

Resume Kenneth Muko

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QUALIFICATIONS SUMMARY

Kenneth Muko originally trained as a pharmacist holds two Masters Degrees; in Pharmacy and Public Health. He has a strong background in Health and HIV/AIDS; with over eleven years of training and experience in the design and management of Health and HIV/AIDS prevention, care and support projects. This includes responsibilities in Health and HIV/AIDS program monitoring and evaluation. In addition, he has had six years experience in Operations Research and has several publications in peer review journals and conference abstracts.

Mr. Muko efficiently managed several health projects some of which include, the 4million dollar a year USAID funded integrated health project(AXxes) in Congo DRC, CRS/Cameroon's Strengthening Community Coping Mechanisms for Orphans and Vulnerable Children that provided comprehensive care and support services to over 7600 children and People Living with HIV/AIDS in Cameroon, and the integrated HIV/AIDS Program –*Project Hope Cameroon*-that currently provides integrated HIV services (BCC, VCT, ART, Care and Support to PLWHIV,OVC)to over 180,000 people in the North West Province of Cameroon. During his tenure as director of *Project Hope-Cameroon*, the program was recognized by WHO Cameroon as one of Cameroon's best practice collections. All these projects had strong capacity building components for institutional capacity building for local partners.

He has extensive experience putting together winning proposals for WHO, UNICEF, PLAN Cameroon, CARE International etc. Mr. Muko served as a member of the following National Committees in Cameroon: the Country Coordinating Mechanism for the Global Funds for TB, HIV/AIDS and Malaria, the working group for the development of Global Fund Proposal for Rounds 7 and 8, the U.S Embassy Task Force on HIV/AIDS, the Technical Committee for the development of the 2005-2010 National HIV/AIDS strategic plan, the Technical Group for National Program for Orphans and Vulnerable , the Technical Group for the development of Cameroon's HIV/AIDS Monitoring and Evaluation Guide for HIV/AIDS and the CRS agency OVC working group for the development of guidelines for volunteers.

WORK EXPERIENCE

Program Director: Medicines for Humanity (MFH)(July 2011 till present)

As Program Director for MFH I have direct oversight over the management of MFH's 18 projects in 10 countries in Africa and Latin America.

Catholic Relief Service, Congo DRC : Health Program Manager CRS Bukavu- International Position (Jan 2010 –July 2011)

As the Health Program Manager for CRS Bukavu I was in charge of the day to day management of two health projects(AXxes which ended in October 2010 and Shimama(Stop) TB).Currently I am responsible for the day to day management of the Shimama TB project, the GAVI project for vaccination as well as providing technical oversight for a third project-the Global Funds project for Malaria.

- The AXxes project was funded by the USAID and its main goal was to provide integrated development assistance for Primary Health Care (PHC) health system strengthening. The PHC interventions were based on the DRC Ministry of Health (MOH) Minimum Package of Activities including strengthening of vaccination services, provision of pharmaceuticals and supplies, provision of full complement of maternal and child health services include family planning and reproductive health, PMTCT, new born and postpartum care, prevention of HIV/AIDS and STIs, malaria prevention, diagnosis and treatment, nutrition and micronutrients, management of re-emerging diseases such as tuberculosis and provision of water and sanitation. Supporting activities at health zone, district and provincial level include planning and management, health facility rehabilitation, supply line and cost recovery, information and surveillance systems and training and supervision. The program value was 4,2million USD per annum for 3,150,000 direct beneficiaries. The following key outcomes were attained:
 - All key project indicators were attained with an average of 30% increase in key indicators across the board.
 - Efficient management of the budget and as a result no major financial management issue occurred.
 - Efficient management of a staff of 28 made up of medical doctors, nurses, construction engineers and support staff.
 - Successful fundraising(networking, building relationship with partners, donors and other stakeholders) and proposal writing which resulting in the award of \$870,000USD for a project on tuberculosis.
- The goal of the Shimama TB project is to reduce the burden of TB on the population living in 22 health zones(total 3,280,000) in South Kivu. Specific activities include health system strengthening, innovative activities to increase access to TB services as well as provision of material and equipment for diagnosis. In my capacity as health Program Manager(PM), I managed a staff of nine working for this project. The total budget is \$870,000USD. By the end of 2010, all key project indicators were attained and according to WHO TB Reach reviewers noted '*Good grant progress (i.e. grant progress surpassing proposed work plan and target attainment, for this stage)*' .
- The goal of the GAVI project is to increase coverage for vaccination for 16 health zones (a population of 1,760,000). Key project activities include training, provision of supplies and health system strengthening. My responsibility as PM of the project include day to day management of project activities, the supervision of four project staff, financial management of the project's annual budget of \$732,000USD.
- The Global Fund project for malaria is aimed at reducing the morbidity and mortality resulting from malaria in two health zones in South Kivu. I provide direct oversight to the project manager.

Catholic Relief Service, Cameroon: Program Manager and Health Coordinator (Nov. 2005- Dec 2010)

Between November 2005 and December 2010, I worked as the HIV/AIDS program manager for CRS Cameroon's HIV project and later on occupied the position of health coordinator. During this period, I was involved in the management of the following projects:

- The Strengthening Community Based Coping Mechanisms for Orphans and Vulnerable Children (SCCM-OVC) was an integrated AIDS project implemented by five partners in three Provinces of Cameroon. The project's annual budget was \$360,000. The number of direct beneficiaries was 7,231. As project manager for the SCCM-OVC project, I was in charge of the day to day management of project activities including budget

management, carried out two baseline surveys as well as the internal midterm and final evaluations, organized several training workshops for partners and provided 'on-site' support to partners during field visits.

- The *Integrated Diocesan AIDS Project (IDAP)* was aimed at reducing the burden of HIV/AIDS on Orphans, Vulnerable Children (OVC) and People Living With HIV/AIDS (PLWHIV). The project was implemented in three Diocese in the Western part of Cameroon with an annual budget of \$320,000USD. As health coordinator, my role in this project was to provide supervision to the project manager as well as technical oversight.
- CRS Cameroon's *Redynamisation de la Soins de Sante dans le Communautaires au Cameroun (REDSECC)*, was aimed at increasing primary health care for inhabitants of the Eastern province of Cameroon. The project had a annual budget for \$240,000USD. My role as health coordinator was to provide supervision to the project manager as well as technical oversight.
- Other key activities carried out as health coordinator included the implementation of four operations research activities. The results have been published in international journals and presented in international conferences. In addition, I led the proposal writing process for over eight project proposals out of which five were successful. I also provided consultancy and technical assistance on health programs to other CRS country programs such as Nigeria and Central African Republic. Furthermore, I led the development process for CRS Cameroon's health strategy plan and contributed to the writing of the strategic plan for CRS DR Congo. During my tenure as health coordinator for CRS Cameroon, I received a spot award from the Country Representative as well as letters of congratulations from the Regional Director for CRS, the senior Technical Advisor for Health and the Vice president of CRS for outstanding performance.

Program Manager *Project Hope*: 2000-2005

Project Hope was designed to improve access to health care particularly HIV/AIDS prevention, treatment and care services to inhabitants of Boyo Division in Cameroon. The key activities realized during my tenure as head of *Project Hope* included:

- The conception and design of the project. This included a baseline survey and needs assessment, development of a strategic program plan, conception of an organigram, and the recruitment of key staff.
- Day to day management of the project
- Development of project proposals that successfully brought in over 850,000USD over a period of five years.
- Organized training workshops for staff and project partners.

EDUCATION AND TRAINING

- PhD in Public Health ; University of Western Cape South Africa-In Process
- Certificate in HIV/AIDS Program Management; University of California. Anderson School of Management ,2008
- Msc. Public Health; International University Bamenda, 2003
- Masters in Pharmacy ; University of Nigeria Nsukka,1997
- Bachelor of Pharmacy; University of Nigeria Nsukka, 1995
- Certificate in Management of Medicines in International Health; In went Germany 2005

- Certificate in Antiretroviral Program Management; Boston University School of Public Health. 2005.

COMPUTER LITERACY

High proficiency in Excel, PowerPoint, Word.

Proficiency in use of Epi Info for data analysis and basic knowledge in use of SPSS.

LANGUAGE LITERACY

English-Fully proficient in speaking/reading/writing

French-Proficient in reading, moderate speaking/writing

PUBLICATIONS AND CONFERENCE ABSTRACTS

1. Muko K.N, Chingang L.C and Ruth Kornfeild (2008) Determinants of motivation and commitment of volunteer caregivers: a survey of OVC volunteers in the Diocese of Kumbo, North West Province of Cameroon. Abstract number: 8268 XVII International AIDS Conference Mexico City, 3-8 August 2008
2. Muko K.N, Tchangwe G. K , Ngwa V.C , Njoya L.(1)(2004) Preventing Mother To Child HIV Transmission; Factors Affecting Mothers' Choice Of Feed .A Case Study From Cameroon. Journal of the social aspects of HIV/AIDS. Vol. 1 no 3 PG 131-138
3. Muko KN, Chingang L, Meiburg A Shu E, Chick S_(2004) Compliance to Anti-Retrovirals: The Impact of Adherence-Enhancers on Patients .2nd International Conference on Improving Use of Medicine .Chang Mai 30th March to 2nd April 2004-05-06 abs. No H1004
4. Muko K.N, Chingang L.C ,Ngwa V.C , Ngwa I.G, Meiburg A (2004) Willingness to pay for treatment with highly active antiretroviral. (HAART) drugs: a rural case study in Cameroon. Journal of the social aspects of HIV/AIDS. Vol. 1 no 2 PG 274-279
5. Muko K. N., Ngwa V.C, Shu E.N (2004) Preventing Mother to Child Transmission. The impact on mothers attending antenatal clinic in a rural area in Cameroon. 2ND African Conference on the Social Aspects of AIDS research. Cape Town May 9th to 14.
6. Muko K. N., Ngwa V.C., Shu E.N (2004) .Opportunistic Infections and Highly Active Anti-Retroviral Therapy (HAART). The Impact of HAART on Patients with Oral Candidiasis, Diarrhea and Seborrhic Dermatitis. Health Policy Conférence Johannesburg
7. Adherence to Highly Active Antiretroviral Therapy (HAART): A Self-reported Case Study from a Rural Area in Cameroon. Sahel Medical Journal Vol.7 (4) 2004: 119-124
8. Okwen Patrick, Kenneth Muko (2005). The risk of accidental occupational exposure to HIV infection in Africa: A case for availability of HIV post-exposure prophylaxis (2)14th International Conference on AIDS and STIs in Africa, December 2005 in Abuja Nigeria.)
9. Muko K.N (2000) .The need for the introduction of a course on drug management in pharmacy curriculum. Trop Doct. 2000 Jan;30(1):54-5
10. Muko K.N (2000) Factors militating against the effective implementation of the essential drug list. A case study of a rural hospital. Tropical doctor 2001 Jan;31(1):57

REFEREES

- Wesley Wrightson, Country Director International Medical Corps, Sierra Leone. Email: weswrightson@yahoo.com
- Kelly Anne Yotiebeng, Regional Technical Advisor, Catholic Relief Services, Congo Email: kyotebieng@cd.caro.crs.org