

# Enhancing Health Systems & Services in a Post-Conflict Setting

Stories from the Northern Uganda Malaria, AIDS, & Tuberculosis Programme (NUMAT)



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**NUMAT**

NORTHERN UGANDA MALARIA AIDS TUBERCULOSIS PROGRAMME





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JSI Research & Training Institute, Inc.

The Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT), implemented through Agreement No: 617-A-00-06-00090-00, is funded by the United States Agency for International Development (USAID) 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.

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## INTRODUCTION



Northern Uganda was devastated by more than 20 years of armed insurgency that resulted in immense suffering, insecurity, and the displacement of 1.8 million people. In the four years since the signing of a Cessation of Hostilities Agreement between the Government of Uganda and the Lord's Resistance Army, however, Northern Uganda has transitioned into post-conflict rehabilitation and reconstruction, remaining stable and secure in the absence of additional fighting.

During the conflict, citizens were forced to live in internally displaced persons (IDP) camps for their safety. Long-term displacement led to social deterioration and increased risk for HIV infection. At the same time, however, many aspects of health care provision in this setting were easier. People living with HIV (PLHIV) in the camps had better access to medical attention because they lived close together and within easy reach of health services. Adherence to life saving antiretroviral drugs (ARVs) was strong since people could be followed-up in their homes. In addition, clean water and food aid for adequate nutrition were available.

In 2007, people began leaving the camps to which they had long been confined and returned to their villages of origin or to transit sites closer to their homes. The population coming out of the camps was weakened—both socially and economically—by their long stays there. This was now a highly vulnerable group in urgent need of basic social services in the return areas where infrastructure was

severely lacking. Health facilities deteriorated due to years of conflict and insecurity and were left without adequate drugs, medical supplies, or qualified health workers. Trained health care volunteers scattered to their original villages and could no longer be effectively engaged. The resultingly poor health care system was particularly devastating for PLHIV.

In 2006, JSI Research & Training Institute, Inc. was awarded the five-year USAID-funded Northern Uganda Malaria AIDS and Tuberculosis Program (NUMAT) to expand access to and utilization of HIV, AIDS, Malaria, and Tuberculosis (TB) services in the conflict-affected districts of the region. NUMAT was implemented in partnership with AIDS Information Centre (AIC), World Vision, local governments, and civil society partners.

Over the life of the project, NUMAT worked in partnership with local governments and existing facilities to improve and expand health service delivery, using the following strategies:

- » Increasing the coverage and quality of services offered;
- » Supporting new sites in peripheral areas to offer comprehensive services;
- » Strengthening existing local structures to coordinate and integrate services;
- » Addressing critical human resource needs; and
- » Involving beneficiaries in planning and delivering services.

This booklet features stories about some of the successful program activities that NUMAT and its partners have implemented in these strategic areas, and the lives they have impacted. JSI hopes that many of these efforts will continue within the communities and organizations that have been crucial to the success of its efforts to improve health service delivery in Northern Uganda.





## ACCESS TO HIV TREATMENT TURNS LIFE AROUND

Grace Acan is one of several hundred people with HIV who benefited from critical antiretroviral drugs supplied by NUMAT. For Grace, a 48-year-old woman who lived in the Koch Goma Internally Displaced Peoples Camp in Amuru District, NUMAT's support was life saving.



"I didn't know about HIV then and thought I had malaria. I had no idea that my husband, who died two years before, had AIDS. I learned about HIV from my neighbor and decided to take an HIV test. My motivation for having the test was to get medical treatment in case I was ill from the disease, to stay alive and look after my children.

But since I was not counseled prior to the testing, I was totally unprepared to hear that I was HIV-positive. Afterwards, I lived in denial and my health deteriorated since there was no treatment available at the nearest health center. I was also not receiving any follow-up care from a health worker."

In Uganda, access to antiretroviral therapy (ART) for people with HIV is limited and usually only available in a few high-level facilities located in urban settings. For this reason, NUMAT focused its efforts on providing antiretroviral drugs (ARVs) in remote areas, to ensure that people living with HIV (PLHIV) have access to the treatment they need.

NUMAT's efforts to ensure the availability of ARVs included human resource capacity building, supplying ARVs to supported facilities, providing CD4 tests for better clinical management, providing furniture for storage of client files, and constant technical supervision to guarantee quality service.

"Finally, having had enough, in 2007 I went to (NUMAT-supported) Koch Goma Health Center III where I was retested for HIV, and this time my experience was entirely different. After my positive test, I received good information and was started on ART immediately," says Grace with relief. "I was also screened for tuberculosis but did not test positive, thank goodness."

"From that day, I have followed treatment closely and never missed my clinic days. In June 2011, I moved back to my village in Purongo; I asked for a referral letter from Koch Goma and transferred to Anaka Hospital where I receive my drugs every two months. My life has changed remarkably. I am now healthier and more at peace with myself and receive a lot of support from my family members and friends. I also see the NUMAT-trained home visitors who support me to stay on my treatment, and have told my children and my second husband that I am positive. Now, they have all been tested but thankfully, they are not HIV-positive."

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

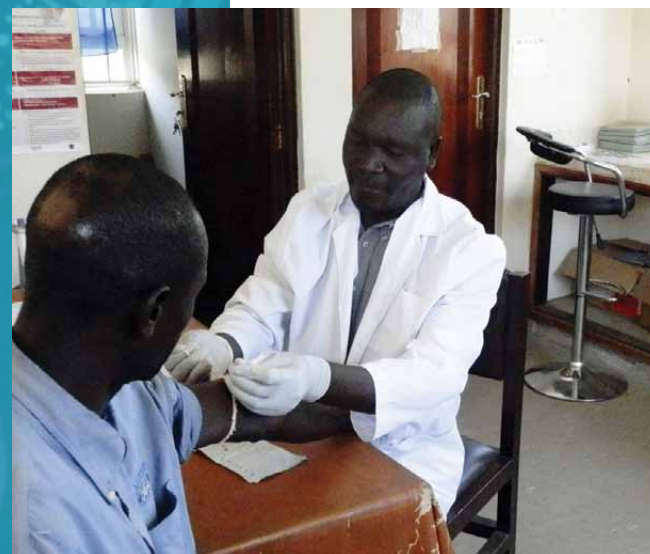


Throughout the project, NUMAT contributed to the enrollment of 13,329 new clients on ARV treatment (5,019 males and 8,310 females), of whom 734 were children below 14 years of age. As of December 2011, 15,590 clients were receiving their ARVs.



## IMPROVING LIFESAVING LABORATORY SERVICES

**A**puti Health Center in Northern Uganda was formerly a low-level Health Center II, which lacked basic laboratory services and equipment, and was managed by an undertrained laboratory technician who performed only three types of tests: HIV, malaria, and tuberculosis. “The only microscope we had was partially broken,” remembers Ical Albino, acting Laboratory Assistant at Aputi Health Center. To access laboratory testing for other conditions, Aputi community members had no choice but to spend extra time and money seeking health services from the nearest hospital seven miles away.



*Ical Albino collecting a blood sample from a patient at Aputi laboratory unit.*

NUMAT set out to improve health services at Aputi Health Center by comprehensively renovating and fully furnishing the laboratory with equipment, including a fully-functioning microscope. In addition, Ical was sponsored for a 2.5 million shilling two-year course at the Medical Laboratory Training School in Jinja, where he studied general lab management, disease investigation, sample collection, record keeping, and equipment management.

After completing his course, Ical returned to Aputi Health Center and noticed numerous changes.

The health center had been upgraded to a Level III and a variety of health services were now available, including common laboratory tests. As word spread about the health center’s new services and improved laboratory capacities—including a fully trained laboratory assistant—the volume of patients seeking help at the health center greatly increased. “Before the training, I worked alone; but now the work is almost too much,” says Ical. “As people have started using this facility instead of the nearby hospital, the number of samples I must test keeps rising.”

Ical performed only 1,682 tests in 2007, which significantly increased to nearly 8,000 tests by 2010. By the end of September 2011, his lab registered more than 7,800 tests, which he attributes to NUMAT’s continuous effort to ensure availability of test kits and reagents. Not only has the number of patients using Aputi Health Center increased, but also the type of quality tests offered has increased, to include: stool examinations, urine tests, hemoglobin estimation, hepatitis B rapid tests, and pregnancy tests. With more-developed laboratory management skills, Ical has improved client management and safety practices in the lab, maintains an up-to-date inventory stock list, and runs weekly diagnosis checks on the microscope to ensure proper functioning. Furthermore, regular support supervision visits conducted by NUMAT staff—which include reading of samples for quality assurance—have helped Ical to continuously improve his laboratory skills.

As the efficiency of the Aputi laboratory advances alongside the ability to serve more people from his community, Ical’s satisfaction with his job has improved. He remembers: “When I was young, we lived by the health center. I saw the medical staff in their uniforms and I wanted to be just like them. I began working at this health center as a nursing assistant, and was promoted to a microscopist, and now I am waiting for the district authorities to appoint me officially as the Laboratory Assistant. I have achieved my preliminary goal and for now my focus is on serving clients in need of laboratory testing services.”





## VOLUNTEER MEDICAL STUDENTS GAIN EXPERIENCE WHERE IT IS NEEDED MOST

The health workforce in Northern Uganda is only 35% of what is required to meet Ministry of Health (MOH) standards. At the same time, HIV, TB and malaria are ravaging communities at higher rates than in other places throughout the country. To address the critical and chronic human resource shortage, NUMAT, in collaboration with district officials, developed a partnership with Makerere University Medical School to train and place medical students in understaffed health units as preparation for eventual professional posting in the region.



The partnership “Community-Based Education Services” (COBES) is a model helping to prepare health professionals for practice in rural areas, integrate national priorities into undergraduate training, and shift the focus of health intervention from facilities to communities. A phased approach was used in six NUMAT-supported districts. Initially, regional discussions took place among NUMAT,



Makerere University, and political leaders on marketing the model, discussing the concept, and building consensus. The next phase was the training of students’ supervisors on COBES principles and objectives. Finally, 40 volunteer students were deployed in poorly-staffed peripheral health units. The districts provided accommodation and site tutors, while NUMAT provided allowances for transport and meals, and technical assistance together with the University.

The COBES experience was positive for all: the clinics, health workers, districts, and especially the patients themselves, who welcomed the attention of eager students. In addition, immense patient loads were reduced and students received hands-on learning that builds on their academic studies.

“The medical students helped us to address understaffing in all areas including the laboratory, dispensary, and immunization activities,” said the clinician in-charge of one of the health facilities that benefited from the program. “These students would see gaps and fill them. Their participation reduced waiting time in dispensaries and they had direct practice with microscopy for TB and malaria, among other diseases. We were very grateful for their participation.”

NUMAT eventually succeeded in expanding this partnership to include two local training institutions in the region—Gulu University Medical School and Gulu School for Clinical Officers—whose students were also involved in the COBES. This



partnership is a successful example of public-private collaboration for responding to the health work-force crisis. The model has not only improved access to health services, but also increased the willingness of students to work in rural communities after graduation and raised local district governments’ interest to recruit them. Thus far through COBES, 502 students (109 female, 393 male) were deployed for internships at 17 health facilities in Northern Uganda.





# GOOD INFORMATION FOR GOOD HEALTH

*NUMAT improves health care access and quality by teaching good data management*

One of the many challenges to providing health care in a post-conflict environment is the lack of data gathered from low-level health facilities. When rural health centers and hospitals do not report the number of people seeking medical services—and for what illnesses they seek care—their ability to provide ongoing treatment is hampered. The provision of health services must be coordinated at many levels, from the central Ministry of Health (MOH) down to the most rural village clinic. In order to effectively organize and plan for health services, there must be reliable data to guide programs and health care providers.



Denis Nixon Opio is a biostatistician in Dokolo, a newly created district in Northern Uganda with underperforming public service and health sectors. His role within the district is to compile data from government health facilities and analyze health trends so that resources can be correctly allocated and planning can meet health needs. Denis recognizes the importance of data in ensuring health care for the district. “Health service delivery is actually based on information,” he says. “Without proper information, health services cannot run properly.”

This is where NUMAT stepped in. To increase health workers’ data collection capacities, the project provided essential training to district-level staff like

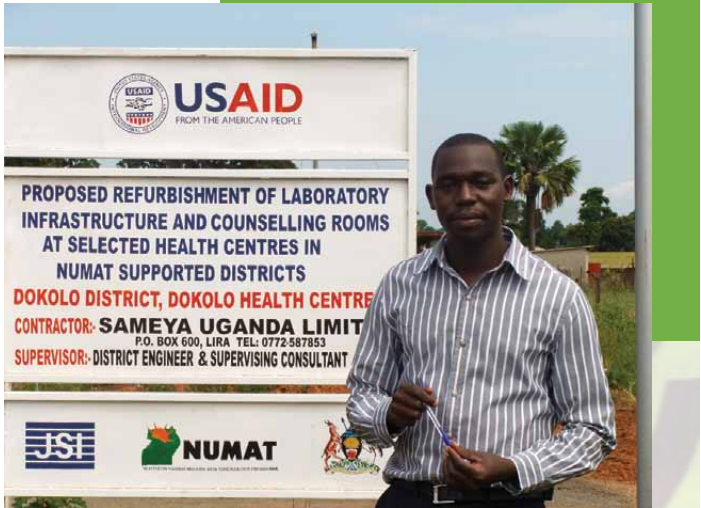
Denis on supportive supervision and data validation. In these trainings, the staff learned how to record patient data correctly and make accurate summaries. After the training, Denis conducted support supervision visits in his district on a quarterly basis, which allowed him to assess the health information needs within the facilities. While on these trips, Denis provided on-the-job training to health facility records staff to improve the quality of data collection in his district.

“What motivates me is the participation of the lower levels of staff within the health facilities,” he says. “Without them, I cannot do my job. They record information about individual patients, which is key to health planning.”

Denis can now also guarantee the accuracy and reliability of data. “I am now able to validate data and track errors or discrepancies,” he says. “I can look at reports and see where a problem exists. From there, I can place a call or visit the health facility to correct the error.” Denis feels that staff in his district, rather than viewing data as a bothersome method of reporting, are now learning to see it as a tool to illuminate areas that need improvement. “We are trying to mentor staff and encourage them to own their data and to use it for planning,” he says.

Denis recalls a time when he discovered data that did not look right for child immunizations. Using his new skills, he tracked the error and corrected the quantity of doses to order. If he had not done so, the district would not have had adequate immunization coverage for the quarter. In addition, using data on the number of mothers visiting prenatal clinics, the district knows how many mosquito nets are needed for pregnant women in a particular geographic area. Similarly, Denis reports that stock-outs of antiretroviral drugs—a common occurrence in most districts—do not occur in Dokolo because data are used to correctly estimate the amount to order. With the enhanced skills of health center staff to collect data, and the process of validation, Denis has increased data collection for the district, enhancing the ability to accurately plan health services.

In addition, NUMAT gave Denis a new computer and database software. This allows him to gather



*Denis Nixon Opio*

data on district health indicators more easily, without having to search through dozens of binders filled with paper-based data. NUMAT also provided internet access so that he could easily submit monthly reports, which he used to fax from the nearest town more than an hour away. Now in less than a minute, he can email his reports directly to the MOH.

NUMAT’s support has given Denis the time and tools to focus on his job—planning health services for the district. The improved data collection and reporting capacity of health center and district-level staff in Dokolo has significantly improved. Now Denis, and others like him, are leading the way towards ensuring improved health outcomes in Northern Uganda.



## REACHING OUT TO PROVIDE HIV & TB TREATMENT

**M**ore than 40,000 new cases of tuberculosis (TB) are diagnosed in Uganda every year and about 60% of them are co-infected with HIV. As a result, Uganda is encouraging health centers throughout the country to provide integrated TB/HIV services.



In Amuru District, 29-year-old Gloria Abiriga has been working as a NUMAT-supported TB focal person in Koch Goma Health Center III. Her demanding job involves counseling TB clients for HIV testing, monitoring and helping patients adhere to treatment, and training community volunteers to follow-up TB patients at their homes. After attending a specific training organized by NUMAT, Gloria uses her TB/HIV co-management and TB infection control skills when counseling and initiating HIV testing for all TB patients.



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

NUMAT addressed this challenge by supporting health center staff and volunteers like Gloria. She was given a bicycle so that she could reach TB patients living in isolated villages every month and train other volunteers to detect and refer suspected

TB patients in their communities. Per diem has also been provided to ensure she conducts regular community sensitization meetings, follow-up of patients, and early identification of TB suspects.

"In the last two years, 50 TB patients were detected and put on treatment at the health center," says Gloria. "As a result of NUMAT's support to the TB clinic, we were able to test 46 of them for HIV and provide additional services to those who were found HIV-positive. Everyone is adhering well to their treatment and they complete it successfully within the scheduled time."

NUMAT continues to scale up TB and HIV services to other lower level units. Overall, the proportion of TB patients in the region who have been tested for HIV has increased from 43% in 2007 to 82% in 2011. More TB/HIV co-infected individuals are also increasingly accessing life saving interventions like cotrimoxazole prophylaxis and the antiretroviral treatment.





## HEALTHY BABIES FOR ALL MOTHERS

**S**usan Lakot and her husband Patrick Ojok visited the Awach Health Center IV for antenatal care while she was in the third month of her second pregnancy. While there, they received HIV counseling and testing, and discovered they were both HIV-positive. Based on these results, Susan was quickly enrolled in the prevention of mother-to-child transmission (PMTCT) program, and given antiretroviral therapy (ART) prophylaxis. Her husband Patrick was also given ART at this time.



*Susan Lakot and her husband Patrick sit with their baby Angel.*

Supported by NUMAT, Awach Health Center provides PMTCT services to about 120 mothers like Susan every year. NUMAT's support mainly includes training, technical assistance and mentorships, the provision of buffer stocks for HIV testing, and distribution of registers for data management.

Susan's baby boy, Angel Luganga Keno, arrived safely and after his birth he was given a one-week dose of Nevirapine syrup to help prevent the transmission of HIV from his mother. At three months, Angel was tested and found to be HIV-negative, but Susan and Patrick plan to conduct a repeat test at six months as per the guidelines. Despite this initial result, there are still obstacles to ensuring that Susan's baby remains negative.

To help with issues like these, Susan and Patrick joined the NUMAT-supported Awach Health Center

Family Support Group, which can help decrease isolation, stress, and fear associated with HIV. Group members also learn strategies for positive living, proper child care, and how to access health services.

"When I joined the Family Support Group," says Susan, "I learned from other HIV-positive mothers that we are all facing similar challenges, such as replacement feeding, which we can't afford."

With NUMAT's support, Susan and Patrick have made their health a top priority; they have enrolled in the ART program at Awach Health Center where they receive free drugs, counseling, and have their CD4 tests performed regularly. "I am trying my best to support Susan and look after our children," says Patrick. "Even if we die of AIDS, they will be our flowers on earth and ensure our continuity."

To date, NUMAT has supported more than 16,000 HIV-positive pregnant mothers through the provision of facility-based PMTCT programs and Family Support Groups like the ones at the Awach Health Center.

*The Awach Health Center family support group.*





## ENSURING TREATMENT FOR HIV-POSITIVE MOTHERS AND THEIR BABIES

In high-income countries with a full range of medical capacities, services for prevention of mother-to-child transmission (PMTCT) of HIV can eliminate nearly every case of HIV infection in newborns. However, in lower-income countries such as Uganda, PMTCT services are often unavailable or inadequate; and when available, their utilization is low because many pregnant women prefer to give birth at home.

Since 2008, when Sister Eunice began working in the maternity ward of Anyeke Health Center, more than 100 HIV-positive women have delivered babies in the health center. Many were unaware of their HIV status and that the virus can be passed to their unborn child. As a result, they failed to receive antiretroviral (ARV) prophylactic drugs. In response, the health center established an innovative approach within the maternity ward to improve PMTCT services and ensure HIV-positive mothers receive ARVs.

NUMAT trained Sister Eunice on PMTCT, including infant feeding, and forming and leading Family Support Groups (FSGs) for psychosocial support. With these skills, Sister Eunice implemented a program to ensure HIV-positive mothers and their babies are given preventive medications. HIV-exposed infants require medication for an extended period of time coupled with repeated HIV tests. The FSGs encourage women to return to the clinic for follow-up,

including HIV prophylaxis, basic immunizations, and HIV testing for the child. Family Support Group members also discuss infant feeding options and visit mothers who are not following PMTCT protocol, to counsel them on its importance.

The results of these efforts have been overwhelmingly positive. "Since starting the FSGs in 2008, there have only been three HIV-positive babies out of over 100 who were HIV-exposed," says Sister Eunice. "By monitoring these mothers and their children, I can see the results. We don't just deliver babies and send the mother back home. We counsel the woman during pregnancy, give medication, and follow-up."



Along with PMTCT services, the maternity ward at Anyeke enrolls HIV-positive mothers in the ART clinic and in chronic HIV care. Women seeking prenatal care from the health center might otherwise never test for HIV or seek out HIV services. Because of the stigma surrounding the virus, many women do not wish to visit or be observed by community members in the hospital HIV department. To address this, the health center has implemented both HIV testing and ARV initiation within the maternity ward. Women can test and receive HIV results here, as well as receive PMTCT drugs and make an appointment for initial CD4 testing.

Although some HIV services can be provided within the maternity ward, eventually, all HIV-positive women will need to receive care and treatment through the ART clinic. These patients will need lifelong services and sooner or later must visit the appropriate department.

"In the past I would refer women to the ART clinic and then I noticed them running away," says Sister Eunice. "They would not go to the clinic and so we began walking patients, hand-in-hand, to the ART clinic. We make sure they are registered at the clinic and get them comfortable."

With the strong link between the maternity ward and the ART clinic, Sister Eunice has recorded an increase in the number of HIV-positive mothers enrolled on ARVs and a decrease in the death rate of women due to AIDS-related causes.

"Of those HIV-positive mothers we have served, I know of only one death. This woman refused to accept her status and went back to the village and stopped taking ARVs. Overall, women—especially with the help of the FSGs—accept their status and adhere to the medication."

The reduction in stigma coupled with the maternity ward's efforts to enroll patients on ARVs has increased treatment adherence and thus created an increase in women's life spans and their ability to care for their children.

To date, NUMAT has assisted 10,446 HIV-exposed infants with PMTCT prophylaxis and 15,858 with testing for early infant detection of HIV.





## GOING THE EXTRA MILE FOR HIV-POSITIVE PATIENTS

**N**amasale is a remote fishing area in Northern Uganda, where the local community is predominately engaged in the fishing trade. This small community is believed to be at a higher risk of contracting HIV due to the mobility of fishermen, the time they spend away from home, their access to daily cash income, and the availability of commercial sex at many fishing sites.

HIV testing outreach at fishermen boat landing sites recorded 14% of individuals to be HIV-positive. Before NUMAT began providing anti-retroviral drugs (ARVs) to this area, people living with HIV had to travel long distances to access them. Once they reached the local hospital, they often found the ARVs were not in stock and the CD4 testing required long waiting times; often days. This led to poor adherence and treatment outcomes for this community.

NUMAT first worked with the Ministry of Health (MOH) to assess the capacity of the Namasale Health Center to provide antiretroviral therapy (ART). The assessment revealed inadequate human resources at the site, with a lack of expertise in HIV and AIDS treatment and care, as well as inadequate laboratory infrastructure. NUMAT then engaged the local government in the recruitment of health



workers in Amolatar District, where some were posted to Namasale Health Center III. NUMAT also facilitated the training of the health workers in comprehensive HIV and AIDS care and HIV commodity logistics management.

After the training, the MOH accredited the Namasale Health Center to begin providing ARVs. To further strengthen the service provided, NUMAT worked with the local government to refurbish the laboratory to enable effective monitoring of patients on care. With NUMAT's assistance, monitoring support was enhanced by the provision of a CD4 test outreach program, which decreased the health facility's reliance on clinical staging for the enrollment of patients on ARVs. This enables health

care providers to prescribe ARVs at a more appropriate time and to monitor patients' health status with more conclusive evidence, rather than simply judging their clinical symptoms.

"The problem with clinical staging is that someone can look healthy and strong when their CD4 count is low," says Violet Kia, a registered nurse working in the HIV clinic at Namasale Health Center. "CD4 testing prevents early death."

In addition, NUMAT provided regular technical assistance to the laboratory to improve its ability to offer diagnostic services to the ART clinic. The project also provided a constant supply of ARVs based on the logistic orders and reports received from the facility. To ensure quality of care, the ART clinic has also been strengthened with essential equipment such as furniture, tents, filing cabinets, and above all, continuous supplies of MOH treatment protocols and policies and patient monitoring cards and registers.

As a result of NUMAT's unwavering support to the facility, Namasale Health Center now has more than 800 HIV-positive patients receiving ARVs and treatment of opportunistic infections and laboratory monitoring, performing an average of 45 CD4 tests per month. Patients in Namasale now receive services and life saving medication in their own community, reducing travel and waiting time and



*Members of the remote fishing community in Namasale, who benefit from the local NUMAT-supported clinic.*

financial costs. Namasale Health Center has seen an increase in the number of patients coming in for HIV testing, driven in part by the knowledge that treatment is readily available at the local level. Additionally, volunteers living with HIV follow-up with patients in the community. In this way, adherence to treatment is ensured and any questions about ARVs can be directly addressed by someone with first-hand experience.



# AN HIV TEST FOR EVERY PATIENT

Typically, patients enter a hospital to seek help for a specific health concern, such as fever, a broken bone, or prenatal services. At Saint Joseph's Hospital in Kitgum, Northern Uganda, in addition to receiving treatment for primary health care issues, each and every patient is offered the chance to take an HIV test in any clinic they are visiting. NUMAT, recognizing the higher HIV prevalence of 8.2% in Northern Uganda took advantage of the hospitals' unique geographical access to the population to offer HIV testing to every person who comes through the door.



and have the knowledge, skills, and equipment to perform the test.

To support the second, more accessible approach to HIV testing, NUMAT trained hospital staff from every clinic to carry out RCT. This is useful because stigma and discrimination continue to surround HIV, and many people don't want to be seen visiting the HIV clinic.

"The service is brought to the patient in the department where they are receiving treatment," says Alice Oyella, the hospital senior nursing officer. "They don't even have to go the HIV clinic."

Every day, education for provider-initiated RCT at Saint Joseph's Hospital is conducted in both group and individual settings. In each clinic, one

staff member is assigned as the RCT point person for the day. In the group setting, this staff member gathers all willing patients, friends, and relatives for a daily HIV talk.

"They tell the patients that testing for HIV is important and give directions on how to get testing services," says Alice. "The staff tell them that people with HIV can live a healthy life." Staff members also talk to patients one-on-one as they come into the department to seek care. Finally, in addition to support from the RCT point person, an HIV counselor moves throughout the hospital talking with patients and offering HIV testing services.

The staff at Saint Joseph's Hospital report that patients are receptive toward RCT. "Mostly the patients react positively to the HIV information," says Alice. "Because of that, the number of people who test for HIV has increased." However, there are challenges faced both for Saint Joseph's and other hospitals that might wish to implement such a program. Staff outside the HIV counseling clinic must take on the additional role of providing HIV counseling and testing, which cuts into their very busy schedules. The other challenge is to ensure an adequate supply of HIV test kits, as well as ARVs, to treat those people who test positive and are found eligible for treatment.

Despite the challenges associated with this alternative type of RCT program, the staff at Saint Joseph's Hospital believe that it is sustainable. "As we have



already received training and implemented the program, we must carry on," says Alice. "RCT in every clinic, for every patient, has become standard procedure within the hospital and will continue going into the future."

In the two years following the inception of the RCT strategy, the hospital has counseled and tested 2,459 people, to add to the 5,104 people who got tested from the VCT clinic during the same period. Two thirds are women and the large majority are adults. Overall, 13.7% were found to be HIV-positive.



## HELPING COUPLES TO TEST & COPE

**S**am had been a trained HIV testing and treatment adherence volunteer with NUMAT for one year when he met Awazyo, a chicken seller from his neighborhood. Awazyo was clearly ill, and Sam, being HIV-positive himself, recognized signs of the disease advancing and tactfully approached Awazyo to offer assistance. Reluctant at first to accept help, Awazyo finally asked to be taken to the hospital.

“The first thing I want you to do is take an HIV test,” Sam told Awazyo. Like Sam, Awazyo tested HIV-positive. He was devastated and Sam recalls him saying, “I don’t know what to say, but I think I’m going to die. Also, I’m scared to tell my wife about my status.” At this point, Sam revealed his own HIV-positive status and counseled Awazyo for more than an hour, advising him to bring his wife to also get tested, since she was pregnant with their second child.

To help couples like Awazyo and his wife prepare for testing and the possibility of living with HIV, NUMAT organized a couple’s conference. Couples’ conferences are designed to inform partners about what will happen during the testing process, so that they know exactly what to expect. Couples also learn techniques to strengthen their communication skills, so that if they are faced with a positive result, they can work together to handle the new experiences and challenges that face them.



*Sam, a NUMAT-trained HIV testing and treatment adherence volunteer.*

NUMAT designed its couples’ interventions to address the particular HIV-risk factors faced in Northern Uganda. While 43% of new HIV cases occur among couples in monogamous relationships, few programs target couples. To focus efforts on the needs of this risk group, NUMAT trained 40 volunteers on communication, condom negotiation, working with discordant couples—where one partner is positive and one is negative—and prevention of mother-to-child transmission (PMTCT) of HIV. These trainers then coordinated voluntary couples’ conferences within each district.

After the conference, Awazyo’s wife, Medina, tested negative for HIV, and learned of her husband’s HIV status for the first time. With this knowledge, she reached out to NUMAT volunteer, Sam, to discuss her worries. Sam was very helpful, and tried to give Medina good advice. “You should stay with your husband to support and take proper care of him,” he said. “You also must take care of yourself and the children you have together.”

With Sam’s support and the skills learned in the couples’ conference, Medina chose to stay with Awazyo and assist him as he faces life with HIV. She plays a crucial role in reminding her husband to take his antiretroviral (ARV) medication. While Sam initially educated Awazyo on the use of ARVs and advised him to begin treatment, it is Medina who encourages his daily adherence.

Since the initiation of his treatment, a dramatic change can be seen in Awazyo’s health. His energy and strength have increased, which are critical for his work as a subsistence farmer. Currently, Medina and Awazyo live together with their two children, the youngest of whom tested HIV-negative. Sam educates them on living with and preventing HIV. “Use condoms,” he says. “I will take you to the hospital and they will demonstrate to you how to properly use one.”

In addition to being a testing and adherence volunteer, Sam coaches couples on the importance of maintaining overall health, such as avoiding malaria through the use of mosquito nets, drinking clean water, and eating a balanced diet. He also provides



*Sam with a family he supports.*

emotional support and guidance. Awazyo only disclosed his HIV status to one family member, and to no one in the community. As a result, he has a limited network of people whom he can turn to with his troubles regarding his HIV status. However, Sam understands him and offers continual care. “I stand by my fellow people living with HIV,” he says. “We are in the same boat and I sympathize with them.”

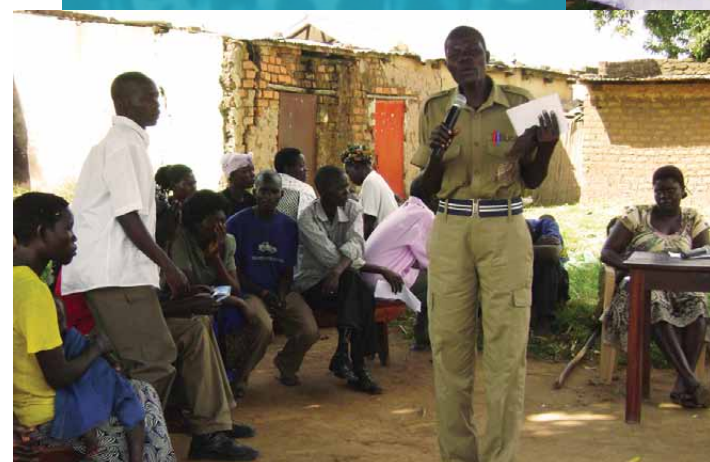
To date, NUMAT has reached over 1,100 couples through couples conferences and volunteer support, of which more than 900 accepted to be tested for HIV. In Northern Uganda, NUMAT is one of the only organizations addressing HIV prevention for couples in monogamous relationships.



## A COMMUNITY SAYS “No” TO VIOLENCE

*NUMAT works with communities in Northern Uganda to reduce their HIV risk by addressing sexual and gender-based violence*

**F**or a local policeman, joining efforts with NUMAT to address sexual and gender-based violence in his community was a welcome challenge.



“I have daughters myself and am concerned about this issue,” says Paul Okot, the sub-country Police Post In-Charge. “I had heard about sexual and gender-based violence before, but honestly, when NUMAT came and talked to the entire community about it for the first time, much of the information was new—particularly the connection between sexual and gender-based violence and HIV transmission.”

In Northern Uganda, NUMAT helped community members like Paul, who are affected by conflict, understand and address the link between HIV transmission and sexual and gender-based violence. The stress caused by years of war and violence such as tight living quarters for families, constant threats to safety, and lack of access to safe drinking water, food, and shelter, result in psychological trauma, and a subsequent high abuse of alcohol and drugs. These factors can dramatically affect human interactions, creating an environment that normalizes sexual and gender-based violence. The acceptance of this community aggression can become a strong contributing factor to rising HIV transmission rates. Violence can also occur after a partner has revealed her/his status.

“It’s like a circle that we are trying to stop,” says Paul.

Throughout the project, NUMAT helped communities create linkages to police, community leaders, women, and young people to increase awareness and strengthen reporting and treatment services and systems that can address sexual and gender-based violence. Communities nominated “animators” who were trained by NUMAT on how to identify sexual and gender-based violence, report incidences of violence, and refer survivors to medical and/or psychosocial support.

Once trained, animators provide mediation services, offer consultation and advice, escort survivors to the police for reporting or to health clinics for treatment, and follow-up with survivors to assess how they are doing. They also learn how to consult with other key community leaders to help resolve crises that cannot be solved by formal proceedings.

“After our animator training in May 2008, we had so many cases referred to us,” says Paul. “Already, I have managed 40 cases at my office. I have referred seven cases to court and others have been settled within homes. I want to see a community free of violence, that’s what we are working towards.”



*A community meeting addresses gender-based violence.*

Since the program’s GBV component started, 1,327 cases were reported, of which 308 accessed post-exposure prophylaxis with antiretroviral drugs.



## IMPROVING HIV SERVICES FOR THE HEARING-IMPAIRED

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



*Grace Aber is a deaf community volunteer who helps hearing impaired people in her community access crucial health information and services.*

Grace Aber, a 46-year-old deaf woman and representative of the Gulu Deaf Association, is on a mission to improve access to services for many deaf people in her community. Deaf since the age of 12, Grace's first husband deserted her because he found communicating with her difficult. Rather than succumb to adversity, however, Grace has advocated for the rights of deaf people since 1994.



Recognizing her unwavering commitment and leadership, NUMAT enlisted Grace to raise awareness about HIV infection and prevention, sexual and gender-based violence, malaria, and tuberculosis in the deaf community. After consultative meetings with the well-thriving Gulu District branch of the Uganda National Association of the Deaf, Grace and several other members were selected to be trained as behavior change agents among their peers. A mapping exercise was also conducted that identified 104 deaf people within three pioneering sub-counties to be reached with information and sensitization messages.

Thus far, with NUMAT's support, Grace has reached 20 deaf members in her sub-county and contributed to sensitizing 45 volunteers who teach other deaf women about critical HIV issues including counseling and testing and prevention of mother-to-child transmission, and referring them for services at hospitals and health centers. She also works as a sign language instructor to improve the communication skills of deaf women. In addition, Grace sensitizes community volunteers in other sub-counties to reach out to their own deaf communities about HIV, as well as issues surrounding the problems of sexual and gender-based violence, and TB.



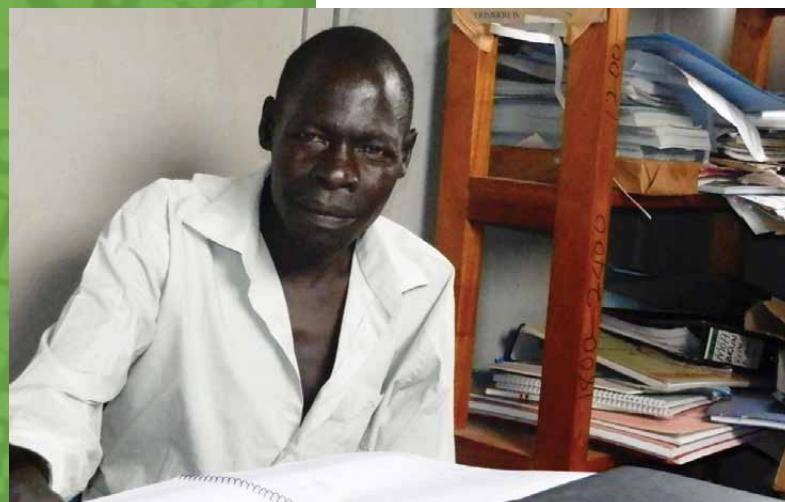
As a result of Grace's efforts, deaf women in Gulu-area communities are now speaking up about issues that affect them, and have caught the interest of other humanitarian organizations working in the region to support their cause. Her work, however, is not without its challenges. "Reaching deaf people outside the camps is very difficult as homes are scattered and far from one another," says Grace. Remarried now and raising nine children, Grace has many responsibilities; however, she will not be deterred. "My goal in life is to make sure that all deaf people can protect themselves and their families from HIV."



## LIVING POSITIVELY TOGETHER

*NUMAT increases people's access to prevention, care, and support services*

**D**ickens Alyao—a NUMAT-trained network support agent (NSA)—is no stranger to the fear and uncertainty associated with HIV: ten years ago, he tested positive while on active duty in the military. Today, at 47, Dickens—a father of six children (all of whom are HIV-negative)—is an NSA leader active in both his community in Aloi sub-county and the nearby Alebtong Health Center IV in Alebtong District.



*Dickens Alyao, NUMAT-trained network support agent.*

Throughout the project, NUMAT worked to strengthen linkages between health clinics and communities by training NSAs like Alyao. Network support agents raise community awareness and support people through testing, diagnosis, treatment, and follow-up care in their communities. NUMAT utilized these volunteers—seconded at health facilities—to be the link between communities and service providers. In addition, they were equipped with skills that helped them provide information on ART treatment and improve adherence, refer fellow PLHIV for medical attention, promote prevention among positives and the general community, fight stigma, and advocate for more services for PLHIV.

"I came back to Lira in 2004 and organized a small support group for 27 HIV-positive people. But this was before NUMAT and we could only advise people about living with HIV," says Alyao. "There were no drugs [for treatment] and no health services available in our area. Now, people can be tested and drugs are available. When people started coming back after the conflict stopped in 2006, we knew we had to tell the community about HIV and we were very happy that NUMAT could support us. Today, 818 members are active in our network and 2,274 clients receive HIV treatment from Alebtong Health Center IV.

"Because of NUMAT, we are well-trained in counseling and referrals, and people trust us. When we speak to communities, we introduce ourselves as people living with HIV, we tell them why it is important to get tested, that there is treatment available, and how we are living positively with the virus. When they come to the health facility, we are there and that makes them feel comfortable. We counsel them about the test and the drugs. The female NSAs speak side-by-side with health workers to pregnant women about prevention-of-mother-to-child transmission. If we need to, we see them in their homes. Other roles I perform are mobilizing clients for CD4 blood sample donation and giving people their results; preparing eligible clients for ART through adherence counseling; and help in dispensing ARV refills for clients."

However Alyao faces challenges in his day-to-day work in the ART clinic. Clinic days are Tuesday, Thursday, and Friday at the facility, which is the only health center currently providing ART in the new district. Therefore, the number of clients has doubled from 1,100 to 2,274. The facility also serves clients from neighboring districts that cannot easily be followed up, so there is a need to train more NSAs to support the many people who come to the clinic seeking treatment.



To date, 190 NUMAT-trained NSAs like Alyao are assisting PLHIV in rural Northern Uganda manage and live well with HIV.

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



## YOUTH CENTER HELPS OPEN DIALOGUE AROUND HIV

**N**ineteen-year-old Lucy Apio first visited the Gulu Youth Center (GYC) in December 2007. Prior to her involvement, she didn't know much about HIV and AIDS, or other issues related to sexuality since her grandmother, who acted as her primary caregiver, was uncomfortable talking about such topics.



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

***– Lucy Apio, 19, Peer Educator,  
Gulu Youth Center***

The Gulu Youth Center is a well-established local organization located in Gulu providing various services to youth. NUMAT sub-contracted GYC to target youth within Gulu District with prevention messages and HIV counseling and testing.

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

Today, Lucy feels more self assured and confident about her ability to protect herself and has changed her attitude towards people living with HIV. She attributes her negative status to the GYC activities and is now a behavior change agent in her community. In this role, she openly talks to her peers about HIV and AIDS, and how to live responsibly. "I want to go to every corner until the last young person in my community knows about HIV and how they can protect themselves."



*HIV counseling and testing outreach for youth conducted by Gulu Youth Center staff.*

During the three-year partnership between NUMAT and GYC, more than 10,000 youth were tested (58% female and 42% male). A large majority was aged between 15 and 24 years old, though almost 20% were below 15 years. Cumulatively, 3% of those who tested were found to be HIV-positive and referred for further care.



# USING DRAMA TO PROMOTE HIV EDUCATION AND TESTING .....

**T**o help address the low uptake of HIV counseling and testing services and demystify misconceptions and cultural barriers related to HIV, the Gwokkwoni drama group in Koch Goma Health Center III was formed by community members to educate people about HIV through entertainment. Its 25 members are all affected by HIV: many are HIV-positive and others are HIV widows or the children of people living with HIV. Because their lives have been personally touched by the disease, they banded together to promote HIV prevention through drama and music.



*Members of the Gwokkwoni drama group performing.*

Drama has the power to engage people, but bringing people together to hear about HIV isn't always easy. In response, the Gwokkwoni group developed a unique three-pronged approach to community mobilization. Once the performance location is selected, a letter is sent to local leadership asking for assistance in spreading the word about the upcoming show. Upon arrival in the area, drumming, singing, and dance are used to draw people to the location of the play. As the troupe arrives, they sing, drum, whistle, and play the music of an awal—a traditional instrument made from a calabash gourd. The group members, dressed in brightly striped red fabric, continue to sing and begin to dance. The excitement and enthusiastic sounds and movement alert the village that something special is happening.



The play itself conveys information about HIV and the plot often focuses on an infected person who becomes ill, tests HIV-positive, and learns to live with the disease. The story is both touching and humorous, as women enact male roles. As the story unravels, the audience reacts with interest, both laughing and gasping in shock. Once the performance ends, the drama troupe engages the audience in discussion about the issues raised by the play. Many people from the audience disclosed their HIV status while others asked for HIV testing and condoms. The group members are equipped to refer people to access services at local health facilities.



A typical turnout for these performances can be upwards of 200 people. Community members are drawn in through the mobilization efforts and remain for the play and discussion which further their knowledge of HIV and increase the demand for and utilization of health services.

"I will go home and tell others to test for HIV," said a woman watching a recent drama performance. "They should also test for malaria if they are sick."

Support for group members, and for people living with HIV within local communities, is another goal of the theater troupe. In a recent performance, a young woman disclosed her HIV-positive status and asked for advice in dealing with village discrimination. Both the drama troupe and some HIV-positive audience members offered advice and support. "The group has made me strong," said another troupe member. "It has given me hope to live because I used to feel very, very low. When the group goes out and talks to people, I change my attitude and feel better. I feel some hope."

The Gwokkwoni drama group has helped increase the demand for testing in Koch Goma Health Center III by 40% since 2009. In addition, NUMAT facilitates the transport costs of the group as they travel throughout the region, which enables them to reach remote villages with their HIV prevention messages.





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