SCHOOL OF PUBLIC HEALTH

MUSPH-CDC HIV/AIDS FELLOWSHIP PROGRAM

LONG-TERM FELLOWS 2008-2010 YEAR BOOK
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The Makerere University School of Public Health in conjunction with the Centres for Disease Control and Prevention (MUSPH-CDC) has been implementing a leadership and management capacity building program for HIV/AIDS since 2002. The aim of the Fellowship program is to enhance program leadership and management capacity in Uganda through training individuals (Fellows). A total of 64 Fellows have been enrolled onto the program, 45 of whom have since graduated, 9 are graduating in March 2010 while 10 others will finish by March 2011.

The MUSPH-CDC Fellowship Program has made significant strides over the past seven years, and continues to be a major player in the field of program leadership and management capacity building in Uganda. Many of the Fellows who have graduated from the program have taken on high-level positions in national and international agencies, including working as Executive Directors, Technical Advisors, and Monitoring and Evaluation Specialists, among others.

The program’s strengths lie in its use of a hands-on training approach coupled with a high level of stakeholder involvement to build Fellows’ competencies both professionally and academically. Our all round and open approach of working in close collaboration with other organizations (referred to as ‘Host Institutions’ in this report) ensures that all HIV/AIDS activities implemented are consistent with national and organizational priorities. Like in previous years, Fellows have remained eager to participate in the implementation of evidence-informed HIV prevention, care and treatment strategies. Many of the Fellows graduating today have been involved in several program leadership and management aspects including establishment of health management information systems, design of communication strategies, evaluation of existing programs, development of operational guidelines for Parliamentary Constituency Task Forces, and design of monitoring and evaluation frameworks, among other initiatives.

I must stress that institutional capacity building is pivotal to HIV/AIDS Management in Uganda and all of us must play a part and become a “CONTRIBUTION”. New challenges are cropping up and the swiftness with which we need to handle them requires new skills, knowledge, confidence and attitudes which this program provides. The program will always play its part and welcomes your support to make it thrive and be able to handle the challenges of HIV/AIDS in our country and beyond. MUSPH is strategically positioned to offer its expertise and skilled services to all institutions in the field of HIV/AIDS. I wish to thank our development partners, CDC in particular; the Fellows, host institutions, well wishers and finally the MUSPH staff for the work well done.

Dr William Bazeyo
Dean, Makerere University School of Public Health
he success of the Fellowship Program lies in the hands of mentors, both academic and host. Without proper and well guided mentorship, Fellows might fail to realize their potential. We would therefore like to first of all thank all mentors who have worked tirelessly and dedicatedly to mentor Fellows into what they have finally become.

Fellows enrolled for the 2008/10 intake were hosted in institutions namely, ChildFund International Uganda, Uganda Protestant Medical Bureau, Baylor-Uganda, Reach Out Mbuya Parish HIV/AIDS Initiative, PREFA, AIDS Information Center, and Parliament of Uganda. We would like to thank these institutions for their willingness to take on the Fellows but more importantly for creating an enabling environment for them to excel. We would like to particularly thank the host mentors for their guidance and support and for creating time to advise and nurture Fellows into what they are today, on top of their usually busy schedules. Our sincere gratitude goes to Dr David Serukka & Dr Geoffrey Waiswa (PREFA), Dr Stella Alamo-Talisuna, Dr Charles Namisi, and Mr Elly Ssebyatika (Reach Out Mbuya Parish HIV/AIDS Initiative), Dr Raymond Byaruhanga, Dr Geoffrey Mulindwa Rwabaingi & Dr Henry Katamba (AIDS Information Center), Dr Addy Kekitiinwa & Dr Allan Ahim bisibwe (Baylor-Uganda), Hon. Beatrice Rwakimari, Hon. Dr. Elioda Tumwesigye, Hon. Dr. Chris Baryomunsi, Hon. Prof W.W. Anokbonggo and Mr Ignatius Kasirye, (Parliament of Uganda), Dr Sebastian Baine, Assoc. Prof. George Pariyo & Dr Freddie Sengooba (Health Policy Planning & Management, Makerere University School of Public Health), Mr James Pimundu Mwanga & Ms Penninah Kyoyagala-Tomusange (ChildFund Uganda) and Dr Lorna Barungi (Uganda Protestant Medical Bureau) for their support to the Fellows during the 2-year Fellowship.

We would like to thank the academic mentors for their strong commitment and dedication towards the Fellowship Program goals and objectives. Special regards go to: Dr Florence Baingana, Dr Maina Wamuyu, Dr Christine Nalwadda, Dr Roy Mayega, Dr John Ssempebwa, Dr Henry Wamani, Dr Elizabeth Nabiwemba, Dr Juliet N. Babirye, and Dr Fred Makumbi for their time in inspiring Fellows to become what they have finally become. We would also like to thank Fellows for their dedication and commitment to program and host institution goals. We are highly indebted to CDC for the technical and financial support rendered to the program and to the program staff for their dedication and enthusiasm to make this program a success.

Last but not least, we are grateful to the Dean, Makerere University School of Public Health, for his support to the program, and for the technical advisors and floating mentors for guiding the Fellows as well as program staff in not only doing the right things but also doing them right. To all those whose untiring efforts have made the Fellowship Program what it is now, we say, thank you very much and please keep the fire burning.

Prof David Serwadda
Program Director,
Makerere University School of Public Health-CDC HIV/AIDS Fellowship Program
In January 2002, Makerere University Institute of Public Health (as the School of Public Health was known then) with support from the Centers for Disease Control and Prevention (CDC)/Department of Health and Human Services (HHS), Atlanta, USA, began a 5-year cooperative agreement to implement a two-year Fellowship Program. The main objective of the Fellowship Program is to provide systematic public health training focused on increasing the number of professionals equipped with program leadership and management skills to spearhead HIV/AIDS programs, strengthen and/or replicate successful HIV/AIDS programs, as well as enhance the sustainability of HIV/AIDS programs in Uganda. Through the program, it is envisioned that the capacity of Uganda in HIV/AIDS public health leadership and management will be enhanced. The MUSPH-CDC Fellowship program currently has four major training activities: 1) the two-year (long-term) fellowship which has been implemented for the last seven years, 2) short courses, 3) the eight-month medium-term fellowship introduced in 2008, and 4) technical placements which were also introduced in 2008.

**Long-term Fellowships**
The long-term Fellowship is a 2-year, non-degree fulltime program offered on a competitive basis to Ugandan nationals with a postgraduate degree in a health-related field such as Public Health, Medicine, Statistics, Journalism, Social Sciences, Demography, Information Technology, among others. The long-term Fellowship is a field-based program with the field component accounting for 75% of the 2-year program. The remaining 25% is dedicated to the academic component, which comprises multidisciplinary short courses conducted at the MUSPH. The field placement is done at a Host Institution, which is an organization involved in HIV/AIDS activities in any part of Uganda.

**Medium-term Fellowships**
Medium-term Fellowships are offered for a period of eight months to in-service professionals working in organizations involved in HIV/AIDS activities. The purpose of these Fellowships is to build institutional capacity through training individuals in identified technical fields. The training methodology used is modular and work-based in nature, allowing trainees to undertake courses while continuing with their employment. A total of 67 Fellows have been enrolled from 38 institutions since 2008. Of these, 30 have completed their Fellowship while 37 are currently enrolled. The program offers two medium-term Fellowships namely: Monitoring and Evaluation of HIV/AIDS programs and Continuous Quality Improvement.

**Short Courses**
Short courses are offered to mid and senior level managers and staff involved in HIV/AIDS activities at national, district, facility and community levels based on institutional training needs. The main aim of short courses is to improve institutional capacity in identified areas of need. Training requests are normally initiated by the institutions. Over 2000 individuals have been supported through short courses since 2002. The program currently runs short courses at regional level in different parts of Uganda.

**Technical Placements**
Technical placements involve attachment of in-service HIV/AIDS organization staff to another HIV/AIDS organization for up to one month. Prior to the placement, participants undergo a one-week orientation at Makerere University School of Public Health to enhance understanding of the placement objectives and be instructed in the area of interest. During the technical placements, participants understudy, and are involved in activities in their specified area of interest to facilitate learning and exchange. They document the best practices observed for replication/piloting as a project in their organizations within the subsequent six-month period.

**Enrolment plan for 2010**
This year, we will enrol 10 long-term Fellows and 48 medium-term Fellows. We will also support 12 technical placement participants and over 200 individuals with short courses in identified areas of need.
HOST INSTITUTIONS
APRIL 2008 – MARCH 2010

- Baylor College of Medicine Children’s Foundation-Uganda
- Makerere University School of Public Health
- ChildFund Uganda
- Uganda Protestant Medical Bureau
- Reach Out Mbuya Parish HIV/AIDS Initiative
- Parliament of Uganda
- AIDS Information Center
- Protecting Families Against HIV/AIDS (PREFA)
Baylor College of Medicine Children’s Foundation-Uganda (Baylor-Uganda) is an indigenous not-for-profit child health and development organization affiliated to the Baylor International Paediatric AIDS Initiative (BIPAI). BIPAI is a global partnership established in 1996 at Baylor College of Medicine in Houston, Texas USA working to expand access to paediatric HIV/AIDS services. Baylor-Uganda was established in 2003 at the Paediatric Infectious Diseases Clinic in Ward 15 of the National Referral Hospital-Mulago. In 2006, the organization was fully registered as an NGO and currently operates at the Baylor College of Medicine Bristol Myers Squibb Children’s Clinical Centre of Excellence (COE). Baylor-Uganda currently operates in 37 districts in 76 health facilities to provide clinic based paediatric, adolescent and family centred HIV.

Name and academic qualifications of the Fellow: Kyampaire Apophia Karen, MSc. Applied Human Nutrition (Makerere University), BSc. Home Economics and Human Nutrition (Sokoine University of Agriculture)

Key apprenticeship responsibilities of the Fellow
1. Lead development of own work plan for implementing nutrition related activities at Baylor-Uganda
2. Participate in simplifying and repackaging existing nutrition messages and translate them into local languages, develop them into user-friendly carry away IEC materials for Baylor-Uganda clients.
3. Establish a community level patient follow-up system at the Baylor-Uganda and its satellite clinics, for providing care to clients with nutritional needs.
4. Participate in/attend relevant Baylor-Uganda training courses
5. Facilitate in Baylor-Uganda organized trainings, especially the sections relevant to nutrition.
6. Build the capacity of Baylor-Uganda providers/staffs to provide food supplements.
7. Assess caretakers’ perceptions on the nutrition requirements of their children.
8. Evaluate the impact of Plumpy-nut nutritional supplementation on Baylor-Uganda clients.
9. Assess health professionals’ knowledge, attitude and practices about nutritional concepts

Mentors:

Host institution:
Dr. Adeodata Kekitiinwa, Executive Director, Baylor-Uganda
Dr. Allan Ahimbisibwe, Head of Training, Baylor-Uganda

Academic:
Dr Henry Wamani, Lecturer, Department of Community Health & Behavioral Sciences, Makerere University School of Public Health.
Summary profile of the host institution

The Fellow was attached to the Health Policy Planning and Management (HPPM) Department of Makerere University School of Public Health. The HPPM Department runs regular courses in Public Health Policy, Health Planning and Management, Health Economics and Finance, Primary Health Care, and Health Systems Management for graduate students. Research is a key component of HPPM activities and includes projects done by individual faculty members as well as broader institutional projects. The department is responsible for spearheading the research developments and communication strategies and activities to support the national development and evaluation of health policies and programs. Departmental staff members also offer services on consultancy basis, in addition to getting involved in other community service activities. Currently, HPPM is spearheading communication activities for male circumcision in the context of HIV prevention and fertility control programs in the context of high population growth and poor reproductive health indicators. A multidisciplinary team of public health expertise exists in the department. One of the strategic objectives of the School, of which the department is part, is to harness this expertise for civic education and for developments in the health system, policies and programs.

Name and academic qualifications of the Fellow:
Milly Nattimba, MA (Communications Studies), BA SS (Hons), Dip. Journalism

Key apprenticeship responsibilities of the Fellow

• Support the processes of developing, implementing and documenting communication program activities.
• Regularly publish articles and contribute in the production of media programs such as news features etc on relevant public health topics.
• With the help of Mr. Christopher Conte – a Knight International Health Journalism Fellow currently with The New Vision and Ms. Cathy Mwesigwa Kizza, Features Editor, The New Vision, maintain high visibility, productive and pro-active relationships with the New Vision Publication, its sister Vision Voice and the Uganda Health Communication Alliance for analytical media coverage of public health issues in the print, radio and television.
• Work with staff members of MUSPH to assist in extraction, preparation and publication of news worthy health research for media dissemination.
• Participate in the relevant training and research activities of MUSPH when called upon.
• Design a comprehensive Media and Communication Strategy for Makerere University School of Public Health.

Mentors:

Host Institution:
Dr. Sebastian Olikira Baine, Head, HPPM Department, Makerere University School of Public Health
Assoc. Prof George Pariyo, HPPM Department, Makerere University School of Public Health
Dr. Freddie Sengooba, Lecturer, Department of HPPM, Makerere University School of Public Health

Academic:
Dr. Christine Nalwadda, Research Fellow, HPPM Department, Makerere University School of Public Health
Summary profile of the host institution

ChildFund International, formerly Christian Children’s Fund-Uganda, is a child development organization that has been working in Uganda since 1980. In partnership with families and communities, ChildFund International adopts participatory approaches to design, address and meet clearly defined developmental targets leading to holistic development of children in 28 districts of the country. The organization operates where conflict, poverty and disaster threaten the well being of children through delivering comprehensive programs that incorporate early childhood care and development; child, community and maternal health; HIV and AIDS; water and sanitation; formal and informal education; food, nutrition and livelihoods security; enhancement, diversification and generation of family/household incomes; emergency relief and disaster mitigation among others.

Name and academic qualification of the Fellow: Merian Natukwatsa Musinguzi, M.A Demography, PGD. Demography, B.A Education (Makerere University)

Key apprenticeship responsibilities:

Management and capacity building:
• Attend internal meetings and represent ChildFund in external partnership meetings.
• Support Child Fund Uganda resource mobilization
• Develop Child Fund Uganda HIV at the workplace policy.
• Develop Child Fund Uganda HIV program kits for:
  • Peer education for in and out of school youths.
  • Home based care for children.
• Carry out monitoring and support supervision of HIV interventions in the field.
• Support HIV/AIDS trainings

Communication
• Compile, document and present Child Fund HIV related best practices.
• Prepare and disseminate annual reports on Child Fund HIV programs.

Operations research
• Support Child Fund Uganda HIV baseline and project evaluation exercises.

Mentors:

Host institution:
Mr James Pimundu Muwanga, Director, Programs and Capacity Development, ChildFund Uganda,
Mrs Penninah Kyoyagala-Tomusange, Programs Coordinator, ChildFund Uganda

Academic:
Dr Maina Wamuyu, Child Health Advisor, Regional Centre for Quality of Health Care
The Uganda Protestant Medical Bureau (UPMB),
Plot 877 Balintuma Road Mengo
P.O Box 4127 Kampala-Uganda
Tel: +256-414-532730 Fax: +256-414-530619
Email: upmbadmin@upmb.co.ug

Summary profile of host institution

The Uganda Protestant Medical Bureau (UPMB) is a faith-based national umbrella organization of all health facilities founded by different Protestant Churches in Uganda. Currently, the network has over 260 health facilities. UPMB fulfils its mandate to member health units through the following strategic areas of operation;
•Capacity Building
•Advocacy and networking
•Resource Mobilization
•Support supervision.

Name and academic qualifications of the Fellow:
Rose Baryamutuma MA (Demography), BA (SS) (Makerere University)

Key apprenticeship responsibilities
•Establish a user friendly M&E system for HIV/AIDS activities
•Capacity building
•Resource Mobilization
•Set up a Resource Centre

Mentors:
Host institution:
Dr. Lorna Barungi Muhairwe, Executive Director, UPMB

Academic:
Dr Florence Baingana, Senior Lecturer,
Makerere University School of Public Health
Summary profile of the host institution

Reach Out Mbuya Parish HIV/AIDS Initiative (Reach Out Mbuya) was founded in 2001 under Our Lady of Africa Catholic Church Mbuya by Parish Priest Fr. Joseph Archetti and Dr. Magrethe Junker. It was registered as an NGO in 2006. Reach Out Mbuya operates in the catchment areas of Mbuya Catholic Parish in Kampala and Kasaala Catholic Parish in Luweero. It provides HIV prevention, care treatment and support services to people infected and affected by HIV and AIDS in its catchment areas through a holistic model of care. Reach Out Mbuya operates in four sites namely: Mbuya, Kinawataka and Banda in Kampala district as well as Kasaala in Luweero district. It provides care and treatment to 3,450 clients, of whom 2,006 are on ART. It also provides support to over 1,000 orphans and vulnerable children. The organization has a strong community component and uses community lay workers known as Community ARV TB Treatment Supporters (CATTS) who are clients themselves to provide care in the community. The clients constitute over 50% of the staff employed by the organization. Through the task shifting approach, nurses at registration level take lead in care of patients, supported by doctors.

Name and academic qualifications of the Fellow:
Dr. Okiria Alfred Geoffrey, MPH, MB ChB (Makerere University)

Key apprenticeship responsibilities:
• Develop and implement a plan for continuous quality improvement for the adherence support section of Reach Out bearing in mind that their operations overlap with that of the community workers (CATTS, M2M supporters, teenage and adherence supporters).
• Participate in the development of a computerized Monitoring and Evaluation system to monitor the activities of the adherence support section and community Network of Care (CNC).
• Develop a plan for and implement a program for Community TB contact tracing and INH prophylaxis alongside the National TB policy guidelines and to develop a system of quality assurance, monitoring and evaluation.
• Participate in training of staff both at the facility and community level.
• Supervise the process of integration of adherence support activities at the facility and community level.
• Develop quarterly reports and activity reports as defined by Reach Out and the fellowship program.
• Maintain a record of successful activities and challenges to overcome and work closely with the institution mentors to achieve his/her fellowship objectives.
• Act as a linkage between the fellowship program and Reach Out ensuring that there is flow of information between the two institutions.
• Participate in any meetings, training workshops conferences that we deem beneficial to his/her training experience.

Mentors:
Host Institution:
Dr. Stella Alamo-Talisuna, Executive Director, Reach Out Mbuya
Mr. Elly Ssebyatika, Monitoring & Evaluation Coordinator, Reach Out Mbuya
Dr. Charles Namisi, Medical Director, Reach Out Mbuya

Academic:
Dr Juliet N. Babirye, Assistant Lecturer, Department of Disease Control and Environmental Health, Makerere University School of Public Health
Summary profile of the host institution

Reach Out Mbuya Parish HIV/AIDS Initiative (Reach Out Mbuya) was founded in 2001 under Our Lady of Africa Catholic Church Mbuya by Parish Priest Fr. Joseph Archetti and Dr. Magrethe Junker. It was registered as an NGO in 2006. Reach Out Mbuya operates in the catchment areas of Mbuya Catholic Parish in Kampala and Kasaala Catholic Parish in Luweero. It provides HIV prevention, care treatment and support services to people infected and affected by HIV and AIDS in its catchment areas through a holistic model of care. Reach Out Mbuya operates in four sites namely: Mbuya, Kinawataka and Banda in Kampala district as well as Kasaala in Luweero district. It provides care and treatment to 3,450 clients, of whom 2,006 are on ART. It also provides support to over 1,000 orphans and vulnerable children. The organization has a strong community component and uses community lay workers known as Community ARV TB Treatment Supporters (CATTs) who are clients themselves to provide care in the community. The clients constitute over 50% of the staff employed by the organization. Through the task shifting approach, nurses at registration level take lead in care of patients, supported by doctors.

Name and academic qualification of the Fellow:
Mr David Masaba Wanlobi, MA (Development Studies), BA(A) (Makerere University)

Key apprenticeship responsibilities of the Fellow
• Improve data management and information dissemination on all OVC activities
• Improve the filing system for OVC data/files
• Review and align Reach Out Mbuya OVC policy with the national OVC policy
• Design a monitoring and evaluation framework for the OVC project
• Improve staff capacity to implement the OVC project

Mentors:
Host Institution:
Dr Stella Alamo-Talisuna, Executive Director, Reach Out Mbuya
Mr Ssebyatika Elly, M&E Coordinator, Reach Out Mbuya
Mr. Wamara Moses, Social Support Coordinator, Reach Out Mbuya

Academic:
Dr John Ssempebwa, Lecturer, Department of Disease Control & Environmental Health, Makerere University School of Public Health
Summary profile of the host institution

The Fellow was attached to the Parliamentary Standing Committee on HIV/AIDS and related matters at the Parliament of Uganda. The Committee was established to enable Parliamentarians to effectively carry out their roles of advocacy, legislation, oversight and representation in the expanded response to HIV and AIDS. Related matters include sexually transmitted infections (STIs), tuberculosis (TB), malaria and other epidemics. There are twenty members on this Committee and it is made up of three sub-committees, i.e. Oversight, Legislation and Representation.

The Committees' functions are to scrutinise the HIV/AIDS policies and monitor and evaluate activities of government, local government and other bodies aimed at combating HIV/AIDS, examine and make recommendations on relevant bills and other matters relating to HIV/AIDS; and in cooperation with the Uganda AIDS Commission and the Ministry of Health, initiate relevant bills and motions required for combating the epidemic in Uganda.

Name and academic qualifications of the Fellow: Agiresaasi Apophilia, MSc. (Population and Reproductive Health), BA (Social Sciences) (Makerere University)

Key apprenticeship Responsibilities of the Fellow
- Co-ordinating the Parliamentary Constituency taskforces on HIV/AIDS and related matters
- Revising the Parliamentary HIV/AIDS Communication toolkit
- Participating in the co-ordination and drafting of the HIV/AIDS Prevention and Control Bill
- Participating in the Committee’s research activities
- Updating the resource centre with recent HIV/AIDS materials
- Publishing newspaper articles on HIV/AIDS related matters
- Identifying areas that require funding and writing proposals
- Developing operational guidelines for the Parliamentary Constituency Taskforces on HIV/AIDS

Mentors:

Host Institution:
Hon. Beatrice Rwakimari, Chairperson, Standing Committee on HIV/AIDS and related matters
Hon. Dr. Tumwesigye Elioda, Member of the Standing Committee on HIV/AIDS and related matters
Hon. Dr. Baryomunsi Chris, Member of the Standing Committee on HIV/AIDS and related matters
Hon. Prof. Anokbongho Willy Washington, Member of the Standing Committee on HIV/AIDS and related matters
Mr. Kasirye Ignatius, Assistant Director Clerks, Parliament of Uganda

Academic:
Dr Roy Mayega, Assistant Lecturer, Makerere University School of Public Health
Summary of host institution

AIDS Information Centre (AIC) is a Non Governmental Organisation (NGO) established in 1990 to provide VCT for HIV. The organisation was founded as a result of a growing demand from people who wanted to know their HIV status. It has regional offices in Kampala, Jinja, Mbale, Soroti, Lira, Arua, Mbarara, and Kabale. AIC currently offers HIV counselling and testing (HCT) services through 8 regional branches, selected hospitals, health centres, antenatal clinics and NGOs. In addition to HCT services, the following services are also offered by AIC:

• Medical services i.e. syphilis testing and management of all sexually transmitted infections (STI), tuberculosis management, CD4/8 counting and treatment of opportunistic infections.
• Family planning services
• Post-test clubs/Philly Lutaaya Initiative
• AIC couple club services
• HIV information provision and research
• Free youth friendly services
• Capacity building in HCT service delivery

Name and academic qualifications of the Fellow:
Dr Namuwenge Proscovia Mukonzo, MSc (Population and Reproductive Health), MB ChB (Makerere University)

Key apprenticeship responsibilities of the Fellow
• Strengthening TB/HIV program at AIC
• Technical assistance in training of staff
• Conduct operational research
• Improve the M & E framework
• Conduct support supervision at peripheral implementation sites

Mentors:
Host institution:
Dr Raymond Byaruhanga, Executive Director, AIC
Dr Henry Katamba, M&E Manager, AIC

Academic: Dr Elizabeth Nabiwemba, Assistant Lecturer, Makerere University School of Public Health
Summary profile of host institution

Protecting Families Against HIV/AIDS (PREFA) is a local NGO that has been actively promoting comprehensive PMTCT activities in Uganda since 2004, with support from Centers for Diseases Control and Prevention (CDC Atlanta) & Children’s Investment Fund Foundation (CIFF). The organization supports the Government of Uganda to: 1) Develop and maintain standards in capacity building for PMTCT service provision 2) Implement and monitor PMTCT services, and 3) Identify service delivery gaps and seek solutions for them.

PREFA’s Mission is to contribute to Uganda’s efforts in enhancing access to quality HIV/AIDS prevention, care, treatment, and support services to families with emphasis on Prevention of Mother-to-child Transmission (PMTCT) of HIV as the entry point to these services.

PREFA’s Vision is Healthy Families living with hope and dignity in the era of HIV/AIDS. Geographical Coverage: PREFA works in 36 districts of Central, Eastern and West Nile regions of Uganda.

Name & academic qualifications of the Fellow: Mary Dutki, MSc. (Clinical Epidemiology & Biostatistics, Makerere University), BSc. (Microbiology, Madurai Kamaraj University, India), Dip. (Hospital Administration, All India Institute of Management Studies, India), and Certificate in Monitoring & Evaluation of HIV/AIDS Programs (University of Pretoria, South Africa).

Key apprenticeship responsibilities:
• To document a PMTCT community model that has been tested and can be replicated elsewhere in Uganda
• To examine the QA/QC program of the HIV testing laboratories in the health facilities supported by PREFA and make recommendations for improvement.

Mentors:
Host Institution:
Dr David Serukka, Executive Director, PREFA
Dr Geoffrey Waiswa, Monitoring & Evaluation Manager, PREFA

Academic:
Dr Fred Makumbi, Senior Lecturer, Makerere University School of Public Health
FELLOWS: APRIL 2008 – MARCH 2010

- Karen Apophia Kyampaire
- Milly Nattimba
- Merian Natukwatsa Musinguzi
- Rose Baryamutuma
- Alfred Geoffrey Okiria
- David Masaba Wanalobi
- Apophia Agiresaasi
- Proscovia Namuwenge
- Mary Dutki
KYAMPAIRE APOPHIA KAREN

EDUCATIONAL BACKGROUND:
MSc Applied Human Nutrition (Makerere University, 2010)
BSc Home Economics and Human Nutrition (Sokoine University of Agriculture, 2002)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS
- I helped Baylor-Uganda to get additional funds for nutrition activities in Baylor-Uganda from NuLife and Canadian feed the Children.
- I mainstreamed nutrition services into pediatric care and treatment program at Baylor-Uganda.
- I developed a nutrition program fact sheet and put in place community level follow-up strategy for patients with nutrition conditions.
- I built the capacity of health works in planning and implementing, monitoring and evaluating HIV interventions.
- In terms of research, I conducted operations research so at to improve program performance.
- I assessed caretakers and health workers attitudes and practices in nutrition at Baylor-Uganda.

INNOVATIVE ACTIVITIES IMPLEMENTED AT THE HOST INSTITUTION
I initiated the following:
- Collaboration between NuLife and Baylor-Uganda which has resulted in Baylor-Uganda staff and community volunteers being trained in nutrition and HIV. In addition this collaboration has resulted in a donation of Ready to use therapeutic Feed to Baylor-Uganda.
- The idea of fact sheets for different program areas at Baylor-Uganda by pioneering the Nutrition program fact sheet.
- Progress tracking and reporting in the Nutrition Unit, annual work planning and budgeting, as well as monthly Unit meetings.
- Proposal writing for funding nutrition related activities and so far two grants have been won to support nutrition activities.
- A bid for outsourcing potential providers of catering services at the COE in Mulago Hospital and led the procurement committee in evaluation of the bids to identify the best bidders. This included developing standard observation checklists which were used to evaluate the bidders while on site visits and during trial periods at workplace.
- Preparatory meetings for integrating nutrition care into Baylor-Uganda clinical department activities and put in place community level follow-up strategy for children with nutrition related conditions.

TRAINING & CAPACITY BUILDING
- Exclusive replacement feeds training of trainers course for health workers. January 2009
- Policy Guidelines on Infant and Young Child Feeding (IYCF) Baylor-Uganda staff. January 2010
- Maternal nutrition PMTCT for health workers. February 2010
- Nutrition and infant feeding in the context of HIV/AIDS for health workers. February 2010

PUBLICATIONS/PRESENTATIONS
Presentations

Newspaper articles:
- Infant Feeding: a challenge among HIV Infected Mothers. Published in the Daily Monitor February 2009
- Milk consumption Vital for Human Health. Published in the Daily Monitor March 2009
- Food insecurity will affect ARV. Published in the Daily Monitor July 2009
- Infant feeding in the context of HIV/AIDS. Published in the Daily Monitor January 21st, 2010

Radio Talk-shows

Manuscripts in preparation
- Prevalence and determinants of wasting, stunting and underweight among children infected with HIV accessing treatment and care at Baylor-Uganda, Kampala Uganda. (Draft Manuscript)
Karen engaging the media

PROGRAMMATIC ACTIVITY:
Formative Evaluation of Nutritional Care and Support Interventions for Children Exposed to and Infected with HIV at Baylor-Uganda COE and Satellite Clinics: Perspective of Caregivers.

Background:
Feeding of children exposed to and infected with HIV and AIDS remains a very big challenge in developing countries, despite the progress that has been achieved in pediatric HIV and AIDS care because of ARVs. Many HIV and AIDS programs in Uganda have not adequately integrated nutritional interventions into pediatric HIV and AIDS care. This evaluation reports knowledge, perceptions and practices of caregivers regarding the nutrition support they receive these clinics.

Methods: At the selected Baylor-Uganda supported sites in Kampala, Uganda, we formatively evaluated knowledge, perceptions and practices regarding nutrition interventions among 407 caregivers. We used quantitative methods (semi-structured questionnaire) of data collection to enlist information from the caregivers. Data was analyzed using SPSS windows version 11.0 to give proportions and means.

Results: Of the 407 caregivers, 81% were female; mean age was 29.8 ±10.2 years. Regarding caregivers’ knowledge of nutrition interventions offered at their clinics, 76% cited food supplements, followed by snacks (44.5%), and health education (34.9%). Surprisingly, 7.6% mentioned that they had not received any nutrition support from the clinics. Counseling (13.9%) and home visits (1.0%) scored low. 63.6% of caregivers perceived food supplements as the most useful nutrition service followed by health education (22.9%) and only 8.1% and 0.5% mentioned counseling and home visits as useful interventions. Preparing and serving food was mentioned by majority (52.3%) of caregivers as the key role in attaining good feeding for their children followed by providing food (37.8%) and then putting in practice what is taught at the clinic (21.6%). 53% mentioned perceived challenge in accessing and utilizing nutrition care services offered at the clinic. Major challenge was inadequate quantities of food supplements, followed by inadequate nutrition knowledge and poor attitude of service providers towards the caregivers.

Conclusion: Food supplements are a useful nutrition intervention to children receiving HIV care at Baylor-Uganda.

Recommendation: There is need to step up other nutrition interventions like counseling, home visits, health and nutrition education so that they are not overshadowed by food supplementation which is not sustainable.

In her own words: “I have improved my leadership skills and deepened my knowledge in designing and managing nutritional interventions in the context of HIV/AIDS. Through the radio talk shows, print media, face to face contact and organisational policy formulation, I have positively influenced the nutritional knowledge, attitudes, and practices of health care providers and persons living with and affected by HIV and AIDS.”
EDUCATIONAL BACKGROUND

• Master of Arts Degree in Communications Studies (University of Leeds, 2004)
• Bachelor of Arts in Social Sciences (Makere University, 2001)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

Medical Male Circumcision

• I participated in communication activities promoting Medical Male Circumcision for HIV Prevention, including radio programs, newspaper articles, community dialogues, etc.
• As part of a team, I trained over one hundred health workers in communication and media relations for Medical Male Circumcision for HIV Prevention
• I participated in designing IEC materials for Medical Male Circumcision for HIV Prevention, like a Handbook for Health Workers and a Flip Chart for Counselors.
• Generated proposals to scale up Medical Male Circumcision communication activities to the armed forces

Media relations

I managed to bring the Vision Media Group and the School of Public Health closer through radio programs and newspaper articles.

Public engagement with Science

Through the Medical Male Circumcision work, I have significantly contributed to the department’s work in Research-to-Policy and Programs Translation.

PUBLICATIONS/PRESENTATIONS

Oral presentation

“Using the Media to Bridge the Gap between Research and the Public: The Case of Medical Male Circumcision Programming in Uganda”, Oral Presentation at the 5th College of Health Sciences Conference, September 24th 2009

Newspaper Articles

• Circumcision: How does this men’s issue affect women? The New Vision, August 4th, 2008
• HIV+ kids fall through cracks. The New Vision, September 21st, 2008
• 46 Years on, Women still not Independent. The New Vision, October 9th, 2008
• Is Uganda losing grip on the changing face of HIV? (Written with Dr. Freddie Sengooba, Professor Wabwire Mangen, Professor David Serwadda), The New Vision, January 8th, 2009
• Make Couple-Centred Interventions Priority (Written with Dr. Freddie Sengooba, Professor David Serwadda), The Daily Monitor, January 20th, 2009
• HIV/AIDS - Will law on Intentional spread reduce Infections? (Written with Mr. Abbey Kibirango-Bukedde FM), The New Vision, March 9th, 2009
• Rakai centre gets nod for circumcision training. The New Vision, September 13th, 2009
• Makerere University must Focus on Research. The New Vision, October 28th, 2009

INNOVATIVE ACTIVITIES IMPLEMENTED AT THE HOST INSTITUTION

• Initiated a knowledge survey on MMC among people seeking circumcision at health facilities, to obtain information that would inform message design and communication strategy development.
• Revamped the web site of the School of Public Health to create a forum for sharing research and knew knowledge within the school and with the outside world.
• Initiated a proposal to scale up Medical Male Circumcision to armed forces

TRAINING & CAPACITY BUILDING

• Training of health workers and health communicators in communication for Medical Male Circumcision for HIV Prevention (4 trainings)
Fellow (left) appearing on CBS radio with her academic mentor (Dr. Christine Nalwadda), to disseminate facts about Medical Male Circumcision

PROGRAMMATIC ACTIVITY
Developing a Communications strategy for Makerere University School of Public Health (MUSPH)

Summary: MUSPH is a leading Public Health trainer in Uganda and the region. It works with various partners and conducts several programs; academic, research and community service. The school is growing and its scope of communication is widening. In order to realise its vision; ‘to be centre of excellence providing leadership in Public Health’, the school requires to have in place an evidence-based communications strategy. Developing the strategy involved conducting a situation analysis on the current communication practices at the school, using the SWOT (Strengths, Weaknesses, Opportunities and Threats) approach. Key informant interviews and Focus Group Discussions were held with key individuals and communities to obtain the necessary information. The design process has been participatory and provided good evidence that informed development of the final product.

In her own words:
“The fellowship has been an enriching experience for me; the interaction with researchers has galvanised my desire to work as a link between research and the public. Working with fellows from diverse backgrounds taught me to always examine communication issues from different perspectives; there can be so many interpretations of an issue depending on the backgrounds of the people involved”
MERIAN NATUKWATSA MUSINGUZI

EDUCATIONAL BACKGROUND
M.A demography
Makerere University 2003
PGD Demography
Makerere University 2000
B.A Education
Makerere University 1992

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS
• Designed and implemented a community mobilization strategy for HIV/AIDS prevention and care for children.
• Acted as a project coordinator for one month.
• Wrote articles that were published in the local media.
• Prepared and presented two papers at National workshops.
• Prepared abstracts for international workshops.
• Carried out monitoring and support supervision of activities at the host institution.
• Represented the National director and the organization in a number of meetings and workshops.
• Prepared an HIV at workplace policy for Child Fund.
• Prepared the HIV annual report for ChildFund.
• Developed a peer education manual for youth and a Handbook for Home based care for children.

EXTERNAL COURSES ATTENDED
• I attended training in research ethics curriculum with Family Health International. This training was done online.
• Introduction to Psycho social support for one week by REPSSI. The training was in Kampala with support from Child Fund.

PUBLICATIONS/PRESENTATIONS
• HIV/AIDS era; let the African child speak out (Daily monitor 16th June 2008)
• Children; the forgotten part of the HIV/AIDS epidemic (Daily monitor 9th Sept. 2008)
• “Exploring men’s involvement in maternal and Neo natal care: a case of Kiyindi landing site in Buikwe Mukono District” (Makerere University College of Health Sciences 5th annual scientific conference 24th Sept. 2009)
• I made a radio presentation on Voice of Lango on 3rd December 2009 as part of World AIDS Day awareness activities for Child Fund.

TRAINING AND CAPACITY BUILDING
• I facilitated trainings for peer educators in Kampala area.
• I facilitated training for community health workers in home-based care in Dokolo.
• I organized for training of community-based volunteers for the Irish grant in Masindi and Kiboga.
• I trained research assistants for a KAP survey for the mid-term evaluation of the KIMAWA project.

P.O BOX 40303, Kampala
Tel. 077 2 500162
E-mail merianmusinguzi@yahoo.co.uk
PROGRAMMATIC ACTIVITY

Design and implementation of a community mobilization strategy to encourage utilization of community based HIV/AIDS care services for children aged five years and below in Dokolo district, Uganda

Summary: Of the 2.1 million children under the age of 15 years living with HIV worldwide, at least 90% live in Sub-Saharan Africa. In Uganda mother-to-child transmission (MTCT) accounts for 22% of all new HIV infections and there are an estimated 110,000 (0.7%) children living with HIV/AIDS. Although WHO recommends that all children born to HIV positive women are tested for HIV and if positive started on antiretroviral treatment irrespective of their CD4 counts, access to testing and treatment services for these infants in Uganda remains limited especially in rural areas. Of the 310 ART accredited sites in Uganda only 134 sites provide ARVs for children. Seventy percent of these are in Kampala and the central region where only 13% of the population lives.

Dokolo District has limited access to health facilities in general and paediatric HIV/AIDS care services in particular. For this reason the Child Development Program ChildFund International in partnership with the paediatric HIV/AIDS program of Baylor Uganda have partnered to provide paediatric HIV/AIDS care services at health facilities and outreach centres in Dokolo. In the face of this new partnership and given the need for uptake of these services, this programmatic activity aimed to mobilize the community to make use of the paediatric HIV/AIDS services.

The programmatic activity entailed mobilization of communities to utilize the services by building capacity of community health workers to effectively enable them teach caregivers how to provide home based care for children infected with HIV and raising awareness of the community about the availability of HIV/AIDS care services for children in the community. It also involved input and output monitoring of the community mobilization strategy.

Results show an improvement in uptake of PMTCT services, HIV+ children being enrolled into ART and offered HBC by their caregivers. The community mobilization approach has encouraged members of the community to appreciate the challenge existing amongst them and this has promoted a buy in by the people leading to better utilization of services and sustainability of programs.

In her own words:

“I have enjoyed working at ChildFund especially working for and with children. The experience has been challenging and exciting at the same time. The fellowship program has given me the exposure and prepared me to handle management challenges”
Rose Baryamutuma

Educational Background
MA (Demography) Makerere University (2006)
BA (SS), Makerere University (2000)

Significant Fellowship Accomplishments
• Established an M&E system for the HIV program at Uganda Protestant Medical Bureau (UPMB)
• Wrote a proposal for a grant of 10,000 Euros
• Set up a database for the resource centre at UPMB
• Organized a capacity building workshop where 45 staff from the UPMB network were trained in grants and proposal writing
• Strengthened the partnership between the HIV/AIDS Fellowship program with the Uganda Protestant Medical Bureau for future collaborations
• Conducted an operations research entitled “a formative study of the causes and magnitude of maternal deaths in health facilities affiliated to UPMB”
• Wrote a concept paper for strengthening the HIV/AIDS program at UPMB
• Contributed to the formulation of UPMB’s Strategic Plan 2008-2013 (worked on the HIV program section)
• Reviewed proposals and mentored staff from Member Health Units in proposal writing for a five year grant by USAID in collaboration with the Inter-Religious Council of Uganda
• Prepared the UPMB Proposal for a five year collaboration with the inter-Religious Council of Uganda in response to a USAID grant to enhance access to and utilization of comprehensive HIV and AIDS services through the faith based institutions (2010-2014).

External Courses Undertaken
• Attended a one Week workshop on Monitoring and Evaluation in Jinja organized by one of UPMB’s Development partners (EED).
• Undertook a 13 week web based course (Virtual leadership Program for Monitoring and Evaluation). The course is facilitated by Management Sciences for Health.
• Attended a web based course on “Protecting Human Research Participants” by the National Institutes of Health (NIH)

Publications
• Published three newspaper articles in the Daily Monitor Newspaper
• Two articles in the UPMB newsletter
• Made two oral presentations at key National scientific gatherings
• Presented a poster at an International AIDS Society Conference in Cape Town South Africa (July 2009)
• Submitted a Journal Article to the African Journal of Health Sciences.

Innovations
I wrote a concept paper and mobilized executive secretaries for all medical bureaus (Protestant, catholic, Muslim and Orthodox) to seek a more meaningful partnership with the Inter-Religious Council of Uganda (IRCU) in implementing USAID funded projects. This has resulted in the medical bureaus receiving budgetary allocations from the $30 million grant to faith based Institutions through IRCU. For UPMB, this money will revitalize the HIV program and avail money to carry out activities in the next five years.

Training and Capacity Building
I organized a one week grants and proposal writing workshop in collaboration with the HIV/AIDS Fellowship Program where 45 staff from member health facilities were trained.

Programmatic Activity
Sexual and reproductive health behaviors, services and needs of adolescents living with HIV in Uganda

Summary: My programmatic activity was a formative survey of the sexual and reproductive health behaviours, services and needs of adolescents living with HIV and AIDS (ALWHA) in Uganda. The survey was conducted in 8 public hospitals including those in the Uganda Protestant Medical Bureau Network (UPMB). The objectives of the survey were to; investigate the sexual behaviours of adolescents living with HIV and AIDS, analyse the reproductive health behaviours of adolescents living with HIV and AIDS, examine the SRH services for ALWHA in terms of availability, accessibility and quality, assess the SRH needs for ALWHA and to establish the factors that influence sexual behaviors and reproductive health needs among ALWHA. The findings of the survey will help the Uganda Protestant Medical Bureau to prioritize sexual and reproductive health issues of ALWHA in her strategic areas of operation; capacity building, resource mobilization, and advocacy. The outcome of the survey will also inform National policies as far as the sexual and reproductive health needs and services for ALWHA are concerned.
In her own words: “Overall, the two year apprenticeship program has been a period of self discovery, full of learning experiences and opportunities for growth. It will forever shape my destiny and career path”
DR. OKIRIA ALFRED GEOFFREY

EDUCATION BACKGROUND:

MPH (Master of Public Health), Makerere University, Kampala (2007)
MB ChB (Bachelor of Medicine and Bachelor of Surgery), Makerere University, Kampala (2000)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

- Led the expansion of Reach Out Mbuya catchment areas to Mutungo in Kampala and scaling up of HIV care services to Kasaala site (Reach Out Kasaala) in Luweero District
- Lead person in the scale up of comprehensive HIV care services including Tuberculosis (TB) and Sexually transmitted infections (STIs) screening and treatment to Kasaala in Luweero district
- Put in place comprehensive Health Management Information System (HMIS) for integrated HIV and PHC services at Kasaala site.
- Lead person in the quality improvement of service delivery with integration of HIV services with PHC, TB and HIV and Routine counseling and testing and PHC.
- Strengthened the referral networks for care (Kiwoko Hospital), family planning (Butuntumula Health centre III) and social support for OVCs (AMREF)
- Ensured timely and accurate reporting of project activities and results to head office at Mbuya.
- Responsible for overall planning, implementation and management of the program, ensuring the program’s administrative and financial integrity.

EXTERNAL COURSES UNDER-TAKEN

- Short course in continuous quality improvement organized by the School of Public Health for medium-term Fellows.

PUBLICATIONS/ PRESENTATIONS

Print media
- When Wealth and Poverty meet to Fuel the HIV epidemic. Published in Daily Monitor of May 27th, 2009.
- The Dilemma in providing quality HIV care to mobile urban poor residents. Published in the Reach Out Mbuya HIV/AIDS Initiative Biannual Newsletter November 2009.
- Reaching out to the voiceless and invisible through Home visits - My experience with Reach Out Mbuya. Published in Reach Out Mbuya Biannual Newslette June 2008

Oral and Poster Presentations
- Scaling up ART services to rural settings urgently needed. Findings from base line assessment at Kasaala Health centre III. Poster presentation at the Uganda Society for Health Scientists conference, Golf course Hotel, Kampala on 12th June 2009.
- Couple HIV Testing – Couples respond to the Prevention program. Experience at Reach Out Kasaala. Poster presentation at the Uganda Society for Health Scientists conference, Golf course Hotel, Kampala on 12th June 2009.
- Filariasis in Butuntumula Sub county Luwero district- Need for intervention. Oral presentation at the Uganda Society for Health Scientists conference, Golf course Hotel, Kampala on 12th June 2009.

Publications/manuscript in preparation
- Effect of Integration of Antiretroviral treatment into Primary health care services in rural health centre III in Luweero District Uganda. (Draft Manuscript)

INNOVATIVE ACTIVITIES:

- Introduced performance reviews in the organization started with Kasaala site and now entire organization.
- Initiated Peer couple HIV testing and Family Voluntary Counselling and Testing now fully implemented at Kasaala site. 127 couples reached through this peer couple HIV testing.
- Developed simple access databases at Kasaala site to enable data capture and report generation (before the HMIS was put in place).
- Initiated the Seprin prophylaxis adherence monitoring through pill counts.

TRAINING AND CAPACITY BUILDING

- Organized Finance for non finance managers courses for 23 senior and mid level managers of ROM. Course facilitated by the School of Public Health-CDC HIV/AIDS Fellowship Program
- Trainer in the comprehensive six month HIV course at ROM and lead facilitator in the ART and TB modules. Voted overall best trainer in 2008 at ROM.
- Conducted over ten Continued Medical Education sessions for the staff.

EDUCATION BACKGROUND:

MEDICAL

MB ChB (Bachelor of Medicine and Bachelor of Surgery) University of Makerere, Kampala (2000)

ACCOMPLISHMENTS

- Staff recruitment, orientation, mentoring, coaching, appraisal and training needs assessment at Reach Out Kasaala. Recommended staff for training to fill in the skills gaps.
- Logistics management at Kasaala site; drug and supplies quantification, projections and estimations using designed tools and being in charge of procurement of these items at the facility.
- Together with senior management wrote grant proposal for PEPFAR funding (RFA) worth US$15,000,000 for the next 5 years.
- Developed the standard operating procedures (SOPs) for the key sections in the organization (counseling, Adherence support section (ASSECT), Clinic, Pharmacy, Laboratory)
- Supported the ASSECT section in TB screening, treatment and follow up of the TB patients.
- Conducted the PMTCT operations research specifically PMTCT evaluation for the organization. Reviewed the tools for data collection, supervised the data collection and entry process and analyzed the data.

EXTERNAL COURSES UNDER-TAKEN

- Short course in continuous quality improvement organized by the School of Public Health for medium-term Fellows.

PUBLICATIONS/ PRESENTATIONS

Print media
- When Wealth and Poverty meet to Fuel the HIV epidemic. Published in Daily Monitor of May 27th, 2009.
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- Conducted over ten Continued Medical Education sessions for the staff.
PROGRAMMATIC ACTIVITY:
Establishing Health Management Information System for Integrated HIV and PHC Services at Reach Out Kasaala.

Background: Health Management Information System (HMIS) is the basis for monitoring and evaluation of health programs and service delivery. Reach Out Kasaala’s HMIS was characterized by lack of: standardized reporting tools, data storage, backup facilities and computerized databases. This was further worsened by lack of trained staff in data management; hence the need to put in place integrated HMIS in the facility. The objective was to establish a functional computerized Integrated HIV and primary health care HMIS at Reach Out Kasaala by end of March 2010.

Methods: A Participatory review of the existing tools to make them relevant to the data needs of the facility was undertaken. The outpatient and inpatient admission forms and registers were reviewed and revised as well as the pharmacy dispensing log to track drug utilization and use for projections.

Results: All the relevant forms have been standardized and printed. Registers and dispensing logs have been printed and are in use. All computers networked with server installed in M&E section. Computerized databases have been developed with key modules of registry, outpatient, inpatient, immunization, antenatal, laboratory, medical follow up, counseling and pharmacy. All clients entered in the registry. Staff trained in data management. M&E section budget has component for maintenance of system.

Conclusion: Computerized HMIS is very critical component in the monitoring and evaluation of the service provision in the organization. All the sites could be networked and centralized to easy data retrieval and report generation.

In his own words: “Whereas the fellowship program is so demanding, it has developed and enriched my experience in management, leadership and programming and has put me to a level far much beyond what I had anticipated in my career as medical doctor”.

• Conducted one day training for the staff on TB contact tracing, and Isoniazid prophylaxis.
• Organized and facilitated 3 day workshop to develop Reach Out strategic plan 2010-2015.
• Facilitator in a one week Trainer of trainers (TOT) workshop organized by UPMB for the community health workers from selected health facilities across Uganda.
• Involved in mentoring, coaching of staff, students on six month training and volunteers at ROM and ROK.
• Facilitator TB, Reproductive health and ART workshops organized for clients
• Trained staffs in Kasaala on new PMTCT policy and ensured its implementation.
• Trained Community ARV and TB Treatment Supporters (CATTS).
• Supported the two short term fellow in the programmatic activity at Reach Out Mbuya.
MASABA DAVID WANALOBI


Uganda AIDS Commission (UAC) – April 2008-March 2009
• Wrote a concept paper for the National Capacity Building Strategy for HIV&AIDS Civil society organizations and Public institutions.

Reach Out Mbuya – April 2009-March 2010
• Developed a comprehensive M&E Framework for the OVC Project (Operation Child Support) to help in structuring the monitoring and evaluation process.
• Managed the process of developing an electronic relational database (Management Information System) for the OVC project. This will improve monitoring and evaluation of OVC activities at ROM.
• Improved the filing system and established the actual number of children supported by the OVC Project.
• Realigned the OVC project strategy to the National OVC strategy.
• Carried out a workload assessment to establish staffing requirements of the OVC project.
• Developed OVC IEC Materials.
• Led the process of developing a Memory Book project meant to support parents/caretakers to plan for the future of their children.

PUBLICATIONS
Published an article “Marriage was safe: What happened” in the New Vision.
• Training & capacity building.
• Offered ongoing training and support supervision to the project staff in the use of the computerized OVC Management Information System.
• Participated in the training of Community ARV and TB Treatment Supporters (CATTS) at Reach Out Mbuya.

EDUCATIONAL BACKGROUND

Masters of Arts Development Studies, Uganda Martyrs University, Nkozi, Uganda (2007)
Bachelors Arts Degree (Hons), Makerere University Kampala, Uganda (2001)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

I was attached to two host institutions in the course of my Fellowship, first with Uganda AIDS Commission (April 2008-
PROGRAMMATIC ACTIVITY

Developing a monitoring and evaluation framework for implementing Operation Child Support activities at Reach Out Mbuya Parish HIV/AIDS Initiatives

To date Reach Out Mbuya (ROM) is supporting over 1,000 Orphans and Vulnerable Children (OVCs), through its OVC project Known as Operations Child Support (OCS). The OCS project provides education and vocational training support, psychosocial support and Child Protection.

However, since the inception of this project, there were challenges to get the right counts in terms of the number of OVC served, there were challenges relating to over counting and decisions are often based on haphazardly collected field information. Some of the challenges were attributed to the sudden increase in the number of OVC served with inadequate capacity to build a monitoring and evaluation system that is based on the critical M&E questions in planning of (what, why, when, for whom, who and how).

To resolve the above challenges, Reach Out Mbuya requested for a Fellow to give support to the OCS project team particularly to streamline the M&E issues in the section to enable evidence based planning and decision making using reliable and well articulated data.

With the development of the M&E framework ROM is now in position to quantify the impact that this project has had on the target population, and justify the existence of the OVC project.

The methodology and approach to the development of this M&E framework followed a participatory and phased approach as it entailed wide consultation at all stages. Project meetings, discussions and mini-workshops were held involving the Executive Director, senior managers, team leaders and OCS staff members. These consultations were aimed at enhancing ownership that will in effect bring effective accountability at the stage of implementation. The first phase focused on developing a Monitoring and Evaluation (M&E) framework that clearly defines goals and objectives of Operation Child Support interventions in order to structure the M&E process. A log frame was developed, indicators identified, assumptions and means of verification defined. A project Monitoring and Evaluation Plan was developed involving indicator definition, defining the data sources and the roll players in data collection and analysis.

Following the project implementation the Fellow learnt that the staffs who implement the project must be involved in M&E for they uphold the functioning of the M&E system.

In his own words: “The program has contributed greatly to the enhancement of my skills and competencies in program leadership and management”
AGIRESAASI APOPHIA

EDUCATIONAL BACKGROUND
BA (Social Sciences), Makerere University (2001)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS
•Developed operational guidelines for the Parliamentary Constituency Taskforces on HIV/AIDS and related matters. These included the narrative guidelines, the Monitoring and Evaluation framework and operational plan.
•Initiated an HIV/AIDS video archive in the Parliamentary HIV/AIDS Resource centre. DVDs with information on HIV/AIDS were dubbed and made available for both members and staff of parliament to borrow for the library or watch in the HIV/AIDS resource centre. The fellow worked with the public relations department to ensure that these DVDs have been relayed centrally on the Parliament CCTV network so that members and staff can watch them from the comfort of their offices.
•Revised and updated the Parliamentary HIV/AIDS Communication toolkit with recent information including facilitating the workshop on revising the toolkit.
•Revised the Round Seven Global fund proposal titled, “Strengthening the Institution capacity of Parliament under the multi-sectoral response to HIV/AIDS”.
•Participated in a research study to investigate the reasons for higher HIV/AIDS prevalence among the fishing communities of Mayuge and Masaka districts to inform committee in preparation for their oversight visits to the lake regions. Her responsibilities included, instrument design, data collection, analysis, report writing and presentation.
•Carried out a desk review on the current status, trends and drivers of HIV/AIDS epidemic and presented recommendations for inclusion in HIV/AIDS bill and participated in the co-ordination of consultative workshops on the bill.

EXTERNAL COURSES UNDERTAKEN
•Attended a monitoring and evaluation course for Medium-term Fellows offered by the MUSPH-CDC HIV/AIDS Fellowship program. The course runs for eight months.

PUBLICATIONS/PRESENTATIONS

Articles Published
•Patriarchal Traditions Driving the HIV pandemic. Published in The New vision dated 21st August 2008
•Tackle Pornography in Fight Against HIV. Published on 17th September 2008 in The New vision
•26 Years of HIV/AIDS, Leaders should Walk the Talk. Published in the New vision dated 8th December 2008
•Immorality and HIV are Bedfellows. Published in The New vision on 19th February 2009.
•Control Alcohol Abuse to curb HIV/AIDS. Published in The Monitor dated 4th September 2009
•Sexual Violence Spiraling Infections among Women. Published in The New vision dated 14th September 2009.
•Parliament Partners with Makerere and CDC on HIV/AIDS. Published in the August House Newsletter November issue 2008.
•Are HIV/AIDS and Women’s Empowerment friends or Foes? At the National University of Rwanda 6th Annual Research conference 19TH – 21ST October 2009
•HIV/AIDS, the economics of survival and healthcare provision along the fishing communities in Masaka and Mayuge district at the Uganda Medical association Annual Scientific Conference held in Gulu in February 26th -27th 2009.
Journal articles published/manuscripts in preparation
Prevalence and Determinants of Sexual Abstinence among in-school young people in Kampala Uganda (Draft Manuscript)

INNOVATIVE ACTIVITIES IMPLEMENTED AT THE HOST INSTITUTION
•Initiated the Parliamentary HIV Prevention Annual Award to enhance HIV prevention by recognising persons who have lived by example. A total of 50 stories of nominees were published in The New Vision and a balanced panel including parliament, the media, faith-based organisations and civil society and funding partners selected winners who were published in The New Vision on December 15, 2009.

Oral Presentations made
•Prevalence and determinants of Abstinence as an HIV Prevention strategy among Urban youths in Kampala at the 5th SAHARA conference in South Africa at Gallagher estate from 30th November to 3rd December.
PROGRAMMATIC ACTIVITY:
Developing Operational guidelines for the Parliamentary Constituency Task Forces (PCTA) on HIV/AIDS

Background
The PCTA were set up for efficient coordination of HIV/AIDS activities at constituency level. However, a situational analysis revealed that the PCTA did not have operational guidelines to guide their implementation. Operational guidelines have been developed to enable PCTAs become more effective in carrying out their oversight functions at constituency level. With guidelines in place PCTA will be better informed which HIV/AIDS government programs are performing or failing, which will in turn inform Parliament’s decisions in appropriating funds. In so doing, Parliament promotes development and accountability by ensuring that scarce public resources go to those programs that have verifiable benefits to the public.

Objective
The overall objective was to develop operational guidelines for the Parliamentary Constituency Taskforces on HIV/AIDS in order to guide their implementation and to ease monitoring of their progress.

Methodology
Development of operational guidelines for the PCTA followed a participatory approach involving the Fellow, an external facilitator and the members of the Parliamentary Standing Committee on HIV/AIDS and related matters. The operational guidelines contain three documents that is: narrative guidelines, a monitoring and evaluation framework and operational plan for the PCTAs. This project was done in phases: Relevant documents and stakeholders were consulted, draft operational guidelines developed, shared, amended and later on disseminated.

Operational guidelines were developed including the narrative guidelines, the M and E framework and the Operational plan.

In her own words: “Sometimes we spend time, but my two year fellowship apprenticeship placement at Parliament has been time well invested. It is Perhaps the best thing that ever happened to me in terms of career development”
EDUCATIONAL BACKGROUND
MSc Population and Reproductive Health, Makerere University (2007)
Bachelors of Medicine and Surgery (MB ChB), Makerere University (2000)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS
• Designed and implemented a program for TB/HIV services in Uganda prisons. Initially piloted in Luzira Upper Prison and is now being rolled out to eleven other prisons in Uganda.
• Reviewed and streamlined TB/HIV data collection tools at AIC
• Led a team that developed course content for training in paediatric HIV and child counselling
• Facilitated at several training workshops for AIC staff and as a guest facilitator at external workshops.
• Participated in the revision and updating of the national TB/HIV recording and reporting tools.
• Provided technical assistance to AIC staff and those of supported sites through conducting support supervision
• Conducted operational research including, evaluation of the performance of the Isoniazid prevention therapy program at AIC and made recommendations for program improvement and assessment of Health care waste management at AIC branches
• Paper presentation at scientific meetings
• Organized courses for AIC staff in strategic leadership and management, HIV care and support, health care waste management, and TB/HIV collaborative activities.

EXTERNAL COURSES UNDERTAKEN
I attended a 7-month modular course in Operations Research at the Union Headquarters in Paris from August 2009 to March 2010. This was a modular course for which I had to travel to Paris thrice to attend the face to face lectures. I received medical and travel insurance from the MUSPH CDC Fellowship Program and the rest of the course requirements were sponsored by the Union. This course enhanced my knowledge and skills in operational research.

PUBLICATIONS/PRESENTATIONS
Newspaper articles
• TB awareness still lacking in rural areas. Published in the Daily Monitor newspaper on March 25th, 2009
• To achieve Millennium Development Goals address ARV shortage. Published in the Observer newspaper on May 8th, 2009
• AIC receives an SPH-CDC Fellow. Published in the AIC Quarterly newsletter, April to June 2008 issue
• A day at Luzira Maximum Prison. Published in the SPH-CDC newsletter, October to December 2009 issue

Presentations
“Moonlight HCT a strategy to reach out to commercial sex workers” at the National HIV Counselling and Testing conference on the 7th of May 2009 at Hotel Africana, Kampala

Radio talk shows
I was a guest presenter at 4 radio talk shows, 2 on capital radio and 2 on voice of Africa TV/Radio.

TRAINING & CAPACITY BUILDING
I facilitated at five training workshops for AIC staff and as an external facilitator for other organizations. The topics handled included TB/HIV, palliative care in HIV/AIDS, Paediatric HIV/AIDS and HIV epidemiology.
**PROGRAMMATIC ACTIVITY:**
*Isoniazid Preventive therapy at AIC; A performance evaluation (2006-2009)*

**Summary:** This study was designed to evaluate the performance of the Isoniazid Prophylactic Therapy (IPT) from 2006 to 2009 at AIDS Information Center (AIC).

**Purpose:** To assess how the IPT program at AIC was doing so as to inform implementers of its progress, assess the level of adherence to the existing guidelines and protocols set for the program, retention of clients into the program and any challenges faced during the implementation of the program. The key evaluation questions of the study were:

- Are the staffs adhering to the set AIC-CDC-NTLP TB protocol?
- What challenges were encountered during the enrolment process and follow up period over the evaluation period?
- What was the retention and dropout rate of clients enrolled to the AIC IPT program?
- What proportion of clients developed active TB within two years after completion of IPT in the evaluation period?

**Methodology:** The evaluation used a descriptive cross sectional study design with retrospective review of records in which both quantitative and qualitative data was collected.

**Findings:** AIC’s TB screening and follow-up protocols developed with partners including National Tuberculosis and Leprosy Program (NTLP) and CDC have been continually used to screen and follow up patients. The AIC case detection rate is 467 per 100,000 compared to the national average of 163 per 100,000.

- AIC’s follow-up of clients for IPT is almost nonexistent for clients who default treatment and there is still no follow-up once treatment is completed.
- There’s a notable declining trend in the proportion of clients enrolling onto the program with low IPT completion (56%) and high dropout rates over the years 2006 to 2008. This is attributed to factors like lack of TB adherence supporters, limited awareness of the IPT program by different stakeholders, financial constraints experienced by clients and periodic stock outs of logistics.
- There is a high loss of clients between HIV screening and TB screening within AIC which is attributed to different factors like long waiting times for clients due to few staff, reluctance by clients to receive more bad news about TB soon after knowing that they are HIV positive and stock-outs of Isoniazid.
- The IPT program is expected to be implemented by specialized full-time program staff. The program is currently experiencing a shortage in staffing, except for the medical officers, the other cadres of staff are either spread out to work on other programs or they are nonexistent.

**Recommendations:** AIC must strengthen its delivery of an integrated package of services to IPT clients and review of client flow systems in the facilities to ensure that fewer individuals are lost and thus not screened for TB, within the system. There’s also need to strengthen the procurement system to overcome challenges of stock outs of essential supplies of the program.

- A considerable investment is needed in terms of human resource for the program for AIC to capably implement IPT.
- AIC should endeavor to follow up and document details about all clients during and after IPT, particularly those who develop active TB.
- In order to spread the importance of IPT, MoH-NTLP-AIC should make information available throughout communities. In addition, health workers must be trained so they can knowledgeably inform clients about IPT.
- NTLP should ensure that there are adequate supplies of blister packaged Isoniazid (INH) for safe custody and that IPT follow-up cards (similar to CB DOTS) are developed and supported to ensure a comprehensive follow-up of patients.
- An IPT evaluation framework needs to be developed so as to facilitate periodic evaluations of the IPT program.

In her own words: “I have gained so much knowledge and skills in program management and research. I now feel confident to take on responsibilities in various organizations.”
MARY DUTKII

• Participated and represented PREFA’s interests in various MoH and HIV/AIDS partners job related dialogues, working groups and professional meetings.

EXTERNAL COURSES
• Web-based course: Protecting Human Research Participants. NIH, 2009

PUBLICATIONS/ PRESENTATIONS
• "Developing A Quality Assurance Program For HIV Testing In PREFA Supported Health Facilities- Preliminary Findings Of A Laboratory And Training Needs Assessment". Published in the PEPFAR Annual Report 2008
• "Challenges to Assuring the Quality of the HIV test in Publicly Funded Health Facilities in Uganda: The Experience of a PMTCT Implementing Partner", Published in the SPH-CDC Fellowship Newsletter in June 2009.
• Catch-22 dilemma: To breastfeed or not to breastfeed? Opinion piece published in the Daily Monitor on 29th July 2009

Feature articles:
East African Business Week
• New technology to prevent HIV mother-to-child transmission(September 16th-22nd 2009)
• Male circumcision may save six million lives (November 23-29 2009)
• Should ARVs be used for HIV prevention? (November 9-15 2009)
• Safe disposal of infectious needles vital (November 30th-December 6th 2009)
• ARV treatment gap a threat to human rights (December 7th-13th 2009)
• Children need community support to adhere to ARVs (December 14th-20th 2009)
• Prolonged use of ARVs may cut HIV mother-child transmission (December 21-27th 2009).
• Point of care viral load tests aid in patient monitoring in rural areas (January 18th-24th2010)
• Shortage of workers crippling HIV fight (February 1st-7th 2010)
•Africa needs a long-term response to ARV treatment (February 8th-14th 2010)
• Booster immunization to protect HIV patients from TB (February 15th-21st 2010)
• Use of nevirapine by mothers is best after a year (February 22nd-26th 2010)

Presentations
• "Challenges of Quality Assurance of HIV testing in Public Health Facilities in Uganda". Uganda Society of Health Scientists Conference, June 11th 2009, Golf Course Hotel, Kampala.

Manuscript for publication
• Outcomes of HIV Rapid Proficiency Testing Among Health Workers Providing Prevention of Mother-To-Child Transmission Of HIV (PMTCT) Services In Uganda

INNOVATIVE ACTIVITIES
• Monitoring &Evaluation: Revised monitoring tools for PREFA training program; tools currently in use enable tracking of capacity building activities in PREFA supported districts.
• Linkages: Developed linkage between Central Public Health Laboratories and Uganda Virus Research Institute (Laboratory for HIV Reference and Quality Assurance/Quality Control) for future implementation of quality assurance activities in PMTCT implementing sites.
• Linkages: Developed linkage between AIDSTAROne and PREFA for better healthcare waste management in PREFA supported districts.
• Documentation: Documented the PREFA success story for increased program visibility.

TRAINING AND CAPACITY BUILDING
• Planned and coordinated onsite HIV rapid proficiency testing with immediate feedback (corrective action and retraining) for 490 health workers (lab and non-lab background) in 288 PMTCT implementing sites in 27 districts. Of these health workers 87.6% had never participated in a HIV rapid proficiency test before. Seventy six percent (76%) of the health workers passed the proficiency testing (using correct testing algorithms and obtaining correct test results on panel of specimen provided).

EDUCATIONAL BACKGROUND:
• MSc. Clinical Epidemiology and Biostatistics. Makerere University Kampala (2007)
• BSc. Microbiology. Madurai Kamaraj University, India (2001)
• Diploma in Hospital Administration. All India Institute of Management Studies, India (2001)

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS:
•Designed and coordinated implementation of an Onsite Evaluation (laboratory assessment and proficiency testing) of HIV testing in 27 districts, 288 health facilities and 490 health workers; made recommendations for the Quality Assurance Program for HIV testing in PREFA supported districts.
•Designed and coordinated an Outcome evaluation of the community component of the PREFA supported PMTCT program in Kayunga district, Uganda; made recommendations for involvement of males in a PMTCT program.
•Designed and coordinated a study to define male involvement in the PMTCT program in Kayunga District, Uganda; made recommendations for involvement of males in a PMTCT program.
•Designed and coordinated the assessment of quality assurance of HIV testing in 34 health facilities in four districts; a preliminary study for the Onsite Evaluation of HIV testing in PMTCT implementing sites.
•Supported scale-up of the community and capacity building programs through meetings with DHTs, community dialogues, and support supervision visits in 15 of 36 PREFA supported districts.
PROGRAMMATIC ACTIVITY
Defining male involvement in the prevention of mother-to-child transmission of HIV (PMTCT) Program in Kayunga District, Uganda

Male involvement which is a recommended component of the PMTCT program is low. Male involvement in the PMTCT program is measured by the number of male partners undertaking the HIV test in ANC settings. This study hypothesized that male involvement in PMTCT cannot be achieved unless men’s priorities, needs, beliefs and perceptions about HIV testing and PMTCT are evaluated, interpreted and acted upon. Services which do not correspond to men’s own perceived needs are unlikely to attract men. This study therefore sought to understand the perceptions of a rural community towards the involvement of males in a PMTCT program. Focus group discussions, key informant interviews and in-depth interviews were held with various categories of community members. The community felt that they were financially, physically and psychosocially involved in the support and care of pregnant partners. The male partners were aware of the HIV testing requirements at ANC, but competing priorities, lack of clear benefits for men, woman-focussed facilities and services, multiple sexual partnerships and the presence of traditional healers influenced their participation in ANC-based PMTCT programs. Male oriented health education programs and improvements to ANC facilities were suggested strategies for improving male involvement. Reviews of the role of male partners in PMTCT, of the PMTCT communication strategy and of the systems in ANC settings will need to be conducted for the recommended male involvement in PMTCT to occur.

In her own words: “The apprenticeship provided a platform for practical application of the knowledge I had gathered from the classroom, consolidating both my management and research skills”
# Current Employment Status of ALUMNI Fellows

## INTAKE 1: MARCH 2002 - 2004

<table>
<thead>
<tr>
<th>Name of Fellow</th>
<th>Position</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr Christine Nabiryo</td>
<td>Deputy Chief of Party, SPEAR Project</td>
<td>USAID, MoES and World Vision collaboration</td>
</tr>
<tr>
<td>2. Mr Enamus Oolok Tang</td>
<td>Project Officer, Communications</td>
<td>Makerere University School of Public Health Council on Health Research for Development (COHRED)</td>
</tr>
<tr>
<td>3. Ms Jennifer Frances Bakyawa</td>
<td>Deputy Chief of Party, SPEAR Project</td>
<td>USAID, MoES and World Vision collaboration</td>
</tr>
<tr>
<td>4. Dr Jim Arinaitwe</td>
<td>Global Fund Advisor</td>
<td>Uganda AIDS Commission</td>
</tr>
<tr>
<td>5. Ms Linda Kavuma Luyiga</td>
<td>Head of Community Operations, Pre-Exposure Prophylaxis Study among HIV-discordant couples</td>
<td>Infectious Disease Institute</td>
</tr>
<tr>
<td>6. Dr Primo Madra</td>
<td>National Program Officer/Emergency</td>
<td>UNFPA, Kampala</td>
</tr>
<tr>
<td>7. Mr Timothy Waiswa Wakabi</td>
<td>Regional Coordinator, STAR-E QLOS Project</td>
<td>Management Sciences for Health (MSH), Uganda</td>
</tr>
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</table>

## INTAKE 2: OCTOBER 2002 - 2004

<table>
<thead>
<tr>
<th>Name of Fellow</th>
<th>Position</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr Gideon Amanyire</td>
<td>Assistant Program Manager</td>
<td>MJAP Mbarara</td>
</tr>
<tr>
<td>2. Dr Henry Barigye</td>
<td>Pediatrics Advisor</td>
<td>International Centre for AIDS Care and Treatment Programs (ICAP), Tanzania</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Position/Role</td>
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</tr>
<tr>
<td>3</td>
<td>Dr Moses Bateganya</td>
<td>Clinical Adviser</td>
</tr>
<tr>
<td>4</td>
<td>Ms Gloria Katusiime</td>
<td>Marketing and Communications Advisor</td>
</tr>
<tr>
<td>5</td>
<td>Dr Charles Mugizi</td>
<td>Clinical Advisor</td>
</tr>
<tr>
<td>6</td>
<td>Dr Cecilia Nawavvu</td>
<td>Assistant Program Manager</td>
</tr>
<tr>
<td>7</td>
<td>Ms Irene Kambonesa Tumuhirwe</td>
<td>Director for Training &amp; Education</td>
</tr>
<tr>
<td>8</td>
<td>Rhoda Wanyenze</td>
<td>Program Manager, SPH-CDC HIV/AIDS Fellowship Program.</td>
</tr>
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**INTAKE 3 – OCTOBER 2003 – 2005**

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<th>No.</th>
<th>Name</th>
<th>Position/Role</th>
<th>Employer/Location</th>
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<tbody>
<tr>
<td>1</td>
<td>Mr Bob Edrisa Mutebi</td>
<td>Currently pursuing a Masters degree in California, US</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dr Enid Mbabazi Mugisha</td>
<td>Chief of Party, District HCT Support Program</td>
<td>MJAP, Kampala</td>
</tr>
<tr>
<td>3</td>
<td>Dr George Didi Bhoka</td>
<td>HIV/AIDS Specialist</td>
<td>UNICEF-Kampala</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Hizaamu Rhamadhan</td>
<td>Programs Coordinator</td>
<td>THETA Uganda</td>
</tr>
<tr>
<td>5</td>
<td>Mr. Ibrahim Musa Lutalo</td>
<td>Monitoring and Evaluation Manager</td>
<td>Infectious Disease Institute, Kampala</td>
</tr>
<tr>
<td>6</td>
<td>Ms Joan Mugenzi</td>
<td>Senior HIV/AIDS Advocacy, Monitoring and Documentation Specialist</td>
<td>World Vision Uganda</td>
</tr>
<tr>
<td>7</td>
<td>Ms Juliet Kanyesigye</td>
<td>Independent Consultant</td>
<td></td>
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<tr>
<td>8</td>
<td>Mr Robert Kamoga</td>
<td>Freelance IT consultant</td>
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<tr>
<td>INTAKE 4 – OCTOBER 2004 – 2006</td>
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</tr>
<tr>
<td><strong>1. Ms Sharon Ajedra Amacha</strong></td>
<td>Prevention Services Manager</td>
<td>Northern Uganda Malaria AIDS Tuberculosis Program (NUMAT), Gulu</td>
<td></td>
</tr>
<tr>
<td><strong>2. Dr Vincent Bagambe Kamishani</strong></td>
<td>Technical Advisor Department of Defense HIV/AIDS Program</td>
<td>American Embassy - Kampala</td>
<td></td>
</tr>
<tr>
<td><strong>3. Dr Edrine Namayanja Kamugisha</strong></td>
<td>Deputy Chief of Party, District HCT Support Program</td>
<td>MJAP Kampala</td>
<td></td>
</tr>
<tr>
<td><strong>4. Dr Solome Nampewo</strong></td>
<td>National Program Officer, Health and HIV/AIDS</td>
<td>Swedish Embassy</td>
<td></td>
</tr>
<tr>
<td><strong>5. Dr Nkoyooyo Abdallah</strong></td>
<td>Deputy Director/Planning &amp; Strategic Information</td>
<td>TASO Uganda Ltd</td>
<td></td>
</tr>
<tr>
<td><strong>6. Dr Innocent Bright Nuwagira</strong></td>
<td>HIV/AIDS Advisor</td>
<td>World Health Organization, Kampala, Namibia</td>
<td></td>
</tr>
<tr>
<td><strong>7. Mrs Julianne Etima-Ongom</strong></td>
<td>Program Coordinator, Social Support Division</td>
<td>Makerere University Johns Hopkins Research Collaboration</td>
<td></td>
</tr>
<tr>
<td><strong>8. Mrs Esther Nabukeera Sempira</strong></td>
<td>National Coordinator and Deputy Director, STAR-E LQAS Project</td>
<td>Management Sciences for Health, Uganda</td>
<td></td>
</tr>
<tr>
<td><strong>9. Mr Elly Ssebyatika</strong></td>
<td>Monitoring and Evaluation Coordinator</td>
<td>Reach Out Mbuya Parish HIV/AIDS Initiative</td>
<td></td>
</tr>
<tr>
<td><strong>10. Dr Stella Alamo – Talisuna</strong></td>
<td>Executive Director</td>
<td>Reach Out Mbuya Parish HIV/AIDS Initiative</td>
<td></td>
</tr>
<tr>
<td><strong>11. Mrs Penninah Kyoyagala-Tomusange</strong></td>
<td>Program Coordinator</td>
<td>ChildFund Uganda</td>
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<tbody>
<tr>
<td><strong>1. Ms Evelyn Akello</strong></td>
</tr>
<tr>
<td><strong>2. Dr Francis Mulekya Bwambale</strong></td>
</tr>
<tr>
<td><strong>3. Ms Kellen Namusisi</strong></td>
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</table>
PROGRAM STAFF CONTACTS

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        +256 39 2764 328
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        +256 39 2764 328
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Edward Bagonza
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