Annual Report
Fiscal Year 2010

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

DISCLAIMER:

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acronyms and Abbreviations

ART	Anti-Retroviral Therapy
ARVs	Antiretroviral Drugs
CBO	Community Based Organization
COP	Chief of Party
CRS	Catholic Relief Services
EGPAF	Elizabeth Glazer Paediatric AIDS Foundation
FANTA	Food and Nutrition Technical Assistance
FBF	Fortified Blended Food
HC-IV	Health Centre IV
HIV	Human Immuno-deficiency Virus
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NHP	National Health Policy
NSA	Network Support Agents
NuLife	Food and Nutrition Interventions for Uganda
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother -to-Child Transmission of HIV
QAP	Quality Assurance Project
RUSF	Ready to Use Supplemental Food
RUTF	Ready to Use Therapeutic Food
RUTAFA	Ready to Use Therapeutic Food (Brand name for locally produced RUTF)
SAM	Severe Acute Malnutrition
URC	University Research Company
USAID	United States Agency for International Development
USG	United States Government

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WHAT ARE WE TRYING TO ACCOMPLISH AND AT WHAT SCALE

Objectives	What We Are Trying to Accomplish	Geographic Scale and Population Coverage	Fiscal Year 2010 Key Results
Integrate food and nutrition into HIV/AIDS services	Support local institutions and communities to provide comprehensive nutrition services to acutely malnourished individuals living with or affected by HIV/AIDS Build capacity of health facility providers to assess nutritional status and treat malnutrition Build capacity of community health workers to screen for malnutrition and refer acutely malnourished individuals to health facilities for treatment Use the quality improvement approach to achieve integration of nutrition services as part of routine HIV and health care services Establish functional linkages between health facility based workers and community based workers to support active case finding, referral and follow-up care to improve adherence to treatment and recovery	54 sites and surrounding communities Ministry of Health, its development partners, district heath teams and health facilities	Assessed 49,927 individuals for nutritional status in communities Categorized 8,587 individuals as acutely malnourished and referred 89% of these for treatment Held two quality improvement learning sessions focusing on assessment and categorization and on default, data collection and supply chain. Trained 27 district, health facility and implementing partner trainers from the West Nile Region in integration of nutrition into HIV/AIDS care and support programs Trained 358 community-based health workers from 19 Phase II sites in integrating nutrition into HIV/AIDS care and support programs Trained 156 store keepers, dispensers and record assistants in supply chain management 120 facility-based health workers trained in comprehensive nutrition care

Objectives	What We Are Trying to Accomplish	Geographic Scale and Population Coverage	Fiscal Year 2010 Key Results
Produce ready-to-use therapeutic food (RUTF)	Support the development and local production of RUTF using locally available ingredients	Nationwide	Established local capacity for production of RUTF. 48 MT of UNBS compliant RUTF produced by RECO Industries, Ltd. Uganda government participating in seven-government committee to recommend RUTF standards to Codex
Establish distribution system for delivery of RUTF	Develop an efficient distribution system for RUTF for health facilities to use for treatment of malnutrition	MAM and SAM PLHIV or affected by HIV/AIDS, including children 6 months to <18yrs, pregnant and lactating women, mothers of children up to six months of age and OVCs attending 54 NuLife sites	Over 125 MT of RUTF and 3.7 MT of FBF positioned at sites Developed a long-term RUTF delivery strategy RUTF included in the Health Sector Strategic Plan (HSSP) 2011/2015 (MoH; Health Sector Strategic Plan III 2010/11-2014/15; pg 11 and 95)
Develop sustainable livelihoods initiatives for NuLife clients and their families	Connect cured clients and their families to sustainable livelihoods initiatives to break the cycle of malnutrition	Kasese and Gulu	RECO supported 4,000 farmers to produce groundnuts as input into RUTAFA, many of whom are HIV+ Facilitated public-private partnership between RECO and the Northern Ugandan Diocese to support cured clients through farming opportunities.
Monitoring and Evaluation	Build capacity of health providers to gather and analyze data to support their work Document results of nutrition and HIV/AIDS integration to establish lessons learned and best practices	54 sites (all regions)	Revised M&E tools are being used in all sites Created a web-based M&E database accessible to the MOH OTC indicators included in the MOH HMIS

OBJECTIVE 1. INTEGRATE FOOD AND NUTRITION INTO HIV/AIDS SERVICES

1.1 DEVELOPMENT OF GUIDELINES AND PROTOCOLS

During FY 10, NuLife continued to support the MOH with the finalization of policies guidelines and provision of direct technical support to health facility-based workers and communities

KEY ACTIVITIES

- In collaboration with UNICEF and FANTA-II, supported the MOH with finalizing the Integrated Management of Acute Malnutrition (IMAM) Guidelines and training packages.
- Provided technical support to the MOH to develop the Uganda food-based dietary guidelines.
- Provided technical assistance for finalization of the Uganda nutrition handbook.
- Provided technical assistance for development of the draft Nutrition and HIV Curriculum.
- Provided technical assistance to two health facilities to attain baby-friendly status.
- Advocated for inclusion of nutrition indicators and ready-to-use therapeutic food (RUTF) in the Health Sector Strategic Plan (HSSP) III.
- Developed a web-based database for inclusion in the MOH nutrition web portal.

KEY RESULTS

- Revised the IMAM guidelines and submitted the guidelines to UNICEF for final editing.
- Pretested the IMAM training manual and awaiting for final editing by UNICEF.
- Drafted the nutrition and HIV curriculum and awaiting final editing by the MOH Technical Working Group (TWG) on Nutrition
- Developed a Baby Friendly Hospital Initiative implementation strategy.
- Letters of Commitment were signed by the Medical Superintendants of the two health facilities to implement baby friendly practices.
- Current draft of the HSSP III now contains nutrition indicators and RUTF.
- Two breast feeding counselors in place and supporting two health facilities to become baby friendly
- Developed a web-based database for monitoring and evaluation of HIV and nutrition indicators.

PLANNED KEY ACTIVITIES

- Engage the URC Media Department to layout the final version of the IMAM guidelines and training package.
- Support and participate in the launch of the IMAM guidelines.
- Support printing and distribution of IMAM guidelines to NuLife-supported health facilities and districts.
- Support and participate in the bi-annual Nutrition stakeholders meeting.
- Provide technical support to the MOH to adapt the new WHO IYCF guidelines in the context of HIV/AIDS.

- Roll out web-based database into the MOH nutrition web portal.

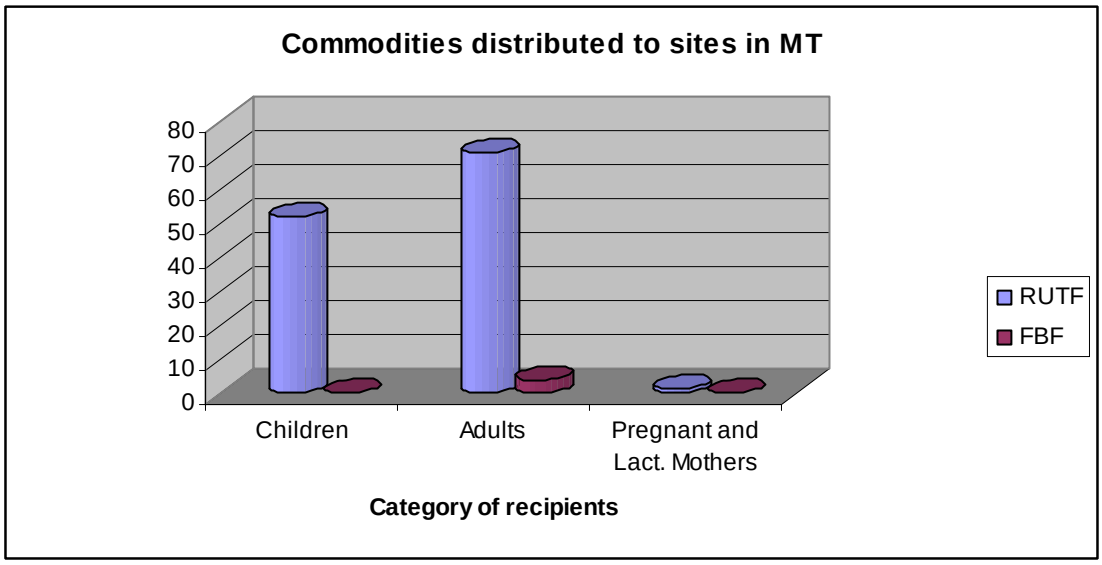
1.2 HEALTH FACILITY CAPACITY STRENGTHENED

KEY ACTIVITIES

- Replenished anthropometric equipment, job aides, M&E tools and counseling cards in 54 health facilities.
- Replenish 54 health facilities with RUTF and FBF.

KEY RESULTS

- All 54 health facilities have received anthropometric equipment, job aids and policy guidelines for integration of nutrition into HIV treatment, care and support services.
- 125 MT of RUTF and 3.7 MT of FBF positioned.



PLANNED KEY ACTIVITIES

- Replenish RUTF, FBF and anthropometric equipment in the 54 health facilities.
- Continue to monitor and document utilization of RUTF and FBF.

1.3 HUMAN CAPACITY STRENGTHENED

Capacity Strengthened: Ministry of Health

KEY ACTIVITIES

- Co-funded the biannual MOH nutrition stakeholders' meeting.
- Prepared and facilitated Uganda's celebration of the global World Breastfeeding Week (August 2010) in support of advocacy for implementation of the national IYCF policy guidelines.
- Support health facilities to share experiences at various fora
- Provide basic office equipment to the MOH nutrition unit.

KEY RESULTS

- Sponsored 47 MOH district and regional nutritionists to attend 3 biannual stakeholders' meetings in Kampala, Uganda.
- Supported 4 health facilities to share their experience at stakeholders' meetings
- Procured and donated a computer, printer, laptop, and LCD projector to the MOH nutrition unit.

Capacity Strengthened: Health Facilities

KEY ACTIVITIES

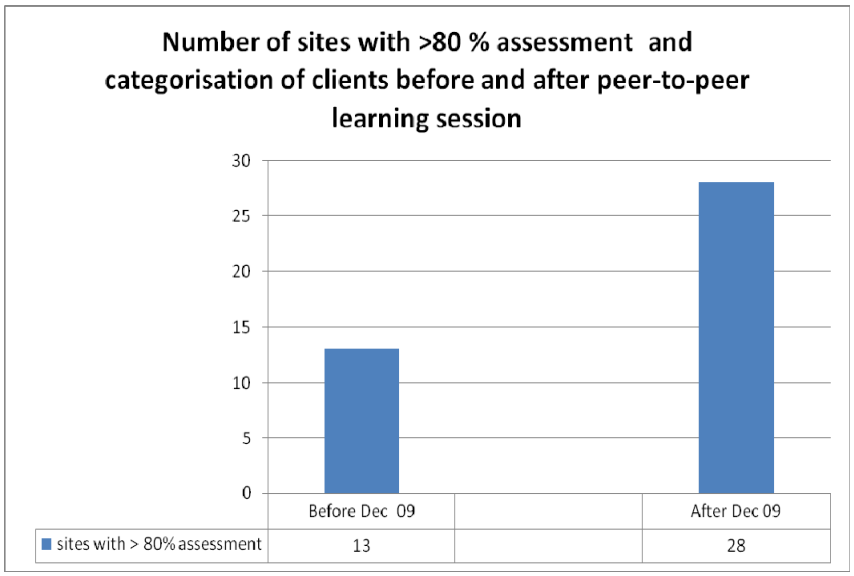
- Trained facility- and community-based health workers
- Provided coaching and technical support to all 54 health facilities.
- Implemented the Baby Friendly Hospital Initiative in 2 hospitals, in an effort to increase exclusive breastfeeding rates as part of prevention of mother to child transmission (PMTCT) and prevention of malnutrition.
- Assessed two health facilities on BFHI status.
- Held sensitization and advocacy meetings with hospital management and District Health Team (DHT) on the importance of BFHI.
- Facilitated continuing professional development (CPD) in nutrition in all the 54 health facilities.
- Organized learning sessions among sites to spread best practices.

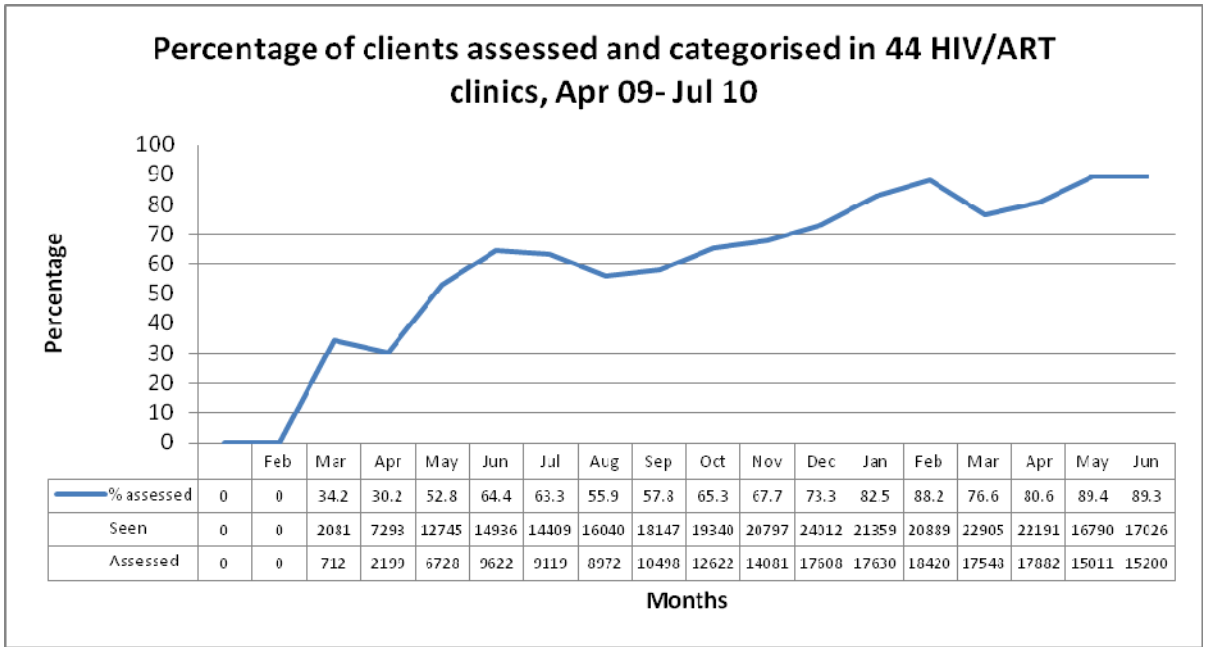
KEY RESULTS

- Trained 275 facility-based health workers, of which 156 were trained in supply chain management and 119 in comprehensive nutrition care for PLHIV
- Trained 648 community-based health workers, including 27 district/regional trainers.
- Provided 3 joint technical support visits and bi-monthly coaching visits to all 54 sites.
- Trained 36 facility-based health workers from Jinja Regional Referral Hospital and Iganga General Hospital on Baby-Friendly Hospital Initiative.
- Held 3 sensitization and advocacy meetings with hospital management and District Health Team (DHT) on the importance of BFHI.
- Held a learning session in December 2009 with all Phase II sites to review progress to date on assessment and categorization of clients and to establish improvement objectives for each site.
- Held a learning session in September 2010 with 14 sites from both Phase I and Phase II focusing on addressing default of clients on treatment, improving data collection skills among health providers and addressing supply chain and stock-out issues. Subsequent learning sessions are to be held in November and December 2010 for the remaining sites.

NuLife coaches support health facility staff with integration of nutrition into HIV services.

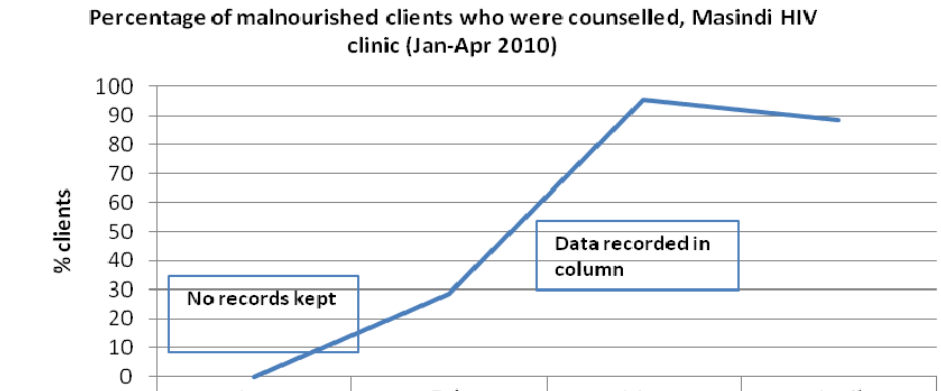
The figure below shows the impact of the December 2009 learning session on the assessment and categorization of clients.





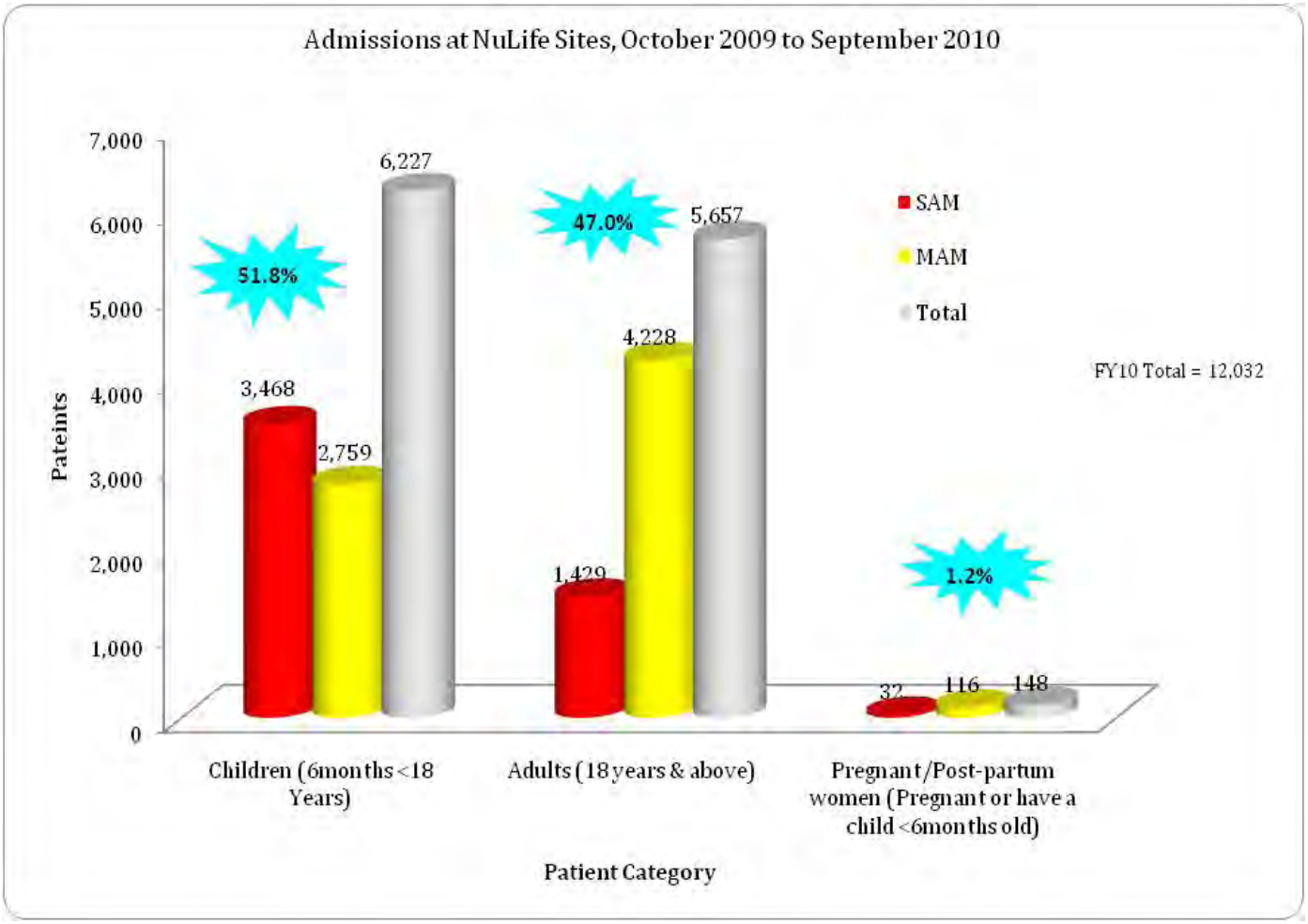
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
% assessed	0	0	34.2	30.2	52.8	64.4	63.3	55.9	57.3	65.3	67.7	73.3	82.5	88.2	76.6	80.6	89.4	89.3
Seen	0	0	2081	7293	12745	14936	14409	16040	18147	19340	20797	24012	21359	20889	22905	22191	16790	17026
Assessed	0	0	712	2199	6728	9622	9119	8972	10498	12622	14081	17608	17630	18420	17543	17882	15011	15200

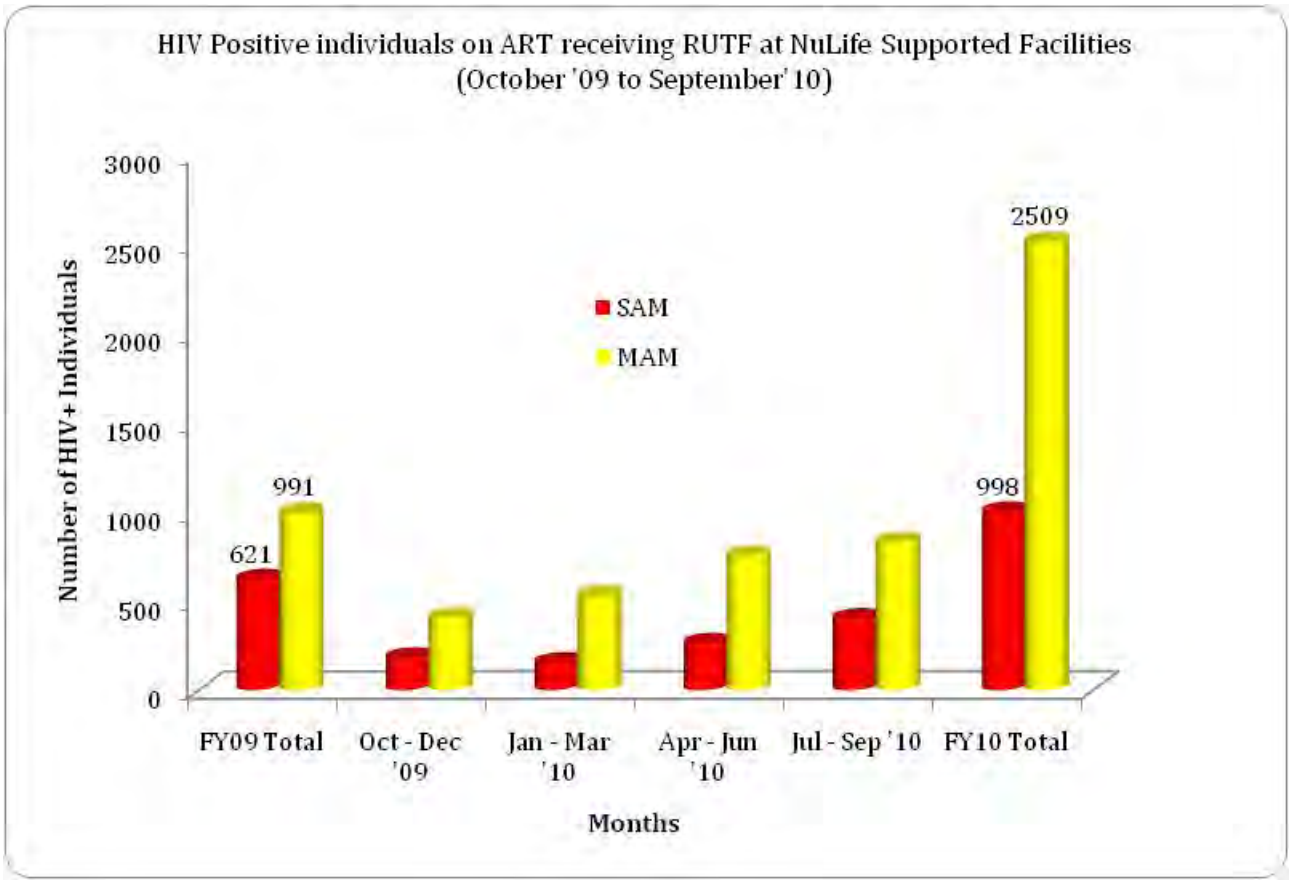
- Monthly coaching visits enabled sites to focus on site-specific issues and develop specific changes for improvement. For example, Masindi Hospital focused on improving record-keeping of malnourished clients who received nutrition counseling (see graph below).

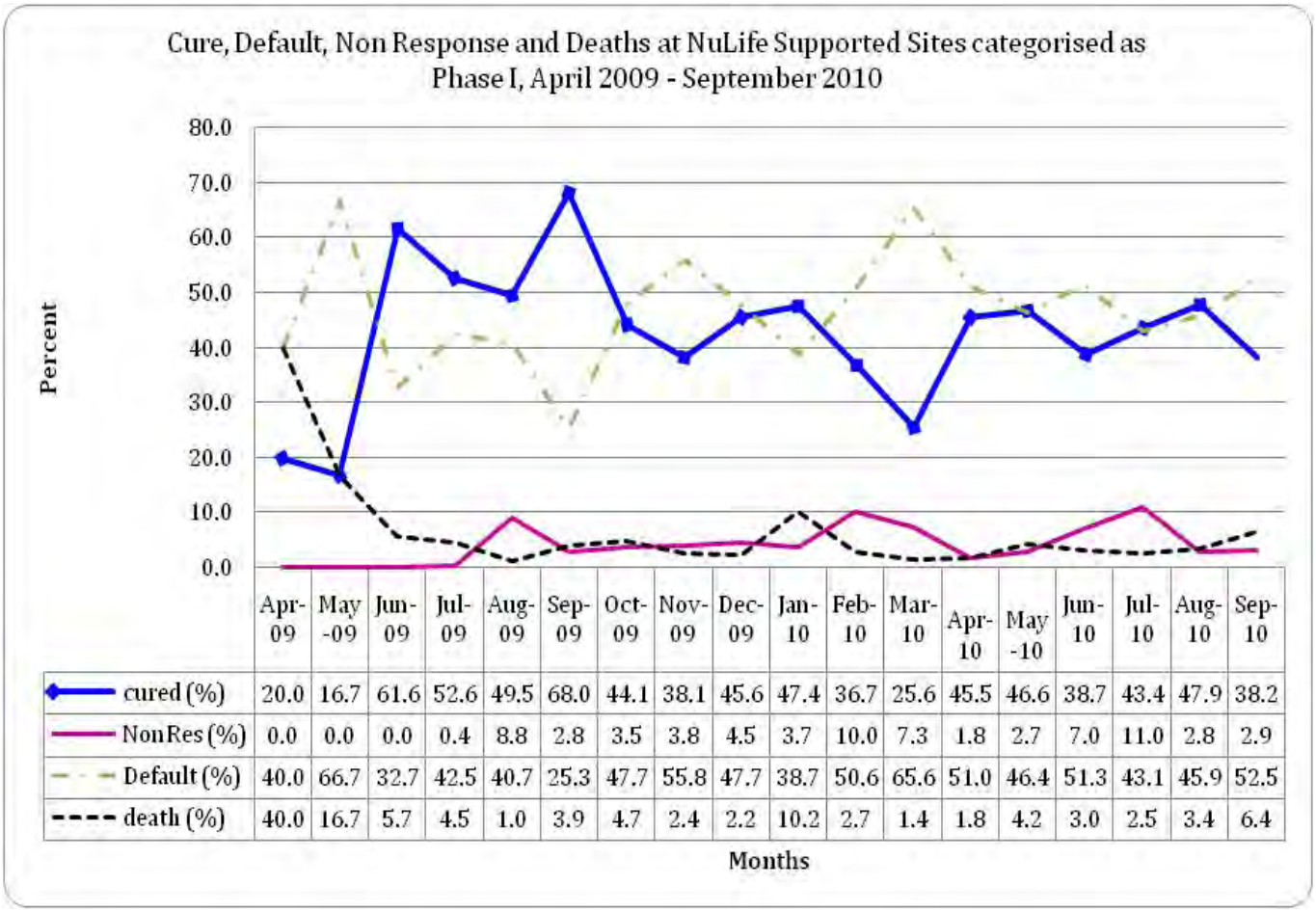


	Jan	Feb	Mar	April
% counselled	0	29	96	88
Malnourished	0	42	46	26
Counselled	0	12	44	23

- All the sites hold monthly continuing medical education (CME)/continuing professional development (CPD) to orient untrained staff on nutrition interventions, refresh their knowledge and skills. As a result of these CME/CPD meetings, the sites are better able to cope with the high attrition rate since a critical mass of people is oriented in nutrition activities.


Admissions at NuLife Sites, October 2009 to September 2010
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Pateints
51.8%
47.0%
1.2%
3,468
2,759
6,227
1,429
4,228
5,657
32
116
148
SAM
MAM
Total
FY10 Total = 12,032
Children (6months <18 Years)
Adults (18 years & above)
Pregnant/Post-partum women (Pregnant or have a child <6months old)
Patient Category


HIV Positive individuals on ART receiving RUTF at NuLife Supported Facilities
(October '09 to September' 10)
Number of HIV+ Individuals
3000
2500
2000
1500
1000
500
0
SAM
MAM
621
991
998
2509
FY09 Total
Oct - Dec '09
Jan - Mar '10
Apr - Jun '10
Jul - Sep '10
FY10 Total
Months



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
cured (%)	20.0	16.7	61.6	52.6	49.5	68.0	44.1	38.1	45.6	47.4	36.7	25.6	45.5	46.6	38.7	43.4	47.9	38.2
NonRes (%)	0.0	0.0	0.0	0.4	8.8	2.8	3.5	3.8	4.5	3.7	10.0	7.3	1.8	2.7	7.0	11.0	2.8	2.9
Default (%)	40.0	66.7	32.7	42.5	40.7	25.3	47.7	55.8	47.7	38.7	50.6	65.6	51.0	46.4	51.3	43.1	45.9	52.5
death (%)	40.0	16.7	5.7	4.5	1.0	3.9	4.7	2.4	2.2	10.2	2.7	1.4	1.8	4.2	3.0	2.5	3.4	6.4

CHALLENGE

Default is generally high in most sites including many Phase II sites that started distributing RUTF to clients in June 2010. The high default rate is caused by:

- Lack of consistent definition of "default".
- The bi-weekly follow-up visits are not practical because of the high costs incurred and distance.
- Difficulty in managing a chronic condition in a system that is set up for acute care (expecting health workers to follow-up with clients for long periods of time without a longitudinal system in place).
- Clients that have improved their nutrition status do not return to the site.

Group discussions during training of community-based health workers.

1.4 STRENGTHENED LINKAGES BETWEEN FACILITY AND COMMUNITY

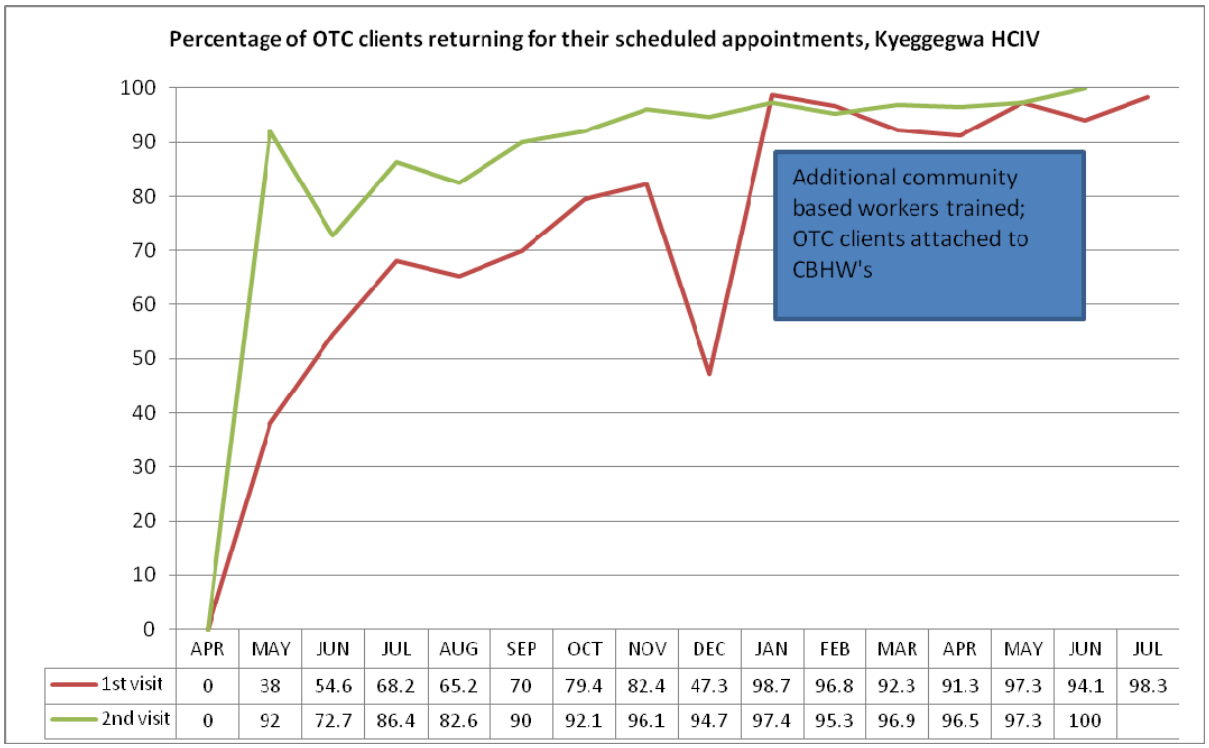
KEY ACTIVITIES

- Held planning meetings and engaged district representatives and implementing partners to agree on the catchment area, selection and support mechanisms for community-based health workers.

- Sensitized community leaders on their roles in supporting trained community-based health workers.
- Held orientation meetings between community- and facility-based health workers to foster team work.
- Revised community training manuals and job aides to include fortified blended foods (FBF) and updated community M&E tools.
- Held monthly progress review meetings for community-based health workers.

KEY RESULTS

- 19 planning meetings were held with district health teams, implementing partners and health facilities.
- District and community leaders were sensitized on their roles supporting the trained community-based health workers.
- 19 meetings were held between community- and facility-based health workers.
- Updated community M&E tools rolled out to all sites and community training manuals are reviewed and ready to be laid out.
- Since May 2010, all sites have started holding monthly progress review meetings.
- Health facilities registered an increase in referrals from the community. 8,587 individuals were categorized as acutely malnourished, of which 89% were referred for treatment.
- Sites with strong community links and partnership registered improvement in follow-up of malnourished clients



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
1st visit	0	38	54.6	68.2	65.2	70	79.4	82.4	47.3	98.7	96.8	92.3	91.3	97.3	94.1	98.3
2nd visit	0	92	72.7	86.4	82.6	90	92.1	96.1	94.7	97.4	95.3	96.9	96.5	97.3	100	

PLANNED KEY ACTIVITIES

- Recognition event for community-based health workers.
- Work with 2 USG implementing to build commitment from districts, communities and NGO partners for community-based health workers in eastern region.

- Document and disseminate key lessons learned and best practices

Community-based health worker re-assesses Maria to confirm that she is no longer malnourished during a follow up visit

District leader provides a community kit to a trained community-based health worker

1.5 SUPPORT TO UNITED STATES GOVERNMENT IMPLEMENTING PARTNERS

KEY ACTIVITIES

- Establish partnerships with USG IPs through informal and formal agreements of collaboration.
- Provide technical support to USG implementing partners to plan and roll out the integration of Nutrition into HIV Care and Support Services.
- Invite USG IPs to NuLife joint technical support meeting to sites, planning meetings for training of community volunteers and health care workers.
- Participate in other USG IP technical and consensus building meetings.

KEY RESULTS

- USG implementing partners have participated in joint technical support to Health facilities together with NuLife and the Ministry of Health
- NuLife has shared the minimum package for integration of Nutrition into HIV Care and Support Services to USG implementing partners, additionally; NuLife also provided technical support to the above organizations.

PLANNED KEY ACTIVITIES

- Continue to develop formal agreements with USG implementing partners who have included nutrition in their FY11 work plans and requested technical assistance from NuLife.
- Share emerging best practices through organized site visits and participation in learning sessions organized for Phase I and Phase II health facilities.

OBJECTIVE 2: ESTABLISH LOCAL CAPACITY FOR PRODUCTION OF READY-TO-USE THERAPEUTIC FOOD (RUTF)

KEY ACTIVITIES

- Support local food manufacturer, RECO Industries, Ltd. to secure Uganda National Bureau of Standards (UNBS) certification of batches and progress towards full certification.
- Support the development of national standards for RUTF production.
- Support RECO to access accurate information on quality groundnuts and milk in Uganda.
- Procure fortified blended foods and RUTAFA.
- Support RECO to develop a business plan and explore capacity for fortified blended foods.
- Explore expansion to sustainable livelihood for exiting clients.

KEY RESULTS

- On April 15, 2010, NuLife officially launched RUTF, or RUTAFA, production at RECO Industries, Ltd. URC President, Barbara N. Turner, and MOH and USAID representatives were on hand to celebrate RECO's establishment of manufacturing facility to produce RUTF for the treatment of malnutrition, particularly for severely malnourished children and HIV patients.

URC President, Barbara N. Turner and MOH Head of Nutrition, Ms. Agnes Baku, s admiring a sachet of RUTAFA during the commissioning of RECO's production of local RUTF on April 15th 2010.

- US Ambassador to Uganda, His Excellency Jerry Lanier, accompanied by his wife and the USAID Mission Director; Mr. David Eckerson, visited RECO on 9 July 2010 and commended the company's initiative towards public-private sector collaboration.

- Uganda National Bureau of Standards Certified all the 48 MT of RUTAFA that was produced.

- RECO Industries produced and delivered 48MT of RUTAFA to NuLife sites.
- NuLife facilitated a sustainable livelihoods initiative whereby the Diocese of Northern Uganda (DNU) provides land for farmers recruited from the cadre of clients graduating from OTC program at NuLife supported sites to grown groundnuts. 10 acres of land were cultivated with groundnuts. 200 to 300 kg is expected to be harvested from each acre.
- A business plan for RECO was developed to guide RECO to sustain demand for RUTAFA beyond the life of the project.

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

	FY 2009			FY2010			GRAND TOTAL		
PATIENT CATEGORY	SAM	MAM	TOTAL	SAM	MAM	TOTAL	SAM	MAM	TOTAL
6mths-<6yrs	1217	969	2186	2845	1681	4526	4062	2650	6712
6yrs-<15yrs	179	430	609	551	953	1504	730	1383	2113
15yrs-<18yrs	24	29	53	72	125	197	96	154	250
18yrs & above	400	1570	1970	1429	4228	5657	1829	5798	7627
Pregnant and lactating women	14	43	57	32	106	138	46	149	195
Non lactating women with Child <=6months	12	6	18	0	10	10	12	16	28
Total	**1846**	**3047**	**4893**	**4929**	**7103**	**12032**	**6775**	**10150**	**16925**

PLANNED KEY ACTIVITIES

- RECO to continue producing 20 tons of RUTAFA per month to meet NuLife demand.
- Support RECO to implement business plan and generate demand among other interested parties (e.g., USG partners, other donors and UN agencies) to ensure a sustained demand for the product.
- Support RECO to establish onsite quality testing laboratory facility.
- Support RECO to start production of fortified blended foods (FBF).
- RECO plans to continue to support local farmers to cultivate 150 acres of groundnuts and to work with the Diocese of Northern Uganda to provide farming opportunities to cured clients from the Gulu Regional Referral Hospital.

OBJECTIVE 3 ESTABLISH DISTRIBUTION SYSTEM FOR DELIVERY OF RUTF

KEY ACTIVITIES

- Develop long term RUTF and fortified blended food supply chain strategy
- Monitor stock and forecast RUTF and FBF requirements.
- Advocate for inclusion of RUTF on the essential drug list

KEY RESULTS

- Over 125 MT of RUTF and 3.7 MT of FBF positioned at sites.
- Recommendations developed for the MOH to establish a long-term supply chain strategy for RUTF.
- RUTF included in the Health Sector Strategic Plan (HSSP) 2011/2015.

PLANNED KEY ACTIVITIES

- Implementation of a long term RUTF supply chain system.
- Procurement of sufficient RUTF to meet client demand at 54 NuLife sites.
- Routine stock monitoring as well as replenishment to all implementing sites.

MONITORING, EVALUATION AND DOCUMENTATION

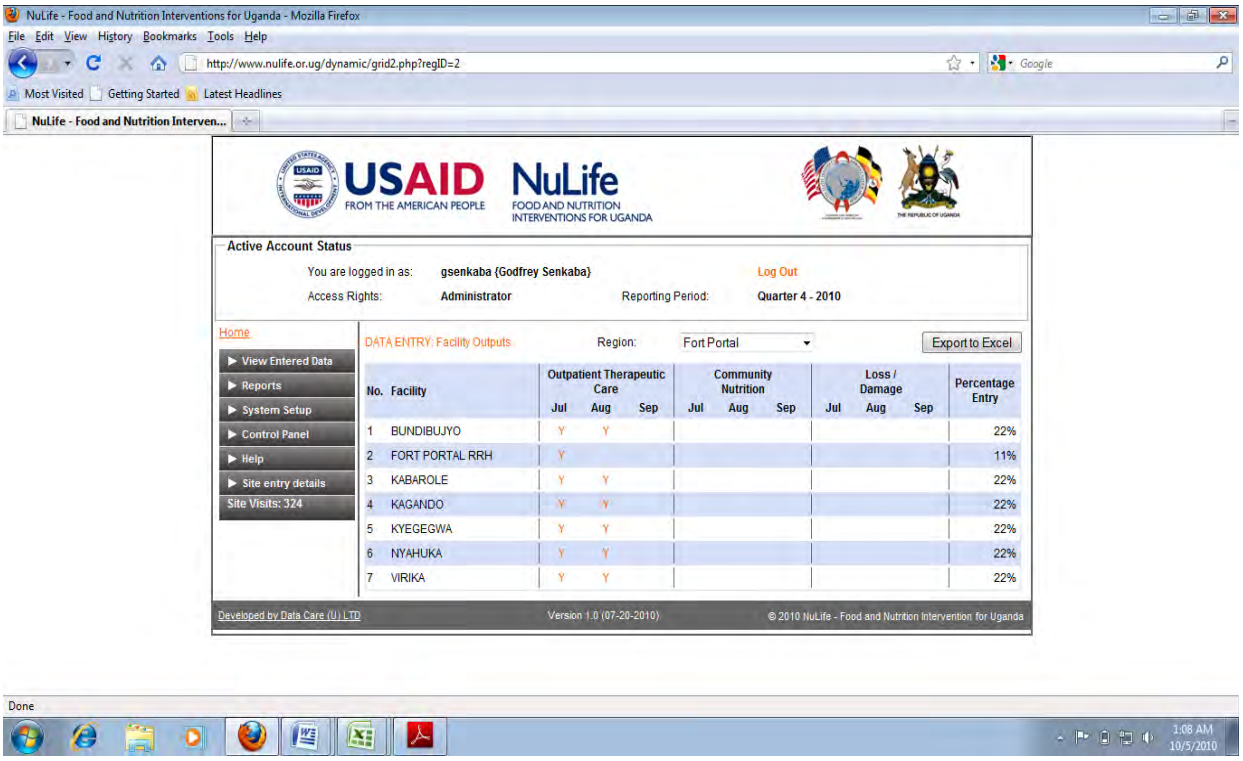
KEY ACTIVITIES

- Reviewed and revised data collection tools
- Distributed revised tools to all 54 sites.
- Develop an integrated web-based monitoring and evaluation database.
- Document and disseminate program experiences, lessons learned and innovations at appropriate fora including international conferences/workshops.

KEY RESULTS

- Participated in the review of the national Health Management Information System (HMIS) and inclusion of indicators in the revised HMIS to contribute to the sustainability of the information system developed by NuLife.
- New monitoring and evaluation tools developed and rolled out to health facilities. These include; the outpatient therapeutic care (OTC) register; community nutrition assessment, and referral forms, as well as the OTC monthly reports. It is now

- The revised data collection tools aim to simplify data collection. Health workers can now better monitor client outcomes.
- The new web-based monitoring and evaluation database *(Version 1.0 July 2010)* was completed and uploaded for use in July 2010



PLANNED KEY ACTIVITIES

- Provide on the job support for data collection at health facility and community levels
- Verification of data entered in the new web-based M&E database
- Data quality assessments
- Documentation of best practices and success stories

Conferences and workshops

Conferences/ Workshops	Date	Venue	Presenter(s)	Purpose
19th International Congress on Nutrition (ICN)	4th -10th Oct 2009	Bangkok, Thailand	Hanifa Bachou and Denis Nuwagaba	Share NuLife experience worldwide & interact with the world experts in nutrition
National HIV/AIDS Conference	Nov 2009	Kampala Uganda	NuLife site: MNU	Poster presentation on Outpatient therapeutic Care
Nutrition stakeholders' meeting	Nov 2009	Kampala Uganda	NuLife site: Virika Hospital	Oral presentation on Integrating Nutrition into HIV/AIDS care

Conferences/ Workshops	Date	Venue	Presenter(s)	Purpose
				treatment and support: Virika Hospital
Sharing NACS Implementation experience Meeting	28-29th Jan 2010	Nairobi, Kenya	Margaret Kyenkya, & Hanifa Bachou & Caroline Tanner	Organized in Kenya by USAID, FANTA and the AED Nutrition and HIV Program team
USG Implementing partners' meeting	May 2010	Kampala, Uganda	Margaret Kyenkya Denis Nuwagaba Apollo Nkwake	Oral presentation at the USG partners, meeting
Chronic Conditions Care Design (CCCD) Workshop. Funded by USAID & organized by the HCIP	31 - June 3, 2010.	Kampala, Uganda	Tamara Nyombi & Richard Guma Reps. From NuLife sites: Kayunga hosp Virika Hosp, Ishaka Advent Hosp, Katakwi HCIV, Gulu RRH	A hands-on workshop on the chronic care model, adaptation to Ugandan health system:
PEPFAR-funded Care that Counts Regional QI Training in Kampala,	June 7-11, 2010	Kampala, Uganda	Hanifa Bachou & Tamara Nyombi	Training to Improve the quality of care for vulnerable children & families affected by HIV/AIDS.
STAR-EC Program - Stakeholders Conference	1st – 3rd July	Jinja, Uganda	Mariam Mathew	NuLife participated in a to increase & improve stakeholders' collaboration
PEPFAR Portfolio Review		PALLISA DISTRICT	DR OKOTH DAVID	To examine PEPFAR programming in the context of NSP, HSSP II in 16 PEPFAR service provision sites (HF)
Nutrition Stakeholder's Meeting	25 – 26 March 2010	Kampala, Uganda	Richard Guma & Hanifa Bachou	The NuLife program progress: Achievements Challenges & lessons learned
Fellowship Programmatic activity Dissemination workshop (Baylor-Ug)	31st August	Kampala, Uganda	Hanifa Bachou	Oral presentation
HIV/AIDS programme learning group	15th July 2010	Hungary	Telesphore Kabore	Sharing NuLife experience in Uganda with Save the Children present in other countries
The African Union Africa Summit: Food & Nutrition Side event	22nd -26th July 2010	Kampala, Uganda	Hanifa Bachou, Augustine Kigoonya, Florence Musaazi,	NuLife participated in the Exhibition of all materials, job aids, equipment and RUTAFA
NACS Workshop	13th -17th Sep 2010	Jinja Uganda	NuLife Staff	Co-hosted by NuLife & FANTA 2. NuLife presented, exhibited, set facility & community site visits
The International AIDS Conference	17th – 22nd July 2010	Vienna, Austria	Tamara Nsubuga	3 Poster presentations
Rapid Baseline Assessment of Baby Friendly Hospital Initiative in Iganga Hosp & Jinja RRH	28th July 2010	Jinja, Uganda	Mary Nabisere Monic Bazibu Dr Madraa E.	Dissemination of results to Districts and implementing partners
18TH UNACOH Annual Scientific Conference"	22nd – 24th Sep 2010	Kampala, Uganda	Mariam Mathew	Oral Presentation
IBFAN Regional Meeting	21st – 26th Sep 2010	Mauritius	Margaret Kyenkya	Oral presentation

Conferences/ Workshops	Date	Venue	Presenter(s)	Purpose
Global Health Conference	21 – 26 September 2010	Wash DC USA	Margaret Kyenkya	Sharing NuLife program experiences.

PROGRESS TOWARD SUSTAINABILITY OF PROGRAM ACTIVITIES AFTER PHASE-OUT

KEY ACTIVITIES

- Advocate for inclusion of RUTF in the essential drug list as it has already been included in the Health Sector Strategic Plan.
- Develop a long term supply chain strategy for RUTF in collaboration MOH and other stakeholders for implementation.
- Advocate with district authorities for inclusion of nutrition in their work plans.
- Advocate for inclusion of nutrition indicators on HMIS register and ART care cards.
- Provide technical support for the inclusion of nutrition in in-service curriculum.
- Support the MOH to harmonize nutrition job aides, counseling cards, M&E tools and training package.
- Advocate for inclusion of nutrition in VHT training package.
- Contribute to finalization of IMAM guidelines and training package.
- Build capacity for USG IPs to integrate nutrition in their on-going HIV activities.
- Build capacity of MOH as national trainers and regional coaches.

PLANNED KEY ACTIVITIES

- Roll out and hand over the M&E web based database to MOH.
- Integrate RUTF into MOH essential drugs list, budgeting process and supply chain management system.

CHALLENGES

Challenge	Resolution
Lack of Codex standard by which UNBS can finally fully certify RECO for production of RUTAFA	NuLife is monitoring this process closely and is in close contact with UNBS regarding standards development. NuLife staff has attended meetings to contribute to the dialogue. Uganda is one of seven countries contributing to recommendations to Codex.
Health facilities are experiencing a high default rate of clients on treatment with ready-to-use therapeutic food	Health facilities are conducting outreach to these isolated communities. Through its quality improvement work, NuLife is exploring other innovative ways to address this challenge. NuLife will continue strengthening the community linkage, by training and equipping community volunteers to follow up enrolled clients besides assessment and referrals. NuLife will continue to advocate with implementing partners to support districts to reach clients
Continuous staff attrition at supported health facilities	NuLife will continue to support health facilities to hold continuous professional training in

Challenge	Resolution
	comprehensive nutrition and care. In addition, NuLife encourages task sharing and the use of expert clients in providing nutrition care and support especially at the HIV Clinic.
Failure to supply 43 MT of FBF by Insta Products-Kenya limited prescription of therapeutic food to HIV positive adults	NuLife has started giving RUTF to all MAM HIV adult clients enrolled on the OTC program at the 16 health facilities.
Motivation of facility- and community-based health workers	Explore incentive mechanisms with districts and IPs
Due to famine in various parts of the country, the numbers of clients seeking nutritional treatments increased at some health facilities	NuLife is supporting other USG implementing partners to scale up nutritional programming

ADMINISTRATION

STAFFING

A number of recruitments were made during this period to match the growing human resource needs. The following were recruited.

Name	Title	Period
Godfrey Senkaba	Senior M&E Advisor	August 2010
Monic Bazibu	Breast Feeding Counselor	June 2010
Mary Nabisere	Breast Feeding Counselor	June 2010

SHORT TERM TECHNICAL ASSISTANCE

Name	Support	Period
Tonja Cullen Balogun Senior Program Officer, URC	Support to the COP on project management and to project staff for program implementation.	March and July 2010
Sophie Babu Project Coordinator, URC	Provided administrative support to NuLife Participated in Phase II launch	March 2010
Barbara Tanner President, URC	Review the status of RUTF production Provide Management support to NuLife	April 2010
Dr. Tisna Veldhuijzen van Zanten, PhD Vice President, URC	Technical support and supervision Review status of project activities	June 2010
Sumana Brahman Deputy Director of the International Division, URC	Provide support to the COP- NuLife Review the implementation of planned activities	June 2010
Ram Shrestha Senior Advisor for Quality Improvement and Nutrition	Provide technical assistance for NuLife sustainable livelihoods initiatives	June 2010
Sumana Brahman Deputy Director of the International Division, URC	Participated in the NACS conference Support for work plan development extension Provide support for QI planning and documentation.	Sept 2010

CONSULTANTS

Name	Support offered	Period
Caroline Tanner	Technical guidance on integration of FBF into existing structure Development of treatment protocols and orientation materials to facilitate integration of FBF	Jan 2010
Emily Siegel	Technical guidance on integration of FBF	Feb 2010

	into the existing structure Develop treatment protocols & orientation materials to facilitate integration of FBF at the community level	
Dan O'Brien	Development of business plan for RECO Industries, Ltd.	July 2010
Pascal Okello	Preliminary diagnostic analysis of the groundnut and milk value chain	June 2010
Data Care	Development of the NuLife Data base	Aug2010

PLANNED KEY ACTIVITIES

- Recruitment of additional staff to support monitoring and evaluation; they include
  - M&E Specialist
  - M&E Advisor
  - Data entry assistant
- Procure a truck, motorcycle and bicycles to support sustainable livelihoods, community volunteer coordinators and community volunteers respectively
- Procurement of RUTAFA and FBF from RECO Industries Ltd.

ANNEX I: PROGRESS TABLE

Work Plan Activity	Status
Overall Project	
Prepare quarterly, semi-annual and annual performance reports	Compiled and submitted
Organize site visits for advocacy purposes as part of technical assistance `	02 Joint Technical support visits undertaken to all 54 Health facilities and districts.
Organize quarterly program review meetings	04 quarterly progress review meetings held
Bi-weekly meetings with AOTR (USAID) and regular meetings with MOH counterparts	Done
Objective 1. Provision of technical support to the MOH and USG implementing partners to integrate food and nutrition interventions into HIV/AIDS programs	
Contribute funding and participate in Sub-Committee on Nutrition (SCN) meetings	Funded 15 Nutritionist for the three SCN meetings held for FY 2010
Printing of materials on Comprehensive Nutrition Care and Support for PLHIV	Materials were printed and distributes during the regional trainings
Dissemination of Nutrition and HIV Policy	Nutrition and HIV policy disseminated during Joint Technical support to health facilities and districts.
Support MOH with dissemination of IMAM guidelines and preparation of training curricula and job aids	Guidelines finalized, currently with UNICEF awaiting editing, layout and printing. Dissemination carried forward to FY 2011
Advocate for the inclusion of nutrition in the pre- and in-service training of health workers and Village Health Teams, and in the nursing curriculum	Nutrition included in the draft HIV and Nutrition in – service Curriculum
Support to USG implementing partners	
Formalize collaborative arrangements with USG IPs requesting TA	05 agreements signed, the process is on – going
Disseminate best practices to USG IPs and other partners through reports and visits to sites	Disseminated at 19 different fora
Organize training in comprehensive nutrition care for PLHIV for USG IP staff and associates as per agreements	Trained and provided support to STAR – EC, STAR East.
Share M&E tools with USG IPs to advance uniformity in data collection and reporting	M&E tools shared with USG Implementing partners upon request
Advocate with USAID and CDC for inclusion of nutrition in scopes of work and budgets for projects	Advocated during USG partners during review of USAID's review of Strategic objective 08 (S08) Health, HIV/AIDS, Nutrition and Education.
Support to Districts	
Contribute to HCI QI training for districts to build their technical capacity in nutrition for PLHIV	Activity dropped during FY 2010
Share data generated from sites with the District Health Officers	Data shared during Joint Technical support to health facilities.
Advocate for districts to allocate budget toward nutrition and support to volunteers trained to implement nutrition activities	Advocacy carried out during Joint Technical support to health facilities. During the budgeting cycle district will plan and budget for Nutrition and HIV
Support to health facility sites	
Organize bi-monthly coaching visits for Phase I sites in collaboration with HCI	Done

Work Plan Activity	Status
Organize quarterly meetings of coaches	Done
Organize learning sessions to facilitate sharing of best practices	Two learning sessions were held
Conduct refresher on training for national trainers	Done
Distribute job aids and equipment to supported sites, as needed	Handed over to in charge Nutrition Division
Finalize and hand over to MOH the health facility and community training manuals	Supported Mwanamugimu, and Virika to make presentations during SCN meetings Supported Jinja regional Hospital, Iganga Hospital and Kayunga to share their experiences during the regional NACS conference.
Work with health workers at supported sites to prepare abstracts based on their experiences for presentation at conferences	
Support to strengthen health facility-community link	
Work with QI teams to ensure inclusion and active participation of Community Coordinators	Done
Promote functional facility community linkages through presentations and workshops	Promoted by co-opting community volunteer coordinators during monthly health facility meetings and participation during the learning sessions.
Document and disseminate best practices and promote exchange visits between health facilities	Undertaken during learning sessions
Compile database of trained volunteers by sub-county and organize follow-up mentoring and supportive supervision visits to volunteers	Done, and volunteers are followed during joint technical support to sites.
Support Community Coordinators and volunteers to ensure referral booklets are collected and information entered in database	Community volunteers referring volunteers to health facilities and reports are being written monthly.
Prepare appropriate input and work with MOH Village Health Team Coordinator to include nutrition in Village Health Team guidelines and manual	Undertaken during the revision of VHT manual
Objective 2: Development of a nationally acceptable Ready to Use Therapeutic Food (RUTF) made from locally available foods	
Provide international technical assistance in support of locally produced RUTF	Technical assistance provided for certification of RUTAFA, ground nuts and milk value chain consultancy report developed and being used as a body of information.
Ensure adequate supply of RUTF to end users	125 MT of RUTF and 3.7 MT of FBF distributed to health facilities
Support collaborating partners to project their needs of RUTF and share with RECO	STAR E, STAR – EC, WFP Uganda, AFFORD to project needs of RUTF
Prepare action plan for integrating fortified blended foods into treatment plans for malnourished individuals	Ishaka and Fort Portal hospitals have so far received 3.7 MT of FBF

Work Plan Activity	Status
Explore ways to determine and document the efficacy of using the current RUTF formulation in adults	Draft proposal shared, activity carried forward to FY 2011
Coordinate with the MOH to recognize RUTF as an essential drug	RUTF incorporated in the draft HSSP III and HMIS and currently awaiting finalization.
Objective 3: Establishment of a supply chain system for effective production and delivery of RUTF to acutely malnourished PLWHAs	
Compile weekly consumption report from all supported sites and share with RECO and other food partners to facilitate accurate forecasting of demand	Done and shared weekly
Train relevant heath workers in supply chain issues including stores management, forecasting, recording and reporting.	Done at regional levels
Maintain an updated list of stores managers and dispensers in the data base and obtain weekly reports on status of commodities	Undertaken two times during the financial year
Conduct training of trainers to serve as resources for stores management skills to new facility staff in the event of reallocation or transfer	Carried forward to FY 2011
Develop and implement strategy and action plan for transitioning from short term to long term supply chain system for RUTF distribution	Strategy developed, recommendations developed and are yet to be adapted to by MOH.
Work with the supply chain system of MOH to develop strategy and action plan for integration of RUTF into the long term supply chain system	Strategy developed and currently and RUTAFA is being incorporated in the draft HSSP III
Share best practices with MOH	Emerging best practices shared during Nutrition Stake Holders meeting.
Develop strategy for linking cured patients to existing livelihood interventions in Northern Uganda	Strategy developed, Northern Uganda Diocese has provided land where exiting clients in Northern Uganda are accessing livelihoods.
Monitoring, Evaluation and Documentation	
Routine project monitoring and evaluation	
Conduct semi annual data quality assessment to review accuracy of data collection systems	Done in November 2009 and August 2010 and data used for preparation of USAID annual report
Capture and utilize program data	Reports developed and shared monthly, data is being used for decision making,
Carry out a review of monitoring systems including Performance Monitoring Plan (PMP) and tools	Done, PMP updated and data collection tools revised.
Conduct facility inventory to gather information for key indicators not collected from service data	Undertaken and data used in preparation of the USAID annual report.
Use GIS to produce maps and presentations on program implementation	GIS being used to produce maps and presentations in for a where NuLife experiences are being shared.
Training of health staff in data collection and management	
Orient nutritional focal points in program standard operating procedures for data collection at health facility and community	Undertaken during Joint Technical Assistance to sites
Conduct M&E coaching and mentoring visits to implementing sites	Undertaken during Joint Technical Assistance to sites

Work Plan Activity	Status
Conduct refresher and feedback workshops on data management	One refresher conducted
Hold bi-weekly telephone calls with nutritional point persons in the implementing health facilities	Done on an ongoing basis
Ensure the documentation of best practices and success stories	
Train staff and coaches in documenting success stories	Carried forward to FY 2011
Gather and compile success stories from the field	15 success stories compiled
Evaluation of the program	
Determine need and process for end-of-program evaluation in collaboration with USAID	

ANNEX 2: PERFORMANCE MONITORING PLAN INDICATORS

NuLife PMP Indicator Matrix, Fiscal Year 2010 Achievements

Indicator	FY 2008	FY09 Achievement	FY 2010		Remark
			Target	Achievement	
Strategic Objective: Improved quality of life of people living with and affected by HIV/AIDS in Uganda through improved nutrition					
Indicator 1a: Number of HIV positive individuals receiving ART with evidence of severe malnutrition receiving food and nutrition supplementation. *(Previously PEPFAR)*	0	1,634	1600	3,507	Target surpassed
Indicator 1b: Number of HIV positive individuals receiving food and nutrition supplementation.	0	2,947	4,000	7,953	Target surpassed
Intermediate Result 1 Nutrition interventions integrated into HIV care and treatment					
Indicator 1.1 Percent of HIV positive individuals receiving nutritional assessment utilizing MUAC during HIV Clinic visits	0	48.4	85%	74%	Target not achieved. A health facility inventory was undertaken to estimate this, assessment reportedly done but for most sites it is not documented well on the clients' ART cards.
Indicator 1.2 Percent of HIV positive individuals receiving nutritional counseling during HIV Clinic visits.	0	20%	40%	13%	Target not achieved. A health facility inventory was undertaken to estimate this, counseling is reportedly done but for most sites it is not documented well on the clients' ART cards.
Indicator 1.3 Number of HIV positive pregnant or lactating women receiving food and nutrition supplementation in a PMTCT setting *(Previously PEPFAR)*	0	65	100	138	Target Surpassed

Indicator	FY 2008	FY09 Achievement	FY 2010		Remark
			Target	Achievement	
Indicator 1.4 Number of OVC receiving food and nutritional supplementation through OVC programs *(Previously PEPFAR)*	0	2,893	3,000	4,079	Target surpassed
Indicator 1.5 Percentage of PLHIV who know at least two of the three recommended ways to increase energy intake	5%	-	15%	*	*Survey to establish progress on this target was not carried out.
Indicator 1.6: Percent of HIV positive adults and OVCs who have been treated with RUTF for acute malnutrition who defaulted.	DNA[1]	12%	10%	49%	Achievement on this indicated much affected by unexpected delays in supply of RUTF especially in March 2010
Indicator 1.7: Number of HIV-positive adults and children receiving a minimum of one clinical service *(PEPFAR NGI)*			41,310	7,953	Only number of clients who received therapeutic/supplementary food used. Assessment figures have been excluded as the number of 'unique' clients is not yet correctly captured by the facilities.
Indicator 1.8: Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food *(PEPFAR NGI)*			4,000	7,953	Target surpassed
Indicator 1.9: Number of eligible clients who received food and/or other nutrition services *(PEPFAR NGI)*			3,000	12,032	Target surpassed with the roll out of the program to 20 new sites (Phase II)
Indicator 1.7: % PLHIV that know the two recommended replacement feeding options	12.4%	N/A			No survey was undertaken

[1] DNA- Data Not Available.

Indicator	FY 2008	FY09 Achievement	FY 2010		Remark
			Target	Achievement	
Sub Result 1.1: Guidelines and Protocol developed					
Indicator 1.1.1: Percent of HIV care and treatment facilities with guidelines on comprehensive Nutrition care and support for PLHIV.	0	94%	100%	11%	At the time of Conducting the Health Inventory which informed progress on this indicator, a number of the Sites had given out guidelines delivered to clients.
Sub Result 1.2: Facility capacity strengthened					
Indicator 1.2.1: Percent of HIV care and treatment facilities with a minimum set of anthropometric equipment	7	100%	100%	85%	Target not achieved
Indicator 1.2.2: Percent of HIV care and treatment facilities with nutrition and HIV related counselling materials or job aids updated by NuLife	0	94%	100%	70%	Target not achieved
Indicator 1.2.3: Number of health facilities certified as Mother-Baby Friendly	N/A	N/A	2	0	In the process of having both Jinja & Iganga Hospitals certified.
Sub Result 1.3: Human capacity strengthened					
Indicator 1.3.1: Number of health care workers who successfully completed an in-service training program within the reporting period. *(PEPFAR NGI)*	0	1,493	300	254	Target nearly achieved
Sub Result 1.4: Linkages between facility and community strengthened					
Indicator 1.4.1: Number of acutely malnourished individuals assessed by community health workers and referred to sites providing comprehensive nutrition care	0	863	900	8,5876	Target overly surpassed
Indicator 1.4.2: Percent of trained community volunteers who are actively referring clients for nutritional interventions.	DNA	-	60%	70.7%	Target surpassed
Intermediate Result 2: Nationally acceptable RUTF developed and produced locally					

Indicator	FY 2008	FY09 Achievement	FY 2010		Remark
			Target	Achievement	
Indicator 2.1: Number (in metric tons) of RUTF produced locally	0	0	80	48.427Mt	
Indicator 2.1.1: Local capacity for the development of RUTF that meets national and international standards established					
Indicator 2.1.1: Uganda manufacturer certified	0	Was not	Achieved		
Intermediate Result 3: Effective systems for the delivery and storage of RUTF established					
Sub result 3.1: Effective system for distribution of RUTF developed					
Indicator 3.1.1: Number of metric tons of RUTF or FBF distributed to health facilities	0	38[2]	160	128.7	
Sub result 3.2: Effective stock management systems for RUTF developed					
Indicator 3.2.1: Percent of sites experiencing stock-outs of RUTF or FBF in the past three months	0	-[3]	15%	30%	The program experienced unexpected delays in supply of RUTF in March 2010. A health facility inventory was used to estimate this indicator.
Indicator 3.2.2 Percentage loss of the RUTF or FBF distributed to NuLife supported facilities	DNA	-[4]	0.02%	0.02%	Target achieved. This

[2] April through Sept 2009

[3] Data from the Sept 2009 Health Facility Inventory did not report on this

ANNEX 3: NUMBER OF MALNOURISHED PLHIV AND OVC RECEIVING RUTF AT NULIFE SUPPORTED SITES BY PATIENT CATEGORY AND BY QUARTER

Number of Malnourished PLHIV and OVC Receiving RUTF at NuLife Supported Sites by Patient Category, April 2009 to September 2010

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
ARUA RRH	6mths-<6yrs			0	14	0	14	14	0	14
	6yrs-<15yrs			0	11	0	11	11	0	11
	15yrs-<18yrs			0	0	0	0	0	0	0
	18yrs & above			0	84	159	243	84	159	243
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
ARUA RRH Total		**0**	**0**	**0**	**109**	**159**	**268**	**109**	**159**	**268**
MARACHA	6mths-<6yrs			0	7	31	38	7	31	38
	6yrs-<15yrs			0	7	15	22	7	15	22
	15yrs-<18yrs			0	0	4	4	0	4	4
	18yrs & above			0	26	57	83	26	57	83
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
MARACHA Total		**0**	**0**	**0**	**40**	**107**	**147**	**40**	**107**	**147**
MOYO	6mths-<6yrs			0	20	2	22	20	2	22
	6yrs-<15yrs			0	2	0	2	2	0	2
	15yrs-<18yrs			0	0	0	0	0	0	0
	18yrs & above			0	3	0	3	3	0	3
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
MOYO Total		**0**	**0**	**0**	**25**	**2**	**27**	**25**	**2**	**27**
NYAPEA	6mths-<6yrs			0	16	0	16	16	0	16
	6yrs-<15yrs			0	3	1	4	3	1	4
	15yrs-<18yrs			0	0	1	1	0	1	1
	18yrs & above			0	16	0	16	16	0	16
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
NYAPEA Total		**0**	**0**	**0**	**35**	**2**	**37**	**35**	**2**	**37**
YUMBE	6mths-<6yrs			0	27	14	41	27	14	41
	6yrs-<15yrs			0	2	2	4	2	2	4
	15yrs-<18yrs			0	1	0	1	1	0	1
	18yrs & above			0	8	0	8	8	0	8
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
YUMBE Total		**0**	**0**	**0**	**38**	**16**	**54**	**38**	**16**	**54**
FORT PORTAL RRH	6mths-<6yrs			0	5	5	10	5	5	10
	6yrs-<15yrs			0	10	25	35	10	25	35
	15yrs-<18yrs			0	4	2	6	4	2	6
	18yrs & above			0	40	156	196	40	156	196
	Pregnant and lactating women			0	1	3	4	1	3	4
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
FORT PORTAL Total		**0**	**0**	**0**	**60**	**191**	**251**	**60**	**191**	**251**
BUNDIBUGYO	6mths-<6yrs	10	9	19	10	6	16	20	15	35

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	6yrs-<15yrs	3	3	6	2	1	3	5	4	9
	15yrs-<18yrs	0	0	0	0	0	0	0	0	0
	18yrs & above	8	28	36	12	43	55	20	71	91
	Pregnant and lactating women	2	2	4	0	1	1	2	3	5
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
BUNDIBUGYO Total		**23**	**42**	**65**	**24**	**51**	**75**	**47**	**93**	**140**
KABAROLE	6mths-<6yrs			0	4	7	11	4	7	11
	6yrs-<15yrs			0	2	39	41	2	39	41
	15yrs-<18yrs			0	2	2	4	2	2	4
	18yrs & above			0	3	76	79	3	76	79
	Pregnant and lactating women			0	0	8	8	0	8	8
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
KABAROLE Total		**0**	**0**	**0**	**11**	**132**	**143**	**11**	**132**	**143**
KAGANDO	6mths-<6yrs	13	11	24	93	67	160	106	78	184
	6yrs-<15yrs	2	5	7	27	47	74	29	52	81
	15yrs-<18yrs	0	0	0	0	2	2	0	2	2
	18yrs & above	2	18	20	45	73	118	47	91	138
	Pregnant and lactating women	0	0	0	1	3	4	1	3	4
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KAGANDA Total		**17**	**34**	**51**	**166**	**192**	**358**	**183**	**226**	**409**
KYEGEGWA	6mths-<6yrs	23	17	40	198	81	279	221	98	319
	6yrs-<15yrs	1	4	5	41	36	77	42	40	82
	15yrs-<18yrs	1	2	3	5	15	20	6	17	23
	18yrs & above	19	41	60	63	243	306	82	284	366

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Pregnant and lactating women	0	0	0	0	11	11	0	11	11
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KYEGEGWA Total		**44**	**64**	**108**	**307**	**386**	**693**	**351**	**450**	**801**
NYAHUKA	6mths-<6yrs	18	18	36	98	2	100	116	20	136
	6yrs-<15yrs	6	9	15	6	5	11	12	14	26
	15yrs-<18yrs	0	0	0	1	0	1	1	0	1
	18yrs & above	5	3	8	21	38	59	26	41	67
	Pregnant and lactating women	0	0	0	0	1	1	0	1	1
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
NYAHUKA Total		**29**	**30**	**59**	**126**	**46**	**172**	**155**	**76**	**231**
VIRIKA	6mths-<6yrs	22	6	28	20	17	37	42	23	65
	6yrs-<15yrs	4	45	49	4	60	64	8	105	113
	15yrs-<18yrs	0	0	0	1	1	2	1	1	2
	18yrs & above	3	63	66	8	89	97	11	152	163
	Pregnant and lactating women	1	2	3	0	6	6	1	8	9
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
VIRIKA Total		**30**	**116**	**146**	**33**	**173**	**206**	**63**	**289**	**352**
GULU RRH	6mths-<6yrs	18	17	35	34	25	59	52	42	94
	6yrs-<15yrs	3	23	26	17	43	60	20	66	86
	15yrs-<18yrs	2	1	3	4	6	10	6	7	13
	18yrs & above	23	78	101	76	234	310	99	312	411
	Pregnant and lactating women	0	1	1	0	0	0	0	1	1
	Non lactating women with Child <=6months	1	1	2	0	0	0	1	1	2

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
GULU RRH Total		**47**	**121**	**168**	**131**	**308**	**439**	**178**	**429**	**607**
KITGUM	6mths-<6yrs	30	39	69	16	27	43	46	66	112
	6yrs-<15yrs	8	13	21	1	15	16	9	28	37
	15yrs-<18yrs	6	1	7	0	3	3	6	4	10
	18yrs & above	38	127	165	37	164	201	75	291	366
	Pregnant and lactating women	0	7	7	0	2	2	0	9	9
	Non lactating women with Child <=6months	1	2	3	0	0	0	1	2	3
KITGUM Total		**83**	**189**	**272**	**54**	**211**	**265**	**137**	**400**	**537**
HOIMA RRH	6mths-<6yrs	16	24	40	62	44	106	78	68	146
	6yrs-<15yrs	5	31	36	14	28	42	19	59	78
	15yrs-<18yrs	0	2	2	1	2	3	1	4	5
	18yrs & above	11	118	129	49	122	171	60	240	300
	Pregnant and lactating women	0	0	0	7	7	14	7	7	14
	Non lactating women with Child <=6months	0	0	0	0	3	3	0	3	3
HOIMA RRH Total		**32**	**175**	**207**	**133**	**206**	**339**	**165**	**381**	**546**
KAGADI	6mths-<6yrs	39	14	53	50	20	70	89	34	123
	6yrs-<15yrs	12	6	18	10	6	16	22	12	34
	15yrs-<18yrs	0	0	0	4	2	6	4	2	6
	18yrs & above	19	17	36	48	40	88	67	57	124
	Pregnant and lactating women	0	0	0	0	1	1	0	1	1
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KAGADI Total		**70**	**37**	**107**	**112**	**69**	**181**	**182**	**106**	**288**
KIBOGA	6mths-<6yrs	66	107	173	95	54	149	161	161	322
	6yrs-<15yrs	1	34	35	11	37	48	12	71	83

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	15yrs-<18yrs	0	5	5	5	8	13	5	13	18
	18yrs & above	12	124	136	47	268	315	59	392	451
	Pregnant and lactating women	0	3	3	0	2	2	0	5	5
	Non lactating women with Child <=6months	0	1	1	0	0	0	0	1	1
KIBOGA Total		**79**	**274**	**353**	**158**	**369**	**527**	**237**	**643**	**880**
MASINDI	6mths-<6yrs	33	95	128	41	21	62	74	116	190
	6yrs-<15yrs	18	57	75	11	10	21	29	67	96
	15yrs-<18yrs	0	0	0	3	1	4	3	1	4
	18yrs & above	12	63	75	29	140	169	41	203	244
	Pregnant and lactating women	0	0	0	0	1	1	0	1	1
	Non lactating women with Child <=6months	0	2	2	0	0	0	0	2	2
MASINDI Total		**63**	**217**	**280**	**84**	**173**	**257**	**147**	**390**	**537**
JINJA RRH	6mths-<6yrs			0	48	9	57	48	9	57
	6yrs-<15yrs			0	8	9	17	8	9	17
	15yrs-<18yrs			0	1	0	1	1	0	1
	18yrs & above			0	20	0	20	20	0	20
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
JINJA RRH Total		**0**	**0**	**0**	**77**	**18**	**95**	**77**	**18**	**95**
BUGIRI	6mths-<6yrs			0	69	32	101	69	32	101
	6yrs-<15yrs			0	6	4	10	6	4	10
	15yrs-<18yrs			0	1	0	1	1	0	1
	18yrs & above			0	18	17	35	18	17	35
	Pregnant and lactating women			0	0	0	0	0	0	0

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
BUGIRI Total		**0**	**0**	**0**	**94**	**53**	**147**	**94**	**53**	**147**
IGANGA	6mths-<6yrs	28	5	33	55	7	62	83	12	95
	6yrs-<15yrs	0	8	8	7	6	13	7	14	21
	15yrs-<18yrs	0	1	1	1	2	3	1	3	4
	18yrs & above	15	39	54	16	93	109	31	132	163
	Pregnant and lactating women	1	5	6	0	7	7	1	12	13
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
IGANGA Total		**44**	**58**	**102**	**79**	**115**	**194**	**123**	**173**	**296**
KAMULI MISS. HOSP.	6mths-<6yrs	15	3	18	18	4	22	33	7	40
	6yrs-<15yrs	3	5	8	2	1	3	5	6	11
	15yrs-<18yrs	0	0	0	0	0	0	0	0	0
	18yrs & above	18	49	67	8	7	15	26	56	82
	Pregnant and lactating women	1	3	4	0	0	0	1	3	4
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KAMULI MISS. HOSP. Total		**37**	**60**	**97**	**28**	**12**	**40**	**65**	**72**	**137**
KABALE RRH	6mths-<6yrs	55	49	104	78	41	119	133	90	223
	6yrs-<15yrs	5	21	26	9	24	33	14	45	59
	15yrs-<18yrs	1	5	6	1	7	8	2	12	14
	18yrs & above	22	134	156	75	218	293	97	352	449
	Pregnant and lactating women	0	3	3	1	1	2	1	4	5
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
KABALE Total		**83**	**212**	**295**	**164**	**291**	**455**	**247**	**503**	**750**
KAMBUGA	6mths-<6yrs			0	13	0	13	13	0	13
	6yrs-<15yrs			0	1	6	7	1	6	7
	15yrs-<18yrs			0	0	3	3	0	3	3
	18yrs & above			0	12	25	37	12	25	37
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
KAMBUGA Total		**0**	**0**	**0**	**26**	**34**	**60**	**26**	**34**	**60**
KISORO	6mths-<6yrs	299	130	429	200	1	201	499	131	630
	6yrs-<15yrs	11	7	18	12	6	18	23	13	36
	15yrs-<18yrs	2	1	3	1	3	4	3	4	7
	18yrs & above	9	9	18	22	70	92	31	79	110
	Pregnant and lactating women	0	0	0	2	0	2	2	0	2
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KISORO Total		**321**	**147**	**468**	**237**	**80**	**317**	**558**	**227**	**785**
DOKOLO	6mths-<6yrs	36	43	79	139	361	500	175	404	579
	6yrs-<15yrs	12	9	21	69	81	150	81	90	171
	15yrs-<18yrs	2	0	2	6	4	10	8	4	12
	18yrs & above	35	18	53	97	80	177	132	98	230
	Pregnant and lactating women	4	0	4	13	7	20	17	7	24
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
DOKOLO Total		**89**	**70**	**159**	**324**	**533**	**857**	**413**	**603**	**1016**
ORUM	6mths-<6yrs	3	6	9	12	4	16	15	10	25
	6yrs-<15yrs	4	0	4	3	7	10	7	7	14

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	15yrs-<18yrs	0	0	0	0	0	0	0	0	0
	18yrs & above	12	112	124	32	142	174	44	254	298
	Pregnant and lactating women	0	3	3	1	13	14	1	16	17
	Non lactating women with Child <=6months	0	0	0	0	4	4	0	4	4
ORUM Total		**19**	**121**	**140**	**48**	**170**	**218**	**67**	**291**	**358**
MASAKA RRH	6mths-<6yrs			0	49	25	74	49	25	74
	6yrs-<15yrs			0	14	10	24	14	10	24
	15yrs-<18yrs			0	2	0	2	2	0	2
	18yrs & above			0	13	4	17	13	4	17
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
MASAKA RRH Total		**0**	**0**	**0**	**78**	**39**	**117**	**78**	**39**	**117**
KALANGALA	6mths-<6yrs	14	10	24	12	18	30	26	28	54
	6yrs-<15yrs	4	2	6	0	9	9	4	11	15
	15yrs-<18yrs	0	0	0	0	0	0	0	0	0
	18yrs & above	14	18	32	13	68	81	27	86	113
	Pregnant and lactating women	0	0	0	1	7	8	1	7	8
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KALANGALA Total		**32**	**30**	**62**	**26**	**102**	**128**	**58**	**132**	**190**
VILLA MARIA	6mths-<6yrs	39	2	41	202	57	259	241	59	300
	6yrs-<15yrs	3	4	7	34	20	54	37	24	61
	15yrs-<18yrs	0	0	0	1	2	3	1	2	3
	18yrs & above	5	5	10	47	126	173	52	131	183

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Pregnant and lactating women	0	0	0	1	0	1	1	0	1
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
VILLA MARIA Total		**47**	**11**	**58**	**285**	**205**	**490**	**332**	**216**	**548**
MBALE RRH	6mths-<6yrs	46	28	74	89	75	164	135	103	238
	6yrs-<15yrs	8	20	28	33	47	80	41	67	108
	15yrs-<18yrs	0	0	0	1	2	3	1	2	3
	18yrs & above	17	35	52	21	65	86	38	100	138
	Pregnant and lactating women	0	1	1	0	1	1	0	2	2
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
MBALE RRH Total		**71**	**84**	**155**	**144**	**190**	**334**	**215**	**274**	**489**
KAPCHORWA	6mths-<6yrs			0	41	22	63	41	22	63
	6yrs-<15yrs			0	6	13	19	6	13	19
	15yrs-<18yrs			0	1	0	1	1	0	1
	18yrs & above			0	7	58	65	7	58	65
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
KAPCHORWA Total		**0**	**0**	**0**	**55**	**93**	**148**	**55**	**93**	**148**
PALLISA DH	6mths-<6yrs			0	19	3	22	19	3	22
	6yrs-<15yrs			0	2	0	2	2	0	2
	15yrs-<18yrs			0	0	0	0	0	0	0
	18yrs & above			0	17	5	22	17	5	22
	Pregnant and lactating women			0	0	0	0	0	0	0

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
PALLISA DH Total		**0**	**0**	**0**	**38**	**8**	**46**	**38**	**8**	**46**
TORORO	6mths-<6yrs			0	44	6	50	44	6	50
	6yrs-<15yrs			0	3	0	3	3	0	3
	15yrs-<18yrs			0	0	0	0	0	0	0
	18yrs & above			0	11	0	11	11	0	11
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
TORORO Total		**0**	**0**	**0**	**58**	**6**	**64**	**58**	**6**	**64**
MBARARA RRH	6mths-<6yrs			0	13	9	22	13	9	22
	6yrs-<15yrs			0	9	24	33	9	24	33
	15yrs-<18yrs			0	0	0	0	0	0	0
	18yrs & above			0	60	1	61	60	1	61
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
MBARARA RRH Total		**0**	**0**	**0**	**82**	**34**	**116**	**82**	**34**	**116**
IBANDA	6mths-<6yrs			0	39	88	127	39	88	127
	6yrs-<15yrs			0	6	8	14	6	8	14
	15yrs-<18yrs			0	3	1	4	3	1	4
	18yrs & above			0	11	29	40	11	29	40
	Pregnant and lactating women			0	0	4	4	0	4	4
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
IBANDA Total		**0**	**0**	**0**	**59**	**130**	**189**	**59**	**130**	**189**

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
ITOJO	6mths-<6yrs			0	10	8	18	10	8	18
	6yrs-<15yrs			0	4	9	13	4	9	13
	15yrs-<18yrs			0	1	9	10	1	9	10
	18yrs & above			0	0	0	0	0	0	0
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
ITOJO Total		**0**	**0**	**0**	**15**	**26**	**41**	**15**	**26**	**41**
ISHAKA ADVENTIST	6mths-<6yrs			0	23	32	55	23	32	55
	6yrs-<15yrs			0	9	42	51	9	42	51
	15yrs-<18yrs			0	1	4	5	1	4	5
	18yrs & above			0	46	207	253	46	207	253
	Pregnant and lactating women			0	0	2	2	0	2	2
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
ISHAKA ADVENTIST Total		**0**	**0**	**0**	**79**	**287**	**366**	**79**	**287**	**366**
KITAGATA	6mths-<6yrs	7	3	10	49	17	66	56	20	76
	6yrs-<15yrs	3	5	8	12	18	30	15	23	38
	15yrs-<18yrs	0	3	3	0	2	2	0	5	5
	18yrs & above	8	85	93	18	93	111	26	178	204
	Pregnant and lactating women	0	4	4	1	4	5	1	8	9
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KITAGATA Total		**18**	**100**	**118**	**80**	**134**	**214**	**98**	**234**	**332**
NYAKIBAALE	6mths-<6yrs			0	110	47	157	110	47	157
	6yrs-<15yrs			0	24	35	59	24	35	59

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	15yrs-<18yrs			0	2	0	2	2	0	2
	18yrs & above			0	0	5	5	0	5	5
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
NYAKIBAALE Total		**0**	**0**	**0**	**136**	**87**	**223**	**136**	**87**	**223**
BUWAMBO	6mths-<6yrs	8	8	16	31	16	47	39	24	63
	6yrs-<15yrs	0	0	0	3	3	6	3	3	6
	15yrs-<18yrs	0	0	0	1	0	1	1	0	1
	18yrs & above	0	9	9	13	26	39	13	35	48
	Pregnant and lactating women	0	0	0	0	2	2	0	2	2
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
BUWAMBO Total		**8**	**17**	**25**	**48**	**47**	**95**	**56**	**64**	**120**
Baylor-College	6mths-<6yrs	60	42	102	80	3	83	140	45	185
	6yrs-<15yrs	17	15	32	19	4	23	36	19	55
	15yrs-<18yrs	3	0	3	4	0	4	7	0	7
	18yrs & above	2	2	4	1	1	2	3	3	6
	Pregnant and lactating women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
Baylor-College Total		**82**	**59**	**141**	**104**	**8**	**112**	**186**	**67**	**253**
GOMBE DH	6mths-<6yrs	33	58	91	65	59	124	98	117	215
	6yrs-<15yrs	5	19	24	12	49	61	17	68	85
	15yrs-<18yrs	0	1	1	1	5	6	1	6	7
	18yrs & above	18	33	51	38	218	256	56	251	307

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Pregnant and lactating women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
GOMBE DH Total		**56**	**111**	**167**	**116**	**331**	**447**	**172**	**442**	**614**
LUWERO	6mths-<6yrs	18	3	21	59	41	100	77	44	121
	6yrs-<15yrs	2	2	4	6	9	15	8	11	19
	15yrs-<18yrs	0	1	1	0	0	0	0	1	1
	18yrs & above	5	1	6	18	44	62	23	45	68
	Pregnant and lactating women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
LUWERO Total		**25**	**7**	**32**	**83**	**94**	**177**	**108**	**101**	**209**
MWANAMUGIMU	6mths-<6yrs	91	77	168	127	53	180	218	130	348
	6yrs-<15yrs	8	14	22	7	1	8	15	15	30
	15yrs-<18yrs	2	0	2	4	6	10	6	6	12
	18yrs & above	2	7	9	20	26	46	22	33	55
	Pregnant and lactating women	0	0	0	0	0	0	0	0	0
	Non lactating women with Child <=6months	8	0	8	0	0	0	8	0	8
MWANAMUGIMU Total		**111**	**98**	**209**	**158**	**86**	**244**	**269**	**184**	**453**
NAKASEKE	6mths-<6yrs	25	37	62	70	42	112	95	79	174
	6yrs-<15yrs	6	14	20	6	21	27	12	35	47
	15yrs-<18yrs	0	2	2	0	1	1	0	3	3
	18yrs & above	20	86	106	48	113	161	68	199	267
	Pregnant and lactating women	0	0	0	0	1	1	0	1	1

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
NAKASEKE Total		**51**	**139**	**190**	**124**	**178**	**302**	**175**	**317**	**492**
RUBAGA	6mths-<6yrs	42	17	59	93	62	155	135	79	214
	6yrs-<15yrs	2	3	5	2	10	12	4	13	17
	15yrs-<18yrs	2	1	3	3	12	15	5	13	18
	18yrs & above	11	46	57	15	121	136	26	167	193
	Pregnant and lactating women	2	0	2	1	2	3	3	2	5
	Non lactating women with Child <=6months	2	0	2	0	3	3	2	3	5
RUBAGA Total		**61**	**67**	**128**	**114**	**210**	**324**	**175**	**277**	**452**
KAYUNGA	6mths-<6yrs	30	17	47	28	12	40	58	29	87
	6yrs-<15yrs	3	15	18	4	12	16	7	27	34
	15yrs-<18yrs	1	2	3	0	1	1	1	3	4
	18yrs & above	10	73	83	28	84	112	38	157	195
	Pregnant and lactating women	0	5	5	0	1	1	0	6	6
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KAYUNGA Total		**44**	**112**	**156**	**60**	**110**	**170**	**104**	**222**	**326**
SOROTI RRH	6mths-<6yrs			0	7	23	30	7	23	30
	6yrs-<15yrs			0	10	14	24	10	14	24
	15yrs-<18yrs			0	1	2	3	1	2	3
	18yrs & above			0	6	9	15	6	9	15
	Pregnant and lactating women			0	0	0	0	0	0	0
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
SOROTI RRH Total		**0**	**0**	**0**	**24**	**48**	**72**	**24**	**48**	**72**

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
BUKEDEA	6mths-<6yrs			0	38	10	48	38	10	48
	6yrs-<15yrs			0	6	5	11	6	5	11
	15yrs-<18yrs			0	1	1	2	1	1	2
	18yrs & above			0	16	19	35	16	19	35
	Pregnant and lactating women			0	0	1	1	0	1	1
	Non lactating women with Child <=6months			0	0	0	0	0	0	0
BUKEDEA Total		**0**	**0**	**0**	**61**	**36**	**97**	**61**	**36**	**97**
KABERAMAIDO	6mths-<6yrs	17	12	29	24	20	44	41	32	73
	6yrs-<15yrs	0	3	3	6	19	25	6	22	28
	15yrs-<18yrs	0	0	0	1	1	2	1	1	2
	18yrs & above	11	43	54	25	129	154	36	172	208
	Pregnant and lactating women	2	1	3	2	4	6	4	5	9
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KABERAMAIDO Total		**30**	**59**	**89**	**58**	**173**	**231**	**88**	**232**	**320**
KATAKWI	6mths-<6yrs	10	12	22	13	15	28	23	27	50
	6yrs-<15yrs	6	4	10	7	11	18	13	15	28
	15yrs-<18yrs	0	0	0	1	2	3	1	2	3
	18yrs & above	9	42	51	8	95	103	17	137	154
	Pregnant and lactating women	1	0	1	0	0	0	1	0	1
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
KATAKWI Total		**26**	**58**	**84**	**29**	**123**	**152**	**55**	**181**	**236**
LWALA	6mths-<6yrs	4	11	15	35	11	46	39	22	61
	6yrs-<15yrs	1	5	6	3	8	11	4	13	17
	15yrs-<18yrs	2	0	2	1	6	7	3	6	9

Facility	Patient Category	Financial Year						Cumulative Total		
		FY 2009			FY 2010					
		SAM	MAM	Total	SAM	MAM	Total	SAM	MAM	Total
	18yrs & above	1	13	14	6	41	47	7	54	61
	Pregnant and lactating women	0	3	3	0	2	2	0	5	5
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
LWALA Total		**8**	**32**	**40**	**45**	**68**	**113**	**53**	**100**	**153**
NGORA	6mths-<6yrs	20	15	35	33	25	58	53	40	93
	6yrs-<15yrs	0	14	14	6	38	44	6	52	58
	15yrs-<18yrs	0	1	1	0	0	0	0	1	1
	18yrs & above	2	30	32	8	87	95	10	117	127
	Pregnant and lactating women	0	0	0	0	1	1	0	1	1
	Non lactating women with Child <=6months	0	0	0	0	0	0	0	0	0
NGORA Total		**22**	**60**	**82**	**47**	**151**	**198**	**69**	**211**	**280**
KISIIZI	6mths-<6yrs	29	24	53				29	24	53
	6yrs-<15yrs	13	11	24				13	11	24
	15yrs-<18yrs	0	0	0				0	0	0
	18yrs & above	2	1	3				2	1	3
	Pregnant and lactating women	0	0	0				0	0	0
	Non lactating women with Child <=6months	0	0	0				0	0	0
KISIIZI Total		**44**	**36**	**80**				**44**	**36**	**80**
Grand Total		1846	3047	**4893**	4929	7103	**12032**	6775	10150	**16925**