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# NuLife – Food and Nutrition Interventions for Uganda

## Annual Performance Report

January 1 to September 30, 2008



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**NuLife – Food and Nutrition Interventions for Uganda**  
**Annual Performance Report**  
**January 1 – September 30, 2008**

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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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## Acronym List

ACP	AIDS Control Programme
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral Drugs
CBOs	Community Based Organization
CDA	Capacity Development Advisor
COP	Chief of Party
CMS	Community Mobilization Specialist
CMT	Community Mobilization Team
CRS	Catholic Relief Services
CSO	Civil Society Organizations
CSB	Corn soy blend
CTC	Community-based therapeutic care
DFST	The Makerere University Department of Food Science and Technology
DHS	Demographic and Household Survey
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FANTA	Food and Nutrition Technical Assistance Project
HA	HIV/AIDS Alliance
HCI	Health Care Improvement Project
HCIV	Health Center IVs
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
IFN	International Food Network
IHAA	International HIV/AIDS Alliance
IMAM	Integrated Management of Acute Malnutrition
IMC	International Medical Corps
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
JCRC	Joint Clinical Research Centre
LOP	Life of Project
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOUs	Memorandum of Understanding
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
NSA	Network Support Agents
NUMAT	Northern Uganda Malaria and HIV/AIDS TB
OVC	Orphans and other Vulnerable Children
PDT	Production Development Team
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLA	People Living with AIDS
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
PPB	Project Peanut Butter

PSI	Population Services International
QAP	Quality Assurance Project
QI	Quality Improvement
RUSF	Ready to use supplemental feeding
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Save the Children
SCM	Supply Chain Manager
SCMS	Supply Chain Management System
SCN	Sub-Committee on Nutrition
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAG	Technical Advisory Group
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
UACP	Uganda AIDS Control Project
UNICEF	The United Nations Children's Fund
UMA	Uganda Manufacturers Association
UPHOLD	Uganda Program for Human and Holistic Development
URC	University Research Company
USAID	United States Agency for International Development
USG	United States Government
WFP	World Food Programme
WHO	World Health Organization

## 1. EXECUTIVE SUMMARY

During its first three operational quarters, January through September 2008, **NuLife – Food and Nutrition Interventions for Uganda** made substantial progress in laying the groundwork, developing working relationships with the Ministry of Health (MOH) and other key stakeholders, identifying opportunities to collaborate and launching activities aimed at initiating and/or strengthening the integration of food and nutrition interventions for people living with HIV (PLHIV) into existing HIV care and treatment programs.

At the national level, NuLife has been instrumental in establishing what is initially being called the Sub-committee on Nutrition (SCN) within the MOH to increase the visibility of nutrition and to guide the national nutrition agenda. The program also has developed a joint work plan with the Nutrition Unit of the MOH AIDS Control Programme, in which specific areas of technical and financial support are articulated. To date, NuLife has provided technical and financial assistance to the MOH over the last eight months in: collecting and benchmarking a variety of guidelines, training curricula, educational materials and other documents (both national and international) related to food and nutrition for PLHIV; supporting the updating and expansion of the National Infant and Young Child Feeding (IYCF) Guidelines; updating and expanding an integrated set of IYCF counseling tools and other job aids; facilitating a critical review and update of the draft National Guidelines on the Integrated Management of Acute Malnutrition (IMAM); and drafting the National Nutrition and HIV and TB Strategy (2008-2010).

Initiating collaboration with other programs and organizations was a high priority for NuLife during FY 2008. Through its sister project, the Health Care Improvement Project (HCI), also managed by URC, NuLife secured a position for a nutritionist on the Quality of Care Initiative Core Team at the national level and expanded the role of the current HCI-supported Quality Improvement (QI) ART collaborative teams to include a nutrition focal in each facility. Through regular HCI learning sessions, a total of 223 health workers from 120 ART facilities were sensitized in the basics of integrating food and nutrition in health facilities. Working with the International HIV/AIDS Alliance (IHAA) and the Northern Uganda Malaria and HIV/AIDS TB (NUMAT) program, a total of 991 network support agents (NSAs) and approximately 100 health facilities in charge from 35 districts received an initial orientation and package of educational materials on the special food and nutrition needs of PLHIV. Memoranda of understanding (MOUs), outlining areas of and mechanisms for collaboration with NuLife, were developed and negotiated with IHAA, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Joint Clinical Research Centre (JCRC), The AIDS Support Organization (TASO), NUMAT, PIDC, Catholic Relief Services (CRS)-AIDSRelief, Clinton Foundation (CHAI), United Nations Children's Fund (UNICEF) and World Food Programme (WFP), and will be finalized during the first quarter of FY 2008 as the specific details are further clarified.

The initial NuLife start-up phase included: establishing an office in Uganda and procuring the necessary furniture and equipment; hiring staff; developing the program's Marketing Plan and Branding Strategy and first year Work Plan, and drafting the Performance

Monitoring Plan (PMP); collecting benchmarking key guidelines, training materials and job aids; and designing a Geographic Information System (GIS) which is being used to prioritize areas of operation, guide program planning and support visual reporting; and launching training activities with IHAA NSAs.

In Quarter 3 of FY 2008, NuLife moved into a more suitable location in Naguru with its sister project, HCI, where program meetings and workshops can be hosted; redesigned the strategy for the local production of RUTF; resubmitted and received approval for the FY 2008 Work Plan; selected the 32 Phase One Priority Facilities across 29 districts; presented the Phase One sites to the MOH for their review and approval; held consultative meetings related to the national information system, the PMP and the Community Mobilization Strategy; conducted a number of field visits to ACDI VOCA, Save the Children and WFP food supplementation and sustainable livelihoods programs to better understand their selection criteria and modes of operation; began working closely with the MOH HCI-supported ART Collaborative; conducted a training of local graphic artists (four MOH and two freelance) to support the development of high quality counseling tools and other job aids; met with all USG implementing partners working in HIV/AIDS and OVC, as well as other relevant partners (UNICEF, WFP and the Clinton Foundation) to foster collaboration; and continued training IHAA NSAs and a group of NUMAT NSAs.

During Q4 of FY 2008, NuLife developed the specifications and standards for the local production of ready-to-use therapeutic food (RUTF); designed the competitive selection process for identifying a local producer; issued an expression of interest, short listed four local manufacturers and identified three international groups with the requisite experience in the production of RUTF to potentially provide technical support to the selected manufacturer; worked with the MOH, UNICEF, JCRC, Médecins sans Frontiers (MSF) and the Clinton Foundation to quantify the national need, as well as NuLife's specific need for RUTF during FY 2009; negotiated and leveraged RUTF from the Clinton Foundation for use with children under 18 years of age in NuLife facilities, between November 2008 through December 2010; began the development of the short term supply chain model; redesigned the NuLife Community Strategy; identified a research group to conduct the baseline survey through a competitive bidding process; supported the drafting of the National Nutrition and HIV Strategic Plan; produced an integrated set of IYCF counseling tools; provided support for updating the Integrated Management of Acute Malnutrition Guidelines and began work on the protocols and care plans for the use of RUTF with severely malnourished PLHIV and OVC.

## **2. INTRODUCTION**

NuLife - Food and Nutrition Interventions for Uganda, funded by the United States Agency for International Development (USAID) is a three-year cooperative agreement awarded to University Research Co., LLC (URC) on January 1, 2008. URC is implementing this program in collaboration with ACDI/VOCA and Save the Children/US (SC). The overall program goal of NuLife is to support the Ministry of Health (MOH) and USG partners to integrate food and nutrition interventions in their programs for HIV/AIDS prevention, care and treatment, with a focus on increasing the utilization, adherence to and efficacy of anti-retroviral treatment (ART) and improving the nutritional and health status of people living with and affected by HIV/AIDS. Intended beneficiaries include people living with

HIV/AIDS (PHAs), HIV-positive pregnant and lactating mothers, orphans and vulnerable children (OVCs) and other HIV-positive children.

NuLife's three primary objectives are:

- Provision of technical and financial support to the MOH, community-based organizations (CBOs)/non-governmental organizations (NGOs), PLHA Networks, and United States Government (USG) partners to integrate food and nutrition interventions into HIV/AIDS prevention, care and treatment programs
- Development of a high quality, low-cost, nationally acceptable ready to use therapeutic food (RUTF) made from locally available ingredients
- Establishment of a supply chain system for the delivery of RUTF to health facilities

The following report details NuLife activities and accomplishments during the first three operational quarters, covering the period January 1 to September 30 of FY 2008. As this report incorporates fourth quarter reporting for FY 2008, a summary of accomplishments for that quarter is included at the end of each section. Appendices include a Progress Table, a list of selected startup sites, and a NuLife success story submitted to USAID during the reporting period.

### **3. PERFORMANCE REVIEW AND PROGRESS**

#### **3.1. Objective 1: Provide technical and financial support to the MOH, CBOs/NGOs, PLHA Networks and USG partners to integrate food and nutrition in HIV/AIDS prevention, care and treatment programs**

##### *3.1.1. Technical and financial support to USG and other partners to leverage resources for integration of HIV and nutrition*

Coordination and collaboration with the Ministry of Health and other key partners is critical to achieving NuLife's goal of fully integrating food and nutrition into HIV care and treatment programs in Uganda. With this understanding, NuLife has dedicated the necessary time and energy to establishing relationships with key stakeholders during its first three operational quarters. The partnerships that have been fostered this year have allowed NuLife, and will continue to allow us, to build on and leverage resources from other USG implementing partners, UN Agencies and other non-governmental organizations (NGOs) working in both facility and community-based programs that target the same audiences. Collaboration and technical review meetings were held with the technical staff and managers of the MOH, the Uganda AIDS Commission and HCI, as well as other key partners, including UNICEF, WFP, CRS/AIDSRELIEF, NUMAT, EGPAF, TASO, the International HIV/AIDS Alliance, JCRC, ACF and the Clinton Foundation. Objectives of these meetings included: sharing programmatic approaches; exploring how food and nutrition can be integrated into HIV care and support programs; reviewing and critiquing existing technical materials, training curricula and counseling tools; identifying the gaps and areas of possible coordination of resources; identifying opportunities for integrating HIV-Nutrition M&E into current programs; developing a mutual understanding of the challenges related to integrating nutrition into current HIV care and treatment programs and working to harmonize program approaches; and developing the terms for the proposed memorandums of understanding (MOUs) with specific organizations.

Key national and regional meetings organized by MOH and/or partners in which NuLife participated in and/or supported during FY 2008, were related to the following areas:

- **National Nutrition and HIV Strategic Planning:**
  - Series of meetings to develop the National HIV and Nutrition and TB Strategic Plan, partially supported by NuLife.
  - Organized a Satellite Session on Nutrition and HIV as part of the March 2008 National AIDS Conference.
- **ART Quality Improvement:**
  - Regular Core Team Meetings
  - HCI Regional Meetings
  - HCI District Strategy Review
- **Nutrition Information Systems:**
  - Series of workshops to develop the National Nutrition Information System
- **Community Mobilization (CM) strategy:**
  - Joint planning meetings held with the International HIV/AIDS Alliance to develop the HIV and Nutrition training plan for community based workers, or NSAs, in 2008
  - Stakeholder review of and contribution to NuLife's draft CM strategy
- **Infant and Young Child Feeding with a special focus on the context of HIV:**
  - World Breastfeeding Week preparation meetings with stakeholders
  - Review and updating of existing IYCF national guidelines
  - Technical review of revised set of IYCF counseling tools supported by NuLife
- **Integrated Management of Acute Malnutrition, or Community Therapeutic Care (CTC):**
  - Participated in meetings to review UNICEF and MOH report on state of art RUTF use in Uganda
  - Assessment Review by UNICEF and MOH
  - Community Management of Acute Malnutrition (CMAM) review in Washington DC
  - Meetings to review and develop M&E tools for the CMAM/IMAM program
- **Supplemental feeding programming and sustainable livelihoods:**
  - Review of the WFP Supplementary Feeding Program
- **Prioritizing nutrition education, including education for HIV and PMTCT:**
  - WFP Nutrition Education Planning Meeting
- **Technical updates and consensus building workshops:**
  - MOH consensus building stakeholders workshop on National IYCF guidelines in March 2008
  - Part of the UGAN Organising Committee for the National Nutrition Conference scheduled for 2009
- **Quantification of national RUTF needs:**
  - NuLife hosted a series of meetings during Quarter 4 to bring partners together to share data on their use of and/or projected need for RUTF
- **Monitoring and Evaluation:**

- Participated in and supported MOH to be part of the regional M&E workshop, convened by FANTA, to develop Nutrition and HIV indicators

Through active participation in and strategic support of some of these meetings and workshops, NuLife was able to provide technical updates and program guidance related to our major focal area of nutrition and HIV. As a result, we have generated demand from partners to support the integration of food and nutrition interventions into current HIV/AIDS care and treatment programs, and have leveraged resources from other partners to take key interventions, training and counseling materials, as well as quality assurance methods to scale. The MOH, in particular, has expressed appreciation for the role that NuLife is playing, which they claim has resulted in improved coordination and communication among partners involved in nutrition activities.

**Table 1: Specific Roles and Areas of Collaboration for NuLife Partners**

NuLife Partners	Areas of Collaboration	Achievements to date
UNICEF	UNICEF/Uganda, a UN agency supports the Ministry of Health to implement nutrition interventions, especially in Northern and Western Uganda. At the national level, UNICEF has supported the Ministry in developing and printing nutrition guidelines for PLHIV. UNICEF has identified key areas in which it will support the MOH, and thus the need for the NuLife program to partner with UNICEF for coordination during the development and production of key HIV-Nutrition policies, guidelines and training materials.	UNICEF and NuLife have jointly supported the updating of the draft IMAM guidelines, and revision of the IYCF guidelines and materials. UNICEF plans to support the printing and dissemination of both the guidelines and integrated IYCF materials.
WFP	WFP/Uganda, a UN agency, supports the Ministry of Health to implement food and nutrition interventions especially in Northern, West Nile and Eastern Uganda. WFP has provided support to the supplementary feeding program through TASO and other NGOs for PLHIV. WFP has identified key areas in which it will support the MOH, and thus the need for the NuLife program to partner with WFP for coordination during the development and production of key HIV-Nutrition policies, guidelines and training materials.	WFP and NuLife are collaborating closely on the field testing of the updated set of IYCF materials, and WFP plans to support the translation and printing of the IYCF materials for use in the districts they support.
International HIV/AIDS Alliance	Has established the network support model through PHA networks in the community. NuLife will work with IHAA to role out the community mobilization strategy by adding on another role for the network support agents (NSA), so that they can provide nutrition assessment and counseling to the community, but with a primary focus on the members of the PHA networks. These NSAs will also play a vital role of linking clinical service provision to the community, in addition to	Trained and oriented 963 NSAs in food and nutrition basics. After the training, the NSAs have started referring PLHIV for nutrition care and support services. Drafted an MOU with IHAA.

NuLife Partners	Areas of Collaboration	Achievements to date
	identification and referral of moderately HIV malnourished individuals.	
TASO	TASO is one of the first and leading organizations providing HIV care, support and treatment to HIV positive clients in Uganda. TASO provides HIV care to over 70,000 HIV positive individuals and 20,000 currently on ART in 11 centers. NuLife will therefore work with TASO at both national and facility level to integrate nutrition interventions into HIV care and support services. At the national level, NuLife will provide technical assistance through MOH during training of TASO service providers. At the health facility level, NuLife will review TASO's current community approach to identify mechanisms of integrating the NuLife community mobilization strategy. NuLife will also provide TA to TASO in rolling out the "therapeutic feeding program", which will be rolled out in 7 centers.	Drafted an MOU with TASO and identified opportunities for training and sharing of training and IEC materials.
NUMAT	NUMAT ,whose goal is to expand access to and utilization of HIV, TB and malaria prevention, treatment, care & support activities in Northern Uganda, and focuses on increasing access to services for PLHIV and their families to wrap-around (care and support) services, has an excellent PLHIV network support model, similar to the IHAA model. In addition to integration of food and nutrition interventions at the NUMAT ART supported facilities, NuLife will introduce the community mobilization model through the established NUMAT community structures. Nutrition interventions will be introduced through the PMTCT program for the HIV positive pregnant women and lactating mothers; the ART program for HIV positive adults and children who are severely malnourished.	Trained 28 NSAs in food and nutrition basics from 4 districts of Northern Uganda.
CRS/AIDSRELIEF	As one of the biggest providers of HIV care, treatment and support services in the country, AIDSRelief provides a platform for the NuLife program to support food and nutrition intervention integration into the HIV clinical care program. Where the AIDS Alliance does not have a presence, NuLife will utilize the community approach established by the AIDSRelief program through faith based community initiatives to initiate its community mobilization strategy.	Drafted an MOU with CRS/AIDSRelief.
EGPAF	EGPAF is the largest provider of PMTCT services within PEPFAR funded programs. As such, it serves as a good platform to target HIV positive	Completed an MOU with EGPAF, and EGPAF supported the

<b>NuLife Partners</b>	<b>Areas of Collaboration</b>	<b>Achievements to date</b>
	severely and moderately malnourished pregnant women and lactating mothers to receive nutrition counseling, assessment and RUTF for those who qualify through the PMTCT program implemented by EGPAF. NuLife will collaborate with EGPAF in developing the module(s) for food and nutrition to add to the training for PMTCT service providers.	development of the IYCF guidelines and will support the printing and distribution of these materials to their beneficiaries.
HCI	URC-HCI, a sister program to NuLife, has developed a strong quality improvement program in 120 ART health facilities across the country, working through the Quality of Care Initiative of the Ministry of Health. NuLife intends to work through the established HCI-supported structures at national, regional, and district level to integrate food and nutrition as part of the HCI QI process. NuLife envisages that a nutrition focal person will be added at every level to support the integration of nutrition interventions into HIV care, support and treatment.	NuLife participated in HCI learning sessions and the district strategy meetings. HCI has supported start up of interventions in the facilities and the selection of NuLife districts for the district strategy.
JCRC	JCRC is the biggest PEPFAR implementing partner providing support for HIV/AIDS treatment in the country through the TREAT program. As such, the JCRC-TREAT program provides a great entry platform for the NuLife program to support food and nutrition integration into the HIV/AIDS clinical care program. Additionally, JCRC, through the TREAT program, supports a great number of OVCs for ART treatment. Where the International HIV/AIDS Alliance does not have a presence, NuLife will utilize the adherence program established by JCRC to roll out the community mobilization strategy.	JCRC will participate in TOT on both IMAM and IYCF being organized by NuLife; and will participate in data collection related to other food and nutrition interventions in facilities where there is overlap.
PREFA	PREFA is providing PMTCT programming in Uganda. NuLife has approached PREFA to collaborate closely in IYCF in the context of HIV and IMAM/Food by Prescription training and IEC materials distribution in the districts where they operate.	PREFA has agreed to participate in TOT training on IYCF, will utilize the TOT to launch additional trainings sponsored by PREFA and will support the printing and distribution of IYCF materials (developed by NuLife) in their districts. Other food and nutrition interventions will be explored in Q2 of 2009.
CARE- The Core Initiative	With the sole purpose expanding targeted HIV/AIDS services for youth and critical services	Initial discussions have held with the lead

NuLife Partners	Areas of Collaboration	Achievements to date
	for OVC in collaboration with Ministry of Gender, Labour and Social Development and local organizations, the CORE initiative will be a major partner in the provision of food and nutrition interventions to OVCs. The initiative works in almost all the districts in Uganda and will be a vehicle through which NuLife will reach OVCs in addition to other OVC partners. CORE will support NuLife to identify local CBOs, NGOs and FBOs working within the catchment areas of the 32 phase 1 intervention sites.	consortium member (CARE/Uganda) and provided financial support to the field testing of IYCF materials focusing on HIV/AIDS. An MOU will be drafted to concretize the partnership.
The Clinton Foundation	Through the Clinton Foundation HIV/AIDS Initiative (CHAI) that supports pediatric treatment and increasing access to care and treatment in rural areas among other programs in Uganda, NuLife will collaborate with CHAI to access <i>plumpynut</i> for children under the ages of 18 years before local production of RUTF commences. The CHAI focuses on providing RUTF to only HIV positive children. In turn, NuLife will build the capacity of the service providers in the management of malnourished HIV-Positive children accessing the CHAI <i>plumpynut in sites supported by NuLife</i> , a gap identified by the CHAI. Support has been requested to train service providers beyond the NuLife sites.	Several meetings have been held with the CHAI on mechanisms through which support will be provided to the 32 sites. Already NuLife has requested the first consignment of <i>plumpynut</i> that will be distributed to the 32 start up sites. This is expected early next quarter. ACIDI/VOCA will manage the distribution and storage for this <i>plumpynut</i> and NuLife will provide training to health workers.

3.1.2. *Technical and financial support to MOH for integration of HIV and nutrition*

Building on URC’s already strong relationship with the MOH under the HCI Program, NuLife initiated the process of supporting and institutionalizing food and nutrition interventions within HIV/AIDS care and treatment programs under the AIDS Control Programme (ACP) of the MOH. NuLife’s commitment to building partnerships at all levels—central, regional and district—has included both technical and financial support for the development of key policy guidelines, training materials and job aids specifically intended to improve food and nutrition interventions for people living with and affected by HIV. Key areas of support related to MOH stakeholder engagement are highlighted above. A summary of key areas of technical support to the MOH itself are summarized in the matrix below. All of these initiatives have led to strengthened linkages between the MOH and its partners, in turn enhancing efficiency and better resource allocation, and adding value to overall nutrition programming within the MOH. Of significance is NuLife’s support for and participation in the drafting of terms of reference for what is currently being called the Sub-Committee on Nutrition (SCN) under the MOH. As part of the process, the NuLife team met with the ACP Program Manager during Q3 to systematically

explore effective ways for NuLife to work within the system. Our support for a specific Nutrition and HIV Taskforce under the proposed SCN, and participation in other key task forces (specifically IMCI, IYCF, M&E) was recommended. NuLife believes that a functional task force for nutrition and HIV is critical to accomplishing NuLife's goals in a timely and efficient way. To date, two guidelines (e.g., the national guidelines for IMAM and IYCF) have been reviewed and updated through a series of ad hoc stakeholder meetings. This approach, institutionalized by the MOH, is time-consuming and often ineffective, given that participants change from meeting to meeting and decisions are often reversed. The IYCF guidelines and materials development has been greatly affected by this process. Progress on guidelines for IMAM, which encompasses Food by Prescription, a key intervention area for which NuLife has assumed a lead role, will benefit greatly when a taskforce is formally appointed to review the draft guidelines and develop counseling materials and other job aids, which can then be brought to the SCN for approval.

**Table 2: Key activities and status to date with MOH**

<b>Ministry of Health Technical Assistance</b>	
Support to creation of Sub-Committee on Nutrition	NuLife supported the development of the Terms of Reference for what is currently being referred to as the MOH SCN.
Support for the creation of Task Force on Nutrition and HIV	Dialogue is ongoing within the MOH to formalize and finalize the process of setting up a Task Force on Nutrition and HIV under the proposed SCN. The MOH has also requested that NuLife hire and second one or two staff to the ACP-Nutrition unit, including provision of equipment, to specifically support this intervention area.
Updating guidelines for IYCF and developing training and support material	NuLife supported the review process and has developed counseling materials reflecting the updated guidelines. In FY 2009, NuLife intends to support the updating of existing training materials for both facility and community health workers. The launch of the guidelines, training curricula and counseling materials is expected during Q1 or Q2 of 2009.
Updating guidelines for IMAM and developing training and support material	NuLife hired two consultants during Q4 of FY 2008 (one local and one international) to update four sections of the national IMAM guidelines and to develop a training plan. The local consultant will continue to develop the training curricula, counseling and other support materials for both facility and community health workers, which will extend into Q1 of FY 2009.

<b>Ministry of Health Technical Assistance</b>	
National Strategic Plan for Nutrition and HIV	NuLife hired a local consultant, at the request of the MOH, to finalize the process of developing the National Strategic Plan, which had been initiated early this year by the MOH. This process will be completed during Q1 of FY 2009.

**Collection/benchmarking of relevant guidelines, protocols and related job aids.** A core activity of NuLife is to support the MOH to develop and/or update food and nutrition-related guidelines and protocols, training curricula and support materials relevant to people living with or affected by HIV/AIDS. As a first step in this process, a benchmarking activity was conducted in the first operational quarter (Q2 of FY 2008). All existing guidelines and materials related to nutrition and HIV (national, regional and international), were collected, organized, reviewed and analyzed. An initial assessment was made to determine relevance, appropriateness, and accuracy; to identify gaps and technical issues/deficiencies; and to make recommendations concerning NuLife’s potential role in updating and/or adapting them in collaboration with the MOH and other stakeholders. Over 100 individual and/or sets of materials have been catalogued. Gaps in the availability of materials specifically related to Food by Prescription programs have been identified.

**Training for Graphic Artists:** One of the major roles of NuLife is to support the MOH in the development, design and production of guidelines and support materials for the food and nutrition interventions program. Production of quality materials is an important element of this support. To this end, NuLife contracted two experienced international graphic artists to conduct a two week training of six local graphic artists, four from the Health Education Unit of the MOH and two freelance artists. The objectives of the training were as follows:

- Gaining techniques for setting up photos and digital camera technology;
- Transforming photographic images into a three-dimensional, color graphic image for use in communications materials;
- Learning fundamentals of layout and techniques for effective design of communications materials and
- Gaining skills and knowledge of Photoshop and InDesign

This was a participatory and practical training that involved field visits to pretest developed materials as well as photo shooting exercises. The two freelance artists were subsequently contracted by NuLife to support the development of the integrated package of IYCF (with a focus on infant feeding in the context of HIV) and IMAM/Food by prescription materials.

### *3.1.3. Facility-level nutrition and HIV integration*

NuLife has collaborated closely with its sister project, the Health Care Improvement (HCI) project to establish its approach to integrating nutrition intervention at the facility level.

**Learning sessions.** As part of establishing and strengthening coordination between NuLife and HCI, a joint NuLife and MOH team introduced NuLife’s proposed nutrition interventions to facility based health workers (ART teams) through HCI Quality Improvement-Learning Sessions held in Mbarara, Jinja and Mukono. In Mbarara and Jinja, the objectives of the sessions were inter- and intra-facility sharing of experiences, exploring strategies for sustainability of quality improvement (QI) activities, and discussing data management processes. In the Jinja session, a total of 35 health workers were oriented to the magnitude of nutrition problems in the context of HIV/AIDS, the role of health workers in nutritional care and support in context of HIV, and the NuLife implementation strategy at the national, health facility and community levels. In Mbarara, 36 health workers were oriented. NuLife conducted a similar presentation at the learning sessions, in Mukono, for the 57 sites graduating from their quality improvement work with HCI. Objectives of this session were to share experiences and to discuss the sustainability and institutionalization of QI processes. A total of 152 participants from the 57 health facilities were oriented. These learning sessions have served as a great avenue for NuLife and the MOH to introduce food and nutrition basics to the ART teams and to explore with participants feasible approaches for integrating food and nutrition in treatment interventions. All health workers representing different health facilities observed that nutrition is currently a weak link in HIV care and treatment activities. This is evidenced by low budget allocation for nutrition, inadequate health worker skills in nutrition assessment and counseling and poor linkages with communities. All participants expressed eagerness to have their health facility included in NuLife’s 32 start-up sites.

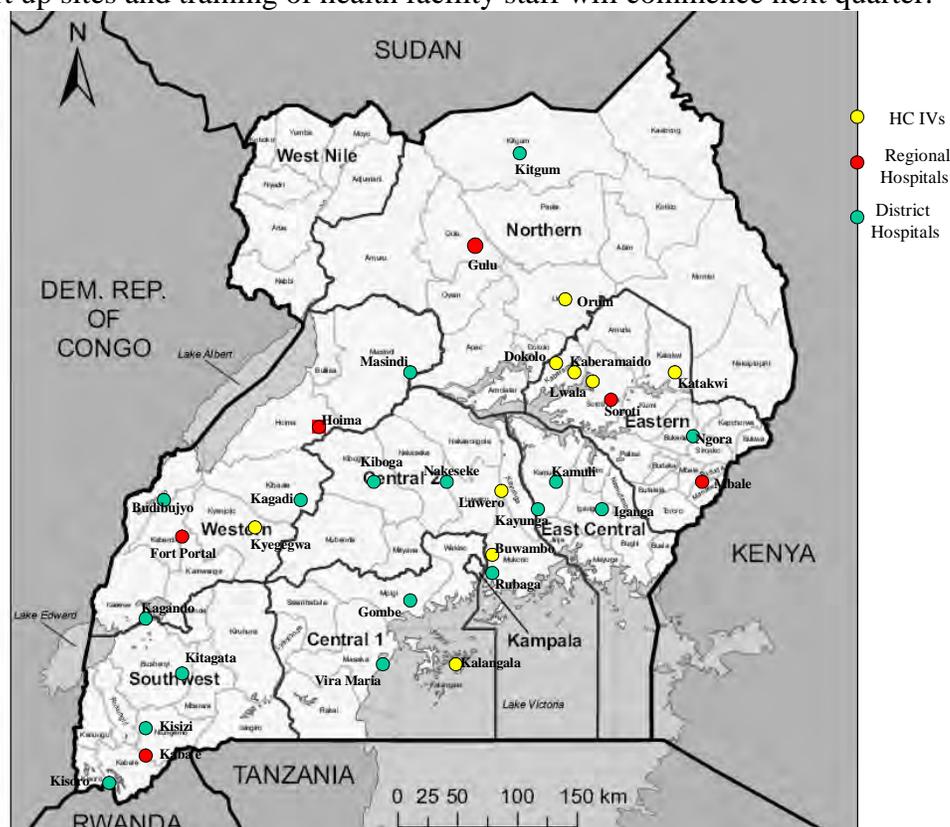
**District strategy meeting with HCI.** In May, NuLife participated in the HCI district strategy launch that included district health managers from across the country, USAID and the MOH. The objective of the meeting was to introduce the new strategy and obtain consensus on how HCI will transition the QI improvement roles to the district management teams. The major role of the district QI teams will be to implement the QI approach initiated by HCI in facilities providing ART within their respective districts. The district strategy fits in well with the NuLife objective of working with district health teams (DHT) in the provision of support for food and nutrition services. On the DHT QI teams as proposed by HCI, a nutrition focal person will be chosen to be part of the team. NuLife will continue to work with HCI on further implementation of the strategy that is expected to roll out initially to 15 districts across the country.

#### *3.1.4. Selection of 32 sites for Phase 1 food and nutrition interventions*

Of the 120 health facility service outlets currently participating in the Ministry of Health’s Quality of Care Initiative and the URC-supported ART Collaborative, 31 were selected and agreed on by MOH as Phase One Facilities for focused food and nutrition related interventions by NuLife. In addition, at the recommendation of the ACP Program Manager, a practicum training site at Mulago National Referral hospital, the Mwanamugimu Nutrition Clinic was added as the 32<sup>nd</sup> site. In determining these sites, a specific selection criterion was developed through a consultative process with key stakeholders (International HIV/AIDS Alliance, NUMAT, Clinton Foundation, JCRC, CRS, and HCI). At the first stage, all the 120 sites in which URC’s Health Care Improvement (HCI) program operates were included into the selection matrix and 53 sites selected using a weighting system that

took several factors into consideration. These factors included the presence of key HIV care and treatment USG partners, presence of OVC programming, presence of NuLife sub-grantees, HIV prevalence and number of patients currently receiving ART as at 31<sup>st</sup> March 2008. At the second stage, a discussion with the HCI and USAID aided in the selection of the second shortlist of 32 sites. The criteria ranged from strong community component, facility's management willingness to undertake food and nutrition interventions, human resource capacity, proximity of the facilities, and number of partners present in the facility.

Geographically, 9 facilities are located in the central region, 8 in the East, 4 in the Southwest, 7 in the West and 4 in North. With regard to authority, 25 are government supported facilities and 6 are faith-based hospitals. One is a national referral hospital, 4 are regional referral hospitals, 20 are district hospitals and 8 are health IVs (see the map below and Appendix 2 for a list of selected start-up sites.) A consultative meeting was held with the start up sites and training of health facility staff will commence next quarter.



### 3.1.5. Community Mobilization, Outreach and Continuum of Care

From the conceptualization of the program, URC and its partners identified poor integration of nutrition in both health facility and community HIV/AIDS programs as a serious gap requiring attention. Despite the important role community participation plays in facilitating behavior change for timely and appropriate health care seeking practices, the status of community participation in HIV/AIDS and nutrition interventions in Uganda is still in its infancy and needs strengthening and expansion. Moreover, there are various approaches employed to mobilizing communities for HIV/AIDS response, and need for effective and consistent integration of the interventions that will remove barriers to access

to nutritional interventions, support correct use and adherence to therapeutic interventions, and ensure greater continuity of care. There are also implications for improved case finding of children who are potentially HIV-infected among OVC, malnourished and HIV-exposed newborns. During the reporting period, a number of lessons have been documented on how to re-define the NuLife community approach to reach the set targets. In summary, the following activities have been achieved:

**Benchmarking of technical reference materials related to HIV/AIDS, nutrition and community mobilization.** The project collected relevant materials on community mobilization, community nutrition, and capacity building/training for community health workers and other relevant community members. These materials have been added to the larger inventory, and will help guide the NuLife team on how to proceed.

**NuLife Collaboration with International HIV/AIDS Alliance and NUMAT for training of Network Support Agents.** One outstanding achievement NuLife has registered in integrating food and nutrition interventions into HIV care and treatment partner programs was the partnership with The International HIV/AIDS Alliance, also funded by PEPFAR through USAID. The Network Support Agents model developed and implemented by IHAA has provided a great opportunity for working with the Ministry of Health ACP to introducing food and nutrition interventions into current activities. Under this model, PLHIV are trained and deployed to work both in health facilities and communities to strengthen the referral system for HIV/AIDS services.

As a result of this collaboration, between March and September 2008 a total of **991 IHAA and NUMAT network support agents (NSAs) were oriented in food and nutrition basics** for adults and children in the context of HIV over a six-month period of time.

Number of International HIV/AIDS Alliance (IHAA) and Northern Uganda Malaria, AIDS and TB Program (NUMAT) NSAs oriented in Food and Nutrition interventions by NuLife, divided by geographic region.

<b>Region<sup>1</sup></b>	<b>Total</b>
Eastern	426
Western	378
Central	159
Sub-total (AIDS Alliance)	<b>963</b>
Northern	28
Sub-total (NUMAT)	<b>28</b>
<b>Total</b>	<b>991</b>

<sup>1</sup> **Eastern districts** are Mbale, Budaka, Butaleja, Busia, Iganga, Jinja, Kamuli, Kaliro, Mayuge, Sironko, Katakwi, Manafwa, Bududa, Namutumba, Bugiri and Pallisa; **Western districts** are Hoima, Masindi, Bulisa, Kabarole, Kasese, Bundibujyo, Kibale, Kamwenge, and Kyejojo; **Central districts** are: Luwero Kalangala, Mukono, Kayunga, Nakeseka, Luwero, Kiboga, Mubende and Mityana, while the **Northern districts** are Amuru.

Food and nutrition-focused sessions were conducted during regularly scheduled IHAA trainings organized in 32 districts in Eastern, Central and Western Uganda. In Northern Uganda, NuLife collaborated with the NUMAT program to train a total of 28 NSAs across four districts. In addition to NSAs, over 600 stakeholders that included health unit in-charges and community leaders were oriented. The focus of NuLife during this initial period included an introduction to basics in food and nutrition for adults, infants and young children in the context of HIV/AIDS. Technical reference materials/handouts (e.g., Nutrition Care and Support for PLHIV, a guide for service providers, Improving the Quality of Life through Nutrition, a guide for feeding PLHIV and a handout on nutrition basics developed by NuLife) were distributed to all participants for use in informing and educating the community members on food and nutrition interventions. The trained NSAs will play a pivotal role of identifying malnourished PLHIV (both adults and children) for referral to health facilities providing food and nutrition interventions. They will also follow up with clients receiving nutrition care and support within their catchment areas. As a result of this orientation, in the Mbale regional hospital for example, the regional Nutritionist attends and participates in NSA-led monthly planning meetings and provides technical feedback in relation to food and nutrition interventions. Furthermore, the NSA began documenting food and nutrition related referrals and by August 2008, 500 food and nutrition related referrals had been made. NuLife plans to scale up this model in all the 32 sites and to provide additional training to the NSAs in the intervention facilities and their respective catchments areas.

During the orientation of NSAs, the issue of referral was discussed with the NSAs, health facility staff and HIV/AIDS Alliance national staff. It was agreed that at this stage, the NSAs should use the “other” category when referring anyone they suspect to be malnourished. They should then follow-up at the health centre to find out how many of those referred actually turned up and the type of assessment, treatment and guidance they got. This information should be recorded in their monthly reports to IHAA who would in turn share the reports with NuLife.

### **Harmonize community mobilization/training approaches with MOH and Partners**

A draft NuLife Community Mobilization Strategy was developed and shared with MOH and implementing partners through a consultative process. During this meeting, different partners conducted presentations ranging from IHAA, NUMAT, CRS, EGPAF, ACDI/VOCA and TASO. These partners presented the community approaches currently being used for reaching PLHIV populations within catchment areas of facilities they support. The objective was to share and discuss the proposed NuLife Community Mobilization strategy and current partner community approaches so as harmonize the NuLife approach, while building on opportunities of current programs. Based on feedback and technical advice from USAID, funding constraints, and the fact that national guidelines for CMAM have yet to be finalized, the community mobilization strategy has been redefined and simplified. The new adopted strategy is a collaborative approach that supports the Ministry of Health and USG partners in developing nutritional guidelines and related training curricula/job aids. In addition, NuLife will build the capacity of district/health facility teams, including community volunteers working with HIV care and support, and

#### **Summary of Key Results for Objective 1 during Quarter 4:**

- Supported the updating of IYCF and IMAM guidelines and materials
- Held regional consultative and introductory meetings with district managers and health facility managers for the 32 startup sites
- Supported the development of the national HIV and nutrition strategic plan
- Initiated the process of signing of MOUs with EGPAF, JCRC and AIDS Alliance
- Established collaborative mechanisms with key USG and MOH partners
- Oriented 385 network support agents on food and nutrition basics in 7 districts in Western Uganda.
- Participated in World Breast Feeding Week activities
- Finalized IYCF materials for technical review and field testing in October

OVC partners to conduct nutrition screening, focusing this activity on their caseload versus the community at large. Current structures of the partners will be used to implement the revised community component.

#### **3.2. Objective 2: Development of a high quality, low-cost, nationally acceptable RUTF made from locally available foods**

During NuLife's second operational quarter, URC developed an alternative approach to Objective 2, the development of a high quality low-cost nationally accepted RUTF made from locally available foods, from the one originally proposed in the proposal development process. The new approach, approved by USAID in the first year work plan, centers around the identification of a partnership between a local manufacturer and an international organization through a competitive process following the issuance of a request for an expression of interest and subsequent tender or request for proposal (RFP). The competitive nature of the new approach dictated that one of NuLife's three sub-recipients, SUSTAIN, would no longer be the presumptive international group responsible for the RUTF development component of the project. Further, the role of the Makerere Food Science and Technology Department Product Development Team also was redefined, given, among other factors, that the establishment of a pilot production plant at Makerere University also was no longer a part of the vision for developing local capacity.

On July 18, 2008, an Expression of Interest (EOI) was issued through two local and one regional newspaper, as well as through the URC website. The EOI provided key information on the specifications of the RUTF and the quality standards desired and detailed the selection criteria. To attract and stimulate the collaboration of international food manufacturing groups with experience in the production of RUTF (i.e. Valid International, Nutriset, Project Peanut Butter, Insta-Products, etc), NuLife used a direct approach to communicating with potential interested international parties. Seven local manufacturers and three international manufacturers responded, and four local manufacturers were shortlisted and invited to submit a full proposal and all international groups were encouraged to collaborate. NuLife originally allowed approximately five weeks for the local manufactures and international parties to identify opportunities to collaborate and to respond effectively to the tender. At the request of some potential

candidates, the response deadline was subsequently extended by two weeks, until October 22, 2008.

**Development of proposed RUTF specifications and standards.** The ready-to-use therapeutic food (RUTF) that NuLife proposes for the treatment of both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in Uganda follow the specifications outlined by the UN in their joint statement on Community Therapeutic Care, May 2007, and quoted in the expression of interest document issued by UNICEF for a separate international bid/tender for RUTFs.

The UN specification requires 50% of the protein to come from milk. This means that the current peanut butter/milk formulation should be used. This is Valid Nutrition (VN) and Nutriset's main product at present. VN is developing a number of less expensive formulations that will be subjected to efficacy trials and are likely to be available for commercial production within two years. Since these new formulations may be more affordable, and potentially more culturally appropriate, NuLife has stated that they would be considered when ready. NuLife included in the selection criteria that the bidders provide details of any cost reduction strategies they have in mind to reduce the cost of RUTF over the bid period.

**Development of proposed selection criteria for local manufacture of RUTF.** The RFP issued by NuLife for RUTF production encouraged local manufacturers to partner with and/or seek technical collaboration from an international group with the requisite nutritional and manufacturing expertise in the production of RUTF. The international group would potentially provide the license to the local manufacturer for the manufacture of existing products (and possibly new products in the future), and would provide specific technical support, including advice on: plant investment/set up; plant layout and design; organization and staffing; procurement of raw materials; procurement of equipment; quality assurance processes; packaging and storage standards; and technical support for obtaining the required UNICEF certification and approval of the National Bureau of Standards.

With this approach, the local manufacturer would provide the facility and all of the necessary logistics in terms of sourcing, manufacturing and distribution – at least to a central warehouse or distribution site. NuLife partner ACDI/VOCA would then provide specific technical support for the overall design of the initial supply chain system to ensure the appropriate linkages with HCI priority sites and harmonization with other program opportunities.

The invited bidders were asked to respond to and/or address a number of questions and selection criteria, including: 1) having an existing production plant in Uganda that is suitable for production of RUTF, with minimal need for renovations and/or modifications; 2) having a well established local food manufacturer (with a minimum turnover of equivalent of US\$3m), and a proven track record of delivery of quality products into the local marketplace; 3) having the ability to supply the required RUTF product in line with the UN specification without any exposure to potential patent issues; and 4) having MOH

certification for the manufacture of food products with ISO certification or equivalent covering plant layout, sourcing of equipment, factory built to the required specifications, including all health and safety requirements that ensure that UNICEF certification of the facilities is obtained within a target of 4-6 months of the facility being operational, among others.

**Development of proposed selection process for local manufacture of RUTF.** NuLife has identified a selection committee made up of the NuLife COP, a member of the Makerere University Department of Food Science and Technology, a representative of the Ministry of Health and an independent international expert RUTF consultant. Additional members of the selection committee may include representatives of organizations interested in the procurement of a locally produced RUTF – namely the Clinton Foundation, UNICEF, WFP and MSF. Members of the selection committee will meet following the receipt of all proposals on October 22. NuLife intends to enter into negotiations with the selected local manufacturer by the end of October 2008.

**Development of proposed interim strategy for providing RUTF (and possibly blended fortified supplemental foods) while local production begins.** NuLife understands that following the signing of the contract with the local food manufacturer, the production of the initial product will take several months. Once developed and tested, the new food product must be certified by the Ugandan National Bureau of Standards and receive UNICEF certification (given that it is designated for children). Because of this approval process, we are anticipating not having locally produced RUTF available for distribution until June or July, 2009. Interim strategies were therefore identified during Quarter 4 that will allow NuLife to begin to provide RUTF to priority Phase One facilities, targeting the NuLife priority groups, beginning in Quarter 1 of FY 2009. The availability of RUTF for distribution in the 32 Phase One facilities will, ideally, coincide with the completion and launching of national guidelines or protocols, training materials and job aids for Food by Prescription. Options under consideration include: 1) negotiation and leveraging of RUTF (i.e., PlumpyNut) through the Clinton Foundation specifically for use with children under the age of 18, and 2) procurement of RUTF by the selected local manufacturer while local production and certification are initiated.

**Exploration of alternative formulations or regional variations for RUTF that are better suited to adult ART clients and/or more palatable to the Ugandan population.** Given that the use of RUTF for the treatment of severely malnourished HIV/AIDS patients, especially adults, is a relatively new intervention under PEPFAR, NuLife had proposed exploring alternative formulations to the standard peanut-based RUTF. Specific activities related to exploring alternatives included: 1) carrying out a grey literature review on therapeutic foods and/or supplementary foods currently being used/tested in the East and Southern Africa regions; and 2) identifying/clarifying, the therapeutic and supplemental foods needed for different target groups, and in the case of infants and young children, for different ages. The idea of conducting sensory testing of different formulations with adults from various regions of Uganda may be undertaken by the selected local RUTF producer. During Quarter 4, however, NuLife explored the possibility of providing a fortified supplemental food in addition to the proposed RUTF to better address the nutritional needs

of moderately malnourished people living with and affected by HIV/AIDS. This kind of product is currently being distributed through the PEPFAR-supported Food by Prescription program in Kenya. While initiating the process of identifying a local RUTF manufacturer, NuLife conducted an analysis of the resources that would be required to expand the mandate of the program to include the production and distribution of one or more fortified blended flour (FBF) supplemental foods. Given the official mandate under its cooperative agreement, however, NuLife remains focused on the production of RUTF, but requested in its RFP that competing manufacturers describe their interest in and ability to also produce and/or procure supplemental foods.

**Determine quality assurance requirements to assure product quality and compliance with necessary national (and international) requirements.** In the NuLife 2008 work plan, URC proposed developing minimum quality assurance requirements for the locally produced RUTF, based on national and international standards for raw material and finished product quality and safety. This would involve:

- 1) Defining quality assurance/control protocols needed to assure raw material and finished product quality and safety;
- 2) Determining quality assurance testing requirements and detailed testing plans for raw materials and finished products and establish raw material handling and storage management procedures;
- 3) Making arrangements for shelf-life testing in conjunction with pilot runs;
- 4) Making arrangements for finished product testing at pre-selected labs (microbiological testing, aflatoxin testing, proximate analysis, and nutrient marker [potassium]);
- 5) Defining criteria for selecting qualified analytical testing facilities in Uganda; and
- 6) Determining food labeling requirements and label suppliers based on national requirements for food product labeling and relevant international donor label requirements (e.g. UNICEF).

Given the anticipated involvement of an international organization with the requisite experience in the production and certification of RUTF, URC/NuLife may redefine our proposed role in determining and/or ensuring the quality assurance requirements following review of submitted proposals in October.

#### **Summary of Key Results for Objective 2 during Quarter 4:**

- Finalized the specification and standards and selection criteria for the local manufacture of RUTF
- Issued an expression of interest, reviewed and short listed applicants
- Issued the RFP for the local production
- Developed the selection criteria and formed a selection committee
- Developed an interim strategy for the procurement of RUTF while local production and certification are initiated

### **3.3. Objective 3: Establishment of a distribution (supply chain) system for effective production and delivery of RUTF to severely malnourished people living with or affected by HIV/AIDS**

During the first quarter of the NuLife project, preliminary meetings and consultations with key stakeholders were held to lay the ground work for establishing the supply chain system for RUTF ingredients as well as for the delivery of RUTF to participating health facilities.

Due to the proposed alternative model for local production of RUTF (see Objective 2), it was determined that local production would be delayed until at least the beginning of FY2009. As such, NuLife partner, ACDI/VOCA provided technical support to the project through two senior technical advisors from their Uganda Title II program and delayed hiring the NuLife Supply Chain Manager until September 2008. During the early months of the program, the ACDI/VOCA representatives accompanied the NuLife team to all major information gathering meetings, especially those related to the current RUTF and supplemental food distribution programs supported by the Clinton Foundation and World Food Programme (WFP). Current RUTF activities were detailed and NuLife collected information about operational issues, lessons learned and best practices. The Clinton Foundation expressed interest in a possible collaboration to improve the utilization of the RUTF that they have procured from Nutriset under UNITAID funding. The Clinton Foundation also shared all materials developed for which they have provided support, including RUTF guidelines, protocols and training materials.

The ACDI/VOCA representatives and the NuLife team also attended meetings with WFP to discuss supplemental feeding activities and to learn more about their current distribution system as well as plans for suspending distribution of supplemental foods in a number of areas.

In February 2008, NuLife traveled with an ACDI/VOCA consultant to observe supplementary feeding sites and analyze issues related to graduation from supplementary feeding to sustainable livelihoods.

In March 2008, the NuLife team reviewed existing systems and tools for current pharmaceutical delivery, storage and distribution, and met with JSI's SCMS stakeholders, the Ugandan Drug Authority (UMA) and National Drug Stores (NDS). This review initiated technical discussion around long-term distribution systems.

ACDI/VOCA established timelines for developing the distribution and roll out plan for RUTF to participating health centers. ACDI/VOCA also discussed possible areas of

collaboration and complementarity in agriculture and livelihood activities under the Title II program and developed a plan to replicate their training model in additional districts as NuLife expands its coverage area.

Following the PEPFAR Implementers Meeting in June 2008, Judy Canahuati from the USAID Food for Peace Program and the NuLife COP, traveled to Gulu to (1) inspect the ACDI/VOCA regional PL480 warehouse, (2) observe a distribution and nutrition education program activity and (3) visit a farming coop in Arua to learn about the ACDI/VOCA *Farming as a Business* (FaaB) training under their grants program.

The NuLife team began reviews of existing RUTF distribution activities both regionally and within Uganda, including reviewing guidelines, systems, and tools for distribution (intake, exit, supply, and forecasting forms, etc.). From this review, the NuLife team will determine if guidelines on current RUTF distribution will need to be harmonized or updated. Also, the NuLife team will develop a feasible short term distribution system Food by Prescription distribution in Uganda. Finally, the team will identify whether distribution tools and training curricula need updating or harmonizing.

NuLife sponsored stakeholder RUTF quantification meetings during September 2008. During these meetings, estimates for RUTF were established and ways to eliminate duplication of projected needs were identified with MOH, UNICEF, WFP, JCRC, CRS-AIDRelief, MSF and others. This activity was critical to the Clinton Foundation being able to accurately forecast the need and to give their donor (UNITAID) an accurate procurement need for calendar year 2009.

#### **Summary of Key Results for Objective 3 during Quarter 4:**

- Developed a quantification model for determining the amount of RUTF needed during FY 2009 by 32 Phase One Facilities and additional facilities coming on line.
- Identified 32 pilot sites for distribution
- Established mechanisms for a short-term distribution system
- Reviewed existing RUTF distribution activities both regionally and within Uganda, including reviewing guidelines, systems, and tools for distribution and all options for integration or coordination with other logistics systems (such as essential drugs and contraceptives).

### **3.4. MONITORING AND EVALUATION**

**Performance Monitoring Plan (PMP).** The PMP development process has included consultative meetings with project staff, key partners and stakeholders, as well as health workers from selected sites. Field visits (and partner visits) were conducted and a two-day workshop was held with project stakeholders. Partners consulted include MEEPP-USAID, EGPAF, TASO, TASO-SCOT, URC-HCI, WFP, JCRC, CRS/AIDSRELIEF, International HIV/AIDS Alliance, Clinton Foundation, SC-US and ACDI/VOCA, who are all major implementers or contributors to HIV care and treatment programs in Uganda. The objective

of the partner and field visits was to assess and explore mechanisms in which food and nutrition indicators could be collected through current data collection and reporting systems. Selected sites were visited to determine the data/client flow between nutrition units, PMTCT clinics and the HIV treatment clinics at the facilities, and linkages between the different clinics (ART, PMTCT, TFC, HIV care etc). Results from these meetings and visits indicated that there are many opportunities for integrating food and nutrition indicators within the existing partner reporting systems, but that there are barriers as well, given the amount of information that may be required of health workers. NuLife also submitted PEPFAR targets for the Country Operational Plan (COP) and general targets for the Operational Plan (OP) for FY 09 to USAID, which includes NuLife's PEPFAR indicators, USAID indicators and program indicators.

**GIS mapping process.** Early in the life of the project, NuLife embarked on a process of setting up a user friendly geographic information system (GIS) for monitoring progress and for use in visual presentations, and to contribute to the Ministry of Health's Nutrition Division strategic planning process. This system helped in the site selection process by visually presenting data for partner intervention areas, was a capacity building opportunity for MOH staff and will be used as a tool to enhance the effectiveness and usability of program M&E results. Seven people were trained in the basic functionality of the system. One of the key realizations that surfaced from this exercise was that there are fragmented nutrition information systems implemented by different partners that do not provide an overall picture for nutrition programming in Uganda. For this reason, an ad hoc committee for developing a proposal that will culminate into a national nutrition information system was instituted. NuLife initiated two meetings on May 22 and 29, 2008, and other follow up meetings will be convened early next quarter.

**Design of a baseline survey, including a facility and community organization assessment.** With the objective of establishing benchmarks and aiding in setting program targets, the process for commissioning a baseline study was initiated during the last quarter of FY 2008. Data collection tools and a detailed implementation plan have been developed, and data collection will commence in October. The main methods for data collection are a quantitative survey at the facility level, individual health worker interviews, client record review, client exit interviews, review of facility-level inventory data, and focus group discussions at the community level. Elements to be included in the study are: availability of protocols and guidelines, competency of the health workers in provision of nutrition care and support services, dietary knowledge and practices of PLHIV, status of 'plumpynut', prevalence of malnutrition among PLHIV, among others. Additionally, the baseline will gather anthropometric data to compute the nutritional status of the PLHIV accessing services at the 32 Phase One sites to guide in forecasting quantity of RUTF required. The baseline assessment will be carried out in close collaboration with the Ministry of Health (at the national, regional and district levels) and other USG implementing partners.

**Regional M&E meeting for Nutrition and HIV.** As an overall mandate for support of the integration of nutrition M&E into current national HIV care and treatment programs, NuLife participated in a regional M&E meeting for nutrition and HIV interventions that brought together countries in Eastern, Central and Southern Africa. The objective of the

workshop was to strengthen M&E of nutritional care and support for PLHIV in these countries. The meeting focused on indicators for nutrition and HIV, tools and materials for M&E of nutrition and HIV, and the overall process of integrating nutrition indicators into national HIV M&E systems. Following this meeting, NuLife supported the meeting to draft National level nutrition and HIV indicators that will feed into the national HIV and nutrition guidelines and later be fed into the national reporting systems. NuLife will also support the nutrition focal person in ACP to participate in the revision of the HIV care/ART reporting so that nutrition indicators are part of the national HIV care reporting system.

**Challenges specifically related to M&E.** Based on consultations with health workers and partner staff, it was clear that record keeping systems and structures for food and nutrition interventions are non-existent in almost all the facilities across the country. While the program will encourage integration of collection, analysis and reporting of nutrition data into existing structures and systems, specific approaches and staff competencies and skills will need to be developed. Reporting through partners, given the NuLife approach of working through partners and MOH, it is envisaged that there will be a challenge of delays in receipt of partner reports, as they may view it as a NuLife agenda. NuLife will proactively involve and engage the PEPFAR M&E advisory group while advocating for food and nutrition reporting by USG partners implementing food and nutrition interventions. In some instances, data will be received through the MEEPP reporting system. Reports which include partners’ data and delineate missing data will be produced and circulated to feedback valuable information to partners and encourage timely provision of data for reports.

#### 4. CHALLENGES, CONSTRAINTS AND LESSONS LEARNED

CHALLENGE	ACTIONS TAKEN
High expectations from MOH, partners and health facility staff including requests for funding most of the activities, paying staff salaries and allowances at the facility and partner level, facilitating planning meetings, as well as renovation of nutrition units at health facility.	NuLife will utilize the current HCI approach that works through the MOH core teams at the regional, district and national level including the new district strategy to integrate food and nutrition interventions into HIV care and support programs, as opposed to working with individual facilities directly. Wherever there is dire need, NuLife will selectively renovate some nutrition units, but its main contribution will be to provide the necessary support and materials for integrating food and nutrition into HIV care programs at national, regional, district and health facility level.
In the current approach, NuLife will focus on providing RUTF to severely malnourished individuals, who constitute a small percentage of persons on ART/HIV care, leaving out the majority of patients	The program will, after instituting a baseline study, estimate the actual number of patients who are severely malnourished. Program intervention will create more impact if those who are moderately malnourished receive

<b>CHALLENGE</b>	<b>ACTIONS TAKEN</b>
who are moderately malnourished who could later graduate and/or develop severe malnutrition.	treatment early to avert progression into the severe malnutrition state. An alternative for provision of RUSF will need to be devised.
Limited MOH capacity in human resource (with only one Nutritionist) is likely to delay progress, finalization and dissemination of training materials and policy guidelines in turn delaying implementation of training programs.	Proposed to USAID and MOH inclusion of staff interns and consultants to support ACP-MOH. NuLife will proactively support ACP-MOH in setting up a technical working group next quarter. For training programs, NuLife will use drafts approved at the technical level to train health workers, as others are being developed.
Collecting data for newly developed nutrition indicators using existing tools and systems will be a challenge due to the burden at the health facility level.	NuLife will initially work directly with USG partners to revise the data collection tools through a consultative process so as to collect nutrition-HIV indicators with support from MEEPP. In the course of project implementation, negotiations will be carried out with MOH, UAC and USG partners to explore alternatives of integrating data collection into the national HMIS system.

## 5. MAJOR PLANNED ACTIVITIES FOR QUARTER 1 FY09

During the Q1 of FY 2009, NuLife will build on and consolidate its FY 2008 achievements, as it expands its technical and financial support for HIV-related food and nutrition interventions. Specifically, NuLife will implement the following activities in the first quarter of FY09:

**Participate in MOH led technical meetings:** NuLife will continue to provide both technical and financial support to MOH in reviewing and updating materials related to food and nutrition for PLHIV. Specifically, NuLife will be involved in technical meetings to finalize the updating of the IYCF guidelines, training manuals and job aids for health workers, as well as brochures for the community members. NuLife will be involved in approximately three of such meetings during the first quarter. NuLife, in partnership with UNICEF, hired services of one local and two international consultants to support the ministry in finalizing the IMAM guidelines, which will be expanded to include an HIV component. NuLife will continue to attend technical meetings related to the finalization of these guidelines. Furthermore, the community mobilization component will require support from partners and the MOH, so as to finalize and develop support materials as well as training materials for the community volunteers to enable NuLife roll out training in the first week of the December. Owing to this, NuLife will convene several technical meetings in partnership with MOH to develop training manuals and protocols for the community mobilization component.

**Training of trainers workshops:** As a first step to rolling out training activities for the program, NuLife will be engaged in training a core team of 25 national trainers drawn from MOH national and regional level Nutritionists, partner staff that implement HIV care and support programs, as well as staff from UN agencies. The national trainers will be trained by a core team of three trainers, led by Dr. Hanifa Bachu. The trainers will receive a three-day training by the core team to prepare them to facilitate the trainings for health providers at the 32 startup sites. This training will cover all the technical areas (IYCF, IMAM and community mobilization).

**Assessment of existing infrastructure and systems in place to store and distribute pharmaceuticals:** As an input to the planning and budgeting for the support to health facilities for anthropometric equipment, design of the supply chain system, NuLife will conduct an assessment of the 32 facilities to establish their capacity in storing RUTF, ordering and forecasting management systems as well as training needs related to the supply chain. This activity will be undertaken in late October and early November 2008. Elements to be assessed include storage conditions, stock management systems, availability of trained staff, and stock status of RUTF among others.

**A training needs assessment** related to food and nutrition interventions for PLHIV will also be conducted. Under this an assessment of HIV care and treatment recording systems, availability of essential drugs for management of malnutrition, existence of IEC materials, and availability of functioning equipment will be conducted. During this assessment, discussions will be held with health facility managers on the identification of a nutrition focal person.

**Develop supply chain system data collection tools:** Upon completion of the assessment exercise, NuLife will embark on the development of a supply chain system by developing tools for ordering, forecasting and prescribing of RUTF for the 32 start up facilities. Client FBP ration cards, ordering forms, delivery notes, and monthly reporting forms will be developed for the supply chain system. This activity is envisaged to commence in the second week of December 2008.

**Develop data collection tools for the training, community and clinical components:** Upon finalization of the program indicators, NuLife will embark on the process of developing data collection tools for the developed indicators with external technical assistance. Specifically for training activities where NuLife is directly involved, a training information form, trainee information form, a daily attendance sheet and a training activity report form will be developed. For the community component, working with partners such as IHAA, NUMAT, EGPAF and TASO, NuLife will review their current community data collection tools to add a component on referral and identification of malnourished PLHIV for food and nutrition interventions to minimize the number of reports community volunteers will be required to complete. Examples of community data collections forms to be reviewed include referral registers, feedback forms, community action planning monitoring forms and community volunteer monthly reporting forms. For the clinical component, initially NuLife will use the FBP forms developed for the IMAM component. For the longer term plan, NuLife will be engaged in discussions and meetings to review the

current HIV care/ART reporting tools being revised by MOH with support from WHO to include variables for the nutrition component.

**Finalize the selection of a local manufacturer:** Following the issuance of the RFP during this reporting period, NuLife will continue with the process to finalize the selection of a local manufacturer. Among the activities to be undertaken are the receipt and review of proposals, site visits to the proposed plants, financial review of the records and a final meeting to award the tender. This process will be supported by an external consultant who will provide backstopping to the whole process. The activity will be completed by the first week of November.

**Alternative procurement of RUTF through the Clinton Foundation:** NuLife will continue discussions with the Clinton foundation about support in initially supplying RUTF for children aged below 18 years for the 32 start up sites before production by the local manufacturer commences. These discussions will involve ACDI/VOCA for provision of storage space. Initially, NuLife requested for 84 MT to be distributed to children accessing HIV care and treatment services in the 32 facilities. Several follow up meetings will be conducted.

## **6. ADMINISTRATION**

### **6.1. Start-up**

During the third quarter URC moved to its new office in Naguru in mid-May. The office is more spacious and allows the program to conduct trainings and host most consultative meetings on site. A new server was purchased for the office, partitioning was done, and a power back up system was installed. To improve on communication within the office and externally, a new broadband internet system and a PBX telephone system were installed. These services will allow staff to access information faster and facilitate communication with USAID, the MOH and other partners.

### **6.2. Visitors to the program**

**Tim Quick, Judy Canahuati and Tonya Himelfarb:** Dr. Tim Quick, Nutrition Advisor from USAID/Washington, Judy Canahuati, Food for Peace Officer and Tonya Himelfarb, Uganda Desk Officer for the Office of the US Global AIDS Coordinator (OGAC), and Co-Chair of the Nutrition and HIV Working Group for PEPFAR, visited the program from May 29 to June 10 as part of their trip to attend the HIV Implementing Partners meeting held from June 3 to 7, 2008. A series of meetings were conducted with Dr. Quick. The first meeting was on the May 29, when he participated in the development of the national nutrition information system proposal and met the NuLife team. The second meeting was held on May 30 to discuss in detail NuLife activities and strategies. A field visit to Mbale and Sironko districts was also conducted from June 7 to 10, 2008, and Tonya Himelfarb participated in the field visit. The field visits provided an opportunity for Dr. Quick and Ms. Himelfarb to engage with NSAs, community health workers, and hospital staff on how nutrition interventions will be integrated into current HIV care and support programs. Key recommendations from the visits include the following:

- Procure fortified blended flour product(s) (FBFP) through NuLife

- Train lay/peer counselors to conduct most patient FBP counseling
- Link with MCH programs within TASO to promote exclusive breast feeding (EBF) as cultural norm in the general population within HBC programs
- Strengthen capacity of village health teams (VHT), Network Support Agents (NSA), and other home-based care volunteers to conduct nutritional surveillance (MUAC), counseling and referral at the community level
- Identify and establish models of longer-term food security and livelihood assistance linked to patient clinical support

### **6.3. Staffing**

At the outset of the project, NuLife brought on board four candidates proposed in the URC proposal:

- Peggy Koniz-Booher, Chief of Party (COP)
- Mary Katusiime, Finance and Administration Manager (FAM)
- Robert Nangai, Deputy of Operations and M&E
- Dennis Nuwagaba, Community Mobilization and Behavior Change Advisor (seconded by Save the Children)

The position originally proposed as Capacity Development Advisor was converted to a Deputy Directory—Technical position. The hiring of the Supply Chain Manager was delayed to allow time to systematically think through both short- and long-term strategies for RUTF distribution and the most appropriate profile for this position. Augustine Kygoonya, ACDI/VOCA seconded Supply Chain Manager, joined the NuLife team on September 8, 2008.

The administrative team, including an administrative assistant and a driver, also were hired to support the technical team. A new FAM, Mr. Richard Guma, was hired during Quarter 4 of FY 2008, to replace Ms. Mary Katusiime.

### **6.4. Procurement**

Office furniture and equipment were procured for the initial startup of the program. Considerations for the initially small office space meant not all furniture and equipment would be purchased until the final move into the new URC country office, which is shared by HCI and NuLife. After procurement of the initial furniture and electronic equipment, an inventory template was completed within the first month of the project. Six laptops and two desktops have been purchased to date for the Chief of Party, technical and administrative staff. Two printers, a scanner, two digital cameras, and an LCD projector have been purchased. A vehicle was also purchased during Quarter 3, after three bids were obtained and the source/origin approval information was submitted to USAID.

### **6.5. Home Office Support and Short-Term Technical Assistance**

- **Kelley Laird**, NuLife Program Officer at URC, traveled to Uganda from January 15 to February 29, 2008 to provide assistance with developing financial and administrative systems, and to work on the initial deliverables with the COP.
- **Caroline Tanner**, Save the Children, to Uganda at the end of February to hold discussions on community mobilization and community management of acute malnutrition for the program. All travel expenses related to this trip were supported by Save the Children with separate funds.
- **Robin Houston**, URC consultant, and **Nigel Livesly**, a URC employee, were engaged in March of Quarter 2 to work closely with the COP and the Deputy Chief of Party for Operations and M&E in developing an M&E plan and a PMP for the NuLife program.
- **Dr. Tisna Veldhuijzen van Zanten**, Vice President and Director of the International Division of URC, traveled to Kampala in April 2008 and again September 2008, to provide oversight and management support to project staff.
- **Chris Kabir** trained NuLife staff and representatives from ACIDI/VOCA, URC and MOH on the basic functionalities of the GIS system and developed an electronic map for the program. He worked between the April 28 and May 15, 2008.
- NuLife engaged **Margaret Kyenkya** to provide technical support to the project and continue with compilation of the relevant materials for nutrition and HIV.
- **Kurt Mulholland** from the URC home office and **Victor Nolasco**, a URC consultant from the Dominican Republic, were invited to assist NuLife during the quarter from June 16 to 27, 2008, with providing state of the art training of graphics artists who are supporting the program in developing, laying out and designing support materials.
- Two food scientists from Makerere's Department of Food Science, **Dr. Mohammed Sserunjogi** and **Dr. Yusuf Byaruhanga** also joined the NuLife team to assist in the development and testing of local RUTF production.
- **Altea Cico**, Project Coordinator from the URC home office, traveled to Uganda to provide financial and administrative support during the interim period between the tenure of the former NuLife Finance and Administration Manager (FAM), Ms. Mary Katusiime, and that of the newly hired FAM, Mr. Richard Guma.
- **Alison Gardner**, URC consultant, provided technical assistance to the program during September 2008, extending into Q1 of FY 2009. Her contributions to NuLife included: update of four sections of the IMAM guidelines, in collaboration with a local consultant, **Dr. Hanifa Bachou**; development of the Food by Prescription Protocols, Care Plans, entrance and exit criteria; development of a Training Plan for the launching of the FBP program in 32 Phase One facilities; development of ideas for the IMAM/FBP-related job aids and counseling materials; A and support for the quantification of RUTF

## 7. BUDGET AND EXPENDITURES

Period: January 1 to September 30, 2008  
 Cooperative Agreement No: 617-A-00-08-00006-00

Agreement Amount \$5,995,767.11  
 Obligation \$3,150,000.00

### Expenditures to Date by Line Item

Line Item	Total Estimated Cost	Expended Last Fiscal Year Jan to Sept 2008	Cumulative Expenditures to Date	Remaining Funds
Salaries and Wages	\$901,861	\$164,490	\$164,490	\$737,371
Allowances	\$148,541	\$42,918	\$42,918	\$105,623
Consultants	\$56,504	\$69,567	\$69,567	-\$13,063
Fringe Benefits	\$170,869	\$39,089	\$39,089	\$131,780
Travel and Per Diem	\$149,558	\$68,209	\$68,209	\$81,349
Equipment	\$276,200	\$50,875	\$50,875	\$225,325
Training	\$333,798	\$37,128	\$37,128	\$296,670
Other Direct Costs	\$458,355	\$84,141	\$84,141	\$374,214
Subcontracts	\$2,741,902	\$70,499	\$70,499	\$2,671,403
Subtotal	\$5,237,588	\$626,917	\$626,917	\$4,610,671
Indirect Costs	\$758,179	\$151,252	\$151,252	\$606,927
Total Estimated Cost	\$5,995,767	\$778,169	\$778,169	\$5,217,598

**Total Expended Funds** \$778,169  
**Total Obligated Funds** \$3,150,000  
**% of Obligated Funds Expended** 24.70%  
**Total Obligated Funds Remaining** \$2,371,831

## Appendix 1: Progress Table

NuLife FY08 Progress Table										Achievements	Observations
Activities January 1, 2008 to September 30, 2008											
Q2			Q3			Q4					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
<b>Overall Project</b>											
Establish office and hire of staff										Office was established and 9 staff hired	
Hold orientation and collaboration building meetings with the MOH, UN agencies and major stake-holders (CAs, NGOs and academic organizations)										Attended and organized many collaborative meetings with other stakeholders to review policies, guidelines and dissemination meetings	
Prepare and submit draft Branding Strategy and Marking Plan within first 30 days and incorporate feedback										Completed	
Prepare and submit draft First Year Work Plan within 60 days										Completed	
Update and resubmit First Year Workplan through an iterative process incorporating suggestions from USAID										Completed	
Prepare Quarterly and Annual Performance Reports										Completed	
Hold quarterly planning meeting with national counterparts and partners										No quarterly meetings held with partners	NuLife instead participated in collaborative meetings organized by MOH and partners
Prepare and submit Draft PMP within first 90 days										Completed	
Finalize PMP following meetings with MEEPS and partner workshop										Completed and Resubmitted	
Ongoing monitoring and results reporting to USAID during regularly scheduled bi-weekly meetings										Completed	
Develop FY09 implementation plan										Completed and submitted	
<b>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</b>											
<b>Sub-objective 1.1: Establishing partnerships, relationship building and mapping of program activities</b>											
Hold initial meeting with MOH and key stakeholders and collect information on existing and projected programming										Held many meetings with MOH to discuss programming issues	
Support /participate in the drafting of the National Strategy for Nutrition and HIV/AIDS										Supported a consultant to support the development of the strategy and attended meetings for drafting the National HIV and Nutrition Strategic Plan.	The Strategic Plan will be completed early next quarter due to competing activities
Support/participate in the establishment of a Nutrition and HIV/AIDS Working Group										Supported the establishment of the subcommittee on nutrition (SCN).	Next FY, NuLife will support the nutrition and HIV taskforce of the SCN.
If requested by the MOH, support the secretariat functions related to organizing regular meeting Nutrition and HIV/AIDS working group meetings										Not done	NuLife will support the taskforce for nutrition and HIV next FY when fully operational.
Develop a comprehensive physical map representing existing programs and partners working in nutrition and HIV/AIDS										Completed	
Develop a GIS mapping system for use in tracking food and nutrition related programs and NuLife M&E										Completed	More work is required to complete and include all HIV care and treatment partners working in NuLife sites. Will be done next quarter.

NuLife FY08 Implementation Plan Activities January 1, 2008 to September 30, 2008	Q2			Q3			Q4			Achievements	Observations
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Hold exploratory/partnership building meetings with key stakeholders and conduct site visits as necessary to ensure a high level of coordination and collaboration										Completed	Will be ongoing
Develop Memoranda of Understanding with key partners										Established relations and developed MOUs with NUMAT, EGPAF, JCRC and IHAA. Draft MOUs presented to these partners	MOUs include support provided by NuLife and partners. Ongoing dialogue will clarify mutual expectations and MOUs to be finalized in October 2008.
Collect baseline data on partner, health facilities, health programs, as well as nutrition activities and foods										Developed scope of work and selected consultant to undertake the activity	Data collection commences in October 2008
<b>Sub-objective 1.2: Collection/benchmarking of relevant guidelines, protocols and related job aids</b>											
Collect and organize all relevant existing guidelines, protocols, training curricula, job aids, etc (national and international), and develop a summary/analysis										Collected all relevant materials, guidelines and job aides	Report drafted
Present summary to MOH and other relevant stakeholders for use in guiding the development adaptation of materials with program support										Corresponding materials presented to MOH and stakeholders during topic specific meetings	A decision was made not invest money in printing a final report of the compilation, but the results were shared with the MOH and stakeholders
<b>Sub-objective 1.3: Prioritization and updating and/or development of nutritional guidelines, protocols, training and support materials (job aids)</b>											
Initiate dialogue with the MOH to plan and program support to the Ministry by NuLife and initiate the establishment of a Memorandum of Understanding										MOH ACP developed a joint workplan that included the support to be provided by NuLife. NuLife workplan was shared with MOH.	Not signed an MOU, but shared the role and support of NuLife through the joint workplans
Support the organization and execution of a series of consensus building/technical updates related to IYCF in the context of HIV/AIDS, CMAM, and FBP										IYCF meetings held, IMAM meeting initiated. FBP will be incorporated into IMAM	
Support the prioritization (through the technical working group if functioning) and development/updating of national guidelines/protocols related to IYCF in the context of HIV/AIDS, CMAM and FBP										Current IYCF guidelines and support materials have been revised to include the context of HIV. IMAM (including FBP) not completed.	Been long process to developed IYCF materials, to be completed and lauched in October 2008. IMAM will be completed in first quarter of FY09.
Adapt and/or produce new job aids and supoprtng materials										As above	As above
<b>Sub-objective 1.4: Establish close coordination between NuLife and the HCI ART Collaborative</b>											
Meet with HCI and MOH Quality of Care Initiative to establish working relationships and conduct joint work planning										Held several meetings with HCI to discuss mechanisms of introducing and seconding nutritionists at all levels of the HCI collaborative and shared workplans	The HCI collaborative is a unique structure to introduce food and nutrition interventions in all NuLife sites
Meet with Core QoCI Team and identify Nutrition focal person to join team										Identified a Nutrition focal person, but has not yet patrticipated in any core team meetings	NuLife to formalise secondment of the Nutritionist, who will participate in core meeting activities next quarter.

NuLife FY08 Implementation Plan Activities January 1, 2008 to September 30, 2008	Q2			Q3			Q4			Achievements	Observations
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Work with the Core QoCI Team to establish 1 or more nutrition related indicators										Not Done	Should be followed up when the nutritionist joins the core team
Conduct initial sensitization/orientation training related Nutrition and HIV for HCI sites during regular learning sessions										Participated in 2 learning sessions and 1 graduation ceremony to orient health workers from ART sites in food and nutrition interventions	
<b>Sub-objective 1.5: Determination of 30 sites for Phase 2 food and nutrition interventions</b>											
In close collaboration with the MOH, the Technical Working Group, HCI project, program partners (SC, ACIDI/VOCA) and other stakeholders, determine 30 sites										Completed. Included Mwanamujimu nutrition unit as a practicum site.	Experienced demand from partners to include sites beyond the 32 sites start up sites.
<b>Sub-objective 1.6: Design and execution of a baseline survey and facility assessment</b>											
Design and execute a program baseline survey in selected health facilities and communities										Developed scope of work and selected consultant to undertake the activity	Data collection commences in October 2008. Final report expected in November.
<b>Sub-objective 1.7: Community Mobilization, Outreach and</b>											
Establishing close working relationships with other organizations working in the communities										Established relation NUMAT, EGPAF and IHAA. Provided initial nutrition training to over 1200 NSA. Draft MOUs presented to those partners	MOUs include support provided by NuLife and the partners. Ongoing dialogue will clarify mutual expectations and MOUs to be finalized in October 2008.
Harmonize community mobilization approaches with other partners and retain set of common tools										A community mobilization harmonization meeting in August organized by NuLife with 8 organizations. Commitment from partners achieved to support implementation of NuLife CM strategy in overlapping sites.	Common tools were collected and other resources were collected as reference material and to build on
Collect and review all relevant and appropriate materials related to community mobilization used for training of national level trainer, community-based organizations and volunteers										Significant materials collected, analysed and compared in terms of their relevance for NuLife CM strategy	New and updated materials continue to be provided and incorporated.
Develop a comprehensive community mobilization strategy and review with the MOH and core partners										Draft strategy presented to MOH, key partners in August in an iterative process. The refined strategy presented at regional meetings in Sept	Based on feedback from the regional meetings, the strategy is being simplified.
Develop appropriate protocols for referral of malnourished infants, children and adults from the community to health facilities for use at the community level										Existing draft IMAM protocols were reviewed. Revision and updates are ongoing with external technical assistance.	Updating guidelines requires close collaboration with MOH and multiple stakeholders leading to unavoidable delays

NuLife FY08 Implementation Plan		Q2			Q3			Q4			Achievements	Observations
Activities January 1, 2008 to September 30, 2008		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Design and/or update the training manuals for participants and trainers and field test											Not complete.	Took longer than expected to finalize the community mobilization model.
Sensitize the health facilities and district health management teams on community-based nutrition activities											This happened as part of the regional consultative meeting in Sept.	
Begin roll-out of community mobilization											Not complete.	Postponed until beginning of October
Discuss including Network Support Agent or Peer Counselor on the facility level QI teams											Not complete.	Will be discussed with Phase One Facilities during initial roll-out in 32 sites
Organize technical meetings with MOH and HCI to determine the best roll out or scale-up approach											Ongoing technical meetings have been held as part of the consultative meetings with HCI and MOH	
Initiate technical training on nutrition for health care workers, as well as QI coaches using established HCI collaborative QI methodology											Not completed	Postponed until Q2 FY 2009
<b>Objective 2: Development of a nationally acceptable Ready to Use Therapeutic Foods (RUTF)</b>												
<b>Sub-objective 2.1: Initiation of RUTF production and orientation of RUTF Product Development Team</b>												
Carry out grey literature review/survey of RUTF and fortified blended supplemental foods currently being used in Uganda and other countries											Done	
Define the specifications and standards for the proposed RUTF											Done	
Develop quality assurance criteria for RUTF whether locally produced, purchased or imported											Done	
Define the proposed RUTF specifications and standards and circulate to technical experts (FANTA and others) for review and input											Specifications were developed using international reference materials and comparing to similar international procurement	
Begin to explore the possibility of organizing a study tour to Kenya to observe and discuss different food production and procurement models											This has been explored through contacts in Kenya with UNICEF, MOH Kenya, InstaProducts, and FANTA	Decision on need for and timing of such a study tour has not yet been taken
Commission cost-effectiveness analysis of different RUTF formulations options under consideration											Decision was made to await final production proposals to assess need for such an analysis	
Collect, as part of the baseline survey, data related to the need for RUTF and/or supplemental foods (for initial production projections)											This was done as a desk top review rather than as part of the baseline. The baseline will confirm our calculations	
<b>Sub-objective 2.2: Determine quality assurance requirements to assure product quality and safety and comply with necessary national (and international) requirements</b>												
Develop minimum quality criteria for RUTF whether locally produced, purchased or imported											Was done as part of the RFP for RUTF local manufacturer.	
Define quality assurance/control protocols needed to assure raw material and finished product quality and safety											Not Done	Given the change in strategy for the development of RUTF, the QA protocols will be developed by the local manufacturer.

NuLife FY08 Implementation Plan										Q2			Q3			Q4			Achievements	Observations	
Activities January 1, 2008 to September 30, 2008										Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Make arrangements for shelf-life testing in conjunction with pilot runs																				Not Done	Given the change in strategy for the development of RUTF, the QA protocols will be developed by the local manufacturer.
Define criteria and select analytical testing facilities in Uganda																				Not done	Given the change in strategy for the development of RUTF, the analytical testing will be developed by the local manufacturer.
Determine food labeling requirements and label supplier																				Not done	Given the change in strategy for the development of RUTF, the labeling requirements and label supplier will be handled by the local manufacturer
Discuss with potential manufacturers																				Held initial discussions as part of the selection process	
Final selection of local manufacturer																				Not complete.	Will be completed early next quarter in October 2008.
Develop workplan for food production																				Not complete.	Will be done after selection of manufacturer
<b>Objective 3: Establishment of a supply chain system for effective production and delivery of</b>																					
<b>Sub-objective 3.1: To develop the system to sustain inputs and outputs needed for RUTF production</b>																					
Based on potential formulations of RUTF and fortified blended supplemental foods, begin to identify required inputs, equipment, raw or processed agricultural and fortification products																				The model for RTUF production substantially changed in consultation with USAID. Instead a tender has been issued for RUTF production	
Conduct a desktop review of and include in the baseline survey/situational analysis, the estimated demand for RUTF and fortified blended therapeutic foods																				Desktop review completed. Demand estimation included in baseline	
Provide training to health workers on nutritional assessment as part of the NuLife baseline situational analysis																				Postponed until October	
Provide estimate of need for RUTF and fortified blended supplemental foods to the local manufacturers competing for the production grant																				Done. The term of reference for the production were issued on September 3rd.	
<b>Sub-objective 3.2 To develop the short term distribution system to rapidly roll-out RUTF to 30 selected HCI sites in the second quarter of year two. (Phase 1)</b>																					
Carry out assessment of the existing infrastructure and systems in place to store and distribute pharmaceuticals in health facilities																				Delayed. Will be completed in October.	This assessment needs to be done in conjunction with timeline for availability of RUTF produced through NuLife grant and from Clinton Foundation, both scheduled for the end of 2008.
Review existing systems and tools for current pharmaceutical delivery, storage and distribution																				Delayed. Will be completed in October.	See above. Will be completed in anticipation of identification of local food partner

NuLife FY08 Implementation Plan	Q2			Q3			Q4			Achievements	Observations
Activities January 1, 2008 to September 30, 2008	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Develop protocols and implementation plan for delivery, storage and distribution systems needed										Has been started, benchmarking ACDI/VOCA's systems and identifying adaptations needed. The NuLife Supply Chain Manager was hired in July 2008 and worked with ACDI/VOCA Title II commodity staff members in Q4 to identify a distribution system model that will be rolled out in FY09.	
Begin capacity building in health facilities on distribution, storage, etc.										Will be part of roll-out of health worker training starting in November	
<b>Sub-objective 3.3: To develop the strategy for a long term distribution system by the end of year three; if and when funding becomes available to rollout RUTF nationwide in all 120 HCI ART sites (Phase 2)</b>											
Initiate discussions related to alternative mechanisms for the delivery and distribution to support the development of a longterm system										Done as part of regional consultative meetings.	

## Appendix 2: List of Selected Startup Sites

No.	Name	Level	District	Region	County	Sub-county	Authority
1	Kasana-LUWERO	HC 4	LUWERO	Central	KATIKAMU	LUWERO TC	GOU
2	BUWAMBO	HC 4	WAKISO	Central	KYADONDO	GOMBE	GOU
3	KALANGALA	HC 4	KALANGALA	Central	BUJUMBA	KALANGALA TC	GOU
4	KATAKWI	HC 4	KATAKWI	East	USUK	KATAKWI TC	GOU
5	KABERAMAIDO	HC 4	KABERAMAIDO	East	KABERAMAIDO	KABERAMAIDO	GOU
6	DOKOLO	HC 4	Dokolo	North	DOKOLO	DOKOLO	GOU
7	ORUM	HC 4	LIRA	North	OTUKE	ORUM	GOU
8	KYELEGWA	HC 4	KYENJOJO	West	KYAKA	KYELEGWA	GOU
9	GOMBE	HOSP	MPIGI	Central	BUTAMBALA	KIBIBI	GOU
10	KAYUNGA	HOSP	KAYUNGA	Central	NTENJERU	KAYUNGA TC	GOU
11	NAKASEKE	HOSP	Nakaseke	Central	NAKASEKE	NAKASEKE	GOU
12	KIBOGA	HOSP	KIBOGA	Central	KIBOGA	KIBOGA TC	GOU
13	IGANGA	HOSP	IGANGA	East	KIGULU	IGANGA TC	GOU
14	KITGUM	HOSP	KITGUM	North	CHUA	KITGUM TC	GOU
15	KISORO	HOSP	KISORO	Southwest	BUFUMBIRA	KISORO TC	GOU
16	KITAGATA	HOSP	BUSHENYI	Southwest	SHEEMA	KITAGATA	GOU
17	MASINDI HOSPITAL	HOSP	MASINDI	West	BURUULI	MASINDI TC	GOU
18	KAGADI	HOSP	KIBAALE	West	BUYAGA	KAGADI	GOU
19	BUNDIBUGYO	HOSP	BUNDIBUGYO	West	BWAMBA	BUNDIBUGYO TC	GOU
20	MBALE	Reg. HOSP	MBALE	East	MBALE MUNICIPALITY	NORTHERN DIVISION	GOU
21	GULU REGIONAL REFERRAL	Reg. HOSP	GULU	North	GULU MUNICIPALITY	LAROO	GOU
22	KABALE	Reg. HOSP	KABALE	Southwest	KABALE MUNICIPALITY	KABALE CENTRAL	GOU
23	HOIMA	Reg. HOSP	HOIMA	West	BUGAHYA	HOIMA TC	GOU

No.	Name	Level	District	Region	County	Sub-county	Authority
24	Virika Hospital	Hosp	KABAROLE	West	FORT PORTAL MUNICIPALITY	SOUTHERN	PNFP
25	RUBAGA	HOSP	KAMPALA	Central	KAMPALA CITY COUNCIL	RUBAGA DIVISION	PNFP
26	VILLA MARIA	HOSP	MASAKA	Central	KALUNGU	KALUNGU	PNFP
27	KAMULI MISS. HOSP.	HOSP	KAMULI	East	BUGABULA	KAMULI TC	PNFP
28	LWALA	HOSP	KABERAMAIDO	East	KALAKI	OTUBOI	PNFP
29	NGORA COU	HOSP	KUMI	East	NGORA	NGORA	PNFP
30	KISIIZI	HOSP	RUKUNGIRI	Southwest	RUBABO	NYARUSHANJE	PNFP
31	KAGANDO	HOSP	KASESE	West	BUKONJO	KISINGA	PNFP
32	Mwanamugimu Nutrition Unit*	Hosp	Kampala	Central	KAMPALA CITY COUNCIL	Kawempe	GOU

## Appendix 3: A NuLife Success Story



**USAID**  
FROM THE AMERICAN PEOPLE

**NuLife**  
FOOD AND NUTRITION  
INTERVENTIONS FOR UGANDA



# HIV AND NUTRITION: THE IMPACT OF JUST A LITTLE BIT OF KNOWLEDGE

Network Support Agents (NSAs) are people openly living with HIV identified in their communities to help strengthen the linkages and referral system between communities and health facilities. NSAs are trained by the International HIV/AIDS Alliance (IHAA), under their PLHIV Project. NSAs lead by example, encouraging disclosure, HIV/AIDS testing, drug adherence and positive living. They routinely provide counseling services and follow-up support to people on antiretroviral treatment.

In Early March 2008, NuLife–Food and Nutrition Interventions for Uganda entered into a strategic collaboration with IHAA to support the introduction of nutrition into ongoing NSA training. Over a six month period of time, 963 NSAs in 32 districts in Eastern, Central and Western Uganda were oriented by NuLife's community mobilization teams on food and nutrition basics, as well as infant and young child feeding in the context of HIV.

Two community volunteers recently shared how their newly acquired nutrition knowledge has empowered them to change their own dietary practices and to reach out to other PLHIV in their communities, addressing issues of food security, infant feeding, handling medication side effects, and treating malnutrition. They spoke confidently about their answers to questions commonly asked:

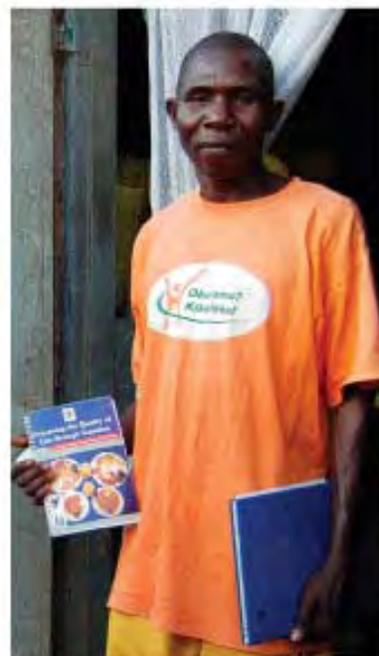
### Robert's story

**D**umba Robert is a middle aged man in his fifties, married with two children aged 15 and 19, and a resident of Wampamba zone in Wobulenzi Town Council, Luwero District. Robert is a Network Support Agent trained by the International HIV/AIDS Alliance. He is attached to Kikoma Health Centre and is enthusiastic about his role of helping his community and leading by example. From his experience, behavior change comes faster if people see you practicing what you preach. In line

*“Thank you, NuLife and HIV/AIDS Alliance, for empowering us to help our communities in the fight against AIDS...”*

with this belief, Robert routinely takes his ARVs, uses condoms to avoid re-infection and states that following his NSA training, newly armed with nutrition information, he began to boost his personal immunity by eating a more diverse and balanced diet, always including green leafy vegetables and fruits rich in Vitamin A and C.

Equipped with a small nutrition book (provided by the Ministry of Health through NuLife) entitled “Improving the Quality of Life through Nutrition,” Robert shares what he has learned with other PLHIV and the people who care for them. He highlighted several positive experiences and asked NuLife



**Robert proudly displays the nutrition book, provided during the NuLife Food and Nutrition Basics Training, that he routinely uses in educating PLHIV in his community.**

for additional training, materials written in local languages, and visual counseling materials for people who can not read. In Robert's own words: “Thank you, NuLife and HIV/AIDS Alliance, for empowering us to help our communities in the fight against AIDS, but we need more food and nutrition support... We need more training on nutrition, and many more educational materials.”

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### Annet's story

**N**amatovu Annet, a female of 26 years and mother of two boys, aged 8 and 14, resides in Bukuma Village in the outskirts Luwero Town Council in the former Luwero Triangle where the NRA staged a five-year guerrilla war. Annet is energetic and very hopeful about the future. She is an active member of Young Positives Ambassadors, a community based HIV/AIDS organization in a tripartite working arrangement with NACWOLA and International HIV/AIDS Alliance. Annet is dedicated to helping other families in her village, and regularly conducts home visits to educate, counsel and refer PLHIV in need of professional care to Kasana Health Centre IV, a government run facility. Thanks to her own timely, care seeking and adherence to treatment her doctors have found that she is not yet eligible for ARVs, but receives septrine to fight opportunistic infections.

Annet recently participated in a nutrition orientation meeting organized by Gladys Bambola, a Network Support Agent working with the International HIV/AIDS Alliance, who participated in the NuLife food and nutrition basics and infant feeding in the context of HIV training several months ago. During the recent interview, Annet reported that better nutrition had dramatically improved her health status, and reflected on some of the food and nutrition issues that she currently faces in her community work. According to Annet, "Poor feeding practices are a big challenge among PLHIV because the virus eats away body nutrients and weakens the body defense system. ... Even when PLHIV have food, they often don't believe that nutrition is that important, and they don't know how to prepare their food in the required way. Others, because of depression, resort to drinking alcohol, worsening their immunity and deteriorating their health. ... Mothers who are HIV-positive are facing many problems related to choosing the best feeding options for their children. Those



**Annet Namatovu at her home in Nabukuma Village, Luwero District Uganda, October 2008**

*"I have personally improved my diet and whenever I go out on home visits, I encourage clients, especially those on ARVs, to improve their diets by eating lots of fruits and vegetables, like avocados, papaws, guavas and leafy greens, to improve their immunity."*

who chose not to breastfeed are finding it difficult to sustain because they don't have enough money to buy formula. There is also a lot of stigma, especially from grandmothers, for positive mothers who choose not to breast feed. Husbands are not supportive because they lack information."

In Annet's own words: Gladys' cascade training has made Annet appreciate the benefits of nutrition. "I have personally improved my diet and whenever I go out on home visits, I encourage clients,

especially those on ARVs, to improve their diets by eating lots of fruits and vegetables, like avocados, papaws, guavas and leafy greens, to improve their immunity. I also advise them to drink lots of water, eat fermented porridge and many regular small meals (snacks) to regain their lost energy. I tell them meat is not the only nutritious food because you can get the same nutrients from other local foods such as ground nuts, bean and soya beans." Her humble request to NuLife was to "continue to work with us to further strengthen nutrition in HIV care and support. We need more training in nutrition for volunteers like me. Provide us with 'big books with pictures and messages on nutrition' [counseling cards] that we can use in educating and counseling people at the grassroots. We also need food support for malnourished HIV positive children and bed-ridden clients who are too weak and malnourished. They are always complaining to us that we tell them to regularly take their ARVs, but not on an empty stomach! If there was food supplements and nutrition support, care seeking for HIV/AIDS services and adherence to treatment would be much higher."

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