

Makerere University School of Public Health

Annual Report
2012 - 2013



The Vision:

"To be a centre of excellence providing leadership in Public Health"

The Mission:

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

Values:

- Integrity;
- Openness; and,
- Team Spirit.



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Dean's Over view



Dear Reader,

I am delighted to, once again, share with you this documentation of our achievements at the School of Public Health (MakSPH). The School of Public Health prides itself in being a leader in the field of public health research and training, in the East and Central African region. The year 2012-2013 has been very productive and eventful at the School of Public Health.

In academics and training, we have registered increased enrollment and improved performance for our undergraduate students. On the postgraduate front, we have seen the establishment of new programmes; the Master of Public Health Disaster Management received the much-anticipated nod of approval from the relevant bodies. While two existing programmes; Master of Public Health and Master of Health Services Research also had their curricula reviewed. Our CDC-funded HIV/AIDS Fellowship programme has continued to grow stronger, attracting more fellows and institutions interested in the fellows. Alumni of the programme have become trend-setters in HIV programming and innovation.

Our research and innovation portfolio has continued to grow bigger and more diverse in terms of areas of focus. We have grown firmer in our quest for innovations for resilience, worker we are doing through the USAID-funded ResilientAfrica Network (RAN). We have also delved even deeper into familiar areas like maternal and newborn health and survival, childhood nutrition, cholera, TB, HIV/AIDS, mental health, knowledge translation and health systems. This year, has also witnessed several initiatives; internal and external, to build and strengthen the capacity of our staff for research. Over 60 publications in peer-reviewed journals have been produced as a result of all the work that has been done in this area.

For this, I would like to thank our staff and partners, who have put in time, funds and intellectual resources to see this happen!

We have continued to provide service to various communities in and outside Uganda. Working with partners and collaborators, a lot of work has been done in water, sanitation and hygiene; building the capacity of government institutions to deliver on their tobacco control agenda; re-invigorating public debate on the matter of strengthening control and prevention of HIV, focusing national and international attention on family planning (and reproductive health, broadly).

I would like to point out that what this report covers are simply the highlights of what has been done and achieved. A lot more can be accessed on our website <http://musph.mak.ac.ug/> and our different project websites.

I would like to thank all staff for working hard to keep the banner high; you make us proud.

All this would not have been possible without the financial support of our funders and the technical and moral input of our collaborators. On behalf of all staff at MakSPH, I take the opportunity to thank all national and international institutions for giving us the support to do this work. Thanks go to the communities where we have worked, for agreeing to work with us.

I thank you all and I hope you enjoy reading this report.

Dr. William Bazeyo

Dean, Makerere University School of Public Health

ACASI	Audio Computer Assisted Self-Interview
AIC	AIDS Information Centre
AIS	AIDS Indicator Survey
AMP	Agence de Medicine Preventive
BEHS	Bachelor of Environmental Health Sciences
CCMHS	Comprehensive Community-based Mental Health Services
CDC	(US) Centres for Disease Control and Prevention
CoRPS	Community Resource Persons
CSIS	Centre for Strategic and International Studies
CTCA	Centre for Tobacco Control in Africa
DHO	District Health Officer
DHS	Demographic Health Survey
DOT	Directly Observed Therapy
DRC	Democratic Republic of Congo
DRLA	Disaster Resilience Leadership Academy
FHEDC	Family Health Research and Development Centre
FHI	Family Health International
FHWS	Family Health and Wealth Study
FP	Family Planning
FSWs	Female Sex Workers
GHPHSR	Global Health Policy and Health Systems Research
HESN	Higher Education Solutions Network
HFS	Health Facilities Survey
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HMIS	Health Management Information Systems
HPS	Health Professionals' Survey
ICCM	Integrated Community Case Management
KCCA	Kampala Capital City Authority
KTNET (Africa)	Knowledge Translation Network Africa
M & E	Monitoring and Evaluation
MakSPH	Makerere University School of Public Health
MANIFEST	Maternal and Neonatal Implementation for Equitable Systems
MARPS	Most at Risk Populations
MDM	Master of Public Health Disaster Management
MDR-TB	Multi-Drug Resistant Tuberculosis

List of Acronyms & Abbreviations

META	Monitoring and Evaluation technical Assistance
mhBeF	mental Health Beyond Facilities
mhGAP	Mental Health Global Action Programme
MHSR	Master of Health Services Research
MoH	Ministry of Health
MOOC	Massive open online courses
MPH	Master of Public Health
MPHN	Master of Public Health Nutrition
MSH	Management Sciences for Health
MSM	Men having Sex with Men
MUEHSA	Makerere University Environmental Health Students Association
NFPGM	National Family Planning Golden Moment
NTLP	National TB and Leprosy Programme
ORS	Oral Rehydration Salts
PGD	Postgraduate Diploma
PLACE	Priorities for Local AIDS Control Efforts
PMS	Prospective Morbidity Survey
PMTC	Prevention of Mother to Child Transmission
PWSMD	Persons With Severe Mental Disorders
RAN	ResilientAfrica Network
RDS	Respondent Driven Sampling
RI Labs	Resilience Innovation Labs
STD/ACP	Sexually Transmitted Diseases/AIDS Control Programme
STIs	Sexually Transmitted Infections
TASO	The AIDS Support Organisation
TB	Tuberculosis
TPO	Transcultural Psychosocial Organisation
TRIAD	Trauma, Injury and Disability
USA	United States of America
USAID	United States Agency for International Development
WASH	water, Sanitation and Hygiene
WHO	World Health Organisation
WOTRO	Netherlands Organisation for Scientific Research

Teaching and Learning

In an effort to grow bigger, the School has continued to innovate in the area of academics. New programmes have been introduced, old ones reviewed to ensure relevancy, while new tracks have also been introduced. In line with its role of building the capacity of players in the health sector, the School has also designed short courses addressing the skills and knowledge needs of implementers.

Academic Registrar's Department

Student enrolment at MakSPH

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	14	9	7	7	15	11	17	12	2	6	9	10	16	135
M	24	25	27	9	12	27	33	16	3	4	7	4	16	207
Total	38	34	34	16	27	38	50	28	5	10	16	14	32	342

Academic Performance

The undergraduate students have maintained their excellent academic performance. 99.9% of those admitted in 2010/2011 academic year will graduate during the 64th graduation ceremony. Two of these are on the Vice Chancellor's list. These included Ms. Rebecca Nuwematsiko and Mr. Woodford Wilson Arop.

Equally the School registered a high number of 58 Postgraduate students who will graduate during the 64th graduation ceremony due in January 2014.

Department of Community Health and Behavioural Sciences

Makerere University Council Approves the Masters of Public Health Disaster Management

A new academic programme "**Master of Public Health Disaster Management**" (MDM) was approved by University Council and is now being

reviewed by the Uganda National Council for Higher Education. The purpose of the programme is to develop adequate capacity for effective public health disaster management and risk reduction in Uganda and Africa. The MDM training programme aims at filling the human resources gap by producing emergency health managers with skills in working at the different levels of the health system and with stakeholders including national ministries of disaster management, humanitarian agencies/organisations, including the United Nations and non-governmental organisations. The programme targets individuals who hold a bachelors degree in either health, biological or social sciences and at least two years' relevant field experience. The programme will commence next academic year 2014/2015.

New Qualitative Research Methods Course Implemented

The Department of Community Health and Behavioural Sciences developed and started implementation of a qualitative course, 'Advanced



Advance Qualitative Research Methods for Health Scientists participants

Qualitative Research Methods for Health Sciences; the first one to be offered in the East African Region. This is a 3.3 credit equivalent PhD course. The annual course was first offered in March 2013 with participants coming from as far as South Africa. The course runs for 2 weeks and is highly participatory with field work embedded to enhance learners' skills. The course is in response to increasing demand for qualitative research and analytical skills at various places of work, including among post-graduate students and researchers. The aim of this course is to improve the quality of health research by equipping researchers with advanced qualitative research theories and skills.

New short course on public health nutrition

The Department of Community Health and Behavioural Sciences developed a short course entitled "Public Health Nutrition Practice and Management in low-income countries". The first course was run in June 2013 and will continue to be offered annually. The course was aimed at mid-level personnel to improve awareness and knowledge on public health nutrition. The country is currently implementing the Uganda Nutrition Action Plan (UNAP) which creates a need for nutrition knowledge from a wide range of sectors across the country. Although the nutrition short course aims to build local capacity, the first course attracted international participants.



Some participants of the first short course on Public Health Nutrition Practice and Management in low-income countries

Department of Epidemiology and Biostatistics

The Masters in Health Services Research Programme Curricula Reviewed

In its fourth year of implementation (2012), the Masters in Health Services Research Programme curricula was reviewed in light of the experiences from stakeholders such as faculty, students, MoH employers, alumni, donors, among others. This MHSR curricula review was meant to; determine whether the curricula is current and relevant with respect to providing students with entry-level skills for the workforce; examine the current scope of practice and competences of the profession in question and then reflect on the curricula to determine whether these competencies are being taught; give both internal and external feedback regarding the relevance and organization of the programme curricula; provide verifiable evidence for significant change within the programme when change is appropriate; and establish frugal and equitable ways of using resources during the delivery of the programme.

Some of the revisions that came from the rapid assessment included: merging Introduction to HSR course (HSR7101) and Ethical Conduct of Research on Human Subjects course (HSR7301); the Social and Behavioural Determinants of Health course (MPH7204) was dropped; Cost-effective Analysis in Health Care (HSR8101) and Monitoring and Evaluation of Health

Programmes courses (HSR7204) were moved to year one semester two; field attachments were added to the programme and placed in the recess term.

As a result, for the first time, students on the programme undertook a field practicum during their recess term. This MHSR field attachment, in which all Students were attached to organisations involved in Health Services Research-related work, lasted eight (8) weeks.

The main purpose of this course is to give the students an opportunity to put to practice what is learnt in class by having a hands-on work place or community experience. .

Manuscript writing workshop for Family Health Research and Development Centre Grant awardees and Mentors

October 2012, a one-week data analysis and manuscript writing workshop was conducted for both FHRDC grant awardees and their mentors. This was run by Dr. Juliet Sekandi. Other mentors that participated include; Prof J.C. Lule (Obs/Gyn) Dr Jolly Beyeza (Obs/Gyn), Dr Noah Kiwanuka (MakSPH), Dr Lynn Atuyambe (MakSPH), Dr Elizabeth Nabiwemba (MakSPH) and Dr. Nazarius Mbona Tumwesigye (MakSPH).



Left: Dr Juliet Sekandi (FHRDC workshop lead person) the awardees and other mentors.

By the end of the workshop, every student had their first draft manuscript ready for review. Also every student had their abstract ready for a conference presentation. Four of the seven students' abstracts were accepted for presentation in different

international conferences. The manuscripts have been submitted to different journals for publication.

By the end of December 2012, five out of seven awardees had already submitted their manuscripts in different peer-reviewed journals for publications. Mr. Omar Kigenyi's manuscript has been published in the Journal of BMC Pregnancy and Child Birth.

Department of Disease Control and Environmental Health

The MakSPH-CDC HIV/AIDS Fellowship Programme Expands Coverage to District teams

March 2013, eight Fellows who were enrolled in May 2011 completed their 2-year Fellowship and presented their final reports at a dissemination workshop held at Golf Course Hotel in Kampala. On this occasion, Ms. Susan Babirye-Kayongo, a Fellow attached to Family Health International (FHI)360, received the Matthew Lukwiya Award for her outstanding performance, commitment and dedication to the Fellowship programme and host institution objectives.



Ms. Susan Babirye-Kayongo (the Matthew Lukwiya Award winner) receiving her Award from Prof Mondo Kagonyera, Chancellor, Makerere University

Dr. Florence Baingana of MakSPH was recognized for her outstanding academic mentorship, while Family health international 360 (FHI360) was recognized for its outstanding host mentorship. On the same occasion, the Deputy Inspector General of Government Mr George Bamugemereire gave a motivational talk **"Career growth, building a personal brand and staying on top"** to the graduating Fellows, program staff and invited guests.

The Chancellor, Makerere University Prof. George Mondo Kagonyera was the Guest of Honour and presented the awards. In his speech, he hailed the late Dr. Matthew Lukwiya as an extra-ordinary doctor, who sacrificed his life to save the lives of others. He therefore implored the graduating fellows to emulate Late Lukwiya and serve selflessly for the benefit of mankind.



Mr. George Nathan Bamugemereire, Deputy IGG, (who delivered a motivational talk) chatting with Ms Susan Mawemuko, Grants and Administration Manager, MakSPH-CDC Fellowship Programme as Prof David Serwadda (in brown jacket) engages in a conversation with Assoc. Prof William Bazeyo, Dean, MakSPH

In February 2013, thirteen Fellows were enrolled into the long-term Fellowship Program. Of these, three were enrolled for health informatics (a new track initiated in 2013). Fellows are currently enrolled in Mildmay Uganda, National TB and Leprosy Program, Ministry of Health Resource Center; STD/ACP, Ministry of Health; Central Public Health Libraries, Jinja District Local Government, Reach Out Mbuya Parish HIV/AIDS Initiative, Baylor Uganda, AIDS Information Center, Uganda Health Marketing Group; Department of Health Policy, Planning and Management at Makerere University School of Public Health; Center for Health, Human Rights and Development; and TASO. Five of the institutions are public-sector institutions, representing 38.5% of all institutions.



Fellows engaged in a group discussion while attending classes at MakSPH

Medium-term Fellowships:

During this period, 45 Fellows were enrolled on the medium term fellowship and they will complete their fellowships at the end of September 2013. The 45 Fellows were enrolled from 29 institutions (69% of which were district local governments or other public health sector entities). Fellows' projects range from improving Health Management Information System reporting, improving monitoring and evaluation systems, enhancing data use for effective decision-making, and reducing the time it takes patients to receive health services, among others.

The 8-month fellowship is to build institutional capacity for programme leadership and management of health programmes through training individuals.



Medium-term Fellows (2012/13) attending sessions at MakSPH

Five offsite short courses were conducted between August 2012 and July 2013, reaching up to 86 individuals during this period. Of the five courses conducted, three targeted district local governments (Namutumba, Amolatar and Moyo) and were aimed at supporting teams working with Medium-term Fellows with basic knowledge and skills in Monitoring and Evaluation.

To date, the MakSPH-CDC Fellowship Programme has trained 98 long-term Fellows, including 13 Fellows who were enrolled in February 2013. During the reporting period, eight Fellows who were enrolled in May 2011 completed their 2-year Fellowship and presented their final reports at a dissemination workshop held at Golf Course Hotel in Kampala on March 22nd, 2013.

Department of Health Policy, Planning and Management

Master of Public Health Curriculum Review

The Master of Public Health Curriculum underwent a curriculum review. A new track Trauma, injury and

disability (TRIAD) was introduced to address the current burdens of both trauma and injuries, and of related disabilities which are recognized as one of the key priorities for the health sector.

Africa has one of the highest burdens of both trauma and injuries, and of related disabilities. Uganda has one of the highest burdens within Africa and this has been recognized by the government as one of the key priorities for the health sector. Most importantly, in Uganda as well as the region, the chronic consequences of trauma, injuries and disabilities are a neglected public health and development issue.

Two critical gaps in addressing the lifelong consequences of trauma, injuries and disabilities in Uganda are the limited trained human resources and the lack of data. There are few training programmes in the science of trauma and injury prevention, disability assessment, quality of life estimations, and the lifelong social and economic impact in Uganda.

The “*Trauma, Injuries, and Disability*” (TRIAD) track is implemented with initial support from the 2012-2017 *Johns Hopkins University-Makerere University Chronic Consequences of Trauma, Injuries and Disability in Uganda* (JHU-MU Chronic-TRIAD) programme.

The goal of this long-term training programme is to develop a nucleus of experts at Makerere University, who can provide ongoing leadership for an interdisciplinary research programme on the chronic consequences of trauma, injury and disability.

The expected impact of the Chronic TRIAD track is that it will transform the chronic disease research and training landscape in East Africa and address a major gap in chronic disorders by focusing on the chronic consequences of trauma, injuries, and disability, a leading health burden in Uganda.

In the first year of its implementation, the TRIAD track attracted three fellows;

- **Joseph Magoola** who has a Bachelor of Environmental Health Sciences degree of Makerere University
- **Rukia Namaganda** who holds Bachelor of Environmental Health Sciences degree of Makerere University.
- **Ntaate Livingstone** qualified in social work and social administration, as well as in Environmental Health Science

Office of the Dean

Building Capacity for Monitoring and Evaluation for Improved Performance and Accountability in HIV/AIDS Programming in Uganda: META Project

This period, META has provided technical support to fifty-three CDC-supported districts in Uganda. Prior to this, META support to the districts was channeled through CDC's Implementing Partners (IPs) operating in the respective districts. The change is in line with the CDC efforts to enhance district – led programming in a bid to promote country ownership of strengthening of its health systems. Specific areas of intervention in building M&E systems included:

Capacity building: To build M & E capacity in the districts, META conducted trainings, mentorships and coaching of district personnel. META provided M&E 101 (Introductory course to M&E) training to over 40 CDC-supported districts. These trainings were also used as an opportunity to perform structured assessments of the M&E capacity of districts; providing opportunity to identify critical M&E gaps and needs of the districts. These assessments identified issues such as lack of skills in M&E, inadequate M&E planning, limited infrastructure, human resource shortages, and poor data quality.



A META stafftakes participants through a hands-on training

Alignment of reporting systems to enhance coordinated results; In collaboration with MoH, META actively participated in streamlining reporting systems. META supported the training of health workers in the use of national reporting tools. This took into account the information needs of all stakeholders. In addition, META trained health workers in the use of the District Health Information System (DHIS). The flow of data from the data entry points to the national level was reviewed. Use of the data generated from the DHIS was emphasized. As a result of this support, all CDC supported districts are currently using the same tools for reporting and data flow has improved a great deal.



District staff practice using the data bases for entry and analysis of data.

In line with the goal of “Virtual Elimination of Mother to Child Transmission of HIV” META was mandated to support weekly monitoring of PMTCT Option B+ indicators. META’s support this year has included follow-up with CDC to identify partners and sites with incomplete reporting and providing a weekly report on data completeness and key indicators of the progress of the program. Around 200 facilities are now reporting on a weekly basis with gradual improvement in the quality of the data reported.

META supported the MOH Resource Center to improve the HMIS by providing funds to procure electronic equipment; the review of HMIS, and providing technical support for management and troubleshooting of the electronic systems. **Centre of Excellence in M&E:** In line with the objective of contributing to the building of a centre of excellence at MakSPH, META advocated for the enrolment of district staff in the MakSPH Fellowship Programme for the M&E medium term training. This year about half of the trainees originated from District Health offices.

META is a 5-year cooperative agreement (2009-2014) between CDC-Uganda and the University of California, San Francisco. Makerere University School of Public Health (MakSPH) is the primary subcontractor and in-country collaborator. MakSPH – META project works in close collaboration with the Ministry of Health (MOH) of Uganda to support monitoring and evaluation activities at national and sub-national levels. The major aim of the project is to equip district staff involved in the fight of HIV with the knowledge and skills necessary to effectively collect, manage, analyze, report and make use of data to inform subsequent programme implementation, reforms and improvement. Since its founding in 2009 the META project has focused on advocacy for M&E, supporting alignment of HIV data reporting systems in programs to national requirements, training and mentorship in Monitoring and Evaluation for personnel from HIV/AIDS implementing partners and districts.

OHCEA Strengthens Capacity for One Health through multi-disciplinary field attachment, Faculty exchange and e-learning

One Health Central and Eastern Africa (OHCEA) <http://ohcea.org/> was established in October 2010 as a network of seven public health and seven veterinary Higher Education Institutions in the Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, Tanzania and Uganda. In 2011, support was received from USAID Emerging Pandemic Threats Programme. The network drives transformational change for continuous improvement of health and well-being of humans, animals, and ecosystems through multi-disciplinary research, training, and community service. OHCEA’s vision is to become a global leader in the promotion of One Health approaches within the region.

Significant achievements in this reporting period include;

Strengthening e-Learning and Communication

Makerere University School of Public Health (MakSPH) received video conferencing equipment to facilitate communication and training. This equipment is available for use by MakSPH and other institutions to promote sharing of information and learning.

To further strengthen e-learning, OHCEA partners from Tufts University in collaboration with Makerere University faculty from MakSPH and College of Veterinary Medicine, Animal Resources and Biosecurity (COVAB) conducted training on Makerere University Science Knowledge (MUSK) base. This training benefited 50 participants that included faculty, technicians and postgraduate students. As a result of this training, participants were able to inculcate technology in their teaching through MUSK.

Multi-disciplinary Field Based Attachments

One of the compelling products of the university networks has been the multi-disciplinary student field attachments. Field attachments are a direct result of curriculum embedded with One Health core competencies and the use of experiential learning and field based training. These student field attachments have offered students from the Schools of Public Health (9), Department of Nursing (16) and COVAB (25), the chance to work collaboratively to address complex health problems in their local communities. During the attachments, students work directly at the animal-human-environmental interface and focus on building capacity and meeting the long term needs of the communities they work in. This model is effective

in equipping the future One Health workforce with the collaborative skills needed to deal with current and future health challenges like ebola, marburg and rabies outbreaks among others, which are scenarios, that one sector can not handle on its own.



Students on a field attachment assignment

Holding the Uganda One Health Policy Workshop

A 3 day workshop was held at COVAB and attended by more than 40 health professionals (Public Health and Veterinary Medicine) and graduate students from Nursing, Public Health, Veterinary Medicine,

Wildlife and Social Sciences. It was meant to explore One Health policy and legislation at national level.

OHCEA-FAO (Food and Agriculture Organisation) Collaboration

OHCEA collaborated with FAO by offering technical and logistical support. Dr. Juliet Kiguli who participated in the development of training materials such as One Health case studies that are contextually relevant for the East African region and focused group discussion themes used in the workshop.

Faculty Exchange

Florence Tushemereirwe (MakSPH) and Tom Ngabirano (SDepartment of Nursing) participated in a Faculty exchange visit with University of Minnesota (UMN) while Dr. John Ssempebwa attended a faculty exchange at Tufts University. At Tufts University the participants participated in the Center of Enhancement of Learning and Teaching (CELT), and Tufts Environmental Literacy Institute (TELI). The goal was to increase the exposure and knowledge of participants to enable them effectively engage with the issues that would shape the new generation they teach. Participants at UMN shared and developed models of One Health training and education for OHCEA, where they participated in and co-delivered courses.

Research and innovations

Research defines the existence of MakSPH; being one of the three mandate pillars of the University. Research at MakSPH is in many areas including health systems, health service management, Non Communicable Diseases, community health, maternal and newborn care, nutrition, epidemiology, diseases control and behavioural sciences.

Seminar Series Gain more Popularity as a Research-Sharing Platform

One of the key platforms at the School of Public Health where staff share research and innovations, going on and upcoming, is the seminar series. Here, students, senior and junior faculty, prospective and completing PhD students, as well as stakeholders and partners from line organisations, interact in their area of interest. Below, is a table summarizing the topics/areas that were covered in the seminar series, in the period under review:

Topic	Presenter/ Dep't	Nos.
Family Planning Golden Moment launch in Uganda	Raymond Tweheyo and Christine Muhumuza	43
PhD Concept: Cost and economic burden of absenteeism among health care workers to a rural health care system in Uganda	Raymond Tweheyo	35
Findings from the MakSPH Health Systems Research Capacity Assessment	Aggrey Mukose/ Moses Tetui	28
Studying complex health system interventions: The theory and application of mixed methods case study approaches	Freddie Ssengooba	50
PhD Pre-defense: Comparative cost - effectiveness of treating malaria using three methods of diagnosis	Vincent K. Batwala	26
Chronic consequences of Trauma & Injuries - the changing face of public health	Olive Kobusingye	
Human resources for healthy, production, retention and governance	Panel Discussion: MOH, MakSPH Staff	>50
Effect of Integrating Nutrition Assessment, Counseling and Support (NACS) Strategy on the Quality of PMTCT Program in Uganda. I will keep in touch in case of any updates.	Namukose Samalie	18
Strategies to optimize parasite based Malaria diagnosis and treatment at PHC facilities in Uganda	Daniel Kyabayinze	17
Transiting from project aid to sustainable programs: Factors fostering the sustainability of antiretroviral therapy (ART) programs in Uganda	Henry Zakumumpa	19
Missed Opportunities: Prevention of mother to child transmission in Uganda	Elin Larson	35
Building a Resilient Africa	William Bazeyo K.	>50
Trends of HIV Prevalence and Incidence in Rakai District	David Serwadda	48

Pre –defense: Randomized controlled trial of a rapid diagnosis test in home-based management of endemic malaria in Bugiri district, Uganda	Michael Oryema Lalobo	25
PhD Concept: Quality Improvement Collaboratives to Improve Maternal Newborn Health at Community Level in rural Eastern Uganda; functionality, effect and cost.	Okuga Monica	21
Health Financing for Universal Health Coverage in Uganda: Past, Present, Future	Panelists: 1. Francis Runumi, Commissioner Health Service Planning MoH. 2. Peter Okwero, Health Advisor World Bank Uganda Country Office 3. Sam Orach, Executive Director Uganda Catholic Medical Bureau 4. Alfred Driwale, District Health Officer, Koboko 5. Peter Ogwang Ogwai, Senior Programme Officer Royal Danish Embassy Kampala	>50
Improving Access to Maternal Health Services in Eastern Uganda: Changing Incentives through Voucher Schemes	Elizabeth Ekirapa	19
“Randomization in Trials – I – The Why & methods”	Fredrick Makumbi	47
The relationship between Socio-Political interactions and health outcomes in 2 refugee hosting areas of Uganda	Joshua Rasplia Rodd	15
Upcoming Alcohol and Drug use Epidemiology Conference in Uganda: What is the Role of MakSPH and MakCHS?	Nazarius Tumwesigye	15
Newborn Referral: Practices, Compliance & Determinants in Eastern Uganda	Christine Nalwadda	20
Gender based violence among commercial sex workers in Kampala	The Crane Survey Team	15
Access to Medicines: what can we learn from experiences in Uganda?	Research Fellows in Health Systems Management	54
PhD Trial Defense: Challenges in Implementing Tuberculosis Infection Control measures in Health Facilities, Uganda	Esther Buregyeya	31
PhD Trial Defense: Childhood Immunisations in Kampala, Uganda: Timeliness, Supportive Structures and Health System Factors	Juliet N. Babirye	
Grants Management at MakSPH; Roles and Responsibilities of the Grants Committee	David Serwadda	>50
PhD Pre-Defense: Water, Sanitation and Hygiene in to, perceptions and HIV/AIDs affected and Non-affected Households: Access to Perceptions and Determinants of Willingness to pay in Uganda	Richard Mugambe	32
The role of surgery in Public Health	Doruk Ozgediz, Associate Prof of Surgery, Yale University, and Advisory Board Member for Global Partners in Anesthesia & Surgery, USA.	26
Alcohol and Violence in Uganda	Nazarius Tumwesigye	23
PhD Concept: Analysis of the circulation vibrio cholera organisms in humans and major water bodies in Uganda	Bwire Godfrey	19

Makerere University School - John Hopkins University Students Presentation		
Epidemiology of Multi-Drug Resistant Tuberculosis and Bovine Tuberculosis among Pulmonary Tuberculosis patients in a post conflict Acholi sub-region, northern Uganda	Obol James Henry	15
PhD Concept: Bone Mineral Density Study among Long term Current Users of Injectable Contraceptive Depot-Medroxyprogesterone Acetate at the Mulago Family Planning Clinic, Uganda	Flavia Matovu Kiweewa	19
Iganga-Mayuge Health & Demographic Surveillance Site – Your Platform for Community-based Research.	David Guwatudde	30
Excelling in safe motherhood: Maternal health care in Rwanda viewed from a political lens.	Fredrick Goloba- Mutebi	26
Psychiatric epidemiology and its relationship with public health care; the U.S. experience.	Richard T. Pulice, Ph.D., MPH, CPH Professor of Social Work Coordinator of Public Health, Director Institute for Community Research and Training The College of Saint Rose, Albany New York, USA.	49
Burns: a family tragedy and national disaster	Robert Ssentongo	41
How you as a scientist can write your article or opinion in leading News Papers	Paul Busharizi, Contributing Editor, The New Vision Catherine Mwesigwa Kizza, Features Editor, New Vision	37
Mobilizing Healthy communities: co-learning from each other	Linda Gibson, PhD - Nottingham Trent University, UK	30
Application of GIS in Public Health: Spatial Vulnerability Assessment to Malaria: The Socio Economic Dimension in Uganda	Anthony Gidudu / Mazimwe Allan Department of Geomatics and land management, Makerere University	18
Patient satisfaction: How patients integrate their hospital care attribute reactions to arrive at their overall satisfaction	Koichiro Otani, University of Georgia	
The geography of community-based sexual networks and HIV transmission in Rakai district	Kate Grabowski Ph.D John Hopkins School of Public Health/ Rakai Health Science Program	
The Uganda Public Health Fellowship Program: aims and implementation approach	Rhoda Wanyenze, Program Director	
Universal Health Coverage, is it achievable for Uganda?	Patrick Kadama	
Pre-defense: Type 2 Diabetes in Rural Uganda: Prevalence, risk factors, perceptions and implications for the health system	Roy William Mayega	
PhD Concept: Implementing ICCM in private drug shops: Impact on socio-economic related behaviours, costs and financial burden on care-seeking households in rural Uganda	Mayora Chrispus	
Evaluation of strategies for improving uptake of SMC services among men aged 25 to 40 years in Uganda	Barbara Nanteza Marjorie	

Department of Community Health and Behavioural Sciences

Evaluation of 'Saving Mothers Giving Life' Intervention

The Department of Community Health and Behavioural Sciences finalized the "Saving Mothers Giving Life" External Evaluation. This was a one year project starting October 2012 and funded by Merck and Co Inc. thru: Columbia University, New York, USA. The objectives were: 1) to assess the reach of the SMGL intervention among the target population of women and health workers in the four target districts, and, 2) to identify best practices, bottlenecks, and barriers to success and make recommendations for sustainability and scale-up in Uganda.



Incidence of Abortions study participants during training

Study on Incidence of unsafe abortion in Uganda

This study started in this reporting period and is being conducted with funding from the Guttmacher Institute New York-USA. The key objectives are: to determine the current incidence of induced abortion in Uganda and the extent to which incidence and abortion rates have changed in a period of ten years, and to estimate, for the first time, abortion rates by age groups. It has three components to it, i.e. the Health Facilities Survey (HFS), the Health Professionals' Survey (HPS), and the Prospective Morbidity Survey (PMS).

Integrated Model for Eliminating Childhood Malnutrition Project

This Grand Challenges Canada-funded nutrition project aims to implement an "integrated model for eliminating childhood malnutrition in rural Eastern Uganda." This project will address the malnutrition challenge among pregnant and lactating mothers and children below 2 years; using an intervention package, which includes a food product developed from locally available food.



Ms. Tushemerirwe (the Project PI) at the initial visit consultation meeting at the project site

African Cholera Surveillance Network (Africhol) Project

In May 2013 Makerere University School of Public Health and Agence de Médecine Préventive (AMP) signed a collaborative agreement to implement the Africhol project for a period of 2 years. The key partners in the project implementation are MakSPH, Agence de Médecine Préventive (AMP) and the Ministry of Health (MoH) Uganda.

The objective of the collaboration - Africhol project - is to plan, oversee, and implement surveillance activities and support a sustainable multi-site cholera surveillance network. The project will be implemented in 5 districts in Eastern Uganda including Busia, Manafwa, Mbale, Butaleja, Tororo; while in Western region the study will be conducted in Kasese district.

The main project activities include – epidemiological surveillance of cholera, which will include laboratory diagnosis and identification of cholera in the local and central laboratory respectively, and reporting.

The project is funded through AMP France. The project will be implemented for a period of two years from May 2013 till April 2015.



AMP/Africhol Team pose for a group photo with the Uganda Africhol Team

The Nutrition Surveillance Project

The School of Public Health has continued to play a central role in supporting partners with nutrition surveillance activities. During the year MakSPH conducted two rounds of Food Security and Nutrition surveys in all the seven districts Karamoja. In addition similar survey were conducted in Kabale, Kanungu, Ibanda, Nebbi, Kasese, Masindi, Kiryandongo and Pader districts. Findings of these surveys have been useful for monitoring and planning purposes by the Ministry of Health and partners. All the survey reports are available at the nutrition research repository web page hosted by MakSPH.

Building the Capacity of staff for Research

Mr. Simon Peter Kibira Sebina was one of the 15 University faculty selected from Africa to participate in the 2013 Fellows Programme of MEASURE DHS. The primary purpose of the DHS Fellows Programme is to develop in-country capacity for the further analysis of DHS data. Simon worked with 2 other faculty; Associate Prof. Nazarius Mbona of the Department of Epidemiology and Biostatistics and Ms. Elizabeth Nansubuga of School of Statistics and Planning, College of Business and Management Sciences, as a team on a research paper about Male Circumcision, Sexual Behavior and HIV using DHS (AIS) data. This

paper was disseminated as a DHS working paper by MEASURE DHS programme while manuscripts are also being prepared by the team for further dissemination. As part of the fellowship, the team is also building capacity on broader use of DHS data in Makerere University by especially students and other faculty. The fellowship term started on April 1, 2013.



Simon Peter Kibira presenting a draft paper at the 2013 DHS fellows Workshop in Nairobi



The Uganda DHS Fellows at training in Nairobi together with the team of facilitators from ICF international Inc,

Department of Epidemiology and Biostatistics

Family Health Research and Development Centre Formally Launched

The Family Health Research and Development Centre (FHRDC) was launched on the 14th September 2012, at MakSPH Kasangati campus and was presided over by the Vice Chancellor of Makerere University, Prof. John Ddumba -Ssentamu. The Vice Chancellor noted that the FHRDC was living up to the stated mandate

of the University by conducting research, teaching and learning as well as providing services to the community.



Professor John Ddumba Sentamu, the Makerere University Vice Chancellor launching the Family Health Research and Development Centre on the 14th of September 2012 as the Principal (MakCHS), Dean MakSPH and Members of Parliament (MPs), local community leaders and other dignitaries witness.

During the launch, the Mulago Hospital Family Planning Clinic and Marie Stopes worked with the FHRDC and provided free family planning and cervical cancer screening services to a total of 400 women.

The Family Health and Wealth study (FHWS) Dissemination

The Family Health and Wealth Study (FHWS) was carried out in seven administrative Villages of Kabojja, Nkokonjeru A, Nkokonjeru B, Masanda, Nabaziza, Wakimese and Kyengera Central in Kyengera Parish. Kyengera is a peri-urban community in Wakiso District located about 10km from Makerere University and Kampala City.

Family Health and Wealth Study was a couple (man and woman partner) longitudinal study to answer the relationship between size, wealth and health of the family. Selected couples answered a same-sex interviewer-administered questionnaire and anthropometric measurements were done to both man and woman with their children. After baseline data collection done in 2010, the follow-on was done from November 2011 to February 2012. A total of 285 couples and 46 half couples (man or woman) out of 500 couples at baseline were followed up.

Dissemination for this study took place at Spacious Hotel in Kyengera in April 2013, attended by Kyengera community leaders, Members of Parliament (MPs), officials from Uganda Ministry of

Health (MoH), Makerere University School of Public Health (MakSPH) FHRDC staff, Wakiso District officials and students from MakSPH. All these were engaged in a dissemination dialogue/discussion on; Family Planning, Maternal and Child Health and Sanitation and Hygiene.

Department of Disease Control and Environmental Health

TRACK TB Project to Increase TB Case Detection

TRACK TB Project is a five-year United States Agency for International Development (USAID)-funded project implemented by Management Sciences for Health (MSH) and its partners: AIDS Information Centre (AIC) Uganda; Makerere University School of Public Health (MakSPH); and University of California, San Francisco Curry International Tuberculosis Centre. The project goal is to increase TB case detection and treatment success rates in focus areas (Kampala Capital City Authority (KCCA), MDR-TB and in some districts).

Specific objectives of the project include;

- a) Strengthening the capacity of the National TB and Leprosy Programme (NTLP) to provide leadership for TB response and deliver quality and efficient TB services.
- b) Expanding urban DOTS, including community-based DOT in Kampala
- c) Scaling up programmatic management of MDR-TB.

The first year of the project ended and during this time a baseline survey was conducted.

The objectives for the baseline were;

1. To determine baseline values for all TRACK TB Project indicators outlined in the PMP
2. To identify gaps and opportunities for improving the current TB control interventions in the country with reference to DOTS, TB/HIV and MDR-TB
3. To assess organization and delivery of TB and TB/HIV services in health facilities in KCCA
4. To assess patient's perceptions and practices in seeking health care for TB in KCCA.

Findings from the baseline show that TB indicators

are below WHO targets with cure rate at 70%, less than 30% of patients with relapse or retreatment TB are done sputum culture, reported TB adherence is 91% (below optimum) and less than 10% of TB patients are supervised during their treatment. MDR-TB are still too few with poor follow up of patients and poor infection control. Lack of funding for NTLP was reported to hinder planning, coordination, monitoring and evaluation and implementation of the TB activities in the country.

Youth and Maternal Health in Rural Uganda: the Use of Photovoice Methodology

Future Health Systems (FHS) has implemented a number of research projects to understand how best to mobilize community resources for improved maternal health. One such research project uses 'photovoice' to involve local youth in identifying maternal and newborn health issues in the community and in ascertaining opportunities to engage in their improvement. This study was carried out in Bulwanyi Parish, Ssisa Sub-county, Wakiso district.

Photovoice is a visual research methodology through which people can represent and enhance their community by photographing their daily lives and those around them. It is a qualitative and participatory research method that aims to capture what occurs when researchers are not necessarily present.

The photos shown were selected to represent recurring themes (access, waiting times, teenage pregnancies, education) identified in the study regarding maternal and newborn health.

Access:

In order to reach health facilities to see health workers, pregnant women in the study villages must travel over 7 km. It takes both time and money to travel there, which limits the number of antenatal and postnatal visits pregnant women and new mothers tend to make. One of the most common ways for women to get to the health facilities is on



commercial motorcycles commonly known as *boda bodas*. In this picture, a mother takes her young child to a health centre for immunisation.

Waiting times:

Making it to the health facility does not ensure that pregnant women will be seen by a skilled health worker. Often, they must wait several hours for a consultation. Here, two pregnant women lay on the grass at the health centre waiting for health workers to arrive.



Teenage pregnancies:

Teenage pregnancy is associated with higher morbidity and mortality for both the mother and child. However, in Uganda the median age for a mother at first birth is 18.9 years. Pictured here is a pregnant teenager who is also carrying her first child.



Education:

There are also areas where education has been effective. Malaria is the leading cause of illness and death in the area, though insecticide-treated bed-nets have been found to be effective in preventing the spread of this disease. In this picture, an expectant woman sits on her bed, which has a mosquito net. From the study, it was established that youth have a significant role to play in improving maternal health. This included health education on several issues such



as family planning, antenatal care, avoiding early pregnancies, avoiding improper practices during pregnancy such as drinking alcohol and women engaging in income generating activities. It was also established that youth can do advocacy among concerned authorities on different issues such as, challenges women face in accessing maternal health services, taking services nearer to the community and improving the state of public health facilities. Youth also highlighted their potential role of involvement in community work including helping those in need, improving roads, clearing unnecessary bushes to prevent malaria and unblocking drainage of water sources.

The research Principal Investigator David Musoke noted that the research had several benefits to the participants such as becoming more knowledgeable and empowered on maternal health issues, being more responsible in society, carrying out advocacy work and participation in voluntary community activities.



Mr. David Musoke and Dr. Elizabeth Ekirapa-Kiracho during one of the monthly meetings to discuss photographs with the youth participants in Ssisa sub-county, Wakiso district

Enhanced HIV Surveillance for Most at Risk Populations

Funded by the US Centres for Disease Control and Prevention (CDC), the Enhanced Surveillance project aims at establishing strong surveillance systems for Most at Risk Populations (MARPs) in Uganda. Under this project, periodic surveys are conducted among selected high risk groups to provide reliable quality data for evidence-based HIV program improvement. Currently the project includes the Fishing Communities' Survey and the Crane Survey, which has been running for over seven years. The focus of the Fishing communities' Survey is to document prevalence of HIV, syphilis and schistosomiasis

initially in the Lake Kyoga region. The Crane Survey has been conducting surveys among selected groups including Female Sex Workers (FSWs), Men having Sex with Men (MSM), and Drug Users with the aim of identifying at risk groups and monitoring trends in HIV prevalence and other selected sexually transmitted infections (STIs), and HIV risk behaviours. The Crane Survey is implemented as collaboration between MakSPH, Centers for Disease Control and Prevention (CDC) and the AIDS Control Programme, Ministry of Health.

Crane Survey implements Respondent Driven Sampling (RDS), a peer referral sampling strategy for hidden populations, which include MARPs. The project heavily relies on the use of information technology to capture data: a customized RDS recruitment tracking system called Winmarp is used to register and monitor respondents; registration and future verification of participants is done biometrically using Microsoft fingerprint scanners. The highly confidential and sensitive survey interviews are administered electronically using the Audio Computer Assisted Self Interview (ACASI) technology.



Crane survey participants in waiting room

Completed and Ongoing surveys and other activities:

- **Men who have Sex with Men (MSM) survey:** Having started in June 2012, sampling to be concluded in August 2013 with an expected sample of 595 respondents.
- **Female Sex Workers (FSW) survey:** Started in May 2012, the survey was completed in February 2013 with a sample of about 1500 and an unadjusted HIV prevalence of about 33%.
- **Drug user survey:** A sample of 1174, comprising of men and women, was reached with HIV prevalence (unadjusted) of 17%.
- **Sexual network survey:** We enrolled about 1300 respondents including men and women, all

of whom either had self-reported multiple sex partnerships or were sex partners (directly or indirectly) of such persons referring them to the study. HIV prevalence (unadjusted) was 25%.

- **Transgender Women qualitative study:** A qualitative study to better describe specific HIV risk factors and behaviors among transgender women. 48 were sampled and 18% had HIV.
- **Geographical mapping of high risk behaviors and practices in Kampala:** Geographical mapping of high risk behavior among MSM, FSW and drug users was done using Google Earth. Discussions on how appropriately to make use of the maps for outreach services are ongoing.
- **FSW and MSM size estimation in Kampala:** A capture/recapture method was used to estimate the population size of FSW and MSM in Kampala. Data analysis is ongoing.
- **Refugee survey:** This survey among self-settled DRC refugees living in Kampala started July 2013.

New surveys under preparation include the *deaf survey and size estimation survey for sex workers, MSM, people who inject drugs and highly mobile men in general.*



Mental Health beyond Facilities Project Launched

Launched in February 2013, the Mental health beyond facilities (mhBeF) project aims to develop an evidence-based Comprehensive Community-based Mental Health Services (CCMHS) Package, in accordance with the Mental Health Global Action Program (mhGAP), for persons with severe mental disorders and epilepsy (PWSMD) in three post-conflict countries: Uganda, Liberia, and Nepal. Mental Health Beyond Facilities (mhBeF) will also provide



in concert with health care providers, community leaders, PWSMD and their families.



community-based services that (a) reduce the treatment gap between need and interventions, (b) promote individual and family livelihood, and (c) reduce stigma, with the ultimate goal of improving functioning and productivity of PWSMD and their families. These form the three components of the Comprehensive Community-based Mental Health Services package. This package will be built upon expanding efforts in each of the three countries to integrate mental health care within primary health care using mhGAP guidelines with a special emphasis on strengthening community mental health services. The project is working to address the following:

- *Integrate screening and core packages of services into routine primary health care:* screening instruments will be collated, validated and then pilot tested. mhGAP treatment guidelines will be adapted for use in the contexts of the three countries.
- *Provide effective and affordable community-based care and rehabilitation:* Mapping of the communities' own resources will be done. Working with the people with mental disorders and their carers, and with community leaders, Community Resource Persons (CoRPs) will then be trained in how to reintegrate people with mental disorders back into the communities.
- *Develop effective treatments for use by non-specialists including lay health workers with minimal training.*
- *Develop mobile and IT technologies (such as telemedicine) to increase access to evidence based care:* Routine patient data will be collected via a mobile IT technology, thus improving on mental health data collection in the Health Management Information System (HMIS).
- *Develop and conduct stigma-reduction activities*

People suffering from mental disorders can live normal and productive lives even in resources-limited settings as demonstrated by Joseph Atukunda of Heartsounds Uganda (in red T-shirt, left); a body that brings together individuals suffering and those recovering from mental disorders.

The launch ceremony was also attended by Dr. Hafsa Kasule, WHO National Professional Officer for Non Communicable Diseases, project partners from Liberia, Nepal and Canada, Butabika Hospital Uganda, Lira District Local Government, TPO Uganda, Makerere University. The launch was presided over by Dr. Sheila Ndyabangi, Mental Health Programme Officer Ministry of Health, on behalf of her Minister.

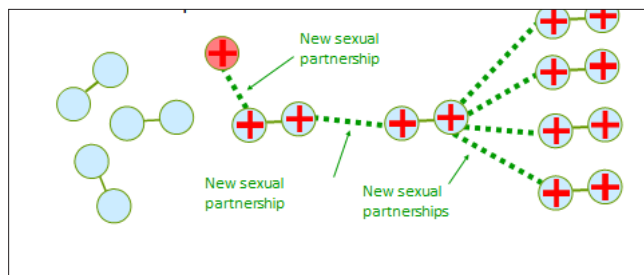
Department of Health Policy, Planning and Management

Priorities for Local AIDS Control Efforts Strengthens District Capacity for AIDS Prevention Programming

Priorities for Local AIDS Control Efforts (PLACE) methodology identifies and maps venues and events attended by persons who have high rates of new sexual partnerships, characterises the venues in terms of current prevention activities and conducts interviews and HIV tests on a representative sample of the patrons/clients and workers of these venues.

This helps to identify the most important gaps in HIV prevention among populations most likely to acquire and transmit HIV infection.

PLACE targets new sexual partnerships because new partnerships are responsible for the spread of the HIV epidemic as illustrated in the diagram below.



The methodology provides a systematic way to generate information to tailor HIV prevention interventions to local drivers of HIV transmission. It also provides indicators about hot spots and at risk populations that are critical to designing effective prevention programmes at district level. It builds the capacity of districts to generate their own data on HIV prevention needs and plan. This also ensures that districts can take leadership of their own response by generating their own data, identify local drivers of the epidemic and use the data to plan appropriately.

The methodology's main objectives are to reduce HIV transmission by:

- Improving prevention programs for key populations by building capacity to identify gaps in prevention services for key populations and
- Developing evidence-based district level strategies to address gaps

In Uganda, PLACE is being implemented in 25 districts that were categorized into high risk, moderate risk and low risk. These are 1) High Risk (Mbarara, Masaka, Bushenyi, Mbale, Wakiso, Hoima, Kampala, Kasese, Mpigi, Nebbi, Kabale and Tororo) 2) Moderate Risk (Arua, Iganga, Kalangala, Kanungu, Kisoro, Mityana, Kapchorwa and Pader) 3) Low Risk (Kalungu, Kibale, Dokolo and Sironko).

Selection criteria of these districts involved; a major transport route with a long distance truck stop over (accommodation/bed and parking), a major international border crossing, presence of one or more fishing village in the district, a mobile employment cluster (mine, military camp, road construction, major plantation) as well as low coverage of HIV services, among other criteria.

The process of implementing PLACE in the district heavily relies on district stakeholder interest, which is solicited and assured through a series of engagement meetings and other such activities.

Findings have so far been disseminated for Mityana, Masaka, Mpigi, Dokolo, Mbarara, Kanungu, Kasese and Bushenyi districts. Results show that most of the districts have prevalence rates above the national average. Due to limited funds, the methodology is implemented in only three large geographical areas of the district that are selected by the district stakeholders during the first stakeholder engagement meeting. Although, stakeholders have been alarmed by the results, the same results have also generated promising debates and discussions in the different districts, with most stakeholders looking at re-strategising, reviewing plans and budgets to ensure maximum use of the survey data.

For MakSPH, this is a demonstration of how the University can contribute to translating complex epidemiological principles into simple easy to follow and use steps in conducting an otherwise large survey of 600.



A client waits to be served at a testing centre at one of the district sites

The PLACE methodology was developed by researcher at University of North Carolina, MEASURE Evaluation project and has been implemented in twelve African countries, including Uganda. The implementation is being supported by USAID.

MANIFEST study Successfully steers into second year

Implementation of the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study project started in early 2013 as planned, in the districts of Kamuli, Kibuku and Pallisa.

The study which aims at improving maternal and newborn indicators in the three districts using locally available resources has two components of community mobilisation and sensitization, and

health systems strengthening. This action type research study evolved from community dialogues and stakeholder consultations at district and national levels in 2012.

Over the last one year 1,691 community health workers were trained and are visiting homes to educate families on birth preparedness and how to take care of mothers and newborns in their respective communities. Also through community dialogues, over 15,000 people were reached across the three districts. A total of 816 saving groups and 795 transporters (boda boda cyclists) were oriented on the need to save for maternal health and availability of transport for expectant mothers to health facilities. Communities are also being reached through talk shows and public service announcements on themes such as saving for maternal health, birth preparedness and male involvement in maternal health.



A Community Health Worker (VHT) talks to a family in Pallisa about birth preparedness

The health strengthening component has also registered achievements. 246 health workers attended a refresher course in Maternal and newborn care; 30 mid-level managers attended a Health Service Management Certificate Course; two DHO's (Pallisa and Kamuli) are attending a PGD in Management; and Health facilities were provided with essential equipment/drugs for maternal and newborn health care. Additionally, MANIFEST has helped the districts to do better support supervision in order to strengthen health workers and managers' skills and consequently improve performance. While it is still early days, results emerging from the study area indicate that as a result of the knowledge being passed on, more women are increasingly seeking antenatal care services and delivering in health facilities. Women are as well slowly beginning to appreciate the need to save for maternal health. It is also emerging that women are interested in

transparency and as a result, they are forming new saving groups instead of entrusting their money with older ones, many of which were riddled with poor accountability.



Community Dialogue on Maternal and Newborn health in Kibuku

However challenges still abound. Stock-outs of medicines and low numbers of health workers might negatively impact uptake of maternal health services. However through constant engagements with relative district authorities and health managers, there is hope that proper logistical proceedings and recruitments of health workers will salvage the situation.

The three year study project is being funded by the UK charity Comic Relief. The Future Health Systems Consortium and Save the Children are offering technical assistance to the project. Dr. Elizabeth Ekirapa-Kiracho is the Principal Investigator of the project.

MakSPH awarded grant to host a health systems knowledge translation network

As 2012 came to a close, the Netherlands Organization for Scientific Research (WOTRO) announced the Makerere University School of Public Health a 3 year grant to set up a Health Systems knowledge translation network for Africa.

The award, which is under WOTRO's Global Health Policy and Health Systems Research (GPHSR) programme, has since given birth to Knowledge Translation Network Africa (KTNET Africa).

MakSPH has since developed a shared platform (www.ktnetafrica.net) to be hosted across the eight coalitions and relevant stakeholders that are involved in the GPHSR programme.

KTNET Africa brings together eight research coalitions of researchers from Rwanda, Burundi, Democratic Republic of Congo, Uganda, Ethiopia, Ghana, Mali, Senegal and South Africa.

The network's aim is to strengthen the impact of the knowledge on health systems policy and practice in low and middle income countries that has been generated in the GHPHSR programme since its start in 2009.

Focus for the network is on developing knowledge transfer strategies, including drawing practice and policy implications from the current research findings, identifying key messages from the research for translation and adapting these messages into existing evidence. All activities will be categorized into four thematic areas; service delivery (maternal, newborn and child health), health financing (insurance initiatives), medical supplies and technologies (laboratories) and governance (accountability and community initiatives).

KTNET Africa Principal Investigator Dr Suzanne Kiwanuka says the Health Policy, Planning and Management Department at MakSPH is honoured to host the network.

"As a department, we are not only building our capacity in knowledge translation, but we are also honoured to contribute to be pioneering a strong health systems knowledge translation network covering both Anglophone and francophone African countries," says Dr Kiwanuka.

Following months of planning, KTNET Africa coalition partners are converging in Kampala in late November 2013 for their first joint meeting, and official launch of the network.

According to Mr. David Walugembe, the project manager, the meeting seeks to get network members acquainted with each other and the progress of ongoing research by the different coalition members.

"We shall as well discuss and agree on how to implement KTNET Africa activities," said Mr. Walugembe. "The meeting will also enable us agree on the modalities of how the KTNET Africa Project will work with the eight NWO [Netherlands Organisation for Scientific Research] funded coalitions."

Expected at the meeting are Principal Investigators (PIs), Co- Principal Investigators (Co-PIs), and nominated coalition Contact Persons from the eight NWO funded coalitions.

Office of the Dean

MakSPH Hosts a Promising and Prestigious Initiatives under USAID's Higher Education Solutions Network

ResilientAfrica Network (RAN), a partnership of 20 universities in 16 African countries, is funded by United States Agency for International Development (USAID) for 5 years; under the Higher Education Solutions Network (HESN). It is aimed at strengthening resilience of Sub-Saharan Africa communities vulnerable to natural and man-made shocks and stresses through African local innovative solutions using evidence-based approaches. RAN, led by Makerere University with the secretariat at the School of Public Health, has core partners based in USA: Stanford University, Tulane University's Disaster Resilience Leadership Academy (DRLA), and Center for Strategic and International Studies (CSIS). Makerere was the only African University selected as part of HESN,

Development and humanitarian aid have been historically addressed on a project-by-project basis within different sectors. Although these efforts have saved lives and met immediate programme objectives, they have not increased capacity of affected populations to withstand future shocks and stresses (building permanent resilience). The same shocks and stresses often result in the same consequences on affected communities.

RAN strengthens resilience of communities by nurturing and scaling up innovations working with university scholars and students. It will apply a data-driven methodology to identify resilience priorities in target communities, then rally innovators to provide solutions to these challenges using science and technology.

RAN implementation is conducted through Resilience Innovation Labs (RILabs) in four sub-Saharan Africa regions including Eastern Africa (Uganda), Horn of Africa (Ethiopia), Southern Africa (South Africa) and West Africa (Ghana).

Since its launch in June 2013, the network has registered quite a number of achievements, the most significant ones shared here below:



Above: student innovators exhibit innovative solutions to some of Africa's challenges (left, is an application to detect Tuberculosis by breath and right; a robot for agriculture)

1. Makerere University held an external stakeholder forum at Sheraton Kampala Hotel. Uganda's Second Deputy Prime Minister, representing the Prime Minister officially launched the network at this event. And exhibition of examples of innovations by students was also held on that day; it was an impressive display of innovative young minds.
2. A resilience framework conceptualization workshop was held in Kampala, attended by over 50 representatives of partner institutions, where RAN's definition of resilience based on a contextual analysis of target countries was developed. Each RILab identified thematic and geographic areas of focus:
 - Eastern Africa and Horn of Africa: Resilience to effects of climate variability and acute and chronic conflict and/or its effects.
 - West Africa: Resilience challenges arising out of rapid population growth and urbanization.
 - Southern Africa: HIV/AIDS as a consequence and cause of multiple livelihood related challenges to households and communities.
3. RAN conducted context analyses to validate selected themes, and provide an understanding of underlying causes, effects and drivers of vulnerability and coping strategies to shocks and stresses.
4. Makerere University College of Computing and Information Science faculty conducted key informant interviews to understand challenges and opportunities for innovators in Africa, using Uganda as a case study to inform RAN's innovations strategy. RAN also engaged university students to understand the potential for innovations. Stanford's Human-Sciences and Technologies Advanced Research Institute (H-Star) Programme hosted a series of massive open on-line courses (MOOC) panels to evaluate existing MOOC platforms and packaging to suit RAN.

The Africa Hub project undertakes a health systems research capacity assessment at Schools of Public Health

Formed in 2011, AFRICA HUB is a network of Schools of Public health at seven universities – University of Nairobi (Kenya), Moi University (Kenya), Muhimbili (Tanzania), Kinshasa (DRC), National University of Rwanda (Rwanda), Jimma (Ethiopia) and Makerere (Uganda). Africa Hub is a five year project funded by Department for International Development (DfID-UK) through the Future Health systems (FHS) consortium. The aim is to enable schools of Public Health in the region to work collaboratively in building as well as strengthening the capacity for generating high quality health systems research and facilitating processes that translate research evidence into health policy for health systems strengthening.

In 2012, Africa HUB conducted a capacity assessment across the member Schools of Public Health, to

ascertain existing capacities to teach, conduct health systems research as well as communicate and translate knowledge for policy.

The assessment was undertaken along four dimensions:

- a) Individual self-assessment and group discussions among staff at SPH
- b) Organizational profile in terms of publications and outputs, grants and funding, staffing levels, and available courses
- c) Organizational structure and key collaborators as well as organizational policies that support research and engagement
- d) Interviews with key informants from ministries of Health and other selected organizations as regards policy processes and priorities for health systems research

Below are highlight of the assessment;

1. Inadequate numbers of faculty engaged in what is perceived to be health systems research. Writing skills existed to a greater extent and only needed to be strengthened. The major challenge was the lack of adequate incentives for faculty or researchers to engage with policy-makers about research findings.
2. Limited access to journals, except for those supported by HINARI. Most journals that require subscription were not accessible because institutions did not have enough funds to allocate for this purpose.
3. Patterns of publication and communication varied across the SPHs. Typically though, research outputs were characterized by large numbers of masters and undergraduate dissertations. Although there was generally notable existing capacity and ability to produce academic publications, there was limited attempts to communicate with diverse audiences through alternative knowledge outputs (e.g. policy briefs, blogs, etc.).
4. Health systems research was frequently undertaken in silos. Even colleagues at the same institution are often unaware of ongoing work and this often breeds duplication. This phenomenon is exacerbated by individual consultancy contracts, and the failure of Schools of Public Health to enforce regulations on consultancy.
5. Different strengths across the SPHs in terms of the nature of health systems research

teaching provided, some curricula had not been reviewed for a long time, some courses lacked strong course or teaching materials, there were identifiable gaps in courses offered, and some course titles at times did not reflect course content.

6. None of the countries had an existing health systems research agenda which outlined the priority areas for health systems research.
7. Limited funding for health systems research, which is generally attributed to the limited budget allocations that government as well as academic institutions place on research.



Members of Future Health Systems, Africa Hub, and other stakeholders share finds at Munyonyo, Kampala

Africa Hub conducts Training in Health Systems Research for SPH Faculty

Faculty capacity building for HSR is one important objective for the Africa Hub. To improve skills and expertise of faculty to undertake research as well as communicate the evidence, the Africa Hub successfully conducted a one-week training for HSR at Jimma University, Ethiopia, in early 2013. This training was facilitated by faculty from the Johns Hopkins University, Baltimore, USA. A total of 30 faculty from across all member Schools of Public Health attended the training. Topics that were covered included qualitative and quantitative research methods, Complex adaptive systems, Gender and Human rights, and Translating Research to Policy. This Training provided an opportunity for experience-sharing between faculty from different Schools of Public Health across the member Countries.

Service to Community

Department of Community Health and Behavioural Sciences

Case study of how implementation research can deliver services to the community – the case of a drug shop intervention in Kaliro district

The department of Community Health and Behavioral Sciences delivered a public good through the private sector drug shops. In an implementation research arrangement, with financial support from the Einhorn Family Foundation, Sweden, we set out to determine how feasible it would be to introduce and promote diagnostics (malaria rapid diagnostic tests and respiratory times) as well as pre-packaged paediatric drugs for malaria, pneumonia and diarrhoea within private sector drug shops. We carried out the intervention in Kaliro district to find out the intervention could contribute to improved quality of care, rational drug use at drug shops and child survival. In order to achieve our objectives, trained registered drug shop owners in the integrated community case management (iCCM) strategy, which is a public intervention where community health workers are trained to treat common childhood illnesses.

After implementing the strategy of 8 months our findings were overwhelmingly positive. We proved that the iCCM strategy can be effectively adopted and utilized in registered drug shops to improve access to quality treatment for children less than 5 years of age and move towards rational drug use. Nearly 90% of febrile children who sought care at registered drug shops in the intervention area had a malaria rapid diagnostic test performed on them and over half of children with cough and fast breathing first had their respiratory rate counted prior to receiving treatment. Also, three quarters of children with diarrhoea received the recommended treatment with ORS/zinc in the intervention drug shops.

Apart from the profit that the drug sellers made from sale of medicines, being seen as professional by the community (especially because of the use of diagnostics) was an important incentive for drug sellers to continue to provide quality care. With this intervention, the majority of drug sellers who previously dreaded visits from the district drug inspector now actually looked forward to supervision visits.

The intervention turned out to have future policy implications. As such funding for similar work in a low malaria endemic setting of Mbarara district has been obtained from WHO's Alliance for Health Systems Research and from the Einhorn Family Foundation. The second project kicked off in mid 2013.

Department of Disease Control and Environmental Health

HED Project promotes sanitation and hygiene in urban slums in Kampala and Mukono

The HED project has continued to improve the water, sanitation and hygiene (WASH) status in two urban slums in Kampala and Mukono districts through community proactive and sustainable interventions. A total of 22 WASH volunteers were trained in a short course in order to equip them with knowledge and skills to carry out health promotion in their areas. This training was facilitated by faculty from the Department of Disease Control and Environmental Health. During the closing ceremony of the training, the Project Principal Investigator Dr. John Ssempebwa noted that training of such community members is a significant form of sustainability as these volunteers will continue promoting WASH in their areas even beyond the project.

Other recent activities implemented by the project include supporting the 10th Makerere University Environmental Health Students' Association (MUEHSA) Annual Scientific Conference Four

Bachelors of Environmental Health Science students carried out their mandatory university field attachment in the project sites where they got exposure in WASH issues as well as participated in ongoing project activities. Two international graduate students from the UK also carried out their academic research in the project area. This strengthened the collaboration between MakSPH and the two UK universities (Nottingham Trent University and Trinity College, Dublin). The project also supported the development of a curriculum for a short course in WASH which will have its first intake in 2014. This course will target people working in the WASH sector including NGOs, but do not have qualifications in this field. Other ongoing activities of the project include support to primary school health clubs, clean-up campaigns, promotion of household point-of-use water chlorination, home improvement campaigns, research, and community exchange visits which were greatly appreciated by both study sites.



Achievements for the Center for Tobacco Control in Africa 2012/2013

The first of its kind in Africa, the Centre for Tobacco Control in Africa (CTCA) was established in July 2011 and formally launched November 1, 2011, is hosted by the Makerere University School of Public Health, and managed by a consortium of Ugandan organizations with oversight and guidance from a multinational Steering Committee. With a purpose of building and sustaining institutional capacity of African governments in tobacco control, the CTCA is supported by the Bill & Melinda Gates Foundation through WHO which provides technical support and capacity strengthening to the CTCA. CTCA's current operations are in 6 Countries including: Angola, Gambia, Kenya, Mauritania, South Africa and Uganda.

With four strategic objectives: (1) Create and consolidate the internal infrastructure, resources and processes of the Centre to enable it to become a leading centre of excellence for tobacco control in Africa, (2) Support African governments in mobilization of human and financial resources for sustainable tobacco control at national and regional levels, (3) Support African governments to strengthen tobacco control partnerships at national and regional level and (4) Support African governments to strengthen national tobacco control programmes by providing evidence, tools and technical expertise, the Centre has attained various achievements in each of its countries.

Key achievements based on the four strategic objectives as of July 2013



CTCA Staff, Steering Committee and WHO at the Group Discussion at the Second Annual Review



Second Annual Performance Review

Second Annual Performance Review

Table 1: Progress at Country Level as of July 2013

Country	Progress on outcomes	Challenges
Angola	<ul style="list-style-type: none"> Established an Inter-ministerial Committee on tobacco control Sensitized tobacco control team Capacity Assessment conducted 	<ul style="list-style-type: none"> Strong tobacco industry interference delaying finalization and passage of the tobacco control Bills Many tobacco control actors not always working in a coordinated manner Government bureaucracies hence delays in enacting tobacco control policy and legislations
Kenya	<ul style="list-style-type: none"> Preparation of models for implementing pictorial warnings 	
Mauritania	<ul style="list-style-type: none"> Inter-ministerial Committee on tobacco control Draft Bill includes 100% increase in tobacco excise tax Draft Bill approved by Council of Ministers, and now in Parliament 	
South Africa	<ul style="list-style-type: none"> Started phase 1 development of pictorial health warnings 	
Uganda	<ul style="list-style-type: none"> Road map for Tobacco Control Bill Drafting of National Tobacco Control Strategic Plan Draft Policy Draft Bill with Parliament (first reading awaited soon) Adopted a coordination mechanism for TC partners 	

Some of the qualitative excerpts from CTCA's beneficiaries:

The CTCA has made a difference, some of the things would not have happened without them: writing to politicians, discussions on the impact on tobacco control. They are champions, taking the lead, organizing them. All of the advocacy efforts would not have happened without the leadership of the CTCA.

Ministry of Health

Their devotion and passion for tobacco control, willingness to go the extra mile to present what they want, and achieve what they want at the end of the day.... I am thinking they are doing a good job.

Ministry of Finance

CTCA has helped us with sensitization with Steering Committee and Parliamentarians. When we were drafting the law, CTCA experts helped. When there were problems between the sectors, CTCA experts helped the discussion. In fact, although the [country] programme existed in 2008, only with the coming of CTCA did things begin to really move.

Ministry of Health

CTCA has made a real effort and we were able to really start last year. For us ... to have a visibility of the issue and good policies for tobacco control. To have a real framework for our tobacco control efforts that we are really involved in the tobacco control efforts. The draft Bill is thanks to CTCA.

Civil Society Organization

Pictures of some of CTCA's activities at Country level in the Year



CTCA Offering Training on Tobacco Control ;



Introducing Tobacco Control in Mauritania to Journalists in Uganda



CTCA Engaging tobacco control Partner Coordination Meeting in Uganda



CTCA engaging donors to support Tobacco Control-taking to Country Rep. UNFPA

Way forward for CTCA

CTCA in its third year aims to achieve concrete, visible results in each target country as well as strengthen its niche by identifying mechanisms for linking tobacco control with other public health programs such as NCD, maternal health, and poverty reduction. In the next phase starting October 2014, CTCA will extend its operations to five new countries while maintaining minimal support in the original countries.

The MakSPH-CDC HIV Fellowship Programme makes the HIV Debate Visible

As one of the activities to mark Makerere University's 90 years, the School of Public Health, in partnership with the US Centres for Disease Control and Prevention (CDC), held a public debate on 'HIV Prevention in Uganda: Are We Moving in the Right Direction?'. The public debate held at the ImperialRoyal Hotel

attracted close to 1,000 people. The panelists were nationally and internationally eminent researchers, implementers and activists in the field of HIV/AIDS in Uganda. On the proponents' bench was Associate Professor Fred Wabwire

Mangen, Director for Regional Centre for Quality of Health Care at the College of Health Sciences and Dr. Stella Alamo-Talisuna, Executive Director, Reach-Out Mbuya. The opponents' bench was occupied by Dr.



Alex Coutinho, Executive Director of the Infectious Diseases Institute at the College of Health Sciences and Ms. Milly Katana, a long-time HIV activist. In a win-win environment, both sides eloquently brought out the key issue in the HIV/AIDS arena in Uganda today. One of the key issues that came out from the proponents was that there has been some modest positive change in the behaviour of Ugandans. The opponents however argued that the prevention strategies used need overhauling, saying that they are no longer delivering the desired results.

Department of Epidemiology and Biostatistics

The Family Health Research and Development Centre holds a Series of activities on topical Family Planning issues

- **Policy debates with parliamentarians and other policy makers:** The Centre (FHRDC) engaged policy makers/Members of Parliament (MPs) from the Forum on Food Security and Population in parliament, district leaders and faculty from MakSPH in a dialogue on the demographic dividend and support of the Population Bill, and the Presidential commitments made at the London Family Planning Conference in July 2012.
- **The National Family Planning Golden Moment (NFPGM):** The National Family Planning Golden Moment (NFPGM) followed the London Summit. The core objective of the NFPGM was to bring together RH/FP stakeholders and discuss how best to engage communities in family planning. It was also a time to reflect and celebrate this important Golden Moment for Family Planning, reflect on past and current policies, practices and research which will guide future activities for advancing Family Planning in Uganda. The key note speaker at the event was Dr Sanghvi Harshad from Jhpiego; an affiliate of Johns Hopkins University who made a presentation on 'Challenges to Overcome, Opportunities to exploit and Approaches to Scale FP Services'.

The Guest of Honor was the Hon Minister of Health Dr Christine Ondo represented by the Minister of State for Primary Health Care; Hon Sarah Opendi.



Dr Sanghvi Harshad giving his presentation

- **Secondary School activities:** The NFPGM event also included a secondary student's essay competition where 361 students participated and the best three per school were invited to the Golden Moment launch on the 25th September 2012 at Hotel Protea. This activity was aimed at assessing the knowledge and understanding of the youth towards Family Planning. This was in line with one of subthemes of the golden moment event; *Young people as family planning champions*.

The schools that participated were Nakigo Senior Secondary School (SSS) in Iganga District, Kibuuka Memorial SSS in Mpigi District, Kitebi SSS in Kampala city (slum setting) and Kololo SSS Kampala city (uptown setting).

The overall best students for S.3 and S.5 were from **Kitebi SSS (Kemigisha Hellen (S.3) and Tendo Susan (S.5))**. They were given a plaque, a certificate of participation, text books, FHRDC branded pens and a bag each. The 2nd and 3rd runner ups were given the same except for a plaque. All students who participated in the essay competition were rewarded with a certificate of participation and a branded FHRDC pen.



The Minister of Health for Primary Health care issuing awards to essay competition student winners at the FP Golden moment in Protea Hotel.



The Members of Parliament who attended the event.

Other activities included a health talk at Nakigo Senior Secondary School in Iganga District in March 2013 and held a meeting with the school teachers and administration. A number of issues were discussed encompassing sexual and reproductive health-related topics including how teachers should deal with adolescents in issues of sexual and reproductive health, myths, fears and misconceptions about family planning, and

sexually transmitted infections including HIV/AIDS. The team also held a discussion with students from S.5 and S.6 and assessed them on their knowledge and attitudes of family planning, unwanted pregnancies, HIV and other sexually transmitted infections (STIs).



Dr Fredrick Makumbi (FHRDC Director) holding bag on right shoulder, Prof J C Lule (behind the director on left hand) and other FHRDC team members posing for a photo with some students at Nakigo Senior Secondary School

Publications

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Financial Report, Year 2012-2013

A. DONOR FUNDING

Source of funds	Name of Project	Received in Financial year 2011/2012 (July 11 to June 12)
JHU -Bill Mellinda Gates	Future Health Systems/ Africa Hub	\$327,037
University of Albany	Drinking Water Supply, Sanitation & Hygiene Promotion- HED	\$56,919
THE RAND CORPORATION	RAND Project	\$97,499
Grand Challenges Canada	Mental Health Beyond Facilities	\$660,585
World Health Organisation	Innovations for increasing access to integrated safe delivery, PMTCT (MANEST)	\$236,145
World Health Organisation	Home management of Malaria and Pneoumonia	\$15,381
DFID	REBUILD Project	\$182,462
AFENET	APARET 2	\$3,500
Grand Challenges Canada	Prenatal Care	\$106,050
Abt Associates Inc	Male Involvement	\$72,892
Karolinska Institute	Sexual Networks Study	\$17,860
Grand Challenges Canada	MIBEST	\$106,050
Family Health International	HPTN	\$5,368
University of Wisconsin	Students Study Abroad Program	\$48,273
Task Force for Global Health	Informatics Course	\$34,258
UNDP	Partnerships for advancement of MNH Research & Capacity Building	\$74,995
JHU	TRIAD Project	\$84,228
African Population for Health	CARTA	\$35,728
FAO	OHCEA activities	\$29,904
University of Georgia	COSHONET	\$145,241
Karolinska Institute	Minimax Project	\$152,052
JHU-Bill Mellinda Gates Grant	Golden Moments	\$50,000
Guttchmacher Institute	Unsafe Abortion	\$188,375
UNICEF	Implementation of the global action plan for pneoumonia/diarrhoea in Uganda	\$94,185
JSI	Arise project	\$9,578
Trinity College Dublin	INDIGO Project	\$7,475
Rockefeller Foundation	Health Emergencies Management Program	\$25,913

JHU-Bill Mellinda Gates Grant	Family Health Research and Development Centre	\$132,478
President Fellows of Harvard	Nutrition Crisp	\$16,916
Tufts College	Nutrition Crisp 2	\$24,000
National Institute of Health (NIH)	Geohealth	\$50,000
Cardiff Metropolitan	Malaria Project	\$2,676
JHU-Bill Mellinda Gates Grant	CAS Project	\$9,129
Stellobosch University	Peri Peri Project	\$25,300
NorthWestern University	Students Study Abroad Program	\$5,231
UNICEF	Nutrition Surveillance	\$148,888
World Food Programme	Nutrition Surveillance	\$34,469
SAIDE	Health Alliance Meeting	\$4,590
Common Wealth of Learning	Health Alliance Meeting	\$9,894
Participants	KBS Thematic Conference	\$86,595
Macmaster	Strengthening Health Systems in low income countries	\$9,778
Pathfinder	Addressing unmet need for contraception among HIV positive women	\$5,053
Abt Associates Inc	Safer Sex Study	\$73,749
University of Columbia	SMGL	\$94,000
Abt Associates Inc	SHOPS Study	\$14,792
University of Georgia	TB Re-entry Grant	\$25,000
University of California	EASSC	\$24,200
JHU	Students' Intersection	\$18,455
JCRC	Students Scholarships	\$9,111
Comic Relief	MANIFEST	\$18,370
EduLink University	Workshops costs	\$2,932
European Union	PERFORM	\$128,488
European Union	ARVMAC	\$61,430
European Union	EQUIP	\$362,730
European Union	Sunray Project	\$21,553
Gates Foundation	Re-imburement for travel	\$6,456
Trinity College Dublin	NOURISH PROJECT	\$42,217
Grand Challenges Canada	Formative Study	\$102,610
Grand Challenges Canada	Community Nutrition	\$102,610
Grand Challenges Canada	Community Videos	\$102,249
Schweiz Topen-U.Public	RRR Project	\$5,335
USAID	PLACE Project	\$120,000
IDRC	CTCA Activities	\$23,863
AMP	AFRICOHOL PROJECT	\$59,797
Uppsala University	COACH Project	\$11,975
Institute of Tropical Medicine	MU SPH/ITM Institutional Collaboration	\$190,901
Wagenigen University	Purefood	\$20,293
Comic Relief	MANIFEST 2	\$614,683
USAID/EA	RCQHC Activities	\$1,193,950
Laerdal Foundation	RCQHC Activities	\$80,895

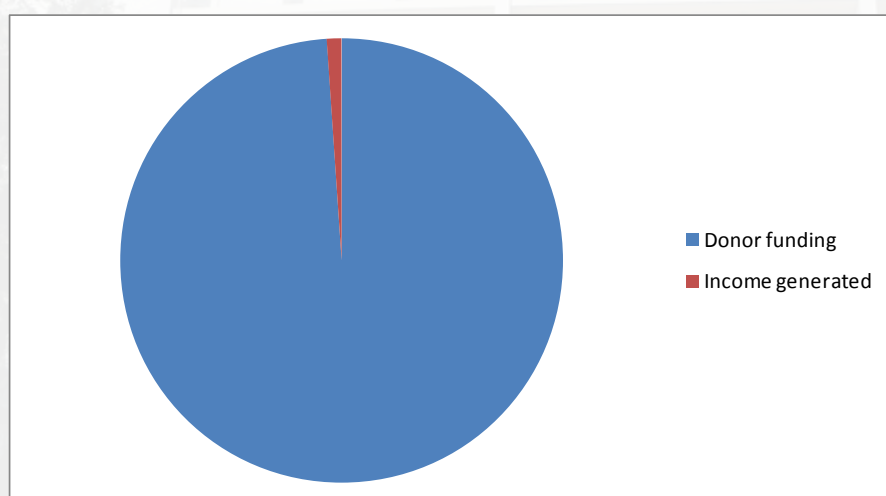
World Health Organisation	RCQHC Activities	\$14,575
Save The Children	Saving Newborn Lives	\$24,428
World Health Organisation	CTCA	\$1,245,746
Centers for Disease Control	The Fellowship Program	\$3,975,196
USAID	RESILIENT AFRICA NETWORK	\$2,133,460
University of Tulane	SLDRP	\$407,145
CDC	META	\$531,336
Respond	OHCEA	\$2,064,492
	<u>Total Donor Funding all exchanged to Us Dollars</u>	<u>17,361,972</u>
<u>Total</u>	-	<u>17,361,972</u>

NB: The Euros have been converted to US dollar at a rate of 1.31 and Local to Us Dollars at a rate of 2,550=

Rate of exchange from Pounds to Dollar is 1.6 & 0.9 for Canadian Dollars.

B. INCOME GENERATED

	<u>Local amount (Ug. Shs.)</u>	<u>Us Dollar Equivalent</u>
Tuition		\$113,176
Vehicle Hire		\$18,122
Shortcourses		\$20,301
Training fees (PHCE & NCEC)		26,253
Photocopying Income		104
IRB FEES		8,931
<u>TOTAL INCOME GENERATED</u>	-	<u>\$186,886</u>



CATEGORY C: PROJECTS RUNNING BUT RECEIVED NO REVENUE IN THE FINANCIAL YEAR BUT HAVE CASH BALANCE FROM PREVIOUS FINANCIAL YEAR

PROJECT	FUNDER	
APARET	EUROPEAN UNION	
EPILEPSY	UNIVERSITY COLLEGE LONDON	
NCD PILOT STUDY	PRESIDENT FELLOWS OF HAVARD	
SEXUAL NETWORKS STUDY	KAROLONSKA INSTITUTE	
CHRIAC	TRINITY COLLEGE DUBLIN	
SYSTEMATIC REVIEW	DFID	
STAR TRIALS STUDY	EDCTP	
SYSTEMATIC REVIEW IN HUMAN RESOURCES	WORLD HEALTH ORGANISATION	
NUTRITION REPOSITORY	UNICEF	



Community Health Workers during a community sensitisation in Luuka





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