Report

Participatory Epidemiology Network of Uganda (PENU) Meeting

Venue: Esella Country Hotel - Kira Town Council Wakiso District

Date: 11th December 2013

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Abbreviations

AFENET  African Field Epidemiology Network
AFRISA  Africa Institute for Strategic Animal Resource Service and Development
APEN   African Participatory Epidemiology Network
ASF    African Swine Fever
CAHWs  Community Animal Health Workers
CAPE   Community Animal Health and Participatory Epidemiology
C& D   Cooperation and Development
CIRAD  French Agricultural Research Centre for International Development
COVAB  College of Veterinary Medicine, Animal Resources & Biosecurity
CTPH   Conservation Through Public Health
DFID   Department for International Development-United Kingdom
EAPEN  East African Participatory Epidemiology network
FAO    Food and Agriculture Organization
ILRI   International Livestock Research Institute
MAAIF  Ministry of Agriculture Animal Industry and Fisheries
MoH    Ministry of Health
NARO   National Agricultural Research Organization
NGO    Non Governmental Organization
OHCEA  One Health Central and Eastern Africa
PACE  Pan African Programme for the Control of Epizootics
PE     Participatory Epidemiology
PENAPH Participatory Epidemiology Network for Animal and Public Health
PENU   Participatory Epidemiology Network in Uganda
TOT    Training of Trainers
USAID  United States Agency for International Development
UWA    Uganda Wildlife Authority
1.0 Introduction

On 11th December 2013, the Participatory Epidemiology Network in Uganda (PENU) convened a workshop on Participatory Epidemiology (PE) under the theme; An Innovation to Consolidate a Sustainable ‘One Health’ Approach to Disease Surveillance and Control in Uganda to deliberate on strategies, opportunities and challenges for the continued development and application of participatory methods in epidemiology. The meeting was held at Esella Country Hotel in Kira Town Council, Wakiso District and was funded by the French Agricultural Research Centre for International Development (CIRAD).

The meeting was attended by practitioners, academia, policy makers, and individuals generally interested in PE, with representatives from the Ministry of Agriculture Animal Industry and Fisheries (MAAIF) and Ministry of Health (MoH), development partners and a representative from the Participatory Epidemiology Network for Animal and Public Health (PENAPH). (Please see Annex 1)

The meeting was officially opened by Dr. Chris Rutebarika, Commissioner Livestock Health and Entomology, MAAIF. The discussion was facilitated by Dr. Jeffrey C. Mariner - PENAPH Coordinator, Dr. Noelina Nantima – Principle Veterinary Officer - MAAIF, Dr. Bugeza James – Nakasongola District Veterinary Officer, Dr. Odoch Terence Amoki - Department of Bio Security Ecosystems and Veterinary Public Health COVAB, Makerere University, Dr. Clovice Kankya also of COVAB - Makerere University. The workshop was officially closed by Dr. Ademon Anna Rose Okurut.

To kick start the discussions, Dr. James Bugeza, the PENU General Secretary noted that the objective of the meeting was to bring together PE practitioners in Uganda, share experiences and convene the PENU Annual General Meeting (AGM) to elect new office bearers.
2.0 Summary of Key Issues for Consideration/ Action Points

The following key issues were pointed out for PENU to follow-up in order to enhance PE and its application in animal health, public health and Eco health.

- PENU is not a network for animal and public health professionals only. PENU should work towards attracting membership from other disciplines like sociologists, environmentalists and agriculturalists.

- Though the geographical scope of PENU is Uganda, the network has a regional thinking. It is PENU’s desire to be a regional program to be able to feed into the global program by establishing links in Ethiopia, Rwanda, Southern Sudan, Tanzania, Djibouti, Eritrea, Kenya, and Sudan. The intention is to create the East African Participatory Epidemiology network (EAPEN) and the African Participatory Epidemiology Network (APEN).

- Practitioners should make use of the one health training manual that is available on the PENPAH website. The manual is a good resource that combines different types of PE approaches.

- PE needs institutional buy in especially by the Ministry of Health and School of Public Health. There is also need to reach out to the Zoonotic Technical working group in Ministry of Health under the One Health Approach.

- Invest in expert teams by focusing on quality not quantity of personnel. It should be a handful of people going out to investigate a problem not an army. When it is an army, you are bound to get more enumerators and less problem solvers.

- CAHWs are a key link in the practice of PE especially in underserved hard to reach livestock keeping communities. There is need to recognise and appreciate community engagement in PE approaches by applying the bottom – up approaches.

- Good biosecurity prevents spread of ASF but generally farmers were not aware of most of the biosecurity measures and this could be one of the reasons why there are sporadic outbreaks of ASF.

- It was also noted that there is need to develop a holistic and participatory approach in the designing, development and implementation of feasible biosecurity practices.

- PE has been introduced at undergraduate and postgraduate levels at Makerere University but the time devoted to it in the structured curriculum is not yet adequate. Efforts need to be made to ensure that the future trainings provide more time for field exercises. PENU needs to lobby other training institutions to take up PE.

- Advocate for a paradigm shift? PE approaches are not favored for graduate research at the university because conservative lecturers prefer to use quantitative tools; so students are encouraged to take on the more structured conventional approaches.
- It was agreed that members strive to have publications in ‘serious journals’ for PE work to gain momentum.

- Analyzing qualitative data is a key challenge for PE practitioners. There is need for design and creative thinking. It was suggested that practitioners could probably apply data analysis tools used by social scientists.

- A disease can be very common in a particular community but may not be the most important for the community. There is need to understand that prevalence is one thing and impact is another.

- There is need to advocate for legal and policy reform to for example take care of the issue of sustainability of CAHWs. For example in the Uganda Veterinary Association, paravets have not yet been taken care of.

2.1 Institutional Issues

- Members agreed that the website is an expensive venture at the moment but accepted Dr. Mariner’s offer to make use of the PENPAH website. PENU will be accommodated under the regional networks.

- The issue of the registration of PENU as an NGO must be first tracked. This will facilitate opening of a bank account as well as meet donor funding requirements.

- Dr. Kankya offered free meeting space at COVAB for smaller groups of PENU members to enable them work on funding proposals among other needs. PENU doesn’t have substantive office space yet.

- Dr. Bugeza made a presentation about the PENU draft Constitution and it was adopted.

- The meeting endorsed the proposal to have Dr Emily Twinamasiko, Director of NARO as the PENU Patron.

- Members elected a substantive Board of Directors with representation from MAAIF, MOH, COVAB, School of Public Health, District Local Government (Public Health), District Local Government (Veterinary), and an NGO representative.

3.0 Overview of Participatory Epidemiology in Uganda: Dr. Nantima Noelina, Senior Veterinary Officer, Ministry of Agriculture Animal Industry and Fisheries (MAAIF)
Participatory Epidemiology (PE) in Uganda started way back in the early 2000s when the world was trying to eradicate Rinderpest in Africa in areas which were insecure and without veterinary services like Sudan. The African Union bought into the idea in 2002 and this culminated into the training of people from seven Sub Saharan Africa countries including Uganda in Arusha Tanzania, sponsored by Community Animal Health and Participatory Epidemiology (CAPE) Project of DFID. The Ugandan team comprised of Dr. Chris Rutebarika, Dr. Noelina Nantima, and Professor George Nasinyama (Deputy Director Research, Graduate Studies Makerere University and Senior Lecturer College of Veterinary Medicine). The training came up with recommendations to among others develop and implement country specific studies using PE methods, integrate PE methods in Rinderpest surveillance in the two ecosystems of Southern Sudan and Southern Somalia and to form a PE working group comprising of PE practitioners in the region.

As a way forward for Uganda, a working group comprising of people from Ministry of Agriculture Animal Industry and Fisheries (MAAIF), Makerere University (MUK), National Agriculture Research Organisation (NARO) and Mbarara District Local Government was formed. The group wrote a research proposal that got funded by the DFID. A major output of that funding was a publication on *Participatory Disease Searching Using Participatory Epidemiology Techniques in Agro Pastoral and Pastoral Areas of Mbarara District in Uganda.*

It was against this background that PENU was established in December 2012 with the aim of spearheading community based responses to national, regional and global health using multidisciplinary participatory approaches in line with Participatory Epidemiology Network for Animal and Public Health (PENPAH) objectives.

More trainings complimented by field work have been conducted in various regions of Uganda and beyond the borders to include countries like Democratic Republic of Congo, Eritrea, Somalia and Liberia.

Various people have benefited from the trainings including Makerere University Students and Staff, Private Veterinary Practitioners, MAAIF Staff of the Directorate of Animal Resources, District Veterinary Officers, officials from Ministry of Health and School of Public Health, and Community Animal Health Workers.

People are trained in PE methodologies, Training of Trainers (TOT), risk mapping, early detection, reporting and surveillance. All trainers undergo a two weeks supervised field work.

A number of stakeholders have supported PE initiatives including Community Animal Health and Participatory Epidemiology (CAPE) Project of DFID, African Field Epidemiology Network (AFENET), Cooperation and Development (C&D), One Health Central and Eastern Africa (OHCEA) RESPOND Project, Pan African Programme for the Control of Epizootics (PACE), United States Agency for International Development (USAID), College Of Veterinary Medicine, Animal Resources & Biosecurity (COVAB) - Makerere University, Ministry of

4.0 **Key Note Address: Dr. Jeff Mariner, Coordinator of the Participatory Epidemiology Network for Animal and Public Health (PENPAH)**

The key note address was delivered by Dr. Jeff Mariner, Coordinator of the Participatory Epidemiology Network for Animal and Public Health (PENPAH). Dr. Mariner noted that PENU had taken off and already contributing internationally to PE efforts in the region. He informed participants that his PE work started with Rinderpest in the 1990s. Because of his PE methodologies, he was finding Rinderpest in areas where people did not expect it and hastened to add that national governments got mad at him. He called his method PE and encouraged others to use it.

4.1 **PE Defined**

To Dr. Mariner, PE is about identifying key informants, who have a strong knowledge of the situation and it is flexible requiring an update of the questionnaire all the time. It is not so much a research methodology but it is about proposing solutions with the participants, going through what is failing and designing programs that are acceptable by the communities.

Dr. Mariner affirmed that participation is at the core, empowering people to find solutions to their development challenges. Learning is much integrated in the system instead of just collecting information from people. It is a very flexible method. It was designed due to failures in the past methodologies. PE enables one to carry out complex exercises with people who are not able to read or write.

He underscored the need to understand the priorities of the communities.

Though PE is done by professionals, there is need to tap into the community structures. Dr. Mariner gave an example of one “Tom” who reported the outbreak of Rinderpest in Karamoja. Tom was talking but no one was listening until Dr. Mariner did so. He drew attention to the outbreak and it was eradicated in 1994.

PE is targeted disease surveillance, risk based approach because one goes to a place following information given by the farmers. It is highly sensitive because the community know what is happening, through their traditional informational networks and specificity comes through validation, crosschecking and diagnostic testing.

It is important to assess the situation and make a plan, make sure that the surveillance fits its purpose and clearly define your objectives. There is also need to define the timelines one is working with. The other criterion is the cost and ownership. In PE, Dr. Mariner stresses that there is no one size fits all which is the problem especially in the public health arena.
4.2 Attributes of PE

Unlike conventional methodologies, Dr. Mariner noted that practitioners are problem-solvers and not enumerators adding that the system is highly qualitative, and the strength of the approach lies in its flexibility, learning process and ability to respond to changing situations. The information is analyzed in an iterative process referred to as triangulation. Information is from different sources and methods.

PE orients and complements, but does not replace structured and quantitative methods. It integrates diagnostic testing and quantitative methods when appropriate to objectives. Diagnostics is an integral part of PE. This is a risk based process not as a random survey.

4.3 Lessons

He challenged practitioners to use PE/PDS for its strengths like flexibility for learning. He posed a question; what kind of information do you really need? How do you bring people together? What is your objective? An accepted problem solving tool or a structured routine to fill databases? Dr. Mariner’s answer to the above question was simple: invest in expert teams by focusing on quality not quantity of personnel. It should be a handful of people going out to investigate a problem not an army. When it is an army, you are bound to get more enumerators and less problem solvers.

Farmers consider risk of extreme events not economics. What are the incentives for intervention?

Public health adopts a structured surveillance, very fixed system with strict reporting pathways. However, PE adopts flexible problem solving approach. Dr. Mariner gave an example of an evaluation done in Uganda and found that there was no institutionalization of PE because the public health people had not put in place methodologies. They did not appreciate it.

PE is problem solving from the evidence. This is because the communities not it all. Dr. Mariner gave an example of South Asia where the communities were taking reasonable risk and were willing to pay more if fish was safe instead of public health being stuck on telling them not to eat fish.

4.4 About PENAPH

PENAPH combines participatory approaches, diagnostic testing and analytical methods.

PENAPH builds surveillance capacity, good practice guidelines, does certification of training, is involved in research and Advocacy, takes on a pro-poor and one health focus approach, and facilitates knowledge exchange. PENPAH has nine core partners and currently boasts of 350 members and has linkages with both national and regional organizations.

PENAPH’s capacity building activities take on an institutional approach while development of standards is mainly done through publication of policy briefs. Research informs project
development, policy dialogue and advocacy, and the website (www.penaph.net) is a virtual community of practice

Practitioners undergo a practical introductory training, followed by field practice and conclude with a fresher. For due diligence, PENPAH uploads information about certificate holders on the website. Their certificates are posted online.

PENAPH Capacity Building program is geographically diverse and training is conducted in both English and French. They have offered training support to numerous projects and so far work with five regional networks.

4.5 Conclusion

Dr Mariner concluded that PE is an accepted tool for addressing animal health issues that compliments more structured or quantitative approaches. Combining PE with more conventional approaches can add value and strength. Appropriate training is essential for quality results.

PE has evolved; PE practitioners are now preparing better quality papers, published journal articles. PE is now taught in universities.

Dr. Mariner’s last word was, ‘invest in people not infrastructure’.
5.0 Official Opening: Dr. Chris Rutebarika, Commissioner Livestock Health and Entomology, MAAIF

In his opening remarks, the Commissioner Livestock Health and Entomology, MAAIF, Dr. Chris Rutebarika was happy to note that he is a founder member of PENU and had done his initial PE filed work in Insingiro District in Western Uganda. He thanked Dr. Nantima and Dr. Mariner for their insightful presentations and encouraged new converts to sign up saying they started a small group of three people but have since grown to seventy (70). He informed the meeting that PENU is already sending experts to outside countries like Liberia where PE is very much needed.

He thanked Dr. Mariner for extending PENPAH’s invitation to include PENU resources on their global website adding that this would greatly improve on PENU’s visibility. He tasked the PENU leadership to source for other stakeholders like Ministry of Health (MOH) and Uganda Wildlife Authority (UWA) to attract more funding.

6.0 The Role of Community Animal Health Workers (CAHWs) in Participatory Epidemiology (PE) in Liberia West Africa: Dr. Kankya Clovice, Makerere University

Dr. Kankya informed the meeting that there have been efforts to mainstream Community Animal Health Workers (CAHWs) in the delivery of animal health services in Sub-Saharan Africa in the last two decades championed mainly by international non-governmental organizations like the Food and Agriculture Organization (FAO) and Land O’Lakes.

He noted that the work had been done in the West African region, especially Liberia building the capacity gap. The work focused on the three Counties of Bong, Lofa and Nimba, which are considered to be food basket areas of Liberia, West Africa. Liberia has a total of 15 Counties. Actual work started in June 2013 with a consultative participatory stakeholder workshop in Monrovia. Competence building packages were developed and accepted by all stakeholders in the livestock industry in Liberia. This was a new approach according to Dr. Kankya. 36 people were identified and trained for two weeks in August 2013, fronted by livestock keeping communities. CAHWs live with livestock keeping communities. CAHWs understand and practice their traditions and customs; and are therefore easily trusted and accepted by the communities.

Dr. Kankya note that they trained the CAHWS in animal health, animal husbandry, issues of communication, reporting, liaising with Ministry of Agriculture. Specific topics handled included aspects of diseases surveillance, using both qualitative and quantitative approaches were covered during the two week training.
6.1 Lessons learnt

Dr. Kankya underscored the need to enhance community-based participatory disease searching and reporting thus advancing people-centred development through understanding the strength of rural communities.

6.2 Opportunities

There is need for PE training in the Liberia systems. Liberia lacks Vets. Dr. Kankya noted that they had just concluded three months training (September, October and November 2013) was supported by AFRISA.

The rural communities in Liberia have strengths that could be tapped on for PE. The local communities also yearn for Knowledge and information.

Long term strategy to have PE institutionalized in Liberia There is a gap between PE and vet services. The country has only one Vet and he is not a government employee.

6.3 Conclusion

Dr. Kankya concluded that CAHWs are a key link in the practice of Participatory Epidemiology approach especially in underserved livestock keeping communities. He underscored the need to recognise and appreciate community engagement in PE approaches applying the bottom-up approaches. The partners in West Africa were Land o Lakes, MAAIF, AFRISA. Dr. Kankya also expressed urgency to bring Sierraleone on board as the country does not have PE capacity.
7.0 Pathways for Change: Biosecurity to Enhance Food Security and Strengthen Animal Industries: Dr. Nantima Noelina, Senior Veterinary Officer, Ministry of Agriculture Animal Industry and Fisheries (MAAIF)

Dr. Nantima reaffirmed that pig rearing is very important in Uganda due to its considerable potential in raising household incomes of the rural small holder poor farmers. However, she noted that African Swine Fever (ASF) is a major setback and can kill 80 – 100 percent. She reminded participants that there is no vaccine yet and outbreaks are occurring quite often.

Dr. Nantima lamented that outbreaks of ASF are hampering the development of the pig sector and leading to loss of income and food security. She informed participants that current strategies to control ASF are aimed at improving biosecurity.

It is against this background that Pathways for change and ILRI Nairobi collaborated on African swine fever project funded by Australian Aid to assess small holder pig farmers’ awareness, knowledge and perception of appropriate ASF biosecurity practices and feasibility of adoption in four neighboring districts along the Uganda-Kenya border. Busia and Tororo Districts were selected from Uganda and Teso and Busia Districts were selected from Kenya.

Dr. Nantima reported that PE practitioners interacted with the farmers teaching them about biosecurity. The team educated the farmers about the importance of having for instance disinfectants such that people coming to their farms do not infect their pigs. They were told of ways by which the virus is transmitted. The team thought of communication tools, how to reach the farmers and zeroed on a calendar because it would serve two purposes.

The project developed simple biosecurity messages on a calendar and translated the messages into local languages spoken in the study area. Dr. Nantima reported that Focus group discussions were convened to test the messages on the calendars before distribution.

Some of the messages on the calendars include: *confine your pigs, such that if there is an outbreak, they are safe. Do not free range; control other pigs and other people from coming to your farm.* Dr. Nantima noted that in Kenya they have bylaws about confining pigs but in Uganda most people do not tie their pigs or confine them.

*If you bring a new pig, separate because they could bring a virus. If a pig dies, dig a pit and bury it. Cleaning, if you have a pig house, use a disinfectant*

7.1 Results

Dr. Nantima reported that generally farmers were not aware of most of the biosecurity measures adding that this could be one of the reasons why there are sporadic outbreaks of ASF. Only four percent had pig houses. Only one person had a proper pig house.

Only four percent of farmers interviewed said that they use disinfectants on their farms. Many had never used or heard of a disinfectant. Farmers were not aware that pigs looking apparently
healthy could be incubating ASF. Some farmers said it is a taboo to bury pigs, it is throwing away luck and wealth, some said it is throwing away food and money. Farmers were not aware that ASF can be spread through infected dead pigs or pork or bones.

Dr. Nantima also noted that farmers said that vets are too few and do not take action when contacted, charge farmers and put quarantines. Vets do not exist in some areas.

### 7.2 Recommendations

The level of awareness of biosecurity messages was generally very low. Farmers need learning aids as some of them were hearing messages for the very first time.

Related to the above, Dr. Nantima noted that the farmers need technical advice and people to educate them. She emphasized the need to increase availability and accessibility of affordable veterinary services.

From the study it also emerged that farmers need technical advice on pig keeping, treatment and disease control, advice on how to construct model pig units and regular training in good pig farming practices.

Dr. Nantima concluded by posing questions about some contentious issues like providing insurance to farmers, compensating farmers when they lose pigs due to ASF, providing loans and a ready market for pig farmers.
8.0 Capacity Building for PE through Trainings at College of Veterinary Medicine, Animal Resources & Biosecurity (COVAB) Makerere University: Dr. Odoch Terrence, COVAB Makerere University

Dr. Odoch informed participants that one of the key reforms at COVAB has been development of new courses like PE. Initial demand for PE training was determined by Uganda’s Ministry of Agriculture, Animal Industries and Fisheries. Participatory Epidemiology (PE) trainings have been undertaken at COVAB, through a short training module and also incorporated into structured courses. MAAIF funds and selects the participants taking into considerations of risk factors for Evian Influenza, regions and gender. COVAB develops the training tools. Dr. Odoch hastened to add that PE has not really been grounded as it is just introduced.

COVAB has since December 2009 trained 72 District Vet Officers. The training is for duration of two weeks. Participants were drawn from different regions of Uganda and one Burundian. 94 percent of the participants were men against six percent women.

8.1 Conclusions and Recommendations

PE has been introduced at undergraduate and postgraduate levels at Makerere University but the time devoted to it in the structured curriculum is not yet adequate. Efforts need to be made to ensure that the future trainings provide more time for field exercises. PENU needs to lobby other training institutions to take up PE.
9.0 Presentation of PENU Annual Report: Dr. Nantima Noelina, PENU Interim Chairperson

Dr. Nantima presented the annual report, including the financial report. (These reports are availed on request).

9.1 Issues

Members agreed that the website is an expensive venture at the moment but accepted Dr. Mariner’s offer to make use of the PENPAH website. PENU will be accommodated under the regional networks.

Issue of the registration of PENU as an NGO must be first tracked. This will facilitate opening of a bank account as well as meet donor funding requirements.

Dr. Kankya offered free meeting space at COVAB for smaller groups of PENU members to enable them work on funding proposals among other needs. PENU doesn’t have substantive office space yet.

9.2 Presentation of PENU Draft Constitution: Dr. Bugeza James, PENU Interim Secretary General

Dr. Bugeza made a presentation about the PENU draft Constitution and it was adopted. (Please see copy attached)

9.3 Election of New Office Bearers

The meeting endorsed the proposal to have Dr Emily Twinamasiko, Director of NARO as the PENU Patron.

The meeting agreed that the management team should be representative and include as many stakeholders as possible as PENU is currently branded as an organization for Veterinarians. Members agreed that the team should constitute representatives from MAAIF, MOH, COVAB, School of Public Health, District Local Government (Public Health), District Local Government (Veterinary), and an NGO representative. The meeting agreed on 7 positions and the following people were elected into office:
### Participatory Epidemiology Network of Uganda (PENU) Meeting

11 December 2013

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Chairperson:</td>
<td>Dr. Nantima Noelina</td>
<td>MAAIF</td>
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<tr>
<td>Vice Chair Person</td>
<td>Dr. Terence Odoch</td>
<td>COVAB – Makerere University</td>
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<tr>
<td>Secretary</td>
<td>Dr. Bugeza James</td>
<td>Nakasongora District Local Gov’t.</td>
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<td>Vice Secretary</td>
<td>Dr. Busuulwa Monday</td>
<td>Ministry of Health</td>
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<td>Treasurer</td>
<td>Dr. Dhikusooka Moses</td>
<td>MAAIF</td>
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<td>Team leader Animal Health</td>
<td>Dr. Kiryabwire David</td>
<td>Mukono District Local Gov’t</td>
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<tr>
<td>Team Leader Public Health</td>
<td>Dr. Kakeeto Anywar</td>
<td>School of Public Health</td>
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<tr>
<td>Co opted Member to represent NGOs</td>
<td>Dr. Lubanga Steven</td>
<td>CTPH</td>
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Some of the New Members of PENU Management. In the middle is the Chairperson Dr. Nantima.

The PENU Constitution provides that the term of office is for five years and renewable only once.
9.4 Closing Remarks
The meeting was closed by Dr. Ademon Anna Rose Okurut. Dr. Ademon noted that PE is the only way to go. Adding that PENU is a professional body that funders would want to support. She emphasized that the discussions were healthy and congratulated PENU leadership for devoting both time and resources to run the entity.
# Annex 1: List of Participants

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<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>1</td>
<td>Mubiru E. D</td>
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<td>Thomas Easley</td>
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