ANNUAL REPORT | Fiscal Year 2009

October 30, 2009

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NuLife - Food and Nutrition Interventions for Uganda, is a technical assistance program to support improved health and nutrition outcomes for people living with HIV/AIDS in Uganda. This program is managed by University Research Co., LLC (URC) in collaboration with Save the Children, and ACDI/VOCA. The project is funded by the United States Agency for International Development (USAID), under Cooperative Agreement No. 617-A-00-08-00006-00.

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WHAT ARE WE TRYING TO ACCOMPLISH AND AT WHAT SCALE

OBJECTIVES	WHAT WE ARE TRYING TO ACCOMPLISH	GEOGRAPHIC SCALE AND POPULATION COVERAGE	FISCAL YEAR 2009 KEY RESULTS
Integrate food and nutrition into HIV/AIDS services	Support local institutions and communities to provide comprehensive nutrition services to acutely malnourished individuals people living with or affected by HIV/AIDS	*34 sites and their catchment areas* *Ministry of Health, its development partners, district heath teams and health facilities*	NuLife supported MOH to organize the launch of the policy guidelines on infant and young child feeding, and follow up activities Provided technical assistance to MoH to develop nutrition policy guidelines, training curricula, and job aids on comprehensive nutrition care and support for PLHIV Provided technical support to USG implementing partners on minimum package for nutrition interventions into HIV/AIDS care and support services
	Build capacity of health providers and health facilities to integrate nutrition in existing HIV care, support and treatment services	*77 sites and their catchment areas*	662 health care providers and 660 community volunteers trained in comprehensive nutrition care for PLHIV in Phase I and II sites and their catchment areas, plus an additional 23 sites[1] Increased assessment of malnutrition to 48% at health facilities through the employment of quality improvement approach towards integration of food and nutrition into HIV/AIDs care and support services
	Improve quality of life of people living with and affected by HIV/AIDS in Uganda through improved nutrition	*34 sites and their catchment areas*	Treated 4,866 PLHIV and OVCs for malnutrition in 34 health facilities within a period of 6 months
	Improve linkages between health facilities and communities for case finding, referral and follow-up care to improve treatment adherence and recovery	*34 sites and their catchment areas*	660 volunteers have assessed 3,142 individuals for malnutrition in the community and referred 618 for care at the health facilities
Produce ready-to-use therapeutic food (RUTF)	Support the development of RUTF using locally available ingredients	*Nationwide*	Indigenous manufacturing company contracted to start the production of RUTF Locally produced RUTF being introduced in a phased manner. RUTAFA, the local brand was produced and supplied to three health facilities by the end of FY09
Establish short term and long term delivery system of RUTF	Develop efficient short- and long-term supply systems for delivering RUTF to implementing health facilities	*Nationwide*	An effective short-term delivery system was developed which was used to position 57.4 MTs of RUTF and anthropometric equipment to 34 health facilities
Monitoring and Evaluation	Build capacity of health providers to gather and analyze data to support their work	*34 sites*	Trained 1,250 health providers and community volunteers from Phase 1 sites on data management Improved the capacity of 34 health facilities to utilize process data and document their work
	Document results of nutrition and HIV/AIDS integration to establish lessons learned and best practices	*34 sites*	Best practices on integration of food and nutrition interventions into care and support services have been captured, documented and shared with implementing partners

[1] Note: These figures do not include the 29 Master Trainers nor the 142 Regional Trainers trained.

1. Integrate Food and Nutrition into HIV/AIDS Services

From October 1, 2008 to September 30, 2009, NuLife progressed from supporting the Ministry of Health (MOH) with the development of policies and guidelines to the provision of direct technical support to health facilities to assess, categorize, and treat malnutrition, and provide nutrition counseling as an integral part of their HIV treatment, care and support services.

1.1 Support to MOH at the National Level

KEY ACTIVITIES

- Financial support to MOH Nutrition Division and STD/AIDS Control Programme to convene the technical working group meetings that develop policies, guidelines and job aids relevant to nutrition and HIV programming.
- Convened and participated in the national Sub-Committee on Nutrition quarterly meetings that help to build consensus among stakeholders.
- Developed, updated and distributed MOH materials to health facilities as part of capacity building.
- Established a national team of trainers in comprehensive nutrition care and support.
- Built the capacity of the MOH Quality of Care trainers and coordinators and district officials in coaching health facilities for implementation of nutrition interventions.
- Provided assistance to MOH for development of nutrition policy guidelines, training curricula, and job aids on comprehensive nutrition care and support for PLHIV to establish technical capacity of health workers to integrate nutrition interventions into their care, treatment and support for PLHIV and treat malnutrition among more than 4800 PLHIV and OVC who would otherwise not have been treated for malnutrition. See Table 1 and Text Box 1 for images of these materials.
- Contributed to the MOH's revision of the ART card by adding nutrition indicators. The new card was pre-tested and approved for use in August 2009.
- Spearheaded the development of the national Policy Guidelines on Infant and Young Child Feeding and co-funded their launch in April 2009.
- Provided technical assistance to USG implementing partners on minimum package for nutrition interventions into HIV/AIDS care and support services

KEY RESULTS

- National policy guidelines, training curricula, monitoring tools, and other job aids listed in Table 1 have been developed for use at the national level, and in line with the MOH branding directive of 2005.
- Training national team of trainers available to MOH and USG partners to train others in IYCF, treatment of malnutrition, monitoring and evaluation, community mobilization and procurement and stores management procedures related to commodities for the treatment of malnutrition.
- Participated in the development of a nutrition and HIV component of national nutrition database.
- More than 20 USG partners have started incorporating nutrition into their HIV/AIDS care and support services.
- Mainstreamed nutrition programming for PLHIV service delivery through support to MOH technical meetings to review the status of nutrition programming in the country.

PLANNED KEY ACTIVITIES

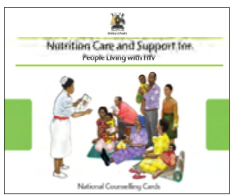
- Contribute funding and participate in Sub-Committee on Nutrition (SCN) meetings
- Printing of materials on Comprehensive Nutrition Care and Support for PLHIV
- Dissemination of Nutrition and HIV Policy
- Support MOH with dissemination of IMAM guidelines and preparation of training curricula and job aids
- Advocate for the inclusion of nutrition in the pre- and in-service training of health workers and Village Health Teams, and in the nursing curriculum
- Advocate for the inclusion of RUTF on the list of essential drugs

Table 1. Materials Developed

Facility-level Health Providers

Counselling Cards

Nutrition Care and Support for People Living with HIV: National Counselling Cards



Counselling Cards

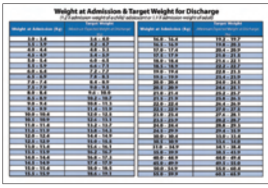
Infant and Young Child Feeding counselling cards

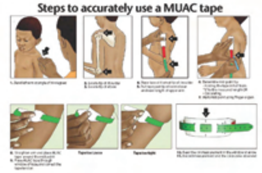
Job Aids

Comprehensive Nutrition Care and Support- Facility-Level Job Aids for Outpatient Therapeutic Care in Health Facilities supported by NuLife

Wall Charts (4)

1. Steps to accurately use a MUAC tape
2. RUTF dosing chart
3. Weight at admission & Target weight for discharge
4. Patients eligible for OTC through NuLife supported programs

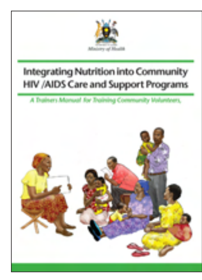




Community Level Volunteers

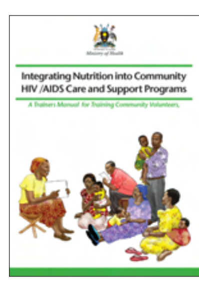
Training Manual

Integrating Nutrition into Community HIV/AIDS Care and Support Programs: A trainer manual for training community volunteers



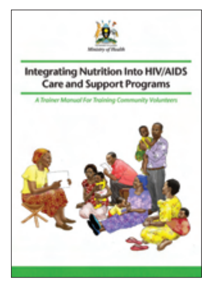
Handbook

Integrating Nutrition into Community HIV/AIDS Care and Support Programs: A Hand book for Trainers of Trainers



Training Manual

Integrating Nutrition into Community HIV/AIDS Care and Support Programs: A trainer manual for trainers of community volunteers (TOT)



Counselling Cards

Nutrition Care and Support for People Living with HIV: National Counselling Cards (community)

Job Aids

Comprehensive Nutrition Care and Support- Community-Level Job Aids for Community Volunteers working with Health Facilities supported by NuLife

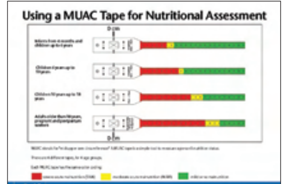
Supply Chain and M&E (Facility Level Health Providers)

Training Manual

Supply Chain Management, Monitoring and Reporting of Outpatient Therapeutic Care Programs

Anthropometric Tools

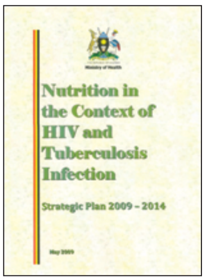
Counselling Cards



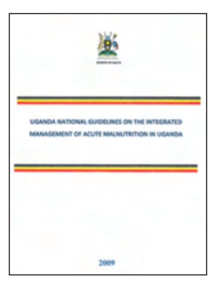
Mid- Upper Arm Circumference tapes for 4 age different categories (for use by facility-based and community-based workers)

Box 1: NuLife Contribution to MOH Policies and Guidelines

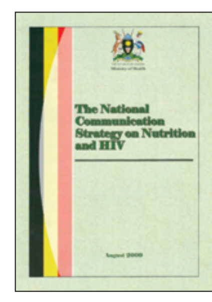
1 The policy guidelines on Infant and Young Child Feeding (IYCF), launched on 23 April 2009, brought the 2003 guidelines on IYCF and HIV in line with global policy guidelines. The new guidelines are comprehensive, and provide clear guidance on how every a young child up to two years old should be fed irrespective of their circumstances, whether exposed to HIV or not, whether affected by emergencies or not. The key recommendation is for all infants and young children to be given an opportunity to be exclusively breastfed for the first six months and to continue with complementary foods for two years or beyond. HIV exposure and emergencies are recognized as exceptions that require extra attention and care and the guidelines provide comprehensive guidance on how to manage feeding in these circumstances.



2 While Uganda has a food and nutrition policy, as well as policies on all aspects of mitigating HIV, there was a need to develop guidance on how to deal with the extensive malnutrition that arises in connection with HIV and TB. The strategic plan for implementing nutrition in the context of HIV and TB infection provides the foundation for all partners working in these areas to program for nutrition. NuLife supported the consensus building process that resulted in the finalization of this document and will use it as a key input for continued support to USG implementing partners to program for support to nutrition.



3 Previously, Uganda had two separate guidelines related to management of severe and moderate malnutrition in children. The high prevalence of malnutrition among people living with HIV and TB raised the need for more comprehensive guidelines. To respond to this need, guidelines on integrated management of acute malnutrition, or IMAM, were developed to cater to all age categories. Half of the chapters are devoted to management of malnutrition in PLHIV and were contributed by NuLife. NuLife made key contributions to the sections on community mobilization, monitoring and evaluation, and quality improvement.



4 The National Communication Strategy on Nutrition and HIV outlines how communication related to nutrition and HIV should be handled. The strategy will influence how the Health Education and Promotion Division of the Ministry of Health supports the work of the Nutrition Division and the STD/AIDS Control Program with appropriate and complementary messages and actions to ensure that the public understand the link between HIV and nutrition and seek timely health care.

1.2 Support to Sites

KEY ACTIVITIES

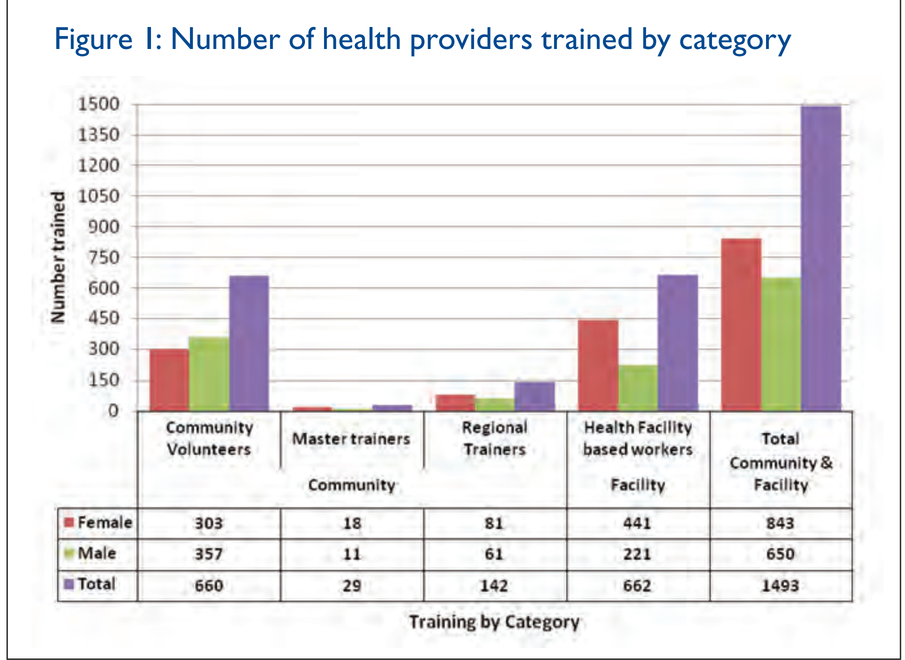
- Conducted extensive consultations with the MOH, district officials, collaborating partners and staff from health facilities to determine the most effective approach to building the capacity of health facilities to implement comprehensive nutrition care and support for PLHIV, which is through residential training of a critical mass of health workers over a five day period.
- Conducted extensive field assessments to appraise the readiness of sites to incorporate food and nutrition interventions into HIV care and support services in Uganda.
- Prepared training curricula and training manuals based on national policies and guidelines
- Printed and disseminated counseling cards and job aids for comprehensive nutrition care and support at sites

Training on the use of MUAC tapes

KEY RESULTS

- Trained 662 health care providers from 77 health facilities and 660 community volunteers in integration of food and nutrition into HIV care and support services.
- All 34 phase 1 health facilities have been equipped with nutrition assessment equipment and RUTF for the treatment of malnourished clients.
- Integrated key nutrition indicators into the national HIV/AIDs ART Care card which is being used at all the national health facilities.
- Supported the MOH to develop infant and young child feeding (IYCF) policy guidelines and counseling training manual, currently being used for trainings by implementing partners.
- Developed and printed counseling cards and job aids on comprehensive nutrition care and support, currently in use at health facilities.
- Increased assessment of malnutrition to 48% at health facilities through the employment of quality improvement approach towards integration of food and nutrition into HIV/AIDS care and support services.

Figure 1: Number of health providers trained by category



	Community Volunteers	Master trainers	Regional Trainers	Health Facility based workers	Total Community & Facility
	Community			Facility	
Female	303	18	81	441	843
Male	357	11	61	221	650
Total	660	29	142	662	1493

Figures 2a and 2b: Number of PLHIV assessed for malnutrition during HIV clinic visit

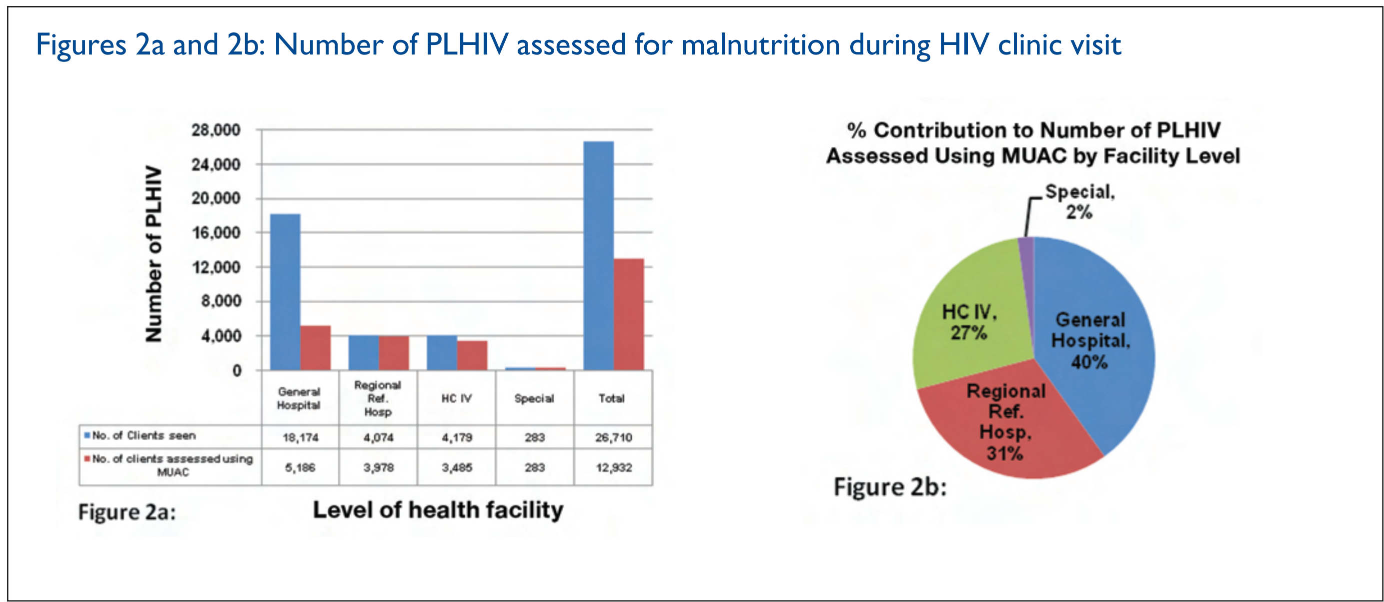


Figure 2a:

Figure 2b:

Over 12,000 unique HIV positive and OVC individuals were assessed for nutritional status. Of these, 4,893 were treated for malnutrition with RUTF. Of those receiving RUTF, 2,795 (57%) were children under 15 years' old, 53 (1%) were children between 15 and 18 years' old, 1,970 (40%) were adults above 18 years, and 75 (2%) were pregnant and lactating women. 1612 clients who were receiving ART and had evidence of acute malnutrition received RUTF during the reporting period. Currently a total 1,858 (38%) clients who had been enrolled and receiving RUTF have exited the program. Of those 1075 (58%) cured, 596 (32%) defaulted, 72 (4%) died, 59 (3%) did not respond to the treatment and 56 (3%) were transfers to other outpatient therapeutic care (OTC) centers. (For details see tables and figures below and also see Annex 2 for detailed number of patients enrolled by health facility.

Figures 2a and 2b: General Hospitals, which generated most of the clients for the program, tended to conduct more targeted assessments, while regional referral hospitals and Health Centre IVs assessed all clients. "Special clinics" are the two clinics at Mulago national referral hospital that treat only children.

Table 2: Number of individuals receiving RUTF through NuLife supported health facilities by patient category

	Quarter						FY09 Total		
	Apr- Jun 09			Jul- Sep 09			April- Sep 09		
Patient Category	SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
6mths -< 6yrs	512	450	**962**	705	519	**1224**	1217	969	**2186**
6 - < 15 years	71	187	**258**	108	243	**351**	179	430	**609**
15- < 18 years	6	8	**14**	18	21	**39**	24	29	**53**
18 yrs and above	165	597	**762**	235	973	**1208**	400	1570	**1970**
Pregnant and lactating women	6	19	**25**	8	24	**32**	14	43	**57**
Non lactating women with child < =6 months	2	3	**5**	10	3	**13**	12	6	**18**
Grand Total	**762**	**1264**	**2026**	**1084**	**1783**	**2867**	**1846**	**3047**	**4893**

Figure 3: Percent contribution to the total number of individuals receiving RUTF at NuLife supported Phase I sites by facility (n=4893)

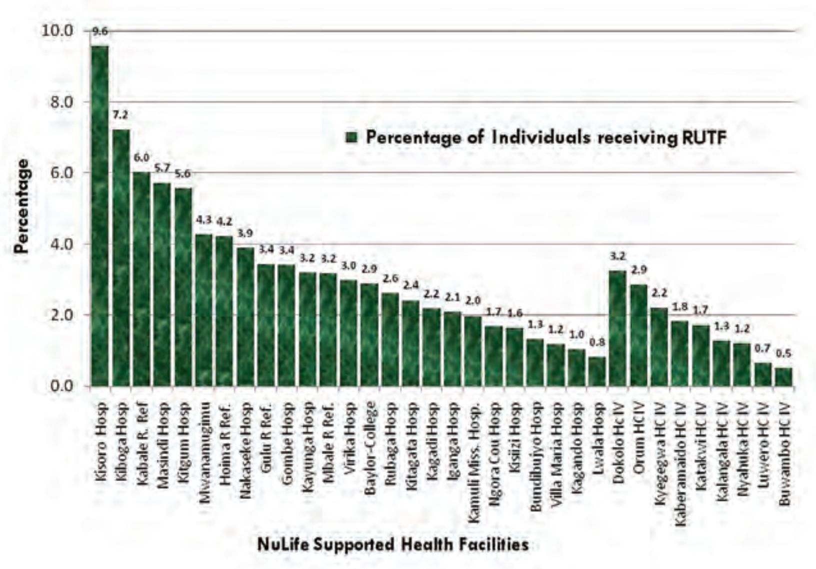


Table 3: Number of HIV positive individuals on ART receiving RUTF at NuLife Supported facilities (April- September 2009)

	April	May	June	July	Aug.	Sept.	Total
SAM	23	231	198	76	38	55	**621**
MAM	34	183	295	252	135	92	**991**
Total	57	414	493	328	173	147	1612

Figure 4: Cure, Default, Death and Non Response (NR) Rate at NuLife Supported Facilities, April–September 2009

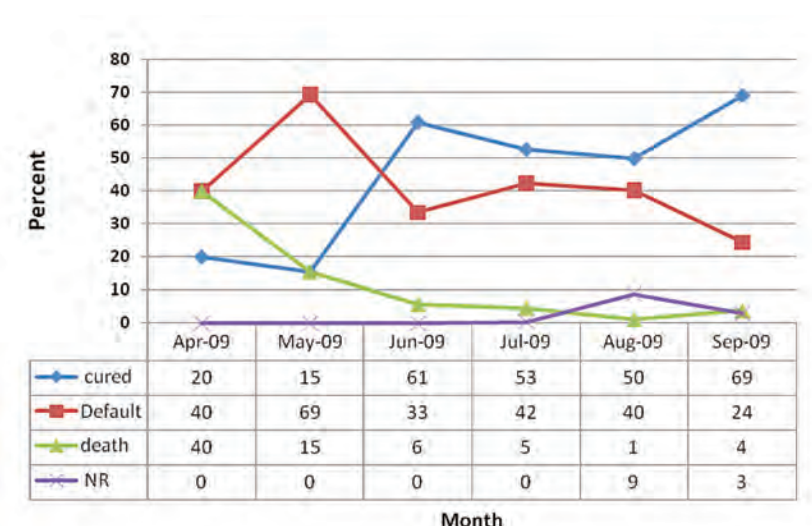


Figure 3: Kiroso Hospital had the highest (9.6%) contribution to the total number of individuals receiving RUTF at NuLife supported sites compared to the majority of the sites whose contribution was less than 5%. Hospitals provided more RUTF than health centers. The contribution pattern represented in bar graph above could be a result of regional differences in malnutrition

Of the 4,893 clients treated for malnutrition, 2,885 were HIV positive and of these, 1,612 (59%),were receiving ART services.

Figure 4 shows program outcome overtime, which indicates increased proportion of cured patients and decreases in death and default. These results are comparable to inpatient feeding program data showing death rates below 5% and cure rates above 75%.

PLANNED KEY ACTIVITIES

- Facilitate sharing of best practices between Phase I sites by facilitating learning sessions and documenting these for wider sharing.
- Prior to the launch of Phase II implementation, update tools, job aids and capacity building strategies based on lessons learned from Phase I implementation. Quarterly program review meetings will continue to be conducted.
- Conduct refresher trainings for national trainers and new facilities.
- Document and share best practices and success stories as part of technical support to MOH, districts and USG partners

1.3 Support to Districts

KEY ACTIVITIES

- Trained 30 Regional Coordinators and Nutrition Focal Persons.
- Held a one day stakeholders orientation meeting on nutrition interventions with the aim of advocating for inclusion of nutrition into district work plans and budgets.

KEY RESULTS

- As a result of advocacy for nutrition programming, the districts have embraced and are supportive of the program.
- The inclusion of the Nutrition Focal Persons into the District QI Teams has facilitated the integration of nutrition care and support services into the district programming.
- For all districts where community volunteers have been trained, key district leaders have been oriented on the NuLife program and are actively taking part in its implementation.
- NuLife has contributed to adding a chapter on nutrition in the curriculum used to train districts in QI by HCI.
- Through partner collaboration 34 NuLife supported sites have been equipped with Salter scales and weighing pants donated by UNICEF.

KEY PLANNED ACTIVITIES FOR NEXT YEAR

- Orient District QI teams on integrating nutrition into HIV/AIDS activities with emphasis on the 7 steps.
- Provide guidelines for District QI Teams to provide supportive supervision to sites.
- Continue to orient district leaders in other districts where NuLife plans to train community volunteers.
- Advocate for nutrition integration in district health teams' budgets.

1.4 NuLife Coordination on Quality Improvement with (HCI)

KEY ACTIVITIES

- Established District Quality Improvement Teams and included nutrition in the district strategy and HIV technical training manuals for District QI Teams.
- Developed a long-term coaching strategy and implementation plan.
- Provided coaching support with collaboration of the MOH Quality of Care teams and the HCI project resulting in facilities rapidly integrated nutrition in their regular ART services.
- Compiled and analyzed quality improvement data to track and improve performance of sites
- To ensure community activities are an integral part of the coaching approach, at the end of each community volunteer training, a day is dedicated to the orientation of district and sub-county officials, NGO partners and health staff, emphasizing the importance of linking community and facility based activities.

KEY RESULTS

- 34 health facilities supported to integrate nutrition into their HIV general care and support services through a quality improvement approach. These have resulted in to the following out comes;
- Increased assessment for malnutrition at all NuLife supported sites from 0% to 48%. (See Annex A for numbers of clients assessed by heath facility.)
- Percentage of PLHIV individuals receiving nutrition counseling has increased to 20%
- A total of 4893 PLHIV and OVC have received nutrition treatment

KEY PLANNED ACTIVITIES

- Document and share emerging best practices with IP
- Develop and implement a long term coaching strategy
- Enhance collaboration between the health facility and community

Figure 4: Number of PLHIV/OVC Receiving RUTF at NuLife Supported Sites (n=4893) (April–Sept. 2009)

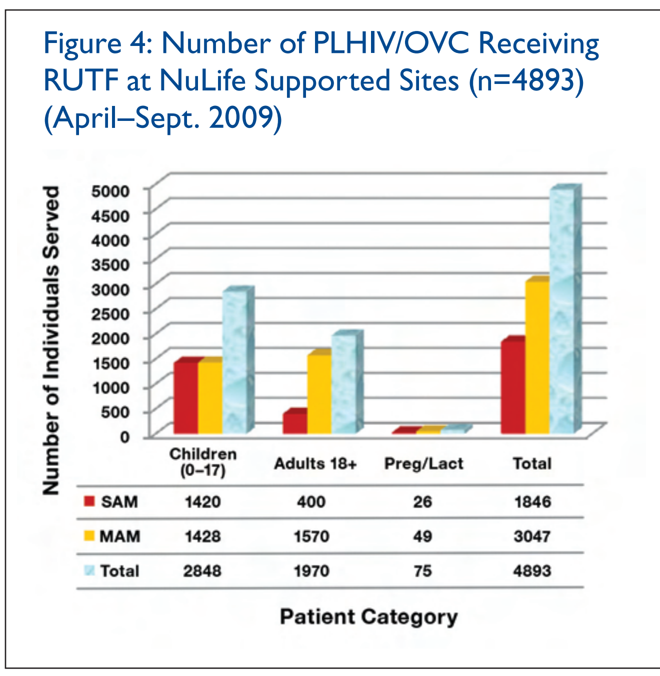
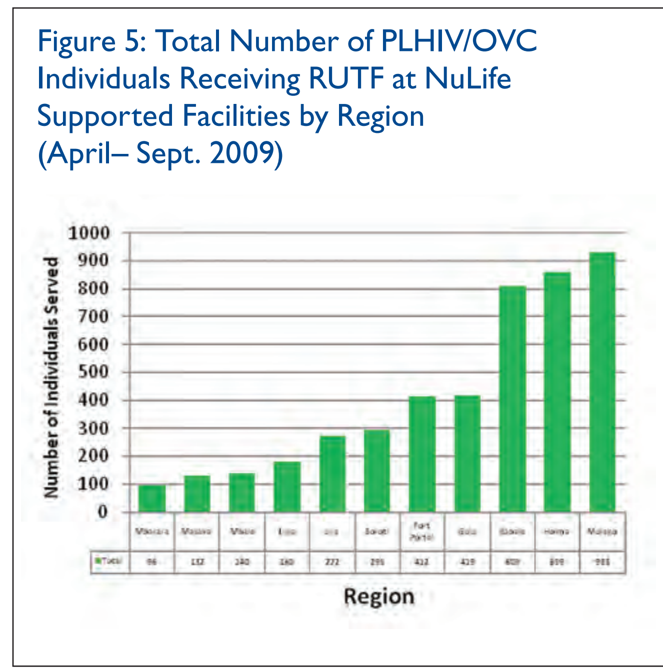


Figure 5: Total Number of PLHIV/OVC Individuals Receiving RUTF at NuLife Supported Facilities by Region (April– Sept. 2009)



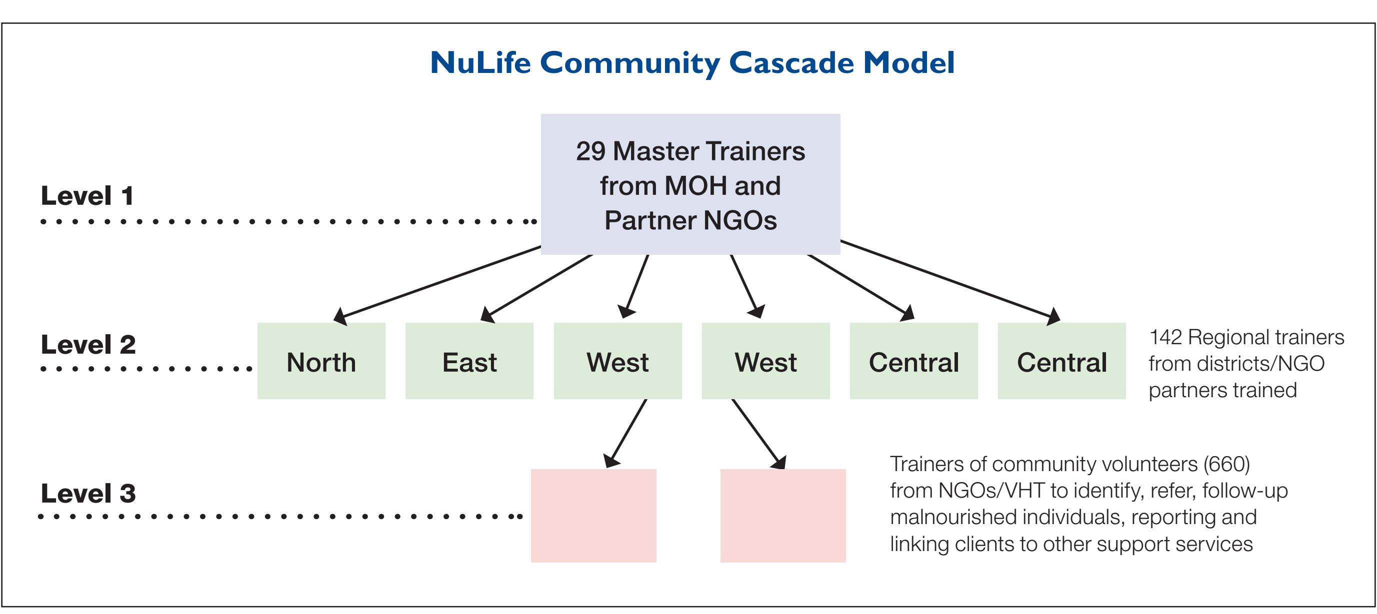
1.5 Community Mobilization and capacity building for community level workers/volunteers

KEY ACTIVITIES

- Developed a community outreach model (see Figure 6).
- Identified key partners, community volunteers and defined catchment areas.
- Trained community trainers, volunteers and designed a support mechanism for the trained volunteers.
- Oriented leaders on integrating food and nutrition in district activities.
- Documented emerging best practices and success stories.

KEY RESULTS

- Community intervention strategy developed in consultation with MOH and USG and other partners and used as a basis for implementation.
- Using a cascade model, 660 community volunteers within the catchment areas of 26 Phase I health facilities have been trained in comprehensive nutrition care and support for PLHIVs and OVCs, by 29 master trainers at national level and 142 regional trainers.
- 20% of 3,142 individuals assessed for malnutrition (using the MUAC tape) by trained community volunteers were referred to health facilities for treatment of malnutrition.



Determining the cachment area

- Several meetings between health workers and volunteers working in their catchment areas were held to discuss and improve efficiency in caring for clients. NuLife uses the Quality Improvement approach for these meetings. As a result, the participants identify their own solutions. Local government officials and USG partners are always invited to the meetings.
- Successfully secured buy-in by partners as demonstrated by their financial and technical contribution to the training of volunteers in comprehensive nutrition care and support.
- Developed community training curriculum, manuals, participant handbooks, job aids, IEC/BCC materials and monitoring and evaluation tools and disseminated to all trained community volunteers.
- 600 community leaders and other stakeholders oriented in integration of food and nutrition services.

KEY PLANNED ACTIVITIES FOR NEXT YEAR

- Support the inclusion of community coordinators into facility-based QI teams and organize follow up/ support meetings for community volunteers.
- Document and disseminate best practices, success stories and undertake exchange visits across sites where training has taken place.
- Include data collected from trained community volunteers in the NuLife database (ongoing).
- Organize training of community volunteers in the remaining sites and support them to implement activities.
- Arrange a refresher course for trained community volunteers to incorporate IYCF component n their activities

Figure 7: Number of individuals assessed for malnutrition by trained community volunteers by nutritional status

1.6 Support to USG Partners

KEY ACTIVITIES

- Established partnerships with USG IPs through informal and formal agreements of collaboration.
- Trained technical staff of USG IPs in comprehensive management of acute malnutrition.
- Trained staff from health facilities supported by USG partners.
- Organized workshop on how to program for nutrition interventions as part of existing HIV/AIDS programs.
- Invited USG IPs to NuLife program review meetings, presentations of baseline assessment results, and district planning meetings for training of community volunteers and health care workers.
- Co-funded MOH activities and events, such as the launch of IYCF policy guidelines and the Sub-Committee on Nutrition meetings.
- Participated in other USG IP technical and consensus building meetings.

KEY RESULTS

- 43 health providers and managers from partner organizations including CRS/AIDS Relief, Baylor-Uganda, JCRC and the Clinton Foundation were trained in comprehensive nutrition care for PLHIV.
- 28 officials from the MOH and eight USG implementing partners have been trained in the integration of nutrition into community HIV/AIDS care programs as master trainers.

- Developed and shared the minimum package for integration of nutrition interventions into HIV/ AIDS care and support services with 26 USG implementing partners.
- Through the involvement of partners in capacity building for food and nutrition interventions, about UGS16,000,000 (USD8000) was realized through partners contributions in cash and in-kind towards training of community volunteers.
- Benefited from donation of 60 metric tons of RUTF from the Clinton Foundation to treat children under 18 years of age.

PLANNED KEY ACTIVITIES

- Continue to develop formal agreements with USG implementing partners who have included nutrition in their FY10 work plans and requested technical assistance from NuLife.
- Organize technical workshops for USG IPs and train their technical staff in programming for comprehensive care and support for PLHIV.
- Share emerging best practices through organized site visits and participation in learning sessions organized for Phase I and Phase II health facilities.

2. Produce Ready-to-Use Therapeutic Foods (RUTF)

KEY ACTIVITIES

- Engaged a local manufacturer, Reco Industries, Ltd, to produce RUTF
- Procured adequate RUTF for Phase I sites
- Supported the process towards certification of locally produced RUTF by UNBS and UNICEF
- Reco has developed the required quality assurance protocols to assure raw material and finished product quality and safety, and organized for raw materials and ingredients to be procured through local farmers and international suppliers.
- NuLife has provided funding and technical support to Reco to establish its capacity to produce and supply the required amount of RUTF to the targeted sites.
- Through Reco, imported RUTF as a stop gap measure until local production commences.

KEY RESULTS

- Following an extensive bidding process, a local manufacturing company (Reco Industries) was contracted to produce RUTF from locally available foods.
- 57.4 MT was positioned at the health facilities; 37.67 was a donation from Clinton Foundation and 20 MT was imported by Reco Industries from Valid Nutrition Malawi. 43.216 MT was consumed by September 2009.
- Health and safety procedures for the production plant were evaluated by a consultant from Valid Nutrition-Malawi.
- Installed packaging equipment for RUTF
- Produced locally acceptable RUTF
- Secured certification of *RUTAFA* by UNBS and established contact with local UNICEF office to arrange for rapid certification by UNICEF

PLANNED KEY ACTIVITIES

- Ensure adequate supply of RUTF to end users
- Support collaborating partners to project their needs for RUTF and share with Reco
- Prepare action plan for integrating Fortified Blended Foods into treatment plans for malnourished individuals
- Explore ways to determine and document the efficacy of using the current RUTF formulation in adults
- Coordinate with the MOH to recognize RUTF as an essential drug

3. Establish Distribution System for Delivery of RUTF

KEY ACTIVITIES

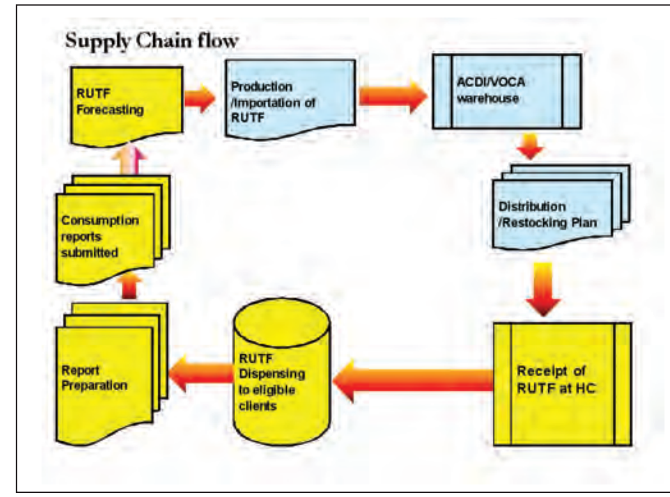
- Supported the development of a detailed supply chain system to deliver RUTF from the point of production to the selected health facilities for prescription to patients. Prior to the start of local manufacturing, this system has been tracking imported RUTF.
- Appraised health facility readiness to integrate food and nutrition programming into HIV/AIDS care and support services
- Developed and implemented a strategy for capacity-building to ensure that pharmacists/dispensers/store managers and nutrition focal persons at each site receive the information, tools, and training they need to store and distribute RUTF appropriately.
- Identification of alternative mechanisms for the delivery and distribution of RUTF and development of a long term distribution system

KEY RESULTS

- An effective short delivery system was developed and used to distribute 57.4 metric tons of RUTF and anthropometric equipments to 34 health facilities.
- The facility assessment resulted in establishing the need, procuring and delivery of anthropometric equipment at sites.

PLANNED KEY ACTIVITIES

- Compile weekly consumption report from all supported sites and share with Reco and other food partners to facilitate accurate forecasting of demand
- Train relevant heath workers in supply chain issues including stores management, forecasting, recording and reporting.



- Maintain an updated list of stores managers and dispensers in the data base and obtain weekly reports on status of commodities
- Conduct training of trainers to serve as resources for stores management skills to new facility staff in the event of reallocation or transfer
- Develop and implement strategy and action plan for transitioning from short term to long term supply chain system for RUTF distribution
- Share best practices with MOH
- Develop strategy for linking cured patients to existing livelihood interventions in Northern Uganda
- Ensure that production and distribution of RUTF meets international standards, and is integrated in the MOH essential medicines list and logistical system
- Expand the list of partners that implement nutrition interventions at the same level of quality set by NuLife and MOH.

4. Challenges and Opportunities

Challenge	Resolution
Integrating comprehensive nutrition care into MOH service delivery systems and tools is highly complex and requires significant time.	The need to provide nutrition care to improve outcomes for PLHIV is a motivating factor for facilities to make adjustments to their systems to adopt nutrition interventions.
Coordination with multiple partners with unique agendas to accomplish in a short timeframe complicates implementation of program interventions as NuLife has to take time to agree on implementation modalities.	Establish clear and systematic opportunities and mechanisms for communication, information sharing, and problem solving.
Collection of nutrition related data at health facilities adds a burden for health facility staff that already have cumbersome reporting requirements.	NuLife has worked with its sister program, HCI, to introduce nutrition indicators that require use of existing ART cards with minimal changes as opposed to introducing the whole set of data collection tools for the MOH-IMAM program.
Due to famine in various parts of the country, the numbers of clients seeking nutritional treatments increased at some health facilities.	NuLife is supporting other USG implementing partners to scale up nutritional programming
Integrating data collection for all partners implementing HIV care and support services at the community level is complex, meets with resistance, and is time consuming.	NuLife will work with those that are ready to go and with follow up with the others for quick implementation of community activities.
Overwhelming number of clients in some facilities due to shortage of staff at facility level. Inter and intra transfer of staff trained in comprehensive nutrition care and support detracts from the progress made to integrate food and nutrition into HIV care and support services.	NuLife is mitigating this challenge by providing regular support to the sites through coaching visits and other capacity building and exploring innovative ways to integrate nutrition with limited human resources.
Health facilities are experiencing a high default rate of clients attributed to the long distance factor.	To address this issue, some health facilities are conducting outreach to these isolated communities. Through its quality improvement work, NuLife is exploring other innovative ways to address this challenge.
While nutrition was seen as an important dimension in the management of HIV/AIDS, NGO managers admitted limitations in their capacity to integrate nutrition within their existing activities.	NuLife plans to organize training on comprehensive nutrition care for PLHIV for technical staff of USG implementing partners.
Delays in having a contractual agreement between Reco and Valid Nutrition led to significant delays in the commencement of local production of RUTF.	NuLife has provided direct support to Reco in their efforts to secure the necessary licensure. In the short term, the program is depending on importation of RUTF and donations from the Clinton Foundation.
Difficulty in getting timely consumption data affects programming especially when projecting RUTF needs for facilities.	NuLife continues to provide regular support to facilities in their efforts to collect and report on consumption data in a timely manner.

5. Progress Towards Sustainability and Recommendations for Improvement

PROGRESS TOWARDS SUSTAINABILITY

- To ensure that RUTF distribution is sustained beyond the end of the project, NuLife is working closely with the MOH to develop a long term supply chain system and also is advocating for the addition of RUTF to the essential medicines list.
- To ensure that clients who have benefited from RUTF treatment are able to continue on a path toward full recovery, NuLife is working to link clients who have graduated from supplemental feeding to sustainable livelihood programs
- A basic tenet of NuLife's work has been to work hand-in-hand with stakeholders and the MOH, thereby ensuring buy-in to the new approaches introduced and sustainability beyond the life of the project.
- NuLife has worked closely with the districts to advocate for the incorporation of food and nutrition into their programs, which ensures that food and nutrition is part of the larger system and public health agenda within Uganda.
- NuLife has been working closely with USG partners to assist them to incorporate food and nutrition in their programs. This approach ensures that nutrition can be addressed more comprehensively throughout the country and that a uniformed approach is implemented, making for a stronger and more sustainable impact.

RECOMMENDATIONS FOR IMPROVEMENT

- Advocate for the inclusion of food and nutrition in the curriculum in pre and in service for health workers.
- Advocate with USAID and CDC to influence all USG partners to include food and nutrition in their programming.
- Advocate with MOH and the Uganda AIDS Commission to implement the national strategy on nutrition and HIV.
- Continue to empower district health teams to support QI teams to ensure continued quality improvement in the delivery of nutrition interventions in HIV/AIDS care and support services offered at the facilities.
- Continue to advocate for districts to incorporate the issue of food and nutrition in their work plans and budgets.
- Introduce clients graduating from RUTF to sustainable livelihoods programs.
- Advocate for the MOH to add RUTF to the essential drugs list.

6. Administration

KEY ACTIVITIES

- Procured and installed an IT server in the office. This makes the data more secure and ensures sufficient storage capacity for the data. Data and information sharing has been improved.
- A second program vehicle was procured with approval from USAID.
- NuLife worked with HCI and IDCAP to update URC Standard Operating Procedures (SOP). This led to improved service delivery, efficiency and cost effectiveness.
- A staff orientation manual was developed and is being used to orient new staff to the program and to URC.

STAFFING

- Ms. Margaret Kyenkya was appointed as the new NuLife Chief of Party to replace Ms. Peggy Koniz-Booher in March 2009. A number of recruitments were also made during this period to match growing human resource needs. The following were recruited (refer to Annex 4 for the FY2009 Organizational Chart)

NuLife FY2010 Work Planning Retreat

PLANNED KEY ACTIVITIES

- Budget realignment, to reflect technical directive from USAID to reduce NuLife sites from 122 to 54, to increase work on IYCF, and support to USG implementing partners
- Additional staff will be recruited to support the expanded activities.
- Purchase of anthropometric equipment for Phase II sites.

Name	Title	Period
Mr. Ronald Mubiru	Driver	December, 2008
Dr. Hanifa Bachou	Senior Nutritionist and HIV/AIDS Advisor	March, 2009
Mr. Joseph Balironda	Program Coordinator	April, 2009
Mr. Alex Walusimbi Mpanga	Finance and Administrative Assistant	May, 2009
Mrs. Tamara Nsubuga Nyombi	Nutritionist/Quality Improvement Specialist	May, 2009
Mr. Thomas Emeetai	Monitoring and Evaluation Specialist	April, 2009
Hannington Anywar Kimara	Supply Chain Assistant (seconded by ACDI/VOCA)	May, 2009
Lois Kiracho	Program Administrative Assistant	May, 2009
Mariam Mathew	Project Officer (seconded by Save the Children)	August, 2009

HOME OFFICE SUPPORT AND SHORT-TERM TECHNICAL ASSISTANCE

Name	Support Offered	Period
Dr. Tisna Veldhuijzen Van Zanten *URC Vice President, Director of the International Division, URC*	Provided technical support and supervision. Reviewed the status of project activities and that of the RUTF production request for proposal. Review project achievements and work plan with staff. Discussed the budget and staffing needs Reviewed the status of collaboration with local partners.	October 2008
	Provided management and technical support to the new Chief of Party.	March 2009
Sumana Brahman *Deputy Director of the International Division, URC*	Reviewed the overall project administration and financial management. Held discussions with USAID on the work plan and budget. Reviewed work plan objectives for the next quarter and discussed progress and challenges with the NuLife partners.	March 2009
Ronnie Lovich *Director, Program and Technical Support, HIV/AIDS Advisor, Save the Children*	Reviewed progress of Save the Children activities under current work plan, and identified needs and priorities for strengthening as needed. Reviewed community strategy with relevant SC and NuLife staff. Reviewed and discussed plans for monitoring and evaluation.	April 2009
Altea Cico *Project Coordinator, URC*	Provided training and administrative support. Reviewed administrative and financial systems used by NuLife. Developed a Staff Orientation Package. Oriented the new Finance Administrative Assistant and the Program Assistant on URC and USAID procedures and regulations. Assisted in development of new administrative forms.	June 2009
Sumana Brahman *Deputy Director, International Division, URC*	Provided technical support to the NuLife team on the quarterly program review, effect on overall results, and updated implementation strategies and plans. Facilitated the development of the FY10 work plan.	July 2009
Belayat Hossein *Operations Director, URC*	Worked with both NuLife and HCI on the SOP.	June 2009

CONSULTANTS

Name	Support Offered	Period
Alison Gardner	Provided technical support in several areas, including the Nutritional assessment in health facilities, the process of RUTF quantification, the development of the IMAM guidelines and that of the NuLife training plan.	October 2008
Renee Charleston	Supported the development of the Monitoring and Evaluation data collection tools and work plan.	November 2008
Dr. Hanifa Bachou	Coordinated the development of the Facility Level Comprehensive Nutrition Care Training Curriculum and Job Aids. Served as lead trainer for facility trainings.	February 2009
Dr. Gelasius Mukasa	Supported the updating of the National IYCF Training Curriculum and Training Materials.	December 2008
Dr. Saul Onyango	Developed the National Nutrition and HIV Strategy.	October 2008
Marjolein Moreaux	Supported the finalization and field testing of IYCF materials. Through the Save the Children sub agreement, was engaged in the development of the Community Level Integrated Nutrition Training Curriculum and Job Aids.	March 2009
Tamara Nsubuga	Through the Save the Children sub agreement, was engaged in developing the Community Level Integrated Nutrition Training Curriculum and Job Aids.	March 2009
Martha Anyango Oringo, Arnold Birungi and Peter Kasamba	Laid out and designed the National IYCF counseling materials, and IMAM counseling materials and job aids.	August 2009
Caroline Tanner *Consultant, Save the Children*	Technical analysis and recommendations for NuLife chosen strategy and cut off points, admission and exit criteria for OTC. With the COP, visited the Kenya Food by Prescription program to explore the possibilities of using Fortified Blended Foods for treating all forms of malnutrition in PLHIV and decide on how NuLife could combine the use of FBF and RUTF for the best treatment outcomes.	April 2009
Francis Luswata	Developed the data base for NuLife.	February 2009
	Developed the Supply Chain data base.	September 2009
GIS Mapping Centre	Developed a Geographical Information System (GIS) for NuLife. Conducted training for five NuLife staff members on how to use the GIS system.	June 2009
Mary Nabisere	Compiling success stories and best practices and substituting for Tamara Nsubuga during her maternity leave.	August 2009

Annex I: Indicator Table

FY2009			
Strategic Objective: Improved quality of life of people living with and affected by HIV/AIDS in Uganda through improved nutrition	**Target**	**Achieved**	**Remarks**
Indicator 1 Number of HIV positive individuals receiving ART with evidence of severe malnutrition receiving food and nutrition supplementation. (PEPFAR)	1691	583	
Intermediate Result 1 Nutrition interventions integrated into HIV care and treatment			
Indicator 1.1 Percent of HIV positive individuals receiving nutritional assessment utilizing MUAC during HIV Clinic visits	50%	48%	District hospitals tended to conduct targeted assessments.
Indicator 1.2 Percent of HIV positive individuals receiving nutritional counseling during HIV Clinic visits.	40%	20%	
Indicator 1.3 Number of HIV positive pregnant or lactating women receiving food and nutrition supplementation in a PMTCT setting (PEPFAR)	250	72	The numbers of pregnant and lactating women are surprisingly fewer than was expected. This could be indicative that many women are not attending ANC and therefore PMTCT services, where nutrition services are offered. The number might increase as NuLife seeks out more women through referrals by community workers/volunteers.
Indicator 1.4 Number of OVC receiving food and nutritional supplementation through OVC programs (PEPFAR) (6month - 17yrs)	1026	2848	
Indicator 1.6 Percent of HIV positive adults and OVCs who have been treated with RUTF for acute malnutrition who defaulted.	25%	42%	
Sub Result 1.1: Guidelines and Protocol developed			
Indicator 1.1.1 Number of HIV care and treatment facilities with Nutrition and HIV user's Manual	77	19	
Sub Result 1.2: Facility capacity strengthened			
Indicator 1.2.1 Number of HIV care and treatment facilities with a minimum set of anthropometric equipment	77	34	# achieved includes only Phase I sites.
Indicator 1.2.2 Number of HIV care and treatment facilities with nutrition and HIV related counseling materials or job aids updated by NuLife	77	31	# achieved includes only Phase I sites.
Sub Result 1.3: Human capacity strengthened			
Indicator 1.3.1 Number of healthcare providers trained in HIV and nutrition.	770	1,322	
Intermediate Result 2: Nationally acceptable RUTF developed and produced locally			
Indicator 2.1 Number (in metric tons) of RUTF produced locally	40		
Indicator 2.1.1 Local capacity for the development of RUTF that meets national and international standards established	40	2700	2700 jar of RUTAFA produced for acceptability testing
Indicator 2.1.1 Uganda manufacturer certified	Yes	Yes	
Intermediate Result 3: Effective systems for the delivery and storage of RUTF established			
Sub result 3.1 Effective system for distribution of RUTF developed			
Indicator 3.1.1 Number of metric tons of RUTF distributed to facilities	120		
Sub result 3.2: Effective stock management systems for RUTF developed			
Indicator 3.2.1 Percent of sites experiencing stock-outs of RUTF in the past three months	25%	39%	
Indicator 3.2.2 Percentage loss of the RUTF distributed to NuLife supported facilities	0.04%		

Annex 2: PLHIV and OVC Receiving RUTF per Facility

Number of PLHIVs Assessed for Malnutrition per NuLife Supported Health Facilities

Facility	Level	No. of Clients seen	No. of clients assessed using MUAC	%Assessment for malnutrition
Baylor-College	Special	3,568	48	1%
Gombe	General Hospital	1,023	26	3%
Kagadi	General Hospital	96	5	5%
Luwero	HC IV	343	50	15%
Buwambo	HC IV	130	19	15%
Rubaga	General Hospital	925	148	16%
Hoima	Regional Ref. Hosp	1,961	339	17%
Kiboga	General Hospital	343	68	20%
Kalangala	HC IV	249	69	28%
Kagando	General Hospital	512	168	33%
Kaberamaido	HC IV	1,149	398	35%
Nakaseke	General Hospital	480	174	36%
Kitgum	General Hospital	1,680	643	38%
Villa Maria	General Hospital	1,090	436	40%
Kitagata	General Hospital	1,168	570	49%
Nyahuka	HC IV	143	71	50%
Kisiizi	General Hospital	674	358	53%
Kabale	Regional Ref. Hosp	1,705	945	55%
Kyegegwa	HC IV	935	651	70%
Ngora Cou	General Hospital	371	265	71%
Mbale	Regional Ref. Hosp	349	279	80%
Kamuli Miss.	General Hospital	451	368	82%
Katakwi	HC IV	865	719	83%
Kisoro	General Hospital	687	581	85%
Lwala	General Hospital	429	367	86%
Bundibujyo	General Hospital	216	187	87%
Dokolo	HC IV	369	326	88%
Iganga	General Hospital	442	393	89%
Virika	General Hospital	1,188	1,130	95%
Gulu	Regional Ref. Hosp	1,790	1,755	98%
Kayunga	General Hospital	1,013	1,010	100%
Masindi	General Hospital	83	83	100%
Orum	HC IV	203	203	100%
Mwanamugimu	Special	80	80	100%
Overall Total		**26,710**	**12,932**	**48%**

Annex 3: PLHIV and OVC Receiving RUTF by Patient

Number of Malnourished PLHIV and OVC Receiving RUTF at NuLife Supported Sites by Patient Category and by Quarter

		Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
Facility	Patient Category	SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
Baylor-College	6mths -< 6yrs	23	19	42	37	23	60	60	42	102
	6 - < 15 years	9	6	15	8	9	17	17	15	32
	15- < 18 years	1	0	1	2	0	2	3	0	3
	18 yrs and above	2	0	2	0	2	2	2	2	4
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
Baylor-College Total		**35**	**25**	**60**	**47**	**34**	**81**	**82**	**59**	**141**
BUNDIBUJYO	6mths -< 6yrs	2	0	2	8	9	17	10	9	19
	6 - < 15 years	2	2	4	1	1	2	3	3	6
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	2	17	19	6	11	17	8	28	36
	Pregnant and lactating Women	1	1	2	1	1	2	2	2	4
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
BUNDIBUJYO Total		**7**	**20**	**27**	**16**	**22**	**38**	**23**	**42**	**65**
BUWAMBO	6mths -< 6yrs	5	1	6	3	7	10	8	8	16
	6 - < 15 years	0	0	0	0	0	0	0	0	0
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	0	8	8	0	1	1	0	9	9
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
BUWAMBO Total		**5**	**9**	**14**	**3**	**8**	**11**	**8**	**17**	**25**
DOKOLO	6mths -< 6yrs	21	35	56	15	8	23	36	43	79
	6 - < 15 years	6	7	13	6	2	8	12	9	21
	15- < 18 years	1	0	1	1	0	1	2	0	2
	18 yrs and above	11	13	24	24	5	29	35	18	53
	Pregnant and lactating Women	0	0	0	4	0	4	4	0	4
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
DOKOLO Total		**39**	**55**	**94**	**50**	**15**	**65**	**89**	**70**	**159**
GOMBE	6mths -< 6yrs	14	23	37	19	35	54	33	58	91
	6 - < 15 years	2	5	7	3	14	17	5	19	24
	15- < 18 years	0	0	0	0	1	1	0	1	1
	18 yrs and above	12	10	22	6	23	29	18	33	51
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
GOMBE Total		**28**	**38**	**66**	**28**	**73**	**101**	**56**	**111**	**167**

Facility	Patient Category	Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
GULU REGIONAL	6mths -< 6yrs	10	8	18	8	9	17	18	17	35
REFERRAL	6 - < 15 years	0	14	14	3	9	12	3	23	26
	15- < 18 years	0	0	0	2	1	3	2	1	3
	18 yrs and above	9	30	39	14	48	62	23	78	101
	Pregnant and lactating Women	0	1	1	0	0	0	0	1	1
	Non lactating women with Child < =6 months	1	1	2	0	0	0	1	1	2
GULU REGIONAL REFERRAL Total		**20**	**54**	**74**	**27**	**67**	**94**	**47**	**121**	**168**
HOIMA	6mths -< 6yrs	0	5	5	16	19	35	16	24	40
	6 - < 15 years	0	6	6	5	25	30	5	31	36
	15- < 18 years	0	0	0	0	2	2	0	2	2
	18 yrs and above	2	39	41	9	79	88	11	118	129
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
HOIMA Total		**2**	**50**	**52**	**30**	**125**	**155**	**32**	**175**	**207**
IGANGA	6mths -< 6yrs	9	2	11	19	3	22	28	5	33
	6 - < 15 years	0	7	7	0	1	1	0	8	8
	15- < 18 years	0	1	1	0	0	0	0	1	1
	18 yrs and above	7	30	37	8	9	17	15	39	54
	Pregnant and lactating Women	1	2	3	0	3	3	1	5	6
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
IGANGA Total		**17**	**42**	**59**	**27**	**16**	**43**	**44**	**58**	**102**
KABALE	6mths -< 6yrs	27	23	50	28	26	54	55	49	104
	6 - < 15 years	3	8	11	2	13	15	5	21	26
	15- < 18 years	0	1	1	1	4	5	1	5	6
	18 yrs and above	12	55	67	10	79	89	22	134	156
	Pregnant and lactating Women	0	0	0	0	3	3	0	3	3
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KABALE Total		**42**	**87**	**129**	**41**	**125**	**166**	**83**	**212**	**295**
KABERAMAIDO	6mths -< 6yrs	9	2	11	8	10	18	17	12	29
	6 - < 15 years	0	1	1	0	2	2	0	3	3
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	4	9	13	7	34	41	11	43	54
	Pregnant and lactating Women	2	0	2	0	1	1	2	1	3
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KABERAMAIDO Total		**15**	**12**	**27**	**15**	**47**	**62**	**30**	**59**	**89**
KAGADI	6mths -< 6yrs	17	6	23	22	8	30	39	14	53
	6 - < 15 years	4	2	6	8	4	12	12	6	18
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	8	13	21	11	4	15	19	17	36
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KAGADI Total		**29**	**21**	**50**	**41**	**16**	**57**	**70**	**37**	**107**

		Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
Facility	Patient Category	SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
KAGANDO	6mths -< 6yrs	2	4	6	11	7	18	13	11	24
	6 - < 15 years	0	0	0	2	5	7	2	5	7
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	0	7	7	2	11	13	2	18	20
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KAGANDO Total		**2**	**11**	**13**	**15**	**23**	**38**	**17**	**34**	**51**
KALANGALA	6mths -< 6yrs	9	7	16	5	3	8	14	10	24
	6 - < 15 years	1	2	3	3	0	3	4	2	6
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	7	10	17	7	8	15	14	18	32
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KALANGALA Total		**17**	**19**	**36**	**15**	**11**	**26**	**32**	**30**	**62**
KAMULI MISS. HOSP.	6mths -< 6yrs	2	0	2	13	3	16	15	3	18
	6 - < 15 years	0	1	1	3	4	7	3	5	8
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	10	23	33	8	26	34	18	49	67
	Pregnant and lactating Women	1	0	1	0	3	3	1	3	4
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KAMULI MISS. HOSP. Total		**13**	**24**	**37**	**24**	**36**	**60**	**37**	**60**	**97**
KATAKWI	6mths -< 6yrs	3	1	4	7	11	18	10	12	22
	6 - < 15 years	2	0	2	4	4	8	6	4	10
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	1	1	2	8	41	49	9	42	51
	Pregnant and lactating Women	0	0	0	1	0	1	1	0	1
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KATAKWI Total		**6**	**2**	**8**	**20**	**56**	**76**	**26**	**58**	**84**
KAYUNGA	6mths -< 6yrs	16	12	28	14	5	19	30	17	47
	6 - < 15 years	1	4	5	2	11	13	3	15	18
	15- < 18 years	0	1	1	1	1	2	1	2	3
	18 yrs and above	4	25	29	6	48	54	10	73	83
	Pregnant and lactating Women	0	3	3	0	2	2	0	5	5
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KAYUNGA Total		**21**	**45**	**66**	**23**	**67**	**90**	**44**	**112**	**156**
KIBOGA	6mths -< 6yrs	23	44	67	43	63	106	66	107	173
	6 - < 15 years	0	15	15	1	19	20	1	34	35
	15- < 18 years	0	1	1	0	4	4	0	5	5
	18 yrs and above	5	32	37	7	92	99	12	124	136
	Pregnant and lactating Women	0	2	2	0	1	1	0	3	3
	Non lactating women with Child < =6 months	0	0	0	0	1	1	0	1	1
KIBOGA Total		**28**	**94**	**122**	**51**	**180**	**231**	**79**	**274**	**353**

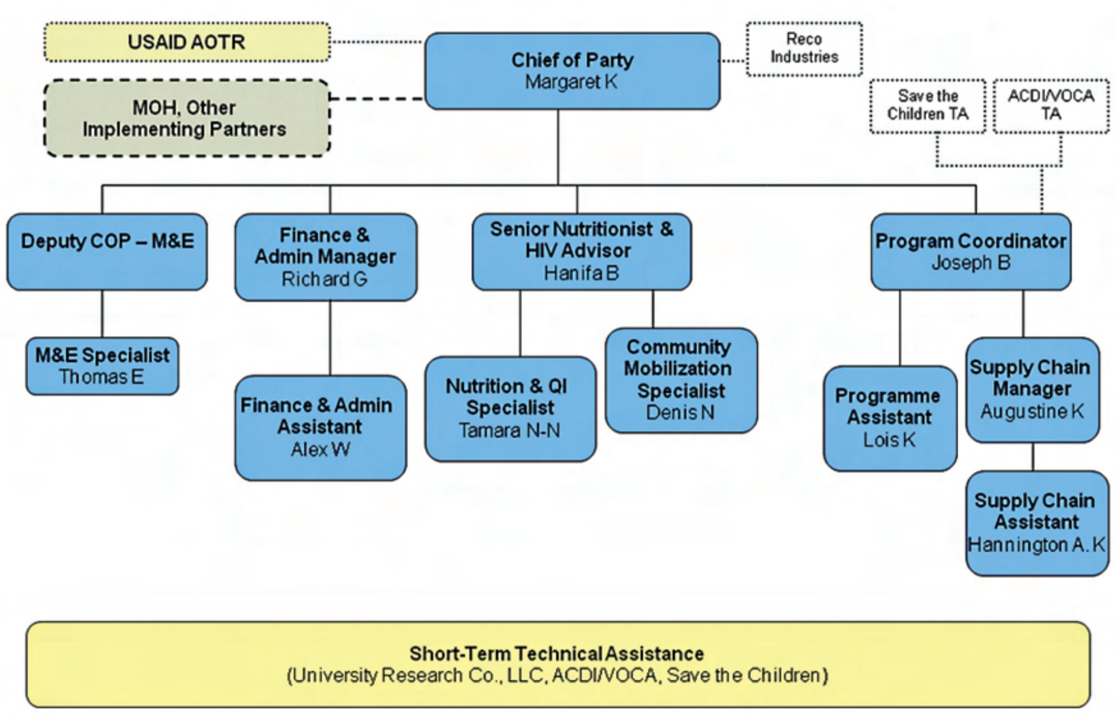
Facility	Patient Category	Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
KISIIZI	6mths -< 6yrs	17	7	24	12	17	29	29	24	53
	6 - < 15 years	4	4	8	9	7	16	13	11	24
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	0	1	1	2	0	2	2	1	3
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KISIIZI Total		**21**	**12**	**33**	**23**	**24**	**47**	**44**	**36**	**80**
KISORO	6mths -< 6yrs	95	79	174	204	51	255	299	130	429
	6 - < 15 years	5	6	11	6	1	7	11	7	18
	15- < 18 years	1	1	2	1	0	1	2	1	3
	18 yrs and above	5	9	14	4	0	4	9	9	18
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KISORO Total		**106**	**95**	**201**	**215**	**52**	**267**	**321**	**147**	**468**
KITAGATA	6mths -< 6yrs	3	2	5	4	1	5	7	3	10
	6 - < 15 years	0	0	0	3	5	8	3	5	8
	15- < 18 years	0	2	2	0	1	1	0	3	3
	18 yrs and above	3	44	47	5	41	46	8	85	93
	Pregnant and lactating Women	0	2	2	0	2	2	0	4	4
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KITAGATA Total		**6**	**50**	**56**	**12**	**50**	**62**	**18**	**100**	**118**
KITGUM	6mths -< 6yrs	12	24	36	18	15	33	30	39	69
	6 - < 15 years	4	4	8	4	9	13	8	13	21
	15- < 18 years	0	0	0	6	1	7	6	1	7
	18 yrs and above	20	49	69	18	78	96	38	127	165
	Pregnant and lactating Women	0	4	4	0	3	3	0	7	7
	Non lactating women with Child < =6 months	1	2	3	0	0	0	1	2	3
KITGUM Total		**37**	**83**	**120**	**46**	**106**	**152**	**83**	**189**	**272**
KYEGEGWA	6mths -< 6yrs	7	2	9	16	15	31	23	17	40
	6 - < 15 years	1	1	2	0	3	3	1	4	5
	15- < 18 years	0	0	0	1	2	3	1	2	3
	18 yrs and above	6	7	13	13	34	47	19	41	60
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
KYEGEGWA Total		**14**	**10**	**24**	**30**	**54**	**84**	**44**	**64**	**108**
LUWERO	6mths -< 6yrs	9	0	9	9	3	12	18	3	21
	6 - < 15 years	2	0	2	0	2	2	2	2	4
	15- < 18 years	0	0	0	0	1	1	0	1	1
	18 yrs and above	2	1	3	3	0	3	5	1	6
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
LUWERO Total		**13**	**1**	**14**	**12**	**6**	**18**	**25**	**7**	**32**

Facility	Patient Category	Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
LWALA	6mths -< 6yrs	0	7	7	4	4	8	4	11	15
	6 - < 15 years	0	0	0	1	5	6	1	5	6
	15- < 18 years	0	0	0	2	0	2	2	0	2
	18 yrs and above	1	3	4	0	10	10	1	13	14
	Pregnant and lactating Women	0	2	2	0	1	1	0	3	3
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
LWALA Total		**1**	**12**	**13**	**7**	**20**	**27**	**8**	**32**	**40**
MASINDI HOSPITAL	6mths -< 6yrs	18	17	35	15	78	93	33	95	128
	6 - < 15 years	8	23	31	10	34	44	18	57	75
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	1	13	14	11	50	61	12	63	75
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	2	2	0	2	2
MASINDI HOSPITAL Total		**27**	**53**	**80**	**36**	**164**	**200**	**63**	**217**	**280**
MBALE	6mths -< 6yrs	18	7	25	28	21	49	46	28	74
	6 - < 15 years	1	7	8	7	13	20	8	20	28
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	5	9	14	12	26	38	17	35	52
	Pregnant and lactating Women	0	1	1	0	0	0	0	1	1
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
MBALE Total		**24**	**24**	**48**	**47**	**60**	**107**	**71**	**84**	**155**
Mwanamugimu	6mths -< 6yrs	75	71	146	16	6	22	91	77	168
	6 - < 15 years	7	13	20	1	1	2	8	14	22
	15- < 18 years	2	0	2	0	0	0	2	0	2
	18 yrs and above	1	3	4	1	4	5	2	7	9
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	8	0	8	8	0	8
Mwanamugimu Total		**85**	**87**	**172**	**26**	**11**	**37**	**111**	**98**	**209**
NAKASEKE	6mths -< 6yrs	17	21	38	8	16	24	25	37	62
	6 - < 15 years	4	7	11	2	7	9	6	14	20
	15- < 18 years	0	0	0	0	2	2	0	2	2
	18 yrs and above	9	41	50	11	45	56	20	86	106
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
NAKASEKE Total		**30**	**69**	**99**	**21**	**70**	**91**	**51**	**139**	**190**
NGORA COU	6mths -< 6yrs	8	7	15	12	8	20	20	15	35
	6 - < 15 years	0	6	6	0	8	8	0	14	14
	15- < 18 years	0	0	0	0	1	1	0	1	1
	18 yrs and above	0	21	21	2	9	11	2	30	32
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
NGORA COU Total		**8**	**34**	**42**	**14**	**26**	**40**	**22**	**60**	**82**

Facility	Patient Category	Quarter						Year		
		Apr-Jun'09			Jul-Sep'09			FY09		
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
NYAHUKA	6mths -< 6yrs	0	0	0	18	18	36	18	18	36
	6 - < 15 years	0	0	0	6	9	15	6	9	15
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	0	0	0	5	3	8	5	3	8
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
NYAHUKA Total		**0**	**0**	**0**	**29**	**30**	**59**	**29**	**30**	**59**
ORUM	6mths -< 6yrs	0	1	1	3	5	8	3	6	9
	6 - < 15 years	0	0	0	4	0	4	4	0	4
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	6	27	33	6	85	91	12	112	124
	Pregnant and lactating Women	0	1	1	0	2	2	0	3	3
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
ORUM Total		**6**	**29**	**35**	**13**	**92**	**105**	**19**	**121**	**140**
RUBAGA	6mths -< 6yrs	11	12	23	31	5	36	42	17	59
	6 - < 15 years	1	2	3	1	1	2	2	3	5
	15- < 18 years	1	1	2	1	0	1	2	1	3
	18 yrs and above	4	12	16	7	34	41	11	46	57
	Pregnant and lactating Women	1	0	1	1	0	1	2	0	2
	Non lactating women with Child < =6 months	0	0	0	2	0	2	2	0	2
RUBAGA Total		**18**	**27**	**45**	**43**	**40**	**83**	**61**	**67**	**128**
VILLA MARIA	6mths -< 6yrs	28	1	29	11	1	12	39	2	41
	6 - < 15 years	1	0	1	2	4	6	3	4	7
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	5	3	8	0	2	2	5	5	10
	Pregnant and lactating Women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
VILLA MARIA Total		34	4	38	13	7	20	47	11	58
VIRIKA	6mths -< 6yrs	2	0	2	20	6	26	22	6	28
	6 - < 15 years	3	34	37	1	11	12	4	45	49
	15- < 18 years	0	0	0	0	0	0	0	0	0
	18 yrs and above	1	32	33	2	31	33	3	63	66
	Pregnant and lactating Women	0	0	0	1	2	3	1	2	3
	Non lactating women with Child < =6 months	0	0	0	0	0	0	0	0	0
VIRIKA Total		**6**	**66**	**72**	**24**	**50**	**74**	**30**	**116**	**146**
Grand Total		**762**	**1264**	**2026**	**1084**	**1783**	**2867**	**1846**	**3047**	**4893**

Annex 4: Revised FY 2009 Organizational Chart*

2009 Organizational Chart: NuLife



* As of September 30, 2009

Annex 5: Integrating Nutrition Interventions at Virika Hospital

Virika hospital located in Fort Portal town, Western Uganda, about 300 km from Kampala, was founded in 1911 by the White Sisters of Our Lady of Africa. It started as a dispensary and gradually developed into a 155 bed capacity general hospital.

The hospital expanded to include the Virika School of Nursing in 1975, and from the White Sisters it was handed to the Fort Portal Catholic Diocese in February 1994.

The Hospital was reconstructed in 1997, with financial and technical assistance from The Government of Uganda, Donors, Banks, Rotary clubs, companies and the business community after it suffered an earthquake that destroyed its infrastructure. The hospital re-opened on March 15, 2002.

With support from TASO, the CRS/AIDS Relief project and the Government of Uganda, the HIV/AIDS clinic that was initially only providing social support expanded its services to include voluntary counseling, testing and treatment of opportunistic infections and provision of antiretroviral therapy in 2005.

Recently, NuLife (USAID/PEPFAR supported project), through its already established sister project HCI, came on board to improve the quality of life of PLHIV through the integration of nutrition into HIV/AIDS care and support.

BEFORE AND AFTER HEALTH CARE IMPROVEMENT

Virika's vision of providing comprehensive care to people living with HIV/AIDS became a reality, after it was invited to a consultative workshop where NuLife was to integrate food and nutrition in its HIV/AIDS care and support program. A slogan that "clients shall not live on pills alone but on the nutrients that promote a productive life" was developed.

In February 2009, NuLife trained Virika Hospital staff in comprehensive Nutritional Care for people living with HIV/AIDS and oriented them to the 7 steps to integrate nutrition in HIV/AIDS care and support.

"Clients shall not live on pills alone but on the nutrients that promote a productive life"

In March 2009, two hospital staff were trained as community trainers of trainers and later trained thirty (30) community volunteers to create a linkage between community and health facility.

In April 2009, implementation of the seven steps started. Using the equipment and capacity provided by NuLife, assessment of the nutritional status of all clients attending the HIV/AIDS clinic started.

By the end of June 2009, 97.3% of the total clients on chronic care (657) and antiretroviral therapy (1572) attending Virika hospital's HIV/AIDS clinic had been assessed. Of those assessed, 96 (4.3%) had Moderate Acute Malnutrition (MAM) and 16 (0.7%) had Severe Acute Malnutrition (SAM).

DISPENSING OF THE READY TO USE THERAPEUTIC FOODS

(RUTF) started on the 12th of May 2009; and by the end of June 2009, RUTF had been prescribed and dispensed to 44 clients. Of these, 5 (11.4%) have been discharged as cured.

With facilitation and guidance of the NuLife and Health Care Improvement Project coaches, the following client flow protocol was developed following the seven NuLife steps.

With this clear systematic step-by-step process being implemented, Virika Hospital's success in providing comprehensive care for people living with HIV/ AIDS is attributed to the team spirit portrayed by Virika hospital's partners, dedicated and committed staff and volunteers.

Virika hospital is committed to providing quality health care to all clients in accordance with and in support of the policies of the Ministry of Health of the Republic of Uganda.

Annex 6: Progress Table

Activity	Status
Prepare Quarterly and Annual Performance Reports	Compiled and submitted
Prepare Semi-Annual PEPFAR Report	Compiled and submitted
Prepare COP submission for FY10	Compiled and submitted
Hold quarterly review meetings with national and regional counterparts and implementing partners	Held meetings with USG IPs, regional coordinators, district officials and nutritionists
Develop FY10 implementation plan	Developed and shared
Support for National Nutrition Congress	Provided financial support, presented papers
Monitoring and Evaluation	
Finalize the baseline for PMP indicators	Finalized and Shared
Finalize data collection tools	Finalized and in use at the sites
Conduct data quality assessments to review effectiveness of data collection systems established.	Carried forward to Q1 FY 10
Support data collection and reporting by health facilities	Ongoing
Objective 1: Provision of technical and financial support to the MOH related to the integration of food and nutrition interventions into HIV/AIDS prevention, care and treatment programs	
Support to Ministry of Health-national level	
Support to the MOH Subcommittee on Nutrition and Nutrition and HIV TWG	Provided financial support and participated in meetings
Finalize the NuLife/MOH IMAM for HIV protocols for facility and community	Finalized and shared with partners
Adapt existing curricula for IMAM for HIV facility and community training	Manuals developed in line with IMAM guidelines and used for training
Contribute to the finalization of the MoH/IMAM guidelines	Completed
Contribute to the finalization IYCF MoH guidelines, training curricula and accompanying job aids and their launch	Participated and provided financial support
Foster collaboration and buy-in among partners to implement new IYCF guidelines, including curriculum development and training roll-out	Coordinated the consensus building process under MOH leadership to secure buy-in
Draft and finalize job aids for IMAM for HIV and Nutrition counseling for PLHIV	Job aids developed. Disseminated to health workers and in use
Support the finalization of the MOH Nutrition and HIV/AIDS strategic plan	Nutrition and HIV/AIDS strategic plan developed and shared
Field test and finalize job aids for IYCF in the context of HIV	Job aids finalized and disseminated
Contribute to the integration of HIV and nutrition indicators in the current MOH HIV monitoring tools	Nutrition indicators included in the national ART Card

Phase I Facility Implementation	
Select nutrition focal person at each level of the health system and in each implementation site	Nutrition focal point persons selected, oriented on roles and functional
Conduct a facility readiness assessment for integrating nutrition services at Phase I sites	Assessment done for Phase I and II sites
Conduct TOTs for the national training team in clinical nutrition for HIV	TOT for national training team conducted
Roll-out clinical nutrition for HIV training to Phase 1 facility-based health workers and District Health Teams	Training undertaken
Finalize inventory and provide equipment for integrating nutrition services at Phase 1 sites	Health Facilities equipped to integrate nutrition into HIV care and support services
Finalize district level strategy for institutionalization of integrating nutrition services into HIV treatment, care and support in collaboration with HCI	Strategy finalized and disseminated
Implement the district strategy on integrating nutrition services into HIV treatment at the Phase I sites	Activity ongoing in collaboration with HCI
Document best practices from integrating nutrition services based on QI monitoring data from the Phase 1 sites	Best practices from Phase I sites captured and shared
Phase II Facility Implementation	
Sensitize health facilities and district health management teams to the integration of nutrition services into HIV treatment, care and support	District and health facilities team sensitized
Conduct a facility readiness assessment for integrating nutrition services at phase 2 sites	Assessment completed and report shared
Roll-out clinical nutrition for HIV training to Phase II facility-based health workers and District Health Teams	Completed and team established
Finalize inventory, procure and provide equipment for integrating nutrition services at Phase II sites	Inventory finalized, procurement planned for Q1 FY10
Implement the updated district strategy on integrating nutrition services based on Phase I best practices into HIV treatment at the Phase II sites	Activity carried forward to Q1 FY10
Continue documenting best practices from integrating nutrition services based on QI monitoring data from the Phase II sites	Activity carried forward to Q1 FY10
Phase I Community Intervention	
Rapid assessment to identify interested PEPFAR Implementing Partners (IPs) and mapping of IP activities in Phase 1 facility catchment areas	Completed as part of the facility assessment
Ensure inclusion of community component in MOUs with IPs	No longer developing MOUs, but establishing collaborative relationships with IPs
Finalize protocols for use at the community level for counseling and referral of malnourished individuals to the health facilities	Tools developed and disseminated
Finalize and field-test community-level training manuals for participants and trainers in screening, nutritional counseling, referral and follow up	Manuals developed and in use

Establish and reinforce the health facility-community links in the 32 Phase 1 facility catchment areas	Linkages established and being strengthened
Conduct TOTs for the national training team in community nutrition for HIV	TOT for national trainers undertaken
Roll-out community nutrition for HIV training for PEPFAR Implementing Partner staff working in Phase 1 facility catchment areas and other interested partners	Training conducted
Implement supportive supervision for community-based workers involved in IMAM for HIV in Phase 1 facility catchment areas	10 support visits undertaken, more carried forward to Q1 FY10
Document intervention and best practices for incorporation into Phase 2	Best practices documented and shared
Phase 2 Community Intervention	
Rapid assessment to identify interested PEPFAR Implementing Partners (IPs) and mapping of IP activities in Phase 2 facility catchment areas	Undertaken during health facility assessment
Ensure inclusion of community component in MOU with IPs in Phase 2 facility catchment areas	No longer developing MOUs, but establishing collaborative relationships with IPs
Establish and reinforce the health facility-community links in the 20 Phase 2 facility catchment areas	Undertaken
Roll-out community nutrition for HIV training for PEPFAR Implementing Partner staff working in Phase 2 facility catchment areas and other interested partners	Carried forward to Q1 FY10
Implement supportive supervision for community-based workers involved in IMAM for HIV in Phase 2 facility catchment areas	Carried forward to Q2 FY10
Document intervention and best practices	Carried forward to Q2 FY10
Pilot community mobilization strategy in one district (dependent upon finalization of the MOH/IMAM action plan and program roll-out and availability of funding)	Activity not done, model revised
Pilot for supplemental foods and sustainable livelihood	Initial meetings held with partners, More activities carried forward to Q1 and 2 FY10
Assess partner programming in supplemental food provision and sustainable livelihoods and determine how to link recovering malnourished PLHIV clients in selected Phase 1 catchment areas	Assessment completed. Three partners have agreed to work together, starting on one district (Gulu or Kitgum). A concept note will be submitted to USAID in Q1 of FY10
Develop model for introduction of supplemental foods in nutrition package at health facilities and link to sustainable livelihood activities in 6 pilot sites	NuLife is providing ACDI/VOCA with a list of 'cured' clients in the six sites, for purposes of providing them with supplemental foods and linking them with existing sustainable livelihood activities
Objective 3: Establishment of a supply chain system for effective production and delivery of RUTF to severely malnourished PLHAs	
Award contract to local manufacturer to produce RUTF and monitor progress	Contract awarded to RECO industries and production has begun.
Arrange for procurement of an initial supply of RUTF for adults based on assessed need while local manufacturer develops product	RUTF procured from Valid Nutrition Malawi
Formalize agreement with the Clinton Foundation regarding provision of RUTF for children under 18 years of age	Completed and underway

Support the development of quality assurance requirements for locally produced RUTF through the Uganda National Bureau of Standards (UNBS)	Ongoing
Arrange for shelf-life and finished product testing	Product currently undergoing acceptability test
Ensure that the new product is tested and certified by the Ugandan National Bureau of Standards and UNICEF	RUTF produced by RECO has been tested by UNBS. Process leading up to UNICEF certification has started and UNICEF Uganda is assisting with the booking of the one global UNICEF certifier, as they intend to be RECO customers for RUTF.
Support the distribution of Clinton Foundation RUTF donation, RUTF imported by local manufacturer and locally produced RUTF through local manufacturer, ACDI VOCA and partners	More than 57 metric tons of RUTF distributed to 34 Phase 1 health facility sites.
Objective 3: Establishment of a supply chain system for effective production and delivery of RUTF to severely	
Development of a short term system for rapid roll out of RUTF to 32 sites	Developed and positioned RUTF to all the Phase I sites (32 plus 2 special sites; total of 34 sites
Assessment of the existing infrastructure to store RUTF	Assessment carried out, and report prepared and shared and results used in the development of a the short-term distribution plan
Explore the existing delivery mechanism of pharmaceuticals for possible adoption for RUTF delivery	Activity implemented at the start of Q1 FY10 due to challenges of identifying a qualified consultant
Determine type of documents to be kept at the facility used to track the movement of drugs	All documentation developed, reviewed and in use
Determine the mechanism of drug delivery	Current drug delivery system is through National Medical Stores and Joint Medical Stores and this will form a basis for the long term delivery system
Determine capacity gaps	
Assess facility personnel forecasting skills	Assessment carried out and report shared
Assess facility personnel ordering skills	Assessment carried out and report shared
Assess facility personnel inventory management skills	Assessment carried out and report shared
Training of facility staff	
Prepare training materials for supply chain management training	Materials developed and in use
Training of Phase 1 facility staff in supply chain management	Training conducted
Monitoring and supervision of facility staff supply chain management skills	Ongoing. Supportive supervision carried out periodically
Development of RUTF delivery system	
Develop possible delivery strategies	Short term delivery strategy developed and in use while the long term supply chain strategy is under development
Receipt and storage of initial shipment of Plump Nut RUTF	Received, stored and dispensed
Ongoing implementation of delivery strategy in response to availability of RUTF	RUTF is positioned at sites on demand