



Makerere University College of Health Sciences School of Public Health



ANNUAL REPORT

Aug 2011 - July 2012

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

Table of Contents



Acronyms and Abbreviations	ii
Dean's Foreword	iv
1. Research and Innovations	1
2. Teaching and Learning	15
3. Service to Community	29
4. Partnerships and Collaborations	36
5. Conferences and Meetings	39
6. Publications	43
7. Finances	46

Acronyms and Abbreviations

ACC/SCN	Administrative Committee on Coordination/Subcommittee on Nutrition (United Nations)
AIC	AIDS Information Centre
CDC(US)	Centres for Disease Control and Prevention
CHWS	Community Health Workers
CPR	Contraceptive Prevalence Rate
CTCA	Centre for Tobacco Control in Africa
DFID(UK)	Department for International Development
DHIS	District Health Information System
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
ECSA/CON	East, Central and Southern Africa College of Nursing
ECSA-HC	East Central and Southern Africa –Health Community
EID	Emerging Infectious Diseases
FHS	Future Health Systems
FP	Family Planning
GAM	Global Acute Malnutrition
GBV	Gender- Based Violence
HCT	HIV Counselling and Testing
HEALTH	Higher Education Alliance for Leadership Through Health
HED	Higher Education for Development
HIV	Human immunodeficiency virus
ITM	Institute of Tropical Medicine
LINQED	Learning Together on Quality in Education in International Health
M & E	Monitoring and Evaluation
MakSPH	Makerere University School of Public Health
MANEST	Maternal and Newborn Study
MANIFEST	Maternal and Neonatal Implementation for Equitable Systems
MARPs	Most at Risk Populations
MCHIP	Maternal, New born and Child Health Integrated Project
MDG	Millennium Development Goals

MEEPP	Monitoring and Evaluation of the Emergency Plan's Progress
META	Monitoring and Evaluation Technical Assistance
MHSR	Masters of Health Services Research
MoH	Ministry of Health
MUEHSA	Makerere University Environmental Health Students Association
NGOs	Non Government Organisations
OHCEA	One Health East and Central Africa
PEPFAR(US)	President's Emergency Plan for AIDS Relief
PERFORM	Improving health workforce performance in Ghana, Tanzania and Uganda
PhD	Doctor of Philosophy
PIRU	Policy Influence and Research Uptake
PMTCT	Prevention of Mother to Child Transmission of HIV
PREFA	Protecting Families Against HIV/AIDS
RCQHC	Regional Centre for Quality of Health Care
SPEAR	Supporting Public Sector workplaces to Expand Action and Responses against HIV/AIDS
SSA	Sub Saharan Africa
TB	Tuberculosis
TBIC	Tuberculosis Infection Control
THET	Tropical Health and Education Trust
THETA	Traditional Healers Together Against AIDS
TIM	Tobacco Industry Monitoring
UGA	University of Georgia Atlanta
UGACPH	University of Georgia, Atlanta College of Public Health
UHCA	Uganda Health Communication Alliance
UNACOH	Uganda National Association of Community and Occupational Health
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	The United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Dean's Foreword

Dear all,



I would like to welcome you to yet another end of year publication from Makerere University School of Public Health; our 2011-2012 Annual Report. In this report we take liberty to share with you our most significant achievements over the last one year; August 2011-July 2012.

This report covers the three areas of our mandate as a Makerere University unit; Teaching and Learning, Research and Innovations and 3) Service to Community. It focuses on our work in supporting areas like partnerships/ networks and collaborations, conferences and meetings, and the results of our research efforts; publications.

In the area of Research and Innovations, during the last year, the School of Public Health has signed on several new research projects, including the PERFORM project which works with district health teams to improve health workforce performance, working within district constraints. The project that is implemented in the districts of Jinja, Luwero and Kabarole is a partnership with institutions in Europe and Africa. It is funded by the EU, among many others.

A USD \$ 100,000 grant to develop a regional hub for environmental and occupational health research and training was won together with the Department of Disease Control and Environmental Health with School of Public Health, University of Georgia Atlanta, USA.

An enhanced HIV-related surveillance 5 year project for Most at Risk Populations (MARPs) with funding through CDC, will conduct field surveys, surveillance and laboratory-based studies on important human infectious diseases in Uganda.

The TB infection control acceptability and feasibility study was implemented in health centres in Wakiso and Mukono districts. In Teaching and Learning, the School of Public Health has continued to excel in the delivery of our services whose numbers have continued to grow steadily. While our academic programmes are growing in number and enrolment, the short courses are also getting more and more popular not only with potential trainees but with respective government agencies and other stakeholders.

The famous and prestigious Dr Mathew Lukwiya award that is awarded to the most outstanding fellow on the MakSPH-CDC HIV/AIDS Fellowship Programme, was scooped by Mr Michael Ediauw for this year, I ask all of you to join me congratulate Micheal and the Host Institution that Nurtured him. I must say that the Fellowship has continued to strengthen the School's partnership with the Private sector and Communities. I wish to extend my appreciation to the CDC for the continued financial and technical support as we implement several projects including the fellowship program.

A new fellowship programme; the Health Systems fellowship Programme was also launched to cater for competence building needs of district health managers. It is a partnership with Institute of Tropical Medicine at the University of Antwerp, Belgium.

Under Community Service, the WHO-supported, Bill and Melinda Gates Foundation-funded Centre for Tobacco Control in Africa was launched and has since made a mark on the tobacco control scene in Africa. While the Higher Education for Development (HED) project has continued to work with communities in Mukono and Kampala to improve water, sanitation and hygiene.

New partnerships/networks and collaborations have been started this year while existing ones have continued to be nurtured. Through the Tropical Health and Education Trust (THET), a new partnership was started between Makerere University School of Public Health and the Nottingham Trent University of the United Kingdom.

MakSPH and the community have continued to work hand in hand in an effort to reduce disease burden among Ugandans. Tobacco and its adverse effects have scientifically been linked to numerous illnesses, causing preventable mortality and morbidity across all age groups. The year saw the establishment of the first ever Centre for Tobacco control in Africa at the School with financial support from Bill Gates and Melinda Foundation through World Health Organisation (WHO). This center was launched by the Speaker of Parliament of Uganda, Hon. Kadaga, and will initially support five African countries namely Kenya, South Africa, Angola, Mauritania and Uganda.

Several conferences and meetings have been organised by faculty and students at the School of Public Health to disseminate research findings by students, staff and other partners and stakeholders.

I would therefore like to take this opportunity to thank all of you who have worked with us over the last one year; we could not have registered all those milestones without your contribution. Most especially, I would like to thank staff of the School of Public Health for your tireless efforts to keep the school in the lead, the students for your engagement to the various activities undertaken by the School, our donors who have put confidence in us and entrusted us with financial support and I wish to thank the College of Health Sciences Leadership particularly Prof. Nelson Sewankambo for the mentorship and continued leadership.



Associate Professor William Bazeyo
Dean

1 RESEARCH AND INNOVATIONS

The School of Public Health at Makerere University College of Health Sciences engages in diverse areas of research including health systems, disease control and prevention, community health, epidemiology, occupational health, among others. Over the last one year, the School conducted numerous research projects and activities, some of which are highlighted below.

Department of Health Policy, Planning and Management

Future Health Systems II Completes Year 1 on a High

The first of the five-year second phase of the Future Health Systems (FHS) Research Program Consortium (www.futurehealthsystems.org) will end in September 2012; and ending predicted to be on a successful note with progress registered under two projects in which the FHS team at the Makerere University School of Public Health are involved.

In one of the projects, Maternal and Neonatal Implementation for Equitable Systems (MANIFEST), using funds from Comic Relief, a 3-year intervention expected to start early 2013 has been designed. The intervention will be implemented by District Health Teams in Kamuli, Pallisa and Kibuka under the supervision of the Makerere University School of Public Health FHS team and other Faculty from the School of Public Health.

Designed basing on outcomes from community dialogues, district and national stakeholder consultations, this action research type project will have two major components. These are community mobilization and empowerment, and Health system strengthening with an aim of improving access and quality of care for pregnant and newly delivered mothers and newborn babies.

Under community mobilization and empowerment, various activities that are focused at empowering communities to take charge of their reproductive life cycle from the time of conception to delivery and in the immediate postnatal period will be implemented. Emphasis will be put on increasing knowledge about maternal and newborn health, improving birth preparedness and increasing access to transport services. In the case of the Health Systems Strengthening component, a series of activities are planned and aimed at improving the capacity of the District Health Team and the health facility managers to provide oversight for the delivery of maternal and newborn services, and to improve the capacity of the health workers to offer quality maternal health services.

Innovations for Increasing Access to Integrated Safe Delivery, PMTCT and Newborn Care in Rural Uganda(MANEST)

Makerere University School of Public Health, in collaboration with MOH, and the three districts, and partners, with funds from WHO and DFID is implementing the Maternal Newborn Study (MANEST) in three intervention health sub-districts (HSDs) and two control HSDs of Buyende, Luuka, and Iganga Districts in Eastern Uganda. MANEST is a quasi-experimental 30 months study that started in July 2011. The overall goal of MANEST is to learn how to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers, and improving newborn care and uptake



A Community Meeting to Guide the Selection of Community/Village Health Workers

of PMTCT through home visits by community health workers, within the existing health system in Uganda. The baseline and formative research was consequently conducted in order to inform the final design of the intervention.

Phase 1 of the project involved sensitization of the district health teams(DHTs); district health workers and health assistants whom the study was to use in the implementation and the selection of community/village health workers.

Phase 2 involved sensitization of the districts leaders including the political wing that included

the chairperson LCV, the council members, RDCs ,the district security officers and chairpersons of sub counties. On the technical wing, this phase targeted the CAO, District planners, population officer and sub county chiefs.

The sensitization and selection of VHTs was done May –July 2012 in all the 605 villages found in Luuka and Buyende districts. In summary, 605 VHTs were selected in 605 villages of Luuka and Buyende districts. These included 8 health assistants from Luuka, 6 health assistants from Buyende and 2 community developmental officers from Buyende.

UK Members of the House of Commons Discuss UK Government Support to Makerere University

In May 2012, on behalf of the Makerere University College of Health Sciences, the School of Public Health hosted Members of the Science and Technology Committee of the UK House of Commons. Two research projects are currently funded by DFID; ReBUILD and Future Health Systems (FHS II) both implemented by the Department of Health Policy, Planning and Management.



Mr Andrew Miller -the leader of the delegation giving remarks during the meeting

The team was led by the Committee Chair, Andrew Miller. Other members were Stephen Metcalfe (MP) Pamela Nash (MP), Roger Williams (MP) Dr Farrah Bhatti (staff).

Top on the MPs' agenda was; 1) How the UK Government supports scientific capacity building in developing countries and how it should be improved? 2) What the most effective models and mechanisms for supporting research capacity in developing countries are? 3) How the UK Government monitors and evaluates the effectiveness of the scientific capacity building activities it supports? 4) What role

DFID's Chief Scientific Adviser plays in determining priorities and in the development and assessment of capacity building policies? 5) How government activities are co-ordinated with the private and voluntary sectors?

ReBUILD (post-conflict health systems research consortium) and Future Health Systems II (FHS) were some of the projects whose progress was discussed. They are both implemented by the School of Public Health at Makerere University College of Health Sciences. Both projects are funded by DFID.

Presentations delivered by the Country Leads of the two projects indicated that the research projects have and do continue to contribute to development of human resources for health through PhD and other training opportunities attached to the projects; actual doing of research that builds skills and working with experienced researchers which provides mentorship opportunities. The team took with them a feeling that the support given to the School of Public Health and indeed to Makerere University was worth the recognition. They also appreciated the knowledge they were able to gather from the researchers.

Improving Health Workforce Performance through Action Research: The PERFORM Project

The PERFORM project at the School of Public Health is a four-year action research project that started in September 2011. The project is being conducted in Ghana, Tanzania and Uganda. These countries face major problems related to inadequate health workforce. They have decentralised management structures that offer management teams greater decision-making opportunities including in the area of human resources.

In Uganda, the project is being implemented in Jinja, Kabarole and Luwero districts.

The overall aim is to identify ways of strengthening decentralised management to address health workforce inadequacies by improving health workforce performance in sub-Saharan Africa. The research objectives are:

- To support health managers to carry out a situation analysis on the health workforce, with a particular focus on performance, in the study districts.
- To develop and test context-specific management strengthening processes, focused on improving workforce performance, which will: identify areas of health workforce performance to be improved; implement integrated human resource and health systems strategies feasible within the existing context to improve health workforce performance; monitor the implementation of the strategies, evaluate the processes and impact on health workforce performance and the wider health system.
- To conduct comparative analyses across districts and countries of: the management strengthening intervention to support improved workforce performance; processes of implementing the integrated human resources and health systems strategies and intended and unintended effects on health workforce performance and the wider health system.



Discussing district problem trees at a PERFORM Uganda workshop for the three District Health Management Teams in Jinja.

This project uses Action Research methodology, which helps to manage and understand the interventions that strengthen management as well as building the capacity to address problems in the future and contribute to sustaining managers' skills long term.

So far, a situation analysis has been completed and a report will be available soon.

Expanded Quality management Using Information Power for Maternal and Newborn Health in Africa

The Expanded Quality Management Using Information power (EQUIP) project employs a Quality Management (QM) approach targeting both the supply and demand side to improve maternal newborn health in Mayuge district in Uganda. The EQUIP-intervention is an expanded QM approach implemented at all levels of the district health systems, from community through first level health facilities and hospitals to district health management teams. EQUIP unlocks the innovative potential of quality improvement teams to develop, test and implement strategies to improve maternal and newborn health. Results



EQUIP team members during the field visit to the Community QITs in Bukabooli sub county

will contribute in accelerating the achievement of the MDGs 4&5 in Uganda which are to reduce neonatal mortality rate from 29 in 2006 to <20 deaths per 1000 live births by 2015 and maternal mortality from 435 in 2006 to 130 deaths per 100,000 live births by 2015 respectively.

The EQUIP study utilises the quality improvement collaborative approach whereby every three months, quality improvement teams met to share experiences and learn from each other as well as obtain more knowledge on QI. Quality Improvement activities take place at 31 out of 41 health facilities in Mayuge District where maternal and newborn care activities are active. At community level, two Village Health Team (VHT) members are selected as part of the parish QI team. A total of 72 community Quality improvement teams have been formed and trained in Mayuge district.

EQUIP held an annual review meeting that hosted all partners from the different institutions in the study project. These included; IHCAR/KI; Makerere University, Uganda; Ifakara Health Institute, Tanzania LSHTM, UK EVAPLAN, Germany. This was held in Jinja Uganda and it involved a visit to Mayuge district, two health facilities and two community quality improvement teams at the community level. A women's savings scheme in Bukabooli Sub County in Mayuge district was seen to have supported over 10 women to deliver in the health facility as a result of quality improvement initiatives.

Some of the lessons learnt include:

- Testing of ideas on a small scale within a collaborative network fosters the use of data by service providers and the district for local decision making. This ultimately leads to improvement in service delivery. Initial use of a small scale approach provides sufficient evidence for development of a feasible package for large scale spread of the successful changes and best practices that may be incorporated within the systems.
- It is very essential to engage both the political and non-political wings of the district for project support and sustainability. Allowing the district to take lead in the project builds ownership and thus sustainability.
- It is also very possible to rapidly integrate maternal newborn care into existing quality improvement structures within the district. However, these QI activities may be hindered by supplies stock outs which are key bottlenecks.
- Training health workers to make changes that would lead to improvement is not enough. Continuous mentoring and coaching by the District Quality Improvement Team (DQIT) is essential in ensuring that interventions have been implemented and plan for sustainability are worked on together.
- There is need to address the key bottle necks in QI for example stock outs of drugs and supplies which would otherwise hinder our successes. The district needs to engage the ministry of Health more actively to address this issue and that of deficient staffing.

Baby foot length at birth can predict Low Birth Weight and Prematurity

Globally, about 15 million babies are born preterm/low birth weight (LBW) annually. These babies are very vulnerable and require special care for survival. Complications due to prematurity/LBW are the number one leading cause of newborn death and second cause of child death. In Uganda the rate of LBW/prematurity is about 11%, but may be even higher since majority of babies are not weighed at birth due to lack of weighing scales in health facilities or due to high rates of home/TBA births. Some of the complications



The Low cost technology/foot measurement card used by CHWs to screen for LBW

these babies face include hypothermia (low body temperature), hypoglycemia (low body sugar levels) due to failure to breast feed/suckle, and infections. Mothers use charcoal stoves to maintain babies' body heat and feed these babies with sugar water. Consequently the rate of mortality among these babies is very high deterring the achievement of MDG 4.



A CHW using the foot length measurement card to screen for LBW

Based on realization that Uganda is not on track to achieve MDG4, Makerere University School of Public Health in collaboration with other partners is implementing a community based maternal/newborn care intervention aimed at identifying high risk newborn babies in the community and link them to health facility care through use of community health workers to increase awareness and promote ideal family care practices. The CHWs use a low cost technology to screen for LBW/premature babies and facilitate referral to health facilities.

The study which started in July 2012 is being implemented in Iganga/Mayuge DSS. Seventy seven (77) CHWs were selected and trained for five days in maternal and newborn care and specifically in identification of high risk babies. CHWs make five home visits: two during pregnancy and three in the first week after delivery to educate mothers on care of newborn babies, danger signs and health seeking practices. In addition the CHWS measure the length of feet of newly delivered babies (who were delivered at home/TBA or those delivered at facilities but were not weighed) in the first five days after birth to identify and screen for LBW. Since July 2012, the CHWs have measured about 200 babies and identified 22 LBW babies whom they have linked to health facilities for care including Kangaroo Mother Care

Regional Centre for Quality of Health Care (RCQHC)

The Regional Centre for Quality Health Care (RCQHC) Assesses Strategies to Monitor and Address Stunting in the East, Central and Southern Africa (ECSA) Region

While prevalence rates of stunting, underweight, and wasting are decreasing in most parts of the world, Africa lags behind with stagnant and increasing rates. Available data reveals that out of 29 countries

in Africa, 12 (41%) have registered successes in reducing stunting rates. The rates of improvement have however been low and insufficient to meet Millennium Development Goal (MDG)1 in Eastern, Central and West Africa (ACC/SCN, 2010). Stunting reduces immune function, retards mental development and impairs cognitive function. Stunting perpetuates poverty by contributing to reduced productivity due to poor physical status, poor school attendance, increased health care costs and ultimately affects economic growth.

Concerned about the situation, the East Central and Southern African Health Community (ECSA-HC) 52nd Health Ministers Conference held in Harare Zimbabwe in October 2010 passed a resolution urging member states to implement consistent, focused and high impact interventions to reduce stunting and incorporate monitoring of stunting in national growth monitoring and nutrition programs.

As a follow up to the Ministers Conference between May 2011 to May 2012, the RCQHC in collaboration with USAID East Africa and the Ministries of Health in Uganda, Tanzania, Ethiopia, Burundi and Kenya assessed existing operational strategies and practices used to monitor and address stunting so as to generate information for stakeholders to take action. A descriptive cross-sectional design was designed and collected primarily qualitative information on strategies used to monitor and address stunting, identifying existing strengths and gaps within existing strategies.

Study findings indicated that malnutrition remains a challenge in the region though prevalence is on a downward trend in all five countries. Of the five countries only Uganda and Ethiopia registered a reduction while stunting rates in the other 3 continue to rise. Burundi registered a rise from 46% in 2007 to 58% in 2010. Maternal, infant and young child nutrition and health interventions that address stunting remain insignificant in policy and programming. At field level, neither health workers nor caregivers have adequate knowledge on stunting. Major gaps were also identified in the dissemination of policies and guidelines from the national level down to the health facility. Furthermore, quality service delivery is compromised by inadequate human resource skilled in monitoring stunting at the health facility level.

Stunting rates across the region have not reduced at a rate sufficient to meet a number of Millennium Development Goals (MDGs). While there is an encouraging policy environment in all 5 countries to enable basic causes of malnutrition to be addressed, there is no strong policy consideration for monitoring of stunting at national and health facility level. Although adequate nutrition interventions are in place to ably reach the most vulnerable; health workers across the region still have insufficient information on stunting. Community based approaches through nutrition service delivery have been most efficient in alleviating stunting.

Among other recommendations, the study identified the strengthening of multispectral responses to malnutrition as an approach to reduce stunting. Nationwide dissemination of policies and guidelines and

training of the health workers on stunting at health facility and community level is also paramount. In addition, health workers need to be provided with manuals, tools/inputs and kits to facilitate their work. The Health Management Information System (HMIS) needs to be modified to include more nutrition indicators like height and guarantee that data on stunting is routinely collected. Nutrition education strategies should incorporate behaviour change to ensure more long-term results. Programs should also include strategies that address disease, poverty, food security and agriculture, as these steadily affect nutrition status.

The Regional Centre for Quality Health Care (RCQHC) Supports a Study to Assess the Status of Essential Newborn Care Training in Pre-service Nursing Colleges in Selected East, Central and Southern Africa (ECSA) Countries

By 2011, Sub Saharan Africa had continuously registered high rates of new born deaths, 85% of which are attributed to three major factors; prematurity and low birth weight, birth asphyxia and infections. Evidence however shows that a large proportion of newborn deaths and diseases can be reduced by implementing simple, high-impact, low-cost interventions during delivery and in the vulnerable days and week post-partum, both at home and in a health facility.

Strengthening of health workers' essential newborn care skills including newborn resuscitation knowledge is essential for the reduction of newborn mortality in the East, Central and Southern Africa (ECSA) region. The Regional Centre for Quality Health Care (RCQHC) in collaboration with USAID/EA, the Maternal, Newborn and Child Health Integrated Program (MCHIP), Africa's Health in 2010 Project, Laerdal Foundation and East, Central, Southern African College of Nursing (ECSACON), assessed the content, quality and delivery of essential newborn training in the existing pre-service curricula of nursing/midwifery schools/colleges in Uganda, Tanzania and Malawi. This move was aimed at identifying notable strengths in the curricula, promising practices as well as gaps that need to be strengthened.

The assessment, conducted between August 2011 and February 2012 conducted a comprehensive identification and mapping of in-country institutions and key stakeholders involved in nursing/midwifery training to guide the selection of accredited nursing/midwifery schools which have been in existence for four or more years. A total of 23 institutions (10 Uganda, 7 Tanzania, and 6 Malawi) were selected. The essential newborn care content in the curricula was spread over the different subjects and its scope varied over different levels of qualification. Core documents offering national guidance to nursing/midwifery training and practice were available only in Tanzania and were largely found to be in harmony with the regional standards for nursing and midwifery practice. Satisfaction for the nursing and midwifery training was largely experienced in well facilitated institutions and stemmed from multiple factors such as availability of training materials, equipped laboratories; frequent monitoring of colleges by regulatory and government officers to maintain standards, adequate staffing levels as well as confidence and

expertise of the trainers who utilized good teaching approaches.

Key gaps in the nursing and midwifery training were attributed to the lack of comprehensive updated curricula, limited scope of essential newborn content, lacking or ill-equipped Laboratories and practicum sites, a shortage of training materials, up-to-date reference books, staffing shortages as well as poor competency levels amongst staff. As a result, training generally had more emphasis on theory than practice.

While regulatory bodies mandated to develop training policies and guidelines for nursing and midwifery training existed in all three countries, they did not regularly review existing curricula. Across all levels of training, evaluation methods were both formative and summative including practical and theoretical examinations. The essential newborn care content in the nursing and midwifery schools curricula being used was interspersed over the different subjects and differed in scope for certificate, diploma and degree programs.

The study among other things recommended equipping skills laboratories and practicum sites and the development of a harmonized comprehensive curriculum with well defined structure, content and core essential newborn care information to address identified key gaps.

Department of Disease Control and Environmental Health

Enhanced Surveillance Project for Emphasis on HIV-related Surveillance for Most at Risk Populations



Staff visit to Lake Kyoga

In September 2011 Makerere University School of Public Health (MakSPH) obtained funding from the Centers for Disease Control and Prevention (CDC) to implement Enhanced Surveillance in the Republic of

Uganda under the Presidents Emergency Plan for AIDS Relief (PEPFAR).

The Surveillance Project is a five year effort that will conduct field surveys, surveillance and laboratory-based studies on important human infectious diseases in Uganda with emphasis on HIV-related surveillance for most at-risk populations (MARPs). The project will contribute to the national M&E goals through generating data to monitor the coverage of interventions and risk behaviors among MARPs.

The initial focus of the project is to conduct an HIV, syphilis and schistosomiasis bio-behavioral survey among the fishing communities in the Lake Kyoga region, covering 8 districts. Consultation of key stakeholders was done and a Bio-behavioural survey protocol and data collection tools were developed; data collection is anticipated to start before end of 2012. Results of this survey will provide insight for eventual expansion of surveys and surveillance activities that will include other fishing communities and other MARPs populations. The MakSPH Surveillance Project will also conduct assessments and mapping of other categories of MARPs including female sex workers, injecting and non-injecting drug users, men who have sex with men, and truck drivers, among others.

Planning for the Environmental and Occupational Health Research and Training hub (GeoHub) In Uganda

The Department of Disease Control and Environmental Health in partnership with the University of Georgia USA successfully won a planning grant to develop a regional hub for Environmental and occupational health research and training in Uganda. This is a two year grant worth US\$100000.

Background to the GeoHub project:

According to the WHO (2002, 2006 and 2007) a quarter of all preventable illnesses can be eliminated through environmental Health practices which in turn can reduce on the several millions of deaths through controlling environmental exposures, especially in the developing world, where exposures to human-caused and naturally occurring chemical and biological contaminants in air, water, soil and food has caused hundreds of thousands of illnesses each year (32). These problems are self-evident particularly in Uganda and Eastern Africa. Development of the field of Environmental and Occupational Health has lagged far behind most low and middle income countries due to lack of political and public awareness as well as economical support (Costello 2007, Frumkin 2010, Kiremire 1997 and Levey 2007).

Specific aims

1. To conduct needs and opportunities assessment of EOH policy priorities in Uganda and the Eastern Africa Region.
2. To assemble network partners for the training hub

3. To identify needs for capacity building in EOH professionals and laboratories.

Proposed approach to achieve the

1. **Needs and opportunities assessment:**

In order to identify the above objective relevant to addressing EOH policy priorities in Uganda and Eastern Africa, the following are to be done;

- a) Conduct interviews with various ranks of officials in WHO Regional offices and Uganda Government agencies including Ministry of Health, Ministry of Labour and the National Environmental Management Authority. The needs and opportunities assessment is set to be accomplished in the first year of the project.
- b) In the second year, meetings will be convened with EOH and Public Health professionals from major academic institutions in the East African Region, including Makerere University, Nkumba University in Uganda; Addis Ababa University and Jimma University in Ethiopia; Kenyatta University, University of Nairobi, Meseno University and Moi University in Kenya; National University of Rwanda; Sudan University of Science and Technology, University of Khartoum in Sudan; University of Dar es salaam and the Hubert Kairuki Memorial University in Tanzania.
- c) In addition, meetings will be convened with officers from EOH-related professional Organizations, such as Africa schools of public Health, EOH council, various National Associations of Environmental science, as well as National Association for community and occupational Health.

2. **Hub development and network partner assembly:**

Hub development will be based on the current collaborative infrastructure in UGACPH and MakSPH. Faculty members will be the core for the Hub Development and they will come from the following Departments: Department of Environmental Health Science and the Department of Epidemiology and Biostatistics of UGACPH) and Faculty and staff members at MakSPH.

3. **Capacity building planning:**

Under this grant we are expected to develop a curriculum and business model for three training courses, titled “Food hygiene and safety”, “water quality and water pollution”, and “Occupational Health and safety” in the 2nd year of the planning period. The short- term training courses will focus on the three area and eligible cadres for the courses will be enrolled from national and district level organizations. As a long term program, training curricular will be developed for under graduate and graduate level students in order to fill the gaps in EOH personnel capacity. The courses will be jointly developed and jointly instructed by faculty from both UGACPH and MakSPH.

Assessing the feasibility and acceptability of implementing TB infection control measures in health facilities in Mukono and Wakiso districts

Tuberculosis (TB) infection control is growing in importance because of the association of TB with HIV and the emergence of multidrug resistant TB and extensively drug-resistant TB. TB transmission in health facilities is a very crucial occupational risk for health care workers, causing substantial morbidity and mortality. The risk of transmission is greater in settings with high HIV prevalence due to the increased risk for TB infection and progression to disease in HIV positive people and where there are no infection control measures in place. This is real in resource limited settings like Uganda where unidentified TB suspects spread TB bacteria to fellow patients and health care workers especially in out-patients clinics, consultation rooms and laboratories.

The general objective of this study was to assess the feasibility and acceptability of implementing TBIC measures in resource limited setting like Uganda.

Patients and health workers felt that physical separation was ideal, yet separation and masking were regarded as embarrassing to patients, emphasizing their potential infectiousness. Patients reported greater willingness to cover their mouth with a handkerchief than to wear a mask. Good counseling and health education were suggested to improve patients' adoption of separation and masking. Lack of community awareness about airborne transmission of TB was identified as a barrier to accepting and adopting TB infection control measures.

Just over a third (34%) of the health workers knew that surgical masks do not protect the wearer from getting TB and 56% knew that TB is more likely to be transmitted in the waiting area than in the TB wards. Only 31% had a TB Infection Plan. Five (10%) facilities were screening patients for cough. Two facilities (4 %) reported providing masks to patients with cough. Ventilation in the waiting areas was inadequate for TBIC in 43 % (22/51) of the facilities. No facility possessed N95 masks. Barriers that hamper implementation of TBIC elicited included: under-staffing, lack of space for patient separation, lack of funds to purchase masks, and limited TBIC knowledge among health workers.

5% of the HCWs reported a history of TB in the past five years. None reported routine screening for TB disease or infection, although 89% were willing to participate in a TB screening program, 77% at the workplace. By contrast, 95% had previously tested for HIV; 34% outside their workplace, and 27% self-tested. Nearly half (45%) would prefer to receive HIV care outside their workplace. Hypothetical willingness to disclose HIV positive status to supervisors was moderate (63%) compared to willingness to disclose to sexual partners (94%). Older workers were more willing to disclose to a supervisor (adjusted prevalence ratio. Being female, and working in the private sector were independent predictors of unwillingness to disclose a positive HIV status to a supervisor. HCWs preferred having integrated

occupational services, versus stand-alone HIV care.

There is a big proportion of patients with TB symptoms delaying to seek care, though facility has reduced substantially. Community advocacy and communication about TB and infection control is very critical in improving acceptability and implementation of TBIC in health facilities as well as communities. Sensitizing communities about TB and where to seek care can improve on early seeking behavior, enhancing reduced transmission.

Department of Community Health and Behavioural Sciences

Social and Behavioral HIV Research Capacity Building in Uganda Completes

The Department finalized the project entitled “Social and Behavioral HIV Research Capacity Building in Uganda”. This was an R24 NIH-funded project. This was a 5-year project implemented together by the Infectious Diseases Institute Mulago Hospital and The Rand Corporation-USA. The aim was to build capacity in Uganda to conduct good social and behavioral HIV research.

TEACHING AND LEARNING

Academic Registrar's Department

Teaching and Learning at Makerere University school of Public Health involves the running of academic programmes, short courses, capacity building programmes as well as fellowships. The School offers one undergraduate degree programme, four graduate degree programmes, two fellowships and several short courses. Below are highlights of the significant happenings in the different programmes.

Student enrolment for academic programmes.

Sex	BEHS	BEHS	BEHS	MPH	MPH	MPH	MPH	MPH	MHSR	MHSR	MPHN	MPHN	PhD	Total
	I	II	III	I	II	DE I	DE II	DE III	I	II	I	II		
F	9	7	11	15	4	17	12	13	6	6	10	3	16	129
M	25	27	25	12	14	33	16	18	4	4	4	6	15	203
Total	34	34	36	27	18	50	28	31	10	10	14	9	31	332

Analysis: Total students= 332

Male= 61%

Female= 39%

Academic Performance

With the introduction of an MPH curriculum based on specialization by tracks in 2010/2011 academic year, the performance of students has greatly improved. Equally the performance of undergraduate students has remained excellent. In the 63rd graduation 4 of our undergraduate graduates were on the Vice Chancellor's list. These included Ms. Caroline Bukirwa, Ms. Mercy Wendy Wanyana, Mr. Trasier Mukama and Mr. Rawlance Ndejjo.

Enrolment

There is remarkable increase in the enrolment of MPH-DE students. It is important to note that there has

been a 2% increase in the enrolment of female students at the School.

The School of Public Health gets a New Academic Registrar



Ms. Gladys Khamili, the New Academic Registrar

The School of Public Health got a new academic Registrar, Ms. Gladys Khamili who replaced Ms. Alice Nakaye. Ms. Nakaye served the School for many years. Gladys has already settled in and bonded with the MakSPH family. She holds a Master of Arts Degree in Educational Management and a Bachelor's of Arts with Education.

Makerere University School of Public Health Invests more in Teaching Facilities

Over the last one year, the student and staff population at the School of Public Health has grown necessitating expansion of facilities to accommodate the numbers. The School of Public Health has therefore invested



Facilities at Kololo are spacious enough for students to hold several discussion groups



Teaching facilities at the Kasangati campus offer a serene reading environment.



Kasangati campus facilities have been refurbished to offer modern office space.



The beautiful Kololo campus where much of the teaching takes place.

more in teaching, office and research facilities and two campuses have been developed as a result of this. These are located in Kasangati on the Kampala-Gayaza Road and Kololo just above the Airstrip. The two campuses offer green, leafy, serene and quiet study and work environment for both staff and students.

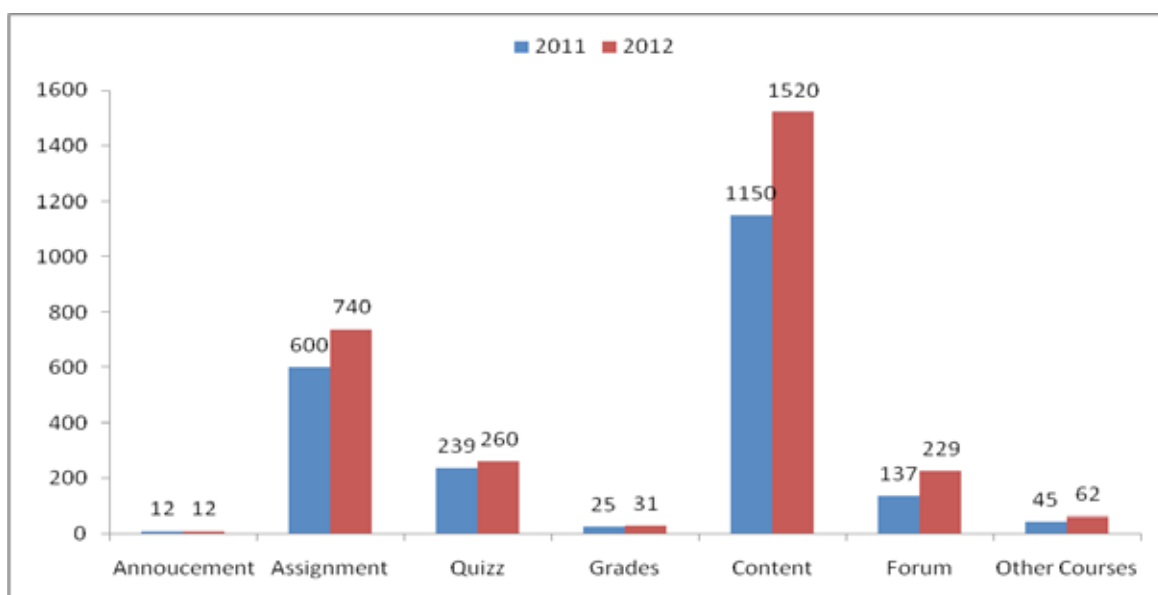
The Makerere University Science Knowledgebase Registers more Achievements

MUSK stands for Makerere University sciences knowledgebase. It is a web based platform that allows storage and retrieval of teaching materials, discussions with students and facilitators, access to e- library, enables learning evaluations by students, has course content management tools and can be used via mobile phones. It is in the same family of Learning Management Systems (LMS) as Moodle, Blackboard and Sakai. MUSK is a customized version of TUSK (TUFTS University sciences knowledgebase) which started in TUFTS university and has been in existence since 1994[1]. MUSK has been customized to suit local needs and more programming and content changes have been affected by joint effort of staff of Makerere University School of Public Health (MakSPH), Makerere University School of veterinary medicine (SVM) and Tufts University.

By end of July 2012, 61 academic staff at MakSPH have been enrolled on to MUSK. The undergraduate and postgraduate students at MakSPH who number over 332 have all been enrolled on to MUSK. We have also used MUSK to run all the short courses running at Makerere University School of Public Health.

Progress of MUSK

Category of indicator	Indicator	SPH
Staff Enrollment	Number of staff enrolled on MUSK.	61 (73% of 83)
Student Enrollment	Number of students enrolled on MUSK	639 (100%)
Course folders	Number course created on MUSK	132 (100% of 132 courses)
Teaching materials	Number of files with teaching materials	400



Key achievements of MUSK project

- a. MakSPH have a digital repository where all teaching materials and other vital documents like time tables can be deposited and accessed by students. All MPH-Distance education students can access the MUSK to read the latest uploaded materials used during MPH fulltime classes.
- b. Several MPH courses have materials uploaded
- c. We have enough capacity on our servers to have more files and materials for students.
- d. Students have embraced the discussion forums in MUSK and are using it.
- e. The materials uploaded are in different formats, including exercises, datasets, PowerPoint presentations, case-studies etc
- f. All students (Distance and full-time) have been logged onto Musk
- g. Some facilitators are now also using MUSK for their presentations and exercises
- h. There haven't been any complaints from students regarding MUSK and access to the site.

Department of Disease Control and Environmental Health for 2011 - 2012

Mr. Michael Ediau Receives the Dr. Matthew Lukwiya Award

The MakSPH-CDC HIV/AIDS Fellowship Program aims at enhancing program leadership and management for health programs in Uganda. The program has, since April 2011, expanded its scope beyond HIV/AIDS to include other health programs including maternal health, child health, and malaria, among others.



Mr Ediau Michael (the Matthew Lukwiya Award winner) showing off his award. On his left is Dr Sheila Ndyabangi who represented Hon. Dr Christine Ondo, the Minister of Health, on this occasion.

This report provides an overview of program activities implemented between August 2011 and July 2012.

To date, the program has trained 81 long-term Fellows, including 17 who were supported during the reporting period. Ten Fellows who were enrolled in April 2010 completed their 2-year Fellowship and presented their final reports at a dissemination workshop held at Golf Course Hotel in Kampala on May 4th, 2012. On this occasion, Mr Ediau Michael, a Fellow attached to ChildFund International in Uganda, received the Matthew Lukwiya Award for his outstanding performance,

commitment and dedication to the Fellowship program and host institution objectives.



A fellow receiving her certificate of participation from Dr. Sheila Ndyabangi. Looking on are Assoc. Prof. William Bazeyo, Dr. Wahib & Prof. David Sserwadda

Two other Fellows; Ms Jane Namuddu who was attached to Baylor Uganda and Ms. Lillian Ayebale who was attached to the SPEAR Project/World Vision Uganda, were recognized for their outstanding performance and dedication to the Fellowship Program and host institution objectives. All the three received Plaques in honour of their performance. Additionally, Dr Lynn Atuyambe and Dr Nazarius M. Tumwesigye were recognized for outstanding academic mentorship, while ChildFund International Uganda was recognized for its outstanding host mentorship.

In May 2011, eight (8) Fellows were enrolled and were posted to different institutions for their placement. These institutions include PREFA, Mildmay Uganda, Communication for Development Foundation Uganda, UNAIDS, UNFPA, Uganda AIDS Commission, and Family Health International.

Since 2008, 120 medium-term M & E and Continuous Quality Improvement Fellows have been trained, including 30 who were supported during the reporting period and completed their training in March 2012. These Fellows implemented projects ranging from improving data capture and management systems, strengthening of monitoring and evaluation systems at institutional level,

reducing waiting time for clients to receive services, improving TB completion rates, and developing M&E plans, among other projects. Through this training, 16 institutions were supported to improve delivery of health services through monitoring and evaluation or continuous quality improvement.



The CDC Country Director Dr. Tadesse Wahib addressing guests at the dissemination event.

Offsite short courses are offered to institutions to build their capacity in identified areas of need. Four offsite courses were conducted between August 2011 and July 2012, reaching up to 112 individuals



Professor Fred Wabwire Mangen congratulating Fellow Lilian Ayebale on receiving her award.

during this period. Courses conducted included grants and proposal writing, scientific writing, strategic leadership and management, and health reporting. The health reporting short course was initiated in 2012 to improve the quality of health reporting in Uganda. The maiden course was run in May 2012 and 27 journalists from different media houses (both print and electronic media) were trained.

For details of the various training activities, please visit www.musphcdc.ac.ug

Department of Health Policy, Planning and Management

The Certificate of Health services Management Graduates over Sixty Health Workers



Assistant Commissioner Nursing, Mrs. Tumwebaze handing over a certificate of completion to one of the trainees

A total of 66 health workers graduated from the Certificate Course in Health Service Management this year. The Assistant Commissioner for Nursing in the Ministry of Health, Mrs. Enid Tumwebaze presided over the certificate award ceremony and called upon health workers to improve their documentation and information flow practices as one of the ways to improve health service delivery in Uganda. This was the sixth intake since the course was designed.

“Right now the Ministry of Health is not scoring high, yet it seems that people are on the ground working hard. Documentation of whatever is being done needs to be strengthened. For example, immunisation is one area where documentation may be weak”, she noted. She implored the trainees to



Certificate course graduands listen to the speeches

be active in taking up such trainings as one way of exposing themselves to new concepts and opportunities. She said the course helps expose front-line health workers, both clinical and non-clinical to global drivers of change in the health sector. She added that the course should be recommended for all other key players in the health sector including media to help them understand health issues of priority concern.

Office of the Dean

META Steps Up its Training Activities

This year, 227 individuals were reached in eight trainings. In addition to the previously taught courses in Basic M&E, Data Use, and M&E Planning, four new courses were introduced namely Quantitative Data Analysis, Sequel Server Reporting Services, Cohort Analysis and Program Evaluation. Through ongoing mentorship and applying the skills and knowledge obtained from the training provided specific gaps in the M&E systems of the participating programs were addressed namely: development of program evaluation protocols in four programs, one of which is already under implementation; development of new and improvement of already existing M&E plans; and development and launch of databases in three programs i.e. THETA, Reach Out Mbuya and AIC.



META staff during a mentorship visit at Kalangala HBHVCT Programme in January 2012



Trainees of the quantitative data analysis during one of the class sessions

MakSPH Staff Receive Training in Pedagogical Skills

A pedagogical skills workshop was held at MakSPH starting from 17th to 21st October 2011, to enhance teaching skills of faculty, improve quality of teaching and equip new faculty with methods and new modes of communication in health. Also old faculty members attended with the purpose of refreshing their skills, while project staff who facilitate on the MakSPH courses, support graduate students to carry out research and participate in curriculum development at the school, also attended the training.

School of Public Health management realised the need to strengthen teaching and organised this training for the faculty so as to ensure quality assurance in public health and equip their new faculty with pedagogical skills to meet the health demands of communities and needs of students at MakSPH.

The course offered insights into how adults learn, the state and art of teaching and learning using post-graduate and undergraduate curricula, competency-based teaching, problem-based learning and case writing approaches, community-based education and

research services, roles of a teacher, qualities of a good teacher, professionalism and ethics of teaching, how to make a lesson plan attractive to a learner, what an interactive lecture looks like, handling of small and large groups which have different characteristics and dynamics, assessment of students and approaches to student-centered learning, and likely curricula reforms to the changing world. Application of visual teaching aids, e-learning, describing course objectives at the beginning of teaching, student assessments and self evaluation of teachers were seen to strengthen the school capacity to provide a good learning environment. The training was facilitated by several Health education experts and key curriculum developers from the College of Health Sciences.



Some of the staff who attended the training in pedagogical skills

The One Health Central and Eastern Africa Network Makes Key Strides



Staff members of MakCHS at the staff sensitization seminar

One Health Central and Eastern Africa (OHCEA) network is composed of 14 Public health and Veterinary medicine higher education institutions. OHCEA was formed from members of HEALTH Alliance, an existing network of seven Schools of Public Health from six countries in Central and Eastern Africa namely Democratic Republic of Congo (DRC), Ethiopia, Kenya, Rwanda, Tanzania, and Uganda working to strengthen Public Health education and systems, including emergency preparedness and response. In the year under review, the network has

registered the following achievements:

- The 4th Deans Summit was held from February 27th to 28th, 2012 at Safari Park Hotel and Casino – Nairobi, Kenya. Participants included Deans of OHCEA institutions, the Dean of University of Minnesota (UMN) College of Veterinary Medicine, as well as staff of: OHCEA Secretariat, RESPOND East Congo, UMN, USAID Nairobi and USAID Washington.
- December 5th to 9th 2011, OHCEA organized a face-to-face regional meeting among the Country Coordinating Committees (CCCs) to discuss needs and develop plans for strengthening surveillance of and response to regional emerging pandemic threats and episodic zoonotic disease outbreaks. The meeting was held at Speke Resort Munyonyo in Kampala and drew participants from all the six OHCEA partner countries. A key deliverable of this meeting was development of country plans for the period January to September, 2012.
- Development Alternatives, Inc. (DAI) awarded OHCEA an agreement of US \$11, 843,393 million in support of Strengthening and expansion of One Health Central and Eastern Africa Network. The agreement was signed by Assoc.Prof. William Bazeyo, the Dean MakSPH.

PhD forum Brightens Future of Academia at MakSPH

The PhD forum at the School of Public Health was initiated in 2010 and has since generated great interest. With a current membership of thirty registered members, it records one of the highest completion rates. In the last 12 months alone; seven candidates successfully defended their thesis. Congratulations to Nalugoda Fred, Vincent Batwala, Alamo Stella, Kagimu Magid, Kasasa Simon, Lubega Muhamadi, Soloome Bakeera and still counting!! There is more in the pipeline; watch this space!! Former members are welcome to share experiences with the rest of the forum members. The reason for the high success is partly attributed to the peer support that exists in the group. Members peer review each other's documents such as concepts, proposals and manuscripts for journals. Many publications in peer review journals have been realised as a result.

The PhD forum meets fortnightly and membership is open to faculty at the School of Public Health or PhD candidates with supervisors at the School of Public Health. For further information contact the convenors; Juliet Babirye (jnbabirye@musph.ac.ug), Richard Mangwi (rmangwi@musph.ac.ug) Or Elizeus Rutebemberwa (ellie@musph.ac.ug)

The Strengthening Leadership in Disaster Resilience Program-Health Alliance

The SLDRP Program works to Strengthen Leadership in Disaster Resilience from strengthening existing Disaster Resilience Leadership capacity through short courses and certificate programs in selected Universities in East Africa. It also aims at developing future leaders in disaster resilience through institutionalizing disaster resilience leadership graduate certificate and degree programs in East Africa to sustaining global disaster resilience leadership through the creation of a global network that will foster collective learning and resource sharing in East Africa as well as in other regions.

The SLDRP Program under HealthAlliance works in close cooperation with an array of institutions, research networks and public Health-led public and private partners, and collaborates with many other international public Universities.

The HEALTH Alliance, is a fast paced network of seven East African schools of public health assembled under the LIPHEA project, with a mandate to engage public health schools and graduate training programs throughout the sub-region as key stakeholders in building and strengthening leadership capacity among higher learning institutions, public health practitioners and stakeholders through the sharing of human and organizational resources for research, teaching and service provisions.

SDRLP Objectives

1. Strengthening existing disaster resilience leadership capacity
2. Develop future leaders, through institutionalizing disaster resilience leadership
3. Sustaining global disaster resilience leadership

Our Partnerships today

SLDRP Uganda as one of the strategic Programs at the Makerere University School of Public Health in Uganda, is in partnership with three Public Universities that include the University of Health and Allied Sciences in Ghana, Muhimbili University School of Public Health and Social Sciences in Tanzania and the National University of Rwanda School of Public Health,

Baseline perception survey

SLDRP Uganda conducted a Baseline leadership perception survey of 41 key informants from High ranking officers from Government Ministries, UN Agencies and NGOs. Its objectives were:

- Identify bottlenecks and opportunities to achieving DRM
- Gain a better understanding of the technical aspects of DRM, leadership
- Learn how communities achieve Disaster Risk Resilience

Key Findings from Uganda:

- Inadequate skilled leadership in DRM – all levels, bureaucracy-Lack of community (local level) awareness on vulnerabilities and risk reduction in their location
- No disaster preparedness plan; stakeholders only respond to disasters
- No effective legal and policy framework on Disaster Risk Resilience
- Poor institutional capacity among organizations mandated to provide recovery assistance
- Poor coordination for Disaster Risk Resilience, No disaster early warning system
- Political interference during DRM

Strategies to improve Disaster resilience

- Government to show commitment by establishing training facilities & curriculum (formal and informal)
- Have a national disaster preparedness plan & budget
- Ensure community involvement in all resilience stages, these provide earlier and critical support
- Make DRR a national priority
- Strengthen disaster preparedness mechanism (policy & legal framework, coordination, communication, networking, mitigation)
- Involve local leadership and communities

Curriculum development

The key event of the year 2012 was undoubtedly the development and adaptation of the Level 1 program curriculum with its specific modules. Our curriculum was implemented smoothly here in Uganda setting and has been used in training 23 level 1 program fellows in July 2012.

A level 2 curriculum mapping was also done amongst the participating Universities and identified special competencies per university.

Department of Community Health and Behavioural Sciences

Health Systems Management Fellowship Program Launched

A new fellowship programme in health systems management aimed at building and strengthening capacity, specifically competencies for senior

Belgian Ambassador to Uganda Marck Gedopt, the Director Health Services Planning and Development in the Ministry of Health Dr. Isaac Ezati, Prof Barteriel of Institute of Tropical Medicine, University of Antwerp, Belgium, Prof. V. Baryamureeba Vice Chancellor Makerere University toast to the launch of the programme





Some of the pioneer fellows on the Health systems strengthening fellowship programme

managers working in health systems was launched this year with an initial number of eight fellows; with mentors drawn from Ministry of Health, academia, private sectors, among other sectors.

The work-based fellowship will create opportunity for professional development as well as create a sense of professionalism. The fellowship program is implemented by Makerere University School of Public Health, Institute of Tropical Medicine (ITM) - Antwerp Belgium, Ministry of Health Uganda and the Uganda Public Health Specialists Association.

To get details of the fellowship objectives and how it is going to be implemented, please follow the link below;

http://musph.mak.ac.ug/index.php?option=com_content&view=article&id=124:health-systems-management-fellowship-program-launched-at-maksph&catid=2&Itemid=257



Guests at the launch of the Health systems strengthening fellowship

Department Staff Train in Adolescent Health Programming

Two faculty members; Dr. Justine Bukenya and Dr. Lynn Atuyambe attended training for Adolescent Health in Sub-Saharan Africa at College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria from 21st May to 2nd June, 2012. The workshop provided participants with knowledge, frameworks, skills and tools to strengthen programming in the health sector for adolescent health and development in developing countries. The course targeted researchers and academicians, mid-level managers, policy makers, programmers of adolescent health programmes in sub Saharan Africa (SSA). Participants represented about 10 institutions including UN agencies, Ministries of Health, Universities, International and Local NGOs. The course was very enriching and trainees appreciated that countries with strong adolescent networks and adolescent desks in the Ministry of Health can advocate better for adolescent health. The challenge is now for Justine and Lynn to implement what they learnt and initiate

similar trainings at MakSPH.

Department of Epidemiology and Biostatistics

MakSPH Students and Faculty Participate in University of Georgia Maymester

The University of Georgia, US, Atlanta UGA and School of Public Health (MakSPH) started collaboration in 2010. This collaboration had been preceded by a delegation from the UGA, led by the University President (College of Public Health, UGA)

Some of the key activities that have been conducted June 2011-July 2012 include the ongoing training of PhD student, Dr. Juliet Sekanda and the Maymester that was conducted in May 2012.

Under the coordination of Prof. Chris Whalen of UGA, a Maymester program running May 11-June 7 2012 was conducted at UGA by two Uganda MakSPH faculty invited as visiting Professors; Dr Noah Kiwanuka, and

Dr Fredrick Makumbi. Two Ugandan PhD Students at UGA Dr Juliet Sekandi and Dr. Stephen Assiimwe also co-taught on this course, led by UGA Faculty Prof. Chris Whalen, as the primary course instructor. This course also included two Uganda MakSPH students, Dr. Wakabi Abdullah (MHSR II) and James Bagonza (MPH II). Among the key student assessments learnt that could be utilized in the Ugandan launch setting included reading peer reviewed journal articles on a topical subject, write an annotated bibliography from at least 5 articles and 10-15 summaries from at least 10 journal articles. MakSPH graduate students could benefit from this approach of ensuring that students can read, internalize and present important information in using short precise and concise presentations/write-ups. UGA is considering adjunct positions for MakSPH faculty following the Maymester; something MakSPH should also plan in future. All funding for this activity was provided by UGA to MakSPH.



Participants in the UGA Maymester pose for a group photo with the faculty

The Epidemiology and Biostatistics Short Course Graduates More Trainees

The Department of Epidemiology and Biostatistics this year graduated another batch of trainees in Biostatistics, and Principles and Practices of Epidemiology (all Level I).

Speaking at the certificate award ceremony, the Chair Department of Epidemiology and Biostatistics Dr. Frederick Makumbi, who represented the Dean, Prof. William Bazeyo, implored the trainees to register for Level II when it is offered. He also requested them to market the course to their colleagues in the districts or other organisations where they work.



Dr. Frederick Makumbi handing over a certificate of completion to one of the participants

3 SERVICE TO COMMUNITY

Community service is one of the three mandates of Makerere University and ultimately the School of Public Health. In the year under review, community service activities involved working with government departments and agencies at different levels, local communities and media agencies to implement a wide range of projects and activities for better health. A few of these are elaborated here. Following are highlights of the key achievements in this area.

Department of Disease Control and Environmental Health

The Centre for Tobacco Control in Africa (CTCA) Launched in Uganda

The Centre for Tobacco Control in Africa (CTCA); a WHO Centre of Excellence in tobacco control, hosted by the School of Public Health, is now slightly over a year old. Since the School of Public Health won the WHO grant to host (under the Department of Disease Control) the centre last year, several significant achievements have been registered, including these briefly described below:

- **Successful launch of the Centre:** The Centre was officially launched on November 1, 2011, at a



Speaker of Parliament, the Right Honourable Rebecca Kadaga assisted by Ms. Cynthia Lewis (BMGF Tobacco Control Programme Overseer), Douglas Bettcher the Director of WHO's Tobacco Free Initiative department in Geneva and the Uganda Minister of Health Dr. Christine Ondo cutting the tape to signify the official inauguration of the centre at Kasangati

colourful event that was witnessed by global tobacco control partners. One of the key highlights of the launch was the commitment by the Speaker of Parliament, Hon. Rebecca Kadaga, to support the enactment of a comprehensive Tobacco control law in Uganda. As part of the launch, a No Tobacco theme song commissioned by CTCA and composed by Uganda artists led by Keko, was unveiled.



Dr. Joagim Saweka the WHO Uganda Country Representative & other delegates tour CTCA Offices



Dr. Prasad Vinayak Prof David Serwada attentively listen to the speeches

- **Country Activities:** With the support of both the MakSPH and the World Health Organisation, CTCA initiated activities in each of the five countries as below;
 - Tobacco Control Capacity Assessment was successfully carried out in Mauritania to establish the status of implementation of the WHO Framework Convention on Tobacco Control (FCTC).
 - Target Countries were supported to carry out World No Tobacco Day activities as well as Tobacco Industry Monitoring (TIM). Uganda, Kenya and Mauritania released their (TIM) findings on World No Tobacco Day, May 31.
 - In Angola, CTCA carried out an engagement mission 2012 and mobilized key tobacco control stakeholders during a sensitization seminar.
 - In Kenya, CTCA initiated the process of supporting the government to develop pictorial/graphic health warnings on tobacco products.
 - In South Africa, CTCA provided facilitators for a training for enforcers of the various tobacco control regulations.

Development of tobacco control legislation

CTCA facilitated the process of developing a comprehensive tobacco control policy and legislation for Uganda and Mauritania;



Hon. Elijah Okupa, MP Kasilo County addressing participants attending the public hearing of the Tobacco Control Bill (2012) with the Tobacco Industry, July 24, 2012 at Serena Hotel

- In Uganda, the Tobacco Control Bill (2012) is due to be tabled in Parliament. CTCA has facilitated a series of consultative and advocacy meetings as well as media outreach programs to raise support for the Bill and create awareness about the dangers of tobacco.
- In Mauritania, CTCA facilitated the establishment of a National coordination mechanism that helped to spear head the reviewing and validation of the Tobacco Control Bill. The Council of Ministers has adopted the draft bill which will soon be presented to Parliament.
- **Toolkits:** CTCA developed/adapted toolkits for national level partnership. These included; Tobacco Industry Monitoring Tool, A capacity Assessment tool, a documentary on Alternative livelihoods, a 'No Smoking' Song targeting the youth, and a template on partnership and collaborative models.
- **Showcasing a new perspective to Alternative Livelihood:** CTCA advocated for Alternative Livelihoods for farmers during the 15th World Conference on Tobacco or Health held in Singapore. This was done through a side event that CTCA hosted for global tobacco control partners and show cased Ugandan farmers who have divested from tobacco on their own.
- **Tobacco Control Fellowship:** CTCA, is coordinating a tobacco control Fellowship Program. The program is supported by Centres for Disease Control and Prevention (CDC). It focuses on Tobacco Control Surveillance, policy-analysis and making, tobacco control partnerships and how these can be linked to drive policy and programs. Two fellows from Uganda and Kenya have enrolled.

MakSPH hosts the Centre on behalf of two other Consortium Partners; Uganda National Association of Community and Occupational Health (UNACOH) and Uganda Health Communication Alliance (UHCA).

The Higher Education for Development (HED) Project continues to strengthen local capacity in Water, Sanitation and Hygiene

The HED project has played a significant role in strengthening the capacity of local communities in Water, Sanitation and Hygiene (WASH) in Kampala and Mukono. With the aim of promoting sanitation and hygiene in urban slums, the project has focused on working with community resource people so as to improve their capacity to address WASH challenges in their areas. The targeted groups include youth, village health teams and local leaders. Health Clubs in primary schools have also been involved in the various activities. Some of the project activities carried out include short-course training and sensitization in WASH; water sampling and analysis; promotion of hand-washing using the tippy tap technology; supporting clean-up exercises; providing advisory roles in WASH; supporting health clubs in schools; and promoting drinking safe water through household chlorination. Exchange visits between the 2 project sites have been made which have enabled groups learn from each other, and share experiences and best practices. The project Principal Investigator Dr. J. C. Ssempebwa noted that there has been a significant improvement in the WASH status of these communities since the project began. “The individuals who have



A child demonstrates the proper hand-washing procedure during a community session

benefitted from project activities have played a big role in promoting ideal sanitation practices at households within their communities.” – said Dr. Ssempebwa. Students of Environmental Health Science have also benefitted from field exposure by their involvement in various project activities. The field sites are also being utilized for the university mandatory field training for Bachelors students during the recess term. A curriculum for a short course in WASH to be offered at the School of Public Health is in the final stages of development.

The project is housed in the Department of Disease Control and Environmental Health although inter-departmental collaboration. It is being implemented in Kikulu zone, Kawempe division, Kampala; and Kikooza, Ngandu, Lweza and Kitega zones in Mukono municipality. The other implementing partners are University at Albany, New York, and Tuskegee University, Alabama, USA. Funding Support is provided by Higher Education for Development (HED).

Regional Centre for Quality of Health Care (RCQHC)

RCQHC Supports Rwandan Journalists' Training in Family Planning Behavioral Change Communication

Family planning (FP) allows individuals and couples to anticipate their desired number of children and

control spacing. Rwanda has in the past registered a poor uptake of Family Planning programs and is the most densely populated country in Africa with about 400 people per square kilometer. Statistics from the Rwanda DHS, 2010 indicate that male participation in family planning is low with only 36% of the male population using health services including FP. Men predominantly assume the role of decision making on matters of sexual and reproductive health within the family and so low levels of male involvement of in FP programs can lead to the decreased contraceptive prevalence rate (CPR).

Media practitioners are key players in raising awareness about the importance of using FP. In light of this, the Regional Centre for Quality of Health Care (RCQHC) in collaboration with the Rwandan Ministry of Health's department of maternal and child health in March 2012 trained 15 Journalists from 13 media



MakSPH Lab Technician Stephen demonstrating the use of water testing equipment

houses on strategic communication for family planning and gender based violence (GBV). The journalists who participated in the training were selected by the Ministry of Health based on a criteria of previous work reporting on health issues especially family planning and Gender Based Violence as well as the envisaged ability to use media tools to advocate for FP/GBV.

The 5 day training covered among other topics the use of results from audience research to design communication activities, definition and segmenting of target audiences, tailoring messages and materials to the interests of different audience subgroups, setting SMART communication objectives, involving the community in planning, implementing and evaluating of family planning programs, use of multiple communication channels and the application of behavioral theory to develop effective communication strategies.

The journalists went on to generate projects to be implemented as a continuum of the training. Projects covered two thematic areas, namely: Male involvement in family planning programs; and raising awareness on early reporting of physical violence among young women. Journalist held monthly meetings to review progress, share feedback and plan for activities of their individual projects.

Since May 2012, 10 out of the 17 journalists trained implemented their individual projects.

Department of Community Health and Behavioural Sciences

CHBS Staff Train District Health Teams in Nutrition Programmes Management

Staff from the Department of Community Health and Behavioural Sciences provided nutrition technical support to World Health Organization (WHO) Moroto office to train 70 District Health Team (DHTs) members in the Karamoja sub-region in nutrition programs management in their districts. The training focused on leadership and management, joint planning, and harmonized program implementation, nutrition surveillance including rapid nutrition assessment and reporting writing. Information sharing among stakeholders was emphasized, and was done to enhance the MakSPH's community service initiative to give back to the Ugandan community. As a Public Health Nutritionist, Florence led a team that investigated the factors that led to the persistently high Global Acute Malnutrition (GAM) levels in the region, using qualitative research methods. This team was drawn from WHO Moroto, Kaabong, Nakapiripirit and Abim district health offices, nutrition programs implementing partners, donors and local government staff as well as the communities in the region. Findings will be shared and used by stakeholders to design needs specific and targeted nutrition programs to improve nutrition outcomes in the region.

Department of Epidemiology and Biostatistics

The Family Health Research and Development Centre Provides Leadership for World Population Day Celebrations at MakSPH



MakCHS staff marching to the venue of the celebrations in Hoima town

Makerere University College of Health Sciences, School of Public Health joined the World Population Day celebrations through the leadership of the Family Health Research and Development Centre (FHRDC). FHRDC organized stakeholders at College of Health Sciences that included the Regional Centre for Quality of Health Care (RCQHC), Department of Obstetrics and Gynecology, Centre for Tobacco Control in Africa, Iganga/Mayuge Demographic Surveillance Site, and all the academic departments at the School of Public Health



Prime Minister Amama Mbabazi at the function on
11th July 2012

that were well- represented.

Through preparations for the World Population Day, FHRDC showed that as a program within Makerere University School of Public Health, take leadership in advocacy of Reproductive Health and Family Planning issues by organizing stakeholders and playing a leading role in relevant functions of Makerere as a tertiary institution.

4 PARTNERSHIPS AND COLLABORATIONS

Partnerships and Collaborations in research, teaching and learning and service to community form a significant part of delivery of services at MakSPH. Below is a run-through some of the key ones that are running and a few that were initiated in the period under review.

Department of Disease Control and Environmental Health

MakSPH collaborates with Nottingham Trent University

MakSPH has established a new partnership with Nottingham Trent University, UK. This was enabled through a start-up grant from Tropical Health and Education Trust (THET) awarded to the 2 institutions in 2012. The partnership is focused on health promotion in primary health care and public health with the aim of reducing the prevalence of communicable and non-communicable diseases among poor communities in the country. This partnership also has institutional focus on teaching, capacity building and collaborative research. The long term goals of the partnership include student



Assoc. Prof. William Bazeyo with Dr. Linda Gibson after a meeting in the Dean's Office



David Musoke and Village Health Members in Ssisa Sub county, Wakiso district following a consultative discussion

and staff exchange, joint conferences and short courses. The Health Promotion Unit in Nottingham has been identified as a key partner in this link whose experience and expertise in health promotion will be utilised. A needs assessment among Community Health Workers is being undertaken so as to provide a foundation to future health promotion work amongst this group. The partnership coordinator Mr. David Musoke stressed the importance of collaborating with institutions that have a long history in health

promotion work which will not only benefit MakSPH but also local communities. MakSPH Dean, Assoc. Prof. William Bazeyo, while meeting the UK Coordinator (Dr. Linda Gibson), noted that the School has several partners in the US and Europe in general but only a few in the UK. He therefore warmly welcomed this collaboration that will significantly contribute to teaching, research and service delivery.

The Office of the Dean

The 20+20 China-Africa Partnership Bears Fruits for Makerere University School of Public Health



A member of the Chinese delegation -back to camera-briefing the two prospective students Winnie Kansiime and Edrina Atusingwize about studying in China

May 2012, a six-man delegation from China visited their counterparts at Makerere University and held discussions with the relevant colleges and the School of Law on how best to implement the 20+20 partnership. The delegation held a meeting with students, faculty and other staff at the School of Public Health where the focus was identification of key areas of cooperation.

Two beneficiaries at the School of Public Health

(Ms. Edrina Atusingwize-juniors faculty, and Ms. Winnie Kansiime-an alumnus of the School) travelled to Xiangtan University in China to undertake post-graduate studies under the 20+20 Partnership between Chinese and African universities. Under the 20+20 partnership, twenty best universities in Africa and 20 best universities in China are linked together on a one-to-one basis.



Members of the Chinese delegation pose for a photo with the MakCHS staff after the meeting.

The Monitoring and Evaluation Technical Assistance (META) Builds more Collaborations for Better Delivery of Services

In order to support alignment of data collection, indicators and reporting of HIV/AIDS programs to national and PEPFAR guidelines, META collaborated with the CDC, USAID, MOH, MEEPP, National Technical Working groups (PMTCT, EID, HCT, CT, DHIS) and PEPFAR funded programs in various fora and contributed to activities such as: development of quality improvement indicators, the ART adherence strategy, community PMTCT indicators, and the PMTCT option B+ strategy ; roll out of the District Health Information System (DHIS2); implementation of Data Quality Assurance and supportive supervision activities; curriculum development , training and orientation of health workers on indicators and tools such as for ART and PMTCT .

Department of Community Health and Behavioural Sciences

LINQED Quality in Education Workshop gets MakSPH Participation

Two members of faculty; Dr. Elizabeth Nabiwemba and Mr. Simon Peter Sebina Kibira, attended the 4th Quality in Education Workshop from 16th to 19th May 2012 organized by LINQED (Learning together on Quality in Education in International Health) at the Institute of Public Health, in Quito City, Ecuador, South America which focused on staff exchange and learning about quality assurance (e.g., student assessment) and specifically on the thesis/ dissertation process. This helped build capacity in objective thesis grading as partners learnt from each other the best practices and areas that needed improvement.

The LINQED Educational Network is an association of higher education institutions delivering post-graduate training in tropical medicine, public health and international health. The purpose of this association is to contribute to the improvement of human and animal health and to support the rational basis and country ownership of health care systems and policies in developing countries by strengthening postgraduate training capacity in tropical medicine, public health and international health. It is made up of partner institutions from Uganda (MakSPH and Uganda Martyrs University, Nkozi), Morocco, DR Congo, South Africa, Bolivia, Ecuador, Peru, India, Indonesia, Belgium, Nepal, India, and Thailand. It is supported by The Belgian Development Cooperation.

5 CONFERENCES AND MEETINGS

Conferences and meetings constitute a significant part of execution of business and mandates by academic institutions. At MakSPH, meetings and conferences are organised to share research proposals, findings as well as best practises. In the following section, we give you highlights of some of the partnerships.

Africa Hub Holds Capacity Assessment Dissemination Conference

The Africa Hub which is under the HEALTH Alliance and is hosted by MakSPH organised a meeting on November 30- December 2, 2011 in Nairobi Kenya to:

- Share Health Systems Research capacity assessment outcomes from each of the 7 Schools of Public Health
- Share capacity development plans from each of the 7 Schools of Public Health
- Explore a suite of capacity strengthening activities that resonate across all schools
- Articulate a collective capacity development plan
- Consider options for a policy influence and research uptake (PIRU) strategy for the HEALTH Alliance
- Explore grant writing opportunities for activity support through presenting to potential donors and carrying out a donor scooping exercise
- Discuss Learning Platform objectives, strategies and activities

The Africa Hub is funded by DFID through the Future Health Systems Research project. Participants came from all the seven schools that make up the HEALTH Alliance, namely; from the universities of Nairobi (Kenya), Moi (Kenya), Muhimbili (Tanzania), Kinshasa (DRC), Rwanda, Jimma (Ethiopia) and Makerere (Uganda).

Key findings from the HSR Capacity assessment:

It was found out that across the HEALTH Alliance, there is: High interest in HSR in external environment, strong leadership for HSR within SPH, and quite high interest in HSR among researchers (though less experience with conducting HSR), and wide variety of HSR courses available across SPHs in the HEALTH Alliance

Seven key themes emerged from the HSR capacity assessment across the seven SPHs and these were;

1. Extremely limited national government funding for HSR, Low funding allocations for research from institutional budgets, excessive reliance on consultancy funding direct to individual researchers – undermining a team-based institutional approach, and lack of small grants
2. There is inadequate numbers of HSR faculty, faculty are relatively strong on quantitative analysis but tend to lack qualitative research skills, and writing skills exist, but in some cases they could be strengthened
3. HSR Databases and Library Resources are limited and those available have limited access. There was lack of a one stop centre for HSR materials as well.
4. Curriculum Review and Development: There are different strengths across member institutions in terms of the nature of HSR teaching provided: some curricula are out-dated, some courses lack strong course materials, gaps in course offerings exist and changing course titles to reflect course content is a complicated process
5. Knowledge Translation and Communication.
The patterns of publication and communication varied but typically:
 - Large numbers of masters and undergraduate dissertations
 - Generally existing ability to produce academic publications
 - Limited attempts to communicate with diverse audiences through alternative knowledge outputs (e.g. policy briefs, blogs, etc.)

It was also found that linkages with policy makers and media are frequently based on individual connections thus a need to institutionalize them

6. Under organizational development and research support, it was found out that:
 - HSR is frequently implemented in silos to the extent that even colleagues at the same institution are unaware of ongoing work, leading to duplication; exacerbated by individual consultancy contracts.
 - Very weak research support at some institutions e.g. difficulties in procuring basic supplies such as recording devices
 - Lack of specific guiding policies and guidelines
7. HSR Priorities. The following are the HSR priority areas that were identified;
 - Initial discussions with stakeholders (e.g. government, donors) revealed that none of the countries had an existing HSR priority agenda and were generally highly fragmented
 - Priorities identified by stakeholders were scattered and diffuse, though there are some common priorities (e.g. health financing, human resources and a community focus).
 - In the absence of such an agenda, outside funders lack guidance on appropriate funding priorities.

Environmental Health Students Tackle Environmental Pollution as a Key Causal Factor in Climate Change

The Makerere University Environmental Health Students Association (MUEHSA) held their Annual Scientific Conference 12th-13th April 2012 on the theme, 'Environmental Pollution: A Key Factor to Climate Change and its Impact on Health'.

Opening the conference, the Dean School of Public Health, Associate Professor William Bazeyo pointed out that twenty years ago, although people were talking about issues like pollution, there was no recognition for environmental health and it was not an area of study in the School of Public Health.

"Medics think they can do everything on their own, but I am proud of people like Dr. John Ssempebwa, who is not a medical doctor but has worked so hard to have environmental health integrated with medical training", he noted.



A Cross Section of some of the students at the climate change conference

He challenged the executive of the students' association to work hard and leave a legacy behind by showing results. "How will people see that you are and were there? How do you want to be remembered? There is always a reward for what you do well", he implored.

The conference key note address was delivered by Mr. Emmery Mbaha, Senior Environmental Health Officer in the Ministry of Health.

Partners re-commit to Health Care Improvement; Catalyzing and Institutionalizing Quality Improvement

Although quantity of health care has historically been the focus in developing countries, ample evidence suggests that quality must be at the centre of every discussion about better health. Quality of care activities, however remain fractured and poorly institutionalized. The Regional Centre for Quality of Health Care dedicates itself to specializing in addressing quality of care issues that need a regional rather than a national level approach.

In repositioning quality of care on the African health agenda, the RCQHC organized an African Regional Consultative Workshop for Health Care Improvement whose theme was Catalyzing and Institutionalizing Quality Improvement. The workshop was held October 17th- 21st 2011. Its main objectives were; to share technical updates on continuous quality improvement in health on the continent focusing on achievements, constraints and best practices of quality improvement initiatives in Africa; develop consensus on a harmonized set of core competencies for quality improvement education and training framework for the Eastern, Central and Southern Africa region and; agree on next steps for effective implementation of the quality improvement education and training strategic framework.

MakSPH Faculty attend Regional Workshop for Targeted Expansion of One Health Activities

One member of faculty in the Department of Community Health and Behavioural Sciences (Dr. David Lubogo) participated in the regional workshop of One Health for Central and East Africa (OHCEA) to plan targeted expansion of innovative, practical and applied One Health related training programmes. This took place in Dar es Salaam and it involved member states: Ethiopia, Kenya, Tanzania, Uganda, Rwanda and the Democratic Republic of Congo. Work related to One Health is ongoing both in the design and implementation of training programmes.

Meanwhile, several members of staff of the School participated and made presentations at the XIX International AIDS Conference held in Washington DC in July 2012.

The Family Health Research and Development Centre takes part in the International Family Planning Conference, 2011, Dakar Senegal

The family Health Research and Development Centre made a strong presence at the International Family Planning Conference, 2011 in Senegal where two presentations were made by Centre staff; one by Dr. Fredrick Makumbi on “Couple use of VCT, enrolment into HIV Care and effect on female modern contraceptive uptake in a population of Rakai” and another by Ms. Vivian Zalwango on “Disclosure of HIV status to male partner and uptake of modern contraceptive use at AIDS Information Center (AIC), HIV clinic in Kampala, Uganda”.

6

PUBLICATIONS

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3. Deogratius Ssemwanga, Nicaise Ndembi, Fred Lyagoba, **Justine Bukenya**, Janet Seeley, Judith Vandepitte, Heiner Grosskurth, and Pontiano Kaleebu. (2012). "HIV Type 1 Subtype Distribution, Multiple Infections, Sexual Networks, and Partnership Histories in Female Sex Workers in Kampala, Uganda." *AIDS Research and Human Retroviruses* 28(4): 357-365.
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African Health Sciences Vol 12 No 2 June 2012

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MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH
REVENUE FOR 12 MONTHS: JULY 2011 TO JUNE 2012 (YEAR 2011-2012)

A. DONOR FUNDING			Received in Financial year 2011/2012 (July 11 to June 12)
Source of funds	Name of Project		
JHU -Bill Mellinda Gates	Future of Health Systems/ Africa Hub		\$619,778
University of Albany	Drinking Water Supply, Sanitation & Hygiene Promotion- HED		\$50,117
Duke University	Uganda Health Systems Strengthening Partnership		\$5,500
World Health Organisation	Innovations for increasing access to integrated safe delivery, PMTCT (MANEST)		\$166,436
NIH	Stroke Project		\$6,750
Liverpool School of Tropical Medicine	REBUILD Project		\$121,732
Dura Sengwe Company	Support for Travel		\$1,022
JHU -Health Communication Partnership	Medical Male Circumcision Project		\$43,819
Tufts College	MUSK Project		\$22,750
US DEPT OF STATE	MakSPSC Meeting costs		\$2,800
Task force for Global Health	meeting Sept 21-23, travel advance		\$2,500
Indepth	workshop costs		\$2,500
University of Wisconsin	Students Study Abroad Program		\$51,684
PATH	Encourage uptake of new diagnostic Technologies in Uganda		\$64,055
UNFPA	Partnerships for advancement of MMH Research & Capacity Building		\$101,935
MERIDAINE	Support for Travel		\$1,428
University of California	UCSF's EPMS Project		\$17,563
President Fellows of Harvard	A pilot study for future prospective cohort studies on non-communicable diseases in Uganda		\$2,105
SOZ-HILFE	Support for Travel		\$1,150
Karolinska Institute	Minimax Project		\$156,282
JHU-Bill Mellinda Gates Grant	Family Health and Wealth Study		\$26,086
US DEPT OF STATE	workshop costs		\$12,500
UNICEF	Implementation of the global action plan for pneumonia/diarrhoea in Uganda		\$94,875
JSI John Snow, Inc.	Arise project		\$65,257
Trinity College Dublin	INDIGO Project		\$18,765
Rockefeller Foundation	Health Emergencies Management Program		\$180,000
JHU-Bill Mellinda Gates Grant	Family Health Research and Development Centre		\$115,780
President Fellows of Harvard	Nutrition Crisp		\$16,916
Rhode Island Hospital	Client Centered Counseling During Routine/Opt-out HIV-Testing in Uganda		\$1,403
Cardiff Metropolitan	Malaria Project		\$10,806
JHU-Bill Mellinda Gates Grant	CAS Project		\$1,900
Stellobosch University	Peri Peri Project		\$103,870
NorthWestern University	Students Study Abroad Program		\$19,213
UNICEF	Food Security and Nutrition Assessment Program		\$94,442
World Health Organisation	Centre for Systematic Reviews		\$39,275

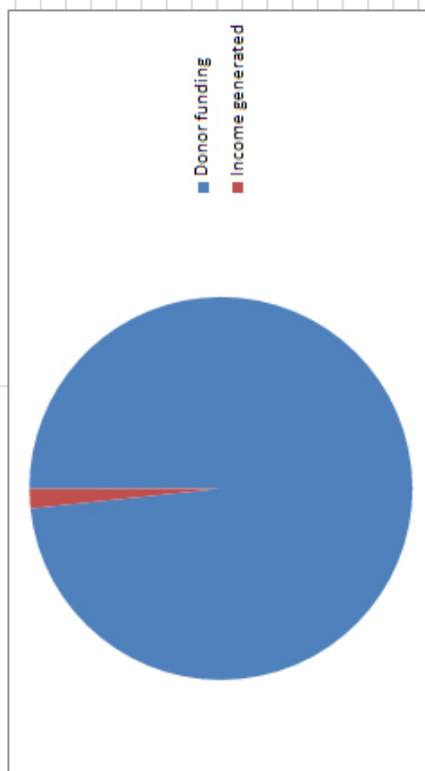
**MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH
REVENUE FOR 12 MONTHS: JULY 2011 TO JUNE 2012 (YEAR 2011-2012)**

Source of funds	Name of Project	Received in Financial year 2010/2011 (Jul 10 to Jun 11)
SAIDE	Health Alliance Meeting	\$6,500
EDCTP	TB STUDY	\$19,441
USAID	Health Systems Assessment in Ethiopia	\$65,943
Abt Associates Inc	Health Systems Assessment in Uganda	\$37,379
PREFEA	Protecting Families	\$12,278
IDRC	Task Shifting Strategy	\$9,497
Uganda Bureau of Statistics	UDHSS Quality Assurance Project	\$20,398
UNICEF	Nutrition Repository	\$55,289
JHU	Students' Intersection	\$25,188
Ministry of Health	GT Round 7	\$2,232
Comic Relief	Manifest	\$302,092
Water Aid	Water Quality Testing and GPS mapping of Water sources	\$8,431
European Union	Perform	\$122,603
European Union	Aparet	\$21,214
EDCTP	SF Fellowship HIV Vaccines - Fishing Communities in Entebbe, Uganda	\$137,063
Tromp & Straatsma	CTU Curriculum Development funds	\$5,000
Institute of Tropical Medicine	Antwerp Collaboration Program	\$270,242
Save The Children	Saving Newborn Lives	\$339,111
USAID/EA		\$2,661,145
Elizabeth Glaser Pediatrics AIDS Foundation		\$435,925
Fania 2		
Africa 2010	Support to regional Center for Quality Health	\$40,579
Heilen Keller	Care activities	\$15,581
World Health Organisation		\$32,700
European Union		\$4,149
Save The Children		\$4,074
World Health Organisation	CTCA - Center for Tobacco Control in Africa	\$1,573,000
Centers for Disease Control	The HIV/AIDS Fellowship Program	\$3,663,161
Centers for Disease Control	Surveillance Project	\$140,000
University of Tulane	Strengthening Dis resilience Leadership (SDRL)	\$185,500
CDC	META - Monitoring Evaluation Technical Assistance	\$491,760
USAID / RESPOND	OHCEA - One Health Central & Eastern Africa	\$317,551
	Total Donor Funding all exchanged to US Dollars	13,292,785
Total		13,292,785

NB: The Euros have been converted to US dollar at a rate of 1.25 and Local to US Dollars at a rate of 2,450=
Rate of exchange from Pounds to Dollar is 1.5 & 0.9 for Canadian Dollars.

MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH
REVENUE FOR 12 MONTHS: JULY 2011 TO JUNE 2012 (YEAR 2011-2012)

	Local amount (Ug. Shs.)	Us Dollar Equivalent
B. INCOME GENERATED		
Tuition		\$102,595
Vehicle Hire		\$36,538
Shortcourses		\$32,250
Training fees (PHCE & NDEC)		19,200
Photocopying Income		3,388
IRB FEES		31,597
TOTAL INCOME GENERATED		\$225,568
Donor funding	\$13,292,785	
Income generated	\$225,568	
Total Income	\$13,518,353	



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