

# Health, Nutrition and HIV/AIDS Cluster in Uganda

## Uganda Health, Nutrition & HIV/AIDS Cluster retreat.



## Summary Report



March 2008

## Background

The Health, Nutrition and HIV/AIDS cluster conducted a one-day retreat on Friday 14<sup>th</sup> March 2008. The retreat which took place in Raidar Hotel in Seeta, Kampala was attended by cluster members drawn from government, NGOs, CBOs and UN agencies at the district and national levels. The objectives and expected outcomes of the retreat were as follows:

## Objectives

1. To review cluster achievements in 2007 with a view to using the lessons learned to improve cluster activities in 2008
2. To brainstorm on key and current health issues in northern Uganda:
3. Health recovery vis-a-vis the PRDP and the parish approach
4. VHT concept, issues, challenges and way forward
5. To brainstorm on the strategic direction and plan for the cluster in the coming months in view of the changing humanitarian context in northern
6. To discuss and agree upon important management issues within the cluster.

## Expected Outcomes

1. Better and common understanding of PRDP, parish approach and health recovery and the implications of these for the health sector of northern Uganda
2. Common understanding of the VHT concept and agree on modalities for scaling up the concept in northern Uganda and Karamoja
3. Reach consensus on the development of a comprehensive and costed health, nutrition and HIV/AIDS recovery plan for northern Uganda and Karamoja (What should the plan contain, timelines for finalizing the plan, linkages between plan the development of the district)
4. Draft cluster strategic plan for 2008 including exist strategy. Opening remarks by

Below are highlights of the proceedings of the retreat according to agenda items:

### Agenda 1: Opening ceremony by Head of OCHA and WHO Representative

The WR Dr. George Melville welcomed the cluster members to the retreat and observed that the Cluster has matured. "The Cluster has made good progress including development of partnerships within the clusters, publishing of a cluster newsletter, annual reports and strategies. The Cluster has also shown good results through effective response to recent outbreaks of Marburg and Ebola and emergency flood response. This is a good success to build on for the future" said Dr. George Melville. He also said that recovery is a challenge that lies ahead of the cluster in 2008. He said that the objectives of PRDP can be achieved through the work of the cluster partners. He went on to say that the health systems approach is important and should ensure that whatever is put in place is of good quality. Health workers should aim at saving lives and this is only possible if we are mindful of quality. He stressed the importance of involving the district authorities in health recovery saying that in the past this linkage had difficulties. He concluded by urging all cluster partners to do more and work together with the VHT strategy in an integrated manner to avoid duplication in order to maximize results and that WHO is working with MoH and other partners to ensure that we have a comprehensive recovery plan.



WR Dr. George Melville addressing the cluster members before the official opening of the retreat



The Head OCHA Mr. Tim Pit addressing the Health, Nutrition and HIV/AIDS cluster minutes before he declared the ceremony opened.

The Head of OCHA Mr. Tim Pit while officially declaring the retreat open said that OCHA is enthusiastic about recovery

in Northern Uganda and that partners are here to plan ways to ensure that the Health cluster has one of the best representations in the overall recovery in northern Uganda and contribute to improved implementation. He said that the PRDP presents many challenges especially in coordination and resources mobilization and wondered how we shall recruit, maintain and sustain health staff in rural areas. "The parish approach was intended to target communities at the parish level as opposed to the camps. This is also an opportunity for humanitarian funding to be adapted to the immediate needs of the districts" said Mr. Tim Pit. He further said that in Karamoja indicators are still at emergency level and that it may be better to think of a regional approach to coordination in the region as opposed to individual district coordination strategy. He went to say that Karamoja needs sustained interventions in relations to MDGs. He was thankful to WR for providing leadership for the health cluster as he declared the workshop officially opened.

### **Agenda 2: Retreat objectives and expected outcome**

Dr. Olu highlighted the retreat objectives and expected outcomes as above

### **Agenda 3: Overview of the cluster strategy, work plan and activities in 2007 and way forward for 2008**

Dr. Michael Lukwiya took the cluster through achievements and lessons learned in 2007. He highlighted some of the cluster achievements as; improved coordination, revision of cluster strategic documents and work plan for 2007, establishment of cluster website and google group, conduction of monthly cluster and working group meetings, development and implementation of contingency plans for various case scenarios and organization of a cluster capacity building workshop among other achievements. He also said that the cluster has been able to improve information dissemination and sharing among members, develop, review and agree on monthly cluster reporting format (see annex for presentations)

**Agenda 4: Panel discussion on Health Recovery, PRDP and implementation of parish approach in Northern Uganda** (Dr. Bagambisa - MoH, Dr.Talamoi - DHO Kotido, Rachael Scotts – UNOCHA, Ms. Pamela Komujuni – OPM, Dr. Emmanuel Obura-NPO/HAC WHO Lira, and Dr. Emer Matthew DHO-Apac and Dr. Peter Kusolo, DHO-Lira )

### **Key issues**

- Government of Uganda is committed to health recovery in northern Uganda and will focus on PRDP in the next financial year, an appeal has been made to that effect.
- PRDP districts will each receive additional UGShs.10 million.
- The Ministry of health has 6bn UGX for drugs, which will be at the central level this financial year but will be decentralized in the coming years.
- 5bn UGX meant for recruitment of staff in the new structure is available; districts can use this opportunity to reinforce their staff.
- Fiscal Decentralization Strategy has provided for 50% flexibility on unconditional grants which has been going on well.
- All partners and districts requested to ensure that all funds for health are captured in one plan.
- The DHT will be reinforced and strengthened to do their role. The normal systems for health delivery and coordination should be reestablished.
- Partners should refrain from carrying out activities that are not sustainable and districts should be careful on interventions.
- Human Resources for Health is key especially in terms of numbers and competencies at the district level.
- Management skills are also lacking at all levels hence a need to put emphasis on support systems which are necessary for effective human resource performance
- MoH to introduce a monitoring, supervision and budgeting tools
- OPM asked to improve coordination of cross cutting issues.
- Parish approach exists because the risk has reduced but vulnerability remains high.
- Due to staffing problems in Karamoja an appeal to permit the districts to target the funding for Human Resource Development was made.

- A concern that Health may not compete favorably with other sectors like roads was raised and that the sectors risks losing funds from the 50% flexibility permitted under the Fiscal Decentralization Strategy of the Local government
- Staff absenteeism is a issue that needs to be addressed in northern Uganda
- MOF is in the process of compiling government inputs into PRDP
- Percentage of parishes with HC II is still low in northern Uganda (50% on the average), it maybe unrealistic to achieve a 100% in the short-term
- MOH is in the process of reviewing the HSSP II so that location of HC II will now be based on population figure and not administrative area
- Although health staffing levels have improved in northern Uganda as a result of the recent incentive scheme, retention of this staffs is a major challenge
- Insufficient allocation of funds for recovery in Karamoja and Northern Uganda has been observed
- Support for staff houses are not being mentioned in the plans in all hard to reach areas
- DHOs could provide a template of the budget to be filled by the partners.
- Districts experiencing extreme problems in terms of capacity, this could be affecting their recovery

#### Action Points

- NGOs should strive to build the capacity building of existing government structures to function better
- Need for all partners to implement recovery activities based on established government systems for early recovery
- Partners to work with government to ensure that all resources in the district are declared to the district to avoid duplication.
- Due to the chronic emergency in Karamoja region there is need to conduct situation analysis of the existing gaps
- Districts should ensure that there are no excess staff on the pay rolls and those without District service commissions should borrow the services of those in neighboring districts to assist in recruitment of staff
- NGOs should coordinate with training schools and district service commission to support the districts.
- The government structures should ensure that meetings are organized at all levels to coordinate health activities
- Districts should capture budget and off budget funding including those from NGO partners.
- The DHOs should convince the district councils to allocate funding for health programmes.
- The office of the CAO, DHO and personnel should work together to address the issue of staff absenteeism

#### Agenda 5: Development of 2008 work plan and strategy (4groups namely Health, Nutrition, HIV/AIDS and Karamoja)

Cluster members developed 2008 work plans and strategies for the Health, Nutrition, HIV/AIDS and Karamoja regions. Some of the strategies developed include; Meetings with all health stakeholders, Joint Interagency , Planning, monitoring and evaluation of all health programmes, capacity building of Health, Nutrition and HIV cluster as well as government, dissemination of recent scientific publications and international/national guidelines and advocate for more support and resources towards health programmes and interventions in Karamoja. For detailed work plans and strategies refer to annex 2 for details.

**Agenda 6: Panel discussion on VHT concept: Issues, challenges, implications for changing humanitarian context in Northern Uganda and way forward.** (Dr.Solomon Fisseha WHO-Gulu, Innocent Komakech WHO-Pader, Dr.Onek Paul DHO-Gulu, Dr. Eric Alain Ategbo UNICEF-Kampala, Dr.Kaggwa Paul MOH-Kampala)

#### Key Issues

- The VHTs approach is recommended in HSSP 1 to bridge the gap between the health facilities and the house holds.
- VHTs concept has been adopted as a policy of government for reaching out to the communities in a coordinated manner therefore short comings in the program should be addressed as they arise.
- Motivation, supervision and sustainability of VHTs are critical challenges that need to be addressed
- There are concerns that VHTs are overloaded with work and the need to streamline their activities. Can 1 VHT member be expected to perform all roles?
- There were also concerns in whether the VHTs should be dispensing of antibiotics
- Lack of uniformity of incentives provided by various partners to VHTs is also a major issue
- Different studies have documented significant improvement in health sector as measured by infant & under 5 years mortality in regions using Community Health Workers
- The use of local health workers for training and supervision of VHT is key
- Most VHTs are not asking for money during all implementation activities but there is a consistent argument among partners for incentives.
- There is need to refrain from inciting the VHTs to demand for financial benefits
- Reporting format stop at health centre levels making collection of reports from the community problematic.

#### **Action Points**

- Explore the possibility of VHTs carrying out activities on part time basis.
- Strengthen supervision and incentives for VHTs and make them uniform as many Health units have difficulties in carrying out supervision.
- Harmonize VHT training packages both basic and refresher trainings
- DHOs should play a gatekeeper role in harmonization of VHT implementation.
- The DHOs should focus VHT interventions to priority community health programs
- Districts asked to budget for trainings and supervision of VHTs in their work plan
- Districts should closely coordinate incentives provided to the VHTs and ensure uniformity and equity in the approach
- VHTs should be controlled on the amounts of drugs that is available for their use and strengthen their referral role
- Sub counties and communities should participate and own the VHT program.
- There is need to develop supervisory tools and other job aid for VHTs
- Explore the possibility for a basket fund at district level to support incentive schemes for
- Share VHT performance reports with the communities and VHTs themselves

#### **Way forward**

- Strong government participation and support in cluster and Working group coordination is vital for the success of PRDP.
- Adapt a health system based approach in the next stage of programme implementation.
- Health, Nutrition and HI/AIDS cluster members should harmonize data collection with the HMIS/IDSR systems of government.
- Build capacity of local staff so as to enable them manage activities in the absence of humanitarian partners during transition and early recovery.
- Partners urged to increase presence in Karamoja as the humanitarian situation in Acholi and Lango regions improves.
- Need for the development of a comprehensive health recovery plan for Northern Uganda as a tool for donor resource mobilization. It was agreed that this should be concluded by the end of April 2008
- The field cluster should provide a mailing list that would be incorporated into the existing one for all members to always receive or send out information.
- The next edition of the cluster news letter will soon commence.
- Partners should contribute cluster information for the website
- Explore a possibility of shooting and producing a joint cluster documentary

## Annex 1. Objectives and Outcome of Retreat

### Retreat Objectives

- To review cluster achievements in 2007 with a view to using the lesson learned to improve cluster activities in 2008
- To brainstorm on key and current health issues in northern Uganda:
  - Health recovery vis-à-vis the PRDP and the parish approach
  - VHT concept, issues, challenges and way forward
- To brainstorm on the strategic direction and plan for the cluster in the coming months in view of the changing humanitarian context in northern Uganda
- To discuss and agree upon important management issues within the cluster

### Expected Outcome of Retreat

- Better and common understanding of PRDP, parish approach and health recovery and the implications of these for the health sector of northern Uganda
- Common understanding of the VHT concept and agree on modalities for scaling up the concept in northern Uganda and Karamoja
- Reach consensus on the development of a comprehensive and costed health, nutrition and HIV/AIDS recovery plan for northern Uganda and Karamoja (what should the plan contain, timeline for finalizing the plan, linkages between plan the development plan of the district)
- Draft cluster strategic plan for 2008 including exit strategy

### Ground Rules

- Active participation of all participant is crucial
- Keep to time
- Keep to the point
- Kindly put mobile phones in silence & step out to receive or make calls

### Key Issues for Discussion on PRDP

- What does PRDP/health recovery in NU entail?
- What is needed for effective health recovery in NU?
  - How do we plan for health recovery in NU?
    - What should the plan contain?
    - How do we ensure that PRDP/health recovery is included in the budget process & district plans for 2008/09?
    - Which funding mechanisms for the PRDP/health recovery?
  - How do we ensure smooth transition from humanitarian to development coordination mechanism?
  - How do we address information gaps?
- What will be the exit strategy for humanitarian response?
- What are the linkages between KIDDP and PRDP?

### Lessons Learned from Health Recovery in Uganda

- Health recovery is a continuum from humanitarian to development phases
- Government commitment & leadership at all levels is critical to effective health recovery
- Implementation of health recovery activities requires cluster & sector collaboration
- Synchronization with other sectors is essential
- Need for consensus from all stakeholders in health (wide consultations) including private sector
- Detailed & costed plans, priorities & options needed to effectively strengthen disrupted health systems

### 2008 Cluster Plan Development I

- There will be 4 groups namely health, nutrition, HIV/AIDS & Karamoja
- Group work will be for 90mins (1130-1300hrs)
- Each group will have 15mins each to present & field questions & comments
- Computers will be provided for each group, so kindly type your work
- You can work over lunch if you wish

### 2008 Cluster Plan Development II

- 2008 cluster plan will be a strategic plan & not operational plan
- The following are expected from H+N+HA groups:
  - List strategies that will ensure effective recovery in their area of concern
  - Identify activities they wish to implement in line with cluster TOR within their areas of concern
  - Highlight a few exit strategies for the cluster
- The Karamoja group is expected to the following:
  - Identify key strategies to improve health, nutrition & HIV/AIDS service delivery in Karamoja
  - Identify activities they wish to implement in line with cluster TOR within their areas of concern
  - Highlight a few exit strategies for the cluster
- Please ensure that you identify realistic strategies & plans

## Annex 2. Overview of the Cluster Achievements in 2007

### Health, Nutrition & HIV/AIDS Cluster- Uganda

#### activities & way forward for 2008

March 2008

#### Cluster missions statement in 2007

- Provide leadership in emergency preparedness, response and recovery to prevent and reduce emergency-related morbidity and mortality
- Ensure evidence-based actions, gap filling and sound coordination; and enhance accountability, predictability and effectiveness of humanitarian health actions in Uganda.

#### Achievements in 2007

- Improved coordination
  - Revised cluster strategic documents and work plan for 2007 ✓
  - Established a cluster web and google group ✓
  - Develop cluster code of conduct document ±
  - Organized monthly cluster and working group meetings ✓
  - Developed and implemented contingency plans for various case scenarios as required ✓
  - Reviewed CAP 2007 and developed CAP 2008. ✓
- Ensure timely identification and filling of gaps in emergency
  - Adapt rapid health assessment tools ±
  - Conduct rapid health assessment ✓

#### Achievements in 2007

- Supervise, monitor & evaluate cluster performance against the 2007 CAP
  - Identified and agreed on sets of indicators to monitor cluster performance ✓
  - Conduct joint supervision and monitoring visit ×
  - Bi annual review of cluster progress based on indicators agreed upon ×
  - Update 3W format on quarterly basis ✓
  - Write cluster annual performance report –on going
- Build capacity & skills of cluster members & partners on important health & coordination topics
  - Identify generic training needs of the cluster ✓
  - Organize and conduct training of cluster members ✓

#### Achievements in 2007

- Improve information dissemination & sharing among members
  - Develop, review & agree on monthly cluster reporting format & channel ✓
  - Write monthly cluster report for submission to WR & HC ✓
  - Initiate quarterly production & distribution of H, N & HA cluster newsletter ✓
  - Establishment of reference library in field offices ✓
- Advocacy and resource mobilization
  - Attend humanitarian donor meeting as invited by OCHA ✓
  - Develop joint programme & proposal for emergency response in Karamoja ✓

#### Conclusion & Lessons learnt

- The cluster has improved coordination and information sharing at all levels,
- Government participation has been cold in most cases. Government has recognized & commended & always supported positions taken by the cluster.
- Through the cluster coordination mechanism, response to humanitarian emergencies through out the country have improved.
- Joint monitoring & evaluation of cluster activities did not take place as planned.

#### Conclusion & Lessons learnt

- Implementations of cluster activities over the last 3 yrs have resulted into improved health status of the population in Acholi and Lango sub-regions. Sudden cessation of activities as people move from IDP camps to original home of origin has equally resulted into deterioration of the health status of the population
- Response to humanitarian crisis in Karamoja region has not been as robust as that of Acholi and Lango region.

#### Recommendations

- As we exit from the cluster coordination mechanism and move towards the working group coordination mechanism strong government participation and support of the government by the cluster is paramount
- Need to adapt a health system based approach in the next stage of programme implementation
- Data collected by cluster member which did not hitherto enter the normal government HMIS/IDSR systems be incorporated in one way or another into the government system.

### **Recommendations**

- As we move towards transition and early recovery, humanitarian partners are encouraged to build capacity of local staff so as to enable them manage activities in the absent of humanitarian partners
- Strategic objective 2 of PRDP takes about humanitarian assistance to IDP and those in transitional camps. We recommend that this assistance should also target return population especially in the early stages of return and as government establishes itself in return areas.

### **Recommendations**

- Similar efforts have not been realized in the neighboring region of Karamoja. As the humanitarian situation in Acholi and Lango regions improve, partners are advised to move to Karamoja.
- Need to conduct joint monitoring and evaluation of cluster activities

**Annex 3: Strategies for the Health, Nutrition, HIV/AIDS and Karamoja Regions**

Objectives	Strategies & Activities
<p><b>HIV/AIDS</b></p> <p>Improve coordination of HIV/AIDS in NU &amp; Karamoja</p>	<ul style="list-style-type: none"> <li>• <b>Organise meetings</b></li> <li>• Establish, operationalize, strengthen coordination structures at all levels</li> <li>• Support districts to develop HIV/AIDS strategic plans and strengthen district planning units (equipment etc)</li> <li>• Support improvement of info sharing</li> <li>• Develop linkages and coordinate all HIV/AIDS in NACAES districts</li> <li>• Monitor and capture VHT's reports</li> <li>• Support and harmonize activities</li> <li>• Joint planning, monitoring and support supervision</li> <li>• Create linkages between the technical and political at district and lower level</li> <li>• Introduce the AIDS Competence strategy (SALT- Support Accompanied Learn Level and transfer of knowledge)</li> <li>• Support establishments and strengthening of PLWHAs networks and associations</li> </ul>
<p>Ensure timely identification and filling of gaps in emergency HIV/AIDS response in NU &amp; Karamoja</p>	<ul style="list-style-type: none"> <li>• <b>Capacity building and stock plans</b></li> <li>• Assessment</li> <li>• Training to upgrade existing Staff</li> <li>• Scaling up (HR in terms of quantity and Skills)</li> <li>• Out reach</li> <li>• Support task shifting</li> <li>• Strengthen Supply chains to address stock out Problems</li> <li>• Accelerate recruitment where vacancies exit</li> <li>• Inclusion of Neglected topics e.g. Post Exposure Prophylaxis and Psychosocial support</li> <li>• Establishment /introduction and scale up of youth services, OVC, Ex child soldiers, returnees, women, transactional sex workers, uniformed forces</li> </ul>
<p>Supervise, monitor &amp; evaluate cluster performance against the 2008 CAP</p>	<ul style="list-style-type: none"> <li>• <b>A standardized M&amp;E framework and tool,</b></li> <li>• <b>Joint Interagency , Planning, monitoring and evaluation</b></li> <li>• Capacity building in M &amp; E</li> <li>• Monitor and capture VHTs reports</li> <li>• Joint Planning, monitoring and support supervision</li> <li>• Support and harmonize activities to ensure harmony and vibrancy HIV&amp;AIDS activities of IDPs in return areas</li> </ul>
<p>Build capacity &amp; skills of cluster members &amp; partners on important health &amp; coordination topics</p>	<ul style="list-style-type: none"> <li>• <b>Orientation meetings, procurement plans, trainings</b></li> <li>• Popularize and Operationalize guidelines for Task Shifting</li> <li>• Strengthen District Planning Units (Equipment, personnel and materials)</li> <li>• Introduce the AIDS competence Strategy (SALT support accompanied learn and transfer of Knowledge)</li> <li>• Support capacity building of civil society</li> </ul>
<p>Planning &amp; strategy development</p>	<ul style="list-style-type: none"> <li>• <b>Meetings</b></li> <li>• Include HIV&amp;AIDS into development Plans and Budgets</li> <li>• Integrate HIV&amp;AIDS into RH</li> <li>• Integrate HIV&amp;AIDS into Other Clusters and District Sector working Groups</li> <li>• Support Districts to develop strategic Plans</li> </ul>
<p>Emergency Preparedness &amp; Response</p>	<ul style="list-style-type: none"> <li>• <b>Plans</b></li> <li>• Infrastructure development                             <ul style="list-style-type: none"> <li>○ Remodeling</li> <li>○ Renovation</li> <li>○ Construction</li> <li>○ Equipment (laboratory, theater equipment for monitoring surgeries and other medical equipment)</li> </ul> </li> </ul>
<p>Linkage with cross cutting issues/cluster e.g. gender, human</p>	<ul style="list-style-type: none"> <li>• <b>Meetings, plans</b></li> <li>• Create linkages between the technical and political personnel at district and lower levels.</li> </ul>
<p><b>HIV/AIDS</b></p> <p>Improve information dissemination &amp; sharing among members</p>	<ul style="list-style-type: none"> <li>• <b>Planning, meetings</b></li> <li>• Information and service delivery: Sharing of best Practices from partners about youth services, OVC, Ex child soldiers, returnees, women, transactional sex workers, uniformed forces</li> <li>• Support improvement of information sharing (Staffing, equipment, data collection, and reporting and feedback)</li> <li>• Develop linkages and coordinate all HIV&amp;AIDS initiatives in NACAES districts( e.g. Irish Aid Support through MOLG)</li> <li>• Conduct research on specific issues pertaining to return and HIV/AIDS</li> <li>• Update Service Availability Mapping (SAM) in resettlement areas</li> </ul>

Objectives	Strategies & Activities
	<ul style="list-style-type: none"> <li>o Asses current situation</li> <li>o Identify gaps</li> <li>o Document and disseminate lessons learnt</li> </ul>
Advocacy and resource mobilization	<ul style="list-style-type: none"> <li>• Procurement plans, meetings</li> <li>• Logistics for transport (vehicles, motorcycles, bicycles, improvement of access road bottle necks, solar and fridges)</li> <li>• Facilitate district specific resource tracking</li> </ul>
<b>Nutrition</b>	
To strengthen the capacity of the government to address malnutrition Management of malnutrition	<ul style="list-style-type: none"> <li>• Strengthen screening and referral system,</li> <li>• Promote adequate and appropriate feeding practices -</li> </ul>
To Strengthen coordination of interventions in the districts	<ul style="list-style-type: none"> <li>• Establish sector working groups and improve monitoring and supervision capacity of the district-</li> </ul>
To strengthen linkage between food security cluster and Health, Nutrition & HIV/AIDS cluster and between the 2 working groups of the Health, Nutrition and HIV/AIDS	<ul style="list-style-type: none"> <li>• Ensure representation in other working group</li> <li>• Identify a focal person for nutrition,-</li> </ul>
To Continuously update cluster members in the field of nutrition	Dissemination of recent scientific publication and international/national guidelines Training/workshops of Cluster partners
<b>Karamoja</b>	
To improve Nutrition in Karamoja	<ul style="list-style-type: none"> <li>• Advocate with more partners for resources to support nutritional interventions in Karamoja,</li> <li>• Strengthen districts capacity on management of malnutrition cases</li> <li>• Strengthen synergies between WFP and FAO for food security interventions</li> </ul>

**Annex 4 List of Participants for the Health, Nutrition and HIV/AIDS Cluster Retreat Ridar Hotel, 14/3/2008**

No.	Name	Organization	Designation	Tel.	Email address
1.	Uma Palaniappan	ACF	Medical & Nutrition Coordinator	0782 255238	<a href="mailto:acfugmedco@iwayafrica.com">acfugmedco@iwayafrica.com</a>
2.	Nyakaisiki Rose	ADWCD	Director	0772 489 443	<a href="mailto:adwcd@yahoo.com">adwcd@yahoo.com</a>
3.	Luboobi George	AMICAALL	IDO	0772 461 017	<a href="mailto:gluboobi@yahoo.co.uk">gluboobi@yahoo.co.uk</a>
4.	Dr. E. Mulwani	Amuru DLG	DHO	0772 930 244	<a href="mailto:mulwanierisu@yahoo.co.uk">mulwanierisu@yahoo.co.uk</a>
5.	Dr. Emer Matthew	Apac DLG	DHO	0772 406 695	<a href="mailto:emermateo@yahoo.com">emermateo@yahoo.com</a>
6.	Ilona Varallyay	AVSI-Gulu	Public Health Officer	0782 199 333	<a href="mailto:ilona.varallyay@avsi.org">ilona.varallyay@avsi.org</a>
7.	Florencia Gonzalez	AVSI-Gulu	Public Health Officer	0777 165 415	<a href="mailto:Florencia.gonzalez@avsi.org">Florencia.gonzalez@avsi.org</a>
8.	Juliet Nakawuka	CCF-Uganda	Project Coordinator	0712 508033	<a href="mailto:Jnakawuka2006@yahoo.com">Jnakawuka2006@yahoo.com</a>
9.	Silvia Gonzi	CESVI	Medical Officer	0774 266631	<a href="mailto:cesviuganda@infocom.co.ug">cesviuganda@infocom.co.ug</a>
10.	Mbojana Lilian	CESVI	Communications Officer	0772 323 860	<a href="mailto:cesviuganda@infocom.co.ug">cesviuganda@infocom.co.ug</a>
11.	Pado Giambelli	CUAMM	CR	0752 691910	<a href="mailto:p.giambelli@cuamm.org">p.giambelli@cuamm.org</a>
12.	Bertha Ojany	GOAL	PH Coordinator	0753 048 944	<a href="mailto:phc@goaluganda.com">phc@goaluganda.com</a>
13.	Dr. Onek A.P	Gulu DLG	DHO	0772 602 947	<a href="mailto:Onek17paul@yahoo.com">Onek17paul@yahoo.com</a>
14.	Oloja Stephen	Gulu DLG	For CAO	0772 592 231	<a href="mailto:oljasteve@yahoo.com">oljasteve@yahoo.com</a>
15.	Adoch Winifred	IOM	HIV&AIDS Project Asst.	0772 592 467	<a href="mailto:wadoch@iom.int">wadoch@iom.int</a>
16.	Dr. Lilian Kiapilwa	IRC	Health Coordinator	0772 774597	<a href="mailto:liliank@uganda.the.irc.org">liliank@uganda.the.irc.org</a>
17.	Dr.kanyike	Kaabong DLG	DHO	0774 331993	<a href="mailto:knyikeb@yahoo.com">knyikeb@yahoo.com</a>
18.	Dr.Olwedo Alex	KDLG	DHO	0772 959647	<a href="mailto:aolwedo@yahoo.com">aolwedo@yahoo.com</a>
19.	Dr.Okio Talamoi	Kotido DLG	DHO	0772381451	<a href="mailto:otalama@yahoo.co.uk">otalama@yahoo.co.uk</a>
20.	Dr. P.M. Kusolo	Lira DLG	DHO	0782 726299	<a href="mailto:peterkusolo@yahoo.com">peterkusolo@yahoo.com</a>
21.	Michelle	Medair	Deputy Country Director	0773 733 303	<a href="mailto:dcd-uganda@medair.org">dcd-uganda@medair.org</a>
22.	Okello Jasper	Medical team international	Health Coordinator	0782 329487	<a href="mailto:jaspokello@yahoo.co.uk">jaspokello@yahoo.co.uk</a>
23.	Alain Homsy	MERLIN	Country Director	0773 161 780	<a href="mailto:alain.omsy@merlain.org.uk">alain.omsy@merlain.org.uk</a>
24.	Dr. George Bagambisa	MoH	ACHS(P)	0752772258	<a href="mailto:gbagambisa@yahoo.com">gbagambisa@yahoo.com</a>
25.	Koryang Timothy	Moroto	CAO/SAS	0772 845 080	<a href="mailto:koryangtimothy@yahoo.co.uk">koryangtimothy@yahoo.co.uk</a>
26.	Dr. Ebele Omere Micheal	Moroto DLG	DHO	0772 459 050	-
27.	Dr. Chenbel Umuloni	MSF- France	Medical Officer	0772 708 012	<a href="mailto:msff-kampala-medco@paris.msf.org">msff-kampala-medco@paris.msf.org</a>
28.	Mwirumubi J	NAPHOFANU	First aid	0772 495 093	<a href="mailto:jane-mwirumubi@yahoo.co.uk">jane-mwirumubi@yahoo.co.uk</a>
29.	Beatrice Lakot	OCHA	-	0772 760 005	<a href="mailto:lakot@uh.org">lakot@uh.org</a>
30.	Rachel Scott	OCHA	-	0772 760 002	<a href="mailto:scotrachel@uh.org">scotrachel@uh.org</a>
31.	Pamela Komujuni	OPM	DMO	0782 730 186	<a href="mailto:pamqumis@yahoo.com">pamqumis@yahoo.com</a>
32.	Dr. V. Owiny	Oyam DLG	DHO	0772 614 641	<a href="mailto:vowiny@yahoo.com">vowiny@yahoo.com</a>
33.	Sarah Mbabazi	PSI/U	HIV Services Manager	0772 948 097	<a href="mailto:smbabazi@psiu.co.ug">smbabazi@psiu.co.ug</a>
34.	N.G.Watiti	TASO	Deputy Director Adv.	0782 396 451	<a href="mailto:watitin@tasouganda.org">watitin@tasouganda.org</a>

No.	Name	Organization	Designation	Tel.	Email address
35	Edward Were	UAC	DMO	0392 961 230	<a href="mailto:emwere@uac.go.ug">emwere@uac.go.ug</a>
36	Ajilong Pauline	UAC	-	0754 561 426	<a href="mailto:pauline@uac.go.ug">pauline@uac.go.ug</a>
37	Primo Madra	UNFPA	NPO	0772615 482	<a href="mailto:madra@unfpa.org">madra@unfpa.org</a>
38	Rachel Goldstein	UNFPA	HOSO-Gulu	0774 828 024	<a href="mailto:goldstein@unfpa.org">goldstein@unfpa.org</a>
39	Dr. Rukia M. Alli	UNHCR	Health & Nutrition Coordinator	0775 442 733	<a href="mailto:alli@unhcr.org">alli@unhcr.org</a>
40	Eric Alain Ategbo	UNICEF	Nutrition Specialist	0773 142 274	<a href="mailto:eategbo@unicef.org">eategbo@unicef.org</a>
41	Brenda Kajura Muwanga	UNICEF	Nutritionist	0772 449 545	-
42	Dr. Eva Kabwongera	UNICEF	HPO	0772 595 658	-
43	Dorothy N. Bushara	UNWFP	SPA	0772 631 383	Dorothy.Nabiwemba- Bushara@wfp.org
44	Prosper Byonanebye	URCS	HIV Coordinator	0772 525 180	<a href="mailto:pbyonanebye@redcrossug.org">pbyonanebye@redcrossug.org</a>
45	Sarah Musisi	URCS	Coordinator		<a href="mailto:musisisarah@hotmail.com">musisisarah@hotmail.com</a>
46	Barbara N. Tembo	WFP	PO- Nutrition	0772 419 029	<a href="mailto:barbara.tembo@wfp.org">barbara.tembo@wfp.org</a>
47	Els Kodeo	WFP	Recovery Coordinator	0772 711 201	<a href="mailto:els.kodeo@wfp.org">els.kodeo@wfp.org</a>
48	Engwau Francis	WHO	NPO	0772 527 572	<a href="mailto:engwauf@ug.afro.who.int">engwauf@ug.afro.who.int</a>
49	Okot Charles	WHO	NPO	0772 721 975	<a href="mailto:okotc@ug.afro.who.int">okotc@ug.afro.who.int</a>
50	Dr. Ongom Moses	WHO	NPO-HAC	0772 721 981	<a href="mailto:ongomm@ug.afro.who.int">ongomm@ug.afro.who.int</a>
51	Dr. E.K Obura	WHO	NPO	0772 721 978	<a href="mailto:ekobura@hotmail.com">ekobura@hotmail.com</a>
52	Innocent Komakech	WHO	NPO	0772 721 961	<a href="mailto:innocentkomakech@yahoo.com">innocentkomakech@yahoo.com</a>
53	Solomon F	WHO	DUSO	0772 721 977	-

**Annex 5: Photo gallery**

National Professional Officer WHO Pader presents a paper on the VHT concept



Time to refresh: The Cluster coordinator Dr. Olu Olushayo with some of the cluster partners



Health working group developing a 2008 work plan and strategy



Karamoja region was given a special status, the group develops their 2008 work plan



HIV/AIDS group members participate in the group work



The Nutrition working group engaged in group work during the development of a plan



Cluster members realize out some stress



Dr. Olu the cluster coordinator participates in the HIV/AIDS plan development

