



MAKERERE UNIVERSITY

# *College of Health Sciences School of Public Health*

## *Annual Report 2013-15*



***The Vision:***

*“To be a centre of excellence providing leadership in Public Health”*

***The Mission:***

*“To promote the attainment of better health for the people of Uganda and beyond through Public Health Training, Research and Community service, with the guiding principles of Quality, Relevance, Responsiveness, Equity and Social Justice”.*

***Values:***

- *Integrity*
- *Openness*
- *Team Spirit, and*
- *Quality Training*



# ***Makerere School of Public Health***

**Annual Report  
2013-2015**

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# Dean's Message

Dear Reader,



**W**elcome! We are delighted to share with you yet again, our achievements over the last two years. The school has continued to grow and expand its influence in the areas of Public Health research, teaching and community service.

As a leading trainer in human resources and skills for public health, we have continued to attract an increasing number of students in the region. This trend has led to the designing of new academic programs to cater for the growing need for more professionals. One such programme is the Masters of Public Health in Disaster Management which admitted the first batch of students in the 2013-2014 academic year. Other courses are still under relevant review before being launched. The number of short courses has also grown; our WASH short course is a very popular one.

Over the past two years, the School has graduated 9 PhDs and currently has 21 registered PhD students. In the area of academic excellence, three of our BEHS students attained first class degrees. Our teaching is only getting better.

We have continued to build the competitiveness and relevance of our students; both undergraduate and post-graduate, by giving them space and guidance to initiate and implement community service and as well as academic programmes. Such activities have not only equipped the students with critical skills, but have improved the visibility and presence of the School in the community as well.

Our research portfolio has grown much wider and has expanded to cover areas like One Health, community resilience, newborn health, community media and how it can improve maternal, newborn and child health, injuries, BCG and nutrition.

We, at the School of Public Health are committed to working with partners to improve public health policy and practice.

I would like to thank all our local, national and international partners and funders; staff of the school and the college, the students, the various communities and the media fraternity for all the enthusiasm and interest, you each, have shown in working and collaborating with the school. These achievements we are sharing today are a result of collaborative efforts.

In terms of partnerships, the School has continued to seek new partnerships as well as strengthen existing ones. In this reporting period, the School received award for the Best Global Partner with University of Minnesota.

A handwritten signature in blue ink, appearing to read 'W. Bazeyo'.

Dr. William Bazeyo  
Professor and Dean, Makerere University School of Public Health



# Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BEHS	Bachelor of Environmental Health Science
CDC	(US) Centres for Disease Control
CDD	Centre for Deliberative Democracy
CHUSS	College of Humanities and Social Sciences
CHWs	Community Health Workers
CoAg	Cooperative Agreement
CQI	Continuous Quality Improvement
CSIS	Centre for Strategic and International Studies
CSOs	Civil Society Organisations
CTCA	Centre for Tobacco Control in Africa
DFID	Department of International Development
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DRLA	Disaster Resilience Leadership Academy
DTRA	Defence Threat Reduction Agency (Embassy of Sweden)
EA RILab	East Africa Resilience Innovation Lab
EAC	East African Community
FCTC	Framework Convention for Tobacco Control
GIZ	German Society for International Corporation
HAAART	Highly Active Antiretroviral Therapy
HESN	Higher Education Solutions Network
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HoA RILab	Horn of Africa Resilience Innovation Lab
HSD	Health Sub District
IDRC	International Development Research Centre
ISW	Intervention Strategy Workshop
KMC	Kangaroo Mother Care
KT	Knowledge Translation
KTNET	Knowledge Translation Network
LMIC	Low and Middle Income Countries
M & E	Monitoring and Evaluation
MakSPH	Makerere University School of Public Health
MANEST	Maternal Newborn Study
MANIFEST	- Maternal and Neonatal Implementation of Equitable Systems
MCH	Maternal Child Health
MHSR	Masters in Health Services Research
MoH	Ministry of Health
MPH	Masters of Public Health
MPHN	Masters of Public Health Nutrition
MSM	Men Having Sex with Men
NWAP	Networking Platform for Africa
OHCEA	One Health Central and Eastern Africa
PhD	Doctor of Philosophy
PMA	Performance Monitoring and Accountability
PMTCT	Prevention of Mother to Child Transmission of HIV
RAN	Resilient Africa Network
RFA	Request for Applications

RIC4ACE	Resilience Innovation Challenges for Adverse Climate Effects
STIs	Sexually Transmitted Infections
TAPS	Tobacco Advertising, Promotion and Sponsorship
TASO	The AIDS Support Organisation
TB	Tuberculosis
TPO	Transcultural Psychosocial Organisation
UBOS	Uganda Bureau of Statistics
UMN	University of Minnesota
UNCST	Uganda National Council for Science and Technology
UNEST	Uganda Newborn Study
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
USAID-EPT	United State Agency for International Development Emerging Pandemic Threats Programme
VACS	Violence Against Children Survey
VHT	Village Health Team
WA RILab	West Africa Resilience Innovation Lab
WASH	Water, Sanitation and Hygiene
WDF	World Drug Federation
WHO	World Health Organisation
WNTD	World No Tobacco Day



# 1. Teaching and Learning

## Academic Registrar's Department

Enrollment for 2014/2015 academic year

Sex	BE HS	BE HS	BE HS	MP H	MP H	MP H	MP H	MP H	MH SR	MH SR	MP HN	MP HN	MD M	Ph D	Total
	I	H	IH	I	H	DE.I	DE H	DE H	I	H	I	H	I		
F	10	14	9	12	9	25	20	7	7	2	10	8	2	11	146
M	31	26	25	7	9	31	26	17	2	3	1	7	9	10	204
Total	41	40	34	19	18	56	46	24	9	5	11	15	11	21	350

65<sup>th</sup> Graduation January, 2015

Sex	BEHS	MPH	MHSR	MPHN	PhD	Total
Male	20	28	3	2	2	50
Female	14	30	4	5	2	56

The school registered a high number of graduands in the 65<sup>th</sup> graduation. Two of our very own staff Dr. Mayega Roy William and Dr. Nalwadda Christine Kayemba were awarded PhDs. Ms. Balirwa Priscillah, Mr. Balugaba Bonny Enock and Mr. Kabuye Isaac attained first class Honors degree in Bachelor of Environmental Health Sciences.

## Department of Community Health and Behavioural Sciences

### Master of Public Health Disaster Management

During the 2013/2014 Academic Year, a new graduate programme; Master of Public Health Disaster Management was launched, based in the Department of Community Health. The new programme aims to build capacity for improved interventions, prediction, planning and response in disaster situations.

There are currently 26 students registered in both the first and second intakes. The development of the graduate programme was supported by Partners Enhancing Resilience to Population Exposed to Emergencies ([PeriPeri] Grant).



*The pioneer students, lecturers and department staff pose for a photo outside the School entrance*



## Department of Disease Control and Environmental Health

### MakSPH-CDC starts new Fellowship Programmes in a major Strategic Shift

Over the reporting period, MakSPH-CDC Fellowship Programme continued to implement activities that were initiated in 2013, including support to continuing Fellows as well as enrollment of new Fellows. At the same time, the programme started new programmes to respond to the growing need to support the public health sector.



*Some of the long-term Fellows engaged in a group discussion as part of their didactic sessions as MakSPH*

### The Uganda Public Health Fellowship Program is Born

Besides supporting ongoing initiatives, MakSPH-CDC Fellowship programme undertook deliberate efforts to develop a new Fellowship Programme known as the “Uganda Public Health Fellowship Programme”. This programme, which, in effect, replaces the traditional long-term Fellowship, was initiated to improve the Fellowship Programme’s support to the public health sector. This was in response to the observation that over the past 11 years, more than 80% of the Fellows enrolled were from the private sector. Efforts to develop this programme involved several activities, including; a) a visit to the University of Nairobi

HIV Fellowship Program in August 2013; b) two retreats to discuss the didactic and field components of the new programme held in Jinja and Mbale in September and December 2013, respectively; and c) continuous stakeholder engagement and consultations with the Ministry of Health and the US Centers for Disease Control and Prevention (CDC) in Uganda, among other partners.



*MakSPH team poses for a photo with the University of Nairobi HIV Fellowship Program team after the consultative meeting in August 2013*

Following the above-mentioned consultations, the Uganda Public Health Fellowship Program was born in early 2014 with five specific tracks (Field Epidemiology, Monitoring and Evaluation, Laboratory Systems, Health Informatics and Health Economics). It was agreed that the different tracks be introduced in a phased manner beginning with Field Epidemiology in January 2015. As part of the preparations for the first cohort under the Field Epidemiology track, the Fellowship Program delivered a seminar at the School of Public Health on May 7th, 2014. Preparations for the Field Epidemiology track, including completion of the curriculum and the Field Manual, will be finalized by December 2014.



**Table: Progress made by the Field Epidemiology Fellows over the reporting period**

Activity	Target	Achievement
Writing newspaper articles	10	12 articles were published in New Vision daily newspaper
Epidemiological bulletin	25	25 MoH Weekly Epi Bulletin prepared
Abstracts at National / International Conferences	10	12 abstracts were presented: one (1) at the National Adolescent Health Conference, 1 at the Uganda Society of Health Scientists, 2 at the National AIDS Conference, 7 at the Joint Annual Scientific Health Conference, and 1 at the EIS International Night in Atlanta, USA
Outbreak Investigations	10	18 outbreak investigations were done
Manuscripts	10	10 draft manuscripts produced
Planned Epidemiological Study	10	10 draft concepts for the planned study developed

**District Capacity Building:** The target for 2015 was to continue to support 42 Fellows who were enrolled in March 2014 (from 19 health facilities in 15 districts) to complete their training. As part of the training, Fellows were supported to implement a total of 19 projects at their work place (6 Hospitals and 13 health Centre IV). Three (3) of the projects implemented aimed at improving client linkage to care, 3 at reducing client loss to follow up, 5 at increasing client access to health services, 3 at reducing client delays in receiving health care, 3 at improving reporting and records management and 2 at improving infection control practices (Figure 1).

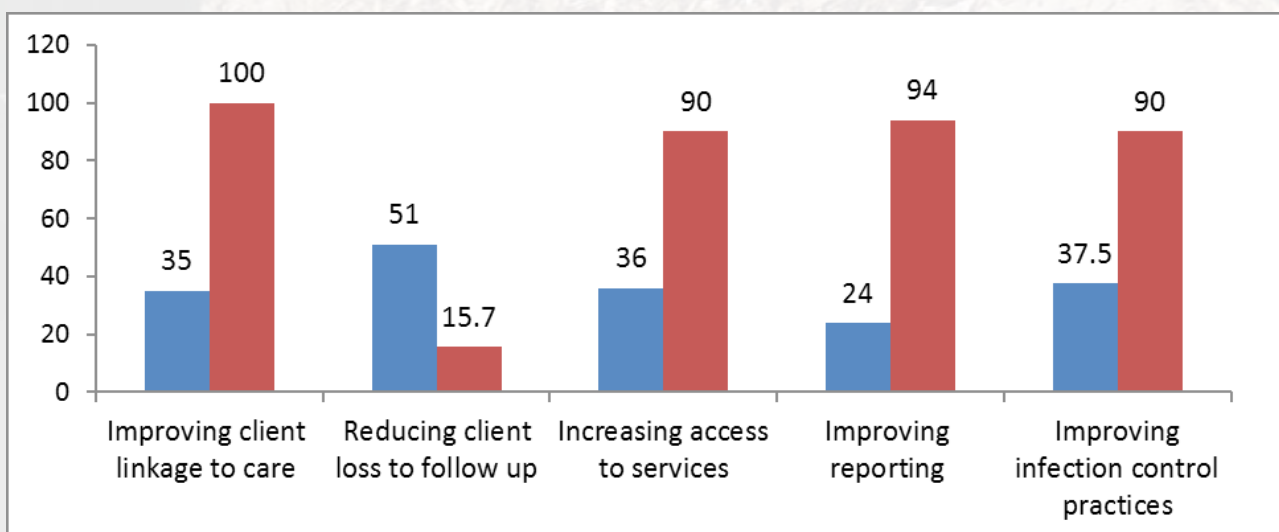


Figure 1: Percentage change registered at the work place through projects implemented by fellows of the HSI Course

As part of the district capacity building programme, in August 2015, 31 regional and health managers, including members of the Regional Performance Monitoring Teams, were enrolled for a nine-month Fellowship in Governance, Leadership and Management. By the end of September 2015, all the 31 trainees had completed the first 2 modules (of the 3-module program) of training and were in the process of writing project proposals for their hands-on experiential learning.



Trainees present their work on the flaws within the supply chain in Uganda



In November 2013, all the 45 Fellows who were enrolled into the Medium-term Fellowship Program in March 2013 completed the training, representing a 100% completion rate. Of these, 31 Fellows were enrolled for the Monitoring and Evaluation (M&E) track while 14 were enrolled for the Continuous Quality Improvement (CQI) track. This was the first time since 2008 (when the Medium-term Fellowship Program was initiated to have all enrolled Fellows complete the training. This can largely be attributed to continuous improvements instituted into the enrolment process including conducting pre-enrolment employment verification checks with institutional supervisors. The 45 Fellows disseminated their project reports at a final dissemination workshop held at Speke Resort Munyonyo on November 22, 2013. Up to 150 participants including the graduating Fellows, their institutional supervisors and workmates, as well as representatives from Ministry of Health, US Centers for Disease Control and Prevention, and other government and non-government entities attended the function. The 45 Fellows were enrolled from 20 public sector institutions, including 13 districts; and 9 non-governmental organizations.



*Medium-term Fellows who graduated on November 22, 2013 take a group photo immediately after the dissemination event*

## Medium Term Fellowship's M and E and CQI merged to Create Health Services Improvement Course

In October 2013, following a stakeholders' meeting, it was agreed that there was no need to continue to run M&E and CQI as independent tracks under the Medium-term

Fellowship Program. As a result, the two tracks were merged into the "Health Services Improvement Course". The first enrollment for the new course was in March 2014 with 49 Fellows enrolled from 16 districts across the country. The "Health Services Improvement Course" was designed to target frontline health workers working with Health Center IVs and general hospitals; and trainees were enrolled from poorly performing (representing 60% of the total enrolment), middle-level performing (20%) and the best performing (20%) districts based on the National District League Table Trainees were drawn from 21 (14 health Center IVs and 7 general hospitals) health facilities in the 16 districts selected to participate in the course. By the end of June 2014, the number of Fellows that was still enrolled had dropped to 42, after seven Fellows opted out due to lack of interest in the course or work-related conflicts.

In addition to the support provided to both the Medium-term and long-term Fellows during the course of their training, the program supported five long-term Fellows to publish journal articles on their work and all the long-term Fellows to attend national and international conferences/

## New short courses in Water, Sanitation and Hygiene

The Department of Disease Control and Environmental Health started a short course in Water, Sanitation and Hygiene (WASH). This course targets individuals working in the WASH sector requiring improved knowledge and skills to adequately execute their duties. This 8 weeks programme of study enables participants spend 4 weeks at MakSPH while 4 weeks are spent at suitable work places/field sites to gain exposure in WASH aspects. The course will be offered annually during the University Semester II recess term (June – August). The first intake was in June 2014 with 15 participants who all completed the course.

"The short course in WASH has increasingly become popular and we expect to receive a higher number of participants in the next years not only from Uganda but other countries in East Africa. On completion of the short course, these participants play an important role in promoting environmental health in local government, non-governmental organizations and the private



sector”, said Mr. David Musoke, the course coordinator.

During the ceremony to award certificates, the MakSPH Dean Prof. William Bazeyo urged participants to continue working on the projects they began during the course. More information on the short course can be found on the MakSPH website.



*The first intake of WASH participants after completion of the course. Second left (front row) is Dr. John Ssempebwa, Chair, Department of Disease Control and Environmental Health*

## The Trauma, Injury and Disability Initiative trains more

Eight fellows supported by the TRIAD successfully completed their Masters programmes. In 2015, five fellows were enrolled to the programme.

The TRIAD programme has so far trained 13 fellows and more 3 will be trained. Soon the grant will end but hopefully there will be other sponsors. The TRIAD team requests academic institutions, NGOs, and Public and private sectors that have programs dealing with reduction of Trauma, Injury and Disability to make maximum use of these graduates. This is one way of promoting the programme. The work is enormous, requiring a critical mass to plan, implement and evaluate programmes aimed at reduction of Trauma, Injury and disability.



*3rd cohort at Johns Hopkins University*

## Department of Epidemiology and Biostatistics

### Sciences Knowledgebase Gains Traction

Makerere University Sciences Knowledgebase (MUSK) system gained popularity among students. MUSK is an internet platform that essentially is used as an internet-based repository of teaching and learning materials. Increased use has created a big debt on the academic staff side as materials are still old or not updated.

### Assignments Software at the School of Public Health Improves Course Delivery for MPH-DE

**MUSPAS-** Makerere University assignments software continues to help distance students by allowing uploading of all progressive assessment files from students. The website is <http://muspas.musph.ac.ug/>. The School has 85 students in Year 1 and over 110 in year 2 and year 3 of MPH-DE education. Without such a software handling assignment would be very difficult. Previously each student sent email and would stress the administration with a demand to get an email confirming receipt of assignment. Now the system sends an email confirming receipt and on one click the administrator downloads all coursework files from students.



## New Masters Programme being developed

A Masters in Health Informatics was developed and approved at School and College levels. It was later submitted to the Directorate of Research and Graduate Studies.

## Online Discussion Forum Initiated for Improved Distance Learning Outcomes

The Department of Epidemiology and Biostatistics activated an online discussion forum to improve the learning experience for the distance education students. This forum, using adobe acrobat as a platform has been very instrumental in the remarkable improvements noted in the Applied

Epidemiology 1 course. This form of teaching is spearheaded by Dr. Victoria Nankabirwa.

The Department has stepped up efforts to encourage discussion groups as one way of fighting failure and on time non-completion among distance education students. All over the world these two are common problems among distance learners. Each student is advised to belong to a discussion group and get actively involved in the discussions. The department is encouraging any staff member who happen to have spare time to attend for at least a short time by skype. Already some staff have managed to reach the students and it is believed this has contributed to the improvement in results especially in Epidemiology. The following photo shows students in a discussion group that meets around Mulago in Kampala.



*MPH-DE students attending a discussion group*

## Department of Health Policy, Planning and Management

### Master of Public Health Curriculum Review Process commences

In August 2015, Makerere University School of Public Health commenced the process of reviewing the Master of Public Health Curriculum. The objectives of the curriculum review include:

- 1) Conduct a rapid assessment of the Master of Public Health programme to specifically review: competencies, and quality of program -mode of delivery, tracks systems, admission criteria, experiences of students



- 2) To ensure the Master of Public Health Programme is properly aligned with the current context hence ensuring its relevance
- 3) To generate a framework in which graduate programs in MakSPH will align going forward
- 4) To develop a framework for strengthening coordination and implementation of Master of Public Health programme curriculum implementation
- 5) To develop appropriate training materials for the MPH programme

The curriculum review process focuses on the MPH program aspects (among others) like: admission criteria (requirements), MPH program tracks, teaching methods and quality, methods

of offering the program (Fulltime, distance etc), quality of graduates produced versus the public health challenges to be addressed, review of MPH competencies and field placement (field training).

## **Support to MPH Students Continues**

MakSPH-CDC continued to offer support to the MPH Program by supporting students' tuition, field training sites and funds for field projects. By the end of 2013, 26 Year II MPH and 17 Year I students were supported; the 26 students have since completed their training. Currently, the 17 Year II MPH students and the 20 First Year MPH students are being supported. During the reporting period, 22 students were supported to make presentations at national and international conferences.



## 2. Research And Innovation

### Department Of Disease Control and Environmental Health

#### One Health Central and East Africa (OHCEA) promotes One Health Research

Faculty from MakSPH and College of Veterinary Medicine, Animal Resources and Bio-security (COVAB) participated in the One Health Research Champions Leadership Workshop at Speke Resort Munyonyo in Kampala, Uganda. The workshop was one of the key activities implemented under the OHCEA Research Innovations projects. There were 24 participants to the workshop (4 per country) who were faculty at OHCEA institutions, with a minimum of one female participant from each country. The goal of the workshop was to activate a regional interdisciplinary research network dedicated to producing significant applied research that provides strong evidence for the strategic management of One Health programs and projects throughout Eastern and Central Africa. The key deliverables from the workshop included identifying One Health regional

research priorities; developed six research concepts that the teams hope to develop into full proposals; and drafted six cases that are to be refined and used by the different institutions for case-based learning.

#### ResilientAfrica Network (RAN) to strengthen resilience against shocks and stresses in targeted African communities

ResilientAfrica Network (RAN) [www.ranlab.org](http://www.ranlab.org) is a five-year USAID-funded programme hosted at Makerere University School of Public Health since 2012 with a mandate to strengthen resilience in targeted African communities through University-led, local, innovative solutions using evidence-based approaches. RAN is one of the eight global development labs through which the Higher Education Solutions Network (HESN) taps into a global pool of expertise to accelerate innovation through the discovery, creation, testing and scaling of efficient; cost-effective, accessible and sustainable solutions to global development challenges. In collaboration with Tulane University's Disaster Resilience Leadership Academy (DRLA), Stanford University, and Center for Strategic and International Studies (CSIS) all located in the USA, RAN is equipping 18 communities and local stakeholders situated in the Eastern Africa Resilience Innovation Lab (EA RILab), Horn of Africa Resilience Innovation Lab (HoA RILab), Southern Africa Resilience Innovation Lab (SA RILab) and West Africa Resilience Innovation Lab (WA RILab) to more effectively recover from shocks and stresses as a result of climate change and chronic conflict, recurrent drought, food insecurity and low income generation, and rapid urbanization. Within Africa, RAN brings



Participants at the Women's Leadership in Research Roundtable Discussion'



together 20 Universities in 16 countries to identify, develop and scale innovative solutions that will strengthen the resilience of African communities.

RAN's objectives are three pronged;

1. To design and operationalize a scientific, data-driven and evidence-based resilience framework for Sub-Saharan Africa.
2. To strengthen resilience at the individual, household and community levels through innovative technologies and approaches.
3. To enhance and share globally resilience-related knowledge by engaging students, faculty, staff and development experts from around the world to collaborate on solving resilience-related problems.

In this reporting period, RAN achieved three major strides in the programme:

1. With University, support from Tulane University successfully conducted community consultations for assessment of resilience factors in 15/18 target communities in ¾ RILabs utilizing focus group discussions and key informants to develop and define qualitative resilience dimensions. Some key resilience dimensions that were identified include: Wealth Livestock, Psychosocial Health Infrastructure, Governance, Social Capital (Human capital), Environmental Agriculture, Security, and Justice and protection. In 2/3 RILabs, the preliminary findings of the resilience dimensions were shared in community stakeholder forums. The forums used participatory approaches to foster discussions on the preliminary research findings and to generate useful comments and suggestions on stakeholders' experiences in resilience programming.
2. RAN, in partnership with the Center for Deliberative Democracy (CDD) at Stanford University conducted deliberative Polls in July 2014 in two districts of Bududa and Butalejja. These events marked the first deliberative polls to be conducted in Africa and they attracted a sample of over 400 participants as depicted at <http://www.ranlab.org/ga/ran-deliberative-polling-intervention-strategy-workshops-photos> The themes focus included resettlement

management ; land management solutions and population pressure. The implementation strategy was done in five steps; Desk reviews of consultations to identify policy options, pros and cons; random selection of representative samples; conducting baseline opinion polls; inviting the sample to facilitated deliberation; qualitative documentation of community concerns; and post deliberation opinion poll. Using this innovative approach to opinion counting known as Deliberative Polling®, community opinions about policy can change with sufficient participatory dialogue and the policy process can be greatly enhanced by employing human-centered design.

3. RAN, with the support of Stanford University and using the ChangeLabs' large-scale transformation methodology, conducted resilience innovation visioning and ideation workshops to all RILabs. The videos of the innovation visioning workshop are available at <http://ranlab.org/workshop/Innovation-Visioning-workshop.3gp>. In these trainings, participating students and faculty were introduced to the key concepts of design thinking and actively participated in hands-on exercises meant to reinforce their understanding of these concepts that prepare them better in identifying and solving resilience challenges.

RAN carried out problem framing and identifying interventions using two approaches (a) Crowd-sourcing of innovation through exhibitors which aimed at identifying innovations that were already underdevelopment and that were aligned with RAN's resilience themes. Using this approach the EA RILab sourced five innovations:

Improved Push and Pull Technology; Uhearing the potential of Earthworms, low cost solar irrigation pumps, Mutibabu and ROOTIC that exhibited potential for incubation in the EA RILab. The HoA RILab identified three innovations; Manual Oxygen Backup Device Innovative Technologies in Rain Water Harvesting, and Nutrient Utilization of Sheep and Goats (with supplemental ingredients) and these are still under consideration for incubation to the HoA RILab. (b) The second approach is



the Design-thinking based co-creation approach which brought together a diverse group of stakeholders ranging from thematic experts, public sector, private sector, academia and development partners, as well as community representatives in an intensive 3-day intervention strategy workshop (ISW). In the EA RILab, the workshop resulted into two final intervention pathways; ZUKUSA! Disrupt agricultural practices and markets for resilience and ‘I CAN – Empower me to thrive’ and a total of eight sub-challenges; available at <http://www.ranlab.org/wp-content/uploads/2014/11/RAN-Poster-with-Tracks-and-Sub-Challenges.pdf>. A request for Applications (RFA) addressing Resilience Innovation Challenges for Adverse Climate Effects (aka RIC4ACE) was written and made available to the general public at [www.grants.ranlab.org](http://www.grants.ranlab.org) for promising innovative solutions to consider for funding and incubation in the EA RILab innovation space. The HoA RILab ISW on the recurrent drought resulted in three priority intervention pathways; Safe water for all; Diversified and market-oriented livestock production and diversified and sustainable livelihoods and a draft RFA was in the initial stages of development. Snapshots of the workshops are available at <http://www.ranlab.org/ran-deliberative-polling-intervention-strategy-workshops-photos>.

## **The Resilient Africa Network makes Innovation in-roads in African Universities and Communities**

This year, the Resilient Africa Network (RAN) on-boarded University of Nairobi, Muhimbili University and Bule Hora University as part of the network of 20 African Universities in 16 countries. With the Community at the core of RAN’s resilience and innovation agenda, RAN has on-boarded 10 more communities, bringing to 28, the total number of targeted communities who have so far participated in assessment, analysis, and evaluation of innovations, technologies, and approaches supported with HESN Development Lab.

## **Innovation programming:**

Four Intervention Strategy Workshops (ISWs) and two Collaborative Resilience Intervention Design workshops were conducted, resulting in completion of all ISWs targeted under the current award (A snapshot of the workshops is available at <https://www.facebook.com/media/set/?set=a.1091051910922842.1073741904.606597569368281&type=3> and <https://www.facebook.com/media/set/?set=a.1008721212489246.1073741884.606597569368281&type=3>); these, together with the Deliberative Polls resulted into translation of resilience assessment findings into 21 priority intervention pathways for resilience building across target communities in Africa. At least 20 innovative ideas received indirect support through RAN’s innovator outreach activities across the network including pitch sessions, involvement in international events, and co-creation sessions.

## **State of Resilience Report in Africa widely disseminated.**

RAN with its partners, following a thorough methodology of country assessments and review produced the first ever detailed State of Resilience Report which has since been widely disseminated. This report was launched in three countries: United States of America, Uganda and Nairobi where various officials participated. Its dissemination boosted RAN’s status as a key player in understanding resilience in the region. The report provided a nidus for a growing strategic relationship with Intergovernmental Authority on Development (IGAD).

## **Enhanced HIV Surveillance for Most at Risk Populations**

Makerere University School of Public Health (MakSPH) Enhanced Surveillance Cooperative Agreement (CoAg) aims to establish strong surveillance systems for the Most-at-Risk Populations (MARPs) in Uganda that will periodically and routinely provide reliable quality data for evidence-based HIV programme improvement and adjustments in the context of the target populations. In 2014, the Balanced Surveillance project incorporated new studies; the Violence Against Children Survey (VACS)





*Left; Research Assistant collecting data from participants, and Right; one of the landing sites where the survey was conducted*

and Epsilon in addition to the Crane Survey and fishing community survey.

### **i) Fishing community survey**

The Focus of the Lake Kyoga Fishing community HIV Bio-behavioral Survey is to document prevalence of HIV syphilis and schistosomiasis in the Lake Kyoga region. Results of this survey will provide insights for eventual expansion of surveys and surveillance activities that will include other fishing communities and other MARPs populations.

Data was collected in eight districts around Lake Kyoga. The districts covered included; Amolator, Apac, Dokolo, Kaberamaido, Kayunga. From these districts, 40 landing sites were selected. All together 1822 participants were interviewed, 25 Focus group

discussions and 71 in-depth interviews conducted. The prevalence of HIV, Syphilis and Schistosomiasis among fishing communities in the Lake Kyoga region was 14.3%, 7.8%, and 48.9% respectively.

### **ii) Crane Survey**

The Crane Survey is an HIV and health-related survey project that focuses on generating HIV-related strategic information about persons at high risk for HIV infection. The project objectives include identification and recognition of selected high risk groups, monitoring trends in prevalence at HIV and other selected sexually transmitted infections (STIs) and identifying and describing risk factors associated with HIV infection and related transmission risk behaviors.



*Deaf clients undergoing counseling using the Video Computer Assisted Self Interview at Crane Survey offices*



The following are some of the activities that were accomplished in 2013/2014.

- a) **Sampling of urban-settled refugees;**  
Altogether 1339 participants were sampled of these 1336 were offered HIV and syphilis testing, 86 were HIV positive and two (2) were syphilis positive.
- b) **Completed sampling among Men who have sex with Men (MSM);**  
A total of 600 MSM were sampled. Findings from this survey were disseminated to key stakeholders.
- c) **Sampling among the deaf and hard-of-hearing;**  
This survey has been running since February 2014 and 791 participants have been enrolled by the close of the reporting period.
- d) **Female sex workers Atlas;**  
A Female Sex Workers' atlas was completed and distributed to respective service providers to enhance service delivery in this population.
  - iii) **Epsilon study**  
The main objective of the Epsilon survey is to estimate the rate of misclassification among diagnosed HIV patients. This project is implemented under collaboration between Makerere University School of Public Health, CDC and TASO as the implementing partners of the 2000, participants who are targeted, 1387 had been enrolled by the size close of the reporting period.
  - iv) **The Violence against children Survey (VACS)**  
The Violence against children Survey (VACS) seeks to collect information which will be used to estimate the prevalence of emotional physical and sexual abuse against children in Uganda. During this time, the VACS protocol was developed and submitted to Makerere University School of Public Health Ethics Review Board. This protocol was approved and has been submitted to CDC and Uganda National Council of Science and Technology (UNCST) for further approval. A consortium including Ministry of Gender, Labour and Social Development, Child Fund Uganda, AfriChild, UNICEF, UBOS, CDC, TPO Uganda, USAID, University of Colombia, USA, Makerere University College of Humanities and Social Sciences (CHUSS) and Makerere University School of Public Health will jointly implement this survey.

## Ministry of Health-Global Fund supported studies

Ministry of Health, with funding from The Global Fund for HIV/AIDS, TB and Malaria has partnered with MakSPH to supplement various studies, which started in 2013 including the PMTCT option B- study and the Key populations study.

## Implementation of life-long ART for PMTCT in Uganda: Towards Virtual Elimination of Mother-To-Child Transmission of HIV in Uganda

The Prevention of Mother-to-Child Transmission (PMTCT) life-long antiretroviral therapy (Option B-) study is a two-year Global Fund project currently being implemented by MakSPH in collaboration with Ministry of Health, Uganda started implementing option B- for PMTCT in October 2012, Option B- involves initiation of life-long highly active antiretroviral therapy (HAAART) for all pregnant HIV infected women irrespective of their CD4- cell count. This study aims to address some of the major concerns and knowledge gaps including uptake, long-term retention for women and adherence across various stages pre- and post-delivery and breast feeding as well as health system needs and gaps in the scale-up of life-long ART. The study is currently being implemented in three districts; Luwero, Masaka and Mityana. By 31st July 2014, this 18-month cohort study had enrolled 460 HAART naïve HIV infected pregnant women out of the targeted 500 women. The study is scheduled to be completed in February 2016.



*Women visiting at the MCH unit, Masaka Hospital. Standing in front is a mentor father who also serves as an expert client/counselor*



## Barriers to and opportunities for increasing access to HIV services among men who have sex with men and sex workers in Uganda

This study was conducted in 12 districts to document the barriers and opportunities for increasing access to HIV services among key populations (men who have sex with men and sex workers) to inform the scale-up of HIV services among key populations in Uganda. Twenty four (24) focus group discussions were conducted with female sex workers and 61 key informants interviewed in the 12 districts. Additionally, 85 semi-structured in-depth interviews were held with self-identified MSM in 11 districts. This study was completed; data analysis and report writing is ongoing



2014 DHS Fellow Data Users Workshop in Addis Ababa

## Department of Health Policy, Planning and Management

## Department of Community Health and Behavioral Sciences

### Department staff Trainer in the Demographic and Health Survey (DHS) program fellowship in population and health

In 2014, **Simon Peter Kibira** was involved as Trainer in the Demographic and Health Survey (DHS) program fellowship in population and health. This Fellowship builds capacity of faculty from African Universities in National health surveys implementation and data analysis. The 2014 fellowship had two workshops held in April and June 2014 in Ethiopia and Rwanda. Simon was involved in training faculty from African universities of Ethiopia, Rwanda and Tanzania and mentioned them to publication of working papers. The fellowship is hosted by ICF international, USA and funded by USAID.

### Achievements in the Maternal Newborn Study (MANEST) VHT Component

The overall goal of MANEST is to learn how to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers and improving newborn care and uptake of PMTCT through home visits by Village Health Team (VHT) members essentially community health workers, within the existing health system in Uganda.

Under the MANEST research initiative, a total of 605 VHTs went through a five-day training course in community based maternal and newborn care between July and August 2013. The training methods involved role plays, demonstrations and small group discussions and a practical field visit session, and to a lesser extent lectures to enable adult learning and skills acquisition. This was followed with official commissioning of the VHTs in Luuka District in December 2013 in the presence of MOH officials, district woman Member of Parliament and district technical and political teams.

Since the training, VHTs have registered and dialogued with over 24,000 pregnant women





*Trained VHTs in Bukooma Sub-County, Luuka District displaying their certificates*

in one year. Three rounds of quarterly support supervision meetings with VHTs were conducted in all the three HSDs during the reporting period. Consequently, there are improved maternal and newborn care practices reported such as improved deliveries in health facilities. For instance Bugaya HC III delivered 78 mothers in January 2014 compared to 15 deliveries in July 2013, at the beginning of the implementation. The linkages and relationship between VHTs/ community and health workers have also improved markedly resulting into improved care of the mothers and their newborn babies at the health facilities.

### Health Systems Strengthening



*Some of the VHTs during the VHT commissioning in Luuka District*

A total of 131 health workers (94% of the target) were trained between August and September 2013 as part of health facility strengthening component to enable frontline health workers provide quality care services to mothers and newborn babies referred or otherwise delivered at the facility. The course aimed at building frontline health workers skills in maternal

and newborn care; thus the methods mainly involved practical sessions in the hospital and demonstrations using mannequins. The training course intended to address the main causes of maternal and newborn morbidity and mortality. Accordingly the focus was mainly on infection control, management of labour using a partograph, management of antepartum and postpartum hemorrhage, post-abortion care and hypertensive diseases management. In case of newborn care we focused on routine newborn care, resuscitation of a newborn, care for preterm/LBW babies including kangaroo mother care (KMC) and management of a sick newborn baby. Following the training support supervision and monitoring was conducted quarterly by national and district level experts (Pediatrician, Obstetricians and Midwives) in all health facilities in order to support knowledge translation.

These rounds of bonus payments were given to the health facilities which conduct deliveries; this enabled health facilities to procure essential supplies and equipment including: Resuscitation equipment, Blood Pressure machines, Stethoscopes, Lighting sources, Hand washing facilities, etc. forty percent of the bonus payment was used as motivation incentives for health workers.

A maternity ward of Kagulu HC II was opened in December 2013 through community support initiative to improve accessibility to maternal services and was a consequence of community demand resulting from VHT mobilization.



## Transport Component

The motorcycle transporters (boda boda riders) were oriented and recruited on the project through signing contracts which were effective from October 2013 and ending December 2014. The fares and modes of payment were discussed and transporters agreed upon payments by mobile money using Airtel Telecom service provider, VHTs started recruiting pregnant mothers residing at more than five kilometers to a health facility to utilize the transporters for the one way voucher.

## Lessons learnt

- Active participation of community through VHTs can improve demand challenges; however, VHTs require close follow up for motivation and to reinforce their skills. In addition, VHT associations/Saving groups improve VHT performance
- Regular support supervision and mentoring are critical to improve health workers' performance, Bonus payments/incentives improve health workers' attitudes hence improved performance to some extent. However, capacity building /engagement of the District Health Team/DHMT is important for better management of programmes.
- Payment of transporters (boda bodas) using mobile money is easier, safer and faster. However, ensuring constant availability of night transport is a challenge especially for hard to reach areas due to fear of insecurity in the area.

## MANIFEST Boosts Maternal and Newborn Health in 3 Eastern Districts

The second half of 2013 saw the start of the full implementation of most of the district-based activities of the Maternal and Neonatal Implementation of Equitable Systems (MANIFEST) study in Kamuli, Pallisa and Kibuku.

The three year (2013-2015) study is building on work done by the Uganda Newborn Study (UNEST) project conducted in Iganga and Mayuge districts that involved the use of community health workers (CHWs) and the Safe Deliveries study in the districts of Kamuli, Buyende and Pallisa that used a voucher scheme to increase access to maternal and newborn care services.

Both interventions were successful in increasing utilization of health facility delivery and newborn care services. However, scale up and sustainability became a challenge outside of the pilot districts.

Therefore, MANIFEST attempts to generate evidence that can contribute to solving barriers to successful scale-up of these pilot interventions. Investigations on mechanisms for mobilizing and using locally available resources and existing structures in a sustainable manner to improve access to quality maternal and newborn health care are currently going on.

## Community mobilization and sensitization

The project works with community members to improve birth preparedness and access to transport for maternal and newborn services. Community health workers (popularly known as VHTs or Village Health Teams) visit mothers to help them; to teach them about birth preparedness, community dialogues, create spaces to discuss problems and solutions related to mothers and newborns, and radio sensitization programs and spot messages raise awareness.

## Progress

Over the past year, more than 20,000 pregnant women and 14,000 newly delivered women were registered and visited by VHTs. A total of 104,041 people have attended community dialogue meetings in the three districts to date, way beyond the study target of 37,997. Through the home visits, mothers are beginning to appreciate positive care practices more for example, regarding immediate breast feeding; we stand at 98% up from the 60% at baseline and was beyond the 70% target by the end of the study.



Also, VHTs have strengthened the health information systems where key issues that are not captured in the HMIS; reports are reported. For example, in this reporting period, VHTs reported 145 low birth weight babies born and 146 newborn deaths; which is contrary (underestimated) to what is reported in the HMIS.



*A community Dialogue Session in Progress in Kibuku District*

### Savings and Transport Schemes

Communities are helped to create linkages between households, saving groups and transporters to improve access to hospital transport for maternal and newborn health services.

#### Progress

A total of 348 saving group leaders and 348 transporters were oriented with an aim of encouraging mothers and households to save funds to meet maternal and newborn health needs especially transport costs. And as at end of August 2014, a total of 1,260 saving groups had an MCH (maternal and child health) fund, and members are already appreciating the initiative.

*“When the labour started we did not have readily available funds for transport to hospital, but our savings in the group came in handy; let those who have not started such groups do immediately because they are very beneficial”, said Miriam Kisakye of Twambagane Saving Group in Kamuli District.*

Comparing the baseline and the midterm results, the percentage of women who save for MCH services increased by 63.3% in the intervention area (10% to 73.3%) and by 58% in the control Area (10% to 68%).

### Health Systems Strengthening

MANIFEST works with health service providers by providing refresher trainings for health workers to improve their knowledge and skills in basic and emergency obstetric care, and training health managers in health services management. Other initiatives include improving support supervision, mentorship and recognition of hardworking health workers at biannual health symposia.

#### Progress

So far, 60/80 health facility managers and 2/3 DHOs (Kamuli and Pallisa) completed management training. As a result, there has been marked improvement in the management of health facilities and services at district level. This can be illustrated by the improvement in the coordination of activities, quality care and management initiatives carried out thus far.

A spirit of positive competition has been ignited among the health workers through the health worker symposia where we have seen health facilities and health workers alike progressively improving at each subsequent scoring. Remarkably, in Kibuku district, the district health officer is planning to introduce a rewards activity to motivate health workers as a way of sustaining the work started by the health worker symposium.

At facility level, the use of partographs to monitor labour progression has greatly improved owing to the regular support supervision and mentoring



*Best performing health workers being rewarded at health workers' symposium in Pallisa*



visits. Practical obstetric and newborn care skills have equally been boosted.

## Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) Embarks on Final Phase

The year 2015 marked the beginning of the implementation of the final phase of the MANIFEST study implemented by MakSPH in partnership with the districts of Kamuli, Kibuku and Pallisa in Eastern Uganda.

With an aim of improving maternal and newborn indicators in the three districts using locally available resources, the study largely implemented community mobilisation and sensitization, as well as health systems strengthening activities.

In order to facilitate sustainability, the final year saw a deliberate integration of project activities into already existing structures with minimal support, especially financial into existing ones.

The trained 1,691 community health workers continued visiting homes to educate families on birth preparedness and how to take care of mothers and newborns in their respective communities. Community Dialogues moved from village level meetings to the smaller saving groups to facilitate meaningful dialogue. The MANIFEST radio talk shows were also scaled down and integrated into existing ones, while as radio spots continued until the third quarter of the year.



*A VHT visits a home in Kamuli*

By November 2015, all the formed 1500 savings groups had funds for supporting maternal and child healthcare needs including payment for routine and referral transport. The increased formation of saving groups has been attributed to several factors: The comprehensive awareness campaign that made members of the community realize the importance of saving some money to meet the requirements of the mother and newborn during pregnancy and after birth; Women realized that much as receiving assistance from their husbands was important, they could start saving for their needs on their own, in cases where their husbands were not supportive; Lastly, the Community Development Officers helped the community members to start new groups and they also encouraged more community members to join these savings groups.



*A saving group meeting in Kamuli*

The last batch of 30 health workers enrolled for the certificate course in health services management this year at Makerere University School of Public Health. When the current cohort completes the course, it will bring to 90 the total number of beneficiaries, thirty from each district.

## The Knowledge Translation Network (KTNET) Africa

The Knowledge Translation Network (KTNET) Africa project was launched in November 2013 with an overall aim of supporting the uptake of the research evidence generated in health systems policy and practice in low and middle income countries (LMIC). Specifically, the project seeks to achieve four objectives including ; hosting a shared platform for knowledge translation (KT) across eight coalitions; building KT capacity among the eight coalitions and relevant stakeholders; supporting KT activities across the network by providing technical



support and competitive KT targeted small grants and assessing the KT effects across the network so as to identify and document best practices. Currently, the project supports eight research coalitions across 8 Sub-Saharan African countries including; Uganda, Rwanda, Burundi, DR Congo, South Africa, Ethiopia, Ghana and Senegal. These coalitions are implementing health systems-related research projects categorized under four thematic areas; service delivery (maternal newborn and child health), health financing (community-based health insurance initiatives), medical supplies and technologies (laboratories) and governance (accountability and community initiatives), building sessions for coalition partners, provided technical and financial support to coalition partners, shared learning through peer reviewed journal publications and blogs as well as organized a successful annual partners' meeting 2015 in Addis Ababa, Ethiopia..



*Coalition partners from Burundi and DR Congo were supported by KTNET Africa to engage their stakeholders to identify and prioritize interventions based on their research findings*

In its first year of existence, KTNET trained more than 30 researchers, 25 media practitioners, 19 health service providers and 16 policy-makers from Ghana, DR Congo, Burundi and Ethiopia on how to package, communicate, interpret, use and/or support the use of research evidence to support policy and practice. The project was authored more than 25 blog articles and one peer reviewed journal publication titled: Evaluation of a health systems knowledge translation network for Africa (KTNET) a study protocol accessible at <http://www.implementationscience.com/content/9/1/170> and <http://ktnetafrica.net/blog> respectively. Additionally, the project has

awarded KT stakeholder engagement grants that have enabled coalition partners from Burundi, Rwanda, Ethiopia and DR Congo to engage their stakeholders and disseminate their research findings. Furthermore, KTNET has provided technical assistance to 7 out of 8 coalition partners that have enabled them to develop their KT work plans, produce five policy briefs and six newspaper articles about their research. At the recently concluded Global Health Symposium in Cape Town South Africa, KTNET held a joint session presentation for partners. The purpose was to present the multiple user perspectives of evidence use at different policy stages and strategies used to adapt evidence by different institutions.

Over the coming year, the project plans to strengthen the networking component through supporting partners to write and submit joint session conference abstracts and authoring joint publications. The project will also provide competitive KT targeted small grants to facilitate networking between and/or among coalition partners working on related thematic areas. KTNET will also continue to provide technical support and build capacity of partners on how to package and communicate research findings to their intended target audiences. Through supporting planned stakeholder engagement activities including packaging evidence for various audiences, policy dialogues, media engagement and community dissemination workshops, the project plans to identify and document best practices across the network.

## Health Systems Strengthening

The last batch of 30 health workers enrolled for the certificate course in health services management this year at Makerere University School of Public Health. When the current cohort completes the course, it will bring to 90 the total number of beneficiaries, thirty from each district. Three health workers' symposia were held this year – one per district - for purposes of sharing experiences and recognizing the best performers and facilities in the delivery of maternal and newborn health services. Similarly, six mentorship visits, as well as two support supervision visits have taken place in all districts during this year.





*Best performing health workers being recognized in Pallisa*

## Results

At the time of compiling this report end line data was being analyzed with final results expected in early 2016.

### MANIFEST in Brief

MANIFEST was a 4 year study (2012-2015) study involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study employed a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. For more information, visit <http://mnh.musph.ac.ug/index.php/research-projects/on-going-projects/manifest>

## UGANDA NATIONAL POPULATION BASED TUBERCULOSIS (TB) PREVALENCE SURVEY

Uganda is still among the countries with a high tuberculosis (TB) burden, a situation which is compounded by the HIV epidemic. Tuberculosis (TB) is caused by a bacteria called mycobacteria tuberculosis. TB can affect any body part but 80% of the infections occur in the lungs (lung tuberculosis). Lung Tuberculosis is a chronic debilitating illness characterised by a long standing cough (for two weeks or more), coughing up blood, body wasting, excessive night sweats and evening fevers. Lung TB is transmitted when a susceptible person breathes

in contaminated air (air borne) from a TB infectious person when he/she coughs, sneezes, laughs or sings. Therefore, transmission is controlled by putting infectious persons on effective TB treatment. Controlling tuberculosis in Uganda has been particularly difficult because of lack accurate and reliable TB data/information to inform policy, support effective planning and instituting effective TB control strategies. This scenario is attributed to incomplete routine TB surveillance system since some TB cases are treated outside the formal health systems in addition to lack of accurate and reliable epidemiological information on TB morbidity and mortality since the vital registration system that is meant to capture this data is yet to be revived.



*TB survey WHO-Technical Assistance team on Uganda Survey mission-2*





**TB Survey - Cluster operations**

To obtain accurate and reliable TB data/information, the School of Public Health, Makerere University on behalf of the Ministry of Health (MoH) conducted the first-ever nation-wide population-based TB prevalence survey with financial support from Global Fund (GFATM). Under this survey project which begun in September 2014, a total of 70 clusters that are located in 57 districts of Uganda with a total sample size of 40,180 respondents was surveyed before project in July 2015. Respondents aged 15 years and above who are residents of the selected clusters were screened using TB symptoms and chest x-rays (CXR) and those who emerged as screen positives were requested to submit two sputum samples (spot and early morning). The sputum samples were then subjected to TB laboratory tests (smear, GeneXpert and culture). Based on reported TB symptoms, CXR and laboratory findings, the Medical Panel (assembled team of TB experts) ascertained the TB status for each eligible respondent surveyed. All identified TB cases were notified to the district health care system through the District TB/Leprosy Supervisors (DTLS) for initiation of appropriate TB treatment.

The national TB prevalence was calculated based on the number of TB cases identified according to pre-defined case definitions in the study protocol. Findings from this survey will provide timely and the much-needed information to guide policy formulation/implementation,

support effective planning, help in assessment of impact of applied TB interventions, designing evidence-based interventions, determining progress towards national and international targets which together ultimately lead to better TB control.

Below is a summary of the survey results.

#### **Extrapolating to national prevalence:**

- Pulmonary TB prevalence, adults from survey (rate/100,000)  
401 (95% CI: 292 – 509)
- Pulmonary TB prevalence, children from surveillance (rate/100,000)  
36 (95% CI: 25 – 47)
- After step I: pulmonary TB prevalence, all ages (rate/100,000)  
223 (95% CI: 168 – 277)
- After step II: TB prevalence all forms, all ages (rate/100,000)  
253 (95% CI: 191 – 315)
- TB prevalence all forms, all ages (number)  
87,000 (95% CI: 65,000 – 110,000)



## Department of Epidemiology and Biostatistics

### Using Community Videos for Improvement of Maternal Health, Newborn and Child Health

In 2013/2014 Dr Juliet Ntulo and Dr Peter Waiswa won a Canadian Grand challenges award, to evaluate the feasibility of using locally made community videos by local community groups in local languages as a channel for behavior change to improve Maternal, Neonatal and Child Health among rural communities in Eastern Uganda.

In the picture below the videos were shown using a projector, screen and a generator in selected public places such as village public grounds etc. The videos were viewed as many times as possible by rural/semi illiterate postnatal and pregnant mothers.



*A group of community members gathered in a village church in Luuka district, watching a video that is designed to communicate simple maternal, neonatal and child health messages in the local language, Lusoga. The videos were designed by Dr. Julie Mutanda and Dr. Peter Waiswa from Makerere University School of Public Health with support from Grand Challenges, Canada to increase knowledge that can impact behaviour change among semi illiterate rural communities. Below is another group of mothers waiting to view the video in a village home.*



### Fish landing sites and HIV

Dr. Noah Kiwanuka working with Uganda Virus Research Institute-International AIDS Vaccine Initiative (UVRI-IAVI) HIV Vaccine Program in Entebbe, has done a lot of work in fishing communities along Lake Victoria in Uganda in which he has shown that the high HIV incidence in the general fishing community population of 3.5 per 100 person-years-at risk (pyar) and a prevalence of 28%. The finding implies that in those communities being a member of a fishing community per se (regardless of occupation) carries a 3 - 4 fold risk of getting infected with HIV compared to someone in general



Ugandan population. Up to 63% of new HIV infections in fishing communities are attributable to alcohol drinking and this a serious matter that needs urgent intervention. An assessment of HIV incidence, retention and willingness to participate in HIV vaccine trials shows the fishing communities are potential populations for HIV vaccine efficacy trials. Together with similar work by colleagues from the Medical Research Council (MRC) at UVRI and Rakai Health Sciences Program in Rakai, these findings have confirmed an earlier belief the fishing communities in Uganda as one of the most-at-risk (key) populations for HIV. He recently moved into TB research as well and he, together with Prof. Chris Whalen of University of Georgia, USA, are conducting a study in Lubaga division of Kampala on community TB transmission networks.

## Performance Monitoring & Accountability (PMA2020)-Uganda



*Some of the communities where the study has been implemented*

Following the London FP conference 2012 that promotes Family planning with aim of starting 120 million new FP users. Conducted in 7 countries using mobile technology (mobile-assisted data collection system) to collect data at community level, send it over the cloud server, before download for monitoring progress of FP indicators by 2020 (<http://pma2020.org>), 2013-2018.



*Left, Mr. Kibira contributing to a project discussion and Right; a project meeting in session*

PMA2020 is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, national-representative surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in ten countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Uganda is led by the Makerere University's School of Public Health at the College of Health Sciences (MakU/ CHS/ MakSPH), in collaboration with the Uganda Bureau of Statistics (UBoS) and the Ministry of Health. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation.





*Opening of the PMA2020 activities in Uganda – 2013*



*PMA2020 Supervisors' Training*

## Randomised Controlled BCG Trial

Dr. Victoria Nankabirwa and a team of scientists from Uganda, Norway and the Netherlands acquired funding to conduct a randomized controlled trial examining the effect of BCG vaccine timing on non-specific effects among HIV exposed but uninfected infants.



*The CISMACH team at the opening symposium October 15th 2013, Bergen, Norway. Photographer: Kim Andreassen/UiB*

This study is supported by the Centre for Intervention Science in Maternal and Child Health, CISMACH (<http://cismach.b.uib.no/>), at the University of Bergen. CISMACH was established as an international consortium, anchored at the [Centre for International Health at the University of Bergen](#) in Norway. Research institutions elsewhere in Norway and in Ethiopia, India, Nepal, South Africa, Uganda (Makerere University) and Zambia are partners in the consortium. CISMACH is also supported by the WHO and it was designated as a Norwegian Center of excellence in 2012.

## Strengthening Partnerships Research and Innovations for Improved Nutrition (SPIN)

World Vision Uganda (WVU) in partnership with Makerere University School of Public Health are working on a project called Strengthening Partnerships Research and Innovations for Improved



Nutrition (SPIN). The project, which is funded by World Vision Australia aims at establishing the effectiveness of 4 intervention models each in a separate subcounty and enhance capacity of WVU and Local institutions. The subcounties are Muduuma, Nkozi, Buwama and Mpigi town council. WVU trains and funds local institutions to run the intervention while MakSPH focuses on research procedures. The research was designed as a stepped wedge intervention study using parishes in SPIN project sub counties as clusters. According to the design the interventions were to be introduced in phases in each sub-county. The study effectively started in June 2014. The Investigators are Dr Nazarius M Tumwesigye (PI), Ms Florence Tushemereirwe (CI) and Mr Richard Kajura (CI). The field supervisors are Ms Gloria Naggayi, Mr Ronald Naitala and Ms Regina Nyamisha. In the picture below, one of the field supervisors Ms Gloria Naggayi is guiding one of the breakaway sessions during training of local institutions. The lead coordinator of the partnership is Ms Victoria Nabunya of World Vision Uganda.



*A field supervisor affiliated to MakSPH in the SPIN project guiding a training session and on the right one of the local institution staff supervising a kitchen garden*

## Study on Factors associated with Injuries among Boda boda riders

Early 2014, an agreement was signed between MakSPH and World Bank-funded Road Traffic International Research Network (RTIRN) to carry out a case control study to establish, among other things, the factors associated with injuries among motorcyclists (boda boda riders). The investigators were Dr N.M. Tumwesigye (PI), Dr L Atuyambe (CI), and Dr O Kobusingye (CI) and had just won the bid which was highly competitive. The staff are part of the Trauma Injuries and Disability research team.

The rationale for conducting the study is clear. In Uganda boda boda related injuries are on the rise and so far they contribute 75% of all road traffic injuries at the national referral hospital, Mulago. Road Traffic Injuries contribute 75% of all trauma patients at the same hospital. In Kampala city Authority, boda-boda related injuries are a leading cause of accident scene fatalities according to a study by Naddumba and others. Despite such glaring injury statistics, there is very little in-depth work published on factors associated with the motorcycle injuries in Kampala and the whole country. According to the structural plan Kampala City Council Authority (KCCA) aims at reducing the number of road traffic accidents by 50% by 2022 and there is a proposal to stop or regulate operations of boda-bodas in some parts of the city. The same plan targets increasing non-motorable transport to 50% but this is not possible at current high prevalence of boda-boda related injuries. These KCCA targets require research information to aid implementation as what is available is not sufficient. Beside implementation, the government, NGOs and other agencies involved in road safety need new information for advocacy, resource mobilization and sensitization about road safety.



*An overloaded boda-boda*

Picture from consultAfrika Usalama website



## Effect of Built, Natural and Social Environment on Diet, Physical activity and Body Mass Index in peri-urban and rural adults in Iganga-Mayuge Health and Demographic Surveillance Site

This study by Dr. Barbara Kirunda-Tabusibwa is aimed to describe the burden of malnutrition and investigate the effect of the environment on diet, physical activity and body mass index among adults aged 18 years and above. This study will generate information on the burden of adult malnutrition and relationships between the environment in peri-urban and rural settings and diet, physical activity and malnutrition in an African population so as to guide policy makers and public health practitioners to design appropriate targeted interventions that will help in mitigation of the burgeoning epidemic of obesity and other obesity related non communicable diseases. The potential usefulness of this evidence also lies in a possible better understanding of why peri-urban and rural populations are more vulnerable to malnutrition and malnutrition-related morbidity than urban populations.



*Mrs. Barbara Kirunda Tabusibwa together with Mr. Donald Ndyomugenyi, one of the HDSS staff in the field supervising data collection*

## Study to Understand Patient Pathways to HIV care in Uganda

This study was carried out by the Department of Epidemiology and Biostatistics and Abt Associates with support from the Strengthening Health Outcomes through the private Sector (SHOPS)

project in order to generate evidence that will help to understand patient pathways to HIV care in Uganda's mixed healthcare environments with an integrated continuum of HIV prevention, care and treatment. A total 1,200 participants from the 4 districts of Gulu, Jinja, Mbarara and Kampala were targeted in public, private-for-profit and private-not-for-profit facilities.



*Discussion with HIV Clinic In-charge at Lalogi HC IV (L-R: Edward Okello, Fredrick Makumbi & Simon Kasasa)*

## Developing Excellence in Leadership, Training and Science (DELTA) Training Grant

The Sub-Saharan African Consortium for Advanced Biostatistical Training (S2ACABT), a consortium of twenty African and northern institutions with the University of the Witwatersrand as the lead; and KEMRI-Wellcome Trust Research Programmes, Universities of KwaZulu-Natal, Warwick and London School of Hygiene and Tropical Medicine as co-applicants, has secured funding from the Wellcome Trust/AESA through the Developing Excellence in Leadership, Training and Science (DELTA). The Department of EPI/BIO of Makerere University School of Public health participated in the bid as a collaborating institution.

The funding will cover Masters and PhD programmes in Biostatistics in participating training institutions to develop and improve biostatistical skills among researchers, with an ultimate goal of creating research nodes of excellence to grow the discipline and a biostatistical network to nurture researchers with advanced skills and expertise. Right now the consortium is therefore calling for full time scholarship applications for Masters and PhD degrees.



For more information the applicants can check on the website

[http://www.wits.ac.za/academic/health/publichealth/phdgraduateprogrammes/10542/how\\_do\\_i\\_apply.html](http://www.wits.ac.za/academic/health/publichealth/phdgraduateprogrammes/10542/how_do_i_apply.html)

## **Nutrition and treatment outcomes: development of a Ugandan-Iris HIV/Nutrition Research Cluster NOURISH Project**

Poor nutritional status and food insecurity is associated with poor immune responses and adverse health outcomes among children and adults infected with and receiving treatment for HIV. Although Uganda's response to HIV/AIDS has been recognised to be relatively effective, there are emerging issues which require urgent attention.

NOURISH (Nutrition and treatment outcomes: development of a Ugandan-Iris HIV/Nutrition Research Cluster) aims to increase our understanding of the complex interactions between food security (i.e. when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy life), HIV/AIDS and socio-economic factors, to impact intervention programmes at national level and benefit the poor in Uganda.

Funded by the [Higher Education Authority](#) (HEA) and [Irish Aid](#) under the [Programme of Strategic Cooperation between Irish Aid and Higher Education and Research Institutes 2007-2011](#), the NOURISH (Nutrition and treatment outcomes: development of a Ugandan-Iris HIV/Nutrition Research Cluster) project is led by Trinity College Dublin with key partners Makerere University (Mak) and the Infectious Diseases Institute at Mak, Gulu University and the Joint Clinical Research Centre, along with supporting partners University College Dublin and Kings College London. The project is divided into four work packages (WPs) that cover the aspects of

- Identifying the need for good nutrition among the HIV+ children and adults (WP1)
- Identifying ways in which malnutrition can be minimized among the HIV+ children and adults (WP2)
- Methods of maintaining good nutrition in areas of food insecurity (WP3)
- Identifying the policy environment in the country covering these nutritional aspects and providing policy recommendations from the study findings (WP4).

In March 2015, the Trinity college team made another visit to Uganda visiting all the sites (Makerere University school of Public Health and the Infectious Diseases Institute at MU, Gulu University and the Joint Clinical Research Centre) where this work was being done.



# 3. Service to Community

## Department of Disease Control and Environmental Health

### The Centre for Tobacco Control in Africa (CTCA) Key achievements as of July 2014

July 2014 marked the end of CTCA's three years of operation and the end of the first phase of the centre's funding. At the time of its launch in November 2011, no one had an idea of how the Centre would turn out to be. It was a dream, spearheaded by WHO, Makerere University School of Public Health that hosts the Centre, funded by the Bill and Melinda Gates Foundation. Three years down the road we are happy to report that CTCA was indeed a worthwhile investment and has passed the test of time. We highlight some of the achievements over the three years.

During the phase, CTCA focused on six areas of the WHO Framework Convention on Tobacco Control (FCTC); Smoke free environments, Pictorial Health Warnings, Ban on Tobacco Advertising, Sponsorship and Promotion (TAPS), legislation, Tobacco Industry Monitoring, and Alternative Livelihoods. The Centre operated in five initial target countries including Uganda, Kenya, Mauritania, South Africa and Angola.

The following are some of the achievements in the reporting period:

#### **Increased Visibility:**

In order to establish itself as a viable Centre of Excellence, CTCA had to develop a recognizable brand among diverse tobacco control stakeholders including governments and non-governments both within target countries and non-target countries. This has been

achieved through a multi-pronged approach including production and dissemination of branded materials; a quarterly online newsletter provision of branded and useful toolkits as well as the CTCA website; [www.ctc-africa.org](http://www.ctc-africa.org). The materials are available in three languages; English, French and Portuguese. The Co-branding with Makerere University as the Host of the Centre also greatly increased the Centre's visibility and credibility. To date, the CTCA brand is a power to reckon within tobacco control on the African Region.

#### **Raising the profile of tobacco control in the Region**

CTCA has been largely commended for raising the profile of tobacco control in the region. This has been achieved through various advocacy and awareness raising forums, media outreaches, international and regional conferences as well as country activities. CTCA has produced a wide range of communication and advocacy materials to raise awareness about the dangers of tobacco in general and to advocate for specific interventions in each of the target countries. Such materials focused on advocating for the tobacco control policies as well as enactment of a comprehensive legislation in Angola, Mauritania and Uganda, and advocating for raising tobacco taxes.

#### **Provision of TC Technical Tools:**

In line with CTCA's mandate of offering technical support to governments, the Centre developed a set of toolkits that have been highly regarded as a useful resource for tobacco control practitioners in the region. The tools, developed with technical assistance from WHO, are based on CTCA's work with governments in some of its target countries. They are aimed at equipping



governments and other tobacco control actors with guidelines in the implementation of the various FCTC provisions. The tools are available on the CTCA website: [www.ctc-africa.org/publications](http://www.ctc-africa.org/publications) in three languages; English, French and Portuguese. They include; Methodology for capacity assessment for Tobacco Control; Tobacco Industry Monitoring tool; Data to Action Toolkit for Africa; Step-by-Step Guide on Developing Pictorial Health Warnings; Guide for country coordination Mechanism for TC; a tool for Developing tobacco control communication strategies in Africa and a fact sheet on taxation.

### **Facilitating the establishment of a Tobacco Control (TC) coordination mechanism for tobacco control partners:**

The Centre spearheaded the process of establishing a TC coordination mechanism by facilitating and supporting the creation of linkages for tobacco control between government and other partners. The mechanism was successfully piloted in Uganda and is being rolled out in Kenya and Mauritania. TC Coordination is premised on the fact that the WHO Framework Convention on Tobacco Control (WHO FCTC) requires governments to use coordination as a strategy for implementing

Tobacco Control at country level. Accordingly, the TC coordination mechanism is aimed at leveraging on the comparative advantage for the TC partners, reducing duplication and costs for implementation, building a critical mass to respond to Tobacco Industry interference, as well as improving multi-sectoral coordination.

### **Enhancing Communication Capacity of Countries:**

CTCA partnered with World Drug Foundation (WDF) to train government representatives and CSOs from six Afro Region countries in Mass Media TC communication. The training held in Kampala, Uganda (March 2014) was aimed at building the capacity of governments and CSOs from the participating countries to develop and implement best practices in carrying out Tobacco control mass media campaigns. The participating countries included; Botswana, Kenya, Nigeria, Rwanda, South Africa and Uganda.. they each developed country specific communication plans to be implemented within the available resources. Additionally, a communication tool has also been developed and disseminated to help countries develop effective tobacco control communication strategies.



WHO Representative Uganda, Dr. Alemu W. (in red tie) with mass media participants



As part of strategy to interest development partners into prioritizing tobacco control in their development agenda, CTCA carried out a Donpr's Pitch Program involving a number of partners in Uganda. The partners engaged included; DFID, USAID, UNICEF, World Bank, UNFPA, and the Italian Cooperation. All the partners assured CTCA of their willingness and commitment to support tobacco control initiatives as long as it is included in the National Health Sector Strategic Plan and is regarded as a priority by government. The Ministry of Health Kenya, with support from the WHO country office is in the process of organizing a similar pitching activity in Kenya.

Supporting World No Tobacco Day in target Countries:

The commemoration of World No Tobacco Day (WNTD) is one of the ways through which partners come together to support TC activities in countries. For the last three years of CTCA's existence, the Centre has religiously supported WNTD activities in each of the target countries. This is usually done in conjunction with WHO and other partners who pool resources together to support the activities spearheaded by MoH as per the year's theme.

### **Advocating for harmonized tobacco control policies within the regional political blocs:**

As part of the strategy, CTCA has developed and disseminated a taxation fact sheet to guide policy on taxation in the region: <http://www.ctc-africa.org/index.php/publications/881-tax-factsheet>

Additionally, the Centre, in conjunction with WHO, organized a meeting to order the technical staff of the East African Community (EAC) member countries on tobacco control and the need for tax.

### **Supporting the creation of a coalition of media practitioners to promote TC in the EAC region**

In conjunction with one of CTCA's Consortium Partners, Uganda Health Communication Alliance (UHCA), CTCA supported training of journalists in Uganda and Tanzania, and an orientation of the Editors Forum in Uganda. Two other dialogue sessions were held in Uganda



*MakSPH Dean & CTCA Director, Prof. William Bazeyo (extreme right), participating in WNTD walk, May 31, with WHO Representative Dr. Alem (centre), & MoH TC Focal Person, Dr. Sheila Ndyanabangi*

specifically focusing on the TC Bill so as to garner support for the TC Bill. Such sessions include an overview of the Health Burden of Tobacco, the WHO Framework Convention on Tobacco Control and the role of the media in Tobacco Control. And an interactive session which enables the media to interface with the TC technocrats and policy makers. In Uganda and interactions, as well as others supported by other partners under the TC coordination mechanism have been instrumental in raising awareness, creating demand for the TC Bill as well, and have also resulted into earned media for Tobacco Control in general.

Establishment of a tobacco control Networking Platform for Africa (NWP)

CTCA, in conjunction with WHO AFRO established the first ever virtual tobacco control Networking Platform for Africa (NWP), NWP, which is hosted by CTCA and convened by WHO AFRO is aimed at enhancing sharing of information, knowledge and country experiences among tobacco control Focal Points and ? TC experts. This is aimed at improving on the implementation of the WHO FCTC, at country level. To date, the Forum has been held twice in English and one in French. Two topics have so far been shared. The inaugural session focused on banning Tobacco Advertising, Promotion and Sponsorship (TAPS) where the Kenya Government spearheaded the discussion in English and the Government of Nigeria led the French discussion. The second topic covered experiences of countries implementing World No Tobacco Day and the Government of South



Africa provided the lead discussion, basing on the taxation theme for 2014. A total of fifteen (15) Countries have so far participated including; Botswana, Kenya, Mozambique, Nigeria, Rwanda, Zambia, Uganda, South Africa, Mauritania, Ivory Coast, Guinea, Mauritius, Niger and Mali.

## Partnership with Local Communities to Clean up Makindye

Makerere University School of Public Health (MakSPH) - Young Disaster Resilience Leadership Program (yDRL) in collaboration with Kampala Capital City Authority (KCCA) and the different communities within Makindye Division successfully conducted a community clean up on Friday 25<sup>th</sup> June 2015. The yDRL is a pilot program targeting youth in vulnerable neighbourhood in Kampala, Uganda.

The project that is aimed at reducing disaster risk in communities while building a network of young disaster resilience leaders was spear headed by People's Concern Children's Project

(PCCP) who identified the problem of poor hygiene in their locality. This prompted the people within this community to carry out a clean-up exercise with the involvement of other stakeholder that were invited to participate

Unlike other projects, this particular one involves children identifying the risks affecting their community and generate solutions thereafter with the help of facilitators from MakSPH.

"People still litter rubbish and throw them in trenches. Waste water is also poured in these trenches which is not good. We therefore want to create awareness through this activity and make people responsible instead of waiting for Makerere University School of Public Health to come to our rescue," says Mr. Abdu Nasser Mukasa, Councillor Makindye Division.

At the event the Strengthening Leadership in Disaster Resilience Program (SLDRP) in partnership with Makerere University School of Public Health donated equipment such as wheel barrows, brooms, gum boots, gloves, hoes rakes and spades so as to aid this project and to also create resilience within this community.



*Some of the PCCP pupils participate in the community clean up*



*Some of the PCCP pupils await allocation of responsibilities for the clean-up exercise*





*Some of the KCCA staff members arrive to participate in the clean up exercise*

## **Makerere University School of Public Health supports Community Health Workers in Wakiso district**

Makerere University School of Public Health (MakSPH) in collaboration with Nottingham Trent University (NTU), UK is implementing a project to strengthen the Community Health Workers programme in Ssisa sub-county, Wakiso district. The two and a half year project is hosted in the Department of Disease Control and Environmental Health with a focus on training, supervision and motivation of all village health team (VHT) members in the sub-county. Working closely with the Ministry of Health, it is expected that improving these three components of the VHT work will increase their motivation, satisfaction and performance in primary health care and public health. The other project partners are C3: Collaboration for Health (UK), and Wakiso district local government. The project Principal Investigator Dr. David Musoke noted that from earlier research done

among the VHTs, it was established that there were several challenges that they faced in their work. Therefore, the project was developed to address some of the major shortfalls in the VHT programme so as to enhance their performance. This project is supported by the Tropical Health & Education Trust (THET) as part of the Health Partnership Scheme, which is funded by the UK Department for International Development (DFID).

The project has so far trained 24 supervisors of VHTs on their roles and responsibilities, communication skills, management, data collection, reporting and record keeping. In addition, 198 CHWs have been trained on their roles, communication, record keeping, home visiting, health promotion, first aid, community mobilization, child growth and common diseases. Among these CHWs, 89 involved in integrated community case management (iCCM) of childhood illnesses (malaria, diarrhoea and pneumonia) underwent an additional training on use rapid diagnostic tests (RDTs) for malaria diagnosis, reporting using mobile phones (mTrac), and management of childhood illnesses.



*Village Health Teams in their t-shirts provided by the project display their certificates, umbrellas and gumboots after a training*



In addition, 3 motorcycles have been provided by the project to support transportation of supervisors of VHTs. The motorcycles are being used to delivery drugs and other supplies to the VHTs, as well as during supervisory visits which include collecting monthly reports from the VHTs and delivering them to health authorities.



*The 3 project motorcycles before being handed over to the community*

## The TRIAD Supports Fishing Communities with Life Jackets

In March 2015, the TRIAD launched the life jacket distribution as part of the project's objective to reduce drowning among the fishing communities on Lake Victoria.



*Dr Olive Kobusingye and Hon Sarah Opendi launch the life jackets that School of Public Health TRIAD project donated to the fishermen.*



*Some of the fishermen try out the life jackets and other safety gear they received*



## Department of Health Policy, Planning and Management

### The Department conducts Training for Mulago Hospital Managers

The training is a result of Mulago Hospital, Kampala Capital City Authority and the World Bank wanting to pay attention to systems and governance issue in addition to infrastructural development. At the beginning of the training, the trainers had concerned that the busy managers would not be able to get out of their offices for a training, but once the training commenced, they became very engaged. The training involves a lot of sharing experiences while the MakSPH team is facilitating learning around governance and management.

### Supporting Policy Engagement for Evidence-Based Decisions (SPEED) for Universal Health Coverage in Uganda Project

Wednesday 19<sup>th</sup> March 2015 was a special day in history of the College of Health Sciences; Makerere University as the Ambassador of EU to Uganda, HE Kristian Schmidt launched the SPEED project at Davis Lecture Theatre. SPEED is the acronym for “Supporting Policy Engagement for Evidence-based Decisions” for Universal Health Coverage in Uganda. EuropeAid is funding the SPEED project in Uganda under the Support to Public Health Institute Program (EuropeAid/1351/C/ACT/Multi).



H.E. Ambassador Schmidt stands by the SPEED logo soon after unveiling it at the project launch

With funding to a tune of about 3.2 million Euros from the EU and close to 800,000 Euros to be contributed by partners, SPEED aims to strengthen capacity of policy analysis, advice and influence at Makerere University School of Public Health and Partner institutions and contribute to accelerating progress towards UHC and health systems resilience in Uganda.



Ambassador Schmidt after unveiling the SPEED logo for the launch

SPEED is a strategic partnership of four Ugandan and two international institutions. In Uganda, the partner institutions are 1) Makerere University School of Public Health, 2) National Planning Authority, 3) Economic Policy Research Center and 4) Uganda National Health Consumers Organization. The international partners are the Institute of Tropical Medicine, Antwerp, Belgium and Human Sciences Research Council (HSRC) from South Africa. The project which is being implemented for the period of 5 years aims at boosting policy analysis and influence that supports universal health coverage and health system resilience in Uganda by way of five main activity clusters – 1) strengthening resources and expertise for policy analysis; 2) knowledge generation, 3) stakeholder identification and engagements; 4) support for policy development and 5) monitoring selected policy implementation arrangements.

Over the course of the last months since its launch, the SPEED project has registered several achievements among these are 1) convening multisectoral consultations on the research agenda for UHC in Uganda, 2) organising a successful national symposium on UHC, 3) working with the Ministry of Health and development partners on generating and sharing evidence on systems reforms to support UHC. Recent initiatives relate to Results-Based Financing, Human Resources for health and Social determinants of Health; 4) establishing and maintaining a website as one stop resource for information on UHC efforts in Uganda. For more information about SPEED visit <http://speed.musph.ac.ug/>.



# 4. Partnerships and Collaboration

## Department of Disease Control and Environmental Health

### OHCEA Engages Development Partners

A fundraising conference was held on 28<sup>th</sup> May, 2014, in Nairobi, Kenya. OHCEA leadership, OHCEA staff, programme coordinators of the One Health Innovative programmes, beneficiary student representatives together with OHCEA partners-Tufts University and University of Minnesota (UMN), held an interactive session with 9 development partners. These are; The Rockefeller Foundation, German Society for International Corporation (GIZ), Department of International Development (DFID), Wellcome Trust (Represented by DFID), International Development Research Centre (IDRC), Embassy of Sweden, Defence Threat Reduction Agency (DTRA), Veterinaires Sans Frontiers (VSF) – (Belgium), and United State Agency for International Development Emerging Pandemic Threats Programme (USAID-EPT).

As a result of this initiative and other approaches, OHCEA has received funding for three projects that support activities beyond the life of the initial USAID project funding period and is increasingly attracting additional funding from multiple sources.



*Prof. William Bazeyo (MakSPH) and Prof. Wambura (Sokoine University) respectively.*

### MakSPH-CDC Co-operative Agreement Supports graduate programmes for Scientific Writing

MakSPH-CDC Co-operative Agreement continued to offer support to the MPH program by supporting students' tuition, field training sites, outbreak investigations, manuscript writing and funds for field projects. By the end of 2015, a total of 48 students (17 Year II MPH and 31 Year I) were supported. During the reporting period, nine students were supported to make presentations at national and international conferences.



*MPH students attending a manuscript writing workshop in February 2015*

18 current MPH Year II students (enrolled in 2014/15) were supported to participate in various activities ranging from field studies, development of concept notes for their dissertation proposals, outbreak investigations, program and surveillance evaluations, as well as manuscript writing.



## Department of Epidemiology and Biostatistics

### Collaboration with Ministry of Health for Larvicide Study

The department of Epidemiology and Biostatistics is offering advisory services to the ongoing larvicide study by the ministry of Health. The team leader on the Department side is Dr. Jayne Tusiime. The department offers technical support to the study.



*Picture showing participants in a recent meeting*

### Training Collaboration with the University of Hasselt in Belgium

The department of EPI/BIO is developing a collaboration with the University of Hasselt's Department of epidemiology and Biostatistics. If successful the collaboration will offer opportunities for our students to do some biostatistics and Epidemiological modules at the University of Hasselt and students of Hasselt University will also have a chance to do some courses offered at the school of Public health. The Department of EPI/BIO has already helped invigilate an exam for a distance education student of the same university. An MOU is being reviewed by both departments before being forwarded to respective University organs responsible for reviewing and endorsing the MOU. Below is one of the meetings with one staff of University of Hasselt. The academic staff on the collaboration team include Dr Simon Kasasa, Dr Fred Makumbi, Ms Geraldine Agiraembabazi, Dr Harriet Namata and Dr Joan Mutyoba.





*A part of the team on the Collaboration with University of Hasselt*

## **OCHEA Holds Funders Conference**



*Some of the delegates at the funders conference*



# 5. Conferences and International Meetings

## 8th Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) Global conference in Mexico

Four graduate students on the Masters of Public Health (MPH) programme presented abstracts arising from their research (while in the program) in the 8th TEPHINET 8<sup>th</sup> global conference which was held in Mexico City, Mexico in September 2015. Details of presentations are in table below:

### *MPH Students' Presentations in the 8th TEPHINET Global Conference*

No	Names	Title of Abstract Presented	Type of presentation
1.	Ms. Damalie Nsangi Kajumba	Knowledge and Attitudes of Commercial Motorcyclists towards Road Safety Measures - Mbale Municipality, Uganda, 2014	Poster
2.	Ms. Lydia Nakire	Male partner involvement in PMTCT of HIV in Kabarole District: A cross Sectional Study	Oral
	Mr. Francis Ocen	Time to TB Treatment Default and Its Determinants among Adult Patients in Jinja District- Uganda: A Retrospective Cohort Study	Poster
	Dr. Gerald Obai	Proportion and Determinants for Non-Retention of Mother-Baby Pairs in Care in the Elimination of Mother-To-Child Transmission of Human Immunodeficiency Virus - Northern Uganda, 2014	Oral

## Four years of TRIAD and getting better!

The Trauma, Injury, & Disability track is the MPH program's youngest child, but it quickly learnt to run and jump and claim her own space in the busy and competitive MakSPH household. In 2015, in addition to the teaching that is basic to all programs, TRIAD was also very active in research and community engagement. We kicked the year off with the Annual Injury Forum (12 February), and the National Symposium on Drowning (13 February), two meetings held at Speke Resort Munyonyo, and that brought a lot of publicity to the school and the College of Health Sciences.

The Annual Injury Forum was attended by 134 participants, while the National Symposium on Drowning attracted 136 participants.

## The Uganda Maternal and Newborn Conference

The Uganda Maternal and Newborn Health Conference, the first of its kind in Uganda was held from 15 to 17 June 2015, under the theme, 'Moving from Policy to Practice: Saving Mothers and Newborns at National and local level'. The Conference was organized by the Makerere University School of Public Health (MakSPH) Maternal and Newborn Centre of Excellence in collaboration with Save the Children, Uganda Paediatrics Association, Association of Obstetricians and Gynaecologists of Uganda and the Ministry of Health.

The Conference, whose goal was to identify key steps required to accelerate progress towards Uganda's maternal and newborn health targets, was attended by over 360 local and international participants, including: health officials, practitioners, and experts in the Maternal and Newborn sector.

The Conference comes at the end of the



Millennium Development Goals (MDGs) era, when Uganda is reflecting on the progress made so far and developing strategies to ensure that the unfinished agenda is carried forward and the already set ambitious targets for the Sustainable Development Goals (SDGs) are achieved.

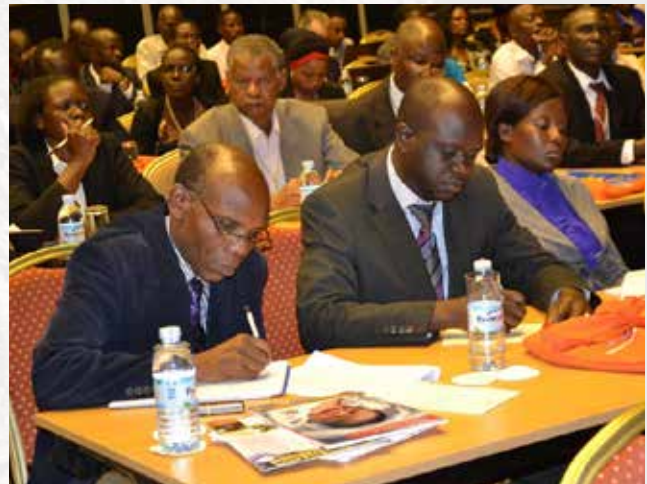
To set the tone for the Conference, a key note address entitled, **‘Maternal health, still births prevention and newborn care – Global strategy in the post Millennium Development Goal era’**, was delivered by Prof. Joy Lawn from the London School of Hygiene and Tropical Medicine (LSHTM).

Some of the key messages from the conference included;

- Family planning is critical in reducing mortality and increasing investment. There is a high unmet need for family planning which if met would avert 228,000 pregnancies and 108,000 births resulting into cost savings which could be diverted to other underfunded interventions.
- The linkage between the community and the health systems is necessary and should be strengthened. The planned replacement of HCIs with Community extension workers requires further dialogue and discussion with stakeholders.
- Male involvement needs to be defined and measured. We need to define what package of services can be provided to meaningfully engage men in maternal and newborn care.
- Strategic partnerships: There are a lot of RMNCH partners each of whom has a role to play. There is need to build strategic partnerships in order to augment their impact.
- Investment: there is a critical need to revisit the investment strategy in Maternal and Newborn care. The time to act is now. The period for pilot programs is over and partners need to scale up interventions that work.



*Prof Joy Lawn delivers the Key Note Address "We dream of a world, 15 years from now in 2030, where an African has a chance at the care that they deserve for every woman and newborn"*



*Some of the conference delegates*



*Launching of Every Newborn Action Plan at the Uganda Maternal and Newborn conference 15th-17th June 2015 at Serena Hotel  
The launch was presided over by Minister of State for Education, Prof. Sunday Tickodri Togboa (3rd from right).*



## The National Symposium on Universal Health Coverage

The Uganda National Universal Health Coverage symposium provided a situation analysis of universal health coverage in Uganda. It examined and described the historic pathways, experiences in the different health system building blocks, social determinants of health and the policy interplay across the different sectors for universal health coverage.

Held August 26th – 28th, the symposium drew attendance from sector experts in health, water and sanitation, law enforcement, agriculture and nutrition, educations, and many others sectors, including development partners.. The various presentations made were a testimony to the many achievements made over the years; the success stories; what has worked and what has not worked so well. Gaps and challenges were also highlighted and strategies for improvement shared. Discussions were focused on how to maximize value from lessons learned over the years; investing in high impact interventions; ensuring more health for the money; and using evidence to guide decision making for universal health coverage. The symposium was held under several themes, including, human resources for health; governance and leadership; social determinants of health; resilient health systems

and epidemics and health financing. Several parallel sessions were held focusing and sharing evidence in service delivery lessons; information systems and technologies; medical supplies and drugs; financing; human resources for health and governance. All this was shared in the framework of Universal Health Coverage. This report highlights the key messages from the symposium under the following themes; 1) Frame PHC and UHC as a social protection; 2) Social Determinants of Health; 2) Health System Resilience; 3) Health Financing; 4) Human Resources for Health; 5) Governance.

Some of the symposium key messages include;

- The need to frame UHC agenda in terms of addressing social determinants of health and inequalities in society
- Communities and private sector are key stakeholders in improving social determinants of health
- Universal Health Coverage will require a broader focus on the Social Determinants of Health
- The need to provide sustainable platforms for inter-sectoral dialogue about interdependent actions for UHC and systems developments



*Participants pose for a group photo after the opening ceremony*



- Strengthening institutional arrangements for orchestrating UHC at national and subnational levels
- Incorporating political leaders and the private sector in the UHC engagements and discourse
- UHC will require investment for effective and Resilient Health Systems



*A cross section of the participants*



# 6. MakSPH Publications

## 2013-2015

1. **Bazeyo W**, Bagonza J, Halage A, Okure G, Mugagga M, Musoke R, Tumwebaze M, Suzan Tusiime S, Steven Ssendagire<sup>1</sup>, Immaculate Nabukenya<sup>2</sup>, Steven Pande<sup>1</sup>, Christine Aanyu<sup>1</sup>, Samuel Etajak<sup>1</sup>, Elizeus Rutebemberwa<sup>1</sup> *“Ebola a reality of modern public health; need for surveillance, preparedness and response training for health workers and other multidisciplinary teams”*: A case for Uganda; April, 2015. - Journal
2. Bagonza J, Rutebemberwa E and **Bazeyo W**: *Adherence to anti diabetic medication among patients with diabetes in eastern Uganda*; A cross sectional study 2015, 15:168
3. Ndejjo R, Musinguzi G, Xiaozhong Y, Buregyeya E, Musoke D, Jia-Sheng Wang, Halage A, Whalen C, **Bazeyo W**, Williams P, and Ssempebwa J: *“Occupational Health Hazards among Healthcare Workers in Kampala”*, Uganda; January 2015.
4. Daudi S, Mukose A, **Bazeyo W**: *Institutional Capacity for Health Systems Research in East and Central African Schools of Public Health; Strengthening Human and Financial Resources*- Journal
5. Mayega R W, Wafula M R, Musenero M, Omale A, Kiguli J, Orach G C, Kabagambe G, **Bazeyo W**: *A situational Analysis of Priority Disaster Hazards in Uganda: Findings from a hazard and vulnerability Analysis* East Africa journal of Public Health, Volume 9 Number 2, June 2013, 380.
6. **Bazeyo W**, Roy W. Mayega, Nabukenya, Keyyu J, Mamuya S, Tabu S J, Sennal, Mohammad M, Rugigana E, Alingi M, Kiguli J, Orach C G, Burnham G, Killewo J: *Institutional Frameworks for Management of Zoonotic Emergencies in the Eastern Africa Region: A situational Analysis*; East Africa Journal of Public Health, Volume 9 Number 2 June 2013, 387.
7. Mayega R W, Musenero M, Nabukenya, Juliet Kiguli, **Bazeyo W**. *A Descriptive Overview of the Burden, Distribution and Characteristics of Epidemics in Uganda*; East Africa Journal of Public Health, Volume 9 Number 2, June 2013, 397.
8. Mayega Roy William, Elzie D, Sebuwufu D, Kiguli J, **Bazeyo W**; *Opportunities for Strategic Use of E-learning in Scaling up Disaster Management Capacity in Eastern Africa: A Descriptive Analysis*; East Africa Journal of Public Health Volume 9 Number 2 June 2013 397
9. Orach G C, Mamuya S, Mayega R W, Tabu J S, Kiguli J, Kein M, Mock N, Burnham G, Killewo J, **Bazeyo W**; *Use of the Automated Disaster and Emergency Planning Tools in Development District level Public Health Emergency Operating Procures in the three east African Countries*; East Africa Journal of Public Health, Volume 9 Number 2 June 2013 439.
10. **Bazeyo W**, Mayega R W, Orach GC, Kiguli J, Mamuya S, Tabu J S, Sena L, Rugigana M, Lewy D, Mock N, Burnham G, Keim M, Killewo J; *Regional Approach to Building Operational level Capacity for Disaster Planning: The case of the Eastern Africa Region* East Africa Journal of Public Health Volume 9 Number 2 June 2013 447.
11. Orach C, Mayega R, Woboya V, **Bazeyo W**; *“Performance of District Disaster Management Teams After Undergoing an Operational level Planners’ Training in Uganda”*; East Africa Journal of Public Health, Volume 9 Number 2 June 2013 459.
12. Mayega R W, Wafula M R, Woboya V, Musenero M, Omale A, Kiguli J, Kabagambe G, **Bazeyo W**; *A descriptive Analysis of the Institutional framework for Disaster Management in Uganda: Structures, Functions and Gaps*; East Africa Journal of Public Health, Volume 9 Number 2 June 2013 469.
13. Matovu J K B, Wanyenze R H, Mawemuko S, Okui O, **Bazeyo W** and Serwadda D *Strengthening health workforce capacity through work-based training*; *BMC International Health and Human Rights* 2013, 13:8



14. Isunju JB, Etajak S, Mwalwega, Kmwaga R, Atekyereza P, **Bazeyo W** and Ssempebwa J C; *Financing of Sanitation Services in the Slums of Kampala and Dar es Salaam: Vol 5, No. 4, 783-791 (2013).*
15. **Abdullah Ali Halage**, Charles Ssemugabo, David Ssemwanga Katwera, **David Musoke**, **Richard Mugambe Kibirango**, **David Guwatudde** and **John Ssempebwa** (2015). Bacteriological and physical quality of locally packaged drinking water in Kampala city, Uganda. *Journal of Environmental and Public Health, Volume 2015 Article ID 942928, <http://dx.doi.org/10.1155/2015/942928>*
16. Afizi Kibuuka, Pauline Byakika-Kibwika, Jane Achan, **Adoke Yeka**, Joan N. Nalyazi, Arthur Mpimbaza, Philip J. Rosenthal, and Moses R. Kanya. Bacteremia among Febrile Ugandan Children Treated with Antimalarials Despite a Negative Malaria Test. *Am. J. Trop. Med. Hyg.*, 93(2), 2015, pp. 276–280
17. Agnes Bukirwa, **Joan N. Mutyoba**, Barbara N. Mukasa, Yvonne Karamagi<sup>1</sup>, Mary Odiit, Esther Kawuma and **Rhoda K. Wanyenze**. Motivations and barriers to cervical cancer screening among HIV infected women in HIV care: a qualitative study. *BMC Women's Health*;15:82. October 2015.
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# 6. Financial Management

## Finance Management Unit Grows Stronger

By 2015 December, the MakSPH Finance management unit had 12 well-trained, professional and qualified staff keeping a good track record in managing a growing grant portfolio of currently 95 grants with an average annual revenue of \$20.9m for the last 2 years.

The Unit has achieved its major objectives of Providing an innovative workforce that helps enable future growth and advancing prosperity for MakSPH, Continuous training and capacity building for workers in need, Maintain effectiveness of services through innovative operational mechanisms and rigorous plans and evaluation, Developed a workforce that can meet the needs for all stakeholders. The tight internal controls & systems put in place have enabled the unit to have a strong control environment to safeguard stakeholders from fraud and related risks.

The Finance management unit's major outputs in the period 2013/2015 include;

- Set up and maintained a grants web page on the Makerere University School of Public Health website
- Annual audit for each of the periods 2013/2014 & 2014/2015 & five individual project audits successfully completed
- Timely financial reports to all stakeholders
- High level of efficiency in budgetary control, billing and invoicing for cost reimbursement contracts.
- Staff development; USAID trainings in Project management, USAID rules & regulations, financial management of USAID grants, Sub-award management and training in Finance management risk and budgeting course in Malaysia.

- Participated in the Society of Research Administrator's meeting in the U.S.
- Two of our staff completed and attained membership status in international professional bodies (ACCA & CIPS).
- Developed and presented the following manuals for review
  - i) The terms of reference for the Grants Committee,
  - ii) Grants Procedures and Manual,
  - iii) Financial Conflict of Interest,
  - iv) Rates for duty facilitation,
  - v) Consultant's report on base pay.
  - vi) Guidelines for multiple submissions
  - vii) Expedited clearance for proposals
  - viii) Guidelines for partnerships, collaborations and consortia
  - ix) Finance Management Unit Policy
  - x) Risk Management Plan
- The unit was successfully involved in training faculty and departmental administrators; Training on Developing Proposal Budgets and Justifications, held on 17th July 2014 & facilitated in a one day workshop on grant writing and Administration workshop for Bishop Stuart University, Mbarara Faculty; November 12, 2014.
- A total of 74 funding opportunity announcements were sourced by the unit. The response rate to these funding opportunity announcements was 43% resulting in 31 proposal submissions.







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