# MESAU News

PRODUCED QUARTERLY BY THE MESAU CONSORTIUM; A MEPI INITIATIVE

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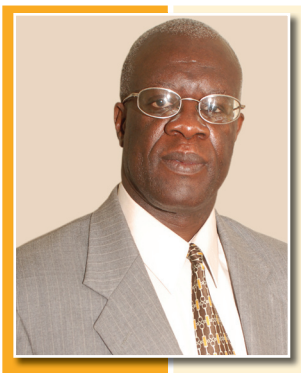

## Dear Friends,

Welcome to the maiden edition of MESAU News; a publication of the MESAU Consortium. This issue coincides with the celebration of the first anniversary of Medical Education Services for All Ugandans (MESAU). MESAU News will be coming to you quarterly with news and experiences from consortium partners and stakeholders.

MESAU is a consortium of universities in Uganda formed under the Medical Education Partnership Initiative (MEPI) funding from the US President's Emergency Plan for AIDS Relief (PEPFAR). The universities are Makerere, Mbarara, Gulu, Kampala International University and Iare Busitema University when it starts a medical school. They are working with Johns Hopkins University in the US, and closely with the Uganda ministries of education, health, finance and others, to transform medical education in Uganda. The Ugandan partner universities are facilitated to strengthen in-country institutional collaboration as a strategy to enhance quality in medical education, research and service, and also increase the number of health workers trained through strengthening institutional and national support systems. Through MESAU, we also provide incentives and support to engage faculty and students to undertake trans-disciplinary research on locally relevant topics.

MESAU is contributing to enhancing institutional energy, structures and systems within which most of this work will be done. Consortium activities are embeded within and are part and parcel of the Ugandan partner institutions. There is a deliberate effort not to create parallel systems and structures but rather to integrate into and support the academic centres' programs or activities.

We shall be sharing our experiences and regularly updating you on all those activities, in our subsequent editions of MESAU News.

In this maiden issue, we have some stories of the start up period; partner institutions working together as a consortium to improve medical education in Uganda; mentoring of trainees in research and clinical training for Cardiovascular Disease (CVD); setting the research agenda at Makerere University College of Health Sciences (MakCHS); expanding capacity in Health professional Education; and many more stories of inspiration.

We request for your comments on the Newsletter as well as the work of MESAU Consortium. Remember; our overall aim is to transform medical education in Uganda, by increasing the number of quality health workers, with relevant competencies to provide equitable quality services to all Ugandans; increasing retention in underserved areas and increasing research capacity.

Enjoy your reading!

Professor Nelson K. Sewankambo

MESAU Principal Investigator

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MAKERERE UNIVERSITY

BUSITEMA UNIVERSITY Pursuing Excellence

JOHNS HOPKINS UNIVERSITY

# MEDICAL EDUCATION FOR SERVICES TO ALL UGANDANS (MESAU): A MEDICAL EDUCATION PARTNERSHIP INITIATIVE (MEPI)

In 2010, a landmark initiative; Medical Education Partnership Initiative (MEPI) was launched by the United States (US) government to support transformation of medical education in some Sub Saharan African medical schools. This was made possible through pooling of effort and resources by US agencies including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA). WHO, the US government and other high income governments have been increasingly concerned about the inadequacy of health workers in many low and middle income countries. This situation is a major bottle neck in scaling up interventions and is partly responsible for the generally unsatisfactory progress in meeting various national or global targets. The objectives of MEPI are therefore to support African academic centres, while collaborating with the local ministries of education and health, to improve the quality, quantity and retention of their graduates and improve their research capabilities. By engaging the above national ministries, "participating institutions will leverage MEPI to strengthen national plans to improve medical education, expand the quality and scope of instruction and scale up the existing cadre of health care professionals".

MEPI awarded over $2 million per year for five years to the Medical Education Partnership for All Ugandans, (MESAU); a consortium of five Ugandan medical schools. This consortium is made up of Makerere University (which leads the partnership), Mbarara University of Science and Technology, Gulu University, Kampala International University, and later on Busitema along with the Johns Hopkins University in the US.

Uganda is making slow progress towards achievement of MDGs 4, 5 and 6, but is trying hard to scale up services in PEPFAR and similar programs. The Ministry of Health records indicate that 75% of the country's disease burden is preventable by use of known interventions and, in 2009, only 56% of public health facility vacancies were filled. African societies, including Uganda, are pressuring medical schools to show greater social accountability and scale up their contribution to solving the many health system challenges. Recently, a Sub-Saharan African Medical Schools Study concluded that "shortages of medical school faculty are endemic" and "problematic" and that "infrastructure inadequacies were ubiquitous and limiting." Uganda's medical institutions, though better than many on the continent, experience similar shortages. Therefore, MESAU aims to strengthen the capacity of the Ugandan medical schools/colleges consortium to realize their joint mission "to ensure the transformative innovative medical education built on strong sustainable systems to produce more health workers of consistently high quality to address health priorities like HIV/AIDS through service and research to improve health outcomes for Uganda." The aims of MESAU are:

**'Aim 1: Improve the quality and relevance of medical education and service training in Uganda.** Develop learner-centered curricula to be implemented at standardized multiple health facilities and community-based platforms for education, service and research, with dedicated on-site supervision to produce more motivated health workers with competencies to deliver locally relevant services in resource-limited environments.

**Aim 2: Providing incentives and support to faculty and students to undertake locally driven trans-disciplinary research on topics relevant to Uganda and** to improve medical training, and mentorship by JHU faculty, supported by trainee and faculty competitive grants designed to "fill the pipeline" with well-trained Ugandan educators and researchers. Multidisciplinary faculty will identify and implement a locally-driven research agenda to find solutions to priority health service delivery challenges.

**Aim 3: Facilitate efficient conduct of education to increase number of Health workers trained and research through support systems capacity building** including: grants management, communications center to translate research to policy, service quality management, research resource centers (statistics, editing, monitoring), and educational resource units.

Overall we wish to develop very strong links with various government departments so that we as academic institutions can better serve our society and move away from an ivory tower mentality and practice.

## MESAU-MEPI Officially Launched in Uganda

On 25th February 2011, in the presence of notable academics, and invited guests representing a cross section of stakeholders MESAU was officially launched at Hotel Protea in Kampala. It was a memorable, colourful occasion that marked the official and public acceptance by top leaders of Ugandan MESAU partner universities that their institutions were in full support of in-country South-South collaboration bolstered by a developed country institution, Johns Hopkins University. Of great significance was the presence of senior officials of ministries of education and sports, of health and National Council for Higher Education. The former was represented by Ms. E. Gabona, Director of Higher Technical Vocational education and Training and Mr. Odok Ochieng, Acting

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# MESAU-MEPI Officially Launched in Uganda

Commissioner for Higher Education. The Ministry of Health was represented by among others Dr. Nathan Kenya –Mugisha, the Acting Director General of Health Services. The National Council for Higher Education was represented by Mr. Francis Otto.

His Excellency the Ambassador of the United States in Uganda, Ambassador Jerry P. Lanier graced the occasion and officially launched MESAU, a MEPI Consortium in Uganda. In his remarks the Ambassador Lanier said, "The MESAU-MEPI partnership will allow one main health priority—HIV/AIDS—to drive improvements in the Ugandan health system and to provide care for a broader range of conditions. Ugandan medical training institutions will be able to broaden their curricula to expand training on non-communicable diseases, such as Cardiovascular Disease and cancer, and on family and community-based medicine, as well as on HIV/AIDS care and treatment".

*His Excellency the Ambassador of the United States in Uganda, Ambassador Jerry P. Lanier (second right) with MakCHS Principal Nelson Sewankambo and Prof. Francis Omaswa at the launch*

# MESAU Consortium Defines the Minimum Competencies for Medical Education in Uganda

The goal of health professional education including medical education is to improve population health. It is vital that our medical graduates have the required competencies to deal with the health needs of communities in Uganda and beyond. It is good practices that competencies should be considered in planning medical curricula, as well as students' instruction and assessment. Aligning the education goals, instruction and outcomes is important step towards producing medical graduates who can meet the population needs, empower communities and enhance human wellbeing.

The MESAU consortium institutions with participation of stakeholders including ministries of education and of health and non-governmental organizations has defined the minimum competencies required for medical education in Uganda and these are also generally applicable to the other health professional education programs that we are targeting namely nursing, dentistry, pharmacy, medical radiography and later environmental health. The competencies outlined below have become anchors for revision and development of various curricula at MESAU partner institutions:

1. **Medical Knowledge**
   Graduates should demonstrate the ability to recall knowledge of human structure, function, development and pathophysiology; and of epidemiological and social-behavioral sciences and apply it in providing care to individuals, families and society.

2. **Clinical skills and patient care**
   Graduates should effectively use motor and cognitive skills to provide appropriate diagnosis, management and prevention of common health problems encountered in patient care.

3. **Critical inquiry and scientific method**
   Graduates should understand and use of scientific theory, methodology and critical thinking skills to conduct research, interpret findings and apply these

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## MESAU Consortium

to improve individual, family and community health.

4. **Professionalism and ethical practice**
   Graduates should demonstrate through knowledge and behavior a commitment to the highest standards of clinical care, ethics, integrity and accountability to the patient, society and the profession.

5. **Interpersonal and Communication Skills**
   Graduates should demonstrate effective inter-personal and communication skills with a wide range of individuals and groups in order to provide appropriate health care.

6. **Leadership and Management Skills**
   Graduates should demonstrate appropriate leadership and management skills for effective and efficient health systems.

7. **Population Health**
   Graduates should demonstrate the ability to work with the community to promote health, prevent disease and empower communities in order to produce a healthy population.

8. **Continuous Improvement of Care through Reflective Practice**
   Graduates should demonstrate the ability to investigate and evaluate their practice, appraise and assimilate scientific evidence, and to continuously improve health care based on constant self-evaluation and lifelong learning.

9. **Health Systems Management**
   Graduates should demonstrate an understanding of the composition, organization, economics and other interrelated dynamics components of health service provision and the ability to practice within the health system.

## MESAU Energises Research Management at the Makerere University College of Health Sciences (MakCHS)

***By James K. Tumwine***

***Makerere University College of Health Sciences Graduate and Research Committee***

I saw it long coming! Yes, it was a question of time before research and graduate training were going to have a remarkable turn round! The momentum was generated from within the College: from both the students and faculty. The impetus was catalysed by our partners both from within and from without. And definitely MESAU-MEPI has had its mark.

Hence a College Graduate and Research Committee (GRC) has been formed and, with the support of the MakCHS Principal, Nelson Sewankambo, began its work in earnest: building on the MakCHS strategic plan and the Makerere University Johns Hopkins University (MUJHU) twinning project that had identified key gaps during a needs assessment exercise.

The Graduate and Research Committee has embarked on a number of activities that will eventually push research in the College and Uganda in general to new heights! In this newsletter we only wish to highlight just a few of the achievements of the College in this sphere.

**Charting the MakCHS Research Agenda**

Apart from several MESAU sensitisation meetings in which the GRC members participated, the committee has also spearheaded the development of a research agenda for the MakCHS through a consultative process that began in the academic departments, progressing onto the four Schools of the College and culminating in stakeholders' workshop. The workshop brought together two people from each academic department as well as representatives of our key stakeholders.

The workshop was facilitated by Cole Dodge a development and education consultant based in Nairobi and who has had long association with the

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## MESAU-MEPI Staff Development Activities and their Impact on Makerere University College of Health Sciences

***By Celestino Obua***

***MakCHS MESAU Team***

Training adequate human resource for health (HRH) is perhaps the most important goal of an effective medical education and an enduring function all medical institutions perform as their primary mandate. Coupled to this component of medical education is research capacity building for both faculty and students as means to broaden knowledge base and provide evidence for policy and service. The Medical Education Partnership Initiative (MEPI) project is an excellent opportunity for African medical training institutions to train more HRH through faculty capacity development that provides faculty individual growth and strengthens ones ability to perform meaningful research to generate new evidence for solving the health needs of the community.

In this respect MEPI-MESAU put in place an elaborate work plan for building capacity of faculty to teach and perform high quality research in Uganda to address the priority needs of the country. MESAU has in the first year of the project performed a number of activities towards the development of faculty capacity which have had some positive impact on Makerere University College of Health Sciences .

**Expanding capacity in Health Professional Education**

Through a process of internal advertising, applications were sought from faculty at the College of Health Sciences for Masters in Health Professional Education (MHPE). The suitable individuals were identified from which one candidate was sent for a one year MHPE program at Maastricht University.

**Training faculty on M&E principals**

With the guidance of internal M&E experts, a participatory approach was used in a two-day workshop to train MESAU consortium faculty on M&E principals. The product of this training was the M&E matrix for MESAU produced by the participants. It is thus important to note that the understanding

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# The Changing Face of Medical Education in MBChB Program of Kampala International University

***By Benjamin Oonge, Dean, Faculty of Clinical Medicine and Dentistry, Kampala International University (KIU)***

I have always preferred reading to listening and was beginning to get bugged down with meetings in the initial period of the MESAU-MEPI programme till we began to implement activities of the programme and three things happened:

Students who went out for Community Based Education, Research, Management and Services (COBERMS I), which is for community diagnosis, reported cordial unusual reception and more participation from the community in answering questionnaires and in health education and water source protection activities they were doing. This had followed a community stakeholders meeting in which a lot was shared including community leader eagerness and involvement to share outcomes of every visit KIU was making.

This cordial relationship is likely to awaken students' interest in the community and they may begin to ask questions that could form a basis for their research interest.

I am hoping that if sustained, one of the goals of enhancing and getting graduates to be interested in conducting research may have begun.

An exercise that began in which students accompanied by a specialist would do clerkship in Kitagata hospital, Mitooma and Lugazi initially to improve the student: patients ratio resulted in students reporting confidence in interaction with patients and feeling that they had been helpful.

The attendance in these clinical clerkships rose to 100% most of the times with students taking keen interest in follow up of the patients. We were yearning to see change in attitude in the students towards seeing patients in this rural set ups.

It is my belief that if we sustain this the goal of getting graduates eventually to take an interest to serve in rural areas despite many other mitigating factors that play a role may be beginning to take shape.

Having improved student patient ratio the quality of clinical education may improve further in KIU.

Medical officers who are in charge of the COBERMS sites have requested more days for these student clerkships as they also learn from the specialists, they report increased confidence in managing patients at the stations and they are having fewer referrals. In the words of one medical officer "I can confidently take a patient to theatre with surgeon around knowing that I have trained back up if I were to get stuck".

KIU is therefore gaining by not only increasing patient contacts but availing specialist care and training for those already in the field.

Students gradually may change their attitudes and find working with the rural poor a pleasure and a priority. Other gains that stand out are the result of developing minimum competencies. Originally, KIU curriculum for Bachelor of Medicine Bachelor of Surgery hoped to produce five Star doctors with the follwoing competencies:

1. Provision of curative, preventive and promotive health services
2. Management of Health Services
3. Generation of information
4. Dissemination of information
5. Community leadership

After the consortium discussions and agreement on minimum competencies the scope has widened and as we incorporate the competencies and skills training in the curriculum, KIU will improve the quality of the graduates to be produced.

I am hopeful that by putting measures to improve quality in education and clinical care, by conducting research as a part of the programme of MBChB, by doing clerkships in the rural areas, by establishing minimum competences criteria and having opportunities to present findings and activities done so far the face of medical education in KIU has substantially changed and will change further.

Finally interaction at consortium levels with the older medical schools and KIU, the latter is building its confidence that we are on the right track.

At this pace, we are confident that we shall see more gains in the next phase.

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## MESAU-MEPI Staff Development Activities

gained by the faculty who participated in the training is expected have a huge impact on the eventual overall M&E of the MEPI supported activities.

*MakCHS Faculty participating in M&E training workshop - in groups developing MESAU M&E matrix at Fairway Hotel, Kampala*

**Training of faculty on competency based curriculum**

As we embarked on transforming our medical curriculum into a competency-based one, MESAU consortium meetings were held to determine the competencies needed in a medical curriculum in Uganda. After these meetings, each of the MESAU consortium institutions opted to revise their curricula anchored on the above competencies. The impact of this MESAU activity has been that MakCHS held several writing workshops during which , and working together as a team, the faculty got to better understand the curriculum and developed shared ownership, which is an important factor in the eventual success of the curriculum.

**Faculty growth through research capacity building**

One of the ways through which MESAU proposed to train more HRH was to develop capacity of faculty through PhD and Masters degree fellowships. In this regard during May 2011 we developed criteria for selection of candidates for the Fellowships for faculty from within the MESAU consortium. In June we posted the advertisement for the PhD positions within the MESAU consortium institutions. The application process will comprise two steps i.e. the preliminary application that will lead to short listing, after which the short listed applicants will be expected to develop full applications for funding on merit. Since these fellowships are to be taken up by faculty within the consortium, faculty retention is crucial, and as such we are using existing bonding mechanism or develop one, if non-existent, for the candidates to be bonded by their respective institutions.

**Support to faculty research capacity**,

Another important MESAU-MEPI activity has been the set-up of the grants management office starting with MakCHS. The grants management office was indeed established at MakCHS by the beginning of May 2011 with a staff of three. The institutional impact of this unit has almost been instantaneous, as within the first two months of their operation, close to ten competitive grant applications have been submitted. It is also encouraging to note that more and more faculty have began to seek assistance from the grants office on how to respond to competitive grant calls. We believe that in the second year of MEPI there will be a significant increase in the number of responses to funding calls by faculty of MakCHS.

## MESAU Energises Research

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Makerere University. Cole was closely involved in the early days of planning the establishment of the MakCHS under the Innovations at Makerere University (I@Mak) process.

The workshop brought together over 60 participants including representatives from: all Schools of the College, the Institute of Infectious Diseases, National Planning Authority (NPA), Uganda National Health Research Organization (UNHRO), Uganda National Council for Science and Technology (UNCST), Centres for Disease Control and Prevention (CDC), Uganda Virus Research Institute (UVRI), Centre for Quality Assurance and Makerere University Planning Department, the Makerere Directorate of Research and Graduate Training and civil society representatives.

This reflected 95% of expected attendance possibly because research is viewed as strategically significant. The workshop was conducted in four sections: The stimulating and inspirational welcome by the MakCHS Principal was quickly followed by four short, succinct informational overviews of the existing components of research. The major health sector plans and programs were reviewed critically, highlighting the need for research in areas such as achievement of the health targets of the UN Millennium Development Goals. The first session culminated in a question and answer period with four experts from outside of the College; the Directors of UNHRO, the Planning Department of Makerere University and representatives from the NPA and UNCST.

The second session required all participants to fill out two questionnaires. The first was a six point one page set of questions covering important areas for setting research priorities. Some significant findings from this questionnaire were:

1. Engagement in research presently. Eighty nine percent of the College participants were found to be currently engaged in research directly which compared favourably to the survey of all College staff in 2004-2009 which found that only 83% were involved in research. This confirmed that the participants were appropriate to the planning

## Management at the Makerere University College of Health Sciences

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group for setting health research priorities.

2. Notably, the survey revealed that 9% of the grants were from government sources. However we do not know the size of these grants. It is encouraging that some research grants are available from domestic sources and that the College is accessing them; however at 88% the vast majority of research is funded from external donors.

3. The survey revealed that 75% of research undertaken by participants was multidisciplinary.

**Prioritizing research**

The participants were divided into four groups and asked to prioritise research topics according to the following predetermined criteria;

1) Public health benefit, in accordance with the mission of the MakCHS, Makerere University and the Government of Uganda/Ministry of Health

2) The capacity to actually carry out the research priority with respect to human resources and potential to involve students.

3) The relative cost of undertaking the research in this specific field.

4) None the less, all four discussion groups readily apprecaited the validity of the individual priorities and undertook processes to cluster topics to produce five priorities from each group. All four groups then evaluated the lists generated through various scoring techniques against the indicators utilizing a scale of low to high values ranging from one to ten, with one being least and 10 most desirable.

At the end of the day each group presented their table of priorities based on the predetermined criteria above and thus arriving at a final list of five and in the case of two groups up to eight priorities. Participants from other groups queried these presentations, made suggestions and all took interest and appreciated the differences between the groups. The Graduate Research Committee met in a dedicated session and reviewed the four group priorities, a tally of all four groups arrived at by simply adding together all four group results on a scale of 1 to 10 for each of the three indicators as presented by each group. The list was expanded in this manner to 11 health research priorities, with a broad consensus emerging on the suitability of the top five. It was then agreed to weight the public health benefit by an additional 0.5 and leaving the values for capacity and cost as they were. The justification for this was simply that the public health benefit took precedence over the capacity, which it was felt could be developed and cost which again could be raised if the benefits were worth it. In this way the final set of health research priorities were arrived at. These will appear soon on the MakCHS website at www.chs.mak.ac.ug

The GRC also carried out some other crucial functions such as participation in the revision of the MakCHS PhD handbook, as well as planning for an overhaul of the MakCHS IRB system. This will include the introduction of eIRB as well as revamping and streamlining the IRB process in a bid to making it user-friendly and more efficient.

As the MakCHS establishes a Grants Management office as well as a research support unit GRC looks forward to a fruitful engagement with all stakeholders in a bid to pushing Graduate Training and Research to greater heights.

KIU stakeholder touring the teaching hospital after a meeting

## Strengthening Research for better Cardiovascular Disease (CVD) Care in Uganda

By James Kayima

For the last two decades, there has been many breakthroughs in research in Uganda. As a result, many opportunities for interested scientists and collaborations within the country and outside have been nurtured. Unfortunately, most of this research has previously focused on infectious diseases such as HIV, TB and Malaria, and has neglected non communicable diseases.
Since 1988 the relationship between Case Western Reserve University (CRWU) and Makerere University has led to the development of an extensive research infrastructure in Uganda. Most of these efforts have been focused on TB and HIV/AIDS.

Recognizing the growing importance of cardiovascular disease in Uganda, the Chairman of the Department of Medicine at Case Western Reserve University Richard A. Walsh, M.D. and John H. Hord led a group of faculty from CRWU to Makerere in 2006 to try and expand the successful research collaboration to include cardiovascular disease. Together with Prof. Harriet Mayanja, then Head, Department of Medicine, they attempted to interest faculty and staff in cardiovascular research and trainingbut the environment was not ready to launch a major initiative in CVD research and capacity building at Makerere. With the advent of MESAU, this vision is finally becoming a reality.

Through MESAU, Case Western Cardiovascular faculty is to co-mentor trainees in research and clinical training. Also proposed are short-targeted-fellowships to interested faculty to gain expertise and proficiency in the clinical care and management of CVDs. Some of MESAU trainees are already beneficiaries of this arrangement. They have been twinned with co-mentors from Case Western Reserve University to improve their research proposals.

In the month of May 2011, MakCHS hosted a 5-man delegation from Case Western Reserve University, which

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## Strengthening Research for better Cardiovascular Disease (CVD) Care in Uganda

included Dan Simon, Division Chief of Cardiovascular Medicine at the Case Medical Center and Director of Case University Hospitals Heart & Vascular Institute. Others on the team included; Dr. Robert Salata ,Professor of Medicine, Dr. Carl Orringer, Dr. Richard Josephson, Dr. Chris Longenecker. These visiting faculty members made presentations about their work at the university hospitals in Cleveland, as well as the cutting edge research that they are involved in. Most of the research work that was presented was in the field of cardiology and cardiovascular medicine. Ugandan trainees were also able to present their research projects, for which they received valuable input from the visiting faculty.

Just like the research from the Case-Western Reserve University – Makerere University TB-HIV program has impacted on the management of these epidemics over the last twenty-three years, it is envisioned that the expanded collaboration will equally influence policy on the emerging CVD epidemic in Uganda.

# MESAU Cardiovascular Disease (CVD)-Linked Project:

## Birth of a new Initiative to improve cardiovascular disease research and care.

***By Rhoda Namubiru and Robert Musoke***

***MESAU-CVD-Linked Program***

Cardiovascular disease (CVD) is by far the leading cause of mortality responsible for about 17.5 million deaths, and 30% of global mortality. Even with the underestimates, CVD accounts for 11% of total death in Africa, making it the second most common cause of death. Death and disability due to CVD in this part of the world occurs in younger age-groups (30-69 years) and the economic impact is felt both as a cost to the country's health system as well as the loss of income and production of those affected either directly or indirectly by the disease. Despite the statistics, research and training in CVD in Uganda has been relatively ignored, a situation that translates into suboptimal CVD primary care by graduating doctors and poorer outcomes in patients affected by CVD.

The MESAU-CVD linked program is expanding MakCHS highly successful research collaborations in infectious diseases to include CVD, with the goal of improving the capacity for research and training in Uganda and to address the critical shortage of leaders in CVD. Makerere University College of Health Sciences (MakCHS) and Mbarara University of Science and Technology are collaborating with other institutions including the Medical Research Council in Uganda, Case Western Reserve University and Yale University to ensure success of the program.

The program has been in existence since 2010. Nine (9) candidates in diverse clinical fields such as Surgery, Pediatrics and Internal Medicine are being supported on Masters and PhD programs at Mbarara or Makerere Medical Schools and many more are expected to be taken on in the coming years. Top on the agenda in the training of these students is to ensure that they acquire the necessary skills in the clinical care and management of CVDs, development of research skills and the strengthening of student-mentor relationships.

These collaborative efforts aim to train leaders in cardiovascular disease that will drive the agenda for research, training and clinical care in this area.

**MESAU-MEPI CVD Linked Program Academic Partners**

- Makerere University College of Health Science
- Mbarara University of Science and Technology
- Case-Western Reserve University
- Yale School of Medicine
- Medical Research Council in Uganda

## COMMUNITY BASED MEDICAL EDUCATION: EVOLUTION, CHALLENGES AND FUTURE PLANS AT MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST)

***Samuel Maling, Wilfred Arubaku, Gad Ruzaaza & Jerome Kabakyenga Faculty of Medicine, Mbarara University***

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Mbarara University of Science and Technology, Faculty of Medicine (MUST-FOM) has used the Community Based Education (CBE) approach as its underlying philosophy in the training of health professionals since its inception in 1989. This was aimed at producing relevant health professionals with the right attitudes, skills and commitment to work in rural places in Uganda where 80% of the population lives. In its early days CBE at MUST-FOM entailed students visiting neighboring villages and communities in the afternoons within Mbarara Municipality and interviewing a few residents and compiling their findings into a report which was assessed. This type of training was not welcomed by the pioneer students who feared that it was going to make them become barefoot village doctors. To strengthen the primary healthcare experience of the students, the university established two sites (Kinoni and Rugazi) by 1995 whereby medical students had lodging and

visited immediate communities and participated in clinical care of patients so as to see the different disease patterns and compare them to what they saw in the main teaching hospital. As the student number increased and new programs besides medicine were developed, more sites were indentified and used.

***Reforms in the last three years***

- *Leadership and Management modules introduced to equip students with skills in leading and managing practices using the challenge model.*
- *The students undertake community leadership and management projects in multi-disciplinary teams of 8-10 members composed of medical, nursing, medical laboratory science and pharmacy students. In 2011, two hundred and thirty (230) students using 28 placement sites undertook the leadership and community placement module.*
- *The number of supervisors has been boosted by training of 25 new faculty and 30 site supervisors*
- *The placement site identification and selection criteria was improved*
- *Supervision of students while in the community was strengthened by training and involving faculty from other departments in addition to the community health department and all the site tutors are trained in supervision skills as well as leadership and management.*
- *Students are now required to generate a work plan of their involvement in the primary healthcare activities of the health facility in which they are placed.*

## *Opportunities with MESAU-MEPI consortium*

Under the MESAU consortium that brings together Uganda health professionals training institutions students will be required to participate in Community Based Education, Research and Service (COBERS) so as to expose them to living and health conditions in rural Uganda with the goal of motivating them to work under these underserved areas of Uganda. The criteria for COBERS sites will improve the selection and evaluation of placement sites.
The approved minimum competencies by the MESAU consortium offers a guide to improve the COBERS curriculum at MUST. A graduate of MUST will have the ability to work with the community to promote health, prevent disease and empower communities in order to produce a healthy population.
A training of MUST faculty by a team of curriculum experts from John Hopkins University in July 2011 has further strengthened the skills and knowledge to improve the MUST-FOM curriculum. The resources offered by MESAU will facilitate training of more faculty, study exchanges, improve supervision, improve sites and enhance the use of Information Technology (IT) in COBERS training.
Strengthening the integration of family medicine in COBERS will be undertaken to improve access and equity to specialist healthcare. In addition, Monitoring and Evaluation (M & E) will be integrated into all COBERS activities and faculty will be trained in M & E skills.

*Mbarara University Students after a meeting with Village Health Teams (VHTs) at Bugoye,Kasese COBERS Site May 2011*

## Challenges

The CBE program has faced insufficient funding needed to sustain students in the community and facilitate supervision given the fact that the number of students and sites has increased. This has resulted in students having only a one six week placement instead of two, and difficulty in transport for the supervisors as well as for students to reach remote communities. Besides, availability and use of IT has not been fully exploited. In some placement sites, the site tutors are overwhelmed with workload and have very limited time to supervise the students. MESAU creates opportunities to control these challenges.

# MESAU-MEPI INSPIRES GULU UNIVERSITY

*By Emilio Ovuga*

In the fourth quarter of the life of MESAU-MEPI Project staff from Gulu University participated in two training workshops; namely: monitoring and evaluation workshop, and curriculum development workshop. Two different groups from the Institutional Implementation Committee of Gulu University attended the two workshops to ensure that as many as possible of Gulu staff participate in the implementation of the project; this approach in our view assures collective ownership. The Gulu team chose to improve the surgical component of the newly accredited medical curriculum, as surgical problems are a major public health issue and cause unnecessary mortality in the region.

During the same quarter the medical curriculum that had been revised based on our cumulative experience over the previous five years was finally accredited by the National Council for Higher Education. The accredited curriculum ensures that student failure rates will be significantly minimized and service to the community in northern Uganda will be improved through student attachment in at least ten rural health facilities in the sub regions of Acholi, Lango and Madi. Though the old curriculum emphasized clinical competence among students as early as third year of the medical program, the new curriculum puts more emphasis on the attribute of competence and the promotion of rural health through community participation and involvement.

MESAU-MEPI has inspired Gulu University to use the principles of monitoring and evaluation to track the process of curriculum implementation at Gulu. The University has this August, 2011 admitted 84 students to the medical program to meet increasing demand for medical education at the University, up from the usual 70 admissions annually; we hope that we shall register more than 75 students in the first year versus previous actual registrations of less than 65 annually.

The University team will now train their colleagues that did not have the opportunity to participate in the training workshop in Kampala. A member of the team has also suggested that the faculty facilitates a training workshop for Deans, Directors and their Deputies in the whole University in order that curricula at the University deliver value and quality for money at all faculties. The Dean and the Institution Implementing Committee (IIC) will look into this possibility to promote the University's motto, "For Community Transformation".

In line with this brief, the following are the planned activities for the forthcoming semester at Gulu University. We shall a) hold a sensitization seminar for all faculty members b) hold a training seminar for consultants, all doctors and nurse administrators at Gulu Regional Referral and Teaching Hospital and St. Mary's Hospital Lacor to agree on minimum standards of teaching, instruction and mentorship to promote high standards of clinical care and dedication to work among future doctors graduating from Gulu c) hold workshop for rural health facility administrators to identify their training needs and needs for adequate student supervision d) conduct a tour of rural health facilities to identify the facilities based on minimal criteria e) conduct training of rural health facility staffs to enable them adequately supervise and objectively report on students' progress during their attachment at the health facilities. Additionally we plan to design monitoring and evaluation forms to capture a range of indicators on access to health care, the quality of health care at rural health facilities and our two teaching hospitals, health care provider satisfaction, health care consumer satisfaction, and staff retention at rural health facilities though this last areas does not fall within the mandate of the University.

We now have an office to house our Institutional Review Committee (IRC) activities. We plan to use MESAU -MEPIsupport to work toward upgrading our operations into electronic review process. We have discussed the possibility of establishing distance-learning facilities at the faculty and we plan to use mobile telephones to support rural health facility staff and supervise students in clinical decision-making process every time they encounter clinical problems they cannot easily handle.

# Synergies: Medical Education Partnership Initiative (MEPI), Primary Health Care (PHC) and Family Medicine.

***Elsie Kiguli-Malwadde, Director, Medical Education Partnership Initiative, African Coordinating Center, Uganda and Jan De Maeseneer, Promoter Primafamed-Network, Ghent University (Belgium)***

It may be purely coincidence but there is an overlap of the countries with MEPI grants and those where Primafamed works. MEPI is the acronym for Medical Education Partnership Initiative. The US Government through PEPFAR (Presidents Emergency Plan For AIDS Relief), NIH and HRSA awarded grants to African institutions in 12 countries, forming a network of 30 regional partners, health and education ministries and more than 20 U.S Collaborators. MEPI aims at improving and transforming African Medical Education by increasing numbers and retention of doctors where they are most needed, strengthening medical education system infrastructure and building locally relevant research capacity in Africa. Primafamed stands for "Primary health care and family Medicine Network"(www.primafamed.ugent.be) and has been funded from 2008 untill 2010 by EU-ACP-Edulink and also by the Flemish Interuniversity Developmental Cooperation, funded by the Belgian government (www.vliruos.be). Its aim is to help African states face the challenges of lack of access to health care by upgrading the quality of structures, curricula and educational methods for training of family physicians and other Primary Health Care professionals at both undergraduate and postgraduate levels. The focus is on a South-South strategy. Though the MEPI aims are broader, they overlap with those of Primafamed.

At a recent workshop (10-13.07.2011) organized by Primafamed in Cape Town, South Africa, more than 60 family physicians and other people interested in PHC met to formulate strategies for advocacy for family Medicine and Community Oriented Primary Care in the context of Family Medicine in Sub Saharan Africa. There were 3 Ugandans, 2 of whom were from Makerere University College of Health Sciences. In a presentation given by the MEPI African Coordinating Center Director based at the African Center for Global Health and Social Transformation (ACHEST), it was noted that nearly all the many schools addressed the issues of Primary Health Care, Community and rural work, community based Education research and service, public health as well as family medicine training. The schools have several strategies that are different but are aimed at achieving the same goals. The strategies include;

- Developing curriculum to include community based education
- Decentralizing training to create relevant clinical experience in the communities
- Sending faculty to district hospitals
- Developing clinical clerkship at community sites
- Establish Educational Resource units at community sites
- Improving access to and efficiency of care to rural communities
- Improving surgical care in the communities.
- Revising community medicine curriculum and implement a full 1 year immersion clinical rotation in a rural setting
- Expanding rural research

The discussions that followed concluded that there is a lot in common between what MEPI and Primafamed aim in Sub-Saharan Africa. Some important key issues were identified;

- There is evidence that the role of a Family Physician is gaining prominence in Africa.
- The issues on recruitment and retention of the health professions in the places where they are most needed still needs a lot of work (the EU-FP7- HURAPRIM-project is looking at these problems: see: http://www.huraprim-project.eu)
- Journals are becoming more expensive and Open Access journals are an important avenue for publishing and having access for the low resourced countries (therefore, Primafamed has launched in 2008 the African Journal of Primary Health Care and Family Medicine: see www.phcfm.org) .

*A group Photograph of the participants of the Primafamed workshop in Cape Town, South Africa*

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# Johns Hopkins University: MESAU's "Northern" Partner

By Bob Bollinger MD, MPH

The Johns Hopkins Center for Clinical Global Health Education (CCGHE) has the great privilege to coordinate the Johns Hopkins University's technical assistance to MESAU. The mission of the CCGHE at Hopkins is to provide access to high quality training to health care providers in resource-limited communities. The MESAU leadership has asked Hopkins to provide support in 5 strategic areas, including monitoring and evaluation, research capacity building, IRB strengthening, curriculum development and IT/distance learning.

*MESAU Curriculum Development Workshop Participants in Kampala: July 2011*

The Hopkins team, led by **Dr. Bob Bollinger**, Professor of Medicine and Director of the CCGHE, includes a wide range of experienced faculty and staff. Dr. Bollinger has more than 30 years of experience in global health research and education. The Hopkins team also includes **Dr. Yuka Manabe**, Associate Professor of Medicine at Hopkins and Research Director at the Infectious Diseases Institute;**Dr. David Peters**, Professor of International Health and Director of Health Systems; **Dr. Stephen Sisson**, Associate Professor of Medicine and Vice Chair for Clinical Affairs at Johns Hopkins Department of Medicine; **Dr. David Kern**, Professor of Medicine, Editor of *Principle of Ambulatory Medicine* and first author of the standard reference, *Curriculum Development for Medical Education: A Six-Step Approach*; **Dr. Mark Hughes**, Assistant Professor of Medicine and Co-author of *Curriculum Development for Medical Education: A Six-Step Approach*; **Dr. Daniel Ford**, Professor of Medicine and Vice Dean for Clinical Investigation. Other key members of the Hopkins Team include **Ms. Jane McKenzie-White**, Managing Director of CCGHE, as well as **Mr. Miquel Sitjar** and **Mr. Solomon Lubwama**, who are IT experts working with the PEPFAR Uganda Distance Learning Initiative of the CCGHE.Strategic support of the IRB capacity building activities has also been provided by **Ms. Rose Warlick** of the CCGHE, **Ms. Barbara Starklauf,** Assistant Dean, Human Subjects Research Compliance; **Ms. Judith Carrithers**, Director, Office of Human Subjects Research.

> *"He who has health, has hope; and he who has hope, has everything."- Thomas Carlyle*

Drs. Peters and Bollinger have provided input to the MESAU monitoring and evaluation team, led by **Dr. Rhona Baingana, Dr. Alfred Okiria** and **Ms. Rosemary Baryamutuma**, which has developed a log frame, performance monitoring plan and workplan. The Hopkins team, including Dr. Sisson and Dr. Manabe will also provide technical assistance to support the development of specific M & E competencies and metric tools and to assist in the analyses, reporting and publication of the impact of the MESAU program. Dr. Manabe has led the Hopkins team's efforts to support research capacity building for MESAU and has contributed to the revision of the PhD manual to facilitate consistency and optimize the training for doctoral students across all disciplines. Through support of a separate Fogarty Program led by **Dr. Nancy Kass** and **Dr. Adnan Hyder**, Hopkins recently hosted **Dr. Paul Kutyabami**, **Dr. Fred Kituutu** and **Ms. Aida Nakawunde** from MakCHS for ethics training. MESAU has leveraged this opportunity and coordinated efforts to expand this training at Hopkins, to include IRB administration and eIRB systems. In addition, MESAU will provide an opportunity to sustain the capacity building initiatives from Dr.Kass's program, which is designed to build research ethics capacity at MakCHS and, ultimately, to help establish a Center for Bioethics at MakCHS.

In order to meet the primary objectives of MEPI and optimize clinical training of health care providers, the MESAU leadership has prioritized expanding faculty expertise in curriculum development and evaluation for all of the Ugandan partners. The Hopkins team is supporting the MESAU goal of establishing a core group of curriculum development faculty experts at each institution to provide a sustainable resource for ongoing improvements in clinical training. In addition, optimized curricula and training programs must be leveraged and shared among the MESAU partners to scale up the training of the next generation of Ugandan health care providers. In the first year of the MESAU program, Hopkins faculty experts in curriculum development, led by Dr. Sisson developed and implemented the first of a series of planned curriculum development workshops for MESAU faculty. In July, Drs. Sisson, Kern and Hughes met with 25 faculty, representing each of the Ugandan MESAU partners, to

*Mr. Solomon Lubwama and Mr. Mubiru Lasto conducting the IT needs assessment for Mbarara University of Science and Technology (MUST): July 2011*

review the principals of curriculum development. Each MESAU institution team selected an initial high priority course curriculum for this first workshop. During intensive interactive sessions, the teams applied the "Six Step Approach" to these course curricula and shared their lessons learned within each team and between the various teams. In addition to learning and applying the principals of curriculum development, the MESAU faculty teams also were able to optimize these course curricula. These courses included a new course in Faculty Professionalism and Ethics Course at MakCHS, an update of the 4th Year Medical Student Community-Based Education and Research (COBERS) course at Mbarara, the 3rd Year Medical School Course in General Surgery at Gulu, the Community Based Education, Research, Management and Service (COBERS) Medical Student Research Course at Kampala International University (KIU) and the Medical Student Cell Biology Course at Busitema. This curriculum development workshop also served as an opportunity for MESAU faculty to discuss methods for sharing curricula and training between the partners. This workshop was highly successful and will be followed by additional workshops and support, with the goal of establishing a core of MESAU faculty curriculum development experts who will lead their own Curriculum Development Workshops and provide support to other faculty and for other courses.

Leveraging the experience of the PEPFAR Uganda Distance Learning Initiative, established 3 years ago by CCGHE, to support the development of distance learning capacity in Uganda to support training in HIV prevention, care and treatment, the Hopkins team is also providing IT support and technology transfer in distance learning methodologies to support the goals of MESAU. A MESAU Distance Learning Committee has been established by the Hopkins team, representing all of the MESAU partners, including **Dr. Ian Munabi**(MakCHS), **Mr. Dickson Muyomba**(MakCHS), **Dr. Grace Muwanga**(Mbarara), **Mr. Geoffrey Tabo** (Gulu), **Dr. James Henry Obol** (Gulu) and **Dr. Ben Oonge** (KIU). The MESAU Distance Learning Committee has prioritized a number of strategic activities to support MESAU, including comprehensive IT needs assessments for each of the MESAU partners and some of their strategic COBERS sites. New IT infrastructure and procedures based on recommendations from the prior IT needs assessment conducted by the DLI for MakCHS are now being implemented. The IT needs assessments for Gulu and Mbarara have been completed, with assessments for KIU and Busitema to take place in the subsequent months. Capacity and potential for the novel use of distance learning tools to support MESAU has been established recently at MakCHS, as demonstrated by a novel live video conference supported joint clinical case discussion between MakCHS and Hopkins medical students in March 2011. The development and strategic use of distance learning tools could be a particularly cost effective and efficient way to scale up and share high quality training throughout MESAU in the future and other grantees.

*Dr. Bob Bollinger (Hopkins) and Dr. Prof. Christopher Magala Ndugwa (MakCHS) leading a joint medical student clinical case conference: March 2011*

# Personal Reflection

*By W. Arubaku, Department of Dentistry, Faculty of Medicine Mbarara University of Science and Technology.*

Mbarara University of Science and Technology(MUST) has been in existence for the past 22years.The program of training medical students was the first to start in the Faculty of Medicine, and since then other programs have emerged, as well as new faculties such as Development Studies, Science and Institute of Computer Science.

On joining MUST in 2002, I was assigned duties with Dentistry Department. However, since 2006; I have worked mainly on curriculum development in the Faculty of Medicine (FOM).

The FOM has been faced with several challenges related to faculty, and major among these is lack of adequate number of personnel with knowledge and skills in health professionals' education. Secondly there has been high demand to improve the curriculum for both the undergraduate and post graduate programs at MUST. Besides there are currently only three faculty members trained at fellowship level by Faimer and non with the Masters of Health Professionals Education (MHPE).

This acute shortage coupled with the passion to learn how to become a good teacher as well as educational researcher have motivated me to pursue the MHPE program under MESAU-MEPI support.

The MHPE at Maastricht is a 2- year distance learning program with two on- campus sessions and thesis defense at the end of Year II. It offers a unique experience and after having gone through Unit 1, it feels very satisfying for a number of reasons;

- The program uses the student -centered / self- directed learning approach
- It encourages active, constructive, collaborative, contextual, and goal-directed learning
- Most of the learning objectives are work related and hence ready to be applied
- There is opportunity for broad networking, considering that students in the program are from more than 22 different countries from five continents
- Many of the students have vast experience from which one can gain a lot

Participating in MESAU-MEPI from its development to date has given me an opportunity to learn and acquire important skills in the areas of;

- Grant proposal writing, team building and grant management.
- Collaborations
- Grant monitoring and evaluation

MESAU- MEPI is an opportunity at the right time for both personal and institutional development. Through building the needed capacity at consortium institutions, it will lead to improvements in quality assurance, curriculum development and educational leadership.

***A group photo with second year MHPE students, Maastricht June 2011. First on left is the author W. Arubaku***

# Research Capacity Building activities make Impressive Progress

***Yuka Manabe, Infectious Diseases Institute***

Following a research needs assessment, critical needs in grants management (GM) were identified. In collaboration with the Infectious Diseases Institute (a Ugandan NGO owned by Makerere University) which has served as a model for the rest of MakCHS, and, which has successfully obtained and now administers over 70 active projects, staff for the MakCHS Grants Management Office have been hired and trained. Technical assistance from the IDI will continue to build capacity in grant submission, budget construction, progress reports, financial management, and external audits in accordance with NIH guidelines. A work plan to offer GM capacity building for the rest of the Consortium has also been drafted.

The Research and Graduate Education Committee chaired by Professor James Tumwine, has had regular meetings and identified the following priorities:

1) Ethics and IRB training and oversight for the existing MakCHS IRBs (School of Medicine and School of Public Health) and IRBs currently being constituted from 2 other Schools within MakCHS (School of Biomedical Sciences and School of Health Sciences) in close collaboration with Johns Hopkins University
2) Setting Research priorities accomplished through a 2 day workshop with over 60 MakCHS faculty members
3) Revision of a PhD training handbook to outline the PhD process within MakCHS for both trainees and supervisors
4) Supervisor's workshop with Chris Carp from South Africa to offer tools and structured training for faculty members who are currently involved in PhD supervision held June, 2011
5) Assessment of all lab-based research within MakCHS and inventory of facilities and equipment has also been initiated.

In addition, a Research Capacity Building Committee chaired by Professor Alison Elliott which was formed 2 years ago has continued its efforts to discuss existing capacity building programs, strengths, weaknesses and challenges. The findings of this committee were incorporated into a best practices model for PhD training which includes an optimized application, interview, selection, and appraisal process. A call for applications was advertised for MESAU PhDs from all the Universities in the Consortium and shortlisted candidates were interviewed in August 2011 to select the best 6 to be supported by MESAU.

Finally, in collaboration with Johns Hopkins, an assessment tool for all Consortium COBES sites has been created to grade critical infrastructure to identify sites capable of supporting research. In the next progress report period, we anticipate that the Consortium will catalyze community based research by medical students supported by local site supervisors and other Consortium faculty in collaboration with village health teams.

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## Synergies: Medical Education Partnership and Primary Health Care and Family Medicine

- Advocacy for Health is being done from all fronts and this is very significant especially to get the attention of the policy makers

The WHO World Health Assembly adopted on 22 may 2009 resolution 62.12, urging member states to "accelerate action towards universal access to primary health care" and to "train and retain adequate numbers of health workers . . . including . . . family physicians".

The challenges for retention are many and include lack of satisfying practice environments (away from cities, schools, entertainment etc.), status in society, disease centered rather than patient centered training, difficulty in attracting prospective trainees, inadequate numbers of health professionals, weakness in health services systems, lack of integration of Family Medicine into undergraduate training and insufficient remuneration to mention but a few. Some are not unique to the family physicians but are also experienced by all other health professionals.

In conclusion, there is need for all networks to work together if health for all is to be achieved. Transformative Education means developing leadership attributes to produce enlightened change agents where they are most needed. This is the way to go if we are to improve health outcomes not only in Africa but globally. Both MESAU-MEPI and Primafamed subscribe to this.

# Toward a performance M&E system: from concept to action

***By Rhona Baingana, MakCHS***

When, at 80 years of age, Moses took up the challenge of leading the Israelites to the Promised Land, he did not know it would take over 40 years, most of which were spent in the Desert of Paran. The Israelites did not seem to share the vision Moses had, and neither did they feel that they were making progress in the right direction so they said, "wouldn't it be better for us to go back to Egypt?"

Monitoring and evaluation (M&E) is a management tool that uses achievements and challenges for better decision making and accountability. Ultimately, M&E ensures that project goals are met and that the desired impact is realised. As such, M&E should underpin every project, and MESAU is not an exception.

**From concept…….**MESAU's M&E was first outlined at project conception through the standard logical framework that provides the relationship (logic) between inputs, proposed activities, outputs, outcomes and the overall goal, with relevant assumptions. This was augmented by a work plan with biannual targets. MEPI then provided a modified logical framework, the MEPI logic model, and also provided the lengthy MEPI Survey to be completed. There was an evaluation workshop at the 1st Annual MEPI Network symposium in March 2011. Many workshop participants left with a sense of disquiet that the M&E needs of the MEPI grantees were not adequately addressed. So the question of "how" kept troubling the MESAU consortium: **How** to monitor activities, moreover across 5 institutions in Uganda and a partner institution in the US; **How** to show that the grant-winning ideas in the MESAU concept have achieved the desired results and impacts; **How** to transform the logic model or logical framework into M&E action; **How** to use M&E to keep MESAU Consortium faculty and students engaged in the process and thus the kinds of problems Moses had with the disengaged Israelites. It was time to call in the professionals. **Alfred and Rose:** Unassuming and quiet Alfred, until he starts talking M&E and authoritative Rose. Both are excellent facilitators and teachers. Alfred's introduction of the "performance monitoring plan"concept was a *eureka* moment for MESAU M&E. Planning switched into high gear with a MESAU M&E meeting on 3rd & 4th June 2011 excellently facilitated by Alfred and Rose. The meeting was an unqualified success and all Uganda MESAU institutions were represented, thus consolidating the Consortium as we reviewed our goal and mission statement together. So much was also realised in terms of learning. Work on the M&E plan continued thereafter through several smaller meetings, some of which went beyond 8 pm and occasionally, 9 pm. There was light at the end of the tunnel!

**……to action:** Each MESAU institution has a focal M&E person. MESAU is recruiting an M&E Officer who will help build the M&E capacity of these institutional M&E focal persons and of other faculty. MESAU has a logic model that Professor Bob Bollinger of JHU has described as "excellent". MESAU has a performance monitoring plan (PMP) that details each activity and each performance indicator; it goes further to define each performance indicator in detail. The PMP also specifies who is responsible for collecting which data; the source of the data; when and how often data will be collected and who reports to whom. Conceptually and in practice, the MESAU PMP and annual work plans are intimately related – this relationship was tried and found to be true when the 2010/2011 annual report was being prepared.

**…..and beyond:** The PI/PD of the MESAU-MEPI project, Professor Sewankambo has always emphasised that ideally, MEPI funding should not be used to support or run parallel structures or programs; indeed, the activities proposed by MESAU fit neatly into the three core functions of the MESAU institutions: teaching/learning, research and service. The beauty of this is that the M&E framework developed for MESAU essentially monitors and evaluates aspects of the core functions of Uganda MESAU institutions. It does not take a long stretch of the imagination to see the MESAU M&E framework become the foundation for effective quality management systems at Uganda MESAU institutions. For example, MESAU has proposed to assess the competency of students with a view to demonstrating the development of competence as a performance indicator for the implementation of the competency-based curriculum. The next step to quality management is having in place a system to identify and address causes of deficiencies (if any) in the development of competence. A modified mini-PMP to monitor delivery of competency-based curriculum courses might serve this purpose and could be piloted through the institutional quality management structures.

The Exodus story suggests that an M&E plan might have benefitted the Israelites by helping them appreciate where they had come from (baseline), how far they had come (celebrating milestones along the way), how much more they had ahead of them and what they still had to go through, whilst remaining focused on where they were going and why (goal and objectives). MESAU M&E is grounded in the shared goal of developing MESAU institutions as centres of excellence for medical education, research and service that address local and national needs to improve health in Uganda. Some of the planned activities are, admittedly, ambitious, for example evaluating the impact of COBERS on the community. Nevertheless, with **shared learning** at the heart of MESAU M&E we are moving from concepts to action, and to outputs, outcomes and impact.