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USAID LOCAL PARTNER HEALTH SERVICES – KIGEZI

Quarterly Report

FY21Q3 (April 01, 2021 to June 30, 2021)

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Activity Start and End Dates: August 12, 2020 to August 11, 2025

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ACRONYMS AND ABBREVIATIONS

AEs	Adverse Events
AGYW	Adolescent Girls and Young women
AMELP	Activity, Monitoring, Evaluation and Learning Plan
APN	Assisted Partner Notification services
ART	Antiretroviral treatment
CBO	Community-based Organization
CCLAD	Community Client-led ART delivery
CDDP	Community Drug Distribution Points
CLA	Collaborating, Learning, and Adapting
COP	County Operational Plan
CPD	Continuous Professional Development
CSO	Civil Society Organization
DBT	District Based Team(s)
DLG	District Local Government
DLP	District Led Programming
DSDM	Differentiated Service Delivery Models
DHO	District Health Officer
ELMIS	Electronic Logistics Management Information System
EMMP	Environmental Mitigation and Monitoring Plan
PMTCT	Elimination of mother to child transmission of HIV
EPOA	Enhanced Peer Outreach Approach for reaching key population groups
EQA	External Quality Assessments
HC	Health Centre
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSD	Health Sub-District
HSS	Health Systems Strengthening
HTC	HIV testing and Counselling
HTS	HIV testing services
JCRC	Joint Clinical Research Centre
KP	Key Populations
MMD	Multi-month Dispensing
MOH	Ministry of Health
MSM	Men who have sex with men
OPD	Out-patient Department
PEPFAR	President's Emergency Plan for AIDS Relief
PHF	Public health facility
PITC	Provider Initiated Testing and Counselling
PP	Priority Populations

USAID RHITES-SW The Regional Health Integration to Enhance Services in South West Uganda implemented by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

SITES Strategic Information Technical Support TB tuberculosis

TPT TB preventive therapy

ULA Uganda Learning Activity

USAID United States Agency for International Development

U=U Undetectable = Untransmissible

VAC Violence against Children

VCT Voluntary Counselling and Testing

VMMC Voluntary Male Medical Circumcision

VLS Viral Suppression

YAPS Youth and Adolescent Peer Supporter

I. ACTIVITY OVERVIEW

I.1. ACTIVITY OVERVIEW

Activity Name:	USAID’s Local Partner Health Services - Kigezi
Technical Office:	Office of Health and HIV/AIDS (OHH)
Activity Start Date and End Date:	Start date: 12 August 2020 End Date: 11 August 2025
Name of Prime Implementing Partner:	Joint Clinical Research Centre
Agreement Number:	72061720CA00013
Name of Sub-awardees	None
Major Counterpart Organizations:	RHITES SW, LSDA, LPHS-Ankole, Defeat TB
Geographic Coverage (Name of Sub-Regions):	Kigezi Region
Geographic Coverage (Name of districts):	Six districts in South-Western region: Kabale, Kanungu, Kisoro, Rubanda, Rukiga and Rukungiri
Describe any changes in Districts since last Reporting Period:	No changes
Reporting Period:	April 1 st , 2021 – June 30 th , 2021
Chief of Party	Dickson Matsiko

I.2. ACTIVITY DESCRIPTION

USAID’s Local Partner Health Services – Kigezi is a five-year Activity (August 12, 2020 – August 11, 2025) implemented by Joint Clinical Research Centre (JCRC) that aims to consolidate the gains made by the USAID RHITES-SW program (2015 – 2022) and to make further gains in context of the HIV and AIDS epidemic control. The activity is aimed at supporting the continuation of technical assistance for the implementation of a district-based, integrated package of quality HIV/AIDS and TB services to the beneficiary population in the six districts in SW Kigezi sub-region including Kabale, Kanungu, Kisoro, Rubanda, Rukiga, and Rukungiri with a total projected population of 1.5 million people. USAID Local Partner Health Services – Kigezi activity supports further strengthening of sustainable healthcare systems in the Kigezi sub-region of Uganda across five result areas:

1. Quality facility-based HIV and TB prevention services provided at scale
2. Quality, targeted, high yield, facility-based HIV testing and counseling services provided at scale
3. All diagnosed people living with HIV and TB are promptly initiated and retained on treatment
4. All diagnosed people living with HIV and TB on treatment achieve viral suppression
5. Target districts have the institutional capacity to sustain epidemic control and maintain the response

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1. KEY ACHIEVEMENTS

In FY21 Q3, 5,031 men were circumcised leading to a cumulative achievement of 91.4% against the annual target of 16,151. This good performance is attributed to the sustained mix of static and targeted outreaches among communities with high unmet need for circumcision. All VMMC sites complied with the MoH quality standards for VMMC with 90% being in the priority age band of 15-29 years. All the 28 sites were assessed for accreditation, 21 were certified and seven were conditionally certified.

By end of FY21Q3, annual targets for key KP/PP indicators had been achieved over and beyond; KP_Prev-153.5%, PP_Prev-162.4%, PrEP_New-118.3% and PrEP_Curr-161.2%. These improvements were made possible by sustained implementation of peer led outreaches to hotspots and focusing on updating the KP tracker. Following training of 9 district ToTs, onsite PrEP trainings were conducted reaching over 80 health workers at the eight focus facilities. The number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package improved from 52% to 89.7% following targeted onsite mentorships on GBV screening, documentation and reporting.

HTS_Self further increased from 86% to 196% following targeted onsite mentorships addressing health worker knowledge and reporting. HTS_Index_Pos further improved from 53% to 91% as result of sustained targeted mentorships and intensified ICT outreach activities.

In FY21Q3, an additional 600 HIV positive clients were initiated on ART bringing the number of active patients on ART to 28,980 representing 95% of annual target. The activity supported health facilities to implement proactive tracking of patients who miss appointment and those that experienced interruption in treatment; a total of 539 patients were returned to care. In addition, we supported all the 78 sites to implement eMTCT activities including provision of HIV/Syphilis testing in ANC/Labour and post-partum and provision of treatment for identified HIV positive PBFW. Good progress was made on transitioning of children, adolescents and adults to TLD and/or DTG-based regimens and wiping out NNRTI-based regimens. There was also good progress on MMD from 62% in Q2 to 72 % in Q3 of patients receiving 3 or more moths of refill.

The project realized an improvement in GeneXpert utilization from 8 to 11 samples per day and this was attributed to weekly following up with the sites on timely reporting and utilization on the weekly performance for targeted support.

The activity supported the roll-out of the new Enterprises Resources Package (ERP), and the Customer Self-Service Portal (CSSP) developed by National Medical Stores. A national TOT was conducted and this was followed by cascade trainings at the health facilities. 100% coverage was realized during the training and all the health facilities managed to place their orders using the new system thus 100% ordering rate.

OVERALL COMMENTS ON INDICATORS

For most of the HIV prevention and HTS indicators, there was sustained improvement leading to cumulative achievement above the annual target. This was enabled by sustained deliberate efforts by the project and district teams to utilize quality improvement approaches to address the identified gaps. We continued to support health facilities to conduct regular well planned/organized monthly integrated KP/PP, PrEP outreaches which led to the good KP/PP performance following covid standard operating procedures. We also held follow on onsite mentorships on HIV self-testing, and mentored sites on documentation and reporting. Late roll out of recency testing in the region by MOH contributed to the cumulative poor recency testing performance despite the efforts of minimizing missed opportunities.

During FY21Q3, the cervical cancer screening indicators didn't register significant improvement due to lack of key supplies and equipment including gloves, speculums, gauze, cotton, timers etc. In collaboration with RHITES SW, some of the supplies such as acetic acid, gauze, cotton, timers, 1 autoclave, preserve Cyt solution, and Combo brushes were delivered at the end of the reporting period. We are working with RHITES SW to resolve shortage of specula and distilled water to enable more significant improvement in FY21Q4.

The low LIMS reporting rates were due to slow functionality of the system and overwhelmed biostatisticians during the reporting period. In a bid to meet the ordering deadlines, soft copy orders were sent to NMS by email. With the shift to NMS CSSP system where all HC IVs and above enter their respective orders at the facility, the reporting rates will improve in FY21Q4. The active participation in facility forecasting and quantification using the facility level consumption data and performance gaps have been utilized and stock levels for INH and MMD are expected to improve in FY21Q4.

The low CDR is attributed to low screening rates, low index of TB suspicion among health workers and minimal screening of TB in the community. An active case finding campaign is planned in Q4 to improve case detection. Deployment of CLFs at high volume sites will also be finalised in FY21Q4. TPT coverage among contacts is low because contact tracing activities have not been supported for over 2 years and the one planned in June 2021 was called off due to restrictions in movement following COVID-19 lock down in June 2021. As lock down eases contact tracing activities will be carried out and eligible contacts will be initiated on TPT to improve the picture in Q4. Treatment success rate is sub optimal due to poor implementation of the retention improvement package. Cure rates are also low due to poor implementation of sputum follow up improvement innovations. Mentorship and coaching visits will be conducted in Q4 to improve implementation of the TB and TB/HIV cascade improvement innovations.

2.2. DATA TABLES

Table 1: Activity Performance Against Targets (Quarterly Indicators)

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
Result 1: Improved quality of facility- based HIV and TB prevention services							
IR.1.1 Proven High impact Facility and community-based health prevention interventions implemented and scaled up							
Voluntary Medical Male Circumcision – VMMC							
Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	28,557	3,131	6,600	5,031	14,762	16,151	91.4%
Percentage of circumcised males who returned for follow up (within 14 days)	52%	52%	99%	99%	89%	80%	89%
Number of moderate and severe adverse events (AEs) reported during the reporting period (VMMC_AE)	1	1	1	2	4	<2% (324)	0.03%
Percentage of circumcised males between 15-29 years	65%	88.7%	90.6%	90.1%	90%	80%	90%
HIV prevention for Key and Priority Populations							
Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period (PrEP_New)	3,045	311	1,588	1,128	3,027	2,558	118.3%
Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period (PrEP_Curr)	1,548	459	2,624	1,867	4,950	3,071	161.2%
Percentage of ART patients who completed a standard course of TB preventive therapy within the reporting period	89%	96%	93%	96%	96%	95%	96%
Result 2: Improved quality of facility and community – based HTS services							
IR.2.1: All individuals living with HIV know their HIV Status							
HIV Testing Services - HTS							
Number of individuals who received HIV Testing Services (HTS) for HIV and received their test results	82,393	34,883	35,769	33,049	103,772	44,015	235.8%

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
Number of individuals who were identified and tested using index testing services and received results	2,045	286	1128	1247	2,661	2,072	128.4%
Number of persons aged ≥15 years newly diagnosed with HIV-1 infection who have a test for recent infection result of 'recent infection' during the reporting period	0	0	62	173	235	599	39.2%
Number of individual HIV self-test kits distributed	74	190	1,519	1,763	3,472	1,770	196.2%
Number of individuals who received HIV Testing Services (HTS) and positive test results	1,595	486	722	622	1,847	662	279%
Percentage of newly identified HIV positives who were linked into HIV care services	90%	101%	95%	96%	97%	>95%	97%
Prevention of Mother to Child Transmission							
Percentage of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC) PMTCT_STAT	98%	99%	99%	99%	99%	99%	99%
Number of pregnant women with positive HIV status at ANC PMTCT_STAT_POS	1,723	361	451	430	1,242	1,202	103.3%
Number of infants born to HIV- positive women who had a virologic HIV test done within 12 months of birth who tested positive for HIV	24	6	6	4	16	20	80%
Number of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth, disaggregated by HIV result PMTCT_EID	1,511	380	337	348	1,065	1,141	93.3%
Percentage of infants born to HIV- positive women who had a virologic HIV test done within 12 months of birth	92%	98%	70%	77%	80.6%	95%	80.6%
Percentage of final outcomes among HIV exposed infants registered in the birth cohort	69%	69%	74%	70%	70%	95%	70%
The number of HIV-exposed infants with a first virology HIV test result reported to caregivers during the reporting period (PMTCT_EID_RESULT_DOCUMENTED)	85	N/A	85	106	191	170	112%

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
TB/HIV Status							
TB screening rate among PLHIV	85%	91%	93%	97%	94%	95%	94%
Number of new and relapse TB cases with documented HIV status, disaggregated by HIV result	943	209	298	288	795	1,541	51.5%
Percentage of new and relapse TB cases with documented HIV status	97%	97%	99%	100%	99%	99%	99%
Result 3: Increased number of diagnosed people living with HIV and TB initiated on treatment							
IR 3.1 All people living with HIV are diagnosed, treated and retained in care							
Anti-retroviral Therapy-ART							
Number of adults and children newly enrolled on antiretroviral therapy (ART)	2,622	508	684	600	1,792	618	290%
Number of adults and children currently receiving antiretroviral therapy (ART)	27,476	27,715	27,915	28,980	28,980	30,431	95.2%
Percentage of adults and children known to be on treatment 12 months after initiation of ART	76%	78%	67%	75%	75%	95%	75%
Number of ART patients who experienced an interruption in treatment (IIT) during any previous reporting period, who successfully restarted ARVs within the reporting period and remained on treatment until the end of the reporting period.	377	401	370	539	539	415	129.9%
Number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact	41	844	977	568	568	1,145	49.6%
Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy PMTCT_ART	1,710	373	459	430	1,262	1,202	105%
Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-Transmission (MTCT) during pregnancy PMTCT_ART	99%	100%	102%	100%	100%	95%	100%
Percentage of HIV+ infants from EID enrolled on ART	100%	83%	100%	100%	94%	95%	94%

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
The number of HIV-positive new and relapsed TB cases on ART during TB treatment	312	63	94	98	255	599	42.6%
Result 4: Increased number of people diagnosed with HIV and TB on treatment achieving viral suppression							
IR 4.1 All HIV infected individuals on Treatment have suppressed viral load							
Viral load							
Percentage of ART patients with a VL result documented in the medical and/or laboratory records/LIS within the past 12 months.	89%	91.0%	86%	94%	94%	95%	94%
Percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed VL (<1000 copies/ml)	93%	94%	95%	94%	94%	95%	94%
Number of ART patients with a viral load result documented in the medical record and/or laboratory information systems (LIS) within the past 12 months with a suppressed viral load (<1000 copies/ml)	22,783	22,548	22,355	26,344	26,344	27,464	95.9%
Result 5: Increased number of districts with institutional capacity to sustain epidemic control							
Enhanced commodity logistics management to improve HIV and TB commodity security							
Percentage of health facilities making timely orders through Web-based ordering TBD	75%	85%	N/A	98%	N/A	95%	98%
LMIS reporting rate (SC_LMIS)	71%	N/A	N/A	80%	N/A	95%	80%
National monitoring and evaluation frameworks functionalized							
Number of PEPFAR-supported facilities that have an electronic medical record system within the following service delivery areas: HIV Testing Services, Care & Treatment, Antenatal or Maternity Services, Early Infant Diagnosis or Under Five Clinic, or TB/HI	25	25	29	29	29	26	115%
Percent completeness of health facility HMIS 105, HMIS 106a	95%	100%	100%	100%	100%	99%	100%
National Quality Improvement (QI) Framework operationalized							
Proportion of supported health facilities (HCIIIs and above) with functional QI committees	33%	33%	33%	33%	33%	50%	33%
Proportion of supported districts with functional QI committees	100%	100%	100%	100%	100%	100%	100%
IR 5.4 Improved access to high quality laboratory services for HIV diagnosis and monitoring							

Table 2: Activity Performance Against Targets (Annual & Semi-Annual Indicators)

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
Result 1: Improved quality of facility- based HIV and TB prevention services							
IR.1.1 Proven High impact Facility and community-based health prevention interventions implemented and scaled up							
HIV prevention for Key and Priority Populations							
Number of key populations (KP) reached with individual and/or small group level HIV prevention interventions designed for the target population (KP_Prev)	3,062	N/A	1,937	1,895	3,832	2,496	153.5%
Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote adoption of HIV prevention behaviors and service uptake (PP_Prev)	4,904	N/A	2,114	893	3,007	1,852	162.4%
Number of people receiving post-GBV clinical care based on the minimum package (GEND_GBV)	1,032	N/A	2,231	1,608	3,839	4,281	89.7%
TPT initiation among PLHIV	5,322	N/A	3,538	3,077	6,615	8,872	74.6%
Percentage of HIV service delivery points (SDP) at a site supported by PEPFAR that are providing integrated voluntary family planning (FP) services FPINT_SITE (Annual Indicator)	206	N/A	N/A	N/A	N/A	256	N/A
IR 3.1 All people living with HIV are diagnosed, treated and retained in care							
Anti-retroviral Therapy-ART							
Percentage of ART patients who were screened who are receiving TB treatment.	1%	N/A	0.60%	N/A	0.60%	2%	0.60%
Percentage of HIV-positive women on ART screened for cervical cancer CXCA_SCRN	0	N/A	7.3%	12.6%	12.6%	6,135	12.6%
Proportion of HIV+ children <20 years, currently receiving ART, who have been screened for OVC service enrollment, and are eligible OVC_SCN	9%	27%	74%	N/A	74%	50%	74%

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
Proportion of eligible HIV+ children <20 who have been enrolled on OVC program OVC_ENR	9%	8.6%	55%	N/A	55%	50%	55%
TB							
TB case detection rate (CDR)	51%	33%	47%	46%	42%	90%	42%
Childhood TB Notifications	181	10	12	21	43	330	13%
Contact Investigation Coverage	51%	69%	54%	62%	63%	46%	63%
Drug-Resistant TB Notifications	4	1	5	6	12	23	52%
Drug-Resistant TB treatment Success Rate	91%	0%	100%	67%	67%	80%	67%
TB Treatment Success Rate	74%	74%	69%	75.4%	75.4%	88%	75.4%
Bacteriological Diagnosis Coverage (Pulmonary TB)	51%	63.6%	63.8%	63%	63%	62%	63%
TB Cure Rate	59%	48%	42%	63%	63%	80%	63%
TPT Coverage (< 5 Yr Contacts)	37%	11%	17%	16%	16%	58%	16%
TPT Coverage (5+ Yr Contacts)	0%	3%	4%	3.5%	3.6%	49%	3.6%
Result 5: Increased number of districts with institutional capacity to sustain epidemic control							
Strong Technical, financial, governance and administrative systems in supported districts							
Leadership and management							
Number of leaders trained in leadership, management, and accountability with USG funds (Annual Indicator)	10	N/A	N/A	N/A	N/A	10	N/A
Percentage of districts with annual work plans (Annual Indicator)	100%	83.30%	100%	100%	100%	100%	100%
Percentage of entities with clean audit (Annual Indicator)	N/A	N/A	N/A	N/A	N/A	100%	N/A
Health worker absenteeism rate	7.6%	7.6%	6.6%	6.3%	6.3%	5%	6.3%
Enhanced commodity logistics management to improve HIV and TB commodity security							
The number of adult and pediatric ARV bottles (units) dispensed by ARV drug category at the end of the reporting period	310,044	N/A	164,335	95,690	95,690	372,588	25.7%
LPV/r 40/10 (pediatrics) bottles	1,632		2,787	605	605		605

Indicator	FY20	FY21Q1	FY21Q2	FY21Q3	Total		
	Baseline value	Actual #	Actual #	Actual #	Actual #	Activity Target	% of Activity Target
NVP (Adult) bottles	6,608		616	107	107		107
NVP (Pediatric) bottles	812		551	605	605		605
Other (Adult) bottles	70,466		16,454	17,145	17,145		17,145
Other (Pediatric) bottles	22,464		6,017	5,829	5,829		5,829
TLD 180-count bottles	5,128		110	0	0		0
TLD 30-count bottles	124,175		93,019	58,020	58,020		58,020
TLD 90-count bottles	12,080		24,910	11,413	11,413		11,413
TLE 600/TEE bottles	66,679		8,038	627	627		627
TLE/400 30-count bottles	0		11,599	1,216	11,599		11,599
TLE/400 90-count bottles	0		234	123	234		234
The current number of ARV drug units (bottles) at the end of the reporting period by ARV drug category	171,184	N/A	114,529	334,040	334,040	124,196	269.0%
LPV/r 40/10 (pediatrics) bottles	831	N/A	3,950	5,706	5,706		5,706
NVP (Adult) bottles	798	N/A	3,945	4,572	4,572		4,572
NVP (Pediatric) bottles	288	N/A	5,454	6,010	6,010		6,010
Other (Adult) bottles	46,194	N/A	22,521	64,119	64,119		64,119
Other (Pediatric) bottles	16,112	N/A	6,949	23,125	23,125		23,125
TLD 180-count bottles	220	N/A	0	276	276		276
TLD 30-count bottles	67,817	N/A	50,943	207,639	207,639		207,639
TLD 90-count bottles	7,268	N/A	13,909	12,125	12,125		12,125
TLE 600/TEE bottles	31,546	N/A	4,053	3,744	3,744		3,744
TLE/400 30-count bottles	0	N/A	2,718	6,011	6,011		6,011
TLE/400 90-count bottles	110	N/A	87	713	713		713

2.3. DATA TRENDS & VISUALIZATIONS

Data trends:

Table 2: Tx_Curr Trajectory

TX_CURR increased by 1,064 (3.8%) clients from that at end of March due to enrolment of new clients on ART, proactive follow up and back-to-care of clients as well as timely updating of the data systems especially in Rukungiri, Kanungu and Kabale.

District	TX_CURR FY20Q4	TX_CURR FY21Q1	TX_CURR FY21Q2	TX_CURR FY21Q3	TX_CURR Trajectory
Kabale	6399	6353	6347	6568	
Kanungu	7326	7515	7447	7739	
Kisoro	3296	3314	3371	3430	
Rubanda	1980	2064	2125	2158	
Rukiga	2719	2744	2784	2844	
Rukungiri	5756	5725	5842	6241	
Kigezi Total	27476	27715	27916	28980	

Visualizations:

All districts had gains in TX_CURR, we shall continue to support sites to implement the retention packages including MMD and DSDMs for stable clients so as to enhance retention on treatment.

Figure 1: Trend of Tx_Net from FY21Q1-FY21Q3 at high volumes in Kigezi Region

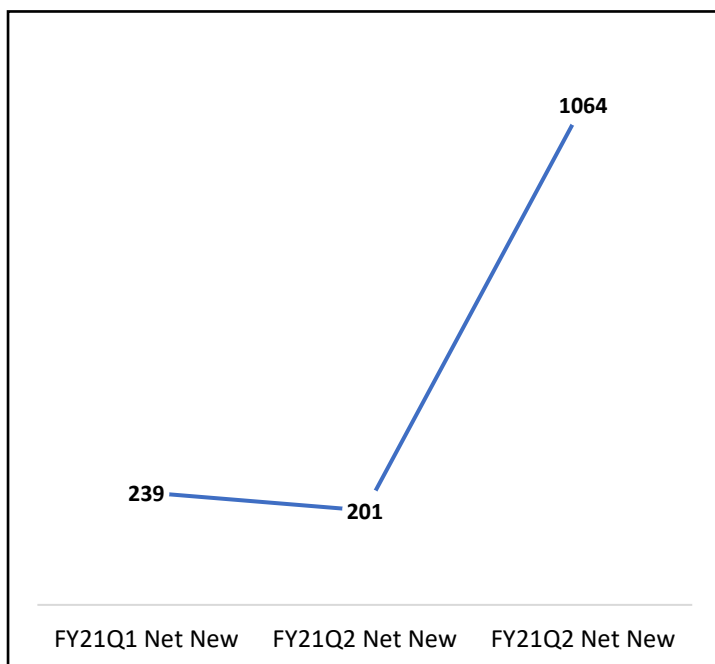
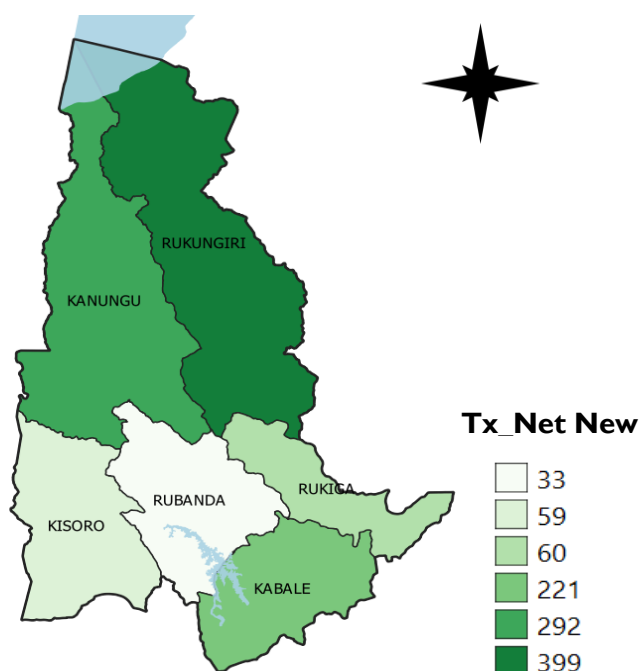


Figure 2: Tx_Net New Apr – Jun 2021 at high volume public health sites in Kigezi Region



3. STRATEGIC AND THEMATIC LEARNING

3.1. STRATEGIC & THEMATIC LEARNING

Apply a holistic approach to Collaborating, Learning & Adapting

We held a quarterly performance review meeting with Kabale Regional referral hospital being a sub-awardee of the USAID LPHS-Kigezi activity to reflect on the hospital performance against set targets, identify lessons learnt and adapt them to improve performance in FY21Q4.

The Activity collaborated with the RHITES SW, LPHS Ankole and LSDA to constitute an HIV Prevention Technical working Group. The TWG is constituted by HIV prevention specialists of the 4 IMs in the region, the Gender Advisor, the Logistics Advisor RHITES-SW with clear terms of reference. TWG meets bi-weekly and through this engagement, we have been able to share experiences, implementation challenges and collectively identify possible interventions to improve the performance indicators in our respective regions.

Similarly, the activity collaborated with the RHITES SW, LPHS Ankole and LSDA to constitute a regional HIV Care and Treatment Technical working Group constituted by the care and treatment leads. The TWG meets bi-weekly to share progress and experiences, challenges and collectively identify possible interventions to improve the performance on the key indicators in our respective regions.

In order to comprehensively address gaps in provision of services for children and adolescents the activity collaborated with the OVC partner (USAID Keeping Children Healthy and Safe - KCHS) which is working in five of the six districts, except Kisoro. Through this collaboration regimen optimization, return to care, viral load sample removal and provision of complementary non-clinical support were provided to the CALHIV thereby improving the quality of life.

Seek to do business differently when current mechanisms and concepts, operations, and tools don't work

One of the challenges affecting ART regimen optimization for eligible clients was non-availability of clinicians at the ART sites to substitute or switch patients on-to superior regimens including TLD transition/initiation in alignment to the 2020 guidelines. This is partly attributed to absenteeism of the qualified staff at the ART sites. The Activity adopted the "sitting-in / hands-on" approach where project staff and district coaches provide on-site support to the existing health workers to identify and prescribe optimal regimen for the eligible patients. This approach enabled good progress on the TLD transition and was adopted to address the challenges in TPT initiation.

4. INCLUSIVE DEVELOPMENT

4.1. INCLUSIVE DEVELOPMENT

During FY21Q3, we continued to facilitate 13 KP Peer leaders with monthly stipend at eight KP focus facilities. The KP Peer leaders were actively involved in planning and implementation of KP services at their respective facilities. A Gender, Youth and Social Inclusion Survey was started and completed in Kabale, Kisoro though not completed in Rukungiri following the COVID 19 lock down travel restrictions to guide the activity on the gender and youth programming gaps in the various districts.

The activity facilitated 101 Peer educators deployed across the 78 supported health facilities with monthly stipend to enable them continue provision of counseling and psycho-social support. The majority of Peer educators are PLHIV and as such are well placed to provide peer support to the clients including sharing experiences in handling difficult situations such as adherence to treatment and addressing non-suppression.

5. KEY PRIORITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

5.1. KEY PRIORITIES FOR FY21Q4

VMMC:

- Distribute and orient the VMMC site teams on the use of reusable instruments
- Support the seven conditionally certified sites for reassessment by MoH
- Conduct post training mentorship of trained teams on the use of Shang Ring
- Conduct quarterly EQA for VMMC

KP/PP:

- Pilot the new PrEP HMIS tools at six health facilities
- Roll out EPOA to increase case identification among the KPs at 03 more sites
- Follow on technical support on the use of KPIC at all the 08 KP focus facilities.
- Onsite technical support on the KP/PP treatment cascades (viral load coverage and VL suppression)

SGBV

- Onsite trainings on VAC at 20 priority facilities
- Completing Gender, Youth and Social Inclusion Survey

HTS

- Support monthly ICT community outreaches targeting partners of newly identified HIV positives and clients with unsuppressed viral load including KPs at 22 priority facilities
- Conduct onsite mentorships on recency testing at all the 14 focus facilities
- Onsite ICT orientation and assessment for accreditation of 45 facilities.
- Expedite index testing coverage to 100% across all the 78 supported sites, i.e. ensure 100% of biological children of all current adults on treatment are tested and 100% of siblings under 19 years of age of CALHIV in care are tested

HIV CARE AND TREATMENT

- Conduct on-site and virtual coaching and mentorships to support health facilities implement ART regimen optimization and MMD for children, adolescents and adults
- Support sites to improve viral load coverage and suppression including management of non-suppressors through coaching and mentorships targeting counselors and health workers
- Scale-up utilization of the HIV care audit tool to 78 supported health facilities up from the 24 EMR sites
- Support health facilities to implement community/home delivery of ARVs, TPT, VL, and EID PCR for clients who have difficulty returning to the health facilities as per appointment
- Scale up YAPS to additional 15 sites
- Virtual and on-site support to health facilities implementing cervical cancer screening to enable them improve performance

KEY PRIORITIES FOR FY21 Q4

- Tracing and planning to rapidly transition all eligible children under 20Kg to DTG 10 mg as soon as drugs are availed by GoU
- Scale up utilization of EID POC through outreaches to lower health facilities
- Scale up cervical cancer screening at the 25 prioritized health facilities

TB

- Conduct monthly on-site CQI based mentorships to enhance knowledge and skills of service providers on implementation of MOH-NLTP TB & TB/HIV Clinical Cascade Improvement innovations (case finding, case holding, sputum follow up and TPT initiation and completion)
- Facilitate TB Linkage Facilitators and health workers in to conduct community/home TB contact tracing & screening and collection of specimens from contacts presumed to have TB
- Support facilities teams to conduct outreaches in TB hotspots in all districts
- Support community owned resource persons to implement community TB activities

LABORATORY AND WASTE MANAGEMENT

- Support to the hubs and ErD sites to enable timely printing of VL, EID, GeneXpert and other results
- Collaborate with the RHITES SW project on coordinating the hub review meetings for the 4 hubs
- Conduct PMTCT mentorships and EIDPOCT outreaches in the 25 high volume facilities
- Follow up with all health facilities on timely orders
- Support facilities in participation and satisfactory performance in EQA
- Laboratory technical support in Quality Management system, Viral load, EID, TB diagnosis and all HIV related laboratory services at the 78 facilities
- Support Kisoro Hospital, Kanungu HCIV & Kambuga Hospitals on the SLMTA program
- Support the waste management services at all the facilities

SUPPLY CHAIN MANAGEMENT

- Actively Support sites in making routine NMS cycle orders by working closely with; District Medicines Management Supervisors (DMMS), Assistant Inventory Management Officers (AIMOs), District biostatisticians and program team at USAID LPHS Kigezi putting more emphasis on MMD and INH forecasting and quantification
- Continued stock status monitoring using the weekly Real time ARVs and TB medicines Stock Status Monitoring. Mentorships to be conducted to facilities having challenges in reporting
- Actively support stock redistributions to counteract stock outs in some facilities
- Emergency orders / back order follow up in cases of un supply by ware houses (NMS)
- Encouraging regimen optimization in both adult and children on PIs to DTG based regimens
- Ensuring Functionality and use of the eLMIS (RX Solution) through on-site mentorships

KEY PRIORITIES FOR FY21 Q4

- Carry forward the roll-out of the Community Retail Pharmacy Drug Distribution Points (CRPDDP) model through training of pharmacy staff and sensitization of recipients of care

HRH

- Technical support to DHOs on the application of district specific interventions to address health worker absenteeism. The project will engage DHOs to obtain their buy-in for the use of biometric machines at HC IVs and district hospitals to optimize gains from automated attendance tracking and reporting.

DISTRICT STEWARDSHIP AND COORDINATION

- Technical support to KRRH on standardization of the hospitals financial, accounting and reporting processes and documentation including the standardization of financial reporting tools as well as continuous monitoring of activity burn rate.

QUALITY IMPROVEMENT

- Supporting the dissemination and implementation of the accelerated plan for CALHIV
- Support in conducting client satisfaction surveys
- Conduct a root cause analysis for screening of cancer of the cervix
- Conduct learning sessions

HEALTH MANAGEMENT INFORMATION SYSTEMS

- Train and orient MRAs and data clerks on the revised weekly pediatric acceleration campaign tool, custom indicators and using EMR to generate various care and treatment indicators.
- Conduct data quality assessments reviewing FY21 Q3 submitted data,
- Participate in the monthly data cleaning meetings at HSDs and performance review meetings
- Participate in the roll out of EMR to more high volume sites
- Orient and scale up use of the audit tool to all the 78 sites

6. SUMMARY FINANCIAL MANAGEMENT REPORT

Activity Financial Analysis¹

Award Details:

a. Total Estimated Cost

\$9,425,474	
August 12, 2020	August 11, 2025
\$2,410,901.00	
\$425,475.00	
N/A	
\$1,795,790.86	
\$0.00	

b. Start/End Date

c. Total Obligated Amount

d. Total estimated cost share (if applicable)

e. Total estimated leverage (if applicable)

f. Total Expenditure billed to USAID/Uganda

g. Expenditure incurred but not yet billed

h. Total Accrued Expenditure (both billed and not yet billed); sum of lines f and g

\$1,795,790.86

	Actual for this FY			
	Q1	Q2	Q3	Q4
Average Quarterly Expenditure Rate by funding source	\$341,572	\$474,542.84	\$613,578.48	\$
	Projection for this FY			
Average Quarterly Expenditure Rate by funding source	NA	NA	NA	NA

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¹ Note: the financial data provided in this section is an estimate of the financial condition and does not constitute the contractually required financial reporting as defined in the Award Notice.

7. ANNEXES

Title/Headline: Improving provision of all essential services for children and adolescents living with HIV in Kigezi region ART clinics January to June 2021.

Contact Information:

Name: Dr Julius Mugaya

Email; jmugaya@jcrc.org.ug

Contact: +256772684562

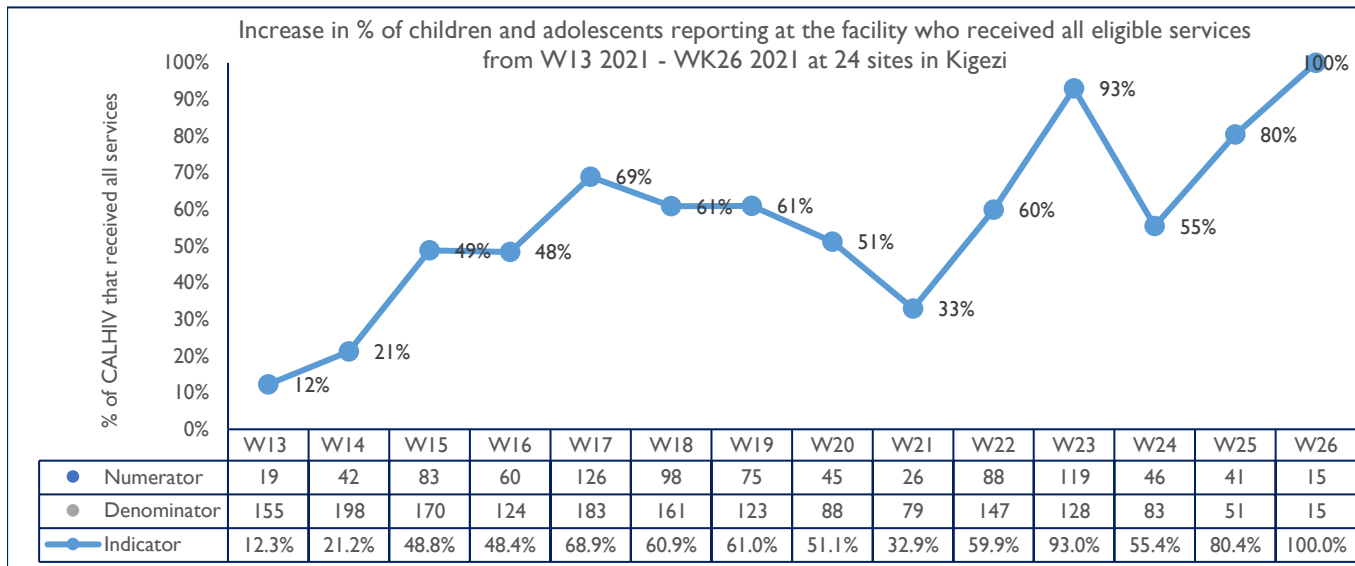
The **improvement aim** was to increase the proportion of children and adolescents in HIV care who received all services they are eligible for from 12% in Mar, 2021 to 100% by end of June, 2021.

The **measurement indicator** was the percentage of children and adolescent in HIV care who received all services they are eligible for in the reporting period.

At baseline in March 2021, there was 12% provision of all essential services to CALHIVs compared to the expected 100% by the Ministry of Health.

The **root causes of the problem for provision of all essentials were:** Lack of the use data to track the performance; the lack of knowledge about the required essential services by some clinicians in the ART clinics as they were new in the clinic; the lack of adequate stocks of Paediatric ARVs that hampered provision of some services like MMD; lack of the screening guide for OVC eligibility; the absence of constituted switch committees; none provision of IAC sessions; the inadequate stocks of TPT at sites; and the lack of documentation for index client testing in the client charts that were obsolete.

The **interventions/changes tested** included the dissemination and use of the clinical audit tool to all the 24 participating sites in the region for client tracking of service provision as a standard tool for clinical data use; the orientation by CPDs and listing on a summary paper of the required services for CALHIVs; the mentoring of the HCWs in use of data to order so that they are accurate to allow for MMD; we developed a one pager OVC screening guide for use at the triage by the triage team in the ART clinic; the distribution of the updated ART client cards and had them inserted into the clinical files on the pre-clinical day by peers to improve documentation. The results observed showed an improvement performance from 12% in March 2021 to 100% by end of June 2021. We are scaling this up during the Pediatric acceleration campaign to all the 78 sites in FY21Q4.



Pull-Out Quote:

Background Information:

The Local Partner Health Services Kigezi Project has reached 1,028 Children and adolescents living with HIV specifically those under 19 years of age at 60 sites of the 6 districts that the project serves. By beginning of October 2020, only 10 sites were enrolled in USAID/MOH lead collaborative to improve the provision of all essential care services that include index testing, viral load sample collection, regimen optimization, Switching, IAC initiation, HIVDRT, TPT provision, MMD refills, Follow up after treatment interruption & OVC screening. By the beginning of January 2021, 14 sites additional were added on to the 10 to make a total of 24 sites, all with at least had 10 CALHIVs. These sites were being tracked using QI approaches for provision of all essential services following an orientation training of at least 2 Health care workers in the ART clinic of the participating sites.

Title/Headline: Improving PrEP_Curr performance in Kigezi Sub-region

Contact Information:

Name: *Anthony Twiine*

Email: atwiine@jcrc.org.ug

Contact: 0772378415.

PrEP is an important biomedical intervention element of the comprehensive combination HIV prevention strategy. It is taken as a once daily combination pill of FTC+TDF or 3TC +FTC, and it has been proven to be an effective and safe method for preventing HIV acquisition by HIV negative individuals at substantial risk of HIV infection.

By end of FY21Q1, only 15% of the PrEP_Curr annual target had been achieved. Following this suboptimal performance, we participated in the national root cause analysis (RCA) among the clients on PrEP at 08 KP focus facilities to assess barriers to continuing to take PrEP. The objective was to get system-based issues affecting retention on PrEP. The top three responses given by the clients included 1) Access to facility issues, 2) bad experience due to side effects, 3) forgetting dates for picking refills.

To understand better the issues of access, we further analyzed the data and noted that more than 85% of the clients on PrEP were initiated during the integrated community outreaches and yet the routine outreach schedules developed by facilities were not well aligned to the expected PrEP refill dates for clients. This led to so many missed opportunities for PrEP refill. We also noted that there was inadequate PrEP counselling at the time of initiation mainly due to knowledge gaps among health workers. Side effects and other PrEP related education/ counselling were not handled adequately.

Having noted the issues from the analysis above, we used the findings to come up with interventions that would improve the performance and these included; Supported Health facilities to have well organized monthly integrated KP/PP PrEP outreach schedules that are synchronized with the refill visits for clients already on PrEP so as to minimize missed opportunities for refills, supported the facilities to conduct the KP led monthly integrated outreaches as per the schedule, conducted onsite trainings on PrEP and provided each facility with the PrEP counselling desk job aids. Facilities were also supported to focus on updating follow up PrEP visits in the primary tools and the KP tracker.

Following the implementation of these interventions, the performance improved to cumulative 146% at the end of FY21Q3.

Pull-Out Quote:

Background Information:

This was performed at Public health facilities in Kigezi Region, Uganda to increase case identification. Implementing proven facility and community biomedical HIV prevention approaches such as PrEP leads to increased access to quality HIV prevention services and contribute towards USAID's DOI (Result 1.1, sub IR 1.1.1).

Title/Headline: Improving performance on TLD transition in public health facilities in Kigezi region

Contact Information:

Name: Samuel Kiirya
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 Contact: +256776489486

The 2020 consolidated HIV prevention and Treatment guidelines recommended adoption of DTG-based regimens such as TLD. At end of FY21Q1 LPHS Kigezi had attained 24.8% with largest gaps in Rubanda, Rukungiri, Kabale and Rukiga

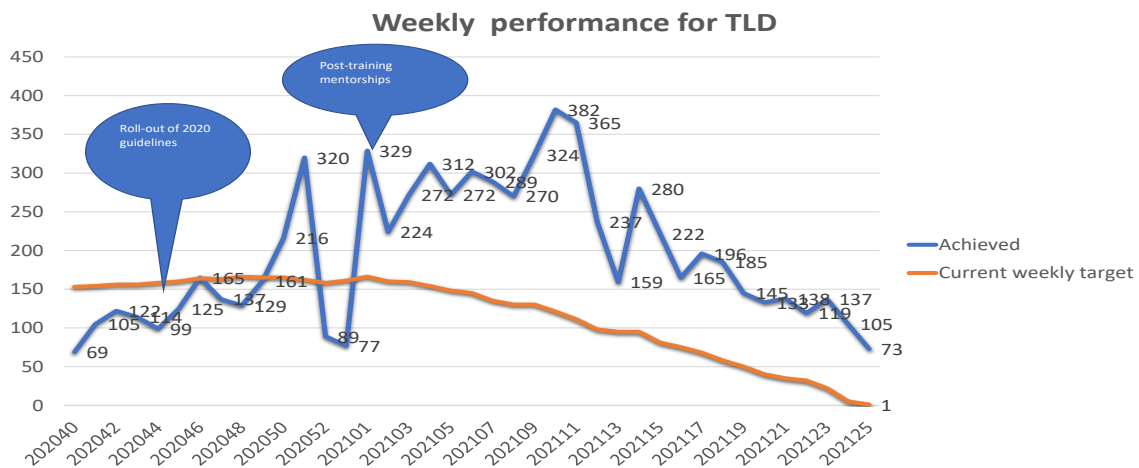
Using the quality improvement approach we aimed to increase the proportion children, adolescents and adults transitioned to TLD from 24.8% in December 2020 to 100% by end of June, 2021.

The root causes of the problem were: knowledge gaps among health workers and inadequate stocks of TLD or DTG.

The interventions/changes implemented include:

1. Fast-tracked completion of the on-site trainings on the revised HIV treatment guidelines
2. Facilitated project staff and district coaches to conduct on-site (Hands-on / siting-in) coaching to health workers on ART clinic days to assist immediate transitioning of eligible clients.
3. Pre-clinic chart reviews were mainstreamed to flag eligible clients and line-list pending clients and also know their details (residence, VL, general health so as to inform home delivery)
4. Conducted weekly performance monitoring and reviews with the facility teams and supported them updating/reminding that are not performing on a weekly basis.)
5. We also facilitated MMS' and district HIV focal persons to support sites during ordering and monitor stocks of TLD / DTG at the sites; and redistribution of drugs
6. Restricting representation of clients pending transition and giving them short refills

Results: Regional TLD progress by end of June 2021



Lessons learnt:

- Knowledge and skills gaps are the main deterrent to implementation of interventions at HF level, TLD transition inclusive. Addressing this gap contributes to improvement.
- The facilities' needs for technical support vary; some can be ably supported virtually while others (especially the high-volume facilities) need Hands-on support. Thus, knowing the team on ground helps
- Team-work between Stores/Pharmacy staff and clinical staff at health facility level enables accurate projection of Stock needs

Pull-Out Quote:

Background Information:

At the beginning of the FY21 we had target to achieve 7,466 clients transitioned/initiated onto TLD. The 2020 consolidated HIV prevention and Treatment guidelines which provide guidance on transition to TLD had not been rolled-out at some of the sites. As such there were knowledge gaps among HWs and the ARV ordering by site teams did not adequately cater for the TLD and DTG needs. At end of FY21Q1 we had attained 24.8% with largest gaps in Rubanda, Rukungiri, Kabale and Rukiga.

Title/Headline: Dividends of Peer support and home-based Intensive adherence counseling: experience from Kanungu HC IV, Kanungu district.

Contact Information:

Name: *Philice Nekesa*

Email: *skiirya@jcrc.org.ug*

Contact: *+256776123597*

Intervention: In March 2021, Frank the Ariel ambassador attached to Kanungu HC IV together with the counsellor attached to the same facility conducted a home visit to Peter's parents' home for the intensive adherence counselling. During the home visit many issues were identified including refusal of ARVs and not taking drugs rightly.

In the interaction with the counsellor Peter said: *"I have been taking the drugs to make me better since I was young. I have to take tablets every day to make sure I do not get sick but instead I feel sick very often, I get headache when there is too much heat, however I am able to do all the things my friends do, like playing football among others"*.

Peter went further and said *"some of the children at school know about my illness. Many times, they insult me about my HIV status. I worry so much about the future when I am insulted, and someone makes fun of me. Some people in my neighbourhood also know about my illness. "I am too tired of swallowing drugs on daily basis."*

The adolescent peer (Ariel ambassador) together with the counsellor engaged the caregivers to discuss the issues and develop a treatment support plan that Peter and the father committed to implement. Through a series of peer-to-peer and family counselling and psychosocial support sessions by the Ariel ambassador and Counsellor, repeat viral load test was done in May 2021 and results showed non-suppressed viral load. Ariel ambassador and counsellor excitedly said *"Peter is now doing well. I attribute this success to Peter, the father, facility Ariel ambassador, counsellor for the follow-up as well as the intensive adherence counselling during the home visit!"*.

Attribution and appreciation: USAID-LPHS-Kigezi and VIIV project worked concertedly to facilitate Ariel ambassador and the counsellor with technical and logistical support (SDA and Transport refund)

Lessons learnt:

Because HIV treatment is lifelong, people living with HIV especially children and adolescents need to be supported to enable them take their drugs diligently to attain and maintain viral load suppression. Family engagement and participation in the care of the child/adolescent should deliberately be done.

Pull-Out Quote:

Background Information:

Peter*, **not real name** is 17 years old HIV positive and has been getting care and treatment at Kanungu HC IV for the past 5 years, *he was a transfer-in from Rukungiri HC IV- Rukungiri District.* He is in Primary 6 and according to his care-givers and teachers he hasn't talked to anyone at school about his illness. *He lives with his father and step-mother in Kanungu town. Review of medical records revealed that since 2018 September to 2021 January this adolescent had suppressed viral load only in 2020 February otherwise the rest of the viral load tests were non-suppressed. Peter often leaves the parents' home and he goes away in the name of looking for work, and whenever he goes away from home, he does not take drugs with him.*

ANNEX B: GEOGRAPHIC DATA TABLE

Location/Facility Name	Level/Category	District	Latitude	Longitude
Kibuzigye HC II	HC II	RUBANDA	-1.19631	29.89491
Bubare HC III	HC III	RUBANDA	-1.217465	29.90911
Kagarama HC II	HC III	RUBANDA	-1.252926	29.92691
Kashasha HC II	HC II	RUBANDA	-1.33709	29.87155
Bufundi HC III	HC III	RUBANDA	-1.286824	29.86169
Buhara HC III	HC III	KABALE	-1.356989	30.03254
Bukinda HC III	HC III	RUKIGA	-1.199327	30.12479
Kandago HC II	HC III	RUKIGA	-1.16323	30.08684
Butanda HC III	HC III	KABALE	-1.40716	29.90153
Mpungu HC II	HC III	KISORO	-1.06836	29.5502
Hamurwa HC IV	HC IV	RUBANDA	-1.129296	29.90364
Ikumba HC III	HC III	RUBANDA	-1.111628	29.85525
Kabale REGIONAL REF HOSPITAL	RR Hospital	KABALE	-1.25	29.99
Bwama HC III	HC III	KABALE	-1.2948	29.9236
Kakomo HC III	HC III	KABALE	-1.28293	29.95526
Rubaya HC IV	HC IV	KABALE	-1.412754	30.03274
Kamukira HC IV	HC IV	KABALE	-1.26455069	29.98397
Kaharo HC III	HC III	KABALE	-1.24382	30.06677
Kamuganguzi HC III	HC III	KABALE	-1.395072	29.99769
Kibanda HC II	HC III	RUKIGA	-1.19496	30.23945
Kyogo HC III	HC III	RUKIGA	-1.209423	30.1709
Rwenyangye HC II	HC III	RUKIGA	-1.17023	30.16798
Kamwezi HC IV	HC IV	RUKIGA	-1.218568	30.15403
Kashambya HC III	HC III	RUKIGA	-1.04875	29.98219
Kyanamira HC III	HC III	KABALE	-1.26126	30.03524
Kabale Kahondo HC II GOVT	HC II	RUKIGA	-1.17322	30.09288
Maziba Gvt HC IV	HC IV	KABALE	-1.32079	30.10711
Muko HC IV	HC IV	RUBANDA	-1.163756	29.84295
Bigungiro HC II	HC II	RUBANDA	-1.20885	29.99966
Bwindi HC III	HC II	RUBANDA	-1.153961	29.98019
Nangara HC II	HC II	RUBANDA	-1.184907	29.96877
Ruhija Gvt HC III	HC III	RUBANDA	-1.02771	29.78092
Mparo HC IV	HC IV	RUKIGA	-1.162504	30.06224
Kambuga HOSPITAL	General Hospital	KANUNGU	-0.80811	29.8059
Kanungu Kayonza HC III GOVT	HC III	KANUNGU	-0.93149	29.67599
Kanungu HC IV	HC IV	KANUNGU	-0.89903	29.77882
Kanyantorogo Gvt HC III	HC III	KANUNGU	-0.83015	29.71657
Katete HC III	HC III	KANUNGU	-0.78469	29.75088
Matanda HC III	HC III	KANUNGU	-0.65037	29.74493

Location/Facility Name	Level/Category	District	Latitude	Longitude
Kihiihi HC IV	HC IV	KANUNGU	-0.74865	29.69706
Kirima HC III	HC III	KANUNGU	-0.86943	29.74763
Mpungu HC III	HC III	KANUNGU	-0.9769	29.73972
Nyamirama HC III	HC III	KANUNGU	-0.70138	29.76856
Rugyeyo HC III	HC III	KANUNGU	-0.89878	29.8292
Rutenga HC III	HC III	KANUNGU	-1.006611	29.84912
Gateriteri HC III	HC III	KISORO	-1.22027	29.7534
Iremera HC III	HC III	KISORO	-1.16518	29.74703
Buhozi HC III	HC III	KISORO	-1.19095	29.63387
Busanza HC IV	HC IV	KISORO	-1.21412	29.62206
Nyabihuniko HC III	HC III	KISORO	-1.31473	29.72718
Kagano HC III	HC III	KISORO	-1.26016	29.76723
Kagezi HC III	HC III	KISORO	-1.28401	29.7716
Rubuguri HC IV	HC IV	KISORO	-1.12573	29.68246
Kisoro HOSPITAL	General Hospital	KISORO	-1.28374	29.6824
Muramba HC III	HC III	KISORO	-1.31252	29.64375
Chahafi HC IV	HC IV	KISORO	-1.33516	29.77342
Gasovu HC III	HC III	KISORO	-1.310918	29.70301
Nteko HC III	HC III	KISORO	-1.07048	29.6081
Nyakinama HC III	HC III	KISORO	-1.28754	29.66232
Nyarubuye HC III	HC III	KISORO	-1.25323	29.63236
Nyarusiza HC III	HC III	KISORO	-1.32068	29.67916
Bukimbiri HC III	HC III	KISORO	-1.2009	29.70794
Bugangari HC IV	HC IV	RUKUNGIRI	-0.71348	29.85483
Buhunga HC IV	HC IV	RUKUNGIRI	-0.747642	29.99096
Buyanja HC III	HC III	RUKUNGIRI	-0.829757	29.96487
Bwambara HC III	HC III	RUKUNGIRI	-0.60238	29.78514
Rweshama Gvt HC III	HC III	RUKUNGIRI	-0.66159	29.90888
Bikurungu HC III	HC III	RUKUNGIRI	-0.64328	29.84193
Karuhembe HC II	HC III	RUKUNGIRI	-0.79968	30.03464
Kebisoni HC IV	HC IV	RUKUNGIRI	-0.854742	30.01474
Nyakagyeme HC III	HC III	RUKUNGIRI	-0.79663	29.88101
Nyakishenyi Gvt HC III	HC III	RUKUNGIRI	-0.924778	29.9767
Kisiizi Gvt HC III	HC III	RUKUNGIRI	-0.992812	29.93615
Burombe HC III	HC III	RUKUNGIRI	-0.676754	29.93758
Ruhinda HC III	HC III	RUKUNGIRI	-0.684138	29.94722
Rukungiri HC IV	HC III	RUKUNGIRI	-0.781129	29.92446