MAKERERE UNIVERSITY JOINT AIDS PROGRAM (MJAP)

ANNUAL REPORT

OCTOBER 2022 - SEPTEMBER 2023

CONTENTS

ACRONYMS & ABBREVIATIONS

ACP	AIDS Control Program
AHD	Advanced HIV Disease
ANC	Antenatal Care
APN	Assisted Partner Notification.
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
CALHIV	Children and Adolescent Living with HIV
CBOs	Community Based Organizations
CDDP	Community Drug Distribution Point
CSO	Civil Society Organization
DHT	District Health Team
DOT	Directly Observed Treatment
EC	East Central
EID	Early Infant Diagnosis
EIPHIV	Educational for Interprofessional HIV Service Delivery
EMR	Electronic Medical Records
EQA	External Quality Assurance
MMD	Multimonth Dispensing
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Testing
HTS	HIV Testing Services
IAC	Intensive Adherence Counselling
IDI	Infectious Disease Institute
IPC	Interpersonal Communication
IPs	Implementing Partners
IPT	Isoniazid Preventive Therapy
ISSS	Immune Suppression Syndrome
KP	Key Populations
LMEC	Lady Mermaid Empowerment Center
MakCHS	Makerere University College of Health Sciences
MJAP	Makerere University Joint AIDS Program
MOH	Ministry of Health
NGOs	Non-government Organizations
NRH	National Referral Hospital
NTLP	National Tuberculosis and Leprosy Programme
NTRL	National Tuberculosis Reference Laboratory
NCD	Non Communicable Diseases
PCI	Preventive Care International
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PrEP	Pre-Exposure prophylaxis.
PSS	Psychosocial Support
PP	Priority populations
QI	Quality Improvement
RHITES-EC	Regional Health Integration to Enhance Services in East Central Uganda Activity
SBCC	Social and Behavior Change Communication
SSCS	Strengthening Supply Chain Systems Project
TB	Tuberculosis
UAC	Uganda AIDS Commission
UHRN	Uganda Harm Reduction Network
VMMC	Voluntary Medical Male Circumcision
WALAI	Wave of Legacy Initiative
YCC	Young Children Clinic

FOREWORD

BY CHAIRMAN BOARD OF DIRECTORS

Dear Esteemed Readers,
I would like to welcome you all to this edition of our Annual Report for 2022/2023. Over the last year, there have been commendable achievements in both administrative and program areas to improve our core operations, increase stakeholder engagement, and develop and enhance our workforce. MJAP boosts of 19 years of comprehensive health system strengthening programs, and supporting the provision of comprehensive services for HIV & AIDS, TB, and other diseases, to meet the needs of all the people we serve.

MJAP has also over the years supported research initiatives in collaboration with our partners such as the Infectious Diseases Research Centre (IDRC), and the University of California SanFrancisco with the aim of achieving improved efficiency and quality of care in HIV prevention, care, and treatment. I would like to acknowledge the contribution of our funders and key stakeholders in the capacity strengthening of MJAP's strategy, as we strive to achieve "Universal and Equitable Access to Quality Healthcare for Healthier Populations". I would also take this opportunity to affirm the commitment of the MJAP Board to providing oversight leadership, policy articulations, and programmatic governance to ensure there is efficient management of the organization. I count it a privilege to play these roles with these esteemed members. I would like to extend my sincere appreciation to the Senior Management Team of MJAP under the leadership of the Executive Director, for steering the effective management of the organization. They have maintained a commitment to excellence. I wish you all an excellent festive season ahead

Yours sincerely,
PROF. KAMYA R. MOSES
Chairman, Board of Directors

I would like to extend my sincere appreciation to the Senior Management Team of MJAP under the leadership of the Executive Director, for steering the effective management of the organization. They have maintained a commitment to excellence.

FOREWORD

BY EXECUTIVE DIRECTOR

I am delighted to share with our stakeholders the MJAP Annual Report for October 2022 – September 2023. In this report, we document MJAP's achievements over the past year.

You will be pleased to note that in line with the MJAP's Mission "***To strengthen health systems to optimally respond to HIV, TB, and other diseases of public health importance in Africa***" we have continued to make significant contributions through the expansion of the targeted HIV testing, combination prevention approaches and employed evidence-based interventions to effectively treat and retain our clients in care.

In the past year, MJAP has made a notable utilization of technological advancements such as the use of a Geographical Information System (GIS) to analyse population-specific data to inform targeted interventions in different thematic areas.

Through the USAID LPHS-EC Activity, MJAP has made a notable impact in the East Central region, of Uganda. We have enhanced the capacity of districts' health teams, public health facilities, and their catchment communities to increase the availability, accessibility and utilization of quality integrated HIV and TB services in the 12 districts.

We have continued to support teaching and learning for undergraduate trainees at Makerere University, while supporting graduate students including PhD trainees with a conducive environment to conduct their research at our of excellence, the Mulago ISS clinic, and other project sites under the USAID LPHS-EC activity.

With funding from the Strengthening Inter-Professional Education for HIV (STRIPE HIV) program at the University of California San Francisco (UCSF), Our Education for Interprofessional HIV Service Delivery in Uganda (EIPHIV-U) program. Successfully introduced interprofessional education and interprofessional practice in the delivery of comprehensive HIV services in the East Central region of Uganda.

Finally, I take this opportunity to express my profound gratitude to the MJAP Board of Directors for their continued strategic leadership and guidance over the years, the Senior Management and man staff for your tireless efforts rendered across the different programs. I also applaud our partners including district leadership, the health facilities, the different Government bodies that we work with and academic institutions.

Enjoy your reading!

From the Executive Director
DR. FRED C. SEMITALA

MESSAGE

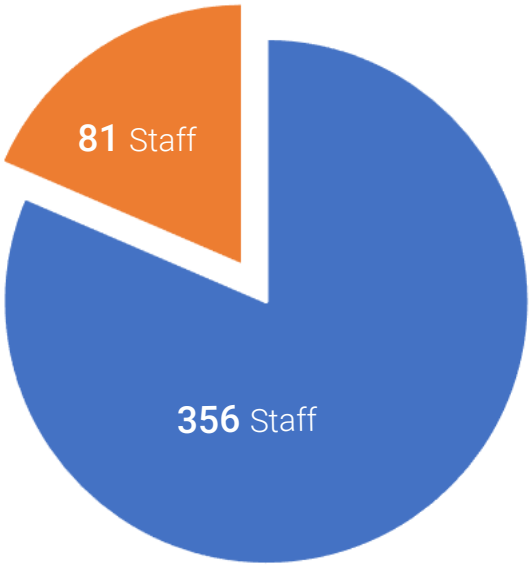
FROM HUMAN RESOURCE

MJAP is an employer of choice that aims to attract, nurture, and retain talent in line with Makerere University's Core Values and Vision whose main focus is knowledge generation for societal transformation and development through the provision of transformative and innovative research and services that are responsive to the dynamic national and global needs.

The Department of Human Resources has created an enabling work environment that fosters staff engagement, safety, well-being, employee growth, innovation, and employee productivity through capacity-strengthening initiatives that aim to improve Staff Knowledge Skills, and abilities.

As of 30th September 2023, we had a total of 437 full-time staff spread out in our different projects, 81% (356 staff) in the MJAP USAID Local partner project and 19% (81 staff) in the IDI CDC project.

Figure 1 below shows number of full-time staff spread out in our different projects.



437

TOTAL FULL-TIME STAFF

19% in IDI CDC Project

81% in MJAP USAID Local Partner Project

These with the support of 747 peers in the East and Central and 65 peers and Locums under the CDC Kampala respectively helped to deliver quality health care programs across the MJAP areas of operations.

During the year, we had many innovations across the different thematic areas that are periodically summarized in the Monthly MJAP Newsletter with a goal to keep staff up to date, motivated, and engaged with the organization, share success stories, build relationships between teams/departments and for promotion of strategic partnerships and cross–cultural learning. You can access the different issues of the MJAP Newsletter at https://mjap.mak.ac.ug/index.php/news-letter

Other innovations include; the introduction of an automated Human Resource Management Information System (HRMIS) which is a complete employee management solution for our team's payroll, staff leave, pay slips, Timesheet, and performance evaluations.

At MJAP, we believe that what differentiates us is not defined solely by what we do, but by how and why we do it. Our performance is directly influenced by the set of values and principles by which we live and carry out our daily work; you can find out more about our work when you pay a visit at the different facilities within Kampala or the LPHS –EC in Jinja.

CAST TB Plus training for Voluntary Health Workers conducted by Mr. Aggrey Kyakulaga- Assistant TB & Leprosy Supervisor at Buyende HCIII- Buyende Distict

INTRODUCTION

MJAP supports public health systems to deliver comprehensive HIV and TB services at Mulago and Kiruddu national referral hospitals, Makerere University hospital in Kampala, and over 120 public health facilities in East Central Uganda to appropriately respond to the HIV epidemic and other diseases of public health importance. The areas supported include HIV and TB clinical care where training on guidelines and continuous medical education sessions are conducted; Laboratory quality management systems strengthening including support for international accreditation; logistics and supply chain support including forecasting, quantifying, and ordering technical support; and data systems support including performance monitoring and reporting.

Additionally, MJAP spearheads the training in implementation science methods and research at the Makerere University College of Health Sciences where students are mentored in translating scientific evidence into routine practice.

MJAP boasts of a diverse team of public health programmers, clinical staff, implementation scientists and other researchers, and a strong team of administrative staff that ensure the seamless day to day running of operations. MJAP operates the largest HIV clinic in Uganda, the Mulago ISS clinic, that supports over 16,000 people living with HIV and is a center of excellence for comprehensive HIV and TB services, and implementation science research.

MJAP operates through collaborations with the Uganda Ministry of Health, international partners such the United States Agency for International Development (USAID), the United States Centers for Disease Control and Prevention (CDC), the Infectious Diseases Institute (IDI) and other partners including national and international research institutions. The partners provide technical guidance and financial support to ensure that quality health services reach those that need them the most, facilitate innovation and sustain the response to the HIV epidemic.

Who We Are

Makerere University Joint AIDS Program (MJAP) is private-not-for-profit Company, limited by guarantee under Makerere University College of Health Sciences (MakCHS). MJAP is working towards the provision of high-quality comprehensive HIV/AIDS and TB prevention, care and treatment services whilst contributing to national health systems strengthening.

Vision

Universal and Equitable Access to Quality Healthcare for Healthier Populations.

Mission

To strengthen health systems to optimally respond to HIV, TB and other diseases of public health importance in Africa.

CORE VALUES

- **TEAMWORK**
  The whole is greater than the sum of its parts. We support each other to reinforce our competencies towards achieving MJAP's vision, mission, and strategic objectives.
- **COMPASSION**
  We act in a polite, respectful and considerate manner with love, empathy, and acceptance and with controlled emotional involvement.
- **EXCELLENCE**
  We are always seeking new ways to deliver value. Employees shall exude highest levels of quality, efficiency, commitment and flexibility in their work
- **CREATIVITY AND INNOVATIVENESS**
  We pay special attention to everyone in their capacities and we ensure that their interaction with us in memorable.
- **ACCOUNTABILITY**
  We take responsibility for our actions that drive performance.
- **INTEGRITY**
  Trust is our most important currency.

Our Services

The HIV/AIDS services supported by the program include:

- HIV Testing and Counseling (HCT)
- Elimination of Mother to Child Transmission of HIV (eMTCT)
- Sexual and behavioral risk prevention services including Abstinence, Be faithful, Condom promotion (ABC) and Other Prevention (OP) services
- Services for Orphans and Vulnerable Children (OVC)
- HIV/AIDS basic care
- Integrated TBHIV diagnosis with treatment of TB-HIV co-infected patients
- Antiretroviral treatment (ART) including provision of HIV post- exposure prophylaxis
- Voluntary Medical Male Circumcision (VMMC)
- Services for survivors of sexual and gender-based violence (SGBV)
- Health systems strengthening.
- Implementation science research for HIV, TB and non-communicable diseases (NCDs)
- Capacity building for interprofessional HIV service delivery
- Piloting and strengthening the use of connectivity solutions for TB diagnostic instrument Networks in Uganda.

CAGDOT Session at Sibarara Village conducted by Ms. Emily Natanda Counsellor Busia HCIV

How We Work

MJAP as an Implementing Partner (IP) supports the Ministry of health and District Local Governments to decentralize HIV services in order to increase accessibility, availability and utilization of quality health service to the people of Uganda through a community and health systems strengthening approach. The key program stakeholders in the implementation process are the United States Government, Ministry of Health (ACP, NTLP, NTRL) UAC, and DHTs, IDI, RHITES-EC, District local Governments, Private sector, Civil Society Organisations (CSOs), CBOs, Non-government Organisations (NGOs), and persons living with HIV networks and other Implementing Partners (IPs) in MJAP supported areas.

1 Specific Program Areas

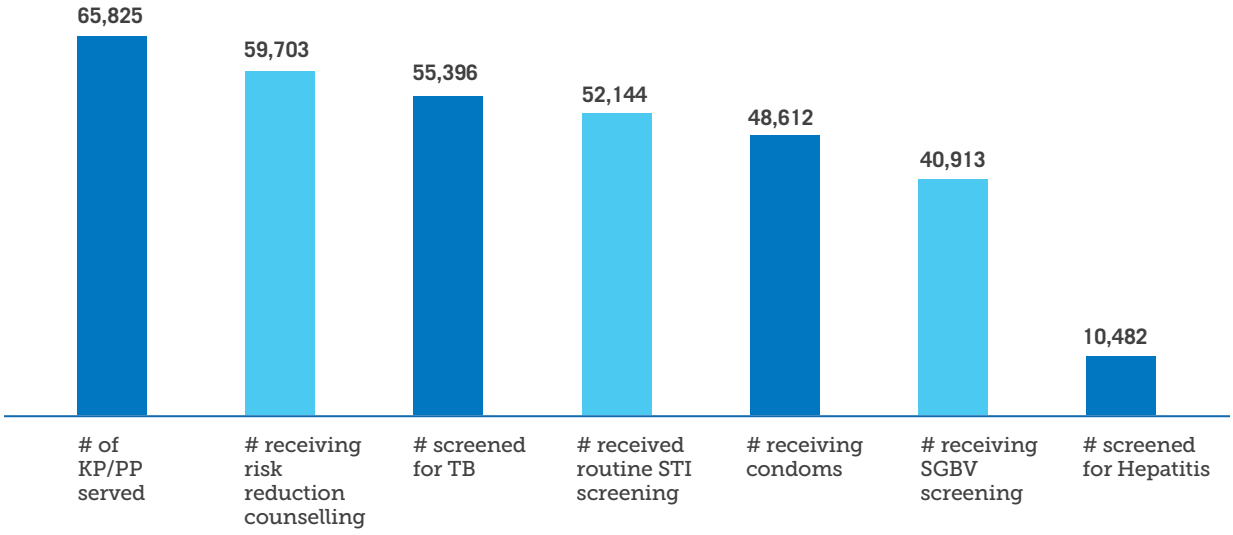
1.1 HIV Prevention Services

In collaboration with community-based Organizations (CBOs), MJAP continued to target key and priority populations for prevention services since they are disproportionally affected by HIV. The key populations include men who have sex with men (MSM), sex workers, transgender people (TG), and people who inject with drugs (PWID), while priority populations include Long-distance truck drivers, fisher folk, clients of female sex workers and uniformed personnel.

The prevention services provided include:

- Risk Reduction Counseling
- Condom Promotion and Distribution
- STI Screening
- TB Screening
- Lubricants
- Post Gender-Based Violence

FIGURE 2 SHOWS THE NUMBER OF INDIVIDUALS THAT RECEIVED THE VARIOUS COMBINATION PREVENTION SERVICES.



1.2 Voluntary Medical Male Circumcision (VMMC) Enhanced

MJAP supported the provision of voluntary medical male circumcision (VMMC) services at the static site, community camps and outreach activities. VMMC has been found to protect men from acquiring HIV by over 60%. Additionally, it also protects against sexually transmitted infections such as syphilis, herpes simplex and Human papillomavirus which causes cancer of the cervix and the penis. Through our support, a total of 34017 males were reached in the supported regions. Eligible males were reached through community mobilization using megaphones and mobilization drives, brochures distributed and mass media presentations and talk shows. This created awareness and demand for VMMC services in the communities served.

34,017

MALES WERE REACHED IN THE SUPPORTED REGIONS

Buyinja HCIV VMMC team offering VMMC services at Bumooli HCIII- Namayingo District

1.3 HIV Testing Services (HTS)

MJAP supported optimized HIV testing services in all supported health facilities. These included HIV self-testing where positive HIV self-testing (HIVST) cases were confirmed as per the national algorithm, Assisted Partner Notification (APN) a process through which HIV-positive index client are interviewed to get information about their sexual partners, who is notified for potential exposure and offered HTS, and Social Network Strategy where partner(s) and friends of an index client are offered HIV tests respectively, and targeted testing through HTS screening at community and health facility levels. Additionally, MJAP also supported testing children and family members of a positive index client are interviewed to get information about their sexual partners, who is notified for potential exposure and offered HTS. Social Network Strategy where partner(s) and friends. Cumulatively, 425,082 HIV tests were conducted of which 25% were male, 0.7% were <15 years and a positivity of 2.1%.

425,082
HIV TESTS WERE CONDUCTED

25% WERE MALE

0.7% WERE <15 YEARS

POSITIVITY OF 2.1%

TABLE 1

Element	Male	Female	Overall	% Male
Tested for HIV	106,942	318,140	425,082	25%
Tested for HIV+	2,875	5,915	8,790	33%
<15yrs	1,181	1,627	2,808	42%
Started on ART	2,918	6,315	9,233	32%

Additionally, MJAP also supported testing children and family members of an index client, testing all pregnant and breastfeeding women and their children during antenatal and postnatal visits.

1.4 Recency HIV Testing

Recent HIV infections are those acquired within the previous 12 months. MJAP supported health facilities to screen, consent, and test all newly identified HIV-positive patients for recent infections.All those who had recent infections were interviewed for APN and SNS, elicited their partners and friends, who in turn were offered HIV testing services. Additionally, recent infections were uploaded on the newly acquired Geographical Information system (GIS) software so as to identify the source geographical area and target community testing activities.

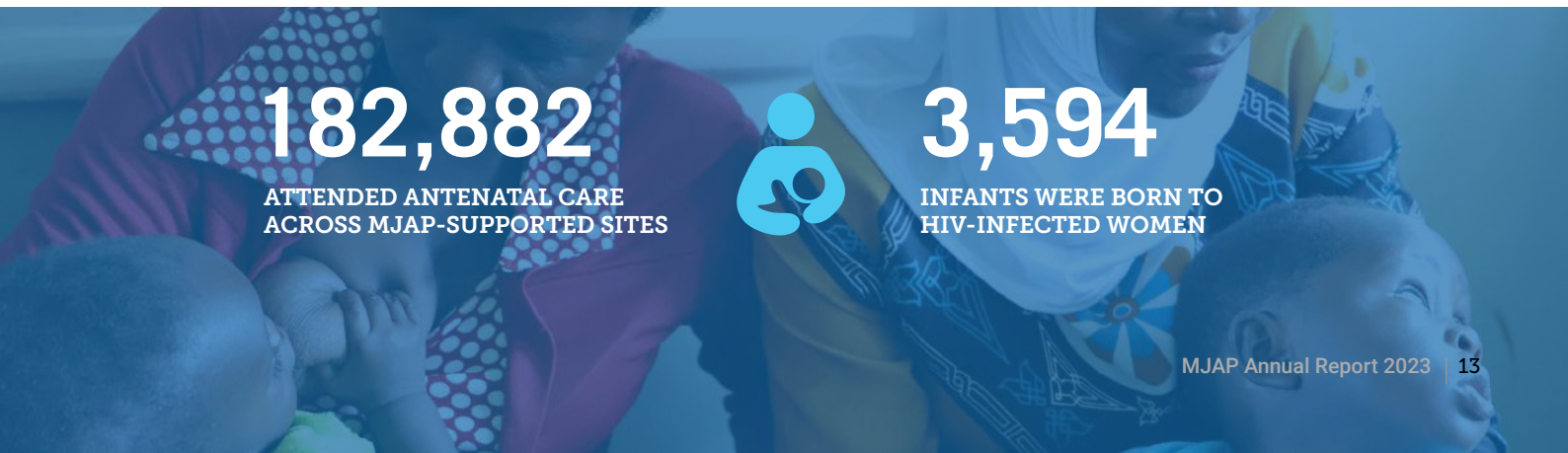
APN- Assisted Partner Notification
SNS-Social Network Stategy

A Health Worker interacting with a client during HTS recency service delivery

1.5 Prevention of Mother-To-Child Transmission (PMTCT)

MJAP continued to support the provision of PMTCT services in the supported sites as part of the Accelerating Progress in Pediatrics and PMTCT (AP3) program national efforts. In FY23, 182,882 attended antenatal care across MJAP-supported sites. Of these, 95.2% (174,026/182,882) knew their HIV status. Cumulatively, 5,308 HIV-positive women were identified and initiated on ART. A total of 3,594 infants were born to HIV-infected women during this period, of whom 3,349 (93%) were given ARV prophylaxis between 0-6 weeks.

Overall, 85% (4,236/4,966) of HIV exposed Infants (HEIs) accessed a first dried blood spot (DBS) HIV test at 6-8 weeks, with 4,180 (99%) being negative, 56/4,966 (1.2%) turned positive and 54 (96.4%) initiated on antiretroviral therapy.



1.6 Gender-Based Violence (GBV)

Gender-based violence increases the risk of acquiring HIV and may affect retention in care among PLHIV as well as adherence to treatment. Therefore, MJAP offers routine screening for GBV among PLHIV and those without HIV in contact with the supported health facilities. Cumulatively,19903 (4912M/14991F) survivors received post-violence care. Of these, 36% experienced sexual violence while 64% experienced emotional/physical violence.

TABLE 2

Element	Male	Female	Overall
Physical and/or Emotional Violence	4,313	8,290	12,603
Sexual Violence (Post-Rape Care)	599	6,701	7,300
Total	**4,912**	**14,991**	**19,903**

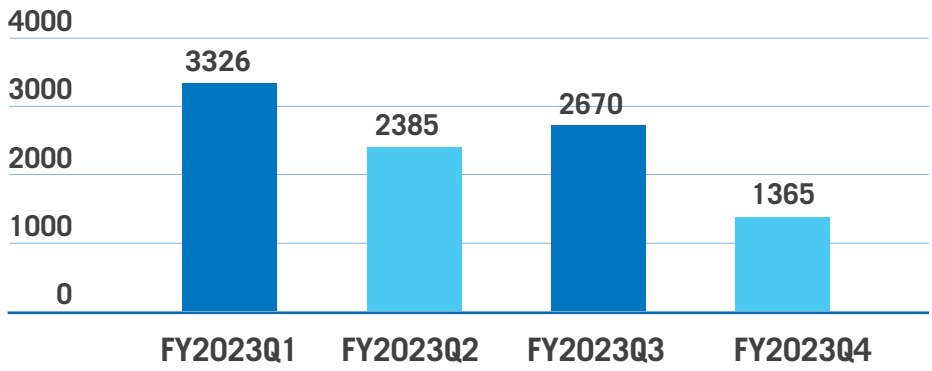
Community GBV dialogue meeting taking place at Malongo Subcounty Mayuge District.

Care and Treatment Services

1.7 Cervical Cancer Screening and Treatment

Women living with HIV have higher chances of acquiring cervical cancer. Therefore, in line with the National cervical cancer screening and management strategy, MJAP supported 133 ART sites to implement cervical cancer screening and management among eligible Women Living with HIV (WLHIV). In FY23, a total of 9746 women were screened for cervical cancer, 1029 women were found positive for pre-invasive cervical cancer (10.6% positivity), and 975 (94.7%) successfully linked to treatment.

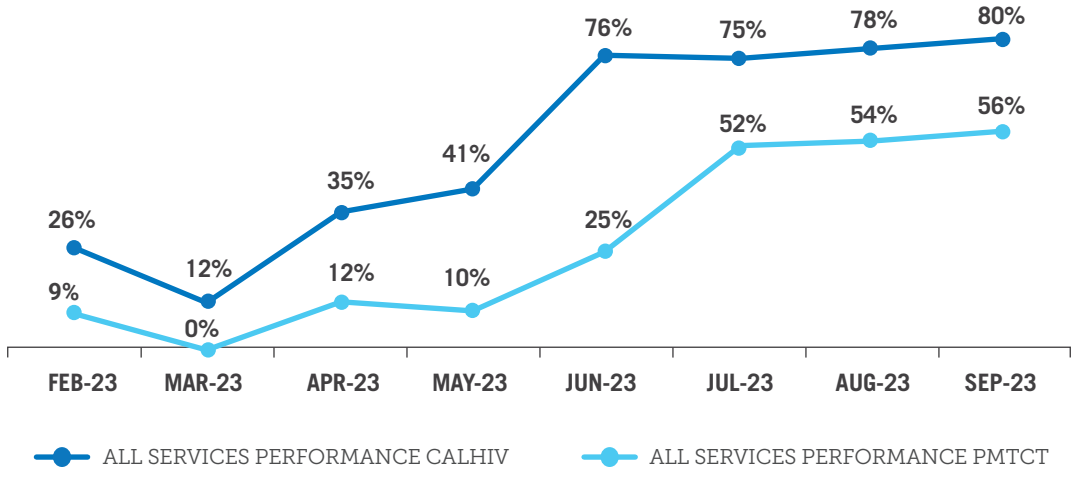
FIGURE 3 SHOWS SUMMARY OF HIV-POSITIVE WOMEN ON ART SCREENED FOR CERVICAL CANCER BY QUARTER



1.8 People Living with HIV (PLHIV) in Care in the Supported Regions.

Cumulatively, 9,233 HIV clients were initiated on ART during the period under review achieving a total of 89,933 PLHIV in care. Of these, 94% had a viral load done for monitoring HIV treatment outcomes and 97% had a suppressed viral load. To foster improvement in the quality of services offered in the supported districts, MJAP emphasizes the importance of the adoption of continuous quality improvement approaches across all supported health facilities. For instance, in the East Central region, a continuous quality improvement tool (audit tool) has been scaled up to improve client tracking for all service provisions. Consequently, the proportion of children and adolescents Living with HIV (CALHIV) and those receiving PMTCT services receiving all the services that they are eligible for has improved throughout the quarters.

FIG 4 SHOWS % CALHIV AND PMTCT THAT RECEIVED ALL SERVICES



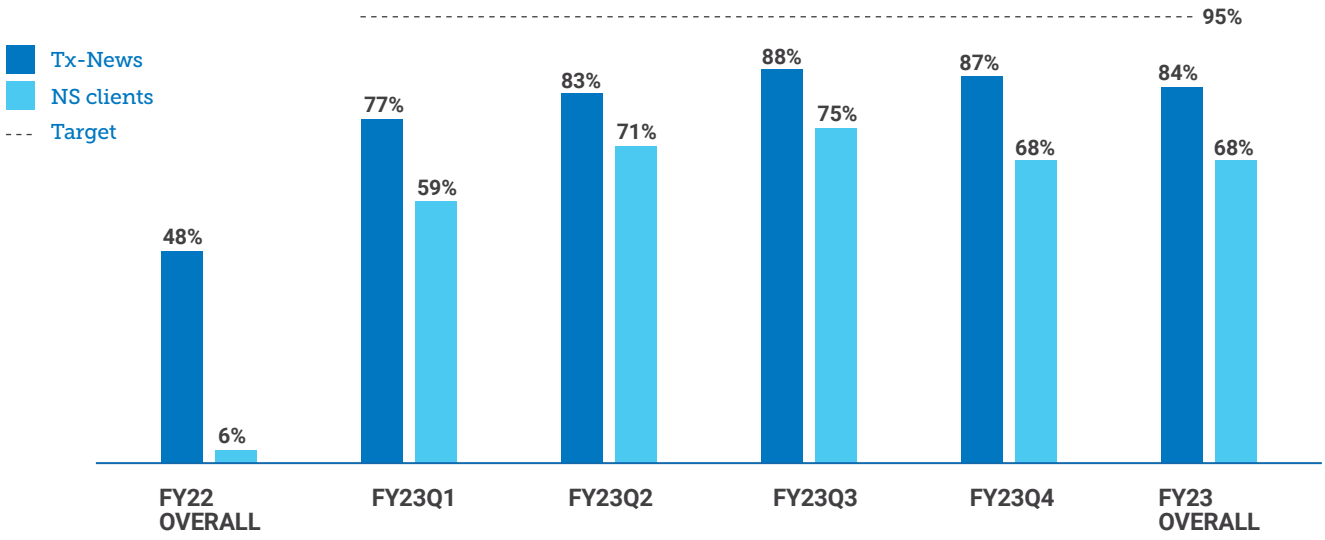
1.9 Advanced HIV Disease (AHD) Management

The Uganda National HIV guidelines define AHD among adults, adolescents and children aged five years and above as having a CD4 < 200 cells/mm3 or a current WHO stage 3 and 4 diseases. To avert the high mortality associated with AHD among PLHIV, MJAP in collaboration with Kiruddu National Referral Hospital supported the rapid screening and identification, diagnosis, treatment and follow-up of AHD patients admitted in Kiruddu.

Over 1400 PLHIV received the support. Activities supported included HIV testing of all newly admitted patients with unknown status, top-up on diagnostic tests and treatments for patients who cannot afford tests and treatments that were unavailable in the hospital laboratory, follow-up of discharged patients, and linkage back to their primary ART clinics, training of health care workers on AHD screening and management, mortality audits and quality improvement activities to improve AHD service delivery. At the public health level, MJAP supported scale-up efforts to increase CD4 screening coverage among non-suppressing clients and newly identified HIV-positive clients in public health facilities in Kampala and East Central regions. A total of 96 ART clinics without conventional CD4 machines were supported in the East Central region to provide CD4 testing through the VISITECT platform. From this intervention, the proportion of new and non-suppressed clients screened for AHD improved from 48% and 6% to 84% and 68% respectively in the reporting period.

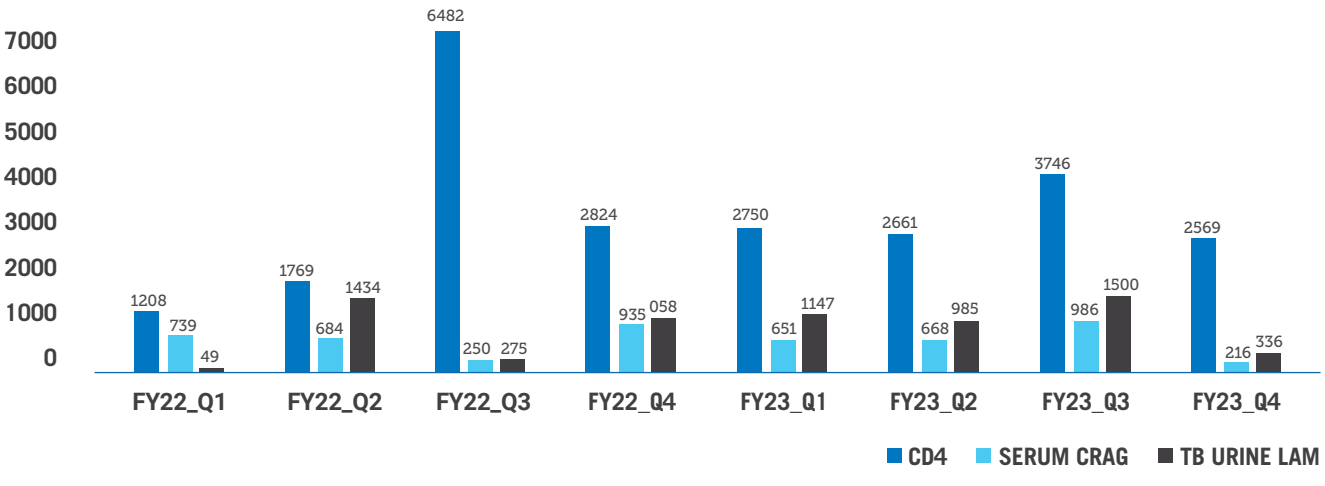
FIG 5. QUARTERLY TRENDS OF ACCESS TO CD4 TESTING AMONG NEW AND NON-SUPPRESSED (NS) CLIENTS.

Access to CD4 screening among new on art and non suppressing clients, comparing FY22 and FY23



A total of **18,245 AHD** tests were performed during FY23, including Serum Crag tests (6,613), CD4 tests (8,447), and Urine TB Lipoarabinomannan tests **(3,185)**. (See figure 6 below)

FIGURE 6: ADVANCED HIV DISEASE (AHD) LABORATORY TESTS PERFORMED AT SUPPORTED ART SITES IN THE EAST CENTRAL REGION.

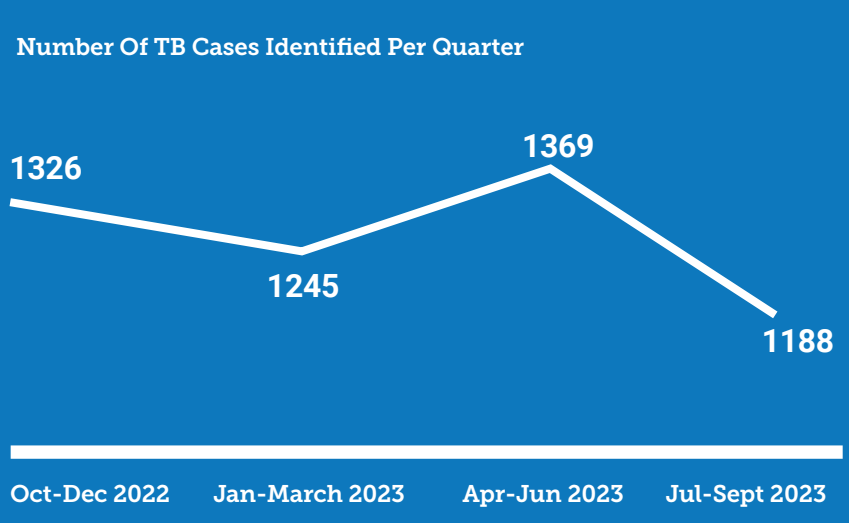


1.10 Tuberculosis /HIV Service Integration

TB truck - TB Screening outreaches in Buyende Distict.

HIV-infected individuals are more likely to contract TB and TB is the leading cause of death among PLHIV. Therefore, MJAP has integrated HIV/TB services at all supported health facilities to achieve the one-stop-shop model for HIV/TB services. During the period under review, a total of 5,128 incident TB Cases were notified in 109 MJAP-supported health facilities, Among the TB cases notified, 98% had documented HIV status; 33% were co-infected with HIV and 98% were receiving HIV treatment. A total of 3,164 children under 5 years of child contacts were initiated on TB preventive therapy (TPT), 16,602 contacts 5+ years were initiated on TPT and 4,816 eligible PLHIV were initiated on TPT. The treatment success rate for the year was 89% versus a 90% target and the cure rate was 78%.

FIGURE 7: TRENDS IN TB CASE IDENTIFICATION PER QUARTER IN THE PERIOD



1.11 Community Reach and Impact

USAID's LPHS-EC adopted caregiver-observed therapy model to address the adherence challenges among CALHIV <15years old. CAGDOTS intervention contributed to improvement of overall CALHIV viral load suppression from 74% to 87% at 6 pilot sites.

A care giver conducting Direct Observed Treatment to Child living with HIV in Namutumba District

Two days strategic plan implementation workshop held at Admas-Hotel Entebbe- 10th - 11th August 2023 with members of Senior Management Middle level staff.

2 Research Dissemination to Inform Policy

Differentiated Services Delivery Outcomes in Uganda: Facilitators, barriers, and qualitative systems mapping. Principle Investigators: Dr. Fred Collins Semitala (MJAP) and Dr. Cordelia Katurebe (MOH)

2.1 Background

Differentiated Service Delivery (DSD) of antiretroviral therapy (ART) and related service has the potential to provide more client-centered care, improve health system efficiency, and improve outcomes or recipients of care (ROC). As part of the effort to control the HIV epidemic and improve ROC service, Uganda has made strides in improving DSD performance, but there are gaps between targeted and actual ROC enrolment targets in the different DSD models. This study set out to evaluate the performance and quality of DSD models in the delivery of HIV/TB services in Uganda.

The study objectives are:

1. To assess the performance and Quality of intensive and less intensive DSD models of care for HIV/TB services in Uganda.
2. To elicit stakeholders' (MoH, Program funders, implementing partners, healthcare providers, and recipients of care) perspectives on facilitators of and barriers to improved DSD performance in Uganda.
3. To identify system elements (systems mapping) and determine how their relationships in health care affect both positively and negatively the performance of DSD service delivery in Uganda.

2.2 Methodology

To assess the performance and quality of intensive and less intensive DSD models of care for HIV and TB services in Uganda, we conducted a retrospective desk review of records for East-Central and Central 2 regions of Uganda. This was a closed cohort of PLHIV active in care 06/'19-06/'21. Each year determined, proportion active PLHIV in a DSD model who completed viral load (VL) test and successfully suppressed VL. We elicited stakeholders' perspectives on facilitators of and barriers to improved DSD performance in Uganda through themes categorized as facilitators of, and barriers to the implementation of differentiated service delivery models. Under each facilitator and barrier, quotations are presented starting with RoCs, followed by the health care providers, health care managers, the key implementing partners, and policy makers. Starting from the identification of HIV/TB DSD stakeholders and the observed performance of the HIV/TB DSD models, group model-building workshops were conducted to elicit stakeholders' mental models and to co-create a shared view of the mechanisms governing the system and explain the system's performance. We used a qualitative systems research approach in which existing insights and performance indicators from literature and data, objectives 1 and 2 were complemented with mental models of multi-level stakeholders to construct a systems map, identify system elements and how their relationships influence the performance of DSD models.

Pictorial Digest

Picture 1: *The project PIs Drs. Cordelia Katurebe & Fred C. Semitala with research staff after a planning meeting at MOH in May 2022*

Picture 4: *Meeting with our collaborators from KU Leuven in Kampala January 2023 in preparation for the group model building workshops to construct a DSD system map*

Picture 3: *During a key informant interview session with a Health Care Manager in one of the Health facilities in Central 2 – Mubende Region, Jan 2023*

Picture 2: *During a Focus group discussion in one of the Rural Health facilities in East Central Uganda*

Picture 5: *The PI (center front) after a meeting with the team from MoH staff, MJAP staff, KU Leuven staff and ARC representative*

2.3 Results

The study found that of 530, 432 and 393 PLHIV active in care in 2019, 2020 and 2021: 48% (252/530), 65% (281/432) and 90% (354/393) were in a DSD model respectively indicating a progressive increase in the uptake of DSD services over the respective years. In 2019, PLHIV active in care (retention) by DSD model were highest in the FBIM model (55%) followed by the FTDR model (31%), FBG model (14%), and lowest to none in the CDDP and CCLAD models. However, retention of PLHIV active in care in a given DSD model changed overtime. PLHIV switching to a different DSD model than one originally assigned occurred mostly within the facility, notably from FBIM to the Fast-Track-Drug-Refill (FTDR) model, with the former accounting for 55% of RoCs in 2019 and dropping to 9% in 2021, while the latter increased from 31% in 2019 to 65% in 2021, Of note, the proportion of DSD-unassigned PLHIV dropped from almost 50% in 2019 to < 10% in 2021. For the years 2019, 2020, and 2021, viral load testing was completed for 388/530 (73%), 359/432 (83%) and 336/393 (85%) PLHIV active in care and of these, viral load suppression was achieved for 333/388 (86%), 322/359 (90%) and 323/336 (96%) respectively.

Majority of PLHIV who achieved viral load suppression were consistently highest in the FTDR model, followed by FBG and FBIM with numbers (and therefore proportions) being lowest in the CDDP, CCLAD respectively. Overall, facility-based models had higher enrollment and performed better in retention and viral load suppression. The study indicated that clients preferred models that guaranteed the most optimal care, in the shortest time and with the least expenses and stigma possible. On the other hand, providers preferred models that decongested facilities while supporting clients' adherence and viral load testing. Since model choice is client-driven but also influenced by the provider, a higher client preference for facility- versus community-based models was observed. Of note, providers reiterated a need for consistent resource-allocation to DSD for successful, and sustainable implementation.

96%

In 2019, 86% of PLHIV in care achieved viral load suppression (333/388), rising to 90% (322/359) in 2020 and **96% (323/336) in 2021**

2.4 Implementation Science Research

Supported by government funding through the Makerere University Research and Innovation Fund, we partnered with the Uganda Ministry of Health National Tuberculosis and Leprosy Program (NTLP) and Kiruddu National Referral Hospital. Together, we undertook implementation science research aimed at integrating the screening processes for tuberculosis (TB) and COVID-19.

After the study's findings, the NTLP responded proactively by revising the national TB-COVID screening algorithm. The updated protocol now mandates the screening of all individuals suspected of having COVID-19 for tuberculosis, reflecting an important refinement in public health screening practices.

This has also been published at ***Semitala, Fred C., et al. "Integration of COVID-19 and TB screening in Kampala, Uganda: healthcare provider perspectives." Implementation Science Communications 4.1 (2023): 1-10.***

TABLE 6: A TABLE SUMMARIZING DETAILS OF STUDIES CONDUCTED AT THE MJAP-SUPPORTED SITES.

Full names	Training track	Student Registration number	MJAP supported site	School	Department	Topic for PhD or master's studies, and Fellowships	Expected /Year of completion
Dr. Samuel Kawuma	Implementation science Fellowship	N/A	Kiruddu NRH	College of Health Sciences	Internal Medicine	Facilitators and Barriers to Continuation on Pre-Exposure Prophylaxis among female sex workers in a Public Referral Hospital in Uganda: A mixed methods study using Com-B Model.	2024
Dr. Samuel Kawuma	Implementation science Fellowship	N/A	Kiruddu NRH	College of Health Sciences	Internal Medicine	Pre-exposure prophylaxis discontinuation and associated factors among high-risk HIV-negative clients attending Kiruddu National Referral Hospital in Kampala, Uganda	2024
Dr. Paul Lwevola	Implementation science Fellowship	N/A	Iganga Hospital	College of Health Sciences	Internal Medicine	Barriers and Facilitators to enrollment into the Community Retail Pharmacy Drug Distribution Point (CRPDDP) model and its treatment outcomes in a Peri-Urban Setting, A Case of Iganga Hospital"	2024
Noel M. Mugisha	PhD	Submitted concept to the IRB	Mulago MJAP-ISS Clinic	Public Health	Medicine	Integrating cervical cancer screening in HIV clinics and assessing the effect of using a modified referral protocol on access to cancer services among HIV-positive women in Uganda	2023
Edward Kakooza	Masters	Dissemination	Mulago MJAP-ISS Clinic	Public Health		An Adherence Model to Tuberculosis Medication using Short Messaging Services.	2023
Priscilla Manuyonga & Geoffrey Mutoole	Researchers Masters students	2019/HD07 /23868U	Mulago MJAP-ISS Clinic	Public Health	Internal Medicine	Factors associated with, and health workers' experiences with the use of digital payment at National Referral Hospitals in Uganda Kampala	2023
Dr. Musa Sekikubo	Clinical research	N/A	Mulago MJAP-ISS Clinic			A placebo-controlled clinical trial investigating the safety and immunogenicity of GBS6 in pregnant women with and without human immunodeficiency virus (HIV) infection and their infants.	2022
Isabela Kisa Wanadi	Masters	2019/HD07 /23554/U	Mulago MJAP-ISS Clinic	Public Health	Epidemiology and Biostatistics	Adoption of Health Informatics for Community-led Monitoring of TB/HIV services and its Predictors among staff of Non-Government Organizations in Kampala City.	2023
Stuart Niwagaba	Academic research	Mak-SOMREC -2023-570	Mulago MJAP-ISS Clinic	Medicine	Epidemiology and Biostatistics	Prevalence of herbal medicine use and its association with renal dysfunction among patients on tenofovir antiretroviral treatment-based regimen at ISS Clinic Mulago	2023
Rita Nakalega	Masters research project	N/A	Mulago MJAP-ISS Clinic	Public Health	Internal Medicine	The Cascade of care and clinical outcomes for Diabetes Mellitus among people with HIV at Two Large HIV clinics in Kampala, Uganda: A sequential Explanatory Mixed Methods	2023
Mark Goodwill Turyabe	MMED-Internal Medicine	Mak-SOMREC -2023-577	Mulago MJAP-ISS Clinic	Medicine	Epidemiology and Biostatistics	Patterns and factors associated with unsuppressed HIV viral load among adolescents in TASO Mulago and MJAP-ISS HIV clinics from 2018 to 2023	2023
Dr. Pauline Amuge	Clinical research	N/A	Mulago MJAP-ISS Clinic			Community-based initiation and delivery of tuberculosis preventive therapy (TPT) among household TB contacts and differentiated delivery of TPT among children and adolescents living with HIV in Uganda (COMBAT TB STUDY)	2022

Abstracts for Conference Presentation

We demonstrated progress in QI in collaboration with all the different technical leads. Interventions were made and success stories were shared through abstract writing and presented at different forum both National and International.

TABLE 7 SHOWS ABSTRACTS SUBMITTED FOR CONFERENCE PRESENTATION

NO	AUTHOR	CATEGORY OF ABSTRACT SUBMITTED & PRESENTED	TARGET AUDIENCE
1	CHRIPUS MBAHA	The role of Community DSD Models towards Improvement of Key HIV Indicators at Bugono HC IV	MoH 10th QI conference
2	Moses Musasizi	Improving HIV case identification among female sex workers by using trained peers to distribute HIV self-testing kits. A lesson from Busia district hot spots.	MoH 10th QI conference
3	Kainza Sophy	Improving HIV case identification by scaling up the implementation of social network strategy (SNS); A lesson from Kakaire HC III.	MoH 10th QI conference
4	Paul Lwevola	Improving access of cervical cancer screening services through integrating in HTS/ART outreaches among the hard-to-reach island and shore communities of Mayuge District	MoH 10th QI conference
5	Joel Kasakaire	Inception of the Community Retail Pharmacy Drug Distribution Points, a Decentralized Drug Model; An experience of Iganga Hospital in East Central, Uganda	MoH 10th QI conference
6	Ziporah Kyogabirwe	Holiday Camps improve drug Adherence among Adolescents and Young People (AYP) living with HIV; A case of Busoga sub region in Uganda.	MoH 10th QI conference
7	Twinomujuni Ibrahim	Improving Viral Load Suppression among Adolescent living with HIV(ALHIV) using Community Meetings and age specific counselling approach at Busesa HCIV-Bugweri District.	MoH 10th QI conference
8	Joel Kasakaire	scaling up the implementation of social network strategy (SNS) Improves HIV case Identification	MoH 10th QI conference
9	NAMBOZO JOCELYN	Improved CD4 access through scaling CD4 testing using device free CD4 test kits (visitect) in east central uganda	MoH 10th QI conference
10	Shafik Malende	Improving the All Services indicator in the Children and Adolescent living with HIV (CALHIV) Audit Tool through effective regular reviews of the tool	MoH 10th QI conference
11	Shafik Malende	Prevalence of diabetes mellitus, hypertension and depression among people living with HIV at Iganga hospital	MoH 10th QI conference
12	Emma Kimutai	Improving viral load suppression among CALHIV using NSSACS and BE OK bottles at Iganga hospital	MoH 10th QI conference
13	Kasakaire Joel	Use of index testing/APN tracker to systematically track and regularly review performance improves identification of HIV positive individuals through the index client contact testing approach	Presented at the 2023 PEPFAR Uganda Science Summit. Start-of-Year Edition 31st Jan – 1st Feb 2023, Kampala
14	Kasakaire Joel	Improving cervical cancer screening amongst women living with HIV aged 25-49 years through mentorship of health workers,accurate data capture and reporting at Mayuge HC IV of Mayuge District	Presented at the Africa cancer test and treat initiative(ACTTI), Feb 2023
16	Kasakaire Joel	Use of intensified case finding (IC F) stamps improve tuberculosis screening and case finding at Mayuge HC IV	Presented at the 9th National QI Conference
17	Kasakaire Joel	Improving cervical cancer screening amongst women living with HIV aged 25-49 years through mentorship of health workers, accurate data capture and reporting at Mayuge HC IV of Mayuge district in East Central Uganda	4th Annual USAID Global Health Local Partner Meeting,Johannesburg, South Africa. November 14-17, 2022
18	Kasakaire Joel	Modifying Community Drug Distribution Points to Improve Viral Load Testing Coverage and Enhance Access to HIV Services in the Hard-to-Reach Areas of Mayuge District in East Central Uganda	4th Annual USAID Global Health Local Partner Meeting, Johannesburg, South Africa. November 14-17, 2022
19	Janepher Kadondi	Use of Lay Health Care Workers with basic secondary school education to improve access to Plasma Viral Load Testing, a case of Namutumba HC III, East Central (EC) region	Presented at the 9th National QI Conference
20	Kagoya Margert	Using QI to improve pediatric TB case finding experiences from Baitambogwe HC III in Mayuge district, East Central Uganda	Presented at the 9th National QI Conference
21	Doreen Kasubo	Monitoring and Supervision of Community peer led Art Delivery model in hard-to-reach areas improves client retention. The Kityerera Health Center IV Experience, East Central Uganda.	Presented at the 9th National QI Conference
22	Nambozo Jocelyn	Use of weekly reminders and data sharing to improve the 033b weekly reporting rate for gene xpert sites in East Central region, Uganda	Presented at the 9th National QI Conference
23	Daniel Omara Ojuka	Utilization of the EID/Viral Load (VL) Point of Care (POC) Device to improve EID & VL coverage at mother baby care points (MBCP); a QI initiative at Iganga Hospital	Presented at the 9th National QI Conference
24	Mabel Namwabira	Optimising Treatment Continuity through the Client-Community Health Worker Attachment Approach. Experiences from East Central Region	Presented at the 9th National QI Conference
25	Tebugulwa Agnes	Leveraging in health education, mentorships and QI to optimize CaCX screening among eligible HIV+ women in Malongo HCIII	Presented at the 9th National QI Conference
26	Paul Lwevola	Optimizing HIV Treatment Outcomes for Children Living With HIV in East Central Uganda through the Scale-up of Antiretroviral Dolutegravir	4th Annual USAID Global Health Local Partner Meeting, Johannesburg, South Africa. November 14-17, 2022
27	Peter Nawagaba	Contributing to the PEPFAR Global Strategy to eliminate Cervical Cancer through Screening & preventive treatment, An experience of the East Central, Uganda.	4th Annual USAID Global Health Local Partner Meeting,Johannesburg, South Africa. November 14-17, 2022
28	Kasubo Doreen	Improving Viral Load suppression and Retention among CALHIV in hard-to-reach areas through a multi-component intervention of life skills, play, parenting and adherence sessions in modified CALHIV CCLAD group at Kityerera Health 1V Mayuge District	Presented at the 9th National QI Conference

Capacity Building for Implementation Science in Adolescent HIV Programming

In 2019, MJAP, funded by Fogarty, spearheaded the establishment of the Uganda Adolescent HIV Prevention Care and Treatment Implementation Science Alliance (U-AHISA). U-AHISA's primary goal is to enhance the capabilities of key national-level stakeholders in addressing gaps within the HIV care continuum for adolescents through the application of implementation science (ImS) methodologies.

Over the initial two years of the project, we introduced the concept of implementation science to stakeholders, fostering an inter-professional and inter-ministerial alliance. This collective, which includes adolescents living with HIV (ALHIV), is based in Kampala, the capital of Uganda.

In the project's third year (2022-2023), aligning with the Ministry of Health's strategic direction to decentralize service supervision to regional referral hospitals (RRHs), we extended our capacity-building efforts in ImS to Jinja and Masaka RRHs. This strategic move is geared towards addressing adolescent HIV care gaps at the regional level.

Furthermore, we collaborated with regional PEPFAR HIV implementing partners, actively identifying and training key personnel responsible for adolescent HIV service delivery, with a specific focus on utilizing implementing methods to improve adolescent HIV service delivery.

Dr. Fred Semitala, the Executive Director of MJAP and the Principal Investigator of U-AHISA giving a presentation on the Implementation Science meeting at the Jinja Inaugural Meeting.

Figure 2: Second row Left to Right: Dr. Fred Semitala; Dr. Eleanor Magongo the Principal Investigators of U-AHISA, Dr. Okumu Samson the ART Clinic in-charge Masaka RRH, and Dr. Mary Nyantaro the Deputy Executive Director Masaka RRH Share a light moment with the ALHIV.

Mentorship Sessions Conducted

A total of 44 mentorship sessions were conducted during the period 1st October 2022 to 30th June 2023. Of these, 17(39%) sessions were physical and 27(61%) sessions were online. While conducting online sessions, two health facilities are facilitated by one facilitator at a time. Physical mentorship sessions were offered at the individual facilities to offer additional coaching to the staff on how to document the relevant QI ministry of health tools (See table 1).

TABLE 8 SHOWS THE MENTORSHIPS SESSIONS CONDUCTED

Mentorship Sessions	Monthly	Total
Online sessions	27	27
Physical sessions	17	16
Total	44	43

CQI Projects Implemented

The program implemented, 45 Continuous quality improvement (CQI) projects were developed and monitored during this phase (Oct 2022- Sept 2023) and mentored in quality improvement approaches. 37(82%) QI projects ended by June 2023 and registered improvement and 08 (18%) projects are ongoing and will continue up to September 2023 –already registered noticeable improvement.

Key Achievements

- Cross-leaning sessions to share experiences have been initiated in the region where most of the CQI projects have been completed.
- Adaptation of the CQI approaches in the facilities that are not currently corroborating with the EIPHIV-U project because of the monthly learning sessions.
- We noticed good attendance of both physical and online sessions.
- Proper documentation of the CQI journals across all the facilities.
- Presence of a functional CQI committee across all the facilities.
- Developed a step-by-step guide for the Implementation of the IPE and IPP approach.
- National CQI collaboratives (HTS, Retention, PMTCT/EID, KP/PP) implemented and encouraged the facility-based staff to always participate.

Educational for Interprofessional HIV Service Delivery - Uganda Summary Report

In COP 22, EIPHIV-U project implemented online training and mentorship sessions to 16 selected health facilities in the EC region and two (02) health facilities in central region based on suboptimal performance in some of the key PEPFAR HIV indicators in the period July-September 2022 of COP 21. These indicators included; Viral Load Coverage, Viral load Suppression (disaggregated for the elderly, pediatrics and key populations), Number of clients screened for TB, Percentage of clients cured from TB, Presumptive cases accessing Gene Xpert testing, Annual retention in care, Number of clients receiving Pre-Exposure Prophylaxis, Number HIV positive women screened for cervical cancer and proportion patients onmulti-month dispensing.

Training Program

Following identification of the sub optimally performing indicators n the two regions, health facilities with two or more indictors with suboptimal performance were selected to participate in the online training. The InterProfessional teams were enrolled on the online course after various engagements with district, Implementing partners and health facility leaders. Three (03) cohorts of ~60 individuals in the EC region at facilities in close proximity with each other and 54 participants from the central region were selected to participate in the online training for five modules each lasting one week. We conducted 1-2 hour zoom sessions 3-4 times per week to interact with leaners

The five training modules included:

1. Care for a pediatric and adolescent with HIV
2. Management of TB/HIV co-infection
3. ART adherence and evaluation of Virological failure.
4. Pre-exposure prophylaxis and care for key and priority populations
5. Health system building blocks: Delivering high quality care to Patients with HIV

Health Workers Trained

The training saw a team of 300 InterProfessional teams of health workers from the selected health facilities enroll and complete the program as seen in the table below:

TABLE 9

Cadre of health care providers	Number(%)
Nurses and midwives	67 (22%)
Medical and clinical officers	56 (19%)
Counsellor	38 (13%)
Laboratory technicians	45 (15%)
Medical records persons (data clerks 37, M&E officers7 and one Biostatistician)	35 (12%)
Linkage facilitator	17 (6%)
Pharmacy technicians	14 (5%)
Others	18 (6%)
Total	**300 (100%)**

Facilities Engaged in the Project

In the EC region of Uganda, the project collaboarted with 16 slected health facilities including four(04) ditrict hospitals, seven (07) health centre IVs and five (05) health centre IIIs. In the central region of Uganda, two (02) Centres of excellence (CoE) clinics were engaged as summarisd in the tables below

TABLES 10, SUMMARY OF THE HEALTH FACILITIES ENGAGED

Health facility	East central Region	Central region	Total
Hospitals	4	-	04
Health centre IV	8	-	08
Health centre III	5	-	05
CoE Clinics	-	02	02
Total	16	02	18

TABLES 11, SUMMARY OF THE HEALTH FACILITIES ENGAGED

District	Health Facility
Bugiri District	Bugiri Hospital
Bugiri District	Buluguyi HC III
Busia District	Busia HC IV
Busia District	Masafu Hospital
Buyende District	Kidera HC IV
Iganga	Iganga TC HC III
Iganga District	Bugono HC IV
Iganga District	Iganga Hospital
Jinja District	Buwenge HC IV
Jinja District	Walukuba HCIV
Jinja District	Mpumudde HCIV
Kamuli District	Kamuli Hospital
Namayingo	Mutumba HC III
Namayingo District	Banda HC III
Namayingo District	Buyinja HC IV
Namutumba District	Namutumba HC III
Kampala district	Alive medical services
Kampala district	Touch Namuwongo

3 Strengthening Supply Chain Systems

Our primary focus has been on streamlining and fortifying supply chain systems to ensure resilience and efficiency.

Throughout the 2022/23 COP year, MJAP has played a pivotal role in enhancing supply chain management within the districts and health facilities we support in Kampala and East Central Uganda. Our primary focus has been on streamlining and fortifying supply chain systems to ensure resilience and efficiency. To achieve this, we actively engaged in on-site mentorships and provided supervisory support for a range of critical activities. These included:

1. Forecasting and Quantification: Working closely with districts and health facilities to optimize forecasting processes for medical supplies.

2. Electronic Ordering and Reporting: Implementation and support for electronic ordering and reporting systems through the National Medical Stores client self-service portal (NMS+ CSSP).

3. HMIS 105-6 Reporting: Assistance in Health Management Information System reporting, ensuring accurate and timely reporting practices for logistics.

4. Utilization and Scale-up of eLMIS: Promotion and scaling of electronic logistics management information systems such as Real-Time ART stock status (RASS) and RX solution.

5. Utilization of the Supervision, Performance Assessment, and Recognition Strategy (SPARS): This comprehensive strategy is aimed at enhancing various supply chain indicators including ordering and reporting, stock management, store management, prescribing quality, and dispensing quality across all supported facilities.

6. Support of pharmacovigilance initiatives: facilitating the reporting of adverse drug reactions to the National Drug Authority at each of the supported facilities. This underscores our dedication to ensuring the safety and efficacy of pharmaceuticals within the healthcare system.

7. Collaboration with Private community pharmacies: This has proven instrumental in the successful delivery of Antiretroviral Therapy (ART) to eligible clients in the community. This innovative approach has not only alleviated congestion within health facilities but also prioritized patient-centered care services.

In summary, our efforts throughout the year have been multifaceted, addressing various aspects of supply chain management. The combination of targeted mentorship, strategic support, and collaborative initiatives reflects our commitment to building robust and resilient patient-centric supply chain systems.

MJAP Staff conducting onsite mentorship with private community pharmacy staff at GetWell pharmacy in Kampala to improve documentation for ART medicine stock.

Key Challenges and Mitigation Measures

Key Challenges	Mitigations
Low order fill rates hence low commodity availability in the region	Conduct redistributions from well-stocked facilities and make back orders to National Medical Stores.
Insufficient accountability for commodities especially Rapid testing kit	Working with the district leadership to follow up on the utilization of commodities
Lack of ownership of supply chain activities by the district/ facility staff	Involving the DHT in planning for supply chain activities and their supervision
Staff turnover at facilities affecting the use of supply chain eLMIS	Follow up on transferred staff and update the IT team at NMS to update the credentials. There is also a need to train more than one staff at each of the facilities

Supply chain eLMIS super users in the EC Region pose for a photo with the commissioner of Pharmaceuticals, Dr. Martha Ajulong after a 5-day training at C'sand Hotel Jinja City.

MJAP Supply chain officer offering technical support to facility staff on the extraction of accurate data for medicine ordering and reporting.

Joint supply chain technical working Group meeting between LPHS-EC, UHA Elgon region, and Busia District Health Team.

Mr. Amiisi Doodo MJAP Prevention Officer- Iganga Cluster at Masolya Landing Site after providing support at Masolya HCIII one of the hard-to-reach areas.

4 Laboratory System Strengthening Management

MJAP supported implementation of laboratory systems strengthening interventions at 121 health facilities in East Central region and 5 facilities in Kampala during FY23, in the following areas; Laboratory specimen and test results transportation for hard-to-reach lower health facilities on Islands; Technical support for Point of Care Early Infant Diagnosis of HIV (EID) and VL Testing; Laboratory Supply Chain coordination support to ensure availability of essential commodities at testing sites; Support for GeneXpert TB test utilization and reporting; Laboratory Diagnostic testing for Advanced HIV Disease (AHD) management; Operational logistics and coordination support for the laboratory hub system provided; motorcycle fuel and maintenance services, stationery for printing test results, and internet data and voice airtime;

Supported continued implementation of Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) at 10 laboratory hubs (Bugiri GH, Masafu GH, Kamuli GH, Kidera HCIV, Bumanya HCIV, Buyinja HCIV and Kigandalo HCIV, Kirruddu National referral hospital , Butabika National referral hospital and Mulago NRH and 1 non hub facility-Buwenge general hospital; Supported laboratory equipment maintenance through service contracts in collaboration with the Regional Equipment Maintenance workshop, Renewal of SLA for the automated equipment (CBC and chemistry), support implementation of Laboratory Biosafety and Bio-security management practices and Stop TB Partnership project funded by USAID to support the scale up of the LabXpert software solution.

SANAS Assessment Feedback meeting for Kiruddu National Referral Hospital Laboratory.

Dr. Dauda Mugoya giving an overview of Iganga Hospital during the SANAS Accreditation by officials from South Africa.

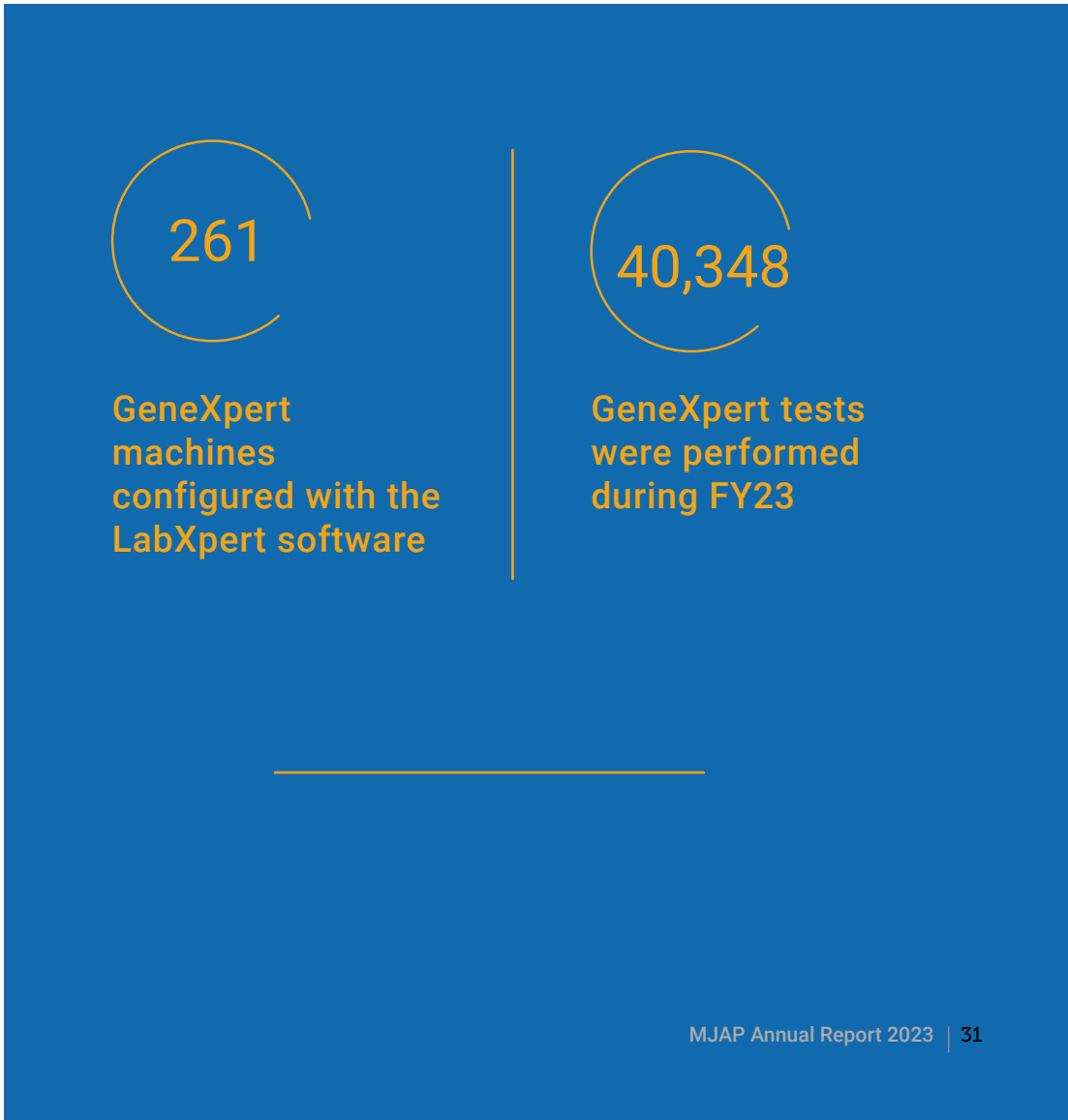
4.1 Access to Quality Laboratory Services for HIV/AIDS Diagnosis and Monitoring Services

MJAP supported the implementation of Laboratory Quality Management Systems (LQMS) at health facilities in order to ensure and maintain quality diagnostic services. MJAP also supported 3 laboratories (Butabika National Referral Hospital, Kiruddu National Referral Hospital and Iganga Hospital) to achieve international accreditation by South African National Accreditation System (SANAS), two laboratories (Central Laboratory and TB Laboratory of Mulago National Referral Hospital). This accreditation is on the ISO 15189:2012 which is a requirement for laboratories to demonstrate quality and competence.

(Photos Right to left, Kiruddu NRH staff, SANAS assessors and MJAP staff after the assessment of Kiruddu NRH Laboratory for accreditation and Medical superintendent Iganga hospital giving closing remarks after Iganga hospital laboratory was recommended for international accreditation to ISO 15189;2012 by SANAS respectively)

4.2 Gene Xpert Utilization

A total of 40,348 GeneXpert tests were performed during FY23, achieving an average GeneXpert utilization of 6.1 samples/day, against a target of 12 samples/day (Fig.2). There was an improvement from 4.8 samples/day in FY23Q2 to 7.8 samples/day (FY23Q4) attributed to onsite technical mentorships, logistics coordination and coordination support for GeneXpert equipment maintenance in liaison with CAROGA Microhaem. Regional and training of facility teams from the gene xpert sites (4 modules and above) trainings were conducted in bid to scale up the alternative sample testing for children using stool testing for gene Xpert.MJAP plans to procure power back up for Nsinze HC IV , Bugiri hospital, Bugono HC IV , Busesa HC IV and UPS s to support the one module gene xpert machines. MJAP also implemented a Stop TB Partnership project funded by USAID to support the scale up of the LabXpert software solution. The LabXpert addresses the challenge of low reporting rates that is posed by the manual counting and submission of individual facility statistics for central-level compilation. The TB testing equipment (GeneXpert, TrueNat and X-ray machines) were through internet connectivity integrated with the national reporting systems to enable automatic collection and aggregation of testing data. Out of 271 GeneXpert machines, a remarkable 96.3% (261) were successfully configured with the LabXpert software. Furthermore, LabXpert was effectively installed on 97.3% (37) of the 38 TrueNat machines. This installation process entailed the establishment of internet connectivity and the thorough configuration of the machines, enabling them to report test results in real- time.



MJAP GRANTS PORTFOLIO FY 2022/23

S.NO	NAME /TITLE OF GRANT	DONOR	PROGRAM AREA	GRANT PERIOD	AMOUNT $	CURRENT YEAR AMOUNT IN USD
1	USAID Local Partner Health Services East Central –	USAID	HIV/TB Program	01/10/ 2021 to 30/9/ 2026	33,200,000	
2	Accelerating epidemic control in Kampala region of Uganda under the President's Emergency Plan for AIDS Relief through scale up of evidence based and high impact interventions towards achievement of UNAIDS 90:90:90 targets (Kampala HIV)	CDC via Infectious Diseases Institute	HIV/TB Program	01/7/2017 to 30/9/2023	12,080,926	1,934,356
3	Quality Improvement Solutions for Sustained Epidemic Control Project (QISSEC)	PHS Health Resources & Services Admin. Via the University of California, San Francisco		01/5/2022 to 29 /9/2023		175,000
4	Strengthening Implementation science capacity at Regional Referral Hospitals and their catchment communities to improve evidence-based adolescent HIV care in Uganda.	CRDF Global	Implementation Science-Research	01/10/2021 to 30/4/,2024		35,511.36
5	Introduction and Strengthening of Use of Connectivity Solutions for TB Diagnostic Instrument Networks in Uganda"	Stop TB Partnership/ UNOPS	TB Program	15/3/2022 to 33/9/2023	544,895	544,895
6	Implementation Science to Understand and Design Stakeholder Informed Innovative Interventions to Improve Adolescent and Youth HIV Prevention and Care Continuums in Rural and Urban Uganda (PATC3H - IN Project)	National Institutes of Health via MU-JHU	Implementation Science-Research	08/9/ 2023 to 31/8/ 2028	1,042,307	221,909
7	Differentiated Service Delivery (DSD) of HIV and TB services and which factors are facilitators and barriers to improved DSD performance in order to prepare for a larger implementation	Africa Resource Centre NPC	Research on DSD	01/10/2022 to 02/4/2023	42,211	21,106
8	Integrated community retail pharmacy drug distribution point plus (CRPDDP+) service delivery model	01/11/ 2023 to	(CRPDDP+) Service Delivery Model		246,087	246,087
9	Saving Lives and Livelihoods Initiative	IDI via University of California	Implementation Science Capacity Building for National Public Health Institutes	01/09/2023 to 31/3/ 2024	21,775.00	21,775.00
10	EIPHIV-U project training		EIPHIV-U		$176,000	

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