

Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT)



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ACRONYMS

ABC	Abstinence, Be faithful, Condom
ACT	Artemisinin-based Combination Treatment
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Ante-Natal Care
ART	Anti Retroviral Therapy
ARV	Anti-Retroviral
ASCAS	Accumulating Savings and Credit Associations
AVSI	<i>Associazione Volontari per lo Sviluppo Internazionale</i>
BCA	Behaviour Change Agents
BCC	Behaviour Change Communication.
BCP	Basic Care Package
BS	Blood Slide
CBC	Complete Blood Count
CB-DOTS	Community Based Directly Observed Treatment, Short Course
CBO	Community Based Organisation
CDC	Centre for Disease Control
CHATTS	Congregational HIV and AIDS Task Teams
CMD	Community Medicine Distributor
CME	Continuing Medical Education
COBES	Community Based Education Services
COH	Channels Of Hope
CORPS	Community Resource Persons
CSO	Civil Society Organisation
CSW	Commercial Sex Workers
DAC	District HIV & AIDS Committee
DAT	District AIDS Taskforce
DBS	Dried Blood Spot
DHMT	District Health Management Committee
DHO	District Health Officer
DHT	District Health Team
DLFP	District Laboratory Focal Person
DOTS	Directly Observed Treatment, Short Course
DTLS	District TB & Leprosy Supervisor
EID	Early Infant Diagnosis
FBO	Faith Based Organisation
FSG	Family Support Group
HAART	Highly-active Anti-retroviral Therapy
HC	Health Centre
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HBC	Home-Based Care
HBMF	Home-based Management of Fever
HCWM	Health Care Waste Management
HMIS	Health Management Information System
HRDH	Human Resources Development for Health
HSD	Health Sub-District
HW	Health Worker
IDP	Internally Displaced Person
IEC	Information Education and Communication
IGA	Income Generating Activities
ILO	International Labour Organization
IPTp	Intermittent Preventive Therapy in pregnancy
IRB	Institutional Review Board
ITN	Insecticide-Treated Net

JMS	Joint Medical Store
JSI	JSI Research & Training Institute, Inc.
KYC	Kitgum Youth Centre
LC	Local Council
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MARP	Most At-risk Person
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MMS	Making Medical Injections Safer
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSF	<i>Medécins Sans Frontières</i>
MTR	Mid-term Review
NACAES	National Committee on Aids in Emergency Settings
NGO	Non-Governmental Organisation
NMCP	National Malaria Control Programme
NMS	National Medical Store
NSA	Network Support Agent
NTLP	National TB and Leprosy Program
NUMAT	Northern Uganda Malaria, AIDS & Tuberculosis Program
OI	Opportunistic Infection
OPD	Out-patient Department
OVC	Orphans and Vulnerable Children
PACE	Programme for Accessible Health Communication and Education
PAG	Parent Advisory Group
PCR	Polymerase Chain Reaction
PE	Peer Educator
PEPFAR	President's Emergency Plan for AIDS Relief
PHA	People Living with HIV & AIDS
PITC	Provider-initiated HIV Testing and Counselling
PMI	Presidents Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PRDP	Peace Recovery and Development Plan
PTC	Post-Test Club
PY	Program Year
RCT	Routine Counselling and Testing
SAC	Sub-County HIV & AIDS Committee
SCHW	Sub-County Health Workers
SAG	Sub-County Advisory Group
SCMS	Supply Chain Management System
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SPEAR	Supporting Public Sector Workplaces to Expand Action and Responses against HIV&AIDS
STF	Straight Talk Foundation
TB	Tuberculosis
TOT	Training of Trainers
TST	Treatment Support Team
UAC	Uganda AIDS Commission
UMEMS	Uganda Monitoring and Evaluation Management Services
UNICEF	United Nations Children's Fund
UPDF	Uganda People's Defence Force
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VHT	Village Health Team
WHO	World Health Organization
YAG	Youth Advisory Group
YEAH	Young, Empowered and Healthy project
ZN	Ziehl-Neelsen
ZTLS	Zonal TB & Leprosy Supervisor

LETTER FROM CHIEF OF PARTY (COP)

Another NUMAT program year has successfully come to an end. As we complete the third year of the programme, NUMAT is now in a full implementation mode and is having a great impact on the lives of people in Northern Uganda. I would like to take this opportunity to thank all of our partners who have stood by us and worked together with us to get us where we are.

This year we have developed new partnerships and strengthened existing ones. The relationship with the local governments, our principle partners, has never been better. Significant progress was made in strengthening and improving the whole range of HIV, tuberculosis (TB) and malaria services, delivered mainly through government facilities. NUMAT continued providing logistical, financial and technical support to the nine districts to implement their district-led activities. Many of the districts managed to complete their activities within the planned timeframe, though a few faced challenges in accomplishing all they had to do. All in all, considerable progress was made in ensuring that districts play an effective role in planning, coordination and management of HIV, malaria and TB activities.

Partnerships were crucial to our success in all technical areas. For example, working with agencies like *Associazione Volontari per il Servizio Internazionale* (AVSI), more mothers were reached with Prevention of Mother-to-Child Transmission (PMTCT) services. In HIV Counseling and Testing (HCT), we continued working with our core partner, AIDS Information Center (AIC), two Youth Centers in Gulu and Kitgum and directly with several health facilities across nine districts to reach more people with counseling and testing services. Working with Supply Chain Management Systems (SCMS) and Joint Medical Stores (JMS), NUMAT ensured that there was a consistent and uninterrupted supply of ARV drugs for all the 28 ART sites supported by the project. The partnership with Baylor Uganda has seen an increase in specialized pediatric HIV care and treatment across the nine districts while that with PACE (formerly PSI) ensured continued access by PHAs to the basic care package which has been shown to reduce morbidity and mortality. A partnership with Cynapsis made it possible for ART clients to have access to laboratory assessment and monitoring. We have also maintained innovative partnerships with academic institutions including the Faculties of Medicine at Makerere and Gulu Universities and the Institute of Public Health. These partnerships not only contribute to the educational objectives of these institutions and their students, but also help to ameliorate the acute human resource issues facing the region since the students complement the efforts of the existing few health workers in providing some services at the health facilities during the field attachments.

We executed our prevention efforts in partnership with agencies and initiatives like Young Empowered And Healthy (YEAH), Communication Development Foundation Uganda (CDFU) and the Agency for Cooperation & Research in Development (ACORD) to develop training manuals, prevention messages and to conduct targeted trainings on several HIV prevention issues. At the community level, the project worked very closely with a broad range of community owned resources persons (CORPs) such as network support agents, behavioral change agents, home visitors

and peer educators to ensure strong linkages between health facility and community based services.

One other notable achievement through partnerships with the local governments and with the private sector was the completion of the refurbishment of 12 laboratories and counseling rooms in Amuru, Gulu, Dokolo and Amolatar districts. This improved infrastructure, together with the laboratory support provided by the project in improving the human resource capacity and provision of equipment and lab materials, has helped increase overall diagnostic capacity in the districts.

NUMAT also continued to address challenges to the broad achievement of program goals. Continued erratic availability of those drugs and materials that are not directly under the project's mandate to procure continued to hamper NUMAT's efforts to ensure wide access. Notable among these was Coartem and, to a lesser extent, Cotrimoxazole. The shortage of Coartem, the recommended drug for malaria treatment, severely affected progress that should have been made in supporting the MOH strategy of Home based management of fever. However, the program's other malaria component, of preventing malaria during pregnancy, continued without interruption. This year saw the ending of the USAID supported Timetable for the Regional Expansion of Anti-Retroviral Therapy (TREAT) program, and NUMAT was requested to take up some of the sites previously supported under this program. Though this development represented an additional strain on project resources, we are in touch with the concerned local governments to ensure that this transition happens as smoothly as possible.

The achievements through all these partnerships, elaborated on in more detail in this report, have demonstrated once again that by working together, and with adequate capacity in the diagnostic units, properly functioning supply chain systems and with adequate investment and support at the different levels of health services delivery, large strides can be made towards improving the quantity, quality and utilization of HIV, TB and malaria services.

The midterm review of NUMAT conducted during this year noted many of the project's achievements and also made a number of recommendations for moving forward most successfully in the remaining project period. As we embark on the final two years of the program, a key focus will be to identify and undertake strategies to sustain the progress and achievements beyond NUMAT. The global financial crisis, and the prospect of more limited resources, will not make this challenge any easier; however, we believe that by continuing to work together in strengthening existing government and community systems, many valuable elements of what has been built by NUMAT will continue in the future.

Once again I would like to thank all our partners, our donors USAID, all the people in the nine districts and the NUMAT staff without whom all our achievements would not have been possible. We look forward to strengthening our work together in the coming year.



Med Makumbi
Chief of Party, NUMAT

MAP OF UGANDA



EXECUTIVE SUMMARY

The security situation in Northern Uganda has been considerably and steadily improving in the last two years. Peace and stability have greatly helped in transforming the humanitarian operating environment and restoring people's livelihoods. All Internally Displaced People (IDP) camps in the five districts of the Lango sub-region have officially phased-out. In the Acholi sub-region, majority of the IDP population is also moving back to their original villages. In this process from humanitarian emergency to development, there is widespread optimism about people's capacity to recover from the adversities of the long conflict. However, the return process contains some challenges and uncertainties; the population coming out of the camps has been socially and economically weakened by their long stay there. In addition, it is a highly vulnerable group with an urgent need of basic social services in the return areas where infrastructure is severely lacking.

Within the above context, NUMAT has secured its role as a consistent and valuable partner to government institutions, international agencies, non-governmental organizations and civil society in the fight against HIV&AIDS, TB and malaria in Northern Uganda.

NUMAT support has been very crucial in the revitalization of the district level HIV&AIDS coordination structures in all target districts, taking into account the uniqueness of its operational context. NUMAT efforts in strengthening coordination have followed the national policies and guidelines. In Program Year 3, four districts developed HIV&AIDS strategic plans in accordance to the National HIV&AIDS five-year Strategic Plan. In Program Year 4, NUMAT is going to place more emphasis on strengthening the lower level structures at sub-county level whose functionality has been irregular and weak. This will be spearheaded by the districts through orientation of members, facilitation of sub/county meetings and monitoring visits to the field.

Chronic human resource weaknesses still represents a serious challenges for an adequate delivery of quality health services in the North especially in peripheral health facilities, where multi-purpose personnel with different job responsibilities and task-shifting to lower cadres are still common remedies. In-service training targeting the available staff and equipping them with service-related expertise and competencies, technical support supervision, and coaching were among the strategies employed by NUMAT to cope up with this general shortage. The Program has also actively sustained staff recruitment and their induction, as well as explored new models to address the staff shortage by attracting medical students to work in rural areas under the Community Based Education Services (COBES) initiative.

Alongside working with facility-based medical staff, NUMAT has also consolidated its collaboration with different cadres of community resource persons. Post-test clubs and Family Support Groups have helped in providing psycho-social support to HIV-infected people and involving their relatives. PHA volunteers – and Network Support Agents (NSA) in particular – have offered an invaluable effort in assisting health workers in the ART clinics, mobilizing their peers, assessing their adherence to treatment and providing home-base care after being trained as home visitors. Village Health Teams members were still utilized to detect and refer TB suspects as well as

TB treatment observers; and community animators, peer educators and behavior change agents have continued scaling up activities for HIV prevention.

The following substantial achievements have been accomplished this year under different Program areas. First, the annual target for individuals tested for HIV who received their result was surpassed by over 60%, contributing to more people in the region aware of their HIV sero-status. This was made possible through a systematic strategy of supporting more static sites, conducting selected outreaches and gradually introducing provider-initiated HIV Routine Counseling and Testing (RCT) combined with a sustained program of educational health messages on HIV testing using media and printed material.

Second, the annual target of 80,000 pregnant mothers receiving their HIV test result was also achieved through strengthening the PMTCT (spell out) services in the region. The adoption of more efficacious prophylaxis regimens substituting the single-dose Nevirapine has gradually taken place especially in high-level health facilities. However, the Program could not accomplish its annual targets for mothers and babies receiving PMTCT prophylaxis, because of the low rate of deliveries taking place in health facilities and drug stock-outs. In line with the Mid-Term Review (MTR) recommendations, implementation in PY4 will put particular emphasis on PMTCT outreaches, combined with provision of ARV drugs to prevent stock-outs in the units.

This past year, care and support services to PHA in the region were significantly increased. This includes various aspects of the comprehensive approach towards PHAs and their families; namely, home-based care, positive prevention, referral to access wrap-around services, clinical monitoring and provision of anti-retrovirals to those in need. ART services have expanded their reach and coverage to include 28 facilities, by prioritizing Health Centers grade III in order to decongest high clientele ARV sites and bring this crucial service closer to the people. More than 3,300 new clients accessed ART this year. The partnership with Baylor College of Medicine contributed to the initiating of more than 350 children on ARVs, while the collaboration with Cynapsis made testing over 11,000 HIV-positive clients possible for a more effective immunological assessment before and during ART. So far, more than 1,000 home visitors were trained and deployed in over 100 sub-counties, where they rolled out palliative services in their communities and reached more than 50,000 PHA this year. Additionally, 2,290 more PHAs accessed free basic care package commodities to help them in preventing HIV-related illnesses and ultimately improving their quality of life.

Beside the support given to provide specific tests like CD4 count, laboratory units in the region greatly benefited from a comprehensive approach the Program adopted to strengthen the utilization and quality of laboratory services. This included refurbishment of laboratories and counseling rooms in 12 high case-load facilities, thus improving the working environment; provision of basic equipment; extensive supervision and cross-examination of a wide range of lab test results to enhance quality; and pre-service training of 26 students at laboratory schools.

Thanks to NUMAT's support in improving critical laboratory services for health, during Program Year 3 an increased number of TB patients were diagnosed, started on anti-TB treatment and followed up until successful completion of their therapy. In close collaboration with the district and regional officials and under the guidance of National TB Control Program, NUMAT has maintained the good level of integration

of TB and HIV services in all districts. The proportion of TB patients tested for HIV has steadily increased to 67% and coverage of cotrimoxazole prophylaxis and ART in those co-infected has risen to 87% and 22% respectively.

Although NUMAT's malaria services have maintained focus on the two main elements of malaria control in pregnancy and home-based management of fever (HBMF), the latter has been seriously hampered by the general acute shortage of anti-malarial medicines. This has affected the ability of the community distributors to provide early treatment and referral for sick children and may require NUMAT to refocus its HBMF strategy. On the other hand, the coverage for intermittent preventive treatment of pregnant mothers has stabilized around 50%, with wide variations across districts. This Program component will be combined and complemented in PY4 with the distribution of insecticide-treated nets in ante-natal clinics (ANC), in a quest to better protect pregnant mothers and create an incentive to attend ANC consistently.

Regarding prevention services, this past year NUMAT intervention built upon the work of the previous years to scale-up activities targeting various vulnerable groups. However, it has also aligned with recent findings about increased HIV transmission among married couples and stable relationships. Understanding the drivers and the factors fueling the epidemic is an integral part of NUMAT prevention strategy. In this context, countering gender-based violence and HIV-related stigma and discrimination remained crucial components of the overall Program intervention.

During PY3, NUMAT documented and disseminated lessons learnt and some field experiences in several ways. Results from the Lot Quality Assurance Sampling (LQAS) survey were shared with relevant district officials, offering valuable information to identify service gaps and prioritize under-performing areas; abstracts submitted to and presentations made at international conferences; success stories featured in the Ugandan media and USAID website; and program evaluation studies were conducted, specifically on retention of HIV-positive clients, costing of preventive services and utilization of basic care package commodities by PHAs. Study reports will be discussed and disseminated and will constitute important tools for future program planning.

In Program Year 4, consistent with its recent approach and the mid term review recommendations, NUMAT will sustain the shift from the service outreach approach in camps to strengthening the service delivery at the low grade peripheral health facilities. This will aid the local governments' effort in opening up new facilities and rehabilitating those that were damaged during the conflict. This is in a bid to expand coverage of essential services to the returning population. Additionally, NUMAT's technical supervision and coaching will continue to support the competences developed among the health service providers in various technical areas. Next year, the Program will also conduct another round of the LQAS survey to both assess progress towards achieving its targets and provide districts with crucial information for their planning and decision making.

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

Highlights:

- *Five districts completed their district HIV&AIDS 5-year strategic plan.*
- *Over 160 million shilling advanced to districts for district-led HIV/AIDS, TB and malaria activities.*

For almost two decades, the HIV&AIDS response in conflict-affected Northern Uganda was characterized by the absence of functional, government-led coordination structures. Humanitarian and other development actors had no clear sense of how to respond to the epidemic and those responding lacked coordination.

There were generally no agreed work-plans, set monitoring and evaluation indicators hence making it difficult to measure progress in fighting the epidemic. District authorities across the region could not guide HIV&AIDS services providers, yet it was their statutory mandate to ensure that national and district priorities on HIV&AIDS responses are incorporated in all work-plans of HIV&AIDS stakeholders.

During this year, NUMAT's focus has been on improved harmonization of the HIV&AIDS response in local governments especially in Northern Uganda by ensuring that all district HIV&AIDS responses are aligned with Uganda's commitment to the Three Ones Principles (one HIV&AIDS planning authority, one HIV&AIDS plan and one monitoring and evaluation framework). Through an interactive and participatory process and in collaboration with Uganda AIDS Commission (UAC), the program supported the districts of Kitgum, Dokolo, Pader, Gulu and Amuru to develop five-year HIV&AIDS strategic plans.

This process involved bringing together all HIV&AIDS stakeholders in the districts for an initial sensitization workshop, where government of Uganda HIV&AIDS policies and the National HIV&AIDS strategic plan were discussed. District-specific HIV&AIDS situational analysis was undertaken; a SWOT (strengths, weaknesses, opportunities and threats) analysis of HIV&AIDS district response was conducted; and a detailed HIV&AIDS service mapping was done. The outcome was the development of five HIV&AIDS strategic plans, while the Uganda AIDS Commission pledged to assist the remaining four districts. The broad involvement of many stakeholders will result in greater ownership of the process and therefore a higher chance that the plan will actually be implemented. The final stage of the strategic plan development is approval by the district local council, thus making the document an official district policy document.

It might be too early to measure the impact of the strategic planning process on the effective coordination of HIV&AIDS. However, some effects have already been noted, including: improved access to services in hard-to-reach areas; local government investment priorities for HIV&AIDS have become clearer and more focused; and a recently concluded HIV&AIDS partnership meeting in Kitgum, Pader and Dokolo districts was able to use the strategic plan to measure activity progress. The most enduring thing about the strategic plan, however, is that it now represents a benchmark for preparing work plans by most HIV&AIDS service providers, contributing to more harmonized and coordinated efforts.

During this reporting period there was limited support provided towards strengthening civil society. However, the Program helped the PHA forums of Apac, Oyam, Pader and Dokolo to undertake organizational self-assessment. This has been used by the forums to re-organize their structures at district and village levels and to elect new leaders. Kitgum district PHA forum – an earlier beneficiary of this organizational development process – used its strategic plan to receive 27,000 US\$ from the civil society funding for HIV&AIDS. In program year four, NUMAT will focus on supporting specific components within the strategic plans so far developed for partners and sub-grantees.

Enhancing governance structures and social accountability for an efficient and effective HIV&AIDS response: HIV&AIDS coordination structures in Kitgum District

NUMAT's work with Kitgum District has demonstrated an effective model of how to engage local government and other actors in a harmonized HIV&AIDS response. To strengthen the District HIV&AIDS Committee (DAC) and District HIV&AIDS Team (DAT), NUMAT conducted a participatory capacity assessment of the district-based HIV&AIDS response. Based on the findings from this assessment, NUMAT reorganized the HIV&AIDS district structures in accordance with Government of Uganda policy guidelines. NUMAT supported these district structures — both financially and technically — in developing a five-year district HIV&AIDS strategic plan, a process that involved all local HIV&AIDS actors and formalized the district as the sole coordinating authority. Clearly- defined district needs and tailored activities with corresponding monitoring indicators, budgets and timeframes have reduced inefficiency and inequity in the HIV&AIDS district intervention. The DAC and DAT now have clearly delineated responsibilities and are therefore better equipped to plan and direct NGOs to communities where their services are most needed.

A strengthened political and technical response to the HIV/AIDS pandemic within a government set institutional and organizational framework depends upon both harnessing political capital and building up the technical capacities of the officials within the coordinating government structures. NUMAT's successes in Kitgum District, including regular partner joint review meetings, joint political and technical supervision and planning, have been a result of strong synergy between political actors at all levels of governance and multi-sectoral technical assistance throughout government structures from district headquarters to sub-county and at the village level. As a result, NUMAT has helped to increase the efficiency and effectiveness of HIV&AIDS response in the district and hopes that this will, in turn, enable local governments, to provide high-quality, equitable HIV&AIDS services for their communities over the long-term.

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

2.1 HIV Counselling and Testing (HCT) Services

In PY3, NUMAT built on achievements and experience from previous years in the delivery of HCT services in Northern Uganda. NUMAT continued the partnership with AIDS Information center (AIC) and Straight Talk Foundation through Kitgum Youth Center (KYC), to strengthen the effectiveness of HCT services through outreaches and their respective static sites.

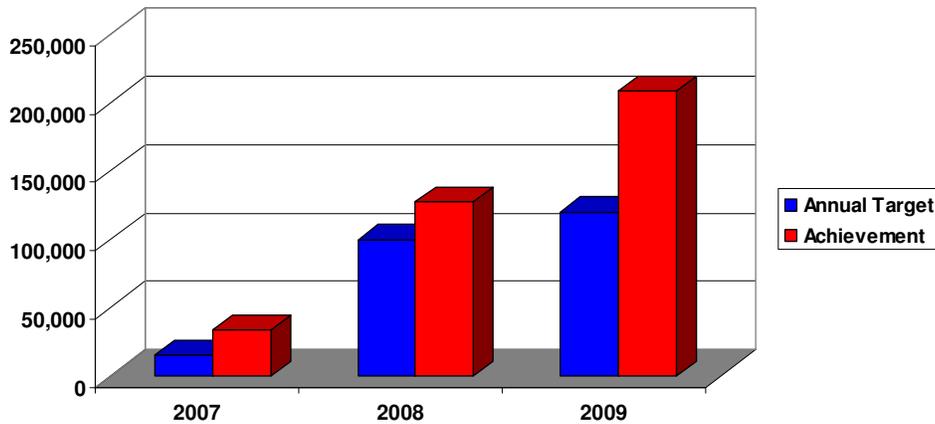
This year the Program increased the number of HCT supported sites from 91 to 100 in the nine districts, thus expanding geographical coverage. These units received support supervision in partnership with MOH; logistical support through provision of data collection tools. Facilities were also assisted to order for HIV test kits from national medical stores (NMS), while securing buffer stocks to mitigate stock outs. A total of 120 health workers, mainly drawn from HC III, were trained as HCT counselors from the nine districts. These are now able and have been supported to conduct HCT outreaches to returning communities and populations in satellite camps, thus contributing to HCT service expansion.

Most facilities offer HCT services using the Voluntary Counseling and Testing (VCT) approach which is client-initiated. The Program also strengthened provider-initiated testing and counseling (PITC) in Lira and Gulu regional hospitals, after its official launch in Gulu. The two hospitals were provided with buffer stocks of HIV tests, provided logistical management information systems (LMIS) support and data tools and oriented the health workers in their use, besides on-the-job supervision. Additionally, a total of 382 health workers were trained in the implementation of PITC in the two hospitals of Kitgum district.

Support to the Post-Test Clubs (PTCs) established earlier by the Program was strengthened. These are psychosocial clubs where clients meet regularly trying to mitigate the impact of HIV/AIDS among individuals and families. NUMAT supported these PTCs in conducting music, dance and drama activities to sensitize and educate the communities. Over 26,869 clients benefited from the PTC related services. In addition, in view of the HIV surge among the married couples and the rising number of discordant couples, NUMAT, in partnership with AIC, established two discordant clubs where discordant couples meet regularly. Twenty discordant Couples (forty individuals) on a monthly basis were able to benefit from psychosocial support, educational talks, and disclosure among other services. NUMAT continued to promote quality assurance and quality control and in PY3, 933 of the tested samples were sent to the main central laboratory for re-testing.

Over 200,000 individuals were served with HCT services, including receiving results, surpassing the annual target set at 120,000 individuals (*see Graph below*).

NUMAT annual targets and achievements for HCT clients, 2007-09



There are various explanations for this significant accomplishment. HCT services have become more accessible to the population, after new HCT units were opened. Outreach activities have continued, especially for the remote areas and the high-risk groups, and proper sensitization and mobilization contributed to high service uptake. People were also better informed about the benefit of getting tested for HIV and where to get tested, as confirmed by the 2008 LQAS survey results. This has been made possible, among other reasons, by a systematic plan of education messages regarding HIV testing delivered through the media and at many events taking place in the community.

Despite promising results, the Program also experienced some challenges, particularly of stock-outs of HIV test kits and other consumables. NUMAT addressed this ongoing issue by giving health facilities buffer stocks and orienting the staff to order supplies in a timely manner.

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

Highlights:

- 82,762 pregnant mothers were tested and received their HIV result.
- 57% of those tested HIV-positive received PMTCT prophylaxis.
- 3,971 infants born to HIV-positive mothers were tested for Early Infant Diagnosis of HIV.

Mother to child transmission (MTCT) accounts for more than 20% of all HIV transmission in Uganda and almost all HIV infections in children below five years of age. North Central Uganda is estimated to have around 9,800 HIV positive pregnancies in 2009 and without PMTCT intervention could result in 3,000 additional infected babies.

In PY3, NUMAT strengthened and sustained PMTCT support to the 80 sites established in PY1 and PY2, and extended support to an additional 20 sites, bringing the total to 100 and mainly targeting the HC III and those serving the returning communities from the IDP camps. Technical assistance to the sites was mainly in the form of integrated support supervision while teaming with MOH and districts at all

the PMTCT sites. At these sites, the team focus was on on-the-job mentoring of health workers on the new PMTCT ARV policy guidelines following the policy revision; provision of the SOPs and orientation of health workers on their use to ensure adherence to standards; and provision of the buffer stocks and orientation on the use of integrated registers. The team was also able to teach the district teams supervision skills.

In the districts of Pader and Kitgum, NUMAT has continued to implement PMTCT services in partnership with AVSI through a grant provision. This has increased geographical coverage to reach all the sites up to HC III. As a result of this support, a total of 82,762 pregnant women were counseled, tested for HIV and received results, while 3,096 HIV positive pregnant women received ARVs in a PMTCT setting as shown in Table 1.

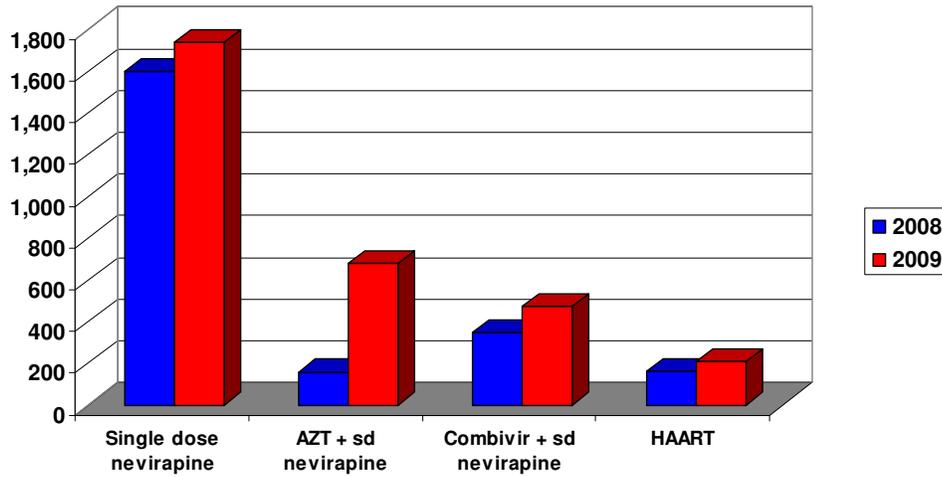
Table 1: PMTCT cascade indicators in NUMAT-supported PMTCT facilities, PY3

Indicator	Number
Number of women attending ANC	90,871
Number of pregnant women counseling services	86,327
Number of pregnant women counseled and tested	85,167
Number of pregnant women counseled, tested and received results	82,762
HIV positive pregnant women	5,420
HIV+ pregnant women given PMTCT prophylaxis	3,096
Infants given PMTCT prophylaxis	2,081
Infants tested for Early Infant Diagnosis of HIV	3,971

Despite an improvement from last year, the number of babies accessing ARVs for PMTCT is still low because of low institutional deliveries and the regular stock-outs of PMTCT ARVs. NUMAT is intensifying health education to address this through information, education and communication/ behavioral change communication (IEC/BCC) materials, and radio talk shows. In addition, NUMAT provided health education equipment (video decks, TV screens and tapes) for facility-based health education. In PY3, NUMAT also trained 708 health workers in Early Infant Diagnosis (EID) and increased the EID implementing sites from 56 to 80. As a result, by July 2009, 3,971 HIV-exposed infants, from 65 PMTCT sites, had been tested for HIV using the DNA-PCR method, of which 410 (10.3%) were found HIV-positive.

During PY3, NUMAT put emphasis on the PMTCT-ART collaborative activities, mostly in the NUMAT-supported ART sites. These included WHO clinical staging and CD4 count tests for pregnant women, HAART initiation for HIV-positive eligible clients, and combination prophylaxis regimens for the others. As a result, 471 and 208 HIV positive women were put on more efficacious regimens than the single dose of Nevirapine (*see Graph below*). The number of HIV+ pregnant women initiated on these combination regimens is still low but there is some encouraging progress.

Different PMTCT prophylaxis regimens used, 2008-09



There is still a challenge of stock-outs of ARVs at some sites. NUMAT continues to coach health workers in logistics management so that they are able to quantify and order from the central stores. In addition, facilities are provided with buffer stocks. Follow-up of HIV exposed and the tested babies also remains a challenge. However, through Family Support Groups (FSGs), mothers are encouraged to bring their babies to the FSG meeting so that infants can also receive adequate care.

Preventing Mother to Child Transmission

Susan Lakot and her husband Patrick Ojok live in Payira parish, Awach sub-county of Gulu district. During the third month of Susan's second pregnancy, the couple went to the clinic for Susan's antenatal care services. While there, they received HIV counseling and testing, and discovered they were both HIV-positive.

Susan was quickly enrolled in the preventing mother-to-child transmission (PMTCT) programme at the Awach Health Centre IV, and given antiretroviral therapy (ART) prophylaxis. Similarly, her husband was provided ART. Supported by the USAID-funded Northern Uganda Malaria HIV/AIDS and Tuberculosis program (NUMAT), the Awach centre treats an estimated 613 mothers like Susan with PMTCT. Susan's baby boy Angel Luganga Keno arrived safely. After his birth, he was given a one-week dose of Nevirapine syrup to help prevent the transmission of HIV from his mother. At three months, Angel was tested and found to be HIV-negative, but Susan and Patrick plan to conduct a repeat test at six months as per the guidelines. Now 4-months-old, Angel has been breastfed exclusively.

"Though I would prefer to breastfeed Angel for the recommended six months and wean him afterwards," says Susan, "I don't have any replacement feeding, so I am likely to continue breastfeeding him for at least two years like I did with my first baby."

To help with issues like these, Susan and Patrick joined the Awach Health Centre Family Support Group, which can help decrease isolation, stress, and fear associated with HIV. Group members also learn strategies for positive living, proper child care, and how to access health services.

"When I joined the Family Support Group," says Susan, "I learned from other HIV-positive mothers that the greatest challenge for all of us is the issue of replacement feeding which we can't afford."

With NUMAT's support, Susan and Patrick are making their health a top priority; they have enrolled in an ART clinic where they receive free drugs, counseling, and have their CD4 tests regularly.



Susan, baby Angel, and Patrick

2.3 Palliative care services

Highlights:

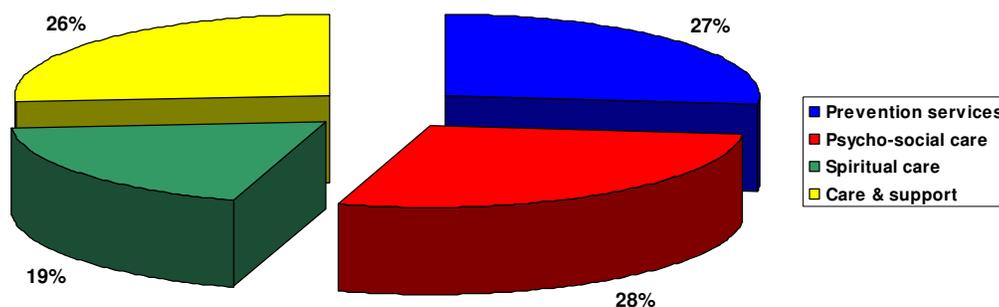
- 378 more Home Visitors trained, taking to 68% of sub/counties covered in the region.
- 51,470 PHA reached with home-based care services.
- 111,858 total home visits conducted.

In PY3, palliative care services remained a key element of care and support provided to PHAs and their family members. NUMAT rolled out palliative services to health units and their respective communities. At health facilities, NUMAT focused on capacity building through targeted training and follow up support supervision. Through the MOH/JMS/NMS Laboratory Project, most health facilities NUMAT supports now have

an uninterrupted supply of cotrimoxazole. At the community level, NUMAT has supported efforts to strengthen community-based care by involving PHA network and community members at the sub-county level. The majority of the 378 individuals trained as home visitors are PHA (approximately 82%), while another 18% of home visitors hail from Village Health Teams (VHT) deployed in the respective areas. The home visitors reach PHAs in their homes with services that range from prevention services, general care and support, psychosocial support, and spiritual care. For wrap-around services not provided by the home visitors, formal referrals (to where?) are made to ensure that the clients receive the appropriate service.

Table: 1

Types of home-based care services provided by NUMAT-supported home visitors, 2008-09



The table above shows that psychosocial support accounts for 29% of all services provided; followed by social services, prevention services, and spiritual care. Services provided are almost equally represented and well-distributed, which shows that they provide comprehensive care to the PHAs. Of those who received home-based care, some were referred for wrap-around services or at health facilities for medical care.

In addition to technical training, NUMAT continued to provide technical support and supervision to home visitors during quarterly review meetings and one-on-one supervision. Home visitors also received logistical support, which included home based care kits, register books, gum boots, and T-shirts.

Table 2: Services provided by home visitors

Components	Content
Prevention Services	<ul style="list-style-type: none"> • Promotion of safer sex (ABC strategy) • Family based VCT/PMTCT • Malaria prevention • OI prevention with cotrimoxazole • Couple Counseling • Nutrition • Safe water & sanitation for prevention of diarrhea
Care and Support Services	<ul style="list-style-type: none"> • Nursing care • Medical care • Social supports services • Economical and material support
Psychosocial support	<ul style="list-style-type: none"> • Dying and death • Grief and bereavement • Will making • Positive living • Care of children
Spiritual Care	<ul style="list-style-type: none"> • Praying with PHAs and family members • Referral to religious leader

Due to improved services provided by home visitors, there has been marked improvement in PHAs' lives. Adherence to treatment has improved due to increased awareness and knowledge on positive living. Relatives and family members are now more supportive of PHAs because of better understanding. There is also marked positive change of attitude by communities towards PHAs.

The data collected revealed that there is increased access to services by PHAs within the community due to the increased number of trained home visitors, quality services provided, good mobilization and referrals made to relevant service points. The steady increase in the number of new clients recruited can be attributed to the high quality of services provided and excellent interpersonal relations.

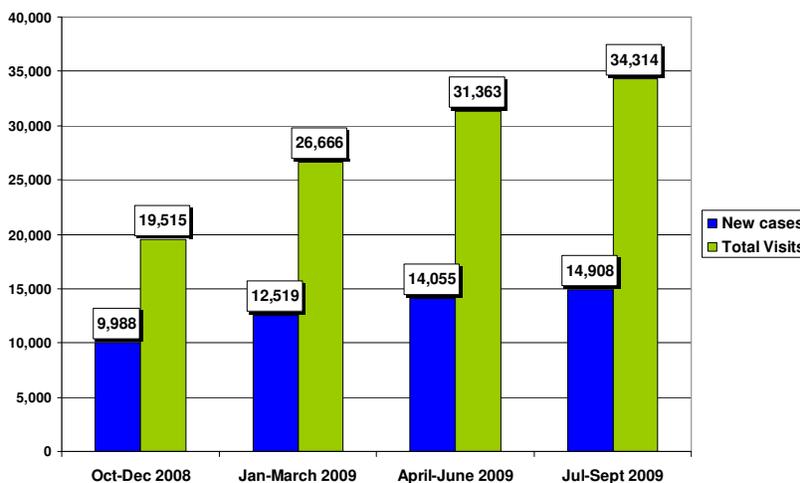
Table 3: Distribution of home visitors in the program area

Districts	S/counties with home visitors	Number of home visitors trained
Amolatar	4	78
Dokolo	3	75
Apac	13	136
Oyam	3	61
Pader	5	120
Gulu	13	172
Lira	17	200
Kitgum	13	170
Amuru	6	80
Totals	77	1,110

After expanding to 35 new sub/counties this year, NUMAT is now covering 77 out of 113 sub-counties in the region, with a range of 3-6 home visitors per parish depending on size. The selection of sub-counties was based on underserved sub-counties, on ART sites' catchment areas, and the estimated number of PHAs in need.

PHAs reached by home-based care have gradually increased, because of the higher number of home visitors trained and active in their communities and because of the widespread knowledge about their service (see graph below).

Beneficiaries of NUMAT-supported home-based care services, 2008/09



* September data still incomplete

During technical support and supervision meetings, home visitors reported reduced stigma and discrimination, whereby PHAs now easily mix with the rest of people freely, improved healthy seeking behavior, voluntarily go for VCT, PMTCT services, and those who have tested talk openly about their status and are living positively. Adherence to ARVs and other drugs have improved because of the support given by home visitors. NUMAT has, however, encountered some challenges: home visitors who were trained in 2008 from IDP camps have gone back to their original villages. As a result, some of them are not functional, creating a service gap which must be addressed. Similarly, some PHAs have relocated to different communities and home visitors have lost contact with these clients. NUMAT plans to bridge the gap by training more service providers.

Community Members Caring for People with HIV&AIDS: The Story of Charles Odong

When NUMAT initiated its home-based care (HBC) program in Amuru District, many PHAs volunteered to be trained as home visitors because they felt they could better understand the needs of their peers. For Charles Odong, a farmer, husband and father of three children, the motivation was different. Although Charles is not a PHA himself, he has always had a passion to care for PHAs; now, as a trained home visitor, Charles cares for PHAs in Kal Parish, Atiak Sub-County. Charles has recently left the IDP camp to resettle in his village, Parabel, where he continues his HBC efforts.

About his role as a home visitor, Charles said: *“To date, I have supported 42 PHAs. It gives me joy to see each of them back on their feet as a result of the comprehensive care and treatment services they receive. I am proud to be part of the care team.”*

Trained home visitors like Charles conduct home visits, assist families and individual PHAs in planning for the future, promote positive sexual behavior by providing information on safe sex and prevention, provide social, spiritual, emotional, psychological, and material support, and identify and refer clients with AIDS-related conditions to health facilities.

“When I visit community members who is HIV+...I discuss with him/her how to take medicine as prescribed, have protected sex to prevent re-infection if they are adults, to live positively and to have small income generating activities so that they can educate their children and take care of their families.”

Charles has devoted his life to helping out PHAs in his area. *“As long as God blesses me with life, I will continue to care for the PHA in my community, if I don't, who will? Back home, I talk to my people about HIV so that they can protect themselves from acquiring it.”*

Charles extends an appeal to other home visitors: *“Although this role is voluntary and without any financial gains, continue sensitizing the community about HIV&AIDS and support the PHA regularly because once we are alive and healthy, we can work hard and prosper.”*

To date, NUMAT's home visitors have provided HBC services to more than 2,300 PHA in Amuru District.

2.4 & 2.5 CB-DOTS & TB/HIV Collaboration Activities

Highlights:

- Annual Case Detection Rate was 75% and Treatment Success Rate was 87%
- 4,281 (66.7%) of all TB registered cases were tested for HIV and received their results.
- 86.6% of co-infected patients were put on co-trimoxazole prophylaxis and 22.5% of those with HIV were started on ART.

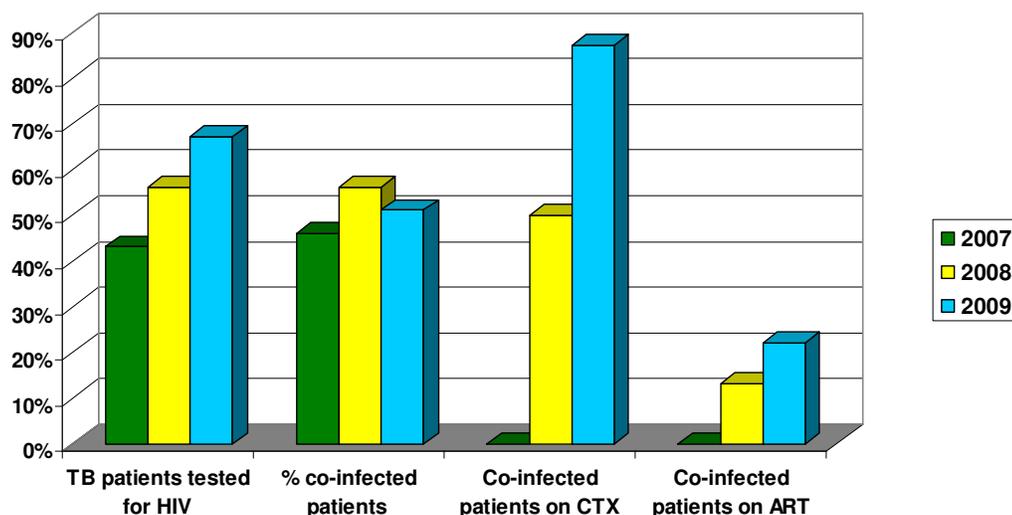
This past year, NUMAT continued strengthening CB-DOTS activities and TB/HIV collaborative activities in the TB diagnostic and treatment centres of the nine districts.

NUMAT adopted an integrated approach in trainings activities, and in collaboration with TB-CAP and MOH, trained 118 health workers in both TB/HIV collaborative activities and infection control, reinforcing the existing links between the two areas.

NUMAT also kept working side-by-side with the established structure of the national TB control programme. In particular, those of the District TB and Leprosy Supervisors, sub-county health workers and Zonal TB Supervisor who received adequate logistic support to conduct regular supervision and quarterly meetings.

Every year new activities are being added to those ones previously accomplished, contributing to an incremental improvement in all performance indicators. During 2007, the program was mainly involved in the training of health workers in CB-DOTS and logistics management system, combined with regular support supervision. In 2008, additional emphasis was put on sensitization of community members through village health teams together with sustained support supervision and support to data recording and reporting. In 2009, effort expanded to include training of TB/HIV collaborative. HIV-related information is now routinely added to the TB registers and TB patient cards, and HIV parameters are also regularly included in the cohort reporting of the TB programme. Increased coverage of all TB/HIV indicators is shown in the graph below.

Performance of TB/HIV indicators in the Central North Region, 2007-09



Compared with previous years, in 2009 also the TB control programme indicators kept on improving steadily (*see Table 4*). The improvement in service delivery was a result of the involvement of all actors in TB control activities. Stakeholders included the MOH staff in the districts and at the ministry level, Tuberculosis Control Assistance Program (TBCAP), WHO, International Committee of Red Cross (ICRC), AIDS Information Centre (AIC) and Health Communication Partnership (HCP), local leaders, institutions including prisons, army and police and the community members. The MOH staff and the partners were very instrumental in policy formation and planning at the district and zonal levels, TB/HIV trainings such as training of trainers and health workers training, support supervision and implementation of the planned activities. The local leaders and the community members are equally important in community mobilization for sensitization meetings, uptake of offered services and adherence to the services.

The effect of this continuous improvement in service delivery may persist even after NUMAT phases out because sufficient technical capacity has been built at both the district and facility level. Also, the involvement of all stakeholders, especially local leaders, the community members, other partners and sub-county health workers will strengthen the sustainability of TB/HIV services.

Table 4: Annual TB service delivery from 2007 to 2009

Years	2007	2008	2009
Case detection rate	66.3%	70.3%	74.7%
CB-DOTS coverage	No Data	58.8%	55.8%
Treatment success rate	83.4%	83.6%	86.9%
Defaulter rate	6.2%	5.6%	4.7%
Death rate	5.7%	5.5%	3.7%

In spite of the above achievements, some challenges still linger, particularly in the area of accurate recording and timely reporting, in securing universal access to HCT for all TB patients and raising the proportion of cases put on CB-DOTS and ART. The program addressed them by assisting health workers to build up their technical skills during support supervision and training in TB/HIV collaborative activities and TB infection control. Additionally, the quarterly review meeting allows the Zonal Supervisor to scrutinize registers, harmonize the reported figures and coach all DTLS on data management.

Supporting TB & HIV Health in Remote Areas

More than 80,000 new cases of tuberculosis (TB) are diagnosed in Uganda every year and 60% of patients diagnosed are co-infected with HIV. As a result, Uganda is encouraging health centers country-wide to provide integrated TB/HIV services.

In Amuru district, 29-year-old Gloria Abiriga has been working as a TB focal person in Kochgoma Health Centre III, as part of the USAID-funded Northern Uganda Malaria AIDS & Tuberculosis Programme (NUMAT). Her demanding job involves counseling TB clients for HIV testing, monitoring and helping clients stick to treatment, and training community volunteers to follow up TB patients at their homes. With support from NUMAT, Gloria uses her TB/HIV co-management and TB infection control skills when counseling and initiating HIV testing for all TB patients.

When people were living in Internally Displaced Peoples (IDP) camps set up during the conflict in the north, patient access and follow up care was much easier because of the close proximity of people to services. Now that people are returning to their home villages, they live far away from one another and from health services, making it more difficult for them become aware of the link between TB and HIV and access and stick to treatment. The situation threatens individual as well as community health.

NUMAT is addressing this obstacle by supporting people like Gloria by providing her with a bicycle so that she can reach TB patients living in isolated villages every month and train other volunteers to do the same in their communities. “Last year, three out of nineteen TB patients didn’t follow through with treatment. This year, as a result of NUMAT’s support to the TB clinic, everyone is adhering to their treatment with only two people requiring retreatment,” says Gloria. NUMAT is continuing to scale up TB & HIV services to other lower level units.



*Gloria Abiriga: TB focal person for Kotchgoma HCIII,
Amuru District*

2.6 Anti-Retroviral Therapy (ART)

Highlights:

- 28 ART sites supported.
- 3,644 new clients enrolled into ART services (of which 372 children).
- 5,367 active clients at ART followed-up at the NUMAT-supported sites
- 11,860 CD4 count tests performed free of charge.

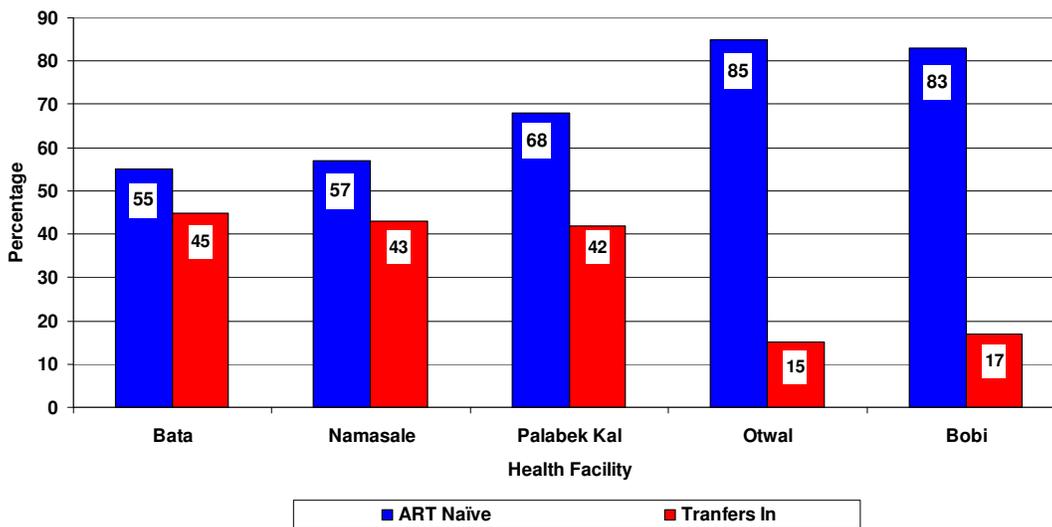
PY3 saw the consolidation of gains made previously under this objective. Capacity building for health workers and volunteers through didactic training and support supervision continued during the period. The collaboration between NUMAT and Baylor College of Medicine, Children's Foundation made possible the roll out of specialized pediatric services in ART treatment and care to 24 of the NUMAT supported sites. An additional 300 children were enrolled in ART through this collaboration.

NUMAT initiated two complementary strategies in PY3. One strategy focused on improving the welfare of health workers and volunteers manning the HIV clinics. NUMAT provided ART clinic staff with break tea and accompaniments to energize them as they run the busy HIV clinics. The second strategy contributed to improving adherence support and the continuum of care in general. This was addressed by initiating monthly forums bringing together the different stakeholders participating in ARV treatment, care and support at the clinic and its catchment areas. Health workers at the ART clinic, PHA network support agents and other stakeholders now come together as a team with the singular objective of harnessing their experiences to improve all aspects of care. The treatment support team, as they have been referred to, share information and carry out a monthly audit on the outcome of treatment, care and support on individual patients. The forum, on a broader scale, also contributes to the improvement of quality of care, and addresses stigma and discrimination.

Inauguration of new ART sites

This programme year, five additional ART clinics were added to the 23 already supported by the NUMAT programme. The health facilities were selected on the basis of serving hard-to-reach or returning populations. Selection was also on the basis of a facility recognized as a potential vital adjunct to already existing ART clinics where heavy congestion was compromising quality of care.

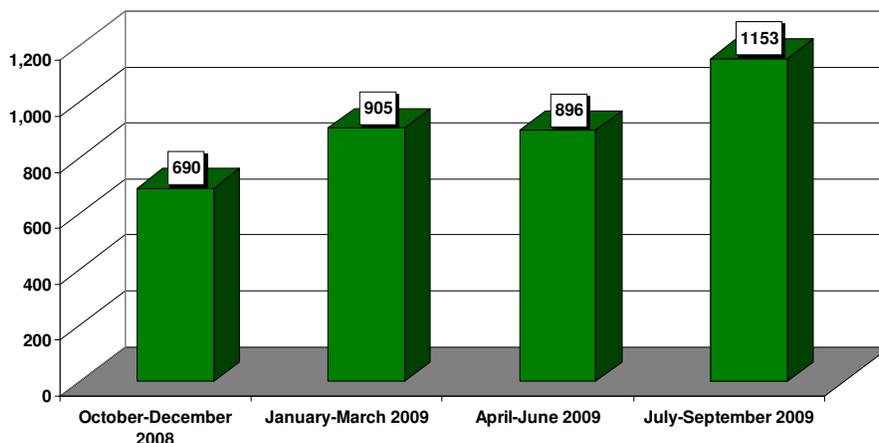
Category of Patients accessing ART



Bata and Namasale Health Centers, respectively, attracted clients mainly accessing care at Lira Hospital and Amolatar Health Centre (see chart above). Amongst the pioneer recruits at Bata Health centre were a number of ART defaulters. They had given up accessing care altogether at Lira Regional Referral Hospital ART/HIV clinic unit because of congestion, prolonged waiting times and frequent ARV drug stock at the health facility Palabek Kal HCIII drew in ART-experienced patients from Padibe health centre III, Kitgum Government Hospital and St Joseph’s Hospital which were high volume sites. St Joseph’s hospital, also in Kitgum town and supported by CRS, had long since curtailed recruitment of new patients. At commencement, Otwal HCIII saw an influx of clients from Lalogi Health Centre IV and from Anyeke Health Centre IV. Support for Lalogi Health Centre by MSF Spain was in the closing stages; as a result, new recruitment had been curtailed and patients were encouraged to seek care closer to their homes. Anyeke Health Centre had a relatively busy, congested ART clinic with limited clinic space and staff. Bobi Health Centers had relatively fewer people transferring to the clinic. In comparison with the other three new clinics, both Bobi and Otwal were surrounded by well-founded HIV treatment sites. Lalogi and Anyeke HCIV’s were less than 50 kilometers from Otwal HC III while Bobi Health Centre was in the vicinity of Lacor and Gulu Regional Referral Hospitals and the TASO Regional Centre in Gulu.

After one year of operation, the new ART sites had attracted not only ART-naïve patients but also a significant number of ART-experienced clients seeking better access to care. One third of the clients recruited were persons transferring in from elsewhere. NUMAT recently concluded a study evaluating the level of patient retention at supported ART clinics. It was established that patient retention appeared to be dependant on distance between home and the clinic, congestion at the clinic and availability of follow-up and wrap-around services. The influx of both new and drug-experienced patients to the new clinics was probably related to factors analogous with patient retention. The influx was also a reflection of the growing confidence in the ART services NUMAT continued to support and strengthen at the lower level health facilities.

**Newly enrolled ARV clients in
NUMAT-supported ART sites by quarter, 2008/09**



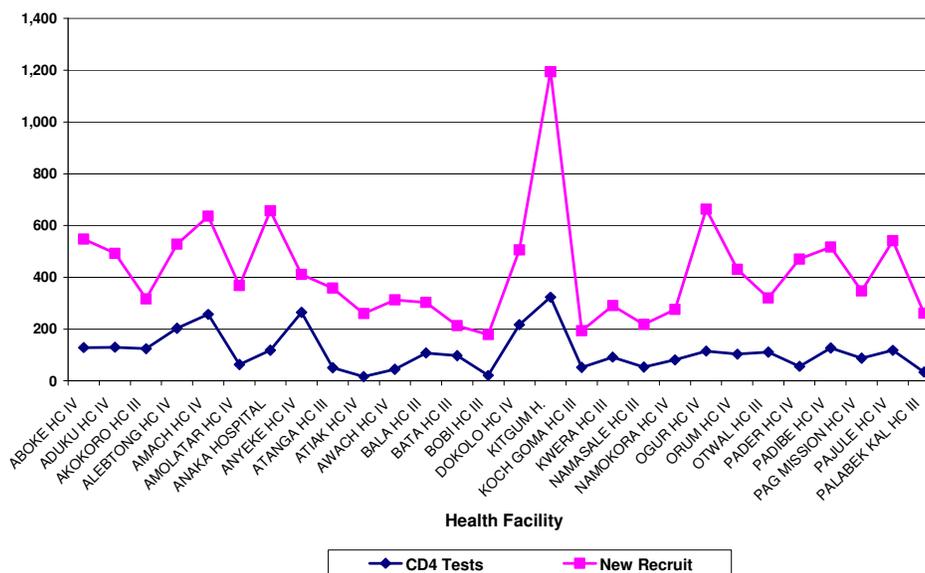
Overall, there was a general increase in new recruitments per quarter of PY3 (see chart). As previously mentioned, the rising trend was a reflection of the number of supported clinics as well as the growing confidence of the population in the services provided. Notably in the 4th quarter, Padibe, Orum, Amach, and Ogur Health Centers IV joined Kitgum Hospital and Orum Health Centre in depending almost entirely on NUMAT-sourced ARVs. There was an inexplicable interruption of ARV drug supplied by MOH through NMS during this period despite health facilities meeting their obligations of submitting MOH ARV consumption reports. NUMAT was able to provide a constant buffer, with its own supply of ARV drugs, wherever the stock outs occurred.

CD4 Lymphocyte Testing

At the beginning of PY3, the NUMAT CD4 outreach project increased, by 125%, the overall set limit for CD4 tests offered by the programme to clients assessing care at the supported sites. Raising this quota was made necessary as the number of supported sites increased, the recruitment of new patients continued and the need for follow up CD4 lymphocyte monitoring increased.

By the end of PY3, there were renewed requests from the sites for an increase in the CD4 test quotas offered. An evaluation of the impact of the CD4 project (Figure XXX) showed that only 27% of the new recruitments onto ART had done so on the basis of the CD4 tests offered. A proportion of those represented as new recruitments in the chart (33%) were ARV experienced and transferring in from elsewhere. Without alternative avenues for CD4 testing available, the implication was that 40% of recruited patients were initiated on the basis of clinical assessment.

CD4 Test and Newly Recruited in PY3



The chart additionally shows that, albeit inadequate, the CD4 quotas were equitably distributed to all the health facilities with regard to the patient load. NUMAT’s insistence on health workers prioritizing and preselecting patients according to need was closely followed. The need for increasing the CD4 tests if NUMAT is to enhance its support to the budding ART clinics was justified.

ARV supplies

By the end of PY3, 5,687 were benefiting from ARV drugs supplied by the NUMAT programme. ARV drug stock outs that were previously common place had been addressed by NUMAT providing ongoing support for the ARV drug logistics management for all the supported sites. NUMAT collaborated with SCMS, MOH and JMS to ensure that drug consumption reports were submitted in a timely manner to SCMS using a reporting schedule that was synchronized with that for MOH. Drugs stocks and their distribution by JMS was closely monitored by NUMAT. Since the programme commenced the supply of ARV drugs, “near” stock-outs occurred at seven out of the twenty-eight sites due to poor logistics management practices. Emergency stock had to be made available as a result (*see table below*).

Table 5: ART stock-out in selected NUMAT-supported ART sites

Health Facility	Poor Reporting Practices	Average Number of Stock Outs	Low max-min levels
Alebtong HCIV	√	2	×
Amach HCIV	√	2	×
Atanga HCIII	×	2	×
Ogur HCIV	√	2	×
Anyeke HCIV	√	3	×
Bata HCIII	√	3	×
Kwera HCIII	√	3	×

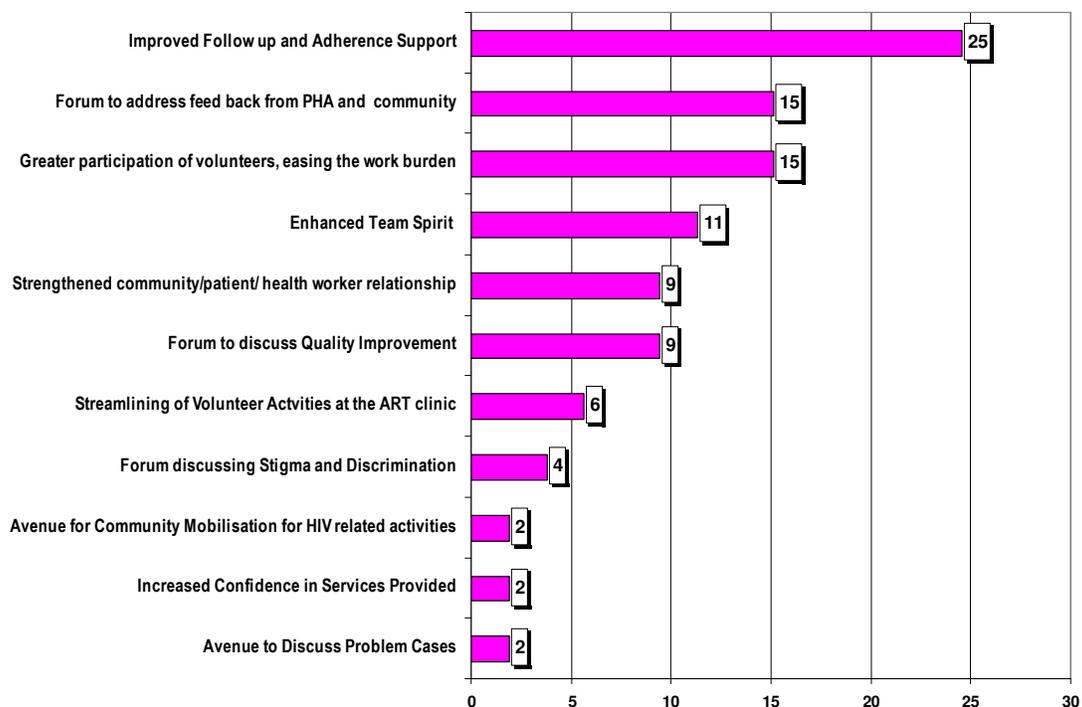
This ensured that all patients accessing ART at the clinics did not experience any break in their ART supplies. In all the seven sites, health workers trained in ART logistics were no longer active at the unit. The majority of these health workers had been assigned duties elsewhere without appropriate replacements. Efforts were being made by NUMAT in collaboration with MOH to train, mentor and support a new set of individuals to handle drugs management.

Treatment Support Team Meetings

Prior to PY3, a significant number of health workers tending to the ART clinics were unaware of the role of PHA volunteers in the continuum of care for the HIV positive client. NUMAT had trained and equipped volunteers to work as network support agents and home visitors, linking and following up clients in the community. In many instances, their vital role remained unrecognized by health workers at the clinics. To address this, NUMAT initiated a monthly forum at each of the supported health units, bringing together all the persons involved in the care of HIV clients in a particular health facility and its catchment area. The forum harnessed the expertise of the health worker and the proximity of volunteers to the patients’ homes. The meetings, held in the health facility, had a definite agenda that guided clinical audit, and discussion of factors affecting adherence, patient retention and the quality of care.

An overwhelming majority of health workers (see chart below) considered the treatment support team meetings as a vital component of a comprehensive HIV treatment, care and support service. A small number of health workers held a less positive view of the treatment support team and had not yet appreciated the value of the forums.

Service Provider perception of the impact of the Treatment Support Team



The initiation of additional strategies in PY3, addressing service provider welfare, adherence monitoring and the continuum of care successfully enhanced the quality of care in the ART services supported by the NUMAT programme. It is contributing to the integration of the ART service to other HIV program areas and addressing the needs of vulnerable groups like HIV positive pregnant women and children. Other activities planned for PY3 were also executed. Six potential ART sites were identified for MOH accreditation and NUMAT support. The selection resulted from several interactions between MOH, district health teams, PHA leaders and NUMAT. Potential sites for setting up electronic data bases were also identified. However NUMAT was still seeking cost effective models for providing this support that could withstand the operational bottlenecks associated with working with electronic database systems in the rural setting. Development of HIV drug resistance sentinel sites was deferred to PY4.

Living Positively with HIV: A Story of Courage

In Uganda, access to anti-retroviral therapy (ART) for people with HIV remains a critical priority for the Government of Uganda. For this reason USAID-funded Northern Uganda Malaria AIDS & Tuberculosis Programme (NUMAT) is ensuring that people with HIV have access to the treatment they need.

Acan Grace (pseudo name) is one of several hundred people with HIV benefiting from critical anti-retro viral (ARVs) treatment supplied by NUMAT. For Grace, a 46-year-old woman living in Kochgoma Internally Displaced Peoples Camp, Amuru district, NUMAT's support is life-saving.

"In early 2002, I started feeling general body weakness and fever such that I could no longer work in my garden. I didn't know about HIV then and thought I had malaria. However, my illness persisted. I had no idea that my husband, who died two years ago, had AIDS," says Grace. "I had learned about HIV from my neighbor at home and decided to take an HIV test. My motivation for having the test was to get medical treatment in case I was ill from the disease in order to stay alive and look after my children. But since I was not counseled prior to the training, I was totally unprepared hear that I was HIV positive.

"Honestly, I lived in denial and my health deteriorated since there was no treatment available at the nearest health center from where I resided. I was also not receiving any follow up care from any health worker. Finally, having had enough, in 2006, I went to (NUMAT-supported) Kochgoma HCIII where I was re-tested for HIV and this time, my experience was entirely different. After my positive test, I received good information and started on anti-retro viral (ARVs) treatment immediately," says Grace with relief. *"I was also screened for tuberculosis but did not test positive, thank goodness."*

"Though the ARV drugs had side effects, I have followed the treatment closely. Since then, my life has changed remarkably. I am now healthier and more at peace with myself, I also see (NUMAT-trained) home visitors who support me to stay on my treatment. I have told my children and my husband that I am positive, and they have all been tested but, thankfully, no one has tested positive."

Life for Grace, however, continues to have its challenges. Her husband, who is negative, wants to have children and insists on having unprotected sex with her, despite the risk of infection. To mitigate this challenge, NUMAT is supporting the couple to have intense counseling sessions on HIV prevention.



Achan Grace (left) with a community volunteer who reaches out to fellow People Living with HIV&AIDS in Kochgoma HCIII, Amuru District

2.7 Laboratory

Highlights:

- 12 laboratories fully refurbished.
- 49 laboratory personnel benefitted from in-service training and 26 from pre-service training
- Utilization of laboratory services by clinicians and proficiency test rating improved.

Accurate and reliable diagnosis is the cornerstone management and prevention of diseases. Laboratory services are an integral part in the delivery of the Uganda Minimum Health Care Package that includes services for HIV, TB and malaria and laboratory services provide a large part of easily available diagnostic techniques at the HCIII level.

In PY3, NUMAT continued to strengthen laboratory services through infrastructure improvement and provision of select equipment to meet the minimum standards as set by the MOH; in-service training for laboratory personnel and other health workers and pre-service training in laboratory courses; and quality assurance through support supervision, provision of Standard Operating Procedures (SOPs) and other reference text materials. NUMAT provided training and supplies for health care waste management.

Refurbishment of laboratory infrastructure was completed in twelve sites of four districts, where ample space, ventilation, water, and privacy are now ensured. The outcome of this intervention is de-congestion of Out-Patient Department (OPD), more space for health talks, ART clinic, reduction of stigma especially for HIV since many other services are provided under the same roof.

Refurbishment for the remaining 8 facilities is in advanced stage: the contractors have been identified and memoranda of negotiation are being reviewed before sub-contracting agreements can be signed between NUMAT and the contractors.



Blood samples collected before (left) and after refurbishment of Aputi HCIII laboratory (right).

Note improvement in securing privacy of patients

In line with MOH human resource development strategy, NUMAT contributed in developing an in-service training curriculum that lays emphasis on hands-on practice and covers the role of laboratory in management of infectious diseases and surveillance. A total of 49 laboratory personnel received refresher training following this curriculum.

Twenty-six students were sponsored for a pre-service laboratory course to increase the availability of qualified laboratory personnel in health units. Seven of these

students took end- of-course examinations. The programme will follow up with successful students in the districts to evaluate their impact on the delivery of laboratory services (absorption into the workforce and retention for the period of time as per the bond agreements signed between the districts and students before sponsorship). One hundred and seventeen clinicians were re-orientated on rational utilization of laboratory services. These interventions have led to an increase in utilization of laboratory services during the year from an average of 26% to 42% (computed by laboratory attendance divide by OPD attendance).

Quality assurance activities carried out included provision of SOPs to 86 laboratories, support supervision in 86 health units where 171 laboratory personnel were supervised; quality control, mentorship and on-site training. An improvement of the quality of laboratory services was registered based on the findings from blinded re-checking of stored slides/samples (where results reported by the laboratory are compared to the supervisors' findings) and proficiency testing.

Table 6: Results of blinded re-checking

Test	Q2		Q3		Q4	
	# of samples	% acceptable	# of samples	% acceptable	# of samples	% acceptable
HIV	-	-	29	100	60	100
ZN	120	95.8	102	100	159	100
B/S	99	90.9	72	98.6	140	100

Table 7: Proficiency test results

Test	Q2		Q3		Q4	
	# of samples	% acceptable	# of samples	% acceptable	# of samples	% acceptable
HIV	21	100	60	100	112	100
B/S	106	93.4	218	97.2	406	99.5
ZN	121	94.2	197	99.4	309	99.6

This year also saw some challenges, however. Health facilities experienced stock-outs of laboratory supplies and reagents due to weaknesses in the operation of the MOH-based credit line system for laboratory supplies. NUMAT is working closely with the National Medical Stores to strengthen records management, quantification and projection of consumption to ensure continuous availability of supplies. Additionally, lack of cold storage for HIV and syphilis samples for quality control was also a problem during the proficiency testing exercises performed at the facilities. Finally, there are still inadequate health personnel at the facilities, a situation that NUMAT is addressing through sponsorship for laboratory courses and facilitating districts in the recruitment of qualified health personnel.

Improving critical laboratory services for health in Amolatar District

Before USAID—supported Northern Uganda Malaria AIDS & Tuberculosis Program (NUMAT) upgraded critical laboratory services and technician training at Aputi Health Center III, the facility was barely able to respond the HIV—related services of the 22,500 people in 10 parishes who lived in the district. Inadequate equipment and poorly trained staff only exacerbated the key service issues of limited access to basic health services. Today, laboratory staff have the equipment, clean space, and technical knowledge they need to conduct urgently needed HIV and tuberculosis (TB) tests needed for the community.

Tyson Ethum has been working as a Laboratory Assistant for Aputi HC III since February 2009 when constructing a new laboratory to support the health facility. These efforts were in a bid to bring services closer to the people, since many people could not access them due to the long distances from their homes to the service centers.

Before NUMAT's support, Tyson was frustrated by his inability to provide real service to the community and, due to poor working conditions, quite concerned that he was at risk for TB.

"The old laboratory was so squeezed and because of poor ventilation, I was concerned about risks to my health, particularly to infectious diseases such as tuberculosis. With the new laboratory, ventilation is now good as the work space is quite roomy," says Tyson. "We have now the equipment to conduct HCT rapid tests, blood slides, Ziehl Neelson (ZN), gram staining, stool analysis and urine analysis for early diagnosis of diseases.

"During the opening of the laboratory there was a lot of district support." says Tyson. "In fact, the district Chairman of Local Council 5, Alfred Adoli Ogwok, announced on radio that the laboratory was open, which helped bring in patients immediately. The number of patients tested has increased three fold since the opening of the laboratory in June, particularly for malaria."

In addition, NUMAT also provided Sahli's operator and other vital, standard laboratory equipment for the lab and trained laboratory staff on Standard Operating Procedures for the laboratory tests and supported necessary training for laboratory personnel. Building on the success of the construction of Aputi Health Center III, NUMAT will continue to upgrade more health centers in Northern Uganda to improve quality and access for the communities.



Before: Lab Assistance, Tyson Ethum, describes the old laboratory as "too squeezed and cramped. I felt like I was putting my health at risk."



After: The laboratory is now fully ventilated, sanitary, and staff have the necessary equipment and training to provide high quality and vital services to the community.

2.8 Human Resources for Health

Highlights:

- 242 health workers recruited and inducted.
- Performance improvement assessment for PMTCT services done in 104 health units.
- 26 students offered scholarships for laboratory technicians training.
- 9 district staff trained on human resources for health information system and provided with computers.

The human resource crisis in health is high priority on the global agenda. It is characterized by inefficient distribution, staff migration, shortages, shifts from the public sector to other sectors, and poor skills mix. This has repercussions on health service delivery and negatively impacts the quality of health care delivery. Currently staffing levels in Uganda stand at an average of only 45% of the approved staffing

norms. The doctor/patient ratio stands at 1:20,000: however, 80% of doctors, 80% of pharmacists and 40% of nurses are urban-based, thus serving only 20% of the total country population.

Shortage and uneven distribution of health workers threaten their capacity to tackle not only the HIV&AIDS pandemic but also the resurgence of tuberculosis and malaria. NUMAT has been working to address this challenge by focusing on four core intervention areas: 1) supporting districts to recruit health workers and partnering with health training institutions; 2) improving quality of health workers through various training in malaria, HIV&AIDS and tuberculosis response; 3) improving retention of health workers through infrastructure development (refurbishment of laboratory and counseling rooms), non-monetary incentives (performance improvement assessment, office teas etc.) and provision of equipment and supplies; and 4) strengthening human resources information systems in districts for workforce planning, training, service delivery and retention. The planned set up of two distance education centers was not done after consultation with MOH and other partners for its high costs and limited sustainability.

Engaging with health training institutions and local governments

Since 2008, NUMAT has partnered with Makerere College of Health Sciences and Gulu Medical School using the model of 'Community-Based Education Services' (COBES) to mitigate the acute shortage of health workers in the region. A cumulative total of 157 undergraduate students with a skill mix in medicine, nursing and pharmacy have so far been deployed in nine health units in the region. Through this partnership, there was noticeable increased demand of health services. In Namokora HC IV, for example, between June and August 2009 the number of daily OPD patients rose from 30 to 150. Patients randomly interviewed at the placement sites expressed satisfaction with the services provided by the students due to reduced waiting time from an average of eight hours to three hours. Equally, health workers interviewed reported a reduced workload due to the presence of the students. Apart from improved health services, the COBES model also provided exposed students to the realities of working in a rural setting. Eventually, the model triggered the universities to revise their training curriculum from a purely classroom-based theoretical approach to a more practical one. The local governments viewed the model as an excellent opportunity to increase access and demand for health services among

their communities and also as a measure for addressing the acute shortage of health workers in their districts.

The partnership between government, training institutions and NUMAT represents a good example of public-private partnership model for responding to health workforce crisis. The model has not only improved access to health services, but also increased the willingness of students to work in rural communities after graduation and raised district local governments' interest to recruit them. NUMAT will continue to expand and champion this model and to implement other workable solutions to address the challenging human resource environment in its program area.

2.10 Malaria Services

Highlights:

- *4,790 Community Medicine Distributors trained.*
- *49% of pregnant mothers attending Ante-natal care have been protected for prevention of malaria in pregnancy.*
- *47 health workers trained in malaria-related topics.*

As one of the Presidents Malaria Initiative implementing partners, NUMAT continues to play a key role in supporting the national malaria control program (NMCP) work plan services scale up in northern Uganda, a region with the highest burden of malaria in the country. The malaria situation in this region is aggravated by internal population displacements over the last

two decades. During the course of PY3, expansion and consolidation of malaria control services was undertaken in the entire region. The main strategies for the delivery of these services has been working within the established structures of district health services to scale up the NMCP strategic work plan in this region, where post conflict resettlement and reconstruction phase is ongoing.

This past year, NUMAT focused on capacity building for HBMF services through training and logistical support of village health teams (VHT) as community medicine distributors (CMD). Selected health workers from all NUMAT supported districts were trained in malaria medicines and logistics supply chain management. Quality improvement in MIP and HBMF services delivery through quarterly support supervisions, in-services training and mentoring of health workers to improve service delivery, logistics and supplies chain management as well as services data documentation and reporting was also accomplished. In addition commodities for IPT DOT services (water vessels, dispensing cups and water treatment tablets) were provided. Community awareness messages on malaria through tailored IEC/BCC programs using several approaches (radio talk shows and sports, community meetings, distribution of brochures and wall charts in the community through selected sites) were disseminated.

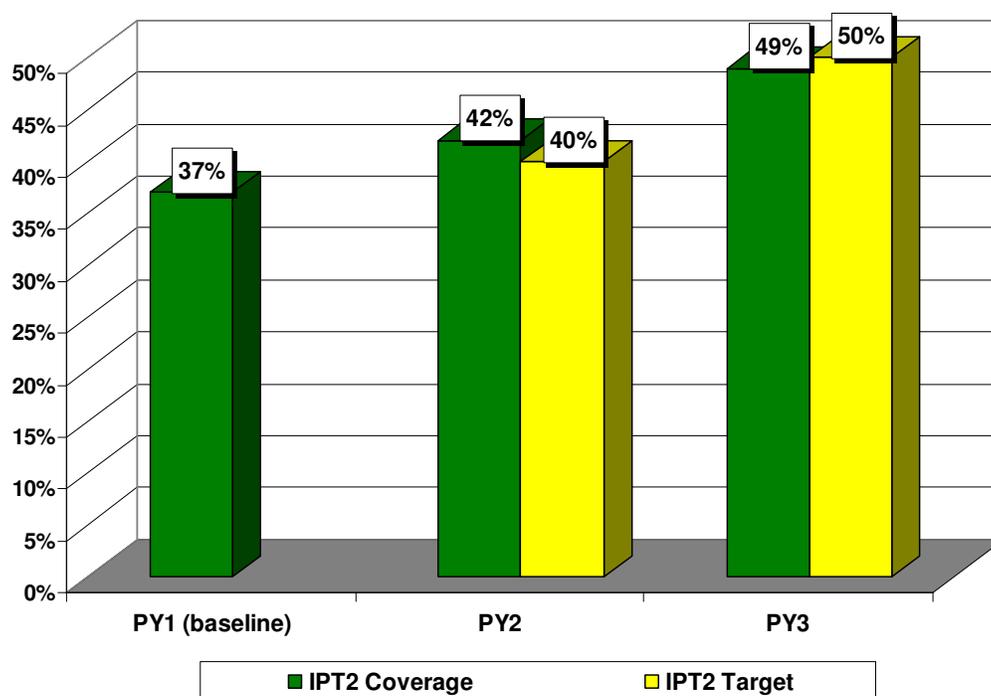
Malaria activities began in NUMAT PY2. During PY2, NUMAT conducted services assessment, planning and capacity building through trainings and supply of logistics. In PY3, the Program initiated actual service delivery. Capacity building through training of VHT as CMD was continued in PY3 in order to cover remaining gaps, principally in Lango sub-region.

Table 8: Summary of malaria activities in Program Year 3

Activity	Q1	Q2	Q3	Q4	Total
Number of CMDs trained in HBMF	2,070	492	2,228	-	4,790
Number of CMD attending quarterly review meetings	757	n.a.	3996	n.a.	4,753
Coartem® distributed to CMD for HBMF services delivery at the community level	22,000	n.a.	100,800	n.a.	122,800
Fever cases treated by CMDs	13,619	n.a.	1,390	n.a.	15,009
Number of health workers trained in malaria medicines and logistics supply chain management	-	-	47	-	47
Number of support supervisory visits made to ANC clinics to support IPT/malaria in pregnancy services	3	9	3	7	22
New ANC clients attending clinics for services	25,988	36,490	37,273	34,663	134,414
Number of pregnant women who received 2 or more doses of IPTp	13,243	17,916	17,022	17,562	65,743
Proportion of pregnant women who received 2 or more doses of IPTp	51%	49%	46%	51%	49%

There has been progressive improvement in the utilization of malaria in pregnancy control and prevention services, with NUMAT support in the region. The graph below shows the trend in the uptake of IPT2 among pregnant mothers attending ANC clinics over the last two program years. Late reporting at ANC clinics by pregnant mothers is the major contributor of the slow increase in service coverage, with a substantial drop-out between the first and the second dose. Sustained health education and incentives for pregnant mothers to consistently attend pre-natal visits like distribution of mosquito nets will be some of the approaches to address the problem.

IPT₂ coverage and target, 2007-09



Malaria case management at the community level through the HBMF approach, experienced challenges attributed mainly to the shortage of ACT (Coartem), which was in very short supply, even for health facilities. Furthermore, the capacity of health workers to effectively supervise CMD through home visits was a daunting task, partly attributed to huge numbers of CMD against the limited staffing at the health units. Due to uncertainties in sustainable malaria medicines supplies at the community level, NUMAT HBMF strategies will be refocused according to prevailing situation. Through the trained VHT in HBMF services, NUMAT will continue to support health promotion through health awareness on dangers due to malaria, preventive measures and prompt referrals and treatment at health facilities for all suspected malaria fever cases. The VHT trained as CMD will continue with Coartem® distribution, as supplies improve.

Objective 3: Decreased vulnerabilities for specific groups to HIV & AIDS and other infectious diseases

Highlights:

- 387,124 individuals reached with AB prevention messages
- 187,355 individuals reached with other prevention messages
- 81% of the 766 SGBV cases reported were referred for some form of service.

In PY3, NUMAT’s prevention efforts used the foundational work of the previous years to scale-up an intervention targeting various vulnerable groups in the region by supporting district governments and community structures. A recently released UNAIDS document – the Modes of Transmission Study for Uganda – revealed that a

stabilization of HIV prevalence has happened accompanied by deteriorating behavioral indicators such as multiple concurrent partnerships. The shift in the epidemic from spreading mainly in casual relationships to long-term stable relationships has led to NUMAT’s scale-up of programs targeting couples and addressing the gender disparities that intensify impact among women. Deep underlying factors of gender inequality, persistent stigma and discrimination and lack of women’s empowerment are integrated throughout NUMAT’s strategy to reduce vulnerabilities of women to infection. In PY3, these efforts were spearheaded by NUMAT-trained Sexual and Gender-Based Violence (SGBV) Animators in their communities.

SGBV Animators are just one category of over two thousand NUMAT-trained Community Resource Persons (CORPs), which also include behavior change agents (BCAs), Youth Peer Educators, Home Visitors, Faith Leaders, Congregational HIV/AIDS Task Teams (CHATTs), PHAs and others. Individual and small-group interventions delivered by these CORPs are not aimed solely at preventing primary infections, but have also been shown to increase uptake of services and reduce risk behaviors among people who have been diagnosed with HIV to help in reducing HIV transmission.



BCA distributing condoms after a condom education session to women and men in Amolatar

In PY3, NUMAT continued to build and strengthen the capacity of these CORPs to respond to HIV infection in their communities to increase participation and ownership of HIV prevention initiatives. CORPs trained through 34 Master Trainers (TOTs) and equipped with appropriate knowledge and skills to effectively disseminate HIV risk reduction messages, knowledge and family planning use a peer-to-peer model for outreach.

NUMAT seeks an integrated approach of HIV/AIDS interventions that strengthens linkages for action, thus leading diverse and cross-cutting initiatives, namely: youth

and adult prevention, empowerment of PHAs, reduction of stigma and discrimination and protection against SGBV to combat the spread of HIV.

Targeted Interventions for Adults: Most-At-Risk Populations & Couples

MARPs in Northern Uganda include traditional occupationally-based high-risk groups such as boda-boda drivers (often the middlemen of commercial and transactional sex), fishermen, hotel/lodge workers and CSWs as well as young single mothers, people with disabilities, and others at risk due to poverty, breakdown of social structures and safety nets, and other post-conflict realities. NUMAT supports CORPs who are themselves a CSW, lodge worker, or young mother to reach out to their peers. These CORPs are equipped to connect to peers with prevention messages, risk reduction skills, condom promotion and linkages for treatment, care and support.

**IN THEIR OWN WORDS
A MARP CORP speaks out:**

“During my work, I have been able to link these MARPs groups to access other services such as free family planning services. I am also happy to say that I connected 12 CSW and barmaids to Bangladesh Rural Advancement Committee (BRAC) for loans for business which have improved their lives.”

Anna Grace, 28, originally trained by NUMAT as a BCA for CSWs. A year later, she advanced to a MARPs Master Trainer.

NUMAT also aims to address the root causes of vulnerability of MARPs, to get ahead of situations leading to vulnerability and high-risk behaviors such as transactional and survival sex, through gender-based initiatives, support to existing community structures such as women’s groups and linkages for economic strengthening for at-risk women. In order to mitigate poverty as a driver of the epidemic among MARPs, NUMAT facilitated Acholi Private Sector to conduct

trainings for 80 members of young women’s groups in Lira on business start-up. Acholi Private Sector helped women develop Business Plan Proposals (six CSW and women groups in Lira District) as follow up to Business Development and Simple Business Plan skills. These CSW groups have established business as means of alternative income generation, reducing their vulnerability to economic exploitation. This in turn, reduces their risk to HIV infection and other undesirable reproductive consequences like STIs and unplanned pregnancies.

Because MARPs face significant barriers to accessing services, NUMAT support to MARPs is heavily contextualized to encourage uptake of services and facilitate outreach. The shift in the epidemic from spreading mainly in casual relationships to long-term stable relationships has led to NUMAT’s scale-up of programs targeting couples and addressing the gender disparities that intensify impact among women.

In PY3, NUMAT scaled up HIV prevention activities among couples through integration of gender-based work with the extensive Northern Uganda FBO platform. In partnership with FBOs, 35 CORPs (facilitators previously trained through Channels of Hope (CoH)) and SGBV facilitators from all NUMAT districts were oriented on HIV prevention among couples. The orientation equipped these CORPs with the information and skills to effectively facilitate couples seminars at congregational and community levels on topics such as couples testing, discordance, quality of relationships, reduction of casual sex and multiple partners, treatment of STIs and partner communication. These CORPs also educated and referred couples to access services such as ART and PMTCT.

Couples Conferences led by NUMAT-trained CORPS have led to increased access to information and other HIV related services among couples. In PY3, 2,671 couples were reached with key messages on partner reduction, condom use and testing and disclosure of status, while 798 couples accessed testing through Faith Based Institutions. Working with FBO has been critical to increasing access to information and other HIV related services among congregations.

Improving HIV/AIDS Services for the Deaf:

Estimates suggest that Northern Uganda is home to 175,000 people with disabilities – the highest in the country. Stigma and marginalization combine to limit access in many service areas, including HIV/AIDS. Although there is strong emphasis on HIV awareness in the north, people with disabilities are typically less informed and have poor access to services, making them more vulnerable to HIV infection.

Grace Aber, a 46-year-old deaf woman and representative of the Gulu Deaf Association, is on a mission to change that situation for other deaf people in her community of Bungatira Sub County, Gulu district. Deaf since the age of 12, Grace's first husband deserted her because he found communicating with her difficult. , Rather than succumb to adversity, however, Grace has lobbied for the rights of deaf people since 1994.

Recognizing her unwavering commitment and leadership, the Northern Uganda Malaria AIDS & Tuberculosis Program (NUMAT) enlisted Grace to raise awareness about HIV, Sexual and Gender-based Violence, Malaria and TB in the deaf community. Thus far, Grace has sensitized 45 volunteers who teach other deaf women about critical HIV issues including: counseling and testing and prevention of mother-to-child transmission, and refer them for services at hospitals and health centers. She also works as a sign language instructor to improve the communication skills of deaf women. As a result, deaf women are now speaking up about issues that affect them, and have caught the interest of other humanitarian organizations working in the region to support their cause. Grace is continuing to sensitize other community volunteers in other sub counties to reach out to the deaf community.

Her work, however, is not without its challenges. "Reaching deaf people outside of the camps is very difficult as homes are scattered and far from one another," says Grace. Remarried now and raising nine children, Grace has many responsibilities; however, she will not be deterred: "My goal in life is to make sure that all deaf people can protect themselves and their families from HIV."



*Grace Aber 46, at her homestead in Bungatira
Sub County, Gulu District*

Mobilizing FBOs to Take the Lead in HIV Response

FBOs have also been a key NUMAT partner for the community response to not only couples intervention, but also youth programs, stigma and discrimination reduction and uptake of ART, PMTCT and HCT services. In PY3, NUMAT continued to strengthen the capacity of FBOs to effectively plan and implement HIV/AIDS responses, both at the leadership level through engagement with faith leaders and at the community level through training of Congregational HIV/AIDS Task Teams (CHATTs).

CHATTs are the engines of FBOs' response; they support faith leaders to consistently speak about HIV/AIDS, and create an environment where people are free to openly access services. In PY3, 271 new CHATTs coordinated couple's seminars, youth activities and HIV/AIDS sensitization meetings for community members. In congregations such as Bungatira Church of Uganda in Gulu district, NUMAT facilitated a VCT outreach and 60 people were able to access testing services.



Leaders from Catholic, Anglican, Muslim and other faiths, as well as District Health Officers commit to community action on the last day of COH training.

Overcoming stigma is critical to HIV prevention. Using the Channels of Hope methodology, NUMAT trains faith leaders to conduct sensitization workshops for other faith leaders. Outcomes of these workshops include noticeable positive change in attitude towards people living with HIV/AIDS and implementation of HIV-related activities in their own congregations. Faith leaders have become more open and willing to discuss issues of HIV/AIDS with their congregations, as

noted by a Catholic priest who attended a sensitization workshop: *“This workshop has given us opportunity to rethink our ideological views on a number of issues regarding HIV/AIDS. It is a challenge that we must take.”*

NUMAT continues to build the capacity of FBOs to become entry points for increased access to information and services in their communities through Sunday school sessions, Couples Conferences and congressional talks. In PY3, trained CORPs reached their congregations and communities with HIV prevention messages such as: the importance of accessing HCT, advocacy against stigma and discrimination, the value of mutual faithfulness, dialogue on attitudes towards correct and consistent condom use, especially among PHA and discordant couples. Care and support, as well as referral for services were also crucial to FBO efforts.

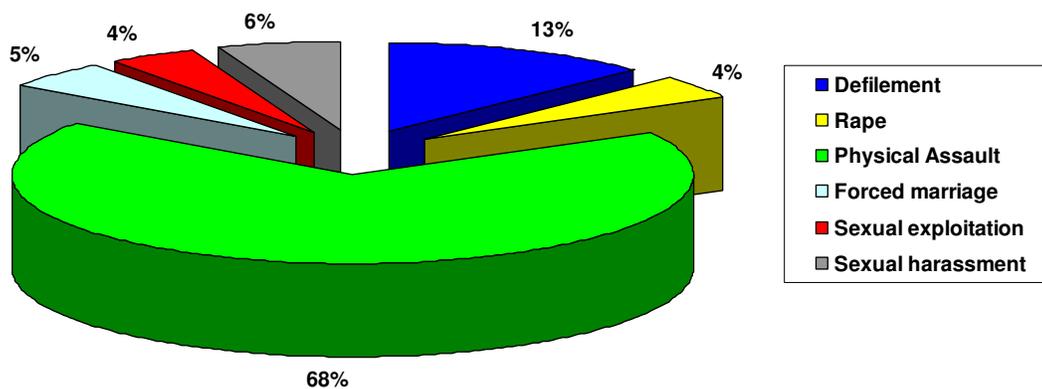
Addressing the gender disparities that intensify impact among women especially deep underlying factors of gender inequality, persistent stigma and discrimination and lack of women empowerment are integrated throughout NUMAT's strategy to reduce vulnerabilities of women to infection.

Reducing Vulnerabilities through Gender-Based Initiatives

For SGBV cases, access to medical services is critical to minimizing further harm, including HIV infection, and PY3 saw improved access to legal and medical services

among SGBV survivors. PY3 also saw improved coordination of SGBV activities at the sub county level through the formation of 10 SGBV working groups. SGBV community working groups have developed a referral profile to streamline referral and response to SGBV cases within the community.

In PY 3, a total of 766 SGBV cases were registered through the NUMAT-trained community animators. Much as some cases still go unreported, this number is a sign of the community being aware and alert. The highest numbers of cases reported were physical and sexual assault of wives by husbands; other cases included forced/early marriage, rape, defilement and sexual exploitation. The major perpetrators identified include husbands, neighbors, teachers and isolated cases of strangers.



Through the NUMAT-trained Animators and various service providers, there is a more widespread knowledge on where to get SGBV prevention and response services. Majority of survivors received psychosocial support and good cases were settled amicably through the community/traditional arbitration. Feedback from communities also reveal that women do not press for legal action through the courts, but rather, most cases were settled through community/traditional arbitration inform of local compensation by the perpetrator or his family. Victims also delayed seeking medical care. It is notable that 145 survivors did not use any service despite getting in contact with the community volunteers and being referred for services.

Table 9: Service uptake by SGBV survivors

Type of service	Service utilization per GBV survivor
Psychosocial Support	329
Community/Traditional Arbitration	296
Treatment of injuries	242
Did not receive any service	145
Post Exposure Prophylaxis	90
Legal services through civil courts	18
ECP	0

* The figures above represent frequency of services sought by the survivors

The proportion of cases taken to court and investigated increased from 4 in 2008 to 18 cases in 2009.

As result of the awareness and advocacy sessions with the community and local leaders, some communities have enacted bylaws to mitigate behavioral practices that make women and children vulnerable to sexual violence. Six communities adopted bylaws against alcoholism, a key driver of SGBV, and night movements. As a result of this, we are seeing a decreased number of SGBV cases despite the low involvement of men as reported by communities.

Working with Community Structures and Partners to Address Youth Needs

Youth in Northern Uganda face high unemployment, inadequate health facilities and have grown up in constant instability due to conflict and resettlement. The latter has led to a breakdown of family and village structures which had traditionally served to educate and provide support for young people; thus, youth are more likely to engage in high-risk behaviours leading to HIV infection. In PY3, NUMAT youth prevention activities focused on strengthening support structures (YAGs, PAGs and SACs) for HIV prevention among youth. Noticeable progress, based on previous years' foundational work, was assessed by the 2008 LQAS survey, where 81% of young people interviewed mentioned being faithful as a way of preventing HIV transmission and 71% abstinence. However, there was a modest increase in the knowledge of the three major ways of HIV prevention among young people from 45% in 2006 to 51% in 2008.

Young people were trained as peer educators to reach their peers with messages on HIV risk reduction messages, knowledge and family planning. Basic youth risk reduction activities involved face to face communication; the provision of literature on HIV transmission, prevention, and treatment; and the distribution of materials to facilitate risk reduction i.e. condoms to reduce sexual risk. The peer educators referred youth to services available in the local community, including HIV/AIDS treatment. Through them, children and young people out of school were reached with key HIV risk reduction messages on abstinence, drug and substance abuse, HIV testing, transactional sex, cross generation sex, concurrent multiple partnerships, disclosure and were also equipped with life planning skills to enhance behavioral practices that reduce the risk of infection.

NUMAT also supported Gulu Youth Centre to train 45 peer educators to operate in the youth friendly corners of Lapainat, Awach and Koro Health Centers. Their role is to sensitize young people attending the health centers on HIV/AIDS; provide counseling; supply condoms and ensure that youth are treated with due respect and consideration.

A new NUMAT initiative in PY3 included engaging school leaders and religious leaders in mitigation of HIV-related stigma towards young PHAs. In partnership with network of young people living with HIV and AIDS (UNYPA), 44 teachers from private schools were trained to provide psychosocial support and counseling to young positives in schools. These leaders are now beacons of hope, using their positions of authority to create an environment where PHAs, especially young positives, are accepted, supported and encouraged to access services such as HCT and ART.

Partnerships with local governments, communities and other organizations

Overall, NUMAT PY3 prevention activities aimed for better coordination and partnership with local governments, community structures, and other organizations to maximize linkages, form collaborative ventures, and leverage existing programs in the region. To enhance continuity of care, NUMAT strengthened existing partnerships through participation in various forums with civil society organizations, government and private organizations. For example,



NUMAT works with Young Mothers' Groups to increase risk awareness and link to opportunities for economic

with institutional support from the International Labor Organization (ILO), NUMAT developed and delivered HIV prevention messages to fishing communities through a radio drama series and the MOH has continued to provide condoms to the program.

As part of its strategic response to HIV, NUMAT participated in several multi-stakeholder efforts to increase the supply and demand for condoms. With NUMAT's assistance, 120 non-traditional condom outlets have been established, especially in hard-to-reach settings. This initiative, in partnership with local governments, congregations, and Village Health Teams has led to increased utilization of condoms among young people from 62% in 2006 to 72% in 2008, as revealed by the LQAS surveys conducted.

Community-based HIV testing services and mobile testing have increased awareness of people's HIV serostatus by providing non-health facility settings for hard-to-reach populations like fishermen and CSWs. NUMAT collaboration with SPEAR in Kitgum Prisons resulted in 102 prison wardens and inmates tested and provided HIV test result.

IN THEIR OWN WORDS: A fisherman speaks out on VCT

"I have always wanted to test for HIV but I could not find time during the day to go the hospital because I am busy working. Now with this mobile clinic coming to the fishing site I have been able to test."

A fisherman at a NUMAT integrated work camp.

Taking note of the trends of the epidemic, NUMAT turned evidence into action by designing interventions that addressed the present trends through reaching couples and other populations most at risk with male involvement perspective. This program implementation allowed people living with HIV and other community

members to become aware of the various risk factors and drivers of the epidemic. Building a critical mass of volunteers within the community was critical for dissemination of appropriate messages to enhance risk reduction and avoidance. However, using volunteers as the front-line operators together with the population's mobility in the resettlement process proved to be the main challenges to the whole prevention intervention.

Objective 4: Increased Access by People living with HIV&AIDS and their Families to Wrap-around Services

Highlights:

- *A total of 39,847 PHAs and their families were referred by NSAs for wrap-around services.*
- *138 NSAs provided HIV/AIDS services navigation in 9 districts.*
- *2,290 PHA households received BCP commodities*

Increased access of PHAs and their families to wrap-around services is one of the critical elements of NUMAT Programme's comprehensive prevention, care and support framework. The main objective is to ensure that PHAs and their families continue to access and utilize high quality, ongoing care and support services. This is expected to improve the quality of life of PHAs and members of their

families. The wrap-around services needed by PHAs and their families include access to nutrition and food support, family planning, safe water and sanitation, OVC support, spiritual and psychosocial support, counseling, non-food item distribution, income generating activities, legal rights protection, and human rights protections. Access by PHAs and their families to quality wraparound services remained a big challenge in the region, where there are few providers of such services. NUMAT programme does not directly provide them but coordinates with other USAID-funded programs, CSOs, international and local NGOs, PHA networks and faith based organizations based in Northern Uganda to ensure linkages.

During this year, NUMAT continued to support and engage a team of 138 Network Support Agents (NSAs) to continue playing their positive role of linking fellow PHAs and members of their families to HIV&AIDS, TB, malaria and related wraparound services. Based in health facilities, the NSAs offer information, advice and support in use of services related to HIV&AIDS and ART treatment. They are people openly living with HIV&AIDS who are members of PHA organizations or networks and have skills in psychosocial support. Their role in supporting activities both at the health facilities and in their community is well recognized and appreciated. The major challenge for the future is how to sustain their motivation to continue working as volunteers.

Supporting PHA households to access Basic Care Package Commodities (BCP)

Use of BCP commodities has been found to be very helpful in reducing mortality and morbidity levels among persons living with HIV & AIDS. BCP comprises of 1 water vessel, 4 units of 150ml water guard, 2 long lasting insecticide-treated mosquito nets (adult size), 60 condoms, filter cloth and a Positive Living guide.

During this year, the Program increased access to free BCP commodities. In partnership with Programme for Accessible Health Communication and Education (PACE), NUMAT provided BCP commodities to 2,290 PHA households in Dokolo, Amolatar, Oyam, Lira and Apac districts. During the last three years, 6,500 PHA household have accessed and utilized free basic care commodities. Follow-up study on the utilization of BCP commodities by PHA household recipients in the three sub counties of Chegere, Ayer and Otwal started was conducted. The object of this study

was to evaluate the appropriateness and the level of utilization of the commodities distributed; and to assess the perceived benefits from the PHAs and members of their households. The study report is being finalized. The study findings will be useful and strategically valuable before scaling up of the distribution.

Strengthening referral networks

Coordinated referral for services is critical in the delivery of holistic services to PHAs and their families. Various service provider need to know each other and agree on a mechanism which facilitates service linkages for their clients through a coordinated referral system. NUMAT-supported coordination meetings brought together stakeholders in the districts of Amolatar, Apac, Kitgum, Amuru and Gulu to discuss referral system harmonization to improve access and utilization of HIV&AIDS services and involvement of PHAs in the care and support referral network. The main goal of these community-based meetings was to involve community HIV&AIDS service providers, health facilities leaders, stakeholders and PHAs to explore ways to increase access and utilization of HIV&AIDS, TB, Malaria and wrap-around services. Strategies to strengthen the referral network and the role of NSA volunteers were also discussed.

PHA volunteers and their networks continued to play an active role increasing access and utilization of both clinical and wrap around services by PHAs and their families through referrals. PHAs and members of their families were counseled and referred by NSAs to access various HIV&AIDS wrap around services in this past year. The table below shows the number of individual PHAs that were referred by their peers to access and utilize categories of services indicated.

Table 10: PHA referrals for wrap-around services

Category of Service (*)	# of individuals referred
Clinical services (including co-trimoxazole prophylaxis)	69,404
Education support	1,498
Food assistance and nutritional support	12,232
Counseling (including psycho-social support)	34,806
Condom distribution	14,757

() Same individuals can be eligible to referral for multiple services*

The figures above should be considered with some caution due to the wider challenges associated with referral services in the region. First, the number of PHA referred appears big due to the fact that individuals could have been referred for more than one service. More importantly, while referrals are made some individuals don't get the actual services due to their poor distribution and limited availability. NUMAT has planned to conduct a study to assess the adequacy and level of utilization of referral services and associated challenges in the 9 districts. The findings will inform the process of improving service access and utilization through referral mechanism.

Reaching the community through trained Resource Persons

USAID's Northern Uganda Malaria, AIDS, and TB program (NUMAT), works to strengthen linkages between health facilities and communities by training community volunteers called Network Support Agents (NSAs). NSAs are often themselves living with HIV or AIDS and are trained to raise community awareness and support people through testing, diagnosis, treatment, and follow-up care in their communities. Tom Opok has trained 34 home visitors who reach an average of 22 clients monthly. He has also been involved in mobilizing clients for VCT especially during outreach. Another key role that Tom plays as a home visitor is referral for VCT, PMTCT, and SGBV services to the nearby health facilities. On an altruistic note, Tom helps bed ridden patients to clean their houses, fetch water, administer drugs and also provide spiritual support services.

Tom expresses appreciation towards NUMAT for activating the forum of PHAs in his sub county. In his own words, "When NUMAT came on board; it made this forum stronger through training NSAs, ensuring coordination meetings and providing NSAs with stationeries like referral forms and registers." Tom also mentioned having received Basic Care Package from NUMAT. He was also one of the PHAs that were recently trained on Income Generation Activities and on how to write proposals for funding. Regarding his condition, he bitterly comment; "There is no stigma but there is discrimination, HIV positive kids in schools are abused by teachers and no HIV positive candidate is ever elected for any political post". In countering this, NUMAT is also working with church leaders, schools and political leaders to combat stigma and discrimination. Below is an experience from one of Tom's clients:

In the comfort of his modest homestead in Iceme sub county, Oyam district, thirty four year old David Elok recounts the time he discovered he was HIV positive. This was two years ago after taking an HIV test as a TB patient. "It was a turning point for me" narrates David. Since then he was treated for TB and enrolled on anti-retrovirals (ARVs) after taking a CD4 test at a NUMAT-supported health facility. In spite of the side effects of the ARVs (he lost his hearing in one ear), he has stuck to the drugs. David also received a Basic Care Package from NUMAT. Of the package contents, David has only been able to utilize the water guard for purifying water and the bed net. David says "The water vessel was misused by my wife. She used it for fetching water from the borehole instead."

David candidly expressed the following as challenges for him and other HIV-infected people: lack of co-trimoxazole tablets at the health facility, long distance to reach the ARV-distributing health centre IV (20 Km away) and requests USAID to scale up these services to HC III. David also mentions, "CD4 tests available at Anyeke HCIV are very few". His wife, also HIV positive has not yet benefited from the CD4 because many people vying for the tests. David also challenges the lack of nutrition support especially for breast feeding mothers. .



From left to right: Tom (NUMAT's community resources person), David and David's wife at Iceme, Oyam district

Objective 5: Improved use of strategic information

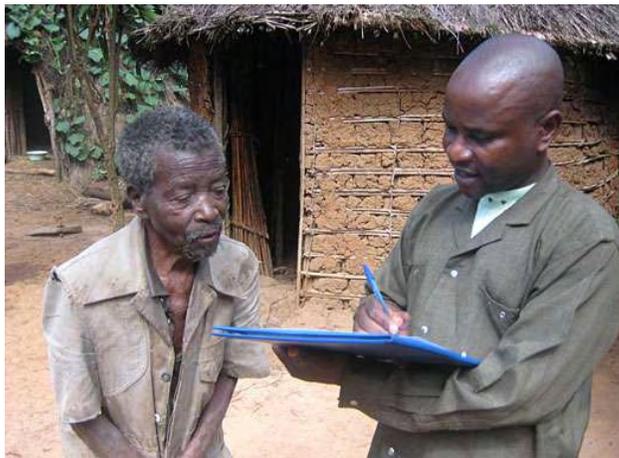
Highlights:

- Execution of the 2008 LQAS survey
- Two regional data technical review meetings for biostatisticians
- NUMAT Mid Term Review conducted
- 15 papers on program lessons learned presented at various conferences

The year 2009 saw a remarkable intensification of strategic information activities at district level in a bid to increase the availability, quality and use of health data. A major achievement was the execution of the 2008 Lot Quality Assurance Survey (LQAS) whose key feature was the close involvement of district health

officials. NUMAT also conducted a Mid Term Evaluation to assess the program's progress. District Health Teams were supported with data technical review meetings while data verifications were conducted on key indicators. NUMAT also piloted the MOH-led web-enabled Health Management Information System (HMIS) and electronic-HMIS in Northern Uganda through the training of all nine district biostatisticians. Lastly, the many project lessons learned during the year were shared with various audiences.

5.1. Improved district management of strategic information



A head of household being interviewed by an enumerator

Lot Quality Assurance Survey (LQAS): During the year, NUMAT executed the 2008 LQAS in its nine districts. The purpose of this survey was for programme evaluation, namely, to measure change on indicators from baseline in order to serve as evidence that the Programme is achieving its intended results and meeting its targets.

District authorities selected officials from the Departments of Health, Planning and Community Development to participate in the

LQAS 2008 survey, as had been done in the 2006 survey. Altogether, 66 district participants were trained simultaneously. With this, the technical capacity of the districts to undertake the LQAS survey has improved to the extent that now it is demand driven. These officials also played a key role in the design of the survey instrument by suggesting indicators for data collection. Consequently, the officials were crucial to the interpretation of the survey findings during the dissemination of the results.

The results of the 2008 LQAS survey compared with the results of the baseline survey in 2006, suggested that overall efforts to improve HIV&AIDS, malaria and TB services and decrease vulnerabilities to infectious diseases in the region have improved in the last two years as illustrated in the table.

Table 11: Results of selected LQAS indicators

Indicator	2006	2008
HIV Counseling and Testing (HCT)		
% of adults who have ever tested for HIV	31.3	63.9***
Prevention of Mother to Child Transmission of HIV (PMTCT)		
% of pregnant mothers who tested for HIV and received their results during ANC in the last 2 years prior to the survey	29.3	66.6***
Anti-Retroviral Therapy (ART)		
% of adults 15 and above who believe that it is good for an HIV infected person to take ARVs	90.4	90.8
Care and Support Services (CSS)		
% of households that had persons who had been terminally ill for a period of three or more months, or persons who died after being sick for three or more months and received care and support for the terminally ill person	58.9	70.3
Malaria Management		
% of pregnant women received two or more doses of IPT	46.7	58.8
HIV Prevention		
% of young people 15-24 years who knew where to get tested for HIV	73.0	85.6**
Reproductive Health (RH)		
% of pregnant women who delivered from health facilities in the last 2 years prior to the survey	42.7	49.9

*** = significant at <0.01 level, ** = significant at <0.05 level

Nonetheless, there were suggested areas for improvement, for example with regard to the knowledge around HIV transmission from mother to child which proved to be low.

Support to the Health Management Information System (HMIS): Undoubtedly, improvements in the HMIS cannot be achieved without strengthening the role of the district biostatisticians as crucial members of DHT. Hence, NUMAT brought together this crucial cadre of staff in two half-day meetings that took place in both regions. During the year, NUMAT also collaborated with USAID/AIDS Capacity Enhancement Project (ACE) to train these bio-statisticians in the MOH-led web-enabled HMIS (w-HMIS) and electronic-HMIS (e-HMIS). This is in a bid to use these systems to collect data more effectively, generate higher quality analysis and reports, and make health information more widely available. One of the key advantages of the w-HMIS is that it allows districts to do more of their own data entry, analysis, and to be more responsive to health trends in their district. To facilitate this process, NUMAT provided two modems to the bio-statisticians of Oyam and Amolatar districts for the timely submission of data to the MOH. NUMAT continued to support all bio-statisticians with mentorship in data management and with funds to collect HIV, Malaria and Tuberculosis data to track utilization of services. Similarly, the remaining districts will be equipped with modems in the coming year. Over 20 meetings by the District Health Team dedicated to review of data were supported by the Program.

Using Technology to Improve Health

Before USAID-supported Northern Uganda Malaria AIDS & Tuberculosis Programme (NUMAT) acquired and trained Sarah Awor, a young, dynamic biostatistician from Oyam district, to use electronic, web-based software, health data reports had to be sent to Lira district, over 100 km away, and then emailed to the Ministry of Health headquarters. Today, Sarah no longer spends hours generating reports and ministry officials can use the data immediately to make decisions that improve health, particularly for the district's most pressing issues like prevention-of-mother-to-child-transmission of HIV, immunization coverage and disease surveillance. With 24-hour internet access procured by NUMAT, Sarah & Ogwal David (Biostatistician, Amolatar) can much more easily use the web enabled HMIS software online.

With a keen interest in epidemiology surveillance, Sarah has been working for Oyam district local government since September 2007. Susan says, *“The software is faster to use, more capable of detecting errors; it tracks numerous indicators and generates types of graphs which are easier to read and use for making decisions about health.”* *“I have been able to support the District Health Team on decisions on where to priority areas for coverage based on analysis of data gaps.”* Before NUMAT acquired the new software, Susan relied on an excel database which was slow and difficult to use. Now, she can produce instant reports.

In addition to building her own skills, NUMAT has helped her improve skills of her district staff through provision of technical support in data verification & logistical support inform of data collection tools and transportation to the health units. Sarah also uses NUMAT-supported quarterly meetings to provide feedback to records personnel, district officials and partners on the performance of key indicators. *“During these meetings we are able to discuss solutions to challenges of data management.”*

“I am grateful to NUMAT all of the support. Oyam district now has better information to dramatically improve the quality of health information in our district, helped to motivate staff, and helped us to be much more effective in our jobs.”



Sarah Awor, Oyam District Biostatistician

Execution of Data Quality Assessments: In ensuring that the reported data meets the required quality standards such as timeliness, precision and validity, NUMAT collaborated with a team from MEEPP & a team from USAID Office of the Inspector General, to validate prevention services data which was reported during the semi annual period. NUMAT also teamed up with Baylor College of Medicine to validate the ART data. Over 5 ART sites were visited including Awach HCIV, Padibe HCIV, Dokolo HCIV and Aduku HCIV. NUMAT independently validated community services data reported from Dokolo districts.

5.2. Dissemination of project lessons

This year, many lessons were learned stemming from both success and failure. NUMAT went ahead to document and disseminate these lessons in order to inform future planning, policy and strategy. Opportunities for the dissemination included the LQAS dissemination meetings, success stories, reports, workshops, and conferences.

Lesson Learned: A key lesson learned from the dissemination of the LQAS is that district involvement in the planning and execution of survey helped to promote district ownership of the activity, contributed to the technical skills development of their staff, and in the long run will help to ensure the sustainability of such activities in the future, even beyond the life of the NUMAT Programme. However, the continuity of the LQAS exercise can only be guaranteed with full technical capacity of the staff involved and availability of the funds for the execution of the exercise.



NUMAT employee (left) documenting Program lessons learned from the field

Success stories on NUMAT's interventions were featured in the Ugandan media, USAID website, *New York Times Magazine's* Catch the Sky blog as well as other esteemed locations. The stories vividly showcased the tremendous impact of USAID's assistance through NUMAT is having on the lives of the people of northern Uganda. Successes highlighted in the stories

were in the areas of service linkages, strengthening HMIS, SGBV, the role of Network Support Agents and the Community Based Education Services (COBES).

Additionally, a total of fifteen abstracts were presented at various conferences including the 2009 PEPFAR HIV & AIDS Implementers' Meeting, 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention, European Congress on Tropical Medicine and International Health and the Regional AIDS Training Network (RATN) HIV&AIDS Training and Capacity Building Conference. The Program also prepared abstracts to be presented at the American Public Health Association (APHA) and the Joint JSI Meeting this November. Overall, the abstracts



A NUMAT employee sharing project experiences during the Regional AIDS Training Network (RATN) HIV&AIDS Training and Capacity Building Conference in Kigali

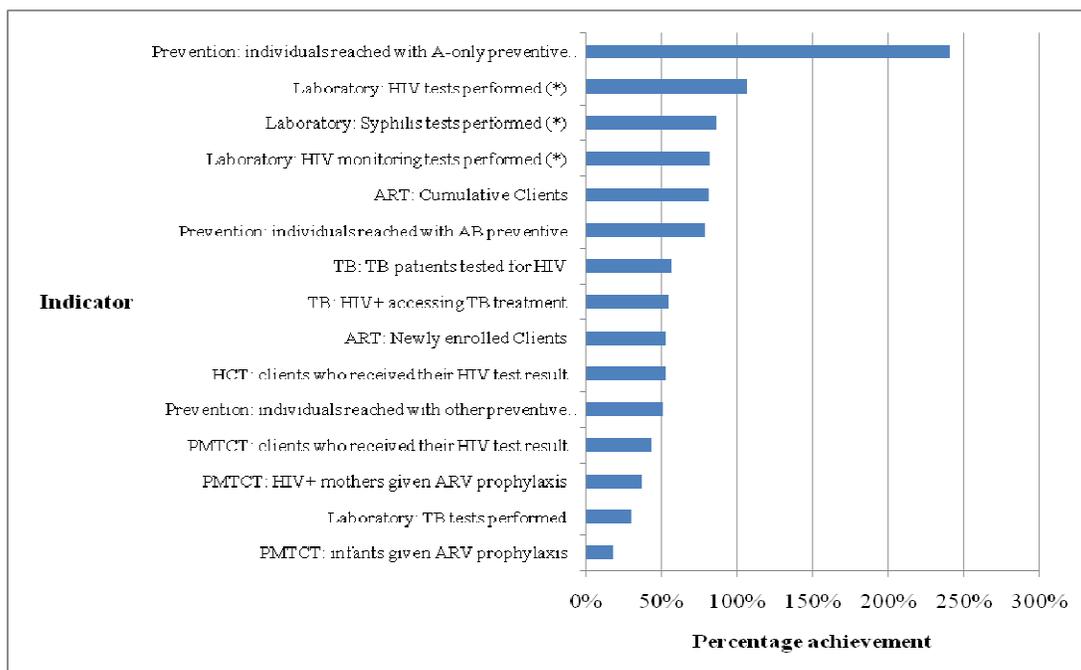
highlighted critical findings on human resources for health, HIV&AIDS, tuberculosis, health systems and sexual & gender based violence (SGBV).

5.3 Monitoring & Evaluation (M&E)

NUMAT uses M&E as a management tool to measure effective and efficient programme implementation. Program results were routinely monitored through activity reports, reports from grantees and special surveys like the LQAS while the HMIS was used for facility-based health monitoring. These reports to a great extent provided a lucid and accurate account of the extent to which the activities undertaken have contributed to programme outcomes.

The program’s M&E reports served as a reference for the NUMAT Mid Term Review (MTR) which took place during the year. The MTR covered questions of the NUMAT program’s overall programmatic effectiveness and addressing capacity-building and sustainability issues in the dynamic environment of Northern Uganda. Findings from the MTR revealed that indeed, NUMAT’s support for strengthening coordination structures has largely been effective at the district level structures, although the process is still weak at the sub-county level. Furthermore, NUMAT was credited for being very effective at addressing the capacity building and service delivery needs which are consistent with the district priorities regarding the delivery of Malaria AIDS & Tuberculosis (MAT) interventions. However, there are still service delivery gaps which are largely attributed to the inherent weaknesses in the national health system.

The project was also seen to be largely on track towards achievement of its targets with the exception of PMTCT indicators and TB tests performed as illustrated in the table below.



NUMAT’s low achievement on PMTCT indicators is attributed to the low proportion of institutional deliveries and inadequate follow-up of babies born to HIV positive mothers. However, NUMAT is scaling-up support for PMTCT integrated outreaches to the returning communities and lower level facilities, combined with sustained

health education. Incentives for mothers who deliver in health facilities are also being considered.

In the course of the year, NUMAT submitted all its required reports including quarterly, Country Operational Plan (COP), Program Year 4 Work Plan, PEPFAR and the Presidents Malaria Initiative (PMI) reports. The team tackled issues of duplication and double reporting through dialogue with USAID Implementing Partners working in the region including AIC and Baylor College of Medicine. In enhancing M&E capacity building, NUMAT supported its staff to upgrade in the principles of M&E in workshops held by AMREF, Uganda Monitoring and Evaluation Management Services (UMEMS) and Makerere University School of Public Health. The NUMAT M&E database was upgraded and continues to provide data storage, analysis and management faculties. It is now accessible online at <http://numatuganda.org>. The M&E team faced constraints including incomplete and un-timely reports by some districts and grantees. Nonetheless, NUMAT is working on this through constant dialogue with the partners and responsible persons.

5.4 Information, Education & Communication (IEC) and Behavior Change Communication (BCC)

NUMAT IEC/BCC initiatives aim to prevent the spread of HIV/AIDS, TB and malaria through safer sexual behavior and malaria education awareness raising campaigns. During the year, the following IEC/BCC initiatives took place:

Tailored behavior change messages were disseminated a variety of channels including radio, newspapers, television, and drama. This was done at district, regional and national levels through the engagement of the District Health Officers (DHOs) and health facility staff. World AIDS Day, Malaria and TB days commemorated at the district were particularly successful. Drama performances also drew large audiences in 26 parishes in Gulu, Amuru and Oyam districts.



A community drama group in Koch Goma performs a scene on care for PHAs

Additionally, NUMAT worked with the MOH and other USAID implementing partners in playing a key role in the design, development, review and coordination of MAT communication messages and strategies for reaching target population for advocacy, partnership building, and behavior change communication. At the regional level, NUMAT provided technical support to the IEC working groups in IEC/BCC capacity building and for material development and dissemination.

Using an innovative and interactive approach for social mobilization, NUMAT employed an “integrated service camp” approach which brought together NUMAT, health facility staff and district staff jointly to provide MAT services at the health facilities. The services targeted youth, pregnant mothers and adults who received HIV counseling and testing, ART services, screening and testing for TB and malaria treatment. NUMAT-supported ART clinics were opened during the service camps and 66 new HIV positive clients referred from HCT points were enrolled into HIV comprehensive care and 20 clients started ART. During the work camps, the NUMAT team mentored health workers and community resource persons on key technical areas while condom education and demonstration took place. Several educational messages were also given, focusing on ways to prevent diseases, benefits and importance of ARVs, septrin and adherence to treatment, how to fight HIV-related stigma, and positive prevention. Small group discussions with young people, theatrical presentations, and role playing were used, together with question and answer sessions. Much to the anticipation of the crowds at the work camps, local music artists hired by the program entertained them on malaria prevention and anti HIV stigma messages. Overall, this activity was a success as illustrated in the table below.

Table 11: Highlights of integrated services camp in 5 sites in a day of activity

Indicator	Bata HC III	Kwera HC III	Otwal HC III	Palabek HC III	Bobi HC III	TOTAL
People tested for HCT	250	401	257	589	275	1,772
People tested HIV+	17	29	36	71	39	192
New clients initiated on ART	8	5	2	0	0	20
New PHAs enrolled on HIV chronic care	12	20	10	22	02	66
New pregnant mothers enrolled on PMTCT	2	1	0	0	2	5
People tested for sputum examination	0	0	0	3	38	41
People tested sputum+ for TB	0	0	0	0	2	2
Number of condoms distributed	800	662	150	0	200	1,812
Number of people reached with prevention messages	714	762	376	-	636	2,488

Integrated Service Camps: Bringing Services to Returning Communities

Joyce Alur is a mother of a 21 month-old baby. She is also living with HIV, and was one of the many people who came to Bata HCIII to attend the NUMAT integrated health services camp. Joyce first took an HIV test in 2007 at Lacor Hospital, while staying at her maternal home. When she conceived and later delivered, she moved to Dokolo to stay with her husband. Though she lives near a health facility, she was not able to take advantage of early infant diagnosis because the service was not yet available there. When the integrated services camp came to her area, Joyce was at last be able to have her baby tested. To her joy, her daughter Sandra Lakica was tested and confirmed HIV negative.

“I was at home when I heard over the radio that NUMAT was coming to Bata HCIII to provide health services, including HIV counseling and testing. I was so happy to have my child tested. When I brought her, there were so many people on that day but I managed to have her tested and the results turned out negative. I am so happy.”

Since NUMAT began its integrated health services camp initiative, the quality of care available has improved for community members like Joyce. There is a great change in the health facility now, she says. In her area, PHAs like Joyce could not access medication; the launch of an ART site within the services camp has brought these essential services within walking distance:

“It was my first time to come here and I became happy when I was told that I will start getting my medication from here. This arrangement is good and should be continued.”

Joyce has since been asked by the Bata Health staff to join the treatment support team as an expert client. She is being mentored on clinic tasks such as registration of clients, providing adherence counseling, monitoring drugs side effects and referrals. NUMAT is supporting the involvement and use of PHAs as trained resource persons attached to ART treatment centers to support the small team of health workers. Joyce is optimistic that her work will enable more PHAs to access HIV treatment, care and support services at the health facility and community levels.

“Many people come to me even from home and I counsel them. Once I talk to them, they come to the health facility and receive services. I see that NUMAT is good and should continue because it is helping people to come out.”

NUMAT PY 3 - YEAR-AT-A-GLANCE

During PY3, NUMAT and its partners made substantial progress towards achieving program goals.

PY3 Objectives	PY3 Achievements	Exceeded Objectives
<p>Human Resources for Development</p> <ul style="list-style-type: none"> ▪ 90 students deployed to district facilities or supporting community based activities <p>Laboratory</p> <ul style="list-style-type: none"> ▪ 20 laboratories to be renovated ▪ 50 lab staff to be trained in the provision of laboratory-related activities. ▪ 171 laboratory service providers supervised and given on job training ▪ 25 persons sponsored for Laboratory Assistants' training course <p>ART</p> <ul style="list-style-type: none"> ▪ 1,500 individuals newly initiated on ARV therapy. ▪ 4,554 HIV+ clients currently on ART ▪ 150 health workers trained on ART management ▪ 11,860 CD4 tests carried out <p>HCT</p> <ul style="list-style-type: none"> ▪ 120,000 individuals received counseling and testing for HIV and receive their results ▪ 270 health workers trained on RCT <p>PMTCT</p> <ul style="list-style-type: none"> ▪ 80,000 pregnant women receiving HIV counseling and testing for PMTCT and receiving their results ▪ 80 sites strengthened to provide EID ▪ 4,480 HIV+ pregnant women and 3,920 babies born to HIV positive mothers provided with a complete course of antiretroviral prophylaxis for PMTCT <p>Wrap-around Services</p> <ul style="list-style-type: none"> ▪ 16,000 PHA will access wrap-around services ▪ 10,000 BCP kits distributed to PHA 	<p>Human Resources for Development</p> <ul style="list-style-type: none"> ▪ Assisted recruitment of 242 health workers by the districts ▪ Deployed 157 medical students in 9 health facilities <p>Laboratory</p> <ul style="list-style-type: none"> ▪ Renovated 12 laboratories ▪ Trained 49 lab staff on laboratory-related subjects ▪ Supervised 171 laboratory service providers and given on job training ▪ Sponsored 26 persons for Laboratory Assistants' training course <p>ART</p> <ul style="list-style-type: none"> ▪ 2,996 new clients newly initiated on ARV therapy ▪ 4,945 HIV+ clients currently on ART ▪ 150 health workers trained on ART management. ▪ Provided 11,860 free CD4 tests for HIV clients <p>HCT</p> <ul style="list-style-type: none"> ▪ Reached a total of 208,678 clients with HIV counseling and testing ▪ 382 health workers trained on RCT <p>PMTCT</p> <ul style="list-style-type: none"> ▪ 82,762 pregnant mothers who received HIV counseling, were tested and received their HIV test result ▪ Strengthened 80 sites to provide EID with 3,971 infants tested. ▪ Provided 3,096 HIV positive women and 2,081 babies born to HIV positive mothers with ARV prophylaxis <p>Wrap-around Services</p> <ul style="list-style-type: none"> ▪ Contributed to wrap-around service referrals of 39,847 PHA and family members ▪ Distributed 2,290 BCP kits to PHA 	<p>Exceeded PY3 objective by nearly 75%</p> <p>Target met</p> <p>Target met</p> <p>Target met</p> <p>Exceeded PY3 objective by nearly 100%</p> <p>Exceeded PY3 objective by 9%</p> <p>Target met</p> <p>Target met</p> <p>Exceeded PY3 objective by more than 70%</p> <p>Exceeded PY3 objective by more than 40%</p> <p>Target met</p> <p>Target met</p> <p>Exceeded PY3 objective by nearly 150%</p>

PY3 Objectives	PY3 Achievements	Exceeded Objectives
<p>Strategic Information</p> <ul style="list-style-type: none"> ▪ Conduct 6 data quality assessments ▪ Disseminate LQAS survey results in nine districts <p>Palliative Care</p> <ul style="list-style-type: none"> ▪ 28,500 individuals provided with palliative care ▪ 408 HV trained in home-based care services ▪ 93,216 visits by HV to PHAs' households <p>Malaria</p> <ul style="list-style-type: none"> ▪ 50% of pregnant mother attending ANC to receive at least two doses for IPTp <p>TB</p> <ul style="list-style-type: none"> ▪ 70% of expected sputum-positive pulmonary TB detected. ▪ 85% of all TB patients registered into treatment to complete successfully their therapy. ▪ 75% of all TB patients tested for HIV <p>Prevention</p> <ul style="list-style-type: none"> ▪ 352,244 people reached with abstinence and being faithful prevention messages. ▪ 200,000 individuals reached through community outreach that promotes HIV & AIDS prevention messages other than AB 	<p>Strategic Information</p> <ul style="list-style-type: none"> ▪ Conducted 4 data quality assessments ▪ Disseminated LQAS findings to nine districts ▪ 16 abstracts accepted for presentation at International Conferences <p>Palliative Care</p> <ul style="list-style-type: none"> ▪ Provided any form of palliative care to 39,847 HIV-infected people ▪ Trained 378 home visitors in home-based care services ▪ Conducted 111,858 home visits to PHAs' households <p>Malaria</p> <ul style="list-style-type: none"> ▪ Reached 49% of pregnant mother attending ANC with at least two doses for IPTp ▪ Trained 47 health workers in malaria medicine management and 4,790 CMD in home-based management of fever <p>TB</p> <ul style="list-style-type: none"> ▪ Detected 75% of expected sputum-positive pulmonary TB ▪ Successfully treated 87% of all TB patients registered ▪ Tested for HIV 67% of all TB patients <p>Prevention</p> <ul style="list-style-type: none"> ▪ Reached 387,124 with abstinence and being faithful prevention messages. ▪ 620 SGBV survivors referred for related services ▪ 187,355 individuals reached (including MARPS) with HIV&AIDS prevention messages other than AB 	<p>Target met</p> <p>Exceeded PY3 objective by nearly 40%</p> <p>Exceeded PY3 objective by nearly 20%</p> <p>Target met</p> <p>Target met</p> <p>Exceeded PY3 objective by nearly 10%</p>

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