

MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH



MakSPH - CDC FELLOWSHIP PROGRAM

LONG-TERM FELLOWS 2011-2013 YEAR BOOK



MAKERERE UNIVERSITY



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FOREWORD



The past ten years (2002-2012) have been a period of growth, learning and expansion of the Fellowship Program. The program has expanded not only in terms of numbers trained but also in terms of the focus areas, from being a disease-specific program to encompass other health programs areas including maternal and child health, health informatics, malaria and tuberculosis, among others. Since inception, we have enrolled 85 Fellows, 81 of whom completed the Fellowship (including those graduating today), while 13 new Fellows were enrolled on the program in February 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.

Like in the previous years, many of the Fellows graduating today have been involved in program leadership and management at various levels within the institutions of placement, including institutionalizing open medical records system (open MRS) within the Uganda Police Force Medical Services, operations research to inform programs, improving health services delivery at district level through continuous quality improvement, and improving uptake of HIV and family planning services, among other initiatives.

I am pleased to note that the Fellowship Program has received funding from CDC, for the next five years, and this in itself is vote of confidence from the funders that we should be proud about. This funding will continue to support existing Fellowships as well as targeted graduate training. In this new phase we are exploring adjustments that will ensure relevance and continued contribution to the strengthening of leadership of health programs in Uganda, including stronger partnerships with the Public Sector and new host institutions that accommodate the expanding scope of training. On this note, let me thank our development partners, CDC in particular for sustaining the effort; the Fellows who have made us shine, the host institutions that we have worked with over the years, well wishers and finally the MakSPH staff for the work well done.

A handwritten signature in black ink, appearing to read 'W. Bazeyo'. The signature is stylized and cursive.

Assoc. Prof. William Bazeyo
Dean, Makerere University School of Public Health

WORD FROM THE PROGRAM DIRECTOR

The year 2013 is special to the Fellowship program in many respects. This is the first year on our new grant for the third phase (2012-2017) but also, this year comes pretty close to the end of the second five-year phase, which ended in September 2012. Indeed, the graduating Fellows were in the last cohort under the second phase of the program, and I am happy to inform you that Fellows for the first year of our third phase have been identified and are currently undergoing training at the School of Public Health.

The graduating Fellows were hosted in eight institutions namely: UNAIDS, Mildmay Uganda, Communication for Development Foundation Uganda (CDFU), UNFPA, Maternal and Newborn Study (MANEST), PREFA, Uganda AIDS Commission, and Family Health International 360 (FHI360). 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 fulfill 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 Elizabeth Nabiwemba, Dr Lynn Atuyambe, Dr Noerine Kaleeba, Dr Olico Okui, Dr Euzobia Mugisha, Dr Suzanne Kiwanuka, Dr Achilles Katamba, Dr Florence Baingana, and Dr Geoffrey Kabagambe for their time in inspiring and supporting Fellows. 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 the CDC Project Officer (Dr Sam Malamba) and Activity Manager (Dr Anthony Mubiru) for guiding program staff in not only doing the right things but also doing them right.

A handwritten signature in black ink, appearing to read 'D. Serwadda', written in a cursive style.

Prof David Serwadda
Principal Investigator,
MakSPH-CDC Fellowship Program

FELLOWSHIP PROGRAM BRIEF

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, tuberculosis; public health informatics, and other health-related programs. The program, which began in 2002, provides long-term and medium-term Fellowships, and 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 in health who are analytical in thinking and can work effectively in multidisciplinary 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

Thirteen 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.

support supervision). For each domain, a set of core competencies has been specified. Core competencies refer to the skills, attitudes and practices that Fellows should acquire during the course of the Fellowship. Overall, 13 core competencies were identified for the six domains. Long-term Fellows are attached to selected institutions for apprenticeship. The apprenticeship accounts for 75% of the training. The remaining 25% is reserved for Fellows to attend multi-disciplinary short courses at MakSPH to enhance their academic competences. During the apprenticeship, Fellows are placed under the guidance of a designated host mentor. An academic mentor, who is usually a member of staff from Makerere University College of Health Sciences, 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, 81 Fellows completed the Fellowship successfully. Thirteen 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. Our Fellows continue to receive mentorship support and program leadership and management training at leading institutions in the country including Uganda AIDS Commission, Ministry of Health, Joint UN Program on AIDS (UNAIDS) country office, PREFA, Mildmay Uganda, Communication for Development Foundation Uganda, Communication for Development Foundation Uganda (CDFU), United Nations Population Fund (UNFPA), Maternal and Newborn Study (MANEST), Family Health International 360 (FHI 360), among other. 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. Some of the institutions supported include: Ministry of Gender, Labor and Social Development, Ministry of Defense (Uganda People's Defense Forces), Uganda Prisons Service Medicines & Health Service Delivery Monitoring Unit of State House, Population Secretariat, Jinja district health office, Rakai district health office, Nakaseke district health office, Kabale regional referral hospital, Mutolere Hospital (Kisoro), Integrated Community-based Initiatives (ICOB) in Bushenyi, Children of the World (COW) Foundation in Kitgum, Action for Development (ACODEV) in Kasese district, Joint Clinical Research Centre, Goal Uganda, TASO, Medical Teams International, Doctors with Africa CUAMM, among others.

*Graduate Fellows
improved monitoring
and evaluation systems
at their places of work...*

Graduate Fellows improved monitoring and evaluation systems at their places of work, reduced patient

waiting time, improved performance tracking and data management systems and increased enrolment of eligible ART patients into care and treatment. Additional information about our medium-term Fellowship program can be obtained from our program website.

Short Courses: Off-site 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.

DR. MAUREEN KWIKIRIZA



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Name of Host Mentor:

Dr. David Serukka,
Executive Director, PREFA
Dr. Francis Engwau,
Program Manager, PREFA

Name of Academic Mentor:

Dr. Elizabeth Nabiwemba,
Lecturer, Makerere University,
School of Public Health

KEY APPRENTICESHIP RESPONSIBILITIES

1. Develop and implement an integration plan for the Maternal, Newborn and Child Health (MNCH)/ Prevention of Mother-To-Child Transmission of HIV (PMTCT) program at the facility level in Wakiso and Nakasongola districts and to guide scale up in other districts in Uganda.
2. Improve community awareness

ABOUT THE FELLOW

Dr. Maureen Kwikiriza is a medical doctor with a Master of Science in Epidemiology from the University of London and a Bachelor of Medicine and Bachelor of Surgery from Mbarara University of Science and Technology. She has 7 years of experience in research and providing HIV/AIDS and reproductive health services in different settings of Uganda. She joined the Fellowship program in 2011 and was attached to Protecting Families Against HIV/AIDS (PREFA). PREFA is a local NGO formed to support the government of Uganda in developing and maintaining standards in capacity building, implementation, and monitoring for Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS services. Maureen's career goal is to become an effective leader in either HIV prevention or Maternal, Newborn and Child Health programs. Through the Fellowship, Maureen has learnt to be self-driven, gained experience in working with districts and improved her communication skills. In her own words, Maureen has this to say: *"This Fellowship has been a great learning opportunity and worth the 2 years of my time. I am now a better leader and ready to contribute to better health service delivery in Uganda"*

and linkages for PMTCT programs using village health teams (VHTs) to promote service uptake at facility level.

3. Document and share best practices of the MNCH/PMTCT integration.

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

a) Developing and implementing an integration plan for the MNCH/PMTCT program

- Developed a plan for integrating PMTCT interventions with maternal, newborn and child

health services at the facility level

- Trained health workers in PMTCT- Early Infant Diagnosis (EID) using Ministry of Health guidelines so that they are able to provide quality PMTCT services.
- Led the assessment of health facilities in Wakiso district for readiness to implement PMTCT Option B. This formed the basis for selection of participants for the various option B+ trainings, mentorships in EID services, logistics management procurement and supply of medical equipment such as blood pressure machines, weighing scales and thermometers.

- Provided technical support to health workers providing PMTCT services through mentoring and support supervision
- Supported the District Health Officer (DHO) of Wakiso district to integrate PMTCT activities into the district work plan
- Coordinated the development of a national support supervision tool for integrated PMTCT/ MNCH services at facility level. The tool has sections on Human resource capacity, infrastructure, antenatal, labour and delivery, postnatal and HIV counseling and testing. This tool currently in a draft form can be used by any partner

b) Improving community awareness and linkages

- Trained VHTs in PMTCT-EID, counseling skills, use of register and referral system
- Defined the specific roles of VHTs with regard to PMTCT. These roles were categorized into community sensitization and Mobilization, follow-up of mother baby pairs in the community and referrals to health facility.
- Selected and trained key health workers in the 7 districts of central Uganda to mentor their colleagues on how to establish and strengthen family support

groups at their respective health facilities.

c) Documenting best practices for PMTCT / MNCH Integration

- Documented the best practices for PMCTCT /MNCH integration at the health facilities. These include; participatory assessment and monitoring of integrated services; timely dissemination of the new guidelines, provide the data tools and orient health workers on recording and exchange learning visits for health workers.



Maureen, first on the right, mentoring health workers at one of the PREFA-supported health units on recording in the register

OTHER ACHIEVEMENTS

- Acted as a Program Officer for Kampala cluster for 3 months. During this period, Maureen organized HIV stakeholders and performance review meetings, coordinated joint support supervision visits to health facilities, provided technical support to district health team members on logistics management and brought one health centre three facility on board for PMTCT program.
- Participated in the development of PREFA strategic plan for 2011 to 2015.
- Organised and coordinated events to mark 2011 World AIDS Day including a talk show on UBC television.
- Provided technical Support to Gender department to organize and make presentations for the Uganda Episcopal conference about gender integration in HIV programs
- Wrote the literature review section of the protocol on "Birth-weight Group and Age at Death Boxes for an Intervention and Evaluation System (BABIES)" surveillance methodology written by Centres for Disease Control and Prevention (CDC).

PRESENTATIONS AND PUBLICATIONS

1. Presentations:

- i. Maureen Kwikiriza, Richard Ayebare, Geoffrey Waiswa, Francis Engwau and David Serukka: Early Infant Diagnosis, an opportunity for timely provision of effective care and treatment: PREFA experience from PMTCT-EID program, Wakiso district. Oral presentation at the 6th National paediatric HIV/AIDS conference held at hotel Africana, Kampala-Uganda from 12th – 14th September 2012. (This abstract was also presented at the Joint Annual Scientific Health conference at Silver Springs Hotel, Kampala-Uganda from 26th-28th September, 2012).

2. Print media:

- i. "Involving the community actively towards virtual elimination of HIV Transmission from Mother to child". An advertorial written on behalf of PREFA to supplement the Uganda Pediatrics Association conference and published in the New Vision of Wednesday 28th September 2011

- ii. "Quality postnatal care: An opportunity to improve maternal, newborn and child health", Published in the New Vision of 28th November 2011
- iii. "PREFA joins the fight against malnutrition in children", Published in the New Vision of 5th March 2012
- iv. "Antenatal care will improve pregnancy outcomes in Uganda", Published in the New Vision of 11th June 2012.
- v. "The new PMTCT policy is an opportunity for Uganda to eliminate mother to child transmission of HIV", Published in the New Vision of 22nd October 2012.

3. Submitted Manuscript:

Maureen Kwikiriza, Joseph KB Matovu, Francis Engwau, David Serukka, Elizabeth Nabiwemba: Readiness of Public Health Facilities to Implement Integrated PMTCT and postnatal care in Uganda: Results from a Facility Assessment Study (Submitted to BMC Health Services Research)

PROGRAMMATIC ACTIVITY

Title: Integrating PMTCT with Postnatal Care Services in Uganda: Process Documentation and Monitoring Outputs

Background: To minimize missed opportunities for PMTCT interventions, the National PMTCT scale-up plan (2010-2015) recommends integration of PMTCT with postnatal care (PNC) services. PREFA thus piloted integration of PMTCT and PNC in Wakiso and Nakasongola districts.

Objectives

1. To document the processes leading to implementation of integrated PMTCT and PNC services
2. To monitor progress of outputs following the implementation of integrated PMTCT and PNC services
3. To identify best practices for PMTCT and PNC integration

Implementation Approach: The project was implemented at four health facilities from May to August 2012. It involved three phases; (i) the assessment phase, (ii) feedback and planning phase and (iii) implementation and monitoring phase. The assessment was conducted in May 2012 by PREFA and district health teams to inform the planning phase. This involved orienting district health team members and facility In-charges on the assessment framework and tools, assessment of facilities including interviews with health workers, observations and collection of routine PMTCT data from registers. During the feedback and planning phase, results from assessment were shared with health workers who suggested ways for improvement. Targets were then set according to identified weaknesses. The health facility In-charge and head of Maternal, newborn and child health department coordinated the implementation of set targets at their respective health units. Every month, the

assessment team visited the health facilities to monitor performance and extract data on key indicators from the registers. New targets were set according to previous month's performance of selected PMTCT indicators.

Program outcomes: Overall, there was increased uptake of PMTCT services during the period of project. More mother-baby pairs were followed up in the community with an overall average of 15 per month compared to five in the months of March and April before the pilot began. The number of HIV exposed infants tested with PCR to determine their HIV status also increased from less than 10 in April to 14 in June. As these babies were tested, they also received their results

Conclusion: Implementation of integrated PNC and PMCT services lead to increased uptake of PMTCT services. However regular support supervisions are needed for monitoring of these services.

ABOUT PREFA

Protecting Families Against HIV/AIDS (PREFA) is a local Non-governmental Organization (NGO) formed in 2004. The vision of the founder members was to establish an indigenous NGO that could collaborate with the Ministry of Health (MoH) in rolling out Prevention of Mother-To-Child Transmission (PMTCT) of HIV programs nationally. In particular, PREFA was formed to support the government of Uganda to develop and maintain standards in capacity building for PMTCT service provision, implementation and monitoring of PMTCT services and, to identify service delivery gaps and seek solutions for them. To date the NGO has led the implementation of option B+, the 2012 PMTCT guidelines in seven districts of Central Uganda. PREFA is funded by PEPFAR through CDC .PREFA support includes capacity building - hiring and/or training of (additional) staff, infrastructure improvement and monitoring of facility based PMTCT service delivery.

GERTRUDE KALEMA NAMAZZI



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Host mentor:

Dr. Peter Waiswa:
Principal Investigator; Maternal
and Newborn Study (MANEST)

Academic mentor:

Dr. Florence Baingana:
Lecturer; Makerere University
School of Public Health

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Design Maternal Newborn Care interventions
- Integrate the interventions in the routine district health systems
- Provide leadership in monitoring and evaluation of operational research
- Disseminate the intervention findings at local, district and national level
- Supervise study staff and participate in their capacity building
- Provide technical support in grants proposal writing
- Publications: At least one publication as the first author and participate in others as need arises.

ABOUT THE FELLOW

Gertrude Kalema Namazzi holds a Master's Degree in Public Health (MPH) and a Bachelor's Degree in Medicine and Surgery (MBChB) of Makerere University, Uganda. Gertrude has interest in maternal and child health; and was placed at Maternal and Newborn Study (MANEST) project for her apprenticeship. MANEST is a research project implemented by Makerere University School of Public Health (MakSPH) with funds from World Health Organization (WHO) and Department for International Development (DFID), in collaboration with Ministry of Health (MOH) and the districts of Iganga, Luuka and Buyende. The goal of MANEST is to bridge the implementation gap of maternal/newborn care interventions and document lessons learnt to inform policy and scale-up. The objectives of MANEST are to: (i) learn how to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers, and (ii) improve newborn care and uptake of Prevention of Mother to Child Transmission (PMTCT) through home visits by community health workers, within the existing health system in Uganda. During the Fellowship, Gertrude has had an opportunity of taking up leadership positions and enhanced her skills in management and communication. Her career prospects include designing and management of maternal and child health interventions for improved service delivery. In her own words, this is what she had to say: *"The Fellowship has been a great transformational experience for me: I have enhanced my leadership and management skills through coordinating and managing the MANEST project from the formative phase throughout the implementation phase. I have also had an opportunity to design interventions through writing successful grant proposals. In addition, I led and participated in the writing of a number of manuscripts for publications; some of which are already published and others submitted to peer-reviewed journals. Furthermore, I have written several abstracts and made oral presentations at both national and international conferences including the WHO consultative meeting in Geneva, Switzerland and the Global Health Systems Research symposium in Beijing, China"*.

SIGNIFICANT FELLOWSHIP ACHIEVEMENTS

- **Design maternal and newborn care interventions**

Gertrude coordinated the formative phase of the MANEST project and organized stakeholder meetings at national, district and community levels to gather stakeholders' input which was crucial in informing the final design of the project. She also participated in the designing of a second study named Maternal and Newborn Implementation for Equitable Systems (MANIFEST)

- **Integration of the interventions in the routine district health systems**

Gertrude developed the MANEST

and MANIFEST implementation plans and supported district health teams to incorporate the plans in their work plans. Gertrude also supported the districts in the project implementation (selection, training and supervision of village health teams; VHTs).

- **Provide leadership in Monitoring and evaluation of operational research.**

Gertrude developed the study evaluation indicators and data collection tools and conducted the Uganda Newborn Study (UNEST) end line evaluation

which findings informed the MANEST project. She also developed the data collection tools and conducted the baseline evaluation of MANEST. Preliminary analyses of the baseline evaluation suggest poor antenatal and postnatal care practices. Mothers delay to attend antenatal care and a few attend the four times recommended by WHO. This could be due to among others, poor quality health services at the facilities; characterized by limited availability of medicines, supplies and absenteeism of service providers. After delivery



Fellow (standing in front, in green top) training CHWs/VHTs in Luuka District

mothers apply several harmful substances like cow dung and ash onto the cords of newborn babies to hasten healing.

- **Dissemination of the intervention findings at local, district and national level**

Gertrude disseminated the MANEST formative research findings and UNEST evaluation findings through oral presentations at national, district and community level

- **Supervise study staff and participate in their capacity building**

Gertrude was the lead trainer for data collectors, provided support supervision, and mentored staff in abstract and report writing, as well as budgeting

- **Participate in grants proposal writing**

Gertrude was part of a team that wrote a successful grant proposal to Comic Relief Ltd for over 5 billion Ushs (£1.5M) for implementation of a new intervention (MANIFEST) to improve maternal and newborn health in three districts of Kamuli, Pallisa and Kibuku. This followed yet another successful grant of initially £228,000 (Shs 860M) for the design phase of MANIFEST. Gertrude provided technical

support mainly in writing the Health Systems Strengthening component, and she developed the overall study implementation plan. The implementation phase is effective January 2013; Gertrude will provide technical support for the health facility component and coordinate the community component (using VHTs to improve birth preparedness).

- **Publications** (see 'Presentations and Publications' below)

'In general, during this Fellowship I have grown professionally and attained several Fellowship core competencies. Taking lead in coordinating MANEST formative as well as the implementation phases has particularly enhanced my leadership and management skills', says Gertrude.

PRESENTATIONS AND PUBLICATIONS

a) Presentations

- i) Introducing Care for High Risk Babies in Rural Settings: A Case Study of Iganga/Mayuge Districts. This was an oral presentation during the scientific

conference organized by the Uganda Medical Association that took place at hotel Africana, Kampala, Uganda: 23rd to 25th June, 2011

- ii) Strengthening Health Facilities for Maternal and Newborn Care: A Case study of Iganga/Mayuge Districts. The Theme of the conference was '**Innovations in Reproductive Health and Revitalization of Family Planning**'. This was an oral presentation during the scientific conference of the Association of Obstetricians and Gynecologists of Uganda (AOGU). It was held at Protea hotel, Kampala, Uganda: 25th to 26th August, 2011
- iii) Policy to action: Home visit package and human resource management. The title of the meeting was: '**Provision of Home-Based Care to Mother and Child in the First Week after Birth**'. This was an oral presentation Gertrude made during the WHO consultative meeting held at WHO headquarters in Geneva, Switzerland: 8th to 10th February 2012.
- iv) Stakeholder Analysis for a Maternal and Newborn Health Project in Eastern Uganda: This was an oral presentation

Gertrude made in the Second Global Health System Research Symposium in Beijing, China: 30th October to 3rd November 2012

b) Print media:

Gertrude wrote a newspaper article entitled 'Ease access to family planning to check population' which was published by The Daily Monitor on 7th July 2011

c) Manuscripts in preparation:

One Step at a time: Moving the agenda on health system facility strengthening for maternal and newborn care in rural Uganda

d) Manuscripts submitted:

Namazzi G, Kiwanuka S, Waiswa P, Bua J, OKui O, Allen K A , Hyder A A, Ekirapa-

Kiracho E. **Stakeholder Analysis for a Maternal and Newborn Health Project in Eastern Uganda** (*Accepted for publication* in BMC Pregnancy and Childbirth)

Christine Nalwadda Kayemba, David Guwatudde, Peter Waiswa, Juliet Kiguli, **Gertrude Namazzi**, Sarah Namutumba, Göran Tomson, Stefan Peterson. **Community Health Workers – A Resource for Identification and Referral of Sick Newborns in a Rural Ugandan Setting** (*Under review*). Journal: Tropical Medicine and International Health

e) Journal articles:

Nabiwemba E, Tanya M, Waiswa P, **Namazzi G**, Kadobera D,

Pariyo G, 2012: **Identifying High Risk Babies Born in the Community Using Foot Length Measurement in Uganda**: Child: Care, Health and Development journal. 2012, Jun 39(1):20-6

- Waiswa P, Peterson S, **Namazzi G**, Ekirapa EK, Naikoba S, Byaruhanga R, Kiguli J, Kallander K, Tagoola A, Nakakeeto M, Pariyo G; 2012: **The Uganda Newborn Study UNEST: an effectiveness study on improving newborn health and survival in rural Uganda through a community-based intervention linked to health facilities - study protocol for a cluster randomized controlled trial**. **Contemporary Clinical Trials** journal; 2012 Nov 15; 13(1):213

Gertrude was part of a team that wrote a successful grant proposal to Comic Relief Ltd for over 5 billion Ushs (£1.5M) for implementation of a new intervention (MANIFEST) to improve maternal and newborn health in three districts of Kamuli, Pallisa and Kibuku.

PROGRAMMATIC ACTIVITY

Title: Missed opportunities for modern family planning services among women attending child health clinics in Iganga/Mayuge Demographic Surveillance Site

Introduction: While access to health units was good and sensitization of communities was carried out, the contraceptive prevalence rate remained low in Iganga District, like in many parts of the country. This study was conducted to assess client and health facility factors that contribute to missed opportunities for modern family planning service use among women attending child health clinics in Iganga/Mayuge Demographic Surveillance Site in order to inform policy and design of interventions that can improve uptake.

Methods: A facility-based cross sectional study was conducted in Iganga/Mayuge DSS using quantitative and qualitative methods of data collection. Exit interviews were conducted among 371 mothers attending child health clinics in six health facilities. The mothers were interviewed on their exposure to family planning information, counseling during pregnancy, childbirth and postnatal period, and their socio-economic backgrounds. The semi structured interviews were carried out among two district health team members, six health providers in charge of child health clinics and family planning services, and two men attending child health clinics. Quantitative data were analyzed using EpiData version 3.1. Chi square, odds ratios, 95% confidence intervals and p-value set at 0.05 were used to determine the statistical significance of the associations between independent variables and family planning uptake since birth of the last baby. Qualitative data were transcribed, coded and analyzed using content thematic analysis

Results: Uptake of family planning by mothers attending child health clinics was only 27% for all methods. However, majority of mothers (71.7%) were interested in using family planning methods in future. The low uptake mainly resulted from low rate of counseling of mothers on FP services. Only 23.2% of the mothers were counseled at the time of discharge after delivery and less than a third (24.5%) of the women attending child health clinics were counseled about family planning. These forms of exposures to FP information were associated with improved FP uptake

[from 23.2% to 38.5% ($p=0.004$), and 22.8% to 40.7% ($p=0.001$)] respectively. Access to FP information posters did not improve FP uptake ($p=0.5$) due to the limited information they carried. Although modern methods were available in most of the facilities, health workers had limited skills for effective FP service provision. The fear of side effects of modern methods, and failure to discuss FP issues with spouses aggravated the missed opportunities to FP uptake among clients.

Conclusion: The low rate of counseling during child health clinics and immediately after delivery, and the limited skills of service providers lead to missed opportunities for FP uptake. Integration of FP in Maternal and Child health services, and enhancement of health workers' competences is critical for effective service delivery and improved uptake.

Policy and Public Health Implication of my programmatic activity: Integration of postpartum family planning in maternal child health services will improve uptake of FP methods which has stagnated in Uganda for decades. This will result in reduced maternal and child morbidity and mortality, and enhance attainment of the Millennium Development Goals 4 and 5 in the country.

ABOUT MANEST

MANEST (Maternal and Newborn Study) is a research project implemented by Makerere University School of Public Health (MakSPH) with funds from WHO and DFID, in collaboration with Ministry of Health (MOH) and the districts of Iganga, Luuka and Buyende. The goal of MANEST is to bridge the implementation gap of maternal/newborn care interventions and document lessons learnt to inform policy and scale-up. The objectives of MANEST are to: (i) learn how to integrate and scale-up interventions aimed at increasing access to institutional deliveries and care of complications through vouchers, and (ii) improve newborn care and uptake of PMTCT through home visits by community health workers, within the existing health system in Uganda. The study is a three year project which began in July 2011 with three intervention and two control health sub-districts.

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Name of Host Mentor:

Musa Bungudu –
UNAIDS Country Coordinator

Name of Academic Mentor:

Dr Lynn Atuyambe –
Lecturer - Makerere University
College of Health Sciences

Name of Academic Mentor:

Dr Euzobia Baine -
Head of Quality Assurance
Department - Makerere University

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Support the development, launching and Implementation of the National Action Plan for women, girls, gender equality and HIV.

ABOUT THE FELLOW

Sarah Nakku holds a Master's degree in Development Studies of Uganda Marty's University Nkozi and a Bachelor's degree in Education of Makerere University. Before joining the fellowship, Sarah had 8 years of experience in coordinating training and psychosocial programs, with non-governmental and faith-based organisations. As a fellow, she was attached to the Joint United Nations Program on HIV and AIDS (UNAIDS) where she spearheaded gender mainstreaming in HIV programs. Part of her key outputs included coordinating the development of a National Action Plan for women, girls, gender equality and HIV (NAP-WGGH). In an effort to support the implementation of the NAP-WGGH, she also spearheaded the development of a national training guide integrating gender in HIV programs. She has innovatively engaged cultural leaders in HIV, gender and maternal health programming, supported the development of cultural leaders' Strategic and Action Plans on maternal health, gender based violence and HIV. In an effort to support cultural institutional programming, she mobilized resources to support the implementation of cultural leaders' Action Plans. Her apprenticeship with UNAIDS has enhanced her skills in program design, networking, negotiation, social mobilisation, strategic communication, high level advocacy and strategic leadership and management. In her own words, Sarah says, *"Joining the fellowship program has been the best and most rewarding step taken in my career life. Other than improving on program management skills, I have also strengthened my leadership and networking skills and this has transformed me from the level of coordinating community based interventions to the national and international level. I am confident that I can now coordinate national programs"*.

*Joining the
fellowship program
has been the best
and most rewarding
step taken in my
career life*

- Support Uganda AIDS Commission (UAC) and Ministry of Gender, Labor and Social Development (MoGLSD) in national HIV/Gender planning processes
- Contribute to gender equality advocacy and lobbying efforts at the national level
- Contribute to key UNAIDS planning and meetings

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

a) National Action Plan for Women and Girls

- Coordinated the development of the National Action Plan for women, girls, gender equality and HIV
- Successfully secured 58million Uganda Shillings to support printing and launching of the National Action Plan for Women, Girls and HIV. The plan has now been printed, waiting to be launched on 8th March 2013 and thereafter dissemination will happen at the district level.
- Coordinated the development of a national training guide integrating gender in HIV programs; this guide is a contribution towards the implementation of the National

Action Plan for women, girls, gender equality and HIV. The guide is owned by the Ministry of Gender Labour and Social Development (MoGLSD) and there are resources to support national training of trainers in six districts using this guide.

b) HIV and Gender Planning, Advocacy and Lobbying Efforts

- Coordinated the review and finalization of the 5-year Strategic Plan for the forum of kings and the 2-year Action Plan for 17 cultural institutions on HIV, maternal health and gender-based violence.
- In consortium with Uganda AIDS Commission, Ministry of

Gender and UNAIDS, sensitized over 100 cultural and district leaders in Mayuge, Gulu and Rakai districts on HIV Prevention Strategy, National Strategic Plan and National Action Plan in order to improve planning at a sector level. For the first time in 30 years of addressing HIV prevention, cultural institutions have been fully integrated into the national HIV prevention activities.

- Coordinated the travel plan of the Minister of State for Gender and Minister of State Finance to attend the high level global power meeting about women, girls and HIV that took place in Zimbabwe.
- Developed a power point presentation about Uganda's status on elimination of mother to child transmission of HIV that was presented by the Nnabagereka (Queen of Buganda) during the high level global meeting on women and girls in Zimbabwe-May 2012. As a result of this global meeting, the Nnabagereka initiated the idea of African Queens' Network on gender equality and HIV which aims at bringing together all African queens to advocate for HIV prevention among their communities. The African Queens network will hold



Sarah reviewing the National action Plan for women, girls, gender equality and HIV with a team from Ministry of Gender, Labour and Social Development

its first global meeting in Uganda in May 2013.

- In joint effort with the office of the First Lady, resources were secured from UNICEF and UNAIDS to support the national campaign on revitalization of elimination of mother to child transmission of HIV which took place at Serena on 21st of August 2012. As a follow up on this national event, Ministry of health has formed a consortium with national and traditional leaders to spear head community interventions of mobilizing women at the community level to access and utilize eMTCT services.
- Participated and represented UNAIDS at high level meetings with ambassadors, ministers, development agencies, cultural leaders, town mayors and executive director, non-governmental organization and district leaders.

c) Training and Capacity Building

- Enhanced Bunyoro Kitara and Acholi cultural ministers' skills to develop proposals soliciting for funds which in turn led to securing of resources from Uganda Aids Commission (UAC) to support implementation of community based projects in Hoima district.
- In partnership with Ministry of Gender, trained over 60 cultural leaders from Lira, Gulu, Oyam and Mbale districts on engaging with communities using community dialogues to

prevent gender based violence, maternal mortality and HIV.

OTHER ACHIEVEMENTS

Poster development

Developed a poster to guide communities in Mayuge, Kaliro, Iganga, Jinja, Namutumba, Kamuli and Bugiri on using informal structures to respond to gender-based violence. The poster is currently in use in the above mentioned districts.

Resource Mobilization

Developed 4 proposals for UNAIDS partners including ministries, CSO's and cultural leaders and secured 32 million shillings to support revitalization of elimination of mother to child transmission of HIV (eMTCT) national campaign for the Organization of the African First Lady (OAFLA), 69 million shillings to support eMTCT interventions at the community level in Kyankwazi district, 28 million shillings to support Bunyoro kitara kingdom HIV prevention interventions and 16 million shillings to support EMTCT interventions among HIV positive mothers.

'The fellowship has enriched my career path with a wealth of knowledge and skills in strategic communication, program design and implementation, strategic leadership, high level advocacy and networking with AIDS development partners, UN family, government, cultural institutions and civil society organisations', says Sarah.

PRESENTATIONS AND PUBLICATIONS

a) Presentation

Nakku Sarah et al. Cultural Norms, Values and Practices that Impact on Maternal Health: A case study of Buganda Region. Presented at 8th Annual Scientific Conference, Kampala – Uganda: 27th September 2012

b) Print / Electronic

- i) Male involvement in antenatal care: New vision 17th October 2011
- ii) Abaami: okuwerekera ab'embuto mu ddwaliro tekimala [Men: Escorting pregnant women to the health facilities is not enough] (Bukedde, 17th May 2012).

c) Radio Talk-show

Hosted on Record TV – Health platform to discuss why HIV infection rates were on the increase and what can be done to avert the situation. The program was hosted on 10th October 2012 from 1:00pm – 2:00pm. My role was to inform the audience of the possible reasons leading to HIV incidences.

d) Manuscript submitted

Sarah Nakku, Euzobia Mugisha Baine, Joseph KB Matovu. Integrating gender in HIV and AIDS programs: Health workers' perceptions in Uganda (Submitted to BMC International Health and Human Rights

PROGRAMMATIC ACTIVITY

Title: Development of a National Training Guide Integrating Gender in HIV and AIDS Programs

Background: Gender concerns are gaining increasing importance because of the primary mode of HIV/AIDS transmission is sexual; gender norms shape attitudes towards sexuality, sexual risk taking and information sharing on sex. It is thus critical for HIV programs to stress gender mainstreamed policies, plans and interventions.

Objectives: To develop a national training guide to support strengthening of the capacity of district HIV management teams to integrate gender in HIV programs.

Implementation approach: The idea of developing this training guide grew out of UNAIDS' global plan of accelerating Country Action Plans for women, girls, gender equality and HIV. On domesticating this plan, a National Action Plan for Women, Girls, Gender Equality and HIV was developed by the Ministry of Gender Labour and Social Development as a road map for accelerating and institutionalising gender into HIV programming. In an effort to support implementation of the National Action Plan for women, girls, gender equality and HIV, a national training guide integrating gender in HIV programs was developed. The process of developing the training guide was participatory; studies about gender and HIV integration were reviewed and this facilitated the development of a tool that was used to conduct a national stake holder's analysis. Results from the stake holders' analysis indicated that majority of the respondents had limited knowledge about gender. Others emphasised the need of national guidelines and training about gender and it's relation to HIV and AIDS as first step towards integrating gender in HIV programs. Such statements together with the literature reviewed facilitated the development of the national training guide integrating gender in HIV programs.

Project outcome: A national training guide was developed encompassing modules on gender and HIV. The guide provides information on gender awareness, analysis and integration in HIV programs. It is a practical guide for trainers of trainers and it will support HIV management team to demonstrate how gender can be integrated in HIV programs.

About UNAIDS

UNAIDS was founded in 1994 to lead and inspire the world in achieving universal access to HIV prevention, treatment, care plus support. Headquartered in Geneva, Switzerland, UNAIDS is an amalgamation of all HIV programs in the UN system, consequently drawing funds from UN agencies to conduct and coordinate its activities. Its majorly funded by UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the WB who are the core sponsors although it's activities stretch to FAO , IOM, UN Women and UNHR. UNAIDS works as a secretariat, coordinating the activities of this 'Joint team' under an agreed Division of Labour while 'Delivering as one UN on AIDS'. UNAIDS focuses on leadership and advocacy for effective action on the epidemic through strategic information and technical support to guide efforts against AIDS worldwide; tracking, monitoring and evaluation of the epidemic and of responses to it; civil society engagement and the development of strategic partnerships and mobilization of resources to support an effective response. With the 2011-2015 UNAIDS Strategy of 'Getting to Zero new infections' Zero discrimination and Zero AIDS related Deaths, the organization is continuing to champion advocacy on zero transmission of Mother To Child Transmission, positive prevention, treatment for prevention, universal access by addressing stigma and zero discrimination against People Living with HIV and AIDS, MSMs, CSWs, IDUs; plus safe male circumcision all coined in one phrase: 'the Prevention Revolution'. The strategy aims at revolutionizing HIV Prevention, catalyzing the next phase of treatment, care and support and advancing human rights and gender equality.

ABEL BIZIMANA



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Name of Host Mentor:

Dr. Yvonne Karamagi, Director Clinical Services, Mild may Uganda;
Ms Mary Odiit, Director Quality Assurance, Mild may Uganda

Name of Academic Mentor:

Dr. Geoffrey Kabagambe, Program Manager, One Health Central and Eastern Africa

KEY APPRENTICESHIP RESPONSIBILITIES

While at Mildmay, Abel's mentorship was guided by three terms of reference:

- Support the M&E department to generate, analyze and disseminate strategic information for decision making;
- Contribute to Health System Strengthening project goals

ABOUT THE FELLOW

Abel Bizimana holds a Master of Science degree in Health Services Management of Uganda Martyrs University; a Diploma in Health Promotion and Education and a Diploma in Clinical Medicine and Community Health both of which were awarded by the Ministry of Health (Uganda). Abel is a community-based clinician, a professional health manager and educator with rich experience in health systems management, advocacy, social mobilization and behavior change communication. For the last 14 years, Abel has managed health facilities, directed community-based programs, conducted operations studies and coordinated implementing partners with Kisoro District Local Government, especially in strategic planning and mass health campaigns. As an HIV/AIDS and Maternal and Child Health (MCH) Fellowship apprentice, Abel was hosted at Mildmay Uganda (MUg), a Christian-based organization that supports 16 districts in central Uganda to offer family-centered, comprehensive and integrated HIV prevention, care and treatment services. The fellow led the site set-up & establishment of the electronic information management system in 10 cervical cancer screening sites in Uganda; he enhanced capacity of staff & leaders to generate, disseminate, use & follow-up on strategic information using population-based data for performance measurement of HIV/AIDS and MCH programs. The fellow contributed to improved capacity of Faith-Based Organisations (FBO) to mobilise resources for HIV services & deliver effective pastoral palliative care. Abel intends to pursue a career in implementation science, collecting and using evidence to influence policy and practice focusing on mothers and children. In his words, Abel says: *"the fellowship training has shifted my point of view about what I perceived to be difficult: I am more knowledgeable, better in critical and creative thinking. I never knew that my own work could attract the attention of a conference of international level. It happened when I made an oral presentation at the 2nd Global Maternal Health Conference in January 2013 at Arusha International Conference Center in Tanzania!"*

- through working with technical support teams to support providers at MUg and supported districts; and
- Contribute to program development through research and resource mobilization

the fellowship training has shifted my point of view about what I perceived to be difficult...

KEY ACCOMPLISHMENTS

a. Support to the M&E department

- Improved Health System Strengthening (HSS) project focus through review of project targets and indicators. The fellow reviewed and refined indicators of the HSS strengthening project in order to improve measurement of project results.
- Strengthened district health system leadership and partnerships through integrated strategic planning and by working with District Health Management Teams (DHMTs) and District Technical Planning Committee (DTPC) members and development partners.
- Strengthened the capacity of health managers to develop and sustain quality improvement projects.
- Led the team that facilitated 6 ART health facilities in Wakiso district to identify and reduce gaps in completion and use of HIV/ART card.

b. Contribute to Health System Strengthening project goals

- Abel contributed to human resource capacity improvement at MUg and led the orientation of district and facility leaders on

developing strategies for staff capacity improvement, retention and motivation.

- Abel was co-opted by MUg's training team to facilitate at the regional training workshops, training District Interfaith Committees to advocate for resource mobilization to support HIV service delivery.
- Abel presided over the launch of combination prevention of HIV in Kabalore district focusing on tea plantation communities. Major activities included dissemination of the 2011 HIV indicator survey results to Kabalore district stakeholders, HCT and community sensitization.

c. Contribution to program development through research and resource mobilization

- Established task-shifting practices in central Uganda to inform design of effective models for scaling up HIV service delivery. He led a team that developed a 600 Million Shillings proposal, to support most-at-risk communities to combat HIV infection and mitigate its effects in Wakiso district. The proposal is in final stages of funding.
- Established the status of quality

of maternal and newborn care in Mityana as a baseline to initiate quality improvement drive in the services mentioned. The results were shared by the stakeholders at the hospital and district level. The findings were used to inform his programmatic activity planning. Two abstracts from this work were accepted as poster and oral presentation at National Pediatric Conference (Uganda) and Global Maternal Health Conference in Arusha, Tanzania respectively.

Abel feels he has improved in M&E planning and management, data use, human resource capacity building, quality improvement and research.

Abel presided over the launch of combination prevention of HIV in Kabalore district focusing on tea plantation communities.

PRESENTATIONS AND PUBLICATIONS

a) Presentations

Poster presentation on “Status of Maternal and Newborn care In Public Hospitals: A case of Mityana Hospital” with focus on infection prevention at health facilities during and after delivery. The event took place at the 6th National Paediatric HIV/AIDS Conference on 12th-14th September 2012

Oral presentation on “Status of the quality of delivery and newborn care in public hospitals in Uganda: A case study of Mityana hospital” The event took place at the Global Maternal Health Conference on 15th

January 2013, Arusha International Conference Center (Tanzania)

b) Radio Talk-show

Two Radio talk-shows (Rufumbira Program) on Uganda Broadcasting Cooperation: one on HIV current trends and another on prevention and management of cervical cancer. The purpose of the talk shows was to share the current trends of HIV and AIDS and the need to mobilize targeted women for cervical cancer screening and management. Abel highlighted government response in the two programs and what is expected from the public and

leaders. The fellow presented at the invitation of the program manager as a dependable source of information.

c) Print media

- Community groups helping to save mothers in Kigezi Region; *The Monitor, July 7th 2011*
- Raising HIV/AIDS hurts economy. *New Vision, July 12th, 2012*
- Uganda deserves a better managed health system. *New Vision, August 30th 2012*
- Treat maternal death as a security matter. *New Vision September 25th, 2012*
- Employ professional Health Counselors. *New Vision, October 18th, 2012*
- Plan for blind, deaf on HIV prevention; *The New Vision, December 10th 2012*

d) Submitted Manuscript

Bizimana A, Matovu J, and Kabagambe G. Assessing the quality of childbirth services at Mityana District Hospital, Central Uganda (Submitted to: BMC Pregnancy and Childbirth)



Abel (standing) presenting at the Arusha (Tanzania) International Conference Center Global Maternal Health Conference on 15th January 2013

PROGRAMMATIC ACTIVITY

Title: 'Improving the Quality of Maternal Delivery and Newborn Care Services through Staff Redeployment and Capacity Building at Mityana Hospital'

Background: Although evidence shows that medical attention and hygienic conditions during delivery can reduce most life-threatening conditions of newborns and mothers, the quality of maternal delivery and newborn care services remains poorly rated especially in developing countries. Poor quality care affects demand for and utilization of health services leading to increased morbidity and mortality. As more mothers deliver in health facilities, we need to increasingly critique the quality of services they get at the time of delivery and thereafter.

Objectives:

- Determine the quality of maternal delivery and newborn care services offered in Mityana hospital focusing on staff availability & knowledge, infection prevention, functional resuscitation equipment, medical supplies and reliable utilities (light, water)
- To respond to quality gaps using quality improvement technique

Implementation approach: Mityana Hospital is one of the health facilities partnering with Mildmay Uganda in offering integrated and comprehensive HIV and AIDS prevention, care and treatment services. Under this partnership, the fellow sought to institutionalize quality improvement in the hospital, beginning with maternity services. To do this, we conducted an assessment of the quality of delivery and newborn care services, focusing on staff availability and skills; medical supplies, infection prevention practices and opportunities and presence of functional equipment and essential utilities such as water and light. We interviewed 17 out of 38 midwives employed by the hospital; reviewed data from maternity register for the year 2011; held 2 focus group discussions with post-delivery mothers and made observations on infection prevention practices and general status of infrastructure. Findings from the assessment revealed that the established midwifery posts at the hospital were 38 exceeding the norm of 25 midwives. However, many of these midwives compensated for the shortage of nurses because out of the 47 established posts for nurses only 29 were filled. A number of midwives were assigned duties on general wards causing inadequate staffing in maternity ward. The process related barriers include poor management of labor as reflected by inadequate knowledge of Active Management of Third Stage Labour (AMTSL). Out of 17 midwives who were interviewed, only 3 (17.5%) had ever heard about AMTSL. Waste material from maternity ward was poorly disposed of. Infrastructure-related barriers included poor lighting and inadequate running water. We found that the resuscitation equipment had broken down

Project outcome: As part of our intervention to improve the situation, we initiated a Continuous Quality Improvement (CQI) project within the maternity ward. Through this process, a team was

formed to plan response interventions. Priority interventions were identifying and redeploying at least 6 more midwives to maternity and training all maternity staff in basic and emergency obstetric and newborn care based on WHO standards. Through internal deployment processes and with support from district leaders, six midwives were added to those working within the maternity ward. This increased the number of mid-wives from 18 to 24. All the 24 midwives were trained in quality improvement principles and their application to improve service delivery. Training results show an increase in knowledge in basic and emergency obstetric and newborn care: the average pretest score was 49% (range: 31-67%) while the average posttest score was 80.5% (range: 57-98%). Two months after training, all partographs were completely filled, depicting improvement in pregnancy monitoring. The CQI team continues to observe trends in postpartum hemorrhage, neonatal sepsis and fresh stillbirths to see whether they will reduce after training, improvement of lighting, repair of equipments support supervision.

Lessons learnt: Quality improvement is possible when leaders and staff work together to reflect on the performance. After the assessment, it was a surprise to some managers that some of quality gaps existed. This led to recommitment to scale up supervision. Information collected and disseminated to stakeholders can generate additional resources to improve service delivery; after disseminating results to stakeholders, the hospital got four additional health workers to support maternity services.

Recommendations: We recommend deploying more midwives to maternity and training them in standard labour management. Routine training needs assessment should be carried out to identify and solve knowledge and skill gaps to promote quality service delivery. The hospital supervisory team should regularize support supervision with standard tools to identify key quality gaps. Alternative light to hydroelectricity, running water, and repairing resuscitation equipment should be a priority.

About Mildmay Uganda

Mildmay Uganda has a vision stated as “Communities equipped to effectively respond to HIV & other priority health issues” and mission of providing quality, sustainable comprehensive & family-centered HIV/AIDS services, training and research. It is a center of excellence in HIV/AIDS care and treatment and is currently implementing Health System Strengthening (HSS) in 16 districts of Central Uganda that runs from 2010 to 2015. The project aims at supporting district health systems to scale up HIV and AIDS services. The institution has just concluded establishment and fictionalizing 10 cervical cancer sites in Uganda. A new project has been initiated in 16 districts of central Uganda to improve district health systems' capacity to Eliminate of Maternal-To-Child Transmission (EMTCT) of HIV.

FARIDAH LUYIGA MWANJE



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Name of Host Mentor:

Ms Nankunda Allen,
Executive Director (Technical Assistance)- Communication for Development Foundation Uganda (CDFU)

Name of Academic Mentor:

Dr. Noerine Kaleeba, Mentor - MakSPH-CDC Fellowship Program; Founder and Patron - The AIDS Support Organisation (TASO Uganda); Chair-AMREF International Board of Directors.

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

1. Take a lead in the design of a community intervention in Nsaabwa village, Mukono

ABOUT THE FELLOW

Luyiga Faridah Mwanje is a graduate of Mass Communication with over five years' experience in print journalism accumulated at the Daily Monitor newspaper. She holds a Masters of Business Administration degree from Makerere University. At the Daily Monitor, she progressed through the ranks from a reporter to the level of a Health Editor. While working as a Health Editor, she initiated and edited a variety of magazines that focused on health issues, including the health of women and children. This was in line with her passion to advocate for maternal and child health programs in Uganda. She left the Daily Monitor to enrol for the MakSPH-CDC Fellowship Program in 2011. Her intention of joining the Fellowship was to enhance her skills in development communication, advocacy and public health issues. The fellowship has provided her an opportunity to learn strategic health communication, leadership and management among other areas. She was placed at Communication for Development Foundation Uganda (CDFU), an NGO that specialises in Behaviour Change Communication (BCC). During her time there, she worked with different teams to document the institution's work and increase the visibility of the organisation using various channels. She also undertook a knowledge, attitudes and practices (KAP) survey in a selected rural community in Mukono to help guide BCC interventions targeted towards malaria prevention and control within the community. While undertaking these activities, she learnt first-hand what it takes to plan and perform operations research studies meant to inform programming as well as document and disseminate research findings. Faridah has special interest in maternal and child health and she is passionate about helping mothers and children by leveraging her communication and advocacy skills. In her own words, Faridah says: *"The fellowship has been an enriching experience for me. I have a good appreciation of what it takes and why it is important to package content differently depending on the target audience. The programme has enriched my knowledge in strategic health communication"*

2. Provide technical support to District. The main activity was conducting knowledge, attitudes and practices (KAP) survey which was meant to inform the design of a community intervention aimed at malaria prevention and control in Nsabwa village.

3. Provide technical support in the documentation of CDFU's work including success stories.
4. Take lead in the development of the CDFU internal and external newsletters.

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

1. Take a lead on a CDFU community intervention in Nsaabwa village; Mukono District.

- Farida planned and conducted a Knowledge, Attitudes and Practices survey on malaria prevention and control in Nsaabwa Village, Mukono District, Uganda.

2. Provide technical support to the Monitoring and Evaluation department

- Participated in development

of an M&E plan for CDFU and reviewed the organization strategic plan to help inform the development of the M&E plan. CDFU implements many projects and each of them has an M&E plan. The organization M&E plan was aimed at incorporating all the project M&E plans into one overall plan.

- Monitored host institution projects through field site visits, audited activities and prepared and submitted monitoring reports to various stakeholders.

3. Participate in documentation of CDFU's work including success stories

- Ensured coverage of host institution events such as campaign launches, anniversary celebrations and profiles in newspapers, radio and TV
- Published stories and opinions about the host institution work in newspapers. The articles helped increase the visibility of the host institution since it was the main implementing partner.
- Wrote media releases for host institution campaigns and



Faridah conducts a Focus Group Discussion for a KAP survey on malaria prevention and control in Nsaabwa Village, Mukono District

other activities. Some of them included one about the launch of the Violence Against Women campaign, another about the Rocks Awards, another about the launch of the Healthy Choices radio program among others. These were aimed at alerting the media and other stakeholders about the activities.

- Generated content for the host institution's website. This was in form of stories about activities the host institution engaged in. This information was posted onto the CDFU website. Farida also continuously updated the information on the CDFU website.
- Wrote success stories; interviewed beneficiaries of the host institution projects who shared their stories. The stories highlighted the impact of the CDFU interventions in the communities.
- Got media publicity for host institution work; engaged reporters from different media houses to cover CDFU events

4. Take a lead in the initiation of the CDFU internal and external newsletters

- Started a monthly internal newsletter called The CDFU Billboard and mentored a staff member to take on the newsletter to ensure sustainability.
- Produced draft of the CDFU bi-annual external newsletter.

OTHER ACCOMPLISHMENTS

- Coordinated the launch of the UNFPA Healthy Choices Radio Programs in 8 districts. CDFU is implementing the Healthy Choices program in the UNFPA grant-receiving districts of Kanungu, Mubende, Katakwi, Moroto, Kotido, Kaabong, Oyam and Yumbe.

PUBLICATIONS

a) Print media:

- *"Your blood donation could save a mother's life,"* published in the Daily Monitor (July 14, 2011)
- *"Mothers deserve a conducive office environment,"* published in the Daily Monitor (August 5, 2011)
- *"Access to maternal healthcare is a basic human right,"* published in the New Vision (September 26, 2011)
- *"Real men protect their partners against HIV and Violence"* published in the New Vision newspaper on World AIDS Day. (December 1, 2011)
- *"UNFPA orients village health Teams on Healthy Choices,"* published in the Daily Monitor (April 5, 2012)

- *"Behaviour Change Communication can fight HIV among youth,"* published in the New Vision newspaper (November 30, 2012)

The Fellow wrote nine articles targeted for publication in the Malaria Bulletin on World Malaria Day this year (April 25, 2013). The nine articles are:

- A decade of fighting malaria in Uganda
- Treatment of malaria during pregnancy
- Case management of malaria is crucial
- Vector Control: Keeping mosquitoes at bay
- Malaria control: The role of advocacy and social mobilisation
- Management the supply chain of anti-malarials
- World Malaria Day: Sustain gains, save lives, invest in malaria
- Music: A fun way to deliver malaria messages
- 3 interviews with malaria control programme managers

b) Manuscripts submitted

Knowledge, attitudes and practices on malaria prevention and control in Nsaabwa village, Uganda (Submitted to Malaria Journal)

PROGRAMMATIC ACTIVITY

Title: Knowledge, attitudes and practices on malaria prevention and control in Uganda. A case study of Nsaabwa Village, Mukono District

Background: A clear understanding of the knowledge, attitudes and practices of a particular community can inform the design of Behaviour Change Communication (BCC) campaigns to influence acceptance and use of any malaria control measures. Operational research to clearly determine what interventions to carry out has not been undertaken in some areas such as Nsaabwa Village in Mukono District.

Objective: To assess knowledge, attitudes and practices on malaria prevention and control in Nsaabwa village, Mukono District, Uganda.

Methods: A cross-sectional study was conducted in June 2012 in Nsaabwa Village. Quantitative data were collected by means of a structured questionnaire covering 140 households while qualitative data were collected through four Focus Group Discussions (FGDs) and 10 Key Informant Interviews (KIs). This study defined knowledge of malaria as the ability of a person to have correct understanding of malaria in terms of causative agent, mode of transmission, signs and symptoms, treatment and prevention. Attitudes towards malaria were defined as beliefs on

susceptibility, seriousness and threat of malaria while practices towards malaria prevention and control were defined as routine activities and actions of individual or group for prevention of malaria. These include the use of insecticide treated mosquito nets, using insecticides to spray and control/clear mosquito breeding places. Quantitative data were analysed using STATA 12 and Microsoft Excel while qualitative data were analysed manually using a thematic framework approach.

Results: Sixty one per cent of respondents had “medium” knowledge about malaria prevention and control, scoring either 5 or 6 out of a maximum 7 points (Mean score = 5.46 points, SD = 1.17). On the whole, respondents did recognise the threat posed by malaria with majority of the participants (97.1%) agreeing with the statement: “I think that malaria is a serious and life-threatening disease”. Seventy six percent of the respondents had “poor” practices towards malaria prevention and control. Despite most households owning mosquito nets (79%), participants of focus group discussions confirmed that some people do not use bed nets because they associate them with breathing difficulties.

Conclusion/Recommendation: In general, although knowledge about malaria prevention and

control was fair, it did not translate into good practice behaviours. In addition, while residents were aware of the risks associated with suffering from malaria, they also had a lax attitude towards preventive and control behaviour. Interventions should reinforce good behaviour and demystify the myths and misconceptions held by residents about malaria prevention and control.

Program and public health implications

Most of the respondents recognize malaria as a threat to their lives and community, thus malaria prevention programs would be welcome. The challenge is how to empower the residents of Nsaabwa to positively modify their behaviour and practices towards malaria prevention and control. Improving people's knowledge about malaria and closing the gap between knowledge and good practices is a challenge that a good BCC intervention can address. Besides informing BCC interventions, the results of this KAP study can be used to design and improve the national malaria control programme.

ABOUT CDFU

Communication for Development Foundation Uganda (CDFU) is a Non-Governmental Organization

that provides strategic/Behaviour Change Communication (BCC) services aimed at improving people's well-being. CDFU utilizes world-proven evidence-based approaches that emphasize participation of stakeholders to influence social and individual behaviour change. The services offered include development of communication strategies and Information, Education and Communication (IEC) materials as well as capacity building in BCC and community mobilization. The organization's focus areas include reproductive health, control of malaria, prevention, care & support for HIV&AIDS, child health, nutrition as well as financial education. The organization has wide experience in developing interventions that utilize interpersonal & group communication, community mobilization, advocacy, enter-education as well as mass media to reach out to people in need. Long term projects where CDFU is a partner providing BCC, IEC and/or Community Mobilization support include:

- STRIDES for Family Health project (Reproductive health, family planning and child survival)
- Strengthening TB and HIV&AIDS Responses in East, Central Uganda (STAR-EC) for HIV/AIDS and TB control

Sixty one per cent of respondents had “medium” knowledge about malaria prevention and control, scoring either 5 or 6 out of a maximum 7 points (Mean score = 5.46 points, SD = 1.17). On the whole, respondents did recognise the threat posed by malaria with majority of the participants (97.1%) agreeing with the statement: “I think that malaria is a serious and life threatening disease”

- Uganda Indoor Residual Spraying (IRS) focusing on malaria prevention
- Stop Malaria Project (SMP) addressing malaria prevention
- Healthy Choices (population and development, reproductive health and gender)
- Adolescent Sexual Reproductive Health (ASRH) project focusing on sexual reproductive health rights, early pregnancy, and gender-based violence
- Community Connector (nutrition, agriculture, gender, food security, livelihood and promoting positive social and individual behaviour)
- Northern Uganda- Health Integration to Enhance Services (NU-HITES) project addressing HIV, malaria and child health, productive health/ family planning and nutrition

CDFU also implements short-term projects in the areas of communication, training and capacity building, monitoring and evaluation as well as research. In 2012, the organisation celebrated 10 years of existence under the theme; “10 years of empowering individuals and communities.” CDFU's vision is; “Empowered communities taking action to improve their wellbeing.”

PETER MUKOBI



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Academic mentor:

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Health, MakSPH and Principal
Investigator, MakSPH-CDC
Fellowship Program, Makerere
University, Kampala (U)

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

- Offer technical support towards development of strategic HIV/

ABOUT THE FELLOW

Dr Peter Mukobi has a Master of Public Health and Bachelor of Dental Surgery from Makerere University, Kampala. He also possesses a post-graduate diploma in project planning and management from Uganda Management Institute. He has over eight years' experience in decentralised health services management. He joined the Makerere University School of Public Health – Centres for Disease Control (MakSPH-CDC) Fellowship program in 2011 and was hosted at Uganda AIDS Commission (UAC). While at UAC, Peter built his competencies in strategic HIV/AIDS programming, capacity building, effective communication, advocacy for national priorities, mentoring at the national level and organising HIV/AIDS research projects. Peter's aspiration is to be a strategic leader in the public health and HIV/AIDS sectors with ability to influence management decisions at national and international levels. In his own words, Peter says, *"The attributes attained through the fellowship program including strategic programming; advocacy and wide networking as well as ability to research and communicate as a leader shall act as my launch pad into my career ambitions"*

- Participate in UAC coordination activities like monitoring and evaluation and organising national advocacy events
- Lead the identification processes for national HIV/AIDS research priorities and programs at UAC
- Offer support to working committees of the HIV/AIDS

partnership framework including the National prevention committee, the partnership committee, technical working groups of the HIV/AIDS partnership, the combination HIV prevention committee, cultural leaders' task force and Joint Annual AIDS Review committees

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

- Technical support to development of strategic HIV/AIDS documents**
 - Contributed to refining strategies, reviewing of literature and final editing of the National HIV

Prevention Strategy (NPS) 2011-2015, the National HIV/AIDS Strategic Plan (NSP) 2011/12-2014/15 and the National Monitoring and Evaluation plan (2011/12-2014/15).

- Drafted impact evaluation protocol and operational manual for the intensified combination HIV prevention program in Uganda.
- Drafted concept for ongoing reinvigorated HIV prevention communication campaign (2013-14).
- Initiated concept for an HIV/AIDS stakeholder mapping to lead into an interactive stakeholder's database in Uganda. By completion of fellowship, the activity was still ongoing.
- Developed a UAC HIV/AIDS workplace policy, which was incorporated in the revised UAC human resource manual 2012.

b) Participate in UAC coordination activities

- Participated in development of training materials and co-facilitated training of 10 districts (in northern and east-central regions of Uganda) in monitoring and evaluation of the national HIV response.
- Supervised the decentralized implementation of HIV/AIDS programs in the west Nile, northern and north eastern

regions of Uganda through which strengths and weaknesses in the coordination mechanisms in districts were identified

- Was a lead facilitator during orientation of cultural leaders in Busoga region and at the Inter-Religious Council of Uganda (IRCU) regional meetings in Uganda
- Was a lead facilitator at national and regional dissemination workshops for the NSP, NPS, National priority action plans (2011-13) and national HIV/AIDS M&E plans 2011-2015.
- Participated during development of advocacy materials like the UAC bulletin, calendars, diaries and HIV/AIDS fact sheets.

c) Lead identification of HIV/AIDS research priorities in Uganda

- Through concept and strategy development, participated in the revitalization of the National AIDS documentation and information center at UAC as well as the monitoring and evaluation HIV/AIDS database.
- Through a desk review, compiled an abstracted national inventory of HIV/AIDS research in Uganda 2009-2011 that is awaiting finalization upon consensus building with selected stakeholders.
- As a National Lot Quality Assurance Sampling (LQAS) facilitator, trained data collectors



Fellow (standing) facilitating M&E training workshop for participants from Mayuge, Jinja and Buikwe districts, in Jinja municipality

and supervised Health Facility Assessment (HFA) processes in Kween, Kapchorwa and Budaka districts.

d) Support technical working committees of UAC

- Supported the Partnership Committee (PC) and National HIV Prevention Committee (including their technical working groups and sub committees) in drawing strategies, rapporteuring and implementation of programs.
- Supported the Joint AIDS Review and partnership forum conferences in 2011 and 2012 (as a conference rapporteur and convener of selected thematic areas)
- Represented UAC at the launch of the safe male circumcision and elimination of mother to child transmission of HIV campaign in Kasese (as a member of the combination HIV prevention task team)
- Participated in overall planning, mobilizing resources, developing advocacy materials and commemorating of national advocacy events (as a member of the national organizing committees for the world AIDS day (2011 and 2012), the Philly Lutaaya day (2012) and the candlelight memorial day (2012)).

PRESENTATIONS AND PUBLICATIONS

a) Presentations:

- P. Mukobi, Z. Karyabakabo, J. Matovu, R. Wanyenze; 'Community and Service providers perspectives of male involvement in PMTCT in Uganda', presented at the one health conference 2013, Kampala, Uganda, February 14th – 16th, 2013
- P. Mukobi, Z. Karyabakabo, J. Matovu, S.B. Kayongo, R. Wanyenze; 'Community and Service providers perspectives of male involvement in PMTCT in Uganda: A qualitative research study', submitted to the International AIDS Society conference 2013, Kuala Lumpur, Malaysia, June 30th – July 3rd, 2013 (under review)
- P. Mukobi and Z. Karyabakabo; 'First year performance review of the implementation of a National Strategic plan (2011/12-2014/15) in a multi-sectoral HIV/AIDS response in Uganda', submitted to the International AIDS Society conference 2013, Kuala Lumpur, Malaysia, June 30th – July 3rd, 2013 (under review)

b) Print media:

- 'Let us make more blood available', The New Vision newspaper, 13th June 2011
- 'HIV infections in children can be tackled by taking services nearer', The New Vision newspaper, 1st September 2011
- 'Take that HIV test with your partner', The New Vision newspaper, 2nd December 2011

c) Manuscripts submitted:

- P. Mukobi, Z. Karyabakabo, J. Matovu, S.B. Kayongo, R. Wanyenze; 'Service providers and community perspectives on male involvement in PMTCT in Uganda' (Draft submitted to BioMed Central Health Services Research journal)

d) Journal articles:

Karen P Neil, Samir V Sodha, Luswa Lukwago, Shikanga O-Tipo, Matthew Mikoleit, Sherricka D Simington, Peter Mukobi, Stephen Balinandi, Samuel Majalija, Joseph Ayers, Atek Kagirita, Edward Wefula, Frank Asiimwe, Vianney Kweyamba, Deborah Talkington, Wun-Ju Shieh, Patricia Adem, Brigid C Batten, Sherif R Zaki and Eric Mintz. 2012. A large outbreak of typhoid fever associated with a high rate of intestinal perforation in Kasese District, Uganda, 2008-2009. *Clinical Infectious Diseases*, 54(8):1091-9

PROGRAMMATIC ACTIVITY

Title: Assessing the approaches to male partner involvement in PMTCT in Uganda

Introduction: The call for involving men in Prevention of Mother-to-Child Transmission (PMTCT) of HIV is part of national and international policy guidelines. However, there is limited documentation of what constitutes 'male involvement' and approaches used to promote it.

Objectives: To describe service providers and community members' understanding and document existing approaches of 'male involvement' in PMTCT programs in Uganda.

Methods: This descriptive cross-sectional study was conducted in three districts (Kasese, Mayuge and Rakai) in Uganda in May – November 2012. Overall, a total of 89 out of 93 purposively selected service providers and community members participated. They included 42 male respondents. In total, 11 key informant interviews, six in-depth interviews and six focus group discussions were conducted. Data collected included understanding, approaches and obstacles to male involvement in PMTCT. Information obtained was analyzed thematically using Atlas Ti software.

Results: Male involvement in PMTCT was generally described as men: a) accompanying their spouses; b) providing material and financial support; and c) using family planning and HIV prevention measures. The commonly cited approaches at community and service provision levels were men escorting spouses and couple orientated services, respectively. While service providers promoted male involvement through incentives and education for men, community members utilized HIV prevention measures and provided material as well as financial support to their spouses. Weak enforcement was cited by participants as a major obstacle to promoting male involvement. Other commonly mentioned challenges included the men's stigma, fear of disclosure of HIV status and resistance to condom use.

Conclusion: The approaches to male involvement in PMTCT in Uganda are influenced by variations in understanding of the concept. Existing variations need

harmonization for effective male involvement in PMTCT.

Policy and public health implications: This study will inform future development of an overarching national definition and policy priorities on male involvement in HIV/AIDS interventions.

ABOUT UGANDA AIDS COMMISSION

Uganda AIDS Commission (UAC) was established by a 1992 Act of the Parliament. As leader for the national HIV and AIDS response in Uganda, the organisation envisions a population free of HIV and its' effects and is mandated to coordinate strategic planning, resource mobilisation, advocacy, information management, policy and research guidance as well as monitoring and evaluation of the multi sectoral HIV/AIDS response in the country. Through a multi-sectoral approach for the control of HIV/AIDS, UAC led the country in reducing the national HIV prevalence amongst the general population from over 18% in the early 1990s to 7.3% in 2012. This was achieved through ensuring that harmony existed during planning and implementation for all HIV/AIDS programs. Coordination of the response was effected through an all-inclusive partnership mechanism, which was instituted at national and decentralised levels. In order to ensure that stakeholders at all levels aligned their resources and interventions to national priorities, UAC has over the years guided the national HIV/AIDS response through leadership in the development and implementation of key strategic documents such as the HIV/AIDS policy, National Prevention Strategy, National HIV/AIDS Strategic plans and National Monitoring and Evaluation plans for the country. Using effective and efficient ways of mobilising and utilising resources, the commission plans to ensure that domestic HIV/AIDS spending is gradually increased. This will promote sustainability of sexual behaviour change interventions, attainment of the desired coverage of essential biomedical HIV prevention interventions such as PMTCT and antiretroviral treatment for persons living with HIV as well as promote a favourable environment that mitigates HIV/AIDS and its effects. All in all, UAC is prepared to lead the country towards achieving zero new HIV infections and related deaths as well as zero HIV/AIDS related stigma and discrimination.

SUSAN BABIRYE KAYONGO



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Host Mentor:

Dr. Angela Akol,
Country Director, FHI360

Academic Mentor:

Dr. Suzanne N Kiwanuka,
Senior Lecturer, Makerere
University School of Public
Health

ABOUT THE FELLOW

Susan Babirye Kayongo holds a Master's Degree in Public Health Leadership from Uganda Christian University and a Bachelor of Mass Communication from Kampala International University. Susan also received additional training in development of youth programs from Radio Netherland Training Center. Susan has extensive experience in social and behavioral interventions with a concentration in health and development communication and community-based health service delivery. Susan's specialized areas of interest include: family planning, adolescent sexual and reproductive health, and maternal and child health. Susan was attached to FHI360 during her Fellowship. FHI360 is a global development organization with rigorous, evidence based approach dedicated to improving lives through a highly diversified program in health, nutrition, education, economic development, civil society, environment and research. While at FHI360, Susan supported two community-based family planning/HIV counseling & testing service delivery projects. This exposure enabled her to interface with several local governments, Ministry of Health and its stakeholders both at national and local levels. Susan also acquired and enhanced her skills in program leadership and management, communication and research. Susan's aspiration is to pursue a senior management role in programming and to obtain a PhD in order to consolidate her work. In her own words, Susan had this to say: *"The fellowship has made a very big transformation in my career and if I could go back in time, no doubt I would still apply for it. I thank God for this opportunity, for the professional growth and for all the other opportunities that came with the fellowship"*.

based family planning services
in 2 districts.

3. Develop and implement a
community mobilization strategy

for the Program Research for
Strengthening Service Delivery
(PROGRESS) project.

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

1. Lead on the interventions
related to the Community-Based
Delivery of Integrated Family
Planning/HIV Counseling &
Testing services study.
2. Lead the set up and
implementation of community

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

1. **Lead on the interventions
related to the Community-
Based Delivery of
Integrated Family Planning/
HIV Counseling & Testing
services study.**

- Lead the set-up, implementation

and monitoring of the community
based family planning/HIV
counseling and testing (FP/HTC)
study intervention in two districts
of Uganda.

- Assisted in coordination of
the FP/HTC study approval

- application processes.
- Finalized the FP/HTC study Quality Assurance mechanism with the Central Public Health Laboratories and Uganda Virus Research Institute Laboratory.
- Coordinated and facilitated at two stakeholders' meetings on FP/HTC study intervention in Busia and Kanungu.
- Coordinated the processes for the development of the training curriculum for the FPHCT study and also developed and reviewed 3 modules.
- Developed an integrated FP/HTC flipchart to facilitate VHTMs while offering the integrated services.
- Coordinated two (2) trainings of VHTMs on the provision of integrated family planning and HIV testing and counseling services at community level (40 VHTs trained).
- Supported the two study districts to strengthen management systems for community-based FP/HCT.
- Supported VHTs to raise FP/HCT awareness through community meetings.
- Mentored Health Center staffs in Kanungu and Busia on the supervision of VHTMs.
- Provided quarterly joint support supervision to the study districts and health facilities.

2. Lead the set up and implementation of community based family planning services in 2 districts.

- Lead the PROGRESS project scale up of technical assistance for community based family planning project from 3 to 11 districts.
- Participated (interviewed) in the recruitment of two project staff, oriented and supervised these project staffs on the PROGRESS project.
- Coordinated and facilitated at two district stakeholders' meetings on the scale up of community-based distribution of contraceptives in Busia and Kayunga.
- Coordinated ten (10) trainings of VHTs on the provision of short term FP methods and counseling services at community level (over 200 VHTs trained).
- Supported the CBDFP implementing districts to strengthen management systems for community-based FP.
- Mentored Health Center staffs in Kanungu and Busia on the supervision of VHTs.
- Provided quarterly joint support supervision to the project districts and health facilities.
- Supported VHTs to raise FP awareness through community meetings.

- Developed IEC materials (FP flier and poster) for the PROGRESS project.
- Participated in the reviewing of the VHT client register (M&E tool).
- Oriented health center staffs in Kanungu and Busia on the new VHT data collection tool.
- Calculated descriptive statistics of VHT client's data to input in the project quarterly reports and also interpreted this data to inform subsequent project performance.
- Documented best practices and success stories for the PROGRESS project.
- Compiled the quarterly PROGRESS project report submitted to the donor.

3. Develop and implement Program Research for Strengthening Service Delivery (PROGRESS) project specific community mobilization strategy

- Conducted a formative assessment to identify family planning stakeholders, information needs and gaps as well as popular and influential communication channels at community level. This informed the development of a community mobilization strategy.
- Developed the PROGRESS project community mobilization strategy.

Fellow (standing) facilitating discussions during one of the CBDFP quarterly support supervision visits in Busia

OTHER ACHIEVEMENTS:

- Developed a concept paper for a communication and advocacy campaign aimed at enhancing community confidence in family planning services and improving engagement of the district health team in the community-based FP project in Nakaseke district.
- Led the conceptualization (proposal writing) and implementation of an operations research on the uptake of modern contraceptives among young people aged 15 to 24 years in Busia district.
- Wrote and submitted four conference abstracts and two were accepted for oral presentation.

In brief, the fellowship experience enhanced my leadership, analytical, communication, negotiation and networking skills, specifically around working with new partners, maintaining old partners and negotiating with different audiences. It also challenged me with multiple deadlines, thereby teaching me to multi task. My fellowship placement



exposed me to research work and working with virtue teams and this further improved my interpersonal communication, analytical skills as well as use of information technology applications.

PRESENTATIONS AND PUBLICATIONS

a) Presentations

1. Susan Babirye Kayongo. *Exploring cultural practices during the postpartum among mothers of Buwaiswa community in Mayuge District of Uganda*. Oral presentation at the MakCHS 7th Annual Scientific Conference, Kampala, Uganda. September

20th – 22nd 2011.

2. Susan Babirye Kayongo. *Reaching young people with sexual and reproductive health information through a magazine radio programme: experiences from Straight Talk Foundation in Uganda*. Oral presentation at the 5th International Entertainment Education Conference, New Delhi, India. November 17th – 20th 2011.

b) Print media

- 1) Susan Babirye. *Budget 2011: How much is set for Maternal Health*. *The New Vision*. June 1, 2011

- 2) Susan Babirye. *Responsible fatherhood is pathway to safe motherhood. The New Vision. June 19, 2011*
- 3) Susan Babirye-Kayongo. *Breastfeeding interventions should focus on community approaches. The New Vision. August 1, 2011.*
- 4) Susan Babirye. *Save women by taking contraceptives closer to them. The New Vision. September 30, 2011*
- 5) Susan B. Kayongo. *Health sector can improve service delivery despite the low staffing. The New Vision. May 28, 2012*
- 6) Susan B. Kayongo. *Health sector can improve service delivery despite the low staffing. The Daily Monitor. May 31, 2012.*
- 7) Susan Kayongo. *Make contraceptive delivery to youth friendly. The New Vision. September 26, 2012*
- 8) Susan B. Kayongo. *Let us focus on strategies for young people to reduce the HIV epidemic. The Daily Monitor. December 1, 2012.*
- 9) Susan Babirye Kayongo. *Young people should be priority on Uganda's HIV/AIDS Agenda. The New Vision. December 3, 2012.*

c) Manuscripts submitted:

Kayongo SB at el: The perspectives of clients and

providers on access to contraceptives among young people in rural eastern Uganda. BMC Health Services Research Journal (under review)

d) Manuscripts in preparation:

Kayongo SB at el: Do community-based distributors of contraceptives reach young people and what are young people's perspectives of their services? To be submitted to the International Perspectives on Sexual and Reproductive Health Journal

Susan developed a concept paper for a communication and advocacy campaign aimed at enhancing community confidence in family planning services and improving engagement of the district health team in the community-based FP project in Nakaseke district.

PROGRAMMATIC ACTIVITY

Title: Uptake of Modern Contraception among Youths (15-24) At Community Level in Busia District, Uganda

Introduction: High fertility among youths aged 15-24 years is a public health concern in Uganda with teenage pregnancies constituting 25% of all pregnancies. Despite a conducive policy environment and several contraception delivery approaches, a large proportion of sexually active Ugandan youths have never used contraceptives.

Objectives: The purpose of this study was to assess the uptake of modern contraceptives and the factors that influence uptake among youths (15-24) in Busia, Uganda.

Methods: This was a descriptive cross sectional study conducted between May and August, 2012. It consisted of a mix of qualitative and quantitative methods i.e. a community survey, four Focus Group Discussions (FGDs) with 48 sexually active youths (24 users and 24 non-users of contraceptives) and eight in-depth (IDIs) interviews with contraceptive providers. Quantitative data were analyzed using SPSS while qualitative data analyzed manually using a thematic framework approach.

Results: A total of 323 sexually active young people participated in the survey. Female respondents constituted the biggest proportion (62%) of the survey respondents where as 13% (43/323) of all the survey respondents were married and below

20 years. A big proportion (62%) of sexually active youths reported using modern contraception. Condom was the most used method at 71.7%, followed by Depo-Provera at 31.8%. Sex and marital status were found to significantly influence condom use [sex: OR =2.74; 95% CI = 1.61-4.66; marital status OR =2.27; 95% CI = 1.11-4.65] whereas, age and marital status had a statistical significance with use of Depo-Provera [age: OR=0.43, 95%CI= 0.21-0.87; marital status: OR=0.13, 95%CI= 0.06-0.31, respectively]. Qualitative data showed gaps such as limited contraceptive options, inconsistent supply and, absence of counseling from drug shop operators. IDI's revealed that providers had misconceptions about contraceptives, negative attitudes towards the provision of contraceptives to young ones and unmarried young people.

Conclusion: Majority of the sexually active youths used contraceptives and uptake of a given method was mainly influenced by age and marital status. Therefore, to improve contraceptive uptake among young people, age and marital status of targeted youths should be put into consideration and dispensing contraceptives should be accompanied by adequate information to facilitate continuity.

Policy and public health implications:

- Different groups of youths have individual uniqueness and different needs. Therefore efforts to promote contraceptive use among youths should focus on specific subgroups of young people rather than generalized

interventions.

- Capacity building interventions are urgently needed to target drug shop operators for their safety and that of their clients. This should be followed by processes of revisiting Uganda's regulatory and policy environment on drug shop services, after all evidence shows that even Village Health Team members with limited training, can safely administer the injectable contraceptive.

ABOUT FHI 360

FHI360 is a global, non-profit organization dedicated to improving lives by advancing integrated, locally driven solutions to human development. FHI360 was created in 2011 when the teams of experts from Family Health International and the Academy for Educational Development came together into one organization. Together, FHI360 offers a unique mix of capabilities to address the inter-related areas of human development for example; health, education, economic development, civil society, environment, gender and youth. FHI 360 operates from 60 offices with 4,400 staff in the U.S. and around the world. FHI360's commitment to partnerships at every level and her multidisciplinary approach enables her to have lasting impact on the individuals, communities and countries it serves thus improving lives of millions. FHI 360 envisions a world in which all individuals and communities have the opportunity to reach their highest potential.

PATRICK KOMAKECH



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Name of Host Mentors:

Ms Rosemary Kindyomunda,
National Program Officer HIV/
AIDs, UNFPA

Dr Wilfred Ochan, Assistant
Representative, UNFPA

Name of Academic Mentor:

Dr Achilles Katamba, Lecturer,
School of Medicine, Makerere
University College of Health
Sciences

ABOUT THE FELLOW

Patrick Komakech holds a tropEd European Masters of Science in International Health and a Bachelor of Medicine and Bachelor of Surgery degree from Makerere University. Before joining the fellowship Patrick had held positions as a clinician and research physician, positions that had did not give him an in depth grasp of program management. Patrick joined the fellowship program in May 2011 and was attached to United Nations Population Fund (UNFPA). UNFPA is a United Nations agency whose goals are achieving universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and accelerating progress on the International Conference on Population and Development (ICPD) agenda and Millennium Development Goal 5. UNFPA also focuses on improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics. At UNFPA I have ably supported the combination HIV program, set up an electronic health information system for the Uganda Police Force and provided technical support in developing reproductive health service delivery models for sex workers. In his own words, Patrick says, *“The fellowship program has not only given me an opportunity to put into practice the program management skills learnt in a classroom environment, but has exposed me to processes of national strategy and policy formulation. I have polished my communication skills through the conference presentations made, newspaper article written and journal manuscript written. I leave the fellowship a different person and look forward to use the knowledge and skills attained during the two years to position myself in a leading role for Uganda’s HIV prevention response.”*

- review UNFPA supported studies
- Support the UPMS to set up an electronic Health information System

KEY APPRENTICESHIP RESPONSIBILITIES OF THE FELLOW

1. Support the combination HIV prevention program.
2. Support the development of service delivery models and

SIGNIFICANT FELLOWSHIP ACCOMPLISHMENTS

a) Support the combination HIV prevention program

- Drafted terms of reference for the combination HIV prevention baseline assessment in 6 focus districts and successfully managed the proposal evaluation

process. The baseline assessment was to inform combination HIV prevention programming and development of planning frameworks in the focus districts. UNFPA annexed the terms of reference to the contracts signed

by the consulting team. Through this activity, my analytical skills, team management coordination skills were improved. I also learnt how to manage procurement processes

- Developed the budget for the combination HIV Prevention (CHP) baseline assessment and orientation of district and national stakeholders. Through this I learnt how to budget and financially manage multi-million shilling (UGX 450M) programs
- Developed monitoring & evaluation (M&E) indicators and framework for the CHP program and through this I enhanced my M&E skills
- Represented UNFPA in evaluation of concept papers and proposals for structural and behavioural interventions under Civil Society Fund (CSF). This gave me the opportunity to sharpen analytical and appraisal skills
- Led the process of evaluating proposals for undertaking the programmatic baseline assessment studies by designing the evaluation tools, coordinating the evaluation team and writing the final evaluation report. I also participated in contract management of the study teams. Through this process my skills in leading and managing teams was enhanced
- Drafted the terms of reference for the Technical Review Panel (TRP) for the programmatic baseline assessment studies. The TRP is a panel set up by AIDS Control Program-Ministry of Health to

provide technical oversight to the CHP programmatic baseline assessment. This gave me an opportunity to enhance my written communication skills

- Developed the concept note and Tor for development of a leadership advocacy strategy for the National HIV Prevention Strategy 2011-2015. This was a joint activity between UNFPA and Uganda AIDS Commission that gave me an opportunity to improve my written communication skills and at the same time an opportunity to learn institutional collaborations
- Reviewed inception reports and the study protocol of the CHP baseline assessment in the six focus districts. This offered me an opportunity to improve my analytical skills
- Co-investigator of the CHP programmatic baseline assessment. As a co-investigator I took part in the study protocol development process and the training of research assistants. This enhanced my writing and research skills

b) Support the development of service delivery models and review UNFPA supported studies

- Provided technical support in the development of HIV/SRH service delivery models for Female Sex workers (FSWs) in Arua and Kalangala and SRH/HIV/MH integrated service delivery model for Katakwi district. The purpose of these models was

to develop feasible approaches through which districts would the process of service delivery to FSWs and come up with a workable model for SRH/HIV/MH integrated delivery at district level. These models are currently being piloted.

- Provided technical support for study on Cultural Norms, Values and Practices that impact on HIV/AIDS, Maternal Health and Gender Based Violence in the cultural institutions of Buganda, Acholi, Teso, Lugbara and Lango. The purpose of this study was to document the impact of cultural norms on AIDS, maternal Health and Gender Based Violence and to establish ways of supporting the cultural institutions to address the negative norms
- Developed a concept note for a study on the impact of HIV/SRH integration on maternal health and for condom use among circumcised UPDF men. This study is planned for this year
- Coordinated the peer review process of the Uganda Peoples Defense Forces HIV/AIDS Knowledge Attitudes and Practice study and Ministry of Gender Labor and Social Development cultural studies. This task included selecting peer reviewers, chairing a peer review meeting and writing a peer review report.

c) Support the Uganda Police Medical Service (UPMS) to set up an electronic Health information System

- Wrote concept note and

proposal for an electronic health information system for Uganda Police Medical Services

- Reviewed the indicators and data collection tools. We reviewed the HMIS form 081 and the M&E framework for the Uganda Police Force HIV prevention strategy and realigned the indicators with the data collection tools.
- Trained 6 UPMS health workers in data management and use of the electronic health information system
- Installed, pretested and commissioned an electronic health information system based on the OpenMRS platform

In summary the above activities have enabled me gain competencies in the domains of (1)information technology for leadership, (2)mentoring, coaching and support supervision in leadership, (3) management and leadership, and (4) Interpersonal and effective communication in leadership.

PRESENTATIONS AND PUBLICATIONS

a) Presentations

- Komakech Patrick. The impact of child domestic work on the health of child domestic workers:

A cross sectional study. Oral presentation at the Makerere University Medical Students Association International Child Health Conference. Kabira country club, Kampala. 18th to 19th November, 2011.

- Komakech Patrick, Kindyomunda Rosemary and Wilfred Ochan. Access to SRH/HIV services by Female Sex Workers in Kampala district: A cross sectional study. Oral presentation at the 8th Annual Scientific Conference of Makerere University College of Health Sciences. Silver Springs Hotel, Kampala. 26th – 28th September 2012.
- Komakech Patrick, Kindyomunda Rosemary and Wilfred Ochan. Pregnancy rates and pregnancy outcomes among Female Sex Workers in Kampala district:

A cross sectional study. Oral presentation at the 8th Annual Scientific Conference of Makerere University College of Health Sciences. Silver Springs Hotel, Kampala. 26th – 28th September 2012.

b) Print media

- “HIV fight: Couple antenatal attendance is the way to go.” The New Vision newspaper 15th June 2011.

c) Manuscript submitted

- Komakech Patrick, Kindyomunda Rosemary and Wilfred Ochan. Pregnancy rates and pregnancy outcomes among Female Sex Workers in Kampala district: A cross sectional study. Submitted to BMC pregnancy and childbirth.



Patrick making a clarification during the data management training for Uganda Police Medical Services staff

PROGRAMMATIC ACTIVITY

Title: Establishing an integrated electronic Health Information System for the Uganda Police Medical Services

Background: Health information is vital for decision making across all the health system building blocks. The Uganda Police Medical Services uses a paper based health information system based on the ministry of health reporting tools. The current system faces untimely, incomplete and inaccurate reporting. United Nations Population Fund supported Uganda Police to set up an electronic health Information System (eHIS) at the Uganda Police Kibuli ART clinic.

Objectives

To general objective was to strengthen technical and institutional capacity for data management and use in the Uganda Police Medical services. The specific objectives were to:

- 1) Establish an electronic Health Information System for the Uganda Police medical services Kibuli ART clinic by September 2012,
- (2) Improve the, timeliness, completeness and accuracy of reports submitted from Kibuli ART clinic to the UPMS headquarters and Ministry of Health and (3) to improve data management skills of 6 Police personnel in Kibuli ART clinic by September 2012.

Implementation Approach: The eHIS was set up at Uganda Police Kibuli ART clinic and implemented using both modular and pilot and scale-up approach. We reviewed

the HMIS form 081 and the M&E framework for the Uganda Police Force HIV prevention strategy and made adjustments to the indicators to align with the data collection tools. This was followed by training of 6 UPMS staff in data management and use of the OpenMRS system. We customized the OpenMRS system used by ACP-MoH for UPMS, piloted the system and later on commissioned after addressing the short falls identified in the pilot.

Project Outcome: An electronic health information system based on the OpenMRS platform was established. The key attributes of the system are that it supports data entry, data export, cohort management, reporting generation, has a concept dictionary and data security features among others. The system can work as a standalone workstation or can support multiple workstations linked through a server. We have for the start set up a standalone workstation. The system has improved patient management in terms of tracking patient progress on treatment and flagging of patients that are not performing well on treatment. Additionally clinic reports are now generated at a click of a button and data easily analyzed to inform programming.

Lessons Learned:

- We learnt that, for staff to embrace a program/system, they have to be fully involved in all stages of its implementation.
- We also learnt that health workers

with minimal IT knowledge can be trained on job and perform the basic tasks of managing an electronic HIS

Recommendations: We recommend that this system be rolled out to other Uganda Police Medical Services health units so as to fully attain the goal of this programmatic activity and improve information management and use.

Policy and public health implications: The limited computer knowledge among most of the public health workers should not act as a hindrance to rolling out electronic health information systems.

ABOUT UNFPA

UNFPA, the United Nations Population Fund, is a United Nations agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. UNFPA is currently implementing its 7th GoU country program 2010 – 2014 focusing on three main components i.e. Reproductive Health, Population and Development and Gender equality. UNFPA works through government ministries and agencies, 8 districts and a number of national NGOs to implement the program.



MATTHEW LUKWIYA AWARD

BACKGROUND TO THE AWARD

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

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MATTHEW LUKWIYA AWARD RECIPIENTS

Eight Fellows – one per intake – have received the Matthew Lukwiya Award since the Fellowship Program was initiated. The table below shows the different Matthew Lukwiya Award recipients since 2002.

Name of Fellow	Intake	Date Award Given	Awarded by
Mr Timothy Wakabi Waiswa	March 2002-2004	April 25th, 2003	Mr Jimmy Kolker, US Ambassador to Uganda
Ms Gloria Katusiime	October 2002-2004	December 18th, 2003	Mr Sam Ngobi, Academic Registrar, Makerere University
Dr George Didi Bhoka	October 2003-2005	December 2nd, 2005	Prof Livingstone Luboobi, Vice Chancellor, Makerere University
Dr Stella Alamo	October 2004-2006	January 19th, 2007	Dr Emmanuel Otaala, Hon. Minister of State for Primary Health Care
Ms Evelyn Akello	October 2005-2007	November 2nd, 2007	Mr. Andrew Chritton, Charge D'Affaires, US Embassy Kampala
Dr Alfred Geoffrey Okiria	April 2008 - 2010	March 26th, 2010	Prof Venansius Baryamureeba, Vice Chancellor, Makerere University
Mr Jotham Mubangizi	May 2009 - 2011	May 10th, 2011	Dr Tadesse Wuhib, Director, CDC Uganda
Mr Ediau Michael	April 2010 - 2012	May 4th, 2012	Dr Tadesse Wuhib, Director, CDC Uganda

CURRENT EMPLOYMENT STATUS OF THE MATTHEW LUKWIYA AWARD WINNERS

Name of Fellow	Intake	Current Position/Organization
Mr Timothy Wakabi Waiswa	March 2002-2004	M&E Officer, One Health East and Central Africa (OHCEA), MakSPH
Ms Gloria Katusiime	October 2002-2004	Independent Consultant
Dr George Didi Bhoka	October 2003-2005	Country Director, AMREF, Southern Sudan
Dr Stella Alamo	October 2004-2006	Executive Director, Reach Out Mbuya HIV/AIDS Initiative, Kampala
Ms Evelyn Akello	October 2005-2007	Senior Hospital Administrator & Finance and Administration Manager, Murchison Bay Hospital, Luzira & CDC-Uganda Prisons Service Collaborative Project
Dr Alfred Geoffrey Okiria	April 2008 - 2010	Independent Consultant
Mr Jotham Mubangizi	May 2009 - 2011	Coordinator, UNAIDS Country Office, Uganda
Mr Ediau Michael	April 2010 – 2012	Project Coordinator (HIV&AIDS, Maternal & Child Health), ChildFund Uganda

CURRENT EMPLOYMENT STATUS OF ALUMNI FELLOWS – MARCH 05, 2013

INTAKE 1 – MARCH 2002 – 2004

Name	Job Title	Organisation
1. Dr Christine Nabiryo	Executive Director	TASO
2. Mr Erasmus Otolok Tanga	Chief of Party, SPEAR Project	USAID, RTI and World Vision collaboration
3. Ms Jennifer Frances Bakyawa	Independent Consultant	
4. Dr Jim Arinaitwe	Global Fund Coordinator	Ministry of Health, Uganda
5. Ms Linda Kavuma Luyiga	Independent Consultant	
6. Dr Primo Madra	National Program Officer/ Emergency	UNFPA, Kampala
7. Mr Timothy Waiswa Wakabi	Monitoring & Evaluation Officer, OHCEA Project	MakSPH

INTAKE 2: OCTOBER 2002 -2004

1. Dr Gideon Amanyire	Program Manager	Makerere University Joint AIDS Program (MJAP) Mbarara area
2. Dr Henry Barigye	Head of Department, Department of Pediatrics	Kampala International University
3. Dr Moses Bateganya	HIV Care & Support Team Lead, HIV Care & Treatment Branch	Division of Global HIV/AIDS, Centers for Disease Control & Prevention, Atlanta, Georgia, USA
4. Ms Gloria Katusiime	Independent Consultant	-
5. Dr Charles Mugizi	Clinical Advisor	International Center for AIDS Care and Treatment Programs (ICAP), Lesotho.
6. Dr Cecilia Nawavvu	Program Manager	Makerere University Joint AIDS Program (MJAP) Kampala area
7. Ms Irene Kambonesha Tumuhirwe	Independent Consultant	African Palliative Care Association (APCA)
8. Rhoda Wanyenze	Program Director, MakSPH-CDC Fellowship Program	MakSPH

INTAKE 3 – OCTOBER 2003 – 2005

1. Mr Bob Edrisa Mutebi	Public HIV Health Specialist	State of California, USA
2. Dr Enid Mbabazi Mugisha	Chief of Party, USAID REACH-U Project	MJAP, Kampala
3. Dr George Didi Bhoka	Country Director	AMREF, South Sudan
4. Dr. Hizaamu Rhamadhan	Executive Director	Harnessing Indigenous Potentials – Africa, Uganda
5. Mr. Ibrahim Musa Lutalo	Data Management Consultant	IDI-Infectious Diseases Institute, CSF-Civil Society Fund and RRH-Regional Referral Hospitals Project
6. Ms Joan Mugenzi	Health & HIV M&E Specialist	World Vision International, East Africa region
7. Ms Juliet Kanyesigye	Research Fellow	Center for Basic Research, Kampala, Uganda
8. Dr Sarah Asimwe	Short-term Technical Advisor	National AIDS Control Program, Liberia
9. Mr Robert Kamoga	Independent consultant	

INTAKE 4 – OCTOBER 2004 – 2006

Name	Job Title	Organisation
1. Ms Sharon Ajedra Amacha	Community-based Treatment Services Advisor	Institute of Human Virology of the University of Maryland, School of Medicine Program
2. Dr Vincent Bagambe Kamishani	Quality Assurance Manager, Global Fund	Ministry of Health, Uganda
3. Dr Edrine Namayanja Kamugisha	Deputy Chief of Party, USAID REACH-U Project	MJAP Kampala
4. Dr Solome Nampewo	National Program Manager, Health and HIV/AIDS	Swedish Embassy
5. Dr Nkoyooyo Abdallah	Director of Programs and Planning	AIDS Information Center
6. Dr Innocent Bright Nuwagira	Medical Officer, Monitoring and Evaluation Inter-country Support Team for East and Southern Africa	World Health Organization Regional Office for Africa, Harare, Zimbabwe
7. Mrs Julianne Etima-Ongom	Deputy Director, Programs	Makerere University Johns Hopkins Research Collaboration
8. Mrs Esther Nabukeera Sempira	National Coordinator and Deputy Director, STAR-E LQAS Project	Management Sciences for Health, Uganda
9. Mr Elly Ssebyatika	M&E Advisor	Medical Access Uganda Ltd
10. Dr Stella Alamo – Talisuna	Executive Director	Reach Out Mbuya Parish HIV/AIDS Initiative
11. Mrs Penninah Kyoyagala-Tomusange	National Program Officer (Mbarara Office)	UNFPA

INTAKE 5 – OCTOBER 2005 – 2007

1. Ms Evelyn Akello	Senior Hospital Administrator & Finance and Administration Manager	Murchison Bay Hospital, Luzira/ CDC-Uganda Prisons Service Collaborative Project
2. Dr Francis Mulekya Bwambale	Monitoring & Evaluation Specialist	Makerere University Regional Center for Quality of Health Care
3. Ms Kellen Namusisi	Monitoring & Evaluation Specialist	Center for Tobacco Control in Africa
4. Ms Mbabazi Kiiza Gorretti	Independent Consultant	
5. Ms Proscovia Nabasinga Miria	Specialist, Database Management	STAR-E LQAS Project, Management Sciences for Health, Kampala, Uganda
6. Dr Muramuzi Bangizi Emmy	Deputy Chief, Epidemiology Branch	CDC Uganda
7. Ms Nakayima Flavia	Director Learning, Monitoring and Evaluation	Harnessing Indigenous Potentials – Africa, Uganda
8. Dr Nakinsige Anne	Senior HIV&AIDS Officer	East African Community
9. Mr Robert Kisebo	Lecturer	Nkumba University
10. Ms Sheila Byirigiro Gashishiri	Communications Associate	World Bank Country Office, Uganda

INTAKE 6 – APRIL 2008 – MARCH 2010

Dr Alfred Geoffrey Okiria	Independent Consultant	-
Ms Mary Dutki	M&E Technical Advisor	META Project, MakSPH
Ms Rose Baryamutuma	M&E Technical Advisor	META Project, MakSPH
Dr Proscovia Namuwenge	Short-term Technical Assistant (HIV Care & Treatment)	Civil Society Fund Uganda

Name	Job Title	Organisation
Mr David Wanalobi	Regional Project Officer, Media Agency for Child Protection	PANOS East Africa
Ms Karen Apophia Kyampaire	Nutrition Program Manager	Baylor Uganda
Ms Milly Nattimba	Communications Officer	Makerere University College of Health Sciences
Merian Natukwatsa	Monitoring & Evaluation Specialist	Uganda Network of AIDS Service Organizations
Apophia Agiresaasi	Independent Consultant	-
INTAKE 7 – MAY 2009 – APRIL 2011		
1. Kakaire Ayub Kirunda	Communications Officer, Future Health Systems Research Consortium	Makerere University School of Public Health
2. Florence Tushemerirwe	Assistant Lecturer	Makerere University School of Public Health
3. Medard Kiheemu Muhwezi	Team Leader (Uganda)	Ipas Africa Alliance Abortion/Reproductive Health multi-country study
4. Jotham Mubangizi	Coordinator	UNAIDS Country Office, Uganda
5. Victoria Kajja	Program Manager	Partners for Health Initiative, Kampala, Uganda
6. Eric Tabusibwa	Short-term Consultant, Liverpool Associates in Tropical Health (LATH)	STAR-E LQAS Project, Management Sciences for Health
7. Solome Mukwaya	Research Consultant	African Centre for Global Health and Social Transformation (ACHEST), Kampala
8. Scaret Mubokyi	Independent Consultant	
9. Florence Kebirungi	Independent Consultant	
Okalo Paul	M&E Advisor	MJAP, Kampala
INTAKE 8 – APRIL 2010 – MARCH 2012		
Joseph Abisa	Research Officer	SNV Uganda
Michael Ediau	Project Coordinator (HIV&AIDS, Maternal & Child Health)	ChildFund Uganda
Jane Namuddu	Research and Evidence Coordinator, Expanding Social Protection in Uganda	Ministry of Gender, Labor and Social Development
Lillian Ayebele	Institutional Capacity Building Specialist	SPEAR Project, World Vision
Sam Ocen Fortunate	Monitoring and Evaluation Officer, RAC USAID Project	Reproductive Health Uganda
Rebecca Kivumbi	Independent Consultant	-
Irene Edith Nabusoba	Communications and Outreach Officer	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Mbarara Office
Maria Kwesiga	Knowledge Management Consultant	Knowledge Management & Communications Initiative
Gilbert Awekofua	Independent Consultant	

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