



MakSPH-CDC Fellowship Programme

Report

2002-2014



Disclaimer

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Acknowledgement

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Brief overview of the fellowship programme



Twelve years ago, Makerere University School of Public Health (MakSPH) with support from the Centres for Disease Control and Prevention (CDC) launched a fellowship programme that has created a great impact on health workforce development. The programme has trained 107 long-term fellows (13 of who are graduating today – December 17, 2014) and 207 medium-term fellows. The majority of these fellows are employed in high-level positions in government and non-government organizations in Uganda and elsewhere. In the first five years, the programme focused on supporting fellows to acquire skills in managing HIV/AIDS programmes. However, in the past seven years, the programme focus expanded to encompass other health programmes including maternal and child health, health informatics, malaria, and tuberculosis among others. Beginning 2014, the programme will focus on supporting the public health sector through the Uganda Public Health Fellowship Program and capacity building for District-led Programming.

Long-term fellows must hold a master's degree in health related disciplines. The fellows are attached to selected institutions for apprenticeship. The apprenticeship accounts for 80% of the training. The remaining 20% is reserved for fellows to attend multi-disciplinary short courses at MakSPH to enhance their academic competences. Since inception, the programme has relied on the support from the host institutions, the academic and host mentors, to supplement the efforts of the core programme staff. In the last 12 years, 73 institutions have hosted fellows. At host institutions, fellows learn to manage and lead health programmes from a practical point of view. The long-term fellowship is a full-time two-year course.

Medium-term fellowships are offered for a period of eight months to in-service professionals working in organizations involved in health-related activities. The programme initially offered two medium-term fellowships in Monitoring and Evaluation (M&E) and Continuous Quality Improvement (CQI). However, beginning in 2014, the two courses were merged into one course known as Health Services Improvement. Medium-term fellowships build institutional capacity through training individuals in specialized fields. Fellows from 95 institutions have completed their training since 2008. Between 2008 and 2013, fellows largely came from the private sector. However, in 2014, all the 42 fellows were drawn from the public sector at district and sub-district levels.

Between 2002 and 2013, the fellowship programme offered off-site short courses 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. Over 3000 individuals were supported through short courses during the 11-year period.

MakSPH–CDC Fellowship Programme: Training the next generation of public health leaders



Dr. Stella Alamo (right) with Former US Secretary of State, Hillary Clinton

When Dr. Stella Alamo Talisuna returned to the country after obtaining a master's degree in Disease Control from the Institute of Tropical Medicine in Belgium,

she was re-deployed as a Research Officer at the Uganda Virus Research Institute. Within about four months, she realized this was not the job for her. She wanted more than what she was doing. Two months later, she submitted her resignation.



"I had read about the fellowship programme after getting wind of it from colleagues who had enrolled earlier. Several of them had already acquired their masters either in a clinical discipline or public health and were pretty ambitious persons. My thoughts then were 'there must be something special about this program'," Dr Alamo recalls.

After she had enrolled into the two-year long programme, she realized that she had made a very good decision. "The programme was very intense, something that suited my career ambitions and was in sync with the speed that I desired," she says. "I learnt a lot of stuff at the fellowship including human resource management, Monitoring and Evaluation, and financial management among others."

The programme addressed the needs of a growing leader. Dr Alamo would, thanks to the fellowship, become an excellent writer and presenter. "I never ever thought that I was a good writer until I submitted opinion pieces on HIV to New Vision and Monitor newspapers. Both editors called to congratulate me on my excellent command of the language," she says. The programme requires long-term fellow to submit articles to newspapers as well as scientific peer-reviewed journals.

She says that the fellowship programme also polished her presentation skills. "I have kept what I learnt during the fellowship up to today. My slides are always on point. I learnt that pictures and illustrations speak more than words etc. Everyday that passed by, I became a better manager and technically more sound," Dr Alamo says.

Dr Alamo would be hosted by Reach Out Mbuya, an HIV/AIDS organisation. "I fell in love with it up to now. It made me who I am," she says with a broad smile. Reach Out Mbuya was a four-year-old baby when she joined as a fellow. "It was a community organisation that had no systems in place. I started

implementing projects, setting up M&E systems, financial management systems, human resource management systems, procurement systems and training programmes," she says.

Reach Out Mbuya would get its first strategic plan which enabled it become focused. "The list of the things I had to do is very long. At the end of the first year of my placement, the Executive Director who also doubled as my host mentor, Dr Magrethe Junker, was leaving and I was privileged to take over as the Executive Director amidst mixed feelings from the fellowship programme leadership given that I was only half way through my apprenticeship," she recalls with nostalgia. "It turned out to be a plus and probably demonstrated my ability to transition from an apprentice to a manager of an HIV/AIDS programme, which is the main objective of the fellowship programme."

Not surprising, Dr Alamo was the winner of the Dr Matthew Lukwiya award for the 2004-2006 cohort. The award is given to long-term fellows who exhibit exemplary leadership and managerial skills during the programme.

"I have the level of confidence and articulation of both technical and managerial issues that I did not have before the fellowship, which no lecture had equipped me with. The fellowship enabled me to apply all the concepts that my master's degree training had given me but which till then, I was unable to apply. Today, thanks largely to the fellowship, I am a respected leader in the HIV sector," Dr Alamo says.

Dr. Alamo, who is now the Prevention Branch Chief at the Centres for Disease Control and Prevention (CDC) in Uganda, observes that several of the middle and senior managers of HIV programmes in Uganda are alumni of the fellowship programme. "It is a huge contribution in terms of highly skilled human resources which many developing countries including Uganda

still grapple with. In fact the fellowship programme is impacting health sectors beyond Uganda and beyond Africa,” she concludes.

Reach Out Mbuya has hosted several dignitaries including Hilary Clinton as well as winning several awards among which is the European Union Best Community Practices Award.

The story of Dr. Alamo and how she transformed a small organisation housed in the basement of a Church house on the outskirts of Kampala into an organisation that is highly respected not only in Uganda is what Prof David Serwadda and his team envisioned when they decided to start the fellowship programme.

The early years



Prof. David Serwadda

Around the year 2001, the staff at MakSPH realized that there was need to develop the leadership and management competencies for human resources for health to be able to manage the flow of funds that was coming into the country and specifically to HIV/AIDS. There were a lot of funds flowing in from international organisations. The United States Government was in the process of establishing the President’s Emergency Fund for AIDS Relief (PEPFAR) and the private sector (read NGO and not for profit organisations) didn’t have the capacity needed to manage the programmes that they were supposed to implement.

“There were over a thousand organisations and we realized they lacked the human resource needed to run these programmes effectively and efficiently. There was need for a diverse cadre of people to do the programming as well as appreciate management challenges and identify solutions,” says Professor David Serwadda, one of the founders and chairman of the steering committee of the fellowship programme.

Prof Serwadda adds that these private sector players also lacked the skills required to write proposals that would enable them access the grants that were being offered by organisations like USAID, PEPFAR, and Global Fund for HIV/AIDS and Tuberculosis among others.

The school approached the Centres for Disease Control and Prevention (CDC), a United States of America federal government agency for funding. The CDC accepted the proposal. Coincidentally, CDC runs a similar programme in the US where fellows are attached to different states over a two-year programme. “We saw the need and the role that MakSPH can play in managing HIV/AIDS in Uganda and accepted to initially fund the fellowship programme for five years,” says Dr. Donna Kabatesi, the Deputy Director for Programmes at CDC-Uganda.



Dr. Donna Kabatesi

It is very unusual that a partner would fund the same programme for 12 years (by the end of the current sponsorship in 2017, CDC would have funded the fellowship programme for 15 years) like CDC has done with the fellowship programme. "It is because MakSPH is extremely innovative and responsive to the changing dynamics of the health sector," Dr. Kabatesi observes. "When we started, it was only long term fellowships that were being offered. Today, we have medium term and a lot of other innovations are being introduced from time to time."

The management of the programme has been spot on from the staff to the fellows. "The people here may never tell you what it means to satisfy us as their partners. It takes a lot of hard work and dedication on their part. Just imagine what they go through to recruit the 10 or so fellows on the long term programme," Dr Kabatesi says. "It may look simple to the outside world but if they had recruited mediocre fellows who would have no impact on the health sector, we would not be partners anymore."

The success that the MakSPH-CDC fellowship programme has achieved over the years has led to other African countries 'copy and paste' it. "Kenya has started a similar programme," Dr Kabatesi says. "Malawi and Botswana have sent delegations here on fact-finding missions with the aim of replicating our model in their respective countries," adds Dr Olico Okui, a steering committee member and now roving mentor and trainer.

"Our graduates have made significant contributions

Dr. Kabatesi says that CDC and MakSPH as well as other partners such as the Ministry of Health (MoH) share the same goals of strengthening the capacity of institutions and systems that are critical for an effective public health. "When we started, the school had people graduating with Masters in Public Health degrees but they were not well prepared to take on leadership. We became partners because we felt there is need to bridge the gap between theory and practical knowledge in the health sector," she adds.

in the leadership and management of health programs including evaluation of health programs, coordination of multi-donor health agencies, expansion of quality improvement efforts in the country, and improvement of health reporting and use of data to inform decision-making, among other achievements. Our graduates hold positions within the Ugandan Ministry of Health and other government Ministries, Departments and Agencies, and also in the private sector," writes Associate Professor William Bazeyo, the Dean of the School in the 2013-2014 Year Book.



Assoc. Prof. William Bazeyo

Over the years, the fellowship programme has trained 314 fellows, 107 of those on the long-term basis. The rest were trained on a medium-term basis. Over 90% of long-term fellows are employed in senior-level positions in government and non-government organizations. Of those, approximately 90% are employed in Ugandan institutions, indicating a high level of retention of graduate fellows.

From 2002 to 2007: The fellowship programme takes off

With the CDC funding assured, the school was ready to enroll future leaders under the MakSPH–CDC HIV/AIDS Fellowship Programme. During this period, the school only enrolled fellows on a long-term programme that would last two years. Fellows would leave their jobs and concentrate on the programme. Only candidates with master's degrees are enrolled into the long-term fellowship programme.

This combination of academic theory and practical skills at the same time is one of the things that make this fellowship programme so unique. "We have been accused of sending out graduates who are well grounded in theory but extremely lacking in practical skills," Prof Serwadda explains. "The fellowship programme solves this problem."

The problems the country had at the time in managing HIV/AIDS programmes were many and diverse. Organisations that had been able to get money didn't know how to manage it. Improper accounting procedures meant that some of them would not be able to receive more money.

"There was also a challenge of properly accounting for the money that was being given. We are not talking billions here. Managing UGX50m was a big problem for some of these organisations and this, therefore, would affect their sustainability," recalls Dr. Maina Gakenia Wamuyu, the fellowship's first training manager.

Building the capacities of the next generation of programme managers needed an approach that would meaningfully empower the fellows once enrolled. As it is still today, fellows learn to solve problems in any environment in which they operate. They improve their interpersonal skills, become writers and researchers, and indeed leaders who can make presentations that are listened to.

"Even though I was talented in many aspects before joining the programme, I must admit that I tremendously improved my writing skills. I must be honest; I was poor at making presentations. The fellowship enabled me acquire skills which are very useful in my career today," says Dr. Jim Arinaitwe, the Global Fund Coordinator in Uganda. Dr. Arinaitwe was among the first fellows to enroll in the

programme.

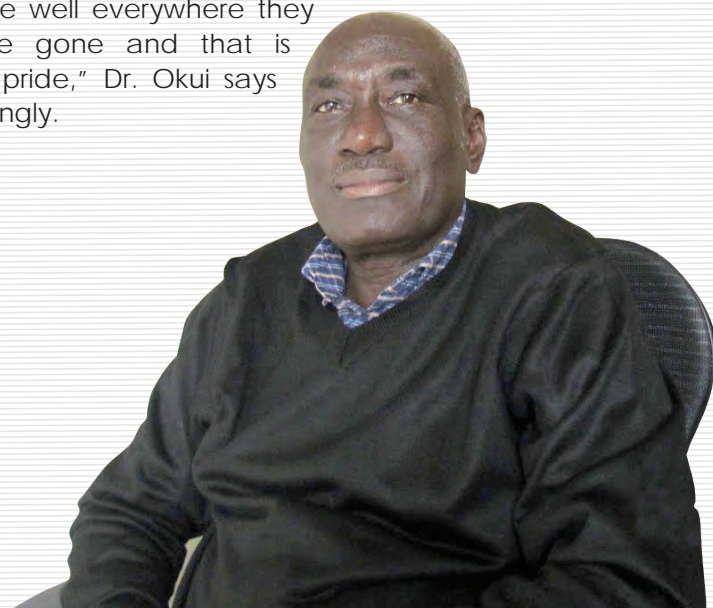
"When I look at my colleagues from my year and indeed others, they are all doing extremely well both locally and internationally. The exposure you get at the fellowship is out of this world," Dr. Arinaitwe says, with a face content that his two years as a fellow were not in vain.

Another fellow, Dr. Enid Mbabazi, agrees. "The way the fellowship programme is designed helps you to shine. There are so many platforms such as dissemination of findings meetings through which you get exposed to important people in the public health sector," she says.

"My fellowship project in Luweero with my host institution, AMREF, provided the stepping stones that I have used in my career. I have now successfully delivered three major projects without losing my integrity," she says.

Dr. Mbabazi has been the Chief of Party at the Realizing Expanded Access to Counselling and Testing for HIV in Uganda (REACH-U), a project USAID has been funding under the Makerere University Joint AIDS Programme (MJAP).

Dr. Olico Okui says that the purpose of training people who would turn out to be star performers has been met. "Fellows usually end up getting jobs in the institutions that host them. Our fellows have done well everywhere they have gone and that is our pride," Dr. Okui says smilingly.



Dr. Olico Okui

In fact, one of the fellows who joined in the second intake has returned to MakSPH as the fellowship programme director. Associate Professor Rhoda Wanyenze was a clinician at the Uganda People Defense Forces (UPDF) when she decided to join the fellowship with the aim of gaining programme management skills. "I learnt to effectively multitask while I was here as a fellow — a skill that is so important in today's changing world," Prof Wanyenze says.

Prof Wanyenze was hosted at the Academic Alliance for AIDS Care in Africa, the precursor to the present-day Infectious Disease Institute (IDI) where she wrote two grant proposals that were funded leading to the formation of Makerere University Joint AIDS Programme (MJAP), a programme that plays a key role in Uganda's health sector. "I was offered a job before I could even finish my fellowship. I later became the MJAP programme manager," she says.

"I was mentored by world class experts, which has enabled us, fellows, to go places," she says. Prof Wanyenze adds; "if you walked in any room today in Uganda where top public health experts are converged, chances are high that the panelist or discussant will be a MakSPH-CDC fellow."

This has been reiterated by a lot of other health sector professionals in Uganda. "The fellows take on leadership and managerial responsibilities wherever they go. You will find a lot of Executive Directors and their Deputies who are alumni of the fellowship programme," adds Prof Wabwire-Mangeni. Indeed the Global Fund Country Coordinator for Uganda and his deputy are both former fellows at the school.



Assoc. Prof. Rhoda Wanyenze

The Role of Mentors



Prof Fred Wabwire-Mangen

"The programme would assign each fellow an academic mentor and place them into an organization where they would have hands on training and at the same time identify and solve problems at the host institutions," says Prof Fred Wabwire-Mangen, the director of the Institute of Public Health at the time. Prof Wabwire-Mangen who also served as a member of the steering committee, mentor, and facilitator adds that "at the host institutions, the fellow would be assigned a host mentor," Prof Fred Wabwire-Mangen.

The other important aspect of the programme is to ensure that there is a roving mentor who is neither host nor responsible for academic aspects of the



Dr. Geoffrey Kabagambe

fellowship. Dr. Noerine Kaleeba, the founder of The AIDS Support Organisation (TASO) and a global HIV/AIDS campaigner is one of these mentors. "My responsibility is to ensure that when you come here, you leave transformed personally and also help organisations where you have been hosted in a better place," Dr. Kaleeba emphasizes. "We need a caliber of leaders that are skilled, transformational, smart, passionate, and ready to serve."

Dr. Kaleeba, who has been a roving mentor since her retirement from UNAIDS in Geneva in 2008 says creating leaders who can manage organisations that outlast their founders is one of her lifetime goals. "We are encouraging fellows to leave a legacy wherever they go. It is through this programme that we mentor fellows on accountability for the money as well as other areas like time management, attitude of workers, and of course success planning," Dr. Kaleeba says. "We want leaders who can leave organisations for others when their time comes just like I did at TASO."

Dr. Olico who is also roving mentor says that this is very important to ensure that all fellows gain certain aspects of leadership and management, which they could miss if there were no one to help all of them. "A mentor can only handle a certain number of individuals. A roving one helps all of them regardless of their specific health interest," he adds.

The way the programme is designed is very important because institutions apply to host fellows as opposed to a system where they (fellows) would be the ones to look for a placement. So host institutions realize that they have a need. "It is competitive to host a fellow and that says a lot about the type of people that the school enrolls," says Dr. Geoffrey Kabagambe who hosted a couple of fellows when he was the head of Kabarole District Health Services.

"The role of host institutions is to support the fellow throughout the programme to enable them deliver their mandate while at the same time mentoring them to become the kind of leaders that are needed to take our health sector forward," he explains. "Exposure is another important element that a host mentor provides."

Dr Kabagambe, who is now the head of One Health Central and Eastern Africa (OHCEA) recalls a time when the Joint Clinical Research Centre (JCRC) was opening a big clinic in Fort Portal. It was a big event with the JRC Director who is a celebrity in HIV/AIDS circles attending. "I thought that this would be a great opportunity for the fellow to interact with the people who were attending the event. So I asked him to represent me and read my speech," Dr Kabagambe remembers.

The importance of apprenticeship

From day one, the idea, especially for those who enroll for the long-term programme, has been to give them the experience and skills they need to manage and lead programmes. This explains why the programme only accepts people with post-graduate training.

This has left some fellows not very content with the certificate they get after two years. "It is weird that after two years of rigorous training, you walk away with a certificate of attendance," a fellow says arguing that the two-year programme should be upgraded.

"This is something that has been thought about but it involves a lot of bureaucracy," Prof Serwadda says.

Dr. Kabagambe, who has also been an academic mentor, argues that fellows should look at it differently. "The purpose is to learn on the job and that is why fellows who are enrolled already have academic qualifications," he argues.

In fact, he further argues that no alumnus of the fellowship programme has failed to get a job because they didn't have an academic or a professional certificate. "At a level where one has a master's degree,

employers look beyond academic certificates. They are looking for somebody who can solve problems, somebody who can lead and manage," Dr Kabagambe argues.

Prof Wabwire-Mangeni echoes Dr. Kabagambe arguing that the main purpose of the training is to offer fellowships practical skills to take on the challenges of this world. "The fellowship programme is all about giving people the skills that they would never get in an academic classrooms. It is not intended to produce PhDs but people who can lead and manage," he argues.



Prof. David Serwadda

The short courses

During this period, the school introduced short courses where fellows would be invited by institutions to train their staff according to their needs. "These off-site courses were carried out across the country. The purpose was to build the capacities of these institutions in areas where they were lacking such as grant proposal writing, monitoring and evaluation, and accountability among others," says Joseph Matovu, the fellowship programme's training manager.

By the time, the short courses terminated; the School had trained over 3000 people in all regions across the country.

2007 – 2012, the fellowship Programme expands



Long-term Fellows 2008 – 2010

After five years of implementing the programme, there was need to expand it. During this phase, some fellows would be enrolled on medium-term basis. Instead of two years where a fellow leaves a job and gets placed at a host institution, those who enroll for medium-term stay at their jobs and their course lasts only eight months. They come as a pair from the same place of work and identify a problem together. The employer is aware of their programme and supports them as a host mentor through a memorandum of understanding signed

by the school and the employer. However, it is important to note that the long-term fellowship programme (two years) continues up to today.

During this period, enrollment into the medium term programme was based on merit, which would change in 2013 as will be discussed later. With experience of the past five years, there were many changes to be introduced. "The programme ceased to be HIV/AIDS exclusive by expanding the scope to include Malaria and Maternal and



Child Health among others,” Prof Wanyenze explains. “There was need to move away from being disease specific to address the country’s changing health needs,” she further explains.

As part of the medium-term fellowship programme, fellows could either enroll for Continuous Quality Improvement (CQI) course or Monitoring and Evaluation (M&E). “The medium-term was partly a result of the need to train people who were not ready to quit their jobs,” explains Matovu.

One of the fellows who enrolled for M&E under the medium-term programme is Ogeng Peter Abwola whose organisation was facing sustainability challenges. His job as Programme Coordinator at Children of the World Foundation (COW) in Kitgum and Lamwo districts required him to come up with indicators, logical frameworks, and proposals to attract funding.

“We had significant problems in writing proposals for grants that would be considered. As part of the training during the fellowship, I became an expert,” Abwola says in tone bordering in bravado. “The proposals I have written have led to the organization receiving funding from partners such as Unicef,” he reveals.

Previously, he would hardly get feedback whenever he submitted a grant proposal. After the fellowship, his very first proposal attracted UGX36m and later, looking at what they had done, Unicef added them an extra UGX45m. Other partners such as the Global Fund for HIV/AIDS and Tuberculosis, International Solidarity Fund, the UK Department for International Development (DFID), and European Union (EU) have since come on board.

“Because of the training at the fellowship, we have become more relevant in the community. In fact M&E reporting in the districts where we work has also improved because we have trained others,” he reveals.

Individuals trained under the medium-term fellowship programme have contributed to the institutionalization of quality improvement and monitoring and evaluation in both governmental and non-governmental organizations. “Seventy eight per cent of medium-term fellows still work with the same institutions where they were at the time of enrolling for the fellowship but with increased responsibilities. Some of these fellows have assumed new positions within the same organizations due to the training received,” explains Mr. Matovu.

2012+: Targeting the Public Sector

From its inception, the fellowship programme had one major drawback. It mainly attracted people from the private sector – NGOs and non-profit organisations. Such organisations were also concentrated mainly in Kampala. The gaps in the public sector and upcountry were growing wider and wider by the day.

A programme to target the public sector was initiated in order to build the capacity of district health workers. “On evaluation of this enrolment approach, we realized that 80% of those admitted had come from the private sector. In 2013, a deliberate effort was made to increase enrolment from the public sector, and 70% of those who graduated in 2013 were from the public sector. In 2014, the programme opened its door to full-scale

support to the public sector,” says Mr. Matovu.

“There was lack of capacity of district health workers to provide quality healthcare delivery effectively and efficiently,” Dr. Violet Gwokyalya, the District Capacity Building Programmes officer for the MakSPH-CDC fellowship programme adds.

The district programme empowers district health workers with the capacity needed to manage human resources, evaluate care being delivered, and motivate the frontline staff to ensure optimal service delivery.

This medium-term programme started by enrolling 75% of fellows from districts. Today, 100% of the fellows on this programme are from the districts

where District Health Officers nominate them for the eight-month course.

There has been a problem of district health facilities over relying on donors and implementing partners. “In a lot of these healthcare facilities, the districts are not in charge. It is the implementing partners calling the shots. When their programmes end after three years or so, the districts are back to zero. Our aim is to change that by empowering these district health workers to be in charge of what is going on at their districts,” Dr. Gwokyalya explains.

This new thinking has led to the creation of the Health Services Improvement (HSI) course by merging M&E and Continuous Quality Improvement (CQI). This programme started in 2014 with 42 health workers from 19 public health facilities in 16 districts. “The HSI fellows are enrolled for a medium term course as a team of three people from one hospital and two Health Centres IVs,” Dr. Gwokyalya further explains.

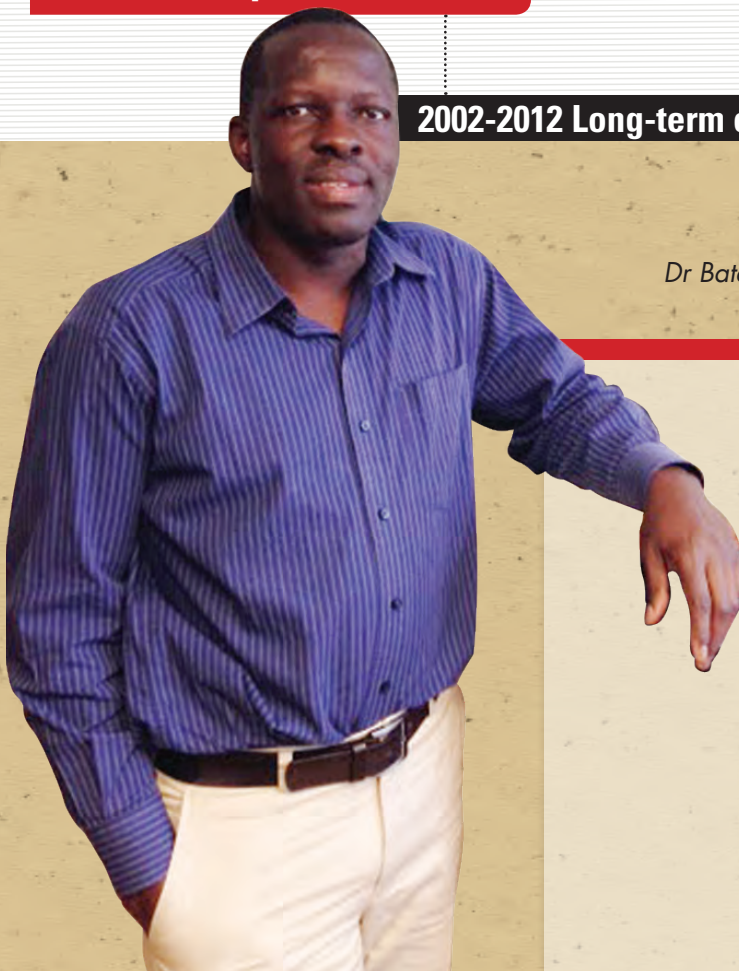
The fellows who are enrolled into the HSI programme are selected by the District Health Officer (DHO) depending on the role they play at the health facilities. “Each team is allocated a mentor at the district as well as an academic mentor. The school oriented the district mentors on their roles and responsibilities,” Dr. Gwokyalya reveals.

Fellows identify a problem at a health facility and write a proposal of what they want to do, which the school funds by up to USD2500.

Eventually, HSI will lead to the establishment of a cadre of Quality Improvement Champions all over the country. “Our goal is to train a critical mass of Quality Improvement Champions who can go back to their districts and make and institutionalize changes in public health facilities,” Dr. Gwokyalya explains. “We want these fellows to act as role models, mentor others, and lead to changes in the way service is delivered in public health facilities.”

Fellowship Case Studies

2002-2012 Long-term case study



Dr Bateganya raising the fellowship flag across the globe

Dr. Moses Bateganya, an alumnus of the fellowship programme has implemented public health programmes across the world. From Uganda, Malawi, South Africa, Guyana, to Tanzania. About two years ago, Dr Bateganya joined the HIV Care and Treatment Branch in the Centres for Disease Control and Prevention (CDC) Division of Global HIV and AIDS in Atlanta as the Team Lead, for the Care and Support Team. He supports the implementation of non-ART interventions for People Living with HIV/AIDS in PEPFAR supported countries. He also collaborates with his colleagues within CDC and other partner organizations in different countries to conduct operations research to improve the care for PLHIV. In an online interview, Dr Bateganya looks at the impact the fellowship programme has had on his career.

What prompted you to enroll for the MakSPH-CDC fellowship programme?

I had just finished my training in internal medicine (MMed) when I heard about the Makerere University School of Public Health/ CDC Fellowship programme. I wanted to make a difference. I had worked in Mulago Hospital and at Hospice Uganda at a time when ARVs were not readily available. I would admit patients with HIV, provide the best care I could but still lose them to cryptococcal meningitis, toxoplasmosis, tuberculosis, and kaposi sarcoma. So when I heard about the fellowship programme, I thought this was an opportunity to get skills, which I could use to probably save more patients.

What institution hosted you? Tell us about your experience at the host institution

I was lucky to have my placement at the Joint Clinical Research Center (JCRC), one of the largest centers in Sub Saharan Africa providing specialised HIV care. At JCRC, I was mentored by some of the leading experts in HIV care and I used this opportunity to hone my skills in treating patients with HIV. I was able to conduct research examining the role of antiretroviral therapy on sexual behavior allaying some of the concerns that starting patients on ART would lead to increased unsafe sexual practices thereby eroding decades of prevention efforts. This research was presented at the World AIDS Conference in Bangkok Thailand and published in an international peer reviewed journal.

Being a fellow and hosted at JCRC enabled me to interact with other leading experts in HIV care such as those from the Institute of Tropical Medicine, The University of California San Francisco and other research institutions in Uganda.

The fellowship empowered me with critical clinical, research and leadership skills that enabled me to contribute to fighting the HIV epidemic by conducting research, training and mentoring healthcare workers and providing leadership to programs implementing services in Uganda and other resource limited settings. These skills I got as a fellow have been instrumental in the work I have done across multiple countries.

What was your experience after you had enrolled? Was it any different from what you had experienced before at graduate school?

The fellowship programme was very enriching. The combination of didactic training (a range of topics from clinical research methods, communication) and mentorship and placement was really new to Uganda. Mentorship was a new concept to me then. The fellowship enabled us to be paired with an academic mentor (from the school of public health) and a host mentor from an institution that was implementing an HIV/AIDS programme (Host Institution). Peers in the fellowship programme and other faculty provided additional mentorship.

Lastly, what impact has the fellowship programme had on the overall health sector in Uganda?

The impact of the fellowship programme has been tremendous. It has developed a cadre of leaders in clinical care, research and programme management. Alumni of the fellowship programme have gone on to become leaders in various organizations where they have significantly contributed to the successes we have had as a country in the management of HIV/AIDS and other public health issues. Fellows have conducted and disseminated research as well as training and mentoring other healthcare workers.

2007-2012 Long-term Case Study:



Jotham Mubangizi opening doors for fellows at United Nations

One of the ways through which data is got at a faster and cost effective rate is through the use of LQAS – Lot Quality Assurance Sampling. This research methodology enables data to be got in pre-defined areas such as a health district using a small sample size. And this is one of the things Jotham Mubangizi, then an M&E officer at Uganda AIDS Information Centre learnt during his long-term fellowship programme at MakSPH.

“We used to wait for five years to get data from the behavioural surveys. With LAQS, we were able to get timely data at the district. I would probably never have learnt that if I hadn’t joined the fellowship,” Mubangizi says.

Mubangizi’s employer, the AIDS Information Centre, had been a host institution to fellows and the more he interacted with them and staff of the School of Public Health, the more he realized that he needed to enroll as a fellow at one stage. “I wanted to improve my writing skills and become a force to reckon with in M&E. I no longer wanted to be a simple M&E officer,” he says. “Since I already had a master’s degree, the fellowship was the ideal next stage for me.”

Before Mubangizi joined the fellowship, the Joint United Nations Programme on HIV/AIDS (UNAIDS) was reluctant to take on fellows, looking at them as mere volunteers.

Most UN agencies are known to prefer experts as opposed to apprentices. However, UNAIDS decided to take a gamble by allowing Mubangizi to join as a fellow.

“As the first fellow to join the UN agencies, the onus was on me to either open doors for other fellows in the future or permanently shut the door,” he says. The fact that UN agencies now willingly host MakSPH-CDC fellows as well as employing them explains the kind of effort and dedication Mubangizi put in. In fact, Mubangizi was retained after the fellowship. He is now the Strategic Information Advisor at UNAIDS.

Mubangizi doesn’t think that he would be where he is now without the fellowship. “I always tell Dr. Donna Kabatesi at CDC that the money they give the fellowship programme is worth it. You get so much out of this course,” he says.

As part of his role, Mubangizi coordinates the Joint UN Programme Support to AIDS in Uganda (JUPSA) where all UN agencies bring their resources together as one unit to support the National HIV/AIDS Strategic Plan (NSP). He is involved the AIDS Development Partners (ADP) Group where he plays an important role. The ADP brings together 28 organisations that fund HIV/AIDS activities in Uganda. “Coordinating JUPSA and ADP would not be easy if it hadn’t been of what I learnt as a fellow,” Mubangizi says, reflecting on his days at the fellowship.

Mubangizi, a Rotarian, was also the coordinator of the first National AIDS Spending Assessment (NASA),

an internationally approved methodology used to determine where HIV/AIDS money comes from and goes. “We realized that the government only contributes about 11% to the national response, which is very low,” he explains.

While he was still a fellow, Mubangizi contributed to a major development in the public health sector. The Ministry of Local Government had identified 12 districts where the quality of data was a very big challenge. As a fellow, Mubangizi decided to study two of them — Kiruhura and Kasese. “I reviewed their district HIV/AIDS plans, assessed the competencies of the staff responsible for M&E, and used LQAS to determine baseline status for various performance indicators,” he

says.

As part of his project, he empowered district councilors to go and sensitize their people on HIV/AIDS, which led to behavioural changes critical in the fight against HIV/AIDS. The capacities of health records officers and bio-statisticians were built. “In the Annual Local Government Assessment, Kasese moved from 11th position to 4th,” Mubangizi recalls.

This is said to have led to a major breakthrough — the Ministry of Local Government, Uganda AIDS Commission (UAC), and the United Nations started working together to coordinate the HIV/AIDS response.

Jane Namuddu: Succeeding by all means



While Jane Namuddu was pursuing a master’s degree in Social Policy and Development at Middlesex University in the United Kingdom, she received an email from her sister urging her to enroll for the MakSPH-CDC fellowship programme upon finishing her degree. She brushed her aside and moved on with her life.

When she returned to Uganda, her sister insisted. She still didn’t think it was worth it. When she started

working at the Development Research Training organisation, her sister was ready to pounce again. Eventually she started to see the correlation between poverty and HIV/AIDS but she was still not so keen on the fellowship. When a friend informed her about the call for applications, she decided to give it a shot.

“I left the interview room thinking that I had failed. The boardroom was full of people the majority of who were

from sciences. As somebody with an Art background, I felt that chances of my application being considered were so limited," she recalls. "However, I kept hoping and praying about it."

When she received the news that she had been accepted, Namuddu was over the moon. Before she could pop the champagne, her determination to join the fellowship programme would be put to a major test. "The United Nations Population Fund (UNFPA) offered me a job, something I had dreamed about for long. Here I was with two different offers," she recalls. "I prayed and made a decision to take on the fellowship," she adds.

Some of her friends called her mad and she didn't talk to some of them for months. In their view, she should have been admitted to Butabika Hospital for refusing to take on a dream job for a fellowship programme!

Namuddu had been used to being called "mad" for taking bold decisions. "In the UK, when you pay over BP7000 as tuition fees, most Ugandans you meet think you are wasting money instead of buying land. When you decide to return home, the number of times you are referred to as mad doubles," she explains.

And when the fellowship started, her strength would be called to question again. "The majority of fellows were doctors and statisticians and you hear scientific writing every now and then, which if you are not strong willed, you will just quit," she says. Namuddu kept thinking that if hundreds of people applied and she made it among the

ten that were eventually admitted then she would make it to the 'promised land.' Quitting would also give credence to those who called her mad.

Namuddu would end up hosted at Baylor College of Medicine Children's Foundation - Uganda at Mulago where she developed a programme for HIV Prevention in Secondary Schools in Kabarole district. "Baylor supported me with an additional UGX10m to be able to implement the programme in the district," she explains. "I implemented the programme for six months before my apprenticeship ended," she explains.

Namuddu was offered two jobs at Baylor but she turned them down. "I didn't want to re-enforce the misconception at the organization that fellows come to take people's jobs," she says.

Her work in Kaborole and overall performance during the fellowship saw her taking the first runners up spot for the Matthew Lukwiya Award. During the award ceremony, Namuddu invited some of the doubting Thomases who had questioned her decision to attend the fellowship. Their friendship and trust has now been restored.

And Namuddu is now the Research and Evidence Coordinator at the DFID-supported Expanding Social Protection Programme at the Ministry of Gender, Labour and Social Development.

2007-12 Medium-term case studies

How a fellow reduced waiting hours at TASO Jinja

Dr. Josephine Birungi, who was employed as a Medical Capacity Building Team Leader at TASO had heard the term "data quality" so many times. It just didn't end there. There was need to improve the quality of data that TASO was compiling. The school had sent a fellow to advise the organization on what to be done. The more Dr. Birungi worked with the fellow, the more she realized that she needed to enroll into the MakSPH-CDC fellowship

programme and learn first hand. With her colleague Ms Sophie Nantume, a physico-social support specialist, they applied to join.

"I knew that if I enrolled, I would gain a lot and become more competitive in continuous quality improvement," she says. Dr. Birungi is now "looked at as a guru in this area. Management looks up to me to help the organization."

At the school, Dr Birungi realized that there was enough support from everybody to ensure that the time spent is worthwhile. "The Training Manager is always asking where the problem is. By the way, to us fellows, 'where is the problem was his other name,'" Dr. Birungi says with a chuckle.

She says during the eight months of their fellowship, she implemented a project at a TASO branch in Jinja, Eastern Uganda where missing files of patients was so rampant. The Jinja TASO branch had identified this as a problem through a study conducted by the fellows. When a baseline study was conducted in three clinics, it was realized that 30% of the patients had their files missing. This had also led to long waiting hours.

"We went to Jinja with both our academic and institutional mentors, trained the staff and put a file tacking system in place. We ensured that files must go back to the records office instead of leaving them in other offices pending the writing of reports," Dr. Birungi says. "The staff had a tendency of keeping some files after a patient had left, which led to them [files] being kept in all sorts of places."

The pharmacy staff at the branch were also tasked with

recording every file of a patient that they dispensed drugs to. This was found to be very helpful because a patient could only get drugs with the file ensuring that at the end of the visit, a file remains in one place where it could be picked from for onward recording and storage.

The fellows also helped the staff at Jinja develop a flow chart, which enabled patients to know where to go from arrival. "The flow chart which is displayed at the branch significantly reduces the time patients spend at a facility because with it, they wouldn't have to queue at a wrong place," Dr Birungi says.

Dr. Birungi's career has since grown, thanks in part to the fellowship. "The knowledge I got at the fellowship has spurred my career since my work has become easy. I am more confident, which has also helped the teams that I work with," she adds. "I am now the Health Systems Strengthening Manager at TASO."

With this new role, Dr Birungi works with teams in 54 public health facilities, which include Masindi Hospital, and health facilities in the districts of Jinja, Tororo, and Manafwa.



Medium-term Fellows (CQI): 2008/09. 2nd row (L-R): Mr Joseph KB Matovu, Training Manager (1st on the left), Dr Robert Mayanja (then DHO, Rakai now Program Manager, UNEPI, Ministry of Health – 3rd from left) and Dr Christine Zirabamuzaale (Academic Mentor) on the extreme right.



Medium-term Fellows – 2009/10



Medium-term Fellows 2010/11



Medium-term Fellows: 2013

MakSPH-CDC fellow championing health changes in Amolatar District

Amolatar district, located 124km south of Lira in the Lango sub-region used to be one of the worst performing districts in Uganda. Whenever the Annual Health Sector Performance Report was released, Amolatar would usually occupy the 107th position out of 112. Everybody seemed to have given up on Amolatar, after all, it was a newly formed district.

The excuse that it was a baby and one day would be able to walk bothered some health workers. How could one proudly identify themselves as health workers in a district that was among the worst performers in the Uganda Ministry of Health District League Table? Alex Ogwal Gwom, the Amolatar District HIV/AIDS Focal Person spent sleepless nights, wondering what to do to turn his district's results around.

Then one morning, while reading the newspapers as part of his daily routine, he came across an advert that trickled his mind. The Makerere University School of Public Health (MakSPH) was calling for proposal from

individuals or groups who may be interested to be enrolled into their eight-month fellowship programme, popularly known as medium term (the long term is two years). "I had never heard about the fellowship. However, I was interested in learning more about Monitoring and Evaluation. I wanted to see how I can help my district at least become the 50th in the District League Table," Gwom recalls.

The report that was released after Gwom and his colleague, Edmond Acheka, had enrolled and started implementing what they were learning at MakSPH, Amolatar was ranked 25th. In the most recent report, it was 19th. "We have made significant progress and all that has been possible because of the fellowship," Gwom says with a broad smile on his face. And of course, Gwom is a big man in Amolatar now. He is the Assistant District Health Officer. His colleague, with who they joined the fellowship, also occupies the same office in Lira district.

Public sector Case Study. Infection Control at Rakai Hospital



Moses Walijjo

Moses Walijjo, a pharmacy technician, drug inspector, and Malaria Focal Person for Rakai District is one of the pioneer fellows of the Health Services Improvement (HIS) course. The course is offered to frontline health workers working with Health Center IVs and general hospitals. Moses and his colleagues joined the eight-month long fellowship programme in March 2014.

Prior to joining the programme, Rakai Hospital had an infection control problem especially in maternity and pediatric wards. Instead of patients getting cured, they were picking up diseases! Waste management was a problem. These problems were identified after a baseline study that Walijjo and his colleagues conducted.

In fact this problem had also been identified by the fellowship management team on a visit to Rakai hospital. "We found drip bottles that were already used and empty still on the stands, mixed with others that were dispensing drugs to patients. There was poor disposal of human waste," Dr Gwokyalya recalls.

Walijjo and his team set out to find solutions to these problems. "One of them was to train staff in infection control," Walijjo says. "We managed to set up a continuous quality improvement committee, which advises regularly on what can be done."

They realized that there were no standard operating procedures due to lack of leadership and management skills. "The beds in the wards were not properly arranged. There were no bins for garbage disposal. Patients were spending so many hours in hospital," Walijjo recalls. "We started sensitizing the patients and other clients on what to do when they come to the facility. Basically on using toilets, not littering the premises, and what to do on arrival."

Walijjo admits that what they managed to implement at the hospital didn't necessarily need a lot of money. "Most things can be done without money to improve health services delivery. We just need the skills to identify the problems, change our attitude and we are good to go," he says.

However, it is difficult to do this without the necessary training. "The fellowship empowers you with the skills to identify and take on these challenges in a very short period of time," Walijjo says. "I can prioritise. I can set targets. I can inspire my team members. Without the fellowship, you are lost on what to do."

The work that Walijjo and his team members have done in the maternity and pediatric wards in Rakai hospital have been replicated in other wards. "The beds are now arranged in a standardized way to ensure easy movement of health workers, patients, and attendants. The wards are cleaner and infections have been considerably reduced."

2012-2017 Long-term case studies

Joan Kabayambi going places thanks to the fellowship programme



Joan Kabayambi

When I turn up for the interview at the Sheraton Hotel, Joan Kabayambi first hands over her computer so I can help read through an article she is working on for an international association newsletter. "I had never published anything before I joined the fellowship," she recalls. "I have realized that writing takes you places."

The articles she has written for the past two years have enabled her travel the world. She is invited to speak about fistula all over the world. "I am also getting international contracts now," she whispers.

"How would I have managed to publish an article in an international peer-reviewed journal if I hadn't joined the fellowship?" she asks before answering herself. "I would be somewhere in Kenya or Mali managing an agricultural project — great stuff but nobody would know I exist."

Before joining the long-term fellowship programme, Kabayambi was managing an organic farming project funded by the Lutheran World Relief in Mbale. She had been offered similar jobs in Kenya and Mali but she turned them down to pursue her first love — public health.

She has since published an article in the International Journal of Tropical Disease and Health. "Prof Wanyenze and Mr. Matovu have helped me a lot to ensure that I hone my writing skills," she says. She attributes the school for enabling her publish a paper out of her MA thesis.

The said paper, "Living with obstetric fistula; perceived causes, challenges and coping strategies among women attending the fistula clinic at Mulago Hospital, Uganda", and the articles she regularly publishes in newspapers, magazines, and newsletters have seen her address delegates in New York, Washington, Manchester, Sydney, Lisbon, and Rome. "I already have four invitations for 2015. Who would have invited me to rub shoulders with international experts in public health if I hadn't joined the fellowship?" she asks again. "If I had taken the job in

Kenya, I would be doing the same old things. Good for the money but not for what I really wanted to achieve."

"Given another opportunity," Kabayambi says, "I would enroll for the fellowship again because I have realized the power of writing." She adds that some people even go to MakSPH asking to "meet 'Dr. Kabayambi'", which is inspiring her to enroll for a PhD.

A paper about the role of traditional birth attendant that she published in a local daily out of her project as part of the fellowship has now led her to an international consultancy opportunity. "I am going to supervise a consultancy project on how traditional birth attendants can be involved in community healthcare," she concludes with a broad smile.

Vincent Kiberu: Using technology to solve public health problems



Vincent Kiberu

Vincent Kiberu had a minute to spare and decided to do a Google search about health informatics. He came across a link that intrigued him. It was a call for applicants for the MakSPH-CDC fellowship programme. The more he read about the programme, the more he became interested.

"I had previously enrolled for a Monitoring and Evaluation course at Uganda Management Institute but this seemed to offer more," he recalls. "I said to myself that if I am enrolled, I would cancel the other one and concentrate on this."

Luckily, he was admitted to the programme. This was opportunity to work in the health sector though he really knew nothing about it. "I had only previously worked in information technology and I knew there was a role IT could play in public health," he says. This was the opportunity to do it.

Before joining the fellowship, Kiberu was the IT Manager at Posta Uganda. "I still had two years on my contract but I decided to leave it for the fellowship. I made the best decision."

Kiberu was placed at the Ministry of Health Resource Centre. "At first I was skeptical, because of bureaucracy in government. Prof Wanyenze encouraged me and I agreed to take up the placement."

"When I got to the MoH, I was happy because the District Health Management Information System had just been implemented so it was important that I play a part in its next development," he adds. "At MoH, I discovered a lot of things that technology can do to improve public health services delivery. I also learnt about e-health, health informatics, and telemedicine and started contributing to forums and journals," he says. "The fellowship opened up my understanding about e-health — I even learnt that there was a PhD in telemedicine!"

Kiberu has decided to pursue a career in telemedicine and the Nelson Mandela School of Medicine at the

University of KwaZulu Natal in South Africa has offered him a scholarship to pursue a PhD in the same area. "I have started on my PhD. The fellowship has prepared me well for this course," he says.

"The fellowship programme staff were always there for me. I consulted the Programme Director, Training Manager, my academic mentor Dr. Fredrick Makumbi all the time. I think I emailed or texted them everyday. I don't know how they managed not to get tired of me!" Kiberu wonders.

Kiberu has published an article in the BMC Informatics and Decision Making Journal and presented papers in Pakistan. He is working on an article that will soon be published in the Health Informatics and Medical Research Journal. "The only problem is that I denied my family sometime but I think it has been very useful and I am glad I enrolled into the programme."



DR Matthew Lukwiya Award

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

Before today's graduation (December 17, 2014), eight fellows — one per intake — have received the Dr Matthew Lukwiya Award since the fellowship programme was initiated. Below are the different recipients since 2002.

Name of fellow	Intake	Date Award Given	Awarded by
Mr. Timothy Wakabi Waiswa	March 2002-2004	April 25, 2003	Mr. Jimmy Kolker, US Ambassador to Uganda
Ms Gloria Katusiime	October 2002-2004	December 18, 2003	Mr. Sam Ngobi, Academic Registrar, Makerere University
Dr George Didi Bhoka	October 2003-2005	December 2, 2005	Prof Livingstone Luboobi, Vice Chancellor, Makerere University
Dr Stella Alamo Talisuna	October 2004-2006	January 19, 2007	Dr Emmanuel Otaala, Minister of State for Primary Health Care
Ms Evelyn Akello	October 2005-2007	March 26, 2007	Mr Andrew Chritton, Charge D'Affaires, US Embassy Kampala
Dr Alfred Geoffrey Okiria	April 2008-2010	March 26, 2010	Prof Venansious Baryamureeba, Vice Chancellor, Makerere University
Mr. Jotham Mubangizi	May 2009-2011	May 10, 2011	Dr Tadesse Wuhib, Director, CDC-Uganda
Mr. Ediau Michael	April 2010 – 2012	May 4, 2012	Dr Tadesse Wuhib, Director, CDC-Uganda
Ms Susan Babirye-Kayongo	2011-2013	March 22, 2013	Prof Mondo Kagonyera, Chancellor, Makerere University.

Highlights of the MakSPH-CDC Fellowship Programme successes

The programme has been able to achieve its core objective of training a cadre of leaders that are capable of solving the country's public health challenges. "We have contributed to the generation of the human resource that has been core over the last decade in the management of public health especially HIV/AIDS in Uganda," says Prof Serwadda

The majority of the fellows have stayed in Uganda where they manage various projects and programmes addressing the initial fears that after training, they would find lucrative jobs outside the country. Even though the fellows are qualified and prepared to take on the world, over 80% of them still work in Uganda. In fact some of the fellows have remained at MakSPH where they are at the frontline of mentoring the next fellows. "It is great that we trained people who have turned out to be star performers wherever they go," Dr Olico says

Some of the projects that fellows initiated such as MJAP have ended up becoming extremely successful. "Reach-out Mbuya ceased being a small operation in a basement of a Church house into one of the most admired organisations in the country and the world today. The person who made this happen as Executive Director is a former fellow," Dr. Kabatesi says. Others organisations like TASO have also heavily benefited from the fellowship programme

Ugandans now contribute to new knowledge worldwide by publishing articles in international peer reviewed journals. This is considered important because not so many people write and publish articles in such journals

The success of the MakSPH-CDC fellowship programme has been replicated elsewhere in Africa. Kenya, Malawi, and Botswana are countries that have learnt from what is

happening at the school and either started similar programmes or are in the process of doing so

The fact that fellows continue to resign their jobs to take on a two-year long-term course where they only get a small stipend shows the confidence Ugandans have in the programme. There is appreciation of the programme by stakeholders in the public health sector

The steering committee, mentors, and managers have led to the success of the programme considering the fact that CDC is still funding it 12 years after its inception. "People like Dr. Wanyenze, Mr. Matovu, Ms. Susan Mawemuko, and even those that were there before like Dr. Maina Wamuyu have done a great job under the leadership of Prof Serwadda and his committee," Dr. Kabagambe observes.

The organisations where the alumni eventually work have become sustainable because the training has empowered fellows with the skills needed to take organisations to the next level. "We would have closed long ago if it hadn't been the training that I got during the fellowship," admits Ogenga Peter Abwola of Children of the World Foundation. Prof Wanyenze echoes this view. "Fellows have been able to raise billions of Shillings for organisations like ChildFund and many others."

The introduction of different programmes to address the changing needs of the country has been highlighted as a key achievement of the programme. "We now have a programme to attract people from the public sector. Previously, fellows came from around Kampala and from the private sector," Dr Gwokyalya says. Such innovations and responsiveness has been key in ensuring that the fellowship programme succeeds.

PHOTOS OF LONG-TERM FELLOWS: 2002 – 2014



Fellows 2002 – 2004



Fellows October 2002- 2004



Fellows 2003 - 2005



Fellows October 2004 – 2006



Long-term Fellows 2008 – 2010



Long-term Fellows: 2009 - 11



Long-term Fellows: 2010 - 12



Long-term Fellows: 2011 – 13



Long-term Fellows: 2013/14

Pictorial













Alumni News

Long-term fellows (2002-2013)

Name of fellow	Year of enrolment	Host Institution	Current position	Current organisation of employment
Ms Jennifer Frances Bakyawa	2002	Monitor Publications	Communications Fellow	Uganda Virus Research Institute
Dr Jim Arinaitwe	2002	Uganda AIDS Commission	Global Fund Coordinator	Ministry of Health, Uganda
Ms Linda Kavuma	2002	ACP/STD Ministry of Health	Independent Consultant	
Dr Primo Madra	2002	AIDS Information Centre	National Program Officer/Emergency	UNFPA, Kampala
Mr Erasmus Otolok Tanga	2002	Hospice Uganda	Chief of Party, SPEAR Project	USAID, RTI and World Vision collaboration
Dr Christine Nabiryo	2002	TASO	Independent Consultant	
Mr Timothy Waiswa Wakabi	2002	Kitovu Mobile Home Care	M&E Officer, OHCEA Project	MakSPH
Ms Irene Kambonesa Tumuhirwe	2002	TASO	Independent Consultant, African Palliative Care Association (APCA)	
Dr Henry Barigye	2002	Mildmay Centre	Head of Department, Department of Pediatrics	Kampala International University
Dr Moses Bateganya	2002	Joint Clinical Research Centre	HIV Care & Support Team Lead, HIV Care and Treatment Branch	Division of Global HIV/AIDS, Centers for Disease Control & Prevention, Atlanta, Georgia, USA
Ms Gloria Katusiime	2002	WBS TV	Independent Consultant	
Dr Charles Mugizi	2002	National TB & Liprocy Centre	Clinical Advisor	International Center for AIDS Care and Treatment Programs (ICAP), Lesotho
Dr Gideon Amanyire	2002	Kabarole District Directorate of Health Services.	Program Manager	Makerere University Joint AIDS Program (MJAP) Mbarara area
Dr Rhoda Wanyenze	2002	Academic Alliance for AIDS Care and Prevention in Africa	Associate Professor and Program Director, MakSPH-CDC Fellowship Program	MakSPH
Cecilia Nawavvu	2002	Nsambya Home Care	Program Manager	Makerere University Joint AIDS Program (MJAP) Kampala area
Dr. Sarah Asiimwe	2003	MoH Resource Center	Independent Consultant	
Dr Enid Mbabazi Mugisha	2003	AMREF	Chief of Party, USAID REACH-U Project	MJAP, Kampala
Mr Bob Edrisa Mutebi	2003	CBS FM	Public HIV Health Specialist	State of California, USA
Dr. Hizaamu Rhama-dhan	2003	Jinja district directorate of health services	Executive Director	Harnessing Indigenous Potentials – Africa, Uganda
Mr. Ibrahim Musa Lutalo	2003	THETA	M&E Technical Advisor	MakSPH
Ms Joan Mugenzi	2003	World Vision	Health & HIV M&E Specialist	World Vision International, East Africa region
Ms Juliet Kanyesigye	2003	UWESO	Research Fellow	Center for Basic Research, Kampala, Uganda
Mr Robert Kamoga	2003	MUK-IPH	Independent Consultant	
Dr George Didi Bhoka	2003	AIM-West Nile	Country Director	AMREF, South Sudan



Name of fellow	Year of enrolment	Host Institution	Current position	Current organisation of employment
Ms Sharon Ajedra	2004	International Rescue Committee	Community-based Treatment Services Advisor	Institute of Human Virology of the University of Maryland, School of Medicine Program
Dr Vincent Bagambe Kamishani	2004	UPDF	Quality Assurance Manager, Global Fund	Ministry of Health, Uganda
Dr Edrine Namayanja Kamugisha	2004	Straight Talk Foundation	Deputy Chief of Party, US-AID REACH-U Project	MJAP Kampala
Dr Solome Nampewo	2004	Kabarole District Directorate of Health Services.	Independent Consultant	
Dr Nkoyooyo Abdallah	2004	TASO	Director of Programs and Planning	AIDS Information Center
Dr Innocent Bright Nuwagira	2004	Uganda AIDS Commission	Medical Officer, Monitoring and Evaluation, Inter-country Support Team for East and Southern Africa	World Health Organization Regional Office for Africa, Harare, Zimbabwe
Mrs Julianne Etima-Ongom	2004	(MU-JHU).	Deputy Director, Programs	Makerere University Johns Hopkins Research Collaboration
Mrs Esther Nabukeera Sempira	2004	Ministry of Gender, Labour and Social Development	Deputy Director, STARE LQAS Project	Management Sciences for Health, Uganda
Mr Elly Ssebyatika	2004	St. Francis Hospital Nsambya	M&E Advisor	Medical Access Uganda Ltd
Dr Stella Alamo - Talisuna	2004	Reach out Mbuya	Prevention Branch Chief	CDC Uganda
Mrs Penninah Kyoyagala-Tomusange	2004	Uganda Red Cross	National Program Officer (Mbarara Office)	UNFPA
DR. Francis Mulekya Bwambale	2005	Action for Children (AFC)	M&E Technical Advisor, META Project	MakSPH
Gorretti Kizza	2005	African Children Initiative (HACI)	Independent Consultant	
Emmy Muramuzi Bangizi	2005	Islamic Medical Association of Uganda (IMAU).	Independent Consultant	
Sheila Byiringiro Gashishiri	2005	Jinja district directorate of health services	Communications Associate	World Bank Country Office, Uganda
Proscovia Miria Nabasinga	2005	Mildmay Centre	Specialist, Database Management	STARE LQAS Project, Management Sciences for Health, Kampala, Uganda
Robert Kitembo	2005	Mulago-Mbarara Joint AIDS Program (MJAP)	Lecturer	Nkumba University
Anne Nakinsige	2005	Nile Breweries	Team Leader/M&E Focal Person, Jinja Regional Performance Monitoring Team	Ministry of Health, Uganda
Evelyn Akello	2005	Rakai district directorate of health services.	Project Manager, META Project	MakSPH
Kellen Namusisi	2005	Uganda National Health User/consumers Organisation (UN-HCO)	Monitoring & Evaluation Specialist	Center for Tobacco Control in Africa
Flavia Nakayima	2005	World Vision	Director Learning, Monitoring and Evaluation	Harnessing Indigenous Potentials – Africa, Uganda
Milly Nattimba	2008	MakSPH	Communications Officer	Makerere University College of Health Sciences

Name of fellow	Year of enrolment	Host Institution	Current position	Current organisation of employment
Dr. Okiria Alfred Geofrey	2008	Reach out Mbuya	Strategic Information Project Director	IntraHealth International Inc., South Sudan
Agiresaasi Apophia	2008	Parliament of Uganda	Independent Consultant	
Mary Dutki	2008	PREFA	Independent Consultant	
Masaba David Wanalobi	2008	Reach out Mbuya	Regional Advocacy and Community Empowerment Officer - Eastern	USAID/PATH-Advocacy for Better Health
Proscovia Namuwenge	2008	AIDS Information Centre	Independent Consultant	
Rose Baryamutuma	2008	Uganda Protestant Medical Bureau (UPMB)	M&E Technical Advisor, META Project	MakSPH
Kyampaire Apophia Kareen	2008	Baylor Uganda	Nutrition Program Manager	Baylor Uganda
Merian Natukwatsa Musinguzi	2008	Child Fund	Monitoring & Evaluation Specialist	Uganda Network of AIDS Service Organizations
Ayub Kakaire Kirunda	2009	Uganda National Communication Alliance/Health Communication Partnership	Communications Officer, Future Health Systems Research Consortium	MakSPH
Eric Tabusibwa	2009	TASO	Short-term Consultant, Liverpool Associates in Tropical Health (LATH)	STAR-E IQAS Project, Management Sciences for Health
Ms. Solome Mukwaya	2009	Makerere University Walter Reed Project(MUWRP)	Research Consultant	African Centre for Global Health and Social Transformation (ACHEST), Kampala
Mr. Mubangizi Jotham	2009	UNAIDS	Strategic Information Advisor	UNAIDS Country Office, Uganda
Okalo Paul	2009	MUJHU	M&E Advisor	MJAP, Kampala
Kajja Victoria	2009	Uganda National Health User/consumers Organisation (UN-HCO)	Program Manager	Partners for Health Initiative, Kampala, Uganda
Scarlet Mubokyi	2009	Baylor Uganda	Independent Consultant	
Florence Kebirungi	2009	Communication for Development Foundation Uganda.	Senior Training Officer	Ministry of Health, Uganda
Medard Kiheemu Muhwezi	2009	Uganda Red Cross	Independent Consultant	
Florence Tushemerirwe	2009	Rakai Health Sciences Program	Assistant Lecturer	MakSPH
Ediau Micheal	2010	Child Fund	Independent Consultant	
Dr. Kivumbi Mayanja Rebecca	2010	Ministry of Health (MoH)	Independent Consultant	
Joseph Abisa	2010	STAR-E Project	Research Officer	SNV Uganda
Sam Ocen Fortunate	2010	Uganda Red Cross	Monitoring and Evaluation Officer, RAC USAID Project	Reproductive Health Uganda
Namuddu Jane	2010	Baylor Uganda	Research and Evidence Coordinator, Expanding Social Protection in Uganda	Ministry of Gender, Labor and Social Development
Maria Kwesiga	2010	Mildmay Centre	Research Consultant	Uganda HIV/AIDS Knowledge Management and Communications Capacity Building Initiative (KMCC)



Name of fellow	Year of enrolment	Host Institution	Current position	Current organisation of employment
Awekofua Gilbert	2010	Health Communication Partnership/Center for Communications Programs	Independent Consultant	
Lillian Ayebale	2010	SPEAR Project	PMTCT/ART Consultant	Uganda Health Marketing Group
Irene Edith Nabusoba	2010	UNAIDS	Public Relations Executive	Cipla Quality Chemical Industries, Kampala, Uganda
Luyiga Faridah Mwanje	2011	Communication for Development Foundation Uganda.	Communications Officer	White Ribbon Alliance - Uganda
Dr. Peter Mukobi	2011	Uganda AIDS Commission	Director	Mubende Regional Referral Hospital
Dr. Komakech Patrick	2011	UNFPA	Public Health Specialist - PMTCT	CDC Uganda
Dr. Gertrude Kalema Namazzi	2011	MANEST, Iganga/Mayuge district	Research Coordinator, Maternal & Newborn Survival Study (MANEST)	MakSPH
Nakku Sarah	2011	UNAIDS	Program Analyst – HIV, Health & Development	United Nations Development Program (UNDP), Uganda
Babirye Susan	2011	Family Health International – FHI 360.	Project Coordinator, Priority for Local AIDS Control Efforts (PLACE) Project	MakSPH
Kwikiriza Maureen	2011	PREFA	PMTCT Program Officer, SUSTAIN Project	University Research Co., LLC
Bizimana Abel	2011		District Health Educator & Focal Person for Safe Male Circumcision, PMTCT and VHT	Kisoro District Local Government

NUMBER OF MEDIUM-TERM FELLOWS ENROLLED BETWEEN 2008 – 2014

Year of intake	Monitoring and Evaluation (M&E) Track	Continuous Quality Improvement (CQI) Track	Health Services Improvement (HIS) Track	Total
2008/09	13	22	-	35
2009/10	18	15	-	33
2010/11	11	12	-	23
2011/12	15	14	-	29
2013	31	14	-	45
2014	-	-	42	42
Total	87	73	42	207

Overall, 207 Medium-term Fellows were enrolled between 2008 and 2014. Of these, 87 were enrolled for the M&E track, 73 for the CQI track and 42 for the HIS course. For further details about the programme including access to report from fellows, visit our website; www.musphcdc.ac.ug

Publications

1. Bateganya M, Colfax G, Shafer LA, Kityo C, Mugenyi P, Serwadda D, Mayanja H, and Bangsberg D. Antiretroviral Therapy and Sexual Behavior - A Comparative Study Between Antiretroviral Naïve and Experienced Patients at an Urban HIV/AIDS Care and Research Center in Kampala, Uganda. *AIDS Patient Care and STDs* 2005; 19(11):760-8.
2. Wanyenze R, Kanya M, Liechty CA, Ronald A, Guzman DJ, et al. HIV counseling and testing practices at an urban hospital in Kampala, Uganda. *AIDS Behav* 2006; 10(4):361-7.
3. Wanyenze RK; Nawavvu C; Namale AS; Mayanja B; Bunnell R; et al.. Acceptability of routine HIV testing and counseling and HIV seroprevalence in two large Ugandan hospitals. *Bull World Health Organ* 2008; 86(4):302-9.
4. Baryamutuma R, Baingana F. Sexual, reproductive health needs and rights of young people with perinatally Acquired HIV in Uganda. *Afr Health Sciences* 2011; 11(2): 211-218
5. Matovu JK, Wanyenze RK, Mawemuko S, et al. Building capacity for HIV/AIDS program leadership and management in Uganda through mentored Fellowships. *Glob Health Act* 2011; 4: 5815
6. Namuwenge PM, Mukonzo JK, Kiwanuka N, Wanyenze N, Byaruhanga R, Bissell K, Zachariah R. Loss to follow up from isoniazid preventive therapy among adults attending HIV voluntary counseling and testing sites in Uganda. *Transactions of the Royal Society of Tropical Medicine & Hygiene* 2012; 106: 84-89
7. Michael Ediau, Rhoda K Wanyenze, Simba Machingaidze, George Otim, Alex Olwedo, Robert Iriso, Nazarius M Tumwesigye. Trends in antenatal care attendance and health facility delivery following community and health facility systems strengthening interventions in Northern Uganda. *BMC Pregnancy and Childbirth* 2013, 13:189
8. Gertrude Namazzi, Kiwanuka Suzanne N, Waiswa Peter, Bua John, Okui Olico, Hyder Adnan A, Ekirapa Kiracho Elizabeth. Stakeholder analysis for a maternal and newborn health project in Eastern Uganda. *BMC Pregnancy and Childbirth* 2013; 13:58
9. Ediau M, Babiye JN, Tumwesigye NM, Matovu JK, Machingaidze S, et al. Community knowledge and perceptions about indoor residual spraying for malaria prevention in Soroti district, Uganda: a cross-sectional study. *Malar J.* 2013; 12:170.
10. Matovu JK, Wanyenze RK, Mawemuko S, Okui O, Bazeyo W, Serwadda D. Strengthening health workforce capacity through work-based training. *BMC Int Health Hum Rights* 2013; 13(1):8
11. Kiberu VM, Matovu JK, et al. Strengthening District-based Health Reporting through the District Health Management Information Software System: The Ugandan Experience. *BMC Medical Informatics and Decision Making* 2014; 14:40
12. Nabukenya AM, Matovu JK, et al. Health-related quality of life in epilepsy patients receiving anti-epileptic drugs at National Referral Hospitals in Uganda: a cross-sectional study. *Health and Quality of Life Outcomes* 2014; 12:49
13. Kabayambi J, Barageine JK, Matovu JK, et al. Living with Obstetric Fistula: Perceived Causes, Challenges and Coping Strategies among Women Attending the Fistula Clinic at Mulago Hospital, Uganda. *Int J TROPICAL DISEASE & Health* 2014; 4(3): 352-361
14. Lillian Ayebale, Lynn Atuyambe, William Bazeyo, Erasmus Otolok Tanga HIV risk sexual behaviors among teachers in Uganda. *J Public Health Africa* 2014; 5:350
15. Ahumuza SE, Matovu JK, Ddamulira JB, Muhanguzi FK. Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda. *Reprod Health* 2014; 11(1):59
16. Ediau M, Matovu JK, Byaruhanga R, Tumwesigye NM, Wanyenze RK Risk factors for HIV infection among circumcised men in Uganda: a case-control study. *J Int AIDS Soc* 2014, 17:19312



Conference presentations

Between 2002 and 2014, over 400 conference presentations were made at national and international conferences. Some of the presentations made by Fellows at recent conferences include:

1. Lwanga F, et al. A high prevalence of stunting among HIV-Infected children and adolescents enrolled into an HIV-chronic care program in Western Uganda. Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 29-30, 2014.
2. Lwanga F, et al. Nutritional status of HIV-infected adolescents enrolled into an HIV-care program in urban and rural Uganda; a cross-sectional study. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
3. Lwanga F, et al. Food security & nutritional status of children residing in sugarcane growing communities of Jinja district. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
4. Ahumuza SE, et al. Providing alternative income generating activities as an approach to re-integrate sex workers with their families: Experience of AIDS Information Center. Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 29-30, 2014.
5. Ahumuza SE, et al. Challenges encountered in providing integrated HIV, Antenatal and Post-natal care services in Uganda: A case study of Katakwi and Mubende districts. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
6. Ahumuza SE, et al. Risky sexual behaviors among adolescents attending HCT at AIDS Information Centre in post conflict Northern Uganda: Lessons for strengthening HIV interventions. Oral presentation at the 7th National Pediatric HIV and AIDS Conference, Kampala, Uganda: October 1-3, 2014
7. Alege GS, et al. Supporting the private sector to deliver quality HIV counseling and testing services to key populations in Kampala. Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 29-30, 2014
8. Alege GS, et al. Linking key populations to HCT services using mobile phone Short Messaging Service (SMS) platform. Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 29-30, 2014.
9. Alege GS, et al. Knowledge, sources and use of family planning methods among women of reproductive age in Uganda. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
10. Alege GS, et al. Linking key populations to HIV Care services in Kampala City, Uganda. Oral presentation at the 9th International Conference on HIV Treatment and Prevention Adherence. Miami, USA: June 8-10, 2014.
11. Nabukenya AM, et al. Opt-out cervical cancer screening increases coverage of cervical cancer screening in the HIV clinical care settings: Experiences from Mildmay Uganda. Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 29-30, 2014.
12. Nabukenya AM, et al. Opt-out cervical cancer screening increases coverage of cervical cancer screening in the HIV clinical care settings: Experiences from Mildmay Uganda. Oral presentation at the 1st international conference on Health Services Research: Evidence-based Practice. London, UK: July 1-3, 2014
13. Kiberu Vincent, et al. Strengthening District-based Health Reporting through the District Health Management Information Software System: The Ugandan Experience. Oral presenta-

- tion at One Health Conference, Ethiopia: September 2013.
14. Kiberu Vincent, et al. Mobile Track reporting on replenishment of depleted Artemisinin Combination-based Therapy stocks at Health Facilities in Uganda. A retrospective review. Oral Presentation at 11th International Conference on Urban Health, Manchester United Kingdom: March 4-7th, 2014.
 15. Kiberu Vincent, et al. Data Sharing and Utilization of DHIS2 at Health Center IVs in Luwero District: Knowledge, Attitude and Practice, and Challenges. Oral presentation at the 10th Annual Scientific Conference organized by the Makerere University School of Public Health & UNACOH, Kampala, Uganda: September 24- 26, 2014.
 16. Kiberu Vincent, et al. Using technology in the Management of Diabetic conditions in Uganda. Poster exhibition at the MoH Quality of Improvement Conference, Kampala, Uganda: May 2014
 17. Elizabeth Margret Asimwe, et al. Empowering Village Health Teams a value addition to health service delivery in resource limited settings; case study of Kiboga and Kyankwanzi Districts. Poster exhibition at the Joint annual Scientific Health Conference. Kampala, Uganda: Sept 11-13th 2013
 18. Elizabeth Margret Asimwe & Joseph K.B Matovu. Increasing access to treatment for malaria, diarrhea and respiratory tract infections for children in remote districts in Uganda. Poster exhibition at the 8th World Congress on Pediatric Infectious Diseases in Cape Town, South Africa: November 19-22, 2013
 19. Elizabeth Margret Asimwe, et al. Lessons from implementing Prevention of Mother to Child Transmission of HIV Jinja District, Uganda. Poster exhibition at ICASA, Cape Town, South Africa: 7th – 11th December 2013.
 20. Elizabeth Margret Asimwe, et al. Implementing Prevention of Mother to Child Transmission of HIV in a decentralized setting of Jinja District, Uganda: a case for policy review. Oral presentation at the 6th Africa Conference on Sexual Health and Rights. Cameroon: February 2-7, 2014
 21. Elizabeth Margret Asimwe, et al. Implementation of Prevention of Mother-to-Child Transmission of HIV Program in Jinja District, Uganda: successes, missed opportunities and lessons learned. Oral presentation Joint Annual Scientific Health Conference, Kampala, Uganda: Sept 24-26, 2014
 22. Elizabeth Margret Asimwe et al. Uganda: which direction are we heading? The escalating prevalence of sexually transmitted infections. Oral presentation. Las Vegas USA. 2nd STI, STD & HIV Conference: October 27-29, 2014.
 23. Owor Odoi M, et al. Use of Family Planning during the Extended Post-partum Period by Women of Reproductive Age in Eastern Uganda: a Cross-sectional study. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
 24. Owor Odoi M, et al. A comparison of district performance with in the Early Infant Diagnosis Cascade in the Rwenzori Region: a Cohort analysis. Oral presentation at the 7th National Pediatric HIV and AIDS Conference, Kampala, Uganda: October 1-3, 2014
 25. Kasusse M, et al. Effectiveness of the credit-line approach in supporting the functioning of CD4 equipment in Northern Uganda. Oral presentation at the 10th Joint Annual Scientific Health Conference of Makerere University College of Health Sciences, Kampala, Uganda: September 24-26, 2014
 26. Kasusse M, et al. Using GSM Technology in Expanding EID of Birth Defects to Attract National Prevention and Care Programs in Uganda". Oral presentation at the 6th International Conference on Birth Defects and Disabilities in the Developing World, Cebu, Philippines: November 10-13, 2013
 27. Joan Kabayambi , et al. Burden, perceived caused and coping mechanism of obstetric fistula women attend VVF clinic in Mulago Hospital Uganda . Oral presentation at the 15th Annual Scientific Conference of the Uganda Society for Health Scientists, Kampala, Uganda: May 30th – 31st, 2013.
 28. Joan Kabayambi, et al. "Coping mechanism of obstetric fistula women in Mulago Hospital Uganda" Oral presentation at the 10th Joint Annual Scientific Health conference, Kampala,



Uganda: September 11th -13th , 2013.

29. Joan Kabayambi, et al. Coping mechanisms of obstetric fistula in Uganda" Oral presentation at the International Conference on Urban Health, Manchester University, UK: March 4-7, 2014
30. Joan Kabayambi & Joseph KB Matovu. Obstetric Fistula as a Human Rights Challenge in sub-Saharan Africa. Experiences from Uganda. Oral presentation at the ACODEV 10th Anniversary Symposium on Health, Kampala, Uganda: 18th July 2014
31. Joan Kabayambi, et al. Experience of reintegration of fistula repaired women in central Uganda: A community participatory approach. Oral presentation at the International Society of Fistula surgeon conference, Kampala, Uganda: 27-31 October 2014.
32. Joan Kabayambi, et al. Documenting maternal death review recommendations: the implementation, challenges and lessons from six government health facilities in Uganda. Oral presentation at the ECSAOGs Conference, Kampala, Uganda: 27th October 2014
33. Nakanwagi S, et al. Peer-led psychosocial clubs: A strategy to improved adherence and school attendance in a comprehensive community based OVC program. Oral presentation at the 5th Biennial conference held in Kampala, Uganda: August 29-30, 2013.
34. Nakanwagi S, et al. Achieving zero mother-to-child transmission of HIV through community based approaches using mother to mother supporters: Reach out experience. Oral presentation at the STD-AIDS conference, Orlando, Florida: October 24-25, 2013
35. Nakanwagi S, et al. Combined approaches for improving linkage and retention in HIV care for the urban poor in the slum areas of Kampala, Uganda. Poster exhibition at the 20th International AIDS Conference, Melbourne, Australia: July 20-25, 2014.
36. Daniel Mwanja Mumpe, et al. Risk factors for TB infection among adolescents in a rural community in Iganga district, Uganda. Oral presentation at the 4th TB conference due in Durban, South Africa: June 10-13, 2014
37. Mugumya R, et al. Antenatal Care Attendance and Health Facility Delivery among HIV-Positive Women: a Cross-sectional Survey among Clients at HIV Clinics in Uganda". Oral presentation at the International Conference on Urban Health in Manchester, UK: March 4th-7th 2014
38. David R. Walugembe, et al. Engaging media in knowledge translation: experiences in packaging and communicating research evidence. Oral presentation at the Global Health Symposium, Cape Town, South Africa: 30 September-3 October 2014
39. David R. Walugembe, et al. Do Media Have the Capacity to Influence Health Policy Making? Findings from a Multi-Country Cross Sectional Survey in sub-Saharan Africa. Oral/poster presentation at the Global Health Symposium, Cape Town, South Africa: 30 September-3 October 2014
40. David R. Walugembe, et al. Evidence based interventions to mitigate teenage pregnancies among low and middle income countries: a review of literature. Oral presentation at the National Symposium for safe motherhood organized by Ministry of Health, Kampala, Uganda: 5th November 2013.
41. David R. Walugembe, et al. Building Communities of Practice for Effective and Sustainable Health Systems Knowledge Translation: the Knowledge Translation Network (KNet) Africa Approach. Oral/poster presentation at the The Network: Towards Unity for Health Conference, Ayutthaya Thailand: 15-22nd November 2013.
42. Bizimana A, et al. Status of the quality of delivery and newborn care in public hospitals in Uganda: A case study of Mityana hospital. Oral presentation at the Global Maternal Health Conference, Arusha, Tanzania: January 2013
43. Mukobi P, Karyabakabo Z, Matovu JK, Wanyenze R. Community and Service providers perspectives of male involvement in PMTCT in Uganda. Oral presentation at the One Health Conference, Kampala, Uganda: February 14-16, 2013
44. Namazzi G, et al. Stakeholder Analysis for a Maternal and Newborn Health Project in Eastern Uganda. Oral presentation at the Second Global Health System Research Symposium, Beijing, China: 30th October to 3rd November 2012.
45. Kwikiriza M, Ayebare R, Waiswa G, Engwau F, Serukka D. Early Infant Diagnosis, an oppor-

- tunity 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, Kampala, Uganda: 12th – 14th September 2012
46. Nakku S et al. Cultural Norms, Values and Practices that Impact on Maternal Health: A case study of Buganda Region. Oral presentation at the 8th Annual Scientific Conference, Kampala – Uganda: 27th September 2012
 47. Bizimana A, et al. Status of Maternal and Newborn care In Public Hospitals: A case of Mityana Hospital. Poster presentation at the 6th National Paediatric HIV/AIDS Conference, Kampala, Uganda: 12th-14th September 2012.
 48. Komakech P, Kindyomunda R, Ochan W. 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, Kampala, Uganda. 26th – 28th September 2012.
 49. Komakech P, Kindyomunda R, Ochan W. 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, Kampala, Uganda: 26th – 28th September 2012.
 50. Namazzi G, Andrew Mbewe, Paul Bloem, Ahmad Khalid, Fannie Kachale, Hailemariam Legresse, Istiaq Mannan, Annah Wamae, Severin von Xylander, Joy Lawn. Policy to action: Home visit package and human resource management. Oral presentation made at the WHO meeting, Geneva, Switzerland: 8th – 10th, February 2012.
 51. Kivumbi RM, et al. Quality and range of HIV services in health units in the central district of Uganda. Presented at the 6th International AIDS Society Conference, Rome, Italy: July 17-20, 2011.
 52. Madraa P, Kibuule HRK, Ayebale L, Atuyambe L, et al. Knowledge levels and HIV preventive behaviours of teachers and education sector employees in Uganda. Presented at the International Seminar on Evidence-based Interventions for Reproductive Health and HIV. Bali Indonesia: June 25, 2011.
 53. Namuddu J, Sebuuma F, Asimwe A, Tukei V, et al. Adolescents Perception of the Peer Support Program at Baylor- Uganda. Oral Presentation at the 12th Annual Uganda Society for Health Scientists USHS scientific conference: June 16 -17, 2011
 54. Muhangi J, Kwesiga M, Achan J. Effect of counselling sessions and number of clinic visits on adherence among clients attending Mildmay HIV care clinic. Presented at Uganda Society for Health Scientists 12th Annual Scientific Conference, Kampala, Uganda: June 16-17, 2011.
 55. Kivumbi RM, et al. PMTCT services in private for profit health units in Wakiso district. Presented at Uganda Society for Health Scientists 12th Annual Scientific Conference, Kampala, Uganda: June 16-17, 2011.
 56. 56. Ayebale L, Atuyambe L, Bazeyo W, Tanga EO. Access to HIV/AIDS prevention and care services to teachers and education sector employees in Uganda. Presented at Uganda Society for Health Scientists 12th Annual Scientific Conference, Kampala, Uganda: June 16-17, 2011.
 57. Kwesiga M. Knowledge, Attitudes and Acceptability of Caregivers and their HIV Positive Daughters of the HPV Vaccine at Mildmay. Presented at Uganda Society for Health Scientists 12th Annual Scientific Conference, Kampala, Uganda: June 16-17, 2011.
 58. Abisa J, et al. Using LOAS for Strengthening District M&E Systems in Uganda. Presented at the 3rd Data Use Workshop, Kampala, Uganda: June 14 -16, 2011
 59. Abisa J, et al. Knowledge of HIV/AIDS Transmission, Prevention, Treatment and Sexual Behaviour among PLWHA in Eastern Uganda. Presented at the Gulu University 1st Annual HIV/AIDS Conference, Gulu, Uganda: May 31 –June 2, 2011
 60. Namuddu J, Sebuuma F, Asimwe A, Tukei V, et al. Adolescents Perception of the Peer Support Program at Baylor- Uganda. Accepted for Poster Presentation at the 13th BIPAI Network meeting in Lesotho: May 8-14, 2011
 61. Atuyambe L, Ediau M, Orach CG, Musenero M, Bazeyo W. Land Slide Disaster in Eastern Uganda: Rapid Assessment of Water, Sanitation and Hygiene Situation in Bulucheke Camp, Bududa



- District. Presented at the Makerere University School of Public Health (Uganda) & Institute of Tropical Medicine (Belgium) Master of Public Health Programs Alumni Symposium & One Health Scientific meeting, Hotel Africana, Kampala: March 11-12, 2011.
62. Mukwaya S, Breda M, Magala F. Improving access to health services in resource constrained settings through People Living with HIV and AIDS. Oral Presentation at the 13th Annual Scientific Conference (ASCON XIII) Theme: Science to Accelerate Universal Health Coverage, ICDDR,B, Dhaka, Bangladesh: March 14-17, 2011.
 63. Babirye-Kayongo S. 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.
 64. Babirye-Kayongo S. 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.
 65. Namazzi G, P. Waiswa, S. Peterson, K. Kallander, S. Namusoko, S. Namutamba, J. Kalungi, R. Byaruhanga, M. Nakakeeto, G. Pariyo, H. Sengendo. Strengthening Health Facilities for Maternal Newborn Care: A Case study of Iganga/Mayuge Districts. Oral presentation during the scientific conference of the Association of Obstetricians and Gynaecologists of Uganda (AOGU), Kampala, Uganda: 25th – 26th August 2011.
 66. Ediau M, Babirye J, Waiswa P, Tumwesigye NM. Community Knowledge and Perceptions about Indoor Residual Spraying in Soroti district, Uganda. Presented at the 6th Global Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) scientific conference, Cape Town, South Africa: December 13-17, 2010
 67. Ayebale A, Atuyambe L, Bazeyo W, Tanga EO. Determinants of non-disclosure of HIV status of young people in schools. Oral presentation at the 2nd conference of Young African Statisticians. Durban, South Africa: December 1-3, 2010
 68. Ocen SF. The implication of testing HIV positive on sexual behaviour among young positives in Uganda. Presented at the Young Statisticians Conference, Pretoria, South Africa: December 1-3, 2010.
 69. Namuddu J, Ndagire H, Ssuuna C, et al. Extending Voluntary HIV Counseling and Testing Services to OVC dwelling Places; An Experience of Baylor-Uganda. Presented at the 4th Annual Pediatric HIV/AIDS conference, Kampala, Uganda: September 28-30, 2010
 70. Kivumbi RM, et al. Prevalence causes and immediate outcome of non-traumatic coma among children admitted to the acute care unit of Mulago hospital. Presented at the CUGH conference, Seattle, Washington DC, USA: September 19-21, 2010.
 71. Ocen SF. The role of the young positives in the HIV and AIDS response. Presented at the XVIII International HIV and AIDS Conference, Vienna, Austria: July 18-23, 2010.
 72. Ediau M, Babirye J, Waiswa P, Tumwesigye NM. Community Knowledge and Perceptions about Indoor Residual Spraying in Soroti district, Uganda. Presented at the Uganda Society of Health Scientists 11th Annual Scientific Conference, Imperial Royale Hotel, Kampala: June 16-18 June 2010.
 73. Kakaire AK. Media Role in Covering Health Policy. Oral presentation at the 1st Uganda Health Journalism Conference: November 24, 2010
 74. Kajja V. Emerging Voices; Research priorities to boost Universal Health Care. Oral Presentation at the Institute of Tropical Medicine, 52nd Annual Colloquium, Antwerp, Belgium: November 8-9, 2010.
 75. Kajja V. Evidence based interventions to support Young People Living with HIV/AIDS. Oral Presentation at the 1st Global Symposium on Health Systems Research 2010, Montreux, Switzerland: November 16-19, 2010.
 76. Kakaire AK. Media Role in HIV Stigma Reduction; Perspectives from Uganda. Oral presentation at the 1st Challenging Stigma Conference, University of Cape Coast, Ghana: October 20, 2010
 77. Okalo P. Children thrive in families: Providing a family based continuum of paediatric HIV care, lessons learnt from MUJHU Care. Oral presentation at the 4th Annual Paediatric

- HIV/AIDS Conference, Kampala: September 28-30, 2010
78. Kakaire AK. Communicating research findings through the media; the Panos Relay approach. Oral presentation at the joint 6th annual scientific conference of Makerere University College of Health Sciences and 18th UNACOH annual scientific conference, Kampala, Uganda: September 22-24, 2010
 79. Mukwaya S, Breda M, Magala F. Prevention of HIV Transmission among Discordant Couples: A Case-Study of the Kayunga District Discordant Couples Support Network Strategy. Oral Presentation at the Annual scientific conference of the College of health sciences / UNACOH and the 9th Mathew Lukwiya Memorial Lecture, Kampala, Uganda: September 22-24, 2010.
 80. Mukwaya S, Breda M, Magala F. Strengthening Service Delivery in Resource Constrained Settings through People Living with HIV and AIDS; Experiences from Health Centers in Kayunga District. Oral Presentation at the Annual scientific conference of the College of health sciences / UNACOH and the 9th Mathew Lukwiya Memorial Lecture, Kampala, Uganda: September 22-24, 2010
 81. Kihemu MM. Utilizing People Living with HIV (PLHIV) as Care Givers in a Home Based Care Program in a Post Conflict Setting. Oral presentation at the 11th Annual Scientific Conference, Uganda Society for Health Scientists, Kampala, Uganda: June 17-18, 2010
 82. Okalo P. Participation of patients in shaping their healthcare agenda: Lessons learnt from MUJHU Care. Oral presentation at the 11th Annual Scientific Conference, Uganda Society for Health Scientists, Kampala, Uganda: June 17-18, 2010.
 83. Mubokyi S. Validity of the revised new WHO paediatric clinical staging in predicting severe immune suppression in the HIV-infected children in Kampala. Poster presented at the 11th Annual Scientific Conference, Uganda Society for Health Scientists, Kampala, Uganda: June 17-18, 2010.

Staff profiles of MakSPH–CDC Staff



Prof David Serwadda, Principal Investigator

David Serwadda, MBChB, MMed, MPH has more than 23 years experience working in the field of evaluating population based HIV prevention, care and treatment interventions. He is a Professor of infectious diseases in the department of Disease Control & Environmental Health, Makerere University School of Public Health and the former Dean of the School for seven years as well as Executive Director of Rakai Health Science Program, (RHSP), for the last 18 years. In this role, Professor Serwadda has been involved in the design, implementation and analysis of population based HIV interventions in a rural district in Rakai, Uganda. He is a founding member of the Makerere University School of Public Health Fellowship Program and the Principal Investigator, a role he has held since its inception in 2002.

He serves on a number of drug safety monitoring Boards and Clinical Trials Boards. A member of the *Wellcome* Trust funding committee and a Board member of health systems trust, he was commissioner on the landmark publication by **Lancet** on; *Health Professionals for a new century; transforming education to strengthen health systems in an interdependent world*, 2010 and co-chair of the Institute of Medicine Report 2010.

Professor Serwadda received his medical degree, MB.ChB and Masters in Internal Medicine MMed from Makerere University and an MPH and honorary doctorate from Johns Hopkins Bloomberg School of Public Health. He has been inducted as a member of the Johns Hopkins University society of scholars and also a Member of the Institute of Medicine, Washington.

Mob: +256772769089, Email: dserwada@imul.com



Dr. Rhoda Wanyenze, Programm Director

Dr. Rhoda Wanyenze (MBChB, MPH, PhD), is an Associate Professor in the Department of Disease Control and Environmental Health, at Makerere University School of Public Health, and the Program Director MakSPH-CDC Fellowship. Rhoda, an alumnus of the MakSPH-CDC Fellowship, has wide experience in public health including research, teaching, clinical, program management, and policy development. Rhoda was the founder Program Manager for the Makerere University Joint AIDS Program (MJAP), a position she held for four years, before joining Makerere University School of Public Health in 2008. Her field of interest is infectious diseases (HIV and Tuberculosis), maternal and child health. Over the last 12 years, she has conducted various studies and has published widely in this field. Rhoda has also served on Boards of various Institutions and is a Board Member for The AIDS Support Organization (TASO), Uganda Health Marketing Group (UHMG), and Development Initiatives International (DII), among other professional engagements.

Mob: +256772419762 Email; rwanyenze@musph.ac.ug



Mr Joseph KB Matovu, Training Manager

Mr Joseph KB Matovu [BA (SWSA, MHS)] is the Training Manager for the Makerere University School of Public Health (MakSPH)-CDC Fellowship Program (2008 to-date) and an Honorary Lecturer (2011 to-date) in the Department of Community Health and Behavioral Sciences at MakSPH. Prior to joining the Fellowship Program, Mr Matovu worked with the Rakai Health Sciences Program where he served in various capacities for a period of ten years. Mr Matovu is a behavioral research scientist with research interests in HIV prevention research, sexual and reproductive health and social and behavior change communication programs. Mr Matovu has so far published 20 articles in peer-reviewed journals, and has several manuscripts undergoing peer review. He is an Associate Editor with AIDS and Behavior and has peer-reviewed for reputable scientific journals and conferences. Mr Matovu is a member of the International AIDS Society, the African Network for Strategic Communication in Health and Development (AfriComNet), and Uganda Society for Health Scientists. He is a Board Member for Communication for Development Foundation Uganda (CDFU), a national NGO involved in strategic health communication planning, implementation and evaluation in Uganda.

Mob: +256772972330 Email: jmatovu@musph.ac.ug



Dr. Violet Gwokyalya, Programmer Officer District Capacity Building Programme

Dr. Violet Gwokyalya (MBChB, MPH, MMS, PGD.PPM) is the Program officer, District Capacity Building MakSPH-CDC Fellowship. She is a Public Health Manager with over 9 years of experience with HIV programs. She has worked with both Public and Private Organizations and has expertise collaborating with Local Government structures, line ministries and Non Governmental Organizations. Prior to MakSPH, Violet worked with MJAP as the Satellites Coordinator before joining the Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC) program as the Clinical Services Advisor and Quality Assurance Specialist. Violet is an alumnus of the MakSPH-CDC medium-term fellowship and is a member of the National Quality Improvement Coordination Committee among other responsibilities.

Mob: +256772308902 Email: vgwokyalya@musph.ac.ug



Susan Mawemuko, Grants & Administration Manager

Susan Mawemuko is the Grants & Administration Manager for Makerere University School of Public Health Fellowship Program. She has worked extensively in areas of financial management, grants management and contracting, human resource management and general management for capacity building programs, prevention care and treatment programs for HIV, disease surveillance and distance learning initiatives at Makerere University School of Public Health and its collaborative programs for the last twelve years.

Susan holds a MBA and MA (SSPM) from the University of Bath, England and Makerere University respectively. She is a member of the MBA writers, Chartered Management Institute, UK, Society for Research Administrators International and Rotary International. Susan's motivation and enthusiasm have won her many awards and accolades to name but a few; AMBA MBA student of the year 2010 and Makerere University School of Public Health Administrator's award for due diligence in Administration.

Mob: +256772785374, Email: smawemuko@musph.ac.ug



Mbambu Faridah, Administration/Management Assistant

Mbambu Faridah (B.SWSA, PGD. HRM) has been an Administration/Management Assistant with the MakSPH-CDC Fellowship Program since October 2009. In this position, she performs general administrative, logistical, hospitality and some finance duties. Prior to her joining the Fellowship Program, Faridah worked as the Program Field Coordinator for Danish Refugee Council (DRC), an international NGO dealing with protection and livelihood of refugees and internally displaced persons in the districts of Adjumani, Gulu and Amuru. While with DRC, she also worked closely with the District Disaster Management Committees and District Health Teams, and this provided her with a glimpse into working with district local governments. Faridah also worked with InterAid Uganda, an urban refugee project responsible for the urban refugee caseload in Kampala. Mob: +256772441720, Email: fmbambu@musph.ac.ug

Programme Drivers

- Benon Ndawula.
- David Okiror.

Editorial Team

Prof David Serwadda, Dr Rhoda Wanyenze, Mr. Joseph Matovu, Ms Susan Mawemuko, and Dr Violet Gwokyalya. Denis Jjuuko, a media and communication consultant, provided editorial support.

MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

P.O. BOX 7072, KAMPALA, Uganda

Tel: 0414 533 958/0392 764 328

Email: fp@musph.ac.ug

Fax: 0414 533 957

Website: <http://www.musphcdc.ac.ug>
