

HEARTBEAT

MRC

MRC/UVRI Uganda
Research Unit on AIDS



UGANDA VIRUS RESEARCH INSTITUTE

The Quarterly Newsletter of the MRC/UVRI Uganda Research Unit on AIDS VOL 6 Issue 2 May August 2017

MRC/UVRI Unit to transfer to LSHTM

The MRC/UVRI Uganda Research Unit is set to transfer to the London School of Hygiene and Tropical Medicine (LSHTM) at the beginning of 2018. The transfer is part of a 2010 programme endorsed by MRC UK to transfer the majority of MRC intramural Units to the University Unit funding model. An important objective for the programme was that these new arrangements were expected to realize benefit for both the MRC and the University. So far, 20 Units within the UK have transferred to Universities, two of the remaining five units/institutes including the Uganda and Gambia are expected to transfer at the end of January 2018. The Universities own and operate the transferred units; however, they are still part of the MRC family and MRC expects that they will deliver excellent scientific output as per the agreed funding programme. It is expected that the intramural units that evolve into University Units will benefit from new scientific opportunities and funding streams, strengthened integration with university research activities, and efficiency gains/cost savings that can be reinvested into science. It is however important to note that the transfer is a strategy to enhance science and not save money.

The transfers are also expected to enhance branding for the MRC and the University while improving career and training prospects for staff.

Transfer Process

The University Unit Programme Board (UUPB) oversees the Unit transfer and a joint Project Board has been established by the UUPB, with representatives from the MRC and the LSHTM. Work streams (project teams) have been established with representatives from MRC UK, MRC/UVRI and LSHTM. The following components of the Unit's core functions have been comprised into work streams; Finance, HR, Intellectual Property, Research Management, Information Management, Health & Safety, Lab Management, Estates, Director & Governance, Communications & Branding as well as Student Training.

Work stream meetings have commenced and a team comprising of LSHTM and MRC Head Office staff were at the Unit at the beginning of August 2017 for a familiarization visit and discussions with several staff. The team also visited the field stations in Mengo, Masaka and Kyamulibwa.

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Pamela N. Wairagala
Communications & Public
Engagement Officer

Dear Reader,
Welcome to this edition of the Heartbeat.

The Unit is undergoing a transition that will see it transferred to the London School of Hygiene and Tropical Medicine. Work on the transition has started and with it various questions from different quarters, including staff. In this edition, we bring you an update on the transition to LSHTM as well as answers to some of the questions that have been raised at different fora.

Between February and March each year, the MRC asks all researchers that are supported by the MRC or that have benefited from MRC funding in recent years, to provide feedback on the progress of their research via the Researchfish® system. Researchfish® is an online system for recording research output, developed initially by the MRC and now provided by Researchfish Ltd. Do not miss a write-up from Dr. Ian Viney MBE - MRC Director of Strategic Evaluation and Impact on the importance of Researchfish® and the researchers' role.

You have probably seen her around the compound in Entebbe or any of the field stations checking or fixing air conditioning or temperature monitors in the labs; and if your work requires use of Liquid Nitrogen, then you probably interacted with her. In this edition, we bring you the story of Sylvia Nabadda, an engineering maintenance technician at the Unit and what has inspired her to excel in a largely male-dominated field.

These and the regular research and staff updates are part of the menu in this edition.

Like always, we welcome you to contribute to the Heartbeat by sharing articles or photos about your work/life to inspire the team at the MRC/UVRI Uganda Research Unit by sending an email to communications@mrcuganda.org

Happy Reading



Prof. Pontiano Kaleebu
Director MRC/UVRI

Welcome to this edition of the Heartbeat.

The Unit has commenced on the process to transfer to the London School of Hygiene and Tropical Medicine (LSHTM), in line with a 2010 MRC UK program that recommended the University Unit funding model. As part of the process, a team from Head Office and the LSHTM visited the Unit at the beginning of August for a familiarization tour. Work stream (project teams) meetings have started, comprising of representatives from the Unit, LSHTM and MRC head office. We are excited about the transfer to LSHTM, a leading research institution in the UK, because of the benefits it offers the Unit and staff in the areas of capacity building, increased networks and collaborations as well as increased funding opportunities.

The transfer is expected to be effected at the beginning of next year, but not later than April 2018, by which time the MRC together with other research councils within the UK will have transitioned to the UK Research and Innovation (UKRI). The formation of the UKRI, an executive non-departmental public body bringing together the 7 Research Councils (including MRC), Innovate UK and a new organisation, Research England, will rescind the royal charter that established the Research Councils of UK and they will cease to be legal entities. Our funding from MRC will continue and participation in the MRC quinquennial 5 year reviews as an MRC Unit

I wish to congratulate Prof Robert Newton who has been appointed a professor at the University of York, a well-deserved achievement and Dr. Jacqueline Kyosimire Lugemwa who won a Quantitative Biosciences Institute (QBI) Scholarship for Women from Developing Countries at the University of California, San Francisco.

Congratulations also to Mr. Martin Mbonye and Dr Clara Wekesa for winning the Thrive PhD studentships Awards

I am pleased to inform you that during this period, the Unit has been the recipient of various grants including being part of a €15m multisite HIV vaccine efficacy study funded by EDCTP and led by Prof Jonathan Weber at Imperial College, for which I am a co-applicant and Trial Director. This will investigate the efficacy of a combination of a DNA-MVA or DNA Envelope vaccine given with PreP. Another EDCTP funded study we will be part of is a multi-center phase III efficacy trial of VPM 1002 in comparison with BCG led by Dr Leander Grone at the Vaccine Project Management GmbH, Germany and in the Unit led by Prof Alison Elliott. We will also be part of another EDCTP trial of the Yellow Fever fractional dosing led by Prof Philip Bejon at Oxford University and Kilifi, here at UVRI led by Dr Julius Lutwama.

Other grants were from the CRICK Africa Network towards capacity building led by Prof Peter Horby, Oxford University and led myself and Dr. Steve Cose at the Unit in Entebbe; another from the Research Councils of UK (RCUK) for Capacity in Health Economics and Epidemiology, led by Prof Mark Sculpher, University of York and here led by Mr. Kenneth Katumba and Prof Robert Newton.

The START study obtained additional funding to continue, following the START patients for additional years.

We are grateful to all our funding and collaborating partners whose contributions make it possible for us continuously enhance the quality of the Unit's science.

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Unit transfer to London School - FAQs

In June, Bruce Minty Chair, University Units Programme Board, visited and made presentations to staff at the Entebbe based head office and the field stations at Mengo, Kyamulibwa and Masaka about the impending transfer. Here are some questions that were raised by staff at the different stations.

Why is the transfer happening? Is it necessary?

The transfer is a result of a 2010 MRC programme that endorsed the transfer of MRC intramural Units to the University Unit funding model where there were scientific benefits in so doing.

Why London School?

For the other Units, the transfers were initiated through a tendering process; however, in this case, the School approached the MRC and it was found to have the best strategic fit for the Africa Units.

Besides being a leading post-graduate UK research institution, the LSHTM has a large imprint in Africa, which will be key in expanding the Unit's opportunities both for research and funding, using the School's networks.

The transfer to the LSHTM may also open up opportunities into new research areas, previously not covered by the Unit.

To what extent will LSHTM influence the local research agenda?

The Unit has a new strategic five-year plan (QQ) which was approved by the MRC and it is this, together with the Director's plan that will guide the science at the Unit. Consultation will however be made between the Unit and LSHTM about ongoing and new work. MRC will maintain an oversight role even after the transfer and will ensure collaboration between the Unit and the LSHTM so that scientific output remains as proposed within the recent five year allocation.

How will the transfer affect the Unit's partnerships and collaborations with other institutions?

Existing MoU's and contracts with collaborators will be transferred on an as-is basis. One of the work streams will discuss the details and provisions of each contract/ MoU. There has

already been some stakeholder engagement with our key collaborators and these will continue over the coming months.

Will the 'Unit's status as 'Low Income Country (LIC)' for proposal writing purposes change?

Discussions are taking place with the LSHTM as to how the Unit best manages its LMIC status for proposal purposes. Updates will follow when the governance discussions have been finalized.

What will happen to the Unit's status, name and identity?

The Uganda Unit is an entity established by an MoU between the Uganda and UK Governments. This MoU is due for renewal in 2019 and will be amended not to remove MRC to allow for the change of management with LSHTM.

Discussions with Uganda Government officials regarding the

transfer have commenced due consideration will be made to local applicable laws.

Regarding the identity, the MRC brand identity must be preserved and both the Unit and the school will agree on the details of the brand management.

Qn. What is the implication of the transfer on staff contracts and employment status with the Unit?

The Unit will be transferred on a 'lift and shift' of employment contracts, funding, contracts and assets. This means that running contracts (employment, contractors, suppliers etc.) will not change; only the contract holder (MRC) will change to LSHTM.

Unlike the UK, Uganda does not have a Staff protection law, when merges or transfers like this happen.

However, in their discussion with the LSHTM, the MRC has made provision to ensure that current Unit staff are retained after the transfer on the same basis as their current contracts.

What are the risks of the transfer?

The transfers has been very successful where they have happened so far. Owing to the benefits, the MRC is in the process of transferring all its Units (not the institutes) in the UK and Africa to Universities; the original plan was to transfer just a few. Directors of transferred Units have shown there are positive benefits and hence the expansion in the programme during the last 7 years.

MRC Uganda staff who are leading on work stream leads have identified risks where and if there are any. Regular meetings are in course with MRC HO and LSHTM to reduce any risks and ensure that operations and science continue as is without disruption during the transfer and post transfer period.

Regular updates such as this will be sent to staff but if there are specific individual questions that need to be raised please speak to or email Suzanne Rupp, COO at Suzanne.rupp@mrcuganda.org who is available to discuss with you.

Grant writing club launched

Jacqueline Kyosimire– Club Coordinator



A Grant writing club to help individuals, particularly those at an early career stage, write successful grant applications was launched at the end of June 2017 with a presentation on the **Dos and Don'ts of grant proposals**, by Prof. Moffat Nyirenda, Theme Head – Non-Communicable Diseases and voluntary core member of the club. Other core voluntary members are Prof. Alison Elliot and Dr. Steve Cose.

Currently comprising of 25 members, the club will discuss, in an informal/friendly fashion, shared experiences on what to do and not do when writing grant applications. Club members will listen to proposed ideas and offer suggestions/advice - following the 4Ps approach (i.e. Project, People, Place and Plan). While the club will offer guidance and advice, applicants will still be required to develop proposals with their supervisors/partners. More importantly, the club will not replace the Review Board for proposals.

Membership to the club is open to all Unit staff who are encouraged to use this opportunity to have their proposals reviewed. To join the club, please send an email to the Coordinator Dr. Jacqueline Kyosimire Lugemwa (PhD) on Jacqueline.Kyosimire@mrcuganda.org

Director's Notes

From page 3

The Unit virology and Immunology laboratories at Entebbe together with the Kampala diagnostics laboratories at Mengo were also successfully GCLP accredited through IAVI funding, congratulations to the team.

On a low note, I would like to bring to your notice the departure of Dr. Paula Munderi, formerly the Unit's Head of the HIV Care programme. She leaves the Unit after thirteen years of a very illustrious career, during which she was at the helm of some of the Unit's groundbreaking work such as the, DART, START and CoLTART trials. She mentored many young scientists, created invaluable partnerships and greatly contributed to the Unit's profile as an internationally recognized center of excellence on HIV infections and related diseases. We are grateful for her contribution towards attaining the MRC/ UVI mission and vision and wish her a success in her future assignments.

As always, I take this opportunity to welcome staff that have joined the Unit during the course of the last quarter and thank those that have worked with the Unit and have moved on during the same period. I wish them the best in their careers.

The General Population Cohort; 27 Years and still counting...



The General Population Cohort study team in Kyamulibwa conducted their 27th annual census in April 2017. Since 1989, the Unit has conducted annual censuses among the 25 study villages around Kyamulibwa in Kalungu District to collect demographic data and conduct mapping and individual enumeration at household level. The 27th round comprised of activities in an additional new communities of Lwabenge Sub-County and Lukaya town council, both in Kalungu district

What happens during census?

Setting out on bikes, a team of four census takers led by a team leader carry out both the Mapping and census. Following a set census eligibility criteria, the census takers move from house-to-house, with each covering an average 15 to 20 households on a daily basis. For one to be eligible for participation, consideration is given to aspects such as reasons for joining a household, time spent in the study area etc. with the standard being three months. However, marriage and childbirth are sufficient reasons for one to participate in the census.

After obtaining informed consent, questionnaires are administered at two levels; household and individual. Mobility of residents, pregnancies, births, deaths, tribe and religion are documented in the individual questionnaire.

Data are captured using an automated mobile data capture system programmed in MS Access. This helps to detect errors at entry level and minimises data queries as well. The system allows the census takers to cross check the database using the unique identifiers/IDNo. while in the field. A unique identifier is allocated to every person at their first participation in the census and this is maintained throughout the participant's residence in a given study area.

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Documenting the progress of MRC Research

“Providing brief feedback via Researchfish® is a condition of MRC funding and, while we work hard to support researchers complying with this requirement, some have found that their grant funding or eligibility for MRC support has been put on hold while we await their output information to be submitted”



Dr. Ian Viney MBE - MRC Director of Strategic Evaluation and Impact.

Between February and March each year, the MRC asks all researchers that are supported by the MRC or that have benefited from MRC funding in recent years, to provide feedback on the progress of their research via the Researchfish® system. Researchfish® is an online system for recording research output, developed initially by the MRC and now provided by Researchfish Ltd.

The approach is now used by many other funding agencies and continues to be developed in consultation with researchers.

Principal investigators and programme leaders are asked to collaborate with colleagues to complete the online forms and record any publications, policy influences, dissemination/commercialisation activities etc. The information is then formally submitted (between February and March each year) by the programme leader as being accurate and complete. Submitting a Researchfish® return is important for the MRC to have timely and accurate information about the outcomes from MRC research. We then use this information to convey to the public and policy makers the benefits of public funding for medical research.

The MRC strategic evaluation programme seeks to strengthen the assessment of progress with the MRC strategic plan, and provide improved evidence and analysis for evaluating the overall impact of the MRC research portfolio. A significant element of this work has been the development of an online system to capture research outputs, outcomes and impacts. This approach is now provided as a service by Researchfish Ltd. and more than 100 UK research organisations subscribe to the system.

The information collected via Researchfish® is

used routinely to answer questions about MRC funding, to summarise progress, and to make the case for continued funding to Government. The MRC information and analysis team in Swindon deal with over 900 internal and external requests for information each year, and many of these are answered using the Researchfish® dataset. Use of the information can be seen in MRC publications, such as the annual economic impact report <https://www.mrc.ac.uk/successes/economic-impact-report-2015-16/>.

Providing brief feedback via Researchfish® is a condition of MRC funding and, while we work hard to support researchers complying with this requirement, some have found that their grant funding or eligibility for MRC support has been put on hold while we await their output information

to be submitted. For MRC units, compliance with the process features in the Director's annual assurance statement. The Researchfish process is used by over 60 funding agencies, mostly in the UK, but also Denmark, USA, Canada, Australia and Finland. All seven UK research councils use the same process and, at the start of 2017, almost 34,000 awards were tracked from across the research councils. 335,000 new reports of output were added to these awards, just over half of which were records of papers published. 96% of eligible research council awards were submitted between February and March. In the 2016 BBSRC impact report (<http://www.bbsrc.ac.uk/documents/impact-report-2016-pdf/>) the BBSRC CEO stated "We gather evidence of our impact in many ways, but one of the

most important is via Researchfish®, the Research Councils' outcomes collection system.

Information submitted to Researchfish® by BBSRC funded researchers helps us understand and demonstrate the high quality of the research we fund as well as its broader impact, forming the basis of many of the indicators and case studies in the pages that follow."

Although information has to be formally submitted by the March deadline, details can be entered and updated at any time during the year. We strongly advise MRC researchers to update their Researchfish® profile a few times a year, so that most of the work is done in advance of the submission period. The research councils have a dedicated support team ready to answer any

About Dr. Ian Vinay MBE

I gained a PhD in genetics from Cambridge University in 1995. After a postdoctoral project at Imperial College I joined MRC head office and between 1998 and 2003 was Research Programme Manager for genetics, and then Head of the Molecular and Cellular Medicine Board group, primarily concerned with funding excellent discovery science. From 2003 to 2007 I was head of the MRC's Administrative Centre in London, working closely with MRC funded researchers at institutions across London on finance, personnel and strategic matters, primarily concerned with improving operations. Since 2007 I have led MRC's evaluation programme and am currently MRC Director of Strategic Evaluation and Impact.

I received an MBE for services to research funding and evaluation in the 2016 Queen's New Year's Honours list.

queries about accessing the system or editing the information in the dataset, and they welcome the opportunity to help researchers outside of the busy submission period.

Details about help available can be found at

<http://www.rcuk.ac.uk/research/researchoutcomes/help/> . Almost all the information about research outputs held by the research councils is published via the RCUK Gateway to Research (<http://gtr.rcuk.ac.uk/>), a public record of all the projects funded by research councils since 2006. In addition new functionality is being added on a regular basis to import existing records into Researchfish®, such as publication data from PubMed and ORCID profiles.

I encourage all at the MRC Unit to record their outputs via the Researchfish® system to ensure that the excellent research in Uganda features prominently in the examples of impact that MRC selects for publication, in analysis presented to Government, and in the records available on the Gateway to Research. I also would highly recommend that the work to update this information is spread throughout the year, rather than saved up toward the deadline in March. *Visit the MRC website and read about the progress and productivity of MRC research*

GPC ends Round 27 Census



Part of the GPC Team

The unique identifier is given once during a participant's lifetime and for participants who move out of a particular study area but return, the identifier given at the first time of participation in the census is located and used. This enables the research teams to track migration of participants across the study areas over a given period. Participants use the same identifier to access treatment at the study clinic.

Challenges

Refusals; Some household heads refuse to participate in the census and bar members of their households from participating. Consequently, such households are not included on our enumeration lists and this affects the number of individuals surveyed. About 5% of households across the 25 villages fall in this category.

In spite of a few refusals, the community is receptive to the surveys and are keen on participating. During a recent meeting to sensitize community members about proposed activities during the upcoming Round 28 census, nine members informed us that they had attended the first meeting held with MRC Programme delegates in October 1989 and had thereafter participated in all the 27 rounds of the survey.

Feasibility and acceptability of establishing a cohort for HIV prevention research in the Uganda Police Force: A prospective study (UPF Study)

PI: Monica Kuteesa



Study Purpose: To assess HIV infection risk, the feasibility, acceptability and suitability of establishing a cohort in the Uganda Police Force from whom participants for future vaccine trials may be recruited.

The primary aims of the study were:

- To estimate prevalence and annual incidence of HIV infection.
- To determine availability and access to HIV prevention services.
- To establish reliable and efficient participant contact and tracking systems to maximize participant retention and determine reason(s) for loss of participants to follow-up.

The secondary aims of the study were:

- To assess participant willingness to participate in future HIV vaccine trials.
- To determine the annual retention rates, acceptability of frequent blood draws,

contraception and regular clinic visits.

Recruitment of 500 volunteers occurred between 19th January 2016 and 31st May 2016 with volunteers being identified and screened from different police barracks within Kampala and Wakiso districts. Potential volunteers were identified through community HCT within these communities. Those willing and eligible to enroll were invited to attend the enrollment at study field clinic based at the Nsambya police barracks health centre IV. Enrolled volunteers were followed up quarterly for a period of 12 months. At each visit volunteers received HIV counseling and testing as well as, assessment for Sexually transmitted infections.

Currently the final volunteer visits have been conducted and data cleaning is on-going.

This study has established linkages between the MRC/UVRI and the Uganda Police Force for possible future collaborative research.

Good Quality and Affordable NCD Care

Is it achievable at lower level health units in Uganda?

By Dr David Katende - on behalf of the Health Systems and Chronic Disease (HSCD) Project team



Dr. David Katende, the Project Leader for the HSS study hands over recording and reporting tools developed as part of the project to Dr. Gerald Mutungi, the Programme Manager for Non-Communicable Diseases at the Ministry of Health. This was at a results' dissemination workshop in Kampala with stakeholders from participating Health Centres.

The Non-Communicable diseases (NCD) epidemic is worldwide. In Sub-Saharan Africa, there is an epidemiological transition from infections to NCDs or chronic diseases mostly due to the effects of globalisation, urbanisation and lifestyle changes owing to socioeconomic pressures that come with these.

Health systems have become increasingly tested with this increasing burden of NCDs while the infectious disease burden also persists; most NCDs are usually seen at high level referral or specialised hospitals. (Figure 1)

With support from the Medical Research Council UK and based on findings from the feasibility studies done earlier (2012-14), we designed a simple basic intervention to be implemented at lower levels of care in Uganda and Tanzania mainly targeting Hypertension and Diabetes.

Methods and Approaches

In Uganda, this intervention was implemented between 2015 and 2016 in 38 HCIIIs and HCIIIs in Wakiso and Mpigi districts with 19 in the early phase and 19 in the deferred (comparison) phase. Their parent district hospitals or HCIVs also received this intervention to maintain referral linkage.

The intervention package included: i) Training of health care workers (HCWs), ii) Provision of treatment guidelines, job aides, recording and reporting tools, iii) Support supervision and iv) Provision of essential medicines and supplies, iv) and where feasible, support to community outreach activities.

Overall, the intervention sought to answer these six questions within six studies through a randomised controlled evaluation in a multi-



Left- Project staff setting a height board at one of the Health facilities that participated in the project. Right- Project staff train HCWs

Perspective from a Referral Hospital

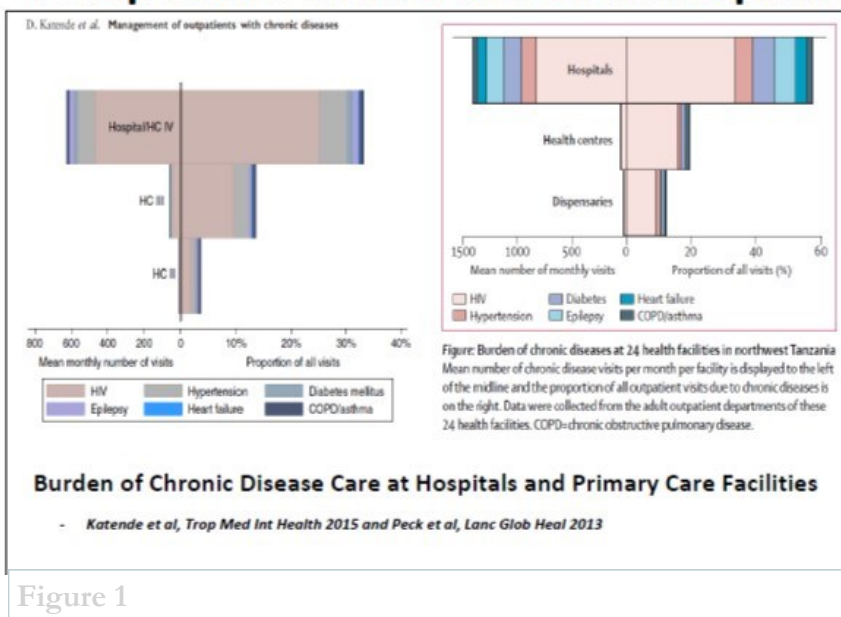


Figure 1

Acknowledgements: We would like to thank all our participating health facilities (patients and staff) in the districts of Wakiso and Mpigi; our collaborators MRC UK, MoH - Uganda and Tanzania, LSHTM, and our indefatigable teams at MRC/UVRI Uganda and NIMRI & MITU Tanzania.

disciplinary way; Did the intervention improve health facility (HF) preparedness? (Study 1); Did the intervention improve quality of patient care? (Study 2); Did the intervention influence the community's health seeking behavior? (Study 3); What would be the costs and cost effectiveness associated with such an intervention? (Study 4); What were the effects of the intervention on health care delivery? (Study 5);

Did the intervention improve community perceptions of NCDs and attitudes to health seeking behaviour? (Study 6); The evaluation was successfully concluded in November 2016. Preliminary analyses have also been concluded and dissemination to the Uganda Ministry of Health NCD technical working group was done in April 2017. We plan to have the final results published by end of 2017.

Scaling the heights; succeeding in a male dominated field

Sylvia Nabadda, an Engineering Maintenance Technician at the MRC/UVRI Uganda Research Unit based in Entebbe recently graduated with a Bachelor's Degree in Industrial Engineering and Management from Kyambogo University. She talked to The Heartbeat about her life and work at MRC among other things.



Growing up

The second out of six children (three boys and three girls), Sylvia grew up in a family where all children were encouraged to take part in house and farm work. Her father's poultry farm was a place for all to engage in whatever chore needed to be accomplished regardless of whether they were girls or boys. She believes this early experience triggered her interest in engineering, because some of the work she engaged in was "about fixing stuff", as she puts it. Because she never had the liberty to choose the kind of work to engage in, Sylvia was raised knowing she could do anything; something she still believes to date.

Working at MRC

Sylvia previously worked with an air conditioning service firm where she among others handled A/Cs service, repair and installation for the firm's clients. She also did plumbing work on a project to install a centralized AC system for the same firm. However, owing to the unfavorable work conditions, she kept her options open; looking for an opportunity that offered a better package in work conditions, remuneration and career development. This for her came in 2013 when the MRC Uganda Unit advertised an opening for an Engineering Maintenance Technician. She applied for and got the job, but having started on her Degree program the same year, Sylvia was skeptical on whether or not she would be able to deliver at her new job and considered turning down the offer.



What a woman is capable of doing is part of their beauty; beauty is both internal and external”.

Retrospectively, she says she is glad that she stayed because the Unit has offered her exposure to various systems as well as a conducive working and learning Environment. She has attended various trainings including a Nitrogen Plant Maintenance Training in the Netherlands in November 2016.

Seeing women succeed in a male-dominated science world is another benefit that has come with working at the Unit, which has motivated her to not just work hard but also succeed in her career. Most of her work is with the Liquid Nitrogen plant where she ensures good operation and daily maintenance of the plant. Besides the plant, she works on the air conditioning, refrigeration and temperature monitoring for the labs and cold rooms across the Unit's four sites. She also liaises between procurement and suppliers to ensure that the right spares for A/Cs, LN2 plant maintenance/ repair and other cryo-storages are sourced and delivered.

The only female among eight colleagues, Sylvia has learnt to seamlessly fit into the team and play her part. Fortunately, this is a trend she is used to, having been one of five girls in her Bachelor's class of 65 and one of two in a class of 32 at the

Diploma level.

Challenges

One of her greatest challenges is an old-time adage that women are physically weaker; however, she makes up for this by her go-getter attitude and believes that she can do anything that a man can do, but acknowledges her colleagues whom she says are helpful and quick to help with tasks such as lifting heavy weights. “My colleagues are like my brothers and they are very helpful. I however have to be careful not to make them feel like they are doing my work by being hardworking and being involved in all tasks assigned to me”, she says in reference to her all-male team of colleagues.

Sylvia also had to put up with the initial impression that people had of her when she had just reported to work; that she might not be able to deliver on the required tasks, probably because of being small bodied. She is glad that she has disproved these earlier expectations.

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The future

While she acknowledges that she has made some advancement in her career, Sylvia is yet to get comfortable. “I want to advance my engineering career and get into a managerial position”, she says. “My desire is to improve efficiency, reduce time wastage and utilize the available resources better”, she adds. This will ensure that she keeps practicing her passion, even when she can no longer do heavy manual work.” A time comes in the life of every woman when they can no longer do manual work”, she cheekily states.

All too aware of the daunting task that a combination of school and work can be, she is still not afraid of taking on another opportunity to further her career. “I have done it before; read on the bus, jumped on a boda-boda (*commuter motor-cycle*) to catch the last minutes of a class and given up on weekend social activities”. “I would do it all over again, if an opportunity arose”, she emphasizes. She commends the entire maintenance team for their support, which enabled her to successfully deliver both at work and at school.

Message to females

To fellow females, Sylvia offers a piece advice, “Girls need to work and love the work they do”. In addition, to particularly the young girls she says, “What a woman is capable of doing is part of their beauty; beauty is both internal and external”. She further admonishes them against being entirely dependent on the males in their lives whether parents, spouses or colleagues because, “A girls can do anything that sets her mind to”.

Industrial engineering is a branch of engineering which deals with optimization of complex processes, systems or organization. Industrial engineers work to eliminate waste of time, energy and other resources that do not generate value.

Integrating the management of depression into routine HIV care in Uganda (the HIV+D trial) –The Formative Phase

Principal Investigator; Prof Eugene Kinyanda

Co-Investigators; Prof Pontiano Kaleebu, Dr Margaret Nampijja and Mr. Richard Mpango

Approximately 8-30% of persons living with HIV (PLWH) have depressive disorders. Most of these disorders go untreated in the majority of HIV care services in sub-Saharan Africa including in Uganda. In response, this Project plans to undertake a research project to develop and evaluate a model for the integration of depression management into routine HIV care in Uganda. This project will be undertaken in two phases, the first being formative research to develop the mental health integration model and the second phase will be to undertake a cluster randomised trial to evaluate the developed model.

This formative phase of the Intervention will be conducted in Mpigi district and therefore participants will be recruited from public health care facilities (PHCF) in the same district.

Different scope of participants will be recruited for the various research questions. For adaptation of the MANAS intervention to the HIV care situation in Uganda we will engage district health managers and planners, health workers involved in HIV care, representatives of persons living with HIV(PLWH), HIV and Mental health NGOs, MOH representatives from the AIDS Control Programme and the Mental Health Department, mental health specialists and members of the HIV+D research team.

In light of the new Ministry of Health guidelines titled “***Consolidated guidelines for the prevention and treatment of HIV in Uganda December 2016***”, this project is uniquely placed to inform how these guidelines can be implemented in the ‘real world’ of public health care facilities in Uganda.

All regulatory approvals for this study have now been obtained.

Mobility patterns and feasibility of tracking women at high risk of HIV in the fishing communities in Kenya, Tanzania and Uganda

Co-Principal Investigators: Dr. Freddie Mukasa Kibengo, Dr. Ali Ssetaala, Prof Janet Seeley, Gertrude Nanyonjo, Martin Mbonye

Senior Researcher: Martin Mbonye

The study will be funded by the International AIDS Vaccine Initiative (IAVI) through the Lake Victoria Consortium for Health Research. A total of US \$ 70,000 will be available for each country to conduct the research.

The Overall aim of this project is to describe the mobility patterns among women resident and/or working at fishing communities (FCs) and assess the feasibility of following them in a future HIV prevention research project in Kenya, Tanzania and Uganda.

The work will be conducted in two FCs in Uganda (Entebbe and Masaka) with known high HIV prevalence (>15% among women) and a population of at least 1000 people per FC. The study population will comprise adults and young people (emancipated and mature minors) aged 15 years or older.

The project will use a mixed research design with qualitative (including participant observation, individual in-depth interviews, focus group discussions, transect spiral walk and use of electronic devices to test the reliability of reported mobility among FCs) approach and quantitative (including cross-sectional survey) approach. Two methodologies (Stage 1 & 2) will be used.

Stage 1 (formative research) was implemented in two FCs per country lasting a period of 3 months between April 1 and June 30, 2017. In Uganda, MRC/UVRI, Masaka and UVRI-IAVI, Entebbe each selected one FC to work in. The formative qualitative research was completed in 2 months.

Stage 2 will be implemented in two FCs per country and will last at least 9 months but may take up to one year between July 1, 2017 and June 30, 2018. These FCs will be different from those used in stage 1. As in stage 1, in Uganda, MRC/UVRI, Masaka and UVRI-IAVI, Entebbe will each select one FC to work in.

Regulatory approval is being sought for the study.

HIV clinical trials preparedness studies among patients with Severe Mental Illness in HIV endemic Uganda (SMILE Study I)

PhD student: Dr Carol Birungi, Department of Psychiatry, Makerere University

Main Supervisor: Prof Eugene Kinyanda

Other supervisors: Prof Jonathan Levin, Dr Patric Lundeg Dr. Juliet Nakku and Dr. Noeline Nakasujja

The overall aim of this study is to investigate HIV risk including risky sexual behaviour among persons living with severe mental illnesses (SMIs) attending Butabika National Psychiatric Referral Hospital (central Uganda) and the Mental Health Section, Masaka Regional Referral Hospital (south-western Uganda). Secondly, this study will investigate whether it is possible to undertake clinical trials among persons living with co-morbid SMIs and HIV in Uganda.

This project will have two components, the Main Study and the Clinical trials preparedness sub-study. The Main Study will be undertaken to investigate the epidemiology of HIV infection and risky sexual behaviour among a cohort of 1,000 patients with SMIs attending the two study hospitals. This cohort will be referred to as the *SMI Cohort* and will be followed up for 12 months with quarterly assessments. This component will specifically investigate the prevalence, incidence and associated factors/predictors of HIV infection and risky sexual behaviour among persons living with SMIs.

The Clinical Trials preparedness sub-study will be undertaken among clinically stable patients with comorbid SMI/HIV attending the two study hospitals. A cohort of 100 patients with comorbid SMI/HIV will be followed up for 12 months with quarterly assessments. This cohort will be used to assess the feasibility and acceptability of undertaking clinical trials among patients with comorbid SMI/HIV including determining the retention rates.

The study is still seeking regulatory approval.

Cultural, social and economic influences on ongoing *S. mansoni* transmission, despite a decade of mass treatment, and the potential for change

Principal Investigator Dr. Poppy Lamberton

Co-Investigators Prof Janet Seeley, Prof Sally Wyke, Dr. Lucy Pickering, Dr Agnes Ssali, Dr. Edridah Tukahebwa and Prof. Nick Hanley.

This project aims to understand better, how people living in endemic communities manage their risk of schistosomiasis (*Bilharzia*) and how they might change their behaviour if additional resources were provided. It is a collaborative project which has two overlapping parts. In part one, we will work directly with communities who experience a lot of schistosomiasis to establish how people currently try to reduce the risk of infection for themselves and their families as well as the risk of passing those infections on through open defecation. We will work in three villages in Uganda using social science data collection methods to observe people going about their everyday life. We will interview them in groups and individually about their understanding of the disease, its effects, how they get infected and their current and desired strategies for reducing infections in the whole community. These data will be used to build up a picture of high and low risk practices and perceptions of disease risk, and how practices and perceptions vary by gender, age, occupation and other factors.

In the second part, information gathered above will be incorporated into household surveys to measure what is needed to change an individual's behaviour. Our methodologies allow us to quantify the ways in which people currently respond to the risks posed by schistosomiasis, and how they might respond if investments in washing, sanitation and hygiene resources in their communities were made. We will also use these models to show how human behaviour is influenced by an understanding of the lifecycle of the parasite, and by knowledge of other people's behaviour.

Our findings will help us identify "best bets" for investments likely to reduce transmission and re-infection which are likely to work in the long-term. Results will inform future research studies, where these interventions are tried out at village and regional levels.

All field work will be performed in three high endemicity villages, Bugoto, Bwondha and Musubi, on the shores of Lake Victoria in Mayuge District, Uganda.

Approval has been obtained from UVRI REC, and UNCST and we are waiting for final approval from the president's office.

Developing a wellbeing index for the evaluation of public health interventions in Uganda: Capabilities and happiness measures

Principal Investigator Dr. Giulia Greco

Co-Investigators Kenneth Roger Katumba and Prof. Janet Seeley

The overall aim of this project is to develop a broad outcome measure based on the Women's Wellbeing Index for Malawi. The study will adapt the Women's Capabilities Index for Malawi to a different context (Uganda), in order to produce a wellbeing measure for women that is suitable for use in a generic low-income setting. It will also test the validity of such measure in Uganda and investigate the policy use of the wellbeing measure.

Fifteen focus group discussions will be organised with 10 to 12 women each who will be recruited randomly from the clinic registration list of the Good Health for Women project in Kampala.

This project will be able to develop a multidimensional wellbeing measure to capture the health and non-health outcomes of complex public health interventions. It will benefit not only an academic audience with methodological interests, but also a wide range of applied researchers, including applied health economists and health policy researchers who wish to conduct evaluations of public health interventions, by offering more appropriate methods for addressing the shortcoming of conventional evaluation techniques.

The study is awaiting final approval from UNCST to start.

Staff Updates



ARRIVALS

Full Name	Job Title	Duty station
Catherine Kansiime	Study Coordinator	Entebbe
Douglas Norman Mudodo	Stores Assistant	Entebbe
Prossy Namirembe	Social Science Research Assistant	Entebbe
Duncan Sserwambala	Projects Administrator	Entebbe
Mariam Nanteza Ssessanga	Senior Grants Officer	Entebbe
Juliet Nassali	Counsellor	Kampala
Wilber Ssembajwe	Data Management Assistant	Entebbe
Racheal Wanyana Tomusange	Nursing Officer	Kampala
Hillary Mutabazi	Data Management Assistant	Entebbe
Tonny Mugasa	Data Management Assistant	Entebbe
Catherine Flavia Namuddu	Counsellor	Kampala
Ivan Arnold Tendo	Counsellor	Kampala
Andrew Ddamulira	Medical Officer	Masaka
Charline Katurole	Lab Technologist	Entebbe
Grace Godfrey Sseremba	Field Worker	Mengo
Derick Niyonshima	Lab Technologist	Mengo
Christopher Kintu	Lab Technologist	Mengo
Herbert Cherukut	IT Systems Administrator	Kampala
Phillis Babirye	Lab Technologist	Entebbe
Patricia Namubiru	Lab Technologist	Entebbe
Barnabas Natamba Kahiira	Senior Scientist	Entebbe
Mandy Wilja Mirembe	Scientist B	Entebbe
Fredrick Lutwama	Post-Doctoral Scientist	Entebbe
Julian Tracy Alum	Project Coordinator	Entebbe



DEPARTURES

Name	Job Title	Duty Station
Agatha Jagenda	Senior Admin Assistant	Entebbe
Richard Ssemambo	Driver	Entebbe
Michael Innocent Kanwagi	Bioinformatician	Entebbe
Patrick Tenywa	Research Assistant	Entebbe
Mudashiru Bbuye	Lab Technologist	Entebbe
Susan Taffumba	Senior Accountant	Entebbe
Michelle Mugenyi	Senior Scientist	Mengo
Saadh Nsubuga Mwagalanyi	Field Worker	Entebbe
Samuelson Nambaale	Field Worker	Entebbe
Claire Elizabeth Musiime	Nursing Officer	Masaka
Fatumah Nalukenge	Study Clerk	Entebbe
Richard Rwenyonga K	Health Educator	Mengo
Gladys Nasuuna	Nursing Officer	Entebbe

Promotions

Name	Former position	New Position
Dr Robert Kalyesubula	Scientist A	Senior Scientist
Justin Okello	Data Programmer	Senior Data programmer
Nicholas Jjuuko	IT Systems Administrator	Senior IT Systems Administrator
Jacent Nassuna	Senior Lab Technologist	Laboratory Manager.
Moses Kizza	Field Station Administrator	Projects Administrator – I-VAC
Eunice Asio	Senior Administrative Assistant	Administrative Officer.
Ibrahim Semakula	Field Worker Team Leader	Community Liaisons Officer
Dr Yunia Mayanja	Scientist B	Scientist A.
Dr Agnes Ssali	Scientist B	Scientist A.
Betty Oliver Auma	Senior Lab Technologist	Laboratory Manager
Penelope Akankunda	Administrative Assistant	Senior Administrative Assistant
Rachel Kawuma Kagawa	Social science research team leader	Scientist B - Mengo
Winnifred Nalukenge	Social Science Research team Leader	Scientist B - Mengo
Paul Talent	Data Management Assistant	Data Manager – Mengo
Wilber Ssembajwe	Data Management Assistant	Data Manager - Entebbe

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