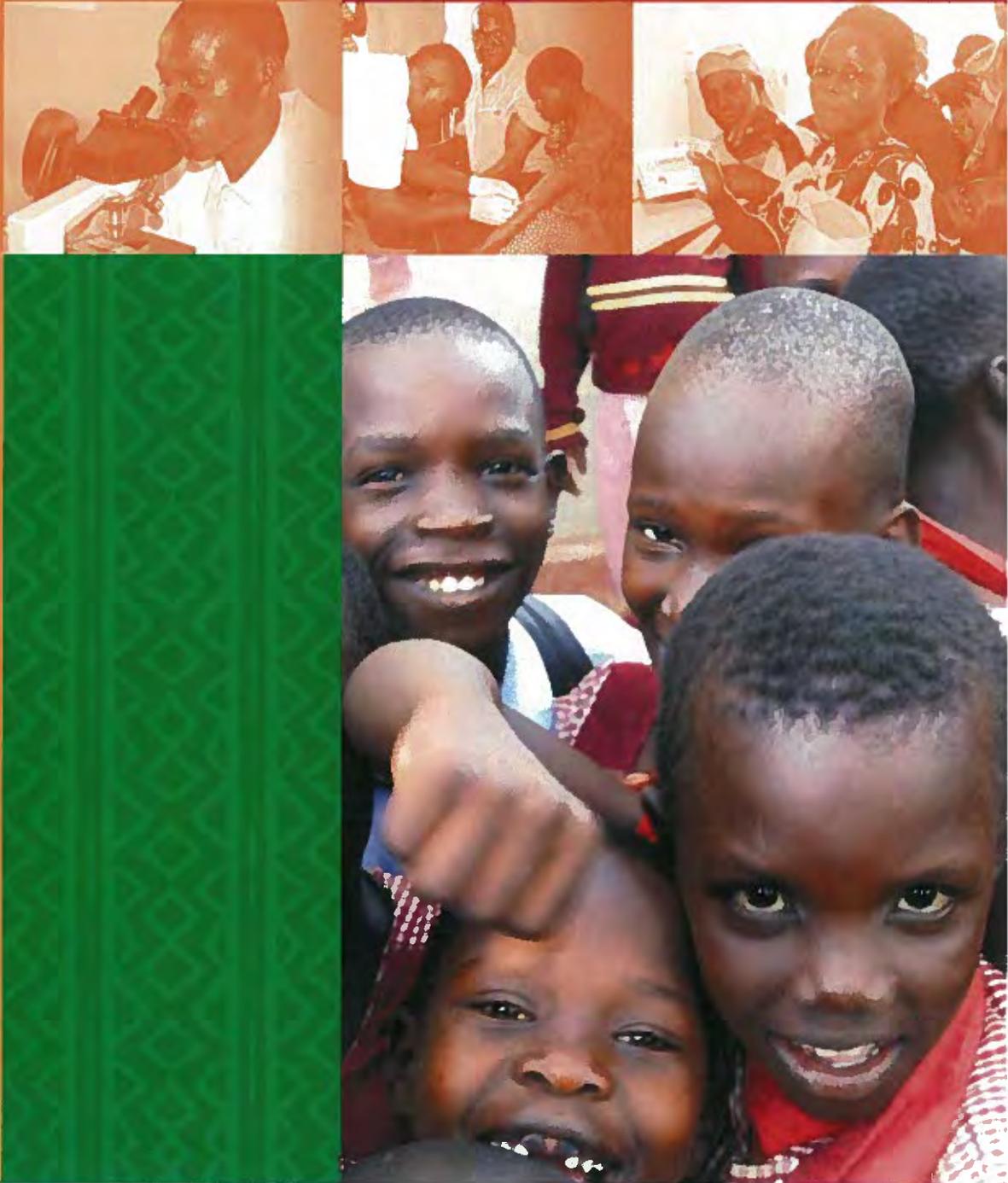


**NORTHERN UGANDA
MALARIA, AIDS & TUBERCULOSIS
PROGRAMME (NUMAT)**

ANNUAL REPORT October 2007-September 2008



USAID
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NUMAT

NORTHERN UGANDA MALARIA AIDS TUBERCULOSIS PROGRAMME

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ACRONYMS

ABC	Abstinence, Be Faithful, Use Condoms	ESWAPI	Education Sector Workplace and AIDS Policy Implementation
ACP	AIDS Control Programme (MOH)	FBO	Faith-based Organization
AIC	AIDS Information Centre	FSG	Family Support Group
AIDS	Acquired Immune Deficiency Syndrome	GOU	Government of Uganda
AIM	AIDS/HIV Integrated District Programme	GYC	Gulu Youth Center
AMREF	African Medical Research Foundation	HAART	Highly Active Antiretroviral Therapy
ART	Antiretroviral Therapy	HBC	Home-based Care
ARV	Antiretrovirals	HC	Health Centre (-III or -IV level)
AVSI	Association of Volunteers in International Service	HCT	HIV Counseling and Testing
BCA	Behavioral Change Agent	HIV	Human Immunodeficiency Virus
BCC	Behavior Change Communication	HMIS	Health Management Information System
BOQ	Bills of Quantities	HRDH	Human Resources Development for Health
CBC	Complete Blood Count	HUMC	Health Unit Management Committee
CB-DOTS	Community-based Directly Observed Treatment, Short Course	HW	Health Worker
CBO	Community-based Organization	ICRC	International Committee of the Red Cross
CCC	Community Care Coalition	IDP	Internally Displaced Person
CCF	Christian Children's Fund	IEC	Information Education and Communication
CDC	Centre for Disease Control and Prevention	IGA	Income Generating Activity
CE	Community Engagement	JCRC	Joint Clinical Research Council
CHATT	Congregational HIV and AIDS Task Team	JSI	JSI Research & Training Institute, Inc.
COH	Channels of Hope	KIDFOPHAN	Kitgum Forum for People Living with HIV/AIDS
COP	Country Operating Plan	LMIS	Logistics Management Information System
CRD	Community Resilience and Dialogue Programme	LQAS	Lot Quality Assurance Sampling
CSO	Community Service Organization	M&E	Monitoring and Evaluation
DHFP	District HMIS Focal Person	MHCP	Minimum Health Care Package
DHO	District Health Officer	MOH	Ministry of Health

ACRONYMS

MOU	Memorandum of Understanding	PTC	Post-Test Club
NGEN+	National Guidance and Empowerment for People living with HIV/AIDS	RCT	Routine Counseling and Testing
NGO	Nongovernmental Organization	SCMS	Supply Chain Management Systems
NMS	National Medical Stories	SGBV	Sexual and Gender-based Violence
NSA	Network Support Agent	SOPs	Standard Operating Procedures
NUMAT	Northern Uganda Malaria, AIDS, and Tuberculosis Program	STF	Straight Talk Foundation
OGAC	Office of Global AIDS Coordination	TB	Tuberculosis
OI	Opportunistic Infection	UMEMS	Uganda Monitoring and Evaluation Management Services
OP	Operational Plan	UMSP	Uganda Malaria Surveillance Project
OVC	Orphans and Vulnerable Children	UNICEF	United Nations Children's Fund
PEPFAR	President's Emergency Plan for AIDS Relief	UNYPA	Uganda National Young Positive Ambassadors
PHA	People Living with HIV and AIDS	UPHOLD	Uganda Program for Human and Holistic Development
PIASCY	Presidential Initiative on AIDS Strategy for Communicating to Young People	USAID	United States Agency for International Development
PMI	President's Malaria Initiative	USG	United States Government
PMP	Performance Monitoring Plan	VCT	Voluntary Counseling and Testing
PMTCT	Prevention-of-Mother-to-Child Transmission	WV	World Vision
PRDP	Peace Recovery and Development Plan	YAC	Youth Advisory Committee
PSI	Population Services International	YAG	Youth Advisory Group
		YEAH	Young, Empowered and Healthy Project
		ZTLS	Zonal TB & Leprosy Supervisor



LETTER FROM CHIEF OF PARTY (COP)

Dear Colleagues,

I am pleased to present to you NUMAT's second annual report (PY2), for the period October 2007 to September 2008. This past year, we have been encouraged by NUMAT's progress, particularly given the ongoing challenges associated with the overall fragility of Northern Uganda. Our successes are directly attributable to the strength

of and support from all of our partners: the districts, civil society, health officials, ministers, and community members themselves.

This past year, NUMAT stood side-by-side with other partners in supporting the Peace Recovery and Development Plan objectives in Northern Uganda and as the peace and resettlement processes were fully internalized in the region,



more and more people returned to their homes. Rapid changes in the environment in PY2 required NUMAT to focus support on HIV, TB and malaria services in the return areas. The Program provided local governments with technical and financial support to directly implement activities

Some of our most hopeful achievements include NUMAT-supported ART programs at 23 health units, from which over 1,395 clients have been enrolled for the first time on Program-procured drugs; testing more than 127,000 people for HIV, exceeding our target of 100,000, from the 91 NUMAT-supported HCT sites; and, testing for HIV and giving results to over 90,000 pregnant mothers.

LETTER FROM CHIEF OF PARTY (COP)

and worked closely with civil society and non-government organizations to ensure that services reached people even in the most difficult places. Our expanded work with community members in community HIV prevention activities, in care and support for People Living with HIV&AIDS (PHAs), and in strengthening PHA organizations and networks, translated to greater access to and higher quality of comprehensive care. At the national level, our work with Government Ministries, particularly the Ministry of Health, Ministry of Local Government, and Ministry of Public Service, ensured our support to the districts was within the recommended guidelines, policies and priorities. Our work with national level actors ensured their mandate

was effectively fulfilled at the local level.

To strengthen our support and to ensure that our strategies are well aligned with the strategic needs of the region, NUMAT also recently conducted an internal assessment. We extend our thanks to our partners for your valuable information; your observations and contributions have already strengthened our efforts, and will make our work even more relevant to the changing needs in the region.

While we are encouraged by our accomplishments, recruiting, developing, and retaining staff in the North remains a serious challenge. Weak infrastructure and lack of adequate housing, schools and other amenities necessary to support family life remain obstacles to hiring professional staff. In PY3,

NUMAT will continue to address these issues by working closely with partners, districts, donors, and other stakeholders.

As we build on the achievements of the last two years, we are keenly aware that our continued success and attainment of NUMAT's objectives will be reflected in the quality of our partnerships, our staff, and on the relationships we nurture. Full credit goes to our staff, our partners, USAID and all the people in the nine districts for their contribution in what we have achieved and for their support in our future endeavors.



MED MAKUMBI
CHIEF OF PARTY, NUMAT

FIGURE 1:
Map of Northern Uganda NUMAT-supported Geographic Areas





EXECUTIVE SUMMARY

Despite the failed attempt at a signed final peace agreement, Northern Uganda has undergone a period of relative peace in the past twelve months, and the reduction in insecurity has prompted thousands of internally displaced persons (IDPs) to begin the difficult journey of return.

The resilience shown by the population in this early reconstruction phase has been remarkable and humbling; however, urgent and adequate health services are still sorely lacking, particularly in health centers in the most isolated and hard-to-reach areas.

To meet the growing demands of the returning populations, NUMAT has increased its geographical coverage of supported low-grade peripheral facilities. The range of services offered that are related to HIV&AIDS, TB and malaria has also expanded within the existing national framework, policies and guidelines, and coherently within districts' priorities.

All IDP camps in Lango sub-region were phased-out, while over 60% of IDP in Acholi sub-region have reportedly moved to either their original villages or established transit sites. Coupled with severe human capacity shortages in the health workforce in the North, the humanitarian situation, while much improved from previous years, remains ever-challenging for NUMAT.

In PY2, NUMAT's coordinated, inclusive, and integrated strategies and collaborations with other actors involved a wide variety of partners ranging from ministry departments to community-based organizations and resource persons. Among the latter, Post-Test Clubs (PTCs) and Family Support Groups (FSGs) have been instrumental for increasing service acceptability and uptake of HIV Counseling and Testing (HCT)

and Prevention-of-Mother-to-Child-Transmission (PMTCT) respectively; members of existing Village Health Teams (VHTs) have been utilized to raise awareness about TB/HIV collaboration and work as TB treatment observers; and Community Medicine Distributors (CMDs) have been supplied with basic items to enhance a prompt and effective anti-malarial treatment for children at the village level. All of these efforts have translated to increased access and quality of care for people living at the community level and NUMAT's PY3 activities will further refine and scale-up the most effective strategies.

The Program has integrated a disease-specific intervention into the established health system: in PY2, NUMAT helped existing health facilities to operate at a higher service output with better quality; to strengthen the overarching structures at district, sub-county and urban council levels, and to coordinate the decentralized re-



NUMAT-supported health facilities are overwhelmed with community demand for services.

response to HIV&AIDS, TB and malaria. NUMAT also supported district health departments in accessing and utilizing strategic information useful for planning purposes, including LQAS survey findings on key service indicators.

While significant progress was made in PY2, the associated difficulties of operating in a post-conflict environment, including retaining staff, maintaining structures, and ensuring consistent equipment and drug supplies, have severely challenged effective health service delivery throughout the region. NUMAT has assisted the districts in the recruitment and induction

process of new health workers while also expanding in-service training activities to all cadres, and promoting a pragmatic task-shifting approach whenever feasible. High staff turnover

Wide discussions on relevant service indicators and reasons for different levels of performance have been encouraged mainly at the district level, where data verification and validation exercises have also improved the accuracy of vital health information available.

continues to weaken efforts to build and maintain the appropriate level of expertise, mostly in lower level facilities in remote areas. Going forward, districts will need to consider putting in place appropriate incentive schemes as part of a long-term solution.

In PY2, NUMAT targeted ARV support to health centers III and IV making possible the enrollment of 1,369 new clients. Combined with a comprehensive training of health workers on clinical management, drug procurement and record keeping, this has improved quality of care for communities. A significant but still insufficient number of CD4 count tests were also performed on HIV patients prior to receiving ARV enrolment and during therapy to assess its effectiveness.

In a situation of scarce qualified human resources, high HIV-prevalence and low coverage of those in need of ARV, NUMAT has and will continue to work towards a public health-oriented service delivery model that is context-specific, less physician-dependent, with more responsibilities assigned to less qualified personnel through standardization and simplification of treatment regimens.

EXECUTIVE SUMMARY

On the clinical side, substantial achievements were accomplished in PY2: HCT services were significantly expanded through technical support to more than 91 health facilities, reaching more than 127,000 people, exceeding the ambitious target of 100,000. The Program also helped health facilities adopt the new national PMTCT policy and introduce the more effective drug regimens. More pregnant mothers were reached for counseling and testing services during pregnancy, and prophylactic drugs were given to an increased number of HIV-infected women and their babies.



Patient at a NUMAT-supported site takes a CD4 test to monitor progress of her disease.

Although with some delays, refurbishment of laboratory infrastructure has started in a few districts and supply of laboratory equipment and reagents has helped the facilities to cope with chronic gaps and shortages. A more successful synergy across program areas – like TB/HIV collaboration and referral of cases from PMTCT units to ART clinics – started showing results in PY2, with closer links established and better services provided.

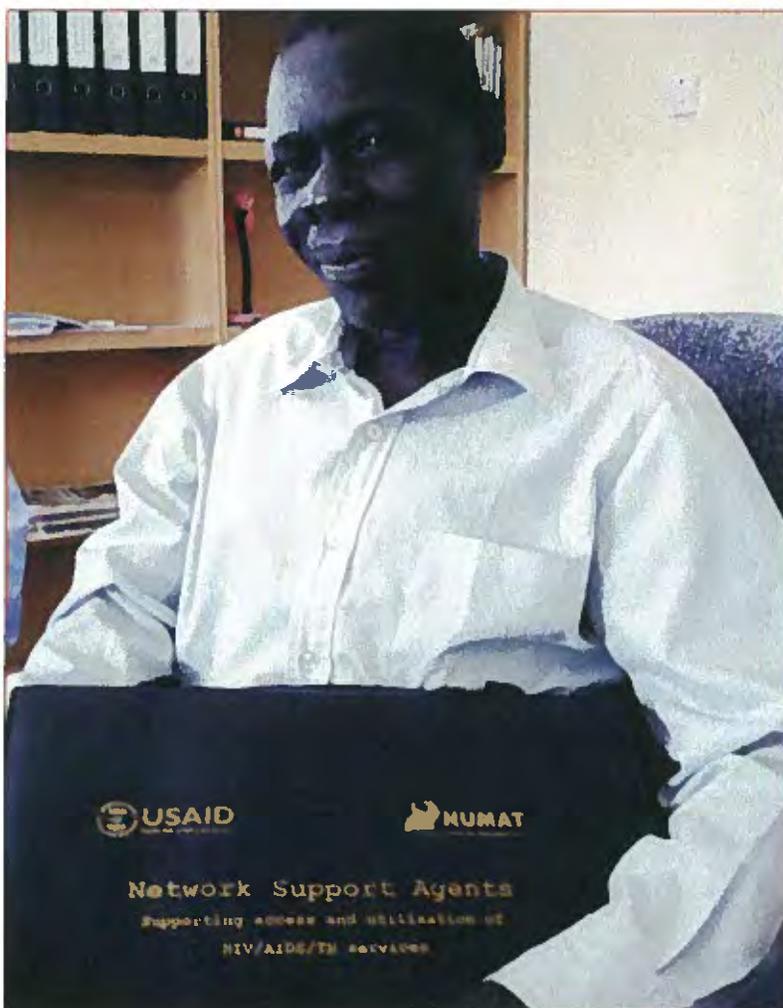
In addition, NUMAT engaged faith leaders to use their capacity, positions and influence to challenge stigma and discrimi-

nation towards PHAs and to positively respond to the HIV&AIDS pandemic in their communities.

NUMAT's multi-pronged approach to reach youth, adults, and most-at-risk population sub-groups with specifically tailored prevention messages proved successful. While youth participated in practical life-skills activities, adults were encouraged to promote positive social norms and adopt safe and healthy sexual behaviors. This past year, NUMAT also

added awareness raising activities demonstrating the link between Sexual- and Gender-based Violence (SGBV) and HIV infection into the prevention package. Activities have already reached a significant number of communities.

In PY2, NUMAT collaborated with other service providers and partners to increase access by PHAs and their families to wrap-around services including: psychosocial support; home-based care; safe water; legal rights; food and nutrition;



Dickens Alyao, a Network Support Agent (NSA), helps fellow PHAs and their families access HIV testing, treatment, care, and support services in Lira district.

services for orphans and vulnerable children (OVC); income generating activities, and family planning services. Additionally, 4,000 more PHAs have accessed free Basic Care Package (BCP) commodities. NUMAT developed a close

partnership with PHA groups who advocated for expanding coverage of quality services. Some of their members, trained as Network Support Agents (NSAs), now assist fellow PHAs and their families to accessing existing wrap-

around services, whose detailed inventory for the whole region was compiled and disseminated.

To expand exposure to general awareness and coverage of basic health education messages, NUMAT employed local media to host radio talk-shows where technical experts directly interacted with the general public on subjects related to HIV&AIDS, TB and malaria. NUMAT also worked with the media to place more balanced and less sensational information to the public with the goal of reducing discrimination and stigma towards PHAs.

Finally, NUMAT's efforts to share successful experiences and learn from other global health partners included participation in two national and one international conference this past year. The Uganda National AIDS Conference, the PEPFAR HIV&AIOS Implementers' Meeting and XVII International AIDS Conference exposed partners, health officials, representative from UN agencies and international NGOs to NUMAT's work and added significant value to the technical, managerial, and practical expertise that will inform the work in the coming year.



OBJECTIVE 1: **Improved Coordination of HIV & AIDS, and TB Responses**

Under the framework of national coordination activities for HIV& AIDS and TB, NUMAT has built the technical and management capacity of districts to deliver organized, high-quality services, to reduce duplication among and between districts and among other implementers actors, and to support coordinating and accountability strategies by funding district-designed activities. The program also helped districts to improve and broaden harmonization of HIV&AIDS-related interventions by all providers; developed side-by-side supportive supervision to strengthen district technical and management skills and common monitoring and evaluation indicators to assess progress and accountability.

NUMAT conducted capacity assessments of HIV&AIDS coordination structures in all nine districts. These were used to in-

HIGHLIGHTS

- *Capacity assessments conducted for HIV&AIDS coordination structures*
- *Organizational PHA network assessments completed for Lira, Apac & Dokolo PHA network*
- *50% of NUMAT-supported districts drafted five-year HIV&AIDS strategic work plans*
- *Health Unit Management Committees formed for Lira, Pader and Kitgum districts*

form 'need-based support' to districts. Key cross-cutting weaknesses identified included: inability of the structures to effectively function due to the existence of other parallel coordination structures; lack of meetings; lack of district HIV&AIDS strategic work-plans; non-ratification of HIV&AIDS coordination guide-

lines; poor composition of membership and poor funding. NUMAT addressed these issues by providing both technical and financial support which re-activated all the district HIV&AIDS committees (DACs). Their members now know their roles and responsibilities; they meet more regularly and conduct field monitoring visits to HIV&AIDS activity sites as expected.

Five out of the nine districts have completed drafts of the five-year HIV&AIDS strategic workplan that will be used by the districts, NUMAT and all other partners as a guide to comprehensive, integrated and coordinated HIV&AIDS responses. Civil society participation in HIV&AIDS activities in the region is still very poor due to absence of strong district networks, internal organizational weaknesses, and meager funding.

NUMAT STRENGTHENS CIVIL SOCIETY SUPPORT FOR PEOPLE LIVING WITH HIV & AIDS

Lira District Forum for Persons with HIV&AIDS Network (LIDFOPHAN) is one of nine NUMAT-supported PHA forums. Prior to NUMAT's support LIDFOPHAN was not well-organized or focused, but now the organization is widely recognized as a legitimate and effective voice for PHAs.

"Before the organizational self-assessment (OSA) and strategic plan we did not exist as an organization in reality. Many times when visitors came to our office or when we were invited to talk about ourselves we could not effectively articulate where we came from, what we stood for, what we do, what affects us and where we are going," said Betty Ongori, Chairperson.

"With the OSA process and the strategic plan, our members have been re-awakened to our common PHA identity and can now articulate our issues effectively in a number of forums. We even applied for civil society funding on account of the strategic plan and we are waiting for feedback."

During PY2, NUMAT placed emphasis on strengthening PHA networks of Gulu, Kitgum, Lira, Apac and Dokolo. The five networks underwent a process of organizational assessment which led to the development of strategic plans, and revamped internal systems and structures that support improved delivery and quality of services for their members. As part of strengthening the entire health system in the region and promoting accountability to users, the Program helped Lira, Pader & Kitgum districts to form and train Health Unit Management Committees. District health team meetings and support

supervision visits were also supported by NUMAT.

Greater participation by local government and scaling-up of NUMAT program support to a wider constituency was possible through direct funding of district-led workplans for malaria, HIV&AIDS, tuberculosis and developed jointly by the districts and NUMAT.

Revival and strengthening of district and sub-county HIV&AIDS coordination structures to become fully functional remains the most critical challenge, given the slow re-establishment

of governance structures in formerly abandoned sub-counties. This is especially so in the Acholi sub-region. NUMAT is pacing support with the return of governance to sub-counties in the region. Weak absorption capacity of districts, mainly as a result of bureaucratic delays and poor accountability, still contribute to the underfunding of district-led activities. To offset these difficulties, the Program discussed modalities for quickening the process of accessing funds and improving accountability processes.



OBJECTIVE 2: **Increased Access to and Utilization of Quality HIV & AIDS, TB and Malaria Prevention and Treatment Services**

During PY2, access to and utilization of a wide range of HIV and TB and malaria services in all the nine districts improved. The number of service outlets supported to provide key services increased as well as the quality and variety of services offered. This past year, 23 ART sites accessed ARVs directly procured with NUMAT support which tremendously improved the package of services available at the community level. NUMAT continued to address key technical deficiencies of health workers through training, mentoring, and supportive supervision. In addition, more health units were supported to acquire key equipment, logistics skills and supplies which are necessary for delivery of an uninterrupted service. Community groups including PHA networks have been activated at various levels to access services through

HIGHLIGHTS

- *127,239 clients tested for HIV at 91 facilities, exceeding PY2 goal of 100,000*
- *92,312 pregnant women received PMTCT services at 80 facilities*
- *1,395 clients initiated ART in 23 facilities*
- *6,388 new patients registered for TB treatment*

a well-coordinated mobilization strategy involving use of their peers and radio programs.

2.1 HIV Counseling and Testing (HCT) Services

HCT remains a primary point to HIV prevention, care, treatment and support. To increase community access to HCT, NUMAT employed diverse approaches including client-initiated HCT,

provider-initiated HCT (PIHCT) and outreach activities. Access was also enhanced as a result of partnerships between NUMAT and Straight Talk Foundation (STF)/Gulu Youth Centre (GYC); the National Guidance and Empowerment for People Living with HIV&AIDS (NGEN+); the Uganda People's Defense Forces (UPDF) and the district governments.



A trained health worker observes protocols on HCT at a NUMAT-supported clinic.

**OBJECTIVE 2: INCREASED ACCESS TO AND UTILIZATION OF QUALITY
HIV & AIDS, TB AND MALARIA PREVENTION AND TREATMENT SERVICES**



Achen (R), and her very ill HIV-positive brother, at their home in Lira district.

These partners helped to reach the most-at-risk-populations (MARPs) such as internally displaced persons, commercial sex workers, uniformed forces,

youth, boda-boda cyclists, truck drivers and fishing communities. Community mobilization efforts through radio programs and drama activities and the World Vision-led prevention strategies also contributed to increased demand for HCT services. A total of 91 static HCT sites were supported to offer client-initiated counseling and testing services this year compared to the target of 87. This translates into 79% coverage of health facilities grade III providing HCT in Northern Uganda, compared to the national coverage of 52%.

It also indicates a positive trend towards achievement of the

HSSP II target of ensuring that all health facilities level III should provide HCT services by 2010. To accelerate the provider-initiated HIV counseling and testing (PIHCT) strategy, 404 health workers and 161 support staff and administrators in the two regional referral hospitals of Gulu and Lira were trained and this has enabled the introduction of PIHCT in the various departments of these health units.

Training, however, was just one component in program interventions at HCT sites: NUMAT also provided targeted technical supervision, HIV test kits, laboratory consumables, and

**TABLE 1:
Number of individuals who received HCT services
using different approaches during PY2**

HCT Service Approach	Population served	Total number counseled, tested & received results	% tested HIV-positive
Supported health facilities	General population	103,703	13,393 (12.9%)
AIC Lira Branch	General population	8,115	1,475 (18.2%)
Outreach activities by AIC	General population and at-risk groups	10,979	880 (8.0%)
Outreach activities by STF (GYC)	Youth	962	44 (4.6%)
Outreaches by NGEN+	IDPs	1,606	92 (5.7%)
Outreaches by UPDF	Military staff and family members	1,874	438 (23.0%)
Total		127,239	16,322 (12.8%)

**OBJECTIVE 2: INCREASED ACCESS TO AND UTILIZATION OF QUALITY
HIV & AIDS, TB AND MALARIA PREVENTION AND TREATMENT SERVICES**

logistics management tools like registers and cards. Support supervision for HCT focused mainly on standardized policy guidelines related to HCT, data and logistics management and the quality of counseling services. NUMAT distributed IEC/BCC materials targeting the youth, people with disabilities and the general population so as to create awareness on availability of HCT services.

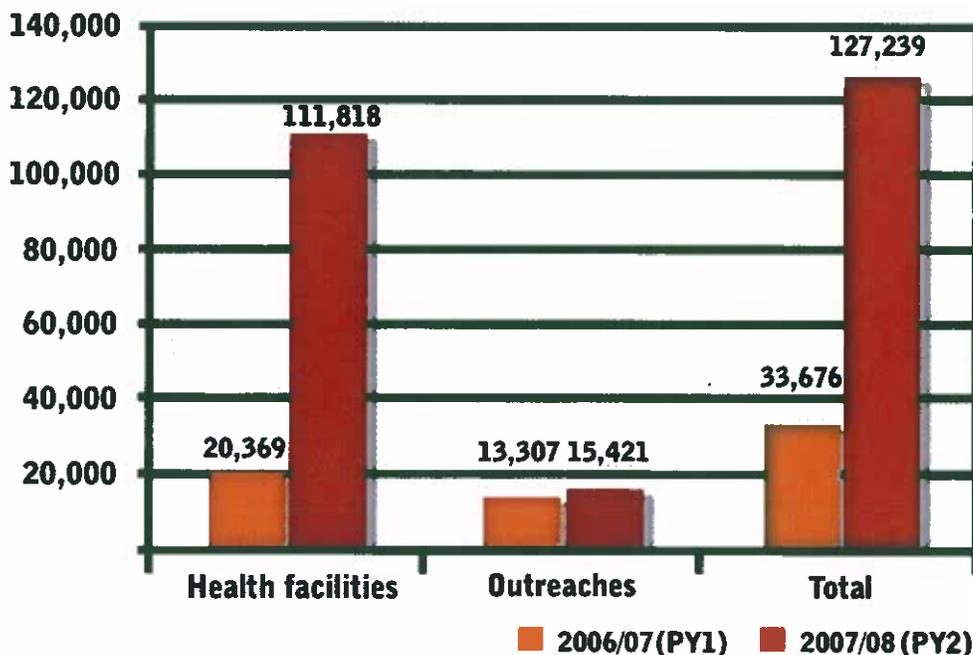
All PTCs established in PY1 continued to receive assistance from NUMAT and were functional.

PTCs are designed to contribute towards reduction of HIV infection rates and mitigate the impact of HIV among individuals, families and communities. Over 3,000 HIV positive and negative individuals benefited from PTC activities that included psycho-social support meetings, educational talks, and music, dance and drama activities.

The PY2 annual achievements also constituted considerable improvement as compared with PY1 (figure 1). This was particularly marked within health facilities, where the scaling-up

of HCT services at lower levels, combined with regular supply of consumables, training of more counselors and sustained information and sensitization of communities, resulted in a significant increase in access to and quality of services. In spite of the above achievements, NUMAT still faced challenges affecting HCT service delivery including delays in supply of HIV test kits from the National Medical Stores (NMS) to the HCT sites, and adequate staffing levels, especially of laboratory personnel in Acholi sub-region.

FIGURE 1: Number of individuals who received HCT services in PY1 and PY2



**OBJECTIVE 2: INCREASED ACCESS TO AND UTILIZATION OF QUALITY
HIV & AIDS, TB AND MALARIA PREVENTION AND TREATMENT SERVICES**

NUMAT and AIC averted test kit shortage by providing buffer supplies to HCT sites. Additionally, sites were supported

to submit timely logistics orders and reports to Supply Chain Management Systems (SCMS) project at NMS.

2.2 Prevention of Mother-to-Child-Transmission of HIV (PMTCT)

Mother-to-child transmission (MTCT) is the primary route of HIV transmission to children less than five years of age.

In PY2, NUMAT strengthened established sites and collaborated with an additional 20 health facilities, bringing those receiving technical support up to 80. Scaling-up helped to increase overall access to PMTCT services in the nine districts (Figure 2) especially starting from January 2008, when the number of supported facilities increased in number and more HC III included PMTCT in the services they offer.

Integrating PMTCT services into existing reproductive health services including ante-natal screening – usually widespread across districts – has meant expanding their reach and enhancing accessibility, compared with PMTCT available only in limited sites, commonly at high-level health facilities and located in urban settings.

**NUMAT-SUPPORTED GULU YOUTH CENTER
CHANGES YOUNG LIVES**

"I want to go to every corner until the last young person in my community knows about HIV and how they can protect themselves."

– Lucy Apio, 19, Peer Educator, Gulu Youth Center (GY2)

Nineteen-year-old Lucy Apio first visited GYC in December 2007. Prior to her involvement, she didn't know much about HIV&AIDS or other issues related to sexuality since her grandmother, who acted as her primary caregiver, was uncomfortable talking about such topics. Today, Lucy feels more self-assured and confident about her ability to project herself and has changed her attitude towards people living with HIV.

"Attending GYC activities and NUMAT life-skills programs at my school has increased my awareness regarding HIV," says Lucy. "I have also gained more self-confidence and am now able to speak freely with people. I have learnt self-control and how to say no to sexual advances and peer pressure. The drama and video shows have helped me to change my attitude towards people living with HIV/AIDS and helped me to focus on my studies and to make responsible decisions. Knowing my status (which is negative) has helped me live responsibly by refusing to have sex with boys and "sugar daddies."

Lucy attributes her negative status to the GYC activities and is now a Behavior Change Agent in her community and talks to her peers about HIV&AIDS and how to live responsibly. "I want to go to every corner until the last young person in my community knows about HIV and how they can protect themselves."

**OBJECTIVE 2: INCREASED ACCESS TO AND UTILIZATION OF QUALITY
HIV & AIDS, TB AND MALARIA PREVENTION AND TREATMENT SERVICES**

**FIGURE 2: Trend in Uptake of PMTCT Services
in NUMAT-supported Sites by Quarter, July 2007–September 2008**



(* Note: data for July-September 2008 are only partially complete)

NUMAT printed and distributed informational aides about Standard Operating Procedures (SOPs) on Family Planning, WHO clinical staging, infant feeding, ARV regimens, PMTCT client flow and Family Support Groups (FSGs) at PMTCT sites.

The SOPs are being used by health workers as reference materials during service delivery to ensure provision of quality services according to recognized standards. NUMAT also procured and distributed infection control materials including

bleach, gum-boots, aprons, face masks and gloves to the sites. IEC/BCC materials on early infant HIV diagnosis, infant

feeding and male involvement were also distributed to PMTCT sites and communities. In the area of capacity building,



Pregnant mothers can now attend PMTCT counseling session at Alebtong Health Centre IV.

**OBJECTIVE 2: INCREASED ACCESS TO AND UTILIZATION OF QUALITY
HIV & AIDS, TB AND MALARIA PREVENTION AND TREATMENT SERVICES**

NUMAT expanded the training coverage in all districts: 30 health workers were oriented to the new PMTCT policy emphasising on the combined ARV regimens and HAART for eligible HIV-positive pregnant women; 59 health providers were trained in PMTCT counselling; 46 in Integrated Infant and Young Child Feeding Counseling while 203 more were trained in Early Infant Diagnosis for HIV (EID).

Like in PY1, in the districts of Kitgum and Pader, NUMAT supported delivery of PMTCT services in partnership with AVSI through grants. This activity included the establishment of an additional four PMTCT sites

in the two districts and preparation of three more in Kitgum for FSG activity implementation. It also assisted PMTCT services in the private-not-for-profit (PNFP) sites through payment of staff incentives.

Besides the facility-based services, NUMAT contributed to the progress of community-based activities related to PMTCT by establishing eight new FSGs and strengthening the existing ten groups. A total of 550 mothers and 40 male partners utilized the psycho-social support services provided with the assistance of local CBOs – like Rwot Ogwok Ayaru Foundation (ROAF) in Kitgum district.



Health workers observe proper protocols for Early Infant Diagnosis at Padibe HCIV, Kitgum District.

FSGs are also instrumental in advising HIV-positive mothers to have their babies tested for HIV, for detecting early HIV-infected babies and referring

TABLE 2: Uptake of PMTCT services, October 2007 to September 2008

INDICATOR	NUMBER	COVERAGE
Number of new women attending Ante Natal Care (ANC)	126,381	84% of expected pregnant women
Number of women receiving counseling	102,605	81% of ANC attendees
Number of women tested	96,296	94% of those counseled
Number of pregnant women receiving results	92,312	96% of those tested (73% of ANC attendees)
Number of women who tested HIV-positive	6,274	6.5% HIV+ prevalence
Number of pregnant women receiving ARV prophylaxis	4,513	72% of HIV+ mothers
Number of babies receiving ARV prophylaxis	1,701	26% of HIV+ mothers

STRONG SERVICE LINKAGES IMPROVE ACCESS TO QUALITY CARE

When 34-year-old Abalo Grace tested positive for HIV during an ante natal visit in 2006, she was afraid to tell her husband and yet she couldn't bear the news of her status alone. So, she sought counsel and advice from a NUMAT-trained Network Support Agent. "At first my husband was angry with me but thanks to home visits by members of a Family Support Group, he was able to accept my status and eventually, he went for testing and was found to be HIV positive too."

NUMAT support for Padibe Health Center IV in Kitgum meant that Grace and her husband could be tested, receive proper treatment for, and have access to CD4 count tests to monitor the progress of their disease. Information about PMTCT programs was also available. "I have been able to take CD4 tests at Padibe and I have been able to test my child of one and a half years twice. Both times, the test has been negative," says Grace, with relief.

Grace is also a member of Kwo tek Ywaya PHA Group and a Family Support Group (FSG). FSGs reduce isolation, stress, and fear associated with HIV for mothers like Grace. Through the FSG, Grace also learned about groups that provide supplementary feeding, and, as a result of baby-mother follow ups, Grace and her husband were linked to the sub-county PHA network.

"When I got pregnant I was advised by a health worker to attend the Family Support Group at Padibe Health Center where I learnt topics on adherence to cotrimoxazole, antiretroviral therapy, and breast feeding options that would not put my children at risk. I realized that I was able to breast feed only for two months and had to stop to protect my children from HIV infection through my breast milk. So, I began to use milk from a can for one month and after that, my child has been on cow's milk. You can see he is very healthy and I thanked God when he tested negative!

"Many times I would feel like breast feeding again especially when my flasks that I used for keeping my child's milk hot got broken," says Grace. "But I was always encouraged by other members to make sure my child stayed HIV negative. Now, even if it means doing "leja leja" (casual work) to get some money for buying cow's milk, I will do it for my child's sake."

Grace is grateful for the coordinated efforts between health workers, CBOs, and PHAs. Today, Grace helps other HIV positive mothers take their children for testing before age two and educates them on breastfeeding options.

them for paediatric HIV care and ART. Using the dried blood spot (DBS) technique that allows for testing babies at the time of their first immunization, 1,151 babies were tested, out of which 186 (16%) were found

to be HIV-positive and referred for further care and treatment at established ART sites.

As a result of PMTCT activities, 92,312 pregnant women were able to receive HCT and

their results in PMTCT settings (Table 2). Given the large number of pregnant mothers that attend ANC once but fail to return for scheduled visits, the increase in the proportion of ANC attendees who were

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made aware of their HIV sero-status - from 68% in PY1 to 73% this past year - is encouraging.

However, one of NUMAT's challenges is increasing uptake of PMTCT prophylaxis for babies born to HIV-positive mothers. Low coverage is associated with the low proportion of institutional deliveries and inadequate follow-up of exposed infants. NUMAT intends to further develop this strategy in PY3.

NUMAT also faced other PMTCT program implementation constraints including late and incomplete reporting; stock-out of essential items including ARVs for prophylaxis and HIV test kits; weak PMTCT-ART collaborative activities; and limited community participation.

To address the above challenges, districts were assisted in timely ordering of essential medicines and supplies; ART-PMTCT collaborative activities were strengthened through collaborative meetings and the IMAI/Comprehensive HIV& AIDS care training; and radio programmes have been revitalised in order to increase community awareness and demand for services.

2.3 Palliative Care and Basic Health Care for PHAs

In PY2, NUMAT worked with the district local governments, communities and partnered with WHO, NGEN+, PSI, and Palliative Care Association of Uganda (PCAU), to improve the access and quality of treatment, care and support for PHAs.

Capacity Building to Improve Palliative Care at the ART Sites

To support clinical palliative care services, NUMAT built the capacity of 153 health workers at ART sites including 26 in opportunistic infection management, 70 in comprehensive HIV care, 25 in essential drugs management and 32 in terminal care, pain and symptom management. Training was further supplemented by on-site mentorship by technical support teams from NUMAT and the MOH.

Training of trainers in comprehensive HIV care and aspects of palliative care was also undertaken. The engagement of medical students from Gulu and Makerere universities to work in the ART sites helped them gain experience, and supported and motivated the limited human resource

attending to patients at the various sites. Overall, this contributed to 20,916 individuals accessing palliative care services at the sites.

Working with Home Visitors to Scale-up Home-based Care Services (HBC)

The wrap-around services assessment revealed capacity limitations to provide HBC services including insufficient supplies of home-based care kits. To address this challenge, NUMAT identified 24 groups (including PHA networks) to act as partners in the delivery of HBC services. Thirty-five were trained as district-based trainers to roll out home-based care training for 689 home visitors who were deployed across all nine districts.

NUMAT also encouraged home visitors to hold monthly coordination meetings and to review their activities, to focus on achievements and challenges and to provide guidance. To date, the home visitors have been able to provide HBC services to 1,762 PHAs in their homes, including prevention, care, support and referral services, contributing to PHAs' quality of life improvement.

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NUMAT-trained home visitors talk to a family about HIV treatment and care in Bala sub-county.

Engaging People Living with HIV in Palliative Care Service Delivery

PHAs have been empowered to play a significant role in the delivery of palliative care services. NUMAT trained 60 PHAs in basic counseling and psychosocial care service provision in two of the more active networks in Lira and Gulu districts. The training provided the participants with knowledge, and skills to identify psychosocial needs of PHAs and their families; and address them by giving information, counseling and appropriate referrals.

Counseling and psychosocial care has been commonly combined with prevention activities like adopting HIV basic care, positive prevention and adherence to treatment.

2.4 - 2.5 Tuberculosis Services & TB/HIV Collaboration Activities

In PY2, NUMAT continued strengthening CB-DOTS activities and TB/HIV collaborative activities in all TB diagnostic and treatment centres of the nine districts. NUMAT, in collaboration with the MOH, trained 565

HIGHLIGHTS

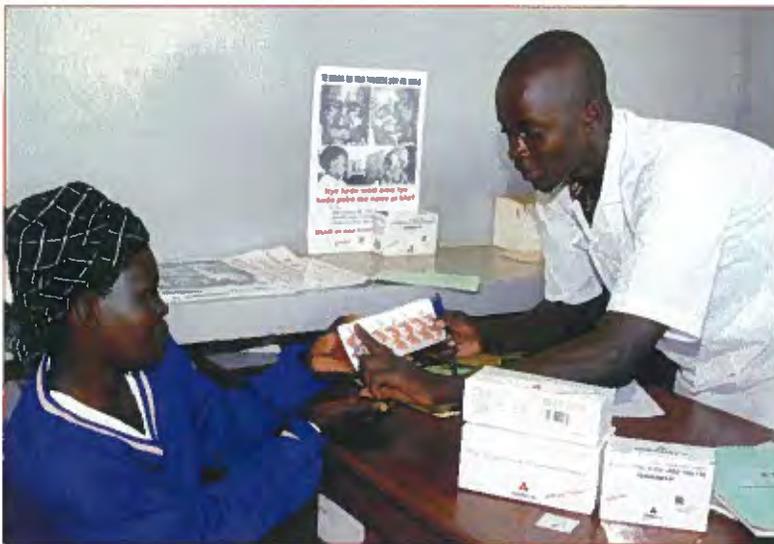
- *TB case detection rate of 70.3% with 3,176 new sputum positive cases*
- *56% of all TB registered cases were tested for HIV and received their results*
- *63% of co-infected patients were enrolled on co-trimoxazole prophylaxis*
- *13% of those with HIV started ART*

health workers in both TB/HIV collaborative activities and routine counseling and testing, thus reinforcing the existing links between the two areas.

NUMAT created opportunities to involve PHAs as mobilizers and educators for their peers by orienting 59 NSAs in TB prevention and care with particular attention to the TB/HIV connections. NUMAT also engaged 167 Village Health Team (VHT) members from Amuru and Gulu districts to include TB/HIV co-infection among the key messages they deliver and to enhance early identification of TB cases.

NUMAT worked side-by-side with the consolidated structure of the national TB control program, by providing logistical

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TB patients can now receive proper counseling and treatment by trained health workers at Alebtong TB Clinic, Lira District.

support to the Zonal TB Supervisor, a critical actor in TB programming. During this extensive exercise, 86 health units were visited and 216 health workers were trained in case management and recording and reporting of TB/HIV data which included visiting and interviewing patients. NUMAT also assisted zonal offices in delivering drugs and other supplies. NUMAT actively participated in organising and contributing to the zonal TB quarterly meetings, where all technical people from the nine districts discussed performances, supervision findings, and relevant programmatic issues.

In PY2, a higher number of patients accessed TB and TB/HIV services as compared to last year (Figure 3, pg. 21). In PY2, 6,388 TB patients were initiated on TB treatment, of which 3,176 were sputum-positive cases.

Integration of HIV activities into TB control intervention has also shown a steady improvement. More TB cases were offered HCT services and HIV prevalence among them has stabilized around 50-60%; more co-infected individuals were put on cotrimoxazole prophylaxis associated with the anti-TB therapy combination for a more effective treatment outcome and

referred to HIV chronic care services after completing it.

Some challenges, however, still remain, especially in the area of accurate recording and reporting and in securing universal access to HIV counseling and testing for all TB patients.

NUMAT addressed these gaps by assisting health workers to strengthen their technical skills during support supervision; and by expanding the base of both qualified and lay providers knowledgeable and committed to TB/HIV activities.

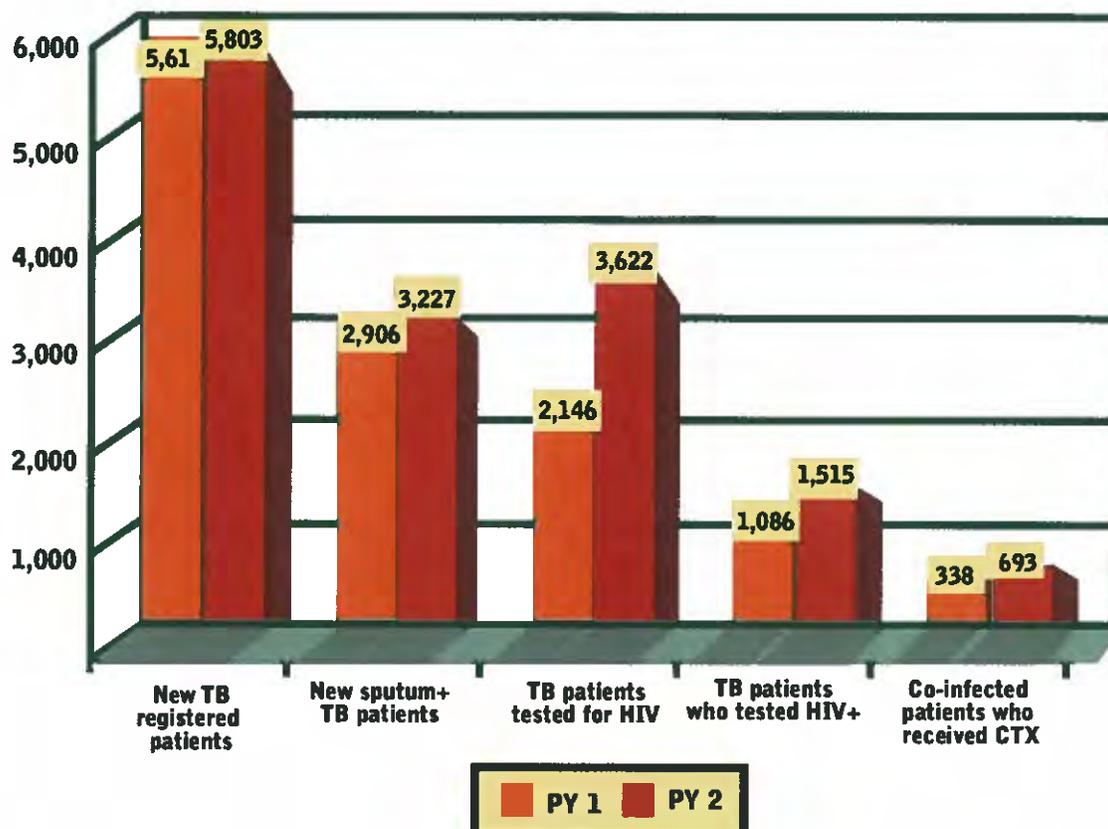
HIGHLIGHTS

- *Direct NUMAT-supported ARV supply commenced in the 3rd quarter of PY2*
- *23 ART sites received ARVs*
- *1,395 new patients were started on ARV therapy*
- *4,980 free CD4 tests were performed*

2.6 Anti-Retroviral Therapy (ART)

ARV drugs can significantly prolong and improve the quality of life of PHAs. In PY2, NUMAT provided technical support to 17 existing and six newly selected ART sites. This

FIGURE 3: Outputs from TB services and TB/HIV collaboration in PY1 and PY2



included supply of ARV drugs, free CD4 outreach services, provision of supplies and equipment for the ART clinics, training and mentorship in the various aspects of HIV treatment and care.

ARVs were supplied to 23 ART clinics beginning in the 3rd quarter after creation of a robust ARV drug logistics system.

By the end of PY2, two cycles of ARVs had been delivered to 17 existing sites while six new sites, after accreditation by MOH, received their initial delivery of ARVs. At the existing sites, NUMAT provided ARVs to newly recruited patients and to already registered patients whenever there was a stock-out of their ARV drugs. NUMAT addressed the frequent ARV stock-

outs at the existing ART sites and improved access and quality of care for hard to reach communities through the opening of new sites noted that ARV drug stock-outs often resulted from delayed or improper reporting. The Program addressed this through regular supervision and mentoring to ART teams in ART logistics and support to sites to prepare and send ARV drug consumption reports to the MOH.

**TABLE 3: NUMAT-supported ART sites and number
of new patients recruited by the end of PY 2**

Health Facility Level (and respective number)	ART Clinic status	Number of new patients recruited
District Hospitals (2)	Existing	691
Health Centers Grade IV (16)	Existing	679
Health Centers Grade III (5)	New	25
TOTAL		1,395

By end of PY2, 1,395 new patients were on ARVs, which was below the target of 2,647; however, the recruitment rate was much higher than anticipated and would ensure that the targets will be met in PY3. In addition, the increase in new clients was more substantial in Health Centers grade IV, whereas Health Centers grade III started ART activities at a relatively slow pace (Table 3). Overall, the patients who were currently on ARV totaled 4,005, of which 1,742 were direct recipients of NUMAT drugs.

In particular, the sharp rise in recruitment experienced by Amach Health Centre IV (Figure 4) was a result of “transferred-in” patients from Lira Hospital where frequent stock

outs and clinic congestion seriously affected quality of care.

CD₄ Testing

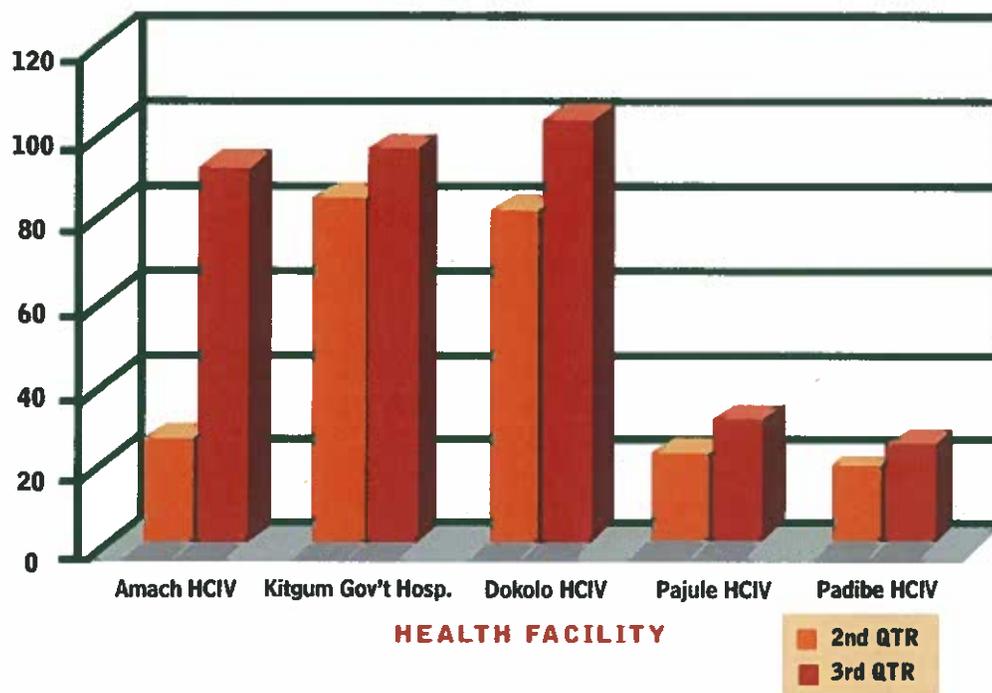
Formal agreements with CNAP-SIS, a Canadian firm that provides laboratory services, and with Joint Clinical Research

Council (JCRC) led to the commencement of a CD4 outreach programme in the first quarter of PY2. By end of September 2008, 4,980 free CD4 tests had been offered to patients that needed initiation onto ART, as well as those for follow-up at



A trained health workers properly performs a CD4 test to an infant at a NUMAT- supported ART Site.

**FIGURE 4: New ARV patient recruitment
in 2nd and 3rd Quarter of 2008 by selected facilities**



17 existing sites in the nine districts. The monthly number of tests offered was recently augmented to meet the increased demand. Training in comprehensive HIV care, support supervision and NSAs at the sites oversaw selection of patients whose indication for a CD4 test fell into 5 categories. Most of the health facilities prioritized CD4 testing for the newly diagnosed cases and those requiring an assessment that would guide further management (Table 4).

"I am very grateful for your visit and generally your support through NUMAT. I was very sick and weak but thanks to the CD4 test and ARVs I am now strong and going about my businesses well."

—Mr. Odai Frank, Kitgum Government Hospital, March 2008

CD4 testing for patient monitoring will improve as the skills of the ART teams were strengthened by regular support supervision. It will also be necessary for establishing more effective linkages to improve access for pregnant women and children, whose antiretroviral coverage remains low.

NUMAT continued to work closely with the new ART sites providing on site mentoring, equipment and supplies to ensure appropriate ART clinic and

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TABLE 4: Reasons for CD4 testing in PY2

INDICATION	PATIENTS	PERCENTAGE
Newly diagnosed, CD4 test for assessing eligibility	3,436	69%
On ARV by WHO staging, requires a baseline CD4	573	11%
Routine follow up CD4 tests after 6 months	455	9%
Sick and requiring CD4 monitoring	443	9%
HIV positive and pregnant	74	2%
Total	4,980	100%

logistics reporting. A total of 36 health workers were mentored. And in conjunction with MOH and the World Health Organization, NUMAT trained 70 health providers in comprehensive adult HIV care, another 34 in opportunistic infection management, and 26 in ART logistics and 25 in comprehensive pediatric care.

NUMAT also supported client-centred ART adherence programs in collaboration with PHA NSAs and young PHAs from Uganda National Positives Ambassadors who were trained to support their peers in ART literacy and adherence.

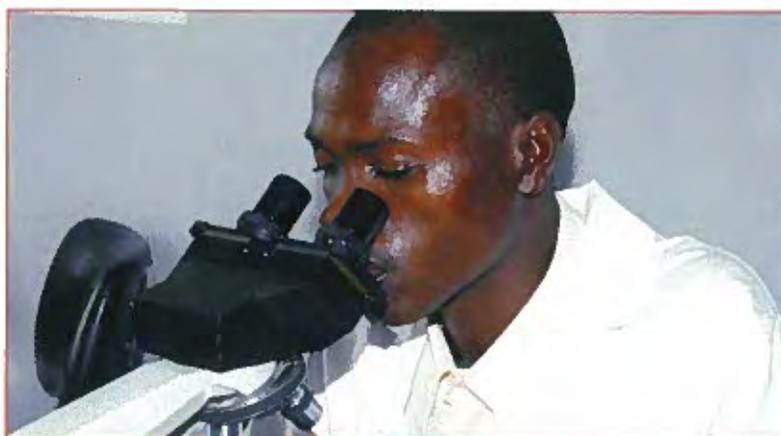
2.7 Laboratory Services

NUMAT worked within existing structures to strengthen laboratory services as a means of

increasing access to and utilization of quality HIV, TB and malaria services to the communities in the program areas.

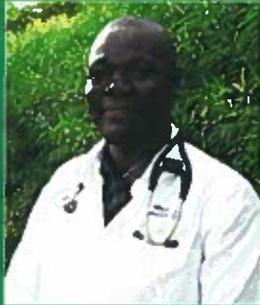
NUMAT strengthened laboratory services through laboratory infrastructure improvement to meet the minimum MOH standards; training in-service for

laboratory personnel and other health workers and pre-service in laboratory courses; enhancement of quality assurance measures through support supervision; provision of selected laboratory equipment and supplies, and reference text materials. NUMAT's support focuses mainly at health centre III level.



Health workers can now examine blood slides at a NUMAT-supported facility in Gulu District.

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*James Opio, Clinical
Officer-in-Charge,
Akokoro Health Center III*

**IMPROVING HIV&AIDS TREATMENT AND CARE
SERVICES IN AKOKORO HEALTH CENTRE IV,
APAC DISTRICT**

James Opio is the Clinical Officer in-Charge at Akokoro Health Centre III. Following a collaborative HIV care training by NUMAT and the MOH, James began to lead the unit's antiretroviral therapy team. Within three months of commencing services, 51 clients were receiving ARVs and 227 were registered for health care at the centre. NUMAT also supported Akokoro Health Centre III with free bimonthly CD4 testing and ARV drugs, and NUMAT staff provide on going mentoring and supporting supervision.

James says that 50% of the clients registered for ART at the unit were already attending the clinic at the district hospital at Apac but could not afford the monthly follow-up visits because of cost and the two days of travel required to reach the congested hospital. Apac District officials considered sending a doctor to the health centre once a month to run an outreach ART clinic but could not access the necessary funding. With NUMAT's support, clients now have access to high quality care and support.

"The training in HIV treatment care and support has motivated me and my team to offer our people better service. At last I feel better equipped and knowledgeable," says James. "I am relevant to the HIV situation in this community. It was terrible encouraging people to test for HIV and then not being able to do anything for them."

The Program contributed to laboratory infrastructure improvement by expanding laboratory space and providing counseling rooms to ensure privacy and confidentiality. All essential amenities - water, power, and adequate ventilation - were incorporated in the refurbishment works. Rehabilitation took place in a phased manner in 12 sites, three each from the districts of Gulu, Amuru, Dokolo and Amolatar.

Essential laboratory equipment gaps to support HIV, TB and malaria services were identified, quantified, procured and supplied to 29 health units. The equipment provided included microscopes, centrifuges, hemoglobinometers, white cell counting chambers, and cool boxes. The equipment provision led to an increase in the range of laboratory services rendered at the health units that benefited.

NUMAT, together with the MOH and other partners, developed an in-service training curriculum for laboratory staff that emphasizes hands on practice. The curriculum covers laboratory HIV/AIDS, TB and malaria diagnosis and management; laboratory management; and disease surveillance and has been used to train 49 staff.

NUMAT IMPROVES LABORATORY SERVICES IN PATONGO HCIII PADER DISTRICT

When Ayo Welborn graduated from his course, he was excited to apply his skills as a lab technician for the Pader local government to improve community health at Patongo Health Center. However, when he arrived at his lab, he saw that it lacked essential amenities and equipment, and was inadequate to support tests.

"During the course we used quality equipment, reagents and kits were always available and the laboratory room had power, water and good work tops," says Ayo. The lab at Patongo Health Center was not equipped to provide the quality lab services Ayo expected. Worse still was the fact that for the four months he had worked, he had yet to receive his pay.

In April 2008, Ayo was selected for laboratory refresher training in Mulago National Referral Hospital, which was supported by NUMAT. The facilities used for training were ideal and there was a lot of sharing of experiences with other participants, all of whom has similar experiences of working in labs without adequate equipment and amenities. Energized by the support and learning from the training, Ayo re-organized the laboratory; however, the unit still lacked most equipment necessary to provide the expected level of care.

In May 2008, a NUMAT-supported team of supervisors visited Ayo at his work place as a follow up of the training. He received on-site training and mentoring and in June, NUMAT supplied Patongo lab with the necessary equipment identified during the follow up support services training, which meant that the lab could meet quality care standards. In August, NUMAT again provided support supervision, including a laboratory reference textbook as back up support to ensure quality control. Ayo was very pleased: "These people practice what they preach," he said, "I now deserve my pay."

In line with MOH's Human Resource Development (HRD) strategy of increasing availability of qualified staff at health units, seven students were sponsored for basic laboratory training. To improve adequate referral of patients for appropriate laboratory investigations, 17 clinicians were trained as district trainers to roll out the re-orientation trainings of clinician in rational and effective utilization of laboratory

services, which has already benefited 40 clinicians.

The fall in dollar value against the local currency, combined with the rise in fuel and building materials prices, led to scaling down the scope of refurbishment works, including the exclusion of solar power installation.

The Hepatitis E outbreak in the region also affected the roll out of re-orientation of clinicians

on rational laboratory utilization, since most health workers were needed on the ground to curb the epidemic. Lack of cold storage facilities in the units prevented storage of samples for quality control checking that also affected the availability of certain laboratory reagents that require cold storage. Districts were encouraged to lobby through the MOH to expand the coverage of facilities with functional fridges.

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**2.8 Human Resources
Development for Health
(HRDH)**

NUMAT worked with the MOH and districts to improve the human resources for health. Our joint efforts focused on improving the overall availability, retention and quality of health workers. Earlier this year, NUMAT conducted a rapid assessment on the status of human resources for health which revealed that an average 34% of the required staffing level was available for health centers, with the most critically needed cadres of health workers missing in most health facilities (in particular medical officers, enrolled nurses and midwives, orthopedic assistants, public health nurses, and laboratory personnel). Scarcity of staff accommodation; lack of basic

equipment and supplies; costly recruitment exercises; incomplete composition and facilitation of the District Service Commissions (DSC) and failure of districts to induct newly recruited staff were found to be among the major causes of low staffing levels in the region. Despite these hurdles, NUMAT supported the districts of Gulu, Kitgum and Oyam to recruit health workers and fill over 450 positions.

The newly recruited health workers will help address staff shortages, which contribute to increased service delivery. However, the recruitment process is slow and in Amuru district, over 60% of newly recruited workers did not accept positions due to lack of decent accommodation and difficulties in accessing the government payroll.

NUMAT also developed a partnership with Makerere University under the Community-based Education Services (COBES) program in which 40 medical students with a professional blend of pharmacy, nursing, general medicine, and radiology were deployed in seven health units in the region. Their presence expanded patient care and relieved the over-burdened health workers. Students were involved in immunizing infants and pregnant women, recording data, undertaking HCT activities, dispensing ART drugs, clerking patients and conducting community outreach activities.

NUMAT also trained health workers on malaria, HIV & AIDS and tuberculosis-related subjects in addition to delivering medical supplies and equipment to a number of health facilities for improved performance and service delivery. The program was unable to fully introduce Distance Education Programme (DEP) as part of its Continued Professional Development (CPD) of in-service health workers. The review process of distance education training materials was started, notably



Overwhelming demand for human resources for health remains a critical challenge at the NUMAT-supported sites.

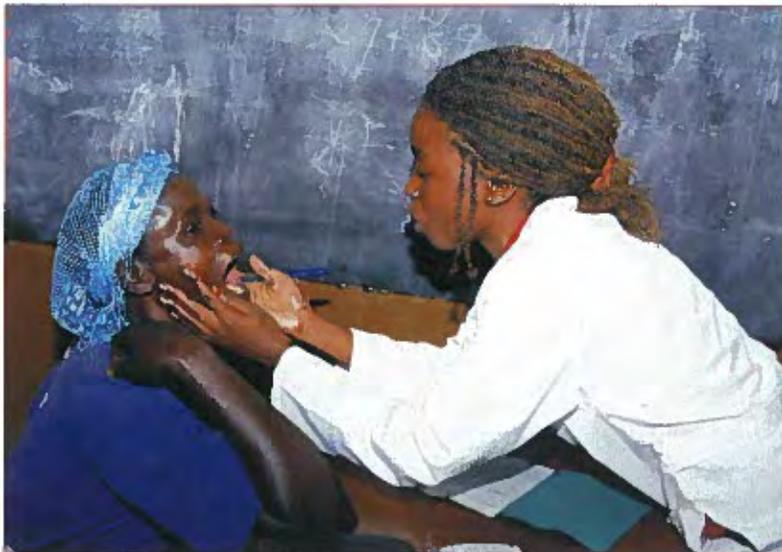
MEDICAL STUDENT VOLUNTEERS ADDRESS HUMAN RESOURCE SHORTAGES AND SERVE COMMUNITIES: NUMAT'S COBES EXPERIENCE

The health workforce in the North is at only 35% of the staffing required to meet the MOH standards. At the same time, HIV, TB and malaria are ravaging communities at higher rates than in other places in Uganda. To address the critical and chronic human resource shortage, NUMAT, in collaboration with district officials, developed a partnership with Makerere University Medical School to train and place medical students in under-staffed health units as preparation for eventual posting in the region. The Community-based Education Services (COBES) program operates in six of the nine NUMAT-supported districts by supporting 40 medical students who work in seven health facilities for six weeks.

The COBES experience has been positive for all: the clinics, the health workers, the districts and the patients themselves. Patients welcome attention of eager students; health workers' immense burdens have been reduced, and students receive hands-on learning that builds on their academic studies.

"The medical students helped us to address understaffing in all areas including the laboratory, dispensary and immunization sessions. These students would see gaps and fill them. Their participation reduced waiting time in dispensaries and they had direct practice with microscopy for TB and malaria, among other diseases. We were very grateful for their participation."

NUMAT hopes to expand this partnership to include local training institutions in the region and also involved other relevant stakeholders.



identification of DEP sites in Lango sub-region. Pursuing DEP is one of NUMAT priorities for HRD: unlike other CPD approaches, it is less expensive, health workers share an equal chance to benefit from it and it does not draw staff away from their work station for long periods of time.

A medical student examines a patient at Bobi Health Centre III Gulu District.

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2.9 Malaria

NUMAT works closely with the National Malaria Control Program (NMCP), and national and district actors to scale-up and increase access to quality malaria control services in communities in Northern Uganda. Through this support, NUMAT has contributed to the rapid roll out and implementation of the NMCP Strategic Work plan 2005/6 to 2009/10. NUMAT malaria intervention focuses on two broad areas; home-based management of fever (HBMF) and intermittent preventive treatment (IPT).

In PY2 NUMAT conducted a malaria control services assessment in the nine districts. This provided baseline information, and established priority areas in malaria control services for support. The assessment report was finalized and disseminated to all partners both at the district and national level is underway.

The importance of advocacy and information of the public in malaria control received special emphasis: 418 district leaders from the nine districts were

Pregnant mothers at a NUMAT-supported ANC clinic at Bobi sub-county.

HIGHLIGHTS

- *Conducted social mobilization & sensitization of 418 district leaders on malaria control services delivery*
- *Trained 71 health workers from five districts on IPT*
- *Trained 169 district trainers were trained in HBMF*
- *Provided IPT DOT water vessels and cups at 147 health units in the region*

sensitized and given messages to mobilize communities on malaria services awareness, to improve health services seeking behavior, and, ultimately, to increase access to services. NUMAT participated in World Malaria Day by supporting Gulu and Kitgum districts

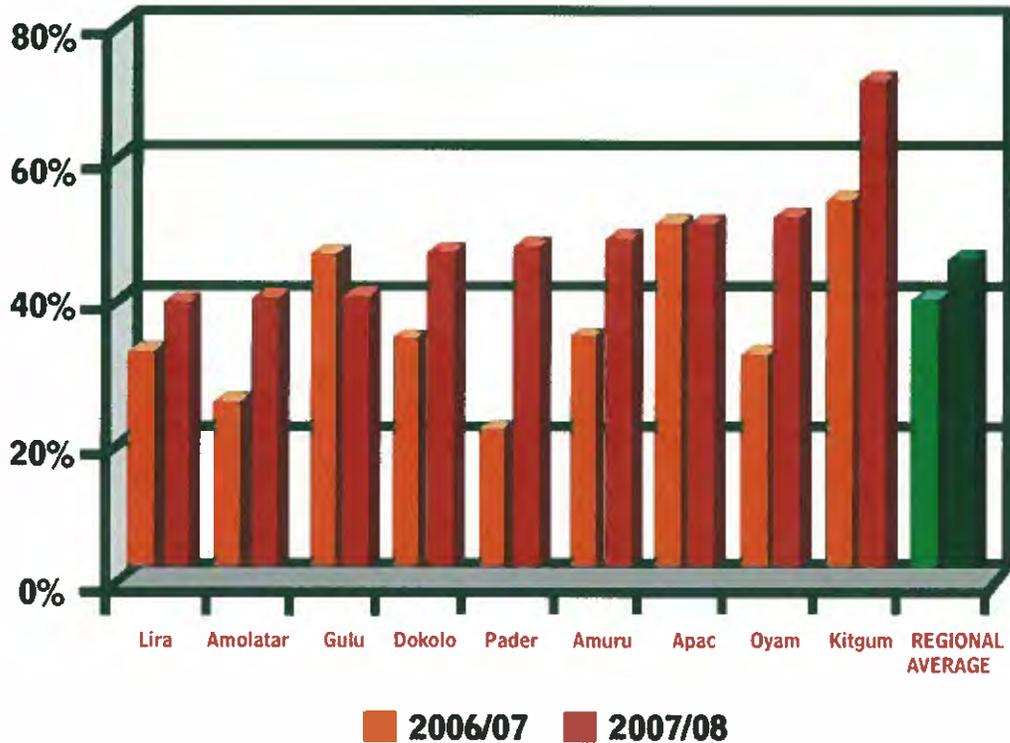
to commemorate this event and by publishing an educational supplement on malaria in both national and local newspapers.

Intermittent Preventive Treatment (IPT) Services

In PY2, NUMAT contributed to capacity building in scaling up IPT services, integrating them into the overall reproductive health and HIV&AIDS programs. Seventy-one health workers from five districts were trained in malaria control in pregnancy and then closely followed up in their respective sites to assess their performances. This was combined with concurrent sensitization of community leaders on the dangers of malaria in pregnancy and methods for prevention and treatment, and distribution of IEC/BCC material.



FIGURE 5: Proportion of pregnant mother attending ANC who received 2nd dose of IPT in PY1 and PY2 by district



NUMAT encouraged the adoption of the Directly-Observed Treatment (DOT) strategy with regard to IPT drugs. To ensure an increased acceptability and uptake, the program made safe drinking water available at all 147 IPT sites through delivery of water storage vessels, water dispensing cups and water treatment tablets. IPT coverage of ANC attendees has considerably increased in the course of the project year in almost all

districts (Figure 5), contributing to better protection from malaria among pregnant women.

Home-based Management of Fever (HBMF) Services

Building on previous achievement of other regional initiatives and programs, NUMAT consolidated service delivery in HBMF through supplementing what already existed as well as addressing

gaps. Prior to roll out of HBMF strategy using Coartem®, a total of 169 district trainers from Amuru, Lira, Dokolo, Apac, Oyam and Amolatar were trained and 332 health workers from all units implementing HBMF in Lira districts were oriented in services delivery and supervision of CMD. Key logistics and supplies for HBMF services (CMD registers, torches, and dry batteries) were delivered to Gulu,

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NUMAT-trained health worker uses the DOTS strategy with a pregnant mother at Bobi Health Centre III

Amuru and Kitgum districts. In addition, NUMAT procured and distributed facility registers and reporting forms to all districts, underscoring the importance of HBMF services, data documentation, and routine reporting.

A number of constraints continue to affect malaria case management in the community using the HBMF approach, including the erratic follow up and monitoring of CMDs and stock-outs of Coartem®

by some districts. Additionally, linkages between health facilities and the CMD were weak, limiting the supervision conducted by health workers and the prompt referral of cases to health facilities. With regard to IPT, the major problem was under-staffing at the health unit level, especially for those Health Centre grade II providing ANC services.

A skilled work force is the centre piece of quality IPT/RH services delivery, which was

demonstrated by the significant improvement in scaling up IPT service delivery in Oyam district. The success in this district was rooted in NUMAT's performance improvement framework, developed in collaboration with the MOH. The framework built the capacity of critical staff involved in reproductive health service delivery during a five-day targeted training course that integrated three basic areas: malaria control in pregnancy, goal-oriented ANC, and PMTCT.

Using self appraisal and critical analysis tools, health workers were guided through a problem analysis approach to find out what the status of IPT/IRH services delivery was in the district. This was followed by a field work exercise, where the trainees visited ANC clinics to see how IPT/IRH services were being delivered, with focus on those gaps that could prevent services uptake. The next stage is to draw a performance improvement strategy, to address the problems identified, like patient management, health workers skills, and provision of safe drinking water for IPT-DOT services.

Improvements in Intermittent Preventive Treatment (IPT) Service Delivery

As a result of NUMAT-supported efforts, Oyam district has transformed IPT service delivery: trained staff are conducting regular, monthly support supervision visits to all IPT implementing sites; clean, safe, drinking water is now available at all sites and IPT2 uptake has increased from 30.2% to 50% over the course of just a few months.

This in turn has improved client satisfaction, enhanced the overall effectiveness of service delivery, and fulfilled the professional expectations of health providers.



Malaria control in pregnancy is a core element of NUMAT's capacity building training for critical staff responsible for reproductive health services. Consistent use of bed nets is one of the most effective malaria prevention and control strategies for pregnant woman.



OBJECTIVE 3:

Decreased Vulnerabilities for Specific Groups to HIV & AIDS and Other Infectious Diseases

This past year, NUMAT's prevention activities were commemorated at the following key events: World AIDS Day, International Women's Day, Candle Light Memorial Day and 16-Days-of-Activism on SGBV. A total of 608,235 individuals were reached with HIV prevention activities, aimed at promoting messages of positive social norms and safe and healthy sexual behaviors. These messages included abstaining from sex until marriage, being faithful to one faithful partner, using condoms correctly and consistently, issues related to stigma and discrimination, and sexual and gender based violence (SGBV).

Inventories for youth institutions and religious congregations at the sub-county level were updated and community structures critical to raising HIV awareness through social mobilizations and community

HIGHLIGHTS

- *316,109 people reached with abstinence and be faithful messages*
- *292,126 people reached with other prevention messages*
- *58,658 people reached with SGBV messages*
- *151,323 people reached with stigma and discrimination reduction messages*

sensitizations were either formed or strengthened.

NUMAT provided training opportunities for its own staff and community resource people (CORPs) including a course for facilitators on stigma and discrimination using the World Vision Channels of Hope (COH) methodology; the SGBV South-South Technical Exchange Networks Workshop organized

by Population Council and the PEPFAR Gender Technical Working Group; and a workshop on SGBV on involving communities in a response to sexual violence.

3.1 HIV Prevention: Youth

NUMAT continued to raise awareness among the young people on the complexity of HIV with the aim of promoting behaviour change. The Program teamed up with Family Impact Uganda and trained 87 CORPs in a value-based life skills program that included the promotion of abstinence and being faithful among youth in school. These CORPS worked hand in hand with the district education and community development offices to reach out to 123,357 young people in 96 schools. In order to reach the out-of-school youth in the region, NUMAT partnered with the Young

**OBJECTIVE 3: DECREASED VULNERABILITIES FOR SPECIFIC GROUPS
TO HIV & AIDS AND OTHER INFECTIOUS DISEASES**



Fountain Primary School pupils participate in a HIV prevention peer education session.

Empowered and Healthy (YEAH) initiative which has expertise in working with this target population; using the YEAH "Be a Man" Campaign, NUMAT reached 71,682 of them through group discussions during continuous full-day or half-day events in schools and community centres.

These programs have given the youth a better understanding of HIV prevention messages and have also raised the level of awareness about their responsibilities and the consequences of risky behaviours. Although schools were initially concerned about being overwhelmed, teachers have informed NUMAT of the usefulness of the value-based extra curricula activities, which complement their curricula.

Authorities from Anaka Primary School in Amuru district applauded the wholesomeness of the intervention; SOS primary school in Gulu district requested that NUMAT scale-up the program for the whole school.

In Amugri Secondary School in Lira District, NUMAT was commended for helping to diffuse an impending riot by the students through facilitation of discussions among the student board and school administration on effective communication, mutual respect, and discipline. After a mutually agreed upon way forward between the two, the deputy headmaster reported that "Your NUMAT's intervention was timely in helping to instill morals and discipline among our students."

" I would like to commend NUMAT for helping address the plight of young people in Acholi and Lango sub regions."

— Honourable Obua Hamson, Youth Member of Parliament North, at the opening of Lira youth camp

NUMAT also conducted six integrated youth camps with HCT outreaches in Lira, Apac, Dokolo, Amolatar, Kitgum and Amuru districts where a total of 957 youth took an HIV test. School authorities suggested that these camps take place every school holiday and that the program be replicated to all the districts. To support these activities, NUMAT procured and distributed copies of printed materials including "Choose Freedom and Adventures Unlimited" curricula, and booklets on basic "Facts and Myths about HIV/AIDS" developed by NGEN+ to the schools.

NUMAT supported 12 youth from Northern Uganda to participate in a national conference: beyond the emblematic value of their presence, this step may contribute to making voices of children and youth affected and infected by HIV&AIDS heard.

**OBJECTIVE 3: DECREASED VULNERABILITIES FOR SPECIFIC GROUPS
TO HIV & AIDS AND OTHER INFECTIOUS DISEASES**

3.2 HIV Prevention: Adults

NUMAT targeted most-at-risk populations (MARPs) in both the formal and informal working sector. Consultative meetings with representatives of the target groups were held and these revealed that there were limited appropriate interventions and preventive messages targeting this group. NUMAT then trained selected CORPS as Behavioral Change Agents (BCA) with a central role in sensitizing their communities, peers and MARPs on HIV prevention messages. These include information on issues of HIV discordance, sexually-transmitted infections and correct and consistent use of condoms, as well as referrals to other HIV services and economic empowerment activities. A total of 80 BCAs were trained and they reached 21,857 people from various MARPs this year.

Also, after the successful collaboration with the 5th Uganda People's Defence Forces (UPDF) Division in the last year, NUMAT expanded its services to the 4th UPDF Division. A total of 40 soldiers and women leaders were trained as BCAs for the various units in the Division. The army also pledged to give a monthly incentive to BCAs to ensure

their commitment and promote sustainability of such activities. Their mobilization ability proved very effective: within one month, 1,500 of their peers were tested for HIV during integrated HCT outreach sessions.

NUMAT also targeted commercial sex workers (CSWs), including women engaged in survival sex. These numbers are said to have increased in number mostly in the urban areas. "Boda-boda" cyclists were found to be the intermediaries in the commercial sex transactions and that they often become buyers/sellers of the trade.

They tend to have misconceptions about HIV and its transmission, low risk perceptions and very limited knowledge of other modes of HIV transmission and prevention. NUMAT identified them as an immediate target for an adequate and regular information and sensitization and trained 20 BCAs among the CSWs and 20 young wives, whose mobilization efforts persuaded 125 CSWs and young wives to get tested for HIV in Lira district. The main challenge NUMAT encountered is the stock-out of condoms in most of the NUMAT-supported district outlets.

**HIV PREVENTION AMONG THE
UNIFORMED FORCES**

Sergeant Michael Esadu is 38-years-old, with one wife and eight children. He is a soldier in the Uganda People's Defence Forces (UPDF) based at the 4th Division headquarters in Gulu district. Michael was trained as a peer educator/behavior change agent for his unit and he has already started conducting peer education sessions. He has so far reached 71 people, including their family members with HIV/AIDS messages.

"I am grateful that I went through this training because it helped me to value my life and that of my family. I have been able to sensitize soldiers in the barracks and their families on HIV/AIDS and STI related issues. As a result of the sensitization, people demand condoms (which I provide) and request where they can go for HCT. I feel empowered to do my work because of the training, support and facilitation from NUMAT and the UPDF."

**OBJECTIVE 3: DECREASED VULNERABILITIES FOR SPECIFIC GROUPS
TO HIV & AIDS AND OTHER INFECTIOUS DISEASES**

3.3 Sexual-and Gender-based Violence (SGBV)

The SGBV program in NUMAT was rolled out in 26 sub-counties and reached a total of 151,323 individuals. NUMAT adopted a multi-sectoral and community mobilization approach to tackle SGBV and its intersection with HIV. The program's comprehensive response to SGBV emphasized community linkages and the provision of legal, justice, psychosocial and medical services for SGBV survivors including provision of post exposure prophylaxis (PEP) for HIV.

“ SGBV is a very common occurrence which was never talked about; however, since NUMAT, people have started discussing these issues freely in formal and non formal groups and are ready to tackle it.”

— Local Council 3 Leader for Namasale sub-county in Amolatar district

NUMAT trained 27 SGBV master trainers and 840 community animators who are central in the SGBV activities and respond to specific needs of SGBV survivors. These community animators are expected to identify SGBV cases in the community and then refer them to the government agencies for proper case management. Their efforts have also ensured extensive community social awareness and sensitization activities that have increased the number of people participating in SGBV group discussions in the communities based at the 26 sub-counties.



Okot Paul, the sub-country Police Post In-Charge, Gulu.

**COMMUNITIES LEADING THE WAY
TO ADDRESS SEXUAL-AND GENDER-BASED
VIOLENCE (SGBV)**

For a local policeman, addressing sexual- and gender-based violence (SGBV) in his community was a welcome challenge

“I have daughters myself and am concerned about this issue. I had heard about sexual and gender-based violence before, but honestly, when NUMAT came and talked to the entire community about it for the first time, much of the information was new – particularly the connection between sexual and gender-based violence and HIV transmission,” said Okot Paul, the sub-country Police Post In-Charge. “After our animator training in May 2008, we had so many cases referred to us.”

“Already, I have seen 40 cases at my office. I have referred seven cases to court and others have been settled within homes,” said Paul. “I want to see a community free of violence,” he says. “That’s what we are working towards.”

**OBJECTIVE 3: DECREASED VULNERABILITIES FOR SPECIFIC GROUPS
TO HIV & AIDS AND OTHER INFECTIOUS DISEASES**

This past year, NUMAT saw a steady increase in the number of SGBV cases reported; however, communities still seem to treat it as a private matter.

Discussions in the communities reveal that women do not press for legal aid, but rather most cases were settled through local compensation by the perpetrator or his family and medical care was often sought for late. NUMAT will focus more on these issues by conducting linkages assessment as well as intensifying awareness rising. The community animators referred 142 survivors for appropriate care, with 18 receiving PEP. The highest numbers of cases reported were physical assault of wives by husbands; other cases included forced marriage, especially for children, defilement and sexual exploitation. The major perpetrators were identified as husbands, neighbors, teachers, and isolated cases of strangers.

The increased participation of people in SGBV discussions is also attributed to the approach NUMAT undertook to engage sub-county leadership in the selection of the community animators and taking the lead to advocate for SGBV activities. A total of 933 leaders were sensitized on SGBV issues which

included the importance of community action. NUMAT also put emphasis on SGBV networking and advocacy. NUMAT joined the PEPFAR Gender Technical Working Group to network, share experiences, and support PEPFAR SGBV partners in Uganda, Rwanda and South Africa. NUMAT also participated at the national level in the process of drafting an advocacy note focusing on issues that affect SGBV survivors in health and legal responses, which was presented to the donor coordination group and participated

“ I had to find out my HIV status, I realized I was not as safe as I had imagined. I used to think that I did not need to go for an HIV test because I am a pastor, and married, where would HIV get me? But after attending the COH workshop I realized any one can get HIV.”

— A faith leader from Amugu sub-county in Lira district, who took an HIV test before returning home after a COH workshop

in the International Women’s Day and 16 Days of Activism. During the celebrations in Lira and Gulu districts, NUMAT facilitated the participation by three PHA women’s groups to advocate for their rights. Despite efforts in tackling SGBV in the community, they are still limited by capacity in the district to implement and support SGBV activities, high expectations from the communities for material benefits rather than focusing on the problem being addressed, and poor participation of women in group discussion, as some feel they are not literate enough to participate or to make suggestions.

3.4 Stigma and Discrimination

Stigma and discrimination remain major barriers to tackling the HIV&AIDS epidemic as some individuals, including community and religious leaders, still view AIDS as a disease that results from immoral behavior. This is commonly rooted in ignorance, misconceptions and knowledge gaps about HIV&AIDS. The majority of faith leaders were found to have a false sense of security derived from their faith and marital status. For many, marriage equals safety from HIV. Also living with HIV for many implies

**OBJECTIVE 3: DECREASED VULNERABILITIES FOR SPECIFIC GROUPS
TO HIV & AIDS AND OTHER INFECTIOUS DISEASES**

“ For sure these were things we would not talk about, even with our children, but now I feel I have the courage to talk. If we remain silent who will speak?”

— Female participant from a women’s conference in Obanga Pe Wany, Pentecostal Assemblies of God, Lira

having engaged in premarital or extra marital sex, and represents the divine punishment for being sexually promiscuous. Using the World Vision’s tested Channels of Hope (COH) methodology, NUMAT effectively engaged faith leaders to use their resources, positions and influence to challenge stigma and discrimination and positively respond to the HIV&AIDS epidemic in their communities. Faith leaders from various religious denominations were deliberately targeted to attend workshops, aimed at empowering them with the appropriate attitudes and skills to organize congregational and community responses to HIV&AIDS through formation of Congregational HIV/AIDS Task Teams (CHATTS).

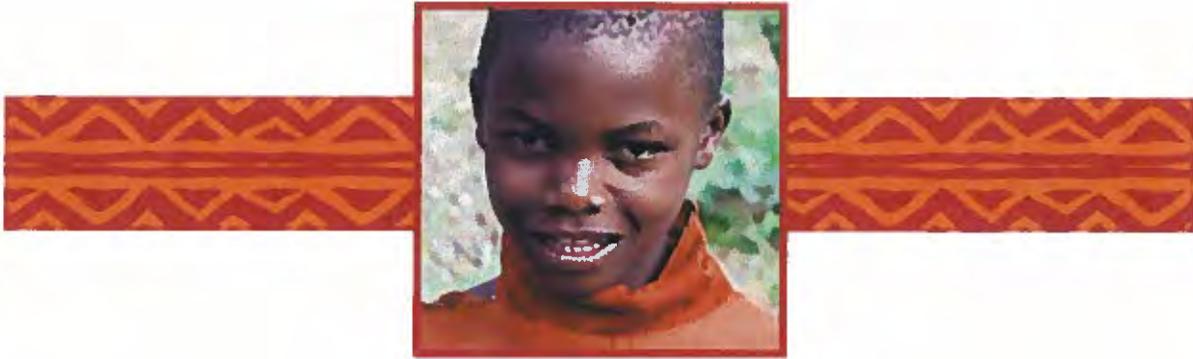
Following COH workshops, the majority of the faith leaders resolved to fight stigma and discrimination through sensitizing their congregations and communities with the basic facts about HIV&AIDS, and encouraging people to undergo HIV counseling and testing. To demonstrate the importance of HIV testing and exert an exemplary role, most of the leaders requested HIV tests after the COH workshop.

The trained faith leaders and their CHATTS were able to reach a total of over 100,000 people in the region with HIV prevention messages. They have been crucial in mobilizing and facilitating conferences and workshops for youth, couples, men and women groups to discuss HIV&AIDS related issues, including stigma and discrimination. The efforts of the CHATTS have also given some people the opportunity to discuss HIV prevention messages for the first time.

For instance, the HIV conference for Muslim youth in Lira was the first time they came together to discuss HIV/AIDS, challenges in following abstinence and mutual faithfulness from an Islamic perspective, and how they can contribute to an HIV-free generation. In another youth

conference at Bargole Cathedral in Lira District, 360 youth had an opportunity to be tested for HIV for the first time. HIV stigma and discrimination can also represent an obstacle in accessing and utilizing HIV/AIDS and TB services by people who test positive due to fear of stigmatization by health workers, communities and even family members. To address this issue, NUMAT engaged PHA networks and their leaders and as a result, 120 PHA network members were sensitized and assisted in taking an active role towards fighting HIV-related stigma in their communities and helping their fellow PHAs to cope with stigmatizing attitudes they may experience.

NUMAT also recognized the instrumental role of the local media in addressing stigma and discrimination. To strengthen relationships with the media, NUMAT trained 65 media personnel who, after completing the training, developed a HIV stigma reduction plan to integrate into their professional activities. News reporters, radio presenters and journalists are now more conscious of these sensitive issues and have agreed to shift the content and style of their reporting from being merely sensational to promoting accurate information and more positive views towards PHAs.



OBJECTIVE 4: **Increased Access by PHAs and Families to Wrap-around Services**

Comprehensive care and support for PHAs and their families through provision of holistic services aims to improve their quality of life. Some of these services include wrap-around services¹. This past year, NUMAT engaged USAID-funded programs, local governments, CSOs, other NGOs, PHA networks, and the private sector to create effective linkages to essential services.

NUMAT continued to involve PHAs as volunteers and activists to increase access to and utilization of the available wrap-around services by fellow PHAs and their families. For example, NUMAT collaborated with International HIV/AIDS Alliance (IHAA) to train 112 PHA volunteers and deploy them in 45 health facilities to work as Network Support Agents (NSAs).

HIGHLIGHTS

- *35,580 PHAs referred for wrap-around services*
- *112 PHA volunteers trained from 45 sub-counties*
- *4,500 PHA received Basic Care Package commodities*

These NSAs link fellow PHAs to both community and health facility-based HIV&AIDS services.

The PHA networks effectively advocated for better services and identified and addressed practices that act as barriers to seeking and using existing services. These included lack of knowledge of existing services; costs incurred in accessing them; marginalization by community and family and secrecy about HIV&AIDS; denial and

loss of self-esteem of PHA themselves and misconceptions about HIV&AIDS treatment remedies.

Coordination meetings to improve the referral mechanism between service providers were held in the districts of Kitgum, Oyam, Dokolo, Amolatar, Lira and Amuru districts. Referral registers and forms were developed, printed and distributed to community-based HIV&AIDS service providers to track and record clients for services and to allow monitoring trends in service availability and coverage.

As a result of this engagement above, a total of 35,580 PHAs and their families were counseled and referred by NSAs to access various HIV&AIDS wrap-around services this year.

¹ They are those non-clinical services contributing to the social safety nets of PHA, including: access to nutrition and food support, family planning, water and sanitation, OVC support, non-food item distribution, income generating activities, legal assistance, and human rights protections.

**OBJECTIVE 4: INCREASED ACCESS TO PHAs AND FAMILIES
TO WRAP-AROUND SERVICES**

LIVING POSITIVELY TOGETHER

Dickens Alyao is no stranger to the fear and uncertainty associated with HIV: ten years ago, he tested positive for HIV while on active duty in the military. Today, at 46, Dickens is the father of six children (all of whom are HIV negative) and an active network support agent (NSA) leader in his home community of Aloj, Lira district.

“When I came back to Lira in 2004, I organized a small support group for 27 HIV positive people, but before NUMAT came, we could only advise people about living with HIV,” says Alyao. “There were no drugs [for treatment], and no health services available in Lira. Now, people can be tested and drugs are available. When people started coming back after the conflict stopped in 2006, we knew we had to tell the community about HIV and we were very happy that NUMAT could support us.

“Today, there are 669 members in our network and, in our health unit, there are 1,100 people receiving HIV treatment,” says Alyao. “Because of NUMAT, we are well trained in counseling and referrals, and people trust us. When we speak to communities, we introduce ourselves as people living with HIV, we tell them why it is important to get tested, that there is treatment available, and tell them how we are living positively with HIV. When they come to the health facility, we are there and that makes them feel comfortable. We counsel them about the test and about the drugs. Female NSAs speak to pregnant women about prevention-of-mother-to-child transmission, side-by-side with health workers. If we need to, we see them in their homes.”

“Life is still very difficult, but we are very grateful for the health services,” says Alyao. “I am very happy that I am making a difference for other people who, like me, are living with HIV, I expect to live another 40 years and I will keep working for my community as long as I can.”

NUMAT also partnered with Population Services International (PSI) to train 4,500 PHAs in Pader, Oyam, Apac, Lira, Dokolo and Amolatar districts on the use of Basic Care Packages (BCP) and to distribute free BCP commodities. PHA groups and networks at sub-county levels were also

engaged in this exercise. The use of BCP helps to reduce HIV-related morbidity and mortality due to malaria and opportunistic infections and HIV transmission among sexual partners. The commodities include long-lasting insecticide treated nets for malaria prevention; a safe water system

comprised of a 20-liter water vessel; filter cloth and water treatment products; an information brochure on the benefits and accessibility of cotrimoxazole prophylaxis; strategies to prevent transmission of HIV to sexual partners and unborn children; and male condoms.



OBJECTIVE 5: Improved Use of Strategic Information

Collection, processing, analysis and utilization of accurate data at facility and district levels is of utmost importance in the provision of quality care. NUMAT's targeted technical and management assistance aims to help service providers improve the reliability and timely collection of health information for operational and strategic decision-making that improves health planning and enhances health.

This past year, NUMAT continued to strengthen the capacity of the districts in generating and utilizing strategic information by training Health Management Information System (HMIS) focal persons and record clerks; providing logistical support supervision in data management; and executing data quality assessments at health facilities.

The Program also supported districts in the dissemination of key study findings at forums

HIGHLIGHTS

- *Supported the HMIS in all nine districts*
- *Disseminated the 2006 LQAS findings*
- *Participated at the 2008 PEPFAR HIV & AIDS Implementers' Meeting, the National AIDS Conference and the XVII International AIDS Conference*

and conferences including the PEPFAR HIV&AIDS Implementers' Meeting and the XVII International AIDS Conference.

5.1 Improved District Management of Strategic Information

HMIS is a powerful tool for managing and planning health services. Building the skills of district staff in HMIS is a critical step to improving the quality, effectiveness, and

efficiency of health care delivery, particularly in a conflict-affected area such as Northern Uganda where the the HMIS is either extremely weak or nonexistent. NUMAT first assessed the technical gaps in districts through its capacity assessment, and, side-by-side with district officials and communities, developed a series of targeted, customized trainings to strengthen the skills of district staff responsible for record clerks and HMIS focal persons. To date, NUMAT has trained all HMIS focal persons in all the nine districts as well as the majority of the record clerks.

This past year, NUMAT also conducted an assessment of infrastructure for health information system in health units in Lango and Acholi sub-regions to determine service gaps that could benefit from NUMAT's support. Program support included the provision of data collection tools such as registers

NUMAT STRENGTHENS HEALTH MANAGEMENT INFORMATION SYSTEMS

" Before NUMAT, I knew my work was full of mistakes because I didn't understand how to properly fill out and utilize the HMIS forms and the quality of the data was very poor. Now I can use the forms correctly, and my analyses are of much better quality."

— Ogwang David, 29, Record Assistant, Apac district

Ogwang David, Record Assistant for Akokoro HCIII was one of the 17 participants that attended a three-day NUMAT-supported training targeting HMIS focal persons and record clerks in March 2008. "Prior to the training, I had been recruited as a records assistant and for the past six months of my tenure in the office, I had never received any orientation or training on HMIS," recalls David. "As a result, I made a number of mistakes, partly because I did not understand how to fill out the HMIS forms. I found them too complicated, and the instructions were not clear. I also lacked technical expertise to properly analyze and utilize the data collected from this form."

"Since the training, I have been able to contribute significantly to the HMIS reporting at my health unit," says David with pride. "I now have a better understanding of the forms and am able to summarize the HMIS forms correctly from the registers. My data analysis is now accurate which has enormously contributed to informed decision making and planning of resources within the health unit. For example, recently NUMAT started providing ARVs to the health unit where I work. With the increase in services, I should be able to accurately capture data which will inform critical health service delivery actions like increases in funding to address service delivery gaps. I also look forward to a computerized version of the HMIS."

and monthly reports to health units, equipping selected districts with computers and external hard drives for data storage and management, and logistical facilitation of HMIS focal persons to collect timely data. In the scale-up of the web-enabled HMIS, two internet modems were procured for two districts. HMIS focal persons of all districts were also trained to collect data from the lower level health facilities, and as a result, the status of the HMIS has considerably improved.

NUMAT also disseminated the Lot Quality Assurance Sampling (LQAS) results to different district leaders with a special focus on the district health team, the Chief Administrative Officers, Resident District Commissioners and other stakeholders. The objectives of the dissemination were to build a consensus on LQAS as an approach to monitoring and evaluation of district activities, to scale up partnerships in data collection, analysis and utilization, and to identify priority areas for action using LQAS.

Nonetheless, several indicators, including access of pregnant mothers to PMTCT services, children sleeping under a treated mosquito nets and availability of material and

OBJECTIVE 5: IMPROVED USE OF STRATEGIC INFORMATION

psycho-social support to orphans, were quite low and require particular attention. This is more acute in newly-created districts, whose network of services is generally weaker and where both infrastructure and human capacity are lacking.

During the dissemination exercise, some districts (Gulu, Lira and Kitgum) reported that the LQAS as a survey methodology helped them in their annual district planning². Most of the district leaders upheld the utilization of LQAS in planning and promised to use these results in decision-making, especially with regards to targeting geographic or administrative areas.

"I have now realized the benefits of the LQAS. I am now able to tell which supervisory areas in my district are performing below or above district average. This has opened up opportunities for allocating resources based on performance as well as setting different targets for supervisory areas."

—District Health Officer, Kitgum

The district leaders also acknowledged the role of NUMAT in partnering with local governments during LQAS activities and resolved to use this data in their next planning session. The dissemination activities also provided an opportunity to plan for the upcoming LQAS survey. The survey will be used by the district to continue to monitor progress towards improving the quality of the health systems by providing an accurate measure of coverage at a more aggregate level.

NUMAT continued to participate in Data Quality Assessment (DQA) exercises by USAID - funded projects, Uganda Monitoring and Evaluation Management Services (UMEMS) and Monitoring and Evaluation of Emergency Plan Progress (MEEPP). The DQA focused on identifying key strengths and weakness of HIV, Malaria & TB indicators as well as addressing validity issues. To date, the quality and accuracy of data the program collects for monitoring these indicators has improved. NUMAT also teamed up with the regional office of World Health Organization and the Oyam DHT holding a technical meeting on key HMIS performance indicators

The LQAS findings revealed that most of the districts in Northern Uganda had a number of indicators performing better than the national average: in particular, people in the North – and more so IDPs – are more likely to receive an HIV test, as confirmed by the Uganda 2006 Demographic and Health Survey; more households in the region own a mosquito net for malaria prevention than the country average; and the community-based recommended treatment of fever in children below 5 years of age is more widespread. This may reflect a concerted intervention by several agencies in promoting service delivery in the camps, whose concentrated population is easier to reach with various health activities.

² Gulu, Lira and Kitgum districts were part of the UPHOLD supported districts and had therefore used LQAS for the third time by the time of the 2006 survey.

in preparation for the district annual report.

Finally, NUMAT participated in a series of stakeholders meetings with the Ministry of Health Resource Center and other partners to coordinate targeted interventions and operationalize new developments in the country's HMIS. These interactions demonstrated NUMAT's commitment to the management and control of critical health data and information exchange across the health sector.

5.2 Dissemination of Project Lessons

This past year, NUMAT participated in the National AIDS Conference (NAC), the 2008 PEPFAR HIV & AIDS Implementers' Meeting, and the XVII International AIDS Conference. Both the NAC and the PEPFAR Implementers' Meeting brought together health practitioners, ministry officials, and UN agencies and international NGOs across Uganda to discuss the recent developments on HIV research and policy and to share experiences. NUMAT supported 14 technical district officials to attend the National AIDS Conference and distributed brochures and other key program materials at the conference.

Abstracts presented are as follows:

Uganda AIDS Commission National AIDS Conference abstracts:

- "Experiences Scaling-up TB/HIV Collaboration Activities in Post-Conflict Districts of Northern Uganda"
- "Use of Appropriate ARV Regimens for PMTCT in Post-Conflict Northern Uganda"
- "Early Infant Diagnosis of HIV in Northern Uganda"
- "Insight into the Validation and Quality Assessment of Key Indicators of the Health Management Information System"
- "The Case for NUMAT: Improving Access to CD4 Lymphocyte Testing in Support of the ART Scale-up Through Partnerships"
- "Making Effective Use of Local Print Media in Creating Demand for HIV & AIDS/TB and Malaria Services: The Case of NUMAT"

XVII International AIDS Conference posters:

- "Gaps in Data Management: Survey of Health Units in Post-Conflict Northern Uganda"

- "Piloting of Community-based Family Support Groups for HIV Positive Women and their Families in Post Conflict Northern Uganda"
- "Involvement of People Living with HIV&AIDS in the Provision of HIV Counseling and Testing Services to the Internally Displaced People of Northern Uganda"
- "Improving Access to CD4 Lymphocyte Testing in Support of ART Scale-up through Partnerships"

2008 PEPFAR HIV & AIDS Implementers' Meeting abstracts:

- "People Living with HIV & AIDS in Service Delivery in a Post-Conflict and Resource Limited Region: A Case of Northern Uganda"
- "Mobilizing Faith-based Organizations to Respond to HIV/AIDS and Confront Stigma and Discrimination"

NUMAT Communications Strategy

In PY2, NUMAT developed a communications strategy to ensure key constituents, stakeholders, and partners are well-apprised of NUMAT's work, progress, and lessons learned. The strategy also includes

OBJECTIVE 5: IMPROVED USE OF STRATEGIC INFORMATION

mechanisms and tools for increasing NUMAT's dialogue with partners, and will ensure greater visibility for the Program in PY3.

NUMAT also opened a resource center in the Gulu offices that will act as a clearing house for articles, books, journals, manuals on HIV, TB and malaria. In the spirit of nurturing research, a masters student from London School of Hygiene and Tropical Medicine was hosted by NUMAT to conduct a study on the impact of health programs on peace building, using a specific health and peace-building tool previously developed and used in other settings.

5.3 Monitoring & Evaluation (M&E)

Among M&E activities conducted this year, NUMAT finalized the Performance Monitoring Plan (PMP) baseline and targets; submitted the Operational Plan (OP) and the Presidents Malaria Initiative (PMI) quarterly reports and the PEPFAR semi annual report to USAID through Monitoring and Evaluation Management Services (MEMS). NUMAT's M&E team has been collaborating with MEMS on the re-alignment of the PMP for the re-approval process.

In strengthening the M&E capacity of grantees, NUMAT worked with Christians Children's Fund's (CCF), Straight Talk Foundation (STF), and the Association of Volunteers in International Service (AVSI) to ensure that appropriate indicators, realistic targets and adequate approaches were present and consistent with the programmatic focus of NUMAT.

The NUMAT M&E database was made operational and has been used to capture all relevant data from the revised data collection tools which include M&E reporting format and guidelines for community-based data. Plans are in motion to house the database on the web enabling remote access for the users.

The preliminary arrangements to conduct a subsequent LQAS survey are at an advanced stage: the exercise will help in comparing the baseline results with the new findings and in monitoring the progress toward the set program targets. NUMAT has engaged the districts in actively participating in all stages of the survey: eventually, performance gaps in service delivery and uptake among survey areas will be identified, so as to concentrate or re-direct efforts and to devise more successful intervention strategies.

In view of the crucial importance of ART interventions and the need for evidence-based practices to share with other health partners, NUMAT conceived a study to assess the current status of retention of patients started on antiretroviral therapy in a post-conflict setting so as to identify factors associated to attrition among patients enrolled in selected ART sites. Information generated will guide NUMAT on how to strengthen the operational system in program-supported ART clinics and to develop an efficient care and treatment model to improve retention rates in this unique context. The study was submitted for ethical approval to the National Council for Research and Science.

Challenges

While NUMAT has made significant progress in PY2, the continued upsurge in demand for health information and additional HMIS data collection required by OP, PEPFAR and PMI continues to affect the districts' ability to capture and report accurate and timely M&E data.

Investing in infrastructure and human resources, including more mentoring and training of service providers in data

management, remains an urgent priority. In PY3 NUMAT will continue to work with MOH, USAID, MEEPP, UMEMS, and ACE partners and the districts to strengthen M&E and the data management and utilization capacity of the district partners.

5.4 Information, Education and Communications (IEC) and Behaviour Change Communications (BCC)

IEC interventions were implemented as a cross cutting activity within NUMAT, targeting mainly PHAs, TB patients and their caretakers, local and community leaders including religious leaders and the general population. The Program adopted a multi-media approach by using radio talk shows, spots, and public service “announcements reinforced by printed materials such as posters and leaflets, and innovative social mobilisation events for communities. Messages tailored for different groups were developed and included: printed materials, including information on early infant HIV diagnosis, HCT for pregnant mothers and male involvement in PMTCT

which have been disseminated during support supervision, outreach HCT activities, and training of community resource persons.

A total of 43 radio talk-shows were held on two of the most popular local radio stations. Hosts and technical experts encouraged listeners to call and contribute to the discussions. Key issues included, among others: understanding the context of HIV stigma in the community, ways of accessing preventive treatment for malaria among pregnant mothers, and the need to promote TB screening and testing among HIV patients and vice versa. Some of the responses and questions from listeners and callers included the following:

“If my wife is HIV positive and I am not, should we separate?”
—Oyokke, a listener from Gulu

“I want to thank you for the issue you are discussing on the radio but the problem is that the community is not being mobilized. We need this discussion to come down to the grassroots.”

NUMAT supported two highly successful mobilization events: a malaria run and a malaria football gala, in Gulu district, reaching more than 1,200 people with information messages and offering the community a unique and exciting avenue for learning about NUMAT activities and participating in targeted efforts. Both events raised awareness about malaria among the general community, and included targeted messages about prevention of malaria during pregnancy and in children under 5-years of age. The Program combined prevention messages with free distribution of mosquito nets provided by the Malaria Consortium.

NUMAT enhanced networking and collaboration activities by participating in IEC coordination meetings with other agencies including the Health Communication Partnership (HCP), PSI, and the Ministry of Health and organized an exhibition of available IEC materials on HIV&AIDS during the Uganda National AIDS conference.

YEAR-AT-A-GLANCE

During PY2, NUMAT and its partners made substantial progress towards achieving program goals. NUMAT exceeded more than 50% of the targets listed here.

PY2 OBJECTIVES	PY2 ACHIEVEMENTS	COMMENTS
<p>Human Resources for Development</p> <ul style="list-style-type: none"> • 60 students seconded to district facilities or supporting community-based activities <p>Laboratory</p> <ul style="list-style-type: none"> • 27 laboratories to receive laboratory equipment • 50 individuals to be trained in the provision of laboratory-related activities • 80 laboratory service providers supervised and given on job training • 10 persons identified for Laboratory Assistants' training course for 2008/09 academic year <p>ART</p> <ul style="list-style-type: none"> • 2,647 individuals newly initiated on ARV therapy. 	<p>Human Resources for Development</p> <ul style="list-style-type: none"> • Assisted recruitment of 450 health workers in Gulu, Kitgum and Oyam districts • Deployed 40 medical students in 7 health facilities <p>Laboratory</p> <ul style="list-style-type: none"> • Procured assorted equipment for 29 laboratories • Trained 66 health workers on laboratory-related subjects • 64 laboratory service providers supervised and given on job training • 7 persons sponsored for Laboratory Assistants' training course for 2008/09 academic year <p>ART</p> <ul style="list-style-type: none"> • 1,395 new clients newly initiated on ARV therapy (and supplied US\$ 361,000 ARVs to new clients) 	<p>Exceeded PY2 target by nearly 10%</p> <p>Exceeded PY2 target by over 30%</p>

PY2 OBJECTIVES	PY2 ACHIEVEMENTS	COMMENTS
<ul style="list-style-type: none"> • 25 health workers trained to deliver pediatric ART services • 8400 CD4 tests carried out <p>HCT</p> <ul style="list-style-type: none"> • 100,000 individuals received counseling and testing for HIV and receive their results • 450 health workers trained on RCT <p>PMTCT</p> <ul style="list-style-type: none"> • 2 PMTCT counselors trained (integrated with family planning and IPT) • 15 FSGs conducting MDD to encourage male involvement • 80,000 pregnant women receiving HIV counseling and testing for PMTCT and receiving their results • 2,940 HIV+ pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT 	<ul style="list-style-type: none"> • 120 health workers health workers trained to deliver pediatric ART services and adult comprehensive care. • Provided 4,980 free CD4 tests for HIV clients <p>HCT</p> <ul style="list-style-type: none"> • Reached a total of 127,239 clients with HIV counseling and testing • 565 health workers trained on RCT <p>PMTCT</p> <ul style="list-style-type: none"> • 421 health workers in PMTCT and infant feeding counseling, family support group implementation and orientation on the revised PMTCT policy • Assisted 10 FSGs in their psycho-social activities of mutual support • 92,312 pregnant mothers who received HIV counseling, were tested and received their HIV test result • Provided 3,383 HIV positive women and 1,560 babies born to HIV positive mothers with ARV prophylaxis 	<p>Exceeded PY2 objective by nearly 400%</p> <p>Exceeded PY2 objective by nearly 30%</p> <p>Exceeded PY2 objective by more than 25%</p> <p>Exceeded PY2 objective by nearly 500%</p> <p>Exceeded PY2 objective by nearly 20%</p> <p>Exceeded PY2 objective by more than 15%</p>

PY2 OBJECTIVES	PY2 ACHIEVEMENTS	COMMENTS
<p>Wrap-around Services</p> <ul style="list-style-type: none"> • 6,000 PHA will access wrap-around services <p>Strategic Information</p> <ul style="list-style-type: none"> • Train 50 staff in strategic information • Conduct LQAS dissemination in nine districts • 10 partners from district or lower level to attend conferences <p>Palliative Care</p> <ul style="list-style-type: none"> • 24,648 individuals provided with palliative care • 60 health workers trained in comprehensive adult management • 400 home visitors trained • 2,000 PHA accessing Basic Care Package (BCP) commodities 	<p>Wrap-around Services</p> <ul style="list-style-type: none"> • Develop a comprehensive inventory of HIV/AIDS & wrap around services in the region • Contributed to wrap-around service referrals of 35,578 PHAs and family members <p>Strategic Information</p> <ul style="list-style-type: none"> • Trained 98 record assistants and HMIS focal persons on data management • Disseminated LQAS findings to nine districts • Sponsored 14 district officials to participate to the Uganda National AIDS Conference <p>Palliative Care</p> <ul style="list-style-type: none"> • Provided any form of palliative care to 20,916 HIV-infected people • 26 health workers trained in opportunistic infection management, 70 in comprehensive HIV care, 25 in essential drugs management and 32 in terminal care, pain and symptom management for the HIV patients • 689 home visitors trained in home-based care services and 112 PHAs in palliative care • 4,500 PHAs received BCP commodities 	<p>Exceeded PY2 objective by nearly 500%</p> <p>Exceeded PY2 objective by nearly 100%</p> <p>Exceeded PY2 objective by more than 70%</p> <p>Exceeded PY2 objective by nearly 125%</p>

YEAR-AT-A-GLANCE

PY2 OBJECTIVES	PY2 ACHIEVEMENTS	COMMENTS
<p>Prevention</p> <ul style="list-style-type: none"> • Reach 450,000 with abstinence and being faithful prevention messages. Of these, 12,500 youth from schools with abstinence only messages • 48 FBO leaders trained under Channels of Hope • 100,000 individuals reached through community outreach that promotes HIV & AIDS prevention messages other than AB 	<p>Prevention</p> <ul style="list-style-type: none"> • Reached 316,109 with abstinence and being faithful prevention messages. Of these, 123,357 youth were reached with abstinence only messages other prevention messages • 246 FBO leaders trained on stigma and discrimination • 292,126 individuals reached (including MARPS) with HIV&AIDS prevention messages other than AB 	<p>Exceeded PY2 objective by more than 400%</p> <p>Exceeded PY2 objective by nearly 200%</p>

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