Maximizing Impact against HIV, TB, and Malaria in Acholi Sub-region

By Dr. Lawrence Ojom – AVSI Program Manager
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Information on Uganda

- Population of 39 million with growth rate of 3.03%
- 1,557,416 (about 4%) live in the Acholi Region
- 69.6% of the population are between 0 to 24 years (highest youth population in the world)
- 30.1% 25 to 64 and 0.4% above 64 years
- Life expectancy: 52.7 years
- Infant mortality rate: 134/1,000 live births
- Maternal mortality rate: 438/100,000 live births
AVSI Presence in the Area and Institutional Partnership

AVSI has been a key partner in Uganda Health Sector since 1984;
AVSI operates in education, protection, and livelihoods;
Key Donors include Italian and Dutch Government, USAID, EU, DFID, UNICEF, UNHCR, WFP amongst others;
AVSI has developed a close working relation with the communities, Local Government and the other dev partners and stakeholders in the country;
AVSI works with over 32 local partners to ensure community participation, ownership and sustainability of programs, strengthening of local capacities and innovations;
Overview on HIV, TB and Malaria in Uganda

- Uganda has made substantial progress against HIV, TB and Malaria:
  - Reduction in both new HIV infection and AIDS related deaths
  - Decline in HIV infection among exposed infants from 10.6% (2012) to 7.1% (2014)
  - Retention on ART increased from 70% (2011) to 85% (2014)
- **But Uganda still accounts for 5% of Global HIV burden and 1% of Global TB burden**
  - Number 20 among 22 high TB burden Countries
  - One of the highest malaria burden country rank 3rd of the 18 countries that accounts for 90% of the *P. Falciparum* infection in Sub Saharan Africa
Uganda vs Acholi Sub-region HIV, TB and Malaria Progress

The Uganda Health Demographic Survey (UHDS) reports for the years 2006, 2011 and 2016 show considerable regional inequity in health sector progress development and particularly in the Northern – Acholi Sub Region

<table>
<thead>
<tr>
<th>HIV, TB, Malaria Burden</th>
<th>Uganda - National</th>
<th>Acholi sub-region</th>
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<tbody>
<tr>
<td>HIV</td>
<td>7.3% prevalence</td>
<td>8.3% prevalence</td>
</tr>
<tr>
<td>TB</td>
<td>Culture and sensitive test done in Kampala</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>253/100,000 (90 cases yearly)</td>
<td>only 42.9% (3/7) hospitals Gene Expert</td>
</tr>
<tr>
<td>Malaria</td>
<td>20.6% of all deaths</td>
<td>Epidemic prone area</td>
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The 2016 UPHIA indicated a fall in HIV national prevalence at 6% compared to 7.3% according to the 2011 Uganda AIDS Indicator Survey. Among women and men, HIV prevalence declined from 8.3% and 6.1% in 2011 to 7.5% and 4.3% in 2016 respectively.

The survey however identified existing gaps in HIV programs and specific populations and sub-regions that need special focus.

HIV prevalence among age groups:
- aged 15-19 years was 1.1 %,
- aged 20-24 years 3.3 % among those and
- aged 25-29 years 6.3% (new infections remain an issue in these age groups).

This continuing infection risk necessitates innovative interventions to prevent new infections in young people beginning around age 20.

The report indicates that Viral Load Suppression (VLS) among women aged 15-24 years and men under 35 years of age who are living with HIV is below 50%.
Projects Implemented by AVSI

AVSI programing approach ensures building synergies within projects in the health sector (including also health and non-health sector collaboration)

The AICS funded project will be implemented adopting a cost-share approach thanks to

i. ALIVE UNICEF funded project implemented by AVSI in the same Region

ii. Better Outcome project USAID funded implemented by AVSI in the same Region

iii. Education Cannot Wait funded by UNICEF implemented by AVSI in the same Region

The AICS funded project will be synergic with other AVSI initiatives because AVSI is an active member of

i. Uganda County Coordination Mechanism (International NGOs Constituency)

ii. Maternal Newborn Child Health Sector Committee of Ministry of Health

iii. District Health Coordination Committees in all the 8 districts of the Acholi sub-region
AICS Project and Uganda Health Sector Strategies

The project builds directly on

i. The RMNCAH Sharpened Plan November 2013 (3); aligned with Uganda’s Vision 2040 and anchored in the National Development Plan (NDP II) 2015/16 – 2019/20 and contributes towards Sustainable Development Goals (SDGs) development framework

PLUS

i. The Uganda Country Coordination Mechanism goals
   i. Mobilize additional resources for HIV, TB and Malaria and Health and Community Systems Strengthening
   ii. Oversee efficient program implementation and proper utilization of resources raised
Objective and Key Intervention Outputs of AICS Project

Objective
Maximizing impact against HIV, Malaria and TB reducing morbidity and mortality in Acholi Sub Region of Northern Uganda.

Key intervention Outputs

Output 1. Supporting Uganda MoH (Acholi Sub Region) and communities in improving health information and data management system.

Output 2. Increasing accessibility and utilization of Maternal, Newborn and Child Health (MNCH) to increase eMTCT uptake, ART, TB and Malaria and social behavioral change communication.

Output 3. Strengthening human resources through awareness raising and training at all levels of pyramid.

Output 4. Supporting government structures of the Global Fund at the particular level and in particular at the community level (CCM, Ministries of Health, Civil Society).

Output 5. Promoting pilot projects aimed at implementing innovative strategies to facilitate access to quality services to the most vulnerable population groups.
Main Activities to Key Outputs

Output 1
• Conduct bi-annual DQI and DQA
• Conduct quarterly mentorship on HMIS data
• Conduct integrated bi-annual review meeting (Score card and BNA)

Output 2
• Community follow up and referral of clients
• Community dialogues
• Integrated outreaches

Output 3
• Conduct quarterly mentorship/focusing on Malaria, TB and HIV/AIDS
• Support supervision in lower health facilities
• Support home visit to vulnerable households

Output 4
• Support Baraza for community monitoring and accountability
• Community death audits
• Support quarterly HUMC Meetings

Output 5
• Support Boda Boda community’s ambulance system
• Support functionality of Family Support Group
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<tr>
<th>Indicators</th>
<th>Baseline Value (2017)</th>
<th>Target</th>
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<tbody>
<tr>
<td>% of HIV+ clients linked to care (90% of HIV Positive clients from sexually active population)</td>
<td>85% (39.159)</td>
<td>90% (46.070)</td>
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<tr>
<td>% of pregnant women (HIV+) linked to care (New cases of HIV positive pregnant women)</td>
<td>85% (1.616)</td>
<td>100% (1.784)</td>
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<tr>
<td>% of HIV positive pregnant women who receive antiretroviral to reduce risk of mother-to-child transmission (New cases of HIV positive pregnant women initiated on ART for life)</td>
<td>85% (1.616)</td>
<td>100% (1.784)</td>
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<tr>
<td>Proportion of TB-HIV linked to care (New identified cases)</td>
<td>70%</td>
<td>100% (47)</td>
</tr>
<tr>
<td>% of TB patients receiving HCT</td>
<td>70%</td>
<td>100% (47)</td>
</tr>
<tr>
<td>% of TB-HIV patients enrolled on Co-trimoxazole</td>
<td>70%</td>
<td>100% (47)</td>
</tr>
<tr>
<td>% of TB-HIV patients enrolled on ART</td>
<td>70%</td>
<td>100% (47)</td>
</tr>
<tr>
<td># of Pregnant and lactating mothers who received T&amp;C services for HIV &amp; received their results</td>
<td>73.977</td>
<td>77.871 (+5%)</td>
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<tr>
<td># of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site</td>
<td>79</td>
<td>79</td>
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<tr>
<td># of HIV+ pregnant and lactating women identified during the reporting period</td>
<td>1.694</td>
<td>1.784 (+5%)</td>
</tr>
<tr>
<td># of HIV positive pregnant women who receive antiretroviral to reduce risk of mother-to-child transmission</td>
<td>879</td>
<td>1.784 (+102%)</td>
</tr>
<tr>
<td># of health facilities receiving quarterly supportive supervision visits for Option B+</td>
<td>65</td>
<td>79 (+21%)</td>
</tr>
<tr>
<td># of individuals who received T&amp;C services for HIV &amp; received their results (90% of sexually active population)</td>
<td>524.226</td>
<td>616.737 (+17%)</td>
</tr>
<tr>
<td># of health care workers who successfully completed an in-service training or on-job mentorship program; in technical area of HTC (number of HWs mentored)</td>
<td>1.137</td>
<td>1.264 (+11%)</td>
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Monitoring and Evaluation Process and Accountability

• Capacity building of the Districts through mentorships, quarterly data quality assessments, train non-M&E project staff in QI on the use of the DHIS2:
  • At District level (District Health Teams)
  • At Health facility level (79 health facilities)
  • At Community level (community health extension workers, U-reporters)

• Quarterly District Coordination and Review Forum to enhance, data analysis, planning, implementation and accountability of project activities at all levels

• Strategic communication and knowledge sharing activities for purpose of increasing awareness, knowledge and visibility of the project activities in the Acholi sub-region:
  • Documentation of best practices and lessons learnt through success stories
  • Compiling and disseminating weekly activity briefs for sharing project progress
  • Monitoring overall project communication activities
Strategic Partnership in Italy for Improved Communication

• With Università degli Studi di Pavia - Centro Internazionale Cooperazione allo Sviluppo – CICOPS

• Supervision and feedback on M&E processes through missions to Uganda by Senior Staff (2 missions)

• Innovative communication strategies through a thematic contest for University students which will entail visits to Uganda for 3 students and development of an exhibition in Italy to make known the support given by AICS to the GF and the impact of GF initiatives

• The exhibition will adopt innovative approaches (video making, photo exhibition, story telling, etc.) and will reach at least a target of 40,000 people

• Italian and Ugandan media will cover and report about the initiative
Discussion