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When the idea of initiating the Fellowship Program was mooted way back in 2002, little did we know that it would grow into a great player in the field of capacity enhancement for the health sector. Ten years down the road, we now have a reason to smile. Since inception, we have enrolled 85 Fellows, 73 of whom completed the Fellowship (including those graduating today), while 08 are scheduled to complete in 2013. Of those who completed, over 90% have taken on high-level leadership and management positions at national and international levels. This indicates a high degree of success in our primary objective of enhancing leadership and management capacity for health programs, and we are proud to be associated with this success.

The Fellowship program’s strength lies in its 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 that host Fellows ensures that all health activities implemented by Fellows are consistent with national and organizational priorities. Like in previous years, many of the Fellows graduating today have been involved in program leadership and management at various levels within the institutions, including institutionalizing the use of Lot Quality Assurance Sampling (LQAS) in Uganda, development of behaviour change communication strategies, assessing the quality of HIV counselling and testing services provided in the private sector, improving uptake of HIV and family planning services, among other initiatives.

Between 2008 and 2010, the Program focus was on building leadership and management capacity for HIV/AIDS programs. However, beginning in 2011, the Fellowship program expanded in scope and coverage to include other areas of health including maternal and child health, malaria, among others. Our goal is to produce transformative leader-managers who are competent in diverse health fields, and who have got the ability to think strategically to resolve challenges that continue to hamper effective service delivery in Uganda and elsewhere.

I must stress that institutional capacity building is pivotal to the attainment of the national health sector strategic priorities. The program will always play its part and welcomes your support to make it thrive and be able to handle human resources challenges in our country. MakSPH is strategically positioned to offer its expertise and skilled services to all institutions in the health field. I wish to thank CDC for the long-standing support; the Fellows, host institutions, well-wishers and MakSPH staff for the work well done.

Assoc. Prof. William Bazeyo
Dean, Makerere University School of Public Health
Mentorship has been described as a catalyst for career advancement and professional growth. The Fellowship Program is built on three strong pillars: the host institution, academic and host mentors, and hands-on training. The mentor acts as a pivot that provides support to the other two pillars. Thus, the growth of the Fellow hinges strongly on the ability of the program to offer mentored support during the two-year period of training. I would therefore like to thank all mentors who have worked tirelessly and dedicatedly to mentor Fellows.

Fellows enrolled for the 2010/12 intake were hosted in nine institutions namely: UNAIDS, Health Communication Partnership/Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, STAR-E LQAS/Management Sciences for Health; STD/AIDS Control Program, Ministry of Health; Baylor Uganda, Mildmay Uganda, SPEAR Project/World Vision Uganda, Uganda Red Cross Society and ChildFund International Uganda. We would like to express our sincere gratitude to these host institutions for offering an opportunity to Fellows to learn how to manage and lead health programs from a practical point of view. We value the role of stakeholder involvement in the training of transformative leaders in Uganda, and therefore pledge to continue to work with different institutions to fulfil our mandate of training and nurturing future leader-managers of health programs in Uganda.

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 Freddie Ssengooba, Ms Milly Nattimba, Dr Elizeus Rutebemberwa, Dr Henry Wamani, Dr Peter Waiswa, Dr Elizabeth Nabiwemba, Dr Lynn Atuyambe, Assoc. Prof William Bazeyo, Prof Joseph Konde-Lule and Dr Nazarius Tumwesigye for their time in inspiring and supporting Fellows. We would 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 the floating mentors for guiding the Fellows as well as program staff in not only doing the right things but also doing them right.

Prof David Serwadda
Program Director,
MakSPH-CDC Fellowship Program
Makerere University School of Public Health (MakSPH) with support from Centers for Disease Control (CDC) implements a Fellowship training program known as MakSPH-CDC Fellowship Program. The objective of this program is to enhance program leadership and management capacity in Uganda. The areas of focus include HIV/AIDS, maternal and child health, malaria and other health-related programs. The program, which began in 2002, provides long-term and medium-term Fellowships, short courses.

**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 Master’s degree in Public Health, Medicine, Nursing, Monitoring and Evaluation, Maternal and Child Health and other health-related disciplines. The Fellowship aims at training transformative leaders who are analytical in thinking and work effectively in teams. The training methodology takes on a hands-on approach that is guided by a set of six main domains (interpersonal and effective communication, strategic thinking, management and leadership, monitoring and evaluation, information technology, and mentorship, coaching and support supervision). Long-term Fellows are attached to selected institutions for apprenticeship. The apprenticeship accounts for 75% of the training. The remaining 25% is reserved for short courses at MakSPH to enhance the Fellows’ academic competences. During the apprenticeship, Fellows are placed under the guidance of a designated host mentor. An academic mentor is assigned to guide the Fellow through the academic components of the Fellowship.

Eighty five (85) Fellows have been enrolled into the program since inception in 2002. Of these, 73 completed the Fellowship between 2002 and 2010 while eight Fellows are currently enrolled. Graduate Fellows have set up and/or strengthened monitoring and evaluation systems at their host institutions, improved data management systems, contributed to fundraising and resource mobilization, and initiated pilot health interventions that have since been replicated in other parts of Uganda. Seventy (70) institutions have hosted Fellows since 2002. Additional information about our long-term Fellowship program can be obtained from our website at: http://www.musphcdc.ac.ug.

**Medium-term Fellowships:** Medium-term Fellowships are offered for a period of eight months to in-service professionals working in organizations involved in health-related activities. The program offers two medium-term Fellowships in Monitoring and Evaluation (M&E) of health programs and Continuous Quality Improvement (CQI). Up to 24 Fellows are enrolled for each track. The purpose of these Fellowships is to build institutional capacity through training individuals in specialized fields. The training methodology used is modular and work-based in nature, allowing trainees to undertake courses while continuing with their employment. Overall, 143 Fellows have been enrolled from 66 institutions since 2008. Of these, 120 (84%) Fellows completed their Fellowship between 2008 and 2012, including 29 Fellows who completed their Fellowship in March 2012. Additional information about our medium-term Fellowship program can be obtained from our program website.

**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. Short courses offered include grants and proposal writing, monitoring and evaluation, design and implementation of HIV/AIDS programs, behavior change communication, strategic leadership and management, among others. The main aim of these courses is to improve institutional capacity in identified areas of need. Training requests are normally initiated by the institutions. Over 3000 individuals have been supported through short courses since 2002. Short courses have been held in several districts including Bugiri, Namutumba, Hoima, Kitgum, Kasese, Luweero, Kamuli, Iganga, Wakiso, Mbale, and Mayuge, among others. We receive applications for short courses throughout the year. Additional information about off-site short courses offered by the program can be obtained from our program website.
JOSEPH ABISA

ABOUT THE FELLOW

JOSEPH ABISA holds a Master of Science in Population and Reproductive (Msc. PRH) and a Bachelor of Arts in Social Sciences majoring in Sociology, both degrees obtained from Makerere University. He has over 8 years experience in research, social work, monitoring and evaluation of Population, Health and Nutrition Programs in developing countries. He joined the Fellowship in 2010 and was attached to Management Sciences for Health (STAR-E LQAS project). STAR-E LQAS is a component of a 5 year USAID funded STAR-E project whose mandate is to institutionalize the Lot Quality Assurance Sampling (LQAS) methodology in Uganda. The overall purpose is to build project and district capacities to capture data, analyze, disseminate and use results to improve service performance. Joseph’s career goal is to become an expert in health services research and health systems strengthening. In his own words, Joseph sums his Fellowship experiences thus: “It is not about the product, but the processes. The processes in the Fellowship Program, have strengthened my problem solving skills and enhanced my program management competencies. I thank God that I was given an opportunity to participate in the MakSPH long term Fellowship program”.

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KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Build capacity for Lot Quality Assurance Sampling (LQAS) methodology among implementing partners (IPs) and districts
- Participate in documentation of LQAS experiences and processes in the country
- Participate in monitoring and supervision visits for LQAS processes including (LQAS, health facility assessment (HFA), Service Performance Assessment & Improvement (SPAI))
- Support the development of the central LQAS database at Management Sciences for Health (MSH)
- Support the development of LQAS survey guidelines, tools and materials
- Develop abstracts and presentations from LQAS surveys and attend exhibitions to promote LQAS
- Attend and participate in regional and national level meetings to share LQAS and Fellowship results and experiences, including LQAS program management meetings

SIGNIFICANT FELLOWSHIP ACHIEVEMENTS

- Completed training to become a National LQAS Facilitator for community LQAS surveys.
- Supported implementing partners (IPs) to apply community LQAS surveys in different districts. Some of the IPs that were supported include; STAR-E, STAR-SW, STAR-EC, SUNRISE, Strides for Family Health and NUMAT.
- Documented STAR-E LQAS activities through writing reports.
- Participated in the development of LQAS training materials including the LQAS training guide, the community LQAS participants’ manual and the indicators for development of the LQAS central database.
- Reviewed various LQAS survey tools. For example, the LQAS survey questionnaires, LQAS experiences’ data collection tool,

- Developed Standard Operating Procedures (SOPs) for application of community LQAS surveys at the district level.
- Supported districts funded by STRIDES to use LQAS for verifying the quality of data in the HMIS registers submitted to the Ministry of Health. The districts supported include: Luwero, Kasese and Mayuge.
- Wrote several media articles, and abstracts.

**PRESENTATIONS & PUBLICATIONS**

**Oral/Poster Presentations**

- Using LQAS for Strengthening District M&E Systems in Uganda. 3rd Data Use Workshop, Ministry of Health and CDC (14th -16th June 2011)
- Knowledge of HIV/AIDS Transmission, Prevention, Treatment and Sexual Behaviour among PLWHA in Eastern Uganda. Data Use Workshop, MoH and CDC Uganda (14th -16th June 2011)

**Print Media**

- Using LQAS for Service Performance Monitoring in Uganda. Published in the Quarterly Newsletter of the Makerere University College of Health Sciences, School of Public Health, Vol. 2(1), May – July 2011.
- Access and use of HIV and AIDS Services among People with Disabilities Still a Challenge in Uganda. Published in the Quarterly Newsletter of the Makerere University College of Health Sciences, School of Public Health, Volume 2, No. 1, May – July 2011.

**Manuscript in preparation**

HIV/AIDS Knowledge and Sexual Behaviour among Young People in Eastern Uganda
Developing Standard Operating Procedures (SOPs) for Application of LQAS at the District Level in Uganda

Background: STAR-E LQAS is a five year USAID funded project whose goal is to institutionalize LQAS as a simplified service performance monitoring methodology among IPs and district local governments in Uganda. It focuses on establishing the necessary conditions for institutionalizing LQAS at the national level and within the districts so that the social sectors may improve their Monitoring and Evaluation systems to support district level service delivery and evidence based decision making. A recent realization is that there is need for SOPs to guide the application of community LQAS surveys in districts.

Objectives: The SOPs were meant to guide districts in the application of the different phases of LQAS including: planning for community LQAS surveys; training district teams on data collection using the LQAS methodology; conducting data collection from the communities; performing hand tabulation and data analysis; report writing for the district level LQAS surveys; and dissemination of LQAS survey results.

Implementation Approach: A detailed implementation plan was developed with guidance from the academic and the host institution mentors. The implementation plan clearly spelt out the activity, time frame, deliverables, assumptions comments and required resources. Below is a summary of the key activities that were conducted during the development of the LQAS SOPs:

- Meetings with LQAS Technical Advisory Group and stakeholders to introduce the SOP concept
- Key informant interviews were conducted with key persons to inform the process
- A districts LQAS appraisal was conducted to obtain districts experiences with the methodology
- A draft of LQAS SOPs was produced and shared for internal and external review
- The draft SOPs were pre-tested in selected districts in January-March 2012 and eventually revised
- The revised SOPs were submitted to MSH and later to the Home Office for approval
- The approved SOPs were printed in large quantities for distribution to the participating districts
- A dissemination workshop was finally organized to share the SOPs with key stakeholders.

Lessons learned
- SOP development requires a lot of team work and consultations with multiple stakeholders
- SOP development involves a lot of literature search and review

Recommendations
- There is need to orient districts on the LQAS SOPs for conducting community LQAS surveys
- There will be need for regular review of the LQAS SOPs to accommodate the changing M&E information requirements in districts
- Need for national recognition of LQAS survey results to complement routine HMIS data
- Districts require further technical guidance with certain phases in application of LQAS surveys, for instance, the generation of the sample frames and Supervision Areas
- There is need to continue strengthening the capacity of districts to apply LQAS surveys for regular monitoring of services.
useful to the public and I am ready to use the skills acquired to serve the public to the highest standards”.

**KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW**

- Documentation of the Health Sector HIV/AIDS response
- Participation in the implementation of HIV Counseling and Testing (HCT) program and activities in other units within the AIDS Control Program (ACP)
- Writing articles and abstracts, and making presentations at national conferences
- Operational research to inform programs

**SIGNIFICANT FELLOWSHIP ACHIEVEMENTS**

a) **Documentation of the health sector HIV/AIDS response**

Through an extensive desk review Rebecca documented what the health sector has contributed to the fight against HIV/AIDS in Uganda in the last 30 years.

b) **Supporting the STD/ACP in Program Implementation:**

- Conducted an assessment of the quality of PMTCT services in private health facilities in Wakiso district. The findings from this exercise were used to improve support for PMTCT in private facilities.
- Participated in integrated supportive supervision of all health units that offer HIV/AIDS services in the districts of Kampala, Mukono, Kayunga, Wakiso, Luwero and Nakaseke.
- Mentored health workers from 20 health facilities in Mukono and Buikwe districts in the use of the 2010 PMTCT guidelines.
- Carried out an orientation workshop for district health managers on the PMTCT & early infant diagnosis (EID) logistics management in the districts of Wakiso, Nakaseke, Mubende, Rakai, Kalangala, Mityana, Nakasongola, Mpigi, Sembabule, Luwero, Kayunga and Mukono.
- Offered technical assistance to SUSTAIN project for 4 months as technical advisor for PMTCT and pediatric HIV care and treatment. Rebecca coordinated a PMTCT mentorship, ‘know your child status’ campaign.

c) **Capacity building**

- Trained health workers in ART prescription at the Infectious Diseases Institute (IDI).
- Trained and became a national trainer for the new PMTCT & EID guidelines.
Trained health workers in the districts of Mubende, Kyegegwa and Kyenjojo as well as Research Triangle International & SUSTAIN in the new PMTCT & EID guidelines.

**Oral/poster presentations**

- ‘Prevalence, causes and immediate outcome of non-traumatic coma among children admitted to the acute care unit of Mulago Hospital’. Accepted for oral presentation at the Consortium of Universities for Global Health (CUGH) conference which took place between the 19th and 21st September 2010 in Seattle, Washington, D.C.
- ‘Quality and range of HIV services in government and non-government health units in the central districts of Uganda’. Poster presentation at the International AIDS Society conference, Rome, Italy. July 2011
- ‘PMTCT service delivery in private for profit health facilities in Wakiso district’ Oral presentation at the Uganda Society for Health Scientists (USHS) annual scientific conference 2011 at Golf Course Hotel, Kampala, Uganda.

**Print Media**


**Other activities**

Attended and participated in several meetings, including: Counseling and testing national technical meetings; STD/ACP meetings; Pediatric ART subcommittee meetings; Pediatric HIV/AID conference planning meetings; and EID/PMTCT strengthening meetings.
Programmatic Activity

Assessment of the Quality of HIV Counseling and Testing Services Delivery in Private-for-Profit Health Facilities in Kampala District

Introduction: Knowledge about the quality of HIV counseling and testing (HCT) in private-for-profit health units is limited yet the private sector is increasingly becoming an important source of health care.

Objective: To assess the quality of HIV counseling and testing services in private-for-profit health facilities in the central division of Kampala district in order to improve HCT service delivery.

Methods: Through a descriptive cross-sectional study design, quantitative data were collected using semi-structured questionnaires in 102 health facilities in December 2011. A facility assessment tool was used to assess the physical environment. In each facility one laboratory personnel and one counselor were interviewed. The issues explored included adherence to HCT standards such as observing confidentiality, informed consent, privacy, supervision from the Ministry of Health (MOH), presence and use of HIV counseling and testing (HCT) policies/guidelines, training of HCT service providers, linkage to care and infrastructure. The data were coded, entered, checked and cleaned using SPSS version 17 computer software package. The data was then exported to STATA version 10 for univariate and bivariate analyses.

Results: In the 102 facilities assessed, 204 health workers were interviewed and out of these, only 19 were qualified counselors and 88 were qualified laboratory personnel. The rest were clinicians and nurses. About 1/3 had experience in HCT of less than 1 year and only 15.7% of the health workers obtained both verbal and written consent, the rest obtained only verbal consent before carrying out the HIV test. One hundred and forty eight (72.6%) HCT providers had ever received training in HCT. After a positive test, 88 (86.3%) referred their clients for chronic care. However, only 2(2.0%) started their HIV positive clients on cotrimoxazole prophylaxis. On self assessment, 19(18.6%) health workers rated their health facility HCT services as very good, 68(66.7%) as good while 15 (14.7%) rated their services to be fair. All the 102 health facilities had waiting areas for HCT clients. The counseling rooms were available in up to 90.2% of the facilities although privacy was adequate in 76.7% of the counseling rooms. Very few (12.8%) health facilities had MOH registers and only 56 (54.9%) had adequate laboratory space. Standard operating procedures (SOPs) were available in 39.2% of the health facilities and Post-Exposure Prophylaxis guidelines in 23(22.6%) of the facilities. Only 50% of the health facilities surveyed had HCT guidelines.

Conclusion: The quality of HCT in private-for-profit health facilities in Kampala district is far below the recommended MOH standards in various aspects. There are few qualified HCT providers and facilities lacked HCT guidelines. Private-for-profit facilities should be supported by MOH in terms of training and availing them with HCT guidelines, policies, and other materials.
JANE NAMUDDU

ABOUT THE FELLOW

JANE NAMUDDU holds a Master of Arts in Social Policy and Development from Middlesex University (UK) and a Bachelor’s degree in Social Sciences from Makerere University Kampala. She also holds a Diploma in Secondary Education from the Institute of Teacher Education Kyambogo (ITEK). Jane was attached to Baylor College of Medicine Children’s Foundation-Uganda (Baylor-Uganda) during her Fellowship. Baylor Uganda is an indigenous not for profit Non-Government Organization providing child focused and family centered HIV/AIDS prevention, care and treatment services, health professional training and clinical research in Uganda. Baylor-Uganda currently operates in 50 Districts in Uganda, providing clinic-based pediatric adolescent and family centered HIV. Through the 2-year Fellowship, Jane has gained knowledge in HIV programming and management. She has also acquired and enhanced her skills in leadership, management, communication, monitoring and evaluation. Jane’s aspiration is to pursue a senior management role in designing, implementing and managing programs. In her own words, Jane says that the Fellowship has “been a time for self exploration, realisation and use of my potential to enhance my skills and competences in program design, leadership, management, networking and communication. I wouldn’t have made any better decision for my career development during this period. I will always cherish this time in my career history”.

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Development of orphans & vulnerable children (OVC) strategy for Baylor- Uganda
- Development of strategies to improve and strengthen livelihoods of People Living with HIV/AIDS (PLHIV) specifically care takers of OVC supported by Baylor- Uganda and out of school OVC.
- Strengthening spiritual counseling in Baylor- Uganda
- Proposal writing
- Participating in other Baylor- Uganda HIV Prevention, care and treatment program activities

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

- OVC Strategy
  - Led the development of the Baylor- Uganda OVC five-year strategy and log frame for monitoring and evaluating its implementation
- Strategies to improve and strengthen livelihoods of PLHIV and out of school OVC
  - Conducted a rapid assessment of livelihood strategies of caretakers of OVC and older Orphans and Vulnerable out of school youth
  - Designed interventions to improve livelihoods of OVC caretakers and out of school OVC supported by Baylor-Uganda. The recommendations are currently being implemented by Baylor Uganda
- Trained 50 OVC caretakers from Kyenjojo and Kilernbe mines hospitals on economic strengthening; initiating income generating activities to improve their livelihoods and those of
OVC under their care.

- **Proposal Writing**
  - Developed 6 concept papers for the OVC program and submitted them to Canadian Feed the Children- Uganda for probable funding.
  - Involved in writing a proposal entitled, “Adolescents as change agents: Optimal adherence to antiretroviral therapy for positive health, prevention and dignity”, in response to a CDC funding opportunity.

- **Spiritual Counseling**
  - Conducted a qualitative rapid assessment to understand the spiritual needs of caregivers to inform the spiritual counseling program
  - Initiated and developed partnerships with Mulago Catholic and Protestant churches as well as the Mosques for referral of clients with spiritual counseling needs that counselors cannot handle.
  - Organized a spiritual counseling training for Baylor- Uganda counselors, social workers and community-based health care team to enable them identify clients with spiritual counseling needs

- **HIV Prevention, Care and Treatment Program activities**
  - Initiated, designed and conducted a baseline survey to assess availability and utilization of HIV prevention and psychosocial support services in 8 secondary schools in Kabarole district.
  - Initiated a tool for tracking Baylor-Uganda-supported OVC in school and the schools they attend and advocated for it to be incorporated into the Baylor-Uganda M & E system.
  - Organised and facilitated monthly peer support and quarterly care takers’ meetings
  - Coordinated the Korean International Cooperation Agency (KOICA) and Elton John AIDS Foundation (EJAF) project activities whenever the Coordinator was on leave or out for field activities.

**Operational research**

- Designed four tools for a rapid assessments, baseline study and evaluation conducted to inform and assess programs in Baylor-Uganda
- Led the development of training manuals in HIV prevention and psychosocial support for adolescents in secondary schools

**Other activities**

- Attended a one-week strategic planning and annual review workshop

_Fellow arranging IEC materials for delivery to 8 schools in Kabarole district_
• Attended middle level management meetings
• Participated in recruitment of 6 new Baylor-Uganda staff
• Represented Baylor-Uganda in partners’ workshops, meetings and celebrations
• Coordinated 10 Baylor-Uganda staff to attend short courses organized by the Fellowship program
• Organised for 26 Baylor-Uganda staff training in scientific writing
• Member of the Baylor-Uganda cost cutting committee

PRESENTATIONS/PUBLICATIONS

Oral/Poster Presentation

Wrote 8 abstracts, four of which were accepted for oral presentation and two for poster presentation.

• Adolescent’s Perception of the Peer Support Program at Baylor-Uganda. Presented at the Uganda Society for Health Scientists Conference, Kampala, Uganda. 16th – 17th June 2011.
• Using Peer Support Groups to address psychosocial needs of HIV positive adolescents: Experiences of Baylor Uganda Children and Adolescents. Poster Presentation for the 13th BIPAI Network Meeting. Lesotho, 8th-14th May 2011
• HIV prevention and psychosocial support for adolescents in secondary schools in Kabarole district. Poster Presentation at the 7th Annual Scientific Conference, Kampala, Uganda. 20th-22nd September 2011
• HIV prevention and psychosocial support for adolescents in secondary schools in Kabarole district. Oral presentation at the 5th Annual National Paediatric HIV/AIDS Scientific Conference, Kampala, Uganda. 28-30th September 2011
• Availability and Utilisation of HIV Prevention Services in Secondary Schools in Kabarole district-Uganda. Oral Presentation at the 14th BIPAI Network meeting, Dar es Salaam, Tanzania. 15th-19th April 2012

Print/Electronic Media

• Challenges of ART adherence among adolescents. The Daily Monitor, 2nd December 2010
• Challenges of ART adherence among adolescents. The New Vision, 3rd December 2010
• Peer education through support clubs is the way to go for HIV positive adolescents in Uganda.

Manuscripts in preparation


TRAINING & CAPACITY BUILDING

• Facilitator in a Mission For All (MIFA) OVC and adolescents’ end of year retreat aimed at spiritually and emotionally uplifting children, adolescents and youths
• Trained care takers in reducing stigma in homes with children and adolescents living with HIV
• Trained 50 Baylor-Uganda OVC care takers in Kyenjojo and Kasese in identification, management and sustainability of income generating projects.
Strengthening HIV Prevention and Psychosocial support for adolescents in secondary schools in Kabarole district.

**Background:** Seventy percent of Uganda’s HIV infected young people are in school, creating an opportunity for interventions targeting schools. Baylor Uganda implemented an intervention to strengthen HIV prevention and psychosocial services for secondary school adolescents in Kabarole district.

**Objectives:** The objective of this intervention was to contribute to the reduction of new HIV infections amongst adolescents in Uganda. Specifically, the intervention set out to: i) increase knowledge on HIV prevention strategies among adolescents in selected schools, ii) build capacity of teachers to offer HIV prevention information to adolescents in the four selected schools in Kabarole, and iii) initiate psychosocial support services in 4 intervention secondary schools.

**Intervention description:** This intervention was implemented in 4 schools. The project is part of the larger Baylor-Uganda HIV prevention programs in Rwenzori region. Project implementation was done in collaboration with Baylor Uganda’s training and psychosocial support departments. Project inception meetings were held with stakeholders including Ministry of Education, district and school officials. As part of the intervention, 82 peer educators and 14 education service providers including teachers, nurses and matrons were trained in sexuality, HIV prevention strategies, peer pressure, life skills, child and adolescent counseling, psychosocial support, stigma and discrimination. The trained peer educators and service providers delivered HIV prevention messages to students in the four schools. IEC materials including brochures, fliers, story books, message books, posters, newspaper prints and films were distributed.

**Outcomes:**
- A total of 14 teachers, school nurses and matrons trained. A large percentage (80%) of the trained service providers offers HIV prevention education to students in their schools.
- Teachers reported increased knowledge of HIV prevention services: “I have learnt a lot of things not for the students alone but for myself, my children, and my husband. There is a lot I did not know as a senior woman teacher …. I am now going to train fellow teachers as well as students” (senior woman teacher)
- Psychosocial support activities that were previously non-existent are now provided
- Knowledge of HIV prevention services increased from 32% to 88% after intervention. This increase was higher in boarding (80%) and mixed day-boarding (75%) compared to day schools (45%).

**Lessons learned:**
- Training more education service providers in HIV/AIDS can increase the coverage of HIV services in schools, and increased knowledge among students.
- Implementation of the intervention was easier in boarding & mixed day-boarding schools where students have more free time at school compared to day schools where students have minimal and restricted time at school.

**Recommendations:**
- Follow-up support and refresher training should be provided to the trained persons in order to sustain the interventions. It will be necessary to explore mechanisms of motivating staff to continue providing these services given their heavy workload and competing priorities.
- Expand services to other schools
- Longer-term evaluation of outcomes and impact in terms of knowledge and practices is required
policy and practice, locally and internationally.

**KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW**

- Write abstracts and manuscripts and disseminate findings at National and International conferences
- Lead or participate in writing funding proposals
- Contribute in review and revision of the Mildmay M&E plan
- Conduct operational research studies for quality improvement and documentation of best practices
- Develop and carryout a client satisfaction survey
- Work with the M&E team to prepare progress reports
- Facilitate trainings in research and/or Monitoring & Evaluation for staff and other trainees
- Attend specified Senior Managers’ meetings once a quarter to observe how managerial/administrative issues are handled at Mildmay Uganda

**SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS**

- Served as Principal Investigator for the study ‘Knowledge, Attitudes and Perceptions of the HPV Vaccine among Adolescent Girls and Their Caregivers’
- Served as Co-Investigator on two studies, “The Association between CD4 Count/Percentage at Switch to Second-line Antiretroviral Therapy and the Clinical and Immunological Outcomes in HIV Infected Children at Mildmay Uganda” and “Factors Influencing Persistent Non-Adherence to Antiretroviral Therapy among Adolescents Attending Mildmay Uganda”
- Led the Regional AIDS Training Network-funded documentation of Mildmay Uganda (MUg) Training Models.
- Revised the M&E system to match with MUg’s new cooperative agreement with CDC and created capacity building plan for the M&E department.
- Contributed to the development of curriculum for ‘Applied Research and Evaluation Methods’ Degree Course provided in collaboration with University of Manchester, and facilitated several sessions.
- Initiated and developed a Manuscript Writing workshop for MUg staff, contributed to the development of a curriculum on Manuscript Writing and facilitated several sessions.
- Led in the development of a system for documenting the family based approach --Developed a new system for tracking families in order to document the family-based approach
- Reviewed and revised standard operating procedures working towards accreditation of

**ABOUT FELLOW**

MARIA KWESIGA holds a Bachelor of Arts in Biology and Public Policy from Syracuse University, Syracuse, New York and a Master of Public Health from Cleveland State University, Cleveland, Ohio, USA. Maria was hosted at Mildmay Uganda. Mildmay Uganda (MUg) was opened in 1998, to provide and demonstrate quality holistic, comprehensive, outpatient care for patients with HIV and AIDS-related health problems, and to teach and train health workers throughout the region in such care. Maria has enhanced her skills in leadership and management. In her own words, Maria feels “it is rare that one finds themselves as both a student and leader in an organization- given a great deal of responsibility and such opportunities to grow”. Maria plans to pursue a career that will further enhance the skills and competencies gained during the Fellowship in using evidence-based approaches to influence health
Mildmay Uganda Research Ethics Committee by the Uganda National Council of Science and Technology.

- Led and/or participated in writing seven funding proposals.
- Appointed member of Mildmay Uganda Research Ethics Committee, Research Committee and Research Advisory Board, reviewing and revising SOPs for all committees. As a Research Committee member, Maria was integral to the creation of a new department of Grants and Business Development, at Mildmay.
- Developed a manuscript, “Integrating physiotherapy into clinic visits for patients with non communicable diseases (obesity, type2 diabetes and hypertension) at Mildmay Uganda”. Oral presentation at the East African Regional Physiotherapy Conference, 9th to 11th November, 2011. Kampala, Uganda.
- Esther Kawuma, Jan Heusinkveld, Mary Odidi, Daniel Mwehire, Maria Kwesiga et al. “Providing HIV Health Services to Older People: The Service Provider Perspective”. Oral presentation at the Pre-International Conference on AIDS and STIs in Africa, 4th-8th of December 2011. Addis Ababa, Ethiopia.
- Justus Mugangi, Maria Kwesiga & Joyce Achan. Effect of counseling sessions and number of clinic visits on adherence among clients attending Mildmay HIV care clinic. Poster presentation at the 12th Uganda Society For Health Scientists Annual Scientific Conference, 16th to 17th June, 2011, Kampala, Uganda

**Print Media**

- “The Human Papillomavirus Vaccine and HIV: An Experience at Mildmay Centre, Uganda” Makerere University College of Health Sciences Quarterly Newsletter, Vol 2(1), May-July 2011

**TRAINING & CAPACITY BUILDING**

- Facilitator of Applied Research and Evaluation Methods Degree course
- Facilitated and mentored 6 staff members in the MUg Manuscript Writing Workshop
- Mentored and coached over 20 staff in research, primarily in how to write research proposals and abstracts
- Co-facilitated a staff training session on abstract writing with approximately 80 staff members

**PRESENTATIONS & PUBLICATIONS**

**Oral/Poster Presentations:**

- Isaac Kakooza Musago, Gloria Kirungi, Maria Kwesiga.
Developing a Health Research Strategy for Mildmay Uganda

Background: Mildmay Uganda (MUg) was among the first HIV care and treatment organizations in Uganda. Thirteen years after its inception, a wealth of data has been collected on nearly 25,000 individuals. With such a large cohort, MUg is in excellent position to contribute to the generation and dissemination of information on trends and issues concerning HIV in Uganda. However, MUg had no research agenda or strategy.

Objectives: To create the Mildmay Uganda Research Strategy, outlining the direction and providing clear guiding principles for future research.

Methodology: A rapid appraisal was conducted on research at MUg, including a SWOT analysis. Interviews were then conducted to establish research priorities at MUg, the desired outcomes and needs/requirements for MUg’s health research. Using information collected, the Research Strategy was created.

Outcome: The Mildmay Uganda Research Strategy which provides details of the Research Division, establishes goals and objectives to continue to further develop ensuring a sustainable healthcare system that produces an evidence-based body of knowledge that can be used to influence decision makers in HIV and AIDS care and management.

Lessons learned and recommendations: The need for further use of routine service data and desire for a stronger research division was shared by the majority of interviewees. This Strategy should be shared with the broader research community to help identify areas of research that will add most value to the existing knowledge base.

Policy and public health implications: Through designing the Research Strategy, Mildmay Uganda’s research priorities were established to guide future research. With such a large cohort and greater focus on research activities and possibilities, the opportunity for influencing policy is tremendous.
skills in leadership, management and communication. In her own words, Lillian says she has been “able to transform from a classroom teacher to an all-round HIV program management & implementation specialist. The two years have been a lifetime transformation of my career”.

**KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW**

1. Support program implementation through capacity building for SPEAR staff and staff from collaborating ministries.
   - Support the different departments in SPEAR in the implementation work by leading/participating in trainings, workshops and supervision of SPEAR Behavior Change Agents (BCAs) activities
   - Conduct reviews of program implementation processes for behavior change communication (BCC) through mini evaluations and document reviews.
   - Work closely with the SPEAR M&E Specialist to regularly evaluate the effectiveness of disseminated BCC messages and IEC materials and advise the project leadership on necessary modifications.

2. Develop a BCC strategy for Ministry of Education and Sports (MoES).

**SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS**

Program implementation support, including capacity building for staff and collaborating ministries:

- Synthesized quarterly training reports for various SPEAR training sessions and identified key emerging issues to inform SPEAR’s subsequent training.
- Designed data collection tools for tracking behaviour change activities.
- Reviewed and enhanced IEC materials including brochures, small group session guides, BCA training handbook, and BCA thematic areas of discussion and key messages.
- Carried out rapid capacity needs assessments among the Uganda Police Force (UPF) and SPEAR staff and convened trainings for various groups including:
  - Training 30 UPF health workers in Integrated Management of Pregnancy and Child birth (IMPAC)
  - Training for SPEAR staff in M&E as well as strategic leadership and management.
Training 20 MoES officers in basic community mobilisation approaches.
- Training MoES, Ministry of Internal Affairs (MoIA), UPF and Uganda Prisons Service (UPS) officers in basic evaluation M&E.
- Conducted funding needs assessment for PLHIV groups to inform SPEAR support for them.
- Participated in the review of the Prisons Training Schools’ curriculum; contributed a module entitled ‘Epidemiology of HIV/AIDS’.
- Participated in the SPEAR follow-up survey on: “Access to and utilisation of HIV services among SPEAR target public sector workers”.

**PRESENTATIONS & PUBLICATIONS**

**Print Media**

“Parents must reveal HIV status to school teachers” The New Vision July 6th 2010

“Stigma undermines efforts to tackle HIV/AIDS” The New Vision September 16th 2010


**Oral/poster presentations**

- Lillian Ayebale et.al. Access to HIV/AIDS prevention and care services to teachers and education sector employees in Uganda. (Oral presentation at the USHS conference 17th June 2011)
- Lillian Ayebale et al. Knowledge levels and HIV preventive behaviors of teachers and education sector employees in Uganda. (Oral presentation at the International seminar on evidence based interventions for reproductive health and HIV 25th June 2011, Bali, Indonesia)
- Lillian Ayebale et al. Determinants of non-disclosure of HIV status of young people in schools. (Accepted for oral presentation at the 2nd conference of Young African Statisticians in 2010 but not presented)
- Lillian Ayebale et al. Knowledge levels and HIV preventive
behaviors of teachers and education sector employees in Uganda. (Accepted for poster presentation at the International Statistical Institute, 58th ISI World Statistics Congress, 19th – 26th August 2011, Dublin Ireland)

• Lillian Ayebale et al. School nurses grapple with the challenge of in-school positives (Poster presentation at the 5th National Pediatric HIV/AIDS conference Sept 2011)

• Lillian Ayebale et al. Assessment of knowledge of school nurses in HIV care and support for in school positives (Poster presentation at the 5th Annual Scientific Conference for the College of Health Sciences, Sept 2011)

• Lillian Ayebale et al., HIV risk behaviors among primary and secondary school teachers in Uganda. (submitted to the IAS AIDS conference 2012)

**Manuscripts in preparation**

Lillian Ayebale et al. HIV risk behaviors among primary and secondary school teachers in Uganda

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**PROGRAMMATIC ACTIVITY**

**Designing a Behaviour Change Communication (BCC) strategy for primary and secondary school teachers in Uganda**

**Background:** Studies show that teachers in Uganda are more likely to engage in high-risk sexual behaviors compared to the rest of the adult population. This is because the teaching profession is relatively young and female-dominated, with the large majority of teachers in the highest HIV prevalence age cohorts (20-39 years of age).

**Objective:** To design a behavior change communication strategy for teachers to guide the development and implementation of BCC programs targeting school teachers in Uganda.

**Intervention description:** We collected data on risky sexual behaviors among teachers in a rapid assessment which supplemented data from literature reviews and provided a basis for the strategy design. We held a 3 days’ strategy design workshop that involved teachers from Kampala and Kalangala districts, representatives from MoH, UAC, MoES and District Health Educators. From this workshop we developed a draft strategy and held a one-day validation meeting of the draft strategy. We then finalized the BCC strategy and presented it to stakeholders for final approval.

**Lessons learned:** Much as teachers could be a major vehicle for imparting knowledge and skills of avoiding and/or coping with the HIV epidemic, from the assessment we learned that there is need to focus on teachers and mitigate the impact of the epidemic and related risk behaviors that expose them to HIV infection.

**Recommendations:** There is need for the MoES to incorporate the BCC strategy for teachers into The Education and Sports Sector HIV Prevention Strategic Plan 2011-2015 and roll it out among teachers. This will help to reduce the HIV risk behaviors among teachers and the general population.
SAM OCEN FORTUNATE holds a Master of Science degree in Population and Reproductive Health of Makerere University, Uganda and a Bachelor’s degree in Philosophy/Psychology of Urbaniana University, Italy. Sam is the founder of a National NGO; the Uganda Young Positives (UYP), for which he worked as National coordinator for the past six years. Sam was placed at Uganda Red Cross Society (URCS) during his Fellowship training. URCS is the leading humanitarian organization in Uganda, working through 51 Branches covering the whole of Uganda. Its activities target hard-to-reach populations like the country boarder areas, the fishing communities, prisons, rural and urban areas, communities affected by disasters and populations in conflict zones. During the Fellowship training, Sam has been able to take up leadership positions at local, national and global levels, in addition to his roles at URCS. He is a full member of the Uganda’s Country Coordinating Mechanism (CCM) of the Uganda’s Global fund (2011-2013). According to Sam, the MakSPH-CDC Fellowship program has “caused a lot of physical, emotional, social and psychological transformation in my entire life.”.

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Participate in grants/proposal/concept note writing
- Roll out MIS for HIV activities of URCS to districts
- Represent URCS at HIV/AIDS/TB meetings/workshops and other coordination forums
- Offer support supervision to URCS staff
- Document and disseminate URCS TB/HIV program experiences

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS:

- Developed 12 grant proposals & concept notes for the URCS HIV/TB program
- Documented and disseminated URCS TB/HIV program experiences
- Represented URCS in over thirty HIV/TB meetings, workshops and other public events
- Offered support supervision to URCS staff, assisted in staff development, mentored and coached colleagues in the organization
- Generated M&E information for decision making, and rolled out MIS for HIV activities in all branches.
- Established a mini-library for the HIV/TB program
- Initiated and strengthened greater involvement of people living with HIV/AIDS (GIPA) and meaningful involvement of people living with HIV/AIDS (MIPA) principles in the URCS HIV and TB programs.

PRESENTATIONS & PUBLICATIONS

Oral/ poster presentation

- “Youth and HIV prevention”. Presented at a consultation meeting organized by UNAIDS in Johannesburg-SA 11th March 2010
- “The role of young positives in the HIV response”. Presented at the 2010 AIDS conference in Vienna-Austria, 14th July 2010
- “The implication of testing HIV positive on sexual behavior of young people in Kampala district”. Presented at the
Young Statisticians Conference, Pretoria, South Africa
- “Young girls and HIV, a case of Uganda”. Presented at the conference on women, girls and HIV in Windhoek-Namibia, 5th April 2011

Print Media
- “The HIV prevention Bill undermines the public health efforts”, The New Vision, 17th July 2010
- “Community involvement key to HIV fight”, The New Vision, 26th August 2010
- “The wake of the post-conflict Kapelebyong”, The Daily Monitor, 1st Dec 2010
- “Uganda Red Cross society: Five year project to benefit orphans and vulnerable children”, The Daily Monitor, 18th July 2011

Manuscript in preparation
- “Knowledge, practices and integration of Family Planning and HIV among people living with HIV in Amuria district”

TRAINING AND
CAPACITY BUILDING
- Facilitated sessions for the HIV/ TB URCS staff with regard to operationalizing the M&E tool.
- Facilitated skills enhancement sessions for URCS staff in proposal development.
PROGRAMMATIC ACTIVITY

Improving uptake of HIV and FP services in Kapelebyong County, Amuria district: An integrated model

Introduction: The HIV/AIDS epidemic is continuing to expand, impacting on the lives of countless individuals and communities. At the same time, demand for family planning (FP) is expanding, and unmet need continues to increase in Uganda. At this point in time, it is imperative to uphold the added benefits of integrated FP/HIV programming since this approach brings about increase in uptake of both services. We implemented an integrated HIV/FP intervention in Amuria district, one of URCS-supported districts.

Objective: The main objective of this intervention was to integrate FP with HIV services for improved uptake of both services among PLHIV in Kapelebyong County, Amuria district.

Methodology: An integrated model was adopted. Consultative meetings with stakeholders were conducted to get an insight on how best the integration process could be conducted. Community resource persons were trained and introduced to basics of FP to enable them integrate FP into the ongoing HIV services. Health personnel were also given refresher training on FP to enhance their knowledge and skills and for them to appreciate the value of integrated service delivery. Counseling for FP, condom education and distribution, provision of injector-plan and Depo-Provera services were integrated into the existing HIV services which were being provided to the PLHIV in Kapelebyong-Amuria. Clients were mobilized by the community leaders for FP services, they were counseled and given FP information by the health personnel during clinic days, and they also received additional information within the communities. The Health facilities handled referrals; the district offered overall coordination of services while communities created awareness and provided the services.

Outcome: Condom uptake increased from 36.6% to 48.2% from Nov 2011 to March 2012 Use of Injectables increased from 41% to 45%. Number of clients who received referral for FP increased from 55.43% to 63.2% and some clients who had stopped using FP services were re-enrolled.

Lessons learned: Integrating FP with other services improves uptake of FP services among PLHIV. Community leaders are well positioned to offer services to communities especially when their capacities are strengthened and when they are supported to do so but also, when their efforts are complementary to the efforts of the other stakeholders.

Recommendations: There is need to strengthen integrated approaches of service delivery at all levels.
KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Enhance quality media coverage on HIV and AIDS
- Ensure regular updates to UNAIDS headquarters, UN Joint Team, ADPs and relevant partners: Support UNAIDS Uganda country office (UCO) to follow up on high-level advocacy
- Undertake a range of writings to improve the UCO communications
- Represent the UCO at relevant meetings both nationally and internationally
- Act as the UNAIDS media liaison officer: Represent UNAIDS in the monthly United Nations Communication Group (UNCG) meetings, take lead in organizing media activities and respond to all communication/advocacy and media related queries locally and internationally.

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

- Acted as the Communications Officer for UNAIDS Uganda country office, always responding to all communication/advocacy and media related queries locally and internationally.
- Conducted a training for 40 media practitioners on emerging HIV prevention approaches like ‘treatment for prevention’, PMTCT, Safe Male Circumcision, and growing global human rights concerns regarding commercial sex workers and men having sex with men.
- Represented UNAIDS in the UN Communication Group (a UN professional association of communication officers) activities and meetings, and was elected co-chair for the group.
- Coordinated preparations for the UN high level meeting on AIDS in New York (June 8-10, 2010); ensured wide local media coverage of the event at the national level.
- Produced a training manual, desk flip chart and posters on integration of HIV/AIDS messages into anti-Female Genital Mutilation (FGM) interventions.
- Assisted the UCO to initiate, coordinate, and follow-up high level advocacy meetings with H.E. President Yoweri Kaguta Museveni; The First Lady and Minister of Karamoja Affairs, Janet Kataha Museveni, and cultural leaders on revitalization of the HIV response especially regarding Prevention of Mother-to-Child Transmission of HIV.
- Irene started and effectively sustained production of a quarterly newsletter to mirror UNAIDS activities at the country office
- Initiated ‘brown bag’ meetings (lunch time briefs) at the host institution to allow people time to diffuse their activities across

ABOUT THE FELLOW

IRENE EDITH NABUSOBA is a former award-winning journalist with the New Vision, where she was a senior features (health) writer. With a Bachelor’s degree in Mass Communication from Makerere University, Irene joined the Fellowship Program with a purely journalism background. Irene was placed at the UN Joint Program on HIV/AIDS country office in Uganda. UNAIDS is a joint venture bringing together efforts and resources of the UN system to respond to HIV and AIDS. “Joining the Fellowship Program has been the best thing that has happened in both my academic and career life lately,” Irene says, adding, “I shed off my newsroom coat where I often worked behind the scenes only using my pen and paper, to engage in high-level advocacy.”
the board, besides the weekly 3-hour meeting on Mondays.
- Initiated a mini resource centre by archiving HIV related newspaper articles for ease of reference
- Initiated monthly briefs to the regional office for easy monitoring of the UCO activities, and submitted weekly updates of the UCO activities for sharing in the weekly global UNAIDS calendar that is electronically distributed to staff in-boxes.

**PRESENTATIONS AND PUBLICATIONS:**

**Oral/Poster Presentations**

“Communication strategies for the civil society: how to engage the media to advance the HIV cause” Presented at a meeting for Civil Society Organizations on 16th June 2010 at Hotel Africana in Kampala.
- “The role of journalists in quality delivery of healthcare” Presented during a one-week media fellowship to cover the International AIDS conference in Vienna.
- Represented the UCO at the 3rd Annual National Research Ethics Conference on July 12-13th 2011 at Silver Springs Hotel in Kampala, as a panelist on the breakaway session, “Risks and Benefits of Research: The Community Perspective”.
- ‘Covering HIV/AIDS in Uganda: How do we awaken the dead story’ presented at the second health journalists’ convention on November 2-4, 2011.

**Print/Electronic Media**

- ‘Fellowships- A chance to learn on the job’ The New Vision; 14th September, 2010
- ‘Teach mothers the new WHO breastfeeding guidelines’ The Observer; 1 Sept 2010
- ‘HIV is real and needs drastic actions’, The New Vision, September 13, 2010
- Published two news articles in the New Vision, on coverage of the International AIDS conference in Vienna regarding two Ugandan community organizations that won the Red Ribbon Awards and another one on the CAPR ISSA Gel trial results from South Africa.
- “FGM in Karamoja: we either ‘kill’ culture or preserve life,” Daily Monitor, February 7 2012
- Hosted on UBC-TV on “The role of journalists in quality delivery of healthcare and systems strengthening” on March 15, 2011.

**TRAINING & CAPACITY BUILDING:**

- Trained 40 community service providers on integration of HIV prevention messages into anti-FGM interventions in Bukwo district.
- Facilitated a session, ‘what Public Relations Officers (PROs) do not know about media: writing a winning press release and ensuring wider coverage of health issues’ at the ECSA media and public relations health training in Mombasa, Kenya from November 18-19, 2011.

Fellow (extreme left) while attending one of the high-level advocacy meetings in Kampala. Together with her is the UNAIDS Country Coordinator-Mr Musa Bungudu; the UN Resident Coordinator Mr. Theophane Nikyema, and the UNAIDS director for the regional support team, Prof Sheila Tlou. The team was meeting the President of Uganda, H.E. Yoweri Kaguta Museveni (extreme right) on Prof Tlou’s debut visit to Uganda in 2011.
Integration of HIV/AIDS prevention messages into anti-Female Genital Mutilation campaigns in Bukwo district.

**Background:** Current health programming emphasizes integration of services if countries are to achieve the Millennium Development Goals, especially goal 6 that relates to combating the spread of HIV. For so long, anti- FGM groups have campaigned against the cultural practice as a rights issue. Yet it is a serious health issue, with rising global concerns that the practice increases risk of HIV infection in women and girls. This intervention aimed to promote integration of HIV and AIDS prevention messages into FGM campaigns in Bukwo district.

**Objectives:** The main objectives of this intervention were to increase awareness on the dangers of FGM especially regarding the risk of HIV infection; increase awareness on HIV/AIDS prevention; and promote education and communication campaigns that link FGM and HIV.

**Methodology:** The intervention aimed to achieve its goal by empowering providers (health service and community based providers), community leaders, and law enforcement mechanisms to integrate HIV/AIDS education into anti-FGM campaigns in Bukwo district. A one-week rapid assessment was conducted to understand the knowledge, attitudes, and practices of the community providers in the anti-FGM campaigns. This was followed by a community stakeholders’ meeting of 50 people to share findings from the rapid assessment, and collect more information on knowledge gaps regarding the link between FGM and HIV. These activities formed the basis for development of a training manual for provider training as well as desk flip charts and posters to complement empowering of service providers in integration of HIV/AIDS into anti-FGM campaigns in Bukwo District. As a follow-up, 40 community service providers received training on integration of HIV/AIDS messages into the anti-FGM campaign. This project received overwhelming support from the community.

**Outcomes:**
- Awareness on the FGM/HIV integration has significantly improved as was observed during this year’s celebrations to mark the World Day against Female Genital Mutilation on February 6, 2012. Traditional UN agencies in the ‘Total Abandonment of FGM campaign’ like UNFPA and UNICEF sought UNAIDS involvement to mark this day, highlighting the face of HIV risk in FGM complications, which was not the case before this intervention.
- The media communication materials also, for the first time captured HIV/AIDS as an issue in the anti-FGM campaign hence evidence that the intervention is steadily promoting education campaigns that integrate both issues.

**Lessons learned:** Bukwo district currently has the highest concentration of FGM in the Sebei region. While government criminalized the cultural rite through the anti-FGM Bill 2010, there is wide-spread hostility between the law enforcement officers and the community. International NGOs campaigning to end FGM also face a lot of opposition because they focus much on human rights issues which are perceived as ‘foreign’. The community service providers acknowledged that there is an associated risk of spread and acquisition of HIV infection through sharing of the circumcision knife, this information was lacking in their messaging. They welcomed the intervention because it offers a human and educative face to the anti-FGM campaigns.

**Recommendations:** HIV messaging can be a strong approach in ending FGM. HIV is still feared in the community and HIV is also ‘real’ compared to globally documented FGM effects, some of which are not common in some communities like Bukwo that practice a ‘lesser’ cut. Integration of HIV/AIDS and anti-FGM messages should be reinforced because they are interlinked and can tap into each other to address both problems.
words, Gilbert says of the Fellowship: “The fellowship is a practical life transforming experience. It is a once in life time kind of experience. I am yet to experience any other form of training that can dwarf the rare training approach of the fellowship program”.

KEY APPRENTICESHIP AND RESPONSIBILITIES

- Developing and presenting the 2010-2011 positive living campaign work plan and budget
- Developing quarterly reports for adult HIV programs to which the fellow was attached
- Coordinating with support of the mentor, development and implementation of positive living communication strategy
- Developing communication materials to promote positive living campaign
- Represent HCP in meetings with partners and donors
- Building capacity within the organization
- Working with M&E department on related positive living programs
- Coordinating and organizing quarterly collaboration meetings for partner organizations focusing on HIV stigma activities in their different organizations. These partners work under an umbrella organization known as Mutual Reference Group (MRG).
- Coordinating and scaling up stigma integration among district based USAID organizations and mobilize them to join MRG membership.
- Coordinating development of advocacy strategy aimed at stigma reduction
- Coordinating material sharing among partner organizations
- Developing advocacy briefs for traditionally circumcising areas

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

- Developed and presented the 2010-2011 work plan and budget (of about $45,000) for Adult Care (positive living) program.
- Wrote quarterly reports for adult HIV programs.
- Gilbert has been a member of the national task force responsible for operationalizing the positive living communication strategy.
- Mentored a young graduate (professional) assigned to him at the organization.
- Worked with the M&E department at the organization to set up the monitoring and evaluation system for the positive living campaign program.
- Supervised the pre-testing of several communication materials. These included
posters, brochures, factsheets developed to promote positive living practices.

- Coordinated meetings and activities for MRG partner organizations working towards reduction of stigma.
- Coordinated the distribution of materials on stigma among HIV partner organizations.
- Provided technical support to the Family Planning program. This led to the production of Health Matters, a newsletter focusing on family planning.
- Led a team of officials from the Ministry of Health (MOH) and other HIV/AIDS partners for a one week support supervision of the Couple HIV Counseling Testing (CHCT) campaign “Go Together. Test Together and Know Together”.

**PRESENTATIONS & PUBLICATIONS**

**Oral/Poster Presentations**

- Made a poster presentation entitled: “Radio as a means of keeping adolescents safe from HIV.” This was presented at the 4th national pediatric HIV conference at Hotel Africana, in August Kampala 2010.

**Print Media**

- Test and treat could make Uganda HIV free, Daily Monitor newspaper, June 20th 2011.

**Manuscript in preparation**

Impact of the Young Empowered and Health (YEAH) campaign on sexual risk taking behaviors among young people in Uganda.

**TRAINING AND CAPACITY BUILDING**

- Organized and was one of the facilitators during a four days workshop for the development of a radio diaries document meant to guide producers during the process of developing radio diaries.
- Organized and facilitated a photographic workshop meant to improve skills of individual staff.
Communication strategy to scale up male involvement in Elimination of Mother to Child Transmission of HIV (EMTCT)

Background: Low male involvement in EMTCT services affects uptake of EMTCT services by their female partners. There is need for a male-specific communication strategy which can guide male-focused Behavior Change Communication (BCC) interventions. This background provided the credence for the development of a comprehensive EMTCT communication strategy for the scale-up of male involvement in EMTCT programs.

Implementation approach: The strategy development process utilized relevant information derived from available literature as well as formative research findings. During the design process, stakeholders were able to identify the issues, audiences, messages and the channels that can be used to promote the goals and objectives of the strategy. While this project stopped at developing the strategy, partners have expressed willingness to implement the strategy by developing materials, disseminating them, monitoring and evaluating their impact.

Key observations: Most women seeking EMTCT services do not inform their partners of their own HIV status and the EMTCT services they receive. They fear being divorced. Majority of HIV positive women seeking EMTCT services are living in fear of their partners and their family members. Many rural men are not aware that through EMTCT, they can have a HIV free child. They see little value in EMTCT services. Many of them have tested secretly and do not like to share their HIV status with their partners.

Recommendations: Program designers and implementers need to continue to find ways of helping men create conducive environment for their partners seeking EMTCT services to open up about their HIV status. Behavior change takes time, our communication programs need to take this into account. There is need for an overall EMTCT communication strategy so that other issues that are not addressed in the male involvement strategy can be covered. We need to continue providing resources for research in order to understand our communities in our fast changing environment.
MICHAEL EDIAU

The Fellowship training provided me with great opportunities that enabled me to practically build my capacity in program management and leadership, M&E and research among others. The training has prepared me to be able to make greater contribution to improved health services delivery.

**KEY APPRENTICESHIP RESPONSIBILITIES**

- To provide program leadership and management as well as technical support to KOICA and EJAF funded HIV/AIDS projects
- To lead the development of the M&E framework specifically for KOICA and Elton John HIV/AIDS projects
- Provide technical support to HIV/AIDS related projects and Areas (Regions) implementing HIV/AIDS activities
- Support M&E Unit in planning and implementing KAP surveys, baseline surveys and evaluation studies
- To write abstracts and or newspaper articles on the development work of ChildFund Uganda.
- Support the development and review of Regional Program Strategic Plans, HIV/AIDS and other health project design documents
- Mentor Federation program staff particularly health project officers on HIV/AIDS and other health related issues
- Support resource mobilization efforts through proposal development
- Attend management meetings and external meetings and conferences

**SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS**

Michael was responsible for the overall coordination of two HIV/AIDS projects (KOICA and EJAF). As the Project Coordinator, Michael performed the following roles:

- **Planning:** led the design, development, and implementation of annual and quarterly project plans
- **Partnership:** built and strengthened partnerships between ChildFund Uganda and its project partners.
- **Communication:** initiated and maintained effective, clear and timely communication with all project stakeholders who included: project management teams, ChildFund Uganda senior management team, implementing partners and the donors; and provided regular progress updates
- **Human Resources Management:** participated in the recruitment and induction of project staff and supervised,

**ABOUT THE FELLOW**

MICHAEL EDIAU holds a Master of Public Health and Bachelor of Environmental Health Science degrees from Makerere University. Michael was hosted at ChildFund International Uganda (ChildFund Uganda). ChildFund Uganda is an International child-focused development agency which has been operating in Uganda for the past 30 years. ChildFund Uganda currently operates in 36 districts implementing health (HIV/AIDS, maternal & child health), livelihood and education improvement programs. During his attachment, Michael was exposed to and actively participated in program design, management, monitoring and evaluation. In his own words, Michael says that the Fellowship training “provided...”
mentored, coached and appraised project staff.

**Monitoring and Evaluation:**
- strengthened the M&E component for the two projects. Michael led the development of the M&E framework for the projects, coordinated project performance review meetings, and provided input into the design and implementation of project evaluation surveys.

**Reporting:**
- led the development and submission of quarterly and annual reports to donors

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**OTHER ACTIVITIES**

- **Strategic Planning:**
  - Supported the development of ChildFund Uganda three year Regional strategic plans.
  - Participated in the development of ChildFund Uganda five year Country Strategic Plan

- **Project design and resource mobilization:**
  - Participated in designing the maternal and child health (MCH) 3 year project, which was funded (2.2 billion Uganda shillings)
  - Led the design of phase 2 EJAF funded HIV and AIDS project, which is expected to bring in up to 1,100,000 Uganda shillings.

**Attending management and external meetings**

- Represented ChildFund Uganda in various external and partnership meetings and attended ChildFund Uganda expanded senior management team meetings.

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*Fellow (Michael) chairing one of the project performance review and improvement meetings*
Participation in the design and execution of a research study
Michael was a principal investigator on the study entitled ‘Risk Factors for HIV Infection among circumcised Men Presenting for HIV Services at AIDS Information Center in Mbale Uganda’.

PRESENTATIONS & PUBLICATIONS

Oral/Poster Presentations
Michael Ediau, et al. Community Knowledge and Perceptions about Indoor Residual Spraying in Soroti district, Uganda. 6th TEPHINET scientific conference; 3-17th December 2010; Cape Town, South Africa


Journal Publication
Lynn M Atuyambe, Michael Ediau, Christopher G Orach et al. Landslide Disaster in Eastern Uganda: Rapid Assessment of Health Situation in Bulucheke camp, Bududa District. Presented at the MakSPH & Institute of Tropical Medicine (Belgium) Master of Public Health Alumni Symposium & One Health scientific meeting; 11th-12th March 2011; Hotel Africana, Kampala Uganda.

Manuscript under preparation
1. Trends of ANC, skilled delivery attendance and uptake of PMTCT services among pregnant women and their male partners following community mobilization and facility capacity building interventions in a rural health facility in Kitgum district, northern Uganda.

Print Media
1. Strategic partnerships vital for effective HIV/AIDS intervention. Daily Monitor, 30th September 2010

TRAINING AND CAPACITY BUILDING

- Facilitated in two trainings on Regional Program Strategic Plan development for both ChildFund Uganda and its affiliate organizations
**PROGRAMMATIC ACTIVITY**

**Strengthening the Monitoring and Evaluation System of HIV and AIDS Projects in ChildFund Uganda**

**Background:** The M&E system for HIV and AIDS projects in ChildFund Uganda had some gaps for example: indicators and data collection tools were not harmonized, there was no data base in place for managing project data and data was not routinely collected, stored and analyzed. Yet accurate measurement of success of ChildFund Uganda HIV and AIDS initiatives and improving Program performance are predicated on a strong M&E system. The focus of this programmatic activity was to strengthen the M&E system for the HIV/AIDS projects.

**Objectives:** The general objective was; to strengthen the M&E System of HIV and AIDS Projects in ChildFund International. Specific objectives included: to review and standardize the M&E, to strengthen routine data (quantitative) collection, to establish a web-based computerized M&E data base, to design a framework for routine documentation of case studies/ or success stories and to promote dissemination and sharing of project information.

**Intervention descriptions:** The project utilized a participatory approach involving various stakeholders. Activities included: meetings; training; standardization of program outputs, outcomes and indicators; designing and setting up a web-linked data base; data collection and entry.

**Achievements**

- Project outputs and outcomes were standardized
- Project indicators were standardized
- Several project data tools were developed
- Project staff were trained in M&E
- Project data are now routinely collected
- A web-linked M&E data base was designed and set up and used for data management and analysis

**Lessons learned**

- Flexibility (to changes) by project management team and the donors was vital in ensuring that results of the M&E project were utilized to improve program performance.
- With an effective project data management system in place, project reporting is made much simpler.

**Recommendation:** ChildFund Uganda needs to ensure sustainability of the system by allocating sufficient resources to support these activities.
Dr Matthew Lukwiya [RIP]

The Matthew Lukwiya Award is given in recognition of the outstanding commitment and dedication exhibited by Dr Matthew Lukwiya during the treatment of Ebola-infected patients. He died in the process.

Dr Matthew Lukwiya was a physician who obtained his Masters of Public Health at Makerere University School of Public Health. He was working at Lacor Hospital at the time of the Ebola epidemic in 2000. Dr Lukwiya not only showed remarkable outbreak investigation skills by recognizing the clinical manifestations of Ebola infection and having specimens tested to confirm the infection, but also outstanding leadership by running the Lacor clinical team.

Dr Lukwiya understood the risks that he and his colleagues were taking while caring for patients during the epidemic. At the funeral of an Italian nun on 7 November 2000, he attempted to rally the morale of his workers: “It is our vocation to save life. It involves risk, but when we serve with love, that is when the risk does not matter so much. When we believe our mission is to save lives, we have got to do our work.” However, despite instituting risk minimization procedures, including wearing of robes, multiple gloves, surgical masks and goggles, hospital workers continued to fall ill. But he was dedicated to his patients and to public health and he commented before he died that he would “continue fighting Ebola alone if necessary until the virus is beaten or until I am dead”. Tragically, his willingness to continue caring for patients and leading his health care team also led to his death by Ebola acquired while caring for a patient with the illness.

MakSPH instituted an award to honor Dr Matthew Lukwiya, to be given out to any long-term Fellow who has demonstrated personal sacrifice, devotion, and leadership in carrying out professional responsibilities during his/her apprenticeship at a host institution.

Dr Matthew Lukwiya exhibited the following qualities which are considered in selecting the Matthew Lukwiya Award winners:

- Leadership
- Dedication to career
- Commitment
- Professionalism
- Innovativeness
- Productivity
- Selflessness

Matthew Lukwiya Award recipients

Seven Fellows – one per intake – have received the Matthew Lukwiya Award since the Fellowship Program was initiated. Table 1 below shows the different Matthew Lukwiya Award recipients since 2002.

<table>
<thead>
<tr>
<th>Name of Fellow</th>
<th>In-take</th>
<th>Date Award given</th>
<th>Awarded by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ms Gloria Katusiime</td>
<td>October 2002-2004</td>
<td>December 18th, 2003</td>
<td>Mr Sam Ngobi, Academic Registrar, Makerere University</td>
</tr>
<tr>
<td>3. Dr George Didi Bhoka</td>
<td>October 2003-2005</td>
<td>December 2nd, 2005</td>
<td>Prof Livingstone Luboobi, Vice Chancellor, Makerere University</td>
</tr>
<tr>
<td>4. Dr Stella Alamo</td>
<td>October 2004-2006</td>
<td>January 19th, 2007</td>
<td>Dr Emmanuel Otaala, Hon. Minister of State for Primary Health Care</td>
</tr>
<tr>
<td>6. Dr Alfred Geoffrey Okiria</td>
<td>April 2008 - 2010</td>
<td>March 26th, 2010</td>
<td>Prof Venansius Baryamureeba, Vice Chancellor, Makerere University</td>
</tr>
<tr>
<td>7. Mr Jotham Mubangizi</td>
<td>May 2009 - 2011</td>
<td>May 10th, 2011</td>
<td>Dr Tadesse Wuhib, Director, CDC Uganda</td>
</tr>
<tr>
<td>Name of Fellow</td>
<td>Position</td>
<td>Organization</td>
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</tr>
<tr>
<td><strong>INTAKE 1: MARCH 2002 – 2004</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Christine Nabiryo</td>
<td>Associate Consultant</td>
<td>FART Africa</td>
<td></td>
</tr>
<tr>
<td>Mr Erasmus Otolok Tanga</td>
<td>Chief of Party, SPEAR Project</td>
<td>USAID, RTI and World Vision collaboration</td>
<td></td>
</tr>
<tr>
<td>Ms Linda Kavuma Luyiga</td>
<td>Independent Consultant</td>
<td>UNFPA, Kampala</td>
<td></td>
</tr>
<tr>
<td>Dr Jim Arinaitwe</td>
<td>Global Fund Coordinator</td>
<td>Ministry of Health, Uganda</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Dr Primo Madra</td>
<td>National Program Officer/Emergency Project</td>
<td>University Research Co., LLC</td>
<td></td>
</tr>
<tr>
<td>Mr Timothy Waiswa Wakabi</td>
<td>Monitoring &amp; Evaluation team leader, SUSTAIN Project</td>
<td></td>
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</tr>
<tr>
<td><strong>INTAKE 2: OCTOBER 2002 – 2004</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dr Gideon Amanyire</td>
<td>Program Manager</td>
<td>Mulago-Mbarara University Teaching Hospitals’ Joint AIDS Program (MJAP)</td>
<td></td>
</tr>
<tr>
<td>Dr Henry Barigye</td>
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<tr>
<td>Dr Moses Bateganya</td>
<td>Marketing &amp; Communications Advisor</td>
<td>International Training &amp; Education Center for Health (I-TECH), Malawi</td>
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</tr>
<tr>
<td>Ms Gloria Katusiime</td>
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<td>International Center for AIDS Care and Treatment Programs (ICAP), Losso, Uganda</td>
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<td>Rhoda Wanyenze</td>
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<td></td>
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<tr>
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<td>Executive Director, Harnessing Indigenous Potentials – Africa</td>
<td>Midday Uganda</td>
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<td>World Vision International, East Africa region</td>
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<tr>
<td>Ms Juliet Kanyesigye</td>
<td>Research Fellow</td>
<td>Center for Basic Research, Kampala, Uganda</td>
</tr>
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<td>Position</td>
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<tr>
<td>8.</td>
<td>Dr Sarah Asiimwe</td>
<td>Short-term Technical Advisor</td>
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<tr>
<td>9.</td>
<td>Mr Robert Kamoga</td>
<td>Independent consultant</td>
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**INTAKE 4 – OCTOBER 2004 – 2006**

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<tr>
<th></th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1.</td>
<td>Ms Sharon Ajedra Amacha</td>
<td>Community-based Treatment Services Advisor</td>
<td>Institute of Human Virology of the University of Maryland, School of Medicine Program</td>
</tr>
<tr>
<td>2.</td>
<td>Dr Vincent Bagambe Kamishani</td>
<td>Quality Assurance Manager, Global Fund</td>
<td>Ministry of Health, Uganda</td>
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<tr>
<td>3.</td>
<td>Dr Edrine Namayanja Kamugisha</td>
<td>Deputy Chief of Party, District HCT Support Program</td>
<td>MJAP Kampala</td>
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<tr>
<td>4.</td>
<td>Dr Solome Nampewo</td>
<td>National Program Manager, Health and HIV/AIDS</td>
<td>Swedish Embassy</td>
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<tr>
<td>5.</td>
<td>Dr Nkoyooyo Abdallah</td>
<td>Team Leader, Planning &amp; Strategic Information</td>
<td>TASO Uganda Ltd</td>
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<tr>
<td>6.</td>
<td>Dr Innocent Bright Nuwagira</td>
<td>Team Leader, HIV/AIDS, TB and Malaria</td>
<td>World Health Organization, Kampala, Uganda</td>
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<tr>
<td>7.</td>
<td>Mrs Julianne Etima-Ongom</td>
<td>Program Coordinator, Social Support Division</td>
<td>Makerere University Johns Hopkins Research Collaboration</td>
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<tr>
<td>8.</td>
<td>Mrs Esther Nabukeera Sempiira</td>
<td>National Coordinator and Deputy Director, STAR-E LQAS</td>
<td>Management Sciences for Health, Uganda</td>
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<tr>
<td>9.</td>
<td>Mr Elly Ssebyatika</td>
<td>HMIS Advisor, STAR-E LQAS Project</td>
<td>Management Sciences for Health, Uganda</td>
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<tr>
<td>10.</td>
<td>Dr Stella Alamo – Talisuna</td>
<td>Executive Director</td>
<td>Reach Out Mbuya Parish HIV/AIDS Initiative</td>
</tr>
<tr>
<td>11.</td>
<td>Mrs Penninah Kyoyagala-Tomusange</td>
<td>National Project Professional- Reproductive Health and Population and Development (Mbarara Office)</td>
<td>UNFPA</td>
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**INTAKE 5 – OCTOBER 2005 – 2007**

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<tbody>
<tr>
<td>1.</td>
<td>Ms Evelyn Akello</td>
<td>Senior Hospital Administrator &amp; Finance and Administration Manager</td>
<td>Murchison Bay Hospital, Luzira/ CDC-Uganda Prisons Service Collaborative Project</td>
</tr>
<tr>
<td>2.</td>
<td>Dr Francis Mulekya Bwambale</td>
<td>Monitoring &amp; Evaluation Specialist</td>
<td>Makerere University Regional Center for Quality of Health Care</td>
</tr>
<tr>
<td>3.</td>
<td>Ms Kellen Namusisi</td>
<td>Monitoring &amp; Evaluation Specialist</td>
<td>Center for Tobacco Control in Africa</td>
</tr>
<tr>
<td>4.</td>
<td>Ms Mbabazi Kiiza Gorretti</td>
<td>Independent Consultant</td>
<td></td>
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<tr>
<td>5.</td>
<td>Ms Proscovia Nabasinga Miria</td>
<td>Specialist, Database Management</td>
<td>STAR-E LQAS Project, MSH, Kampala, Uganda</td>
</tr>
<tr>
<td>6.</td>
<td>Dr Muramuzi Bangizi Emmy</td>
<td>Deputy Chief, Epidemiology Branch</td>
<td>CDC Uganda</td>
</tr>
<tr>
<td>7.</td>
<td>Ms Nakayima Flavia</td>
<td>Director Learning, Monitoring and Evaluation</td>
<td>Harnessing Indigenous Potentials – Africa, Uganda</td>
</tr>
<tr>
<td>8.</td>
<td>Dr Nakinsige Anne</td>
<td>Senior HIV/AIDS Officer</td>
<td>East African Community</td>
</tr>
<tr>
<td>9.</td>
<td>Mr Robert Kisembo</td>
<td>Lecturer</td>
<td>Nkumba University</td>
</tr>
<tr>
<td>10.</td>
<td>Ms Sheila Byirigiro Gashishiri</td>
<td>Public Information Assistant</td>
<td>World Bank Country Office, Uganda</td>
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</table>
## CURRENT EMPLOYMENT STATUS OF ALUMNI FELLOWS: AS OF APRIL 23, 2012

### INTAKE 6 – APRIL 2008 – MARCH 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Current Employment</th>
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<tbody>
<tr>
<td>Dr. Alfred Geoffrey Okiria</td>
<td>M&amp;E Manager</td>
<td>META Project, MakSPH</td>
</tr>
<tr>
<td>Ms. Mary Dutki</td>
<td>M&amp;E Technical Advisor</td>
<td>META Project, MakSPH</td>
</tr>
<tr>
<td>Ms. Priscilla Namugwe</td>
<td>M&amp;E Technical Advisor</td>
<td>META Project, MakSPH</td>
</tr>
<tr>
<td>Dr. David Wanalozi</td>
<td>Clinical Services Manager</td>
<td>AIDS Information Center</td>
</tr>
<tr>
<td>Ms. Karen Apohipa Kyampaire</td>
<td>Project Officer</td>
<td>PANOS East Africa</td>
</tr>
<tr>
<td>Ms. Milly Nattimba</td>
<td>Nutrition Program Manager</td>
<td>Baylor Uganda</td>
</tr>
<tr>
<td>Merian Natukwatsa</td>
<td>Communications Officer</td>
<td>Makerere University College of Health</td>
</tr>
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### INTAKE 7 – MAY 2009 – APRIL 2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1. Kakaire Ayub</td>
<td>Communications Officer, Future Health Systems</td>
<td>Makerere University School of Public Health</td>
</tr>
<tr>
<td>2. Florence Tushemeriwe</td>
<td>Research Consortium</td>
<td>Makerere University School of Public Health</td>
</tr>
<tr>
<td>3. Medard Kihemmu Muhezei</td>
<td>Assistant Lecturer</td>
<td>Abt Associates, Uganda</td>
</tr>
<tr>
<td>5. Victoria Kajia</td>
<td>Coordinator, The Joint UN Program of Support on AIDS in Uganda</td>
<td>Uganda</td>
</tr>
<tr>
<td>6. Eric Tabbusiwa</td>
<td>Program Manager</td>
<td>Partners for Health Initiative, Kampala, Uganda</td>
</tr>
<tr>
<td>7. Solomon Mukwaya</td>
<td>Short-term Consultant, Liverpool Associates in Tropical Health (LATH)</td>
<td>Kampala, Uganda</td>
</tr>
<tr>
<td>8. Paul Okalo</td>
<td>Monitoring &amp; Evaluation Advisor</td>
<td>African Centre for Global Health and Sciences for Health</td>
</tr>
<tr>
<td>9. Scaret Mubokyi</td>
<td>Independent Consultant</td>
<td>STAR-E, LQAS Project, Management</td>
</tr>
<tr>
<td>10. Florence Kabirungi</td>
<td>Independent Consultant</td>
<td>Mulago-Mbarara University Teaching Hospitals' Joint AIDS Program, Kampala</td>
</tr>
</tbody>
</table>

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*Note: The table above summarizes the current employment status of alumni fellows as of April 23, 2012.*
# Program Staff Contacts

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**Program Drivers**  
Edward Bagonza  
Benon Ndaula  
Alex Mujaasi

**Editorial Team**  
This report has been compiled and edited by Mr Joseph KB Matovu, Ms Susan Mawemuko, and Dr Rhoda Wanyenze.