

USAID LOCAL PARTNER HEALTH SERVICES - ANKOLE AND ACHOLI ACTIVITY (LPHS)

ACHOLI SUB-REGION QUARTERLY NEWSLETTER

January 2023 | Volume 2 Issue 1



Photo: Joint External AP3 campaign field visit by USAID Uganda, USAID RHITES-N Acholi and USAID LPHS Ankole and Acholi Activity at Bobi HCIII, Omoro District. Credit |Agatha Angwech - USAID LPHS Ankole & Acholi Activity



Photo: Brenda Atim, counsellor with TASO Gulu Center of Excellence carryout free HIV testing at an outreach. Credit |Agatha Angwech-USAID LPHS Ankole & Acholi Activity

Knowledge Management, Collaboration, Learning and Adaptation

*IN FOCUS
THIS QUARTER*

DID YOU KNOW



1. USAID LPHS Ankole & Acholi Activity (Acholi region) operates in all eight Districts and one City of Acholi sub-region
2. Kitgum General Hospital and Gulu Regional Referral Hospital offer MDR-TB services in Acholi Sub-region
3. You can access HIV/TB integrated services at over 70 public healthcare facilities in Acholi sub-region

CONTENTS

1. A message from the Project Director
2. Quality Improvement Interventions: A Core to the Attainment of Low-cost Results!
3. The Quarter at a Glance!
4. Achievements in the Quarter

Telling our Story!

A message from the Project Director

Greetings! partners and friends,

Since August 2020, The AIDS Support Organization (TASO) has implemented the Local Partner Health Services (LPHS) - Ankole and Acholi Activity funded by the United States Agency for International Development (USAID) under the President's Emergency Plan for AIDS Relief (PEPFAR). The Activity has supported the Government of Uganda (GOU) in making substantial progress in increasing the availability, accessibility, and utilization of quality integrated HIV/AIDS and TB services in twelve (12) and eight (8) districts in Ankole and Acholi sub-regions, respectively.

In the Acholi sub-region, the project supports eight districts - Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Omoro, Pader, and Gulu City.

Quarter one (FY 23|October – December 2022) was a busy and rewarding period for the USAID LPHS Ankole and Acholi Activity/TASO (Acholi sub-region). Great strides were made to enhance access to integrated HIV/TB services in 70 public healthcare facilities offering ART. Notably, Prevention of Mother to Child Transmission of HIV (PMTCT) services was scaled up to 20 health center IIs as part of the Accelerating Progress in Prevention of Mother to Child Transmission of HIV, and Pediatrics dubbed the AP3 campaign to close the HIV epidemic gaps in children and adolescents. Nineteen (19) additional health centers were accredited to provide comprehensive ART services in collaboration with the Ministry of Health.

The Activity has continued collaborations with district local governments, civil society organizations (CSOs), and regional development partners to bolster efforts toward HIV epidemic control in the region. Key engagement highlights included joint preparations and implementation of district World AIDS Day events, 16 days of Activism against Gender-Based Violence, and joint site visits.

In a bid to strengthen local capacity, the Determined,

Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Initiative was transitioned from USAID RHITES North, Acholi Activity/URC to USAID LPHS-Ankole & Acholi Activity/TASO in three districts - Agago, Gulu, and Omoro. The initiative aims to reduce HIV infection rates and unwanted pregnancies among Adolescent Girls and Young Women (AGYW) between 10-24 years of age. So far, 2,357 AGYW have been enrolled in the DREAMS program.

As part of efforts to strengthen the Regional Referral Hospital (RRH) mandate, the Activity successfully contributed to transitioning HIV and TB service delivery to Gulu RRH under the Government to Government (G2G) implementation strategy. Support was provided in developing work plans and budgets and transition meetings with the hospital team.

During the quarter, several delegations were received from the Ministry of Health (MoH) and USAID Mission to monitor progress and identify areas of improvement and collaboration.

This newsletter edition tells our story in the Acholi sub-region, highlighting key activities, results, and best practices for improving HIV and TB service delivery in quarter one.

Enjoy reading!



Sincerely,

Dr. Anna Lawino
Project Director
USAID LPHS -Ankole and Acholi Activity (Acholi sub-region)

Quality Improvement Interventions: A Core to the Attainment of Low-cost Results!

Quality improvement (QI) and knowledge management (KM) practices have undoubtedly been the most efficient methodologies to guide the program's effective implementation in fiscal year 2023 quarter one.

QI implementation and institutionalization are at the heart of the USAID LPHS Ankole and Acholi Activity/TASO implementation approach and are core to the attainment of sustainable low-cost results. Through collaborations with the USAID RHITES North-Acholi Activity and Gulu Regional Referral Hospital community health department, robust and resilient district and facility improvement teams have been established to adopt and scale-up the utilization of QI innovations across departments.

Key to achieving the results has been the deliberate capacity building for front-line health providers through training and mentorships and establishing a culture of accountability for performance through performance review meetings. Weekly facility QI collaborative engagements and performance review meetings supported by the Activity's QI and KM officers and data clerks attached to the 70 ART facilities have supported the appreciation of program gaps and jointly developed catch-up plans.

The team conducted multiple root cause analyses (RCAs) to determine barriers to the attainment of several indicators, including viral suppression among children and adolescents, 1st DNA-PCR uptake, TB Treatment Success Rate, Voluntary Medical Male Circumcision uptake among men 30+ years, Pre-exposure prophylaxis (PrEP) initiation and continuity.

These RCA findings supported developing and implementing innovative strategies addressing identified barriers to health service access. Additionally, the health facility teams at the 70 supported ART clinics, embraced utilizing the client level audit tools to provide real-time gap analysis and improve client-centered care at the facility and the community.

Other innovative care models implemented during the year include the modified community models for children and adolescents living with HIV.

The Activity's knowledge management team has been pivotal in supporting the staff and health facility teams to document the knowledge generated from work in the region as successes, best practices, and lessons learned and to share with different stakeholders. As a result, in fiscal year 2023, quarter one (October – December 2022), the Activity presented abstracts at three international and several national conferences.

This edition of our quarterly newsletter highlights the knowledge management products on improving HIV and TB services in the Acholi-sub-region shared on multiple platforms in this reporting period.

Sincerely,

Richard Jjuuko Kyakuwa
Quality Improvement and KM Manager
USAID LPHS -Ankole and Acholi
Activity (Acholi sub-region)



The Quarter at a Glance!

The USAID Local Partner Health Services (LPHS) - Ankole and Acholi Activity is funded by the United States Agency for International Development (USAID) under the President's Emergency Plan for AIDS Relief (PEPFAR) is implemented by The AIDS Support Organization (TASO). The USAID LPHS-Ankole and Acholi Activity work to support the Government of Uganda (GOU) to make substantial progress in increasing availability, accessibility, and utilization of quality integrated HIV/AIDS and TB services in public health facilities in Ankole and Acholi sub-regions, to contribute to the attainment of the 95-95-95 UNAIDS targets for epidemic control by 2030.

The Activity supports the district-led implementation of integrated HIV and TB service packages, provides comprehensive technical support, and addresses infection prevention and control to achieve breakthrough results.

The USAID LPHS – Ankole & Acholi Activity is a five-year \$35,623,804 activity implementing TB and HIV activities in 20 districts across two regions of Uganda with a total population of 4,952,596 (Acholi –1,758,348, Ankole –3,194,248).

SPECIFIC OBJECTIVES

Objective 1: Quality facility-based HIV and TB prevention services provided at scale;

Objective 2: Quality, targeted, high yield, facility and community-based HTS;

Objective 3: All diagnosed PLHIV with HIV and TB are promptly initiated on treatment;

Objective 4: All Diagnosed PLHIV and TB on Treatment to achieve Viral Suppression;

Objective 5: District leadership have institutional capacity to sustain epidemic control and maintain the response.

In the reporting period, the USAID LPHS Acholi activity reached 652 and 1,645 key and priority populations respectively with HIV/TB prevention services. Four thousand six hundred eighteen (4,618) males were circumcised, representing 101

percent of the quarterly and 25 percent of the Acholi region annual targets, respectively, and 36,434 individuals were tested for HIV and received their test results. Forty-two thousand five hundred seventy-six (42,576) active clients were maintained on ART with 100 percent PMTCT ART coverage and 89 percent viral load suppression rate. The project reported 81 percent and 74 percent TB treatment success and cure rates, respectively. Three thousand six hundred fifty (3,650) women were screened for cervical cancer, and 3,866 survivors of GBV were identified and provided the minimum package of services through community sensitization, dialogues, and peer support. A cumulative of 3,866 PLHIV 12+ years have been vaccinated for COVID-19.

Improving HIV Testing Services (HTS): During the reporting period, USAID LPHS-Ankole & Acholi Activity/TASO strengthened the implementation of quality, targeted, and high-yield HIV Testing Services (HTS) as a gateway to HIV prevention, care, and treatment services across 90 supported public health facilities in the Acholi sub-region. The services were delivered through static/facility and community-based approaches integrating index client testing, HIV self-testing, and social network testing/enhanced peer outreach approaches while also strengthening age-appropriate HTS screening at facility entry points.

STRATEGIES IMPLEMENTED IN QITO SCALE UP HTS SERVICES

- Active redistribution of HIV test kits to ensure continuity of HTS services.
- Weekly monitoring of site level HTS outputs and provision of real time support.
- Re-orientation of Counsellors and OPD staff on the use of HTS screening tools & documentation in HTS registers.
- Assigned focal persons at all facilities to track daily documentation in the HTS registers
- Conducted two days training on AP3 sites to improve Pediatric and Adolescent HTS
- Provision of HTS desk job aides to all high-volume sites to improve screening and risk-based testing.
- Improvised the APN register to track SNS services in 25 sites.
- Use of Audit tools to line-list Children, Adolescents & sexual Partners for index client testing.

Voluntary Medical Male Circumcision: During the reporting period, the Ministry of Health, in collaboration with USAID LPHS-Ankole & Acholi Activity, assessed and accredited 16 VMMC sites in Acholi to ensure safety, quality, and adherence to minimum standards. Three new facilities in Pader district - Pajule HCIV, Atanga HCIII, and Pader HCIII were equally assessed to expand access to VMMC services in the Acholi sub-region. Significant gaps identified were poor infection prevention & control practices, poor documentation, and inadequate emergency response and resuscitation knowledge. Sites-specific action plans were developed to address the gaps identified.

Collaboration and Stakeholder Engagement:

Table showing the different collaborations and engagements with stakeholders:

Organisation/ stakeholder	Activity	Place	Date	Remarks
RHITES-N Acholi	AP3 Assessment, mentorship	Kitgum, Lamwo, Pader, Agago Districts	Nov - Dec 2022	Continuous
MoH/IDI	Integration of NCDs/MoH Training	Kampala	23 rd Oct - 4 Nov 2022	Completed
Reproductive Health Uganda	-CaCx Screening -Integrated FP	Pader, Kitgum districts	August - Sept 2022	Ongoing
IRC	-CaCx Screening -Integrated FP	Lamwo District in Palabek Kal, and Palabek Ogili	September 2022	Ongoing
Youth Alive Uganda	Follow up of NS VL CALHIV; Enrolment in OVC programs	Kitgum, Agago, Gulu and Omoro Districts	October 2022	Ongoing
Resilience Uganda	KP Care and treatment services	Gulu and Kitgum Districts	October 2022	ongoing

16 Days of Activism on Gender Based Violence:

During the Quarter, the Activity, in partnership with the Gulu City Gender Office and other implementing partners in the region, participated in the launch of 16 days of activism against Gender-based violence (GBV) in Gulu City. This annual international campaign kicks off on 25th November, the international day for the elimination of violence against women, and runs till 10th December, International Human Rights Day. The 2022 global theme for 16 Days of Activism against Gender-based violence, was “UNITE! ACTIVISM TO END VIOLENCE AGAINST WOMEN AND GIRLS”.



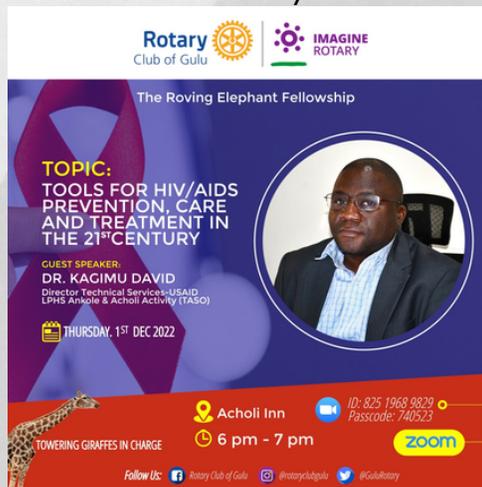
Lonard Tumuhimbe, the Social Behavior Change Advisor for the USAID LPHS Ankole and Acholi making a speech on behalf of development partners. Agatha Angwech-USAID LPHS Ankole & Acholi Activity

The USAID LPHS - Ankole and Acholi Activity/TASO, in partnership with the Gulu City Gender Office and Gulu District Gender and probation Office conducted six (06) dialogue meetings to create awareness of and impact GBV in the community. These meetings were in Cubu, Acoyo, St. Jude, Unyama, and Paicho sub-counties. The Activity also participated in 4 Gulu City GBV coordination meetings with other GBV implementing partners.

World AIDS Day 2022:The activity participated in the National Adolescent and Young People (AYP) Pre-WAD conference held in Kampala on November 28, 2022, under the theme "Ending inequalities among adolescent girls, young women, and boys.". It provided a strategic platform for AYP to engage and advocate for strategies to position AYP voices in shaping an inclusive HIV response in Uganda. USAID LPHS Ankole and Acholi Activity supported a delegation of 11 representatives from the Acholi sub-region to attend the conference. This comprised of; three (03) DREAMS liaisons from each of the DREAMS districts as representatives of AGYW; three (03) DREAMS beneficiaries with excellent business ventures to demonstrate the impact of the DREAMS economic strengthening interventions and showcase some of their products; three (03) district officials; and two (02) technical project staff.

The project also conducted two regional Adolescent and Young People (AYP) dialogue meetings and campaigns to increase the uptake of HIV self-testing in Omoro and Agago districts. One radio talk show was conducted at radio Mega FM in Gulu city to create awareness on HIV and AIDS.

The project had the opportunity to deliver a presentation to the Rotary Club of Gulu on WAD under the topic "Tools for HIV/AIDS prevention, care and treatment in the 21st Century".



A snippet of a fellowship flyer facilitated by the Director Technical Services for the USAID LPHS Ankole & Acholi Activity

Knowledge Management: In fiscal year 2023, Quarter one (October -December 2022), the USAID LPHS Ankole and Acholi Activity/TASO had abstracts presented at different international and national conferences and meetings as below;

USAID Global Health Local Partners Meeting:

USAID LPHS Ankole and Acholi Activity/TASO had two abstracts presented at the 4th Annual USAID Global Health Local Partners meeting as oral and panel presentations in Johannesburg, South Africa from November 14 to 17, 2022. The abstract titles were:

1) Accelerating Community Differentiated Service Delivery Models (DSDM) improves continuity of Treatment among Persons Living with HIV (PLHIV) in the post-war ravaged Acholi sub-region, Uganda. As a Panel discussion presented by Dr. Anna Lawino

2) Engagement of Community Health Workers and Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda. As a Poster presentation presented by Kyakuwa Richard Jjuuko.



Kyakuwa Richard Jjuuko making a poster presentation at the 4th USAID Local Partner Meeting held in Johannesburg, South Africa, Nov 2022

CQUIN Annual Meeting: The Knowledge Management team generated two abstracts that were shared at the 6th Annual CQUIN Learning Network Meeting in Durban, South Africa from the December 6 to 9, 2022.

The Acholi team shared the following abstracts:

1) The pediatric and adolescent audit tool was shared during the innovative tools lab session. The session focused on the audit tool used to improve service delivery for pediatric and adolescent recipients of care at facility and community level.

2) A poster presentation on accelerating community differentiated service delivery models improves the continuity of treatment among PLHIVs in the Acholi sub-region, Uganda.

3) A poster presentation on Modified Client-Led ART Drug Delivery among children and adolescents in Northern Uganda. A poster presentation.

This work can be looked up at the at B7 and B18. [Read more](#)



Dr Anna Lawino presenting on the Pediatric and adolescent audit tool during the CQUIN Annual Learning meeting in Durban South Africa held from December 6-9, 2022.

Controlling the HIV Epidemic Summit 2022 – Virtual (November 30-December 1, 2022): The KM team generated an abstract shared through a video recording at the Controlling the HIV Epidemic Summit 2022. The abstract is titled accelerating community differentiated services delivery models to improve continuity of treatment among PLHIVs in the Acholi sub-region Uganda. [Read more](#) and watch on [YouTube](#)



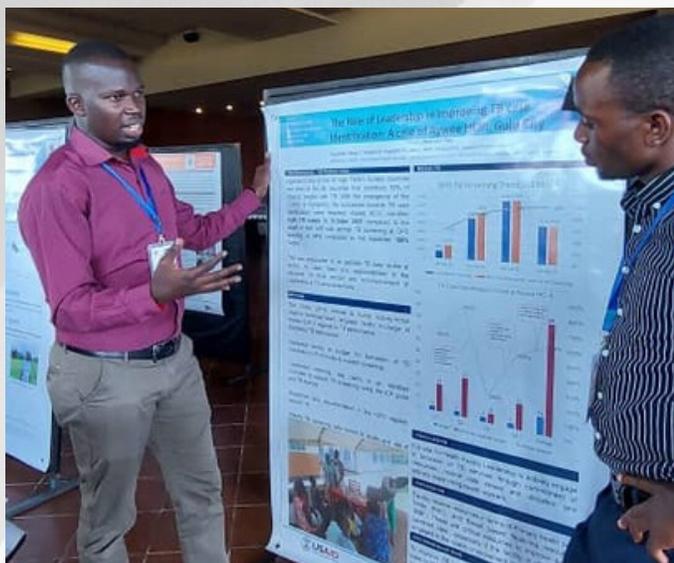
Community Differentiated Service Delivery Models to Improve Continuity of HIV Treatment
IAPAC Education 8 subscribers
Subscribe 11 likes Share Save

A snapshot of a YouTube video of Richard Jjuuko delivering on the presentation

9th Annual National Healthcare CQI conference:

USAID LPHS Ankole and Acholi Activity participated in the Ministry of Health 9th National Quality Improvement (QI) conference that was conducted in Munyonyo, Kampala, from December 12-16, 2022, under the theme "Supervision, monitoring, coaching, mentorship for a resilient health system: the role of QI."

The conference attracted several stakeholders across service delivery, academia, and research to share best practices and lessons learned while implementing different activities concerning their core objectives. The Knowledge management team worked with the technical officers and district teams to generate 10 abstracts that were successfully presented (4 Oral Abstracts and 6 poster presentations) at the conference.



Dr. Olum J. Paul making a poster presentation at the 9th National Healthcare QI conference. Credit: John Stephen Opiyo |USAID LPHS Ankole & Acholi Activity

technical teams in attendance to share the national priorities of the HTS QI collaborative. In the Acholi sub-region, 50 facilities contributing 80% HIV testing targets in the region were selected, and eighteen (18) regional coaches were identified and oriented on the coaching bag. The first coaching visit to the selected health facilities followed the orientation.

TB Joint Mentorships with USAID LPHS TB Activity: In Q1 FY 23, the USAID LPHS Ankole & Acholi Activity/TASO, in collaboration with the USAID LPHS TB Activity, jointly conducted TB technical mentorship at 16 health facilities in the Acholi sub-region. The objective of the TB collaborative is to improve quality of care and treatment among TB and HIV clients. The 16 facilities supported in Acholi sub-region were: Atiak HCIV, Bibia HCIII, Kaladiima HCIII, Pabbo HCIII, Awach HCIV, Cwero HCIII, Aywee HCIII, Layibi Techo HCIII, Palabek Ogili HCIII, Padibe HCIV, Kitgum Hospital, Mucwini HCIII, Patongo HCIII, Pajule HCIV, Namokora HCIV, and Omiya Anyima HCIII.

Collaborative Engagements: HTS collaborative: In

Q1 FY 23, the USAID LPHS Ankole and Acholi Activity/TASO worked with MOH to roll-out the national HTS Quality Improvement (QI) collaborative. The HTS collaborative aims to increase HIV case identification. The initiative commenced with a hybrid regional entry meeting with the district leadership and



Dr. Ventrina Lanyero making a presentation at the 9th National CQI conference

Lead Authors	Mode of presentation	Title of the Abstract
Richard Jjuuko Kyakuwa	Oral presentation	Accelerating Community Differentiated Service Delivery Models (DSDM) improves continuity of Treatment among Persons Living with HIV (PLHIV) in post-war ravaged Acholi sub-region, Uganda.
Valentine J. Wenwa	Poster Presentation	Weekly viral load (VL) data review and community VL bleeding: A cornerstone to timely VL access among Children and adolescents living with HIV(CALHIV) at Patongo HCIII
Naume Opira	Poster Presentation	Increasing viral load suppression among CALHIV in Lalogi HCIV
Dr Olum John Paul	Poster Presentation	The Role of Leadership in Improving TB case Identification: A case of Aywee HCIII, Gulu City.
Edith Ssenyonga	Oral Presentation	Improving access to pre-exposure prophylaxis (PrEP) among key and priority populations (KP/PPs) in the Acholi sub region.
John Stephen Opiyo	Poster Presentation	Improving pre-exposure prophylaxis (PrEP) continuity at Patongo HCIII, Agago District
Dr. Onek Richard	Poster Presentation	Effective mobilization and monitoring system improve cervical cancer screening (CxCa) and precancer treatment among women living with HIV (WLVHIV) in Kitgum, Lamwo, Pader and Agago districts
Dr. Lanyero Ventrina	Oral Presentation	Increasing uptake of cervical cancer screening and treatment of positive lesions among Women Living with HIV (WLVHIV) aged 25-49years at public health facilities in Acholi subregion.
Dr. Anna Lawino	Poster Presentation	Accelerating Community Differentiated Service Delivery Models (DSDM) improves continuity of Treatment among Persons Living with HIV (PLHIV) in post-war ravaged Acholi sub-region, Uganda.
Julius Paalo	Oral presentation	Quality dispensing, prescription, and re-distribution of health commodities, in health facilities reduces wastage of medicine and health Supplies in Acholi region.
Valentine J. Wenwa	Poster Presentation	The impact of community-based Quality Improvement (QI) intervention on viral load (VL) suppression among Children and adolescents living with HIV(CALHIV): A case of Lira Kato HCIII, Agago District

Above, abstracts shared/presented at the 9th National CQI conference held at Speke Resort Munyonyo, Kampala from December 12-16, 2022 (Acholi)

Key Achievements in the Quarter (Oct - Dec 2022)



652

Key Populations reached with prevention services



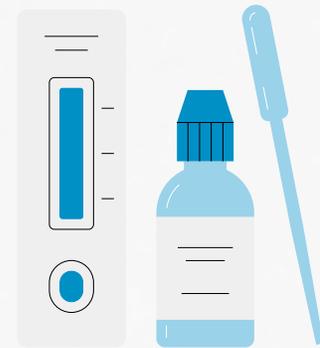
1,645

Priority Populations reached with prevention services



4,618

Males were circumcised presenting 101% of the quarterly target



36,434

Individuals received HIV test services and received their results



42,576

active clients maintained on ART

100%

PMTCT ART Coverage



509

infants tested for HIV at 2 months &

648

at 12 months respectively, cumulatively

89%

Viral Load suppression 69% children (0-15), 79% Adolescents and 86% adults

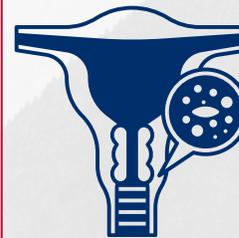


83%

TB Treatment Success Rate (TSR) and

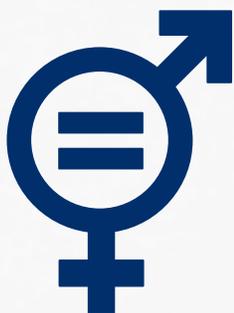
68%

TB Cure Rate (CR)



2,702

women were screened for cervical cancer



1,383

survivors of GBV identified and provided the minimum package of services through community sensitization, dialogues, and peer support



2,357

AGYW were enrolled into DREAMS representing 59% achievement against the COP22 annual target

3,866

cumulative COVID-19 vaccinations for PLHIV 12+ years in Acholi sub-region



Sources: DHIS2/PIRS/HYBRID/CPHL-Dashboard

Stories From the Field

A MODIFIED COMMUNITY SERVICE DELIVERY MODEL CLOSED GAPS FOR MISSED APPOINTMENTS AMONG CHILDREN AND ADOLESCENTS AT BOBI HCIII, OMORO DISTRICT

Bobi Health Center III, located in Omoro District, had enormous challenges with appointment keeping by children and adolescents attending the HIV clinic. There was a high level of client representation, especially those from households headed by elderly caregivers, child-headed households, caregivers with a disability, and those living in distant communities from the health facility with transport challenges. The missed appointments affected the clinical outcomes of the children and adolescents due to missed services. . The facility opted for an incentivized approach to motivate children and adolescents to keep their appointments by offering snacks during the clinic. However, it turned out to be unsustainable.

Since October 2021, the USAID LPHS-Ankole and Acholi Activity/TASO has supported Bobi HC III to serve children and adolescents through a community-based model of care to address the challenges of appointment keeping. The Modified Community Client-Led ART Delivery (MCCLAD) allows children and adolescents to form and receive HIV and TB care services in small groups (cells) of 5 to 10 within their villages. Bobi HC III had 93 children and adolescents receiving HIV care and treatment. Ninety-two (92) children/adolescents and their caregivers were mobilized for community sensitization on the MCCLAD at the parish level.

Upon consenting to receive services in this community model, the children/adolescents formed cells/groups of 6

to 10 clients according to the proximity of their residences in the community. Health workers guided the cell members to elect cell leads they were comfortable with to support the team members. The cell lead follows up with fellow children/adolescents within the village weekly for the non-suppressed and monthly for the suppressed. They update the health workers through the community linkage facilitator on the follow-up of the children/adolescents.

The health workers provide comprehensive clinical services to the children/adolescents in a cell quarterly in the village/community. All visits by health workers to the village are communicated by cell leads to the cell members at their households. Before service delivery in the community, the health workers review the client audit tool to determine the children/adolescents due for review, the services they are eligible for, and to prepare for the clinic day in the community.

Of the 93 children/adolescents at Bobi HC III, 92 (93%) are enrolled in and receive care in MCCLAD, except for 1 (7%) from an isolated locality that receives care at facility. All 93 (100%) children/adolescents were attached to Community Health workers for ongoing monitoring.

Implementing the Modified Client-Led ART Delivery (MCCLAD) and CHW attachment closed all missing service gaps for clients under the model. The model addressed appointment-keeping challenges and reduced the long distances previously travelled by children/adolescents to the health facility. There are no unaccompanied children/adolescents during community clinics, and representation during appointments has become history. The client waiting time at the clinic in

the community and facility has remarkably reduced due to the small number of clients in each cell group.

The social stigma previously associated with moving to the ART clinic at the facility is no more, as one child was quoted saying, “Even when I fail to get soap to wash my dress, I can get my medicine.” The already understaffed health facility, has secured time for the providers to update client files and registers and give quality time and attention to clients with special needs, such as those with high viral load and adherence challenges.



Children perform on the advantages they enjoy because of MCCLAD attachment.



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LAYOUT: Agatha Angwech

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