

## MESAU Consortium pays courtesy call on the Vice Chancellor, Mbarara University of Science and Technology

By Dennis Lukaaya

The MESAU Consortium is a country-wide partnership of five medical schools in Uganda: Busitema University, Gulu University, Kampala International University, Makerere College of Health Sciences and Mbarara University of Science and Technology in Uganda with Johns Hopkins University support to catalyze capacity and performance enhancements in medical education and relevant research with a focus on excellent, nationwide service delivery.

The MESAU Principal Investigator, Professor Nelson K. Sewankambo led representatives from the Consortium institutions that paid a courtesy call on Professor F.I.B Kayanja, the Mbarara University Vice Chancellor in his office on Thursday October 6, 2011. They were ushered in by Dr Samuel Maling the MUST- MESAU liaison.

The Vice Chancellor warmly welcomed the team and was glad that they found some time to call on him. He spoke of the great commitment that Mbarara University attaches to the MESAU Consortium initiatives and noted that it had gone a long way in assisting the training of health professionals at Mbarara Medical School, "we appreciate the work of MESAU at Mbarara University and are happy that we have overcome many challenges through the MESAU initiative". He suggested that the medical schools of Gulu, Makerere and Mbarara sit down and come up with a better system that would enhance the relationships with the teaching hospitals giving his experience of the excellent and cordial relationship between



Massachusetts General Hospital (MGH) and the Harvard Global Health Institute at Harvard University in the US. "The relationship policy there is very good and if well studied, it can be emulated" said Professor Kayanja.

In response Professor Sewankambo noted that it was indeed an important issue that has been raised on a number of occasions and deserves attention. He reiterated that, "as a consortium, this is a challenge we can highlight since we have a big voice". He informed Professor Kayanja that the Consortium was in an upbeat spirit and progressing well with great enthusiasm and commitment of its members. The spirit to share the resources under MESAU was indeed a very welcome innovation that has been bought into by other partners because it demonstrates that, "it is about working together and not competition" an idea that has impressed the National Institutes of Health (NIH).

On the slow opening of Busitema Medical School, a concern to National Institutes

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# EDITORIAL

Hello reader,

Welcome you to our second edition of MESAU News; a quarterly publication of the MESAU Consortium in Uganda. MESAU (Medical Education for Services to All Ugandans) is a Medical Education Partnership Initiative (MEPI) Consortium in Uganda.

This quarterly publication provides you, our stakeholder, with regular updates from consortium members. In this second edition of the newsletter, we share with you the outcome of the visit by consortium member to Mbarara University of Science and Technology (MUST). There was a rich discussion between the MUST Vice Chancellor Professor Kayanja and his guests. Find out what they discussed and how it impacts the implementation of MESAU.

Read about the improvements in teaching and research at Kampala International University, as a result of activities and interventions supported by MESAU.

At Makerere University College of Health Sciences, students have taken equitable services to all Ugandans idea to heart. Read about the services they are offering to Uganda's rural poor as they also learn and gain the necessary attitudinal competence to work in rural Uganda.

How does MESAU contribute to the PEPFAR target of 140,000 new health workers? Find out in this newsletter!

Plus; we unveil the new beneficiaries of the MESAU PhD scholarships. Read and celebrate with them!

Plus a lot more reading that will stimulate your interest in MESAU further!

## MESAU/ MEPI is a timely partner in Kampala International University's move to overhaul training of medical doctors in Uganda

**Ben Oonge, Kampala International University**

The doctors: patient ratio in Uganda is so alarming with more than 1 doctor attending to over 40,000 patients and the situation is even worse in rural areas of the country where 80% of the population lives.

Poor distribution and use of traditional training methods in medical schools are partly to blame. Majority of Ugandans struggle to be seen by a doctor, with many of them dying before being seen by one.

Amongst the several challenges is the lack of effective deployment and appropriate training programs for medical doctors and other health workers to fit the lives and needs of people (especially rural settings) in Disease Endemic Countries (DECs).

Achieving equity and equality in the health of people and effective access and delivery of health services in Sub Saharan Africa has been an area of major global concern. Despite huge funds provided to improve health facilities and systems, Diseases Endemic Countries (DECs) still suffer setbacks in providing sustainable health care for their people and meeting the Millennium Development Goals (MDGs).

So, improving the rural population's access to health services and reducing the poor-rich differentials is the wish of every health professional in Uganda.

Effective training and deployment of the next generation of medical doctors and other health workers to contribute to better service delivery in rural Uganda is the dream of Kampala International University; one of the universities with health training programs and a MESAU partner institution.

The university through partnership with MESAU/ MEPI has engaged students in a more innovative community outreach program where medical students spend a total of six (6) weeks carrying out Community Based Education Research

and Management Service (COBERMS) for four categories of the Kampala International University- Western Campus students -Medical, Nursing, Clinical medicine and Community Health, and pharmacy.

Under this approach, the following activities were conducted in the recent past:

- A series of Community activities were organized in selected counties comprising of 16 villages in Bushenyi District for a total of 160 trainees from the University (those in COBERMS1 and COBERMS 2) who visited the community.
- They were divided into 16 batches with more than 10 members in a team. A team leader was appointed by the members of the team and each team was dispatched under the supervision of a tutor in public health to each village
- Detailed demographic data of the population was carried out by individual home visits, using interviews and a structured questionnaire.
- The data obtained was used to determine population distribution by age and sex, Disease morbidity, level of education, no of families, marriageable ages in the community, no of new births, no of deaths, migration status, student population, unemployed population and other population description data.
- The nutritional profile of the community was evaluated in respect of the type of food eaten; cooking habits, types of food available, nutritional value of the food, frequency of eating and level of health education on food.



An analysis of the information gathered during COBERMS placement was done by the different teams of trainees in the villages and the collected data were used to diagnose the health challenges of the community. Reports were dispatched to various stakeholders at the district for decision making.



Generally, students liked being in the villages since they had established rapport and working relationships with the community members and on their final day they exchanged gifts with the people they interacted with during their stay. This, I think, is a milestone in inculcating the right attitude in student doctors. Their involvement in the various activities like cleaning of village water wells, health talks and community roundup cleaning programs, was also a good approach to enable them appreciate the conditions under which rural communities live.



This activity was made possible by the funding from MESAU/ MEPI to Kampala International University with the main objective of increasing contact between the population and the medical trainees in Uganda.

*Kampala International University medical trainees conducting health education in one of the communities in Bushenyi district*



*Kampala International University medical trainees working with members of the community to clean water sources*

*From 1*

## MESAU Consortium pays courtesy call on the Vice Chancellor, Mbarara University of Science and Technology

of Health (NIH), Professor Kayanja in a candid peer advisory tone said that the predicament of Busitema needed a clear position from the Ministry of Education to guide the National Council for Higher Education which he fortunately chairs. He prayed that the Consortium will help in dealing with the biggest challenge to Busitema's opening of the medical school a situation he referred to as 'ambivalence' in some quarters resulting from the fear to wipe out the lower level medical and health institutions at the hosting sites, adding, "you want not to 'kill' anything". He drew on the Kenyan experience where lower level health professional training institutions have been maintained. The representatives from Busitema acknowledged their predicament and viewed it as a positive challenge which they reported was

getting new focus towards its resolution. They appreciated the peer advice and welcomed the continued support that they were receiving from the Consortium. Their pledge was not to give into the challenge but find constructive partnerships with all stakeholders to resolve the matter that would lead to



the opening of another much needed Medical School in Uganda at Busitema.

Professor Sewankambo thanked the Vice Chancellor for the time accorded to the Consortium members and the wise Counsel shared on unlocking the issue with opening Busitema Medical School. He expressed happiness with Mbarara University's continued support and active participation in the Consortium, informing Professor Kayanja that his team will conduct a supervisory tour of Mbarara in 2012.

**Dennis Lukaaya**  
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# THE 2<sup>ND</sup> ANNUAL NATIONAL FAMILY MEDICINE SCIENTIFIC CONFERENCE ENDS IN UGANDA

The 2<sup>nd</sup> annual Family Medicine scientific Conference was held on 10<sup>th</sup> and 11<sup>th</sup> November 2011. The theme of the conference was **Improving Health Systems in Africa; the Contribution of Family Medicine.**

The main focus of the conference was to share knowledge, experiences and ideas on how the discipline of Family Medicine can be developed for affordable improved quality of care which is universally accessible to the whole population. The conference was attended by people from different parts of the world. Family Physicians from all kinds of practice attended the conference and developed interest in working with the department of Family Medicine to advance training of family medicine for both undergraduate and postgraduate students. Since the end of the conference, four family physicians have applied for posts of honorary lecturers in Department of Family

Medicine, Makerere University College of Health Sciences.

Many presentations were made and a lot of lessons were learnt. Of particular importance was the 2<sup>nd</sup> Prof. John Memorial Lecture which was delivered by Prof. Rapheal Owor former Dean Faculty of Medicine Makerere University. It was full of original ideas and focused on the evolution of medical training in Uganda and how the training of Family Medicine started at Makerere University as Community Practice. Two workshops were held about South-South Cooperation for Family Medicine development and Grant Procurement respectively. Both workshops were very educative.

The conference was concluded with a cocktail party attended by almost all the participants. It was a lot of fun and there was a lot of networking for the development of Family Medicine.



**Left:** Prof. Owor delivers the 2<sup>nd</sup> Prof. John Ross Memorial Lecture. **Right:** The Principal Makerere College of Health Sciences Prof. Nelson Sewankambo presents about MESAU-MEPI and Family Medicine.



Some of the participants of the 2nd Family Medicine Scientific Conference in Uganda Kampala

## Mentorship at Makerere University College of Health Sciences

**By Jane Namatovu: Lecturer and Chairperson Dept. of Family Medicine**

Mentoring is a process where an experienced, highly regarded, empathetic person (mentor) guides another individual (the mentee) in the development and examination of their own ideas, learning and personal and professional development. The mentor who often but not necessarily works in the same organization or field as the mentee achieves this by listening and talking in confidence to the mentee.

Now, I have a mentor! What does this mean? I have a shoulder to lean on, feel more secure and confident. Two heads are better than one especially when one head is more experienced in decision making, leadership and administration.

As a mentee, I

- 1) Respect and trust my mentor
- 2) Remain open to feedback
- 3) Keep meeting and regular consultation with my mentor for professional and personal development.
- 4) Have clear expectations from my mentor
- 5) Have short, medium and long term goals set together with the mentor.

### How do we do it?

- a) Setting agenda for regular meetings
- b) Respect for each other
- c) Ensuring clear communication of goals, objectives, activities and expected outcomes.
- d) Honour and respect of confidentiality
- e) Free acceptance of mistakes and errors.
- f) Keeping open minds to new ideas.
- g) Regular evaluation of all the activities involved.

Under normal circumstances, the mentee identifies a mentor and the relationship begins. However, sometimes the institution assigns a mentee to a mentor because it is deemed necessary for the success of the institution.

Mentorship is an on-going and life-long process and I am sure of learning many more things. I encourage everybody especially those in leadership positions to identify mentors as early as possible. This will help to develop staff in the College of Health Sciences in all aspects of life.

## MESAU- MEPI Promotes Family Medicine Networking

*Dr. Jane Namatovu, Lecturer  
Department of Family Medicine and  
Community Practice  
Dr. Innocent Besigye, Assistant Lecturer  
Department of Family Medicine and  
Community Practice*

"It is better to spend the day making friends than digging". This is an old adage which stresses the importance of networking.

The MESAU-MEPI project sponsored two Family Medicine staff of Makerere University College of Health Sciences to attend the VLIR-PrimaFamed Workshop in Cape Town South Africa 10<sup>th</sup>-13<sup>th</sup> July 2011.

The participants of this workshop were from all over the world in the Family Medicine fraternity and included; family physicians, well-wishers and advocates of Family Medicine. The theme of the workshop was: *Advocacy in Family Medicine and Development of Community-Oriented Care in the Context of Family Medicine in Sub-Saharan Africa*. A lot of experiences, ideas and knowledge were shared. We met very many family physicians from all over the world. We visited community health

centers in various communities and learnt a lot from their organisation, management and how community participation can be encouraged in the development of health services. This enriched our global understanding and perspective of Family Medicine.

We have started realizing the fruits of our networking efforts at that conference. The colleagues we met from the International University of Rwanda came to Uganda and attended the Second Annual Family Medicine Scientific Conference and submitted very interesting abstracts about Family medicine in the Republic of Rwanda. We shared a lot during this conference and we hope to strengthen our networking efforts.

At the same conference in South Africa, we also discussed how we can scale up training and practice of Family Medicine in Uganda. This gave us proposal ideas and right now, we are writing a project proposal together with colleagues from Ghent University Belgium to this effect. We are very optimistic that this project proposal will be funded so that we achieve greater heights for Family Medicine in Uganda.



*Dr. Jane Namatovu and Dr. Innocent Besigye with Rwandese participants at the VLIR-PrimaFamed workshop in Cape Town South Africa*

## That unforgettable Ride: the Journey to Mbarara

*By Ruth Nabaggala, Harriet Nambooze  
and Regina Namirembe, MakCHS*

Mbarara is located in the Western Region of Uganda and it's about 200kms from Kampala. The journey from Kampala to Mbarara takes 3-4 hours on average. The place is known for being the source of matooke and milk that feed the ever growing Kampala population. Mbarara town is one of the fastest growing towns in Uganda. It is the home of Mbarara University of Science and Technology (MUST), one of the MESAU partner institutions.

Away from the hustle and bustle of Kampala, Mbarara offers a breezy and calm break from noisy Kampala. It is no wonder that when MUST suggested hosting the 2011/2012 joint MESAU meeting there was no resistance from the other MESAU institutions.

It was a sunny midday on October 5<sup>th</sup> when the MESAU first group composed of people who felt that they deserved some rest before the commencement of the joint MESAU meeting set off ahead of the others on the journey to Mbarara. Others planned to engage in conference calls later in the evening while others planned to tour the town. The second group mostly included individuals who felt that they needed to finish up some work before they started off the journey at 2:00pm

When traveling to Mbarara you cannot miss to enjoy the tasty "Gonja" plantain at Lukaya. However, if you are so particular about your health you cannot risk the roasted chicken and other types of meat, lest your tummy complains violently. This was no exception during the travel to Mbarara. UNRA has really improved the access to Mbarara with little bits of waiting for the caterpillars turning to remove or pour soil for construction. The stretch to Masaka is so tempting that you can accelerate continuously and thank God for the smooth road.



Unfortunately for the first group, their car broke down at Lwengo. As the car was being repaired some people took off time to engage in conference calls, others dared to stand in the rain as they cleaned their shoes that were dirtied on the way while others stood by the mechanic as he did his stuff, just like students on clinical exposure. One cannot forget the mechanic, Bakabulindi Alias "minister" who expertly worked on the car bearings supervised by professors and experts from the MakCHS to ensure that he does a good job.

The sympathizing second group that left MakCHS at 2:00 pm had to give a courtesy call to the first group though they could not help much given that none of them was an expert in the field. Had it been a health matter things would have been easier since the vehicle was full of doctors. Oh would it!!

Both groups reached Mbarara at about half past seven. Interestingly the group which was expected to be in Mbarara earlier ended up being the last after spending seven hours on the way!.

It did not take the group long to forget their woes as the breeze at Lake View Hotel was refreshing. This was compounded by the sumptuous African meals, really tailored to African appetites.

Business started on a light note with representation from all MESAU institutions. One interesting bit was that representatives from the institution that is closest to MUST were the last ones to arrive. As one group paid a courtesy call to the Vice Chancellor of MUST, another group continued with business as usual. Ohh though it was quite a busy day, it was crowned with a great dinner that was organized by MUST at AGIP Motel.

This time we had to test the real Mbarara, with the 'Eshabwe, the Matooke and the Karo'. Clear and colored water was available for everyone. Could you tell the color that was consumed most? Gifts were exchanged, speeches made, albeit with impaired ability (as an effect of the coloured water).

Soon, it was time to retire to our beds and get ready for another busy day.

## Makerere University College of Health Sciences Students Give Back to Society



*One of the students, Ms. Martha Asiimwe of Makerere University College of Health Sciences, attentively listening to one of the patients that turned up at the medical camp*

They all boarded the bus armed with enthusiasm, zeal and excitement. But most importantly for their hosts, they were armed with an assortment of drugs and supplies.

17th November 2011, the residents of Kiziba, Masuliita in Wakiso district were the beneficiaries of free medical care, courtesy of students of Makerere University College of Health Sciences. The students, under their association, Makerere University Medical Students Association mobilised drugs and other resources from a variety of partners, including pharmaceutical companies, medical engineering companies, banks, civil society and others and raised

enough to handle over 1200 patients that turned up for the camp.

The camp team Leader, Ms. Lydia Nakanjako noted that there is great need in the community for free medical care; although the camp was targeting children, the number of adults that needed medical assistance was overwhelmingly big.

The most interesting and innovative aspect of this work was the fact that the Makerere students chose not to do it alone and instead reached out to their counterparts in other Universities like Victoria University, which is a very new university in the country. This fostered the spirit of learning together; working together and ensuring quality in the



*Left: The students were generously aided by Abacus Pharmaceuticals with an assortment of drugs that came in quite handy for the big number of patients that turned up*



*Right: A student of Victoria University providing health education to the many residents of Kiziba and neighbouring areas that turned up to benefit from the free medical services*

services provided.

The medical camp preceded the 7th Annual Students Conference on Child Health, itself a collaborative effort this year, between Makerere University, Mbarara University of Science and Technology, Gulu University, Kampala International University and Victoria University.

The two activities were carried out with a refreshing show of maturity, dynamism, respect for one another, enthusiasm and a desire to excel.

One cannot stop hoping that this is the beginning of a new hope for the health sector in Uganda.



*What else could that smile say, apart from; 'Thank you so much MUMSA for looking out for us'*

## The Numbers Game: MESAU's Contribution to PEPFAR's Target of 140,000 New Health Workers

*By Rhona Baingana*

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 as an emergency response which focused on establishing and scaling up prevention, care and treatment programs. PEPFAR's phase II strategy (2010-2014) is to transition from an emergency response to a greater focus on promoting sustainable country programs. In order to ensure sustainability, one of PEPFAR's targets is to *"support the training and retention of more than 140,000 new health care workers to strengthen health systems."* The Medical Education Partnership Initiative (MEPI) is one of the approaches to meeting this target. MEPI therefore has as one of its themes, *"increasing the numbers of health care workers (HCWs) trained."* In a departure from this theme, MESAU's Aim 1 is to *"improve the quality and relevance of medical education and service training in Uganda"*. MESAU did not set out, as a primary objective or outcome, to increase enrolment, and therefore the numbers graduating. MESAU believes that improving quality and relevance through learning experiences such as COBERS will

enhance retention over time and in areas where HCWs are most needed (MEPI's second theme). This, in the long run, might be more effective at ensuring sustainability.

MESAU, nevertheless, is still expected to set "new" HCW targets and to report on them. This message came out loud and clear during the MEPI Coordinating Centre Site Visit to MESAU when MESAU representatives together with the then MEPI Program Coordinator Dr Leticia Robinson met with various USG representatives including PEPFAR, CDC, USAID at the US Embassy in Kampala. MESAU was told in no uncertain terms, **"We want numbers"**.

Old definitions of "New"  
Recently created or having started to exist recently  
Different to one that existed earlier  
Not yet familiar or experienced  
Not previously used or owned  
Recently discovered or made known  
Source: Cambridge International Dictionary of English

### **A new definition of "new"**

PEPFAR's new HCW definition and metric: The number is the sum of new HCWs who graduate from a pre-service training institution within the reporting period with full or partial PEPFAR support. In general, PEPFAR looks at pre-service training as minimally 6 months in duration. Training under this indicator is defined as "pre-service" training – the training of "new" HCWs. All training must occur prior to the individual entering the health workforce in his or her new position. A health care worker who transitions to another position (e.g., a nurse completes medical school to become a doctor) shall be counted as a "new" health care worker for the purposes of this indicator.

With this definition, we started documenting the different ways in which MEPI, through MESAU, was contributing to pre-service training at our institutions, as long as the contribution was for a minimum of 6 months. For example, MakCHS is establishing a Skills Laboratory as part of strengthening systems to support medical education (MESAU Aim 3). Any student who uses the

Skills Lab for at least 6 months would therefore be counted towards the “new” HCW target when he or she graduated. It looked like we would have respectable, if not impressive, numbers to report.

**A newer definition of “new”**

CapacityPlus is a global project uniquely focused on the health workforce needed to achieve the MDGs and is developing tools and guidance to track and count new HCWs being trained with PEPFAR support. At a meeting on 9<sup>th</sup> November held at the Monitoring and Evaluation of Emergency Plan Progress (MEEPP) project office in Kampala and attended by MESAU and other PEPFAR HRH implementing partners, CapacityPlus introduced another definition of “new”. Students could be counted as a PEPFAR contribution to the 140,000 new HCWs if:

1. The students are qualified for a new role that contributes to better health as a primary function AND:
2. The students have received six months or more of education AND:
  - a. The students would not have graduated

without PEPFAR support

- b. The quality of the education would have been unacceptably low without PEPFAR support

With this newer definition, we cannot count “continuing” students – any students using curricula that were being implemented before MESAU-MEPI because these students would still graduate if they met the requirements specified in the curricula, with or without MESAU-MEPI inputs, such as the Skills Lab. The “new” HCWs we can consider are those using the revised competency-based curricula. The identification of competencies and their integration into the curricula was considered as having set a new standard for graduation, thus the graduates of the revised curricula would be considered “new”. The Masters and PhD fellowship awardees can also be counted towards “new” HCWs.

Dykki Settle and Dana Singleton of CapacityPlus acknowledged that MEPI is unique and a different approach might be needed.

Furthermore, it has been recognised that a systems approach is needed: *“Sustainably increasing the number of health workers completing pre-service education is dependent on a combination of factors..... Some predominant examples that were mentioned time and again are: Curriculum development, infrastructure improvements, faculty support, practicum/internship support, materials and equipment. This combined approach creates a greater likelihood that the system will be able to produce more health workers now and in the future. Simply increasing enrolment through tuition support, for example, will not be successful unless the students also have access to qualified faculty, books, equipment, classrooms, dormitories, running water, etc.”*

Source: CapacityPlus blog: <http://www.capacityplus.org/counting-140000-new-health-workers>

While MESAU was spot-on in designing a systems approach, her contribution to the 140,000 new HCWs still has to be reported. So, in the meantime, it is back to the counting frame (abacus): MESAU is not through with the numbers game!



*“Will these students contribute to the 140,000 new HCWs?”*



# MESAU PhD Fellows Selected and Embark on their Work (2011/2012-2013/2014)

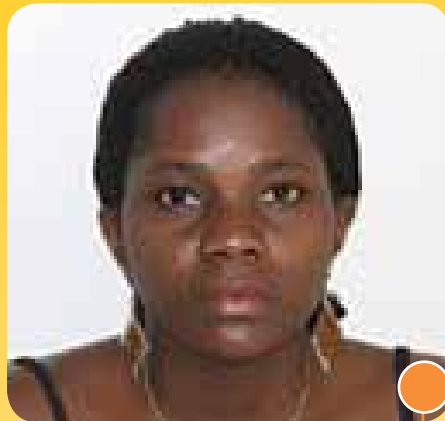
By Elialilia S. Okello and Harriet Nambooze

On 12<sup>th</sup> August 2011, representatives from MESAU institutions met at Humura Resort Hotel in Kampala to interview the sixteen applicants who were short listed for the MESAU PhD fellowships. The panel consisted of Prof. Emilio Ovuga from Gulu University who chaired the meeting; other panelists included Prof. James Tumwine, Prof. Nelson Sewankambo, Dr. Achilles Katamba from MakCHS, Prof. Paul Waako representing Busitema University, Dr. Yuka Manabe representing Johns Hopkins University, Dr. Ben Oonge from Kampala International University, Dr. Sam Maling from Mbarara University of Science and Technology and Dr. Elialilia S.I Okello who is the PhD coordinator at MakCHS. Below are the profiles of the selected fellows and their proposed areas of study.



**Dr. Odong Charles Okot**  
Lecturer, Department of Pharmacology, Gulu University

**Area of Study:** Molecular, pharmacokinetic and pharmacodynamic studies to evaluate the effectiveness of intermittent preventive treatment for falciparum malaria in pregnancy



**Dr. Lydia Nakiyingi**  
Lecturer, Department of Medicine, School of Medicine, MakCHS

**Area of Study:** Mycobacteremia in HIV-infected patients



**David Kitara Lagoro**  
Senior Lecturer, Department of Surgery, Gulu University

**Area of Study:** Investigations of the link between Pyomyositis, HIV and malnutrition



**Dr. Sarah Nakubulwa**  
Lecturer, Department of Obstetrics and Gynaecology, School of Medicine, MakCHS

**Area of Study:** Herpes Simplex Virus type 2 in pregnancy



**Dr. Anthony Ocaya**  
Lecturer, Department of Anatomy, Gulu University

**Area of Study:** Buruli ulcer and Mycobacterium ulcerans in selected villages of Adjumani and Moyo Districts, West Nile, Uganda



**Dr. Kenneth Opio**  
Lecturer, Department of Medicine, School of Medicine, MakCHS

**Area of Study:** Compare erythropoietin plus standard treatment or Standard treatment plus placebo (sterile water for injection) for correction of compensated moderate to severe anemia among patients with hepatosplenic schistosomiasis and esophageal varices

## MESAU PhD Fellows Selected Cont'd



**Dr. Othman Kakaire**

Lecturer, Department of Obstetrics and Gynaecology, School of Medicine, MakCHS

**Area of Study:** Contraception among persons living with HIV/AIDS



**Eleanor Turyakira**

Lecturer, Department of Community Health, Mbarara University of Science and Technology

**Area of Study:** Identification and testing of interventions that improve health literacy, and partner involvement in health care support for disease prevention and control



**Fred Ssembajjwe**

Assistant Lecturer, Department of Physiology, School of Biomedical Sciences, MakCHS

**Area of Focus:** Effect of the local diet on the genome stability/instability of a rural population in Uganda that might be deemed either as a protective or as a predisposing/risk factor for carcinogenesis



**Mr. Ocan Moses**

Teaching Assistant, Department of Pharmacology and Therapeutics, School of Biomedical Sciences, MakCHS

**Area of Focus:** Impact of self medication on Ugandan healthcare system: a case study of drug use practices in rural communities



**Mrs. Scovia Nalugo Mbalinda**  
Assistant Lecturer, Department of Nursing, School of Health Sciences, MakCHS

**Area of Focus:** Utilization of assessment information about rural HIV positive young adult's sexuality

## Learning from My Experience: Adapting proven Management Skills



**By Evelyn Bakengesa,**

*"It is essential that the project coordinator be able to function effectively with individuals and groups at varying levels of the organization"*

As a coordinator it has dawned on me that I have no choice but to be dynamic; a potential necessary both for bringing together the individuals who constitute the core project team and for assuming leadership in the development and implementation of the strategic plan. How do I manage? I would say it is a skill that requires constant planning, learning and patience. As a coordinator, each day leads to various interpersonal relations involving processing lots of information that enables me to devise strategies, make decisions, and implement.

### **My Experience**

These days I often prefer to consider myself not an Administrative Assistant but a communicator who has learnt to motivate others to build an efficient team. Everyday am challenged to manage my own time, objectives and resources in order to accomplish tasks and implement ideas on the Teaching and Learning Committee (TLC) for high performance. However in all this, though the team can be set up, the hardest fact is not the team remaining

intact but that the core problem is inability to comprehensively manage the full cycle of implementation. To address this frustration, re-tooling the set organizational and project priorities and continuous reviewing of the objectives is a new gold standard that I have had to learn reminding me of the notion that, 'learning is a continuous process'. It is important that any coordinator *be able to function effectively with individuals and groups at varying levels of the organization while keeping in mind the objectives in terms of the changing demands.* The more the project services are opened out to the community and involve more staff and departments the greater is the need for consistent communication. The project coordinator and the core project team can never stray from a strategy for meeting that need to provide information because it is the surest simple way of being accountable to all stakeholders.

## What I do in my Typical Week!

### Planning

It is the process of defining in advance what should be accomplished; when, by whom, and how, either for the short or long term. This planning aspect is a major contributor to success and productivity. Stated simply, *"If you don't know where you are going, then you won't know when you have arrived!"* - Ziggy.

Engaging in planning has taught me the art of thinking for the future because I'm now able to purposefully set organizational priorities and encourage creativity. I plan activities that range from meetings/trainings/workshops, Student timetables, Student community rotations and other Education related activities.

### Decision making

I define decision making as more than making up my mind but rather Involves identifying and defining the problem, developing various alternatives, weighing those alternatives, selecting the best alternatives and implementing the alternative with the highest value. Therefore decisions need to be made

wisely under varying circumstances with different amounts of knowledge about the available alternatives and their consequences. This empowering state has enabled me have greater commitment to my work. A good decision is always that it involves all stakeholders given the varying circumstances.

### Organizing

Am charged with organizing the determined tasks to be accomplished, subdividing major tasks of TLC into individual activities, assigning specific activities to individuals and providing administrative support to those on TLC and other college committee in providing direction for achieving the planned results considering time, chain of command, and role specification.

### Time Management

Time management is the art of arranging, organizing, scheduling, and budgeting one's time for the purpose of generating more effective work and productivity. Developing time management skills is a journey that needs practice and other guidance along the way. It has been a goal to help myself become aware of how to use my time as one resource in organizing, prioritizing, and succeeding as an administrative assistant. It is such an asset especially where you work under minimum supervision.

Setting daily time bound tasks that are specific, measurable, attainable, realistic and timely (SMART) has helped me a great deal.

Maintaining a daily "To Do" list with priorities attached and maintaining a daily, weekly, monthly, and yearly diary is helpful. The challenge still remains at improving, learning and integrating the value of time management and how I can effectively get buy- in by Contact:

**Evelyn Bakengesa,**  
Coordinator, Teaching and Learning Committee  
College of Health Sciences  
Makerere University  
Email: [ebakengesa@chs.mak.ac.ug](mailto:ebakengesa@chs.mak.ac.ug)

## Ms. Regina Namirembe joins the MESAU team as Administrator



Ms. Regina Namirembe joins the MESAU team as an Administrator with vast experience in research and grant administration. She has worked on several NIH and USAID grants for over seven years. She has previously worked with a research institution which exposed her to research and writing competitive grants applications. She also has experience in teaching which has greatly contributed to the skills and knowledge that she has. She looks forward to working with the MESAU team as it achieves its aim of medical education for equitable service delivery to all Ugandans.

## Ruth Nabaggala joins the MESAU team as M & E Officer



Ruth Nabaggala has joined the MEPI MESAU team as a Monitoring and Evaluation Officer. She brings in experience of monitoring and evaluating Health project activities in relation to set expectations. She has a vast experience in conducting monitoring and evaluation activities and organizing research studies. Ruth has worked with HIV/AIDS PEPFAR Project and BLF funded projects for Maternal and child health aiming at strengthening the health service delivery in Uganda. She previously worked with a Medical Bureau collaborating with PNFPs to strengthen and improve the health service delivery in the health facilities of the network and this gave her an opportunity of understanding the challenges faced by the health sector in Uganda. Ruth is interested in working with the MESAU team aiming at improving the medical education in Uganda for equitable service delivery.

# MEDICAL EDUCATION FOR EQUITABLE SERVICES TO ALL UGANDANS (MESAU) A MEDICAL EDUCATION PARTNERESHIP INITIATIVE (MEPI)

## CALL FOR UNDERGRADUATE STUDENTS' RESEARCH PROPOSALS

MESAU-MEPI a Consortium composed of Makerere University College of Health Sciences, Gulu University, Mbarara University of Science and Technology, Kampala International University, Busitema University and Johns Hopkins University will support 60 competitive research proposals to undergraduate students within the MESAU-MEPI Consortium from 15<sup>th</sup> March 2012. The awards will be based on the following criteria:

1. Proposals should be within your institutional research agenda
2. Multidisciplinary proposals are highly recommended
3. Preference will be given to applications that demonstrate a mix of junior and senior undergraduate students for mentorship
4. The proposed study must be significant, innovative, feasible, outline the approach, have a strong community component and be among the community priority research areas
5. Be among the best proposals developed after the course on proposal development
6. The study should fit within the proposed budget and should be of sound ethical and scientific standards.
7. The Principal Investigator (PI) must be *bonafide* undergraduate student of a MESAU-MEPI consortium institution.
8. The proposal should have two faculty members who will act as support investigators and mentors. One of the faculty identified should be indicated as the primary responsible faculty.
9. Applications must be recommended by a Dean of the Principle Investigator's institution.

Applicants must provide 1-2 page CV of each student and faculty investigator and with no more than five (recent) publications. The lead applicant must also provide a Letter of Good Standing from the Dean or Head of Department. The funds will be managed by the student PI and the primary responsible faculty.

### Proposal structure

The proposal should not exceed 12 pages excluding references and the budget. The proposal should include:

1. Title and affiliation page – 1 page. This page will have the project title (not exceeding 20 words); Names of the applicant(s), course pursued, year of study and their affiliation(s); e-mail address and telephone (mobile) numbers. It should also indicate primary responsible faculty member and the second responsible faculty member.
2. Abstract of the research proposal not more than 300 words (on a separate page) – structured as Aim, problem, methods, and likely impact
3. The main body of the proposal outlined as: introduction/background; problem statement; rationale; significance; objectives; methods; analysis plan; ethical considerations; timeline; budget with budget justification; and recent relevant references. Please note that the funds are for a period of 12 months from the time of award. This time period must be taken into consideration while designing your study.

It is important to note that, **publication(s)** will be the main deliverable of this grant. By the time of submitting a report of your project not later than 3 months after completion of the project (i.e. by month 15 after the award), there must be evidence that you have developed and/or submitted a manuscript or manuscripts to peer reviewed journal.

The maximum funds to be awarded to any proposal is \$3000.

Proposals to be submitted to the PI MESAU-MEPI by e-mail either as MS word or pdf document by 29<sup>th</sup> February 2012 at 5pm to [mesaumepepi@chs.mak.ac.ug](mailto:mesaumepepi@chs.mak.ac.ug)/[mesaumepepi@gmail.com](mailto:mesaumepepi@gmail.com). Additional information can be obtained from Ms Harriet Nambooze [hnambooze@gmail.com](mailto:hnambooze@gmail.com) and Ms. Regina Namirembe [reginanamirembe@yahoo.com](mailto:reginanamirembe@yahoo.com)

