



COP 2017 Approval Meeting Out-brief UGANDA

April 26, 2017



Uganda at a Glance

\$1.7B	All health care expenditure in UG for 2016 (BMI)
7%	Percentage of health budget (2017-2018) (GOU)
18%	Decrease in per capita PH expenditure (2014-2016)
50%	Average vacancy rate professional medical staff public facilities
116	Number of districts up from 32 (1990)
1.5M	Number of Ugandans added to population per year
3	Rank of UG as fastest growing population in world
39.6M	Population in 2018 rising to 70M by 2030
2.7M	OVCs in Uganda
14	Average Ugandan is a 14 year old girl (US Census Bureau)
24%	Girls pregnant or with child before age of 18 (#2 in Africa)
5	Percentage of girls who complete secondary school
1	Ranking of girls for HIV infections



COP 2017 Focus

- Men >20 years – **find** them, **link** them, **treat** them, **suppress** them
- Integrate OVC platform with 90:90:90 to scale; DREAMS program expansion
- Regain VMMC momentum targeting 15-29 year old men
- Targeted comprehensive programs for priority and key populations
- Critical support for supply chain, HRH, Lab and SI



Aligning policy environment towards epidemic control

1. **Test and Start:** Dec 2016; started Feb 2017 including same day initiation
2. **Differentiated Service Delivery:** Dec 2016
3. **Targeted HIV Testing Policy:** Dec 2016; started Feb 2017
4. **Self testing:** Operational model studies ongoing; implementation Oct 2017
5. **PrEP:** Dec 2016; services starting Q3 and Q4
6. **TT for VMMC:** Policy changed– March 2017



USG-Civil Society Engagement

Meeting type	Number held	Dates
Quarterly HIV Civil Society Organization (CSO) Engagement Meetings	3	<i>April, Aug, Nov 2016</i>
KP CSO Meeting through Local Capacity Initiative	1	<i>Aug 2016</i>
KP IP Meeting led by PEPFAR Uganda Team	1	<i>Aug 2016</i>
Joint KP CSO and Implementing Partner Meeting facilitated by PEPFAR	1	<i>Dec 2016</i>
CSO Feedback Meeting on DCCM COP 2017 Planning	1	<i>March 2017</i>
COP2017 In-Person Review Check-in Pre-Meeting with External Stakeholders	2	<i>April 2017</i>



CSO Engagement in COP Processes

HIV and KP CSOs continue to be engaged in COP processes

Issues:

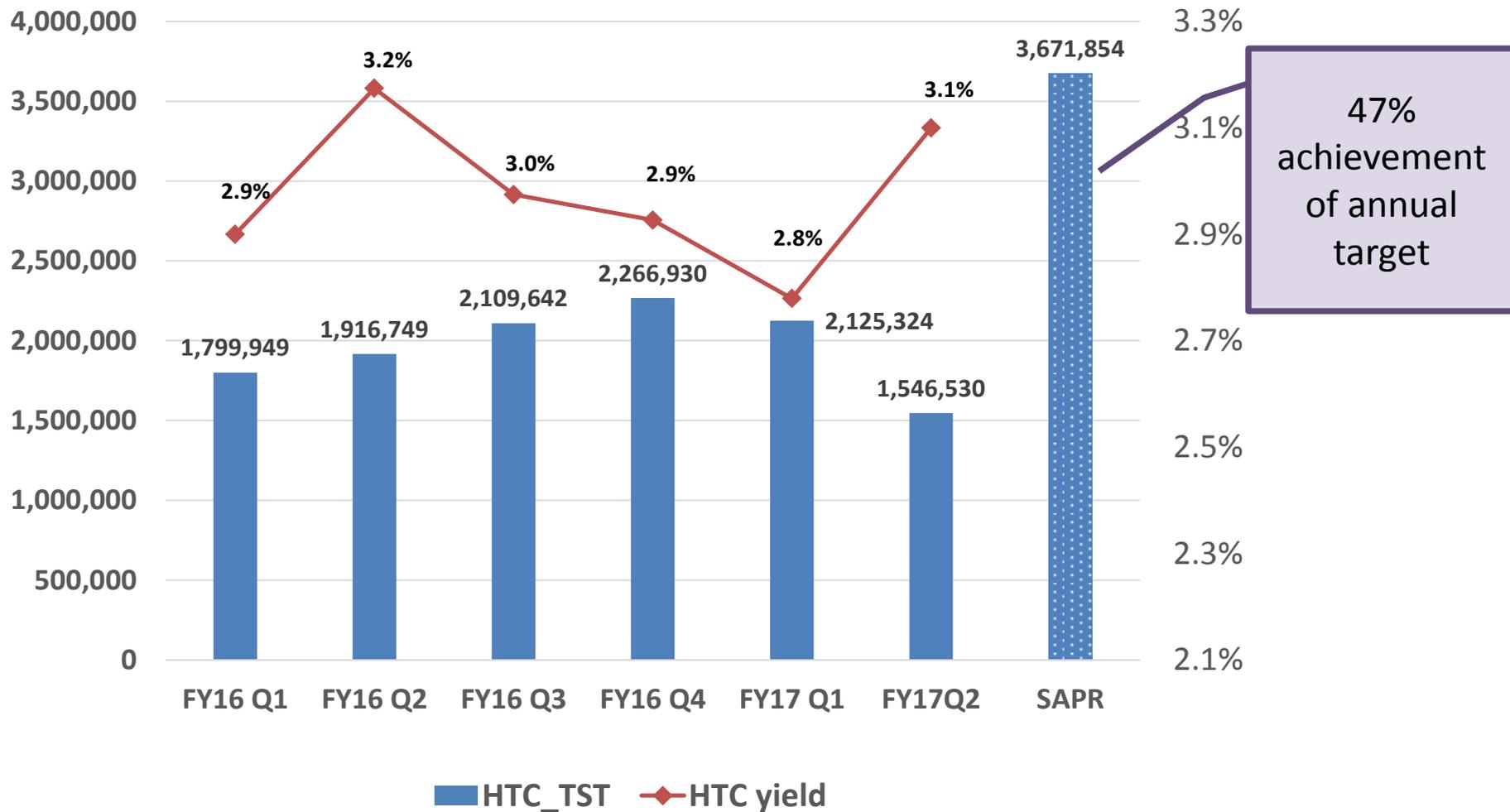
- Better testing strategies for men
- DREAMS expansion
- Increased 3rd line coverage
- Increased PrEP targets
- Funding for national MSM size estimate
- Scale-up Differentiated Service Delivery Models (DSD)
- Complementarity between COP and Global Fund applications
- Direct funding for CSOs to provide HIV services and advocacy



RESULTS



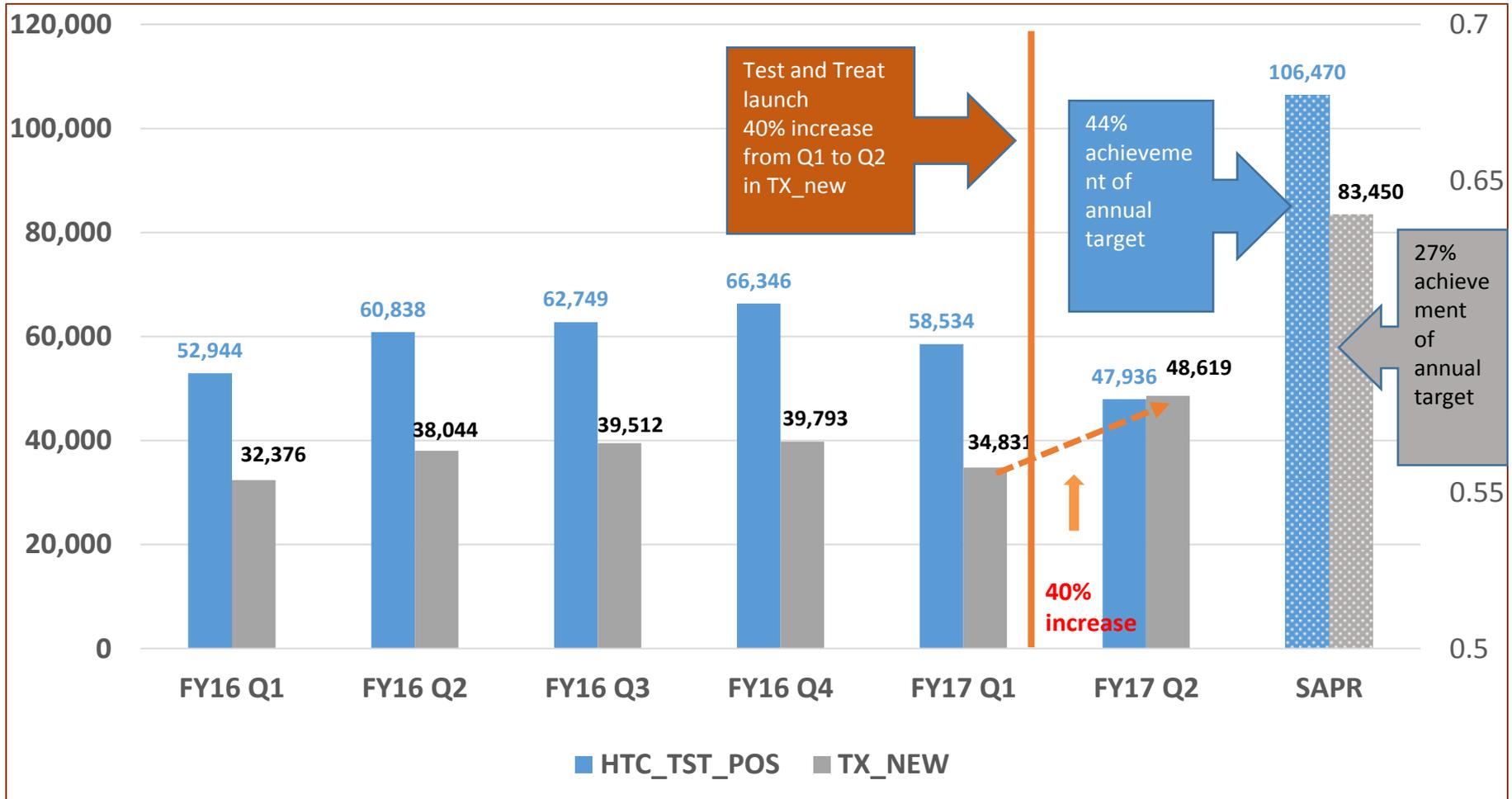
HTC_TST FY16Q1-FY17Q2



*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.



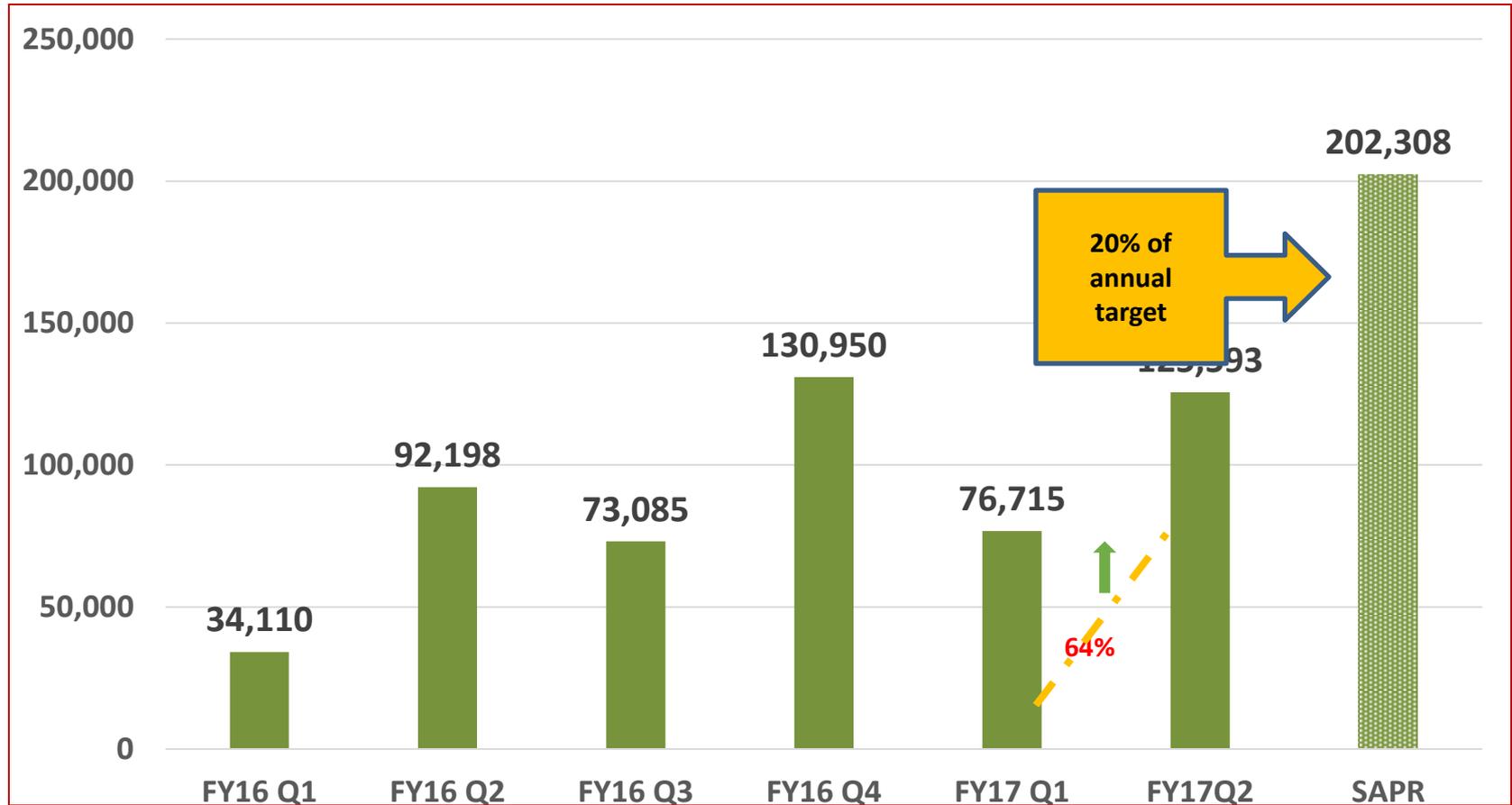
HTC_TST_Pos and TX_New FY16Q1-FY17Q2



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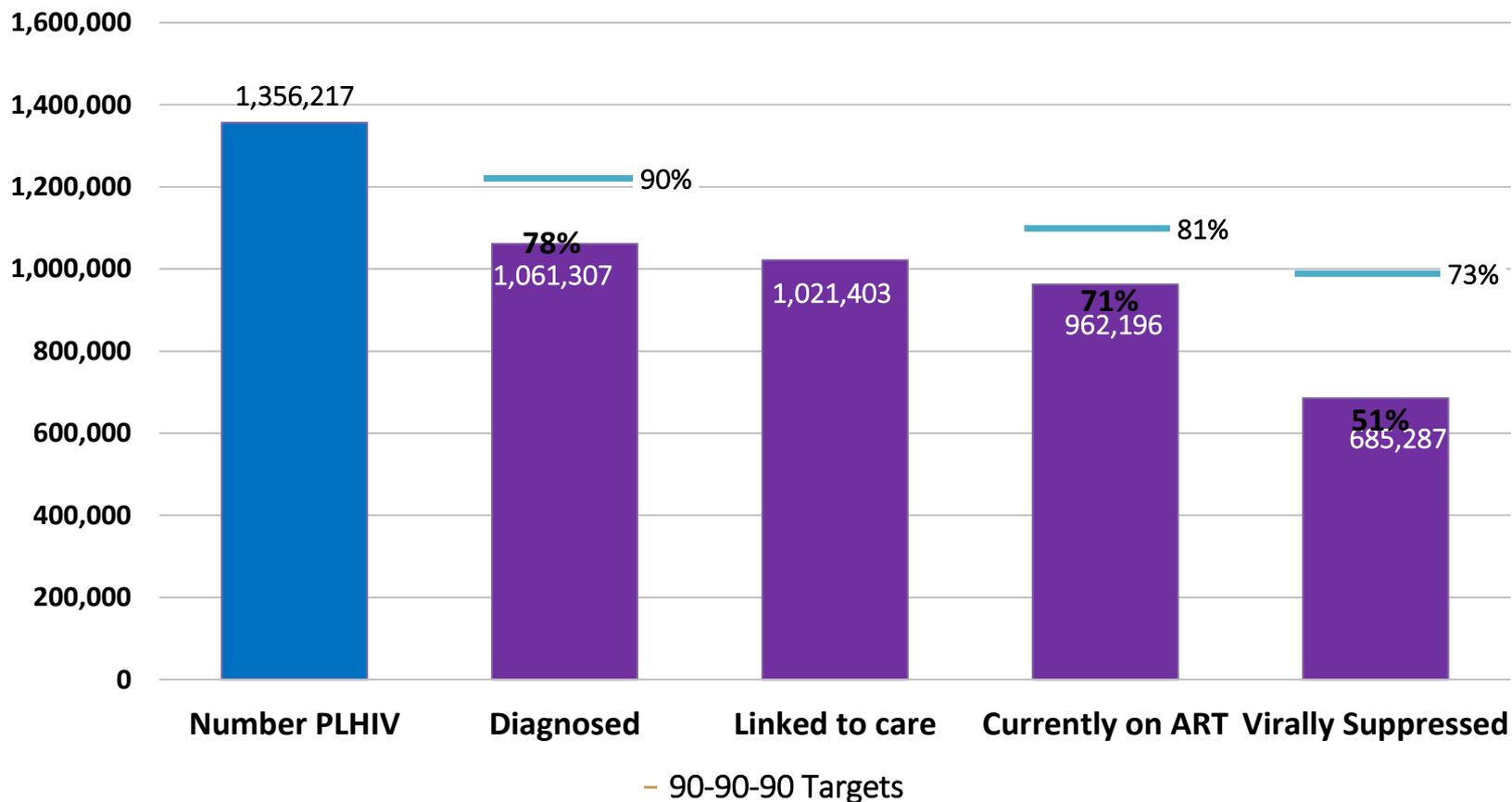
VMMC FY16Q1-FY17Q2



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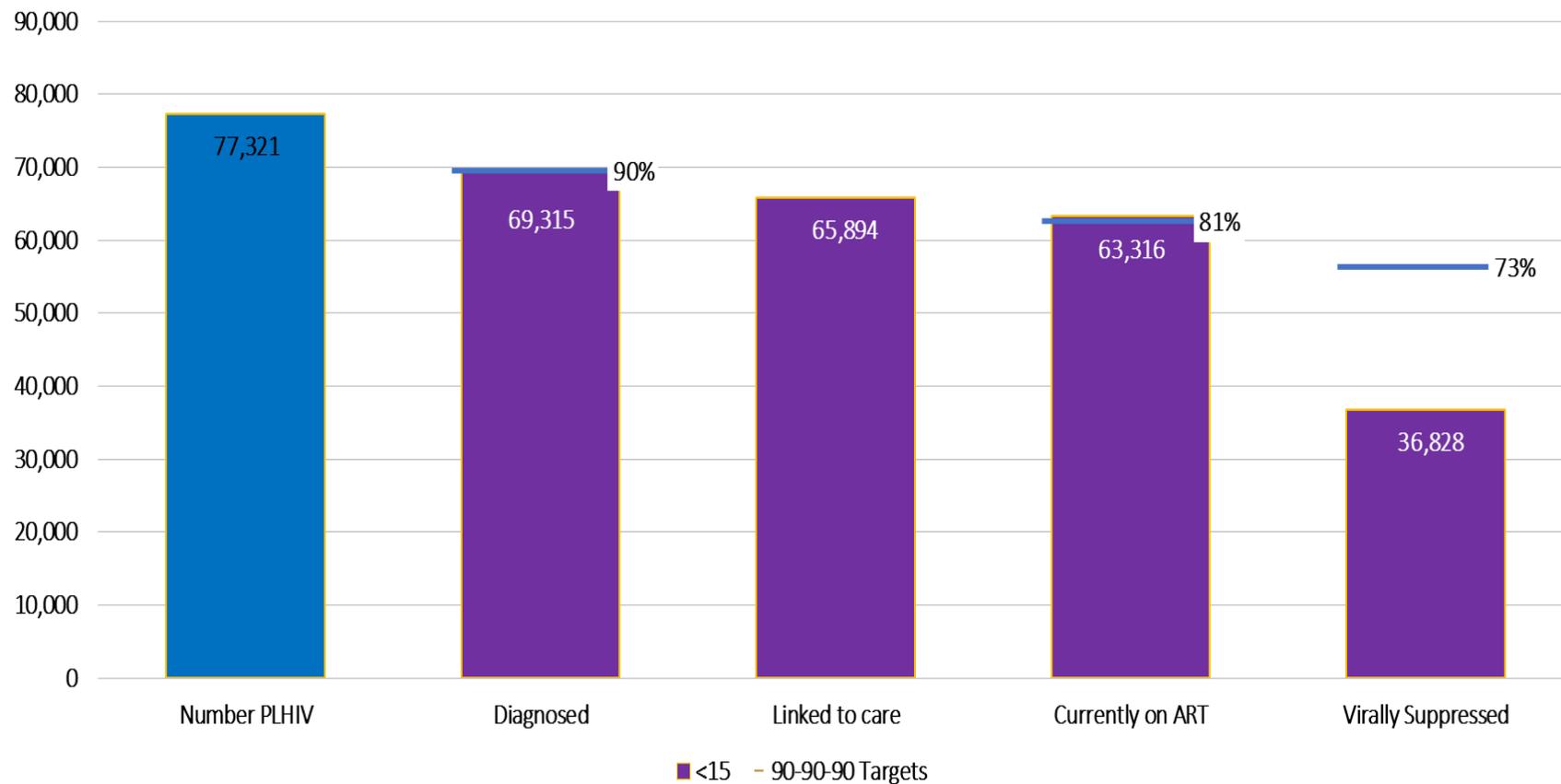
Clinical Cascade: National (FY17Q2)



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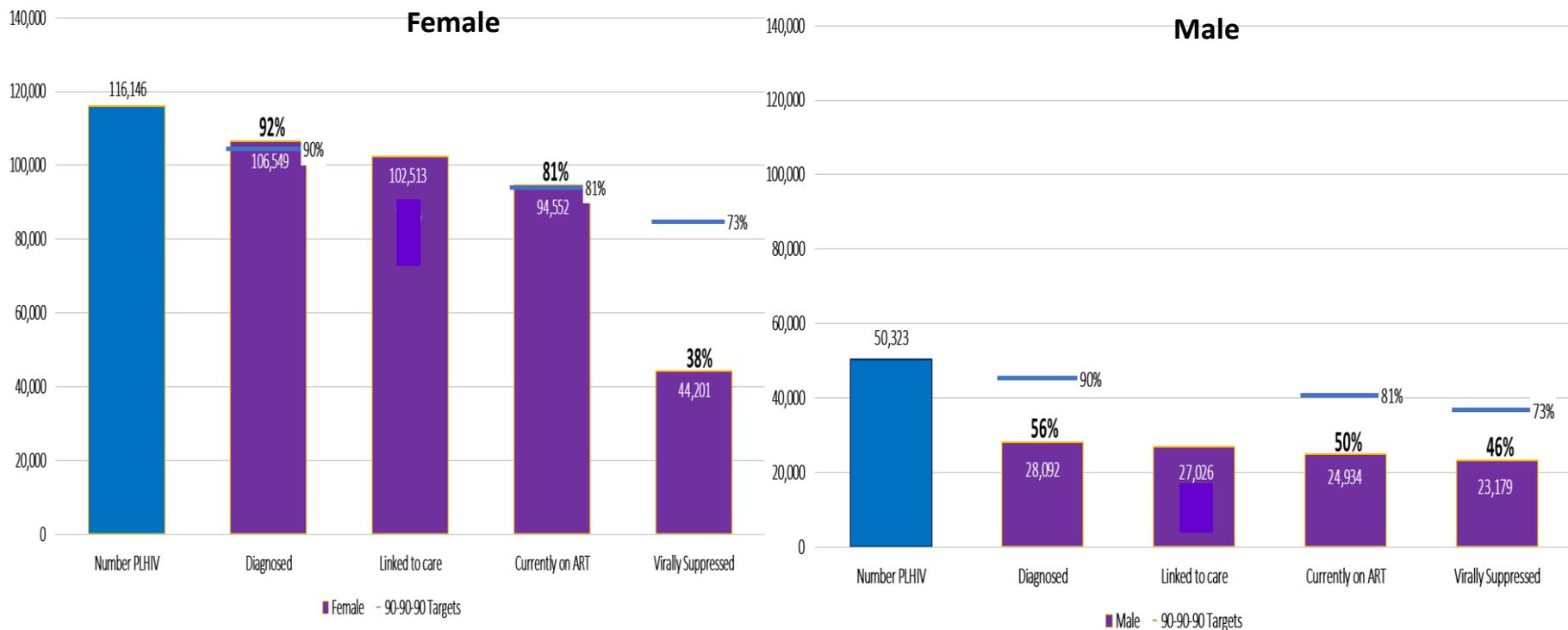


Clinical Cascade: <15 (FY17Q1)



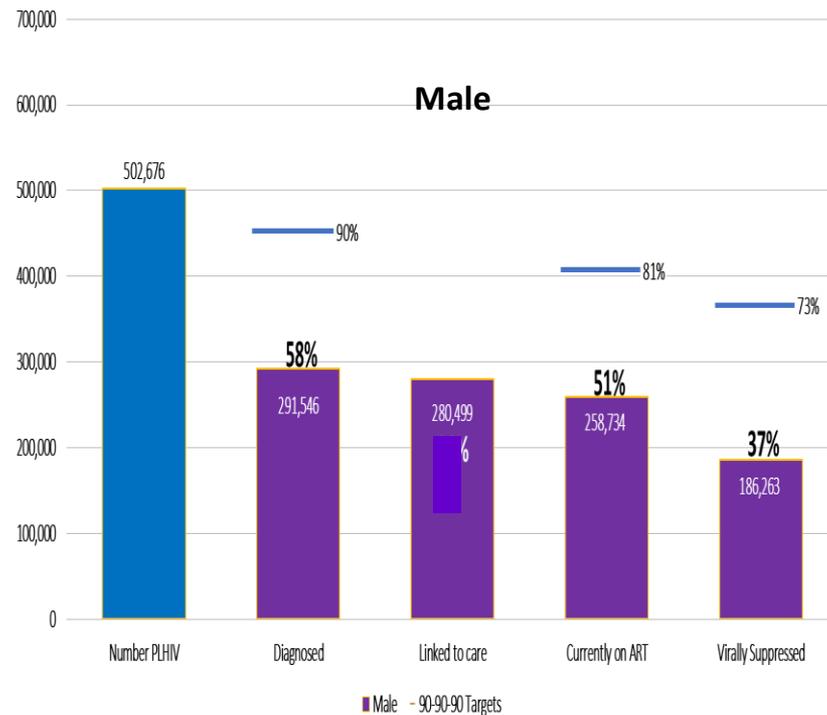
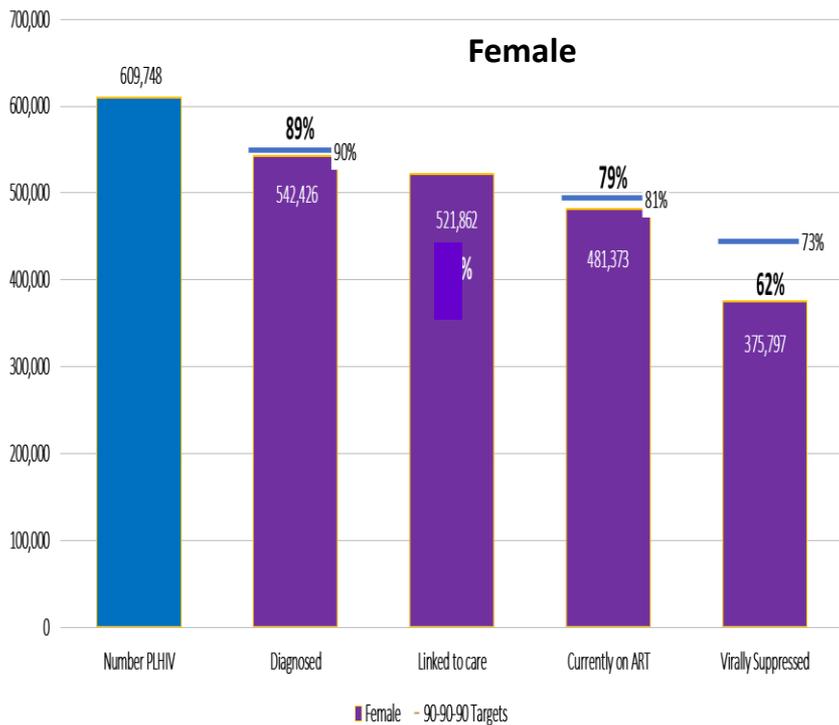


Clinical Cascade: 15-24 (FY17Q1)





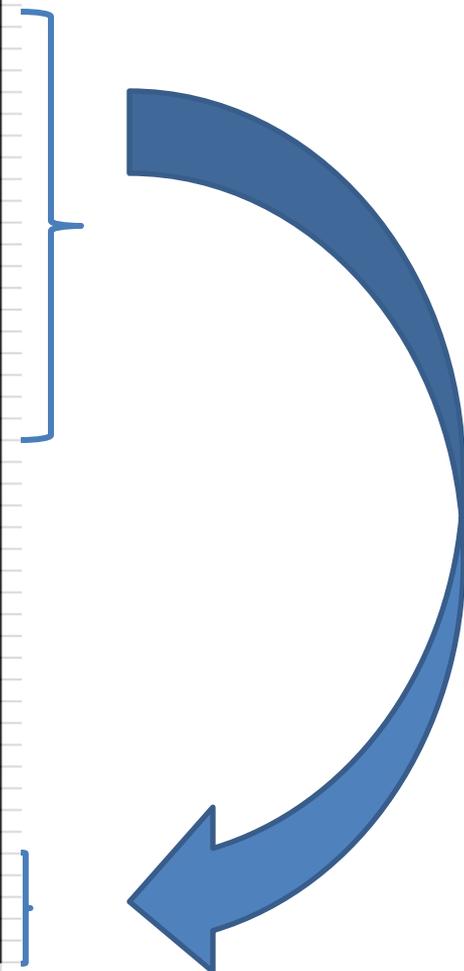
Clinical Cascade: 25+ (FY17Q1)





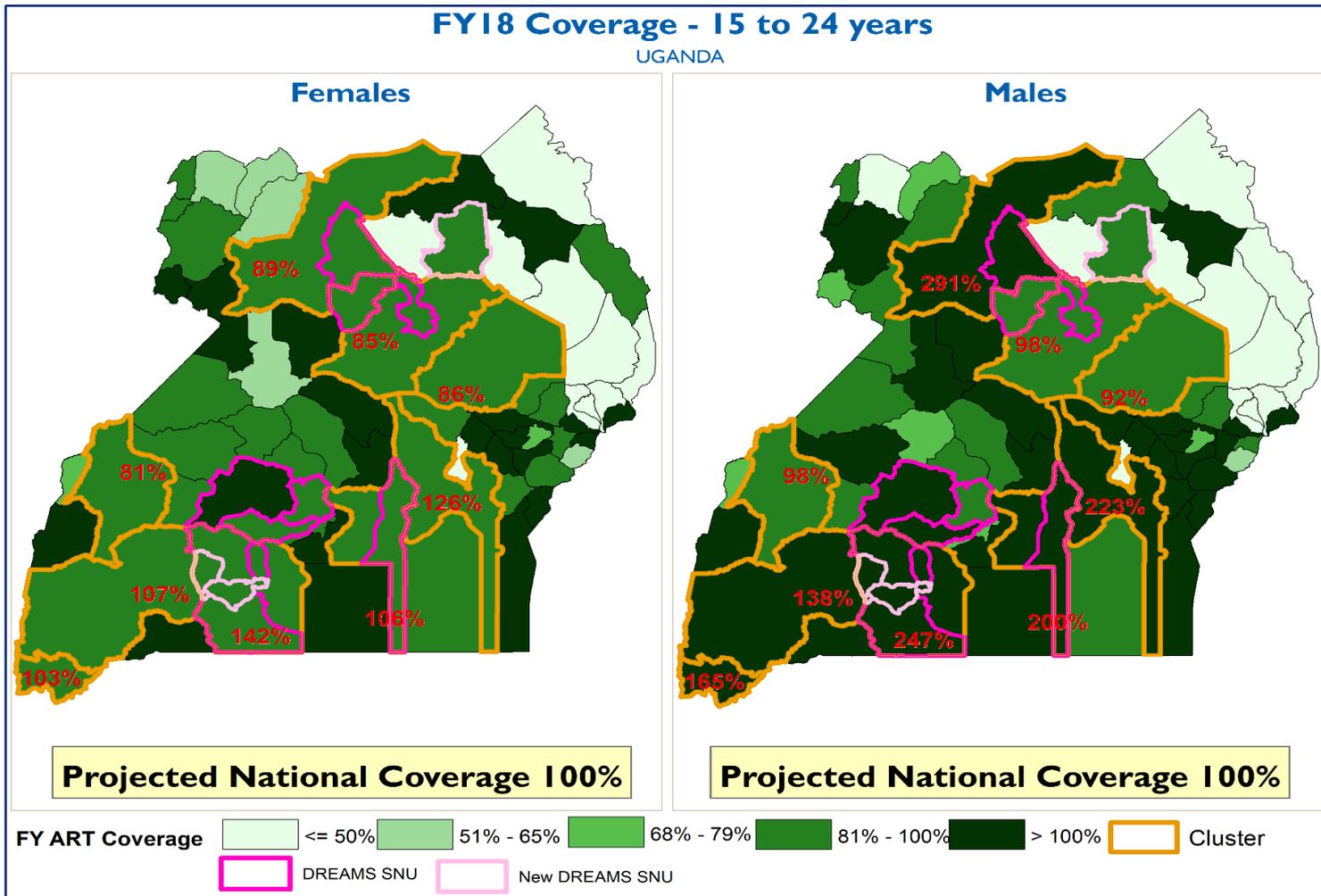
Targeted to attained: 13 DREAMS districts and 27 additional districts (5 clusters)

District	Coverage Total End	<15 Female	Female, 15-24	25+, Female	<15 Male	Male 15-24	Male, 25+	
Agogo District	88%	84%	88%	88%	81%	88%	88%	
Apac District	82%	73%	82%	82%	65%	126%	82%	Lira cluster
Bukomansimbi District	70%	163%	67%	67%	145%	67%	67%	Mazaka cluster
Gomba District	91%	152%	100%	87%	133%	114%	87%	
Kamuli District	115%	77%	149%	133%	69%	206%	92%	Jinja cluster
Kole District	88%	78%	89%	89%	68%	89%	89%	
Lwengo District	80%	36%	79%	79%	85%	79%	79%	Mazaka cluster
Mityans District	88%	125%	87%	87%	112%	87%	87%	
Mubende District	98%	112%	117%	101%	100%	111%	83%	
Mukono District	89%	99%	88%	88%	87%	119%	88%	
Nebbi District	114%	91%	155%	133%	82%	90%	91%	
Oyam District	96%	93%	89%	104%	82%	89%	89%	
Rakai District	122%	120%	250%	99%	106%	628%	99%	
Sembabule District	88%	145%	85%	85%	128%	85%	85%	
Wakiso District	99%	98%	104%	101%	87%	167%	92%	
Arua District	131%	80%	96%	173%	80%	145%	108%	
Busia District	131%	104%	179%	150%	93%	144%	104%	
Dokolo District	89%	269%	79%	79%	239%	79%	79%	Lira cluster
Gulu District	116%	168%	113%	115%	149%	480%	97%	
Jinja District	138%	123%	102%	170%	109%	226%	107%	
Kabale District	120%	79%	117%	150%	79%	159%	96%	Kabale cluster
Kalungula District	242%	190%	460%	248%	164%	846%	162%	
Kalungu District	113%	133%	112%	112%	119%	113%	112%	
Kampala District	142%	357%	113%	163%	330%	254%	101%	
Kitgum District	107%	210%	130%	119%	187%	81%	80%	
Lira District	107%	135%	92%	122%	120%	92%	92%	
Luwero District	110%	128%	155%	117%	113%	131%	89%	
Lyantonde District	94%	110%	93%	93%	96%	93%	93%	
Mazaka District	146%	278%	147%	141%	248%	186%	142%	
Mbale District	117%	112%	92%	144%	100%	181%	90%	
Mbarara District	160%	204%	196%	181%	180%	320%	116%	
Mpigi District	142%	121%	165%	164%	109%	165%	113%	
Namayingo District	109%	82%	135%	121%	80%	187%	90%	
Soroti District	118%	363%	80%	124%	323%	84%	80%	
Amolatar District	107%	118%	89%	125%	105%	89%	89%	
Buvuma District	97%	117%	88%	105%	100%	88%	88%	
Koboko District	102%	89%	90%	120%	80%	90%	91%	
Nakasongola District	310%	130%	245%	416%	114%	177%	269%	
Ngora District	120%	106%	90%	156%	96%	119%	91%	
Pallisa District	139%	94%	151%	180%	83%	210%	115%	
Mazaka Cluster	110%	151%	142%	102%	134%	247%	102%	
Jinja Cluster	104%	81%	126%	119%	80%	223%	79%	
Lira Cluster	90%	118%	85%	96%	104%	98%	81%	
Kampala Cluster	117%	192%	106%	128%	174%	200%	96%	
Kabale Cluster	107%	80%	103%	132%	82%	165%	84%	





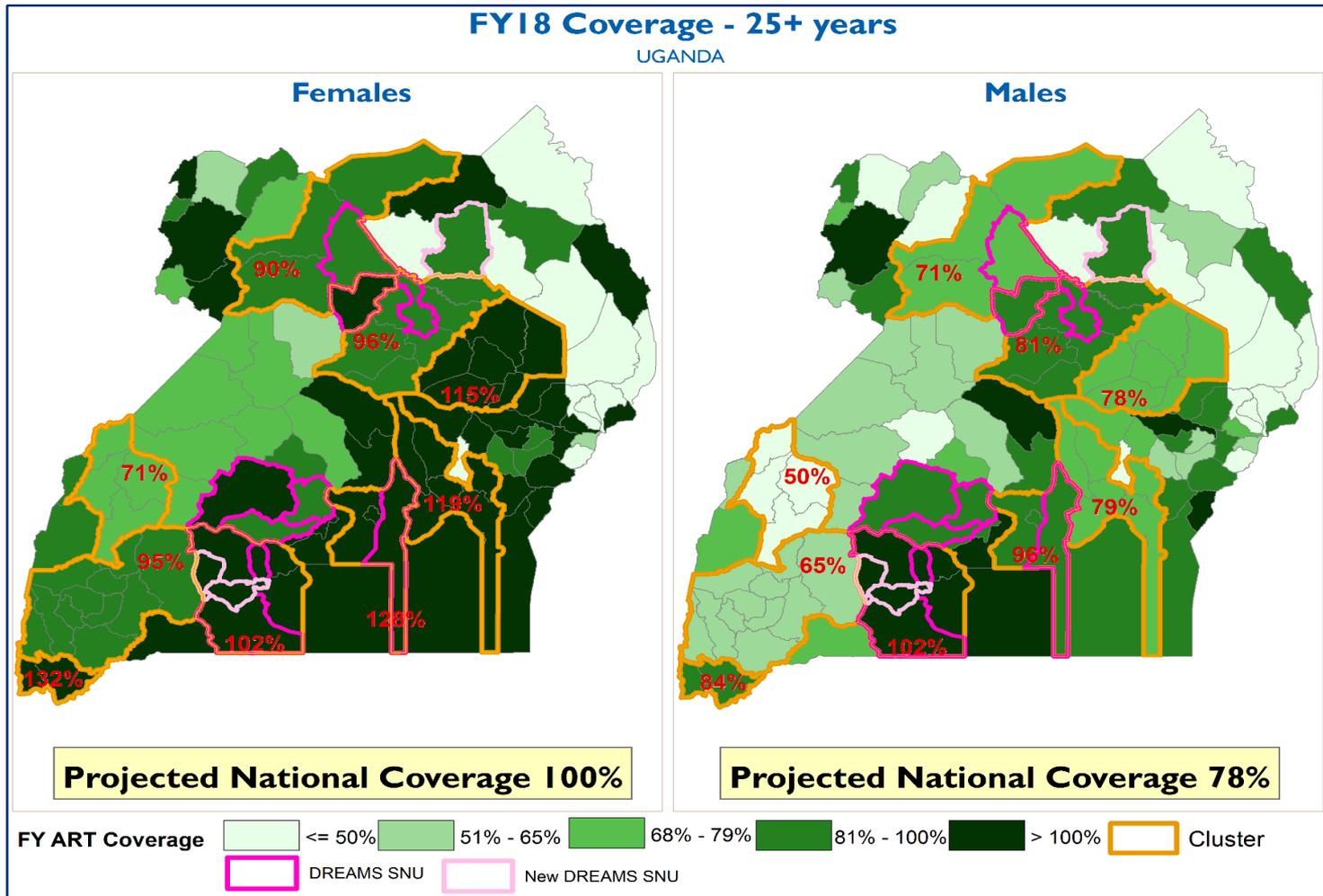
Coverage by end of FY18 15-24 yrs



Prepared by: Strategic Information Branch, CDC-Uganda. Date: 4/21/2017. Email: SIDataRequest@cdc.gov. The boundaries, names, and data used on this map do not imply official endorsement or acceptance by the U.S. Government.



Coverage by end of FY18 25+ yrs



Prepared by: Strategic Information Branch, CDC-Uganda. Date: 4/21/2017. Email: SIDataRequest@cdc.gov. The boundaries, names, and data used on this map do not imply official endorsement or acceptance by the U.S. Government.

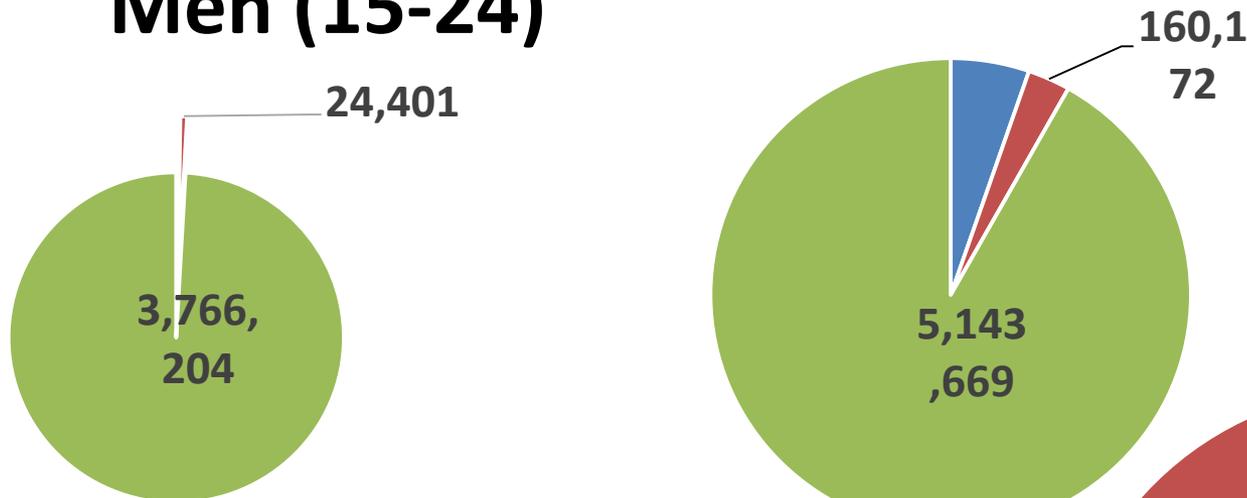


**Men >20 years –
find them, link
them, treat them,
suppress them**

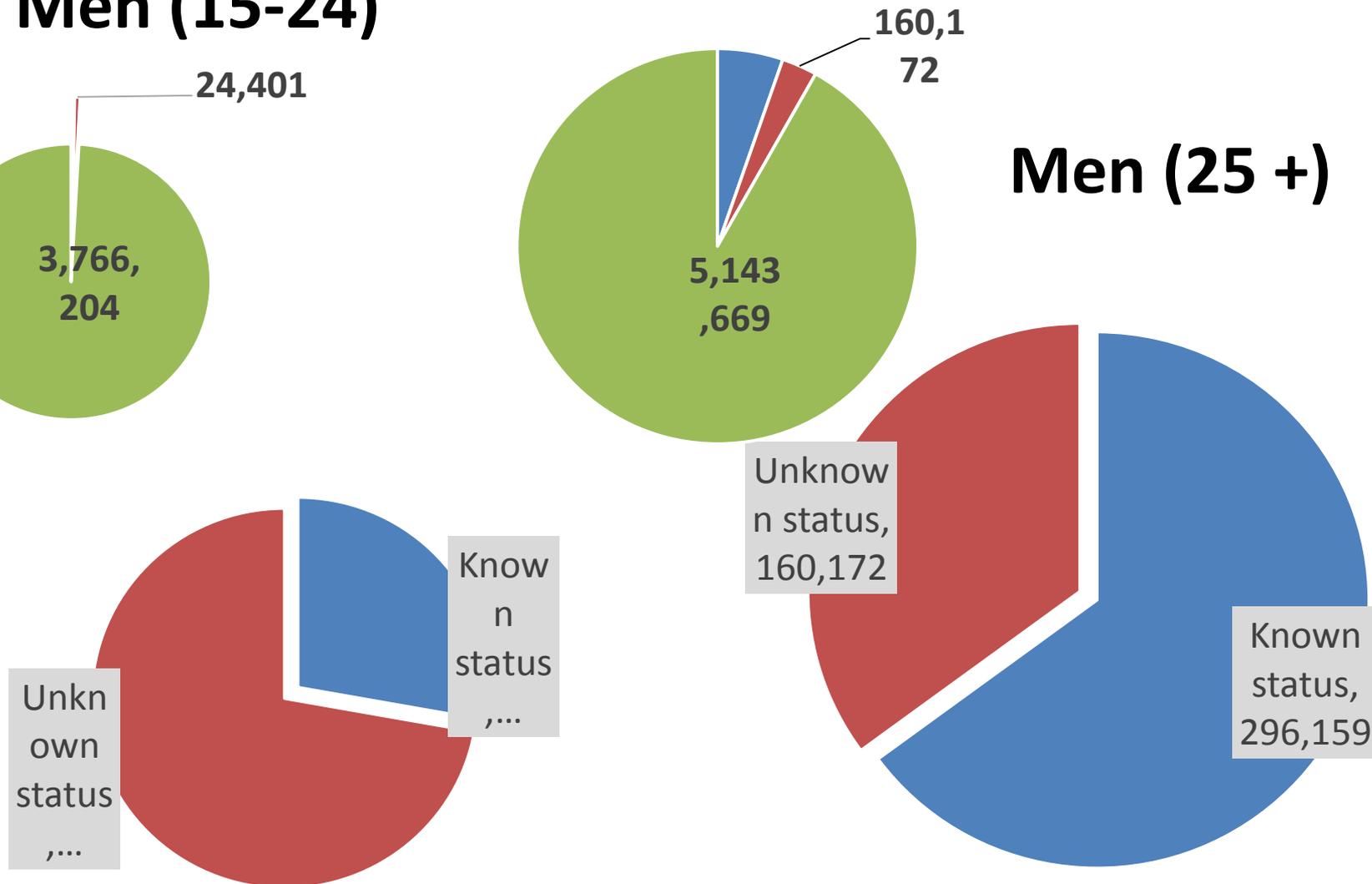


Who are the undiagnosed men?

Men (15-24)

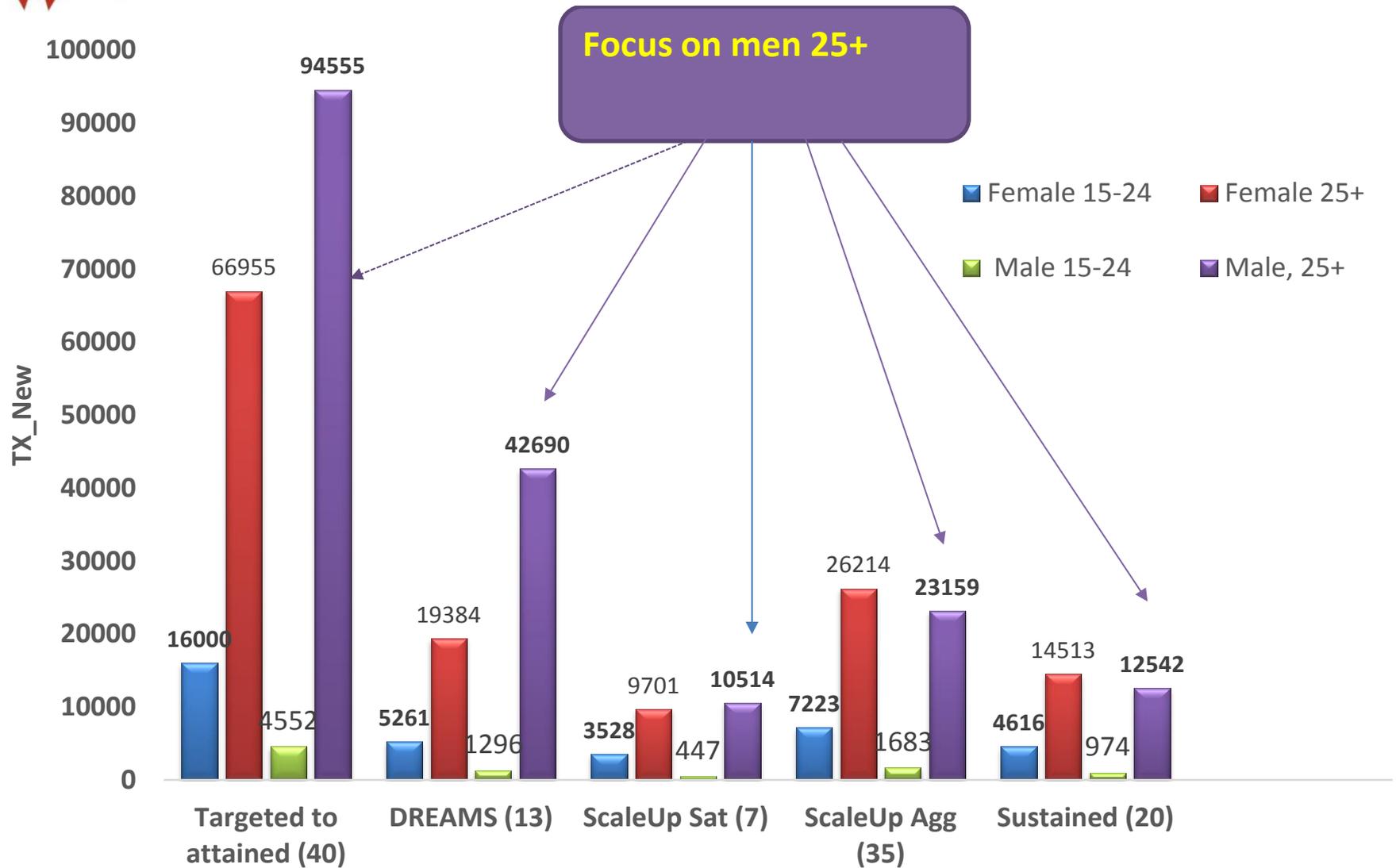


Men (25 +)





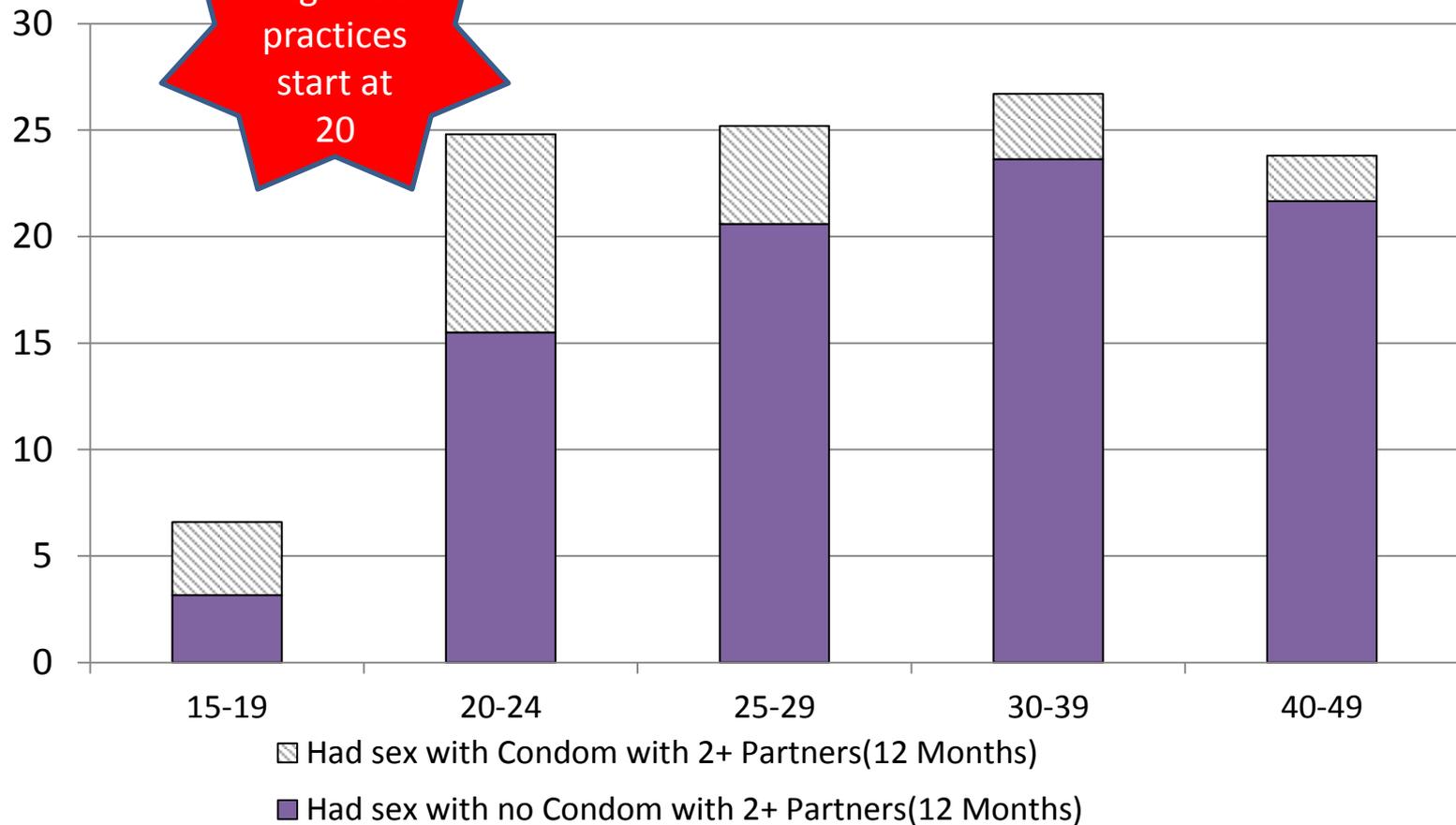
FY18 TX_New targets by Geographic Prioritization





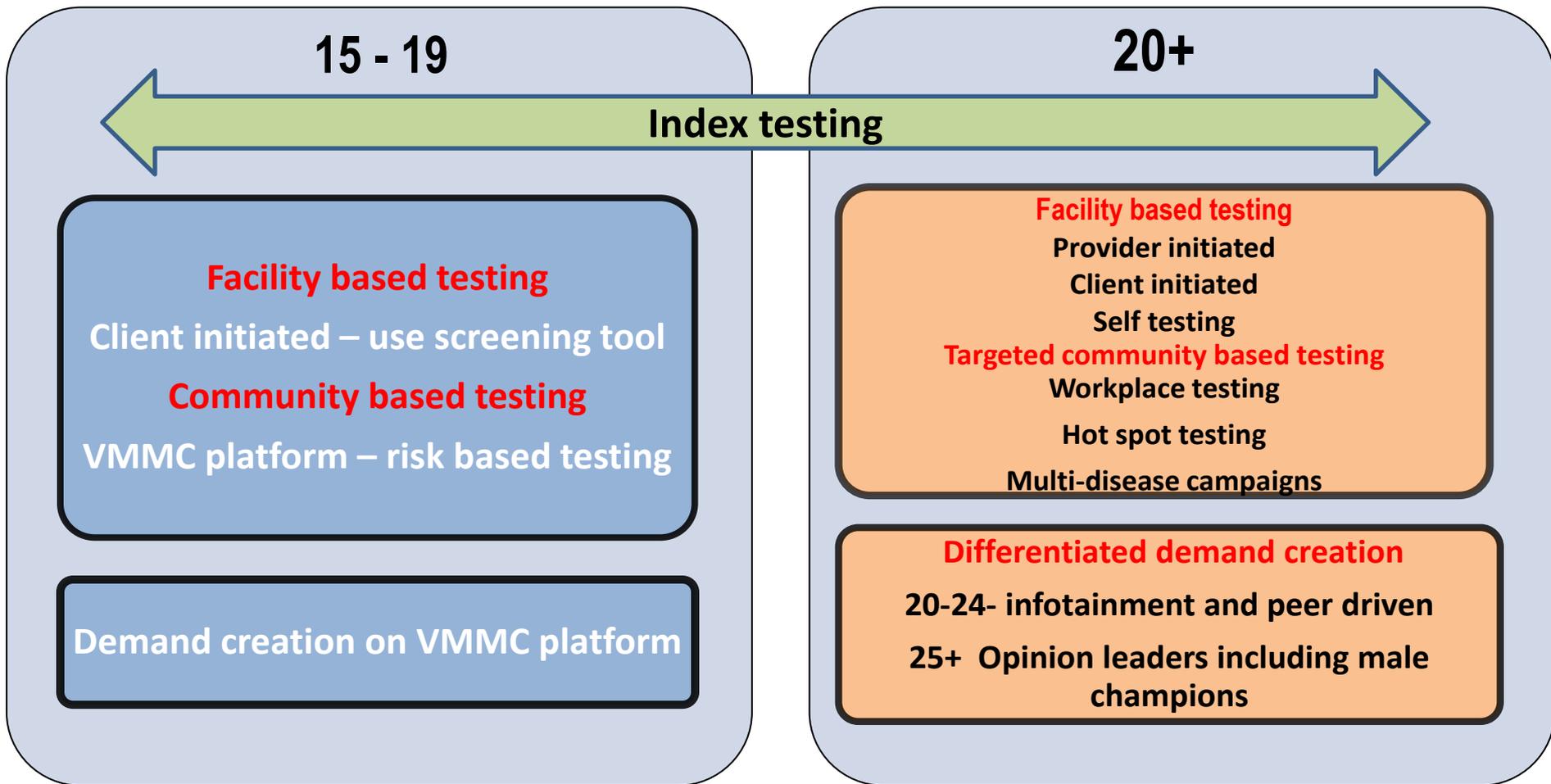
High risk behavior increases from 20+ men with multiple sexual partners and low condom use

% having sex with more than 2+ partners



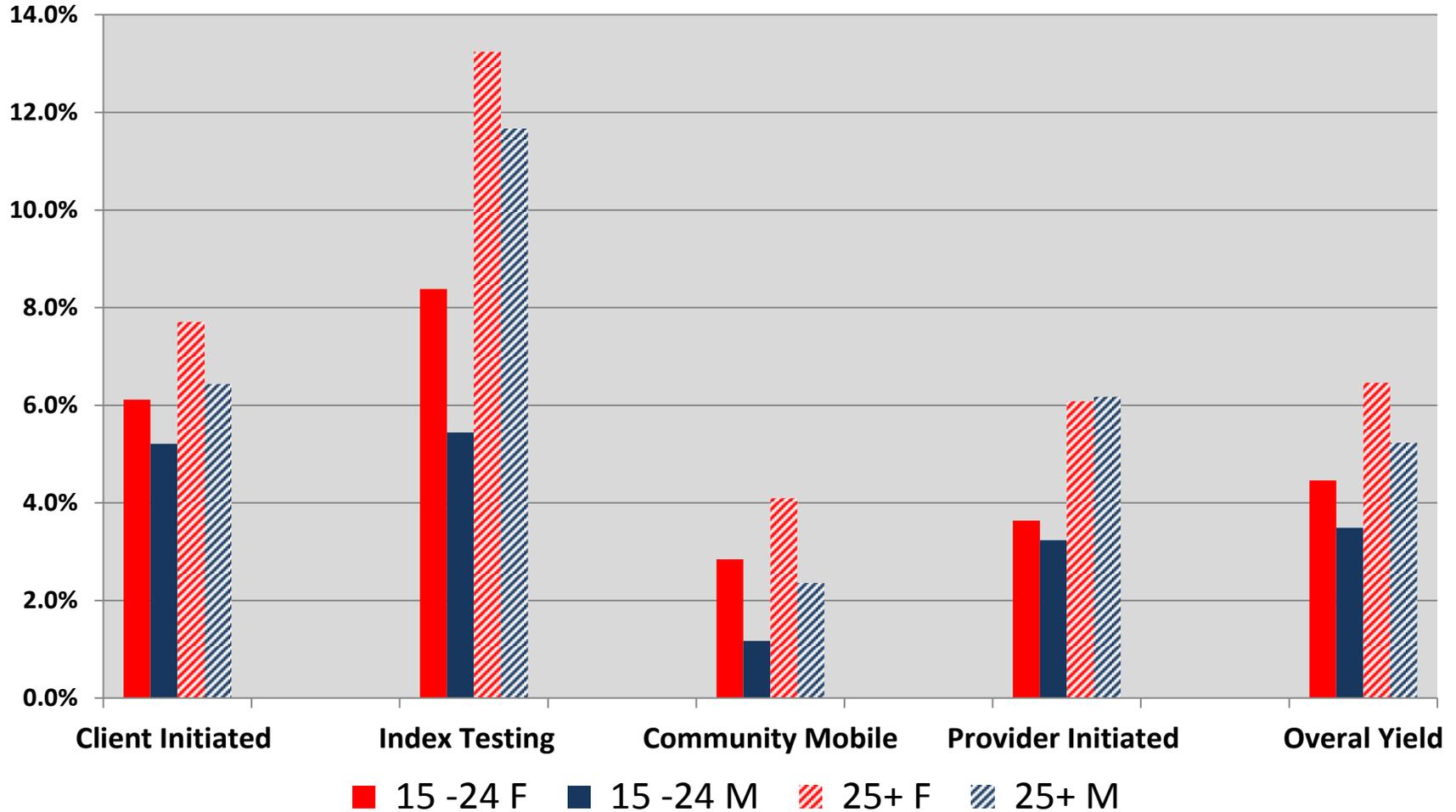


Differentiated HTS for men by age-band





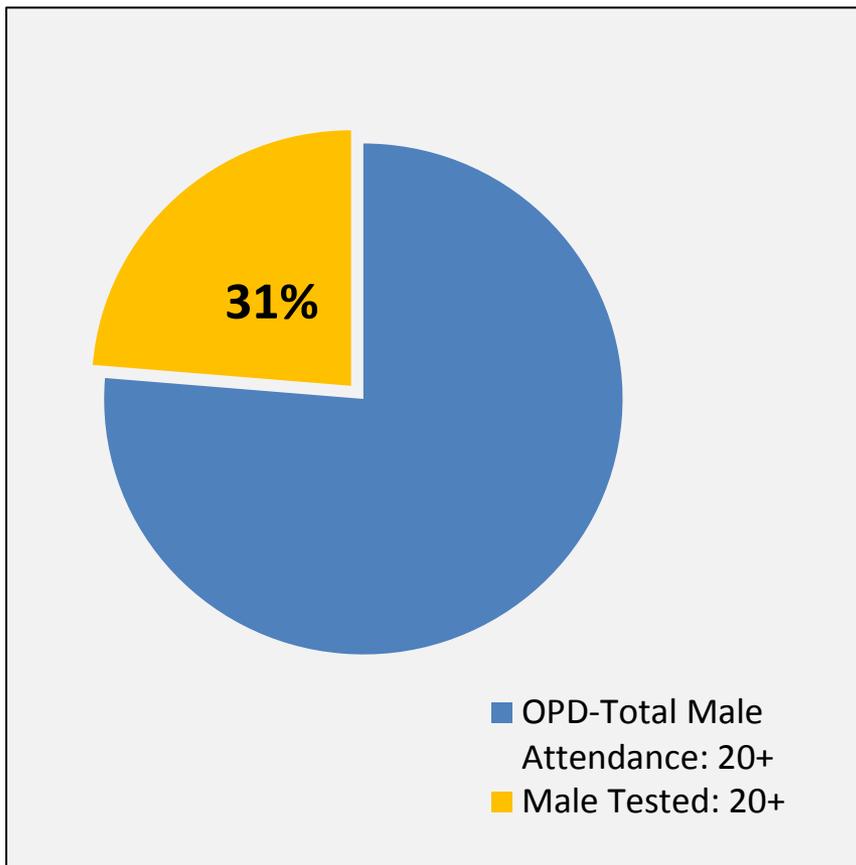
Index Testing works across all age bands (FY17 Q1)



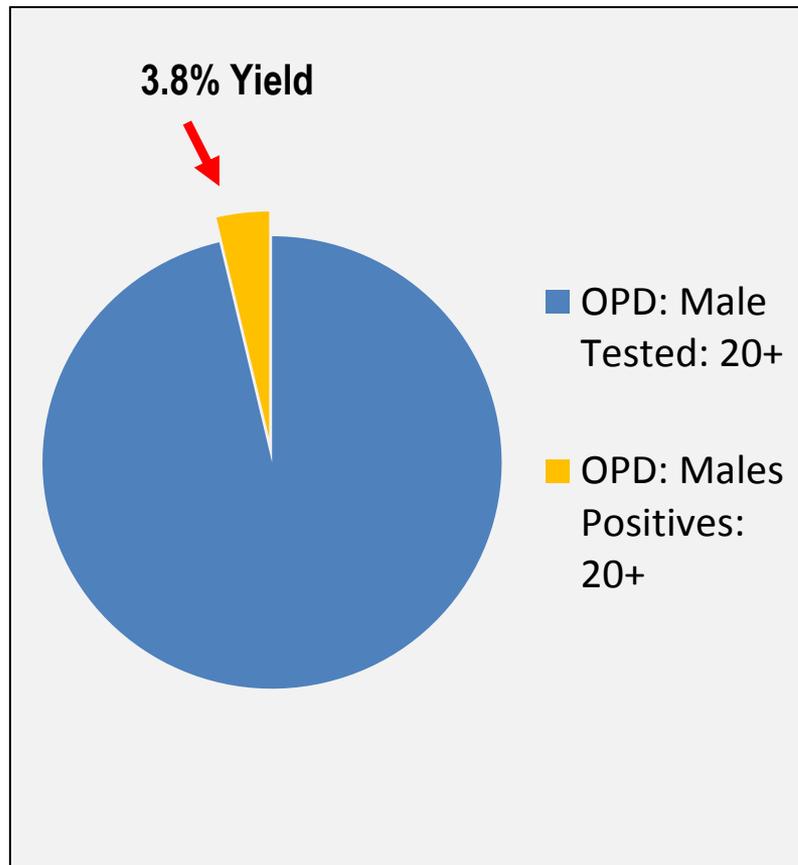


Missed opportunities in OPD: Increase testing for men seeking health services

OPD Attendance and HIV Testing – (FY16 HMIS)

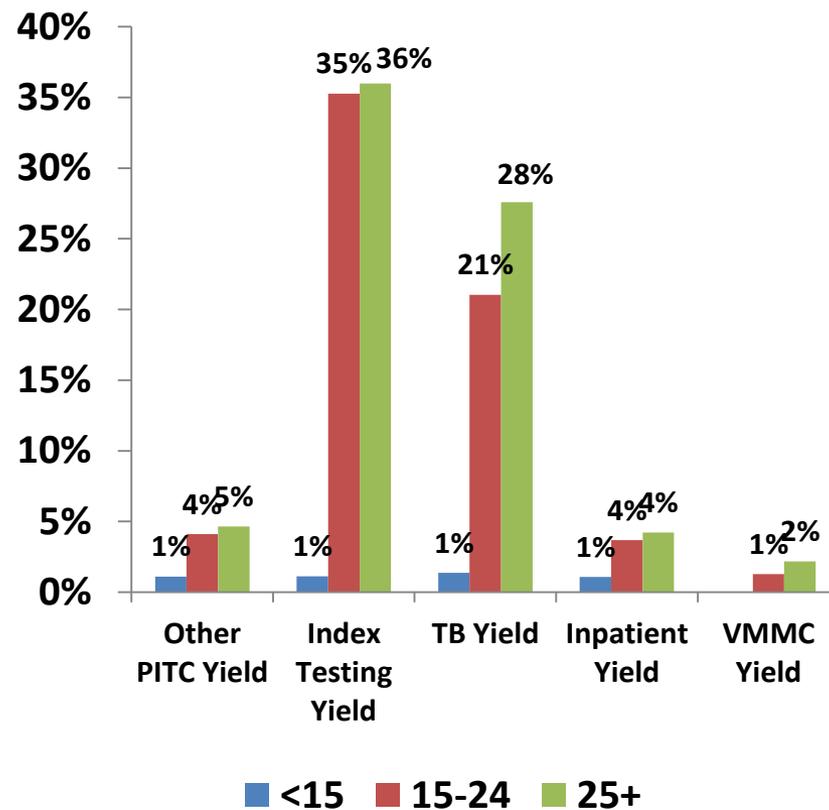
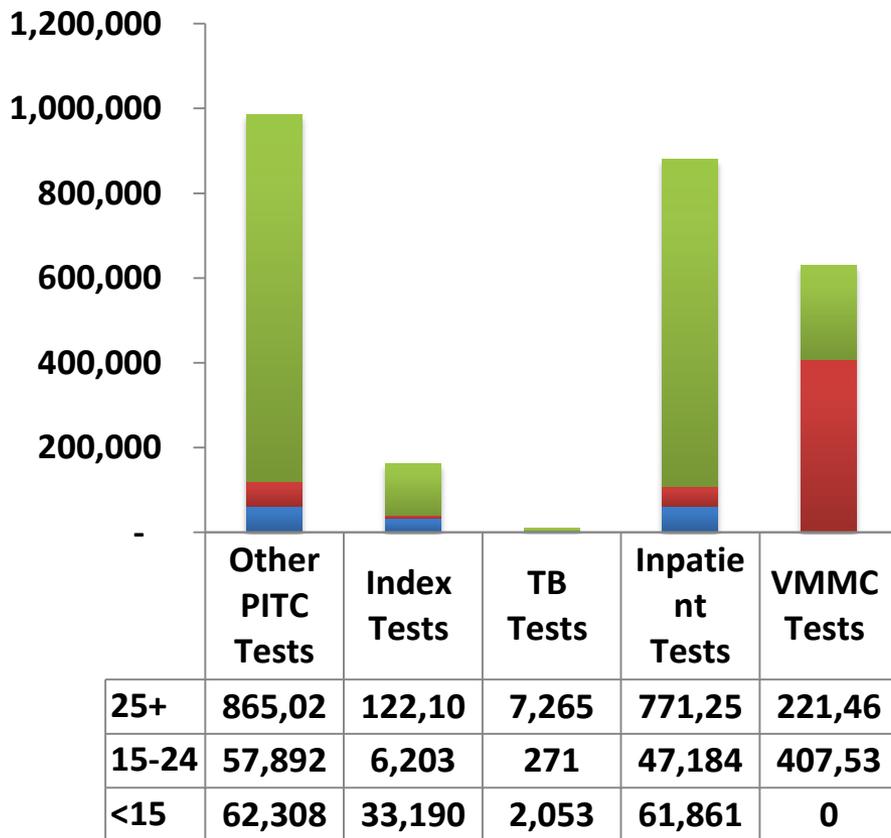


Positives Identified in OPD



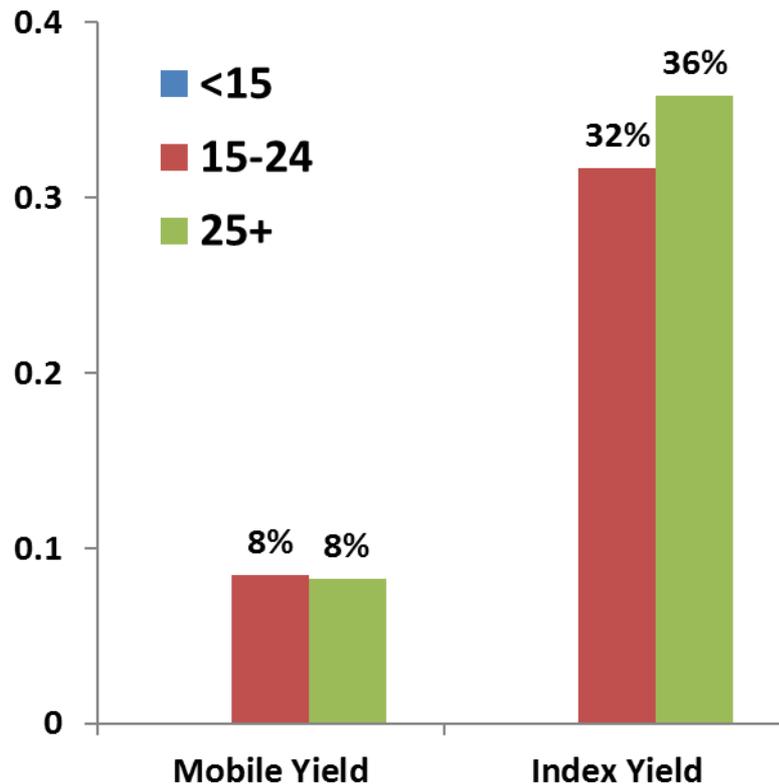
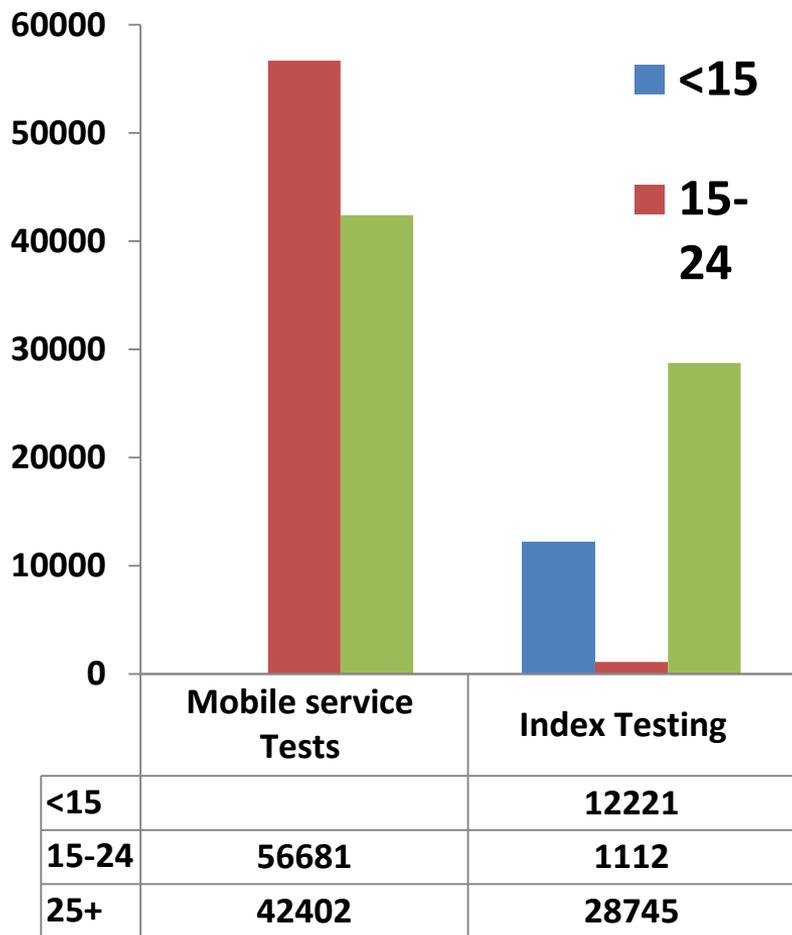


HTS Male Targets





HTS Male Targets





REDACTED



REDACTED



REDACTED

-----Avg. UE per positive identified: \$50.80



HTC Coverage is better in females and children (Mildmay FY17Q1)

Milday SNUs	HTC Coverage (ALL)	PLHIV MALES 20+	20+Male Diagnosed	HTC Coverage Men 20+	PLHIV FEMALES 20+	20+ Female Diagnosed	HTC Coverage Females 20+	PEDS PLHIV	Diagnosed <15	HTC Coverage Peds
Buikwe	71%	8067	4,128	51%	10692	8,800	82%	961	1,054	110%
Bukomansimbi	41%	3888	998	26%	5153	2,407	47%	328	451	137%
Butambala	64%	2618	1,201	46%	3471	2,454	71%	219	352	160%
Gomba	34%	4174	1,108	27%	5532	2,061	37%	350	209	60%
Kalungu	93%	4742	3,277	69%	6287	6,404	102%	402	934	232%
Luwero	160%	3816	5,745	151%	5059	9,046	179%	1010	1,010	100%
Lwengo	38%	7111	1,859	26%	9425	4,193	44%	600	466	78%
Lyantonde	99%	2512	1,922	77%	3329	3,683	111%	209	393	188%
Masaka	143%	7850	8,881	113%	10406	16,630	160%	653	1,570	241%
Mityana	75%	6249	3,167	51%	8283	7,298	88%	727	913	126%
Mpigi	57%	6648	2,611	39%	8811	5,808	66%	554	718	130%
Mubende	60%	12072	5,521	46%	16003	11,064	69%	1539	1,274	83%
Nakaseke	58%	3844	1,686	44%	5096	3,360	66%	438	439	100%
Nakasongola	113%	1547	1,722	111%	2050	2,573	126%	403	217	54%
Sembabule	34%	6753	1,710	25%	8952	3,558	40%	560	333	60%
Wakiso	46%	57304	20,837	36%	75961	38,596	51%	4585	3,998	87%



REDACTED



COP17 priority interventions to accelerate cascade performance

IDENTIFY

- Utilize PMTCT platform to find men
- Expand index client contact tracing

LINK

- Men 15-24
- Men >25 in specific regions

INITIATE

- T&T campaign
- Pre-ART
- Same day initiation

RETAIN

- Unique identifiers
- Differentiated service delivery

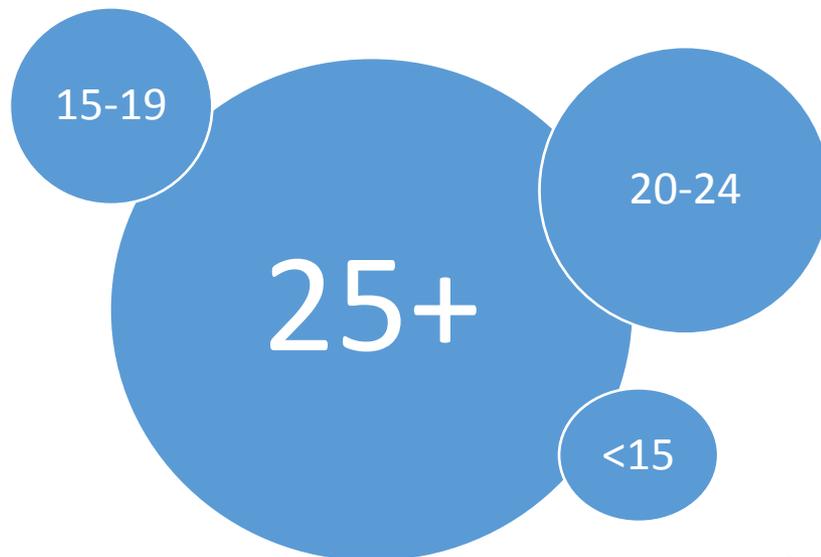
SUPPRESS

- Coverage: scale-up change package
- Rapid result return to clients
- Address pediatric non-suppression



Identify

- Utilize PMTCT platform to find men
 - Partners of HIV negative 15-24yo women
 - Partners of HIV+ women

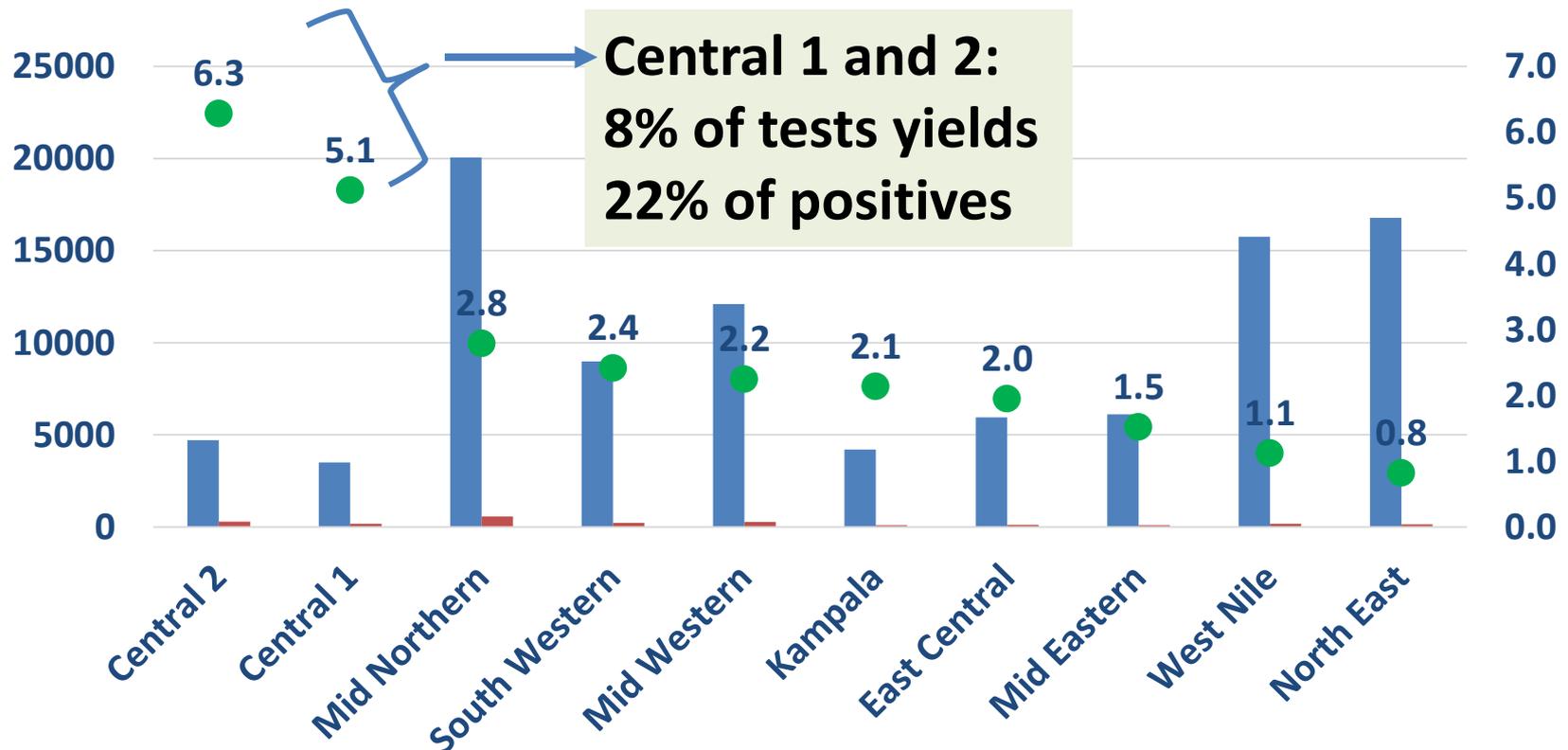


Index client contacts



11,000 HIV+ men identified through ANC/PMTCT in FY16 with a 2.2% yield

Partner Testing Yield by Region Oct- Dec 2016

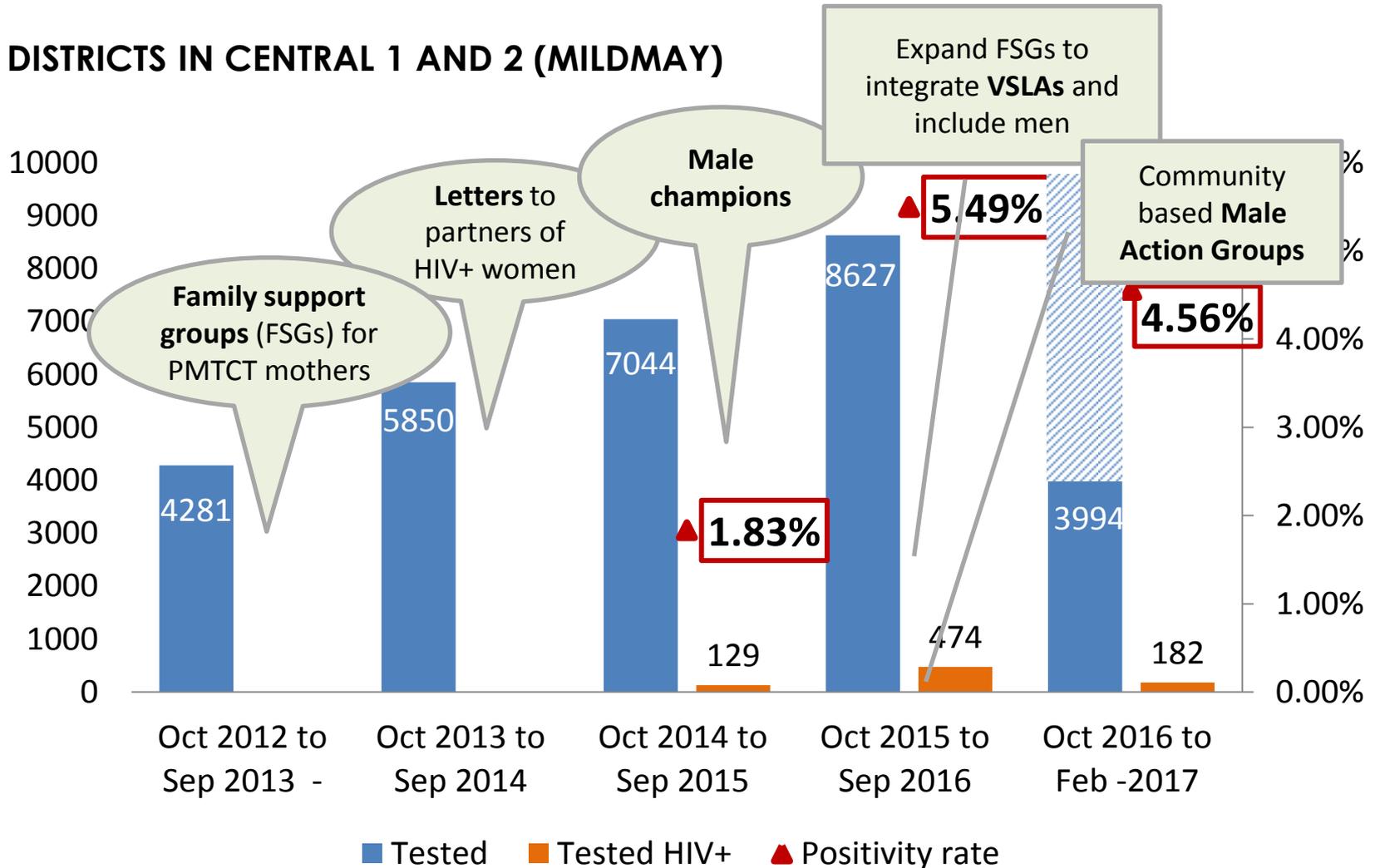


Two promising strategies to improve performance



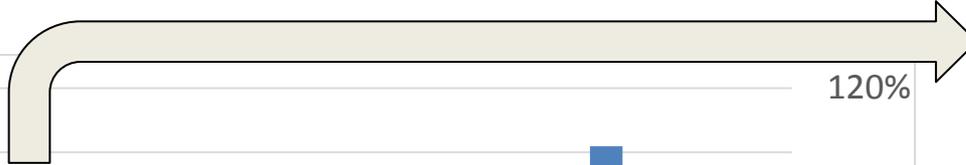
HIV+ pregnant and breastfeeding women: Layer interventions to engage, test, and link partners

5 DISTRICTS IN CENTRAL 1 AND 2 (MILDMAY)

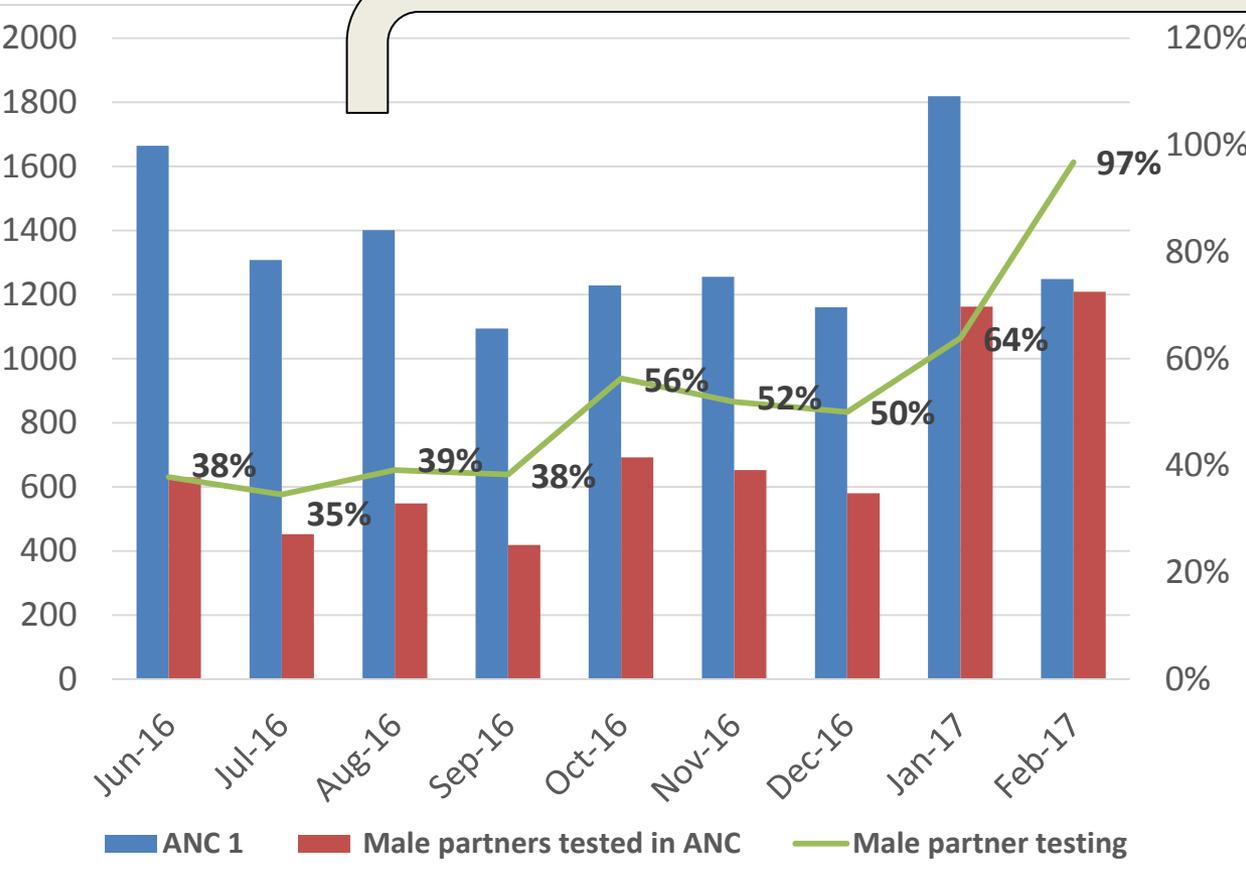




Male service package to reach partners HIV-negative pregnant and breastfeeding women of 15-24yo



- ### Key Interventions
- **multi-disease screening package** for men in ANC including couple HTS
 - **Male dialogue meetings in multiple settings:** at ANC, during home visits, and within community groups
 - **Community Sensitization** of men during community gatherings such as churches, burial ceremonies



Source: RHITES SW (25 sites)



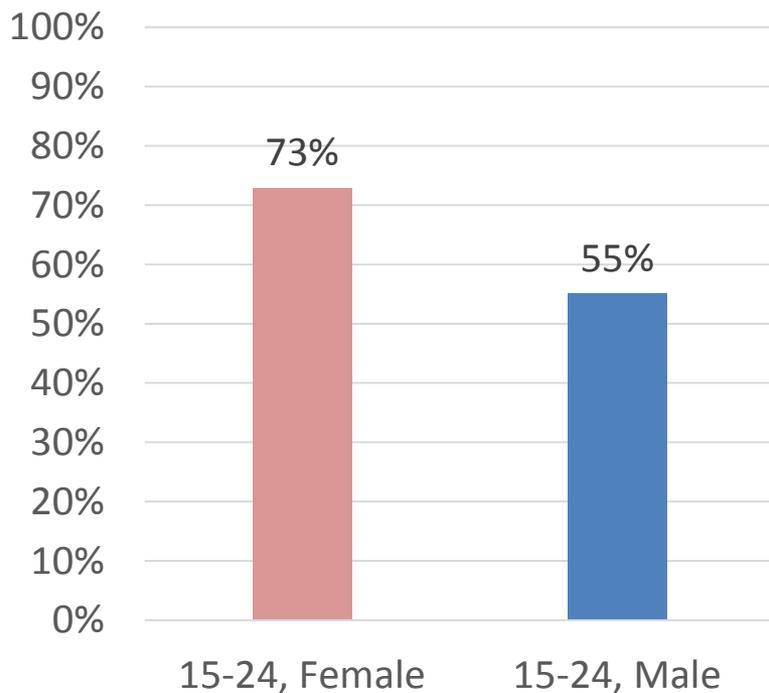
[LINK](#)

- Men 15-24
- Men >25 in specific regions

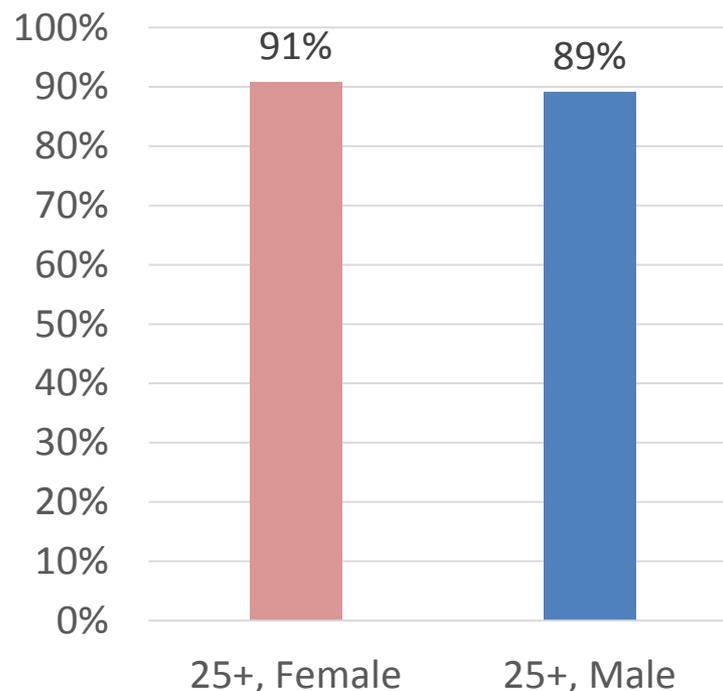


Stronger linkage among 25+ compared to 15-24

Linkage, 15-24y, Q2



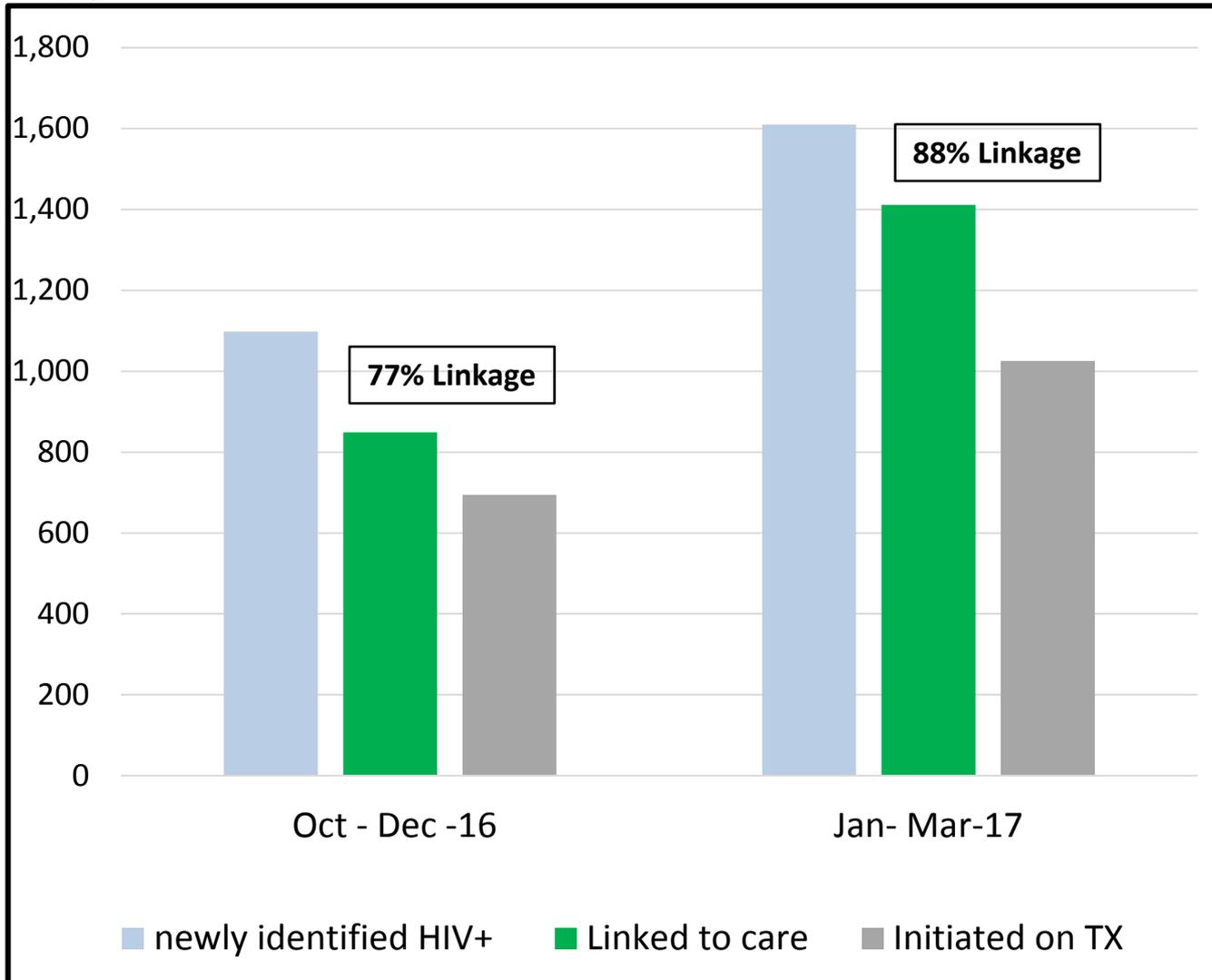
Linkage, 25+, Q2



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Utilization of community structures has improved linkage – continue scale-up



CSO/CBOs
receive sub-
grants to:

- organize targeted community outreaches
- escort newly identified clients to facilities
- trace PLHIV who are LTFU



Overall strong linkage for 25+ males, poorly performing districts/sites identified for additional linkage interventions

Gulu: <80% linkage

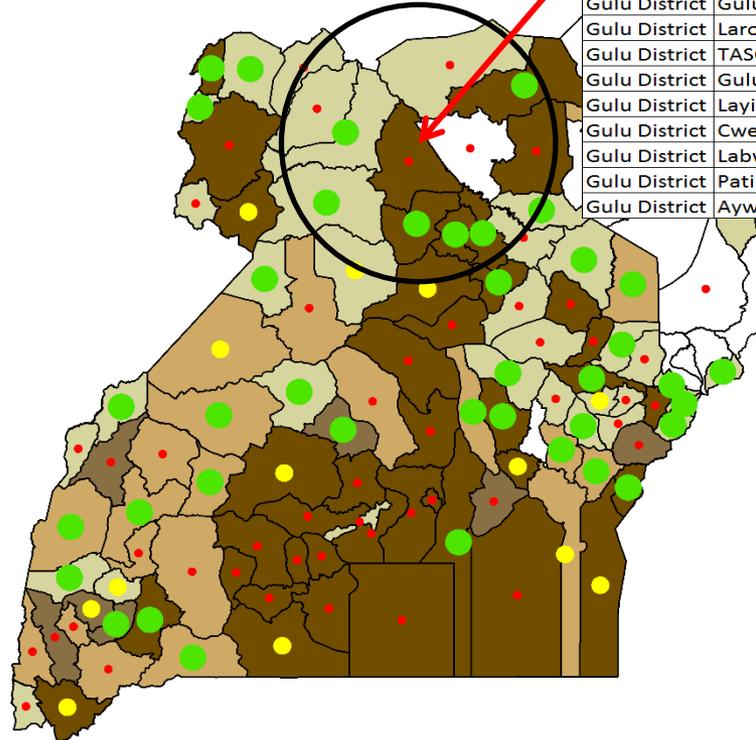
FY17Q2 Linkage - Males 25+ years UGANDA

FY17Q2 Linkage Males 25+ years

- <= 80% (50)
- 81% - 90% (13)
- > 90% (41)

SNU Classification (112)

- Targeted for Attained (40)
- ScaleUp Sat (7)
- ScaleUp Agg (20)
- Sustained (35)
- Centrally Supported (10)



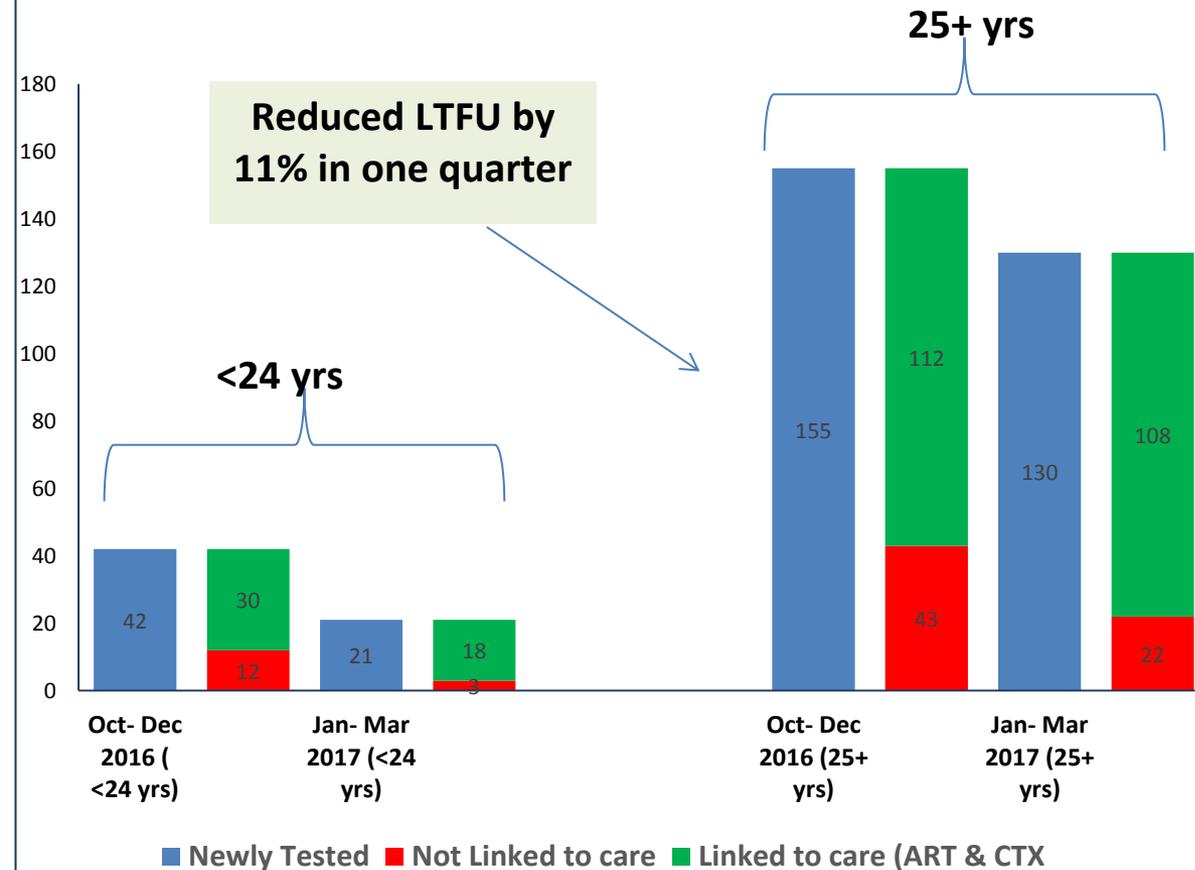
District	Health facility	HTC_TST_P OS 25+ Male	CARE_NEW 25+, Male	Linkage
Gulu District	Awach HC IV	7	4	57%
Gulu District	Bar-Dege HC III	20	8	40%
Gulu District	St. Mary'S Hospital Lacor	37	28	76%
Gulu District	Pabwo HC III	5	2	40%
Gulu District	Gulu Regional Referral Hospital	52	60	115%
Gulu District	Laroo HC III	1	4	400%
Gulu District	TASO Gulu Clinic	733	52	7%
Gulu District	Gulu Prison HC III	24	30	125%
Gulu District	Layibi Techo HC III	16	10	63%
Gulu District	Cwero HC III	1	7	700%
Gulu District	Labworomor HC III	1	1	100%
Gulu District	Patiko HC III	6	3	50%
Gulu District	Aywee HC III	11	13	118%

Mid-northern region has 97% linkage for men 25+, but a mix of high and low performing districts.



Building on the community framework interventions improves linkage for men: to be adopted in poorly performing regions

Linkage of newly identified HIV Positive males into care, 8 facilities in Northern Uganda (ASSIST)



Combination of interventions to improve linkage

- Using the **community facility framework model** to enroll new clients through male peer psychosocial support groups.



- **Same day ART initiation** at the facility.
- Use of **ART starter packs** for those identified in community outreaches
- Using **male peers** to escort clients for ART initiation
- **Client locator forms** to track linkage



INITIATE

- T&T campaign
- Pre-ART
- Same day initiation



REDACTED

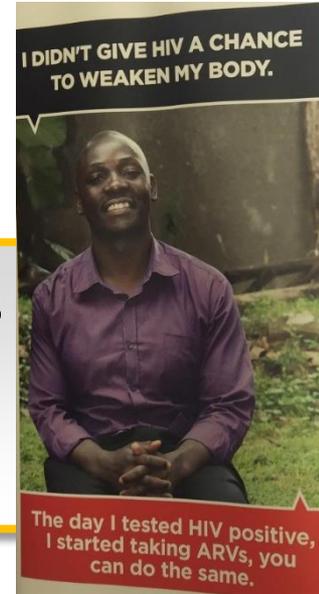
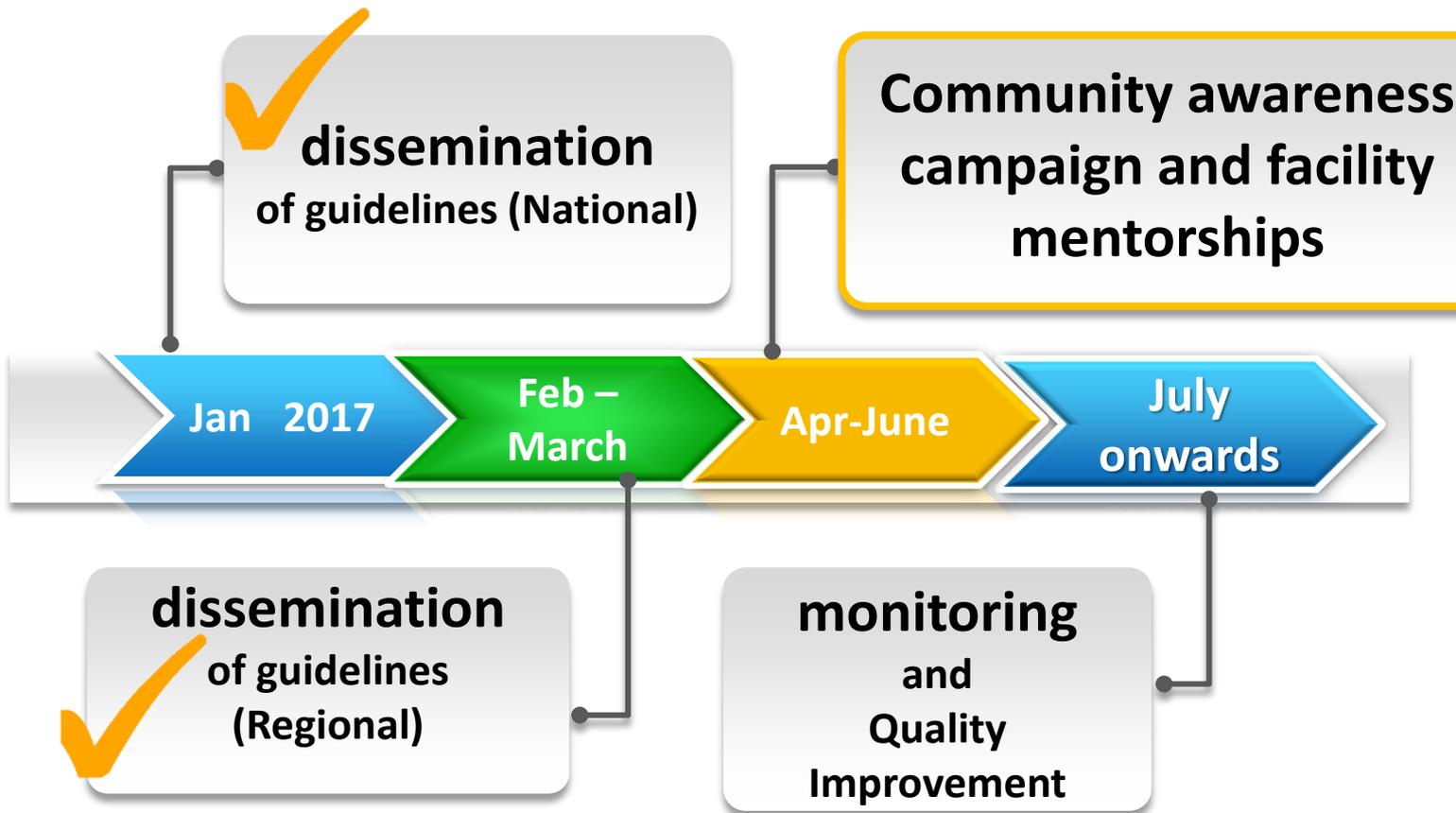


REDACTED



Adding community awareness interventions to facility mentorship as Test and Start is implemented

Roadmap for implementation



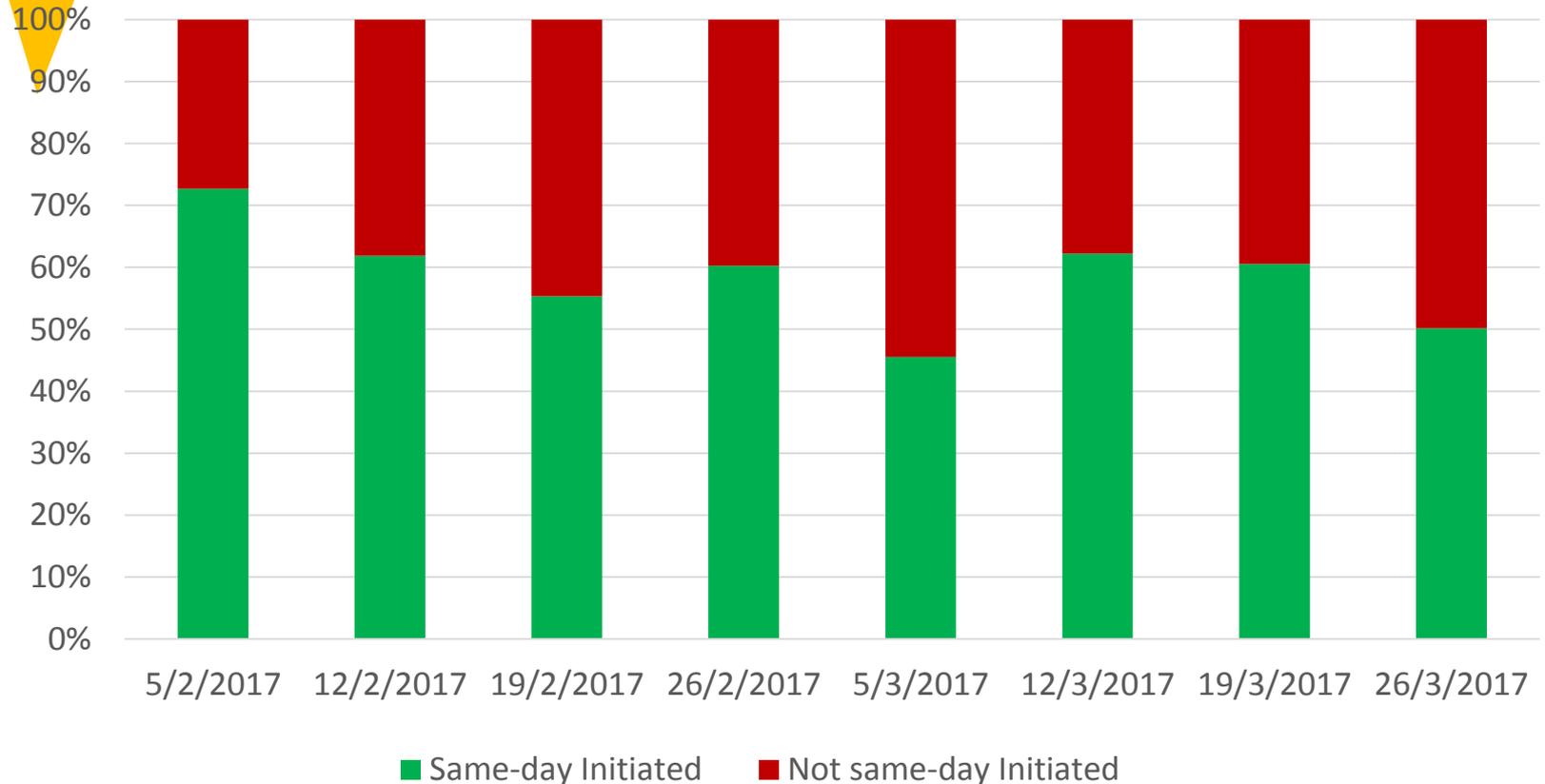


Over the past 6 weeks, positive uptake of same day initiation

Over 50% of newly identified PLHIV at sampled sites were initiated same day

Positive uptake

Same Day Initiation





REDACTED



Retain





Every district, every partner will be implementing Differentiated Service Delivery Models (DSDM) by Sept 2017

Community Models

Community drug
Distribution Points
(CDDPs)



ARV delivery to
community sites

Community Client Led
ART Delivery
(CCLAD)



Client led groups with
rotating ARV pick up
and delivery to group
members

Facility-based

Fast Track
ARV
pick-up



Direct pick-
up from
pharmacy

Group
sessions



Target
populations
(PMTCT,
adolescents)

Clinician
visits



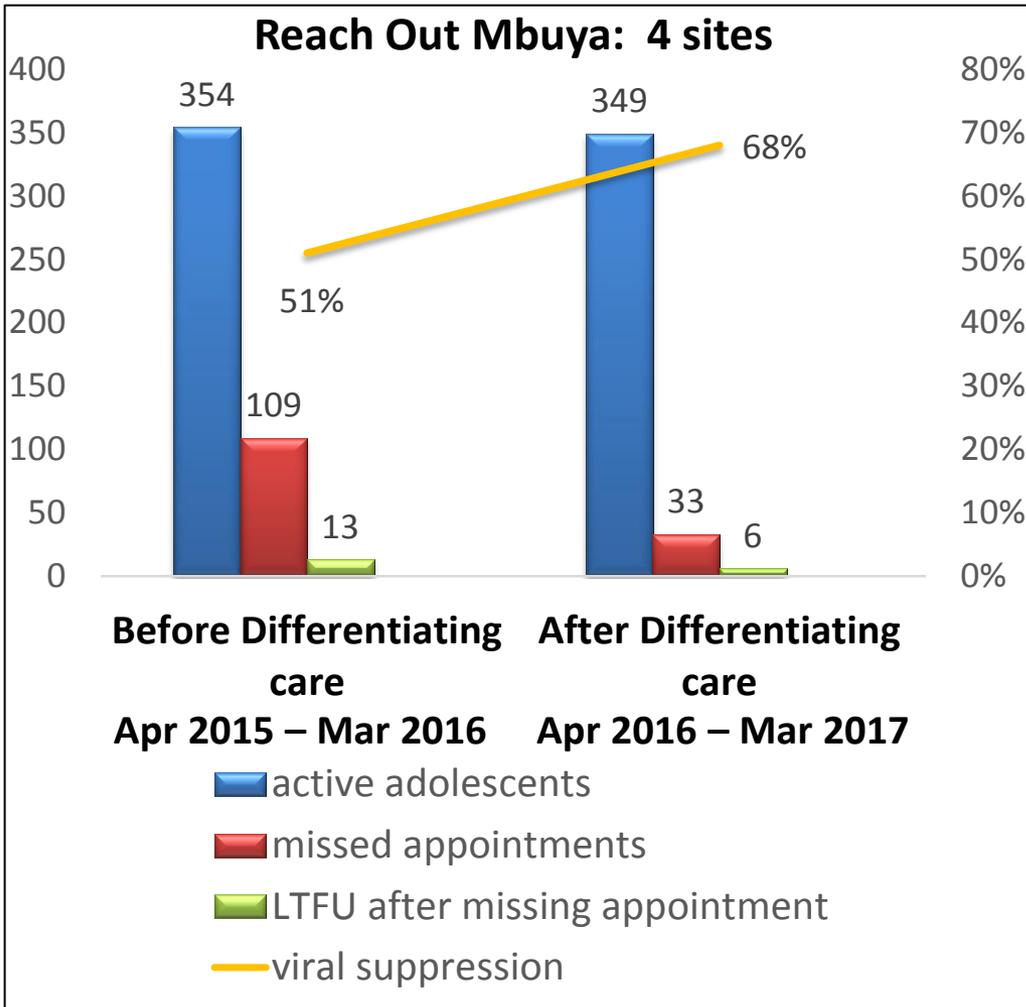
New and
complex
clients

- Finalizing implementation guide and training materials
- TOT planned for early May



Adolescents: Utilizing multi-pronged approach and group sessions to improve retention and viral suppression

Reach Out Mbuya: 4 sites



- Adolescent-specific ART clinic day
- Reliant on peer-support model
- For stable clients: Multi-month prescriptions
- For viral non-suppression: team-based approach to adherence support
 - Client
 - Peer
 - Family member
 - Clinician



Suppress

Challenges in viral
suppression across
districts for
males 15-24 and
children



Coverage and suppression vary by age and gender

		Coverage	
		High	Low
Suppression	High	25+	15-24 women
	Low	<15	15-24 men



- **Coverage:** scale-up change package; campaign targeting 15-24yo
- **Rapid result return** to HCW and clients
- **Suppression:** link <18 to OVC program; identify approaches for 15-24yo men



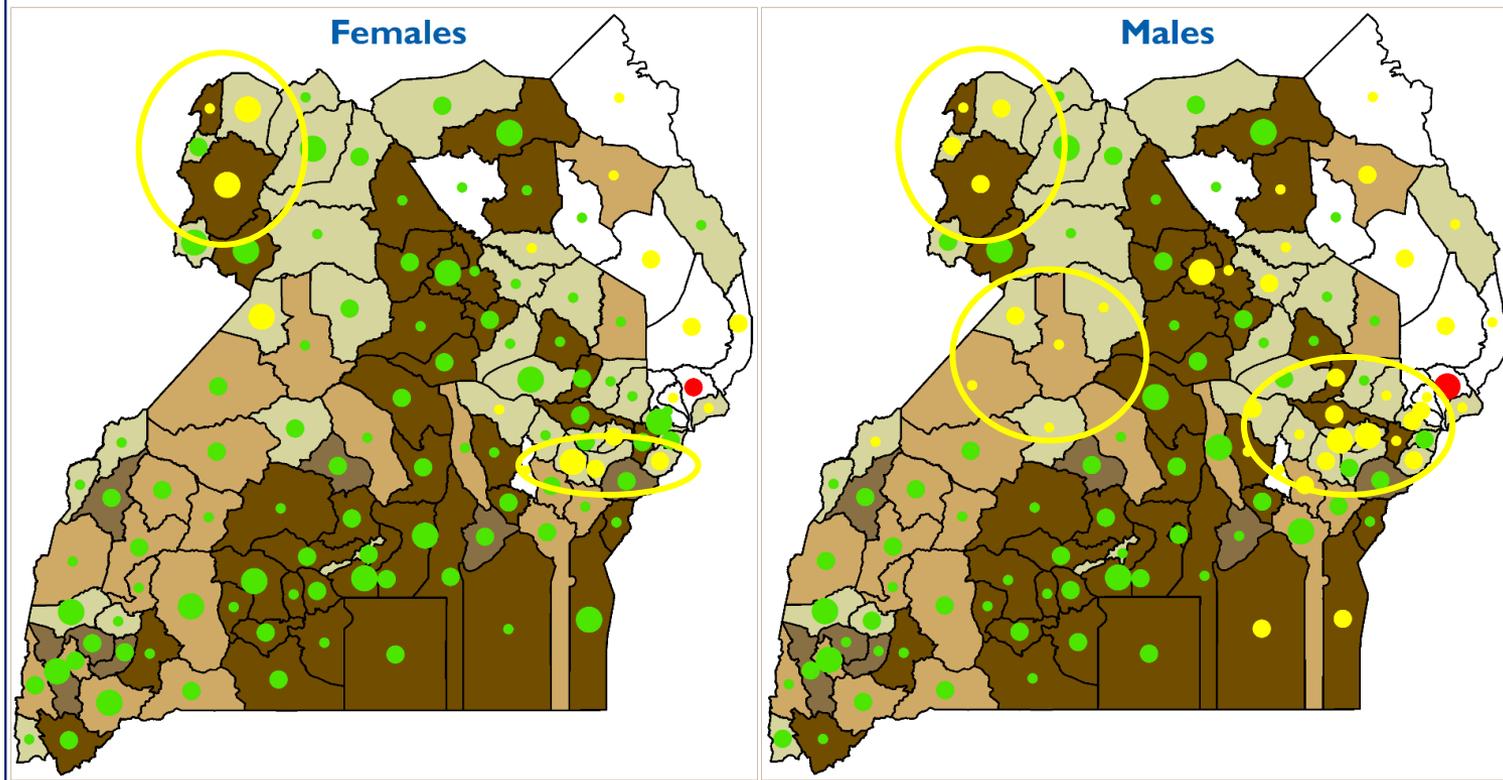
Age and gender patterns in coverage and suppression consistent across districts (25+)

SNU Classification (Prio)

- Targeted for Attain
- ScaleUp Sat
- ScaleUp Agg
- Sustained
- Centrally Supporte

Viral Load Coverage and Suppression - 25+ years

UGANDA



VL Coverage

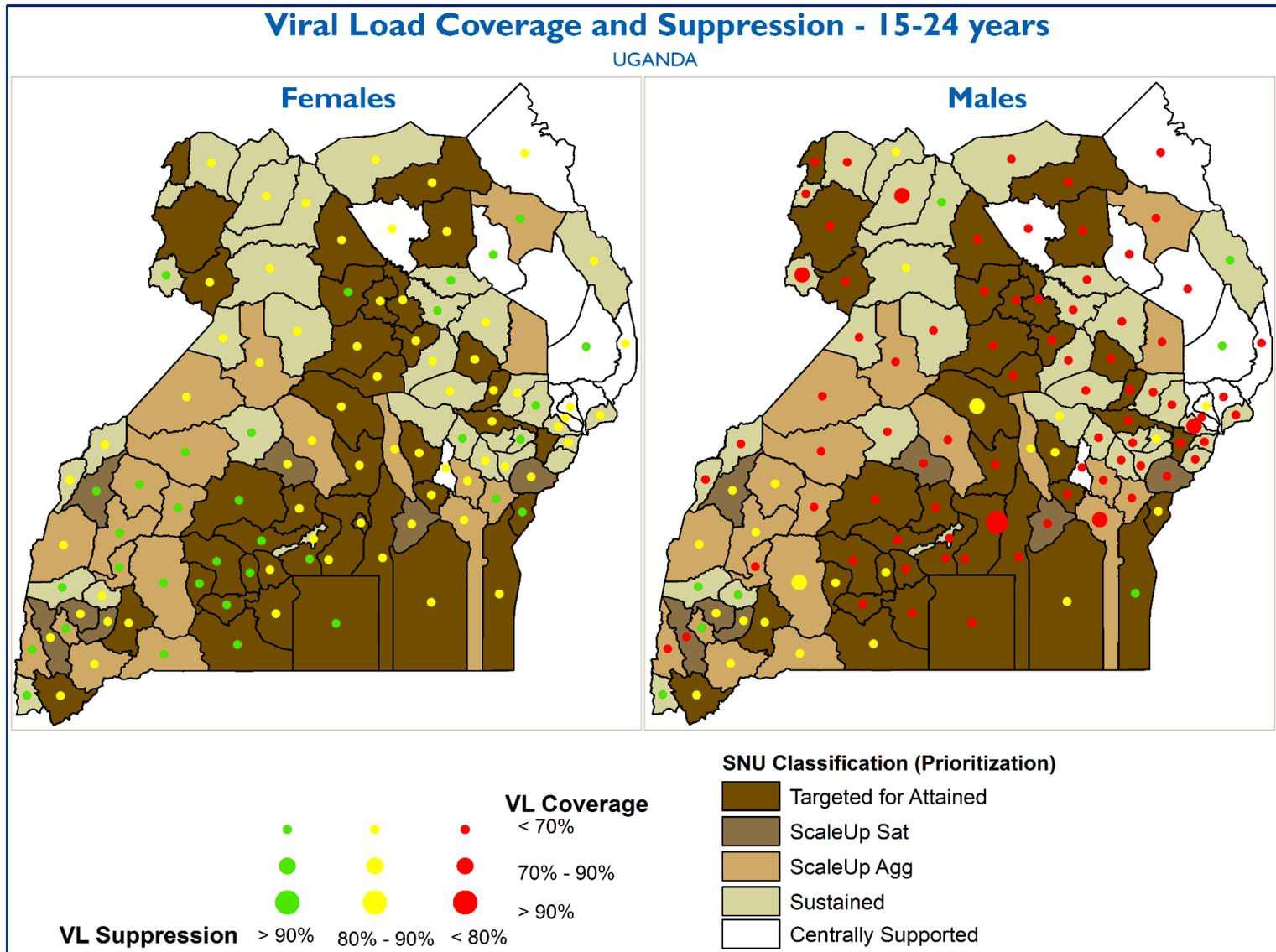
- < 70%
- 70% - 90%
- > 90%

- < 80%
 - 80% - 90%
 - > 90%
- Viral suppression**

Pockets of poor suppression among 25+ women and men in the east and west/west Nile



Age and gender patterns in coverage and suppression consistent across districts (15-24)



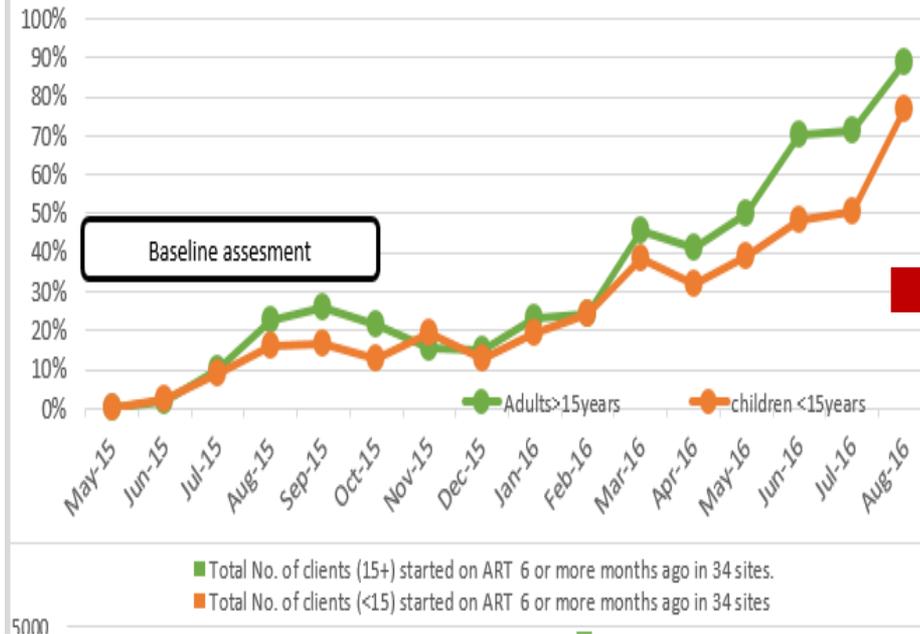


Improved coverage through roll-out of VL change package across regions/IPs

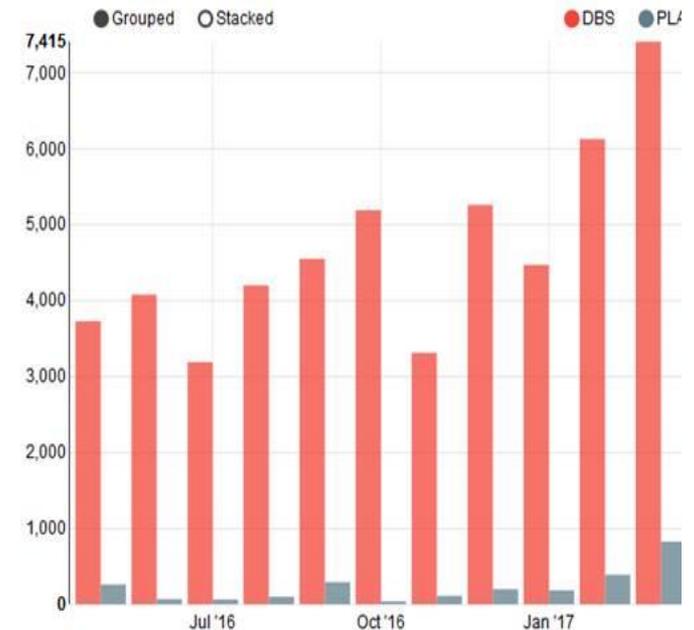
VL Coverage Change Package

- Monthly audits and use of stickers to identify clients due for VL
- Harmonized sample transport routes and schedules
- VL focal person to ensure results returned to clients and completion of registers
- CQI to reduce sample rejection rates and TAT

VL Tests May 15 – Aug 16
34 sites in Northern Uganda REDACTED



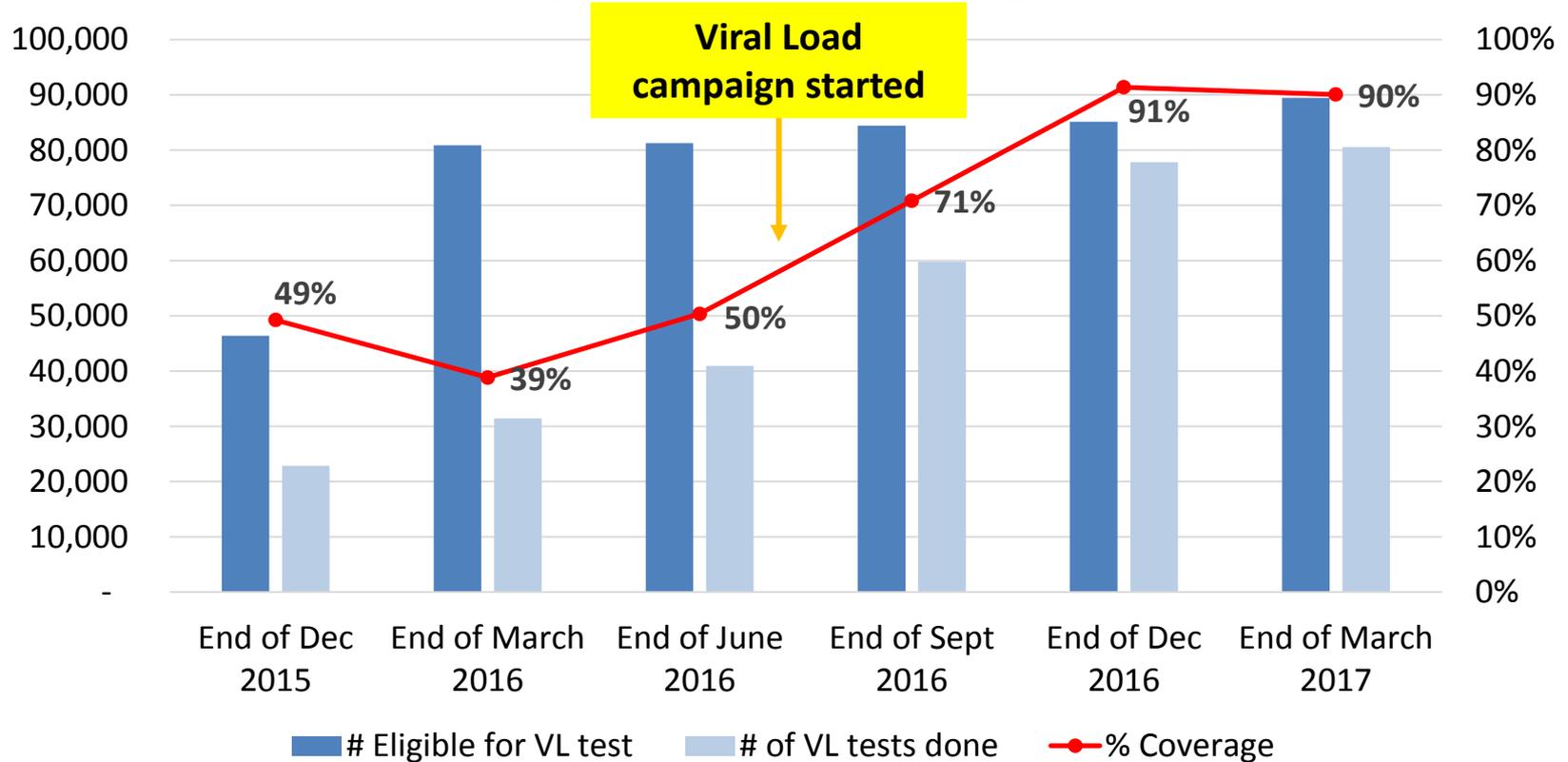
VL Tests Apr 16 – Apr 17
West and West Nile REDACTED





Addition of campaign approach accelerated VL coverage by 40% in six months

Viral Load Coverage in the South West Region (RHITES-SW)



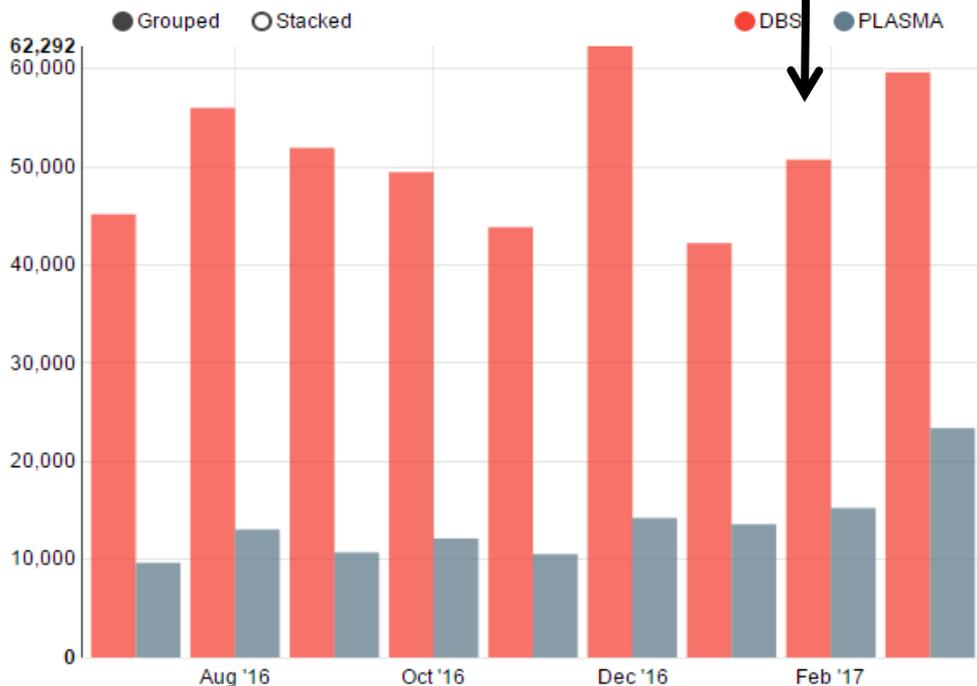


Campaign to improve VL coverage in SW Uganda informed approach the national campaign

Introduced national campaign in Feb 2017 to reverse downward trend in VL coverage

583,749
SAMPLES RECEIVED

90.4%
SUPPRESSION RATE



Campaign components

- Develop **district implementation plan**
- Conduct **site level CMEs** for both facility and community cadre
- Integrate VL session in facility **health education** schedules
- **Engage local leaders** to provide information
- Implement **toll free helpline**
- Ensure **adequate VL supplies** at facility level

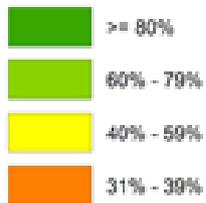


For children, while coverage is high, viral suppression is inadequate everywhere

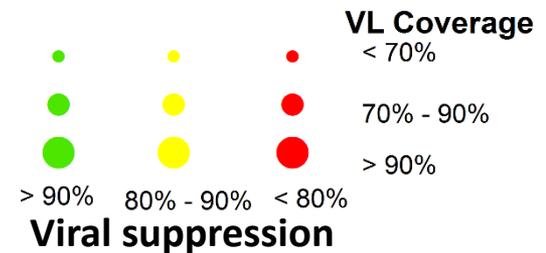
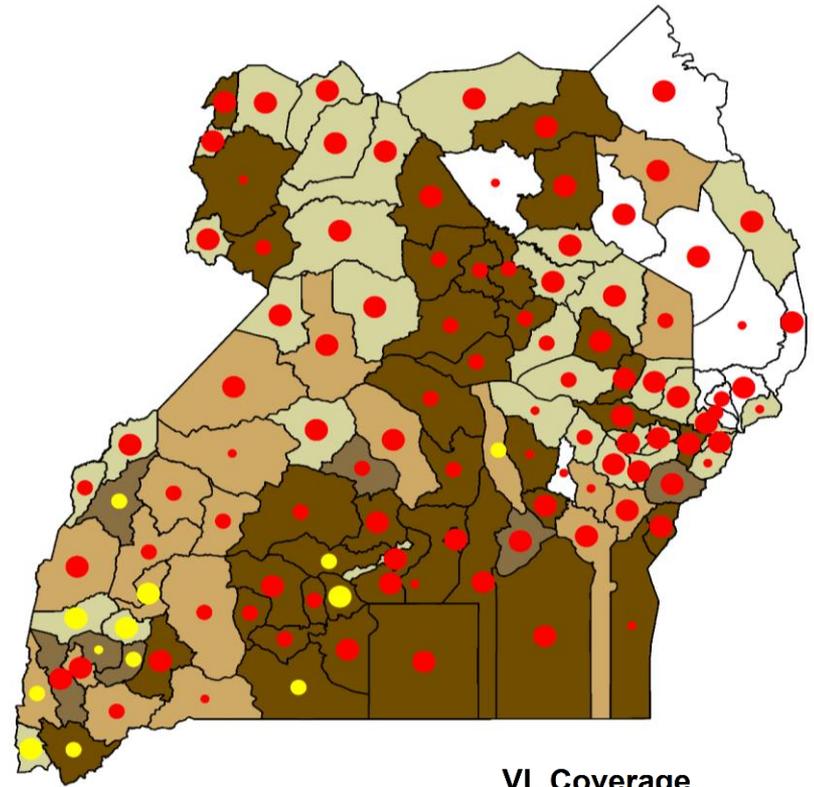
VL Coverage <15, Q1 FY17



VL Coverage for <15 years



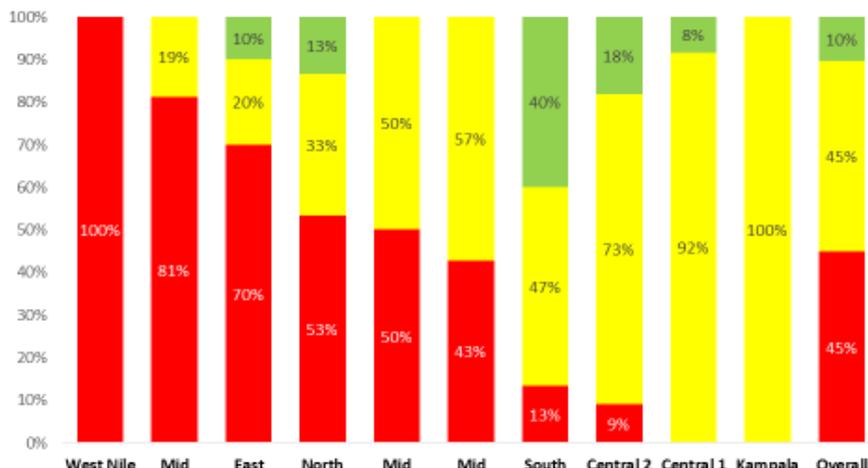
Viral Suppression <15, Q1 FY17



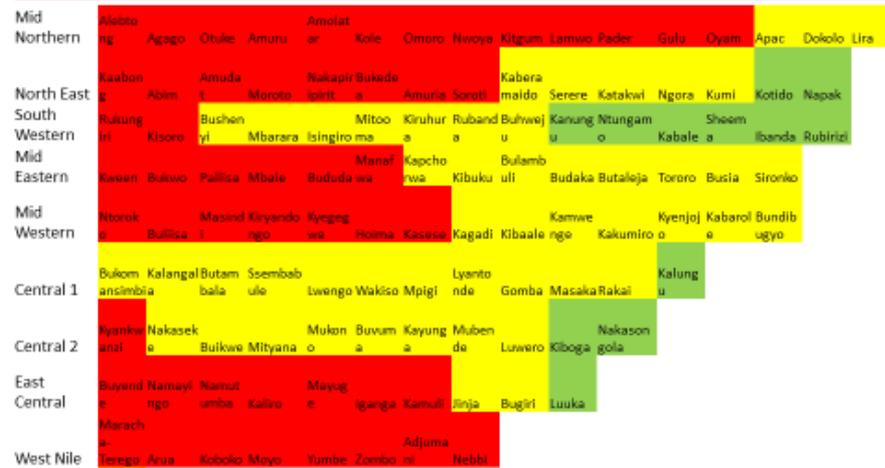


MoH is addressing viral suppression among children through use of regional and district dashboards

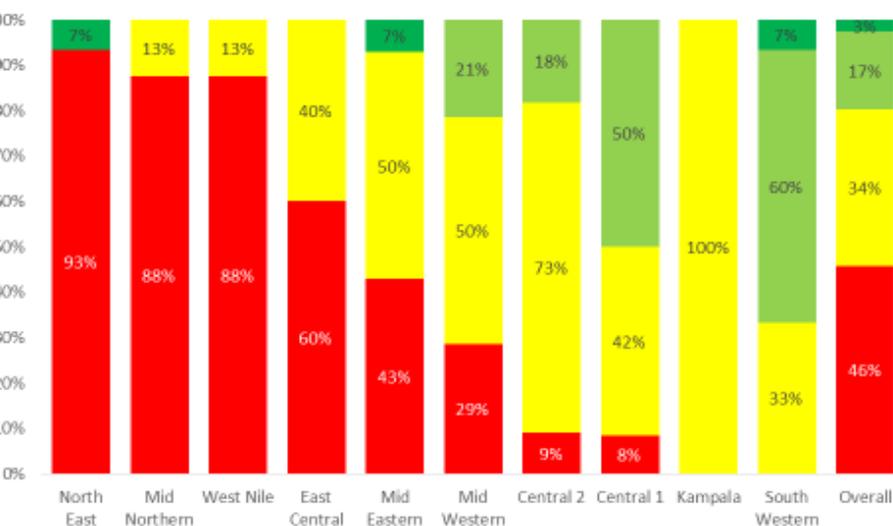
% of Districts by VL Suppression Rates by Region: Children 0-9 years: July-December 2016



Regional/District Performance VL suppression Rates for Children (0-9 yrs) : July-December 2016



% of Districts by VL Suppression Rates by Region: Adolescents 10-19 years: July-December 2016



Regional/District Performance VL suppression Rates for Children (10-19 yrs) : July-December 2016





Pediatric and adolescent focused interventions to improve viral suppression

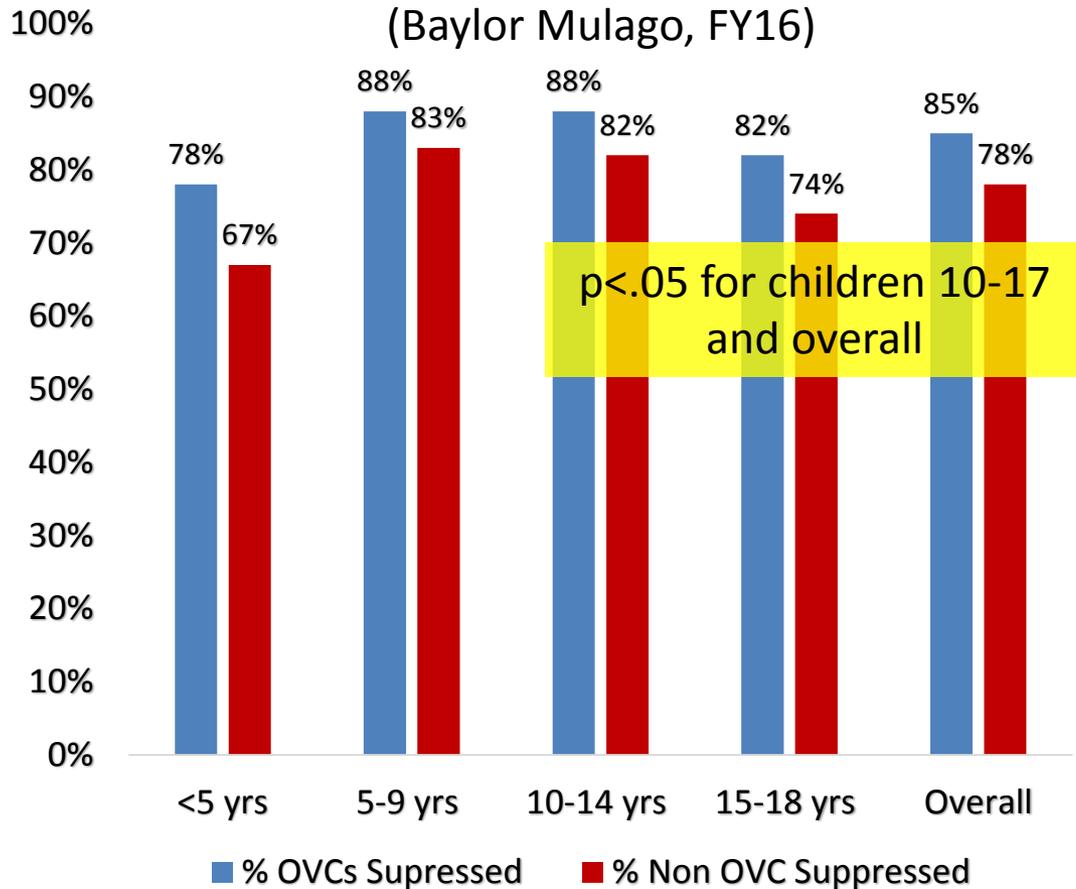
1. **LPV/r pellets** currently being distributed to sites
 - 1st line for children <3 years
2. **Rapid action** by HCW on non-suppressed pediatric VL
3. **Innovative, gender specific approaches to adherence counseling and disclosure:**
 - Peer-to-peer
 - Social media
 - Adolescent clubs/support groups
4. Expansion of **adolescent-friendly services**
5. **Linkage to OVC programming**





Linking to OVC services can significantly improve viral suppression

Viral suppression among 791 children enrolled in the OVC program compared with 1624 not enrolled (Baylor Mulago, FY16)

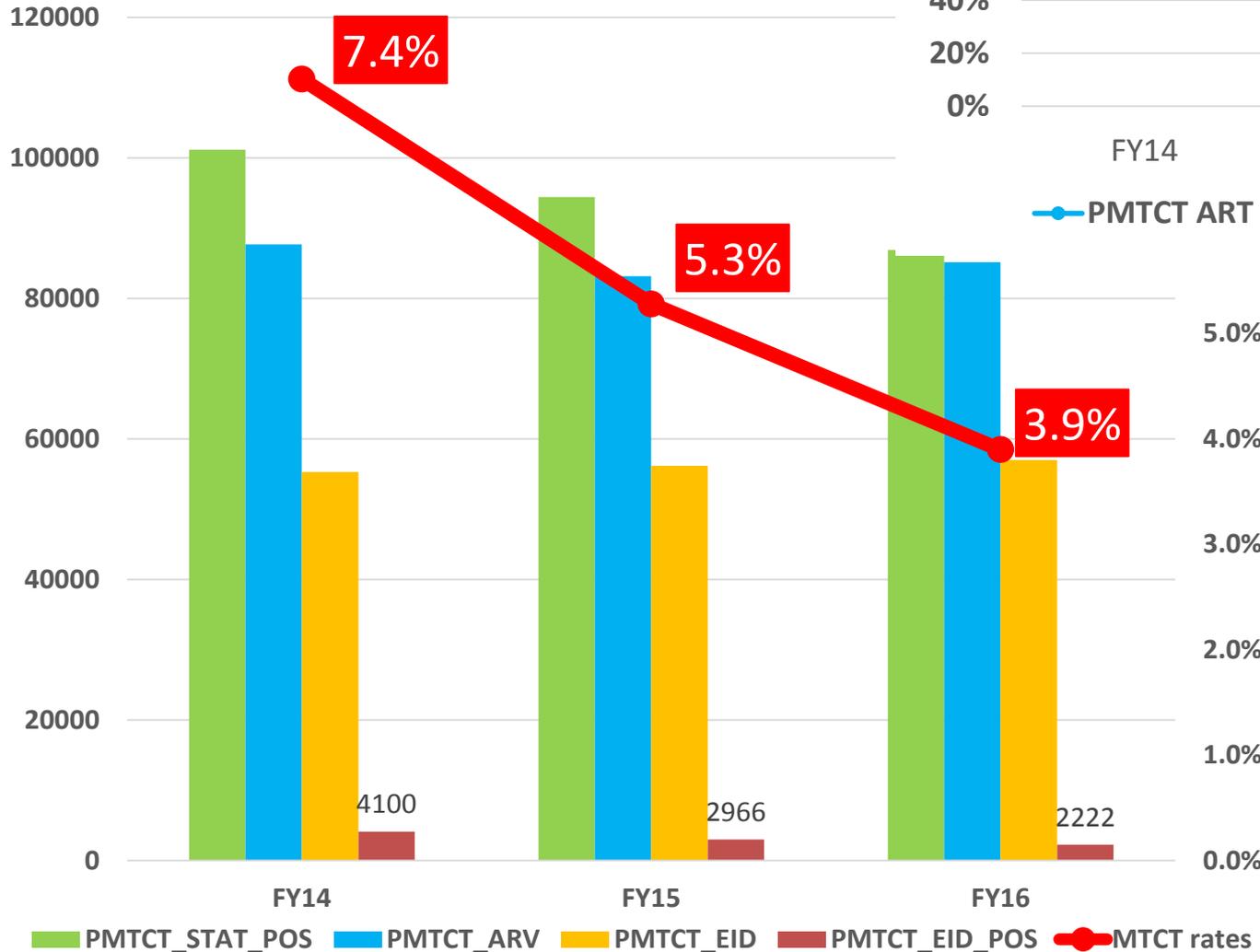


OVC service package

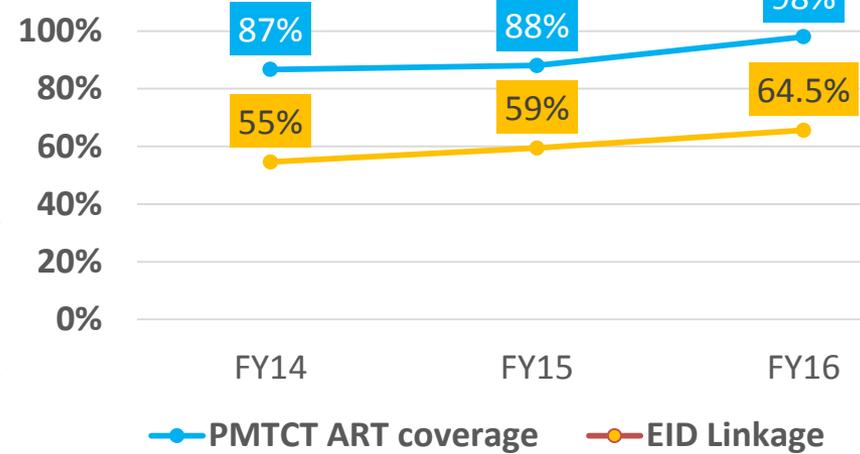
- **Education support:** provision of scholastic materials and temporary school fees support
- **Economic strengthening:** VSLA groups for caregivers
- **Health services:** ART and routine adherence counseling as a basic care package
- **Psychosocial services:** peer support activities, home visits by community volunteers and peers to enforce adherence



Dramatic decline in early MTCT



Trends in PMTCT ART Coverage and EID Coverage



Highlights

- Excellent Option B+ coverage (98%)
- Q1 EID linkage at improved from 64.5% (APR16) to 76% (Q1 FY17)

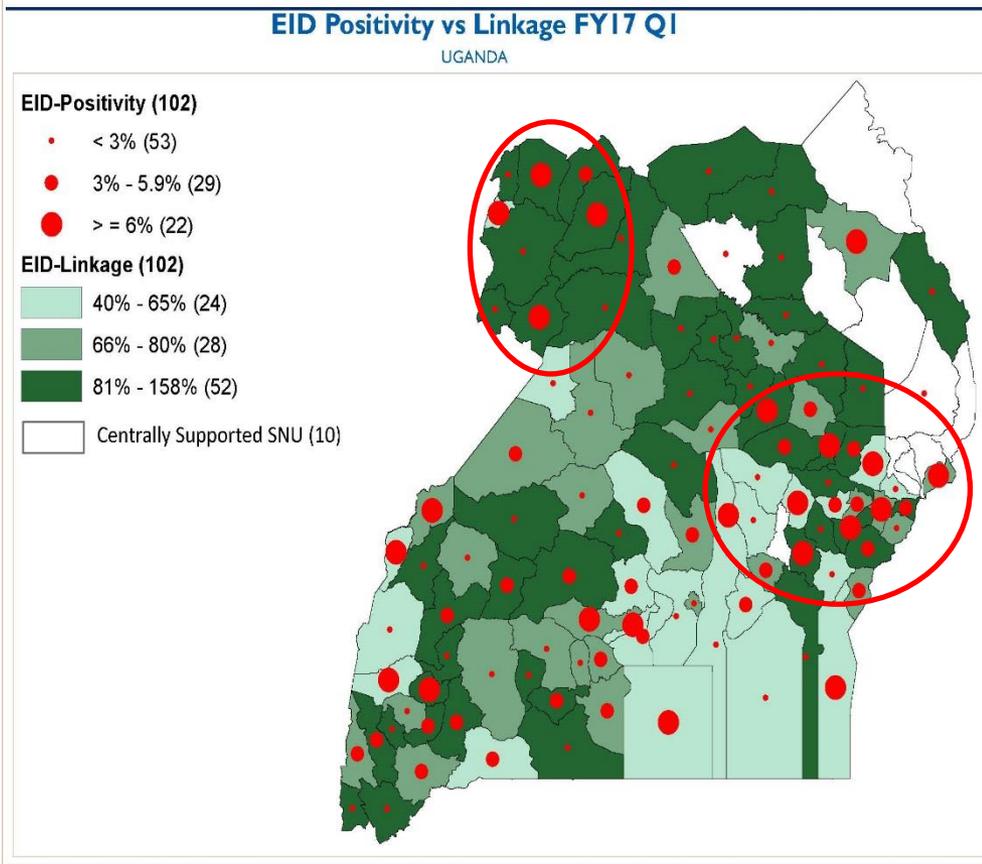
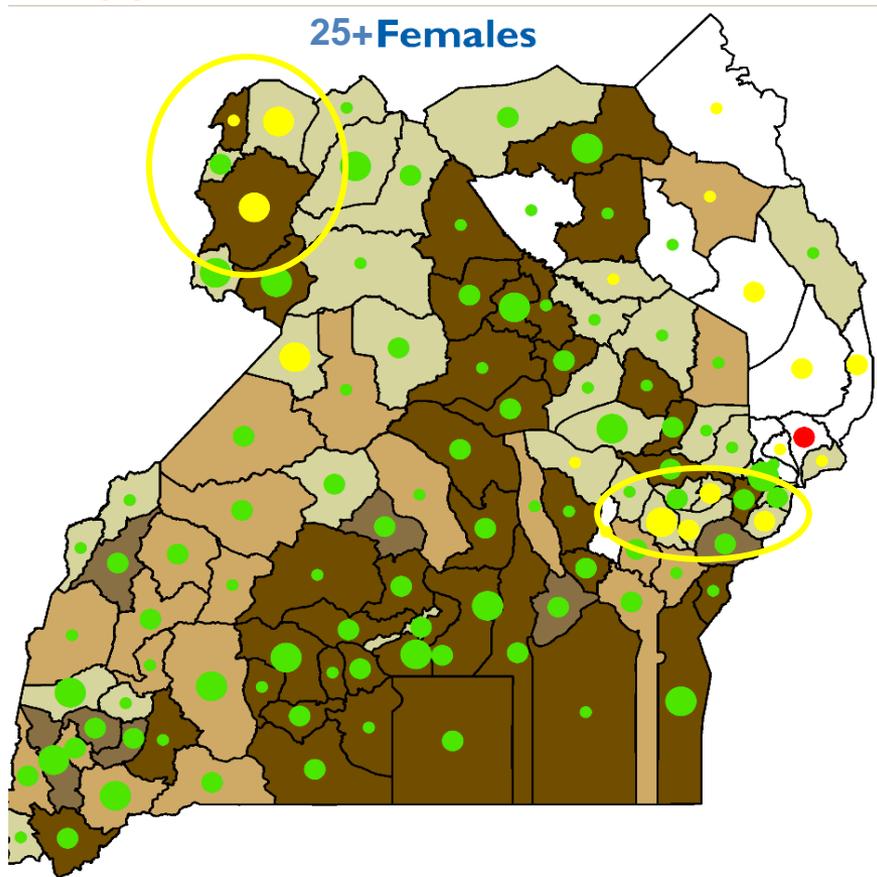


IP performance improvement in EID coverage from APR 16 to Q1 FY17 with implementation of EID change package interventions

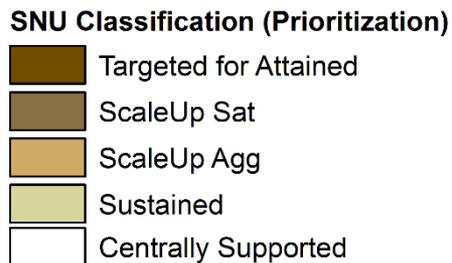
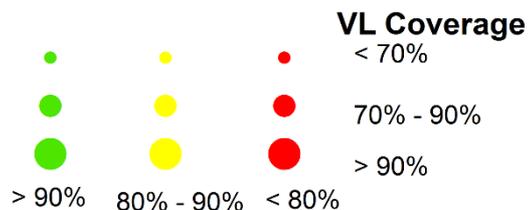
APR16 IM EID Coverage Performance		FY17 Q1 IM EID Coverage Performance		
CAF	146.2%	113.1%	UEC	1
STATE-UNHCR	90.0%	112.3%	CAF	2
MUSPH Rakai	85.7%	96.5%	UPMB	3
UEC	83.4%	96.0%	BAYLOR EASTERN	4
SUSTAIN	81.2%	92.3%	UPS	5
TASO	79.3%	92.0%	STATE - UNHCR	6
BAYLOR Eastern	75.7%	91.8%	Baylor-SNAPS	7
ASSIST	74.7%	91.2%	ASSIST	8
UPMB	74.4%	88.5%	SUSTAIN	9
Baylor SNAPS	73.3%	87.1%	IDI W & WN	10
RHITES-SW	69.6%	83.9%	TASO	11
ROM	69.5%	80.8%	MUSPH-Rakai	12
CEM/PHS	67.9%	77.4%	CEM/ UPHS	13
IDI W & WN	63.1%	76.7%	RHITES-SW	14
IDI-KCCA	62.9%	73.8%	MJAP	15
STAR EC	58.0%	67.5%	RHITES-EC	16
Kalangala	57.4%	67.3%	MILDMAY	17
WALTER REED	56.3%	66.3%	IDI-KCCA	18
MJAP	55.7%	64.9%	STAR-E	19
MILDMAY	55.3%	61.6%	PREFA	20
RTI-UPDF	45.8%	56.9%	ROM	21
STAR-E	42.4%	53.7%	WALTER REED	22
PREFA	40.1%	45.6%	Kalangala	23
HIWA	39.1%	44.2%	HIWA	24
UPS	34.4%	42.5%	RTI- UPDF	25
Enhanced Prevention	ND	29.6%	Enhanced Prevention	26
Grand Total	65.6%	76.8%	Grand Total	



Viral suppression among pregnant and BF women is being prioritized to address pockets of MTCT

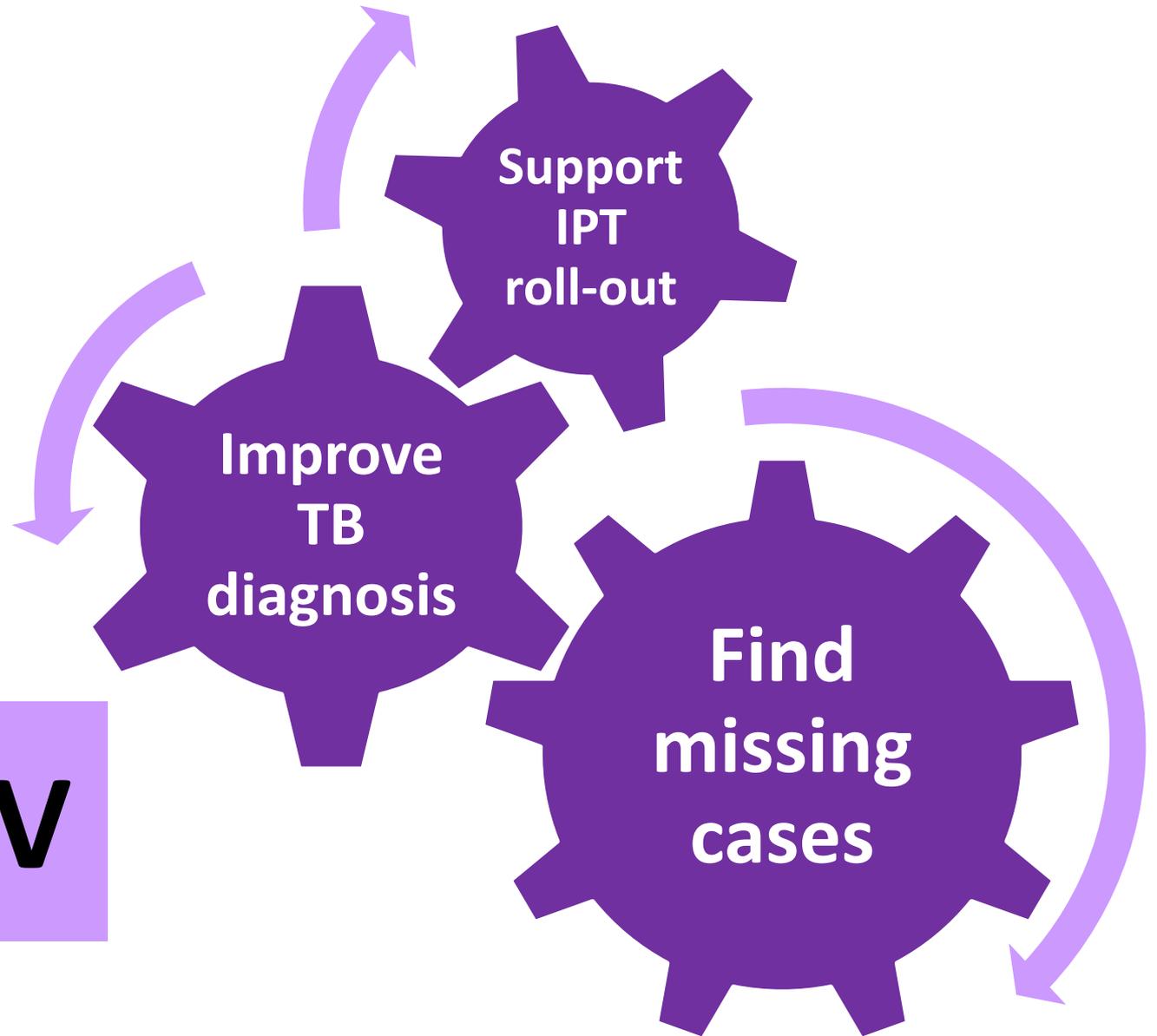


Prepared by: Strategic Information Branch, CDC Uganda. Date: 2/14/2017. Email: SIDataRequest@cdc.gov. The boundaries, names, and data used on this map do not imply official endorsement or acceptance by the U.S. Government.



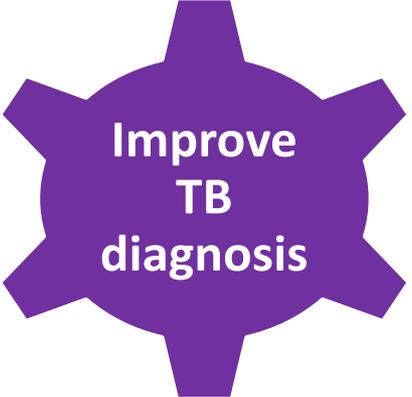


TB/HIV





Only 52% of TB/HIV are detected, 60% are men: integrate HIV and TB case detection interventions to find undiagnosed co-infected men

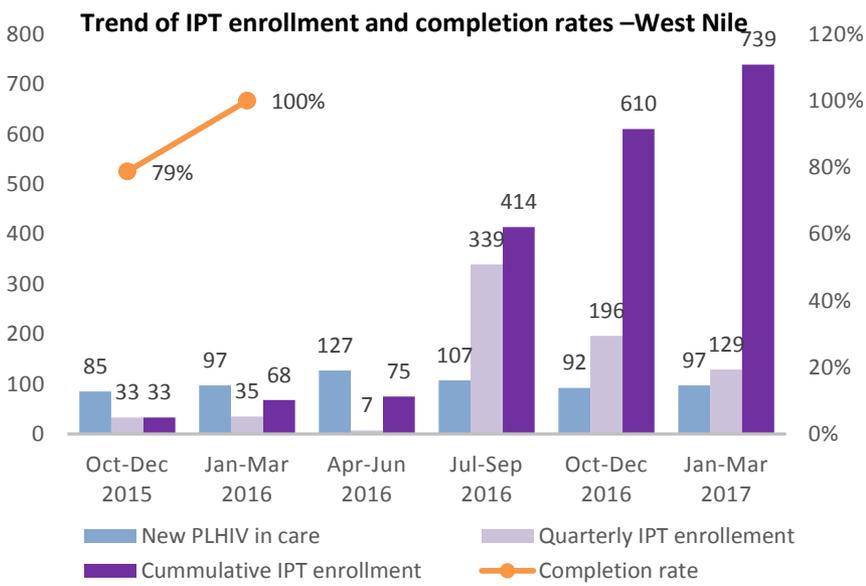
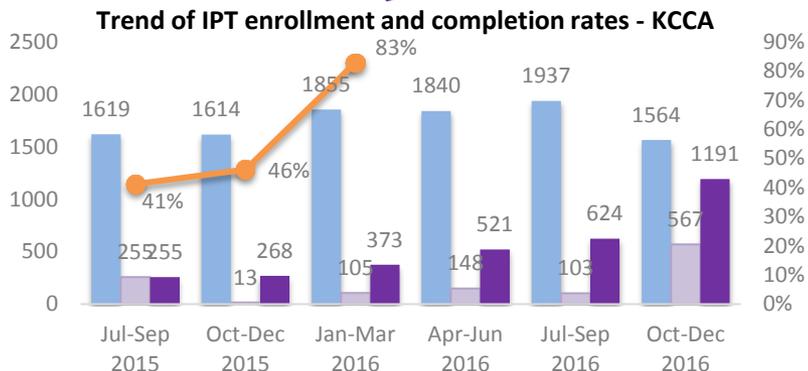
Problem	Strategies
 <p>Find missing cases</p>	<ul style="list-style-type: none">• Integrate TB screening with HTS• Utilize facility tracking systems and community structures• Expand index client contact tracing
 <p>Improve TB diagnosis</p>	<ul style="list-style-type: none">• GenXpert at all hubs (procurements in COP17 + GF)• New TB diagnostic algorithm – GenXpert for all suspects• Rapid result return thru GxAlert platform (real-time SMS results)



Systematic implementation of IPT has led to improved enrollment and completion rates

IPT: 85% of the national need is covered for priority groups (all newly enrolled PLHIV; all HIV+ children)

- Key IPT implementation activities (REDACTED)**
- Training of health workers
 - Provision of IPT tools and job aides
 - IPT focal person at each facility to oversee IPT implementation
 - Calculating number of clients to enroll based on IPT stocks
 - Chart reviews and harmonization with the IPT registers
 - Routine and targeted mentorship visits





IMPLEMENTING PARTNER MANAGEMENT FOR PERFORMANCE IMPROVEMENT

Model for Improvement

What are we trying to accomplish?

How do we know that a change is an improvement?

What changes can we make that will result in the improvements we seek?



Reference: Langley G, Nolan T, Norman C, Provost L (1966). The Improvement Guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco



Redacted



PEPFAR-Uganda has increased use of information to monitor and manage program performance

- More frequent meetings with Implementing Partners to discuss program performance, identify and address issues, and share lessons and best practices
- Shorten feedback loop: Data availability - Analysis - Use for performance management
- Increased availability of data through use of dashboards and other visuals that help to track results on a monthly basis/weekly basis
 - HTC tracking
 - PMTCT
 - ARV commodities
 - Viral Load Dashboard
- Regular analysis and review of SIMS data
- Performance reviews focused on main challenges:
 - Identification of HIV positive individuals not on treatment, with an emphasis on men
 - Clinical cascade (three 90s) including analyzing and addressing cascade leaks
 - Circumcising men
 - Preventing new infections among adolescent girls and young women
- Now developing smart-phone app to put useful data in the hands of district, sub-county and facility managers. Beta version available in May, 2017

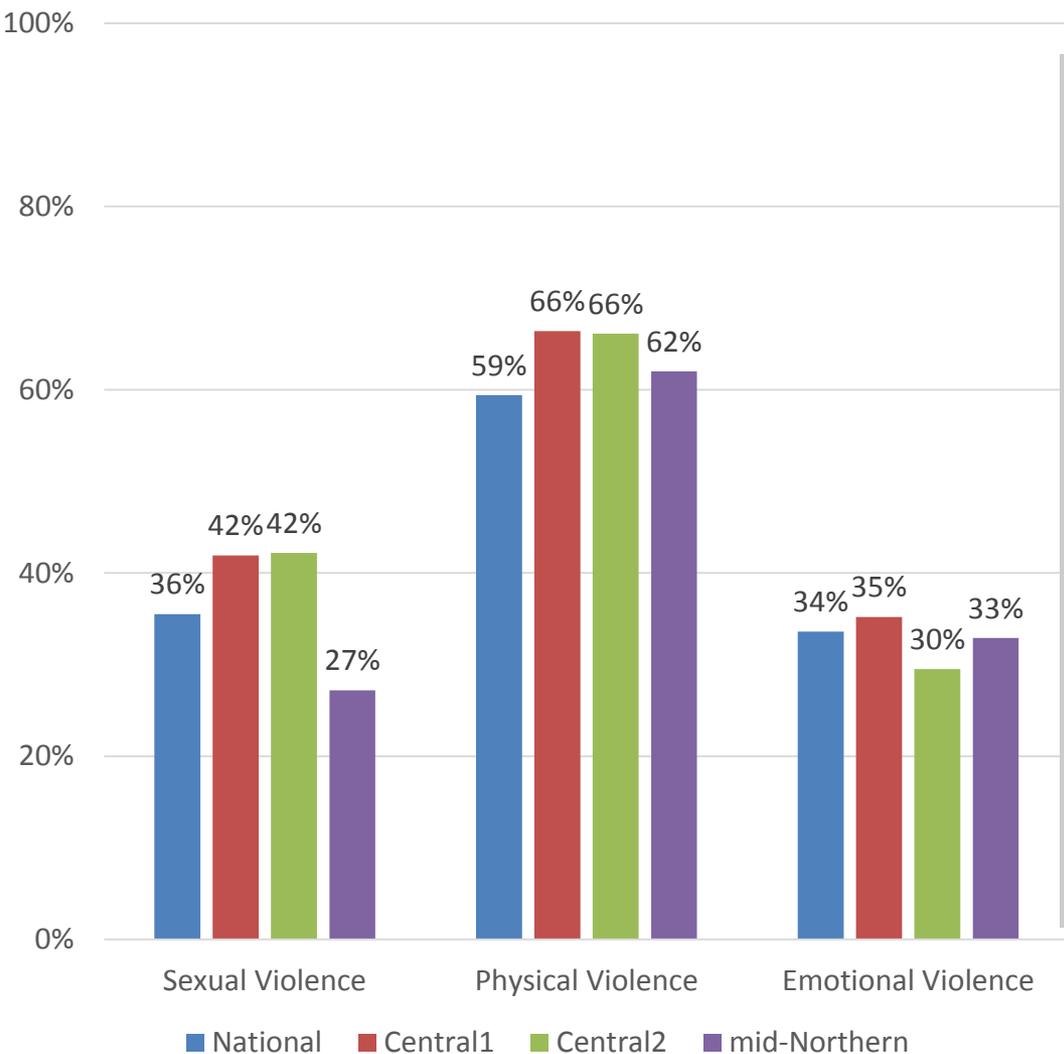




**Integrate OVC platform
with 90:90:90 to scale**



VACS data shows high levels of GBV



- Most commonly reported perpetrators:
 - Friend and Neighbor (Central 1)
 - Friend and Neighbor (Central 2)
 - Boyfriend/Romantic Partner (Mid-Northern)
- Most commonly reported location:
 - Respondent's home (All 3 Clusters)
 - School and on the road

Females Aged 18-24 (VACS 2016)



Addressing GBV and risk avoidance through the OVC platform

Girls 10-14

(COP Target: 57,539)

- School and community based GBV reduction and referrals
- Education subsidies, referrals for HTS
- HIV risk avoidance information, life skills and safe spaces

Boys 10-14

(COP 17 Target: 39,639)

- School and community based GBV reduction and referrals
- HIV risk avoidance and reduction, economic strengthening for older boys
- Education subsidies, referrals for HTS and VMMC

Girls 15-17

(COP Target 30,634)

- School and community based GBV reduction and referrals
- Economic strengthening, Education subsidies, referrals for HTS
- Parenting skills and family relations through SINOBUYO
- HIV Risk avoidance, or reduction information, skills and safe spaces

Children and ALHIV

- Clubs to support adherence and SRH for adolescents
- Psychosocial support for disclosure and referrals to care
- Economic strengthening for the family

Caregivers 18+

(108,599)

- Economic strengthening through savings and lending groups (VSLA)
- Parenting skills training with SINOBUYO
- Referrals for HTS, post violence care as indicated, VMMC for males

Communities/Districts

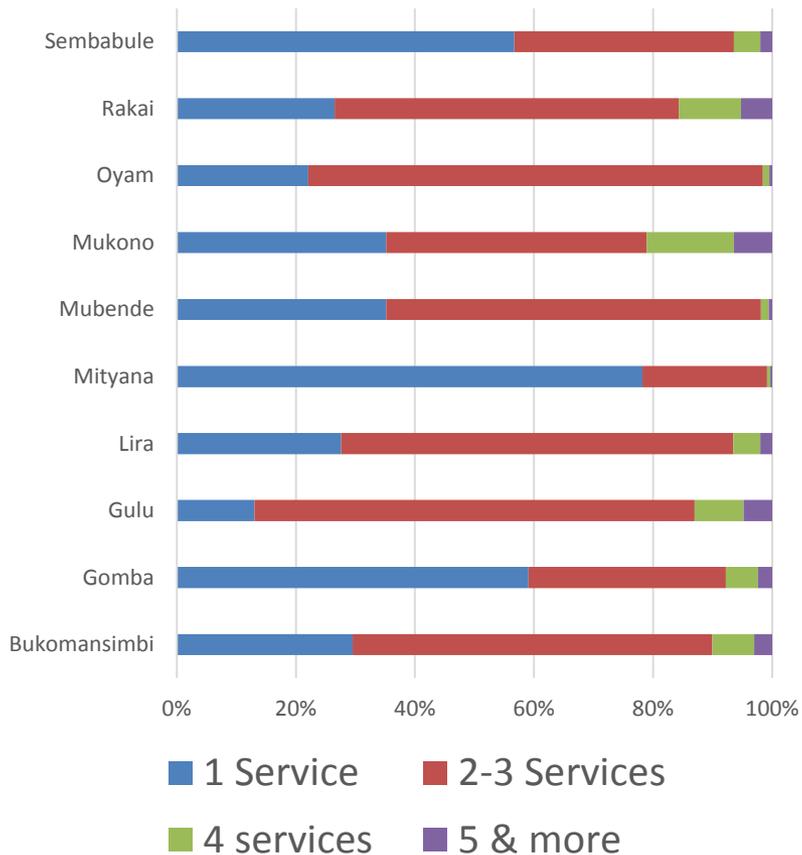
454 Sub counties/61 Districts

- Community norm change activities to reduce GBV and awareness of post GBV care
- Case management through para social workers



Layering of Services

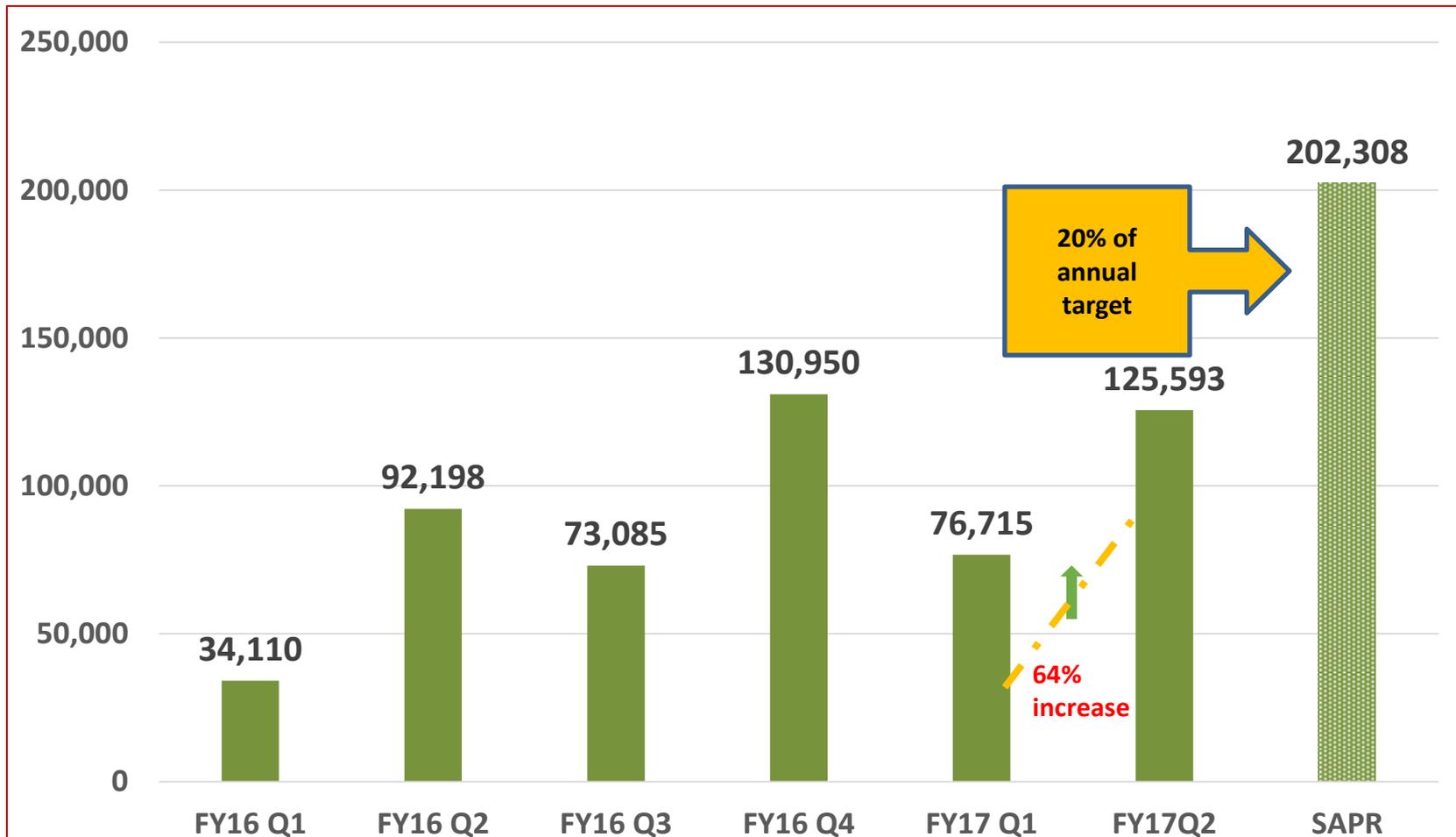
92,236 AGYW Reached, All 10 districts



	1 Service	2-3 Services	4 services	5 +
Sembabule	3456	2,246	271	120
Rakai	4532	9,900	1788	889
Oyam	619	2,139	30	13
Mukono	1827	2,273	761	334
Mubende	4080	7,308	153	65
Mityana	5050	1,351	32	21
Lira	782	1,868	128	56
Gulu	349	1,982	221	128
Gomba	2561	1,438	233	103
Bukomansimbi	3456	2,246	271	120



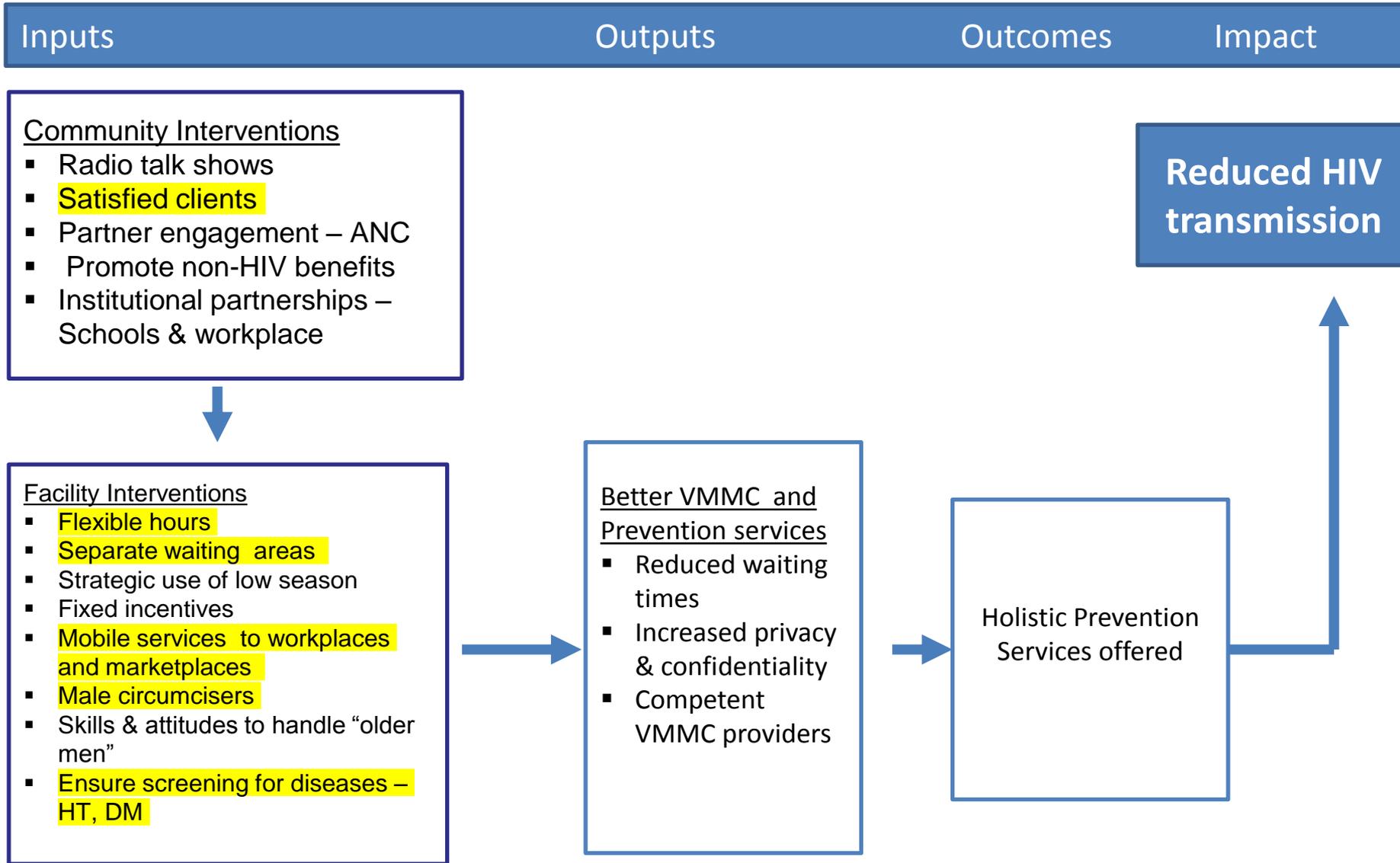
VMMC FY16Q1-FY17Q2



*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.



Cascade to Accelerate VMMC for 15 – 29 year Age Group





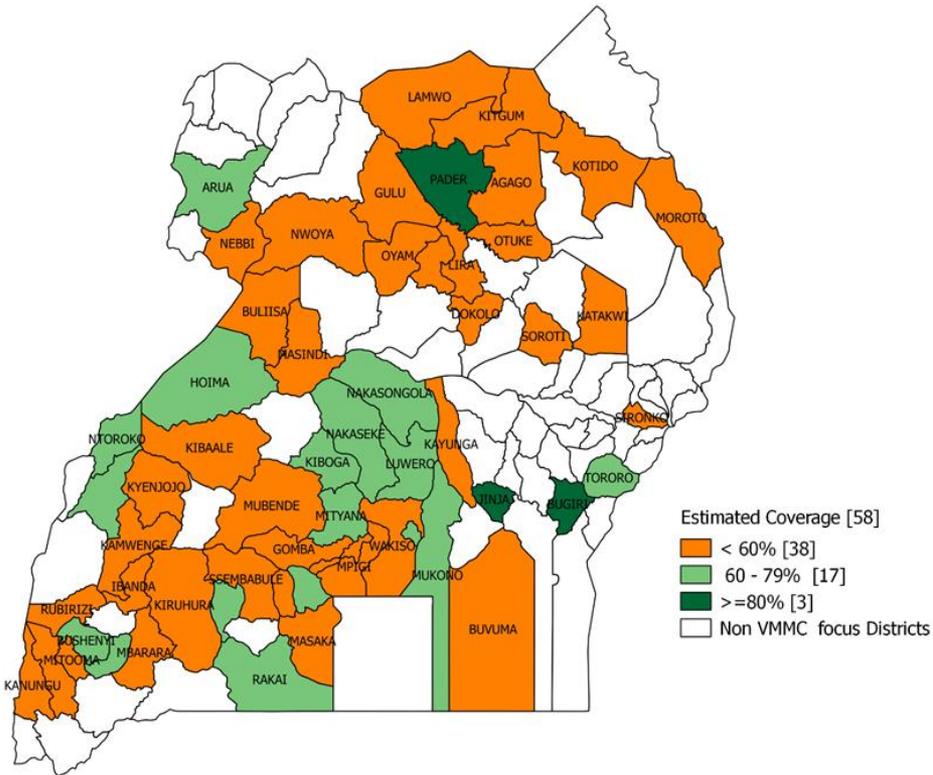
COP16 VMMC Catch Up Plan

Demand Creation	Service Provision
<ul style="list-style-type: none"> • Involve Local Gov't, other political and technical district staff in leading VMMC mobilization • Use sports personalities to attract communities crowds to that will then be offered health services to include VMMC services • Re-map mobilization points (trading centers, schools, churches, health centers) and provide them with VMMC information • Use community drives led by local music DJs and musicians • Use expert satisfied clients to conduct peer mobilization 	<ul style="list-style-type: none"> • Roll-out service delivery to lower level health facilities • Use of mobile theater tents to create a surgical environment at these venues that have high demand but limited infrastructure • Utilize existing campaigns in our program implementation such as Couple HCT campaigns (couple HCT weeks), VMMC holiday campaigns targeting youth on holiday as well as establishment of circumcision weeks

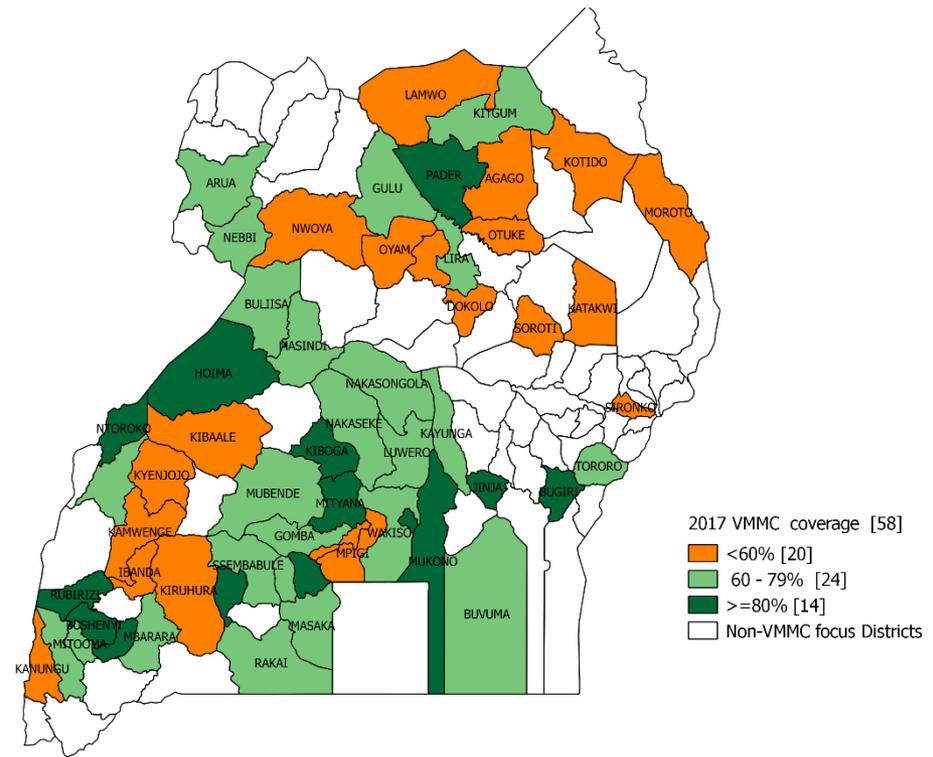


Comparing Est. coverage (15 -29): COP 15 and COP 17

2016 Estimated VMMC Coverage (15-29)



2017 Estimated VMMC coverage (15-29)





Targeted comprehensive programs for priority and key populations



REDACTED



COP 17 KP/PP Interventions

Key Populations	Priority Populations
Scale up PrEP from 3,417 to 11,757	Intensify IPC and community dialogues through peer models/influencers
Expand the role out of the KP score card	Learning from DREAMS phased into non-DREAMS SNU's (EBI's and Comm QI Teams)
Adopt KP stigma monitoring tool	Aggressive condom distribution for last mile reach
Size estimates studies and expand Differentiated service delivery for KPs	Through CHC scale up targeted quality standardized SBCC - Social media to reach under 30's
Robust engagement of KP CSO networks	Multi- pronged Inspire strategy for GBV



Implementation of PrEP

- Guidelines developed & endorsed
- Site assessments
- Implementation tools
- MOH PrEP TWG formed

Oct-Dec 2016

- Implementation tools refined
- Training for HCWs
- Drug policy (TDF/FTC vs TDF/3TC)

Jan –March, 2017

Apr-Sept, 2017

- Enrollment of 3,417 clients in 4 districts

COP 17

- Expansion to 11,757 clients in 10 districts



Critical support for supply chain, HRH, Lab and SI



Strategic investments in priority health systems (table 6)

- Supply chain
- Human resources for health (HRH)
- Laboratory systems
- DSDM, quality improvement, community support
- Strategic information
- Prevention and other systems support



National level HR

Decentralized SNU

MOH

**ACP, CPHL, RC, QPPU,
UVRI, NTRL**

(207)

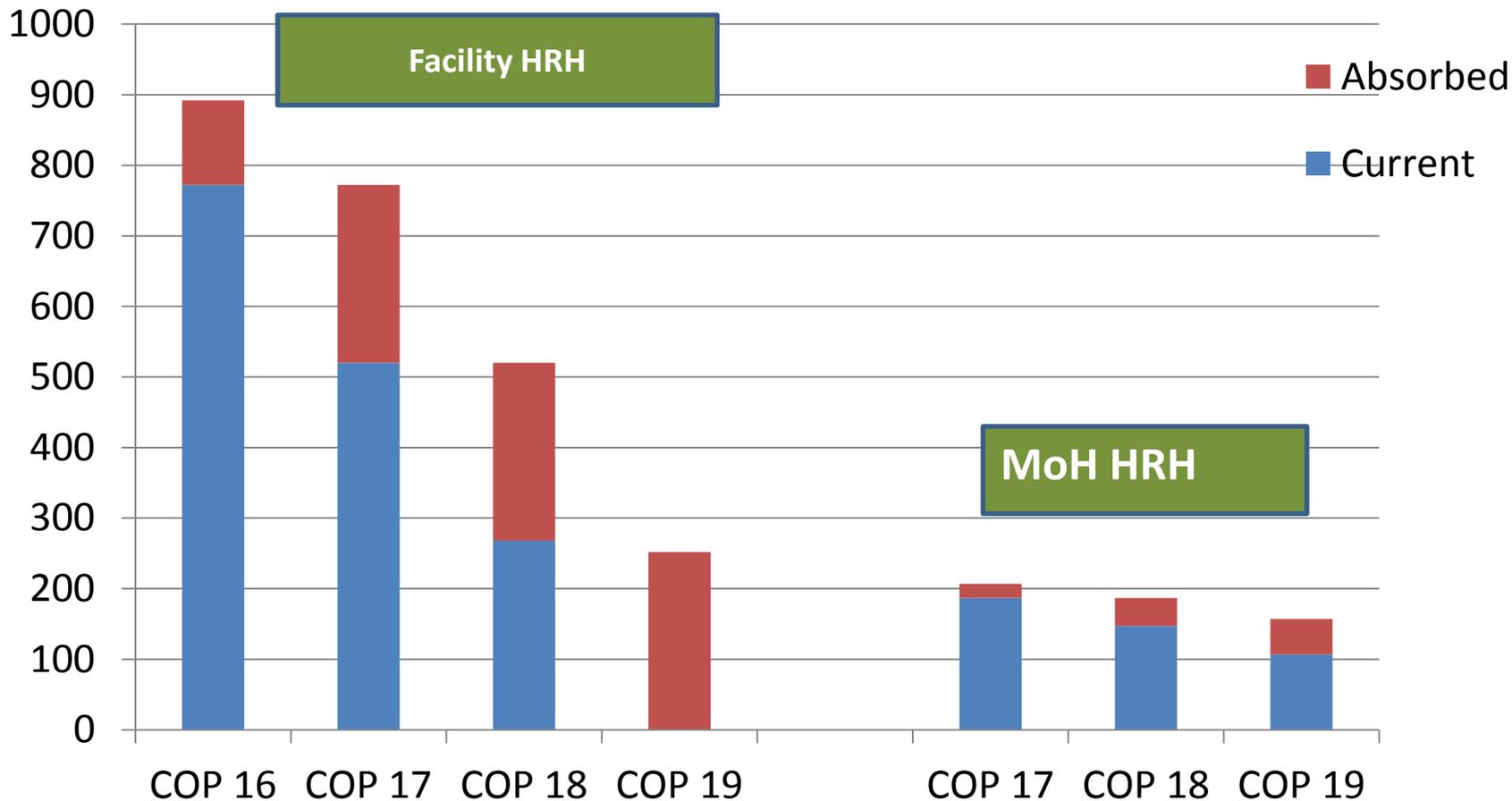
**District level: Facility
(892 public; 683
PNFPs)**

**Community Level
(8,692)**

PEPFAR HRH SUPPORT



HRH projected absorption trends from PEPFAR to GoU





Summary of Final PBAC and budgets

SUMMARY

PEPFAR Budget Code	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	Central funds	New
CIRC	\$22,017,556	\$21,651,903	\$1,349,104	\$202,427	\$2,311,864	\$149,132	\$47,681,986	\$14,651,701	\$23,285,980	\$9,744,305
HBHC	\$22,580,907	\$11,118,946	\$890,775	\$4,102,948	\$4,072,487	\$190,951	\$42,957,015	\$11,719,802		\$31,237,213
HKID	\$18,629,913	\$0	\$5,325,506	\$2,115,498	\$3,722,432	\$654,609	\$30,447,958	\$2,473,234		\$27,974,724
HLAB	\$0	\$0	\$1,884,261	\$2,351,859	\$929,880	\$340,087	\$5,506,087	\$2,026,546		\$3,479,541
HTXS	\$45,978,474	\$20,913,320	\$5,559,385	\$18,579,963	\$10,599,362	\$214,847	\$101,845,351	\$41,484,969		\$60,360,382
HTXD	\$0	\$44,716,429	\$0	\$0	\$0	\$69,045	\$44,785,474	\$17,425,076		\$27,360,398
HVCT	\$14,377,469	\$2,193,440	\$1,282,169	\$251,331	\$2,003,344	\$117,065	\$20,224,818	\$5,560,301		\$14,664,517
HVMS	\$0	\$0	\$0	\$0	\$0	\$25,558,426	\$25,558,426	\$7,114,142		\$18,444,284
HVOP	\$7,345,744	\$0	\$3,103,674	\$7,840,244	\$3,146,354	\$488,551	\$21,924,566	\$4,310,632		\$17,613,934
HVSI	\$0	\$0	\$9,441,422	\$409,602	\$2,162,420	\$1,163,568	\$13,177,012	\$6,876,681		\$6,300,331
HVTB	\$5,464,487	\$734,516	\$2,314,655	\$199,086	\$1,303,787	\$117,638	\$10,134,168	\$2,716,389		\$7,417,779
IDUP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
MTCT	\$4,841,680	\$3,101,101	\$1,125,092	\$642,443	\$1,699,296	\$200,476	\$11,610,089	\$3,404,945		\$8,205,144
OHSS	\$0	\$0	\$9,938,159	\$1,565,350	\$2,336,822	\$762,073	\$14,602,404	\$6,115,570		\$8,486,834
PDCS	\$1,401,785	\$4,115,394	\$204,443	\$1,271,835	\$304,553	\$132,571	\$7,430,580	\$2,654,490		\$4,776,090
PDTX	\$1,086,855	\$0	\$567,293	\$697,476	\$315,145	\$101,041	\$2,767,810	\$933,890		\$1,833,920
HMBL	\$0	\$0	\$0	\$0	\$0	\$3,715	\$3,715	\$0		\$3,715
HMIN	\$0	\$0	\$0	\$0	\$0	\$1,857	\$1,857	\$0		\$1,857
HVAB	\$0	\$0	\$0	\$1,467,131	\$264,085	\$1,223	\$1,732,439	\$1		\$1,732,438
TOTAL	\$143,724,870	\$108,545,048	\$42,985,937	\$41,697,194	\$35,171,830	\$30,266,875	\$402,391,755	\$129,468,369	\$23,285,980	\$249,637,406



COP17 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Central Funds	Applied Pipeline	Total Planning Level
DOD	\$12,888,606	\$1,218,732	\$1,102,229	\$15,209,567
HHS/CDC	\$139,258,673	\$12,696,347	\$63,995,640	\$215,950,661
HHS/HRSA	\$338,175	\$0	\$0	\$338,175
PeaceCorps	\$1,158,937	\$0	\$1,125,764	\$2,284,701
State/AF	\$767,272	\$0	\$305,000	\$1,072,272
State/GAC	\$4,649,648	\$0	\$0	\$4,649,648
State/PRM	\$687,665	\$79,942	\$0	\$767,607
USAID	\$89,888,430	\$9,290,959	\$62,939,736	\$162,119,124
Total	\$249,637,406	\$23,285,980	\$129,468,369	\$402,391,755

- COP17 Minimum Pipeline Requirement: \$129,468,369



Summary of COP 2017 Targets by Prioritization

COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMCC
TOTAL	6,738,377	335,588	314,369	1,200,279	436,933	192,429	804,598	696,924
Attained	3,300,912	200,647	188,384	734,969	299,082	142,114	692,510	405,794
Saturation	524,064	26,369	24,421	109,732	34,545	22,816	23,561	54,016
Aggressive	1,392,859	63,777	59,688	210,967	99,346	27,499	32,023	183,887
Sustained	1,395,546	37,566	35,144	121,002	0	0	6,504	35,504
Other	124,996	7,229	6,732	23,609	3,960	0	50,000	17,723



Impact over time: Tx_New and Tx_CURR Details

COP 17 Priority	COP 16 # of SNUs	TX_New: APR 2016 Achievement	TX_CURR: APR16 Achievement	TX_New: FY17 Q1	TX_CURR: FY17 Q1	COP 17 # of SNUs	TX_New: COP 2017 Target (APR 2018)	TX_CURR: COP 2017 Target (APR 2018)	Net New: COP 2017
TOTAL	N/A	149,725	853,365	34,831	877,198	112	314,369	1,200,279	175,631
Attained	N/A	N/A	N/A	N/A	N/A	40	188,384	734,969	103,495
Saturation	26	61,269	414,602	13,486	424,026	7	24,421	109,732	12,807
Aggressive	35	62,989	315,084	15,515	328,008	20	59,688	210,967	35,131
Sustained	41	21,064	96,548	5,009	100,802	35	35,144	121,002	19,341
Other	Mil	1,977	16,980	454	18,046	Mil	6,732	23,609	4,857
Centrally Supported	10	2,426	10,151	367	6,316	10	N/A	NA	NA



Earmark Allocations

- New FY 2017 funds allocated to care and treatment: **\$139,846,680**
 - COP17 requirement: \$136,373,602
- New FY 2017 funds allocated to OVC: **\$27,974,724**
 - COP17 requirement: \$25,786,212
- New FY 2017 funds allocated to water: **\$3,000,000**
 - COP17 requirement: \$3,000,000
- New FY 2017 funds allocated to GBV: **\$4,704,843**
 - COP17 requirement: \$3,940,000



Summary of COP 2017 ART Coverage: Attained

APR18 ART Coverage

Attained District	Coverage Total End	<15 Female 2	Female, 15-24	25+, Female 2	<15 Male2	Male 15-242	Male, 25+2	FY18 TX_curr target	FY18 TX_New	Cluster attained
Agago Dist	88%	84%	88%	88%	81%	88%	88%	4,140	9,044	
Apac Dist	82%	73%	82%	82%	65%	126%	82%	5,997	13,895	Lira cluster
Bukoman	70%	163%	67%	67%	145%	67%	67%	3,339	6,406	Masaka cluster
Gomba Di	91%	152%	100%	87%	133%	114%	87%	1,064	6,372	
Kamuli Dist	115%	77%	149%	133%	69%	206%	92%	3,747	12,190	Jinja cluster
Kole Distr	88%	78%	89%	89%	68%	89%	89%	2,460	6,205	
Lwengo D	80%	96%	79%	79%	85%	79%	79%	3,086	9,985	Masaka cluster
Mityana D	88%	125%	87%	87%	112%	87%	87%	7,512	17,673	
Mubende	98%	112%	117%	101%	100%	111%	89%	5,078	26,883	
Mukono D	89%	99%	88%	88%	87%	119%	88%	12,307	26,850	
Nebbi Dist	114%	91%	155%	133%	82%	90%	91%	3,018	12,033	
Oyam Dist	96%	93%	89%	104%	82%	89%	89%	4,835	15,151	
Rakai Dist	122%	120%	250%	99%	106%	628%	99%	7,730	27,298	
Sembabu	88%	145%	85%	85%	128%	85%	85%	2,486	6,294	
Wakiso Di	99%	98%	104%	101%	87%	167%	92%	22,793	77,898	
Arua Distr	131%	80%	96%	173%	80%	145%	108%	5,550	19,019	
Busia Dist	131%	104%	179%	150%	93%	144%	104%	3,259	12,831	
Dokolo Di	89%	269%	79%	79%	239%	79%	79%	2,250	6,166	Lira cluster
Gulu Distr	116%	168%	113%	115%	149%	480%	97%	7,421	27,388	
Jinja Distr	138%	123%	102%	170%	109%	226%	107%	3,241	23,283	
Kabale Di	120%	79%	117%	150%	79%	159%	96%	4,507	13,302	Kabale cluster
Kalangala	242%	190%	460%	248%	164%	846%	162%	4,587	17,418	
Kalungu D	113%	133%	112%	112%	119%	113%	112%	1,233	12,331	
Kampala	142%	357%	113%	163%	330%	254%	101%	24,909	###	
Kitgum Di	107%	210%	130%	119%	187%	81%	80%	3,316	11,670	
Lira District	107%	135%	92%	122%	120%	92%	92%	9,383	22,195	
Luwero Di	110%	128%	155%	117%	113%	131%	89%	1,269	11,838	
Lyantond	94%	110%	93%	93%	96%	93%	93%	643	5,432	
Masaka D	146%	278%	147%	141%	248%	186%	142%	5,026	28,258	
Mbale Dis	117%	112%	92%	144%	100%	181%	90%	4,172	16,553	
Mbarara D	160%	204%	196%	181%	180%	320%	116%	3,231	36,111	
Mpigi Distr	142%	121%	165%	164%	109%	165%	113%	1,294	12,942	
Namaying	109%	82%	135%	121%	80%	187%	90%	3,572	11,326	
Soroti Dist	118%	363%	80%	124%	323%	84%	80%	1,835	10,425	
Amolatar	107%	118%	89%	125%	105%	89%	89%	1,869	6,745	
Buvuma D	97%	117%	88%	105%	100%	88%	88%	1,478	4,438	
Koboko D	102%	89%	90%	120%	80%	90%	91%	1,425	3,663	
Nakasong	310%	130%	245%	416%	114%	177%	269%	933	9,331	
Ngara Dis	120%	106%	90%	156%	96%	119%	91%	727	2,664	
Pallisa Dis	139%	94%	151%	180%	83%	210%	115%	1,662	5,379	
Masaka	110%	151%	142%	102%	134%	247%	102%	96,004	23,543	
Jinja Clu	104%	81%	126%	119%	80%	223%	79%	89,234	23,277	
Lira Clus	90%	118%	85%	96%	104%	98%	81%	63,004	25,175	
Kampala	117%	192%	106%	128%	174%	200%	96%	234,832	60,009	
Kabale C	107%	80%	103%	132%	82%	165%	84%	16,048	5,704	



THANK YOU

