

**Infectious Diseases Institute**

**College of Health Sciences**

**Makerere University**

## **Programmes - Key Performance Indicators**

**For period ending 31<sup>st</sup> March 2018**

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## List of Acronyms

ACREM	Applied Clinical Research and Evidence-based Medicine
AFI	Acute Febrile Illness
ANC	Antenatal Care
ART	Antiretroviral Therapy
ATIC	Advanced Treatment Information Center
BD	Becton Dickinson
BHP	Bunyoro HIV Project
C-section	Caesarean Section
CSF	Civil Society Fund
DMM	Department of Medical Microbiology
DOD	United States Department of Defense
EID	Emerging Infectious Diseases
EKKP	Expanded Kiboga-Kibaale Project
GHSA	Global Health Security Agenda
HCIV	Health Centre IV
HIV	Human Immunodeficiency Syndrome
IDCAP	Integrated Infectious Diseases Capacity Building Evaluation
IDI	Infectious Diseases Institute
IDSR	Integrated Disease Surveillance and Response
IHK	International Hospital Kampala
IPC	Infection Prevention and Control
KHP	Kampala HIV/AIDS Project
KCCA	Kampala Capital City Authority
MAPD	Malaria Action Plan for Districts
MARPS	Most at Risk Populations
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MJAP	Makerere University Joint AIDS Program
PEPFAR	US Presidential Emergency Fund for AIDS Relief
PNFP	Private Not For Profit
RRHs	Regional Referral Hospitals
SDS	Strengthening Decentralisation for Sustainability
SHARE	Sharing HIV/AIDS Responsibilities and Efforts
SMGL	Saving Mothers, Giving Life
SMP	Stop Malaria Project
TB	Tuberculosis
UNHLS	Uganda National Health Laboratory Services
WHO	World Health Organization
WHP	West Nile HIV/AIDS Project

## List of General Definitions

**Active ART Clients :** Visited the clinic at least once in the last 3 months

**Active Pre ART Clients :** Visited the clinic at least once in the last 6 month

**Direct Support:** HIV care support provided directly by IDI through the IDI Adult Infectious Diseases Clinic (AIDC), Mulago

**Indirect Support:** HIV care support provided by IDI through other clinics not directly managed/run by IDI.

**IDI – Run Specialist Clinics:** Adolescents, Sexual Reproductive Health, Senior Citizens, Non Communicable Diseases, Kaposi Sarcoma, TB/HIV, Discordant, MARPs, Hepatitis B and Mental Health

**Full Time Staff:** Staff providing 100% staff effort to the organization/project

**Saving Mothers Giving Life (SMGL):** This is an IDI implemented outreach project that aims at improving maternal child health (MCH) in specific health facilities in Kibaale district

**Trainee:** A course participant who receives a certificate of completion of, or attendance at, an IDI course.

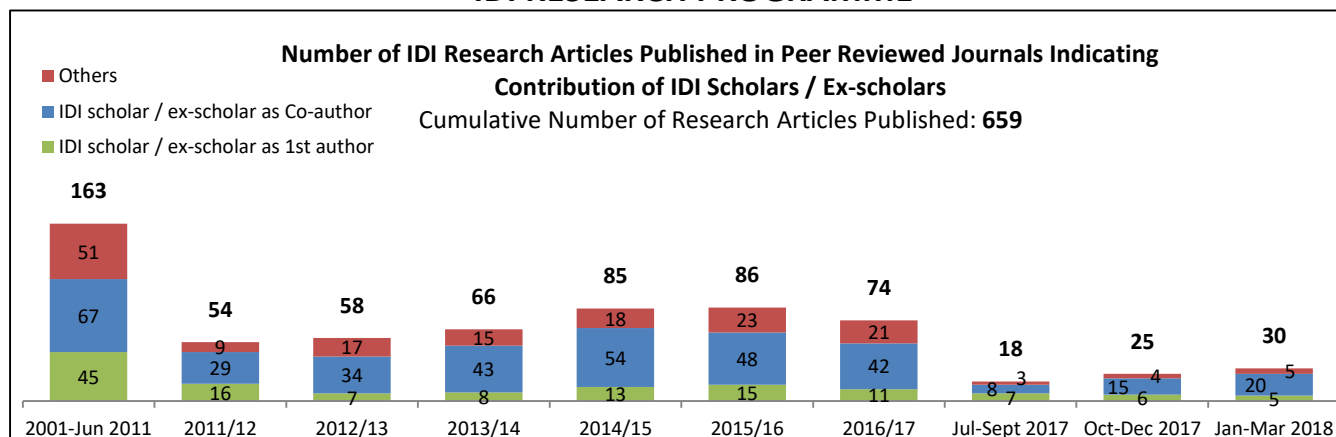
**Kampala Capital City Authority facilities supported by IDI:** Komamboga, Kisugu, Kawempe Home Care, Kawaala, Kiswa, Kitebi, Kisenyi, Kawaala, Hope Clinic and Kiruddu. Due to renovation of some government facilities, Kawempe HCIV and Kiruddu HCIV were dropped after September 2013. Hope Clinic was also dropped after March 2016. From October 2016, IDI Mulago clinic was also considered one of the KCCA clinics. However, data from the IDI Mulago site is reported separately.

**Eight Districts in Western Uganda supported by IDI:** Kibaale, Kagadi, Kakumiro, Kyankwanzi, Hoima, Buliisa, Masindi and Kiryandongo.

**Eight Districts in West Nile supported by IDI:** Adjumani, Arua, Zombo, Maracha, Nebbi, Yumbe, Koboko, Moyo

**Civil Society RRH Capacity Building Project supported RRHs:** Soroti RRH, Moroto RRH, Gulu RRH, Lira RRH, Fort Portal RRH, Hoima RRH, Masaka RRH, Mubende RRH, China Uganda Friendship Hospital, Kibuli Moslem Hospital and Kasangati HCIV. Implementation of this project ended in September 2015.

## IDI RESEARCH PROGRAMME



**Indicator Definition:** Number of IDI research articles published in peer reviewed journals disaggregated by contribution of IDI scholars and IDI ex-scholars.

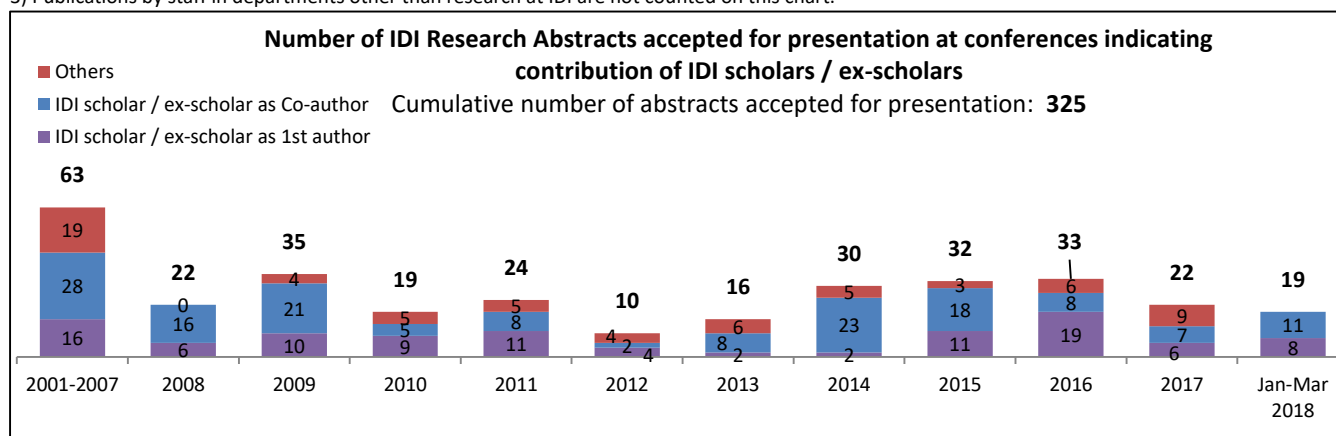
**Unit of measure:** Number.

**Disaggregated by:** IDI scholar/ex-scholar as 1<sup>st</sup> author, co-author, others

**Data Source:** Research department.

**Frequency of data acquisition:** Quarterly and annually

**Additional Notes:** 1) An article is counted as a publication by IDI if one or more of the authors cites IDI as their institutional affiliation (or one of their affiliations). Such authors may or may not be employed by IDI. 2) IDI trainees, in this context, are mainly Sewankambo Scholars who were pursuing PhDs, or post-doctoral studies, or Masters in Medicine. Most Sewankambo Scholars on completion of their scholarships (and usually their PhDs) have remained at IDI as staff members or have continued some other close connection with the Institute through involvement in IDI research projects: these individuals are counted as IDI ex-trainees. 3) Publications by staff in departments other than research at IDI are not counted on this chart.



**Indicator Definition:** Number of IDI research abstracts accepted for presentation, indicating contribution of IDI scholars and ex-scholars

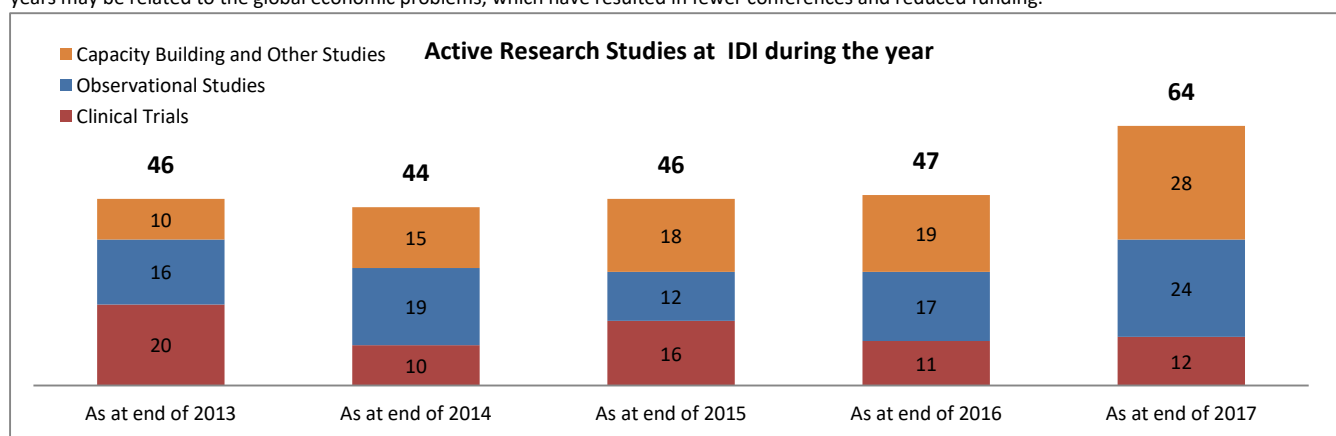
**Unit of Measure:** Number.

**Disaggregated by:** IDI scholar/ex-scholar as 1<sup>st</sup> author, co-author, others

**Data Source:** Research department

**Frequency of data acquisition:** Quarterly and annually

**Additional Notes:** 1) From 2013, number of abstracts presented during conferences were tracked. 2) The drop in the number of abstracts accepted in recent years may be related to the global economic problems, which have resulted in fewer conferences and reduced funding.



**Indicator Definition:** Number of research studies active at IDI during the year by type.

**Unit of Measure:** Number

**Disaggregated by:** Capacity building, observational studies, clinical trials

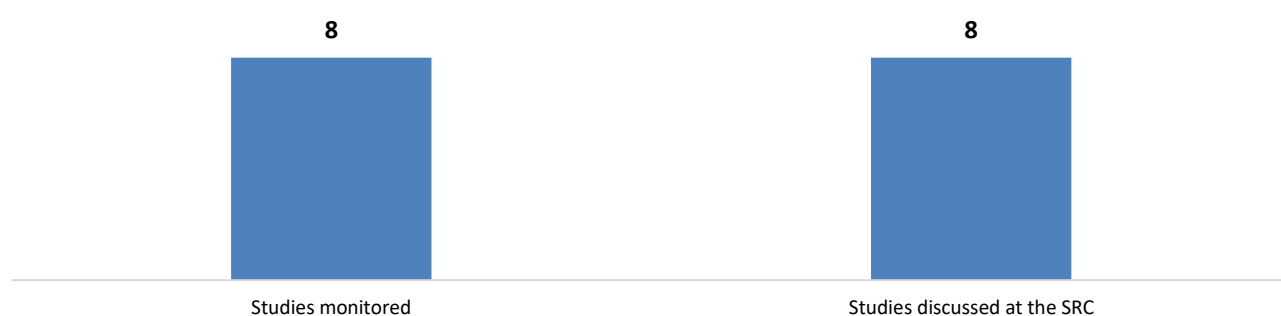
**Data Source:** Grants Register

**Frequency of data acquisition:** Quarterly and annually.

**Additional Notes:** 1) 'Active' means projects which are being implemented during the reporting period regardless of their start or end dates. 2) Start date used is the start date stated in the research project contract, not necessarily the date of signature of the contract. 3) End date used is the end date stated in the research project contract; not necessarily the date by which all activities related to the project end. 4) Definition and source of active research projects starts 2013. Data source used is the SIGMMER generated grants register. 5) Due to evolving systems of data management, there may be a few discrepancies in the number of projects over the years.

## IDI RESEARCH PROGRAMME

**Number of Studies Monitored and Discussed at the Scientific Review Committee (SRC)**  
Jan-Mar 2018



**Indicator Definition:** Number of research studies monitored by the IDI research team and number of studies discussed at the Scientific Review Committee during the quarter.

**Unit of Measure:** Number

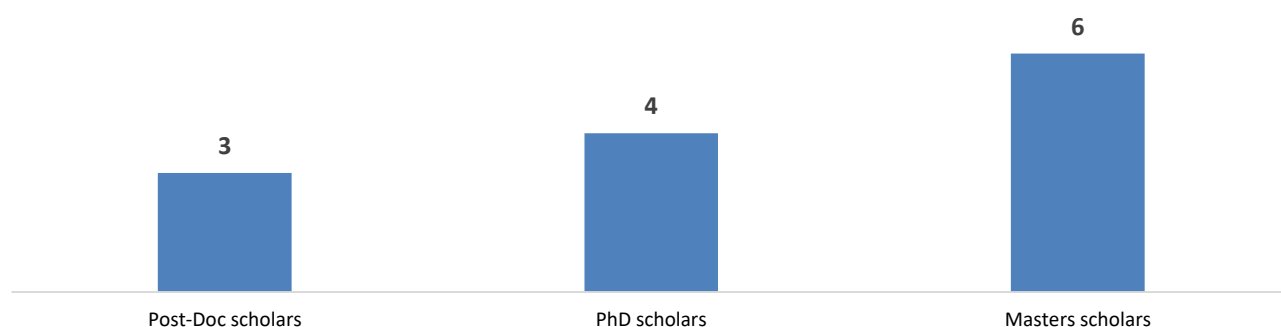
**Data Source:** Research Department

**Additional Notes:**

**Disaggregated by:**

**Frequency of data acquisition:** Quarterly and annually.

**Research Capacity Building through IDI Projects**  
As at March 2018



**Indicator Definition:** Total number of scholars supported financially by IDI projects during the quarter.

**Unit of Measure:** Number

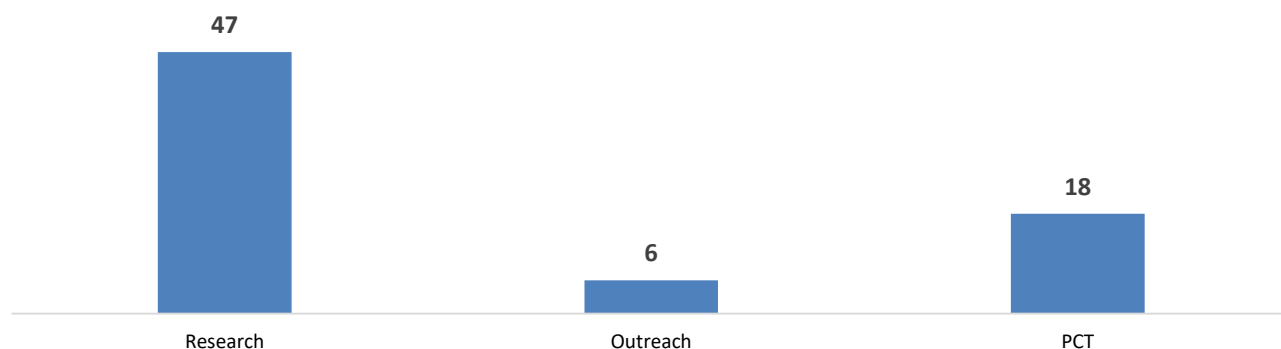
**Data Source:** Research Department

**Additional Notes:**

**Disaggregated by:**

**Frequency of data acquisition:** Quarterly and annually.

**Number of Projects Supported by IDI Statistics Unit**  
Jan 2017 - Mar 2018



**Indicator Definition:** Number of research projects benefitting from support provided by the IDI statistics unit during the year by type.

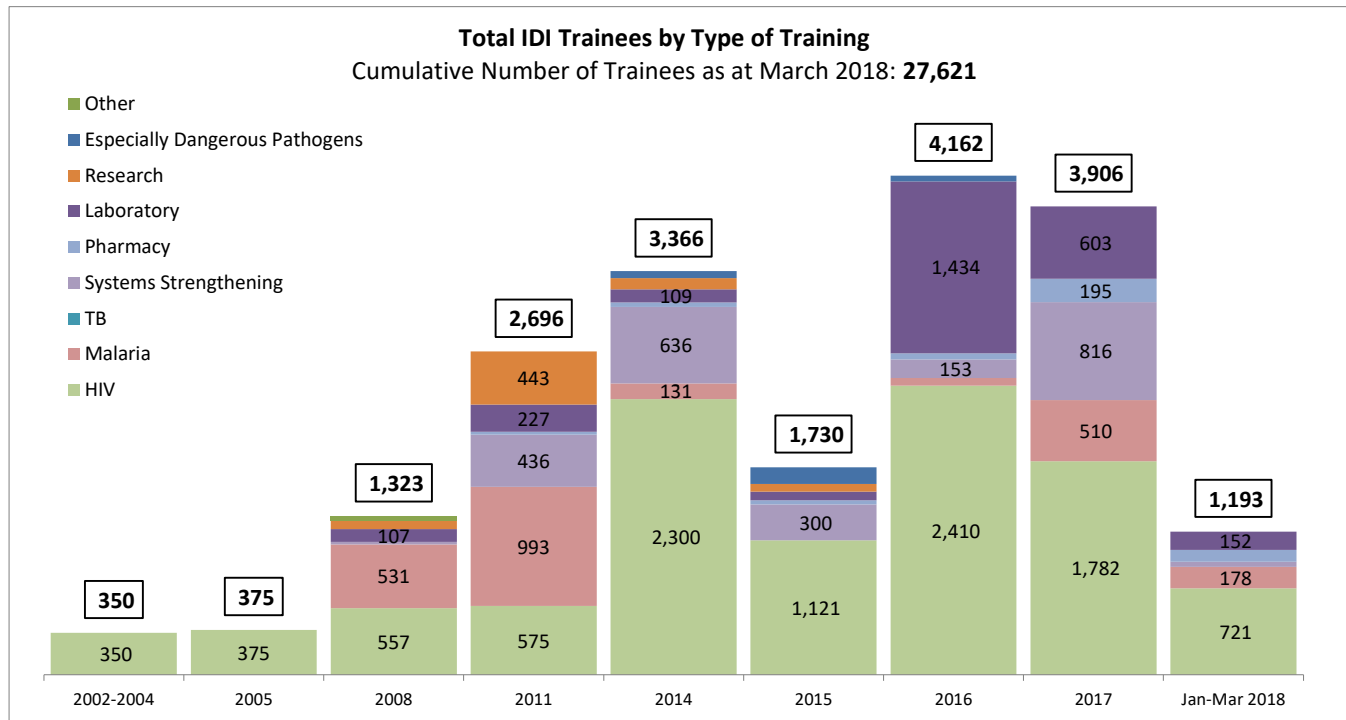
**Unit of Measure:** Number

**Data Source:** Research Department

**Disaggregated by:**

**Frequency of data acquisition:** Quarterly and annually

## IDI TRAINING PROGRAMME



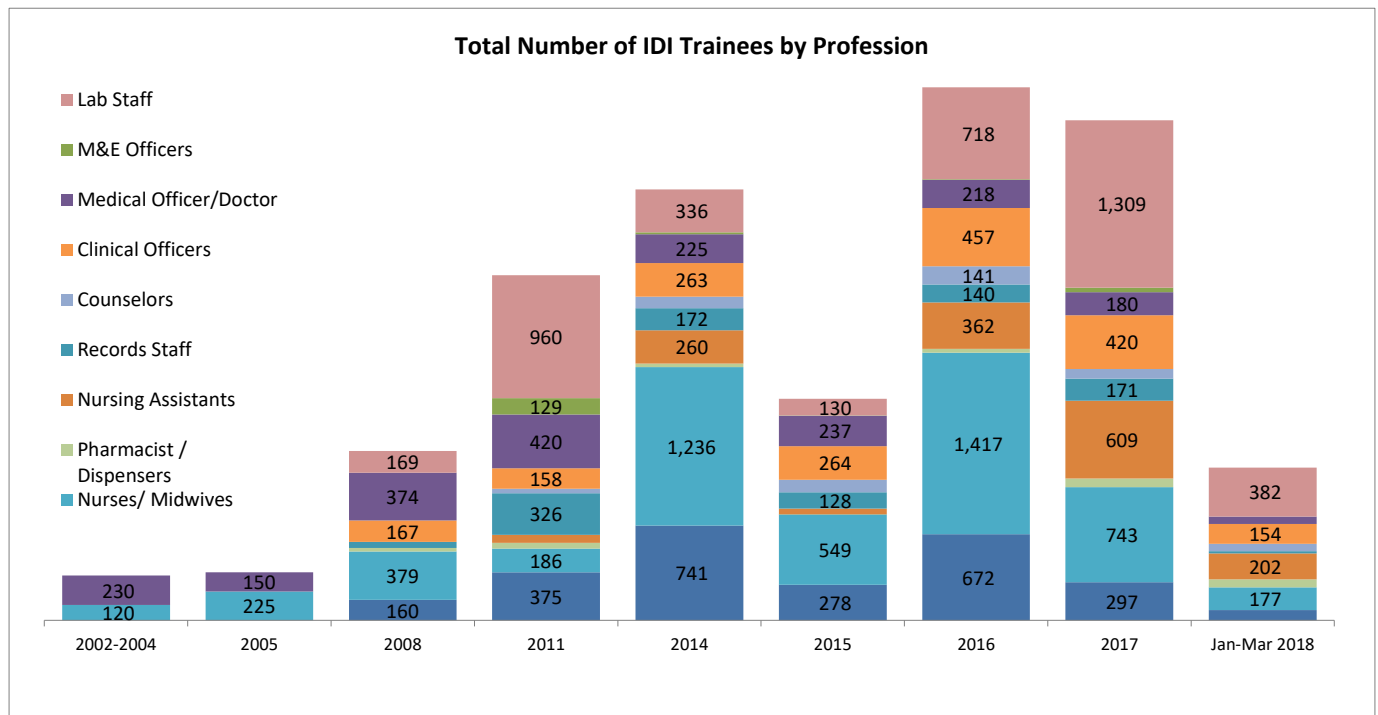
**Indicator Definition:** Total number of IDI trainees disaggregated by the type of training received.

**Unit of Measure:** Number **Disaggregated by:** Type of training

**Data Source:** Training reports **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Systems strengthening includes: Grants Management, Monitoring and Evaluation and Data management courses. 2) Research courses include: ACREM, Good Clinical Practice (GCP) and Longitudinal Data analysis courses. 3) Medical student training placements and participants of Continued Medical Education (CME) are not included since they are not awarded IDI certificates. 4) Figures below 100 are left out of the graphic.

5) About 15% of IDI course participants have returned to IDI for further training as an endorsement of the quality and relevance of the training. 6) In 2009, the training department started a policy known as 'Academic Social Responsibility (ASR)' where IDI admits (without payment of tuition fees) course participants with resource challenges, especially health workers from 'hard to reach' areas in Uganda. 7) Training numbers do not include a significant number of trainees under the UCSF research programme.



**Indicator Definition:** Total number of IDI trainees disaggregated by type of profession of trainees.

**Unit of Measure:** Number **Disaggregated by:** Type of profession

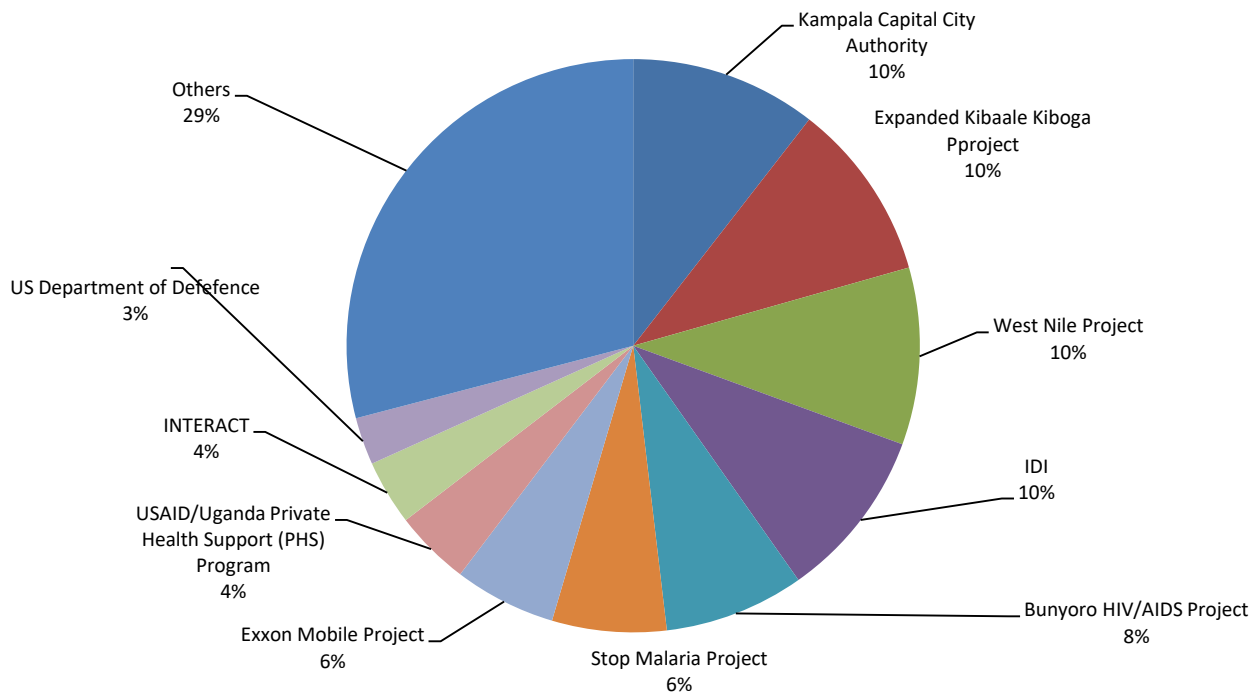
**Data Source:** Training reports **Frequency of data acquisition:** Quarterly

**Additional Notes:** Figures below 100 are left out of the graphic



## IDI TRAINING PROGRAMME

**Total IDI Trainees by Top 10 Funding Sources 2007 - March 2018**



**Indicator Definition:** Total number of IDI trainees disaggregated by the top 10 funding sources over time.

**Unit of Measure:** Numbers/Percentages

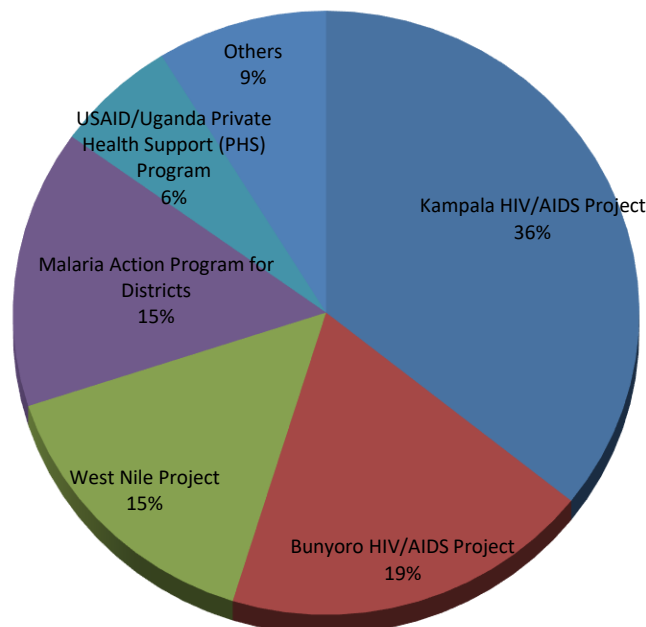
**Disaggregated by:** Funders

**Data Source:** Training reports

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) In January 2006, the tuition fees were increased and IDI scholarship fund (with preferential treatment for candidates with insufficient funds) was established according to the IDI strategic plan. 2) The figures for 'trainees' currently include newly qualified medical officers from Mulago Hospital who attend a one-week taught course at IDI. 3) IDI trainees figures exclude: undergraduate students from the Faculty of Medicine, Makerere University who follow a one week, problem-based curriculum; healthcare workers attending short (two day) Continuing Professional Education events at IDI; IDI currently funds both the above forms of training. 4) Booked trainees who do not attend are usually charged. 5) In the others category is an aggregate of all the training funding sources which did not make it in the top 10 including; BD, CSF, Presidential malaria initiative (PMI), WA-IDI, WHO-TB Reach, I-TECH among others.

**Total IDI Trainees by Top 5 Funding Sources (Jan-Mar 2018)**



**Indicator Definition:** Total number of IDI trainees disaggregated by the top 5 funding sources in the quarter.

**Unit of Measure:** Numbers/Percentages

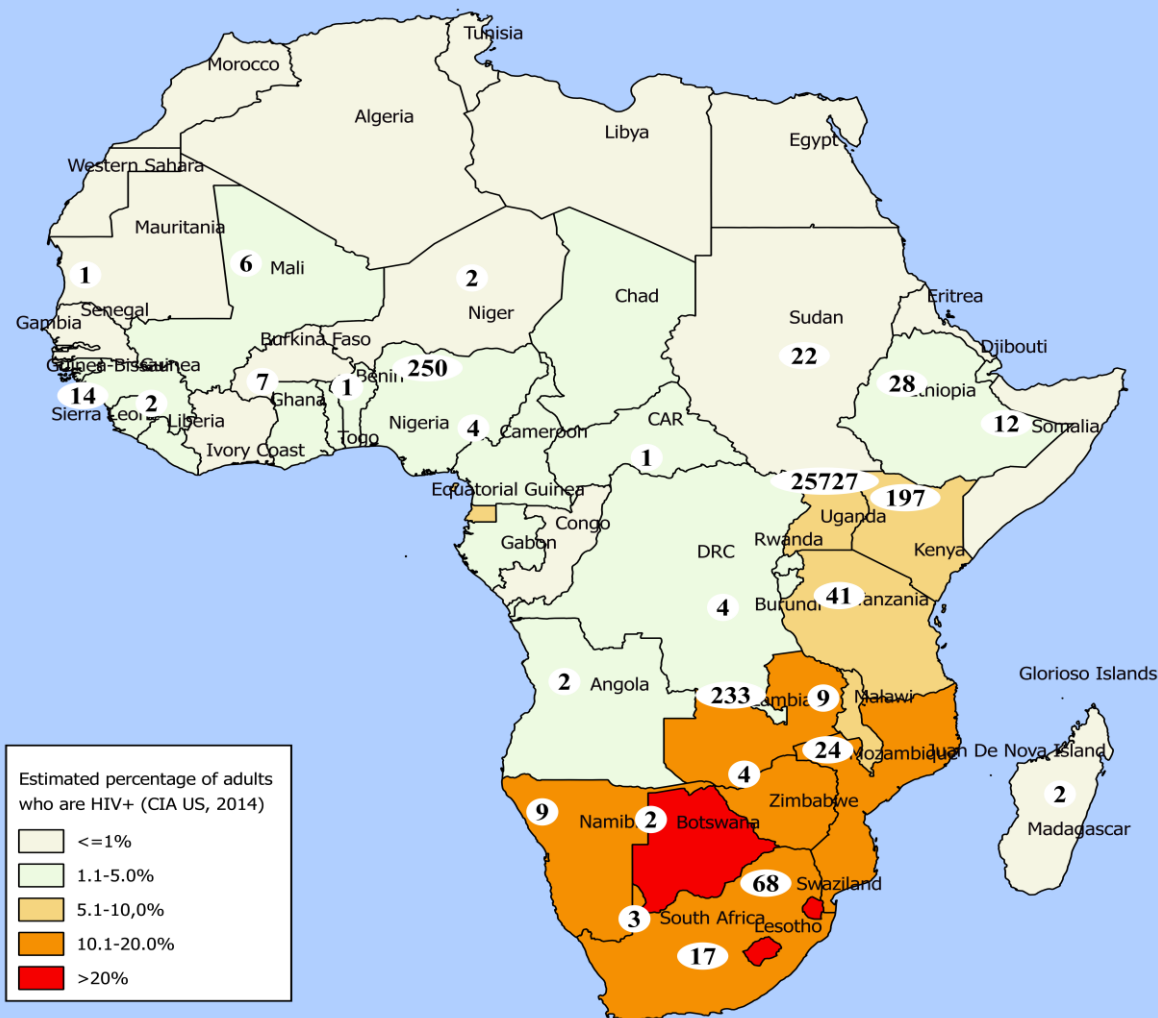
**Disaggregated by:** Funders

**Data Source:** Training reports

**Frequency of data acquisition:** Quarterly

## IDI TRAINING PROGRAMME

### Cumulative Number of IDI Trainees by Country (January 2006 to end of March 2018)



Trainees from outside Africa: 10 USA; 3 Netherlands; 1 Argentina; 2 UK; 2 Comoros; 2 Cambodia; 1 Canada  
Data on nationality of 440 trainees is unknown

	Medical Doctors	Other health workers	Total
HIV Training (28 African and Non-African countries)	1,750	11,660	13,410
Malaria Training (all Uganda)	61	3,586	3,647
Laboratory Training (9 African countries)	57	3,282	3,339
Systems Strengthening (Uganda and Nigeria)	80	2,622	2,702
Research Capacity Building (3 African countries)	742	889	1,631
Clinical Pharmacy (all Uganda)	3	532	535
TB	0	27	27
Others	377	1,953	2,330
Grand total	3,070	24,551	27,621

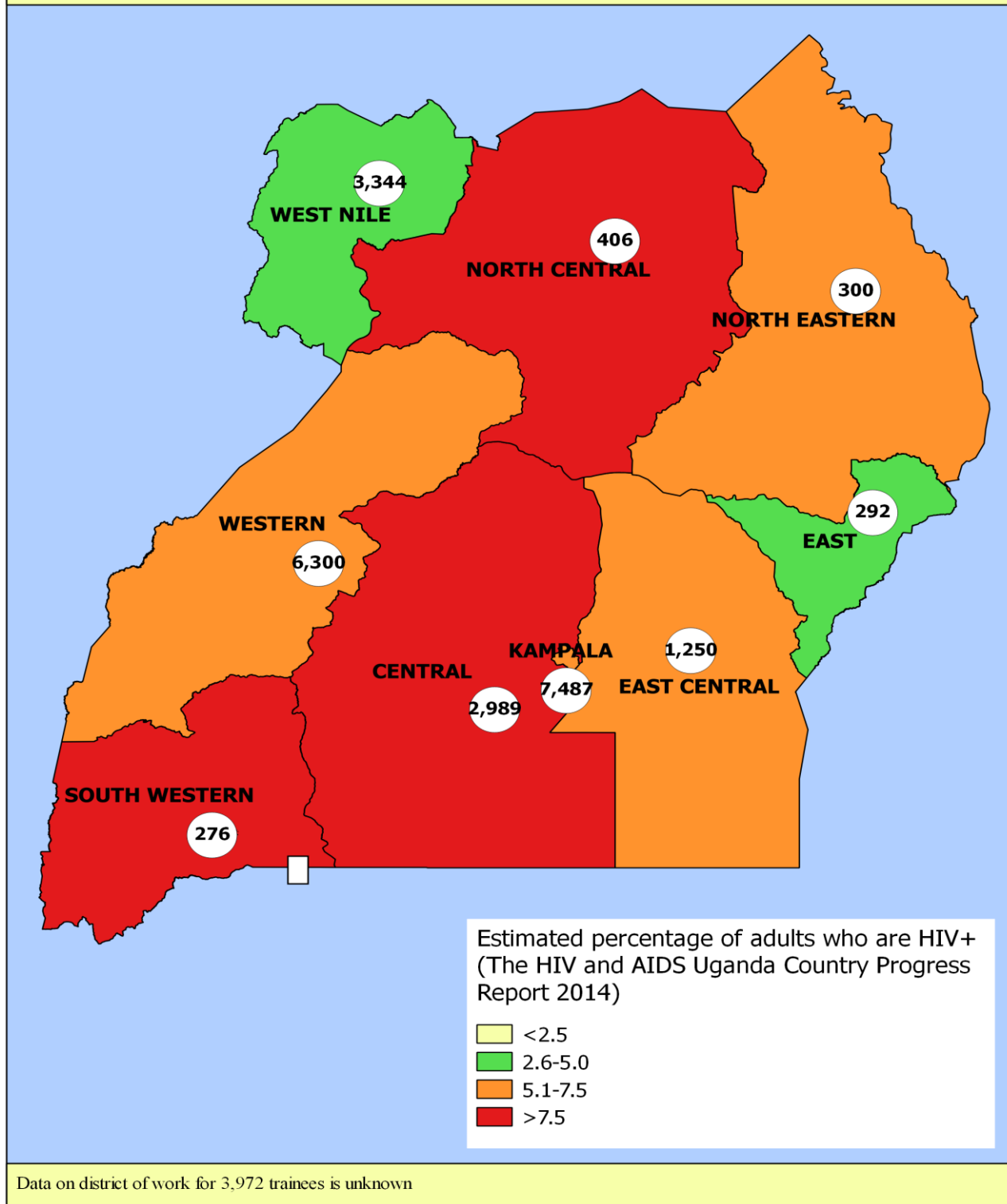
**Indicator Definition:** Cumulative number of IDI trainees disaggregated by country of origin in Africa, type of training and profession of trainees.

**Unit of Measure:** Number **Disaggregated by:** Country of origin, Type of training and Profession

**Data Source:** Training reports **Frequency of data acquisition:** Quarterly

## IDI TRAINING PROGRAMME

### Cumulative Number of IDI Trainees from Uganda by Region (January 2006 to end of March 2018)



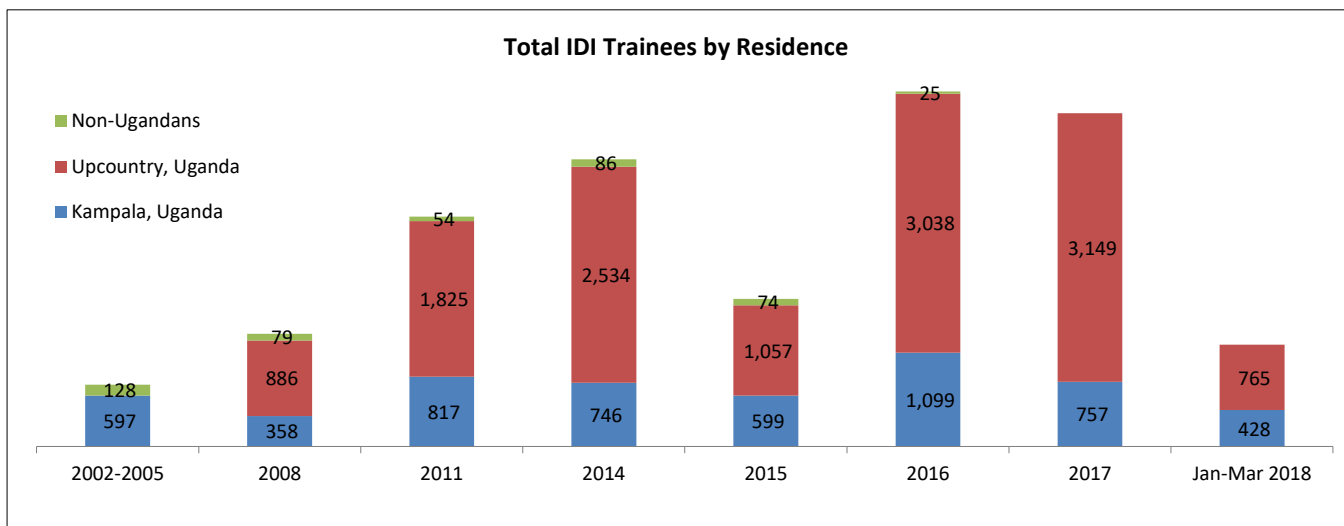
**Indicator Definition:** Cumulative number of Ugandan IDI trainees disaggregated by region of origin.

**Unit of Measure:** Number      **Disaggregated by:** Regions

**Data Source:** Training reports      **Frequency of data acquisition:** Quarterly

**Additional Notes:** Data on the district of work for 3,972 trainees is not available for earlier years, as it was not being captured then.

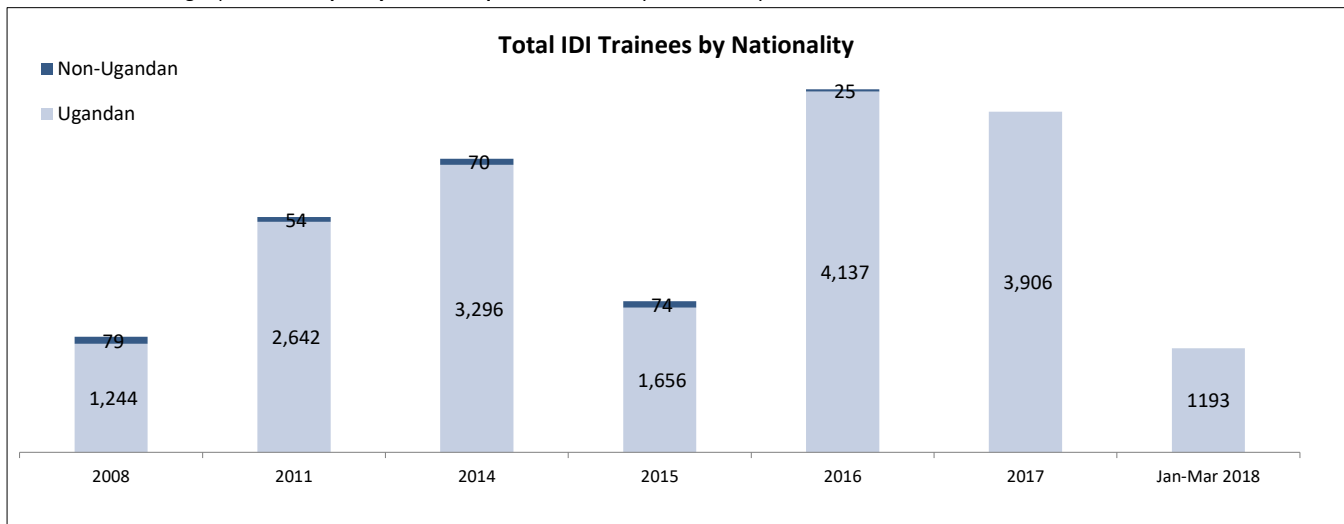
## IDI TRAINING PROGRAMME



**Indicator Definition:** Total number of IDI trainees disaggregated by location of residence.

**Unit of Measure:** Number **Disaggregated by:** Kampala, outside Kampala, international

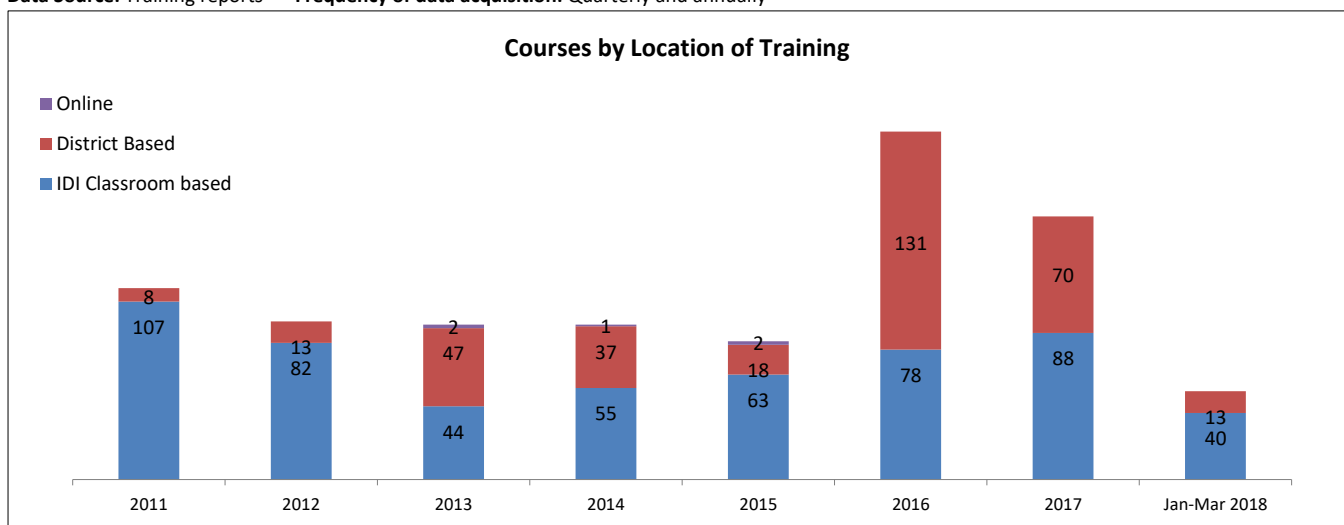
**Data Source:** Training reports **Frequency of data acquisition:** Quarterly and annually



**Indicator Definition:** Total number of IDI trainees disaggregated by citizenship.

**Unit of Measure:** Number **Disaggregated by:** Ugandan, Non-Ugandan

**Data Source:** Training reports **Frequency of data acquisition:** Quarterly and annually



**Indicator Definition:** Total Number of courses conducted disaggregated by location of training.

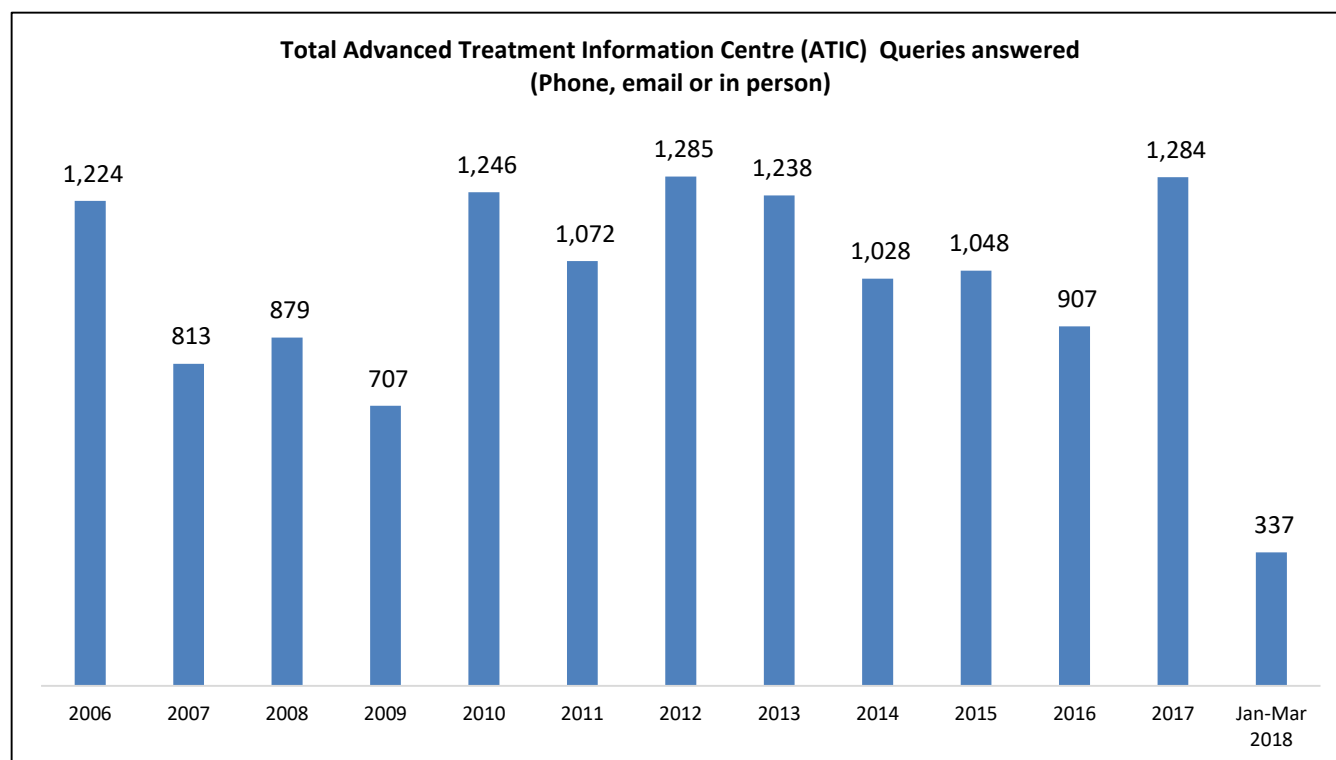
**Unit of Measure:** Number **Disaggregated by:** Online, district based, IDI classroom based training

**Data Source:** Training department

**Frequency of data acquisition:** Quarterly and annually

**Additional Notes:** Courses/trainings conducted before 2011 were not categorized by location of training. There were no online trainings for 2016 due to postponement of trainings to 2017 by the funder.

## IDI TRAINING PROGRAMME



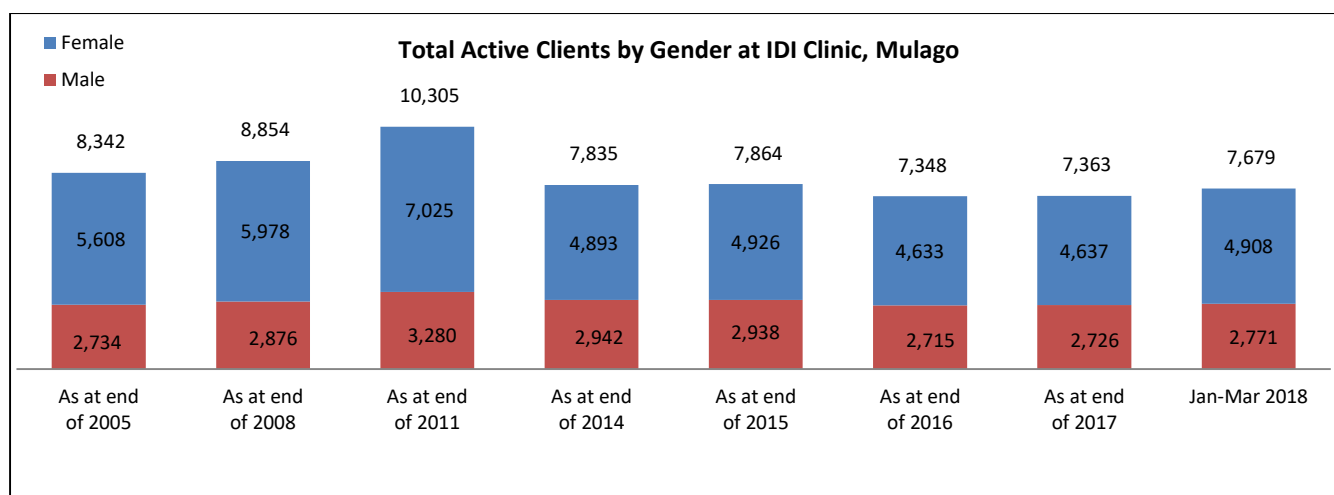
**Indicator Definition:** Total number of queries answered by Advanced Treatment Information Centre (ATIC), formerly known as the AIDS Information Centre.

**Unit of Measure:** Number **Disaggregated by:** None

**Data Source:** ATIC database **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Queries include calls from alumni and non-alumni, clinicians, clinical service support staff, laboratory staff and dispensing staff from over 20 countries. 2) Queries on therapeutics, drug interaction, adverse drug reactions and switching therapy. 3) Queries handled by the ATIC come in through phone, email and in person.

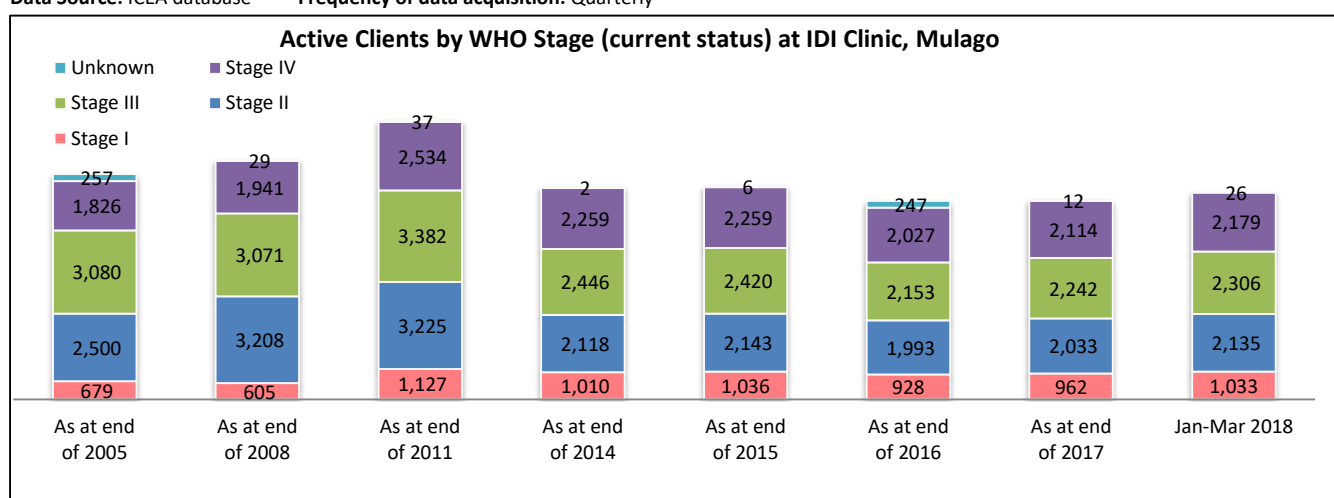
## IDI PREVENTION, CARE AND TREATMENT PROGRAMME



**Indicator Definition:** Total number of active clients in care (both Pre- ART and ART) at the IDI clinic, Mulago.

**Unit of Measure:** Number **Disaggregated by:** Gender

**Data Source:** ICEA database **Frequency of data acquisition:** Quarterly

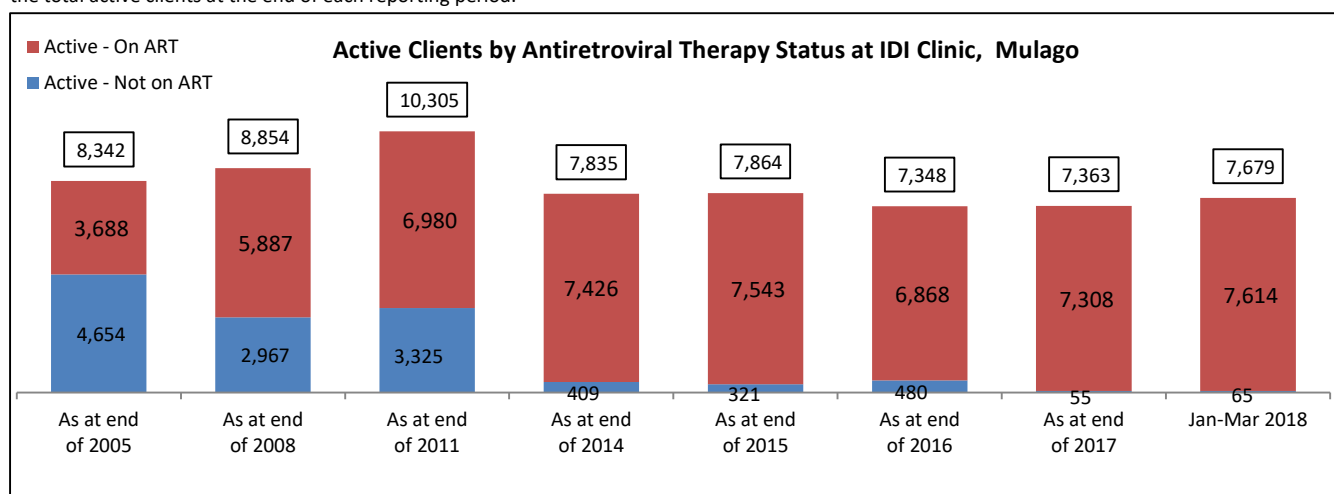


**Indicator Definition:** Total number of active clients in care (both Pre- ART and ART) by WHO staging at the IDI clinic, Mulago.

**Unit of Measure:** Number **Disaggregated by:** Stage I, II, III, IV, Unknown

**Data Source:** ICEA database **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Data reflects active client WHO stage at the most recent visit. 2) The number of patients with an unknown stage is often less than 5% of the total active clients at the end of each reporting period.



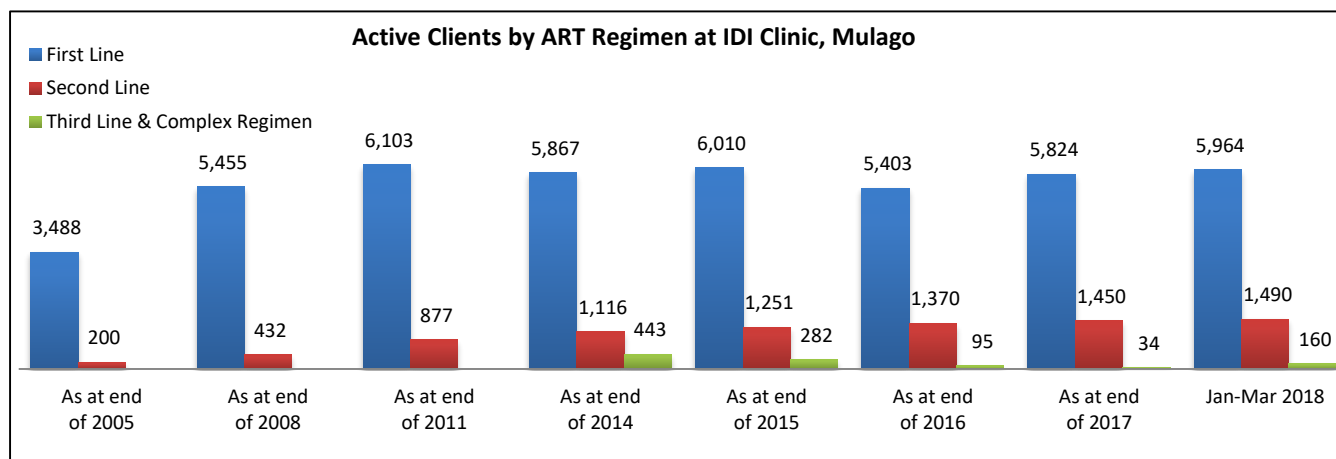
**Indicator Definition:** Total number of active clients by ART status in the IDI clinic, Mulago.

**Unit of Measure:** Number **Disaggregated by:** On ART, Not on ART

**Data Source:** ICEA database **Frequency of data acquisition:** Quarterly

**Additional Notes:** The data reflects each active client's ART status at their most recent IDI visit.

## IDI PREVENTION, CARE AND TREATMENT PROGRAMME



**Indicator Definition:** Total number of active ART clients by regimen in the IDI clinic, Mulago.

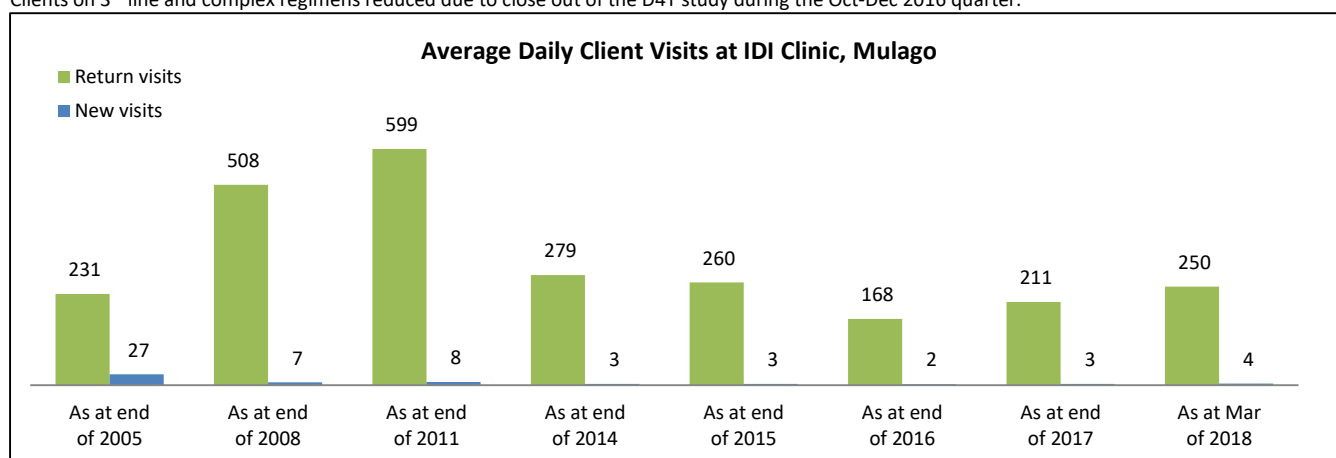
**Unit of Measure:** Number

**Disaggregated by:** First line, second line, third Line & complex regimen

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1<sup>st</sup> line: ART regimen given to a client at ART initiation; 2<sup>nd</sup> line: ART regimen given to a client non-responsive to 1<sup>st</sup> line regimen; 3<sup>rd</sup> line: ART regimen given a client non-responsive to 2<sup>nd</sup> line regimens; Complex: ART combinations given to a client non responsive to 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line regimens. Clients on 3<sup>rd</sup> line and complex regimens reduced due to close out of the D4T study during the Oct-Dec 2016 quarter.



**Indicator Definition:** Average number of new client visits and daily return visits at the IDI clinic, calculated as a proportion of the total number of client visits and the number of days the IDI clinic, Mulago is open.

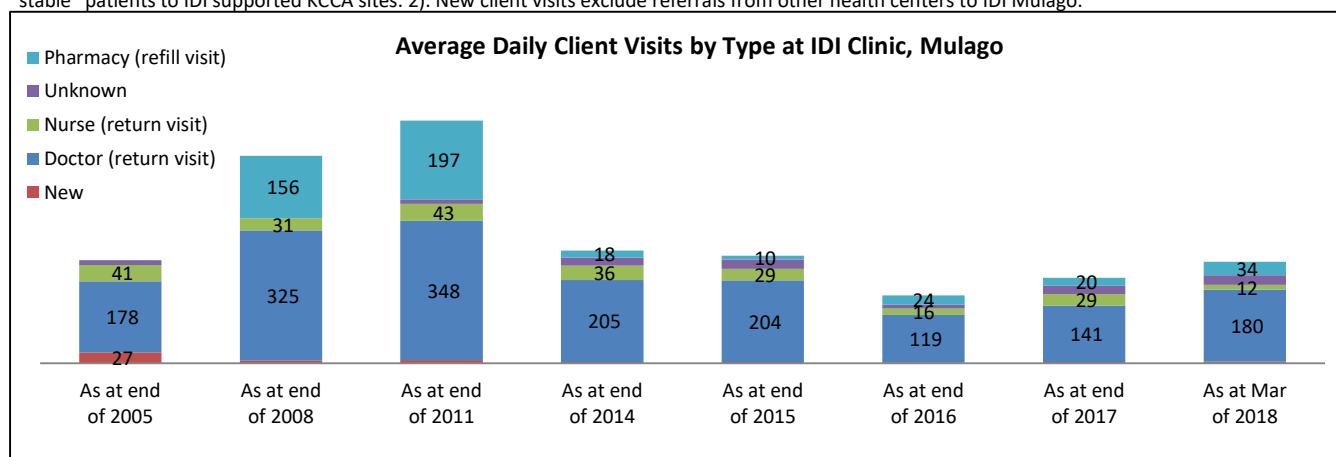
**Unit of Measure:** Number

**Disaggregated by:** Type of visit

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

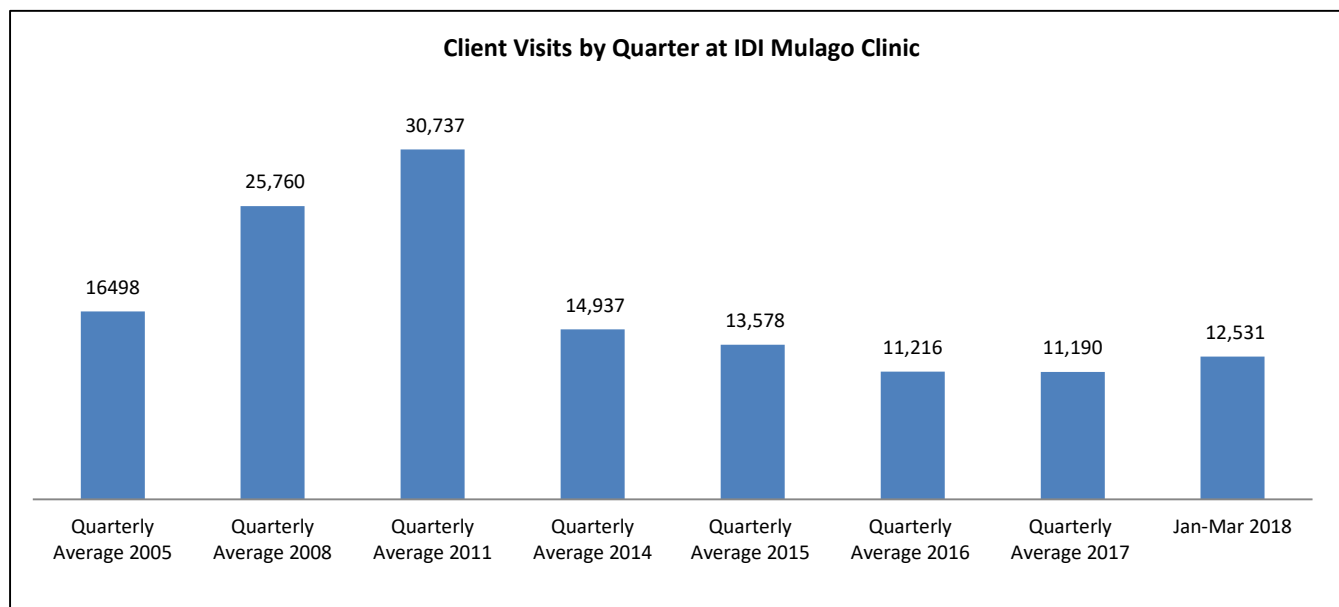
**Additional Notes:** 1). Large drop in Average Daily Client Visits in 2011 is attributed to the decrease in number of clients at IDI Mulago following referral of "stable" patients to IDI supported KCCA sites. 2). New client visits exclude referrals from other health centers to IDI Mulago.



**Indicator Definition:** Average daily number of client visits at IDI clinic, calculated as a proportion of the total number of client visits by type and the number of weeks the IDI clinic, Mulago is open. **Unit of Measure:** Number **Disaggregated by:** Type of Visit: New, Return and Unknown; Type of Service: New; Return (doctor, pharmacy, nurse). **Data Source:** ICEA database **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) New visits include comprehensive package (doctor, nurse, counsellor, pharmacy). 2) The introduction of 'nurse only' and 'pharmacy refill' visits contributes to lower health worker workload and shorter waiting times for clients. 3) From 2011 to 2012, the average daily clients at the IDI clinic who came for pharmacy refill visits reduced by half while a notable increase in those who returned to see a nurse and doctor was observed due to changes in case mix and the clinic's increasing focus on managing more complex patients.

## IDI PREVENTION, CARE AND TREATMENT PROGRAMME



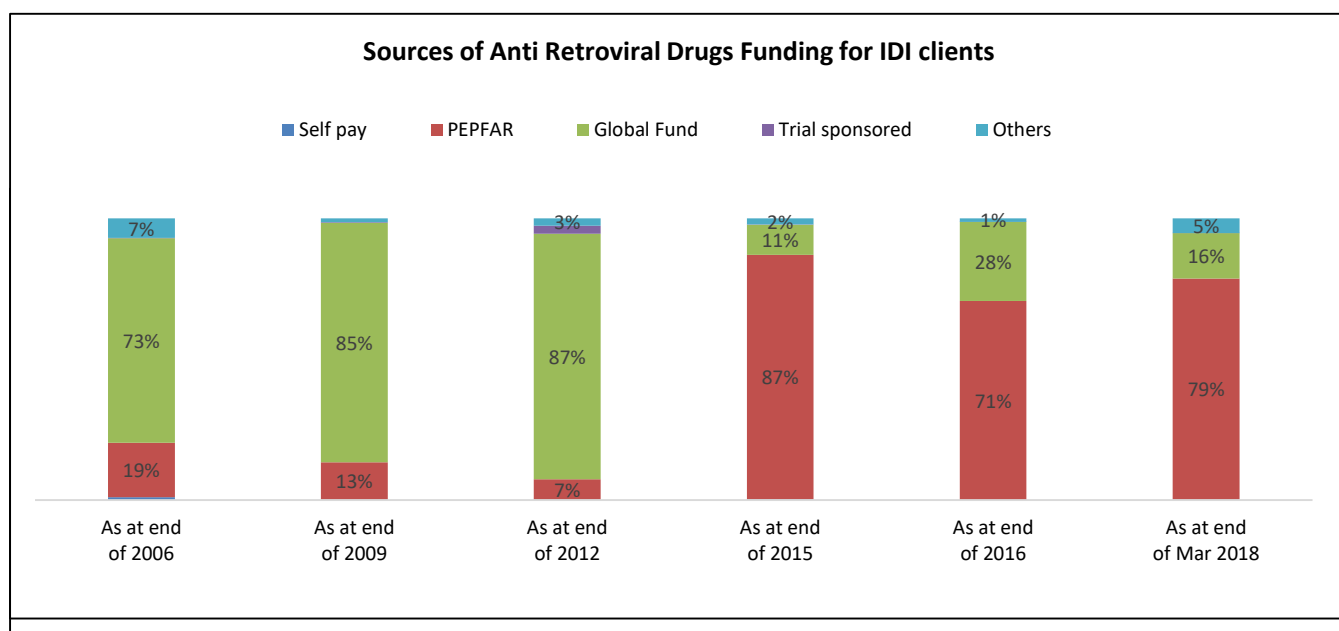
**Indicator Definition:** Average number of client visits at the IDI clinic in Mulago.

**Unit of Measure:** Number

**Disaggregated by:** IDI clinic Mulago

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly



**Indicator Definition:** Total number of active clients in care (both Pre- ART and ART) at the IDI clinic, Mulago disaggregated by location of residence.

**Unit of Measure:** Number

**Disaggregated by:** Kampala, Other

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** Quality of data is dependent on the accuracy of information provided by clients at the time of treatment.

**Indicator Definition:** Percentage of contribution of funders for ARVs.

**Unit of Measure:** Percentage

**Disaggregated by:** Self pay, PEPFAR, Global Fund, trial sponsored, others

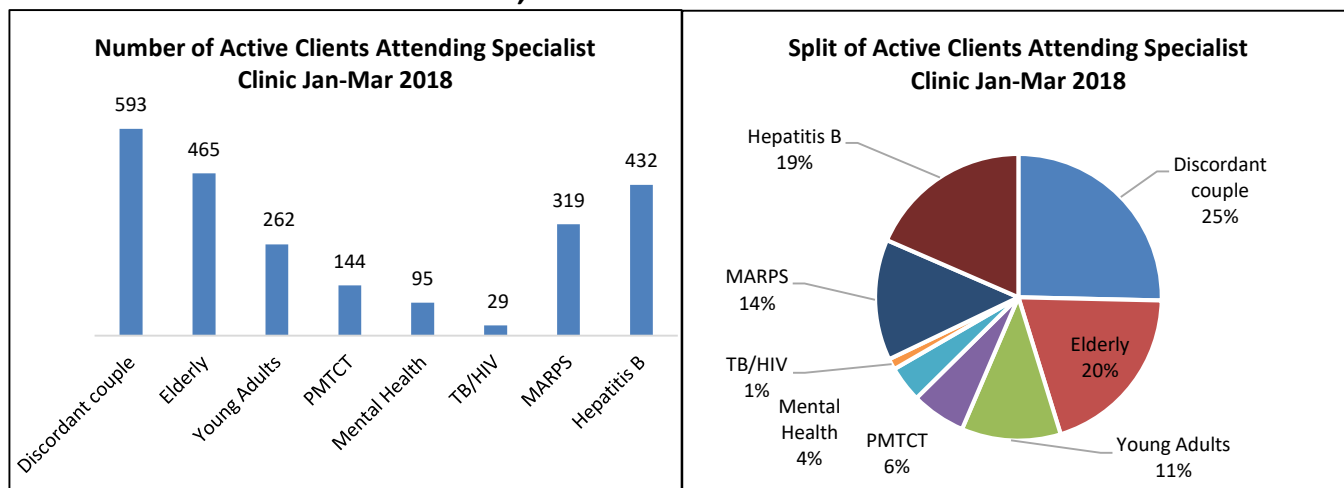
**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) ARVs are procured mainly by GFATMP and PEPFAR and supplied to the Ministry of Health. 2) IDI maintains a contingency budget in case of interruption of supply. 3) Figures below 1% are not displayed.



## IDI PREVENTION, CARE AND TREATMENT PROGRAMME



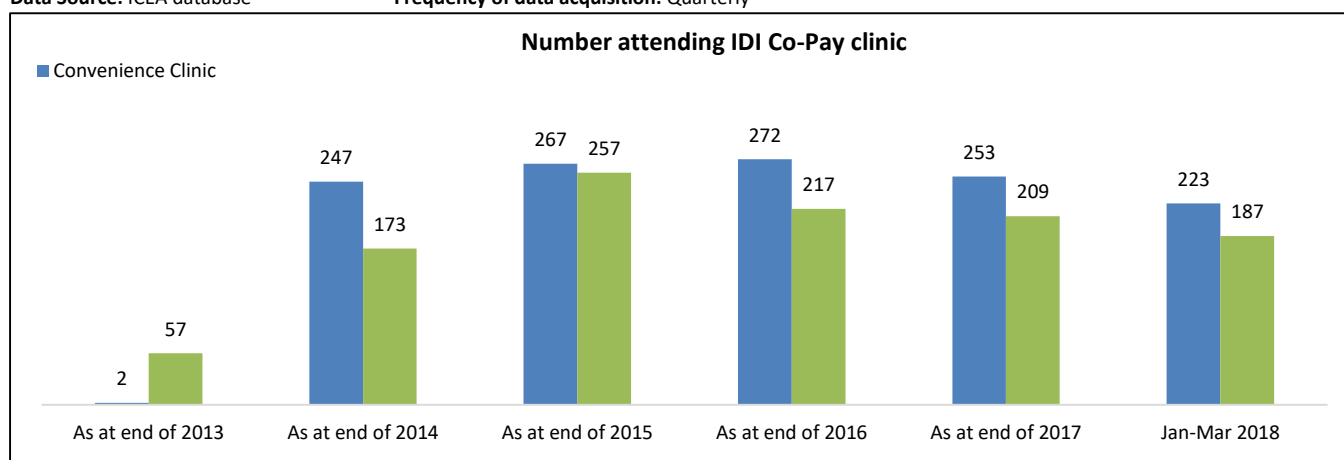
**Indicator Definition:** Number of active clients attending the IDI specialist clinics as a percentage of the total number of active clients in the reporting period.

**Unit of Measure:** Percentage

**Disaggregated by:** Specialist clinics

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly



**Indicator Definition:** Number of active clients attending the IDI Co-Pay clinics

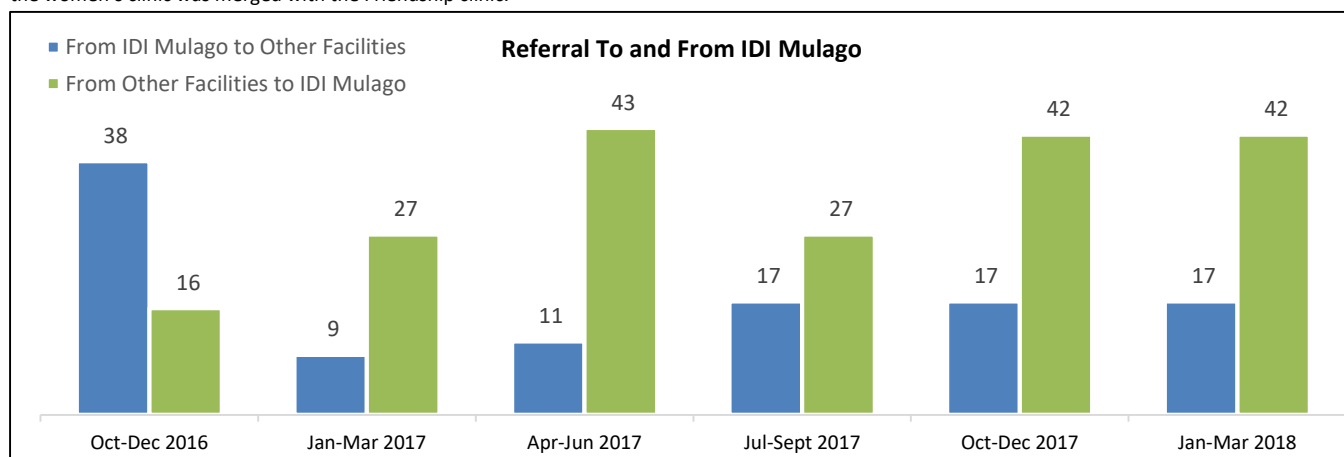
**Unit of Measure:** Number

**Disaggregated by:** Convenience clinic, Women's clinic, Friendship clinic

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** Co-Pay clinics run 3 times a week, Monday (Convenience Clinic), Tuesday (Women's Clinic) and Wednesdays (Friendship Clinic). Token fee of Ugx 50,000 at 1<sup>st</sup> visit; Ugx 20,000 for the Convenience clinic, Ugx 35,000 for the Women's clinic, Ugx 35,000 for the Friendship clinic. Effective Jan-Mar 2017, the women's clinic was merged with the Friendship clinic.



**Indicator Definition:** Referrals To and From IDI, Mulago as a percentage of total referrals in the reporting period.

**Unit of Measure:** Number, Percentage

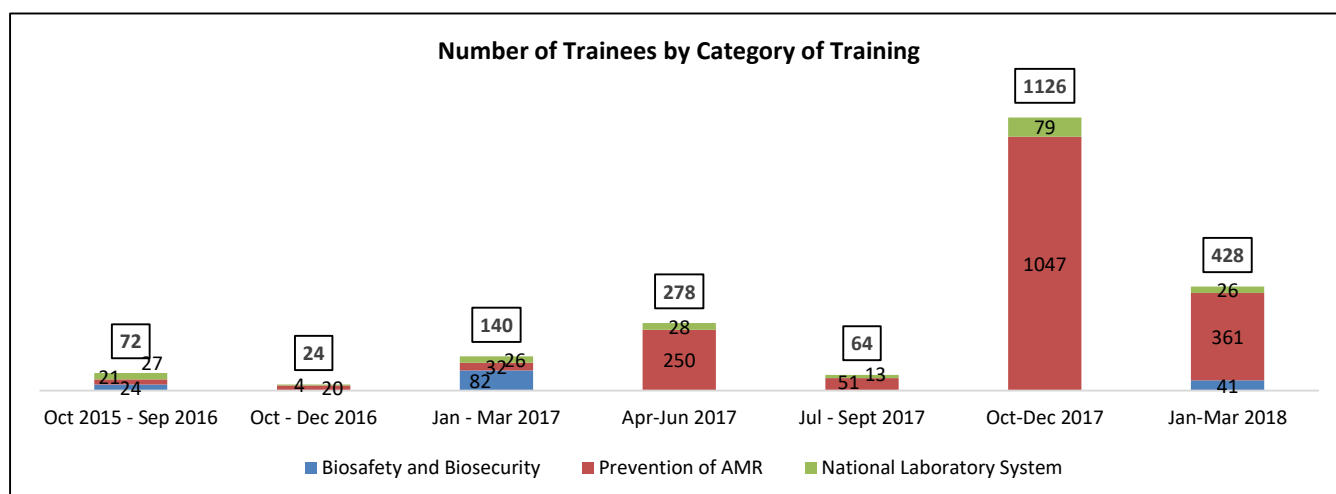
**Disaggregated by:** Referral To, referral From

**Data Source:** ICEA database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** Referrals to IDI Mulago are from: JCRC, KCCA, MUJHU Testing Program, Mulago Outpatient Dept. (VCT)/Mulago Medi, private clinics/private doctors, relative/friend/spouse, self-referral and others. Referrals From IDI are to: Alive medical center clinics, Baylor Uganda, Burundi, Butabika, ISS MJAP, JCRC, Kasana, Kasangati H/C, KCCA Kawempe, Kisenyi H/C, Kisubi Hospital, Kyantungo Health centre IV, Kyegegwa, Lacor Hospital, Mbarara Hospital, Mubende RRH, Naguru.

## IDI GLOBAL HEALTH SECURITY



**Indicator definition:** Total number of trainees under the different categories of activity

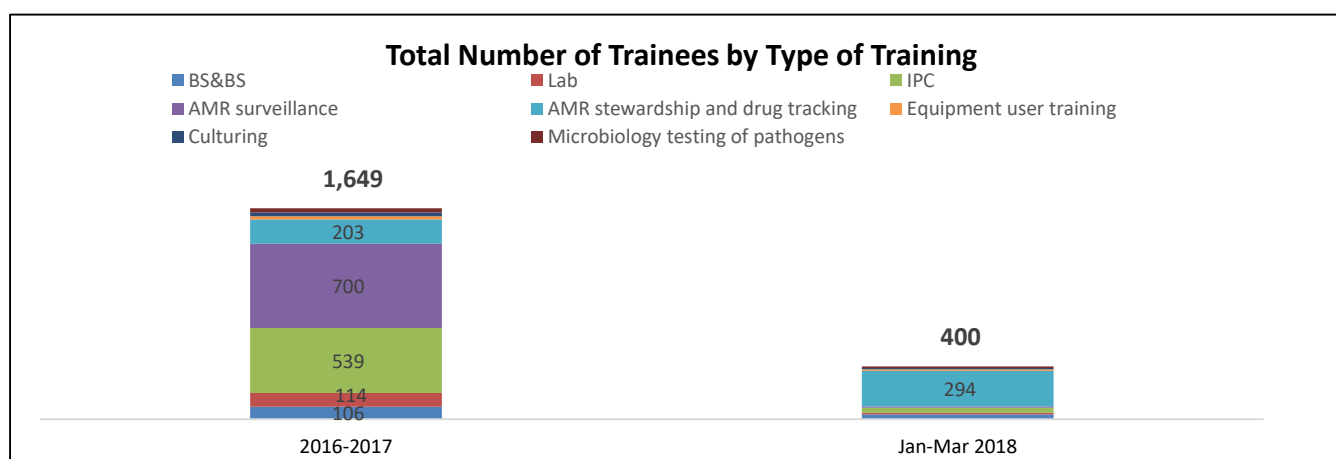
**Unit of Measure:** Number

**Disaggregated by:** Category of training

**Data Source:** GHS Reports

**Frequency of data Acquisition:** Quarterly

**Additional notes:** The selected activities are carried out under four target areas including Biosafety and biosecurity; Prevention of AMR; the National Laboratory system; and Acute Febrile Illness surveillance. However, the number of trainees under Acute Febrile Illness surveillance is not included because the target area was sub contracted to another partner.



**Indicator definition:** Total number of trainees under the specific subject areas

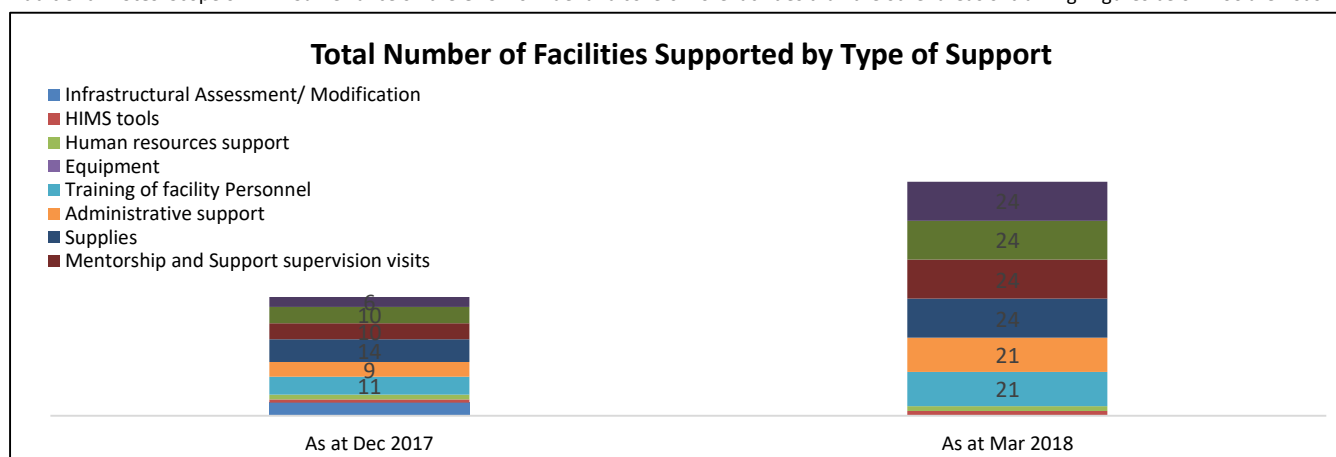
**Unit of Measure:** Number

**Disaggregated by:** Type of training

**Data Source:** GHS Reports

**Frequency of data Acquisition:** Quarterly

**Additional Notes:** Scope of AMR Surveillance on the GHSA is wider and covers more facilities than the other areas of training. Figures below 100 are not shown.



**Indicator definition:** Total number of facilities given support

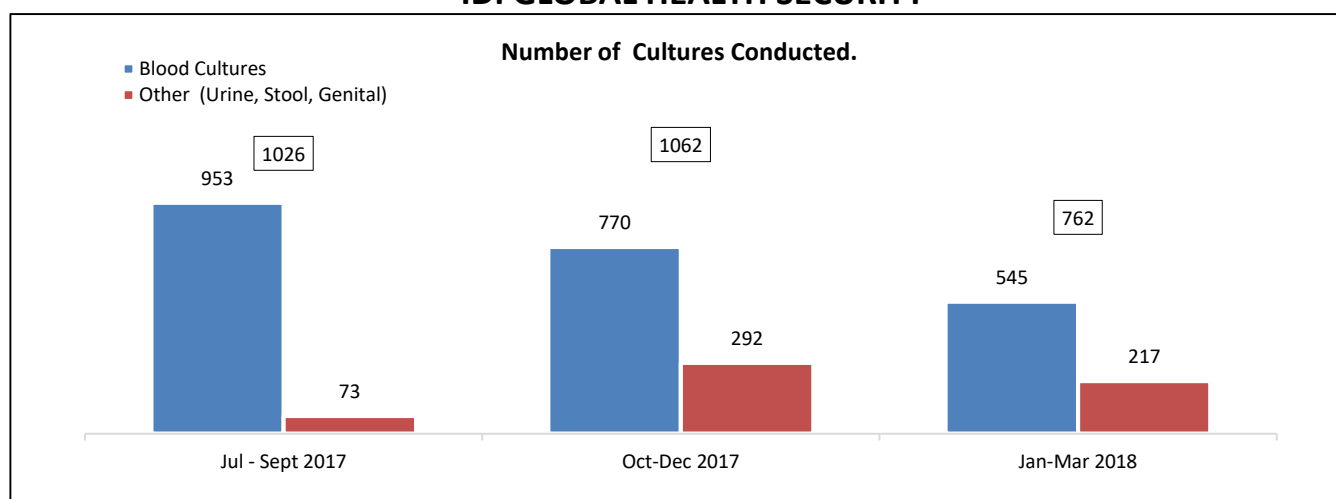
**Unit of Measure:** Number

**Disaggregated by:** Type of support

**Data Source:** GHS Reports

**Frequency of data acquisition:** Quarterly

## IDI GLOBAL HEALTH SECURITY



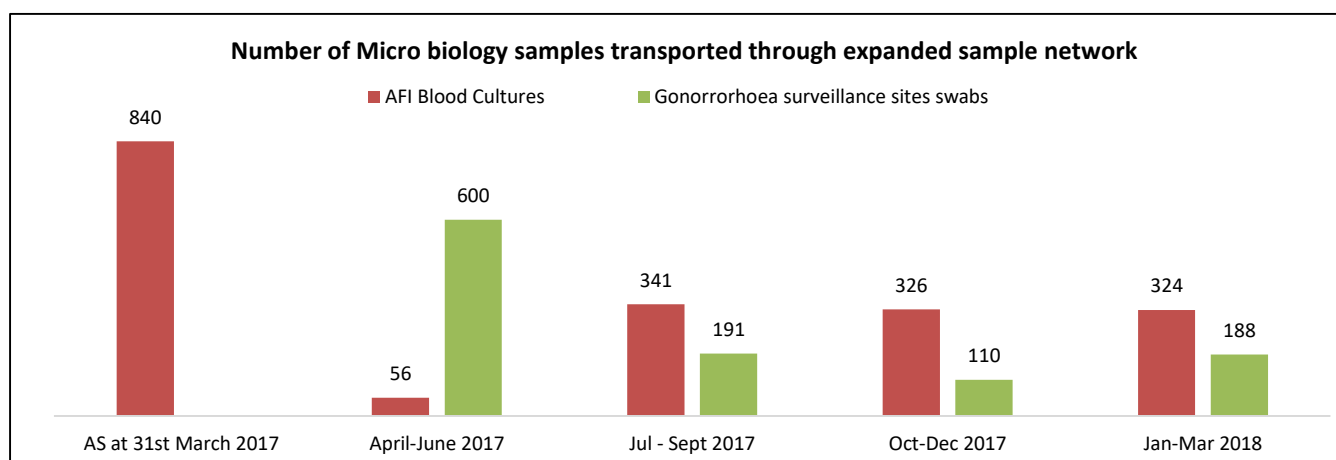
**Indicator definition:** Total number of blood cultures conducted by site

**Unit of Measure:** Number

**Data Source:** GHS Reports

**Disaggregated by:** National, Regional Referral Hospital-AFI

**Frequency of data acquisition:** Quarterly



**Indicator definition:** Total Number of Microbiology samples transported through expanded sample network.

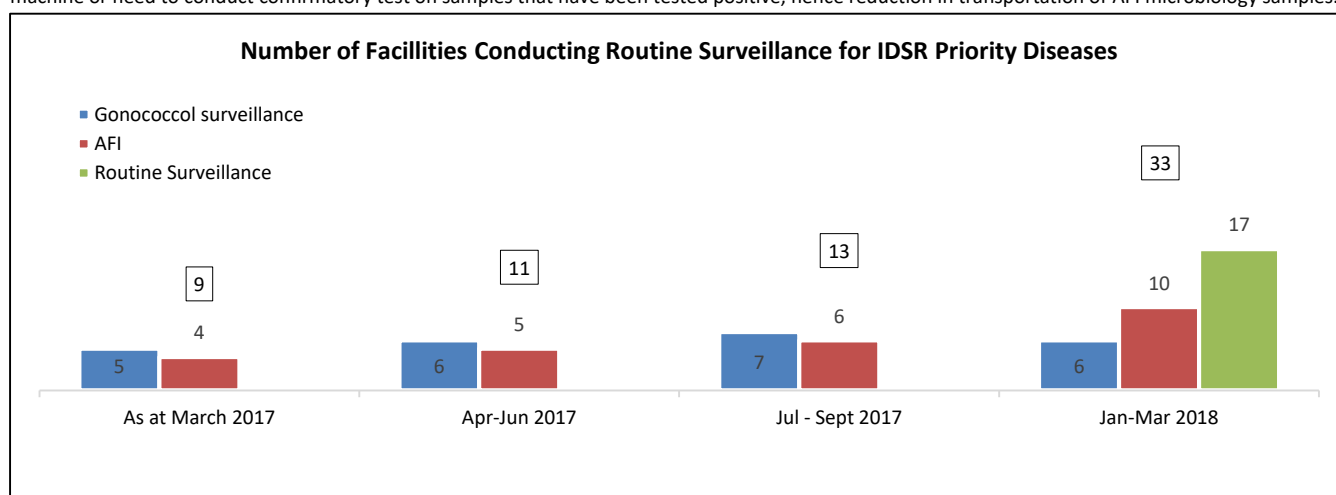
**Unit of Measure:** Number

**Data Source:** GHS Reports

**Disaggregated by:** Site, Type of sample

**Frequency of data acquisition:** Quarterly

**Additional Notes:** The GHSA project procured and supplied bac-tech machines to all sites. AFI samples are only transported in case of breakdown of the machine or need to conduct confirmatory test on samples that have been tested positive, hence reduction in transportation of AFI microbiology samples.



**Indicator definition:** Total number of facilities conducting routine surveillance for IDSR priority diseases.

**Unit of Measure:** Number

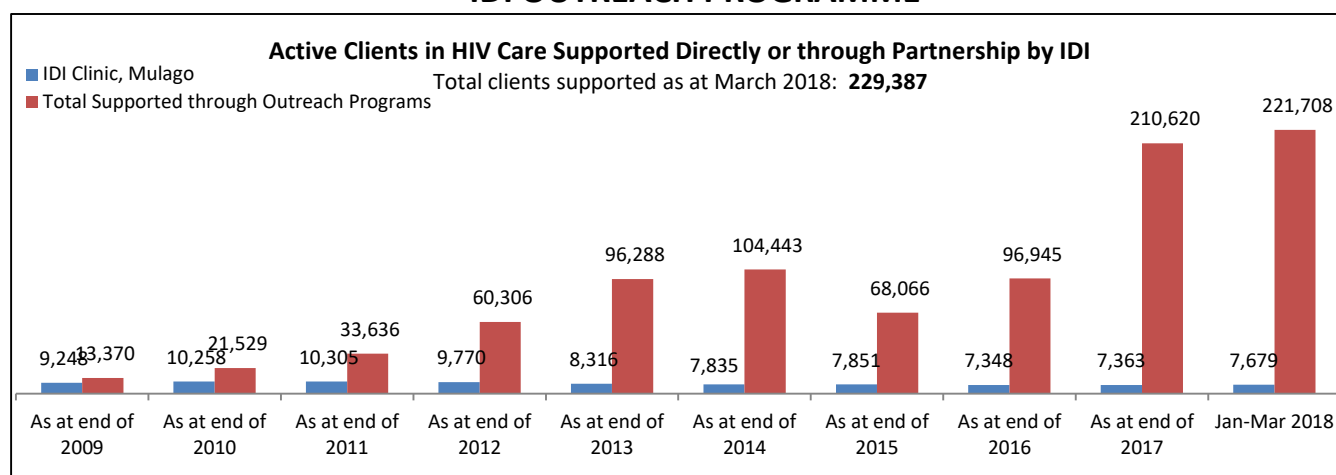
**Data Source:** GHS Reports

**Disaggregated by:** Subject area

**Frequency of data acquisition:** Quarterly

**Additional information:** AFI is conducted in RRHs of Jinja, Arua, Mubende, Kabale and Apac while Gonococcol surveillance is conducted in IDI Clinic, Most At Risk Population clinic, Kisenyi HCIV, STI clinic Kiruddu, Naguru teenage Health and Information centre, and Kawaala HCIII sites.

## IDI OUTREACH PROGRAMME



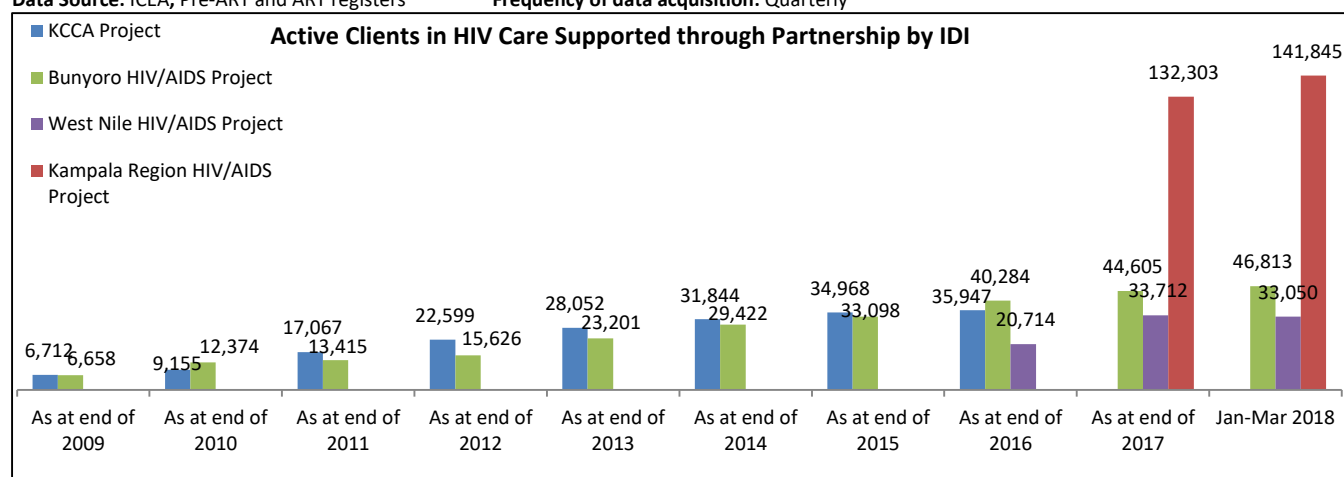
**Indicator Definition:** Total Number of active clients in HIV care (pre-ART and ART) directly supported or through partnership by IDI.

**Unit of Measure:** Number

**Disaggregated by:** IDI Clinic Mulago, Outreach Programmes

**Data Source:** ICEA, Pre-ART and ART registers

**Frequency of data acquisition:** Quarterly



**Indicator Definition:** Total Number of active clients in HIV care (pre-ART and ART) supported through partnership by IDI.

**Unit of Measure:** Number

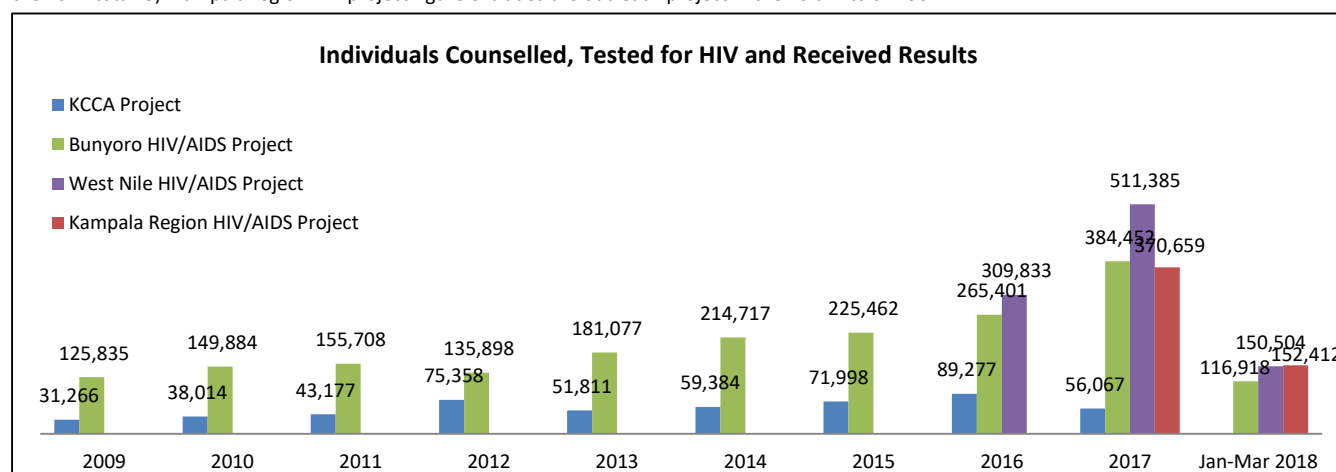
**Disaggregated by:** KCCA, 7 Western districts, West Nile, Kampala region

**Data Source:** ICEA, Pre-ART and ART registers

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1). The 10 clinics within Kampala Capital City Authority exclude the IDI Mulago clinic. Kawempe HCIV and Kiruddu HCIV were dropped after September 2013, due to renovation of the facilities. Hope Clinic was also dropped after March 2016. From October 2016, IDI Mulago clinic was also considered one of the KCCA clinics, however, data from the IDI Mulago site is reported separately.

2). Implementation in clinics within the CSF RRH Capacity building project (9 RRHs, 1 PNFP, 1 HCIV) ended in September 2015 and figures are reflected only in the 2015 total 3). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.



**Indicator Definition:** Total number of individuals who were counselled, tested and received their HIV results.

**Unit of Measure:** Number

**Disaggregated by:** KCCA, Bunyoro districts, West Nile, Kampala region

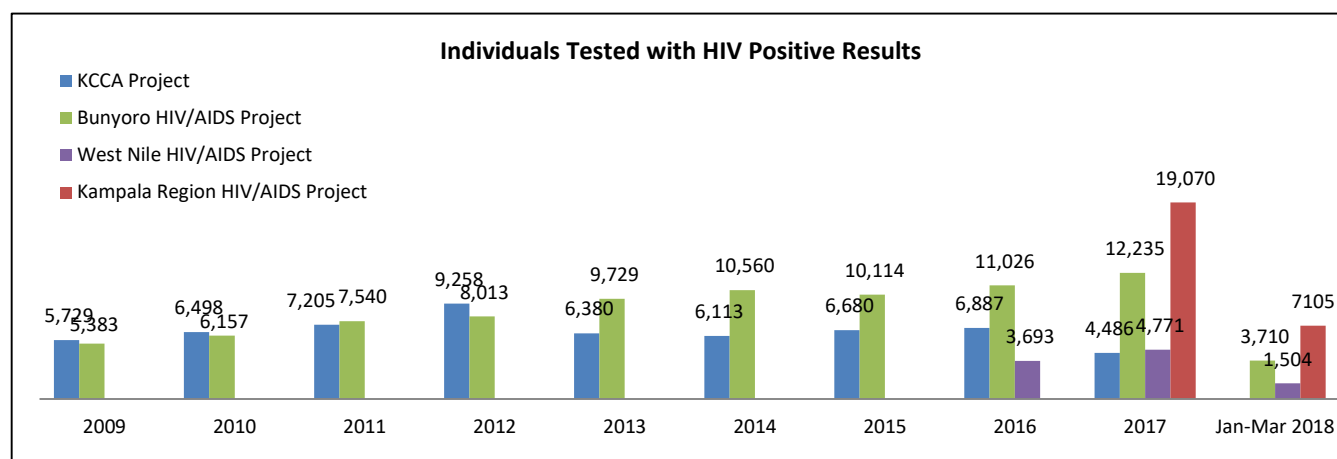
**Data Source:** HCT registers

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Successive calculations will assess the number of individuals tested as a proportion of estimated number of people living with HIV to accurately determine efforts towards achieving the global target of "90% of all people living with HIV know their status". 2) Implementation from clinics within the CSF RRH Capacity building project (9 RRHs, 1 PNFP, 1 HCIV) ended in September 2015 and is not included in this graph.

3). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.

## IDI OUTREACH PROGRAMME

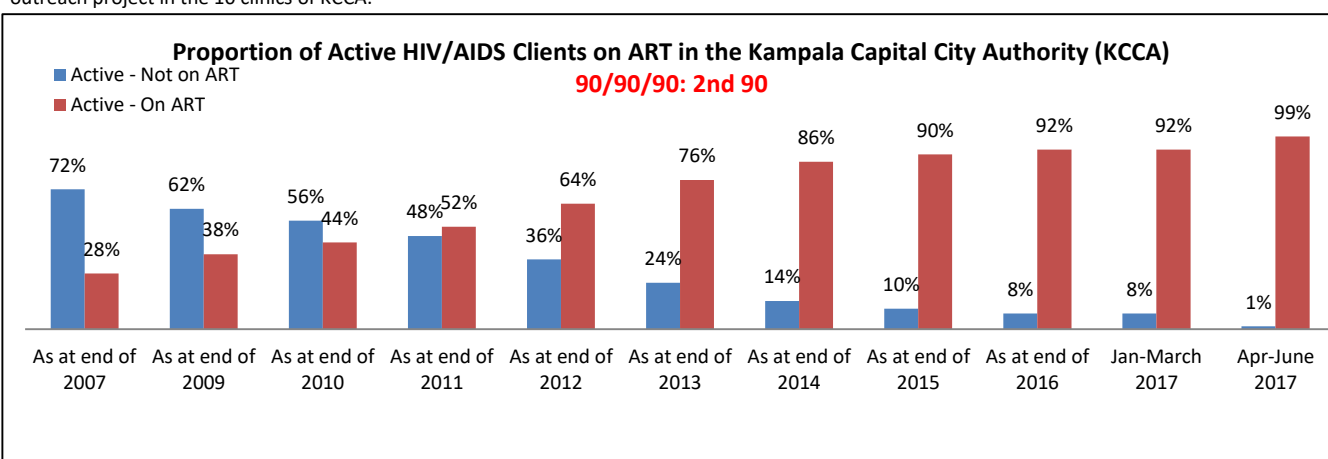


**Indicator Definition:** Total number of individuals counselled, tested and found HIV positive.

**Unit of Measure:** Number **Disaggregated by:** KCCA, Western districts, West Nile, Kampala region

**Data Source:** HCT registers **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Successive calculations will assess the number of individuals tested as a proportion of estimated number of people living with HIV to accurately determine efforts towards achieving the global target of “90% of all people living with HIV know their status”. 2) Implementation and reporting from clinics within the CSF RRH Capacity building project (9 RRHs, 1 PNFP, 1 HCIV) ended in September 2015. 3) Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.

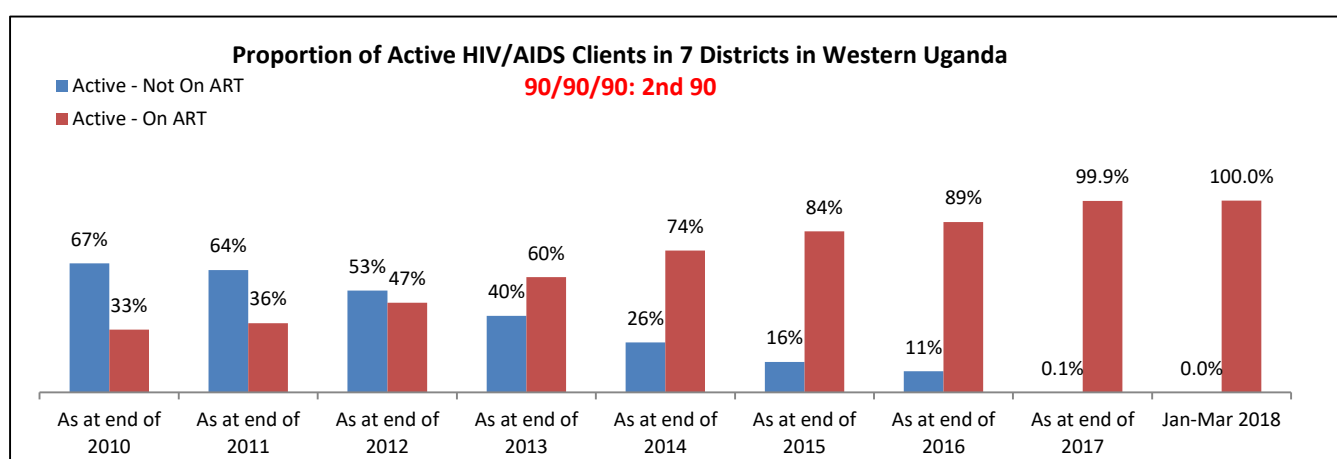


**Indicator Definition:** Number of active clients in HIV care (on ART/Not on ART) as a proportion of the total active clients in care in the KCCA project.

**Unit of Measure:** Number **Disaggregated by:** On ART, not on ART

**Data Source:** Pre-ART and ART registers **Frequency of data acquisition:** Quarterly

**Additional Notes:** Successive calculations will use the denominator ‘all people diagnosed with HIV infection’ to accurately determine efforts towards achieving the global target of “90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy”. The IDI-KCCA Project ended in June 2017.



there's no data for Jul-Sept 2017 as the project ended in June 2017.

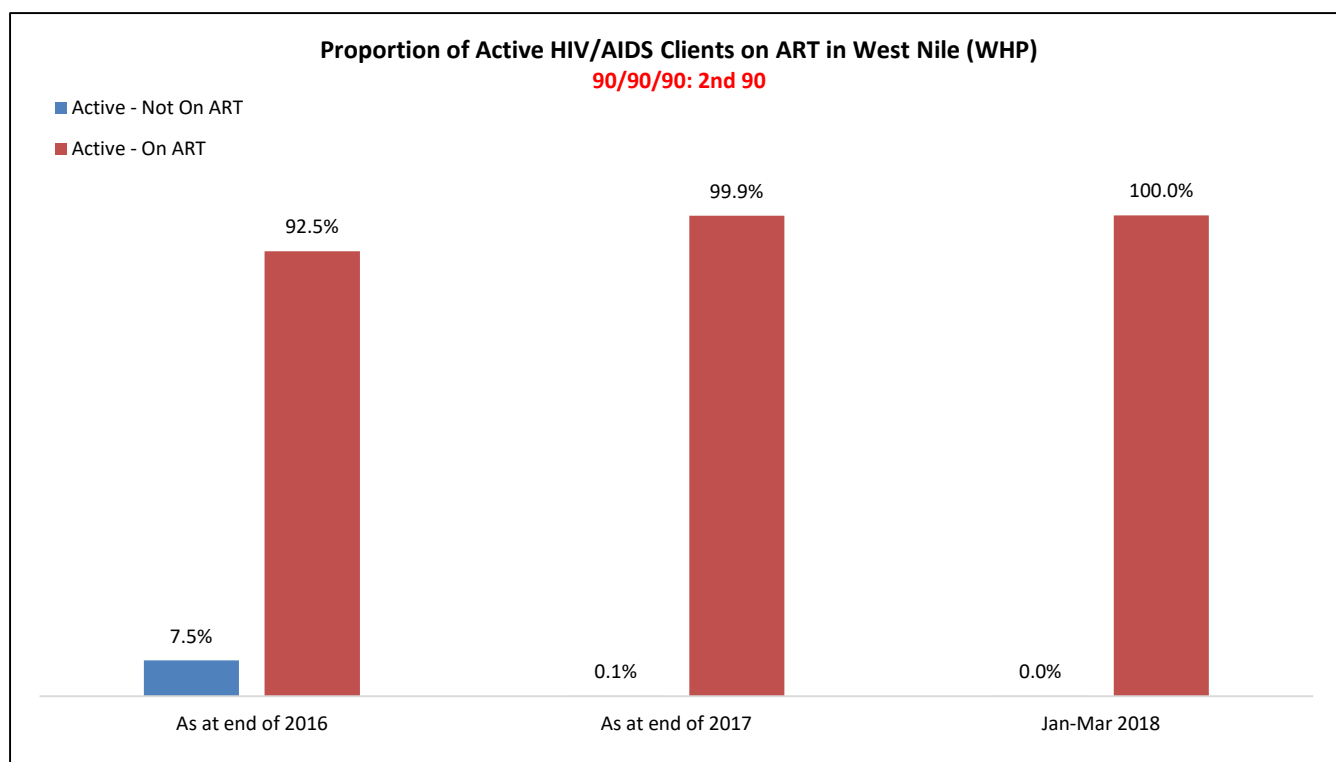
**Indicator Definition:** Number of active clients in HIV care (on ART/Not on ART) as a proportion of total active clients in care in 7 districts in Western Uganda.

**Unit of Measure:** Number **Disaggregated by:** On ART, not on ART

**Data Source:** Pre-ART and ART registers **Frequency of data acquisition:** Quarterly

**Additional Notes:** Successive calculations will use the denominator ‘all people diagnosed with HIV infection’ to accurately determine efforts towards achieving the global target of “90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy”.

## IDI OUTREACH PROGRAMME



**Indicator Definition:** Number of active clients in HIV care (on ART/Not on ART) as a proportion of total active clients in care in West Nile region of Uganda.

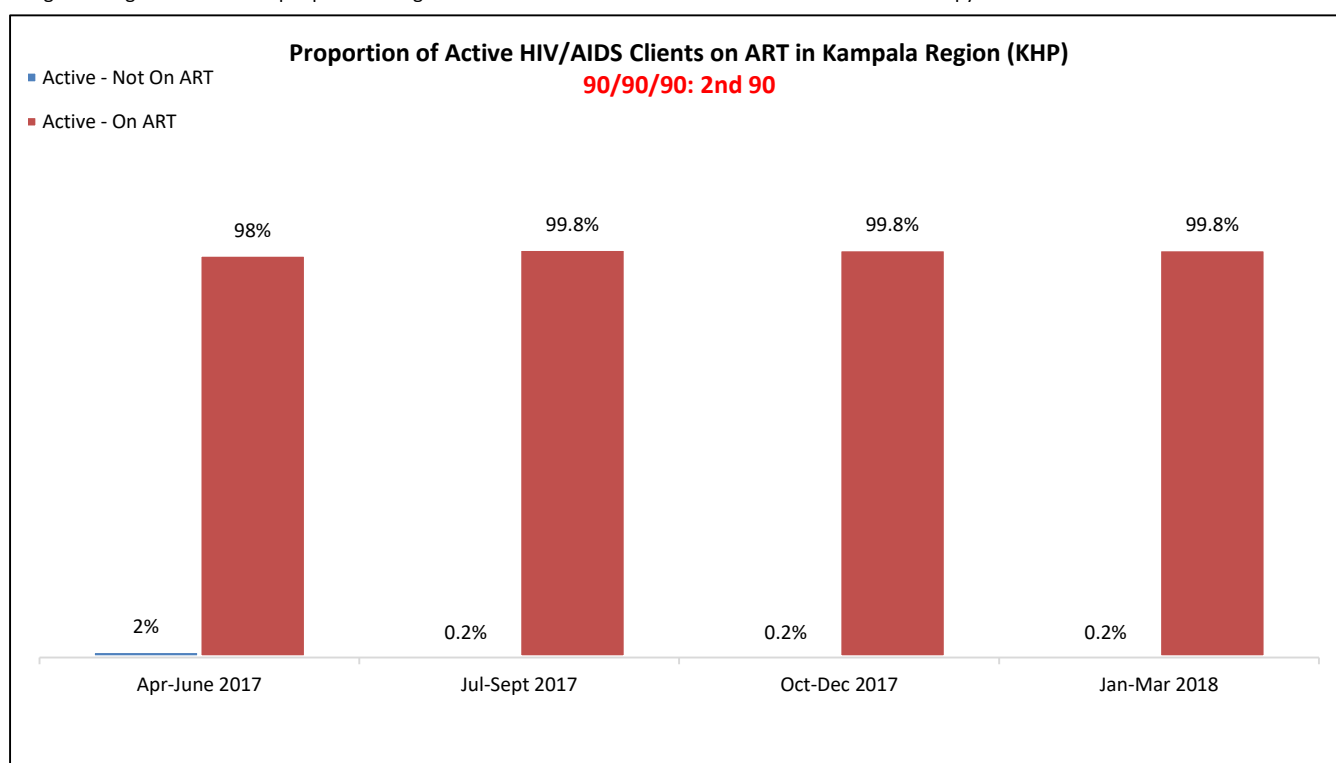
**Unit of Measure:** Number

**Disaggregated by:** On ART, not on ART

**Data Source:** Pre-ART and ART registers

**Frequency of data acquisition:** Quarterly

**Additional Notes:** Successive calculations will use the denominator 'all people diagnosed with HIV infection' to accurately determine efforts towards achieving the global target of "90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy".



**Indicator Definition:** Number of active clients in HIV care (on ART/Not on ART) as a proportion of total active clients in care in 7 districts in Kampala region.

**Unit of Measure:** Number

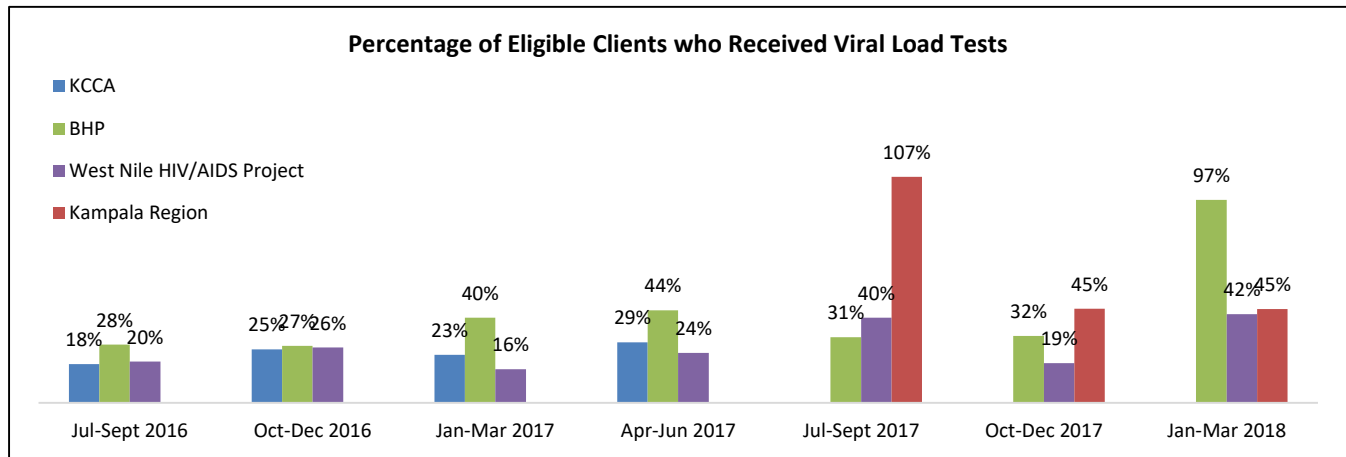
**Disaggregated by:** On ART, not on ART

**Data Source:** Pre-ART and ART registers

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) Successive calculations will use the denominator 'all people diagnosed with HIV infection' to accurately determine efforts towards achieving the global target of "90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy" 2). Kampala region HIV project excludes the outreach project in the 10 clinics of KCCA.

## IDI OUTREACH PROGRAMME



**Indicator Definition:** Percentage of eligible clients who received viral load tests in the reporting period

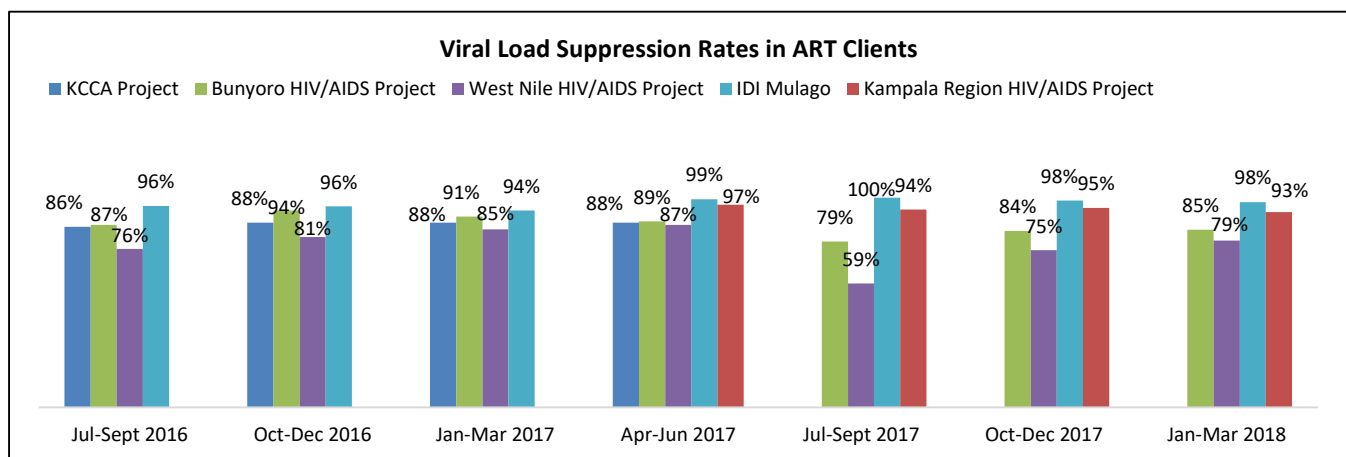
**Unit of Measure:** Percentage

**Disaggregated by:** KCCA, 7 Western districts, West Nile, Kamapala-Wakiso

**Data Source:** UNHLS/CPHL VL Dashboard

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1). Viral load testing has been expanded in all IDI supported programs in order to contribute to the achievement of the third UNAIDS “90” of 90% of all PLHIV on ART virally suppressed. 2) Data is retrieved from the Uganda National Health Laboratory (UNHLS) viral load dashboard. **Indicator**



**Definition:** Number of clients whose VL (HIV RNA) reduced to undetectable level as a proportion of total number of clients tested.

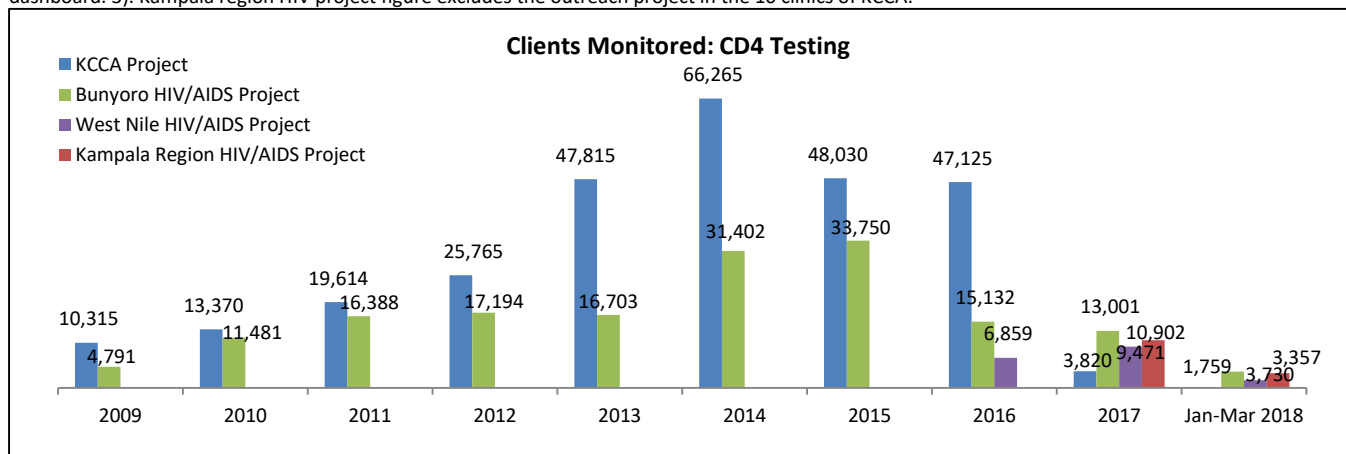
**Unit of Measure:** Percentage

**Disaggregated by:** KCCA, 7 Western districts, West Nile, IDI Mulago

**Data Source:** CPHL VL Dashboard

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1). Monitoring of viral load suppression rates has been expanded in all IDI supported programs in order to contribute to the achievement of the third UNAIDS “90” of 90% of all PLHIV on ART virally suppressed 2) Data is retrieved from the Uganda National Health Laboratory (UNHLS) viral load dashboard. 3). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.



**Indicator Definition:** Total number of HIV positive clients who had CD4 count tests done in the KCCA clinics, 7 Western districts and the 8 districts in West Nile.

**Unit of Measure:** Number

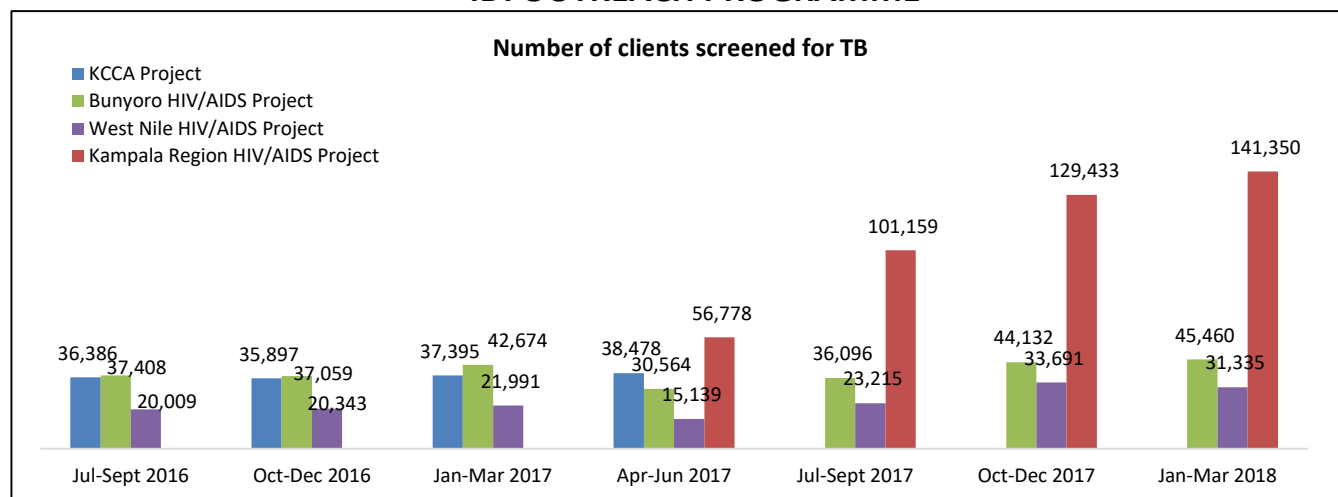
**Disaggregated by:** KCCA, 7 Western districts, West Nile

**Data Source:** HCT registers

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1). IDI outreach project started CD4 count testing in the districts of Kibaale and Kiboga in April 2009 by transporting blood samples to reference laboratory located in MUJHU, Makerere University College of Health Science. IDI has since then installed a CD4 machine at Kagadi District Hospital in Kibaale district, Kiboga and Masindi District hospitals. 2). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.

## IDI OUTREACH PROGRAMME



**Indicator Definition:** Number of clients screened for TB at last visit in the reporting period

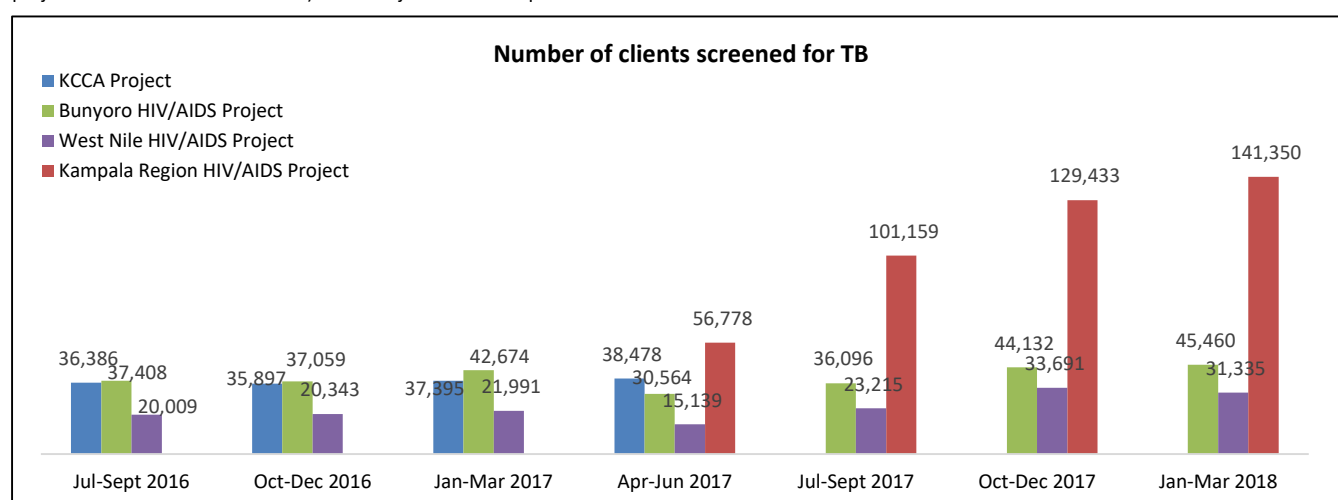
**Unit of Measure:** Number

**Disaggregated by:** KCCA, 7 Western districts, West Nile

**Data Source:** Outreach Database

**Frequency of data acquisition:** Quarterly

**Additional notes:** 1). Data is aggregated from both the TB and HIV pre-ART and ART registers. 2). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA. 3) KCCA Project ended in April 2017.



**Indicator Definition:** Number of clients on TB treatment at the end of the reporting period.

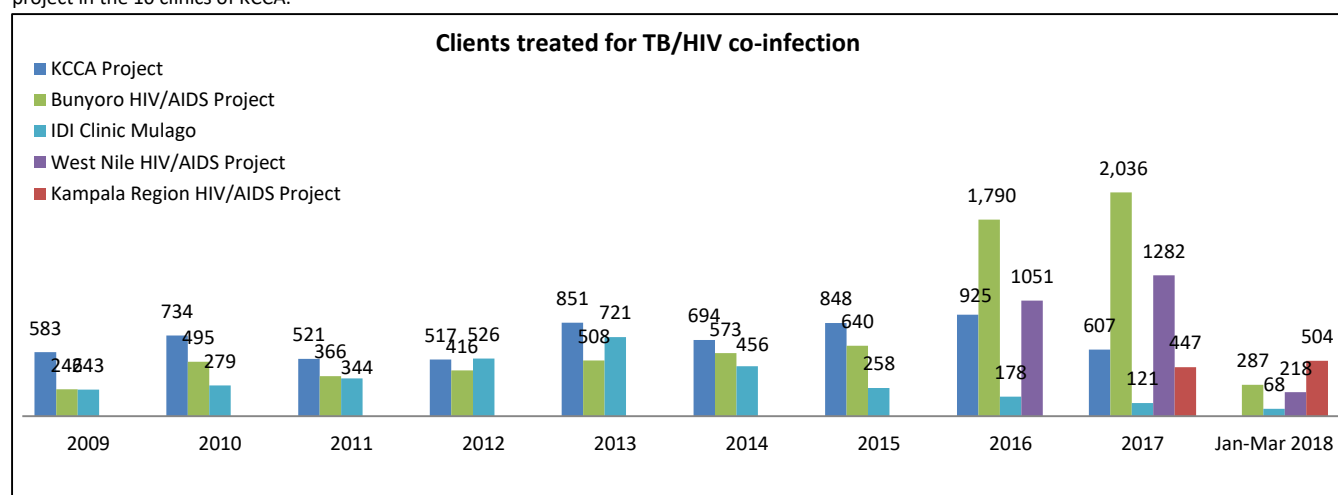
**Unit of Measure:** Number

**Disaggregated by:** KCCA, 7 Western Districts, West Nile

**Data Source:** Outreach Database

**Frequency of data acquisition:** Quarterly

**Additional notes:** 1). Data is aggregated from both the TB and HIV pre-ART and ART registers. 2). Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.



**Indicator Definition:** Total number of clients treated for TB/HIV co-infection in the KCCA clinics, the EKKP districts, the IDI Clinic Mulago

**Unit of Measure:** Number

**Disaggregated by:** KCCA, 7 Western districts, West Nile, IDI Clinic Mulago, CSF projects

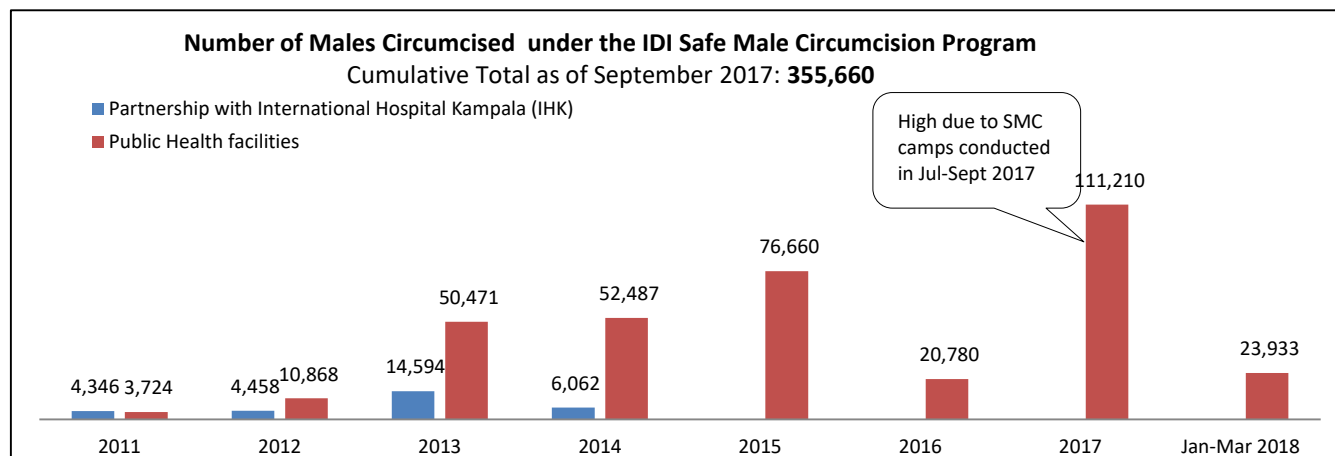
**Data Source:** HCT registers

**Frequency of data acquisition:** Quarterly

**Additional notes:** Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.



## IDI OUTREACH PROGRAMME

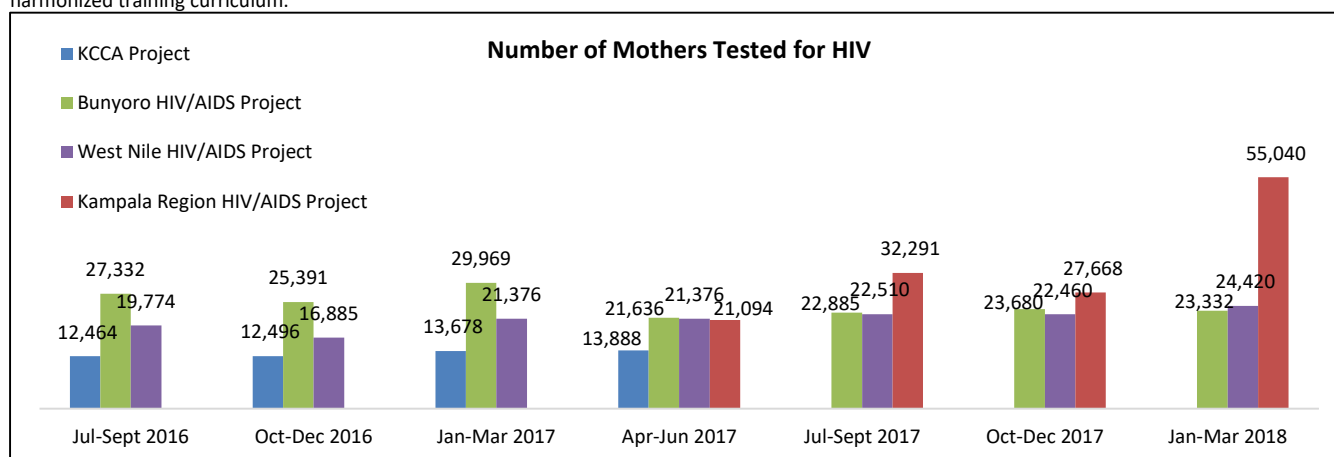


**Indicator Definition:** Total number of males > 13 enrolled and circumcised under the IDI safe male circumcision programme (AMAKA). Before 2014, males above 13 were circumcised. This minimum age has been revised to 10 years as per the CDC guidelines.

**Unit of Measure:** Number **Disaggregated by:** IDI-supported public health facilities, IHK (till Dec 2014)

**Data Source:** Surgical registers **Frequency of data acquisition:** Quarterly

**Additional Notes:** 1) IDI-supported public health facilities include: Kisenyi HC III, Kikuube HC IV, Kigoobya HC IV, Kiboga, Kagadi and Kiryandongo hospital. 2) From April to June 2012, no circumcisions were done at IHK due to inadequate funding. 3) During the Jan- March 2016 quarter – the number of circumcisions was very low due to: communication from US mission to halt SMC implementation for a one month period; unclear guidance and clearance for implementation by MoH and; Haphazard initiation of T.T for SMC among IPs. IDI had planned a training in February with RHSP that was summarily cancelled due to a lack of a harmonized training curriculum.



**Indicator Definition:** Number of mothers attending ANC tested for HIV in the reporting period.

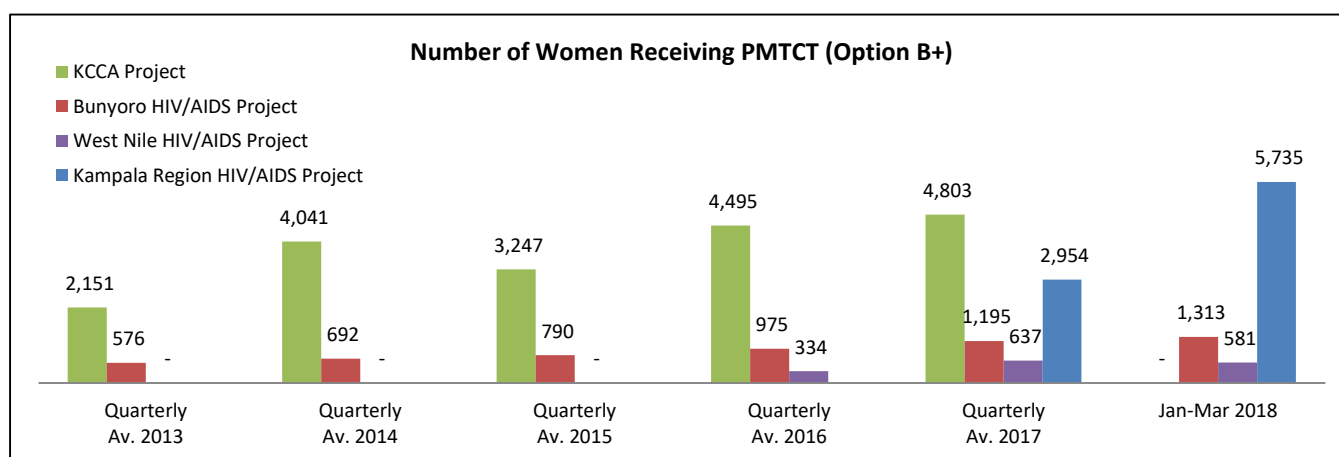
**Unit of Measure:** Number

**Disaggregated by:** KCCA, 7 Western districts, West Nile, Kampala Region

**Data Source:** Outreach Database

**Frequency of data acquisition:** Quarterly

**Additional notes:** Kampala region HIV project figure excludes the outreach project in the 10 clinics of KCCA.



**Indicator Definition:** Cumulative number of women receiving PMTCT (Option B+) in the KCCA, 7 Western districts and West Nile HIV/AIDS project clinics.

**Unit of Measure:** Number

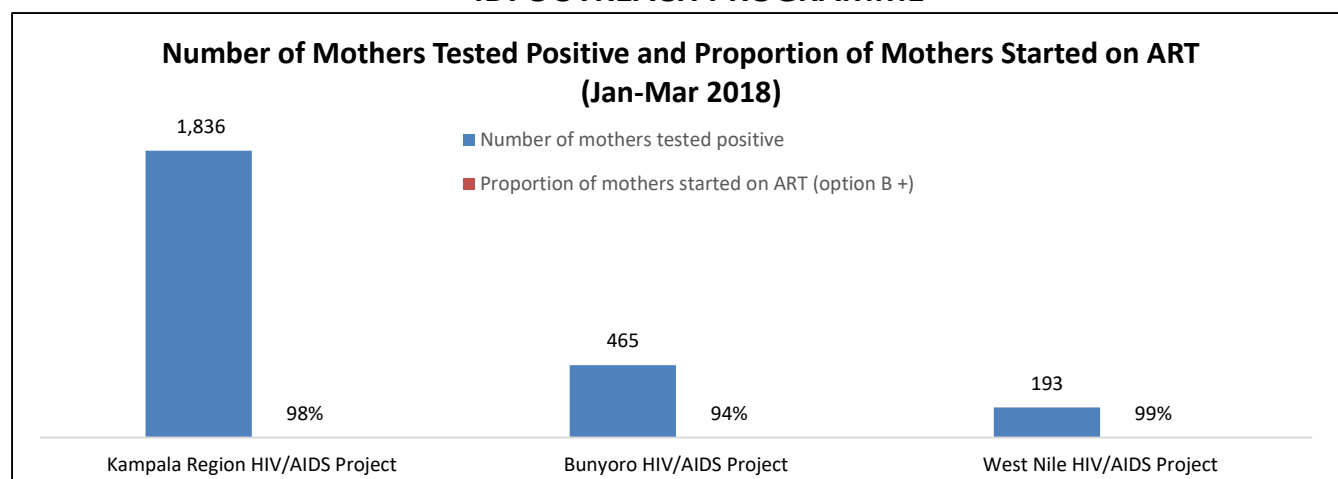
**Disaggregated by:** KCCA, 7 Western districts, West Nile project

**Data Source:** DHIS2

**Frequency of data acquisition:** Quarterly

**Additional Notes:** 1). There's a drop in figures in 2015 due to change of definition for women receiving Option B+: previous definition – all women receiving PMTCT/ Option B+ who are active in the reporting period and their care entry point is PMTCT; new definition – women who are newly initiated on ART plus those who are already on ART but pregnant during this period. 2). Kampala region HIV project figure for 2017 excludes the outreach project in the 10 clinics of KCCA.

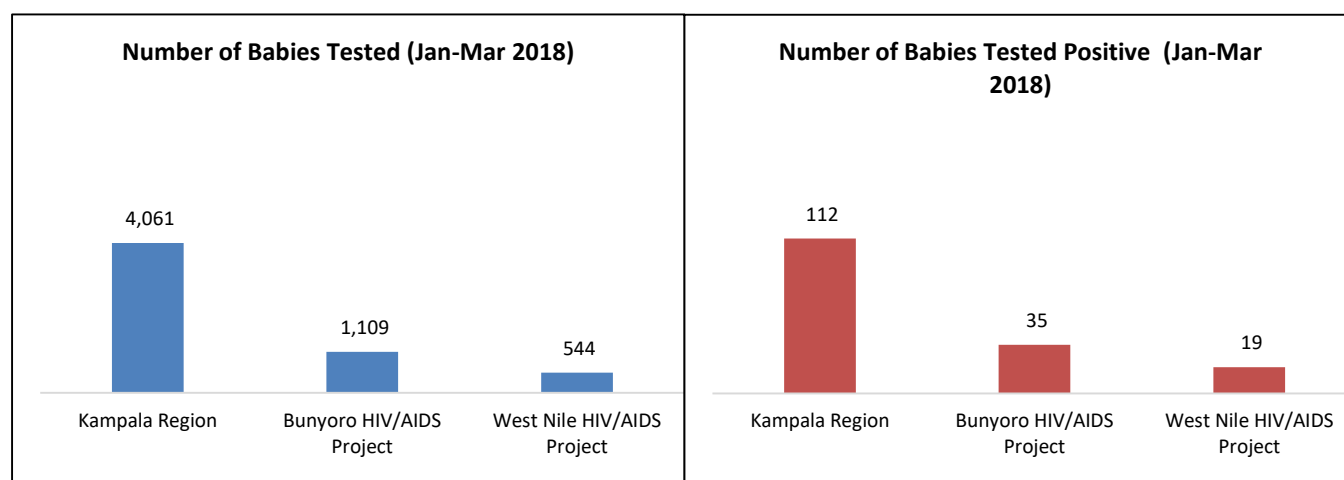
## IDI OUTREACH PROGRAMME



**Indicator Definition:** Number of mothers counselled, tested with HIV positive results and number of mothers out of those tested who started on ART treatment (Option B+).

**Unit of Measure:** Number

**Disaggregated by:** KHP, 7 Western districts, West Nile



**Data Source:** Outreach Database

**Frequency of data acquisition:** Quarterly

**Indicator Definition:** Number of babies tested for HIV and number of babies tested HIV positive

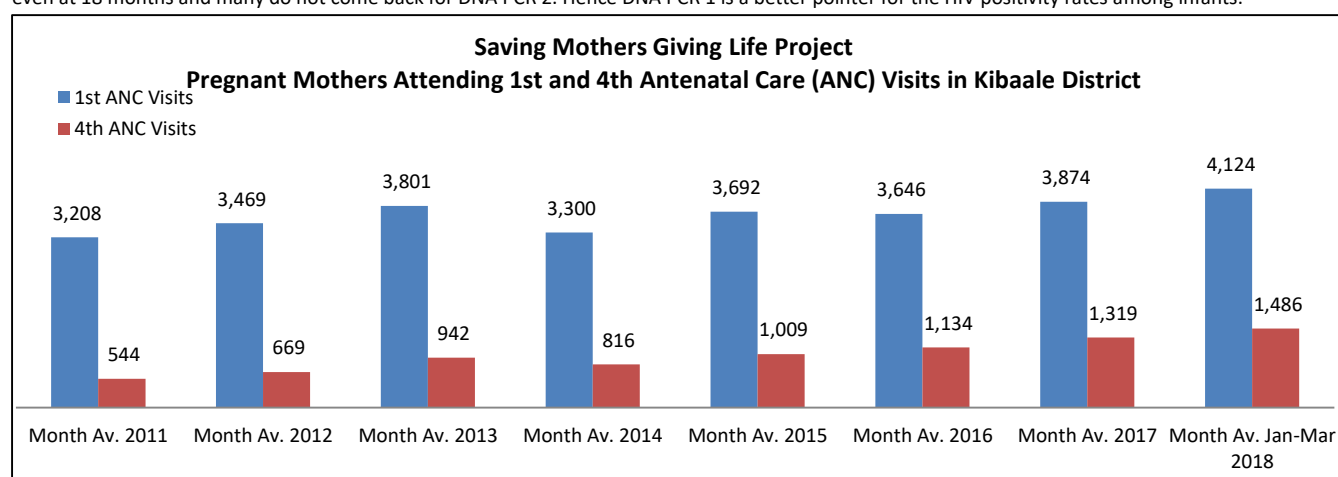
**Unit of Measure:** Number

**Disaggregated by:** KCCA, 7 Western districts, West Nile

**Data Source:** Outreach Database

**Frequency of data acquisition:** Quarterly

**Additional Notes:** For the testing of babies at 18 months the results for DNA PCR 1 and not for DNA PCR2 were used. According to the national guidelines DNA PCR1 should be conducted 6 weeks after cessation of breast feeding and then DNA PCR 2 at 18 months, however, in practice mothers will receive DNA PCR 1 even at 18 months and many do not come back for DNA PCR 2. Hence DNA PCR 1 is a better pointer for the HIV positivity rates among infants.



**Indicator Definition:** Total number of pregnant mothers who attend the 1<sup>st</sup> and 4<sup>th</sup> ANC visits at selected health facilities in Kibaale district.

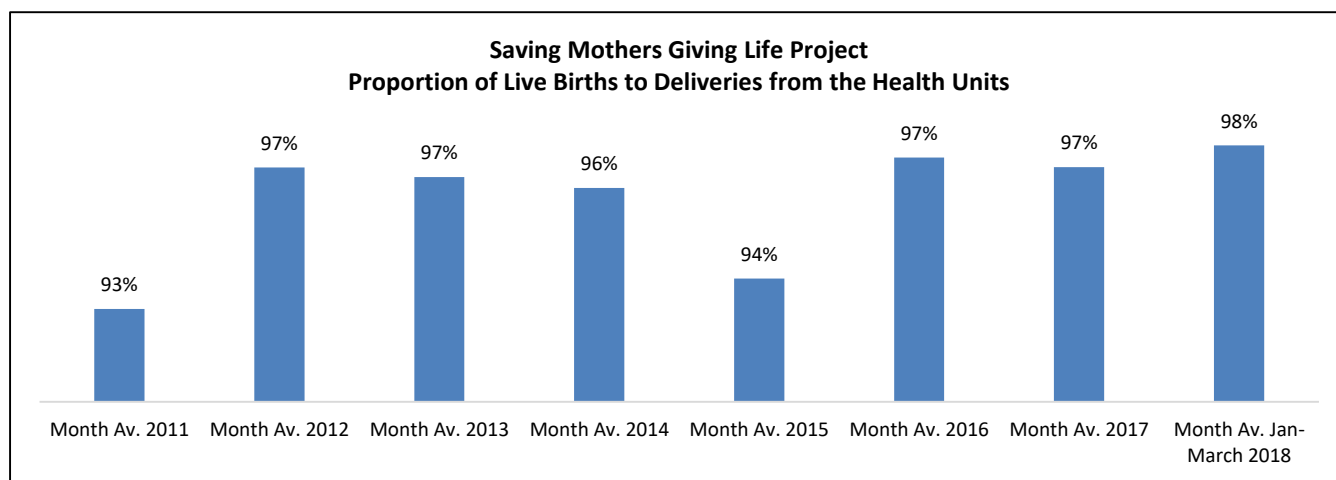
**Unit of Measure:** Number

**Disaggregated by:** 1<sup>st</sup> ANC visits, 4<sup>th</sup> ANC visits

**Data Source:** Integrated Maternity Register (HMIS Form 072)

**Frequency of data acquisition:** Monthly

## IDI OUTREACH PROGRAMME



**Indicator Definition:** Number of live births as a proportion of the total number deliveries that occurred in selected health facilities in Kibaale district.

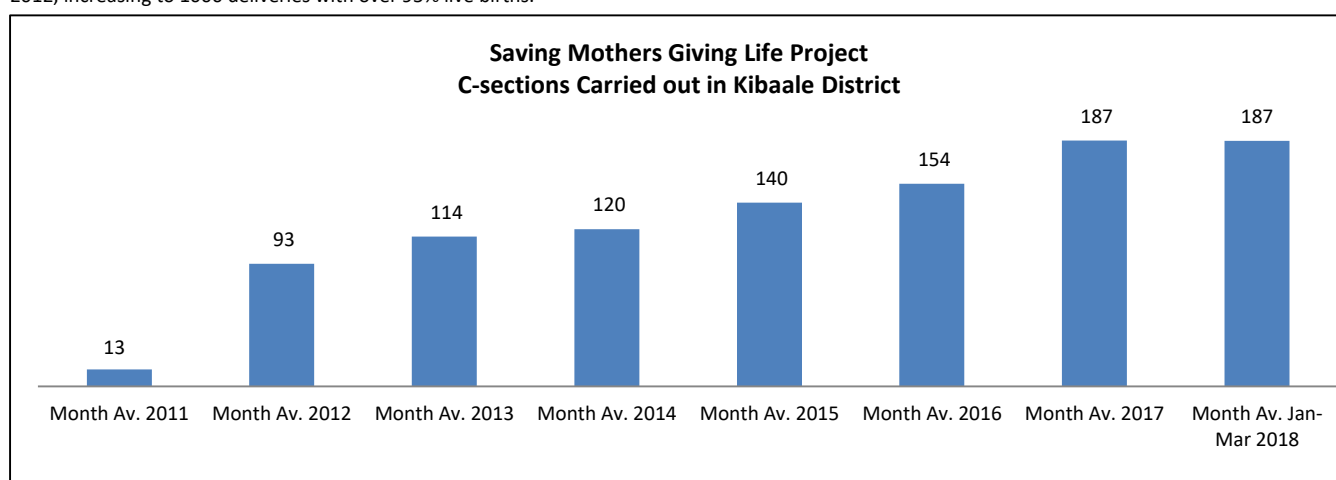
**Unit of Measure:** Percentage

**Disaggregated by:** None

**Data Source:** Integrated Maternity Register (HMIS Form 072)

**Frequency of data acquisition:** Monthly

**Additional Notes:** Prior to project implementation, on average there were 744 deliveries and 690 live births. SMGL started full project implementation in June 2012, increasing to 1000 deliveries with over 95% live births.



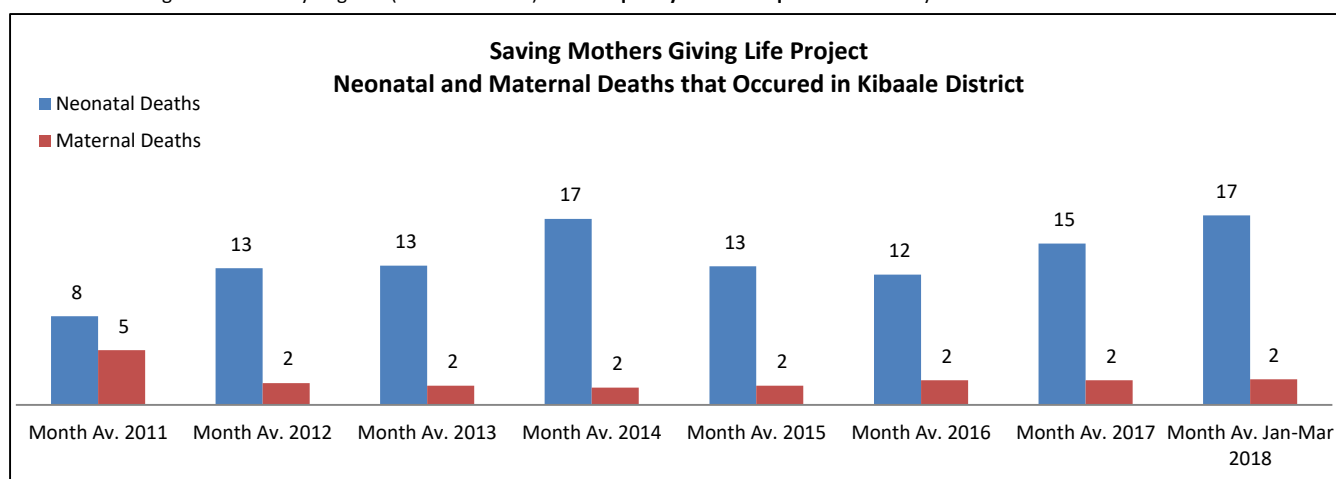
**Indicator Definition:** Total number of C-sections carried out at selected health facilities in Kibaale district.

**Unit of Measure:** Number

**Disaggregated by:** C-sections

**Data Source:** Integrated Maternity Register (HMIS Form 072)

**Frequency of data acquisition:** Monthly



**Indicator Definition:** Total number of new born babies who died in the first seven days after birth and total number of mothers who died during delivery.

**Unit of Measure:** Number

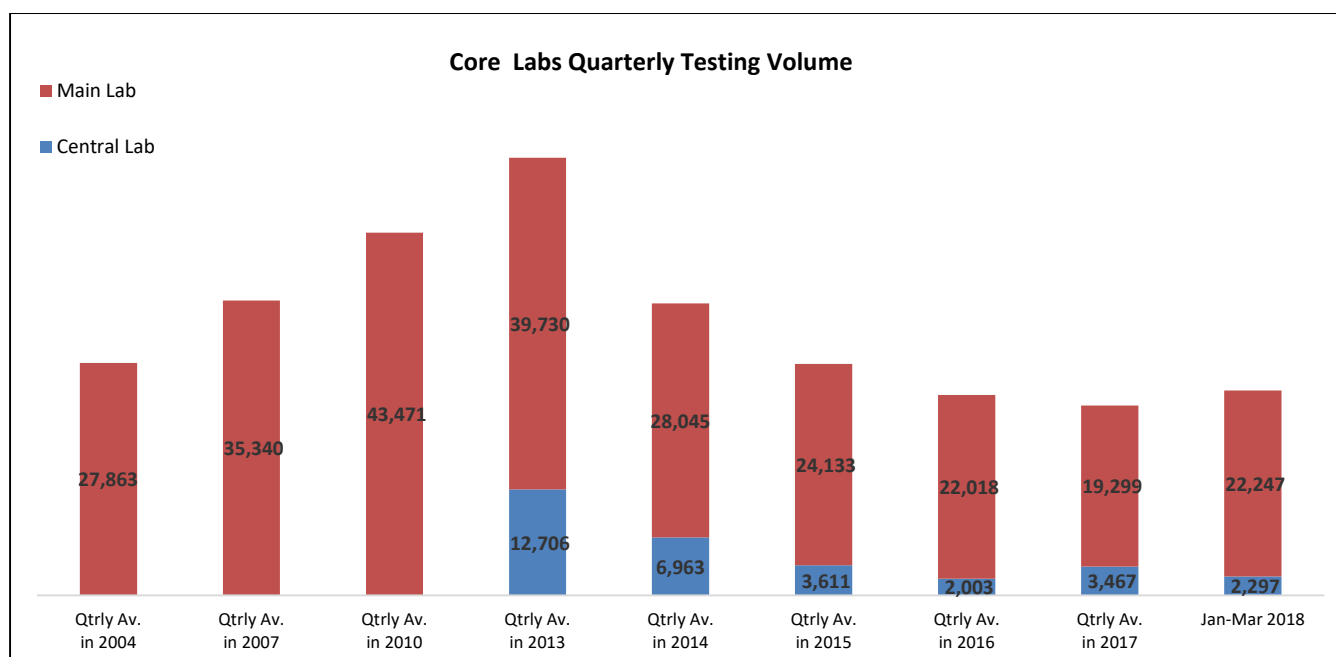
**Disaggregated by:** Neonatal, maternal deaths

**Data Source:** Integrated Maternity Register (HMIS Form 072)

**Frequency of data acquisition:** Monthly

**Additional Notes:** Additional analysis shows that the majority of neonatal deaths at the health facilities in Kibaale occur within 24 hours after birth.

## IDI LABORATORY PROGRAMME



**Indicator Definition:** Total number of tests done at the IDI core and Central labs over the years.

**Unit of Measure:** Number

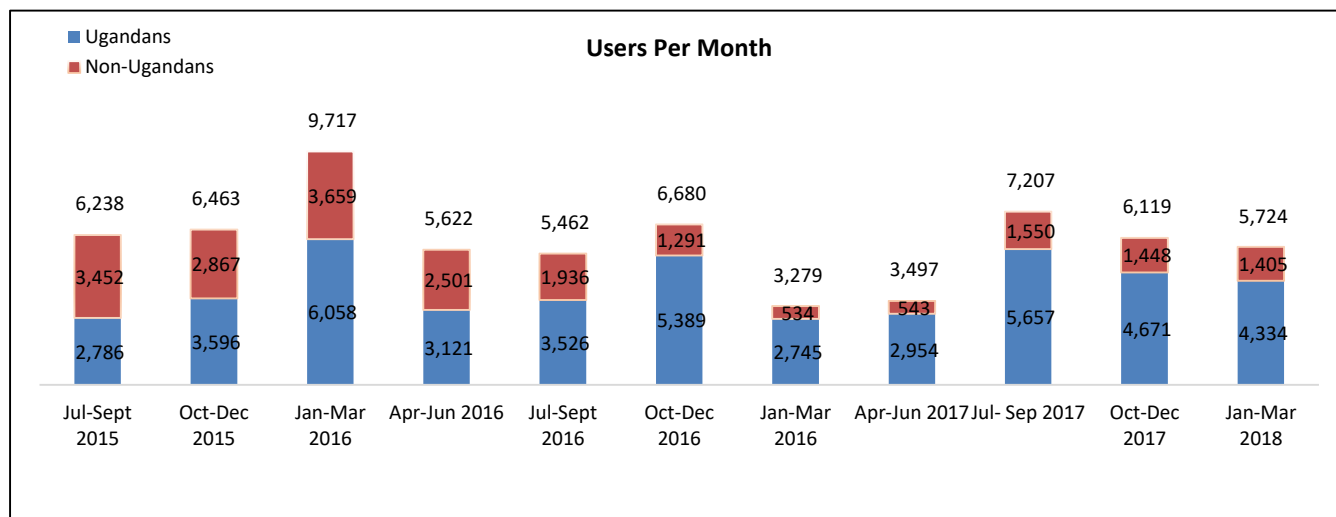
**Disaggregated by:** Core lab, central labs

**Data Source:** Core and Central laboratories

**Frequency of data acquisition:** Quarterly and annual

**Additional notes:** From 2016, the central lab was combined with the stat lab and the side lab

## IDI WEB PRESENCE

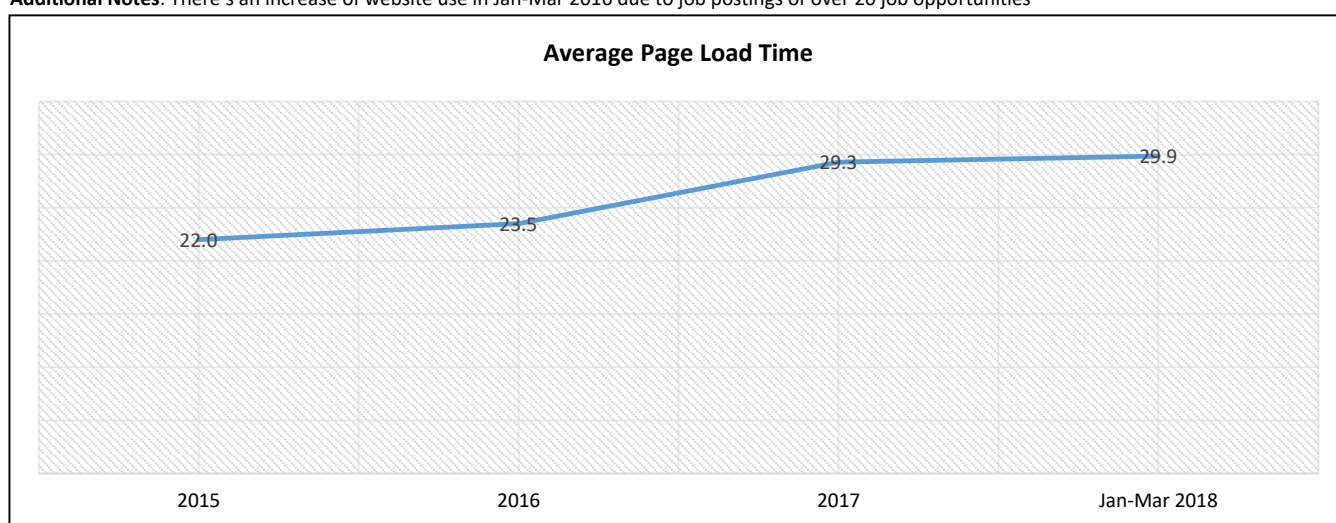


**Indicator Definition:** Number of the people who use the IDI website per month disaggregated by location.

**Unit of Measure:** Number **Disaggregated by:** Ugandans, non-Ugandans

**Data Source:** Google analytics **Frequency of data acquisition:** Monthly

**Additional Notes:** There's an increase of website use in Jan-Mar 2016 due to job postings of over 20 job opportunities

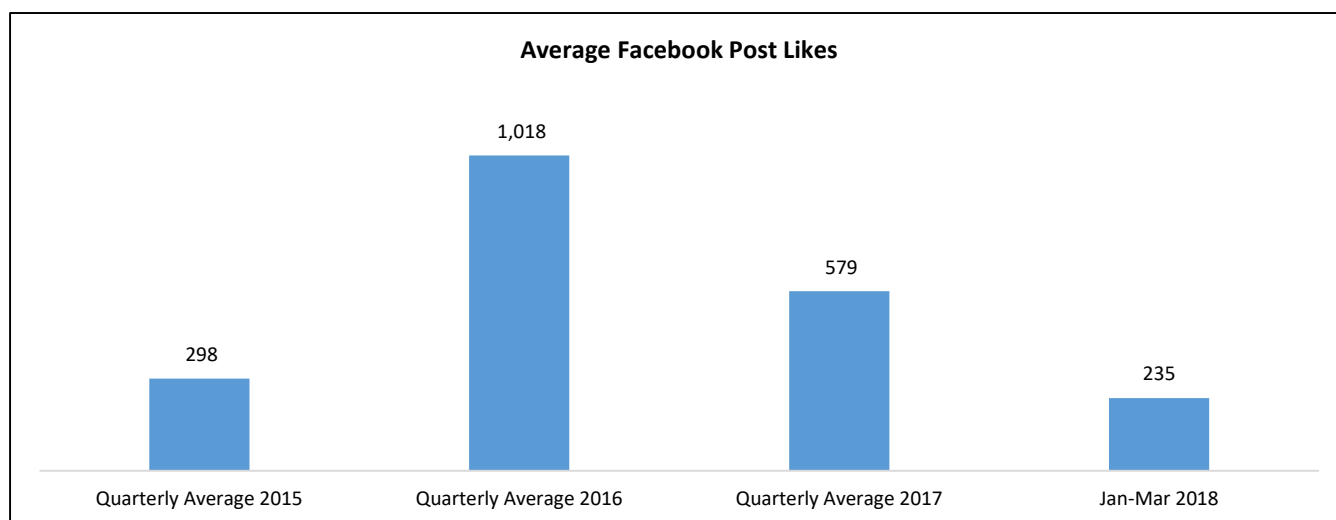


**Indicator Definition:** The average amount of time (in seconds) it takes for the IDI web page to load, from initiation of the page view (e.g., click on a page link) to load completion in the browser.

**Unit of Measure:** Time **Disaggregated by:** None

**Data Source:** Google analytics **Frequency of data acquisition:** Monthly

**Additional Notes:** An archived website was deleted from the server in September 2014; downtime occurred during a switch in providers in February 2015.



**Indicator Definition:** Average of number of people who have liked posts on the IDI Facebook page.

**Unit of Measure:** Average **Disaggregated by:** None

**Data Source:** Facebook insights **Frequency of data acquisition:** Quarterly

# ANNEX

## Ugandan districts in which IDI is present: 55% population covered (at June 2017)

