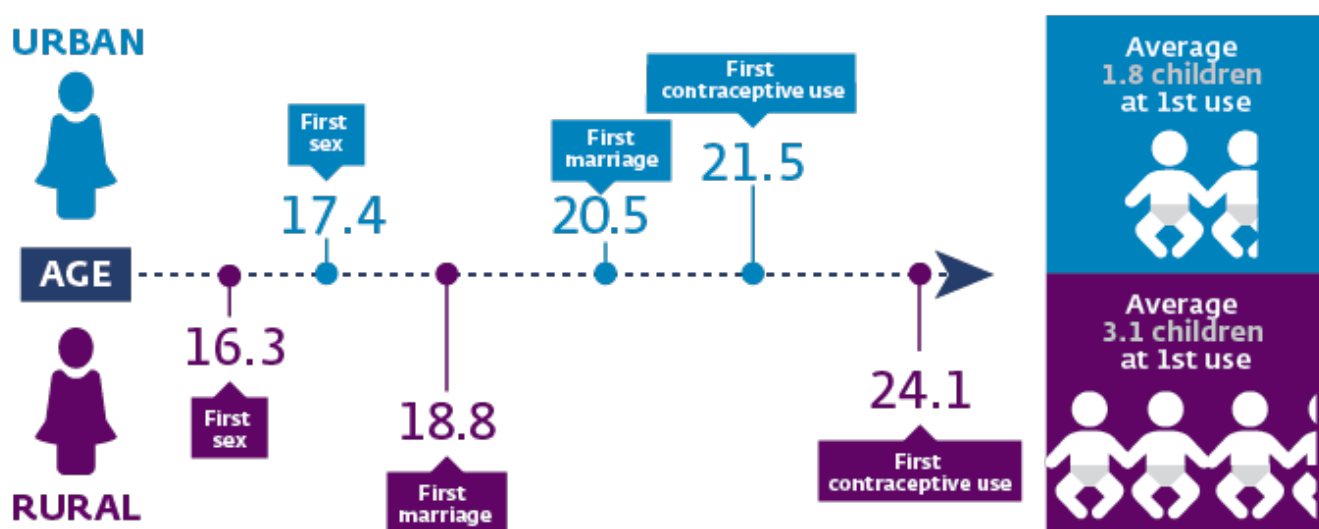
representative sample of data from households and service delivery points in selected sentinel sites, to estimate the use of modern contraception and related indicators on an annual basis, and to explore factors associated with non-uptake/discontinuation of contraceptives in areas with stagnation or declining use and reasons for increased uptake for regions with an improvement in utilization. These data are needed since most sources only collect data on a 5-year basis.

The survey sample is based on a multi-stage cluster design with urban-rural, in the regions as demarcated by the Uganda Bureau of Statistics (UBOS). A total of 110 enumeration areas (EAs) or cluster of enumeration areas (EAC) will be sampled and provided by UBOS. In each EA/EAC, households and serviced delivery points are listed and mapped, based on the maps provided by the UBOS GIS section. A total of 44 households (HHs), allowing for a 10% non-response, are systematically sampled, using a random start. Study participants for the individual survey are all women of reproductive age (15-49) in households sampled through a multi-stage cluster sample of enumeration areas across 110 EA/EAC in the country. For the service delivery point (SDP) survey, participants are management staff who respond on behalf of the facility. All the SDPs are located within the EA/EAC.

Data has been collected since April 2014 (Round-1) and the fourth survey round was conducted April/May 2016. Survey results for PMA2016/UGA round-4 have been disseminated at the national level August 24 2016, Sheraton Hotel Kampala.

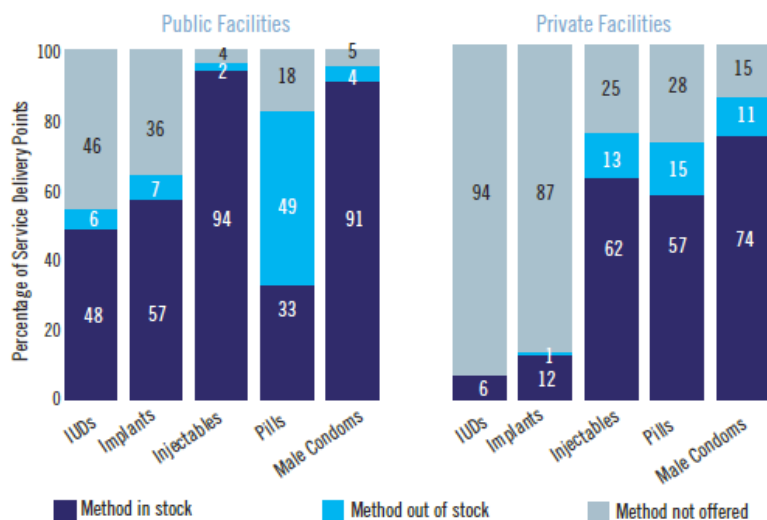
PMA2016/R4 Uganda survey was conducted by Makerere University School of Public Health with support from the Uganda Bureau of Statistics, Ministry of Health Bill & Melinda Gates Institute for Population and Reproductive Health (Johns Hopkins University), with funding support from Bill & Melinda Gates Foundation.

Findings during Round (R4)



Average age at reproductive events: PMA2016/Uganda R4 (women currently aged 25-49 years)

Percent of Facilities Offering & Currently In/Out of Stock, by method



Average age at reproductive events: PMA2016/Uganda R4 (women currently aged 25-49 years)



Team of REs training in preparation for Survey Round 4 in April 2016 at Grand Global Hotel, Makerere

Supervisor Brenda Nakimbugwe (R) with a RE after the interviews



Measuring Schistosomiasis Prevalence in Uganda: PMA 2020 Schisto

PMA2020 undertook module Schistosomiasis (PMA 2020 Schisto) under WASH with the goal of generating the first nationally representative prevalence rate of Schistosomiasis, a parasite disease [caused by trematode worms of genus *Schistoma*], and measure schistosomiasis infection status one year after treatment, among all people who receive deworming medication in Uganda. The key collaborators are the Ugandan Bureau of Statistics (UBOS) and Ministry of Health Vector Control Division, and the study executed by investigators from the Makerere University School of Public Health and the Johns Hopkins Bloomberg School of Public Health. Dr. Fredrick Makumbi-Epidemiology and Biostatistics and Dr. John Ssempebwa-Disease-control department are the team leaders at Makerere University School of public health, while Dr. Scott Radoff from JHSPH-Baltimore, MD.

Training of 116 interviewers was conducted from October 10-15, 2016 and mobile data collection with household (HQ) and individual questionnaires (IQ) was completed on December 10th 2016. Activities included collection of freshwater snails, which are the carriers of the parasite, from water bodies with the goal of identifying potential hotspots for transmission of Schistosomiasis. The enumeration areas (EAs) were selected by UBOS based on their distance from water bodies. A total of 170 EA s were surveyed following mapping and listing of all households. A total of 30 households in each EA were randomly selected for interviews, with eligibility from 2 years. After the IQ, individual participants who gave informed consent were asked to urinate in a sterile cup. REs then proceeded to test the urine for the presence of a circulating cathodic antigen (CCA) specific to both *Schistosoma mansoni* and *Schistosoma haematobium* found in Uganda. The participants were treated for Schistosomiasis with oral doses of praziquantel if they were found to be positive and met the criteria for treatment as advised by the Uganda Ministry of Health.

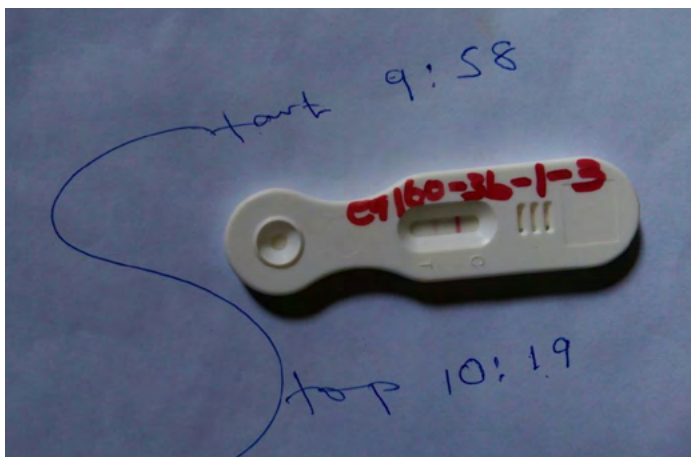
A final report is under review with the collaborators and dissemination will initially be conducted with key stakeholders before national dissemination by July 2017.



Team of interviewers boarding a boat to EA located in Lake Victoria Island



Team of interviewers moving to an EA located in the mountains



CCA testing kit



Interviewers testing urine samples in the field using the CCA kits

Chlorhexidine for Umbilical study

Dr. Victoria Nankabirwa won a young investigator grant from Globvac to conduct a randomized controlled trial examining the effect of umbilical cord cleansing with 4% chlorhexidine, an antiseptic, on omphalitis, septicaemia and neonatal mortality. This study will be carried out in post-conflict Northern Uganda.

EDEAN Project in Karamoja

In May 2016 Makerere University signed an MOU with Georgetown University's Institute for Reproductive Health in New York to carry out a baseline and endline evaluation of a project on Fertility Awareness for Community Transformation (FACT) in Karamoja Sub-region of Uganda. In Nga Karamojong the project was dubbed EDEAN (*Emorikinos Daadang Etogogogitho Alatanakithi Ngidwe*). The baseline was carried out in July 2016 and the endline is slated for Jan 2017. It's hoped that the results of the evaluation will bring in new information for implementation of reproductive health programs in the sub-region.



NOURISH Project: Nutrition and Treatment Outcomes

NOURISH (which stands for Nutrition and Treatment Outcomes: development of a Ugandan-Irish HIV/Nutrition Research Cluster) established a research cluster of academics, clinicians and policy contributors, focusing on the complex interactions between nutrition, food security and HIV treatment outcome, to build research and teaching capacity in Irish and Ugandan institutions. The project started in 2013. Researchers with expertise in health sciences, natural sciences and economics worked together to deliver interventions to determine impact of environmental, health and economic factors on the experience and outcomes of Ugandans living with HIV/AIDs, malnutrition and poverty. The project partners are Trinity College Dublin, Makerere University, Gulu University, Joint Clinical Research Centre, Infectious Diseases Institute, with collaboration from University College Dublin, and Kings College London. The country coordinating office is in the school of public health, Department of Epidemiology and Biostatistics. Several staff of the Epidemiology and Biostatistics

Department and other departments have been on the advisory committee of NOURISH.

The funded period of NOURISH ended in June 2016. The work of the consortium continues, particularly in the supervision of 5 Ugandan PhD students, the analysis of the large database that was generated, publication of papers, and ongoing dissemination and discussion with policy-makers and those implementing programmes to impact HIV, malnutrition and food insecurity. There is huge potential to build on and extend the work of NOURISH and the consortium.

A one-day symposium was conducted in Jan 2016 NOURISH project with the objective of disseminating preliminary findings for the four work packages and having a stakeholders input in the project. The symposium was attended by the Minister of Health, Irish ambassador, researchers from Trinity College, Dublin, Infectious Diseases Institute, Joint Clinical Research Centre, Makerere University, Gulu University and media personnel.



Picture of researchers from IDI, TDC, MakSPH and Gulu University during a discussion of the four work packages

Alcohol Policy and Legislation Study in Uganda

IDRC Canada through University of Cape Town sponsored a study on alcohol policy and legislation, which mainly involved literature review, observations and many key informant interviews. Key outputs were current state of policy and legislation regarding alcohol consumption in Uganda. Other issues include barriers and what works and what does not in regard to policy implementation. Work from this study has been disseminated in international meetings and at least 1 paper will be submitted for publication. It was joint work between the Department of Epidemiology and Biostatistics and UNACOH (Uganda National Association of Community and Occupational Health).

Adolescent Health Risk Behaviours in Uganda: A National Cross-Sectional Study

This was a collaborative study between MOH/ACP, UNICEF, UNFPA, WHO, UN Women, UNAIDS and MakSPH that was conducted among adolescents aged 10-19 years in Uganda. The primary objective of the study was to determine the prevalence of common health risk behaviours among adolescents in Uganda. The secondary objective was to describe the common social and health outcomes associated with the health risk behaviours among adolescents. The study was conducted in 162 randomly sampled enumeration areas from 95 districts within the 5 geographical regions of Uganda. Data collection took place between 5th to 28th September 2016. Funding came from the UN partners (UNICEF, UNFPA, WHO, UN Women and UNAIDS).



Field supervision during data collection in Rakai District (Matale Kalagala "B" enumeration area) for the Adolescent Health Risk Behaviours study.

Cerebral Palsy in Uganda: Epidemiology, Risk Factors and Intervention Project (CURIE)

The CURIE study with the main objective of obtaining information regarding the epidemiology of Cerebral palsy (CP) in Uganda, ascertain the risk factors, clinical sub types, functional severity level (gross and fine motor), comorbidity, explore the conditions of life for children suffering from this condition and develop and evaluate a community based rehabilitation program is being carried out at the Iganga/Mayuge Health and Demographic Surveillance Site (IM-HDSS) in Eastern Uganda.

Study progress so far:

A preliminary qualitative study has established the terminology, knowledge, attitudes and practices regarding children living with Cerebral palsy in Uganda (Study A); a cross sectional study has determined the prevalence, the epidemiology of CP, including - clinical subtypes, severity levels and co-morbid conditions (Study B); in particular it has also identified cases for the case-control studies (Study C); a cohort for the cross sectional study on the conditions and services for children with CP and their families (Study D) is planned to be carried out soon. A randomised, controlled, single masked, community based trial, with two arms, one cluster of villages receiving the community goal directed training and the other cluster the conventional intervention provided by the Ugandan government health facilities, (Study E) will be carried out in the next phase of the study.

Summary of the results from these studies so far:

Qualitative results show that there are a number of local terminologies that are used to describe a child with CP in the community. The majority of the terms are derogatory and are linked with the attitudes that the community has towards these children which are heavily stigmatizing. The perceived causes vary from biological to spiritual. The mothers are the main caregivers of these children, who seek care mainly for the younger CP children below 5yrs and for the co-existing conditions they have and not for the CP condition itself. There is also paucity of supportive care and rehabilitative facilities for CP management at the district level and no in-service training in CP management for the health staff.

The cross sectional studies established a crude CP prevalence of 2.7/1000 (CI 95%: 2.2-3.3); increasing to 5.8 (CI 95%: 4.5-6.9) after adjustment for sensitivity and attrition. There was a dramatic reduction in the prevalence at older age due to fewer severely affected children. Spastic unilateral CP was most common (46%) type; almost half (49%) of the children at 2-8 years had moderate to severe motor involvement while only 29% at 8-18 years. There were few preterm born children (2%) in the CP cohort, while post-neonatal events were the probable causes in 25%.

Expected benefits from this study:

As a beginning, information from this research study will raise awareness of the plight of these children for the policy makers and the community at large using evidence based research.

This study will also provide important information to enable the Ministry of Health and other policy makers use this data in planning, developing strategies for prevention and specific treatment and rehabilitation intervention programs for children with cerebral palsy.

This information will also be useful for advocacy purposes to further guide policy makers in allocation of appropriate resources for the management of these children and hence improve on the quality of life of children with neurodevelopmental disabilities in general and children with CP in particular.

The evaluation of the impact of the planned community based program will direct the research team on how best to address any bottle necks that may impede its effective implementation in other areas of Uganda and determine whether it can be scaled up to other areas in Africa.

We envision future consolidation of all these activities into a Center for Neurodevelopmental Disabilities Services and Research at Makerere University College of Health Sciences.

We are currently in the process of finalizing three manuscripts from this study, two from the qualitative study results and one from the quantitative results from the epidemiology survey.

3.0 | KNOWLEDGE TRANSFER

RESILIENTAFRICA NETWORK (RAN) REGISTERS A YEAR OF INTENSE STAKEHOLDER ENGAGEMENT

To-date, **ResilientAfrica Network (RAN)** www.ranlab.org a USAID funded project in Makerere University College of Health Sciences School of Public Health is operational in 18 Universities spread across 13 African Countries. In the last one year (2016), this project has registered several achievements.

1. In 2016, working with multidisciplinary students, faculty and the communities, the RAN team translated knowledge generated in the classrooms into innovations. As such we grew the innovations portfolio to over 150 potentially transformative innovative solutions (in the fields of agriculture, health, engineering, financial inclusion and governance) that address community needs. Some of these innovations include;
 - a. **The Low Cost Solar Irrigation Pump** used by small holder farmers to supply water to their gardens thus improving harvest. The Irrigation Pump is currently being used in Mukono and Palisa districts, Uganda.
 - b. **Pedal Tap**, a Non-Touch Water Dispensing System currently being used in several of the Kampala City Council Authority public washrooms and Mulago National Referral Hospital, Uganda.
 - c. **The Maize thresher**, a low-cost optimized post-harvest technology for mechanized threshing and winnowing of maize. It has eased labour costs among farmer groups in Nakasongola, Kasese and Hoima districts.
 - d. **The Solar Dryer**, an efficient, express dryer that uses solar technology to facilitate faster drying of a broad range of agricultural produce retaining the food aroma, colour and nutrients. This technology has been used in Matuga a suburb in Luwero district and currently being used in parts of Kampala Uganda.
 - e. **Community Radio in a bucket**, a technology that uses a transmitter and telephony to replace a conventional radio studio for broadcasting. This is currently serving in Northern Uganda (Oyam, Kitgum and Agago districts).
 - f. **Improved Push and Pull Technology**, an innovative approach to inter-cropping that dually suppresses nuisance weeds and pests. This has been tested in Eastern Uganda areas of Iganga district.
 - g. **Village Egg Bank**, a model that encourages savings among small holder farmers. This concept thus becomes the 'currency' in the community. This 'bank currently operates in Yumbe district, West Nile region of Uganda.
2. Over 120 multi-sectoral key stakeholders engaged for innovation including development partners in the private sector, government and NGOS. Some of the stakeholders engaged include; Rockefeller Foundation, UNDP, UN Women, UNFPA, UNHCR, NUCAFE, Parliament of Uganda, Agha Khan Foundation, Humanitarian Leadership Academy, IGAD, Save the Children and Uganda Communications Commission.]



Engaging the Parliament of Uganda for Innovation. 4th n extreme right is Speaker of Parliament Hon Rebecca Kadaga and 1st on extreme left is Prof. William Bazeyo

3. RAN has cultivated an Innovation Culture through engagements with students, faculty and the community to creatively think in order to respond to community needs. Some of the activities which aid this include;
 - a. Trainings in the Human Centered Design processes to promote innovating for, with and by the end users,
 - b. Community co-creation sessions engaging community members to think differently and
 - c. Engaging the girl child in the innovation process through initiatives like the annual Technovation Challenge and RAN4Gals among others. Innovation is now a burse word for many!
 - d. Business development support to all innovators.



OHCEA/ IDRC ECO-HEALTH DISSEMINATES RESULTS TO THE STUDY COMMUNITIES



IDRC project disseminating the results of to one of the communities. From left, Prof Benon Asiimwe (Co-Chair IDRC-Eco-health), Dr Mugoya (DVO Rubirizi District), Dr. Kansiime Catherine, Jacob Iramiot (IDRC PH. D Student), Joshua Muhindo (IDRC MSc Student) and Benjamin Warufu (MSc Student and Head Research Assistant).

Since September 2014, the One Health Central and Eastern Africa (OHCEA) IDRC Eco-Health project has been carrying out different studies in and around Queen Elizabeth National Park (QENP) in the study districts of Kasese, Rubirizi and Rukungiri. The studies have been carried out by the project team and students (both Masters and PhD) under the project titled ***“Managing health risks among communities in and around Queen Elizabeth Conservation Area, Western Uganda Using the Eco-health Approaches”***.

Dissemination events of these studies were conducted between 12th -16th August 2016 in communities in and around QENP.



Left; Dr. Catherine Kansiime, Project Field Manager presenting results on community knowledge on common zoonotic diseases at Hima Town Council, Kasese district. Right; community members listening

In brief, dissemination of the KAP study results was meant to alert the people in the communities above to always know their immediate surroundings (wild & domestic animals) and how to manage challenges related to zoonotic disease prevention, detection and response. For the benefit of the herdsman, information on managing sick and dead animals was provided.

For the *'Utilization of Modern Family Planning Services' study*, the dissemination educated people on the available modern family planning methods; what methods they were using, the side effects of some of these methods, as well as educating

them participants on access to and proper use of family planning methods.

Judging from the responses, reactions and questions during the dissemination meetings, community members seemed to have gained a lot from the exercise generally.



The study team also disseminated the findings of the Knowledge, Attitudes and Practices (KAP) study on zoonotic diseases results to the health workers from the 3 study districts. The audience was health workers from all the health facilities (Health Centre II, III, and Hospitals), Local Government officials, Secretaries for Health at the district levels and sub-county administrators from the study communities of Kasese, Rubirizi and Rukungiri Districts.

The health personnel particularly were Medical Superintendent, Medical officers, Clinical officers, Nurses, and Laboratory technicians/Assistants. The aim was to create awareness about zoonotic diseases and their management and also give feedback on the studies conducted.

This activity objectives were;

- a. Disseminate findings from the zoonotic studies to the Local leaders and health care workers from Kasese, Rubirizi and Rukungiri districts.
- b. Train health workers on common zoonotic diseases (Anthrax, Ebola, brucellosis, Marburg and rabies) and how to manage them in Kasese, Rubirizi and Rukungiri districts.
- c. Provide project progress and updates to stakeholders in Queen Elizabeth Conservation Area

As a result of this interaction, District Local Council leaders pledged to budget for capacity building to offer refresher trainings to health workers, acquisition of equipment and facilitation to manage zoonoses during the next Financial Year 2017/2018. The project will follow up at district level to assess delivery on this promise.

Knowledge Translation Network Africa (KTNNet-Africa) has a Successful Year of Implementation

In 2013, WOTRO supported the establishment of the Knowledge Translation Network Africa to bring together the eight GHPHSR research groups in a learning community to foster joint learning and to enhance policy influence in health systems. KTNET Africa secretariat has trained researchers, media health practitioners and policy makers and has supported the packaging of health systems evidence and engaging of decision makers across the network.

Annual meeting: On 29-30 August 2016 KTNET Africa held its third annual meeting that was used as platform for culmination of efforts in sharing lessons from the Netherlands Organization for Scientific Research (NWO) WOTRO program on health systems strengthening in Africa through capacity building, collaborations and evidence use, capturing implications for the UHC and SDGs agenda. The meeting was used as a platform to share reflections on how health systems evidence generated by WOTRO funded researchers could be

used to advance the SDG/UHC agenda, discuss opportunities for harnessing collaborations for systems strengthening and providing a platform to share innovations to promote health systems strengthening in Africa. Participants shared to experiences and approaches on how to engage and influence policy, benefits of collaborations and building sustainable collaborations and partnerships. Participants were also interested in room for building south –south collaborations.



Dr. Leon Mutesa during a feedback session at the Socialab Senegal dissemination

Launch of the KTNET book: During the third 4th Global Health Systems symposium that was held in Vancouver Canada, Dr. Stephen Matlin (a member of the WOTRO steering Committee) launched a book that shares the **impact and lessons learned** from implementing the Global Health Policy and Health Systems Research (GHPHSR) in low and middle-income countries. The book also gives a description of each of the different research programs funded by WOTRO, their intervention strategies as well as a summary of what each program has been able to do in order to influence policy. In addition, the book highlights success stories from KTNET Africa and what it takes to create a successful network and maintain collaborations. A full copy of the GHPHSR publication below can be accessed online at www.nwo.nl/global-health.



Front cover of the book that was launched

Centre of Excellence for maternal, newborn and child health continues growing stronger

The Makerere University Centre of Excellence for maternal, newborn and child health funded by the Save the Children's Saving Newborn Lives Program started in 2014. The overall goal of the centre is to mobilize existing internal and external efforts and resources for Maternal, Newborn and Child Research, information and knowledge sharing in order to inform efforts for evidence based policy making, design and implementation of interventions at scale, in Uganda. Partners include: Save the Children, Ministry of Health, London School of Hygiene and Tropical Medicine, Karolinska Institutet and Johns Hopkins University, University of California San Francisco, Bill and Melinda Gates Foundation.

The Centre's objectives for the year 2016 were;

1. Develop and monitor implementation of an evidence based national maternal and newborn health research agenda in Uganda
2. Strengthen internal and external technical capacity for maternal and newborn health in Uganda
3. Strengthen Maternal and Newborn Health Knowledge Management and Information Dissemination efforts in Uganda

During the reporting period, the centre;

1. Developed and disseminated a newborn research agenda for Uganda. This research agenda shows the research priorities for newborn health in Uganda. Most of the priorities are in the delivery domain.
2. Successfully held the second MNH symposium on 19th October 2016 with over 200 delegates. This symposium whose theme was "Maternal and Newborn Health in Uganda; High Impact Innovations for Scale up" held at Hotel Africana brought together academicians, researchers, programmers and policy makers.
3. Built capacity for evidence based planning and programming through a series of trainings in use of the Lives Saved Tool (LiST). The centre conducted two national trainings and one international training in Dubai.



Some of the participants at the Dubai training pose for a group photo

4. Built capacity of young researchers through providing six thesis grant awards to MPH, and one Masters in nursing student. Three of the six students are scheduled for graduation in early 2017.
5. Together with partners, have participated in building clinical capacity for maternal, newborn and child health through training of health workers, updating clinical tools and registers.
6. To strengthen knowledge management and translation, a vibrant website (mnh.musph.ac.ug) has been established with MNCH information, news, features and opportunities. In addition, evidence briefs have developed and have weekly e- posts that are sent out to over 700 stakeholders.

The Monitoring and Evaluation Technical Support (METS) Program Stamps its Identity in 48 Districts of Uganda

The Monitoring and Evaluation Technical Support (METS) Program is a five year (2015-2020) CDC supported collaboration program between the Makerere University School of Public Health (MakSPH) and the University of California San Francisco (UCSF). METS is aimed at establishing coordinated and effective national and district systems for management of strategic information for HIV response. The program supports health systems strengthening through four program areas, namely; Monitoring & Evaluation (M&E), District Led Programming (DLP), Case Based Surveillance (CBS) and Health Management Information Systems (HMIS). The program also offers technical support to PEPFAR Implementing Partners and District Bio-statisticians to ensure that data for PEPFAR and country reporting is timely and of good quality.

The program's mission is to strengthen health systems in Uganda through innovative capacity building approaches for an evidence based and effective HIV response.

In 2016, the METS Program achieved great milestones ranging from fully establishing its presence in the 48 CDC supported districts in Uganda, offering technical support to the Ministry of Health (MoH) and developing technological innovations that will help strengthen the use of health information management systems as well as data use in the country.

The program achievements are categorized under the four different program areas; M&E, DLP, CBS and HMIS:

Monitoring & Evaluation

1. METS conducted a short-term M&E Fellowship program for two cohorts of 30 and 76 Fellows respectively that targeted Bio statisticians and HMIS Focal Persons from 48 CDC supported districts. This Fellowship was aimed at enhancing the M&E capacity of these cadres to be able to report consistent, accurate, timely, complete and quality data in their respective districts.
2. METS supported strengthening of quality improvement along the Continuum of Response (COR) in 48 CDC supported districts. The COR includes provision of essential prevention (HTS, PMTCT, VMMC), Care Support and Treatment services (ART). Quality improvement is supported through conducting trainings in CQI, mentorship and coaching sessions for health facility staff. This is aimed at improving health outcomes through decreasing HIV transmission, slowing down disease progress and improving the sense of wellbeing.

METS under the Monitoring and Evaluation component gives technical support in Partner Reporting, below are the achievements for the period under review in this regards;

1. The METS team has continued to support CDC implementing partners through routine data extraction and sharing of Quality checks. Quality checks were applied to data and shared with both CDC and IPs. The quality checks are meant to ensure that data reported through the DHIS2, OVCMIS, HIBRID and other national and Sub-national systems is correct.
2. Conducted Periodic Partner meetings aimed at ensuring that partners understand PEPFAR reporting requirements including indicator interpretation, mapping and reporting through various systems both at national and sub-national levels.

District Led Programming (DLP)

1. Conducted the Governance, Leadership and Management Fellowship program for DHOs, HIV Focal Persons and Heads of Health sub-districts
2. Support has been given to districts to produce Strategic Reports, 111 District Bulletins and Semi-Annual Score Cards
3. METS offered technical support towards implementation of the DREAMS program. In addition to this, METS developed and printed a set of 14 DREAMS monitoring tools.
4. As a way of improving the monitoring and reporting of the national **DREAMS** program, METS developed a computerized system dubbed the Uganda DREAMS Tracking System (UDTS) to monitor the girls enrolled on DREAMS from the point of enrollment through the different services they qualify to join (<http://dreams.mets.or.ug/>). This information generated from the system is then analyzed and projected on a user-friendly dashboard that is used by all DREAMS stakeholders.
5. Quality Improvement Indicators and Quality Assessment Tool were developed; this was then used to conduct a Quality Assessment in 6 districts (Mityana, Mubende, Gomba, Rakai, Sembabule and Bukomansimbi).

Case Based Surveillance (CBS)

1. The METS program supplied equipment for CBS implementation in the pilot district of Kabarole in form of computers and solar systems. Through this, the district is now able to track patients along the continuum of care based on the EMR; determine the HIV prevalence at sub-national level; Map the epidemic and minimize loss to follow up; individually characterize patients through a system of unique identifiers and track clients based on sentinel events. The district is also able to use the EMR to auto-generate reports both for HMIS as required by the National system and for patient management
2. Viral Load Monitoring: METS has supported MoH to archive the 3rd 90 as part of the 90-90-90 UNAIDS target. This has been through Upgrade of an online Dashboard (<http://vldash.cphluganda.org/>), review of the VL monitoring guidelines; VL training curriculum and VL SOPs and overall leadership of M&E for VL. This support has been in form of provision of National level HR support for VL monitoring at CPHL, and progress reports to the National team and IPs besides supporting monthly review meetings

Health Management Information Systems (HMIS)

1. Supported MoH to conduct National DHIS2 training for the armed forces (UPDF, Uganda Prisons and Uganda Police Force) and the Kalangala Comprehensive Health Service Program
2. Supported MoH in customizing, trouble shooting and maintenance of the national Option B+ platform and its online dashboard (dashboard.mets.or.ug)
3. 50 critical national HMIS tools were printed and distributed to various PEPFAR IPs. The HMIS tools are used to support data capture and reporting at health facilities across the country. Health facilities from the countries received the tools from Implementing Partners.
4. Built the Uganda OpenMRS Community which currently has 400 active users; these include health workers, M&E personnel, MoH officials
5. UgandaEMR

The Ministry of Health (MoH), working closely with World Health Organization (WHO) and Centers for Disease Control and Prevention Uganda (CDC) piloted and adopted OpenMRS in 2011 as a national EMR to manage patient records. In consecutive years, MoH in collaboration with Makerere University, School of Public Health, Monitoring and Evaluation Technical Support (METS) and customized the OpenMRS to include the updated MoH tools and upgraded the system to version (1.11.6) and the system was rebranded as "UgandaEMR". There have been fundamental milestones under this Project;

- a. The METS team has centrally managed the national

UgandaEMR concept dictionary. A concept dictionary is a set of questions and responses as reflected in the national HMIS forms. The central concept dictionary is in line with ICD-10 and CEIL (These are international classification of diseases). This reduces duplication of concepts across different UgandaEMR implementations.

- b. Technical support to MoH through the various IPs to scale out UgandaEMR to 480 facilities across the country has been given.
- c. METS took lead in customizing the HMIS forms as well as atomized registers and reports into the UgandaEMR system. The following forms were automated under the guidance of the MoH; the HIV Client card, maternity, antenatal, SMC, EID HTS and lab forms.
- d. Supported MoH during the organization and successful hosting of the 2016 International OpenMRS Implementers' Conference which attracted over 400 delegates from 27 countries on 6-11 December 2016.



MoH Minister representative Dr. Sarah Byakika (L) handing an appreciation token to founding members; Dr. Biondich (C) and Dr. Burke (R) Mamlin in recognition of their contributions towards OpenMRS community



Over 400 members of the International OpenMRS Community attended the 2016 Implementers' Conference in Uganda

Makerere University School of Public Health (MakSPH) Host the GEOHealth Office for Uganda

The Eastern Africa GEOHealth (Global Environmental and Occupational Health) Hub is one of the seven world Hubs working to save lives through research, training, prevention and policy. The Eastern Africa GEOHealth Hub is consortium of 4 Eastern African Universities- Addis Ababa University (Ethiopia), Makerere University (Uganda), University of Kabianga & Great Lakes University (Kenya), and University of Rwanda (Rwanda) and University of Southern California-USC (USA).

The Hub is funded through the Fogarty International Center of the National Institutes of Health and the International Development Research Centre (IDRC).

At Makerere University the project is housed at the School of Public Health (MakSPH),

In the preparatory Phase of project implementation, Associate Prof. Dr. Lynn Atuyambe and Lead Investigators from partner universities in October 2015 lay the groundwork for air pollution and health research at University of Southern California.



*Associate Professor
Lynn Atuyambe
and colleagues in a
discussion*

Additionally, the Co-PIs from all partner universities underwent series of air quality monitoring trainings. In July 2016 - Samuel Etajak and Felix Walyawula Co-PIs from Makerere University together participated in monitoring exposures-Household Air Pollution (HAP) in Addis Ababa under the Global Alliance for Clean Cookstoves | United Nations Foundation and in March 2017 will participate in exposure training workshop on ambient air exposure monitoring aimed at training the Eastern Africa GEOHealth Teams (Ethiopia, Uganda, Kenya and Rwanda) as part of the Children's Health study and Time Series morbidity/mortality study. The purpose of the workshop is to train the country teams on implementation of ambient air exposure monitoring, ensure proper installation of exposure

monitoring equipment, set up and use of the equipment including the Beta Attenuation Monitor (BAM) 1022 and E-Samplers. The training partners include University of Southern California and South Coast Air Quality Management District (AQMD) and Maalabs Scientific Equipment Limited.

The project has also successfully procured Beta Attenuation Monitor (BAM) 1022 thanks to Fogarty International Center of the National Institutes of Health and the International Development Research Centre (IDRC) and University of Southern California for the funding that made the purchase of the BAM 1022 from Met One Company in USA.



BAM 1022 Equipment-Installed at Addis Ababa University- Similar Equipment will be installed at MakSPH Roof top in June 2017

The SPEED Project on Course to Achieve its Intended Goals

Over the course of the year, the project has strived to maintain a balance between being proactive and responsive to needs of the target groups. Within the engagement objective, the project organised/actively supported 23 meetings; attendances were generally multisectoral in composition. The project engaged 647 individuals during these SPEED engagements. These engagement meetings enhanced awareness of what entails achieving Universal Health Coverage (UHC) in Uganda. The potential contributions of SPEED project and expected roles of target groups have been clarified in due course.

There has been emphasis on need for multisectoral efforts to achieve UHC. In particular, SPEED, NPA and WHO convened a national dialogue on 3rd August on social determinant of health. Participants included

representatives from 20 government entities. This augmented multisectoral think-tank meetings convened by NPA to develop a national UHC Policy paper.



Participants in a SPEED seminar at the Human Sciences Research Council, South Africa

SPEED's strong standing with the target group has continued to grow. The target group has engaged SPEED for policy advice and participation in policy processes. Requests have been extended to members of the partnership to support several technical engagements related to SPEED work; both internationally and nationally. Members have therefore participated in meetings to review progress of the Health Sector Development Plan. SPEED was also represented during the annual Joint Review Mission (JRM) held in September 2016. We conducted the first round of Policy Implementation Barometer (PIB) survey that generated evidence on successes, challenges, barriers and facilitators of Policy implementation for Malaria, emergency obstetric care

and Family Planning programs in Uganda. Initial engagements with target group revealed immense enthusiasm to receive the PIB findings for use to improve sector performance. The top management at the Ministry of Health also requested SPEED to review proposed sector reforms and align them to UHC agenda. This work contributed to deliberations during the 2016 JRM meeting.



Professor Freddie Ssengooba and the rest of the panel members at the EU Seminar in Vancouver

Alongside these engagements, SPEED project has organised three (3) policy dialogues, 2 think tank meetings, several UHC book writing meetings and 11 seminars. Fifteen (15) blogs, the UHC day supplement, 15 newspaper articles, Vancouver Symposium Brochure, popular version of First year report, 12 manuscripts at different stages



Participants at the consultative workshop on Social Determinants of Health

of development (two submitted for publications) and 13 policy briefs have been produced. A meeting was convened to initiate a Community of Practice for UHC as structured forum for stakeholders engaging on UHC issues.

Overall, the SPEED team members have participated in over 70 engagements, 22 of which were international. Members have leveraged their individual and institutional networks, relationships and capacities to support SPEED visibility and policy influence objective.

The project has also embarked on two evidence-based advocacy campaigns: - 1) Scaling up Indoor Residual Spraying for malaria control and 2) UHC financing. Advocacy strategies have been finalised and different streams of work have been commissioned. A third domain of advocacy relates to the PIB survey.



Participants at the policy dialogue on phasing out lower nursing cadres in the Uganda health care system

4.0 | SERVICE TO COMMUNITY

CTCA supports The Gambia to enact a comprehensive tobacco control law

One of CTCA's milestones for 2016 was the enactment of another comprehensive tobacco control law in one of CTCA's target countries, The Gambia. The National Assembly of The Gambia passed the tobacco Control law on December 20, 2016, and it was assented to by the President on December 30, 2016. CTCA provided technical assistance to the government of the Gambia, right from the Bill enactment process. A series of activities were carried out including advocacy and orientation sessions for the legislators and the top management of the Ministry of Health, orientation of the multi-sectoral working group to empower them to support the process, training of media practitioners for effective coverage and advocacy for the bill, plus development of a national TC communication strategy and a code of conduct to guard against manipulation of public health policies by the tobacco industry.

CTCA supports countries to enact comprehensive legislations compliant with the WHO FCTC. The Gambia is the 2nd CTCA target country to enact a comprehensive tobacco control legislation, after Uganda that passed its law in 2015.

In the other target countries, CTCA supported the government of Gabon to train enforcers on the implementation modalities of the national tobacco control regulations as well as developing a code of conduct for government stakeholders and policy makers. Support was also given to ensure the functionality of the Tobacco Control national coordination mechanism.

In Niger, a series of activities were undertaken to support implementation of the law, specifically smoke free environments. The team of enforcers to lead the implementation and ensure compliance to the law was trained, while the media was oriented on the various tenets of the law and the general dangers of tobacco use. A training was also carried out for the end users of the law who included owners and managers of entertainment places, hotel and restaurants, public transport, heads of workers unions, as well as school heads. The main objective was to create awareness among these categories of people about the existence of the law and to sensitize them about their various roles.

With the law in place in Uganda, CTCA's main role now is to support the implementation process. CTCA is specifically backing the development of Pictorial Health Warnings of cigarette packages, a process that will be completed in 2017. The Uganda law requires that all tobacco packages should carry pictorial health warning messages that cover 65% of the principal display area of the package. Such health warning messages have been proved to be effective in helping smokers to quit and preventing young people from initiation.

Relatedly, the Health Cost Study report to estimate the health cost of tobacco use on individuals, families and the government of Uganda was finalized. The cross sectional study conducted in four units of Mulago National Referral Hospital indicates that for every one Uganda Shilling (1 UGX) earned from tobacco, government spends Four Shillings (4 UGX) to treat tobacco induced illnesses.

In Angola, CTCA supported the drafting of the bill, which is expected to be tabled in parliament during 2017.

The CTCA team also carried out a number of advocacy and

networking meetings at different forums. One such meeting was the 25th Anniversary celebrations of the Africa Capacity Building Foundation (ACBF) held in Harare, Zimbabwe. The CTCA team, led by the MakSPH Dean and CTCA Director, Prof. William Bazeyo held a side event to show case the Centre's role in tobacco control capacity building for Africa. The Dean and Centre Director made a presentation on the theme: 'Investing in strengthening tobacco control capacity for Africa'. One of the key outcomes of the event was

the identification of A number of tobacco control capacity building gaps were identified, which, going forward, will now feed into CTCA's repositioning strategy to enable the Centre strategically address the changing needs of the region.

Makerere University School of Public Health (MakSPH) collaborates with the Rotary clubs of Kalisizo and Lukaya (RCK) to improve Water, Sanitation and Hygiene (WASH) in Rakai and Kalungu Districts

Makerere University School of Public Health (MakSPH) in partnership with the Rotary Clubs of Kalisizo (RCK) and Lukaya and with funding from Rotary International through the Water is Life – Sanitation is Health project implemented activities aimed at improving the water, sanitation and hygiene (WASH) status in communities and schools in Rakai and Kalungu districts. The 12 months project, majorly involved conducting a baseline survey to assess the WASH situation in the two districts and trainings for district health inspectorate staff, school health club patrons, science teachers and school health club executive committee member on various WASH aspects.

The baseline survey targeted 5,613 households and 60 schools in Rakai and Kalungu districts which provided sufficient baseline data

to inform interventions. During the dissemination of the baseline survey findings, the district leadership of Kalungu and Rakai through the Chief Administrative Officer, District Health Officer and District Education Officers thanked the MakSPH team for providing a comprehensive assessment of the WASH situation in their areas and called for action to improve the WASH status in the area.



School health club executive committee members, facilitators and RCK leaders after one of the trainings

The trainings of the districts' 40 health inspectorate staff including the Health Inspectors and Assistants focused on basic research methodology, water quality testing and analysis, hygiene parade management and development of client charter in schools. On the other hand, school health club patrons (20) and school health club executive committee members (70) were trained on operation and maintenance of WASH facilities in schools, skills for solid waste management and menstrual hygiene management. The trainings were conducted by WASH specialists including Mr. Charles Ssemugabo, Mr. Rawlance

Ndejjo and Mr. Jimmy Osuret from the Department of Disease Control and Environmental Health (DCEH) at MakSPH; Mr. David Ssemwanga from the Ministry of Water and Environment, and Mr. Chris Masaba from Uganda National Institute of Allied Health and Management Sciences. The Principal Investigator for the project was Mr. Abdullah Ali Halage from DCEH.



Health Inspectors and Assistants of Rakai and Kalungu districts with facilitators from MakSPH and RCK leaders after one of the trainings.



Trained Health Inspectors and Assistants conducting a hygiene parade at one of the primary schools in Rakai district.

Community Health Workers Project completes implementation phase

Makerere University School of Public Health (MakSPH) in partnership with Nottingham Trent University (NTU), UK is implementing a project whose aim is to strengthen the community health worker programme in Ssisa sub county, Wakiso district. The two and a half year project has a focus on training, supervision and motivation of community health workers (CHWs). This project is supported through the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID) and managed by the Tropical Health and Education Trust (THET). Having previously trained 301 CHWs from all eleven (11) parishes in Ssisa sub-county, the project completed the refresher trainings for all the CHWs locally known as Village Health Teams (VHTs) between August and October 2016. The refresher trainings covered topics such as family planning, immunization, integrated community case

management of childhood illnesses including use of rapid diagnostic tests (RDTs), mTRAC reporting and hand washing. A practical session on the design and construction of simple economical and effective hand washing facilities (tippy taps) was also carried out including demonstrations.

During one of the trainings, the chairperson Ssisa sub county Mr. Patrick Byekwaso in his remarks expressed gratitude for the work done by the MakSPH team in this project including training of VHTs, providing motorcycles as well as incentives such as gumboots, umbrellas, t-shirts and solar chargers to the volunteers. He encouraged the VHTs to put in more efforts in improving the health of community members. In his remarks, the project Principal Investigator Dr. David Musoke of MakSPH thanked the VHTs for their dedication to serving the communities they live in which has greatly improved

health outcomes in the area. He also thanked the various stakeholders for the support during the implementation phase of the project including NTU, Ministry of Health, Wakiso district local government, local leaders and the community of Ssisa Sub County.

During the THET annual conference held in October 2016 in London (UK), the project team received the best poster award following their poster presentation. The final phase of the project (November 2016 to April 2017) will be for evaluation and dissemination including a community dissemination session (March 2017) and stakeholders workshop (April 2017). As part of the partnership between MakSPH and NTU, the first international symposium on community health workers is being organised and will be held in Kampala, Uganda from 21st to 23rd February 2017.



Left to right: Dr. Linda Gibson (NTU), Charles Ssemugabo (MakSPH), Dr. David Musoke (MakSPH) and Deborah Ilaboya (NTU) display the certificate and award of best poster presentation at the THET conference 2016 in London



THET Uganda Country Manager Paul Ahura engages community health workers during a refresher training session on handwashing.



A group of community health workers display their certificates following the refresher training.

5.0 | CONFERENCES AND INTERNATIONAL

The 6th AFENET Conference 8th-12th August, 2016 Abuja Nigeria

Eight students and 12 alumni presented 26 abstracts (6 Oral and 20 Oral-Posters) in the 6th AFENET conference. One of the MPH Alumni, Rebecca Apolot received an award for being the 1st runner up for best Scientific Innovation for her study (abstract) titled: "The Game Changers: Breaking through Resource Limitation to Ebola Control by Community Structures: The Case of Bombali District, Sierra Leone". In addition the MPH (Uganda Program) received an award for the outstanding support to AFENET especially being the founder member for AFENET.

The Minister of Health from Uganda also attended the conference and had a meeting with the Ugandan delegation in Abuja to discuss strategies of strengthening field epidemiology training in Uganda.



MPH students and alumni pose for a group photo at the 6th AFENET Scientific Conference, 8th-12th August 2016, Abuja Nigeria



One of the MPH alumni (Ignatius Wadunde) making a poster presentation at the 6th AFENET Scientific Conference in Abuja Nigeria



One of the MPH alumni (Claire Nalweyiso) making an oral presentation at the AFENET Conference



The Uganda delegation pose for a group photo of the Uganda team with the Minister of Health (seated front with flowered blouse) Dr. Jane Ruth Aceng during the 6th AFENET conference in Abuja Nigeria

MakCHS JASH Conference a hit for Students

Joint Annual Scientific Health Conference (JASH) of College of Health Sciences which took place on 21st to 23rd September 2016

Ten (10) students presented 14 abstracts (13 oral and 1 poster) in the 10th JASH An MPH student Alice Namugamba received an award for the best Poster Presenter for her study titled "Factors associated with gender based violence among pregnant women in Arua district"

6.0 | PUBLICATIONS

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7.0 | ADMINISTRATION

Makerere University School of Public Health Grants Administration Secretariat (MakSPH GAS)

The Grants Administration Secretariat (GAS) provides both pre and post-award support to funded projects in the Makerere University School of Public Health. The Secretariat is housed in the School's Finance Management Unit and has 3 staff.

In the year 2016, the Secretariat shared over 107 funding opportunities to staff and students in the School, which attracted about 87 grant applications. The School won 36 grants/consultancies in the areas of HIV/AIDs, health policy, disease prevention, nutrition, reproductive health, sanitation and mHealth among other areas. These grant projects are funded by the European Union, USAID, UNICEF, WHO, Global Fund and the Bill and Melinda Gates Foundation and other donors. MakSPH has also developed and maintained partnerships with various Institutions including the Uganda Ministry of Health, PACE; Uganda, Johns Hopkins University, Nottingham Trent University and Georgetown University amongst others.

Through these projects the School supports community service, fosters innovations and contributes to the country's health policies and guidelines.

One of the key activities of the GAS is to build capacity of the School staff in grants management procedures through trainings. Following a successfully executed AuthorAid funded grants writing workshop for MakSPH staff in 2015, the office of the MakSPH Dean supported training of 30 Makerere University College of Health Sciences staff in grants writing from 9th to 11th March 2016. The training equipped College staff with skills in writing grant proposals and allowed for sharing of experiences by different grantees. This has led to an increased number of grant applications at the College of Health Sciences as well as partnerships with other institutions. (See photos from the workshop below)



*Opening remarks
by Prof. William
Bazeyo, MakSPH
Dean*



*Presentation
by Prof. David
Serwadda,
Chair
MakSPH
Grants
Committee*



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