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NORTHERN UGANDA MALARIA AIDS TUBERCULOSIS PROGRAMME

# NUMAT ANNUAL REPORT



**OCTOBER 2010-SEPTEMBER 2011**



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# Letter from Chief of Party (COP)

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*We are happy to present our 5th Annual Report covering the highlights of the program from October 2010 to September 2011. The JSI/NUMAT cooperative agreement with USAID should have ended on August 15, 2011, however USAID awarded the project a 10 months extension and it will now be ending on June 15, 2012. Consequently, the End of Project conference, originally planned to be held towards the end of Program Year 5 and in which we will share and discuss NUMAT's collective experiences and lessons learnt over the last 5 years will now take place next year.*

*Many of the activities implemented by the project for the large part of last program year focused on strengthening the capacity of district government structures, CSOs and community structures to prepare them to fully take over responsibility for the activities as the project draws to an end. Districts were actively involved and took lead in support supervision, mentorship and strengthening logistics management for HIV commodities and essential medicines. Several CSOs and community resources persons actively took lead in a number of community level activities including mobilization; follow up of patients to ensure adherence and strengthening linkages between the community and facility based services. During the year, we supported several of our partners to successfully apply for financial and technical support from alternative sources. The experiences from the last one year have strengthened our conviction that our partners will ably continue carrying the responsibility for the program activities even after the NUMAT project life.*

*Between now and end of the project, which is mid next year, NUMAT will be focusing on those critical activities that should not be disrupted as arrangements are being finalized for the follow on project. These will include continued support to ART services, laboratory services for clientson treatment, PMTCT and TB services. We hope the follow on activity will be in place in time to complement the district and other local efforts in the support and delivery of these services.*

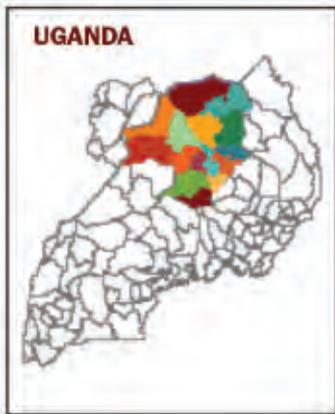
*Once again we would like to thank all our partners for the unwavering support you continue to provide us with even as we come to the end of the project. We thank our funders, USAID, for the continued financial and technical input which has brought us this far. As we have always emphasized, NUMAT achievements would not be possible if it were not for all the support, cooperation and goodwill we receive from our partners.*

*I wish you all a good reading of the report and hope you find it informative and we look forward to any feedback you may have.*

A handwritten signature in black ink, appearing to read 'Med Makumbi'.

Med Makumbi, Chief of Party, NUMAT

# Map of Northern Uganda



0 12.5 25 50 Kilometers

# Executive Summary

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**T**he NUMAT Cooperative Agreement was supposed to end in August 2011, but it was awarded an extension for a period of ten months. All activities currently supported were maintained with an explicit attention to engage even further the Local Governments in the different districts to ensure sustainability and full ownership when the Program will close.

During the year, NUMAT has consolidated its role as a reliable 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 vital in sustaining the district-level HIV & AIDS coordination structures it contributed to rejuvenate, under the guidance of national policies and guidelines. In Program Year (PY) 5, NUMAT has continued to work within the existing health system and the established government of Uganda decentralized framework for HIV & AIDS coordination in order to ensure a smooth transfer of Program activities. Special emphasis was placed in the area of improved governance and planning through community dialogues and health unit management committee meetings to make the health system more accountable and responsive to community health needs.

NUMAT has kept sustaining all different approaches to HIV counselling and testing (HCT). In particular, the Program supported outreaches to most-at-risk populations (MARPs) and underserved populations through partners. It also consolidated HCT activities from the over 100 facilities through support supervision and coaching, strengthening of the logistics management system and procurement of test kits as a buffer stock in case of delays with the existing distribution system. NUMAT has also developed knowledge and best practice experience through implementation of provider-initiated HCT at eight selected facilities, whose yield of HIV-positive cases among children was found to be higher than any other testing approach.

PMTCT access was enhanced by providing mobile outreach CD4 testing to non-ART sites resulting in mothers and their babies accessing more efficacious PMTCT regimens and highly active antiretroviral therapy (HAART) according to the new Ministry of Health (MOH) guidelines. The revised MOH early infant diagnosis (EID) strategy was initiated, including comprehensive pediatric follow up, treatment and care. The new policy has already been rolled out to a large majority of facilities in the region.

Chronic care was supported in both facilities and communities emphasising the engagement of people living with AIDS (PHAs) to assist fellow clients accessing services. NUMAT worked with district health teams and health facilities to strengthen their mechanisms to access co-trimoxazole and other essential drugs from national medical stores and has also procured cotrimoxazole directly. At the same time, the assiduous work of home visitors has continued in offering psychosocial and spiritual assistance and referral for further care.

TB support has maintained its focus on activities that contribute to the achievement of the national TB services indicators, like improved case detection rates and treatment success rates and increased coverage of Directly-observed Treatment Short course (DOTS). TB/HIV collaborative activities were also consolidated at district, HSD and at facility level. Periodic TB and TB/HIV regional meetings have regularly taken place, offering the opportunity to all partners to review performance, share experiences and jointly agree on how to overcome implementation challenges.

Antiretroviral therapy (ART) services were also strengthened at the existing 31 sites and scaled up in three additional facilities, with the critical focus to reinforce sustainable mechanisms that promote the continuum of care. Paediatric ART has particularly received special attention with paediatricians within the region designated to provide continued technical support to the supported ART sites. Involvement of expert clients and Network Support Agents (NSA) has been maintained in all ART sites, as well as higher provision of CD4 count tests for more appropriate clients' enrolment and clinical follow-up.

A critical prerequisite for the strengthening of malaria, HIV & AIDS, and tuberculosis services is a functional laboratory system in order to increase access and improve the general patient's management. During the year, NUMAT has completed the refurbishment of the remaining 16 laboratory units in the stipulated sites and has strengthened the capacity of district laboratory focal persons in conducting regular support supervision including assessing the technical proficiency of peripheral laboratory staff.

Under development of human resources for health, the Program has actively sustained staff recruitment and their induction in various districts; and it has also maintained the already established model to address the staff shortage by attracting medical students to work in rural areas under the Community Based Education Services (COBES) initiative.

Malaria prevention and care services in PY5 took on a wider scope. As the Program supported efforts to consolidate the gains made in the area of malaria prevention in pregnancy through distribution of nets and intermittent preventive treatment of pregnant women (IPTp), it has also strengthened malaria laboratory diagnosis and case management through use of malaria rapid diagnostic test (RDT) as a strategy to improve the accuracy of treating malaria cases at health facility level.

Safe male circumcision (SMC) was scaled up in the region through training and supply of vital medical equipment, drugs and sundries to 21 health facilities with a favourable human resource capacity and infrastructure for SMC implementation. The coverage and targets of the intervention were readjusted upwards and models that enhance the volume and efficiency of circumcision were adopted, including the organization of outreach camps in sites and institutions with many potential SMC beneficiaries. Mobilisation of the community was integrated into other HIV clinical and prevention program areas and combined radio programmes, educational material and drama shows.

Under prevention services, this year NUMAT intervention built upon the work of the previous years to sustain activities targeting various vulnerable groups, including MARPs and married couples in stable relationships. The interventions among the MARPs included sexual behavioral change, risk reduction initiatives, condom distribution and economic empowerment using Village Saving and Loan Associations schemes. This strategy aimed at targeting the drivers of the epidemic and ultimately at averting new infections.

During the year, NUMAT consolidated its collaboration and partnerships with various implementing partners and services providers to expand access to wrap-around services by PHAs and their families. Additionally, the programme has continued strengthening the roles of PHA networks and groups in increasing utilization of the available services and advocacy for more. NUMAT support to PHA households to access BCP commodities has been maintained together with its support the functional Network Support Agents to continue playing their important role of linking fellow PHAs and their families to wrap-around services.

During PY5, NUMAT contributed to the overall improvement in the quality and utilisation of strategic information in diverse ways. Gaps in the Health Management Information System (HMIS) were addressed in all districts through intense mentorship, support supervision and the rolling out the MOH-revised HMIS tools. The Program also documented and disseminated lessons learnt and field experiences in several manners: results from the Lot Quality Assurance Sampling (LQAS) survey were shared with relevant district officials, offering valuable information to identify service gaps and prioritize interventions; and abstracts were submitted to international conferences, where the Program was represented for oral and poster presentations.



# OBJECTIVE 1:

## Improved Coordination of HIV & AIDS, and TB Responses

Since its inception, NUMAT has been working in close collaboration with district governments in North Central Uganda. The focus of our relationship has been to strengthen the capacities of districts and the health systems therein to improve on the response to malaria, HIV & AIDS, and tuberculosis (MAT). Over the years, NUMAT has involved local resources persons, communities, and civil society organizations in this response. At the national level we have collaborated with the Ministry of Health (MOH) and other USAID partners to implement project activities. As a result, NUMAT's impact in the region and beyond has improved; NUMAT is recognized by communities and local and central governments as a relevant player in malaria, HIV, and tuberculosis responses.

During this last phase of the project, NUMAT continues to engage local government structures and sub-grantees to effectively plan, coordinate, manage, implement, monitor, and scale-up HIV, TB, and malaria response in the region. These engagements have led to improved coordination of the overall response, improved health facility performance, and the scale up of interventions in specific program components.

### **Strengthening Local Government Coordination Structures and Response to HIV & AIDS**

Despite the numerous challenges faced by local governments in providing a joint platform to effectively coordinate the HIV & AIDS response, NUMAT has in the last four years contributed significantly towards the sustainable functioning of coordination structures in the districts. The Program has continued to participate in coordination meetings at the district level and provide funding for district HIV & AIDS coordination structures to meet and conduct field monitoring visits. During this reporting period, Kitgum District was supported to review its five year HIV & AIDS strategic plan while Dokolo District was formally handed over its five year HIV & AIDS strategic plan.

### **Improving Governance and Social Accountability**

One of the key attributes of a functioning health system is having the necessary resources in place to effectively deliver quality health services to consumers. These resources may include the required staff both in terms of numbers and quality, medicines, equipment, and infrastructure. In order to consolidate its investments in the health sector in the region, NUMAT, together with local authorities and communities, initiated community dialogues in ten health facilities with an objective of improving broader health facility performance and hence the quality of service for communities. During these dialogues, communities, local leaders, and health facility staff were able to hold each other accountable on the performance gaps within their respective units.

### **HIGHLIGHTS:**

- *The district coordination structures conducted regular meetings and field monitoring visits in 6 districts.*
- *10 health facilities held community dialogues on service delivery.*

A number of key priority areas were identified as a result and subsequently translated into implementation plans by the facility health staff, district local government, and partners such as NUMAT. Some of the areas identified included; human resource constraints such as absenteeism, poor motivation, staff behavior contrary to their code of conduct; and low quality and number of staff. Other areas were managerial issues like: poor patient management; poor data management; poor drugs/medicines management; lack of infrastructure; poor culture of equipment maintenance and waste management.

Despite the initial slow start and skepticism of the effectiveness of the dialogues in improving performance, some initial benefits have been registered. For example, in Anaka hospital, health workers who had never accessed payroll are now getting their salaries regularly and those whose performance was not assessed have now received their formal appraisal and confirmation.

### **Scaling-up HIV & AIDS Response through Partners**

In this year, NUMAT brought on board new sub-grantees to increase scale-up of services to the most vulnerable and marginalized sections of the targeted communities. Three of these new partners—Health Alert, Samaritan Purse, and Acenlwo—were brought on to support the needs of children living with HIV; Medical Teams International (MTI) provided HCT services to underserved fishing communities in selected districts; Marie Stopes Uganda targeted sex workers and commercial motor-cycle riders for HIV prevention in urban settings; AIDS Care, Education & Training (ACET) worked with married couples, and Food for the Hungry International with sexually abused women. During the implementation of the grantees, NUMAT staff periodically provided technical support on finance, data and program management to all sub-grantees.

### **Challenges**

The creation of new districts meant that new relationships had to be built with the new district leadership and resources for supporting coordination structures therefore had to be spread across the new entities. The campaign period for local and presidential elections disrupted a number of activities in most districts since many officials were taken up with election-related activities.

## LESSON LEARNED:

### Improving Health Service Delivery through Community Participation

*Pajule Health Centre IV is located in Pader District in Northern Uganda; it serves more than 25,000 people and is responsible for supervising 27 health units in the health Sub-District of Aruu County. The facility offers a range of services that includes reproductive health, child health, ART, TB, and laboratory. However, the unit had faced a number of challenges including poor staffing, with only 29 existing staff out of 49 positions and no doctor; no electricity and running water; lack of privacy for patients; insufficient infrastructure; and staff absenteeism.*

*As part of a new initiative to sustain the gains that have so far been made in strengthening health systems across the region, NUMAT assigned the health unit management committee of Pajule the task of facilitating a participatory community dialogue with the sole purpose of improving the performance of the health unit. A meeting was organized and involved multiple stakeholders: district health officials, sub-county political and civil leadership, health NGOs, community-based organizations, staff at the unit, and the wider community. The dialogue was interactive and brought out many underlying challenges to service delivery that are normally missed during routine technical support supervision, notably: a lack of teamwork among the health workers; insufficient hygiene and sanitation; staff workload; poor data and drugs management; and inadequate staff ethics and codes of conduct. As a result of the meeting, an action plan was developed with key responsibilities allotted to various stakeholders, whose progress was to be monitored during the HUMC quarterly meetings.*

*To date, the water supply for the laboratory has been repaired; the drug storage has considerably improved and the stores assistant has been coached on good practices in drug management. NUMAT also mentored the in-charge of the ART clinic on records management and has provided all staff with booklets on professional codes of conduct and ethics. NUMAT field staff have also recently started*



*Laboratory staff at the health center collecting water from the repaired pump.*

*advocating for the recruitment of more staff for the facility and addressing staff motivation issues at the unit.*

*Community dialogues bring communities and health service providers together to reflect on issues of service delivery. These discussions give health workers the opportunity to clearly articulate the constraints they face to the local leadership and communities; and they offer civil and political leadership an opportunity to hear health concerns and demands from the community members they represent.*



# 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

HCT offers the entry point into HIV care and support services, thus remaining a core activity under the NUMAT program. In delivering HCT services in North Central Uganda, NUMAT worked with the more than 100 health facilities in the region, as well as with sub-grantees who reached out to the underserved communities. The sub-grantees included AIDS Information Centre in Lira, Otuke, Alebtong, and Oyam Districts; MTI in Dokolo and Amolatar Districts; and Gulu Youth Centre in Gulu and Amuru Districts.

HCT services were also integrated in other NUMAT programming such as safe medical male circumcision, sexual and gender-based violence prevention, and HIV prevention for most-at-risk populations (MARPs), youth, couples, and faith-based organizations. The main approach has been voluntary counseling and testing (VCT). However, during the course of PY5, NUMAT collaborated with the Ministry of Health (MOH) to expand access to HCT services in high-volume health facilities through implementation of provider-initiated counseling and testing (PITC) programs. During the year, two hospitals and two HC IVs started up PITC, making in total eight facilities implementing the approach. Health workers in these facilities were mentored on a quarterly basis to ensure adherence to national standards and protocols in the delivery of this service. Monthly coordination meetings were also conducted in all facilities.

PITC has contributed in reaching more clients with HCT services, thus expanding the proportion of people aware of their HIV sero-status. The breakdown of individuals tested and HIV prevalence by HCT method is summarized in the table below.

SERVICE APPROACH	TESTED	TESTED HIV+	%
HCT static sites (VCT)	154,333	11,556	7.5%
Outreach activities	90,467	3,359	3.7%
PITC (eight sites)	18,118	1,926	10.6%
<b>Total</b>	<b>262,918</b>	<b>17,008</b>	<b>6.4%</b>

Provision of technical assistance to the sites continued mainly through ongoing support supervision and on-the-job mentoring; and logistical support where health facilities were given data tools with an orientation on their use. Facilities were also assisted to order for HIV test kits from National Medical Stores (NMS), while being given buffer stock to ensure no stockouts due to unforeseeable circumstances.

NUMAT continued to promote quality assurance (QA) and in PY5, 3% of tested samples were sent to the Uganda Viral Research Institute for retesting.

### HIGHLIGHTS:

- **262,918 individuals were tested and received their HIV result.**
- **Outreach activities conducted in 190 parishes.**
- **2,850 couples were tested and received their HIV result.**
- **8 high-volume sites are implementing provider-initiated HIV counseling & testing.**

## LESSON LEARNED:

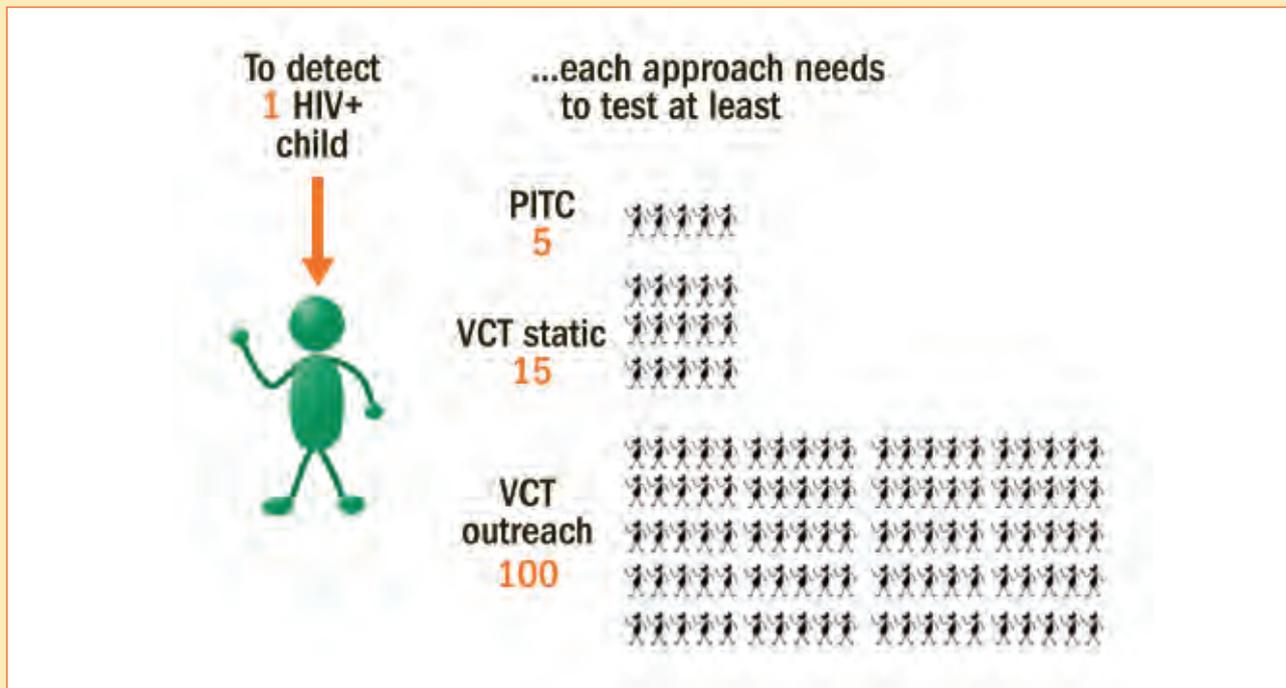
### Provider-Initiated Testing and Counseling is More Efficient in Detecting Children Living with HIV

HIV counseling and testing remains the most important intervention in HIV control as it is a strategic entry point to prevention, treatment, care, and support services. In late 2008 the Uganda national guidelines on HCT changed, shifting from the client-initiated VCT to PITC.

NUMAT rolled out PITC in six hospitals and two health centers IV. In each site, a two-day orientation was conducted for all health workers followed by a three-day training for selected staff on counselling, rapid testing techniques, testing algorithms, supply management, and ordering protocols. Testing was then expanded to all hospital

departments and a monthly coordination meeting at each of the sites was introduced to review results, assess inventory of testing kits, and discuss challenges and successes.

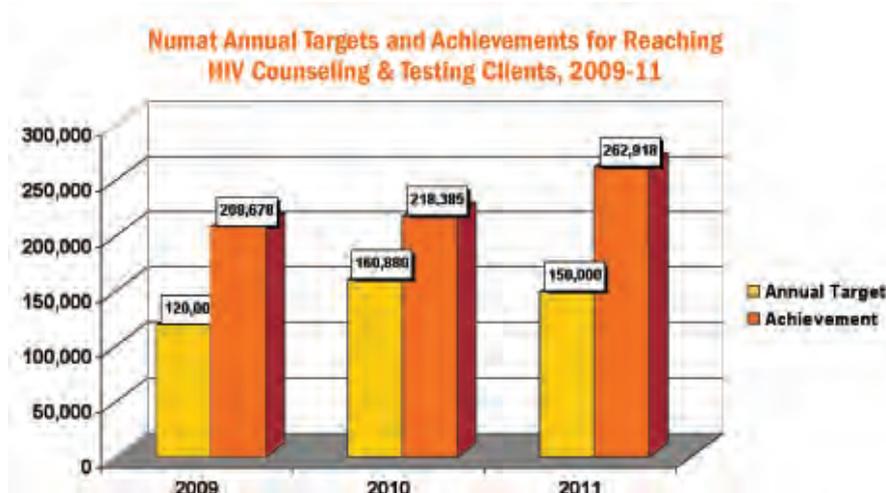
After analyzing the data from the sites, it was noted that HIV prevalence was 20.7% among children below 5 years in sites implementing PITC, while it was 7.3% among VCT clients of the same age group, and 1.3% among HCT outreaches. In other words, every 5 children tested under PITC setting, one tested HIV-positive; whereas using outreach approaches it required testing almost 100 children below 5 years to detect one HIV-positive.



PITC was a much more efficient method since it detected a significantly higher HIV infection rate among children less than 5 years of age, compared with other HIV testing

approaches. Widespread implementation of PITC may lead to significantly more cases of HIV-positive children detected.

As a result of the support provided to HCT services, more than 260,000 people were tested and received their results, once again surpassing the annual target (see graph below).



### Challenges

In spite of the success described above, there were still challenges related to stockout of HIV test kits and consumables. This was averted by giving the health facilities the buffer stock in addition to orienting the staff in timely ordering for the supplies. Human resource issues, including high staff turnover, are still a huge gap to fill. PITC hospitals need constant mentorship because of transfers and attrition of staff.

## 2.2 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

In PY5 NUMAT continued to support the implementation of the national PMTCT program’s newly adopted PMTCT and early infant diagnosis (EID) guidelines. NUMAT spearheaded capacity building efforts in the region through training and mentorship of health workers.

Collaborating with district partners, and with technical guidance from the MOH, NUMAT trained 183 health workers from three hospitals, 17 HC IVs, and 32 HC IIIs. These facilities were subsequently equipped with revised registers, referral forms, Mothers’ Passports, as well as equipment to enable effective implementation.

These facilities are now using the new, more effective PMTCT regimen. It is expected that the impact of this will translate into reduced transmission rates of HIV from mother-to-child, in line with the global strategy of elimination of mother-to-child transmission.

In the districts of Pader, Agago, Lamwo, and Kitgum, NUMAT continued to implement PMTCT services in partnership with AVSI. This has increased geographical coverage to reach all 22 Health Units and allowed them to provide clinical services to women on ART, including their children, as well as supplementation while waiting in the clinic at Kitgum General Hospital.

NUMAT has adopted an on-the-job mentorship approach to increase the coverage of new guidelines by reaching more health workers, as opposed to the workshop model, which was welcomed by both health workers and district officials.

### Highlights:

- **86,373 pregnant mothers were tested and received their HIV result.**
- **71% of those tested HIV-positive received PMTCT prophylaxis.**
- **97% of prophylaxis regimen options were the more efficacious combinations.**
- **4,095 infants born to HIV-positive mothers were tested for early infant diagnosis of HIV.**

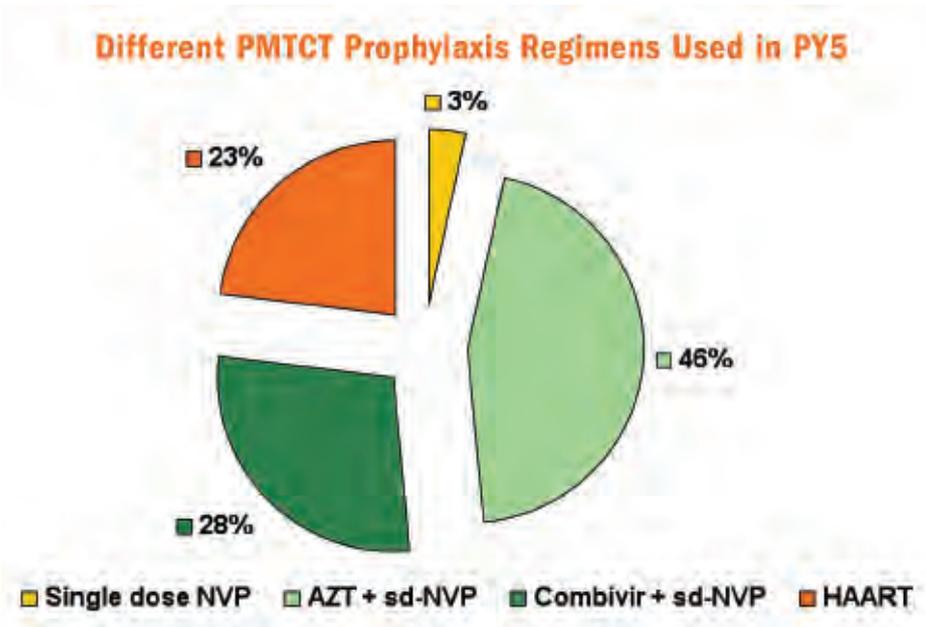
*“We have appreciated what you did today in our unit. We often get groups coming here on support supervision, but we never get to learn as much as we have learned from you today. Even me who was not in the training have learnt much about the new PMTCT and EID guidelines. Thank you NUMAT for your work.”*

—Alex Ogwal (District HIV Focal Person, Amolatar)

### PMTCT-ART Linkage

PMTCT interventions supported by NUMAT have always emphasized the continuum of care. In this regard, health workers were oriented on the need to have all HIV-positive pregnant women given priority for CD4 testing in all sites. A pilot scheme on CD4 testing outreach was conducted in all 14 sites in Apac district through a partnership with a private provider. CD4 testing takes place twice a month and those found to be eligible for ART are linked to the ART clinic in the nearby health unit, while the rest of the mothers continue with ordinary prophylaxis regimens. During the year, 1,125 pregnant mothers were assessed for ART eligibility using CD4 criteria, of which 150 (13%) were put on ART.

During PY5, NUMAT also supported PMTCT-ART collaborative activities, which included WHO clinical staging and CD4 count tests for pregnant women, highly-active antiretroviral therapy (HAART) initiation for HIV-positive eligible clients, and combination prophylaxis regimens for the others. As a result of the widespread dissemination of the revised national PMTCT guidelines recommending more efficacious prophylactic regimens, the proportion of HIV-positive pregnant women initiated on these combination regimens has been remarkable (see graph below).



### DBS Collection

EID remained a core area of NUMAT support to the districts through capacity building of health workers, including training, mentorship, and support supervision. District Lab Focal Persons (DLFPs) were empowered to conduct technical support supervision of lab workers. In the process, they were funded to transport DBS samples from health units under their areas of operation and returning results to the units on a bi-weekly basis. During the year, 4,095 HIV-exposed infants were tested and 383 (9.4%) were found to be HIV-positive.

The performance of the PMTCT cascade during PY5 is summarized in the table below.

INDICATOR	NUMBER	COMMENT
Number of women attending ANC	<b>102,027</b>	
Number of pregnant women counseling services	<b>93,573</b>	(92% of ANC clients)
Number of pregnant women counseled and tested	<b>87,241</b>	(93% of counseled)
Number of women counseled, tested & received results	<b>86,373</b>	(99% of tested)
HIV positive pregnant women	<b>6,963</b>	(8% of tested)
HIV+ pregnant women given PMTCT prophylaxis	<b>4,953</b>	(71% of HIV+)
Infants given PMTCT prophylaxis	<b>2,738</b>	(39% of HIV+)
Infants tested for Early Infant Diagnosis of HIV	<b>4,095</b>	(59% of HIV+)

From the table above, the number of babies accessing ARVs for PMTCT is still low in large part due to the limited number of institutional deliveries. NUMAT is intensifying health education to address this through IEC/BCC materials, including radio talk shows.

### Challenges

The change in PMTCT policy guidelines affected both the implementation and reporting of PMTCT activities across the region. While the trained facilities were using new reporting formats, the yet-to-be trained facilities lagged behind. This discrepancy will be solved once the rest of the facilities are updated in the upcoming extension period.

The inability of some facilities to place their orders for PMTCT ARVs and Septrin has affected the attainment of targets. NUMAT has responded to this by continuing to mentor health workers in logistics management so that they are able to “pull” from the central stores, in addition to supporting the facilities to email orders to NMS in time. Facilities are also provided with PMTCT buffer stock.

Follow-up of HIV-exposed babies and those previously tested remained a challenge. The mothers are encouraged to come with the babies to the FSG meeting so that the babies are followed up and linked to care as well.

**Highlights:**

- **43,071 patients accessed chronic care services at 34 ART sites.**
- **1,110 Home visitors actively conducting HBC.**
- **26,393 PHA reached with home-based care services.**
- **70,264 total home visits conducted.**

**2.3 CARE AND SUPPORT SERVICES FOR PEOPLE LIVING WITH HIV & AIDS**

In PY5, NUMAT implemented both health facility-based palliative care services as well as home-based care (HBC) services. The latter focused on improving care for PHA at home and within the community, with emphasis on helping them remain active and live positively.

During the year, 43,071 HIV patients accessed various forms of chronic care at different health facilities in the Lango and Acholi sub regions. These services included psychosocial support, opportunistic infections (OI) prophylaxis and management, pain and symptom management, as well as referral services.

Home visitors provided HBC services to a total of 26,393 people living with HIV (PHA) and the services provided included psychosocial support, spiritual care, referrals to medical treatment, and legal rights.

**Capacity Building**

NUMAT supported seven health workers who had previously been active palliative care mentors in Northern Uganda to attend the 4th Biannual Palliative Care Conference in Kampala. It is envisaged that that lessons learned at the conference will promote strengthened palliative care practices throughout the region.

NUMAT collaborated with the MOH to provide continued mentoring and support supervision to 420 health workers in logistics management of HIV commodities and essential medicines. The capacity building was conducted as part of NUMAT's transition process with the purpose of strengthening the forecasting, quantification, reporting for supply, and accountability of HIV commodities and essential medicines including cotrimoxazole.

**Economic Empowerment of Home Visitors and PHAs**

During the year, NUMAT supported the formation of 52 PHA groups and the training of home visitors who benefitted from Village Saving and Loan Associations (VLSA) to boost their incomes; each group consisted of 30 members from the same parish. In total, 1,110 home visitors and 450 PHA were equipped with VSLA skills and knowledge to accumulate savings and make investments to enhance their incomes. The groups were monitored and during follow-up sessions they were exposed to basic business planning skills, record keeping, management of income generating activities, and to issues to consider while reinvesting their resources. Approximately 30% of the group members report increased incomes.

**Transition of HBC Services Support to PHA Networks**

In PY5, the sub-county PHA leaders increased their involvement in supporting home visitors within their area. Under the guidance of NUMAT, support supervision of home visitors was carried out jointly with district PHA network representatives. Monthly and quarterly review meetings have been held alongside educative talks by DHE teams on family planning, immunization, PMTCT, HCT for children to help identify young positives, personal and environmental hygiene, and ART adherence. HBC kits were replenished and reference

resource books were provided to the 1,110 home visitors. T-shirts were also given to home visitors for identification and motivation purposes.

With the ongoing strengthening of PHA networks in the 15 districts, the PHA district networks held at least two meetings each with District Health Management Teams. In Awelo Sub-County, Amolatar District, the PHA network developed action plans to strengthen HBC services for the next six months.

### Challenges

Leadership of the PHA networks are facing challenges in resource mobilization; additionally, maintaining the necessary motivation of volunteers is not an easy task in absence of incentives. Recurrent stockouts of cotrimoxazole for prophylaxis affect adherence and retention of clients into care and treatment.



*David Okello, a 45-year-old retired soldier from Pajule Sub-County in Pader District, harvests sugarcane from his garden to sell in a nearby town. Okello was bedridden a few months after resigning from the Ugandan Army. He had lost hope until he was approached by a NUMAT-trained home visitor, who offered him information about HIV. He was tested and found to be HIV-positive, and started ARVs a few weeks later. Okello is now a healthy man; he has resumed working and he lives positively. He has a kitchen garden and sleeps under a treated mosquito net. He is also engaged with giving information to his peers about HIV testing and the importance of adherence to ARVs.*

**Highlights:**

- **Annual Case Detection Rate was 94% and Treatment Success Rate was 86%.**
- **80% of all TB registered cases were tested for HIV and received their results.**
- **94% and 34% of co-infected patients were put on co-trimoxazole prophylaxis and started on ART respectively.**

**2.4 & 2.5 CB-DOTS & TB/HIV COLLABORATION ACTIVITIES**

In this year, NUMAT continued to assist district-based TB prevention and control efforts for all 15 districts to further strengthen their implementation of Community-Based Directly Observed Treatment Short course (CB-DOTS) of TB through community-based follow-up of TB patients. Also this year, NUMAT-supported districts cumulatively surpassed the national targets of 70% and 85% for TB case detection and treatment success rates to attain 94% and 86% respectively, maintaining consistency with previous years' achievements (see table below).

INDICATOR	2009	2010	2011
Case detection rate	75%	80%	94%
Treatment success rate	87%	87%	86%
CB-DOTS coverage	56%	60%	62%
Defaulter rate	4.7%	4.1%	3.2%
Death rate	3.7%	5.5%	4.5%

**Technical Support to the Facilities**

Thirty support supervision visits, two in each of the 15 districts, were funded and conducted by the district TB and leprosy supervisors, the health sub-district TB focal persons, NUMAT technical staff, and the sub-county health workers. These health workers delivered TB drugs to treatment observers, who in-turn observe and document TB patients on CB-DOTS adherence. The Zonal TB and Leprosy Supervisor (ZTLS) was also given logistical support to conduct support supervision in Lira, Alebtong, Otuke, Apac, Kole, Pader, Agago, Dokolo, and Amolatar districts to strengthen the provision of integrated TB/HIV services.

Educational posters on TB/HIV co-management, TB diagnostic algorithm, intensified TB case finding, antiretrovirals for TB/HIV patients, and HIV diagnostic counseling and testing for TB patients were distributed to 103 TB diagnostic and treatment centers within the 15 districts. These materials were very useful in the dissemination of TB and TB/HIV information to health care workers not trained in TB/HIV co-management, and were also helpful during implementation of continued professional development sessions at the facilities. Community directed IEC messages on TB prevention and care were also disseminated through four radio talk shows.

**TB Training**

NUMAT worked with the districts and ZTLS to train 120 health workers from all 15 districts and 233 volunteers from Amuru, Nwoya, Amolatar, Dokolo, and Gulu in CB-DOTS to strengthen its implementation. The trained volunteers comprised of Village Health Team (VHT) members, Network Support Agents (NSAs), and family members of households with TB patients. A further 80 health workers were also trained and mentored in TB logistics management information systems in partnership with NTLF and the Securing Ugandan Rights to Essential medicines (SURE) project to minimize supply chain-related reporting delays associated with a lack of knowledge among some health workers on how to fill out the TB facility report and how to request for drugs.

### **Support to Record Management**

NUMAT continued to assist TB/HIV data collection by supporting the District TB & Leprosy Supervisor (DTLS) during their quarterly data collection and analysis. This has continued to build the capacity and competence of the TB focal persons to collect and analyze data and report early enough to their districts and NTL, who use the information for planning purposes. NUMAT, through its Strategic Information Unit, developed and shared with the districts an electronic TB database that supported a transition from paper-based to electronic data storage, to improve management and analysis of TB and TB/HIV data at the district level.

### **Coordination with Other TB Stakeholders**

NUMAT continued to be involved in all coordination events during the year both at the national and district levels; the project also participated in the World TB Day national commemoration with other members of the Stop TB Partnership Uganda.

NUMAT also supported four zonal level and 30 district level TB and TB/HIV quarterly performance review meetings, in which all DTLS, health sub-district (HSD) TB focal persons, and representatives from the NTL and national reference laboratory met to review the successes and challenges in TB control and plan interventions for the following quarter. These meetings provided an avenue for tracing and harmonizing TB patient transfers across TB treatment centers, thus optimizing patient follow-up and treatment, and improving data recording and reporting.

### **Control of MDR-TB**

NUMAT continued to support the districts to follow-up with TB patients and ensure they are on CB-DOTS to minimize the occurrence of TB treatment interruption and default the primary precursors for drug resistance. CB-DOTS implementation is emphasized during support supervision at all levels. The NTL-led TB specimen referral system also supports the collection of TB samples from all TB retreatment cases that are considered drug resistant TB suspects, and delivery of the samples to the TB reference laboratory for culture and sensitivity and drug susceptibility testing (DST). Three samples from Dokolo and Gulu tested positive for resistance to first-line anti-TB treatment—these patients were traced and referred for second line TB treatment at the National Referral Hospital in Mulago.

### **TB Infection Control**

During the year, NUMAT continued to engage and mentor health workers previously trained in TB/HIV collaboration and TB infection control as an integral part of the supervision visits by the DTLS, ZTLS, and NUMAT technical staff. Emphasis was put on intensified TB case finding at all NUMAT-supported HIV chronic care clinics. The intervention will reduce suffering and death due to TB for PHA, as it ensures TB is detected early and treatment promptly initiated.

### **Challenges**

In spite of the above achievements, some challenges remain, including delays in submitting bi-monthly TB facility reports and requests for TB drugs by some districts causing avoidable TB drugs stockouts. Collection, compilation, and submission of TB facility reports and requests for drugs to the district health office were linked to the monthly DTLS supervision visits to avert

the delays. Timely response to requests for TB laboratory reagents from the diagnostic centers still remains a challenge for the facilities receiving irregular and inadequate laboratory supplies through the NMS laboratory credit line system. The National TB Reference Laboratory bridged the gap by providing emergency laboratory reagents needed in the Ziehl-Neelsen staining of sputum smears prior to microscopy.

## LESSON LEARNED: Septrin Prophylaxis is a Life-Saving Intervention for TB/HIV Co-Infected Patients

TB treatment outcome is known to be affected by many factors, including age, nutritional status, disease classification, disease category, and most importantly, HIV status. However, the TB quarterly reporting format adopted by the Uganda TB Control Programme does not capture any possible relationship between treatment outcome and HIV status, and some valuable information relevant for improving TB outcomes is missing.

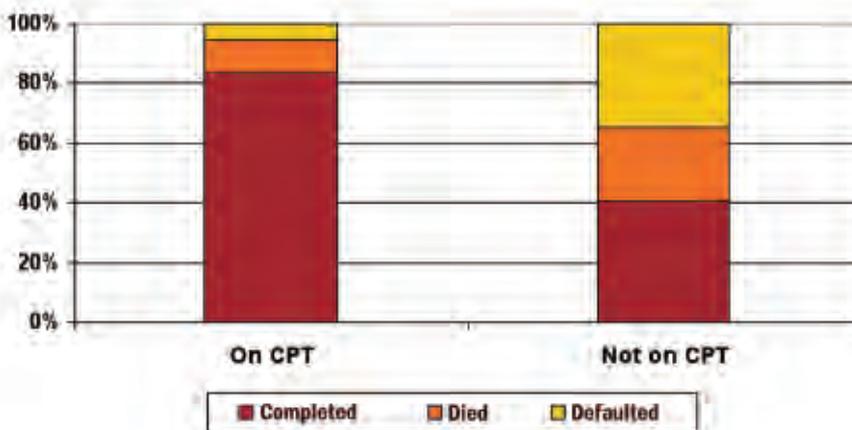
To fill this gap, NUMAT staff examined District TB registers from three high volume districts and tallied data on treatment outcome against HIV status and HIV-related interventions. A total of 519 new and nine re-treatment TB cases were reviewed. Of all cases, 47% were HIV-negative, 45% HIV-positive, and 8% did not have their HIV sero-status recorded.

Among the 218 HIV-positive cases whose records were examined, 186 were on cotrimoxazole prophylactic treatment (CPT), while 32 were not. TB treatment outcome was remarkably better among those on CPT (see graph), with 83% successfully completing it. On the other hand, only 41% of those not on CPT completed their treatment, whereas 25% died and 34% defaulted.

Although the sample is rather small, these findings showed a significant association between CPT uptake and TB treatment outcome (odds ratio=7.3,  $p < 0.0001$ ).

Under NUMAT supervision, health workers are constantly urged to closely monitor co-infected cases and to increase coverage of cotrimoxazole prophylaxis and antiretroviral therapy enrollment among them.

**Association of CTP with TB Treatment Outcome**



## 2.6 ANTIRETROVIRAL THERAPY (ART)

In PY5, NUMAT’s strategy for implementation of ART services focused on strengthening and consolidating the achievements of previous years. This was made possible through collaboration with MOH, the PHA forums, district local governments, Joint Medical Stores (JMS), National Medical Stores (NMS), and local resource persons.

### Support to Existing ART Sites

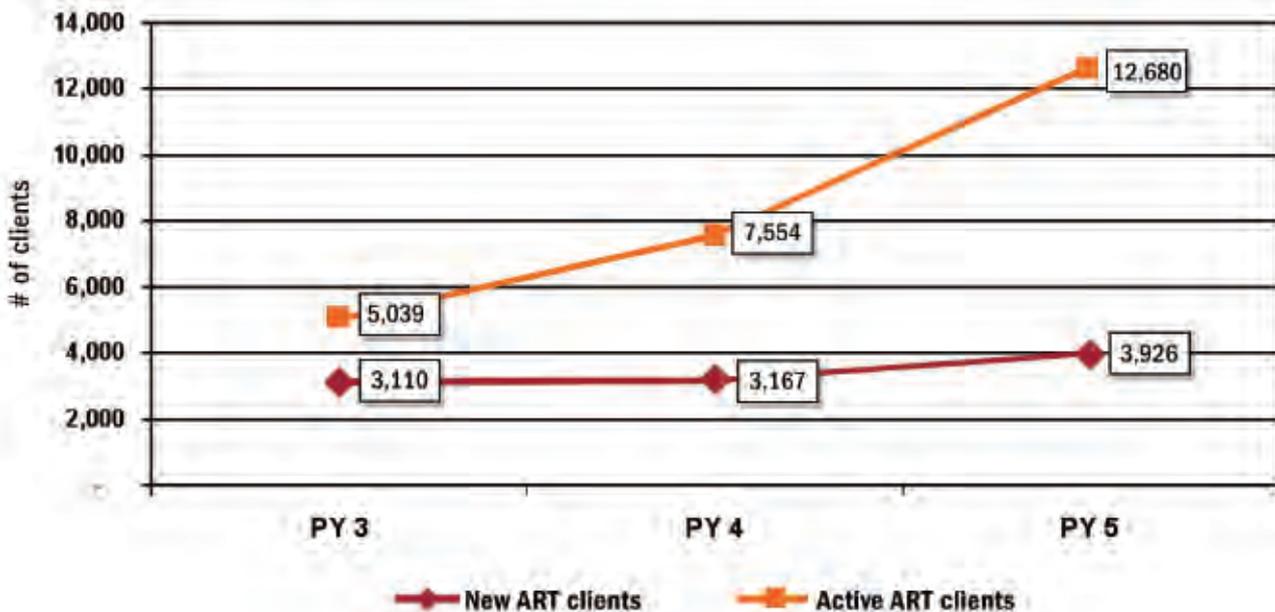
NUMAT continued to provide technical assistance to 31 existing ART sites, two ART sites inherited from the Baylor College of Medicine (BCM), and also an additional site – Pabbo HC III in Amuru district—which the MOH accredited. This brings to total 34 ART clinics being supported by NUMAT during PY5. The new ART clinic at Pabbo HC III was equipped with furniture including a medicine cupboard, filing cabinets, office chairs, patient’s benches, and medical equipments that included blood pressure machines, stethoscopes, growth monitoring tools, and medicine counting trays. The program supported the welfare of health workers at all these facilities through the provision of monthly refreshments and snacks during clinic days. Job aides, revised treatment guidelines, algorithms, patient monitoring tools, and client information materials updated by the MOH were reproduced and distributed to improve quality of services.

The number of new clients enrolled on ART and of active clients on treatment has steadily increased in the course of the last three years by 26% and 150% respectively (see graph below):

### Highlights:

- **34 ART sites supported.**
- **4,355 new clients enrolled into ART services (of which 461 were children).**
- **13,863 active clients at ART (of which 1,183 were children).**
- **24,740 CD4 count tests performed free of charge (of which 1,949 were children).**

**Trend of New & Active ART Clients in NUMAT-supported Sites**



As an exit strategy, NUMAT, in conjunction with MOH officials, held consultative meetings with authorities from Dokolo and Lamwo districts—identified as weaker performing districts in the region—during recent joint support supervision. The meeting focused on poor ownership of the ART programs by the districts, quality of care at ART clinics, and called for greater involvement of the districts in monitoring and supporting the implementation of ART services. These consultative meetings will continue in the remaining districts during the extension period.

### **ART Literacy**

Dissemination and sharing of HIV & AIDS information among health workers and clients has been a key ingredient for cohesion and team spirit among health workers and has improved adherence among the clients. NUMAT continued to strengthen information sharing through continuing medical education (CME) among staff. In PY5, NUMAT supported quarterly CMEs conducted in 29 ART clinics across the region with a total of 535 health workers benefiting from this exercise. Besides CMEs, NUMAT also supported the treatment team in each ART clinic to carry out monthly treatment support team (TST) meetings. During these meetings, health workers and NSAs harmonized information that enhanced the tracing of clients lost to follow-up in the community, and also provided platforms for health workers to update the NSAs on any new information regarding HIV & AIDS to enhance their counseling skills. At the community level, NUMAT supported NSAs, while Trainers of Trainers (TOTs) and home visitors have served as a fountain of information to the PHAs during encounters and sub-county networks meetings. NUMAT also facilitated the trained TOTs to provide information on positive living among the PHAs in meetings organized by the project. Key messages on safe sex, family planning, disclosure of status, and discordant relationships, among others, are discussed during these meetings.

### **Mentoring Health Workers in Comprehensive Adult Care**

During PY5, NUMAT adopted on-site mentorship as a follow-up approach to retrain health workers previously trained in comprehensive HIV & AIDS management. Through this approach, 180 health workers received two rounds of mentorship in the year. The health workers were updated on new treatment guidelines, patient monitoring and logistics management. In view of promoting sustainability and fostering ownership of the ART program, the mentorship exercise was conducted in conjunction with teams of local resource persons and DHT members. Other mentors were co-opted from facilities within the regions that exhibited outstanding performance in HIV & AIDS care provision.

### **Strengthening Pediatric HIV Care and Treatment**

In previous project years, NUMAT collaborated with BCM to provide pediatric HIV care and treatment. This partnership ended in the first quarter of PY5 following a PEPFAR-led rationalization exercise that saw BCM withdrawing from active implementation in the region. NUMAT engaged local experts that included pediatricians, pediatric counselors, and other local infectious disease experts from Gulu and Lira regional referral hospitals to support health workers in the region in pediatric HIV treatment care and support. This activity was preceded by a needs assessment that provided vital information on gaps, challenges, and opportunities to be addressed. One key challenge identified was the lack of pediatric ARV formulations, which greatly affected the initiation of children into care. NUMAT then worked with Clinton Health Access Initiative (CHAI) and SURE project to harmonize the supply chain of the pediatric and

adult ARV formulation through JMS. This was followed by two rounds of on-site mentorship of 180 health workers at the 34 sites with comprehensive pediatric HIV care, including EID, PMTCT and ART provision in HIV-exposed infants, ARV logistics management and monitoring tools among others. Good practices identified during the needs assessment, like the use of various growth monitoring tools for children, were strengthened and introduced in other facilities. CD4 testing quota for children using the outreach approach was increased to further enhance enrolment of children into care. Pediatric services at 13 high volume ART clinics were improved by setting up child friendly play areas, by installing swinging and sliding games at these sites, in view of improving attendance and retention.

In PY5, NUMAT provided funding to three local organizations – Acenlwo Child and Family Program, Health Alert, and Samaritans Purse – to strengthen linkages between community and the health facilities to enhance the continuum of pediatric HIV services in the region. The sub-grantees worked with local resource persons to empower the community with knowledge about the need to access HIV services for the children in the region. Through this collaboration, 10,830 community members were sensitized on HIV issues and the need to care for children. Also, 229 children who would have missed out on the available services were identified and referred for treatment and care. As an approach to addressing stigma and discrimination in the schools, peer support clubs were formed in 31 primary schools, with 1,278 members, whose roles included conducting drama activities in and out of schools, reciting short poems, and promoting education about HIV during morning school assemblies. In addition to these, 100 teachers were trained as patrons to these school clubs with the aim of fighting stigma and discrimination in the school community. The sub-grantees also conducted a mapping exercise for homes of children living with HIV. A total of 323 homes were mapped and this eased the process of home visits and follow-up for adherence support.

### **Strengthening ART Logistics Management**

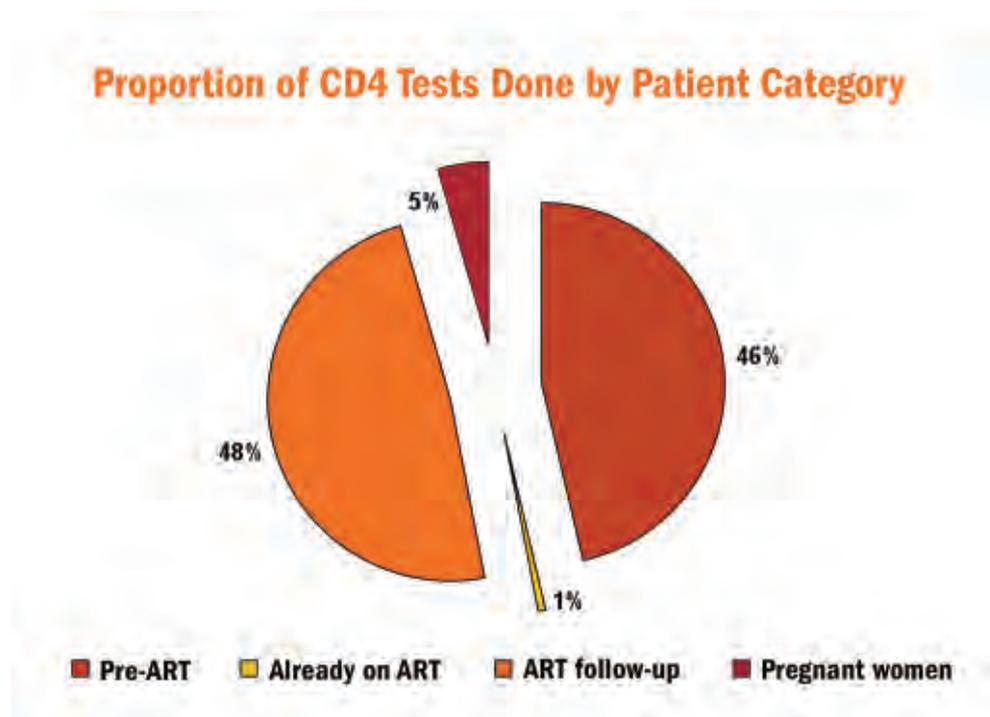
By the end of PY5, 34 ART sites were benefiting from ARV drugs supplied through NUMAT. ARV stockouts – which had been a frequent occurrence in the years preceding NUMAT – have been adequately addressed by the provision of technical support in logistics management. NUMAT continued to ensure that consumption reports and orders for supplies were submitted timely following MOH reporting schedule and the subsequent delivery by JMS is closely monitored by the NUMAT logistics team. Feedback to health workers regarding the quality and completeness of their reports is continuously provided by NUMAT, and a tool to track consumption and stock status at various ART clinics was developed and utilized. In the first quarter of PY5, there was a national stockout of cotrimoxazole that greatly affected adherence to treatment of the PHAs.

NUMAT sought and was granted permission by USAID to procure cotrimoxazole from JMS. Through this arrangement, a total of 2,081,000 tablets of double strength and 219,000 tablets of single strength cotrimoxazole were procured and distributed to 30 ART clinics. This supply temporarily addressed the stockout until the national stock was replenished. Stockout of pediatric ARV formulation was also a common phenomenon in the previous years. During the year, NUMAT engaged CHAI to find a long lasting solution for this problem; this led to harmonization of ARV supplies for both adults and children through JMS. Since then, stock out of pediatric ARV formulation has not been experienced in the region.

**Laboratory Support for Existing ART Sites**

In PY5, 24,740 CD4 tests were provided to HIV-positive clients accessing care at NUMAT-supported sites. This successful outreach model has since been extended for transportation of DBS samples for testing of HIV in children below 18 months. This has strengthened the provision of PMTCT services at the ART sites. Currently, the MOH is designing a similar model for transportation of DBS samples in the region, where a central hub will be established and MOH couriers will move to all PMTCT sites, collect samples, and deliver them to the central public health laboratory for processing.

The demographics of those receiving CD4 tests has significantly changed over time, with more tests being done for monitoring ART treatment efficacy than for ART-naïve clients (see *graph below*).



**Challenges**

During the period, some sites suffered because of erratic transfers of trained health workers leaving gaps among the treatment teams hence affecting quality of care, data management, and reports. In conjunction with the MOH, advocacy and dialogue with affected districts was conducted to promote rational human resource management. National stockout of cotrimoxazole was a common challenge in the first quarter of the year, but NUMAT got permission from USAID to procure and distribute cotrimoxazole to the affected sites. This eased the problem temporarily until national stocks were replenished and health workers were mentored on the MOH-amended joint ordering tool for cotrimoxazole, both for treatment and prophylaxis.

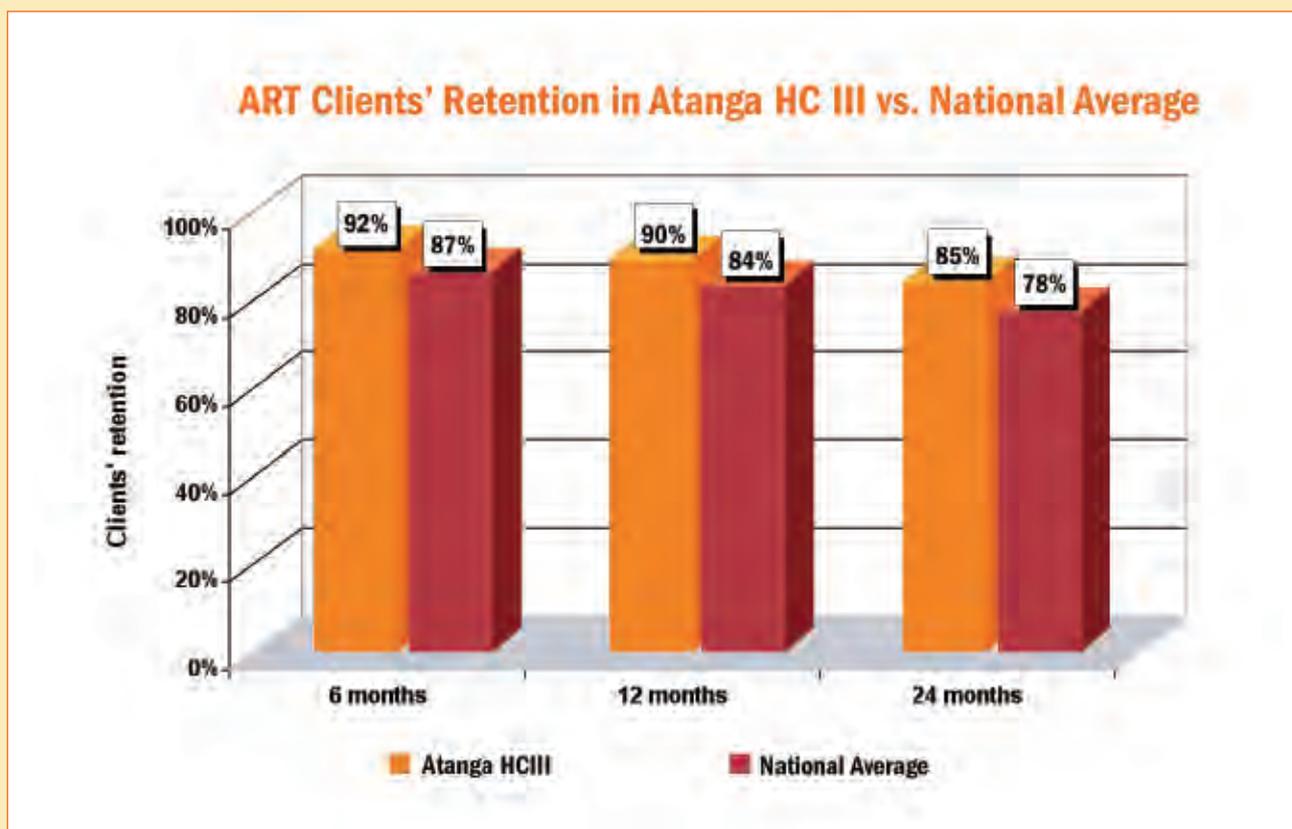
## LESSON LEARNED: Using Task Shifting for the Scale-up of HIV Care

Scale up of ART services, especially among returnees in Northern Uganda, has been greatly affected by human resource shortages. As part of the ART services expansion in Northern Uganda, NUMAT adopted a task-shifting process of delegating clinical care functions from more specialized to less specialized health workers, as a strategy to achieve scale-up at lower level health facilities.

Atanga HC III is one of the ART sites where NUMAT implemented comprehensive task-shifting among existing health providers and community-based workers. Didactic training sessions targeting specialized skill sets in adult and pediatric HIV treatment, care, and adherence counseling were

conducted for health workers in the facility, led by Oceng Lilian, a Nursing officer. Comprehensive ART services were then given by her as the clinical team leader at Atanga HC III. Ongoing technical support was provided by NUMAT and the district HIV focal person and quality assessment using crucial indicators of clinical care was done to determine clinical outcome at intervals.

By end of PY5, patient retention at 6, 12 and 24 months was determined for patients receiving treatment in Atanga HC III and compared to average national figures, which showed an encouraging result.



Based on these activities, we have concluded that task shifting is a feasible approach in scaling up ART services in human resources for health-constrained settings like

Northern Uganda, and if closely monitored and supported by the local health system, can produce similar ART outcomes as in well-staffed higher level facilities.

**Highlights:**

- **16 laboratories fully refurbished.**
- **105 laboratory units were visited during support supervision and 85 were assessed for quality assurance.**
- **26 laboratory staff completed their pre-service training and reported back to their post as agreed.**

**2.7 LABORATORY**

Overall improvement in the quality of health care requires a robust laboratory system.

NUMAT's interventions in laboratory services improvement focused broadly on infrastructure improvement, training, provision of essential equipment, and quality assurance activities.

NUMAT continued to build on the achievements of previous years in laboratory support through several approaches. Important investment was made on infrastructure refurbishment and the provision of selected equipment to meet minimum standards, as stipulated by the MOH for each level. Sixteen laboratories were refurbished (making a cumulative total of 28 during the program lifespan) and nine health units received equipment. These 28 laboratories – located at the HC III level and closer to the communities they serve – now have the infrastructure to meet the minimum standards set by the MOH.

A total of 26 students were sponsored for basic laboratory training and successfully completed the course. During PY5, 22 were contacted to determine their employment status. The majority was found to be working; however, only six of them had applied for vacant laboratory positions that were advertised.

Quality Assurance (QA) activities were strengthened through support supervision, on-site training and mentorship, proficiency testing of quality control materials, and blinded re-checking of stored slides/samples, and provision of laboratory reference text materials. Compared with July 2008 when the activity started, in 2011 the number of participating lab units increased from 36 to 85, with the majority represented by lower level facilities. The proportion of proficiency tests whose results were in agreement with the supervisors' findings increased from 93% to 98%. The proportion of units achieving a 100% specimen agreement also increased steadily from 64% to 86%.

A total of 105 laboratories were visited and quality assurance activities were conducted in 85 laboratories (81%). Under health care waste management (HCWM), 20 district officials were trained and support supervision and community sensitization were carried out.

Widespread sensitization on HCWM has created an increase in demand for appropriate supplies and equipment such as color coded bins and liners, heavy duty gloves, aprons, gumboots, wheelbarrows, waste pits, and incinerators.

**Challenges**

Some challenges that have persisted include: stockouts of laboratory supplies, kits and reagents especially HIV test kits; inadequate staffing levels due to the slow pace of recruitment by the local government through the District Service Commission; lack of accommodation for staff within the facilities leading to absenteeism, late reporting to and early departures from work.

## LESSON LEARNED: Empowering Districts to Conduct their Own Support Supervision of Laboratory Units

*With the imminent closure of the NUMAT program, in PY5 activities were tailored to promote greater district ownership and involvement in strengthening laboratory services. More time and resources were invested to enhance the supervisory role of the district laboratory focal persons (DLFP) from the 15 districts of Northern Uganda. This transition strategy was a shift from interventions in previous program years where laboratory services experts from Central Public Health Laboratories (CPHL), Ministry of Health, were assisted to conduct regular capacity building activities to more than 80 laboratories throughout Northern Uganda. The capacity building prominently included quality assurance activities composed of support supervision, on-site training and mentorship, proficiency testing of quality control materials, and blinded re-checking of stored slides and samples as well as distribution of laboratory reference text materials.*

*The revised strategy saw DLFPs aided to spearhead QA activities in their respective districts. Experts from CPHL trained the DLFPs in preparation of quality control material and guided them to develop a support supervision tool aligned to the National Health Laboratory Policy and the Uganda National Minimum Health Care Package. The DLFPs then visited all laboratories up to health centre III level within their respective districts. Two weeks later, field reports formulated were discussed at a one-day feedback meeting. A technical representative from CPHL participated in the meetings and provided technical guidance in addressing challenges experienced by the DLFPs in their activities in accordance with national policy. In addition, the CPHL*



*Lab staff at Palabel Kal HC III performing a microscopy test.*

*representative made physical visits to districts and health facilities that scored poorly during assessment.*

*Two such DLFP-led support supervision and quality assurance visits were conducted during the period. The district health teams, and DLFPs in particular, were motivated to take on a prominent role in promoting laboratory services in their districts. There was a significant improvement in the quality of reporting, the two sessions compared. The DLFPs exhibited greater confidence in preparing proficiency testing materials. Recommendations generated during the feedback meetings included the need to equip DLFPs with basic equipment troubleshooting skills. To address this gap, NUMAT will engage laboratory technologists and equipment maintenance technicians based at the two regional referral hospitals in supporting CME sessions and attachments for DLFPs and other laboratory personnel in the region.*

**Highlights:**

- **130 newly recruited health workers inducted in Amuru and Nwoya districts.**
- **90 health managers trained in human resource and management skills.**
- **125 medical students attached to 17 remote health facilities.**
- **40 Continuous Medical Education sessions held in ART sites.**

**2.8 HUMAN RESOURCES FOR HEALTH**

Having the required mix, number, and qualification of health workers is crucial for providing quality malaria, HIV, and TB services. Over the last four years NUMAT employed a number of strategies to attract, recruit, and retain health workers in the region. These included: supporting the district recruitment process; setting up district human resource information databases; improving the leadership and management capabilities of health managers; building strategic partnerships with universities to attract medical officers; and supporting continuous professional development programs for health workers through CME sessions.

During this year, NUMAT assisted with the recruitment of 32 health workers in the newly created district of Agago, which has increased the health workforce level from 58% to 70%. In Amuru and Gulu districts, more than 130 newly recruited health workers were inducted into the civil service. During the induction issues of ethics, public relations, customer care, and accountability were highly emphasised. These are critical areas for improved service delivery and image building for the health system.

In line with the principle of having in place strong leadership at both the district and lower health facility level, 90 in-charges and top level health managers benefited from a training program on leadership and human resource management. This training was an arrangement between NUMAT and the Uganda Management Institute and was aimed at addressing weaknesses in leadership and human resources management. A recent follow-up conducted by the trainers indicated a marked improvement in performance management of in-charges in staff appraisal, delegation of duties, conflict and grievance handling, teamwork, planning, and budgeting.

Improving evidence-based planning for human resources for health is what NUMAT and the Uganda Capacity Program has been doing for districts for the last two years, by working with district personnel and records officers to establish electronic storage and use of human resource data and by promoting the Human Resource Information System (HRIS). NUMAT has so far jointly supported four sites in the region with the installation and training on the software. A review of the HRIS revealed its benefits in enabling districts to produce various human resource reports such as staff personal records; staff probation, deployment, confirmation and retirement; vacancy information, and many others.

With most health centers across the region understaffed and lacking some critical staff like medical officers, nurses, pharmacists, and dentists, the Community-Based Education Services (COBES) was an effective initiative for health workers in targeted facilities. COBES is a tripartite partnership between district local governments, universities (Gulu and Makerere), and NUMAT to solve both short and long term constraints of human resources for health. During the year, 125 students of various disciplines were involved and placed in 17 lower health facilities. The students participated in several activities such as dispensing drugs, recording and examining patients, child health activities, laboratory work, health education, ward rounds, and so on. As a result of these activities they were able to decongest the outpatient departments and consequently reduce patient waiting time and increase the number of patients served at the various service points.



*COBES students also get engaged in surgical activities.*

### **Challenges**

There has been a marked improvement in the health workforce level to more than 60%, but there remains much to be done, especially in improving the health infrastructure, supply chain management, staff remuneration, skills development, and effective supervision of the few existing staff. NUMAT will continue its partnership program with universities as part of its contribution towards attracting health workers to the region and ameliorating the workload of existing health workers.

### **2.9 MONITORING, PLANNING AND SUPERVISION**

Please refer to Objective 5, page 45.

**Highlights:**

- **44,970 rapid diagnostic test kits distributed.**
- **80,000 nets distributed through antenatal setting.**
- **50% IPT2 coverage.**
- **39% of fever cases sent for laboratory confirmation.**

**2.10 MALARIA SERVICES**

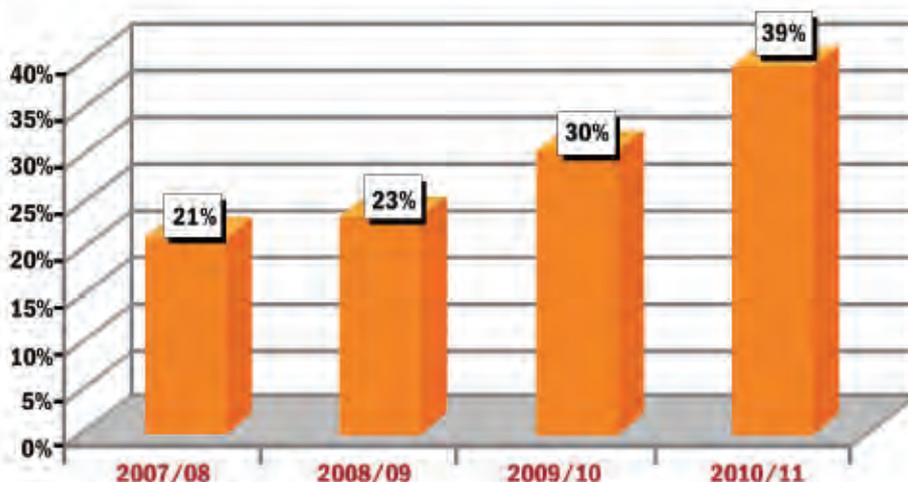
This past year, NUMAT focused on strengthening the capacity of health workers in malaria case management, and on preventing and controlling malaria in pregnancy. This was accomplished through in-service training and coaching, support supervision visits, provision of logistics and supplies, as well as data documentation and reporting.

**Malaria Case Management**

The focus of program support in malaria case management is to build and sustain laboratory capacity to diagnose malaria so as to help clinicians in more accurate case management and treatment. In PY5, the program continued the approach initiated late in PY4 to make use of rapid diagnostic tests (RDT) to complement microscopy in malaria diagnosis, especially at most peripheral facilities health facilities with no laboratory services. After building capacity on the use of RDT, test kits were distributed to facilities and their utilization followed-up. In total, 44,970 kits were given to 116 health centres grade II and III within 11 districts. The subsequent procurement of kits was expected to be taken over by the MOH.

After analyzing the malaria-related data originating from the HMIS reports of all the 15 districts, a time trend was noted in the proportion of suspected malaria cases referred for a laboratory test. There was a marked and steady increase over the years in cases being referred for a confirmatory test, as displayed in the graph below. This may be due to the changing attitude of clinicians towards diagnosing fever from a mere presumptive diagnosis based on clinical signs and symptoms to a more elaborate way that employs also a specific laboratory test. If this is the case, continued long-term provision of RDT would be a helpful tool for sites with no laboratory facilities.

**Proportion of Malaria Cases Referred to the Lab in the Northern Region, 2008-2011**



### **Malaria in Pregnancy**

Integration of malaria services into broader pre-natal and pregnancy services, including PMTCT and birth preparedness, continued to be a defining strategy guiding NUMAT support.

During the quarter, 80,000 insecticide-treated nets (ITNs) were allocated to the 15 districts, based on population projections, and distributed through 211 antenatal care (ANC) clinics. Also, consumables (water vessels, dispensing cups, and treatment tablets) have been distributed to the same facilities to sustain the directly observed delivery of intermittent preventive therapy (IPTp) services to pregnant mothers.

In regards to the use of nets, findings from the 2010 Lot Quality Assurance Sampling (LQAS) survey indicated a steep rise in both household ownership and utilization of the insecticide-treated nets across the region, now standing at 75% and 63% respectively. This is consistent with the concerted extensive efforts of distributing nets to most households and targeted populations made by the MOH, donors, and various partners.

However, the uptake of IPT2 among pregnant mothers attending ANC clinics over the last few years has been stagnating, standing at 50% compared with 48% of last year, although the drop out from the 1st to the 2nd dose has decreased. Late reporting at ANC clinics by pregnant mothers coupled with erratic availability of antimalarials are the major contributors of the slow increase in service coverage.

### **Challenges**

Health facility understaffing and work overload poses a big challenge to quality service delivery in most health facilities. Sporadic stockouts of ACT and sulfadoxine-pyrimethamine (SP) for IPTp were reported in several health facilities during the year. In particular, RDT stockouts may negatively affect the attitude of trained health workers toward a more accurate malaria diagnosis.

## LESSON LEARNED:

### Malaria Control Programme Can Succeed by Combining Different Interventions

NUMAT has been supporting malaria activities since PY2 and ever since has been collecting, aggregating and analyzing malaria-related data from across Northern Uganda, using the HMIS monthly reports from its 15 districts.

A specific analysis was conducted comparing time trends in the positivity rate of malaria laboratory tests between districts where indoor residual spraying (IRS) was done with those where no such activity took place. The positivity rate for malaria tests was chosen as a proxy indicator of true malaria cases out of fever illnesses presenting at the facilities.

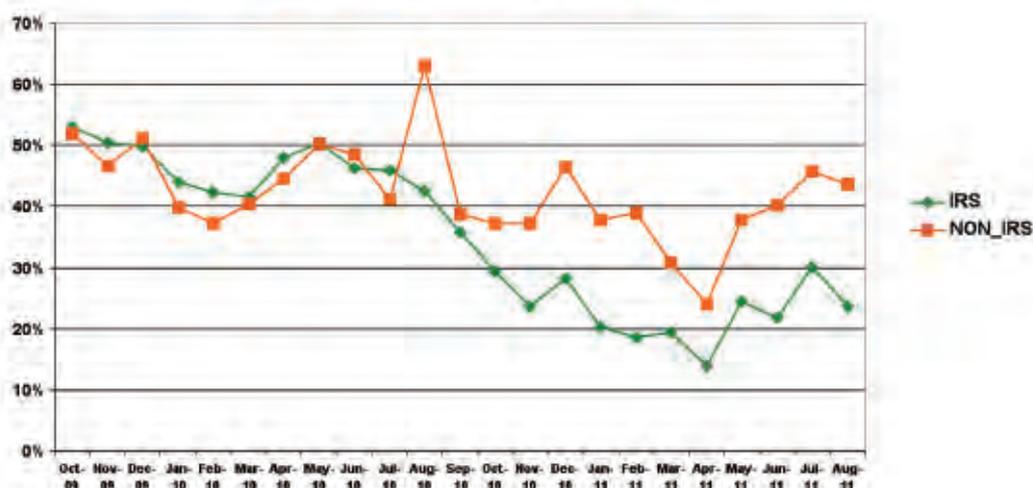
IRS activities have been conducted in the Northern Region in four subsequent rounds approximately every six months starting from early 2010. All other interventions – net distribution, support to case management, provision of antimalarials and malaria control in pregnancy – were implemented in all districts.

As the graph below shows, the indicator was at similar levels (slightly above 50% of tests with positive result) for both groups of districts in late 2009, but while it stagnated for the non-IRS group between 40%-50%, it gradually declined below 30% in the IRS districts.

The time trend of positive results in IRS district showed to be statistically significant ( $R^2=0.77, p<0.001$ ), while there was no significance in the trend of the same value among non-IRS districts.

There seems to be an evident positive effect of IRS – in combination with other existing malaria preventive activities – on malaria morbidity in the region. For sustaining long-term results in malaria control, a multifaceted approach incorporating all efficacious interventions seems likely to be more effective.

Slide Positivity Rate among IRS and Non-IRS Northern Districts, 2009-11



## 2.11 SAFE MALE CIRCUMCISION (SMC)

NUMAT continued to implement SMC scale up in PY5 through collaboration, capacity building and community sensitization. The pace and coverage had to be readjusted in the 3rd quarter after a PEPFAR-led SMC technical working group offered evidence based guidance stipulating that up to 80% of the male population aged 15 – 49 years had to be circumcised in the next five years if we were to achieve a 25% reduction in HIV incidence. For Northern Uganda, this would require circumcision of approximately 448,310 males with this specified age group within the next five years to achieve that impact. The guidance offered by PEPFAR was accompanied with a pledge to provide implementing partners that included NUMAT with disposable SMC kits making it feasible to adopt models that enhanced the volume and efficiency of circumcision. The first batch of 12,000 kits were eventually delivered during the last quarter of PY5 and distributed to all 21 SMC sites.

NUMAT collaborated with the MOH-based SMC task force and SMC surgeons working with the Strengthening Tuberculosis and HIV & AIDS Responses in East –Central Uganda (STAR-EC) program to facilitate two sub-regional technical review meetings. The meeting brought together district health officers, district health educators and SMC site teams to appraise themselves on circumcision activities carried out during the previous quarter. Gaps affecting SMC service provision were identified and solutions were jointly derived to address them. Key concerns expressed during these meetings included inadequate human and material resources and inappropriate infrastructure that affected the capacity to meet the growing demand for male circumcision. Concerns were also raised about the possible emergence of behavioral disinhibition as circumcised men assumed themselves wholesomely protected from HIV infection. It was also noted that SMC teams under pressure to achieve set targets, seemed to have less concerns about the quality of other components of SMC including counseling, behavioral change messages, post operative care and follow up. This could eventually negatively impact the SMC program. It was agreed that all avenues would be utilized to provide communities with appropriate messages about SMC. The avenues used so far include radio announcements and talk shows, and music and drama activities. Drama groups were specifically co-opted to promote SMC activities at health centers serving the communities of Lalogi, Gulu District and Pajule, Pader District.

NUMAT also collaborated with the Rakai Health Sciences Program to conduct a two day surgical skills workshop at Lira Regional Referral Hospital to orient mentors on the Model for Optimizing Volume and Efficiency (MOVE) approach. The approach involves a set of surgical steps carefully put together to optimize the use of staff and facility space allowing task shifting, task sharing and prioritizing appropriate surgical techniques. As part of the workshop, circumcision services were offered to 147 men in addition to other HIV prevention messages. Mentors and health workers at the time largely considered the MOVE surgical approach as tedious, wasteful of precious resources including time. It was reported that some members of the team were rendered redundant for long periods as they waited for the next surgical cycle to bring the surgeon back to her/his surgical table. Operational research evidence clearly showed the MOVE approach as critical in boosting the number of circumcisions conducted. It was appreciated that the approach was lacking some key inputs to make it more viable including the use of pre-packed SMC kits and diathermy machines.

### Highlights:

- **1,331 men circumcised.**
- **65 health workers from 21 facilities trained in SMC.**
- **21 sites supported to provide routine SMC activities.**

On-going mentorship visits were provided to the SMC teams on a monthly basis. To coincide with the first supply of SMC kits by USAID, logistics documentation tools were distributed to the SMC sites. Health workers were taught how to report on consumption of SMC supplies and order more supplies when necessary. The kits however, did not contain all the necessary commodities for circumcision: for example, a local anesthetic agent was missing. Further they were suited for a different circumcision than the one the Rakai Health Services Program had trained the NUMAT supported SMC teams. These factors hampered utilization of the SMC kits to enhance the circumcision scale up at most of the sites. Measures will be undertaken during the extension period to orient teams in the alternative surgical technique through skills demonstration during surgical camps.

After beefing up its technical team, NUMAT commenced the roll out of SMC camps outside the health facility setting. An integrated camp was held at the Gulu University campus that drew 111 males to access circumcision services. The camp was tailored to attract the entire university community by appending cervical screening services, health education talks, condom distribution and HCT to the menu of activities provided. During the extension period, NUMAT will consider incorporating family planning services amongst other interventions to the SMC camp activities.

### **Challenges**

A number of site teams have broken up either because of frequent transfers of health workers or due to loss of interest in carrying out the activity. The SMC kits were distributed to SMC sites but were not being used by the SMC teams because they lacked anesthetic drugs and additional forceps and surgical scissors. NUMAT was awaiting approvals to procure these needs and intended to train health workers in the favored approach. Apac district had two other implementing partners rolling out SMC services, which used monetary incentives to motivate the same SMC teams trained by NUMAT. The payments made by these partners to SMC teams at the affected sites were creating disquiet amongst other health workers working in other units within those health facilities as well as elsewhere.

## LESSON LEARNED:

### Integrating Safe Male Circumcision Camps with Other Services



*Gulu University students queuing outside the theatre during the SMC outreach at the campus.*

*NUMAT teamed up with health workers from Gulu regional referral hospital, Youth Movers - a local Gulu-based community based organization - and peer counselors trained by NUMAT, to provide a youth friendly package of HIV prevention services to both male and female students of Gulu University during a two day camp.*

*The camp, conducted under the theme, "Plan your health – plan your future," was initially designed to target male university youth with SMC services. However the two day event evolved into a more inclusive one that would address other health concerns of the student community. These areas included sex education, HIV counseling and testing, sexually transmitted infection (STIs) diagnosis and cervical screening. By this design the whole university student community was drawn upon to participate in the event, enabling it to achieve significant success in the initial objective of SMC provision.*

*The two day camp commenced with a festive ambiance. A master of ceremonies provided music, refereed games and offered IEC material to youth that gathered on the*

*campus green. At nearby service points, students queued up to access HIV counseling and testing, SMC and cervical screening. The camp ended with a fashion show and goat roasting party organized by NUMAT, Youth Movers and the campus student leadership.*

*By the end of the camp, 111 males were circumcised with only three minor adverse events later reported; another 48 students who were interested in the surgery did not access the services due to time constraints. Cervical cancer screening was accessed by 160 females and 320 individuals all together accessed HIV counseling and testing. Three students tested positive and were counseled and referred for further care at the regional hospital. 42,860 condoms were distributed to the students. Up to 43% of the female students and 11% of the males required treatment for STIs.*

*As NUMAT is scaling up the provision of SMC services to different communities in Northern Uganda, all efforts will be made to ensure that the service is provided within context of their peculiar needs and concerns.*



# OBJECTIVE 3:

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

**N**UMAT sexual prevention efforts among the adults continued to target couples on long-term relationships as well as MARPs such as commercial sex workers (CSWs) and their clients, mobile populations (e.g. truckers, fishing communities and boda boda riders), alcohol and drug using populations and inmates. The main interventions among the MARPs and high risk groups included sexual behavioral change, risk and vulnerability reduction initiatives, couples conferences, condom distribution and economic empowerment of women using Accumulating Savings and Credit Associations (ASCAs) and VSLA schemes. The strategy sought to target the drivers of the epidemic and to have greatest impact in averting new infections.

### 3.1 ADULT PREVENTION

#### Economic Empowerment of Women's Groups

In PY5, NUMAT continued to provide technical support supervision to the 212 VSLA groups that were previously mobilized and had completed their first cycles (8-12 months) of saving. The level of the groups' accumulative savings necessitated orientation on business skills to enable members who had accumulated some funds to put their money into good use. Data collected from seven VSLA groups in Kitgum, Agago, Lamwo and Pader Districts indicated that from January 2010 to April 2011 members were able to save about 51 million shillings (equivalent to US\$ 20,000). Of this amount, about 28 million was shared by the group members to solve personal needs (feeding, school fees, household requirements, and start up of alternative income generating activities). The increased incomes are likely to reduce their risks to HIV infections, given that poverty remains one of the predisposing factors in the region. The economic empowerment strategy serves as an entry point to social and economic support for the members and creates a built-in system for survival alternatives.

#### Involving Married Couples

In PY5 NUMAT reached married couples through marriage enrichment seminars as a response to high levels of new infections occurring in persons in long term relationships. A total of 235 married couples were mobilized by leaders of local faith communities to participate in HIV prevention seminars where issues of couple HIV counseling testing, disclosure and life skills for women were discussed. The approach was commended by married couples across all community groups reached, especially in breaking the silence on marital issues among many couples. Couple counseling and testing was found to simplify disclosure for both discordant and concordant couples. The seminars helped couples improve their marital relationships and explore mechanisms of dealing with HIV in the family and strengthening protection from HIV infection. A range of methodologies were used ranging from focused group discussions, role plays, confessions and case studies to help the participants apprehend and articulate factors that lead to family discords and remedies.

#### Highlights:

- **190,088 individuals reached with ABC prevention messages.**
- **7,037 MARPs reached with HIV risk reduction messages.**
- **Over 1,000,000 condoms distributed.**
- **65 SGBV survivors received PEP.**

*“I wish to commend NUMAT for the program because it had empowered us. Prior to the conference, I used to skip taking my medications because I never appreciated why I should be taking drugs every day, but now I have resolved never to miss taking drugs because it can prolong my life.”*

–Beatrice Achora, PHA from Anaka sub-county

### **Prevention for Occupationally-Based MARPs**

Fifty two workplace-based HIV prevention campaigns were held in Amolatar, Dokolo, Kitgum, Apac, Kole, Lira, Otuke, Pader, Gulu, Kitgum, and Lamwo Districts through small group discussions in drinking clubs, market places and landing sites. Trainers of Trainees and Behavior Change Agents engaged truckers, men in drinking clubs, CSWs, and members of landing site management committees in HIV prevention discussions and activities offering avenues and opportunities to discuss risk factors at work places, share experiences and come up with solutions to HIV risk reduction in their communities. The discussions were also designed to empower men and women to adopt healthier attitudes, beliefs and behaviors, and the sessions have been used as forums for educating men on condom use and for their distribution to enhance usage.

NUMAT reached 1,027 inmates in Gulu, Lira and Patongo government prisons with HIV and TB messages meant to increase their knowledge and life skills on HIV related topics. A total of 569 inmates tested for HIV and those who tested HIV-positive were referred for further care. NUMAT also continued supporting the prisons’ laboratories with HIV testing kits and technical support supervision.

### **Condom Distribution**

NUMAT continued to identify and stock non-traditional condom distribution outlets with condoms. Community education on correct and consistent use and distribution of condoms was carried out with the help of the District Health Educators and NUMAT sub-grantees. The District PHA Networks have also been engaged in condoms distribution to help reduce incidences of re-infections. In total, 687 condom outlets were established with over one million condoms distributed within the program districts.

## **3.2 YOUTH PREVENTION**

Youth prevention intervention concentrated on delivery of comprehensive sexual and behavior prevention interventions aimed at risk reduction to enhance behavior change among young people out of school, young people in higher institutions of learning and the youth under the umbrella of cultural and faith institutions. Emphasis was on risk reduction interventions that meet the minimum standard for behavioral change.

### **Prevention with Young Positives**

NUMAT supported the young positives conferences and dialogues where 181 young positives participated. The aim was to provide them with risk reduction counseling which addressed condom use, partner reduction and alcohol reduction among others. The young positives were encouraged to utilize family planning services depending on their needs. Regular screening and treatment of sexual transmitted infections (STIs) as part of routine care and prevention was also emphasized. The young girls in relationships were encouraged to seek safer pregnancy counseling. Other topics discussed were sanitation, hygiene, HIV stigma and discrimination, nutrition and adherence to medication.

### Partnership with Cultural Institutions

During PY5, NUMAT engaged cultural institutions by empowering clan youth leaders with skills and knowledge to conduct HIV risk reduction sessions. This was done through a five-day coaching of the youth leaders under the Lango Cultural institution and Ker Kwaro Acholi. In total, 253 cultural youth leaders were trained as youth peer educators on HIV programming, life skills development, HIV risk and predisposing factors, sexual and gender-based violence, HIV prevention strategy, facilitation and basic counseling skills. This engagement provided an opportunity for youth cultural leaders to discuss some of the cultural practices that predispose young people in their communities to HIV infection. The trained peer educators are now involved in carrying out peer learning sessions and linking their peers to youth friendly services like HCT and male circumcision.

### Youth in Higher Institutions of Learning

NUMAT continued to support HIV prevention programs for youth in higher institutions of learning through peer learning sessions focusing on messages that discourage multiple and concurrent sexual partners, cross generational and transactional sex. A total of 80 peer learning sessions were conducted reaching over 1,200 students. These sessions were useful in promoting partner reduction among the students, promoting correct and consistent use of condoms and promoting faithfulness among the student community. The interventions in higher institutions of learning are intended to discourage and address the drivers of the epidemic in the institutions. As a result many students are now reporting to be abstaining from sex, being faithful to one partner and there is an increased demand for condoms by those whose behaviors place them at risk of contracting HIV and other STIs. Peer educators are reporting higher consumption of condoms being placed in outlets like wash rooms from where they are picked by those who need them. The peer educators have also been instrumental in mobilizing the student community for HCT and safe male circumcision services.

### Support Community Structures Conduct Dialogue Meetings

NUMAT supported 235 community dialogue meetings for 4,950 youth out of school to enable them practice relevant risk reduction skills. The dialogue meetings discussed various topics on life skills, delaying onset of first sexual encounter, decrease in number of partners, condom use as a dual protection measure, and reduction of casual sex, cross generation and transactional sex. The discussions have been useful in decreasing risks and vulnerability of young people.

### Support Youth Groups

NUMAT supported 6 youth groups transit into community based organizations (CBOs) as an exit and sustainability strategy. The groups were drawn from the districts of Lira, Otuke, Dokolo and Pader and were assisted to register with the district NGO forum. For those without a constitution, they were helped to develop one. Other areas of support included resource mobilization, project planning and management, group dynamics and leadership training. NUMAT will link the groups to partners for continued technical and financial support. It is expected that the groups will continue to carry out HIV prevention for youth even when NUMAT program comes to an end.

*“The peer learning sessions conducted by the peer educators has been helpful in making me learn of the risk factors that may bring me problems. For example I used to hang out a lot with my friends drinking, dancing till late and was at risk of ending up in compromising situations. I have decided to reduce on alcohol consumption, drop my other girl friends and stick to one.”*

—Peter Ongom, student at Gulu University



HIV counseling & testing during the 16 Days of Activism.

*“This work is not easy, but I think that - with continuous engagement of the community - attitudes towards some aspects of SGBV are slowly changing...now people are willing to educate their children equally...men are realizing drinking and wife battering are leading to family break down...”*

—SGBV CORP, Kitgum district

### 3.3 SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

#### Social Mobilization of Communities to Access and Utilize Appropriate Services

NUMAT continued to support interventions that reduce HIV transmission to SGBV survivors through advocacy for availability of post-exposure prophylaxis (PEP) at the health facilities. During this year, 45 health workers were trained on SGBV clinical management, PEP and delivery of timely and appropriate care to the survivors. In response to unclear understanding of PEP guidelines, 142 health workers from ART sites, police, judiciary and NGOs working on SGBV were oriented on the new national PEP policy guidelines. In response to health workers having a challenge with extraction, storage,

provision of forensic evidence and testifying in court as witnesses in SGBV related cases, NUMAT with other partners co-facilitated a medical legal training, whose training manual was tailored to the target group and will be availed to all partners intending to train health workers. During the year, 65 women received PEP from the accredited facilities.

NUMAT strengthened coordination in SGBV service delivery through holding monthly meetings at the seven pilot health facilities, monthly SGBV district and sub county working group, and community protection structure meetings which are used as an avenue for stakeholders to share experiences, learn from one another, discuss challenges and forge ways for better service delivery to survivors. This addressed the identified barrier to survivors in being properly referred to access timely and appropriate services.

#### Prevention of SGBV

NUMAT community engagement during the year focused on tackling gender inequalities that perpetuate SGBV and which in turn increases the risks of HIV transmission in the community. The dialogues looked at root causes and contributing factors of SGBV thus focusing on behavioral and attitudinal change that is not instant. The dialogues were facilitated by SGBV community resource persons (CORPs) through focus group discussions in all districts. In addition, community drama groups were supported to stage shows to create awareness and educate communities about SGBV issues.

NUMAT involved the community in advocacy initiatives like celebration of the 16 days of Activism against violence on women, World AIDS Day, International Human Rights Day, Women’s Day and the Day of the African Child in all the districts. There were other related activities as part of these events; like HCT, radio talk shows and dissemination of educational materials.

### 3.4 REDUCTION OF STIGMA AND DISCRIMINATION

#### Strengthening FBO Response to HIV & AIDS

In PY5, NUMAT embarked on building the capacity of faith-based organizations (FBOs) to respond to HIV challenges in their communities. This involved sensitization of FBO leadership to embrace HIV interventions and conducting organizational self assessment to identify institutional gaps.

NUMAT supported a comprehensive capacity building exercise for the two FBO networks, which included capacity building in development of strategic plans, updating policy documents and developing action plans and financial management policies, advocacy and governance. This was to enhance the capacity for effective management of HIV interventions and initiatives to reach out to their communities.

The organizational self assessment (OSA) revealed that most of the faith institutions had several gaps and loopholes in their policies to guide their HIV response. Through the capacity building support given by NUMAT, the Diocese of Lango has now instituted a committee with several expert people to make the diocese more active in HIV prevention.

FBOs have been able to interact freely and get assistance from one another in terms of specific skills which might be lacking in their organization. The whole process of capacity building with NUMAT support has empowered all organizations to put in place systems where roles and responsibilities are clearly spelt out, making them eligible to access funding and support from other partners to carry out HIV interventions in their congregations.

#### Challenges

The economic challenges have driven more young girls into commercial sex work for survival. This calls for scaling up of response among this community sub groups. Some SGBV survivors fail to reach a health facility within the recommended 72 hours for PEP and others fail to get the police form 3 so that the case can be pursued in court. At times facilities run out of HIV test kits, pregnancy tests, STI treatment and PEP drugs, which is a set back to the response mechanism. UNFPA has addressed this by providing PEP and STI supplies to the designated facilities in all the districts.

*“Fellow leaders, given what has been said and discussed here, we should now stop waiting to pray for our people when they are dead, but find ways to help them while they are still alive. We actually have a great role to play because all these people eventually run to us when things go bad. We need to do something now.”*

—Charles Odur Kami,  
Bishop Diocese of Lango

*“When the capacity building by NUMAT started, we realized our organization had many gaps. After the training, we started putting in place all necessary documents and policies and when we wrote the subsequent proposal for funding it got approved. We have received a grant of 50,850,000 Ugandan shillings (\$18,000) for HIV prevention for sensitizing religious leaders to reach out to their congregations with the message of HIV prevention, care, treatment and support and to empower youth with life skills for HIV prevention, carrying out school HIV & AIDS awareness essay competitions, couple HIV & AIDS awareness and HIV & AIDS drama awareness in the communities.”*

—Rev. Milton Ogwal, Victory  
Outreach Ministries



# OBJECTIVE 4:

## Increased Access by People Living with HIV & AIDS and their Families to Wrap-around Services

**N**UMAT maintained its collaboration and partnership with other implementing partners to ensure that PHA and their families got access to wrap-around services. This objective has remained a critical component of NUMAT approach to ensuring a comprehensive continuum of care for PHA and their families.

In the fifth year, NUMAT put more emphasis on system strengthening and capacity building of PHA networks/groups, in order to improve their advocacy skills. Nevertheless, the availability of these services remains inadequate and unevenly distributed in the region. Attention during this year was also given to the sustainability planning given the imminent end of the NUMAT program.

### Capacity Building and System Strengthening

NUMAT targeted a broad range of stakeholders with capacity building activities in a bid to improve the quality of HIV care and support services. These stakeholders included HIV service providers, psycho-social groups and expert clients, including Network Support Agents (NSAs). Schools were also involved: 80 teachers were trained to address stigma and discrimination in school settings, advocate for HCT, and provide psychosocial support to children and teachers living with HIV in schools. The young positives were helped to form their own networks and their involvement in peer to peer support was recognized to have been effective as young women and men living with HIV were encouraged to seek, demand and adhere to care and support services. District PHA network leaders were sensitised and mentored in wrap around service promotion which they would do through advocacy and strengthening of referral networks in the region.

NUMAT worked with NAFOPHANU and the district local governments to provide technical supervision visits to PHA networks. Quarterly co-ordinations meetings involving all the stakeholders mentioned were also conducted with NUMAT support. During the year, NUMAT continued to support 190 Network Support Agents as key players in HIV & AIDS implementation. The NSAs – PHA who had disclosed their status and were leading healthy positives lives – continued to play a vital supportive role, providing psychosocial support in their communities, as well as supporting day to day running of HIV clinics. As recognition of their useful contribution and in order to ease their operations, NSAs were equipped with a bicycle each and also continued to receive a monthly lunch allowance.

Through partnership with Health Communication Partnership (HCP), NUMAT adapted, printed and disseminated IEC materials on HIV & AIDS stigma and discrimination, prevention for the positives as well as wrap around services. PHA leaders were involved in radio talk shows and radio dairies covering all aspects of wrap around services and positive living.

### Highlights:

- **1,540 BCP starter kits, 57,040 water treatment bottles and 446,400 condoms for replenishment to PHAs.**
- **12 young positives forums formed, 9 conferences held.**
- **140 bicycles given to NSA.**
- **45 PHA leaders trained on succession planning and will writing and 80 teachers trained on stigma and discrimination.**

### **Access to Basic Care Commodities (BCP) and Livelihood Support**

During this year, NUMAT maintained its collaboration with other USG-funded partners to provide BCP commodities and nutritional support. These services were aimed at improving the quality of life of PHA as well as improving their household incomes through income generating activities. A total of 1,540 PHA received BCP starter kits. For clients that had already benefited from the kits previously, 57,040 water treatment bottles and 446,400 condoms were given as replenishment. These interventions were aimed at preventing infections of PHA with other strains of the virus and sexually transmitted infections that could lead to faster progression from HIV to AIDS.

Livelihood support was considered as a key strategy targeting the self reliance and self determination of PHA and their families. NUMAT, while not directly providing livelihood support, invested significantly in building the capacity of networks to access support. A total of 17 PHA groups, including four women groups, benefited from livelihood support from both USAID and non-USAID implementing partners, civil society Organization, and from government programs like NAADS, NUSAF II.

### **Prevention with Positives (PwP)**

During PY5, NUMAT promoted positive living and empowered PHA networks to lead in efforts to curb HIV transmission. The communities and care givers were empowered to provide care and support for prevention with positives to reduce stigma and discrimination. During the intervention, a total of 5,072 individuals were provided with minimum packages of PwP interventions to improve quality of life of PHA

### **Challenges**

The inadequate number of partners providing income generating activities for vulnerable groups is preventing many PHA groups and households to gain self reliance. Several PHA were still suffering diarrheal diseases from water contamination, poor sanitation, and hygiene. The provision of Basic Care Packages commodities by PACE to ameliorate this helped but the coverage is still inadequate. Due to the current economic hardships in Uganda, many NSAs are unable to devote adequate time to conduct their vital roles in the community, as they have to work on other activities to fend for themselves and their families.

## LESSON LEARNED:

### Young Positives Networks Help Increase Youth Access to Critical HIV-Related Services

*Young people living with HIV in Northern Uganda do not easily access youth-friendly HIV services in health facilities. They fear disclosing their serostatus due to stigma and discrimination in schools, communities, and the homes where they live; they often fail to adhere to treatment as a result of inadequate family and community support, coupled with long distances to health facilities; and they lack adequate representation at district and national levels.*

*Initiated in 2006 by a group of young PHA to improve access to information, treatment, care, and support, the Gulu Young Positives Forum (GYPF) boasts a membership of 1,013 (314 males and 699 females) youth PHA aged between 15-24 years. The forum works with positives in 16 sub-counties and four divisions through two representatives elected from each of the sub-counties to the forum.*

*NUMAT worked closely with GYPF to build its capacity to provide youth-centered services; gave members the opportunity to share information and testimonies through conferences and radio programs; and helped the organization to establish sub-county networks and develop a constitution. GYPF is now linked to the National Forum for Young Positives.*

*Francis Omony, the 16-year-old current chairman, has been a member of the forum since 2006. He was trained by NUMAT in various fields as the focal person for the forum, and has since taken the lead in advocacy and changing the lives of members through training more trainers within the forum. Francis has also shared information and education messages and organized the anti-stigma and discrimination campaign in schools and communities.*

*As one of the HIV pioneers on community radio talk shows, Francis has influenced many young positives to disclose their status and overcome stigma and discrimination. To improve*



*Francis Omony, the young and dynamic GYPF chairman.*

*access to HIV services at health facilities, he advocated for young positive-friendly service points now available in Gulu Regional Referral Hospital and in health centers. Through advocacy, he has attained the forum recognition at the district level and the needs of young positives are now part of the district development strategic plan. Most importantly, Francis has supported members to self-cope for positive living. He is confident that as the membership of the forum grows through recruitment from peer groups, the voices of young positives will be heard by communities, the government, and donors to create an environment free of stigma and discrimination for healthy and positive living.*



# OBJECTIVE 5:

## Improved Use of Strategic Information

The fifth year of the NUMAT Program implementation saw a remarkable intensification of strategic information activities at both program and district level, in a quest to increase the availability, quality and utilization of health data. In addition, more opportunities for sharing lessons learned were also developed and utilized.

### 5.1 IMPROVED DISTRICT MANAGEMENT OF STRATEGIC INFORMATION

#### Lot Quality Assurance Sampling (LQAS) Survey

To monitor, evaluate and promote use of existing information for decision making at district and program level, the 2010 LQAS survey was conducted to measure performance of critical health indicators across the region. Results from this survey highlighting low performance areas were fully analyzed and disseminated in district-based meetings attended by districts leaders, technocrats, health workers and other partners.

From the results displayed in the table below, it is evident that overall there has been steady improvement in the coverage of most indicators over the past years:

INDICATOR	2006	2008	2010
% of adults who know where they can be tested for HIV	74%	87%	94%
% of adults who have tested for HIV test results in last 1 year	N.A	50%	66%
% of adults with comprehensive knowledge about HIV & AIDS	N.A	26%	29%
% of adults who know all Mother-To Child-Transmission ways	36%	49%	50%
% of households with treated mosquito net	44%	56%	75%
% of under-5s sleeping under a treated net a night before survey	33%	46%	63%
% of pregnant women attending ANC at least 4 times	52%	48%	48%
% of pregnant women tested for HIV during ANC in last 2 years	34%	71%	87%
% of deliveries (in the last 2 years) that took place in a health facility	43%	50%	63%
% of women 15-49 years currently using family planning methods	15%	13%	19%

#### Support to the Health Management Information System (HMIS)

Priorities focused on improving the existing HMIS through partnership with districts from planning to implementation.

#### Highlights:

- **LQAS survey conducted and results disseminated to all 15 districts.**
- **8 districts conducted their own data validation exercises.**
- **Revised HMIS tools printed and distributed.**
- **36 papers on program lessons learned presented at various conferences.**



*The DHO representative making comments during the data review meeting in Lamwo district.*

An HMIS needs assessment was conducted in the newly established districts to identify HMIS gaps for appropriate support. In response, computers for HMIS activities were procured and handed over to five new districts, namely: Agago, Lamwo, Nwoya, Otuke and Alebtong. Furthermore, Lamwo and Alebtong Districts were also supported in setting up centralized systems for streamlining data management for timely and easier reporting.

As a lead partner of the MOH and its Resource Center, NUMAT participated in the national stakeholders meetings where HMIS tools were revised; supported training on the revised HMIS version; and funded the printing and distribution of HMIS tools to its program districts.

Under an arrangement with the MOH, two biostatisticians were trained as Regional Trainers to roll out the revised HMIS and the related District Health Information Software (DHIS). Subsequently, 14 HMIS records personnel from Lango Sub-Region were oriented to mentor health workers in their respective district on the revised HMIS tools; while biostatisticians and record assistants in the Acholi Sub-Region were already trained by another partner, AVSI.

Through comprehensive coaching, on-the-job technical guidance was provided to improve quality of data in 105 health facilities from Apac, Otuke, Alebtong, Lamwo, Amuru, Dokolo, Oyam and Lira districts by collaborating with the district health offices. To complement this coaching, data validation exercises were also supported to improve overall quality of data. Initiated in five PMTCT sites, this was successfully replicated in nine ART sites across the region. In addition, Apac, Dokolo, Lamwo and Oyam adopted this practice and conducted their own data validation exercises under NUMAT guidance and support.

Using quarterly review meetings as an avenue for discussion, districts officials within health directorates discussed outputs and strategies to improve performance and to overcome HMIS challenges faced by facilities. Biostatisticians also used these forums to provide feedback on mentorships and data validation. Internet modems provided to biostatisticians have positively impacted in the timeliness of reporting to both MOH and NUMAT and in district communications.

## 5.2 DISSEMINATION OF PROJECT LESSONS

Also, this year, many lessons were learned from program initiatives and best practices. NUMAT endeavored to document and disseminate these lessons in order to inform future planning and strategies and to share its experiences with other stakeholders. Opportunities for such dissemination included the LQAS district-based meetings where survey results were shared, writing success stories, and presenting at conferences. During the year, NUMAT submitted 45 papers to both national and international conferences, including the 6th International Conference on HIV Treatment and Prevention Adherence held in Miami, USA; the 12th Uganda Society of Health Scientists Annual Conference, Kampala, Uganda and the 16th International Conference on AIDS and STIs (ICASA) to be held in Addis Ababa, Ethiopia, among others. In total, 36 papers were accepted, of which 12 were invited for oral presentations.

A special occasion to showcase NUMAT's achievement was the 2011 International AIDS Society (IAS) Conference that was held in Rome, Italy, where the Program was represented by two oral and three poster presentations. With the NUMAT project drawing to a close, at this conference it was crucial to gain information on what would promote the sustainability of HIV programs within the context of health service integration as part of health systems strengthening. An oral session focusing on service integration prominently featured presentations from sub-Saharan Africa, where many abstracts, including our own, discussed integration of HIV programs with family planning and MCH services. The proceedings of this particular session - including NUMAT contribution to the discussion - is featured in Issue 181 of the HIV & AIDS Treatment in Practice (HATIP), a global HIV-related newsletter for healthcare workers published by the British charity National AIDS Manual (NAM) and accessible online (<http://www.aidsmap.com/hatip>).



*Dr. Otero from NUMAT presenting his paper at IAS 2011 Conference in Rome.*

### 5.3 MONITORING & EVALUATION (M&E)

#### Data Quality Audits (DQA)

DQAs were conducted at CNAPSIS, Medical Team International (MTI) and Gulu Youth Center to support the sub grantees to improve reporting of complete, accurate and reliable data. Through reviewing partners' tools, records, data, storage and reporting, NUMAT recommendations were adopted by the partners to strengthen their monitoring, evaluation and reporting activities.

#### Reporting

Reporting is an integral part of the M&E Program. As mandated, NUMAT met its periodic reporting obligations within the required periods to both PEPFAR and PMI.

#### Challenges

Low staffing levels and erratic transfer of staff hamper data management at the facility level. Long-term printing and distribution of the new HMIS tools is an expensive undertaking, which partners cannot handle alone. Newly established districts still face serious challenges in attracting and retaining qualified staff for the biostatistician position.

## LESSON LEARNED: Improving the Quality of Data through Data Validation

Every month, the 30 health facilities of Apac District submit their HMIS reports. Often, these reports are either incomplete or inaccurate, which compromises the quality of the district aggregated HMIS data and their analysis. In an attempt to address this challenge, data validation was conducted to improve data quality with specific focus on the critical area of PMTCT.

PMTCT sites experiencing data management problems were visited to ascertain values for the main indicators, namely: mothers tested; mothers with positive result; mothers and babies who received PMTCT prophylaxis; and babies tested for Early Infant Diagnosis (EID).

A team consisting of the district biostatistician, health sub District record officers and NUMAT staff worked with midwives responsible for data generation in antenatal clinics, where they reviewed the antenatal, maternity and laboratory registers and cross checked data reported against data recounted from the registers.

Discrepancies between data reported and actual records in registers were found in most units, with cases of both over- and under-reporting. The antenatal, maternity, laboratory and EID registers were not being harmonized in order to compile the monthly reports, which eventually affected the quality of data.



Verification of registers at Aduku HC IV during data validation.

Since the validation was carried out, there has been a remarkable improvement in the quality of PMTCT data submitted. Consistency and harmonization of registers has greatly improved and health workers have started appreciating the importance of collecting and submitting good quality data.

Lessons learned and future recommendations coming from the exercise include: need to guide health workers in filling of registers and forms; health workers who are responsible for generation of data should be oriented during the roll-out of revised HMIS tools; and continuous on-site mentoring is important for sustaining quality of data.

# NUMAT PY5: Year-at-a-Glance

During PY5, NUMAT and its partners made substantial progress towards achieving program goals, as detailed below.

PY5 TARGETS	PY5 ACHIEVEMENTS
<p><b>HCT</b></p> <ul style="list-style-type: none"> <li>150,000 individuals to receive counseling and testing for HIV and hear their results.</li> <li>30 health workers to be trained on HCT.</li> </ul>	<p><b>HCT</b></p> <ul style="list-style-type: none"> <li>Reached a total of 262,918 clients with HIV counseling and testing.</li> <li>60 health workers trained on HCT.</li> </ul>
<p><b>PMTCT</b></p> <ul style="list-style-type: none"> <li>100,000 pregnant women to be reached with HIV counseling and testing for PMTCT and receive their results.</li> <li>6,300 HIV+ pregnant women and 5,600 babies born to HIV positive mothers to be provided with PMTCT prophylaxis.</li> <li>15% of HIV+ mothers to be given a CD4 tests.</li> <li>To test 3,137 infants for EID.</li> <li>To train 100 health workers on new PMTCT guidelines.</li> </ul>	<p><b>PMTCT</b></p> <ul style="list-style-type: none"> <li>86,373 pregnant mothers received HIV counseling, were tested &amp; received their result.</li> <li>Provided 4,953 HIV positive women and 2,738 babies born to HIV positive mothers with PMTCT prophylaxis.</li> <li>23% of detected HIV+ mothers tested for CD4 cells count.</li> <li>4,095 infants tested for EID.</li> <li>183 health workers trained on new PMTCT guidelines.</li> </ul>
<p><b>ART</b></p> <ul style="list-style-type: none"> <li>1,500 individuals newly initiated on ARV therapy.</li> <li>To extend ART to 34 sites.</li> <li>4,554 HIV+ clients to be enrolled in ART.</li> <li>15,096 CD4 tests to be carried out.</li> </ul>	<p><b>ART</b></p> <ul style="list-style-type: none"> <li>4,241 new clients newly initiated on ARV therapy.</li> <li>ART available in 34 sites.</li> <li>13,864 HIV+ clients currently on ARV therapy.</li> <li>Provided 24,740 free CD4 tests for HIV+ clients.</li> </ul>
<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>112,000 people to be reached with ABC prevention messages.</li> <li>To distribute 1,000,000 condoms.</li> <li>45 SGBV survivors to be provided with post-exposure prophylaxis.</li> <li>5,000 PHAs to be reached with a minimum package of Prevention with Positive.</li> </ul>	<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>Reached 190,088 with ABC prevention messages.</li> <li>1,000,404 condoms distributed.</li> <li>65 SGBV survivors provided with post-exposure prophylaxis.</li> <li>5,045 PHAs reached with Prevention with Positive.</li> </ul>
<p><b>TB &amp; TB/HIV</b></p> <ul style="list-style-type: none"> <li>70% of expected sputum-positive pulmonary TB to be detected.</li> <li>85% of sputum-positive TB patients to successfully complete their treatment.</li> <li>70% of all TB patients to be tested for HIV.</li> <li>To screen for TB 12,000 HIV+ clients in HIV care or treatment.</li> </ul>	<p><b>TB &amp; TB/HIV</b></p> <ul style="list-style-type: none"> <li>Detected 94% of expected sputum-positive pulmonary TB.</li> <li>Successfully treated 86% of all TB patients registered.</li> <li>Tested for HIV 80% of all TB patients.</li> <li>35,788 HIV+ clients screen for TB in HIV care or treatment.</li> </ul>

PY5 TARGETS	PY5 ACHIEVEMENTS
<p><b>Safe Male Circumcision (SMC)</b></p> <ul style="list-style-type: none"> <li>▪ To successfully circumcise 1,000 people.</li> <li>▪ To train 30 health workers on SMC.</li> </ul>	<p><b>Safe Male Circumcision (SMC)</b></p> <ul style="list-style-type: none"> <li>▪ 1,331 people circumcised.</li> <li>▪ 65 health workers trained in SMC.</li> </ul>
<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>▪ 16 laboratories to be refurbished and operational.</li> <li>▪ To perform 165,000 HIV tests.</li> <li>▪ To perform 30,000 TB tests.</li> <li>▪ To perform 20,000 HIV monitoring tests.</li> <li>▪ 98% of supervised laboratories to perform more than 95% of TB microscopy with correct results.</li> </ul>	<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>▪ 16 laboratories fully refurbished.</li> <li>▪ 208,633 HIV tests performed.</li> <li>▪ 18,795 TB tests performed.</li> <li>▪ 35,399 HIV monitoring tests performed.</li> <li>▪ 92% of laboratories performed over 95% of TB microscopy with correct results.</li> </ul>
<p><b>Malaria</b></p> <ul style="list-style-type: none"> <li>▪ 50% of suspected malaria cases to be sent for laboratory confirmation.</li> <li>▪ 60% of mothers attending ANC to receive at least two doses for IPTp.</li> <li>▪ To distribute 120,000 nets to pregnant mothers through ANC clinics.</li> </ul>	<p><b>Malaria</b></p> <ul style="list-style-type: none"> <li>▪ 39% of suspected malaria cases were sent for laboratory test.</li> <li>▪ Reached 49% of pregnant mother attending ANC with at least two doses for IPTp.</li> <li>▪ 80,000 nets distributed through ANC clinics.</li> </ul>
<p><b>Human Resources for Development</b></p> <ul style="list-style-type: none"> <li>▪ 150 students to be deployed to district facilities or supporting community-based activities.</li> </ul>	<p><b>Human Resources for Development</b></p> <ul style="list-style-type: none"> <li>▪ 90 health managers trained in human resource and management skills.</li> <li>▪ Deployed 125 medical students in 9 health facilities.</li> </ul>
<p><b>Wrap-around Services</b></p> <ul style="list-style-type: none"> <li>▪ 36,000 PHA and their family members to be referred to wrap-around services.</li> <li>▪ 5,000 BCP kits to be distributed to PHA.</li> <li>▪ 60 PHA leaders to be trained.</li> </ul>	<p><b>Wrap-around Services</b></p> <ul style="list-style-type: none"> <li>▪ Contributed to wrap-around service referrals of 43,071 PHA and family members.</li> <li>▪ Distributed 1,540 BCP kits to PHA.</li> <li>▪ 45 PHA leaders trained.</li> </ul>
<p><b>Strategic Information</b></p> <ul style="list-style-type: none"> <li>▪ Conduct 4 data quality assessments.</li> <li>▪ Conduct LQAS survey and disseminate its results in nine districts.</li> </ul>	<p><b>Strategic Information</b></p> <ul style="list-style-type: none"> <li>▪ Conducted 3 data quality assessments.</li> <li>▪ Disseminated LQAS results to nine districts.</li> <li>▪ 36 abstracts accepted for presentation at national &amp; International Conferences.</li> </ul>

# Acronyms

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<b>ABC</b>	Abstinence, Be faithful, Condom
<b>ACT</b>	Artemisinin-based Combination Treatment
<b>AIC</b>	AIDS Information Centre
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>ASCA</b>	Accumulating Savings and Credit Association
<b>AVSI</b>	Associazione Volontari per lo Sviluppo Internazionale
<b>BCA</b>	Behaviour Change Agents
<b>BCC</b>	Behaviour Change Communication.
<b>BCP</b>	Basic Care Package
<b>CB-DOTS</b>	Community Based Directly Observed Treatment, Short Course
<b>CBO</b>	Community Based Organization
<b>CME</b>	Continuing Medical Education
<b>COBES</b>	Community Based Education Services
<b>CORPs</b>	Community Resource Persons
<b>CPT</b>	Cotrimoxazole Prophylactic Treatment
<b>CSO</b>	Civil Society Organization
<b>CSW</b>	Commercial Sex Workers
<b>DAC</b>	District HIV & AIDS Committee
<b>DAT</b>	District AIDS Taskforce
<b>DBS</b>	Dried Blood Spot
<b>DHMT</b>	District Health Management Committee
<b>DHO</b>	District Health Officer
<b>DHT</b>	District Health Team
<b>DLFP</b>	District Laboratory Focal Person
<b>DOTS</b>	Directly Observed Treatment, Short Course
<b>DTLS</b>	District TB & Leprosy Supervisor
<b>EID</b>	Early Infant Diagnosis
<b>FBO</b>	Faith Based Organization
<b>FSG</b>	Family Support Group
<b>HAART</b>	Highly-Active Antiretroviral Therapy
<b>HC</b>	Health Centre
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HBC</b>	Home-Based Care
<b>HCWM</b>	Health Care Waste Management
<b>HMIS</b>	Health Management Information System
<b>HRD-H</b>	Human Resources Development for Health
<b>HSD</b>	Health Sub-District
<b>HW</b>	Health Worker
<b>IEC</b>	Information Education and Communication
<b>IPTp</b>	Intermittent Preventive Therapy in pregnancy
<b>ITN</b>	Insecticide-Treated Net

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<b>JMS</b>	Joint Medical Store
<b>JSI</b>	JSI Research & Training Institute, Inc.
<b>LC</b>	Local Council
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MARP</b>	Most At-risk Person
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>NGO</b>	Non-Governmental Organization
<b>NMCP</b>	National Malaria Control Programme
<b>NMS</b>	National Medical Store
<b>NSA</b>	Network Support Agent
<b>NLTP</b>	National TB and Leprosy Program
<b>NUMAT</b>	Northern Uganda Malaria, AIDS & Tuberculosis Program
<b>OI</b>	Opportunistic Infection
<b>OPD</b>	Out-Patient Department
<b>PACE</b>	Programme for Accessible Health Communication & Education
<b>PCR</b>	Polymerase Chain Reaction
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PHA</b>	People Living with HIV & AIDS
<b>PITC</b>	Provider-initiated HIV Testing and Counselling
<b>PMI</b>	Presidents Malaria Initiative
<b>PMP</b>	Performance Monitoring Plan
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PTC</b>	Post-Test Club
<b>PY</b>	Program Year
<b>QA</b>	Quality Assurance
<b>RCT</b>	Routine Counselling and Testing
<b>RDT</b>	Rapid Diagnostic Test
<b>SAC</b>	Sub-County HIV & AIDS Committee
<b>SCHW</b>	Sub-County Health Workers
<b>SCMS</b>	Supply Chain Management System
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SOP</b>	Standard Operating Procedures
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TOT</b>	Training of Trainers
<b>TST</b>	Treatment Support Team
<b>UAC</b>	Uganda AIDS Commission
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>VSLA</b>	Village Saving and Loan Associations
<b>VHT</b>	Village Health Team
<b>WHO</b>	World Health Organization
<b>ZTLS</b>	Zonal TB & Leprosy Supervisor





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