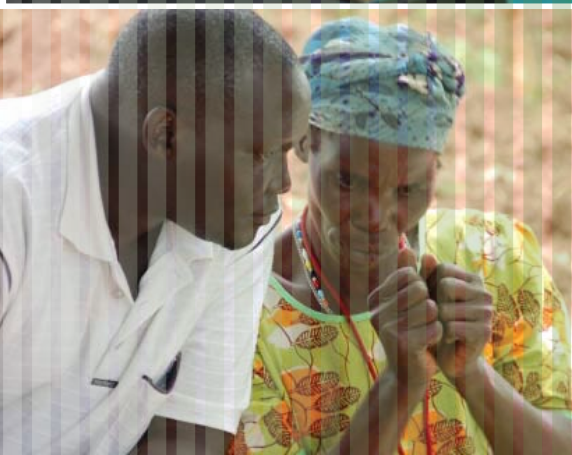
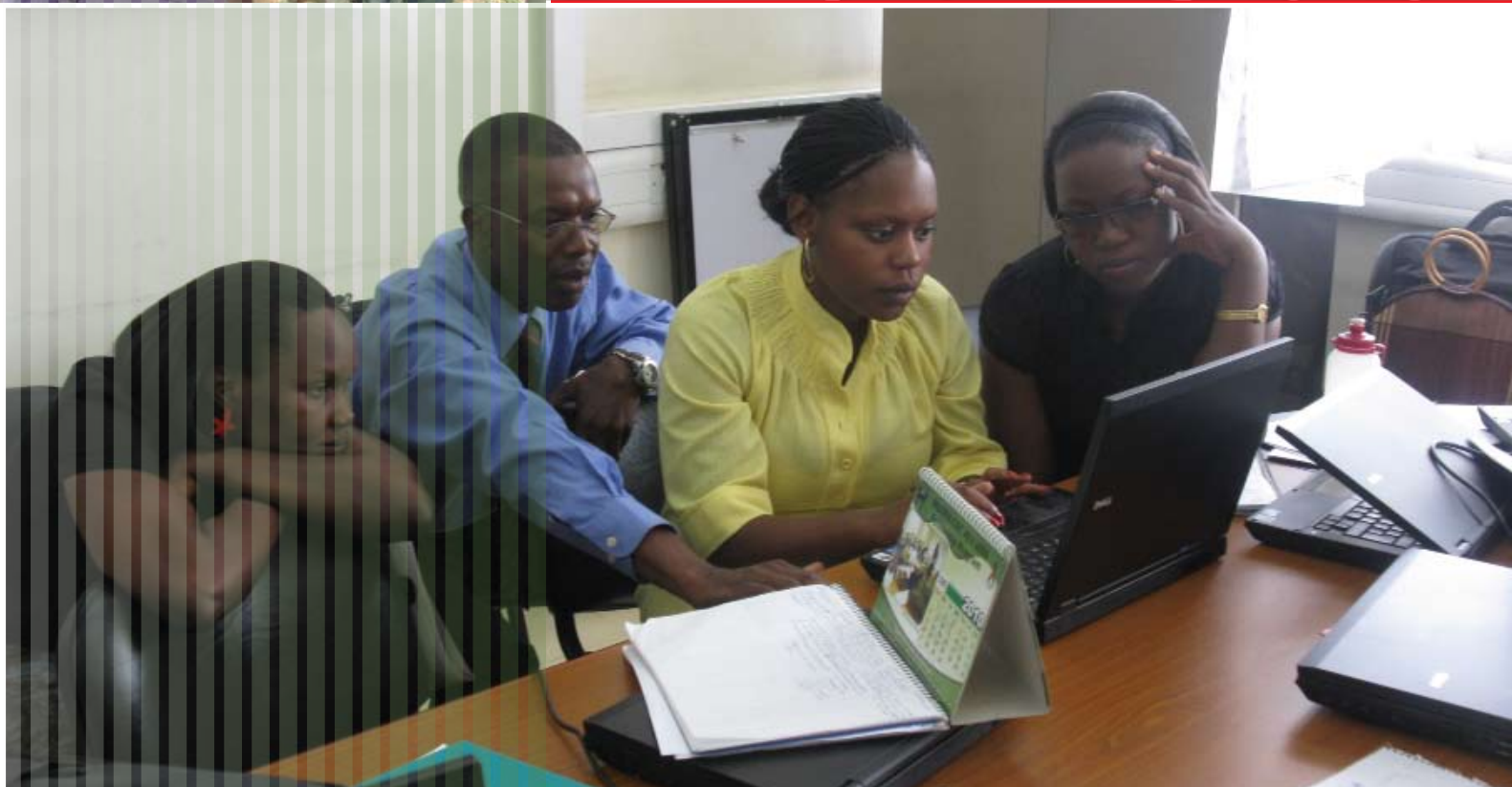




SCHOOL OF PUBLIC HEALTH MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES



Annual Report
Aug 2009 - July 2010

Website: www.musph.ac.ug

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

SCHOOL OF PUBLIC HEALTH MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES

Annual Report

Aug 2009 - July 2010

At a Glance

- Students Enrollment - Students Enrollment during this period has increased as new post grad programs come aboard
- New Deputy Dean - Associate Professor David Guwatudde takes over the mantle!
- M/s. Imelda Zimbe Retires as Associate Professor George Pariyo scales International heights
- New projects on board - The school has continued to attract funding for new projects
- New staff- As more programs get on board, we have new faces to unveil.
- What do communities think of Epilepsy? Find out in our research section!

Dean's Overview

Dear Reader,

Welcome! We are delighted to share with you yet again, our achievements over the last one year; August 2009-July 2010. The school has continued to grow and expand its influence in the areas of Public Health research, teaching and community service.



Specifically, we are one of the leading institutions in developing human resources and skills for public health; and therefore 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.

We have continued to build the competitiveness of our students; both undergraduate and post-graduate, by exposing them to national and international fora like scientific conferences. We have also taken advantage of opportunities like new approaches of teaching and as a result, our MPH students were the first in the region to undergo Participatory Epidemiology training.

Our research agenda has widened to cover neglected public health matters like Epilepsy, routine immunisation and community involvement in new born care and other non communicable diseases.

We, at the School of Public Health are committed to working with partners to improve public health policy and practice. We launched a Communication Strategy to guide us in engaging our different stakeholders in all our core areas of strategic focus (see our website). Our aim is to build a strong communication function with a fully functional unit and qualified personnel.

As part of the Makerere University College of Health Sciences, our ambition is to see the college prosper and provide a good learning point for the University in its efforts to create more colleges.

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.

Dr. William Bazeyo
Dean,
School of Public Health Makerere University College of Health Sciences

Acronyms and Abbreviations

ACE	– Active Convulsive Epilepsy
ACP	– AIDS Control Program
AED	– Anti Epileptic Drug
AFENET	– Africa Field Epidemiology Network
AIDS	- Acquired Immune Deficiency Syndrome
ANC	– Antenatal Clinic
ANECCA	- African Network for the Care of Children with AIDS
BCC	– Behaviour Change Communication
BEH	– Bachelor of Environmental Health
BMA	– British Medical Association
BMJ	– British Medical Journal
CDC	– (US) Centres for Disease Control and Prevention
CD-ROM	– Compact Disc-Read-Only Memory
CHWs	– Community Health Workers
COHRE	– Clinical Operation and Health Services Research
CQI	– Continuous Quality Improvement
DeLPHE	– Development Partnerships in Higher Education
DHO	– District Health Officer
DVD	- Digital Video Disc/Digital Versatile Disc
ECSA –HC	– East, Central and Southern African Health Community
EEG	– Electro Encephalographic (Machine)
ENGAGE	– Eliminating National Gaps – Advancing Global Equity
EQUINET	– the Network on Equity in Southern Africa
ESD	– Extending Service Delivery (Project)
FANTA AED	– Food and Nutrition Technical Assistance Project - Academy for Educational Development
FORUT	– Campaign for Development and Solidarity
GAM	– Global Acute Malnutrition
GENACIS	- Gender, alcohol and culture: an international study
HCIP	– Health Care Improvement Project

HCP	– Health Communication Partnership
HDSS	– Health and Demographic Surveillance Site
HEALTH	– Higher Education Alliance for Leadership Through Health
HED	– Higher Education
HIV	– Human Immunodeficiency Virus
ICID	– International Conference on Infectious Diseases
IDRC	– International Development Research Centre
IEC	– Information, Education, Communication
ILRI	– International Livestock Research Institute
IOGT	– International Organisation of Good Templars
IPs	– Implementing Partners
ITNs	– Insecticide Treated Nets
JCRC	– Joint Clinical Research Centre
KBS	– Kjetil Brunn Society
M & E	– Monitoring and Evaluation
MCHIP	– Maternal and Child Health Integrated Program
MDG	– Millennium Development Goal
META	– Monitoring and Evaluation Technical Assistance (Project)
MHSR	– Master of Health Services Research
MoH	– Ministry of Health
MPH	– Master of Public Health
MPH DE	– Master of Public Health Distance Education
MPHN	– Master of Public Health Nutrition
MSH	– Management Sciences for Health
MUEHSA	– Makerere University Environmental Health Students Association
MUSPH	– Makerere University School of Public Health
NCD	– Non- Communicable Diseases
NGOs	– Non-Government Organisations
NTLP	– National Tuberculosis Programs
PEPFAR	– US President’s Emergency Plan For AIDS Relief
PHCE	– Public Health in Complex Emergency

PRA	– Participatory Rural Appraisal
PREFA	– Protecting Families Against AIDS
PWE	– People With Epilepsy
RCQHC	– Regional Centre for Quality of Health Care
RH	– Reproductive Health
SAHARA	– Social Aspects of HIV/AIDS Research Alliance
SGBV	– Sex and Gender Based Violence
SIDA	– Swedish International Development Agency
SMC	– Safe Male Circumcision
SPEAR	– Supporting Public Sector Workplaces to Expand Action and Responses Against HIV/AIDS
STD/ACP	– Sexually Transmitted Diseases/AIDS Control Program
TB	– Tuberculosis
TBA s	– Traditional Birth Attendants
TEPHINET	– Training Programs in Epidemiology and Public Health Interventions Network
TOT s	– Trainer of Trainers
UCSF	– University of California San Francisco
UN	– United Nations
UNAIDS	– United Nations Joint Program on HIV/AIDS
UNESCO-IHE	– United Nations Educational, Scientific and Cultural Organisation -Institute for Water Education
UNEST	– Uganda New Born Study
UNICEF	– United Nations Children’s Fund
UNICEF/ESARO	– United Nations Children’s Fund/ Eastern and Southern Africa Regional Office
USA	– United States of America
USAID EA	– United States Agency for Development East Africa
WHO	– World Health Organisation
WHO/AFRO	– World Health Organisation/African Regional Office

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ACADEMICS AND TRAINING

The school is now offering new academic programs to cater for the growing need for professionals in more areas of public health.

The school also introduced short courses for the needs of those that need specific skills to do their work more efficiently

This section highlights some of the key achievements in this area.



ACADEMICS AND TRAINING

I) Academic Programs

Office of the Assistant Academic Registrar

MPH Program Starts New Curriculum with Tracks to aid Specialisation

MPH program was started in 1994 and it is housed in the HPPM department. Since its inception, over 200 trainees have graduated through this program which is 60% field based. The program attracts both national and international students from as far as, USA, Japan, Lesotho, Iran, Sudan, Nigeria, Kenya and Uganda. The trainees are attached to training sites/districts both urban and rural throughout the country. All these years the program was based on a general curriculum where trainees offer all areas of study. The curriculum has been reviewed and starting the coming academic year, 2010/2011, a new curriculum based on specialisation by tracks is being implemented and the tracks include; epidemiology, health systems, reproductive health and environmental health.



Some of the MPH II students take time off to celebrate an achievement with their Field Coordinator after training

Enrolment Figures for 2009/10 Academic Year

S/N	Course	Year of Study	Males	Females	Government	Private	Total
1	MPH Full time	I	11	2		13	13
2		II	12	2		14	14
3	MPH DE	I	16	28		44	44
		II	14	16		30	30
		III	16	14		30	30
4	MHSR	I	6	1		7	7
		II	4	2		6	6
5	BEH	I	27	24	8	43	51
		II	31	24	6	49	55
		III	32	33	10	55	55
	MPHN	I	6	5		11	11
		II	3	3		6	6
	Total students						327

Department of Epidemiology and Biostatistics

A Breeze of Fortune for Lucky MHSR Students

Many students find it hard to raise the tuition fees, which results in some of them withdrawing from studies at different points in the course. The Uganda HIV/TB Clinical Operation and Health Services Research (COHRE) Training Program based at the Joint Clinical Research Centre (JCRC) is working through a collaboration with Makerere University School of Public Health to award scholarships to some of the MHSR students. Three first year MHSR students won COHRE scholarships in the 2009/2010 academic year to enable them pursue their studies. *"COHRE has also continued to support the MHSR Program by funding different academic activities, buying equipment and textbooks"* said Dr. Aggrey Mukose the course coordinator.

Department of Community Health and Behavioural Sciences

Master of Public Health Nutrition (MPHN)

This is one of the new academic program which is housed in the department. The 8 pioneer students have completed their first year of study and the 2nd lot of students will start academic year 2010/11.

Master of Public Health Disaster Management (MDM)

The department is finalizing the development of the new Master of Public Health Disaster Management. It will be a two year programme. It is expected to start running during the next academic year.

Department of Disease Control and Environmental Health

Bachelor of Environmental Health Sciences Implements Field component

In the revised curriculum, which is being followed by the 2nd year students (BEHS), there is now a field training component during the end of 2nd year semester II in which the students will have 6 weeks of practical training at various work places.

Faculty Continue the Search to Improve the Teaching/Learning Environment

Mr. David Musoke from the Department of Disease Control and Environmental Health wrote a proposal to the British Medical Association (BMA) / British Medical Journal (BMJ) Information Fund 2009, which won a grant of Public Health educational and training materials (books, DVDs, CD-ROMs, and accessories) for MUSPH worth £2,000. The materials, which were majorly in the fields of Communicable Diseases, Sanitation and Hygiene, greatly enhanced the existing book stock at the MUSPH Resource Centre. The books were received by the Dean, William Bazeyo.



Mr. David Musoke right handing over the books to the Dean MUSPH, Dr. William Bazeyo

Department of Health Policy, Planning and Management

Health Services Management Certificate Course graduates 55 students



Course Leader, Dr. Freddie Ssengooba middle in pullover handing over a certificate to one of the outstanding students

The Certificate in Health Services Management course is offered by distance learning for nine months.

Over 50 trainees of the Certificate in Health Services Management were on 6th March 2010 awarded their certificates after successfully completing their course. 18 of these students were males, while 37 were females.

Handing over the certificates, the Course Leader, Dr. Freddie Ssengooba urged the trainees to encourage their colleagues to enroll for similar courses to improve their skills. He said as leaders, they should

ensure that they create opportunities for their supervisees to access training. "If you are the only one who understands how things should be done, you will get frustrated as a leader, therefore you need to push those below you for further training," he said.

Dr. Ssengooba also reported that very soon the course may get funding, for especially those candidates that may not be able to raise the fees themselves. He applauded those who have managed to raise the money and finish the course in spite of the fact that they work in difficult financial conditions.

II) Training and Capacity Building Programs

Department of Epidemiology and Biostatistics

The Department Introduces much needed Short Courses

On July 12th 2010 the Department of Epidemiology and Biostatistics started short courses in applied biostatistics and epidemiology. Specifically the courses are;

- a. Applied Biostatistics I,
- b. Applied Biostatistics II-Logistic regression,
- c. Principles and Practice of Epidemiology and
- d. Clinical and Community trials.

Applied Biostatistics I and Principles and practice of Epidemiology were conducted in the first two weeks (12-23 July 2010) while the applied biostatistics II and Clinical and community trials were conducted in the next two weeks (26 July-06 August 2010). The courses will be conducted every year and around the same time, July-August. There will be a possibility of running the courses twice a year depending on demand. The details of the courses are on the website <http://musph.ac.ug/index.php?page=shortcourses>

It is planned that more courses will be introduced depending on the training needs available.

While the idea of such courses was developed by Epi-Bio staff, funding was provided by AFENET to support curriculum development activities like workshops, preparation of materials and brochures.

For more information you may contact the Departmental Administrator, Mrs Max Walusimbi at mwalusimbi@musph.ac.ug or the Coordinator, Dr Nazarius Mbona Tumwesigye at naz@musph.ac.ug or epibioshortcourses@gmail.com

Department of Disease Control and Environmental Health

Makerere University – US Centres for Disease Control and Prevention HIV/AIDS Fellowship Program

The MUSPH-CDC HIV/AIDS Fellowship Program aims at enhancing program leadership and management for HIV/AIDS programs in Uganda. The Program offers long and medium-term fellowships, off-site short courses, and supports individuals to undertake technical placements for purposes of learning and exchange of ideas. This report provides an overview of program activities implemented between August 2009 and July 2010.

This program has been running since 2002 and has up-to-date trained and equipped 74 Ugandans that have contributed to the improvement of the HIV/AIDS programs both in the public and private sector

Long-term Fellowships

There are currently 29 long term fellowship supported by Fellowship

The purpose of the 2 year long-term Fellowship is to enhance program leadership and management capacity for HIV/AIDS programs through hands-on training of individuals at the appropriate host institute. Fellows spend 75% of the time at a host institution and 25% at Makerere University School of Public Health (MUSPH) attending short courses to enhance their technical competencies. During the reporting period, we had three groups of long-term Fellows including: 1) Nine fellows enrolled in 2008, 2) Ten Fellows enrolled in 2009, and 3) Ten fellows enrolled in April 2010.

The April 2008 fellows completed their fellowship and presented their final reports at a dissemination workshop held at Hotel Africana on March 26th, 2010. The dissemination workshop was presided over by the Vice Chancellor, Prof Venansius Baryamureeba. On this occasion, Dr Alfred Okiria, a Fellow attached to Reach Out Mbuya, received the Matthew Lukwiya award for his outstanding performance, commitment and dedication to the Fellowship program and host institution objectives.

Two other Fellows (i.e. Apophia Agiresaasi who was attached to Parliament of Uganda & Rose Baryamutuma who was attached to Uganda Protestant Medical Bureau) were recognized for their outstanding performance and dedication to the Fellowship Program and host institution objectives. In addition, two academic mentors (i.e. Dr Fred Makumbi & Dr Juliet Babirye) were recognized for outstanding academic mentorship, while two institutions (i.e. PREFA and Reach Out Mbuya) were also recognized for their outstanding host mentorship. Each of those who were recognized for their performance received a plaque in honour of their performance.



Dr Juliet Babirye, an academic mentor to Dr Alfred Okiria (in white shirt and tie), receives a Plaque in recognition of her mentorship support from Makerere University Vice Chancellor Prof. Venansius Baryamureeba. Looking on is Dr. Donna Kabatesi, the Program Manager CDC Uganda

The April 2009 fellows disseminated their first year progress reports at a workshop which was held at Imperial Royale Hotel on April 30th, 2010. These Fellows will complete their 2-year Fellowship in April 2011.

A new group of ten (10) fellows was enrolled in April 2010, received their orientation and participated in a series of short courses, and reported to their host institutions in June 2010. The new Fellows are hosted at Mildmay Uganda, STAR-E LQAS, UNAIDS, SPEAR Project (World Vision), Uganda Red Cross Society, ChildFund International Uganda, Baylor Uganda, Reach Out Mbuya, Health Communication Partnership (Center for Health Communications), and STD/ACP (Ministry of Health).



Some of the 2010 - 2012 fellows during a group discussion one of the training approaches for the short courses

Medium-term Fellowships

The purpose of the medium-term fellowship is to build institutional capacity for program leadership and management of HIV/AIDS programs through training individuals. The training is work-based and modular in nature, allowing trainees to participate in the training at specific intervals while they continue with their jobs at their respective places of employment. Enrolled fellows implement a hands-on project at their places of employment as part of the training. The medium-term Fellowship is 8 months in duration and offers two tracks, one in Monitoring and Evaluation (M&E) and the other in Continuous Quality Improvement (CQI).

A total of 30 medium-term Fellows who were enrolled in 2008 completed their Fellowship and disseminated their project progress reports in August 2009 at a workshop held at Hotel Africana. At the same time, a total of 41 Fellows received training in both M&E and CQI during this period, bringing the overall number of medium-term Fellows trained since 2008 to 71.

Fellows have implemented projects ranging from improving adherence assessments of patients in care, strengthening of monitoring and evaluation systems at institutional level, reducing the turn-around time for clients receiving voluntary HIV counseling and testing at existing health facilities, and establishing M&E tracking systems, among others.

Offsite short courses

Offsite short courses are offered to institutions to build their capacity in identified areas of need. Fourteen offsite courses were conducted between August 2009 and July 2010, reaching up to 447 individuals during this period. The training approach adopted was a combination of face-to-face sessions and practical assignments (see photo below) to enhance learning. These approaches are appropriate for adult learners who are the majority of course participants. Courses conducted included grants and proposal writing, monitoring and evaluation, and design and implementation of HIV/AIDS programs, among others.

Technical placements

Technical placements allow individuals to learn from what other institutions are doing for purposes of replicating the same when they return to their institutions. Between August 2009 and July 2010,

eight individuals were supported to undertake placement at the Rakai Health Sciences Program in Rakai district. These individuals participated in safe male circumcision skills training and also participated in conducting male circumcision as part of their placement.



MUSPH - CDC HIV/AIDS short course participants engage in group discussions as part of the training

Regional Centre for Quality of Health Care

Capacity building for Pediatric AIDS care under the ANECCA network

The Regional Centre for Quality of Health Care (RCQHC) functions as a hub of quality of health care networks in Africa. In partnership with the African Network for the Care of Children with AIDS (**ANECCA**), the RCQHC has strengthened African Human Resource capacity in prevention, care & treatment of pediatric AIDS. The pediatric AIDS expertise directly links to health systems, strengthening links to pediatric TB control, reproductive, maternal & child health.

Capacity Building for National Tuberculosis and Leprosy Programs in the East African Region

The Infectious Diseases Element of RCQHC has greatly contributed to human resource development of the National Tuberculosis programs (NTLP) in Uganda, Kenya, Rwanda, Burundi and Tanzania through training. The NTLPs identify the gaps in the skills and knowledge of health care workers in the program and RCQHC through financial support of USAID EA, run workshops to bridge these gaps. Recently, the NTLP programs identified that few tuberculosis (TB) program staff at the national, provincial, and district levels have the basic research and analytical skills necessary for collecting and analyzing quality data pertaining to delivery of quality TB control services. Recognizing this need among health care providers and program implementers in the region, RCQHC offered a short two



"A facilitator guiding group discussions on addressing challenges of managing adolescents in the context of HIV in a recent capacity building Paediatric HIV Care and Treatment Training for doctors from up-country health facilities, held in Bujumbura, Burundi."

week course in research methodology to equip personnel involved in TB control to commission and utilize OR for service delivery improvement.

Forensic Services Project Completes

The RCQHC project on quality improvement on **"Establishment Of Reliable Clinical Forensic Services to get Evidence for Prosecuting Perpetrators of Gender-Based and Sexual Violence in Uganda"** came to its closure in March 2010. This 12 month project aimed at strengthening forensic medical care services, the final beneficiaries &/or target groups 111 trained stakeholders, 3768 clients (1712 female 2056 male). An example of activities executed under this project was the training of trainers workshop of 63 participants that aimed at, ensuring enhanced cooperation between the various experts (medical, police and legal) & at improved services provided to survivors through better investigations, documentation and prosecution of cases. Participants were invited from the following areas; Northern region- (Lira, Arua and Gulu), Eastern region- (Mbale, Nakapiripirit, Tororo and Soroti, Western region-Kisoro, Kabale and Fort Portal) and the Central region district (Kayunga, Nakasongola, Mubende and Kampala). The participants included State Attorneys, medical officers, Laboratory personnel, Crime investigators and other senior police officers. The facilitators were from the Directorate of Public Prosecutions, The Government Analytical Laboratory, The Directorate of Criminal Investigations of the Uganda Police, Uganda Medical Association and the Department of



Participants preparing country OR proposals in respective NTLP program

Pathology-Mulago. The workshop was opened by Dr. Amandua Jacinta, the Commissioner, Clinical Services, Ministry of Health who emphasized the importance of coordination and strengthening of relations amongst professionals involved in medico-legal service delivery. The Family and Population Advisor-W.H.O Dr. Olive Sentumwe emphasized that, all stakeholders had a duty to make sure that sexual violence survivors don't suffer and the way to do this is to work together to ensure that justice is served.

This unique & innovative training covered

- Gender and Health
- Legal Aspects of Sexual Offences and Court procedure: the Expert witness
- Physical Evidence
- Scene of Crime Investigations
- Psychiatric Aspects of Sexual Gender Based Violence(SGBV)
- Medical Examination of survivors and perpetrators of sexual offences
- The role of the Government Analytical Laboratories in SGBV
- Medico-legal Aspects of Hospital and patient Management
- Investigating Hospital deaths and Medical Negligence
- Medical legal Autopsy
- Investigation of Deaths of Medico-Legal Significance
- Burns and Gunshot wounds
- Poisoning
- Drowning

It was noted with great concern that some Universities in Uganda no longer have forensic medicine in their curriculum which may be the reason why some doctors can not carry out autopsies. It was thus recommended that doctors be given practical training in this area. A crime kit was recommended for improved investigations. It was also recommended that counseling services be provided as part of medico-legal Services to address the psychological effects of sexual abuse and other forms of Gender Based violence. The project facilitated learning at district level. This project was funded through the EU,-Human Rights Gender & Governance Projects. There is sustained collaboration & discussions on possible expansion of the project life in Uganda, & across the African region.

III) Short Term Trainings

Department of Community Health and Behavioural Sciences

Public Health in Complex Emergency (PHCE) course holds 12th Session

The 12th Public Health in Complex Emergency Course was conducted in November 2009 at Ridar Hotel. The course had 35 participants from NGOs, UN agencies, National Ministries of Health and other institutions from Africa, Europe, Asia and North America. The contents of PHCE training include: Context of emergencies, Epidemiology, control of communicable disease, Nutrition, Environmental health, Reproductive health, Psychosocial issues, Weapons, violence and trauma, Protection and Security and Coordination.

The next PHCE will be conducted from 15th to 27th November 2010 in Kampala. Applications are currently being received for the 2010 intake. For details about how to apply, please contact: hbukilwa@musph.ac.ug

Master of Public Health officers undergo Training in Participatory Epidemiology

Final year Master of Public Health students underwent the first ever Participatory Epidemiology course for public health professionals, globally. This training was the first global opportunity to train public health professionals to use Participatory Rapid Appraisal techniques for disease surveillance and response.

Thirteen trainees and three faculty members attended the course that took place from 15th to 25th March 2010 in Arua district. The training was organised by AFENET and facilitated by resource persons from AFENET, MUSPH and International Livestock Research Institute (ILRI). The training had classroom sessions and fieldwork visits. All the participants were requested to conduct a field project to be completed in three months after the training

The training equipped the students with qualitative skills originating from PRA techniques for disease investigation and response, provided them with alternative method for conducting community disease/ health problem identification, prioritization and response with the involvement of community members. It also imparted skills and competencies in Participatory Rural Appraisal techniques for new epidemiologists and provided a new research paradigm that can be integrated into the training and practice of Public Health professionals.

One of the recommendations was to regularize a short Participatory Epidemiology training course at MUSPH, using the first batch of trainees as facilitators.

There is a great need for continuous support from AFENET, ILRI and the CDC for the implementation, monitoring, evaluation and research related to PE methodologies.

Funding for the training was obtained from the CDC and implementation done in collaboration with the Ugandan MPH program at Makerere University School of Public Health (MUSPH), the African Field Epidemiology Network (AFENET) and the International Livestock Research Institute (ILRI).



Above; Dr. Michael Adrawa conducting a Key Informant interview during the PE training in Arua, and Bellow; Moses Okol making a group presentation



Dr. Christine Nalwadda (in red, facing camera), MPH Field Coordinator facilitating one of the group activities at the training



RESEARCH

At MUSPH, we conduct research in different areas of public health. The year 2009-2010, the School of public health was involved in several research projects and activities. While quite a number of these are continuing projects, a reasonable number of new ones were also brought on board.

In this report, we focus on community-based initiatives for newborn survival, routine immunisation, the public health impact of Bududa mudslides, among others.



2. RESEARCH

Department of Health Policy, Planning and Management

Africa Routine Immunisation System Essentials (ARISE) Learning Initiatives

This is a two-year learning initiative to identify and document factors and interventions that contribute to improved and sustained routine immunisation system performance in Sub-Saharan Africa. In implementing this project, Makerere University School of Public Health (MUSPH) is working with the John Snow Incorporated, a Research and Training agency based in Washington DC, USA.

Through a consultative process, the project will identify where and why Routine Immunisation programs perform well, and identify and propose evidence-based interventions and innovative solutions to increase and sustain immunisation coverage in Africa. This two-year learning grant aims to review the evidence and data to better understand how to improve the sustainable performance of the routine immunisation system, at scale in Africa. In many places in Africa, people have succeeded in immunizing the great majority of infants on a day in-day out basis; through routine immunization. But that experience isn't very well evaluated and documented. And diverse experiences haven't been brought together to develop a strong base of evidence about what works, and under what circumstances. This is what this grant is trying to document

The project Principal Investigator (MUSPH) is Dr. Freddie Ssengooba. Other members are Dr. William Bazeyo, Professor David Serwadda, Dr. Suzanne Kiwanuka, Dr. Elizeus Rutebemberwa, Dr. Lynn Atuyambe, Dr. Danstan Bagenda and Ms. Milly Nattimba. Under the project Ms. Jennifer Sequeira, the John Snow Immunisation technical Officer, sits at MUSPH. The project is supported by The Bill and Melinda Gates Foundation.

Research

Some members of the MUSPH and JSI project teams at a planning meeting in Kampala in April 2010



Future Health Systems: End of phase one and beginning of phase two

Phase one of the Future Health Systems Research Program consortium funded by DFID is due to end in September 2010. The Future Health Systems research Program consortium is being undertaken by seven collaborating Institutions from Africa (The Makerere University School of Public Health) Asia (The Indian Institute of Health Management Research) Europe (The Chinese Health Economics Institute) the United Kingdom (The Institute of Development Studies, Sussex) and the United States (The Johns Hopkins University, Bloomberg School of Public Health).

During this first phase, the consortium sought to address 3 main questions.

How can the poor be protected against the impoverishing impact of health related shocks and have access to essential health services?

Which innovations can make the private and public health sectors work for the poor?

How can health policy processes and research to policy linkages be better directed towards meeting the needs of the poor?

During this first phase the FHS team in Uganda did exploratory research on access, cost and quality of services. They also started piloting an intervention that is aimed at increasing access to delivery services.

Their findings showed that vulnerable groups in Uganda such as women and children are not able to access quality services due to a number of reasons that include the formal cost of services, long distances to health facilities, poor functionality of government health services (drugs, supplies and human resources). The pilot of the intervention was very successful in demonstrating tremendous increases in the attendance of antenatal and delivery care services. The team is currently continuing to implement a revised version of the intervention. The FHS program was very successful in building the capacity of young faculty especially in improving their research and communication skills. The emphasis on innovation also stimulated innovative thinking about how to solve problems in the health system. The team has recently received another five year grant on effective health service delivery. The main focus of this second grant will be to promote research on effective service delivery by unlocking community resources, stimulating innovation and learning by doing.

Summary of experiences in the implementation of the voucher scheme (pilot phase)

The final phase of the Future Health Systems Research Consortium in Uganda took off with the piloting of an intervention that aimed at increasing institution deliveries using demand and supply side incentives through an innovative approach of providing mothers with vouchers that facilitated them to access free transport and services for antenatal, delivery and postnatal care. The pilot was implemented in Budiope health sub-district in Kamuli District.

Positive Experiences

The project was embraced by the community, and received active support from community leaders. The sensitisations about the intervention increased community awareness about maternal health, with the transporters contracted by the project playing a leading role in mobilising mothers to attend services.

This led to an increased demand for services with tremendous increases in the attendance of first, second, third and fourth visits for antenatal care (ANC), as well as increases in institutional deliveries and postnatal care (PNC) attendance. Previously hardly any mothers attended PNC. These results are displayed in the graphs below. The payment which the transporters receive for the services that they offer for the project has also boosted their income significantly providing economic gains.

Challenges

Several challenges have been experienced during the piloting of the project. One of them was the inconsistent availability of referral transport from the lower level health units to the District Hospitals due to either lack of an ambulance or fuel for it if present. The huge turn up of mothers for maternal health services has also posed additional challenges. It has put a strain on the already inadequate numbers of the health workers available. In addition it has magnified the problems that stem from lack of sufficient supplies of drugs and sundries for maternal health. All this is likely to affect the quality of services and record keeping in the facilities. Lastly, the project has also incurred high administrative and transport costs, putting a strain on the study budget.

Conclusion

These findings show that an intervention such as this has the potential to improve delivery of maternal health services and access to these services especially in hard to reach areas. In this area transport appeared to have been a major barrier to accessing maternal services. These preliminary experiences are also demonstrating that the use of existing resources in innovative ways has the potential to increase maternal health outcomes. However it is also important to note that the response to the intervention can outstrip the available resources.

The Iganga-Mayuge Demographic Surveillance Site:

What Communities think of Epilepsy

The Epilepsy (SEEDS) study commenced in the Iganga/Mayuge DSS in February 2009. Stage 1 involved screening of patients at the household level and was done by inserting two questions in the routine DSS census survey tool to pick up those patients with suspect epilepsy. Those that screened positive (i.e. answered a "Yes") to any one of these questions were then followed up by the Epilepsy team fieldworker who administered the Epilepsy Questionnaire to the individual reported to have convulsions to identify those with possible Active Convulsive Epilepsy (ACE). This comprised **Stage II** of the study. Those that were positive were then referred to Iganga Referral Hospital to be assessed by a clinician to confirm the diagnosis of ACE, this was **Stage III**. To date 282 cases of ACE have been identified in the Old DSS with a total population of about 64,200 people in the Sub-counties of:

- Nakigo, Ibulanku, Bulamagi, Nakalama, Iganga Town Council, all in Iganga district &
- Buwaya and Imanyiro in Mayuge district.

These cases of ACE are currently being followed up in a cohort study nested within the existing DSS to determine the vital status and migration of all subjects sampled in the cross-sectional survey, and recorded at least annually over the subsequent 3-4 years. This is **Stage IV** of the study. Those with ACE are being followed up in the local clinics at 3 monthly intervals by a psychiatric study nurse.

Three health centres, situated roughly equidistant from each other across the breadth of the DSS have been identified. ACE patients attend their epilepsy clinic appointments as scheduled in these clinics.

These are:

- Magada Health centre
- Busowobi Health centre
- Iganga Town council Health Centre

Patients who are lost to follow-up are visited at home by an epilepsy field worker to determine outcome status (and exposure variable status for the next 3 months), if still alive.

Issues identified:

Issues 1: The study identified that the most common term used to denote epilepsy in this community is “*ensimbu*” which means the ‘falling sickness’. The term is highly stigmatized due to its association with a curse or blame directed towards the affected individual for having broken some sacred ritual. As a result of the community’s interpretations of the supernatural causes of epilepsy, there is a high level of stigmatization of these individuals. The fear of being infected by them, coupled with forced isolation contribute to their limited social and economic opportunities.

Recommendation: There is need to raise awareness of this condition through extensive community sensitization.

Issues 2: In view of the belief model of epilepsy being caused by supernatural causes, the patients and their carers first seek care from the traditional healers before using any modern medications. The traditional healers use a variety of management techniques to treat epilepsy based on the perceived cause. Notably, this treatment does not take place at the shrine for fear of infection. This further contributes to the stigmatization of People With Epilepsy (PWE) receiving treatment from these healers.

Recommendation: There is need to involve traditional healers in the process of strategy development for decreasing the burden of epilepsy-related stigma.

Issues 3: Most of the PWE interviewed first visited the traditional healer’s shrine. This contributes to delay in appropriate health seeking which places these patients at risk of developing epilepsy related complications and hence a reduction in their quality of life. The traditional healers therefore play a major role in handling these patients

Recommendation: There is need to develop a referral network between the formal health services and the traditional healers to assist in the better management of PWE.

Issues 4: When the PWE observe that there is no benefit in being attended to by traditional healers, the formal health services are sought as a last resort. Unfortunately, the health services are not able to fully support these individuals. The issues of irregular Anti Epileptic Drug (AED) supply often lead to PWE having to purchase these medicines. The high cost of medication on the open market further aggravates this problem by being unaffordable for the majority, implying that the PWE have limited access to appropriate treatment.

Recommendation: The district in liaison with the Ministry of Health needs to incorporate the needs of the PWE in the country’s health plans and ensure that the essential drug kit is supplied with adequate AED’s to provide sustainable drug management of this condition.

Issues 5: Iganga Referral Hospital has one clinical psychiatric officer who runs the mental clinic where most of these patients are seen. There is no Electro Encephalographic (EEG) Machine that is required in the management of these patients

Recommendation: There is need to review and improve on the infrastructure, human resource and facilities where such patients are managed.

The Uganda Newborn Study: Community Health workers can make a Difference in Achieving MDG 4

Scientists at **Makerere University School of Public** with support from colleagues from **Karolinska Institutet**, Sweden, and the Uganda Ministry of Health, the World Health Organisation and Save the Children, are conducting a community-based facility-linked newborn study in Iganga and Mayuge districts. The aim of the study is to adapt, develop and cost an integrated maternal-newborn care package that links community and facility care, and evaluate its effect on maternal and neonatal practices in order to inform policy and scale-up in Uganda. The study has three components, namely:

1. Training and supervising community health workers to dialogue with communities and families during home visits to pregnant (2 visits) and newly delivered women and their newborn babies in the first week after birth (3 visits);
2. Strengthening linkages between the community and health facilities;
3. Health facility strengthening through training of health workers on essential maternal-newborn care skills and provision of training, basic equipment and supplies to health facilities and implementation of maternal and perinatal audit.

These three components were agreed based on formative research findings and a dialogue with policy makers around current policy, funding and feasibility.

Rationale:

The target of 2015 for the Millennium Development Goals is only five years away. One major challenge to date is on how to achieve the Millennium Development Goal for Child Survival (MDG 4), especially due to failure to reduce neonatal deaths in low income countries. Globally, an estimated 3.8 million newborn babies die every year, and a similar number of stillbirths also occur. In Uganda, these together make an estimated 90,000 deaths or 6430 mini-buses (kamunye) or 1125 buses full of dead babies. This shatters the dream of every parent and is the leading cause of premature death in Uganda. Whereas in Uganda child mortality is decreasing, the newborn and maternal mortality have remained high and the rate of reduction has remained stagnant for over a decade. These deaths occur despite the fact that there exist simple and affordable interventions that can reduce newborn deaths significantly, but existing evidence shows that these do not reach most newborn babies or their mothers, especially among the rural and urban poor, although there is a favourable national policy.

Preliminary Findings

The implementation of the study started in July 2009. To date, through monitoring and evaluation, the following has been realized:

1. *Community health workers are effective in making home visits during pregnancy and delivery*
Figure 1: CHWs' visits after birth
2. *CHWs are helping mothers improve knowledge of pregnancy and newborn danger*
Figure 2: Knowledge of newborn danger signs
3. CHWs are helping improve ANC attendance and the proportion of women who deliver in health facilities. Through monitoring, we have shown that:
 - 70% of mothers attended ANC at least 3 times compared to 31% at baseline.

- Percentage deliveries from hospital or health facilities are also improving – from 46% at baseline to 53% currently.
4. CHWs are helping improve some newborn care practices although others are difficult
- Cord care –57% (compared to 49% at baseline) of mothers still put substances on the cord contrary to recommendation of putting nothing. This is an area that is still difficult to change despite efforts by CHWs.
 - Early bathing in the first 6 hours following birth has decreased from 56% at baseline to 20% currently. However, only 14% (an improvement from 4% at baseline) of mothers delay bathing more than 24 hours.
 - There is improvement in breastfeeding practices. The proportion of women who initiate breastfeeding immediately is now 60-80% compared to 52% at baseline. However, other feeds are still given to about 30% of babies (compared to 35% at baseline) in the neonatal period.

Some Preliminary implications for policy

Kangaroo mother care in Iganga general hospital



As the Uganda government prepares to fully operationalise the Village Health Teams a largely community driven initiative, experience from the Uganda Newborn Study can offer some lessons to inform policy:

- Many stakeholders including TBAs, private providers and men need to be sensitized prior to CHW program introduction
- Supply side issues affect CHWs' work; efforts of CHWs need to be complemented by improved quality care at the health facility to win the confidence of community members.
- CHWs have unlimited demands; they expect a monthly allowance to be given one time, and incentives like umbrellas, bicycles, soap etc. On the other hand even mothers in communities expect to be given medication, ITNs, and for some even school fees for the older children. Therefore, these expectations need to be incorporated in the intervention designs.
- CHWs are acceptable in the community, even male and young females
- Registration of pregnancies is easy and acceptable if CHWs are well integrated in the community. •Once CHWs are trusted women do self reporting for pregnancies
- Identification of birth with in the first two days is a challenge

- CHWs are able to identify children with danger signs and refer, leading to high compliance.
- CHW drop out is a problem in urban areas. In order to minimise this the recruitment criteria for urban settings should differ from rural areas. Selecting those with permanent residences (buildings) in urban settings works to minimize drop outs.
- The maternal/newborn BCC card is highly accepted
- Birth preparedness is well received by mothers
- Postnatal visits on days 1 and 2 are a challenge – most visits are on day 3 onwards
- Pilot of referral tracking system revealed very good compliance rates
- Holding of regular meetings between health workers and Community Health Workers can help improve the working relations of the two groups. This also helps reinforce CHW skills and linkage with health facilities.
- In order to create ownership and appreciation of interventions, conducting trainings closer to home in the community is feasible and preferred by CHWs.
- Contrary to beliefs that Africans do not prepare for birth, a well designed Behaviour Change Communication Intervention can change this thinking as UNEST has demonstrated.
- If engaged and given demonstrations in form of catalytic supplies, health facilities are able to improve availability of basic drugs and equipment.
- The thinking that preterm and low weight babies can only be managed in big hospitals like Mulago is no more. Kangaroo mother care has taken off in Iganga general hospital. Community health workers can also help mothers implement the Kangaroo Mother Care initiative.

Conclusion:

Although preliminary, the experiences from the Uganda Newborn Study show that this low cost intervention integrates CHWs into maternal and newborn health, and if linked to basic improvements in facility care, can lead to better indicators in rural settings. However, the challenge is how to manage CHW motivation to minimize drop out and loss of momentum. Nothing comes free – so investments in CHW motivation must be done to improve maternal and newborn health, and thereby have a chance of achieving MDG 4. The current CHW intervention needs to be supported and scaled-up.

The study Principal Investigator is Dr. Peter Waiswa. Other investigators are Prof. George Pariyo (WHO Geneva), Prof. Stefan Peterson (MUSPH and Karolinska Institutet, Sweden), Dr. Romano Byaruhanga



A



B

A: Some of the participants displaying certificates of completion in a CHW training course

B: A CHW educating a couple on proper cord care

(Nsambya Hospital), Dr. Margaret Nakakeeto (Private Consultant), Dr. Elizabeth Ekirapa and Dr. Juliet Kiguli (MUSPH), Dr. Karin Kallander (Malaria Consortium and Karolinska Institutet, Sweden). The study team wishes to thank the management of Iganga/Mayuge HDSS, Iganga and Mayuge District Health offices, and the field team (Dr. Gertrude Namazzi, Sarah Namusoko, Sarah Namutamba, James Kalungi); and a team of consultants (Dr. Abner Tagoola, Dr. Victoria Nakibuuka, Dr. Judith Ajean, Dr. Hanifa Sengendo, Dr. Olive Sentumbwe and Dr. Bisoborwa Geoffrey). The study is funded by Save the Children USA/Uganda with a grant from the Bill and Mellinda Gates Foundation.

Department of Community Health and Behavioural Sciences

Bududa Health Assessment 2010

The Department spearheaded the Health Assessment among the affected population of the Bududa Mudslide Disaster in Eastern Uganda from 15th to 19 March 2010. The study was commissioned by Makerere University School of Public Health, together with the Ministry of Health two weeks after the disaster struck. The assessment mainly focused on water, sanitation



Top; a little boy takes a much-needed nap on a tarpaulin under a tree shade in the Bulucheke camp, and Bottom; a mother who was injured in the mudslides receives treatment at a health facility.



and hygiene, health services, coordination of relief efforts and capacity of the district to respond to disasters and vulnerabilities. The results revealed inadequate access to safe water, pit latrines and hygiene facilities in the camp. The people were exposed to various diseases like diarrhoea and malaria. There were also limited health services and medical supplies to address the needs of the camp people and there was still a gap in coordinating the various agencies providing health services within the camp and the surrounding communities. The study recommended various strategies to stakeholders in the district ministries and Agencies. The Assessment team was led by Dr. Lynn Atuyambe.

Health, Nutrition, Food Security and Mortality Assessment for the Karamoja Region

The School of Public Health, through the Department of Community Health and Behavioural Sciences was contracted by UNICEF to conduct the Health, Nutrition, Food Security and Mortality assessment for Karamoja Region in November 2009. The aim of the study was to assess indicators of health, nutrition, food security and retrospective mortality rates among children 6-59 months in the Karamoja region to generate information for effective programming.

The results showed that malnutrition in Karamoja was at serious levels above GAM prevalence of 10%. The observed trend of malnutrition calls for long term programming to address aspects which might not be covered through ongoing humanitarian actions. The principal investigator of the project was Dr. Henry Wamani.



Malnutrition in Karamoja is a serious problem that needs to be addressed urgently.

Department of Epidemiology and Biostatistics

Dr. Noah Kiwanuka takes Lead in Establishing a Clinical Trials Unit at the College

Working with Prof. Nelson Sewankambo, Dr. Noah Kiwanuka senior member of staff in EPI-bio has received (as PI) 2 grants from the Canadian Institute of Health Research (CIHR) – one to establish a clinical trials unit (CTU) at Makerere University College of Health Sciences and the other to determine HIV prevalence and incidence, to assess the effect of conflict-associated trauma on HIV vulnerabilities, and to assess the suitability of the area for future HIV vaccine efficacy trials through a 5 year population-based cohort study in Gulu and Amuru districts.

Clinical Trials Unit (CTU)

The CTU is a College-wide unit that will be housed at the School of Public Health and its main objectives are;

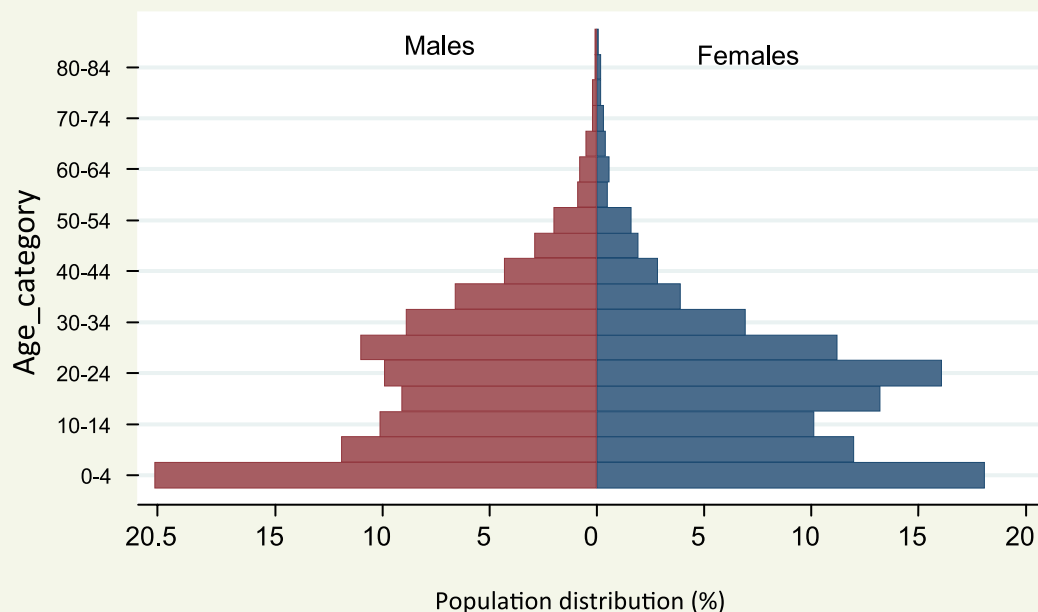
- 1) To develop training curricula for clinical trial courses for various cadres of trial personnel and where possible, support the implementation of such curricula.
- 2) To provide theoretical knowledge and practical skills on the design, conduct, statistical analysis, interpretation, presentation, monitoring, and review of clinical trials of health interventions.
- 3) To provide and or facilitate mentorship/apprenticeship training for clinical trial investigators and key personnel.
- 4) To provide support trial monitoring and statistical aspects (randomization, blinding, statistical monitoring, and data analysis) of funded clinical trials.
- 5) To provide support on grant writing for clinical trials
- 6) To act as a coordinating center for the establishing of and networking with other CTUs.

Family Health and Wealth Study (FHWS); Investigating the Role of Child-spacing and Contraceptive Practices

The Family Health and Wealth Study (FHWS) is a three (3) year longitudinal study whose aims are to examine individual- and family-level health and economic consequences of family size. The study has identified at 800 family-cohorts (couples) in each of the seven peri-urban areas in five sub-Saharan African countries: Ethiopia, Ghana, Malawi, Nigeria and Uganda. In Uganda, this is in Kyengera Parish, Wakiso district. The study is sponsored by the Bill and Melinda Gates Institute at Johns Hopkins Bloomberg School of Public Health, and was approved by the Johns Hopkins University and the Uganda Virus Research Institute review boards.



FHWS-Kyengera, Survey team July 2010 (Reviewing day's work)



Source: FHWS-MAKSPH, Feb-July 2010

Preliminary results: Population Pyramid of population in study area-Kyengera

Non-Communicable Diseases (NCD) Working Group formed!

Over the past many years, Makerere University School of Public Health (MakSPH) extensively has been extensively involved in research and community initiatives focusing on communicable diseases such as Malaria, HIV/AIDS, etc. The impact of this broad effort has been significant both at national and international level. Although the burden of communicable diseases remains high, there is increasing evidence that the contribution of chronic NCDs towards morbidity and mortality is on the increase in our region, creating a double burden. It is estimated that approximately 44% of adult disease burden in Low and Middle Income Countries is now attributable to NCDs and it is projected to increase to 54% by 2030. These trends are attributed to unhealthy lifestyles and increased exposure to NCD risk factors secondary to urbanization (e.g. changes in diet patterns, sedentary lifestyles, environmental pollution, etc), and the increasing aging population. The majority of the NCDs are preventable through a broad range of simple, cost-effective public health interventions that target NCD risk factors. Treatment of NCDs and their complications is extremely costly.

Here in Uganda, health facilities all over the county continue to register increasing numbers of patients presenting with various NCDs especially cardiovascular diseases, diabetes and cancers. There is very scanty data on the burden, distribution and determinants of NCDs in the general Ugandan population. Further, health care systems and facilities in the country have low capacity to prevent, identify and manage NCDs especially in the lower level health facilities.

In recognition of these gaps, a team of researchers at MakSPH formed the “NCD Working Group” in January 2009. The broad objectives for the NCD Working Group are to: i) generate research evidence on various aspects of NCDs to inform policy, ii) develop capacity for NCD research in Uganda, iii) Raise awareness on NCDs, and iv) Collaborate with other institutions in achieving these objectives.

The current members of the NCD Working Group are Associate Professor David Guwatudde (who is also the current Group Leader); Associate Professor Fred Wabwire-Mangen, Dr. Joan Nankya Mutyoba and Dr. Lynn Atuyambe, all from the School of Public Health; and Dr. Robert Kalyesubula from the School of Medicine.

COMMUNITY SERVICE

The school engages in various community service activities and projects. While some are implemented jointly with partners, other are self initiated. This year the school has engaged policy makers for improved maternal health, health workers for safe male circumcision implementation, etc. In addition, the school finalised the process of designing its Communication Strategy; a tool that will guide all its communication activities. Details of these achievements in the following chapter



3. COMMUNITY SERVICE

Department of Health Policy, Planning and Management

Over 400 policy makers at all levels engaged through the ENGAGE Project

Throughout the world, maternal mortality continues to be a largely preventable tragedy that adversely affects children, families, communities—and ultimately, nations. Yet the number of women needlessly dying from pregnancy-related causes continues unabated with little evidence of improvement in many countries around the world. The situation in Uganda is not encouraging at all. Cost-effective interventions—family planning and other reproductive health services—can dramatically reduce maternal morbidity and mortality when made widely available and implemented in accordance with national policies and international standards.

The *Eliminating National Gaps-Advancing Global Equity* (ENGAGE) project works at raising the visibility of high fertility, unplanned pregnancies, and maternal mortality and morbidity. The political advocacy is implemented by the school through the department in partnership with PRB and Gap Minder Foundation. The general objective of the project is **to create an enabling policy environment** for strengthening family planning and selected reproductive health services.

Among the project's specific strategies are;

- **Developing evidence-based multimedia presentations** that use new state-of-the-art techniques in graphic design and presentation.
- **Strengthening local capacities** to draw out policy implications from the latest data, design strategic communication plans, and sustain advocacy efforts.
- **Increasing knowledge among high-level policymakers**, program officials, and community influentials about the magnitude of high fertility and unplanned pregnancies, maternal morbidity and mortality, and their costs, consequences, and solutions.



*Dr. Chrispher Garimoi
Orach at one of the district
meetings*



Prof. John Kakitahi presiding over the project launch



Project PI Dr. Freddie Ssengooba delivering one of the ENGAGE presentations.

- **Educating journalists** on the consequences of unplanned pregnancies and maternal morbidity and mortality using the multimedia presentations as teaching tools.

The project was officially launched on June 7, 2010 at Serena Hotel at a ceremony that was attended by a broad cross-section of policy, technical and advocacy stakeholders in Uganda. It was officiated by Professor John Tuhe Kakitahi, the Deputy Principal, Makerere University College of Health Sciences.

The project has so far engaged about 450 district leaders of different categories at ten regional meetings in Jinja, Gulu, Lira, Kabale, Kabarole, Arua, Kumi, Hoima and Mbarara. This is in addition to stakeholders at national level. Key issues emerging:

- Stereotypes about religion and FP
- Uganda headed for hard times
- Education of the Girl child is a key factor in managing the Country's high fertility rate.

Strengthening Communication for Medical Male Circumcision in Uganda

The program was started in 2008, working in partnership with Health Communication Partnership (HCP), Ministry of Health (MOH), AIDS Control Program (ACP) and the Male Circumcision (MC) task force.

The goal was to design and operationalise an information and advocacy strategy to disseminate basic information about medical male circumcision for HIV prevention to the public, leaders, and health workers.

Under this arrangement, MUSPH was specifically tasked with;

- Development of the national communication strategy for MC for HIV prevention
- Stimulate public dialogue and advocate for a national policy on male circumcision.
- Coordinate and conduct trainings in all regions of Uganda, of district health teams and other focal health workers as TOTs for other health workers.
- Lead the development of IEC materials

Progress and achievements registered August 2009-July 2010 (activities done, outcomes, etc)

- Led the formulation of the three year Communication Strategy that is aligned to the national policy on Safe Male Circumcision
- To date 352 health workers have been trained in Safe Male Circumcision (SMC), as Trainer of Trainers (TOTs) in Western and Eastern regions
- Trained 48 radio presenters as champions of champions, to spearhead advocacy for SMC services in health facilities in traditionally circumcising areas
- Development and dissemination of information, education and communication (I.E.C) materials on SMC for HIV prevention; one of which, the brochure was produced in English, Runyankole, Atesot, Luganda and Luo
- Developed a basic information booklet for health workers on SMC for HIV prevention which was adopted by the MOH
- Developed a counselling flipchart on SMC for HIV prevention that was adopted by the MOH



Police Officers/health workers demonstrating the use of the Counsellors' Flip Chart at a training at Kibuli Police Training School

- Through the media (electronic and print) stimulated public dialogue and advocated for a national SMC policy which has been formulated and is awaiting launch

All these efforts have led to improved understanding of SMC and its relationship to HIV prevention in the Country

The biggest challenge in implementing this work has been the stiff resistance to adopting SMC in traditionally circumcising areas especially the East, where the elders see SMC as a ploy to wipe out their culture. As a way forward, meetings have been organised for the district leaders, convened by the DHO's office to enlighten them on the dangers of the high risk of HIV transmission during the circumcision ceremonies. The second challenge was health workers not willing to embrace MC because of the poor working conditions, under which they do their work.

MUSPH Communication Strategy Launched

The school marked yet another decisive chapter in its work, by launching its Communication Strategy. The launch took place at a breakfast ceremony at Serena Kampala Hotel. The strategy was designed through the MUSPH-CDC HIV/AIDS Fellowship Program, led by Ms. Milly Nattimba, a fellow who was attached to the school's Department of Health Policy, Planning and Management. It was supervised by Dr. Freddie Ssengooba and Dr. Christine Nalwadda.

Presiding over the ceremony, the Deputy Vice Chancellor, Professor Lillian Tebatemwa-Ekirikubinza noted that Makerere University can only meaningfully reposition itself through clear and proper communication. She emphasised the need for branding to emphasise the uniqueness of the university.

Professor Tebatemwa said that university units are involved in a lot of research which is crucial to community development, but it is not adequately disseminated. Communication Strategies like the one that the school has in place, are important tools in guiding such dissemination activities.



Left; the Deputy Vice Chancellor, Makerere University Professor Lillian Tebatemwa-Ekirikubinza and the Dean, Makerere University School of Public Health, launching the strategy, and right; Dr. Donna Kabatesi listening to one of the presentations at the launch



Left; Mrs. Catherine Mwesigwa Kizza delivering her paper, Right; Professor David Serwadda speaking at the launch

The Dean, MUSPH Dr. William Bazeyo noted that the strategy will enable the school engage its stakeholders more effectively. He said that a coordinated communication approach is critical to have the divergent communication needs and interests of the school's stakeholders adequately addressed.

The MUSPH-CDC HIV/AIDS Fellowship Program Director, Professor David Serwadda thanked the school for providing a conducive environment for the designing of the strategy. Professor Serwadda thanked the fellow and all those that contributed to this work for a job well done.

The Director of Programs at CDC Uganda, Dr. Donna Kabatesi reiterated CDC Uganda's commitment to continue working with the school to improve management in the health sector in Uganda.

The launch ceremony was marked by a presentation on 'The Benefits of Internal Communication and its Impact on External Communication', delivered by Mrs. Catherine Mwesigwa Kizza, Features Editor at The New Vision.

Regional Centre for Quality of Health Care

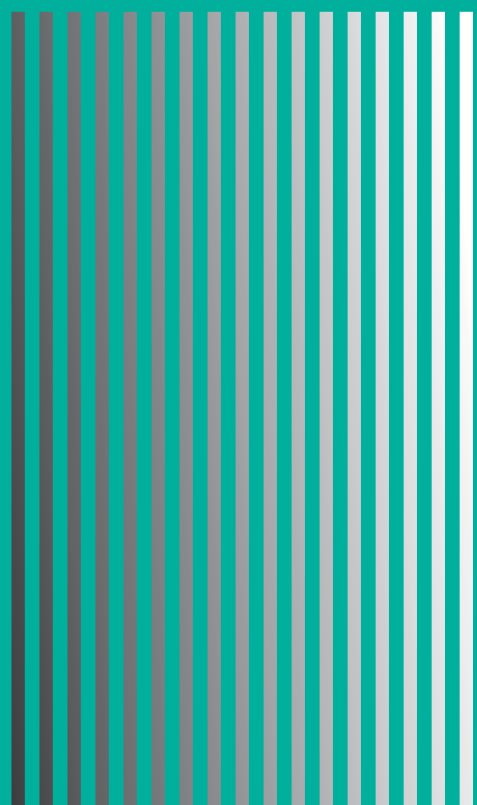
The centre has worked with journalists to ensure positive communication on family planning & sexual reproductive health, generally, through capacity building methods like training workshops.



Male participation in RH – RCQHC trainee journalists seek men's views on family planning

DEAN'S OFFICE

4



4. DEAN'S OFFICE

A New Project to provide Technical Assistance in M and E Capacity Strengthening

The Monitoring and Evaluation Technical Assistance (META) Project, is a five year collaborative undertaking between the Makerere University School of Public Health (MUSPH) and the University of California, San Francisco (UCSF). The cooperative agreement with CDC mandates META to strengthen Monitoring and Evaluation Capacity of CDC Implementing Partners (IPs) in Uganda. META aims at equipping IPs with the knowledge, skills and systems to collect, manage, analyze, use, harmonise and disseminate M&E data efficiently and to conduct outcome evaluations in order to inform their own as well as PEPFAR's and national programming goals and objectives. To date, the project has trained over 90 people from 13 organisations in basic M&E fundamentals is working closely with individual organisations to address gaps in M&E systems.

The Principal Investigator for Uganda (MUSPH) is Dr. William Bazeyo while the one at UCSF is Dr. George Rutherford and for implementation, Dr. Olico Okui is the Project Manager.

The project's objectives are;

- 1. To work in close consultation with key stakeholders in planning and implementing the different phases of M&E capacity building project.**

The project has established strong partnerships with key players including, MoH and funders to ensure that HIV/AIDS programs' efforts are complementary, coordinated and supportive of the national HMIS.

- 2. To assist, train and mentor IPs in improving all aspects of their M&E capacity and systems in partnership with MUSPH.**

Left: Some of the IPs during training and right : receiving certificates of participation



Dean's Office

META evaluates M&E capacity needs, trains and mentors a selected number of IPs with different areas of programmatic focus, thus ensuring that beneficiaries not only acquire M&E knowledge but fully understand how to apply it.

3. To build a centre of Excellence in M&E at MUSPH that will provide training and academic leadership in M&E and will further support and strengthen the M&E capacity of USG IPs as well as other government organisations and NGO's in Uganda.

META is building a cadre of staff and professionals with academic depth and capacity to provide training and mentorship in all aspects of M&E at the government and program levels. The project contributes to the development a comprehensive curriculum on M&E with both formal degrees-granting and short-course offerings for NGOs and professionals in Uganda.

Activities

- Training in Monitoring and Evaluation
- Mentoring M&E personnel in monitoring and evaluation concepts
- Providing technical assistance in evaluating HIV/AIDS Programs
- Facilitating advocacy for M&E at national and organizational Level

The HEALTH Alliance Strengthens Focus on Training in Zoonotics in the Region

The Higher Education Alliance for Leadership Through Health (HEALTH) project was born out of the leadership initiative with its objective to build capacity and partnership among the schools of public health in the Eastern African region. The HEALTH Alliance comprises of 7 schools of public health in 6 countries. The lead institutions are; Makerere University School of Public Health, Uganda and Muhimbili (MUHAS) School of Public Health, Tanzania. The Principal Investigator in Uganda is Dean William Bazeyo and at MUHAS is Professor Japhet Killewo.

The HEALTH Alliance has been implementing Disaster Management training for operational levels in the region by training multi-sectoral teams from districts in emergency operations planning. Since October 2009, an Epi-zoonosis component has been added to the district disaster management training. The module is tiered into 2 sessions and one practicum. The first session covers introductory principles underlying the occurrence of epi-zoonotic diseases, their socio-economic and public health consequences and key considerations in their management. The second module outlines the occurrence, transmission, symptoms and control measures for 7 priority epi-zoonotic diseases in the region (Rift Valley Fever, Anthrax, Avian and Pandemic Influenza, Rabies, Ebola and other Viral Hemorrhagic fevers, Trypanosomiasis and Plague). The practicum is part of a broader exercise in which district teams use the information gained in the first part of the training to generate a capability based plan for response to disasters. 23 operational objectives have been inserted into the district disaster planning template, aimed at helping districts to plan for addressing epidemics. Task forces for disaster preparedness have been formed across national levels and local ones. Inter university and South to North links are being strengthened to realize the "One Health Initiative" which addresses human and animal health relations.

Other activities:

Under the Alliance,

Recently, a Bududa landslide assessment was carried out, with a major focus on public health interventions and addressing the problems using the ADEPT manual guidelines as adapted from CDC Atlanta and then improved on to fit the local context. A report of the assessment is available on www.musph.ac.ug

E-learning is also one of its leading activities, using the classroom- in- the -bag ideology of delivering lectures online and training IT personnel in the region at the Schools of Public Health. Moodle which was introduced by Tulane University and TUSK brought by TUFTS University are greatly assisting faculty and students to work and share knowledge within public health across Africa and the USA. HEALTH Alliance has been receiving funding from USAID and Rockefeller.



Group work during the 5th Health Emergency Management Program (HEMP) District Disaster Training workshop



Mr. Paul Bitex Okot, a facilitator from the Uganda Red Cross Society a HEMP partner in Disaster Management demonstrating about controlling fires to the participants during the workshop.

Looking on are Dr. Roy Mayega and Mr. Vincent Woboya (Behind) from the prime minister's Office- Disaster Management Unit.

Dean's Office

Preliminary Results of the Bududa Landslide Geologic and Survey and Needs at Bulecheke Camp for the Displaced Population

Geologic Survey

In July 2010, a geologic field survey and mapping of the March 1, 2010 Nametsi landslide and surrounding areas was conducted using GPS equipment (Trimble ProXH receiver and Nomad data logger). Additionally, images from World View 1 and QuickBird satellites with resolution 0.5 – 0.6 m. were used to identify landslide area before and after March 1 event.

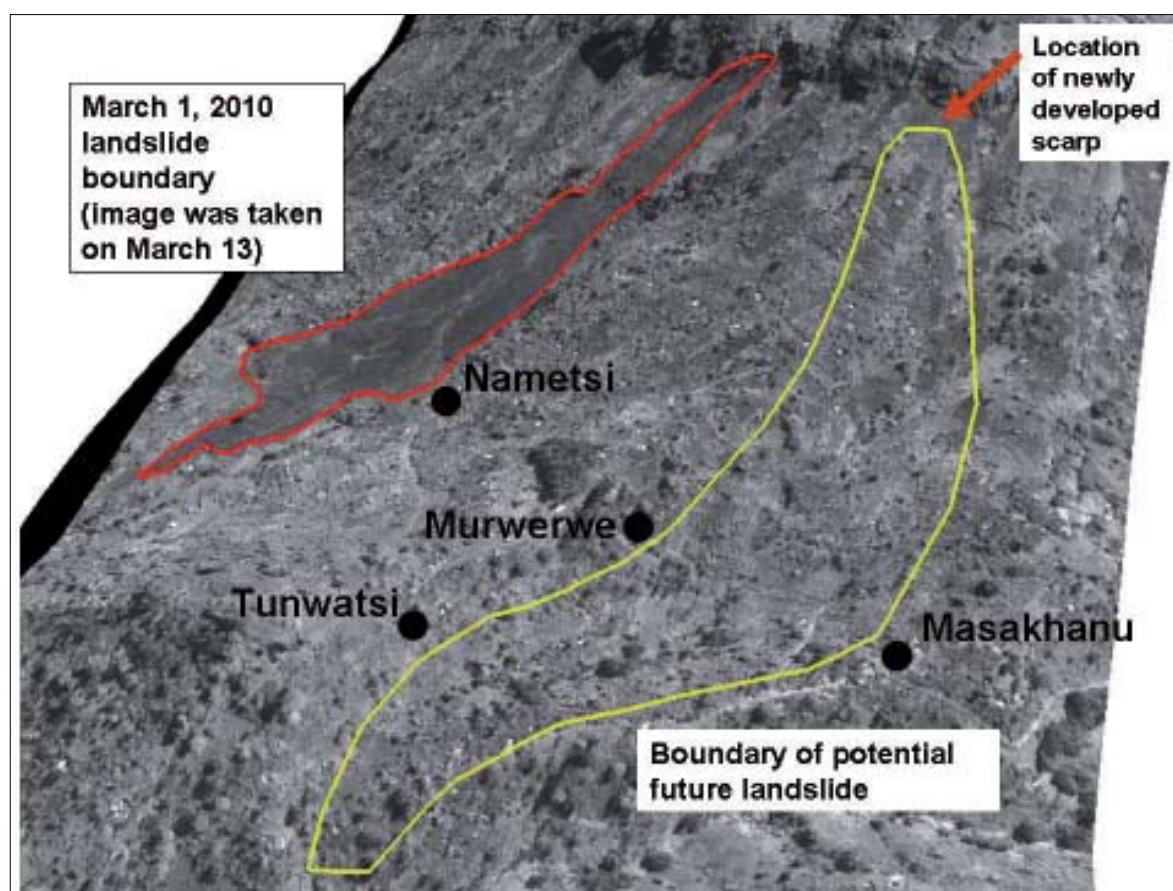


Figure 1. Location of March 1, 2010 landslide and boundary of potential future landslide identified from elevation data and field survey (by newly developing scarp). Images were obtained from eMap Inc.

Mapping of the slope area above the adjacent village of Murwerwe revealed a newly developed scarp or crack between 0.5-2.0m high, 25m long and 9m wide at the apex (Figure 2). The apex, located at 2,076 m, is at the same elevation as the apex of the fatal March 1, 2010 Nametsi landslide. The distance between the two is approximately 300m along the convex slope which is completely covered with crop fields. Along the bottom of the scarp, a newly developed crack 10-15 cm wide is visible for at least 100m. We found that the apex of the scarp is in the upper- middle part of the concave slope which is a common location in many landslides. Considering the very high slopes (up to 60 degrees) in the area, the location of the scarp signifies a critical situation where an excess of rainfall could trigger another massive landslide.



Figure 2. Newly developing scarp above village Murwerwe. World View 1 image was obtained from eMap Inc.

Using high resolution (0.5m) satellite imagery of the Nametsi area, we estimated that at least 29 households are in eminent danger if a new landslide develops (Figure 3). Assuming the geologic structure of the slope above Murwerwe is similar to nearby Nametsi, the potential landslide will affect not only Murwerwe village but also nearby Masakhanu.

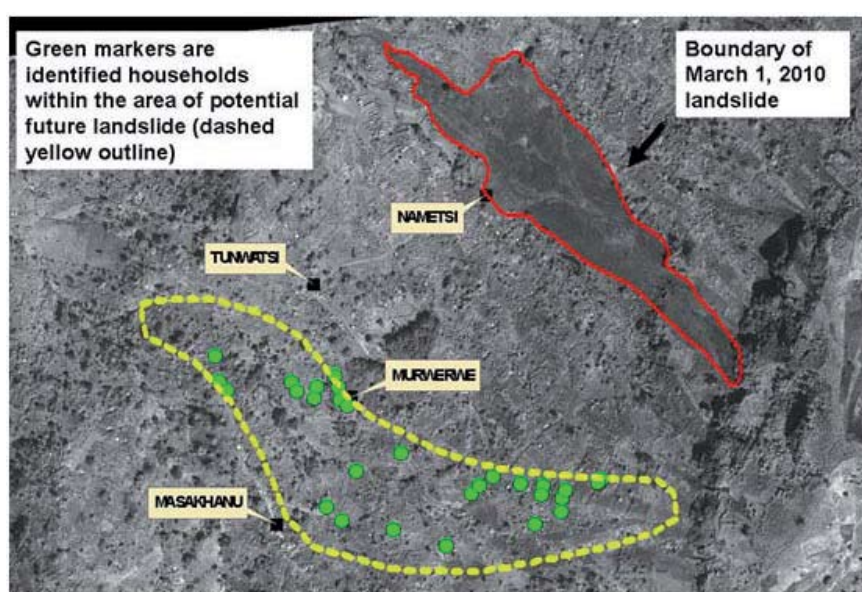


Figure 3. Households (green markers) that are at eminent danger from the future potential landslide.

Although it is difficult to predict a landslide event without a detailed analysis of slope stability, the approaching rainy season which begins in November could likely act as a triggering mechanism. Detailed landslide risk assessments or landslide monitoring programs should be implemented throughout Nametsi and Orukosi Parishes and potentially in other at risk areas of Bududa District. To avert further tragedy, populations should be given regular updates of landslide risk for their communities and resettlement options should be made available.

One of the necessary steps to prevent future landslide fatalities is to establish a landslide monitoring program; this is particularly urgent for the area above Murwerwe. The proposed monitoring scheme is simple and inexpensive and could consist of series of vertical bars (metal or wooden) placed in rows along and across the slope, both above and below the scarp area (Figure 2). A benchmark in a relatively stable area located above the scarp and possibly on the bedrock should also be established.

PARTNERSHIPS AND COLLABORATIONS

Partnerships / collaborations are a key element in the way the school carries out its mandate.

Partnerships have enabled the school to maximise resources and expertise for greatest outcome; expand opportunities for funding learning for students and facility.

In this chapter we focus on partnerships for improved nutrition, water and sanitation, excreta disposal and student exchange



5. PARTNERSHIPS AND COLLABORATIONS

Regional Centre for Quality of Health Care (RCQHC)

Guides and Scouts train children in Malnutrition detection

The RCQHC is the host for Food and Nutrition Technical Assistance project (**FANTA.2**) in Uganda. FANTA has several successful & effective approaches for the reduction of malnutrition. Amongst these is the Nutrition Star Pilot model that includes innovative partnership with the private sector (Picfare Industries) & the girl guides, boy scouts associations membership in 80 primary schools in Pader & Kitgum districts, Northern Uganda, to train the school children to enable early detection of malnutrition. Through this pilot project, the guides and scouts are trained and practice in the community. The school children are motivated through a 4-star model, linked to progressive success, & they are motivated with scholastic materials, donated by the Picfare Industries.



Girl guides assessing children in the community for malnutrition

In addition to FANTA.2 project, the RCQHC in partnership with USAID-EA empower community level health care workers on Essential Nutrition Action in Tanzania, Kenya & other countries in the region. For more information on this, visit www.rcqhc.org.

Department of Disease Control and Environmental Health

Strengthening North-South Linkages

The Department is in the process of initiating collaborative efforts with the University of Georgia, Athens (US). The partnership will involve joint grant writing, collaborative research, student and faculty exchanges between the University of Georgia and the Department of Environmental Health Science, College of Public Health.

The Department also has projects that are progressing well and these include the following:

- The partnership with WaterAid (Uganda) is blossoming. The department implemented a Water and Sanitation capacity building project in Katakwi and Amuria districts.
- Collaboration with University at Albany (UA) is on going, and the department will be sending one of the staff, Mr. Shedrack Nayebare to UA for a Masters degree in Environmental Health in August, 2010.
- Partnership with IDRC is still ongoing with the work the department is doing in the Banda slum, EcoHealth project. The intervention phase of the project is being implemented.



Pictures showing the different activities being conducted in Banda Slum under the IDRC partnership Project

Research in Financial Mechanisms for Excreta Disposal

A joint research project investigating the financial mechanisms used to provide and operate excreta disposal facilities in slums in Bwaise, Kampala and Tememe, Dar es Salaam under the collaboration with UNESCO-IHE is ongoing and progress is impressive

Meanwhile, the Department won an award as the best performing partner institution of higher learning in Uganda. (See photo below)



Mr. Felix Walyawula (alumni) displaying the award while his colleagues look on.

Department of Community Health and Behavioural Sciences

North Western University (NWU) Collaboration takes on more students

Public Health in Uganda course is implemented as a collaboration between Northwestern University and Makerere University School of Public Health. The course objectives are to introduce students to public health issues in Uganda with an emphasis on HIV/AIDS, environmental health and mental health. This course; (1) provides an overview of the HIV/AIDS crisis in Uganda by analyzing the results and lessons learned from the Rakai Health Sciences Program; (2) introduces the basic concepts of public health, including particular disease trends and recommended actions taken to address various public health challenges; (3) explores the role of the environment in disease causation and prevention in Uganda; (4) examines the key public health issues relating to mental health in Uganda and the implications for healthcare design. This year we had 9 NWU students from varied backgrounds take the course between April and May 2010.

Office of the Dean

Makerere University Vice Chancellor and the East China Normal University President on 22nd February 2010 signed a Memorandum of Understanding and Cooperation aimed at strengthening the cooperation in education, science, engineering and technological transfer between the two universities.

Presenting on behalf of the University, the Dean, MUSPH, Dr. William Bazeyo informed the team of Makerere's commitment and plan to transform into a modern era academic institution, through academic and financial reforms; infrastructural development; reaching out to the communities; gender mainstreaming and strategic planning.

Speaking on behalf of the East China Normal University (ECNU), the President, Professor Lizhong Yu shared that ECNU is home to 13 national or key research bases and houses over 100 research institutes and research centres. With regard to development strategies, ECNU takes the 3 I's approach of **Innovation**, **Interdisciplinary** study and **Internationalization**, with the latter responsible for over 2000 foreign scholars visiting ECNU each year, for joint research, lecturing and other exchange programs.

The University visit was coordinated by the School of Public Health through the Office of the Dean.

Under the Memorandum of Understanding and Cooperation, the two universities will specifically undertake to;

1. Develop of joint programs;
2. Create, develop and provide opportunity for the admission of students from each institution to the Postgraduate Programmes after successfully obtaining the requisite Qualifications;
3. Develop laboratory infrastructure and equipment;
4. Exchange students and Faculty staff;
5. Training Faculty staff;
6. Co- supervise graduate students;
7. Teach and develop research projects to address practical problems in Uganda in particular and Africa in general;
8. jointly apply for grants;
9. Collaborate in research and teaching facilities



Left; Dr. William Bazeyo and Right; Prof. Lizhong, making their respective presentations before the signing of the MoU at Makerere University and below (seated right), the Vice Chancellor, Makerere University Professor Venansius Baryamureeba looks on. The Chinese Ambassador (standing below) attended and addressed the guests



The School Continues Forging Relationships with Northern Partners

April 2010, the Dean MUSPH, Dr. William Bazeyo together with the Head of Department of Disease Control and Environmental Health (DCEH), Dr. John Sempebwa attended the third annual Global Health Symposium, titled "Health and Disease in East Africa: Research and Partnerships", organised by the University of Georgia, Atlanta.

The two-day symposium examined the East African regions ongoing public health challenges with a particular interest in building and expanding partnerships for research and training in Africa and the United States.

The symposium that had delegates from universities in East Africa, agreed on a return visit to Makerere University, Uganda, by a six-man delegation from University of Georgia, Atlanta to further develop collaboration with Makerere University.

Discussions also hinted on the possibility of appointments for visiting professors for both universities and collaborative research where joint research proposal writing will be undertaken. The other area of collaboration that was discussed is sharing of information and collaborative research in disaster management.

As a result of this visit, a team of faculty from the University of Georgia visited their counterparts in Uganda in June and held talks that focused on expanding an already active partnership in public health research and education into other areas.

The delegation included David Lee, Vice-President for Research; Kavita Pandit, Associate Professor for International Education; Phillip Williams, Dean of the College of Public Health; and James Oloya and Chris Whalen, of the Department of Epidemiology and Biostatistics. A Memorandum of Understanding was signed.

The group discussed ways to enhance the current partnership in public health and perhaps to expand future collaborations to include agriculture, veterinary medicine and food safety. The UGA visitors met with faculty from the schools of medicine, public health, agriculture, veterinary medicine.

The Memorandum of Understanding will provide a framework within which the two institutions will have their students visit each other under the May Master Students' Program. Under this program, students from University of Georgia, Atlanta will visit Uganda during the summer, while students and young faculty from Makerere University will also take summer courses at their Atlanta counterparts.

"We are excited by the numerous opportunities we see for substantive collaboration with colleagues at Makerere University," said UGA Vice-president for Research David Lee. "Our institutions have many similarities, and the connections forged by Drs. Whalen, Oloya, Kisaalita, and others provide a foundation on which to build a satisfying and mutually rewarding long-term relationship."



Above: Dean Phillip Williams meets with Dean Bazeyo and faculty members; Dr. John Ssempebwa and Mr. Ali Halage from the Department of Disease Control, and below MakSPH faculty after the discussion



Prof. Christopher Whalen
University of Georgia

Dr. William Bazeyo
Dean MUSPH

Prof. Kavita Pandit
University of Georgia

Dr. Philip Williams
Dean University of Georgia

Mrs. Ngobi
International Relations Officer
MUK

Partnerships and Collaborations

PUBLICATIONS

As an academic institution, MUSPH staff have greatly contributed to the body of knowlegde in public health through research, publications and sharing of results at scientfic conferences. In this section, we show you the wide range of publications that have been produced in the last one year, by staff and fellows.

6. PUBLICATIONS

- 1 Polis CB, Wawer MJ, **Kiwanuka N**, Laeyendecker O, Kagaayi J, Lutalo T, Nalugoda F, Kigozi G, **Serwadda D**, Gray RH. Effect of hormonal contraceptive use on HIV progression in female HIV seroconverters in Rakai, Uganda. *AIDS* 2010 Jul 31;24(12):1937-44.
- 2 **Kiwanuka N**, Robb M, Laeyendecker O, et al. HIV-1 viral subtype differences in the rate of CD4+ T-cell decline among HIV sero-incident antiretroviral naïve persons in Rakai district, Uganda. *J Acquir Immune Defic Syndr*. 2010 Jun;54(2):180-4
- 3 Hollingsworth TD, Laeyendecker O, Shirreff G, Donnelly CA, **Serwadda D**, Wawer JM, **Kiwanuka N**, et al. (2010) HIV-1 Transmitting Couples Have Similar Viral Load Set-Points in Rakai, Uganda. *PLoS Pathog* 6(5): e1000876. doi:10.1371/journal.ppat.1000876
- 4 **Serwadda D**, Wawer MJ, Makumbi F, Kong X, Kigozi G, Gravitt P, Watya S, Nalugoda F, Ssempiija V, Tobian AA, **Kiwanuka N**, Moulton LH, Sewankambo NK, Reynolds SJ, Quinn TC, Oliver AE, Iga B, Laeyendecker O, Gray RH. Circumcision of HIV-infected men: effects on high risk papillomavirus infections in a randomized trial in Rakai, Uganda. *J Infect Dis*. 2010 May 15;201(10):1463-9
- 5 Gray RH, Serwadda D, Kong X, **Makumbi F**, Kigozi G, Gravitt PE, Watya S, Nalugoda F, Ssempiija V, Tobian AA, **Kiwanuka N**, Moulton LH, Sewankambo NK, Reynolds SJ, Quinn TC, Iga B, Laeyendecker O, Oliver AE, Wawer MJ. Male circumcision decreases acquisition and increases clearance of high-risk human papillomavirus in HIV negative men: a randomized trial in Rakai, Uganda. *J Infect Dis*. 2010 May 15;201(10):1455-62.
- 6 **Orach Garimoi Christopher**. Climate change and migration: effects and adaptation mechanisms in Africa. Centre for International Governance Innovation. Special Report. December 2009. Pp.31-35.
- 7 Green HD Jr, **Atuyambe L**, Ssali S, Ryan GW, Wagner GJ. (2010) Social Networks of PLHA in Uganda: Implications for Mobilizing PLHA as Agents for Prevention. *AIDS Behav*. Published 2010 May 25.
- 8 Sofaer N, Kapiriri L, **Atuyambe LM**, Otolok-Tanga E, Norheim OF: Is the Selection of Patients for Anti-Retroviral Treatment in Uganda Fair? A Qualitative Study. [Health Policy](#). 91 (2009) 33–42.
- 9 **Atuyambe L**, **Rutebemberwa E** and Muhimbura P. 2010. Assessment of Legal Needs for Patients and Palliative Care Providers: A Case Study on Uganda. Research Report. African Palliative Association of Uganda. Kampala
- 10 Josaphat K Byamugisha, Florence M Mirembe, Elisabeth Faxelid, **Nazarius M Tumwesigye**, Kristina Gemzell-Danielsson. 2010. A randomized clinical trial of two emergency contraceptive pill regimens in a Ugandan population. *Acta obstetrica et gynecologica Scandinavica* 89(5):670-6
- 11 Muhamadi Lubega, Xavier Nsabagasani, **Nazarius M. Tumwesigye**, **Fred Wabwire-Mangen**, Anna Mia Ekström, **George Pariyo**, **Stefan Peterson**. 2009. Policy and practice, lost in transition: Reasons for high drop-out from pre-antiretroviral care in a resource-poor setting of eastern Uganda. *Health policy (Amsterdam, Netherlands)* 95(2-3):153-8
- 12 EL Kyomugisha, **E Buregyeya**, **E Ekirapa**, JF Mugisha, and **W Bazeyo**. Strategies for sustainability and equity of prepayment health schemes in Uganda. *Afr Health Sci*. 2009 October; 9(S2): S59-S65.

- 13 Kiene, S. M., Bateganya, M., **Wanyenze, R.**, Lule, H., Mayer, K. H. & Stein, M. D. (in press). Provider-initiated HIV testing in health care settings: Should it include client-centered counseling? *Journal of Social Aspects of HIV/AIDS Research Alliance (SAHARA)*, VOL. 6 NO. 3 November 2009
- 14 **Wanyenze RK**, Nawavvu C, J Ouma J, Namale A, Colebunders R, Kamya MR. Provider-initiated HIV testing for pediatric inpatients is feasible and acceptable. *Trop Med Int Health*. 2009 Nov 3.
- 15 Kiene, S. M., Bateganya, M., **Wanyenze, R.**, Lule, H., Nantaba, H., & Stein, M. D. Initial outcomes of provider-initiated routine HIV-testing and counseling during outpatient care at a rural Ugandan hospital: Risky sexual behavior, partner HIV-testing, disclosure and HIV-care seeking. *AIDS Patient Care STDS*. 2010 Feb;24(2):117-26
- 16 **Wanyenze RK**, Hahn JA, Liechty CA, Ragland K, Ronald A, Mayanja-Kizza H, Coates T, Kamya MR, Bangsberg DR. Linkage to HIV care and survival following inpatient HIV counseling and testing. *AIDS Behav*, DOI: 10.1007/s10461-010-9704-1, Published on line 30 April, 2010.
- 17 **Wanyenze RK**, Wagner G, Alamo S, Amanyire G, Ouma J, Kwarisima D, Sunday P, **Wabwire-Mangen F**, Kamya MR. Evaluation of the efficiency of patient flow at three Ugandan HIV clinics. *AIDS Patient Care STDS*, DOI: 10.1089/apc.2009.0328, Volume 24, Number 5, June 26, 2010. [Epub ahead of print]
- 18 **Matovu JK**. Preventing HIV Transmission in Married and Cohabiting HIV-Discordant Couples in Sub-Saharan Africa through Combination Prevention. *Curr HIV Res*. 2010 Jul 19. [Epub ahead of print]
- 19 Romano N Byaruhanga, Jessica Nsungwa Sabiiti, **Juliet Kiguli**, Andrew Balyeku, Xavier Nsabasagani, Stefan Peterson), Hurdles and Opportunities for Newborn care in rural Uganda, in: ED. Romano Nkumbwa Byaruhanga CARE OF THE NEWBORN IN UGANDA: studies of the use of simple affordable effective interventions-**Section V, Karolinska Institutet, Stockholm Sweden, PhD thesis, 2009, 1-21**
- 20 David Mukanga, James K Tibenderana, **Juliet Kiguli, George W Pariyo, Peter Waiswa**, Francis Bajunirwe, Brian Mutamba, Helen Counihan, Godfrey Ojiambo, Karin Kallander Community acceptability of use of rapid diagnostic tests for malaria by community health workers in Uganda, *Malaria Journal* 2010, 9:203
- 21 Ssengonzi, R., and **Makumbi, F.** (2010). **Assessing the Effect of a Combined Malaria Prevention Education and Free Insecticide-Treated Bed Nets Program on Self Reported Malaria Among Children in a Conflict-Affected Setting in Northern Uganda**. RTI Press publication No. RR-0011-1004. Research Triangle Park, NC: RTI International. Retrieved [date] from <http://www.rti.org/rtipress>.
- 22 Kiwanuka N, Robb M, Laeyendecker O, Kigozi G, Wabwire-Mangen F, **Makumbi FE**, et al "HIV-1 Viral Subtype Differences in the Rate of CD4+ T-Cell Decline Among HIV Seroincident Antiretroviral Naïve Persons in Rakai District, Uganda". *J Acquir Immune Defic Syndr* (June 2010)
- 23 Ronald H. Gray, **David Serwadda**, Aaron A. R. Tobian, Michael Z. Chen, **Frederick Makumbi**, Tara Suntoke, Godfrey Kigozi, Fred Nalugoda, Boaz Iga, Thomas C. Quinn, Lawrence H. Moulton, Oliver Laeyendecker, Steven J. Reynolds, Xiangrong Kong, Maria J. Wawer "**Effects of Genital Ulcer Disease and Herpes Simplex Virus Type 2 on the Efficacy of Male Circumcision for HIV Prevention: Analyses from the Rakai Trials**" doi:10.1371/journal.pmed.1000187 Research Article, published 24 Nov 2009
- 24 **Frederick Makumbi**, Roy Mayega, David Kisitu, Juliet Sekandi, Denis A. Bwesigye, Robert Miller, and Sam Kalibala "**Technical Assistance to the Uganda AIDS Commission for Operationalisation of the Performance Monitoring and Management Plan**" October 2009 www.popcouncil.org/pdfs/2009HIV_UgandaPMMP.pdf
- 25 Musoke Philippa M; Mudiope Peter; Barlow-Mosha Linda N; Ajuna Patrick; **Bagenda Danstan**; Mubiru Michael M; Tyllskar Thorkild; Fowler Mary G *Growth, immune and viral responses in HIV infected African children receiving highly active antiretroviral therapy: a prospective cohort study. BMC pediatrics* 2010;10():56.

- 26 Taube Janis M; Kamira Betty; Motevalli Mahnaz; Nakabiito Clemensia; Lukande Robert; Kelly Deidra P; Erozan Yener S; Gravitt Patti E; Buresh Megan E; Mmiro Francis; **Bagenda Danstan**; Guay Laura A; Jackson J Brooks *Human papillomavirus prevalence and cytopathology correlation in young Ugandan women using a low-cost liquid-based Pap preparation. Diagnostic cytopathology* 2010;38(8):555-63.
- 27 Towler William I; Barlow-Mosha Linda; Church Jessica D;**Bagenda Danstan**; Ajuna Patrick; Mubiru Micheal; Musoke Philippa; Eshleman Susan H *Analysis of drug resistance in children receiving antiretroviral therapy for treatment of HIV-1 infection in Uganda. AIDS research and human retroviruses* 2010;26(5):563-8.
- 28 Hudelson Sarah E; McConnell Michelle S; **Bagenda Danstan**; Piwowar-Manning Estelle; Parsons Teresa L; Nolan Monica L; Bakaki Paul M; Thigpen Michael C; Mubiru Michael; Fowler Mary Glenn; Eshleman Susan H *Emergence and persistence of nevirapine resistance in breast milk after single-dose nevirapine administration. AIDS (London, England)* 2010;24(4):557-61.
- 29 Musoke Philippa M; Barlow-Mosha Linda; **Bagenda Danstan**; Mudiope Peter; Mubiru Michel; Ajuna Patrick; Tumwine James K; Fowler Mary Glenn *Response to antiretroviral therapy in HIV-infected Ugandan children exposed and not exposed to single-dose nevirapine at birth. Journal of acquired immune deficiency syndromes (1999) Dec* 2009;52(5):560-8.
- 30 Onyango-Makumbi C, **Bagenda D**, Mwatha A, Omer SB, Musoke P, Mmiro F, Zwierski SL, Kateera BA, Musisi M, Fowler MG, Jackson JB, Guay LA *Early Weaning of HIV-Exposed Uninfected Infants and Risk of Serious Gastroenteritis: Findings from Two Perinatal HIV Prevention Trials in Kampala, Uganda. J Acquir Immune Defic Syndr.* 2009 Sep 25;
- 31 Church Jessica D; Mwatha Anthony; **Bagenda Danstan**; Omer Saad B; Donnell Deborah; Musoke Philippa; Nakabiito Clemensia; Eure Chineta; Bakaki Paul; Matovu Flavia; Thigpen Michael C; Guay Laura A; McConnell Michelle; Fowler Mary Glenn; Jackson J Brooks; Eshleman Susan H *In utero HIV infection is associated with an increased risk of nevirapine resistance in ugandan infants who were exposed to perinatal single dose nevirapine. AIDS research and human retroviruses* 2009;25(7):673-7.
- 32 Ssengonzi, R., and **Makumbi, F.** (2010). **Assessing the Effect of a Combined Malaria Prevention Education and Free Insecticide-Treated Bed Nets Program on Self Reported Malaria Among Children in a Conflict-Affected Setting in Northern Uganda.** RTI Press publication No. RR-0011-1004. Research Triangle Park, NC: RTI International. Retrieved [date] from <http://www.rti.org/rtipress>.
- 33 Kiwanuka N, Robb M, Laeyendecker O, Kigozi G, Wabwire-Mangen F, **Makumbi FE**, et al “**HIV-1 Viral Subtype Differences in the Rate of CD4+ T-Cell Decline Among HIV Seroincident Antiretroviral Naive Persons in Rakai District, Uganda**”. *J Acquir Immune Defic Syndr* (June 2010)
- 34 Ronald H. Gray, David Serwadda, Aaron A. R. Tobian, Michael Z. Chen, **Frederick Makumbi**, Tara Suntoke, Godfrey Kigozi, Fred Nalugoda, Boaz Iga, Thomas C. Quinn, Lawrence H. Moulton, Oliver Laeyendecker, Steven J. Reynolds, Xiangrong Kong, Maria J. Wawer “**Effects of Genital Ulcer Disease and Herpes Simplex Virus Type 2 on the Efficacy of Male Circumcision for HIV Prevention: Analyses from the Rakai Trials**” doi:10.1371/journal.pmed.1000187 Research Article, published 24 Nov 2009
- 35 **Frederick Makumbi**, Roy Mayega, David Kisitu, Juliet Sekandi, Denis A. Bwesigye, Robert Miller, and Sam Kalibala “**Technical Assistance to the Uganda AIDS Commission for Operationalisation of the Performance Monitoring and Management Plan**” October 2009 www.popcouncil.org/pdfs/2009HIV_UgandaPMMP.pdf
- 36 **William Bazeyo**, Luswa Lukwago, Joseph Wamala, Siraj Obayo, John Bua, John Ecumu, Pedson Baluku, Peter, Mukobi; Suspected Outbreak of Cutaneous Anthrax in Kasese district, the investigation and response, April -May 2007. (East African Journal of Public Health Volume 6 Number 3 December 2009, 235-239
- 37 Nsubuga, P., Brown, W. G., Groseclose, S. L., Ahadzie, L., Talisuna, A. O., Mmbuji, P., Tshimanga, M., Midzi, S., Wurapa, F., **Bazeyo, W.**, Amri, M., Trostle, M. and White, M. (2009) ‘Implementing integrated disease surveillance and response: Four African countries’ experience, 1998-2005’, *Global Public Health*, 2009 November; 1-17

CONFERENCES

Through conferences, students and faculty are able to disseminate their cutting edge research, meet other professionals and form partnerships. In the case of our students, conferences are market places for career and mentorship opportunities. This year has seen both under-graduate and post-graduate students, and staff getting involved in a number of local and international conferences; both as organisers and presenters. In the following chapter, we highlight the conferences MUSPH students and faculty have been to and the achievements from some of these conferences.



7. CONFERENCES

Department of Health Policy, Planning and Management

MPH II students shine at the 14th ICID Conference in Miami, Florida,

9th – 12 March 2010, two students; supported by AFENET, made presentations at the 14th International Conference on Infectious Diseases (ICID) in Miami, Florida. In all, five presentations were made; all poster presentations. Some of the students were unable to travel for the conference due to funding challenges, and their presentations were made for them by their colleagues. The students were accompanied by the MPH Resident Mentor, Dr. Raymond Tweheyo



Left is Ms. Rachael Ankunda (middle; in black dress) explaining her poster, and Right; the students with their resident mentor, Dr. Raymond Tweheyo.

5th Regional TEPHINET Conference Attracts over Ten Students

August 30th – September 4th 2009, eleven MPH students attended the Fifth Regional TEPHINET and Third AFENET Scientific Conference on the theme, 'One Health'. The conference was held at the Sarova White Sands Hotel in Mombasa. The students made oral and poster presentations. Presentations focused on infectious diseases, diarrheal diseases, zoonotic diseases, vaccine-preventable diseases, and Non-communicable diseases, among others. Dr. Edgar Kansime received an award for the 2nd best poster.

The students that made presentations included; Mr. Moses Tetui, Ms. Rachael Ankunda, Dr. Joseph Lubwama, Dr. Peter Isabirye, Dr. Refaya Ndyamuba, Dr. Monday Busuulwa, Dr. Simon Muhumuza, Dr. Edgar Kansime, Dr. Alfred Okiria, Ms. Immaculate Nabukenya, Ms. Anne Bagenda and Dr. Simon Ogwang.



Left; Dr. Joseph Lubwama and Dr. Monday Busuulwa stand by an AFENET poster and right Mr. Moses Tetui stands by his poster at Sarova, White Sands Hotel in Mombasa.

Conferences

Office of the Dean

MakSPH Organised International Family Planning Conference was a Resounding Success.

Makerere University School of Public Health, working with the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health (main sponsor) and the Implementing Best Practices Initiative organised an international conference on family planning research and best practices between 15th – 18th November 2009. the conference that brought together over one thousand researchers, practitioners, lobbyists and policy makers, focused on research, best practices and knowledge to action in family planning. It had attendance of over 1200 delegates and over 800 presentations made.

This international forum on family planning provided opportunity for scientific and programmatic exchange and sharing of available knowledge and identification of gaps, as well as using new knowledge to transform development policy.

The conference was organised after realisation that persistently high unmet need for family planning can undermine the achievement of Millennium Development Goals and compromise global efforts towards human development. In Uganda, unmet need for family planning stands at 40%. This is despite the fact that since 1968, at least 38 global statements, calls for action and vows calling for increased access to family planning have been issued.

Conference participants urged leaders, governments and other institutions to dedicate the necessary effort to protect the basic human right of individuals to determine freely and responsibly the number and spacing of their children.

The landmark November 2009 conference has renewed interest in family planning and reproductive health among African leaders and development partners. Some of the most prominent outcomes are;

The Gates Population Institute at Johns Hopkin University made a donation of USD 25,000 as a contribution for the construction of the Family Health Research and Development Centre at the MUSPH.

- The United States announced its foreign assistance budget will increase support for family planning from \$450 million to \$715 million for this fiscal year.
- The Global Health Initiative identified maternal/child health and family planning as one of its main priority themes.

U.S Secretary Of State Clinton positively discussed girls' education, family planning, and reproductive health at the ICPD + 15 anniversary.

- The Women Deliver 2010 Conference, held in June 2011, had family planning as a third pillar of maternal health.
- Gates population Institute at FHU made a donamination of US\$250,000/= as a contribution to the building of the Family Health

While some African countries have formed committees and taskforces to move the Kampala conference issues forward, others have included family planning and improved maternal health outcomes in their National Development Plans.



High fertility is threatening to erode development achievements in many developing nation.

Dr. William Bazeyo speaks at the University of Sydney International Forum on Australia's Re-Engagement with Africa

The Dean, Dr. William Bazeyo was among the over 220 people attended an International Forum at the University of Sydney, which brought together leaders from Africa and Australia to discuss Australia's relationship with Africa, on March 19, 2010.

Dr. Bazeyo was among the high level panelists who discussed key note presentations from Mr. Stephen Smith, Australian Minister for Foreign Affairs and Mr. Tendai Biti, the Zimbabwean Minister for Finance.

Other guests included high Commissioners from African countries, representatives from NGOs, AusAid, DFAT, Austrade, the Australia Africa Business Council, the African Studies Association of Australasia and the Pacific, as well as African postgraduate students and academics from a number of Australian universities.

The International Forum provided opportunity for the University of Sydney to express its support and deepening commitment to engagement with Africa partners. The one-day discussions specifically focused on public health, governance, legal reform, education, extractive industries and private sector development.



Above; Dr. Bazeyo making his presentation at the forum, and

down, chatting with Professor Bob Cumming, University of Sydney and Hon. Stephen Smith, Minister of Foreign Affairs, Australia.



Department of Disease Control and Environmental Health

BEHS Students Hold their 7th Annual MUEHSA Conference

3rd – 4th May 2010, the BEHS students took lead in organising the 7th Environmental Health Conference that was organized by MUEHSA with funding from British Council under the DelpHE project. The DelpHE project is supporting activities for Environmental Health training in Uganda, Rwanda and Burundi. The conference was largely organised by the students themselves with MUSPH management and staff providing part of the funding and technical support, respectively.



One of the student making a presentation at the conference and Right; a cross section of conference participants

Key issues discussed include: Human Resource development for environmental health, disaster management, water safety, among others.

Dr. Danstan Bagenda takes Part in a Global Health Council Panel Discussion

June 15, 2010, Dr. Danstan Bagenda delivered a presentation on Modeling an AIDS Vaccine on the Ugandan Epidemic at the Global Health Council 37th Annual Conference: Dateline 2010: Global Health Goals and Metrics, held at the Omni Shoreham Hotel in Washington, DC.



The discussion focused on how modeling the potential impact of an AIDS vaccine can help policymakers and advocates make better decisions about the importance of sustaining commitment to research and developing strategies for eventual rollout and access.

Danstan making his presentation at the conference

Regional Centre for Quality of Health Care (RCQHC)

The Second Regional Child Health Forum a Resounding Success

The RCQHC in collaboration with USAID East Africa, AED Africa 2010, and the East, Central and Southern African Health Community (ECSA-HC) hosted the 2nd Regional Child Health Forum at the Speke Resort Munyonyo, Kampala, Uganda from 29-31 March 2010.

The Forum theme was “Implementing Community Child Health Interventions: Which Way Africa” in recognition of the observation that programs that reach beyond the walls of health care facilities and which involve the community as partners have a great potential for further reducing under-5 mortality at minimal cost. A total of 83 participants were in attendance, including national heads of child, family and reproductive health programs from Ministries of Health of 10 East, Central and Southern Africa countries namely Kenya, Tanzania, Ethiopia, Malawi, Zambia, South Sudan, Burundi, Djibouti, Uganda and Lesotho; representatives from regional NGOs including Management Sciences for Health (MSH), JHPIEGO, Save the Children, Hellen Keller International (HKI); WHO/AFRO and UNICEF/ESARO; the Maternal and Child Health Integrated Program (MCHIP), Food and Nutrition Technical Assistance project (FANTA 2), Health Care Improvement Project (HCIP), Extending Service Delivery Project (ESD); Country USAID missions of Uganda, Rwanda, Ethiopia and Burundi as well as UNICEF and WHO Uganda country office.

Overall the forum was rated as a resounding success, timely & very relevant. Dr. Joaquim Saweka, the World Health Organization Country Representative to Uganda delivered the key note address. He said the forum is a significant event at which to deliberate health care interventions necessary to address child mortality. He noted that child survival interventions are often implemented ineffectively and are delivered in a patchy and inconsistent manner. He emphasised that knowledge of what needs to be done should be followed by action. The importance of developing monitoring & evaluation mechanisms, strengthening resource mobilisation, capacity and management skills was stressed. He urged the forum to deliberate on community based interventions from the perspective of delivery within the continuum of health service provision.

Prof. John Kakitahi, the Deputy Principal, Makerere University College of Health Sciences, saw the forum as timely because provision of community health care is a challenge being faced by Uganda and the region. He noted that the community provides an excellent setting for disease prevention, early detection and timely follow up of health care needs.



Prof. David Serwadda (left) speaking at the forum, flanked by Dr. Joachim Saweka, WHO Country Representative



A group photo Participants at the 2nd Regional Child Health Forum

Ms. Elise Ayers, the USAID HIV/AIDS Advisor Uganda, described the forum as an excellent opportunity for health professionals to share experiences, best practices and map the best way forward for community child health care.

The 2nd Regional Child Health Forum came up with the following core recommendations that provide a framework for advancing child health interventions in the region:

- For all technical areas and within community based health care policies (where they exist), countries should recognize community health workers (CHWs) as part of the health system and promote their retention so as to catalyse universal access to primary health care.
- Given that newborn health contributes significantly to infant and child mortality, countries should develop policies, plans and innovative approaches to increase capacity and coverage of life saving interventions.
- Partners and implementers should develop innovative financing mechanisms and leverage resources for implementation of life-saving interventions.

Department of Epidemiology and Biostatistics

Upcoming Conference on Epidemiology of Alcohol

The School and the Ministry of Health and NGO partners, are hosting the Kettil Brunn Society (KBS) thematic meeting from 15th to 18th November 2010. KBS is an international organization of scientists engaged in research on the social and health aspects of alcohol use and alcohol problems. For the best part of early 2010, the school has been deeply involved in organizing for the meeting slated to take place at the Commonwealth Resort, Munyonyo in Kampala, Uganda. The theme of the meeting is *"Alcohol Epidemiology and Evidence-based Policy: Translating Research into Effective Prevention, Treatment and Policy"*. The meeting will address topical issues on alcohol including gender and alcohol, risky behaviour, HIV and alcohol, and alcohol policy issues.

There is a national steering committee that comprises the MoH, Ministry of Gender, Labour and Social Development, Ministry of Internal Affairs and Ministry of Trade.

Rationale

There is a great need for social and epidemiological research on alcohol consumption in Africa

and developing countries because of the increasing contribution of alcohol to the global burden of disease. The causal links between alcohol consumption and road traffic accidents, risky behavior and violence are well documented. The high prevalence of communicable diseases that are linked to alcohol consumption signals the potential for alcohol to further increase the burden of disease. Influence of the alcohol industry on policy development and implementation is another area of concern.

The **general objectives** of the KBS thematic meeting are to create more awareness of the need for more alcohol research, discuss alcohol policy issues and best practices, and make practical recommendations against alcohol abuse in the region.

"We have received over 70 abstracts by end of July 2010", said Dr. Nazarius Mbona Tumwebaze, the Chair Central Organising Committee. The conference is being sponsored by the World Health Organization (WHO), the International Organisation of Good Templars (IOGT), FORUT, GENACIS and Ministry of Health Uganda.

For more information on the conference visit <http://kbsthematic2010.musph.ac.ug>

Conference Presentations

Kibira Sebina Simon, Sekatawa Emmanuel, Betty Kwagala. Women Empowerment and Modern Contraceptive use in Uganda. Presented at the International Family Planning Conference, Kampala Uganda 15th to 18th November 2009

Tumwesigye, NM, Muwonge Richard and Kasirye, R. 2010. Cluster effects in alcohol consumption: A case of Uganda . *A paper presentation at at Kettil Brunn Society (KBS) conference in Lausanne, Switzerland. May 31-June 4, 2010.*

Tumwesigye, NM. Collecting Unit cost data for estimation of cost of Medical Male circumcision. *A presentation at Decision Makers' Program Planning Tool (DMPPT) training workshop held on 19th - 21st April 2010 in Nairobi, Kenya*

Tumwesigye, NM and Kasirye, R. 2009. Binge drinking among adolescents in Uganda. *A paper presentation at Kettil Brunn Society (KBS) thematic meeting in Nijmegen, Netherlands held 10-12 Dec. 2009*

Wanyenze R, et al. Missed opportunities for HIV testing and late stage diagnosis among HIV infected patients in Uganda. Poster presentation at the 17th Conference on Retroviruses and Opportunistic Infections (CROI), San Francisco, California, Feb. 2010.

Wanyenze R, et al. Uptake of contraceptives and unplanned pregnancies among HIV infected patients in Uganda. Poster presentation at the XVIII IAS Conference. Vienna, Austria. July 18-23, 2010

Wanyenze R, et al. Implementation of Consent, Confidentiality and Counseling across three HIV Counseling and Testing Strategies in Uganda. Oral presentation at the XVIII IAS Conference. Vienna, Austria. July 18-23, 2010

Matovu JK. Trends in Modern Contraceptive Prevalence Rate among Currently Married Women in Uganda: 1988-2006. Oral presentation at the International Family Planning Conference: Research and Best Practices. Kampala, Uganda. November 15-18, 2009.

Matovu JK et al. Implementing an Innovative Approach to Building Capacity for HIV/AIDS Program Leadership and Management in Uganda. Oral presentation at the Uganda Society for Health Scientists 11th Annual Scientific Conference. Kampala, Uganda. June 17-18, 2010.

Matovu JK. Preventing HIV Transmission in Married HIV-discordant Couples in sub-Saharan Africa through Combination Prevention. Poster presentation at the XVIII IAS Conference. Vienna, Austria. July 18-23, 2010

Matovu JK. Expanding voluntary HIV counseling and testing in sub-Saharan Africa through alternative approaches. E-Poster at the XVIII IAS Conference. Vienna, Austria. July 18-23, 2010

Juliet Kiguli, Human Resource in Health care in Uganda, paper presented at conference on Human resource in low resource countries, Heidelberg Tropical Institute for Medicine, Germany, Sept. 2009

Conference Presentations by HIV/AIDS Fellows

Ediau M et al. Community knowledge and perceptions about indoor residual spraying in Soroti district. Oral Presentation at the Uganda Society for Health Scientists 11th Annual Scientific Conference. Kampala, Uganda. June 17-18, 2010

Natukwatsa MM et al. Exploring men's involvement in maternal and neo-natal care: a case of Kiyindi landing site in Buikwe Mukono District. Oral Presentation at the Makerere University College of Health Sciences 5th Annual Scientific Conference. Kampala, Uganda. September, 2009

Natukwatsa MM et al. Effects of Community Support Systems on Children Living with HIV/AIDS, a case of Child Fund International in Uganda. Oral Presentation at the 3rd Annual National Pediatric HIV/AIDS Conference. November 2009

Okiria AG et al. Assessment of Uptake of HIV Counseling and Testing for Prevention of Mother to Child Transmission of HIV in Jinja District. Poster presentation at the 3rd African Field Epidemiology Network (AFENET) Scientific Conference. Mombasa, Kenya. August 30-September 4, 2009

Agiresaasi A. Prevalence and determinants of Abstinence as an HIV Prevention strategy among urban youths in Kampala. Oral Presentation at the 5th SAHARA Conference. Cape Town, South Africa. November 30-December 3rd, 2009.

Agiresaasi A. Are HIV/AIDS and Women's Empowerment friends or Foes? Oral Presentation at the National University of Rwanda 6th Annual Research Conference. Kigali, Rwanda. October 19-21, 2009

Nattimba M et al. Using the Media to Bridge the Gap between Research and the Public: The Case of Medical Male Circumcision Programming in Uganda". Oral Presentation at the 5th College of Health Sciences Conference. Kampala, Uganda. September 2009

Agiresaasi A. Integrating HIV/AIDS into legislation; the experience of the Parliamentary Standing Committee on HIV/AIDS. Oral Presentation at the EQUINET conference. **Kampala, Uganda. September 2009.**

Mary Dutki. Approaches to implementation of external quality assurance in HIV Testing: A literature review. Oral Presentation at the 27th Uganda Medical Laboratory Technologists Association Scientific conference. Kabale, Uganda. November 19-21, 2009.

CHANGES, ACADEMIC ACHIEVEMENTS AND ACCOLADES

The school is a dynamic institution; as some people leave, others come on board to continue with the work. Over the last one year, some departments have changed leadership, some have brought new staff on board, while others have seen off retired staff. More staff have also earned their PHD's



8. New Faces, Changes, Academic Achievements and Accolades

Office of the Dean

Associate Professor David Guwatudde in as the new Deputy Dean

It has been a year of celebrations for Associate Professor David Guwatudde.

First, he was appointed to become the Deputy Dean of Makerere University School of Public Health (MUSPH), College of Health Sciences with effect from 1st February 2010. He comes in to take over from Dr. William Bazeyo. (In our last issue we reported that Dr. Bazeyo was appointed to become the Dean of MUSPH, taking over from Professor David Serwadda).

Dr. Guwatudde was then promoted to the rank of Associate Professor with effect from 1st June 2010. Associate Professor Guwatudde has served the university for 15 years now in various capacities, the most recent being the Head of Department of Epidemiology and Biostatistics. He has also been the Program Director for the Masters of Public Health by distance learning, which is now one of the most successful postgraduate distance-learning programs in the east and central African region. He has taught and supervised both undergraduate and postgraduate students. An Epidemiologist and Biostatistician, Associate Professor Guwatudde has been part of several research projects as Principal Investigator as well as part of research teams. He is therefore a seasoned and experienced manager, academician and researcher.

He tells us what this turn in his life means to him and the school

"I believe that it is not only the things we do as individuals that make us succeed, but also the people we work with. I am therefore very grateful to everyone at MUSPH for the good working relationship and cooperation, which has contributed to the achievement.

The spirit of cooperation and hard work will have to continue to enable us continue, and further improve the quality of the academic programs we offer. We are working under very challenging times, given the current constrained funding environment. It will therefore take a lot of commitment and double-effort from all of us to build MUSPH to become a stronger and more successful academic unit. All of us have to recognize that it is each one of our contribution that will make this happen, and no contribution is too small! As Deputy Dean responsible for academic affairs, I am committed to lead this effort".



Associate Professor David Guwatudde, the new Deputy Dean

STAFF APPOINTMENTS AND PROMOTIONS

Department of Epidemiology and Biostatistics

Dr. Aggrey Mukose was appointed as Health Specialist on the Master of Health Services Research..Aggrey started work as the new MHSR Academic Coordinator in February 2010. He replaced Dr. Juliet Nabbuye Sekandi who is currently on study leave, pursuing her PhD studies in USA.

Mean while, Dr. Nazarius M Tumwesigye was promoted to Senior Lecturer. Congratulations, Naz!

Department of Disease Control and Environmental Health

The department got a boost in terms of human resource capacity when;
three members of staff were confirmed in the University service.

1. Dr. Juliet Babirye
2. Dr. Esther Buregyeya
3. Dr. John Bosco Ddamulira

Department of Community Health and Behaviour Sciences

Ms. Sheila Katureebe Joins as Nutrition and Dietetics Specialist

Sheila Joins the Department as a Research Fellow. She holds a Bachelor of Science Degree in Human Nutrition Dietetics from Kyambogo University and MSc. In Public Health Nutrition from London School of Hygiene and Tropical Medicine. Her Research Interests are: Maternal and Child Nutrition, especially nutrition status assessment, dietary diversity and Infant and Young Child Feeding(public health) interventions.

Mean while Mr. Kibira Simon Peter as assistant lecturers on probation; pending promotions



Department of Epidemiology and Biostatistics

Dr. Fredrick Makumbi takes over Headship of Department of Epidemiology and Biostatistics



Dr. Fredrick Makumbi is now the new Head of Department of Epidemiology and Biostatistics. Dr. Makumbi takes over from Associate Professor David Guwatudde supervising students, and executing research and community service projects.

Fredrick gives us a snap-shot view of his plans for the department.

Fredrick E Makumbi, MHS, PhD, is a Senior Lecturer since September 2006, teaching, supervising students, and executing research projects. He trained as an Epidemiologist, demographer

and Biostatistician, receiving both his MHS and PhD degrees from the Johns Hopkins Bloomberg School of Public Health in 2000 and 2004, respectively. His research focus is on the demographic impacts of HIV/AIDS including infant & child mortality, orphanhood and adolescent sexual behaviors, as well as having strong research interests in Reproductive health especially among the HIV-infected population. He has extensive community based research experience in Clinical trials and longitudinal studies, accrued over an eighteen year research experience with the Rakai Health Sciences program (RHSP).

Dr. Makumbi says that the task ahead will require team work and focused determination by all departmental staff.

"I have been tasked with a challenge of ensuring that the department moves ahead in equipping both Faculty and students with Epidemiological and statistical skills in conducting high quality research, as well as generating resources to implement departmental activities". The departmental team will therefore focus on the following key items;

- 1 Improve teaching as a way of enhancing students' and faculty skills especially in the areas of Biostatistics and Epidemiology
- 2 Expand the Department's resource base through;
 - a. Development and offering Short term courses
 - b. Engaging faculty to write grants and respond to RFAs
 - c. Creating linkages with other Universities to offer consultancies and share research activities

Regional Centre for Quality of Health Care



Dr Harriet Kivumbi Joined the Regional Centre for Quality of Health Care in June 2010 as its new Director. A graduate of Makerere University Medical School, Harriet holds a Masters degree in International Health from Humboldt University, Charité Medical School, Berlin Germany; post graduate diploma/ certificates in the fields of Tropical Medicine & Hygiene, Public Health, Quality in International Health Management, Safe Motherhood, management, leadership and more. Harriet is finalizing work towards the award of MBA. She brings on board a wealth of experience in International Health Program Management, Strategic Planning, Strategic Leadership, and Management of donor relations, Policy

analysis, and advocacy in the fields of health in development. She has authored and published in the fields of Malaria, HIV/AIDS mainstreaming in development & humanitarian programs, and other fields of health.

Dr Harriet joins the SPH from Oxfam International, where she worked as the Regional (Horn East & Central Africa) technical & management lead for HIV/AIDS & Health. Oxfam is a renown leading charity, a confederation of 14+ international NGOs, that partner with more than 3000 NGOs in Africa & other low income countries. Before this Dr Harriet worked as Senior Health Coordinator with the Uganda Red Cross Society, & worked closely with the International Federation of the Red Cross. Harriet worked with Faith based medical service providers, as medical director and was a board member of the Uganda Protestant Medical Bureau representing the SDA church. In the early years of her career, Harriet spent 5 years as primary care service provider, faculty member, lecturer with the Family Medicine Department, University of Transkei, South Africa. Her vision of the RCQHC is to propel the centre to a higher level of delivery of its mandate "To lead quality of Health Care in Africa".

Office of the Dean

School appoints former MUSPH-CDC HIV/AIDS Fellow as Communications Manager

Ms. Milly Nattimba joins the school as a Communications Manager. She is a recent alumnus of the Makerere University School of Public Health/U.S Centres for Disease Control and Prevention HIV/AIDS Fellowship Program, where she worked with a team of scientists and communications experts to disseminate facts about Safe Male Circumcision and engage policy makers on improved maternal health outcomes.

Before she joined the fellowship program, Milly worked in media and communications production as a news producer and a communications officer, in health and natural resource management, respectively. In these roles, Milly was responsible for news gathering, program and material production, editing, concept formulation, communication strategy development and implementation, building partner and media relations community mobilisation and enhancing community access to relevant information.



Milly holds a Master of Arts Degree in Communications Studies of University of Leeds, UK; a Bachelor of Social Sciences degree of Makerere University and a Diploma in Journalism from Uganda Management Institute, Kampala. She is a member of the Uganda Media Development Foundation and Uganda Media Women's Association.

What the Dean says about having a Communications Manager

“We have just launched our Communication Strategy and we have every intention to implement it. It is going to be a key tool in guiding our communication activities and programs. We therefore needed someone to lead and coordinate this process. For two years, Milly was based in one of our departments as a HIV/AIDS Fellow and this strategy is one of her fellowship outputs. During her fellowship, Milly exhibited interest in the school’s work, ability to work under challenging conditions and creativity. The most logical thing for us to do was to take her on as our Communications Manager. As a school we are involved in a lot of research and innovative teaching; however our challenge has been disseminating our work to popular audiences. Milly’s joining the school, with her skills and experience, will enable us overcome this challenge. I am proud to have Milly on my team”.

M & E Project Under Deans Office, Brings New Staff on Board

Ms. Mary Dutki was appointed as a Monitoring and Evaluation Technical Advisor on the META Project; a collaboration between the School of Public Health and the University of California, San Francisco. Mary, a graduate of the CDC-HIV AIDS Fellowship Program holds a Masters degree in Clinical Epidemiology and Biostatistics of Makerere University and a Bachelors degree in Microbiology of Madurai Kamaraj University, India. Mary has also trained in Monitoring and Evaluation of HIV/AIDS Programs from the University of Pretoria South Africa.



Dr. Okiria Alfred Geoffrey is the Monitoring and Evaluation (M&E) Manager of the Monitoring and Evaluation Technical Assistance (META) project. He is a medical doctor, holds a Master of Public Health degree of Makerere University and is an alumnus of the MUSPH-CDC HIV/AIDS Fellowship Program. He has attended several courses in Monitoring and evaluation and has done a number of baseline assessments especially for the scale up of HIV care services. He has also vast experience in working at the district setting with the local governments and well informed on the decentralized national health care system.

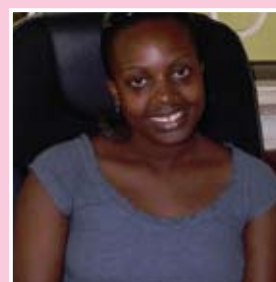
Ms. Kyomugisha-Nuwagaba is a Monitoring and Evaluation Technical Advisor on the META Project where she provides M&E related technical assistance to CDC - funded implementing partners. She holds a BA (Social Sciences) from Makerere University and a Master in Management Studies from Uganda Management Institute. Ms. Kyomugisha is a Research Fellow at the Centre for Basic Research and has attended several courses in research methodology, monitoring and evaluation conducted by International Labour Organization, USAID, Centre for Social Science Studies- Calcutta, and Centre for Basic Research among others. She has over 7 years experience as a Monitoring and Evaluation practitioner.





Ms Rose Baryamutuma is a Monitoring and Evaluation Technical Advisor, recently recruited on the META Project. She holds a BA Degree in Social Sciences (Sociology) and MA Demography both of Makerere University. Rose also has a Diploma in Virtual Leadership Development Program in M&E (VLDP) by management Sciences for Health (MSH) and a certificate in program management and leadership from the MUSPH-CDC HIV/AIDS Fellowship Program at the Makerere University School of Public Health. She has worked on many evaluation projects for clients such as the World food Program, Uganda Protestant Medical Bureau (UPMB) and has also worked on a multi-country (Uganda, Tanzania and Kenya) study on food security and nutrition in collaboration with the Karolinska Institute of Public Health.

Ms. Sheila Kyomugasho comes in as Administrator for the M and E Project. Ms. Sheila Kyomugasho was recruited as Project administrator for the META Project. She is a young, energetic and hard working IT and Management graduate. Her role involves overseeing the day-to-day running of the project.



MORE MUSPH STAFF EARN THEIR PHDS

The past one year has been fruitful for the school in terms of academic development and achievement for staff. Three members of staff were able to successfully complete PhD studies.

Dr. Freddie Ssengooba successfully defends PhD thesis

Dr. Freddie Ssengooba, Lecturer, Department of Health Policy Planning and Management, successfully defended his PhD at London School of Hygiene and Tropical Medicine in London, England on April 26th 2010. The title of his thesis is *'Performance-based Contracting (PBC): a Case Study of Non-profit Hospitals in Uganda'*. He explored the application on Economic and Process-based theories to evaluate an ongoing implementation of a complex set of health system intervention (PBC) and assessed how hospitals responded. His work demonstrated that PBC may not achieve optimal effectiveness in settings without a package of supplementary interventions for improving resource inputs, performance governance and motivating the workforce. Financial incentives as predicted from economic-based theories were not sufficient for PBC success. Micro-care approaches aimed at improving the organisational processes (process-based theory) for better performance will be required for greater effectiveness of PBC initiatives and policies. His studies were jointly funded by London University and Makerere University His supervisors were Prof. Barbara McPake and Dr. Natasha Palmer.

Congratulations Freddie, on this achievement!

Dr. Rhoda Wanyenze successfully defends PhD thesis

Dr. Rhoda Wanyenze, Program Manager, Makerere University School of Public Health - Centres for Disease Control and Prevention HIV/AIDS Fellowship Program, successfully defended her PhD at University of Antwerp, Belgium. Her thesis was titled *'Provider-Initiated HIV Testing and Counselling in Uganda: Assessment of the Feasibility, Approaches and Outcomes of Implementation'*. He promoter was Professor Dr. Robert Colebunders We congratulate Rhoda!



Dr. Peter Waiswa – More Good News from the Karolinska Institutet

In his thesis: Understanding Newborn Care in Uganda -towards future interventions, Dr. Peter Waiswa investigated the delays which lead to newborn deaths, and the acceptability at community level of the evidence-based newborn care practices that are recommended by the world health organisation. Peter successfully defended this thesis on 17th may 2010 at Karolinska Institutet.

He found that whereas most globally recommended newborn care practices were acceptable to the local community in Uganda, a few such as delayed bathing and dry cord care, were not, and need local adaptation prior to implementation. In addition, he found that care practices for newborn babies were of poor quality, and most babies died because of delays at home related to inability of households to recognise sick newborns or deciding to seek for care from a health facility. In addition, health workers lacked skills in newborn care, and health facilities did not have the basic equipment, drugs and supplies needed for the care of newborn babies.

The PhD is part of a special joint PhD program between Karolinska Institutet and Makerere University in Uganda, and is the first from the Uganda Newborn Study which was launched by Harriet Wallberg-Henriksson, the Rector of Karolinska in her first visit to Africa in 2008. The external examiner (opponent) is world famous researcher Zulfiqur Bhutta, himself a Karolinska graduate. The study is being conducted at a Demographic Surveillance Site in Uganda run by the two Universities, and is funded by SIDA and Save the Children (USA). The work was supervised by Professors Stefan Peterson and Goran Tomson in the Division of Global Health at Karolinska, and George Pariyo in Uganda.

*Left to Right; Professor/
Doctor Zulfiqur Bhutta,
Professor Stefan Peterson
and Dr. Peter Waiswa*



RETIREMENTS AND DEPARTURES

The school says Adieu to Imelda



Ms. Imelda Zimbe (bending in brown kitenge dress) interacting with mothers in Kiruhura on matters of child health and nutrition

Ms. Imelda Zimbe has retired from University service. She however remains very vital in the activities of the department of community health and the entire school and college. During her stay at the school, Imelda was very instrumental in community-based programs, teaching nutritional projects and students exchange programs.

"Imelda has been a dedicated member of staff working tirelessly to ensure that students get a positive, warm and professional experience during their life at the school" says Dr. Christopher Garimoi Orach, Head of the Community Health and Behavioural Sciences Department.

Associate Professor George Pariyo Scales International Heights

Professor Goerge W. Pariyo left the school for a posting at WHO Geneva. Associate Professor Pariyo has a wealth of experience in health systems research, training and practice. Before he left for Geneva, he had worked for the Department of Health Policy, Planning and Management for several years, including as Head during which the department grew exponentially, boasting of perhaps the highest number of research accounts in the entire school. We wish George all the best in Geneva.



Associate Professor George Pariyo and wife receive send-off gifts from HPPM Head of Department Dr. Sebastian Olikira Baine on behalf of the Future Health Systems and International Centre for Systematic Review on Human Resources for Health research teams for which he was Principal Investigator. He now works as Medical Officer, Evidence and Knowledge Country Action at WHO, Geneva

MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH

FUNDS RECEIVED IN FINANCIAL YEAR 2007/2008

01ST JULY 2007 TO 30TH JUNE 2008

A. DONOR FUNDING

Source of funds	Name of Project	Total Budget	Received in Financial year 2009/2010	Explanation
World Health Organisation	Drug Distribution Study	121,500	\$0	Funds received last year
USAID	Leadership	1,248,352	\$808,488	
JohnHokins University	Future of Health Systems	\$766,228	\$68,572	
Futures Institute Inc	AVIM	\$41,800	\$11,771	
World Health Organisation	Systematic Review in Human Resources	113,080	\$65,742	
World Health Organisation	Aids Effectiveness Study	\$185,000	\$78,456	
CDC/PMO	Verbal Autopsy	81,080	\$24,174	
Participants payments	PHCE	76,800	\$72,075	
World Food Programme	Low Birth Weight Study	\$100,000	\$0	Funds received last year
Rhodes Island Hospital	Rhode Island funds	\$103,680	\$0	Funds received last year
Infectious Diseases Institute	TB Study-AERAS	\$847,872	\$404,935	
Infectious Diseases Institute	TB Study-EDCTP	€ 343,762	\$238,460	
World Health Organisation	TDR	466,760	\$168,934	
Save The Children International	Save The Children	\$961,571	\$349,783	
Institute of Tropical Medicine	ITM/ Antwerp Collaboration	€ 691,575	\$165,914	
European Union	ARVMAC	€ 375,908	\$43,398	
CDC	CDC Fellowship Program	\$5,165,895	\$5,165,895	
UNICEF	Nutrition Assessment Program	\$0	\$68,305	
World Food Programme	MCHN-HIV/AIDS baseline Survey	Ug. Shs. 163,472,880	\$5,093	
Bill and Mellinda Gates Foundation	MUJHU Twinning Program	\$2,447,140	\$1,351,064	
CDC	Monitoring and Evaluation Program	\$476,766	\$447,096	
Ministry of Health	SHSSP 11	\$0	\$35,030	
NIH	Stroke Project	\$0	\$23,625	
UNFPA	Midwifery Assessment Program	\$54,968	\$12,634	
Population Council	Uganda H/V/AIDS Evaluation, Assessment and formative research	\$111,683	\$45,826	
Bill and Mellinda Gates Foundation	Family Health and Wealth Study	\$148,500	\$33,338	
Karolinska Institute	MINIMAX Project	\$176,195	\$66,000	
JSI Research & Training Institute	Arise Project	\$270,795	\$67,649	
Rockefeller Foundation	Information for Development	\$300,000	\$40,000	
World Health Organisation	Global Health Initiatives- Human Resources for Health	\$124,060	\$44,060	
University College London	Epilepsy Study	£82,088	\$45,544	
Population Reference Bureau	Engage Project	\$475,303	\$158,377	
University of California	Prostate Cancer Study	\$263,893	\$43,933	
University of CapeTown	Peri Peri Disaster Risk Reduction	\$285,980	\$20,078	
JohnHokins University	Strengthening Communication activities	\$72,944	\$50,894	
Duke University	HSSP	\$121,000	\$71,650	
IDRC	Sustainable Community Based interventions for improving environment & health in slums of Banda & Kampala City	CAD 296,900	\$98,658	
WaterAid funding	Water Quality Testing and GPS mapping of Water sources		\$18,694	
Columbia University	Students abroad programme		\$665	
University of Wisconsin	Students abroad programme		\$67,428	
MOH-Rwanda	Students conference	\$6,858	\$6,858	
University of Alberta	Community Based ART Study in Kabaloro District	\$6,771	\$6,771	
UNESCO Funding	Financing Sanitation in Slums; whose responsibility		\$12,125	
Bill and Mellinda Gates Foundation	Family Planning Conference		\$15,096	
JCRC	MHSR		\$28,774	
Heldelberg University	EduLink Workshop		\$29,236	
Various Funders	KBS Thematic Conference		\$10,775	

B. INCOME GENERATED (Converted to Us Dollars)

Private Students Tuition fees	Tuition Funds		212,736
CHSM Course	Income generated		12,098
Vehicle Hire	Income generated		15,167
IRB fees	Income generated		5,850
Short Courses for Dept of Epi-Bio			4,400
Teaching materials			4,957
Examination funds			3,611
Total Income generated			258,819

Overall Total Income 10,850,690

MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH
FUNDS RECEIVED IN FINANCIAL YEAR 2007/2008
01ST JULY 2007 TO 30TH JUNE 2008

Summary of funding Per Donor

Johns Hopkins University	\$119,466
European Union	\$43,398
World Health Organisation	\$357,192
CDC	\$5,637,165
Institute of Tropical Medicine	165,914
Save The Children	\$349,783
Infectious Diseases Institute	\$643,395
University of Alberta	\$6,771
Private Students Tuition fees	212,736
Bill Mellinda Gates	\$1,399,498
PRB	\$158,377
PHCE	\$72,075
UNFPA	\$12,634
Population COUNCIL	\$45,826
Rockefeller Foundation	\$40,000
Futures Institute Inc	\$11,771
Columbia UNIVERSITY	\$665
University of Wisconsin	\$67,428
USAID	\$808,488
Duke University	\$71,650
Karolinska Institute	\$66,000
World Food Programme	\$0
WaterAid Funding	\$18,694
JCRC	\$28,774
UNESCO Funding	\$12,125
Ministry of Health	\$35,030
University of CAPETOWN	\$20,078
University of California	\$43,933
NIH	\$23,625
UNICEF	\$68,305
University College London	\$45,544
JSI Research and Training Institute	\$67,649
IDRC	\$98,658
Short Courses	\$16,498
Other Income- Vehicle Hire	\$15,167
IRB	\$5,850
KBS Conference	\$10,775
Teaching Material	\$4,957
EduLink Workshop	\$29,236
Johns Hopkins University	\$119,466
European Union	\$43,398
World Health Organisation	\$357,192
CDC	\$5,637,165
Institute of Tropical Medicine	165,914
Save The Children	\$349,783
Infectious Diseases Institute	\$643,395
University of Alberta	\$6,771
Private Students Tuition fees	212,736
Bill Mellinda Gates	\$1,399,498
PRB	\$158,377
PHCE	\$72,075
UNFPA	\$12,634
Population COUNCIL	\$45,826
Rockefeller Foundation	\$40,000
Futures Institute Inc	\$11,771
Columbia UNIVERSITY	\$665
University of Wisconsin	\$67,428
USAID	\$808,488
Duke University	\$71,650
Karolinska Institute	\$66,000
World Food Programme	\$0
WaterAid Funding	\$18,694
JCRC	\$28,774
UNESCO Funding	\$12,125
Ministry of Health	\$35,030
University of CAPETOWN	\$20,078
University of California	\$43,933
NIH	\$23,625
UNICEF	\$68,305
University College London	\$45,544
JSI Research and Training Institute	\$67,649
IDRC	\$98,658
Short Courses	\$16,498
Other Income- Vehicle Hire	\$15,167
IRB	\$5,850
KBS Conference	\$10,775
Teaching Material	\$4,957
EduLink Workshop	\$29,236
Examination Funds	\$3,611
MCHN	\$5,093
MOH-Rwanda	\$6,858
Total	\$10,850,690

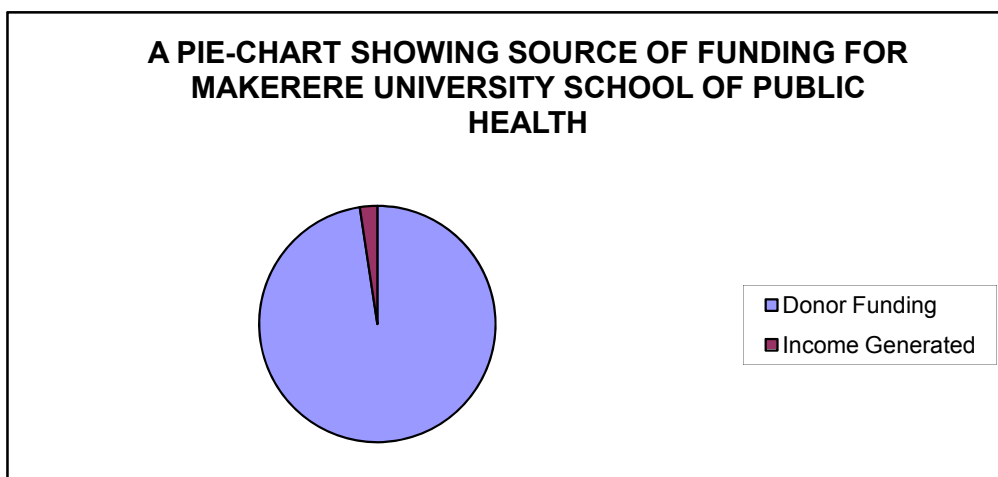
NB: The Euros have been converted to US dollar at a rate of 1.25 and Local to Us Dollars at a rate of 2,100=

Summary of major funders

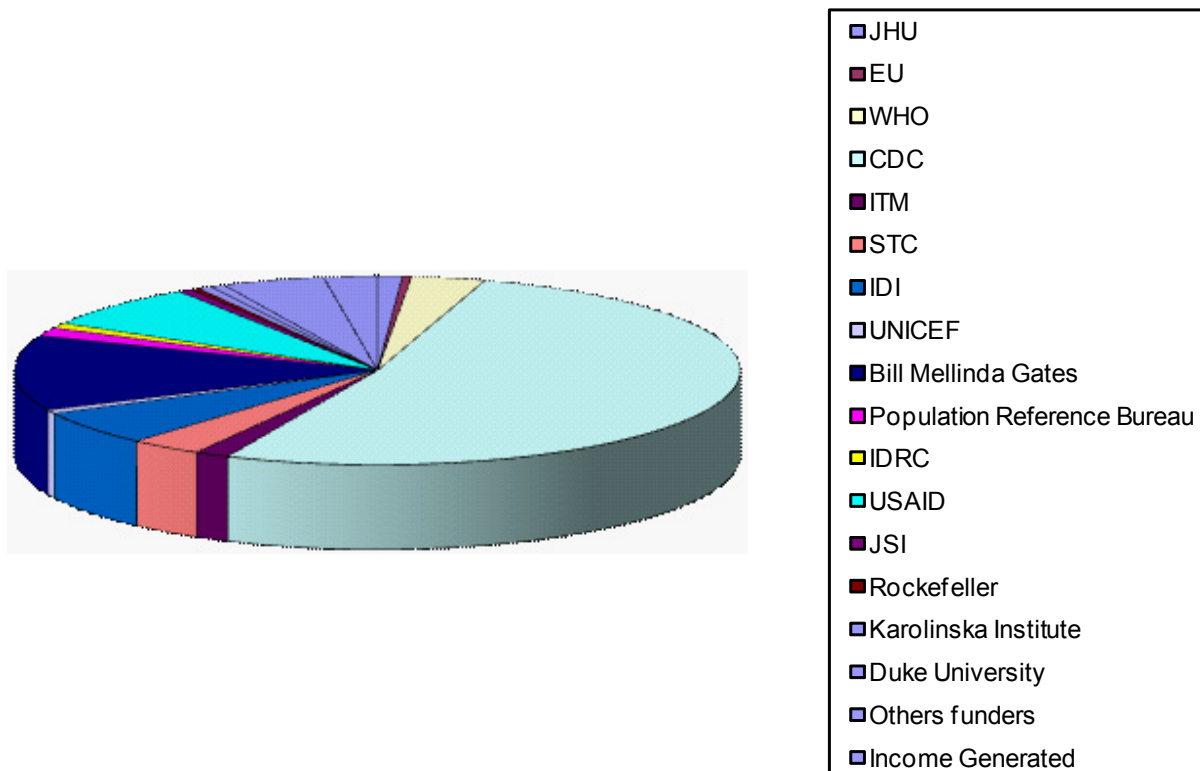
JHU	119,466
EU	43,398
WHO	357,192
CDC	5,637,165
ITM	165,914
STC	349,783
IDI	643,395
UNICEF	68,305
Bill Mellinda Gates	1,399,498
Population Reference Bureau	158,377
IDRC	98,658
USAID	808,488
JSI	67,649
Rockefeller	40,000
Karolinska Institute	66,000
Duke University	71,650
Others funders	496,934
Income Generated	258,819
Total	10,850,690

General Summary

Donor Funding	10,591,871
Income Generated	258,819



A PIE CHART SHOWING FUNDING PER SPECIFIC SOURCE FOR MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH



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