



USAID
FROM THE AMERICAN PEOPLE



NORTHERN UGANDA MALARIA, AIDS & TUBERCULOSIS PROGRAMME



ANNUAL REPORT
OCTOBER 2006 - SEPTEMBER 2007

The Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT), implemented through Cooperative Agreement No: 617-A-00-06-00090-00, is funded by the United States Agency for International Development and implemented by JSI Research & Training Institute, Inc. in collaboration with AIDS Information Centre (AIC) and World Vision.

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.



Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT)
Implemented by JSI Research & Training Institute, Inc., with AIC and World Vision
James Arwata Road
Kiombe sub ward
Layibi Division
Gulu, Uganda
Tel: (256) 372 260 051
Email: info@numatuganda.org

Table of Contents

Acronyms	
Letter from the NUMAT Chief of Party	
Introduction	1
OBJECTIVE 1: Improved Coordination of HIV and AIDS and TB Responses	3
1.1 Support District Level HIV/AIDS Coordination and Work Plan Development	3
1.2 Coordination of Community Service Organization (CSO) Activities	4
OBJECTIVE 2: Increased Access to and Utilization of Quality HIV and AIDS, TB and Malaria Prevention and Treatment Services	4
2.1 HIV Counselling and Testing (HCT)	4
2.2 Prevention of Mother-to-Child Transmission of HIV (PMTCT)	5
2.3 Palliative Care	6
2.4 Tuberculosis Services and CB-DOTS Treatment	7
2.5 TB/HIV Collaborative Activities	8
2.6 Antiretroviral Therapy (ART)	8
2.7 Laboratory Services	9
2.8 Human Resources Development for Health (HRDH)	9
2.9 Support Supervision	10
2.10 Malaria	10
OBJECTIVE 3: Decreased Vulnerabilities for Specific Groups to HIV and AIDS and Other Infectious Diseases	10
3.1 HIV Prevention: Youth/Community	10
3.2 HIV Prevention: Adults	11
3.3 Protection: Sexual & Gender-Based Violence	11
3.4 Stigma and Discrimination	11
OBJECTIVE 4: Increased Access for People Living With HIV and AIDS (PHA) and Their Families to Wrap-Around (Care and Support) Services	13
4.1 Strengthen PHA Groups in Advocacy for Services	13
4.2. Link Wrap-Around Services with Health Clinic Outreach	14
4.3 Establish Referral Networks	14
OBJECTIVE 5: Improved Use of Strategic Information	14
5.1 Improved District Management of Strategic Information	14
5.2 Dissemination of Project Lessons	15
5.3 Monitoring & Evaluation	15
Programme Year 2: Looking Forward	17
Finance & Administration	18
I. Administration	18
II. Finance	20
Annex 1: PY1 Financial Report	21

Acronyms

ABC	Abstinence, Be faithful, use Condoms
ACP	AIDS Control Programme (MOH)
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS/HIV Integrated District Programme
AMREF	African Medical Research Foundation
ART	Antiretroviral Therapy
ARV	Antiretrovirals
AVSI	Association of Volunteers in International Service
BCA	Behavioral Change Agent
BCC	Behavior Change Communication
BOQ	Bills of Quantities
CB-DOTS	Community-Based Directly Observed Treatment, Short course
CBOs	Community-Based Organizations
CCC	Community Care Coalition
CCF	Christian Children's Fund
CDC	Centre for Disease Control and Prevention
CE	Community Engagement
CHATT	Congregational HIV and AIDS Task Team
COH	Channels Of Hope
COP	Country Operating Plan
CRD	Community Resilience and Dialogue Programme
CSO	Community Service Organization
DHFPs	District HMIS Focal Persons
DHO	District Health Officer
ESWAPI	Education Sector Workplace and AIDS Policy Implementation
FBOs	Faith-Based Organizations
FSG	Family Support Group
GOU	Government of Uganda
HAART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HC	Health Centre (-III or -IV level)
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRDH	Human Resources Development for Health
HUMC	Health Unit Management Committee
HW	Health Worker
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person

IEC	Information Education and Communication
IGA	Income Generating Activity
JCRC	Joint Clinical Research Council
JSI R&T	JSI Research and Training Institute, Inc.
KIDFOPHAN	Kitgum Forum for People Living with HIV/AIDS
LMIS	Logistics Management Information System
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MHCP	Minimum Health Care Package
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NSA	Network Support Agent
NUMAT	Northern Uganda Malaria, AIDS, and Tuberculosis Programme
OGAC	Office of Global AIDS Coordination
OI	Opportunistic Infection
OP	Operational Plan
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHA	People Living with HIV and AIDS
PIASCY	Presidential Initiative on AIDS Strategy for Communicating to Young People
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
PTC	Post-Test Club
RCT	Routine Counseling and Testing
SGBV	Sexual and Gender-Based Violence
SOPs	Standard Operating Procedures
STF	Straight Talk Foundation
TB	Tuberculosis
UMSP	Uganda Malaria Surveillance Project
UNICEF	United Nations Children's Fund
UNYPA	Uganda National Young Positive Ambassadors
UPHOLD	Uganda Program for Human and Holistic Development
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
WV	World Vision
YAC	Youth Advisory Committee
YAG	Youth Advisory Group
YEAH	Young, Empowered and Healthy Project

Letter from the NUMAT Chief of Party

Dear Partners:

I am pleased to present the Annual Report for the Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT), which highlights our achievements so far. As we complete our first programme year (PY1), I would like to extend my thanks to NUMAT's partners at the community, district, regional and national levels. We have had a strong start, and this would not have been possible without the support and collaboration of our partners, including the Districts, the Ministry of Health (MOH) and the United States Agency for International Development (USAID).

NUMAT has benefited enormously from existing partnerships established by other USAID-funded projects such as the Uganda AIDS/HIV Integrated Model District Programme (AIM), the Uganda Program for Human and Holistic Development (UPHOLD), and the Community Resilience & Dialogue (CRD) Programme. These partnerships have helped us to achieve rapid rollout of project activities, particularly during the last two quarters of this programme year. Given the demanding conditions in Northern Uganda, NUMAT is extremely grateful for the cooperation and commitment of all of our partners in making our first year a successful one.

Working in the nine districts of Lango and Acholi sub-regions of North Central Uganda, we are faced with a unique and challenging environment in which to implement public health activities. This area has had a history of armed conflict, lasting almost two decades. During PY1, we have been fortunate to experience significant improvements in the security situation in our nine districts. A good number of the original camps for internally displaced persons (IDPs) have been dismantled, with most of the original occupants either returning to their homes or shifting to smaller satellite camps closer to their homes. This changing situation has allowed NUMAT to join other partners and put more emphasis on strengthening services in the return areas rather than in supporting services in the original IDP camps. The increasing presence of other development organizations in Northern Uganda, though a blessing in many respects, has posed challenges to coordination of activities. Human resource shortages have required creativity and patience to address the lack of functional infrastructure has required NUMAT, in many instances, to start the re-building process virtually from scratch.

Even in this difficult environment, our relationships with the Districts, the MOH and other partners have been built on strong foundations. This has helped NUMAT meet nearly all our first-year targets and in some cases exceed them. In fact, the numbers of people reached with NUMAT-supported services has exceeded the original targets by more than double in the areas of HIV counseling and testing (HCT), prevention of mother-to-child HIV transmission (PMTCT), and support for people living with HIV and AIDS (PHAs).

Again, I would like to thank all of our partners and colleagues who have helped NUMAT thrive during our first year. We look forward to working with you even more closely in the coming years to ensure that the people of Northern Uganda have access to the quality HIV and AIDS, malaria and TB services they deserve and the skills and resources they need to rebuild their lives, their families, and their communities as they look to a future of peace.

Sincerely,



Med Makumbi
Chief of Party, NUMAT

Introduction

The Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT) has reached the end of its first programme year (PY1) and offers this Annual Report on its activities over this period. The purpose of this report is to give the reader a general understanding of the programme and illustrate its achievements thus far.

NUMAT is a five-year USAID/PEPFAR-funded programme that began in August 2006. It is implemented by JSI Research & Training Institute, Inc. (JSI) in partnership with the AIDS Information Centre (AIC), World Vision, district governments, and civil society partners. The programme's goal is to expand access to and utilization of HIV, TB and malaria services in the nine districts of Lango and Acholi sub-regions of Northern Uganda (see Figure 1). This area has had a twenty-year history of armed conflict, which has resulted in the deaths of thousands of children and adults and has led to the displacement of huge numbers of people to camps for internally displaced persons (IDP camps).

The Lango and Acholi sub-regions of North Central Uganda have recently begun to see peace return. People are leaving the camps to head back home, a migration which poses significant challenges to public health in the area. The target population for NUMAT, an estimated 1.7 million people, is at present transient. Some young people have spent their entire lives in IDP camps. HIV prevalence is above the national average, estimated at about 8.3 %. Within this difficult context, we began our work a little over a year ago, and despite many challenges, we have reached all PY1 targets and in some cases exceeded them.

NUMAT's strategy for increasing access to and utilization of HIV and AIDS, TB and malaria prevention, treatment, care and support services in North Central Uganda centers around building strong partnerships between local, district, and national governments. Accordingly, the programme's activities have been developed and executed within the policy framework of the Government of Uganda (GOU) which includes the National Strategic Plan (NSP) for HIV and AIDS; the National Roll Back Malaria Plan; and the National STOP TB strategy. Strong collaboration with other development agencies, non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), and communities themselves has been critical to achieving the programme goals and objectives. NUMAT has worked closely with these stakeholders to plan, implement and monitor activities designed to benefit the people of Northern Uganda, and the programme team is grateful for these strong and growing partnerships.

In PY1, NUMAT has placed resident technical staff in five out of the nine programme districts¹ to work alongside district officials to support and coordinate local activities. Staff also regularly visit and provide support to the other four districts where NUMAT technical staff members are not resident. This strategy has allowed NUMAT to respond to districts' support needs expeditiously and provide logistical support for district-led activities. In addition, several partnerships and strategic alliances have been formed in PY1 to enhance services in the districts in the future.

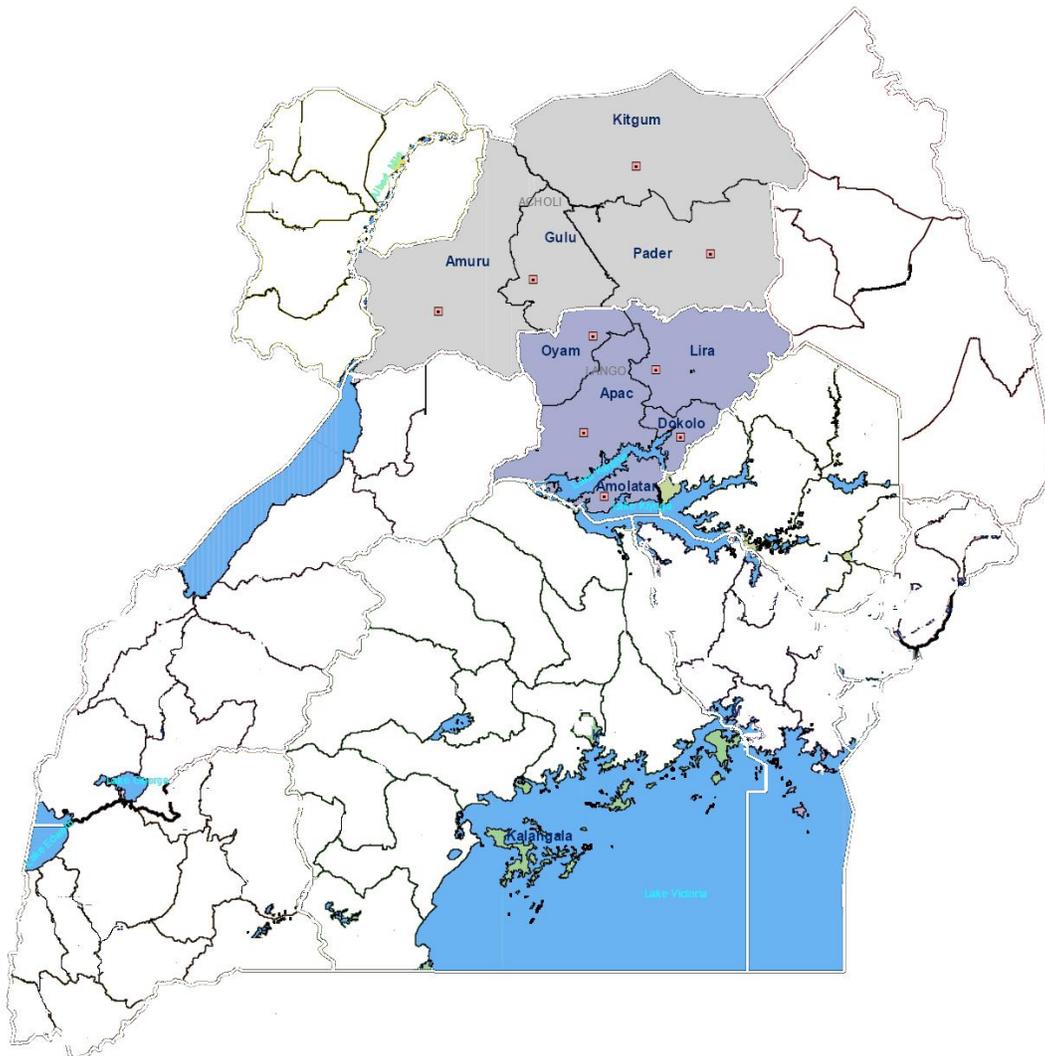
NUMAT and our partners have been able to overcome significant obstacles related to working in a post-conflict environment. Key challenges have included the ongoing resettlement of people as they return to communities with little or no infrastructure (including housing for outreach and health workers); limited human resource capacity at the local, district, and national levels; and the existence of few linkages

¹ Gulu, Lira, Kitgum, Pader and Apac districts

between CBOs, communities and district-level staff. NUMAT's foundational relationship-building with local, district and national level partners translated into tangible benefits for Northern Uganda communities, as the programme made rapid progress in the last two quarters of the programme year.

NUMAT's PY1 Annual Report profiles NUMAT's progress with respect to programme objectives, identifies areas of challenges, and suggests areas for future focus based on our experiences in the first year. The report is organized around NUMAT's five primary programme objectives: 1) Improved coordination of HIV and AIDS, and TB responses; 2) Increased access to and utilization of quality HIV and AIDS, tuberculosis and malaria prevention, care, and treatment services; 3) Decreased vulnerabilities for specific groups to HIV and AIDS and other infectious diseases; 4) Increased access of PHAs and their families to wrap-around services (care and support); and, 5) Improved use of strategic information. We hope that by the end of the report the reader will have a clearer understanding of NUMAT's achievements to date, and we look forward to building on this success in our second programme year (PY2).

Figure 1: Map Showing NUMAT districts in the Lango and Acholi sub-regions of North Central Uganda



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

Working within the policy framework of the Government of Uganda's National Strategic Plan (NSP) for

Results at-a-Glance:

- *Developed nine district-specific work plans.*
- *Formalized MOUs with each of the districts.*
- *Trained Health Unit Management Committees (HUMC) and civil society organizations (CSOs) to better respond to HIV and AIDS.*

HIV and AIDS to support the districts and lower level sub-county governance structures, NUMAT confirmed that the districts of Gulu, Lira, Kitgum, Pader and Apac had fairly functional structures that had previously benefited from support provided by the AIDS Control Programme (ACP), AIDS/HIV Integrated Model (AIM) and Uganda Program for Human and Holistic Development (UPHOLD). However, the recently created districts of Oyam, Dokolo, Amolatar and Amuru had very weak structures that needed enormous support to become functional. The NUMAT team held planning meetings with the Uganda AIDS Commission to provide technical support to enhance the functionality of HIV and AIDS coordination structures in these program areas.

1.1 Support District Level HIV/AIDS Coordination and Work Plan Development

NUMAT provided financial and technical support to the local governments to revitalize the operations of HIV and AIDS coordination structures at the district and sub-county level. The programme trained Health Unit Management Committees (HUMC) and civil society organizations to improve their response to HIV and AIDS. In addition, Memorandums of Understanding (MOUs) were signed with each of the nine districts as a means to define the framework of NUMAT's district operations, and then NUMAT helped each of them develop district-specific annual plans. The MOUs and the district plans provide the general framework for working with the districts and in the subsequent years, the districts will be supported to develop and update comprehensive HIV and AIDS strategic plans to guide their overall response and their annual planning processes.

Kitgum District Forum for People Living with HIV/AIDS (KIDFOPHAN) Credits NUMAT with Improving Lives

Mr. Onekalit, KIDFOPHAN Coordinator, credits NUMAT for the shift from a 'dependant culture' of people living with HIV and AIDS (PHAs) to one of empowerment. KIDFOPHAN gives voice to the needs of PHAs to local government and other HIV and AIDS stakeholders and links PHAs with information and resources to improve their lives. Mr. Onekalit believes that because of NUMAT, PHA institutions are stronger advocates for their constituents.

"We are now invited for health coordination meetings at the district headquarters and health sub-district offices where we articulate the needs of our members and share our experiences and lessons with service providers," says Mr. Onekalit. "In turn, we also learn more about current policy trends and developments on HIV and AIDS in the country."

"Strengthening PHA institutions is a sustainable approach that will benefit people living with HIV and AIDS long after NUMAT has departed," says Mr. Onekalit.

1.2 Coordination of Community Service Organization (CSO) Activities

NUMAT supported coordination activities for networks and groups of people living with HIV and AIDS (PHA) in seven districts of Kitgum, Pader, Gulu, Lira, Oyam, Apac and Dokolo, including sharing situation reports of sub-county level PHA networks and groups. The NUMAT team and its partners developed strategies for strengthening PHA networks in the districts (including increasing access and utilization of services by PHAs), planning and implementation of advocacy activities, and electing leaders for the PHA networks and groups.

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

Results at-a-Glance:

- *NUMAT and its partners reached 33,676 clients with HIV counseling and testing (HCT) services, more than double the PY 1 target.*
- *More than 10,000 pregnant women received HIV counseling and testing for PMTCT and 98% percent received their test results.*
- *Just over 7% of the tested pregnant women tested positive for HIV, and 54% of those tested received treatment.*
- *VCT outreach activities conducted in 80 outreach sites, including the hard to reach and most at risk populations like camps, prison inmates, uniformed personnel, orphans, and youth and fishing communities.*

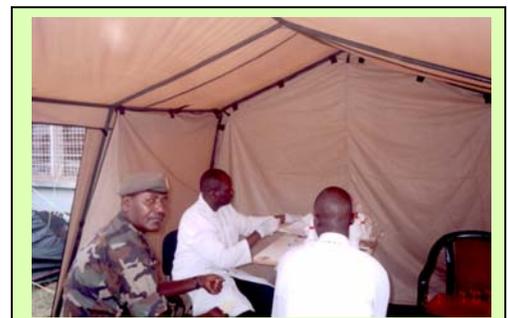
individuals have benefited from club activities such as educational talks, income-generating activities, and in one case, setting up of a “self help fund” by the Ribbe Ber club members. Post-test club members were linked to wrap-around services, including medical care. In addition, IEC/BCC materials for HCT and PMTCT were reviewed and developed, and radio HCT talk shows were conducted on Mega FM in Gulu and Radio Wa in Lira to increase service promotion coverage and reach.

NUMAT supported implementation of quality HIV & AIDS, TB and malaria care and treatment services at static sites and by reaching out to areas without sufficient capacity to offer specific services. Support included: 1) building capacities of health workers in facilities and communities through training and technical support supervision; 2) providing districts with logistics support and supplies; and, 3) direct service delivery by AIDS Information Centre (AIC), a core NUMAT partner.

2.1 HIV Counselling and Testing (HCT)

NUMAT worked closely with the MOH to launch HCT activities in all nine districts with district-level voluntary and routine counselling and testing (VCT/RCT) and introductory meetings. Integrated VCT outreach activities were extended to over 80 outreach sites, including the hard-to-reach and most-at-risk populations like IDP camp residents, prison inmates, uniformed personnel, orphans, youth, and fishing communities. These were followed by health facility-level VCT/RCT meetings and needs and training assessment which was conducted in 46 health facilities in the nine districts.

Ten new post-test clubs (PTCs) were established to foster emotional and social support along with the existing AIC Lira Branch post-test club. Over 3,000 HIV positive and negative



Uniformed officers took the initiative to get tested at a NUMAT-supported clinic.

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

The NUMAT team first conducted a program needs assessment to identify critical service delivery gaps following the conclusion of activities under UPHOLD and Community Resilience and Dialogue Project (CRD). The gaps included limited staffing levels; irregular supply of HIV test kits and nevirapine at sites; and inadequate space for counseling in several sites.

This assessment informed NUMAT's technical support supervision and mentoring at 46 PMTCT sites across the nine Northern Uganda districts, which were conducted in collaboration with the MOH and district partners. Integrated PMTCT and HCT technical support supervision training included: PMTCT counselling; establishment of family support groups; distribution of revised policy guidelines, IEC materials, data and logistic management tools; and provision of HIV test kits to sites that experienced shortages. Twenty-one health workers were trained in PMTCT counseling which focused on counseling principles, infant feeding, family planning, control of malaria during pregnancy, and antiretroviral (ARV) prophylaxis for PMTCT, among other topics.

A total of 308 health workers (168 females and 140 males) were oriented on the revised PMTCT and HCT policy guidelines, including the provision of HAART to eligible HIV-positive pregnant women, use of combination regimens for PMTCT and early infant HIV diagnosis. The NUMAT team and its partners also mentored health workers on how to use the new reproductive health registers and the Logistics Management and Information System (LMIS) and reporting tools. The supervision teams provided HIV test kits, Nevirapine tablets and suspension to facilities that lacked them. Supervision teams also emphasized follow-up of mother-baby pairs through immunization clinics, post-natal clinics, family support groups and home visits.

Of the 742 HIV women who tested positive at the NUMAT supported PMTCT sites, 54% received the ART prophylaxis for PMTCT along with 409 babies.

Family Support Groups: Integrated Care

Ten PMTCT sites were supported to launch family support groups (FSGs), developed according to MOH guidelines, to enable HIV positive women to access wrap-around services. The process of establishment of FSGs involved sensitization of 105 district leaders (civic, religious, political and cultural) on the concept of psychosocial support for mothers in the PMTCT programme.

Following the sensitization meetings, 36 district and health facility-level FSG focal persons were trained in the implementation of the groups. A total of 126 women and 34 male partners actively participated in the PMTCT meetings conducted and facilitated by the focal persons. The PMTCT clients were also linked to care and ART services as were the PHA groups.



A family support group meeting in session in one of the NUMAT-supported districts

Efforts were made to mobilise communities through radio talk shows that were conducted on Radio Wa and Mega FM in Lira and Gulu, respectively. The NUMAT team also supported the district IEC/BCC working groups to organize and convene workshops to discuss and review all program-related materials. In addition, AIC worked with a consultant and the district IEC/BCC working groups to specifically

review and translate materials on early infant HIV diagnosis, infant feeding, and male partner involvement.

NUMAT Helps People Living with HIV and AIDS Find Courage and Support

“When I found out I was HIV positive, I thought about suicide, but the midwives counseled me and advised me to enroll in the NUMAT-supported PMTCT Programme at Apac Hospital,” says Grace, one of an estimated 100 women who has benefited from these USAID-funded services at the hospital.

“I encouraged my husband to take an HIV test, which turned out positive. Now both of us are taking septrin tablets supplied by the hospital. We also get advice from health workers on nutrition, family planning and how to live positively with HIV,” she says.

Grace has also joined a family support group for mothers in NUMAT’s PMTCT Programme.

The NUMAT team also made regular contributions to the health information page of Rupiny, a weekly local newspaper, and distributed copies to family support groups, post-test clubs and PHA groups in all the nine districts to raise member awareness of health issues, including PMTCT.

2.3 Palliative Care

NUMAT supported home-based care services in Lira, Dokolo, Pader and Kitgum following a community mapping analysis of home-based care services. Preliminary stakeholder consultative meetings were held with groups and organizations engaged in community HIV and AIDS care and support. The consultations identified the care and support needs and the current community responses to these needs, and also introduced the concept of the Community Care Coalitions (CCC). As a result, 19 groups made up of 62 community leaders were supported to carry out home-based care activities. Additionally, 62 other leaders from 21 community-based organizations and groups drawn from the sub-counties of Mucwini, Paloga and Padibe in Kitgum, attended a group leaders’ training on the CCC concept. In Kitgum district, 31 members of PHA networks were trained to provide home-based cares (HBC) services, and to date, they have provided HBC-related services to 65 clients.

NUMAT collaborated with the Palliative Care Association of Uganda, International HIV/AIDS Alliance and Population Services International to train over 90 health workers in various palliative care skills including HIV terminal care, pain and symptom management and in the Basic Care Package². Over 85 PHAs were also trained as Network Support Agents to support fellow PHAs in accessing care and other wrap around services.

NUMAT also strengthened and integrated available support services for HIV-positive clients through improving chronic care activities at AIC Lira Branch. The integrated services include co-trimoxazole prophylaxis, opportunistic infection (OI) management, CD4+ services, sexually transmitted infection (STI) screening and management, and psychosocial support services. Tuberculosis screening and management at the AIC Lira Branch will be provided in the coming year.

² The Basic Care Package includes a water vessel, water filter, information materials on HIV prevention and on Septrin Prophylaxis and condoms for those PHAs who need them.

NUMAT training and logistical support to health workers, community volunteers and PHA groups reached 36,332 clients – more than double the original target – through 84 service outlets. The majority of palliative care outlets were focused on management of opportunistic infections.

2.4 Tuberculosis Services and CB-DOTS Treatment

NUMAT supported the rollout and improvement of TB-CB-DOTS in all the nine districts following mapping of TB/HIV services in seven of the nine districts. This exercise looked at the diagnosis of TB in health units, case findings, sputum examination, recording of sputum results and patient information, case holding rates in relation to CB-DOTS coverage, human resource needs in TB service delivery, TB drugs and logistics management, IEC for TB, quality assurance and treatment outcomes.

As a result of the district-specific assessment and in collaboration with the districts and the MOH, 192 health workers were identified and trained in various aspects of TB and CB-DOTS management. The trainings centered on health workers’ understanding of the public health implications of TB, CB-DOTS treatment, TB diagnostic and treatment skills, supervision of CB-DOTS activities, TB drugs and logistics management, understanding the importance of TB/HIV collaborative activities and improving on IEC/BCC for TB/HIV. As a result, 1,607 clients were enrolled in CB-DOTS, surpassing the PY1 target by 400 people.

NUMAT supported the Zonal TB coordinator and nine district TB supervisors to conduct regular support supervision to the various TB sites including holding district TB and TB/HIV quarterly meetings which brought together all the health workers involved in TB and TB/HIV service delivery meetings in the region.

In addition, NUMAT supported sub-county health workers to supervise and deliver drugs and other logistics to the community volunteers. As a result of NUMAT’s support last year, the following results were registered in TB:

Table 1: TB and TB/HIV Service Utilization

	<i>Number of New individuals</i>			<i>Comments</i>
	<i>Males</i>	<i>Females</i>	<i>Total</i>	
Number of new TB cases detected	1164	676	1840	96.4% of the total started on TB treatment
Number of new patients diagnosed sputum smear + HIV-positive	690	346	1036	56.3% of the total new cases
Number of patients started on TB treatment	1164	703	1908	This includes the re-treatment cases
Number of patients started on CB-DOTS	984	623	1607	84.2% of those started on anti TB treatment
Number of TB patients provided with information on HCT	842	537	1379	72.3% of those started on anti TB treatment
Number of TB patients screened for HIV (tested)	699	513	1212	63.5 of those started on anti TB
Number of TB patients with HIV	358	276	634	52.3% of those tested

Source: NUMAT M&E Data

2.5 TB/HIV Collaborative Activities

Results at-a-Glance:

- 1,212 TB clients accessed HCT, which is 63.5% of all new TB patients.
- Of these, 634 (50.6 %) tested HIV positive.

NUMAT has supported the scale-up of TB/HIV collaborative activities during the programme planning and implementation phase of these activities. As a result, TB clients accessing HIV services can initially test in various health units and through referrals. Clients who test HIV-positive have been screened for TB.

As a result, joint HIV and TB work plans have been developed in all of the nine districts. Selected health units have also been supported to develop joint TB/HIV operational plans, as well as plans to manage the flow of patients from TB to HIV screening and other HIV services, including HIV testing and services and TB screening and care.

Specifically 192 health workers have been trained to manage both TB and HIV in their units. In addition, 35 health workers were also trained on programmatic aspects of TB/HIV collaboration and will spearhead collaborative activities in their facilities.

During support supervision, TB/HIV collaborative activities were given special consideration, and health workers were encouraged to screen all TB patients for HIV. Patients with TB and HIV have been supported to access other forms of palliative care services including co-trimoxazole prophylaxis.

2.6 Antiretroviral Therapy (ART)

NUMAT held discussions on the rollout of ART services at the district, regional, and national levels to determine the best way to support these activities. NUMAT conducted assessment visits to sites providing care and treatment for AIDS and HIV-related disease. Based on site visit assessments, NUMAT developed a three-year ARV procurement plan and placed initial orders for ARVs (USD \$361,000) through SCMS.³

The NUMAT team made arrangements to provide laboratory support to selected ART sites. Plans have been made to collect samples from patients at the ART sites for CD4 and full blood count testing to be carried out at laboratories in Gulu and Lira and disseminate the results back immediately. Formal agreements were made with CNAPSIS Inc Canada⁴ and Joint Clinical Research Council (JCRC) to address the logistical and laboratory aspects of this activity, which will commence in PY2.

In addition, the Lira Regional Referral Hospital received equipment and supplies to address gaps in the areas of pediatric ART care and TB/HIV collaboration; three other semi-autonomous ART sites will benefit in PY2.

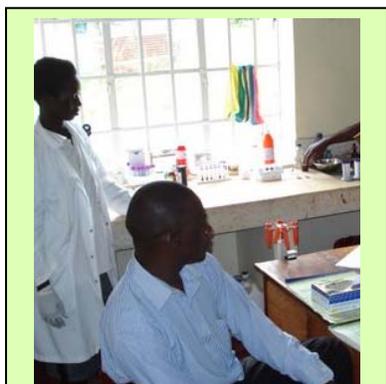
NUMAT-supported MOH AIDS Control Program (ACP) Quality of Care Team to conduct quality of care supervisory visits to 28 ART sites in the nine districts. The team provided on-site training to 126 health workers and gaps requiring NUMAT support were identified. Seven sites have been specifically supported to scale-up ART service provision. These sites offered ARVs that were supplied by other USG partners and the MOH.

³ SCMS is a USAID-funded programme responsible for procurement of commodities including ARVs.

⁴ CNAPSIS is a Canadian firm that provides laboratory services and has the logistical capacity to collect blood samples from outreaches sites.

NUMAT partnered with the same MOH team and the World Health Organization (WHO) to train 25 health providers in comprehensive paediatric HIV care. NUMAT also supported client-centred ART adherence programs. In addition, 26 PHA network support agents in Oyam and Apac and 24 young people from the PHA group Uganda National Positives Ambassadors in Lira district were trained in ART literacy and adherence to support their peers.

2.7 Laboratory Services



Supervisors hold a discussion on-site with laboratory personnel.

Results at-a-Glance:

- *Eleven labs are now able to conduct HIV tests and disease monitoring.*
- *Trained lab technicians have conducted over 18,000 HIV tests onsite.*

Laboratory infrastructure improvements and capacity building of laboratory personnel are key areas of focus for the NUMAT team, which includes the provision of minimum health care packages (MHCP). MHCPs include HIV, TB, and malaria services.

The NUMAT team conducted an assessment of Health Centre-III (HC-III) infrastructure (laboratory space and counselling rooms) and equipment in 27 health units providing some laboratory services. All 27 laboratories at these sites were found to require major refurbishment to conform to MOH standards. Twelve sites - three from each of the districts of Gulu, Amolatar, Dokolo and Amuru were selected for the first phase of refurbishment. Bills of Quantities (BOQ) were developed and the tendering process is underway.

During the assessment, equipment gaps were identified and quantified, and the procurement of the equipment was executed. In collaboration with the MOH Uganda Malaria Surveillance Project (UMSP), the NUMAT team developed an in-service curriculum covering technical skills for conducting and assessing HIV rapid tests, TB and malaria sputum smears, total and differential white blood cell count tests, and hemoglobin tests. The NUMAT team is using the curriculum for the in-service training of the laboratory personnel; to date, 25 laboratory personnel have been trained.

The NUMAT team provided standard operating procedures (SOPs) to 25 laboratories and support supervision was provided to health unit personnel to monitor the quality of health laboratory practices in 11 health units in the districts of Apac, Lira and Oyam. Onsite training was provided to the personnel during the support supervision sessions.

2.8 Human Resources Development for Health (HRDH)

Human resource development is one of the key challenges facing health service delivery in the region. This situation is mainly attributed to low salaries, poor working conditions, inappropriate and outdated skills, weak management, poor infrastructure, the impact of HIV and AIDS, and the violence that has bedeviled the region for the last 20 years. An initial rapid assessment conducted by NUMAT revealed that Gulu district has only 25% of the recommended workforce while Kitgum is at 40%, Pader is at 63% and Amuru is at 44%. Though Pader, Kitgum and Amuru might appear relatively better off than Gulu, it was noted that across the region, most of the critical positions, such as that of medical officers, mid-wives and laboratory staff, are not filled. Most of the filled positions are for lower level personnel.

In PY1, NUMAT held discussions with UNICEF on the need for closer collaboration in addressing the human resource gaps in the region. NUMAT is developing a concept note on supporting distance

education in the region for possible co-implementation with the USAID-funded Capacity Project for PY2. Discussions are still on-going with districts and other key partners supporting Human Resources Development for Health (HRDH) in the region. NUMAT is working with districts to support pre-service training of health workers especially in the laboratory sector.

2.9 Support Supervision

NUMAT has supported supervision activities both within the districts and with the MOH to ensure improved quality of service. Specific service areas that have received support include TB, ART, chronic HIV care, HCT and PMTCT. NUMAT supports the office of the District Health Officer (DHO) to conduct quarterly support supervision to facilities that provide several of these services. In addition, NUMAT supports personnel from MOH and regional referral hospitals to conduct support supervision.

2.10 Malaria

In PY1, malaria activities started in July 2007 when funding was made available through the President's Malaria Initiative (PMI). Activities have included the preparation of a separate work plan for malaria activities and the development of a malaria implementation strategy. NUMAT has engaged several stakeholders with national and regional partners in malaria control. NUMAT has also conducted an assessment of malaria services in the nine districts to establish a baseline for service improvement.

OBJECTIVE 3: Decreased Vulnerabilities for Specific Groups to HIV and AIDS and Other Infectious Diseases

Results at-a-Glance:

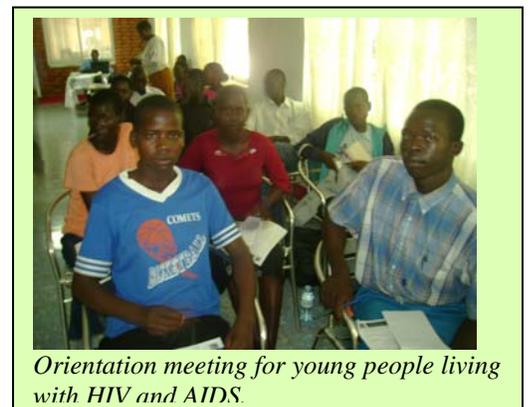
- *A total of 20,939 clients were reached with Abstinence and Be Faithful messages; and 703 clients were reached with other preventive messages.*

NUMAT has targeted prevention efforts at key groups that drive the epidemic in the North but are not currently receiving major attention from other implementers. In an effort to avoid stigmatization, approaches were matched to the ways people are grouped socially so that they can be reached with targeted messages and activities. Thus, NUMAT offered interventions that address specific vulnerabilities, like those of young people, in broader, culturally appropriate social groups.

Given the breadth and variety of HIV risk in the region, activities targeting vulnerabilities were prioritized by geographic location and current service coverage gaps. In addition, some activities were strategically designed to take place in PY1 in order to gain leverage and foster more rapid and sustained results in future years. In PY1, 20,939 clients were reached with HIV Abstinence and Be Faithful messages and 703 clients were reached with other prevention messages.

3.1 HIV Prevention: Youth/Community

NUMAT identified the locations of at-risk groups and mapped out the services already provided by various NGOs and CBOs and noted the gaps at district level. To guide the process of implementation of youth-related HIV prevention activities, the NUMAT team and its partners provided an updated comprehensive map that included location of most-at-risk groups, HIV prevention services provided by local organizations, and service gaps. This map has helped the team to target youth effectively in areas with the greatest need and to avoid duplication of services.



Orientation meeting for young people living with HIV and AIDS.

NUMAT also collaborated with the Young, Empowered, and Healthy Project (YEAH) campaign team and trained 23 representatives (20 males, 3 females) from Youth Advocacy Groups (YAGs) in Lira, Kitgum, Pader, Gulu, and Amuru to form five Youth Advisory Committees (YAC), one for each of the five districts. These YACs will train youth leaders to envision, organize and lead a change process by forming of YAGs at the sub-county level and organizing annual drama competitions for YAGs at the district level.

NUMAT facilitated the rollout of the YEAH campaign in 51 primary schools by supporting teacher training and distribution of materials from the Presidential Initiative on AIDS Strategy for Communicating with Young People (PIASCY). In addition to PIASCY, the NUMAT team trained 76 primary school teachers from 38 schools, and 45 Sunday school teachers from 28 religious institutions in Pader and Kitgum to use the Adventures Unlimited curriculum, a value-based life skills training tool.

3.2 HIV Prevention: Adults

The IEC materials in use were reviewed by NUMAT-supported district working groups, including HIV prevention among youth, and appropriate changes were suggested. Selected YEAH campaign materials (e.g. “Something for Something Love” and “Be a Man”) have been reprinted by NUMAT team to support the prevention activities among young people and adults.

More than 144 uniformed services officers from Pader, Kitgum, Apac, Oyam, Dokolo and Lira were also trained as behavioral change agents (BCAs) to sensitize their peers on HIV and AIDS and equip them with skills to avoid HIV infection. Members of the groups received peer educator training to deliver regular talks on health, gender rights, alcohol and drug abuse, legal issues and HIV and AIDS, TB and malaria prevention.

NUMAT partner World Vision has continued to use the Education Sector Workplace AIDS Policy Implementation (ESWAPI) peer education methodology to train teachers at lower-level schools and in districts who have not been reached previously. Using the ESWAPI methodology and manual, forty teachers from the districts of Amolatar (20) and Dokolo (20) have been trained in peer education and counseling skills to sensitize and support their peers in HIV and AIDS-related issues. The NUMAT team and its partners also revised the programme’s HBC training manual and ensured the inclusion of prevention for HIV-positive people and discordance issues in HBC training conducted by the programme.

3.3 Protection: Sexual & Gender-Based Violence

NUMAT was able to network with district community services departments and NGOs involved in sexual and gender-based violence (SGBV) to identify gaps that the programme will help fill. NUMAT also trained 52 sub-county leaders in Pader district on SGBV in the North. The training covered sensitization activities, empowering women to speak out and report instances of SGBV, strengthening dialogue with police and administrators responsible for the enforcement of protective measures, and providing support for survivors.

3.4 Stigma and Discrimination

In Northern Uganda, religious leaders are deeply respected members of communities, and church congregations are important centers of social and emotional support. In PY1, NUMAT carefully cultivated relationships with important religious leaders and congregations in five districts: Kitgum, Pader, Apac, Oyam and Dokolo. In PY2, NUMAT will conduct inventories of congregations for the remaining districts of Gulu, Amuru, Amolatar and Lira, and update existing inventories as needed.

In the five districts of Apac, Oyam, Pader, Dokolo and Kitgum, NUMAT facilitated the mobilization of religious leaders to prepare community member for Channels of Hope (COH)⁵ trainings. Consultative meetings were held in each of the five districts aimed to enhance buy-in of the COH methodology by local and religious leaders, both Christian and Muslim, to build community ownership for HIV and AIDS-related issues. Congregations are encouraged to use their positions in society and resources available at their disposal to mobilize people to challenge stigma and build congregational responses to the epidemic.



Community members during the Channels of Hope training session..

In these meetings, the participants reflected on the realities of HIV and AIDS in their communities: the lack of knowledge, the needs of people living with HIV and AIDS, the challenges of stigma, and the critical role that congregations can have in building community capacity using the COH methodology. Religious leaders in all districts welcomed the idea, and as a result, implementation of COH in the above districts has been successful.

After the training, attitudes have changed. Many participants pledged to go for HIV tests and get actively involved in care and support for people living with HIV and AIDS. One religious leader from Pader said after the training, “I had believed that people who are HIV positive were sinners, but now I understand that HIV can infect anybody, if we do not protect ourselves against it.”

NUMAT Changes Minds and Opens Hearts to People Living with HIV and AIDS

For Robinson, a pastor in Kitgum District, experiencing the Channels of Hope curriculum was a life-changing experience. Nearly 250 religious leaders and their spouses from 140 Muslim and Christian congregations in the districts of Apac, Oyam, and Dokolo participated in the four- day training. The COH curriculum challenges the attitudes of religious leaders and addresses issues ranging from stigma and discrimination to active care and support for people living with HIV and AIDS.

“The situation before NUMAT was very bad. We were judging people,” says Robinson. “I also never preached about HIV and AIDS because I saw infected people as sinners. This was a very bad situation indeed. We have worked with NUMAT for only 3-4 months but we can see changes already. After one year we hope to do much better.”

For many of the religious leaders, AIDS was a disease for sinners (prostitutes and womanizers). They did not realize their own risk of HIV infection. On average, over 90% of the religious leaders who went through the training had never taken an HIV test nor did they know the HIV status of their partner and/or spouse. They often engaged in unprotected sex.

“In fact in the near future, in 2-3 years, we see our community as a place where there is no fear or discrimination against people living with HIV and AIDS,” says Robinson. “We see a community where many Christians and community members go for HIV testing. Spiritually we hope that the minds of our people will change and people will love each other regardless of HIV status. “

⁵ Channels of Hope is a World Vision-tested methodology for engaging and creating awareness among religious leaders about basic HIV and AIDS facts and addressing issues of stigma and discrimination.

After the COH training each congregation formed a task team of six or seven people called a Congregational HIV and AIDS Task Team (CHATT). The CHATT's main role is to plan, implement, monitor and evaluate responses to HIV and AIDS in their communities. A total of 17 CHATTs (93 people) from the districts of Kitgum and Pader were trained and are involved in confronting stigma and providing care and support to people living with HIV and AIDS. As a result of the COH training, 20,001 people (11,600 females and 8,401 males) have been reached with HIV prevention messages. For Acholibur Church of Uganda in Pader district, the change can now be seen as the CHATT team becomes involved in responding to HIV and AIDS.

OBJECTIVE 4: Increased Access for People Living With HIV and AIDS (PHA) and Their Families to Wrap-Around (Care and Support) Services

NUMAT worked with PHA networks/groups, community based service providers, health facilities and other district-based partners to support a strategy of engaging PHAs as service navigators in order to link PHAs and their families to HIV-related and other wrap-around services.

4.1 Strengthen PHA Groups in Advocacy for Services

Results at-a-Glance:

- *A total of 1,669 PHAs and their families were referred to wrap-around services including psychosocial support, safe water, legal, nutrition, OVC, spiritual, and income-generation activity (IGA) support.*

The NUMAT strengthened the capacity of PHA networks and groups at both district and sub-county levels in eight out of the nine districts. To date, this has resulted in 90 active PHA networks, 10 at the district level and 80 at the sub-county level.

Twenty-six (26) PHAs in Apac and Oyam districts were trained as network support agents (NSAs). The NUMAT team conducted the trainings in collaboration with the International HIV and AIDS Alliance. The NSAs are now linking their peers and other members of the community to HIV and AIDS services available in their communities and health facilities.

The NSAs are made up of people openly living with HIV who have experience of being members of PHA organizations or networks and strengthened their knowledge about HIV and AIDS treatment options and psychosocial support. They act as a direct link between the community and health care settings. They have been attached (in pairs) to each of the 13 selected facilities where they offer information, advice and support in the use of health facilities on issues related to HIV, TB and ARV treatment. They discuss with fellow PHAs such issues as starting on ARVs, lifetime adherence to treatment, disclosure, issues of discordant couples, nutrition, positive living, prevention for self and others, PMTCT, HCT and psychological support. The central role of the NSAs is to facilitate entry into the network of services for PHAs and support individuals to remain in the care and support network. NUMAT provided each of the 26 NSAs with a bicycle to increase their mobility and reach more PHAs. The NUMAT team has partnered with Population Services International (PSI) to provide the Basic Care Package (BCP) to PHAs. Sixty PHAs have been trained as peer educators and will play a critical role linking PHA and members of their families to access BCP commodities that will be provided by PSI and NUMAT through PHA networks and groups.



A PHA network support agent receives a bicycle from NUMAT's Deputy Chief of Party.

4.2. Link Wrap-Around Services with Health Clinic Outreach

NUMAT supported the mobilization and establishment of PHA support groups at sub-county and IDP camp levels in the districts of Amuru, Oyam, Kitgum, Dokolo, Apac and Gulu. These groups were linked to NUMAT-supported TB and ART service sites. These mobilization activities were led by the District Forum of PHA Networks.

In Gulu district, 15 mobilization meetings were held in 15 sub-counties with a total attendance of 775 PHAs (502 or 65% female and 273 or 35% male). In Amuru, similar PHA mobilization activities were supported in nine IDP camps where 400 PHAs (120 female and 280 male) were mobilized to form support groups. PHA groups elected leaders to spearhead the mobilization of other PHAs within their communities, to link them to care and support networks, and to coordinate activities.

In an effort to strengthen the advocacy skills of PHAs, NUMAT supported the training of young PHAs (Young Positive Ambassadors) from Lira district in advocacy and mobilization. The training workshop was attended by twenty-four (24) PHAs (13 male and 11 female) from Lira district with ages ranging between 12 and 24. The training was organized by Uganda National Young Positive Ambassadors (UNYPA). Participants were equipped with advocacy and communication skills to help them mobilize HIV-positive young people to have a role in HIV prevention, care, and treatment responses in their communities.

4.3 Establish Referral Networks

A community engagement (CE) training workshop was held to engage community HIV and AIDS service providers, stakeholders and selected PHAs from the districts of Apac and Oyam to improve and streamline referral services. Participants were also introduced to the approach of using selected and trained PHAs as network support agents (NSA). This activity was a collaborative undertaking between the NUMAT and the International HIV and AIDS Alliance; the workshop was attended by 54 participants. A common referral form to be used by community-based service providers was adopted and is now in use and the modalities of streamlining referral services in the districts were agreed upon by the group.

OBJECTIVE 5: Improved Use of Strategic Information

Results at-a-Glance:

- *A total of 40 record assistants and three HMIS focal persons from Kitgum, Pader and Dokolo districts were trained by NUMAT.*

5.1 Improved District Management of Strategic Information

5.1.1 Develop M&E Plans

NUMAT began the year by assessing the districts' capacity for monitoring and evaluation. We found that with the exception of Pader, none of the districts had an M&E plan, and Pader's was still a draft. In PY2, NUMAT will work with the districts to develop M&E plans based on their HIV and AIDS plans described under objective one and consistent with the National HIV and AIDS monitoring framework.

These plans will enable the districts to track progress on the implementation of planned activities and also to describe systems and procedures that will ensure the timely provision and use of objectively verifiable information in the on-going adjustment of programme inputs to achieve key results and to develop new initiatives.

5.1.2 M&E Training for Partners and Grantees

NUMAT conducted an M&E capacity assessment in the districts in order to explore strategic information strengths and gaps. The results of this assessment provided the basis for a training to address data gaps and teach data management skills to the district partners and grantees.

5.1.3 Addressing HMIS and Data Base Gaps

Districts were also assessed in terms of their capacity for health management information systems (HMIS). These assessments revealed that four of the districts had E-HMIS software installed but were not using it; Excel and other manual methods were preferred. The assessment also revealed that while all of the DHFP's had computers donated from AIM, CDC and the MOH, five out of nine districts reported having problems like disk space, viruses, old hardware, and lack of general maintenance. Several districts also expressed the need for computers dedicated exclusively to HMIS work. NUMAT plans to address these needs in PY2.

NUMAT also held planning meetings with other stakeholders in the area to explore ways of jointly supporting districts to address their HMIS/database gaps through supporting the scale-up and utilisation of the web-based HMIS system in all of the nine districts.

5.1.4 Training for Periodic Data Collection

NUMAT trained record assistants and HMIS focal persons to address gaps in data collection and management. A total of 43 district officials participated in this training. In addition, some district staff were trained by the Programme to collect data.

5.2 Dissemination of Project Lessons

An important part of the NUMAT programme involves communicating its results and the lessons learned. In PY1, the following took place under the dissemination of project lessons:

- Results of the assessment of M&E capacity were disseminated to three out of the nine NUMAT districts.
- NUMAT developed a web-based M&E database for the storage, analysis and generation of the programme's M&E data. This database will also form the core of the dissemination strategy for NUMAT in PY2. It will be used to provide updates on the programme's progress and results achieved.

5.3 Monitoring & Evaluation

5.3.1 Performance Monitoring Plan (PMP)

NUMAT worked with partners to develop a detailed Performance Monitoring Plan (PMP) and also submitted PEPFAR targets for the Country Operational Plan (COP) and general targets for the Operational Plan (OP) for FY 07 and FY 08 to USAID. This plan includes NUMAT's PEPFAR indicators, PMI and Operational Plan (OP) indicators. The NUMAT M&E Unit also worked with partners to develop a Malaria PMP. Data collection tools were developed, including activity reporting formats, quarterly reporting formats and grantee tools.

5.3.2 Baseline Data

NUMAT worked jointly with UPHOLD, using Lot Quality Assurance Sampling (LQAS) to gather baseline data for the areas in which the Programme works. In this activity, NUMAT supported the training of 74 individuals (56 males and 18 females) in M&E. The outcomes of this activity were nine LQAS baseline survey reports for each of the individual districts. The reports highlight baseline characteristics in the districts on HCT, PMTCT, ART, palliative care, TB and malaria.

5.3.3 Database

A web-based M&E database was designed for NUMAT. This database is expected to go a long way to improve not only the timeliness with which NUMAT meets its contractual requirements but also the quality of data the project generates.

5.3.4 Strengthening Partners' M&E Capacity

During the year, NUMAT reviewed a number of partners' grant applications like Christians Children's Fund's (CCF), Straight Talk Foundation (STF), Population Services International (PSI) and the Association of Volunteers in International Service (AVSI) to ensure that appropriate indicators, realistic targets and adequate approaches were present and consistent with the programmatic focus of NUMAT.

Programme Year 2: Looking Forward

NUMAT has built a solid foundation in the programme's first year. In PY2, the major focus will be consolidating and building on the achievements so far attained. NUMAT will support the restoration and reinvigoration of district and sub-county HIV and AIDS coordination mechanisms which will help bridge the gap between communities and the formal health system, thus ensuring the well-coordinated delivery of quality health services.

The programme will continue to strengthen existing health systems in PY2. Through collaboration at district and lower levels, NUMAT will train health workers, community volunteers, and community-based organizations to strengthen service delivery. NUMAT will continue scaling-up services to the lower health delivery levels, particularly HC-III, to meet the demands of the returning populations. Support will be provided to infrastructure rehabilitation, particularly laboratories and PMTCT counseling rooms, to ensure provision of comprehensive, quality services. PHAs will continue to form a key component of the programme, not just as beneficiaries from the interventions but also as active participants in the management and delivery of services. NUMAT will support PHA networks at the sub-county level to perform referral and linkage functions in all nine districts.

Under HIV prevention, NUMAT will create a supportive environment for behavior change by targeting social and cultural norms that increase vulnerability to HIV infection for specific groups. The programme will continue using community-based approaches to target the most-at-risk population sub-groups. NUMAT will reinforce prevention interventions with appropriate messages that are delivered by peers and through other mechanisms to individuals, families and to the wider community. The programme will also operationalise its grants strategy, awarding several grants to indigenous partners to support service delivery at the community level.

Finally, the programme will strengthen existing data collection mechanisms within the health system in all districts by continuing to equip district health focal persons and other district personnel with skills in data management, analysis and reporting. NUMAT will also support the installation of web based E-HMIS in all its districts.

Finance & Administration

I. Administration

Main Activities: August 2006 – September 2007

During PY1, the NUMAT team and its partners focused administrative start-up activities during the reporting period. The team and its partners achieved the following:

- Found and negotiated rental agreements for the establishment of the NUMAT headquarters office in Gulu.
- Worked with partners (World Vision, AIC and AMREF, before the latter's departure from the project) to establish a common internal management system for all full-time NUMAT staff regardless of organization of hire.
- Established, equipped and renovated district offices in Apac, Lira, Pader, Kitgum, and Gulu districts. All district offices now fully operational.
- Hosted several USG and MOH delegates during the opening of the USAID office in Gulu.
- Established basic administrative systems covering accounting, purchasing, fixed assets management and personnel.
- Worked with partners (World Vision, AIC and AMREF) to develop common NUMAT personnel policies for all full-time NUMAT staff regardless of hiring organization.
- Worked with partners to establish PY1 budgets.
- Submitted five-year budget to USAID for approval. The current draft takes into account the retirement of AMREF as a partner, removal of the ARV procurement budget line, and reprogramming for the \$5m originally budgeted for ARV procurement into other activities including more support for lab infrastructure, increased focus on PMTCT, and increasing staff presence in the districts.



US Ambassador (Left) and the Minister of Health (Center), Hon Malinga at the NUMAT Office.

Current Staffing (October 2007)

Name	Title
Agnes Ilongu	Administrative Assistant
Alfred Schulz	Director Finance & Administration
Andrew Oceru	ART/Palliative Care Manager
Barbara Acam	Administrative Assistant
Diana Sera	Monitoring and Evaluation Officer
Doreen Kitembo	District Officer (Gulu)
Edison Tumusherure	TB Manager
Edward Ssemafumu	Clinical Services Director

Espilidon Tumukurate	Malaria Services Manager
Florence Anying	Accountant (World Vision)
Frank Rwekikomo	PHA Manager
Fred Kagwire	PMTCT/HCT Manager (lira)
Fredrick Omollo	District Officer (Lira, Dokolo, Amolator)
Grace Adiyoo	District Officer (Pader)
Henry Okwalinga Tito	Human Resources for Development Officer
James Karugaba	Finance Manager
James Otim	Deputy Chief of Party
John Paul Otuba	Medical Officer (Pader, Kitgum)
Joseph Kabaga	Senior Accountant (JSI)
Julius Mulongoti	Accounts Assistant
Lillian Nakitende	Administrative Officer (Kampala)
Linda Ochieng	Administrative Officer
Linus Amandu	District Technical Officer (Lira, Dokolo)
Lucy Atim	Community Services Manager (Gulu)
Mariam Lanyero	Office Attendant
Martha Pedun	Laboratory Services Manager
Martin Odipo Sijje	Technical Officer (Kitgum)
Med Makumbi	Chief of Party
Patricia Aol	Administrative Assistant
Pauline Alikor	Administrative Assistant
Regina Adiaka	District Officer (Apac, Oyam)
Sam Otai	IT officer
Sharon Ajedra	Prevention Services Manager
Vincent Oringa	Medical Officer
William Oloya	Capacity Building Manager
Christopher Ogwang	Driver
Clovis Lakony	Driver
Handerson Ofoyuru	Driver
Jimmy Nyeko	Driver
Walter Ngura	Driver
Joseph Opota	Driver
Joseph. O. Komakech	Driver
Samuel Muyinga	Driver

II. Finance

Budget vs. Expenditure: Summary and Analysis for August 2006 – September 2007

NUMAT conducted a budget revision for the entire five years of the project which was submitted to USAID during this reporting period. Given that USAID will procure ARV drugs, the \$5m originally budgeted for ARV procurement has been reprogrammed for additional activities including more support for laboratories, PMTCT and an increased staff presence in the districts. In addition, AMREF budgeted activities were incorporated in the direct JSI R&T portion of the budget including new budgeting of \$1.2m for malaria activities.

As of September 30, 2007, the project has spent \$2,466,101 with an additional \$1,783,472 in accruals and next quarter projected expenses. The trend is clearly one of significant increases in program spending and timelier sub-partner invoicing after establishing a firm foundation for the launching of the full array of program activities. This trend should continue in the next and forthcoming quarters as the full contingent of program staff come on board (this was significantly delayed in relation to the decision to retire the partnership with AMREF) and as our World Vision and AIC partners further streamline their financial and invoicing systems.

For further details, please see Annex 1: Financial Report for Program Year 1: August 2006 – September 2007.

ANNEX 1: PY1 Financial Report

Reporting Period: August 2006 – September 2007						
NUMAT Phase I (3 years)						
Project Start Date: August 15, 2006						
Project End Date: August 14, 2009						
Total Project Months: 36						
Total Months Elapsed (through September 2007): 13.5						
ALL FIGURES IN US DOLLARS						
Line Items	USAID Approved Budget	Expenses through June 2007	Expenses July through September 2007	Total Expenses through September 2007	Budget Less Expenses	Next Quarter Accruals and Projections October – December 2007
SALARIES	2,716,784	384,299	250,238	634,537	2,082,247	258,770
CONSULTANTS	82,236	48,422	1,240	49,662	32,574	3,088
TRAVEL & PER DIEM	164,602	41,406	23,702	65,108	99,494	16,500
ALLOWANCES	159,293	44,656	16,611	61,267	98,026	27,968
EQUIPMENT, MATERIALS & SUPPLIES	758,430	271,785	201,125	472,910	285,520	194,328
OTHER DIRECT COSTS	423,420	153,795	122,731	276,526	146,894	85,209
PROGRAM COSTS	3,467,780	40,022	261,018	301,040	3,166,740	737,609
SUBAGREEMENTS	11,500,700	22,480	375,179	397,859	11,103,040	345,000
TOTAL DIRECT COSTS	19,273,245	1,006,955	1,251,756	2,258,711	17,014,534	1,668,472
OVERHEAD	522,584	172,136	35,245	207,390	5,018,454	115,000
GRAND TOTAL	\$19,795,829	\$1,179,091	\$1,287,010	\$2,466,101	\$17,329,728	\$1,783,472



Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT)
Implemented by JSI Research & Training Institute, Inc., with AIC and World Vision

James Arwata Road

Kirombe sub ward

Layibi Division

Gulu, Uganda

Tel: (256) 372 260 051

Email: info@numatuganda.org



USAID
FROM THE AMERICAN PEOPLE



JSI Research & Training Institute, Inc.