The Karamoja region in northern Uganda represented a unique challenge due to the poor health of its people and overall low development indices. Both the high levels of local insecurity and the nomadic lifestyle of the population in Karamoja has led to the area being neglected and marginalised from mainstream development efforts. Health and the health infrastructure in Karamoja is poor. Tuberculosis (TB) remains a major cause of morbidity and mortality among Ugandans and is the main cause of death in people living with HIV/AIDS. Karamoja has the lowest TB case detection rates in all of Uganda, which resulted in increased transmission, morbidity, and mortality.

The goal of this project was to reduce morbidity and mortality associated with TB in North Karamoja while sustaining the successes made to date in TB control in the wider Acholi region. The project targets were to increase the case detection rate for pulmonary TB to above 70 percent and to meet the World Health Organisation global target for treatment of 85 percent. Furthermore, the project intended to sustain the successes made in TB control in the Acholi region through an earlier Irish Aid funded Malaria Consortium project by supporting an External Quality Assurance system for the diagnosis of TB using laboratory microscopy.

At Malaria Consortium, we work through the existing health system structures to ensure that our interventions are sustainable. We also work closely with the district health offices and implementing partners, which include the Church of Uganda, Dodoth and CARITAS. These organisations have structures at the grass roots and the existing functional adult learning programmes into which TB education has been integrated. This helps ensure that the relevant information is disseminated to the people of Karamoja.
ACHIEVEMENTS

- Improved advocacy, communication and social mobilisation for TB/HIV among nomadic communities and their leaders in Northern Uganda. Integrated TB into Functional Adult Literacy learning for 69 groups in Kaabong and 33 groups in Kotido; directly reached more than 40,000 people in Northern Karamoja with TB and HIV messages.

- Improved TB case detection rates (CDR) in all three districts. Kaabong’s current CDR is 17.2 percent up from 4.3 percent prior to this project; the CDR of Abim has also increased from 62 percent to 72.8 percent; and similarly Kotido’s is 33.65 percent up from 6.95 percent. This is partly as a result of doubling the number of diagnostic and treatment units from 10 to 21, which are also better equipped.

- Supported the implementation of community based tuberculosis - Directly Observed Therapy Short-course (TB-DOTS) among the nomadic people of Northern Karamoja, thus improving treatment success rates. TB-DOTS increased in two of the three districts where it was implemented; from five to 52.2 percent in Kaabong and to 25 percent from nothing in Kotido.

- Improved integrated delivery of TB and HIV services in Northern Karamoja, with Abim reporting 92 percent from 25 percent; 76 percent from nothing in Kaabong; and 86 percent from nine percent in Kotido. All TB patients found to be HIV positive were started on cotrimoxazole.

This project had a direct impact upon efforts to:

- Combat common and frequently neglected diseases
- Promote behaviour change through communication
- Provide monitoring and evaluation outputs
- Provide health support to vulnerable and at risk populations