AIDS Information Centre-Uganda

Mbarara Region

USAID Regional Health Integration to Enhance Services in SW
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USAID Regional Health Integration to Enhance Services in South West Uganda

Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

AIDS INFORMATION CENTRE-UGANDA

Introduction and Background Information

AIDS Information Centre-Uganda (AIC) is a Non-Governmental Organization established in 1990. AIC Mbarara branch was established in 1993 to provide quality HIV Counselling and Testing (HCT) for Human Immune Deficiency Virus (HIV). The branch was founded as result of growing demand of people who wanted to know their HIV status in the South Western Region.

AIC Mbarara is one of the 9 regional centres situated in Mbarara in the south-western region and provides services like HIV counselling and testing (HCT) at the main Centre and through outreaches targeting Key and priority persons (MARPS). It also offers services that include), TB/HIV collaborative activities incorporating TB screening, diagnosis & treatment of co-infected patients, Medical services including, Management of all Sexually transmitted infections (STI's), CD4/8 cell counts testing, malaria diagnosis & treatment & treatment of Opportunistic infections, Integrated HIV & sexual reproductive health services, PrEP and PEP services. Self-testing services, GBV screening and Management, and ART care.

AIDS Information Centre Mbarara Region with funding from USAID RHITES-SW has been implementing comprehensive health integrated services in communities, strengthening referral and linkages, strengthening existing health institution and community systems, increase adoption of health behaviours among the Key and Priority population communities and strengthen Monitoring & Evaluation of Health systems in Mbarara, Ntungamo and Isingiro districts.

AIDS Information Centre Mbarara is one of the sub grantee CSO funded by EGPAF through USAID RHITES-SW Fund to contribute to the 95-95-95 target by implementing comprehensive health integrated services in communities, strengthening referral and linkages, strengthening existing health institution and community systems, increase adoption of health behaviours in communities and strengthen Monitoring & Evaluation Health systems in Mbarara, Ntungamo and Isingiro districts this has been made possible by strategic partnership with other key players that include the Ministry of Health, CSOs and EGPAF has continued to strengthen AIC'S ability to serve the populace in the project catchment area.

Project Objectives

Objective 1: To provide comprehensive HIV prevention packages for improved services uptake, and behavior change targeting key and priority populations in the districts of Isingiro, Mbarara and Ntungamo by September 2020.

Strategic Objective 2: To strengthen psychosocial support and follow up of KPs and PPs on ART and TB treatment to improve their retention in care in the districts of Isingiro, Mbarara and Ntungamo by September 2020.

Strategic Objective 3: To strengthen referral and linkages of Key and Priority populations from facility to community and community to facility for improved integrated health services provision in the districts of Isingiro, Mbarara and Ntungamo by September 2020.

Geographical Project Coverage

DISTRICT	Supported facilities	SUB-COUNTY	HOTSPOT
Ntungamo	Ruhaaman HCV	Ruhaama	Mirama Hills border post , Rubaare,
	Rwashamaire	Rukoni	Rwashamaire TC , Kayonza
	Ntungamo HCV	Ntungamo Municipality	Ntungamo Municipality
	Kitwe HC IV	Kitwe	Kitwe TC
Isingiro	Rwekubo HC IV	Isingiro TC	Isingiro TC
		Kaberebere	Kaberebere TC , Kyeirumba
	Kabuyanda HC IV	Kabuyanda,	Kabuyanda TC
	Rugaaga HCIV	Rugaaga	Rugaaga TC
	Mbaare HC IV	Mbaare	Bugango Border
		Mbaare	Endizi TC
		Nyakitunda	Nyakitunda Kahirimbi, Rukinga, Kyebukube , Kityaza, Kajaho , Ngarama
			, Kibengo T/C ,
	Kikagate HCIII	Kikagate	Kikagate Border post
Mbarara	Biharwe HC III	Biharwe	Bihar we TC
	Kakoba HC III	Kakoba	Alliance, Nyamityobora , Kijungu
	NNyamityobora HC II		
	AIC CLINIC		
	Nyamitanga HC III	Nyamitanga	Ruti , Katete ,

Key staff roles

DUTIES AND RESPONSIBILITIES OF THE REGIONAL MANAGER

- Lead and coordinate the preparation of annual and other periodic costed work plans and budgets for the implementation of the programs at the region
- In conjunction with the respective technical team leaders, organize for the resources needed for the effective and efficient implementation of programs at the regional level, to be available as and when required
- Take overall responsibility for the proper allocation of resources to the various units of the region
- Oversee and coordinate the implementation of regional plans and programmes by the respective supervisors and technical officers
- Provide effective leadership and a sense of direction to the staff of the region, and maintain good teamwork among them
- Maintain uninterrupted delivery of prevention and care services through the AIC clinic, at selected sites, and in the communities
- Make arrangements to ensure that the planning and implementation of AIC prevention and care programs within the region is adequately coordinated and harmonised with related programs of the local governments
- Provide support to the local government personnel as necessary in the delivery of HIV/AIDS and related prevention and care services
- Foster harmonious working relationships between AIC staff, clientele and other major stakeholders in the region
- Facilitate the HIV/AIDS prevention and care groups within the region, such as PTCs, Know Your Status Clubs, Peer Educators, to come up with proposals for funding,
- Approve requests for financial expenditure in accordance with AIC policies, plans and budgets
- See to it that the staff at the region receive the technical support and guidance from headquarters as required
- Ensure that the regional staff apply the most effective and efficient systems, methods and procedures in the operations within their respective sections, as specified in the standard operating procedures and other guidelines
- Ensure compliance with AIC policies, regulations and standards in all the activities of the region
- Take lead in the promotion of AIC and the advocacy for AIC services and programmes at the regional level
- Project the good image of AIC in the region
- Attend to visitors that come to the regional office
- Attend meetings with key stakeholders at the regional level, and make follow-ups on agreed action plans

- Identify sources of local funding and support to AIC, and advise headquarters on necessary follow-up actions
- Ensure that available resources are utilised effectively and efficiently, and that they are properly safeguarded and accounted for
- Maintain oversight of financial expenditure and control at the regional level, to ensure adherence to set financial policies, as well as plans and budgets
- Put in place, and ensure adherence to sound systems and procedures for the maintenance of organizational vehicles, equipment and buildings
- Maintain up-to-date records on all regional activities and resources
- Monitor staffing numbers within the region, and liaise with Human Resource and Administration Manager to bridge existing gaps through recruitment, redeployment, etc
- In consultation with the technical managers at headquarters, identify training and development needs of the staff at the region, and arrange with the Human Resource and Administration Manager for the identified needs to be addressed
- Guide and coordinate AIC research work being carried out in the region
- Monitor and evaluate the implementation of planned programmes at the regional level, and take actions as necessary
- Monitor compliance with set quality and other standards of service delivery within the region, and take necessary actions; in consultation with headquarters managers where necessary
- Conduct periodic performance appraisals for the staff at the regional level, in conjunction with the technical managers at headquarters
- Coordinate donor visits to within the region
- In consultation with the technical managers at headquarters, establish beneficial partnerships with other service providers in the region
- Supervise and support the operationalization of MoUs with partners in the region
- Prepare and submit performance and other reports as required

DUTIES AND RESPONSIBILITIES OF THE ACCOUNTANT

- Establish and maintain cash controls and reconcile the general ledger
- Prepare and reconcile bank statements
- Establish and maintain supplier accounts and Process supplier invoices
- Maintain the purchase order system and ensure data is entered into the system
- Issue cheques for all accounts due and ensure security for all cheque books
- Ensure transactions are properly recorded and entered into the computerized accounting system

- Secure supporting documents or authority to back all expenditure vouchers and write expenditure and revenue vouchers
- Secure appropriate signatures on all vouchers.
- Receive cash according to properly sanctioned requisitions
- Pay out cash to the right beneficiaries and against properly signed vouchers, post the vouchers and produce correct balances to each account and to every control account
- Periodically extract the books and balance them with the respective control records, periodically compile a Trial Balance, an Income and Expenditure Statement and a Balance Sheet and submit the financial statements to the Accountant
- Examine every cheque received to ascertain that it is genuine and properly drawn and Issue signed receipts for cash or cheques received
- Safely lock up cash and cheques in the safe pending banking the following day
- Bank all the day's receipts intact and perform other relevant duties that may be assigned from time to time

DUTIES AND RESPONSIBILITIES OF THE DISTRICT PROJECT COORDINATOR

- Conducting monthly integrated health services camps in form of small groups and outreaches targeting area with KPs and PPs, male dominated areas in provision of HIV testing services, HIV prevention with a minimum standard and identification of HIV positive individual to HIV care clinics.
- Coordinate all project activities and ensure that the targeted group of KPs and PPs are easily accessing prevention services like PrEP and condoms
- Work hand in hand with the district officials and the existing community structure like VHTs and PLHIVs to achieve the 95 95 95 targets
- Submitting accountabilities, monthly and quarterly reports in time.
- Provision of psychosocial support during Ariel Clubs for HIV positive children for peer to peer support, PLHIV Groups and Discordant couple.
- Conducting Assisted Partner Notification/ Index Client Testing targeting the partners of the newly identified clients and those with high viral load/ un-suppressed clients in HIV Care

Clinics, establishing PLHIV clubs and dialoguing with them on improving the health of positive individuals and the negative ones remaining negative.

- Conducting dialogues with youth out of school/ adolescents on prevention mechanisms of both HIV and other communicable and non-communicable diseases.
- Updating registers that includes ART, HCT, appointments books, Prevention register, GBV, Unsuppressed Viral Load, Nutrition, Family planning, EID, PrEP register and PrEP logs and many other at both at supported health facilities.
- Follow up of lost client both on ART and PrEP to retrieve them back to care at Supported facilities.
- Conducting outreaches for PrEP clients and provision of HIV prevention information to KPs and PPs.
- Working closely and supporting the health facility in prevention, treatment, care and access of health service through offering counselling service to the clients on care to ensure continuum of HIV care and adherence to treatment.
- Monitoring basic parameters of clients on treatment and client's adherence to treatment
- Working with patients referred to access and utilize health care services linked at the facility.
- Working with Community Health Workers (CHWs/VHTs), linkages facilitators and expert clients in coordinating and ensuring newly identified chronic care clients are enrolled, started on treatment and retained into available care and support Services.
- Conducting targeted home visits to foster family support services
- Working with health workers to maintain a good appointment and follow ups system at the facility and the community to ensure patient retention in care.
- Engaging and referring /linking clients to other health, social and para legal services by ensuring continuum of care and maintaining accurate and up to date daily activity logs and report.
- Fostering and building linkages for Orphans and Vulnerable Children (OVC), from facility to community.
- Working with Health Workers and expert clients to coordinate peer support group meetings.
- Working closely with the facility data clerks by ensuring registers and indicators are well filled, accurate and up to date.

- Formulating strategies at health facility that integrate youth and adolescent health interventions/health to improve outcomes of family planning and reproductive health, HIV prevention services and access to treatment and care.
- Offering support in identifying, documenting, disseminating and scaling up best practices in Young positives and adolescent health interventions and regular monitoring them.
- Providing integrated HIV counselling and testing and giving results to clients and mobilization for HCT, giving VMMC messages, eMTCT, family planning, positive living, drug adherence and many others and take lead in condom promotion and accessibility and offering sexual reproductive health services (SRH)
- Mitigating stigma to clients as a hindrance to access services and retention
- Addressing individual, couple & groups relating discordant couples, SRH, gender-based violence (GBV), eMTCT, ART access and HIV testing, children & sexual life
- Gender norms and their relevance in HIV prevention and violence against women/gender-based violence (GBV)
- Offering messages on increase adoption of safer sexual behaviors & practices through dialogues & distribution of information & communication materials (IEC).
- To create a sustainable enabling environment that mitigates underlying socio-cultural, gender and other structural drivers with peer educators, young positives, community led dialogues and sensitization workshops
- Report writing, preparation and presentation

DUTIES AND RESPONSIBILITIES OF THE PROJECT OFFICER

- Conduct nutrition assessment, counseling and management to prevent malnutrition. Education, demonstration on the usage of LLNs for malaria prevention
- Condom education and distribution for HIV prevention
- Conduct Integrated Moonlight HCT outreaches in targeted hotspots to reach truckers, female sex workers and their clients, uniformed personnel, Boda-bodas, men in drinking places to identify the HIV positives.
- Provision of psychosocial support for Ariel club meetings for HIV positive children, peer to peer psychosocial support for retention and drug adherence.

- Provision of psychosocial support during family support group meetings.
- Support the Orientation of VHTs, Male Champions, PKPs, Para social workers and PLHIVs to mobilize, make referrals and linkages, for HCT, SGBV, nutrition, malaria, antenatal and post-natal, OVC and HIV care and treatment services.
- Support the formation of youth/Adolescent clubs to increase services uptake, build capacity to conduct BCC.
- Support and facilitate quarterly meetings for the Youth/Adolescents clubs for follow-up on youth projects, increase BCC.
- Advocate to local authorities' community's needs, and rising awareness on vulnerability identified. rising awareness on vulnerability
- Ensure reports (oral and writing) describe in details and with the maximum accuracy the situation faced at field level.
- Ensure concerned people and particularly within line management are always timely updated on the status of the project.
- Perform other work-related duties and responsibilities that may be assigned by the line manager the status of the project.

DUTIES AND RESPONSIBILITIES OF THE DIC CLINICAL SUPERVISOR

- Support HIV prevention services at the DIC
  - Identification of new KPs for HIV prevention services
  - Identification of PPs for HIV prevention services
  - Identification of KPs/PPs for PrEP initiation
  - Improve PrEP retention to an average of 60%
  - Improve KP/PP ART retention to at least 95%
  - Improve KP/PP viral load monitoring to at least 95%
- To prepare work plans and budget for activities at the DIC for consideration by the regional manager
- Supervise, support, guide and coordinate the work of various DIC staff
  - Evaluate the performance of DIC staff

- Conduct periodic performance appraisals of the DIC staff in conjunction with the respective managers or technical officers
- Properly maintain equipment and other resources at the DIC
- Efficient utilization and proper accountability for resources availed at the DIC

- Work in a coordinated and harmonious manner with AIC supported facilities and other stake holders.
- Attend health related meetings organized by local governments or other stake holders in the region
- Organize for the provision of ongoing CMEs to the staff of DIC
- Participate in conducting training programs organized by AIC in the region

DUTIES AND RESPONSIBILITIES OF THE M&E OFFICER

- Developing and dissemination to the components and operationalization of the function of M&E System and Monitoring, Evaluation, Learning and Reporting frameworks.
- Carrying out quarterly monitoring of progress on implementation of component work plans and prepare Monthly, Quarterly, Semi-Annual and Annual Progress Reports.
- Providing technical support to project's implementers in development of programme output and outcome indicators and setting realistic targets.
- Participating in periodic review of the programme performance indicators to ensure that they meet all indicator quality requirements.
- Analyzing the data collected through weekly, monthly, quarterly and annual progress reports to track progress on attainment of programme and Project performance indicators and adherence to the approved work plans.
- Management of data including the analysis of results data collected during implementation.
- Support and carrying out regular programme reviews.
- Preparation of Project M&E Plans and updating accordingly in case of any changes done during implementation.
- Preparation of the annual and Quarterly programme work plans to ensure that all component plans are within the available resources.
- Preparing periodic plans and budgets for carrying out monitoring &Evaluation for activities
- Developing data collection tools and for research

- Receiving raw or semi developing processed data, then clean, validate and analyze as required
- Entering received data into appropriate data base and Supervising the entry of data by data Clerks
- Supervising, guiding and supporting data collectors in appropriate data collection tools, training and mentorship to data collectors in using data collection tools
- Maintaining security and confidentiality of data
- Providing information to authorized users as required
- Using the data collected to constantly monitor operations against agreed plans and targets, evaluate the performance, and reports to the supervisor
- Provide appropriate data to the Programs department for decision making
- Conducting quarterly data validation from the field where data was carried out and reported, making reports and providing action points (Conducting Monitoring visits to track the progress of activities planned in the quarter/monthly).
- Supervising and conducting quality assurance and improvement where there are gaps for improvement.
- Developing M&E trucking tools and performance monitoring plan (PMPs)/IPTT to monitor and track indicator performance
- Conducting Strategic Improvement Monitoring System (SIMS) for the Organization, Projects, Clinics, DICs and CBO's.
- Participating in the creation and enforcement of policies (SOPs) for Data management, M&E and ICT.
- Devising and implementing efficient and secure procedures for data handling and analysis with attention to all technical aspects.

Implementation approach

AIC emphasized use of the existing structure in the communities to reach out to the key and priority population communities. Use of peer leaders per target population was the major approach that simplified mobilization and behavior change communication as well as reducing stigma and discrimination among these communities. The following strategies were employed to reach out to the target population.

- Conducting comprehensive integrated HTS camps among key and priority populations
- Conducting Integrated moonlight HTS in the hotspots targeting FSW and their clients
- Strengthening referrals and linkage of KP and PP populations for health services
- Strengthening existing health institutions and community systems through capacity building
- Conducting enhanced peer outreach approach activities to reach out the hidden communities of the key populations like the MSMs, Transgender, and females who have sex with females
- Scaling up HIV prevention services among PLHIVs (Positive Health, Dignity, and Prevention), through Discordant couple clubs meetings, PLHIV meetings and Ariel club meetings.
- Increasing adoption of health behaviours in communities through peer to peer education and in small group focused discussions (IPCs).
- Improving knowledge on HIV prevention and initiate SBCC process among KP and PP leaders through targeted community dialogues.
- Promoting adherence and retention of HIV clients in care through patient trucking, lost client follow-ups
- Create demand for condom utilization through community dialogues, condom education and distribution.

Key milestones and Achievements

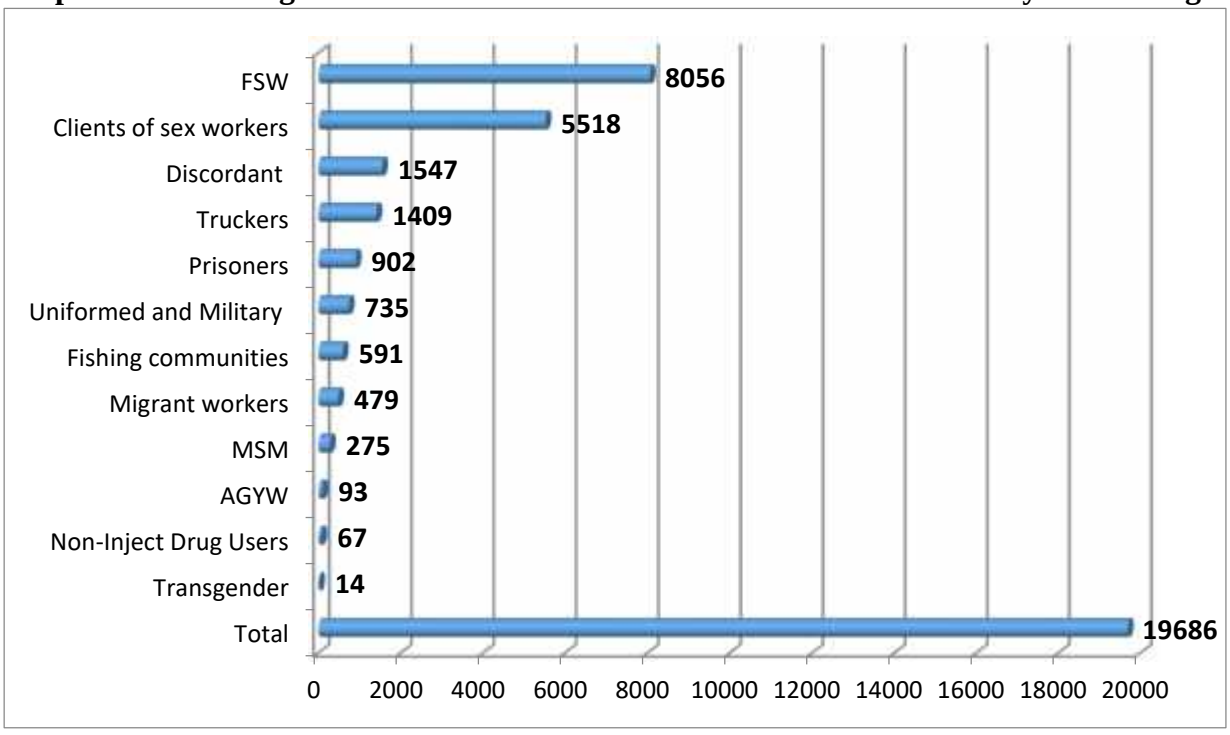
HIV PREVENTION IN THE KEY AND PRIORITY POPULATIONS

AIC continued to contribute to the comprehensive approach of behavioral, biomedical, and structural interventions, targeting key populations (KPs) namely, female sex workers (FSWs), people who inject drugs PWID), men who have sex with men (MSM), transgender persons (TG), prisoners and people in closed settings. In addition to KPs, AIC also targeted PPs who are truckers, discordant couple's clients of sex workers and adolescent girls and young women. HIV negative persons at high risk of acquiring HIV and the vulnerable populations like the youth and adolescent girls' young women to be offered HIV Prevention services. These services were provided through a number of approaches that included moonlight HTS outreached, Small group testing, APN, workplace testing and bar to bar testing. These strategies were used to ensure the

services are provided to the key and priority populations during their most convenient time. Below is a table showing number of Key and Priority populations served between July 2016-September 2020.

Population Category	***ISINGIRO DISTRICT***			***NTUNGAMO DISTRICT***			***Mbarara District***		
	Male	***Female***	***TT***	***Male***	***Female***	***TT***	***Male***	***Female***	***TT***
FSWs		2,068	2,068		2,037	2,037		3951	3,951
Prisoners	311	12	323	533	46	579		0	0
MSMs	24	0	24	131	0	131	120	0	120
AGYWs	0	93	93	0	0	0	0	0	0
Non-Inject Drug Users	0	0	0	31	0	31	36	0	36
Transgender	0	0	0	0	0	0	10	4	14
Migrant workers	137	11	148	97	15	112	214	5	219
Discordant	146	156	302	374	393	767	246	232	478
Truckers	676	0	676	501	0	501	232	0	232
Fishing communities	416	0	416	175	0	175		0	0
Clients of sex workers	606	0	606	1917	0	1917	2995	0	2995
Uniformed and Military	46	19	65	433	4	437	221	12	233
Total	2362	2359	4721	4192	2495	6687	4074	4204	8278

Graph showing KPs and PPs served by category



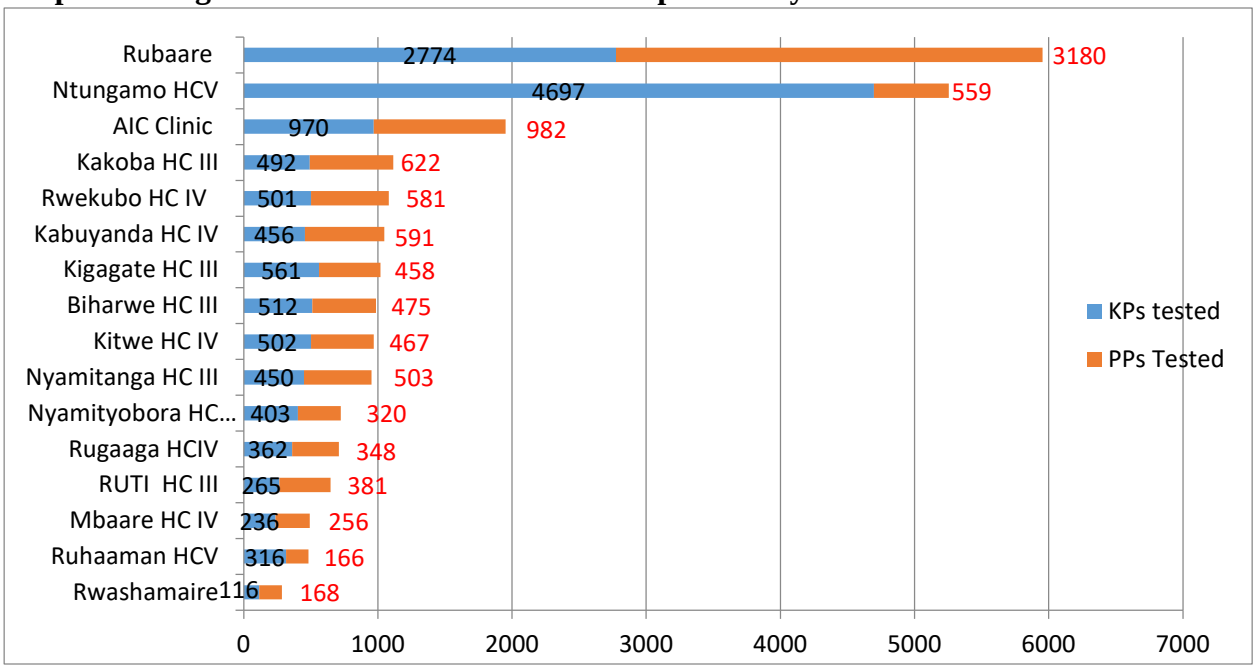
During the life time of the project, more female sex workers were served up to 8056, and their clients up to a tune of 5518, only 14 transgender were served, this is a group that is hard to reach and the few were reached through the Enhanced Peer Outreach Approach that was conducted at the Mbarara DIC.

HIV TESTING AND CASE IDENTIFICATION

HIV testing to the Key and Priority population was provided through a number of approaches that included moonlight HTS outreached, Small group testing, APN, workplace testing and bar to bar testing. These strategies where used to ensure the services are provided to the priority population during their most convenient time. The HIV testing outreaches were integrated in nature to ensure that the whole service package per category is provided. The Table below shows rates of case finding per key and priority population category at the supported facilities. A total of 13,613(932M, 1,2681F) Key populations and 10,057 (9,853M, 204F) Priority population out of whom 1,007(660 key population and 347 Priority population) were identified HIV Positive.

Supported facilities	***Number of individuals tested***				***Number of individuals identified as HIV Pos.***				***Number of individuals linked to HIV Care***			
	Key Population		***Priority population***		***Key Population***		***Priority population***		***Key Population***		***Priority population***	
	Male	***Female***	***Male***	***Female***	***Male***	***Female***	***Male***	***Female***	***Male***	***Female***	***Male***	***Female***
AIC Mbarara Clinic	148	822	949	33	1	45	36	2	1	45	36	2
Biharwe HC III	12	500	471	4	0	10	9	0	0	10	9	0
Kakoba HC III	56	436	596	26	3	39	36	0	3	39	36	0
Nyamityobora HC II	70	333	313	7	0	13	9		0	13	9	0
Nyamitanga HC III	0	450	503	0	0	21	17	0	0	21	17	0
RUTI HC III	20	245	378	3	2	48	16	2	2	48	16	2
Kabuyanda HC IV	0	456	568	23	0	86	32	0	0	86	32	0
Rugaaga HCIV	1	361	348	0		91	6	0		91	6	
Mbaare HC IV	0	236	256	0	0	15	21	0	0	15	21	0
Kikagate HC III	0	561	456	2	0	25	21	0	0	25	21	0
Rwekubo HC IV	6	495	569	12	0	32	26	0	0	32	26	0
Ruhaama HCV	128	188	154	12	46	0	20	6	46	0	20	6
Rwashamaire	0	116	160	8	0	4	8	0	0	4	8	0
Ntungamo HCV	186	4,511	547	12	17	29	10	2	17	29	10	1
Kitwe HC IV	0	502	430	37	0	28	15	0	0	28	15	0
Rubaare	305	2469	3155	25	3	102	51	2	3	102	51	2
Total	**932**	**12681**	**9853**	**204**	**72**	**588**	**333**	**14**	**72**	**588**	**333**	**13**

Graph showing number of KPs and PP reached per facility



More KPs and PPs Were reached in Rubaare DIC with 2774 KPs and 3180 PPs followed by Ntungamo HC IV with 4,697 KPs and 559 PPs and AIC Mbarara DIC with 970 KPs and 982 PPs. More PPs and KPs were reached at the DIC in Rubaare because the DIC was open for longer hours than the rest of the facilities and having services that were friendly to the KP and PP communities.

HIV Prevention through Enhanced Peer Outreach Approach (EPOA)

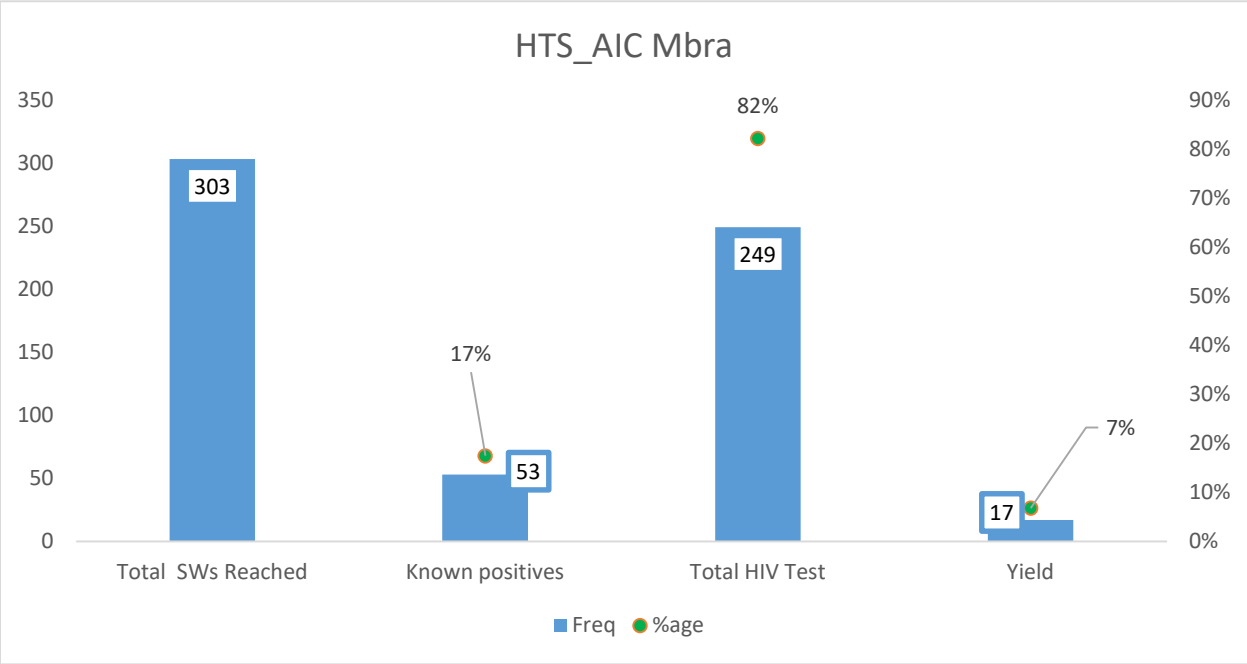
AIC continued to reach the Key populations through Enhanced Peer Outreach Approach (EPOA) during the project years. This was developed to complement the already existing peer outreach efforts by engaging previously and identified KP Peers to mobilize KPs in their networks that had not had an HIV test in the last one year (hidden KPs) for HIV testing and other HIV prevention packages The goal of EPOA is to increase HTS yield, link the HIV positive KPs to care and treatment and provide negative KPs with comprehensive HIV Prevention Packages. EPOA is led by KP outreach peers who mobilize hidden KPs (seeds) in their network that also mobilize others in their networks for HIV testing. It focused on those who are not found at traditional hotspots which is particularly important because some KP members contact and meet sexual matters differently. In the project year 2019-2020, two EPOA pilots were carried out at AIC Mbarara Drop In Centre and Rubare DIC in December 2019 and September 2020 where KPs were given different HIV prevention services.

Enhanced Peer outreach approach (EPOA) at AIC Mbarara

Out of the 303 KPs reached during the 2 EPOA pilots at AIC Mbarara, 249 were tested for HIV at a percentage of 82%. Of those tested, 17 were positive with a positivity rate of 7%. This rate showed that the EPOA activity yields if more activities are done since there are many hidden KPs that need HTS

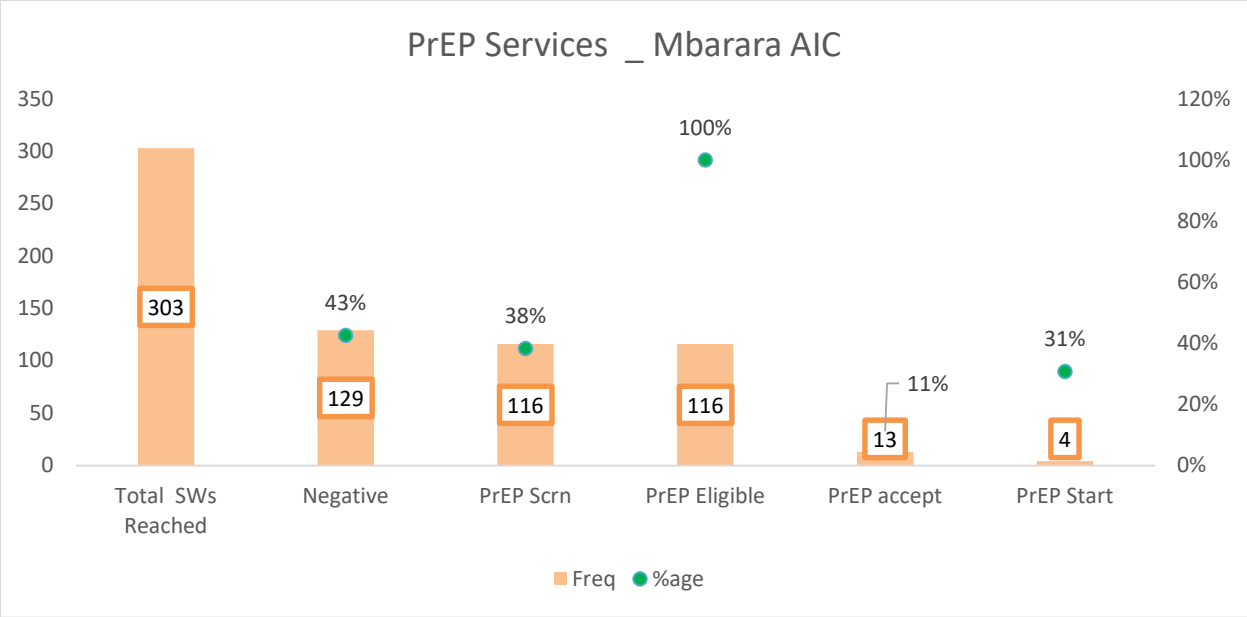
services. The graph below shows a summary of the HTS services done during EPOA activity carried out at AIC Mbarara

A summary of HIV Testing services done during EPOA activities carried out at AIC Mbarara



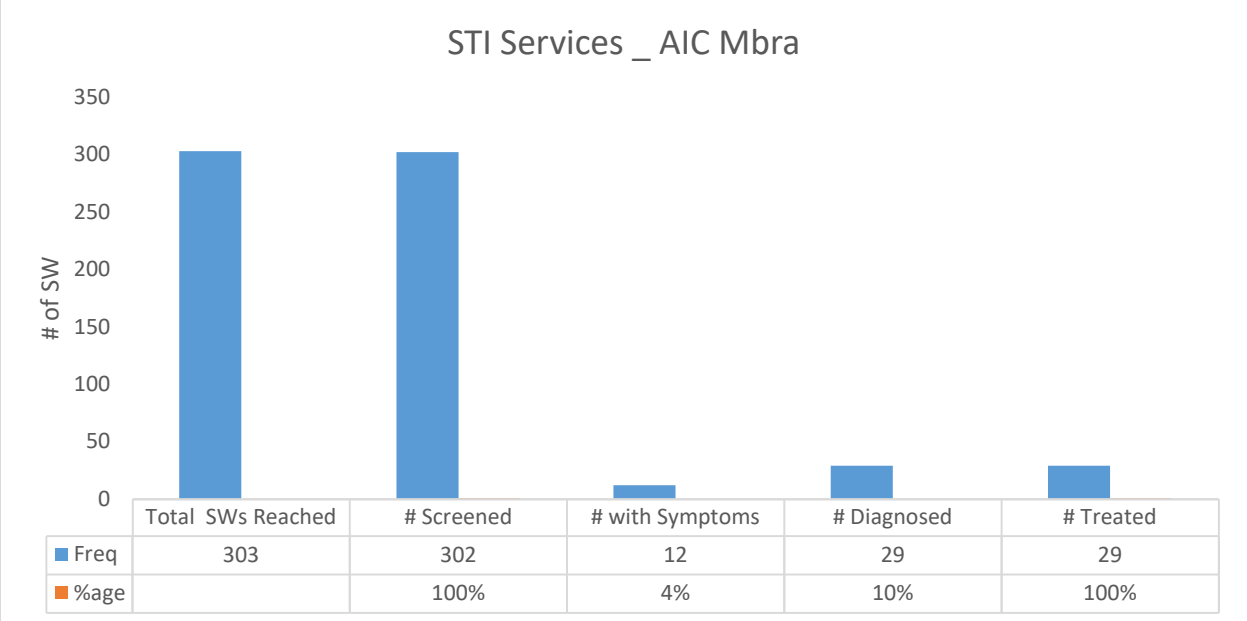
116 were screened for PrEP eligibility and 116 were eligible for PrEP during the approach. Among the 13 Female sex workersthat were eligible for PrEP, only 4 (31%) were initiated on PrEP during the approach. The main reason for not initiating on PrEP was because they were using other prevention measures like the use of condoms and also did not want to take a daily pill.

The graph below shows the number screened for PrEP eligibility and those initiated during EPOA pilot at AIC Mbarara DIC.



Out of the total 303 SWs reached at AIC Mbarara during the EPOA outreach, 302 sex workers were screened for sexually transmitted infections where 12 had symptoms (4%). 29 were diagnosed with syphilis with a positivity rate of 10% and were all given treatment at 100%.

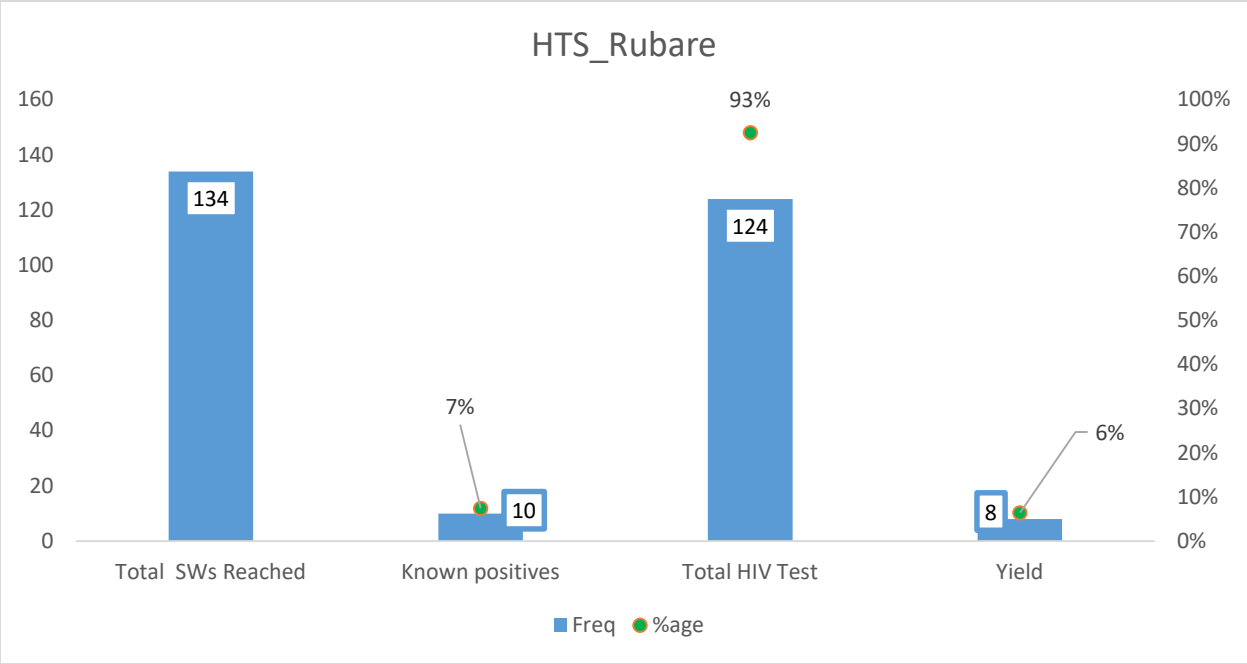
The graph below illustrates the STI screening during the activity at AIC Mbarara.



Enhanced peer outreach approach (EPOA) at DIC Rubaare

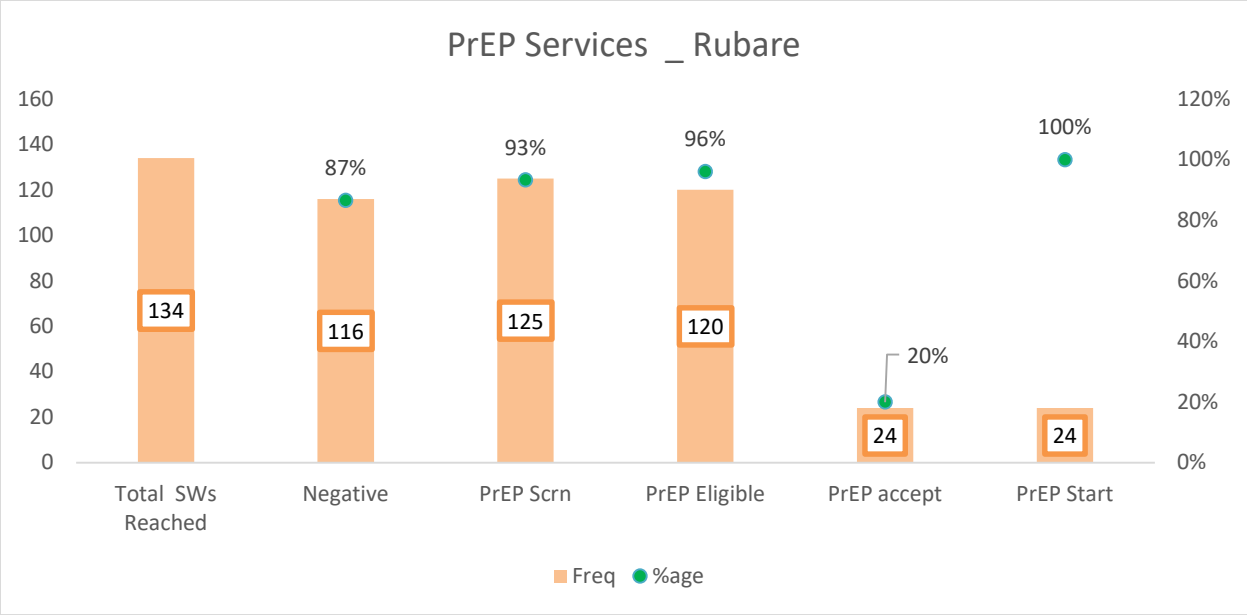
During the 2 EPOA pilots at DIC Rubaare, 134 KPs were reached where 124 were tested for HIV at a rate of 93%. Of those tested, 8 were positive with a positivity rate of 6%. This rate showed that the EPOA activity yields more if more activities are done since there are many hidden KPs that need HTS services

A graph showing HTS done during EPOA activities at DIC Rubaare



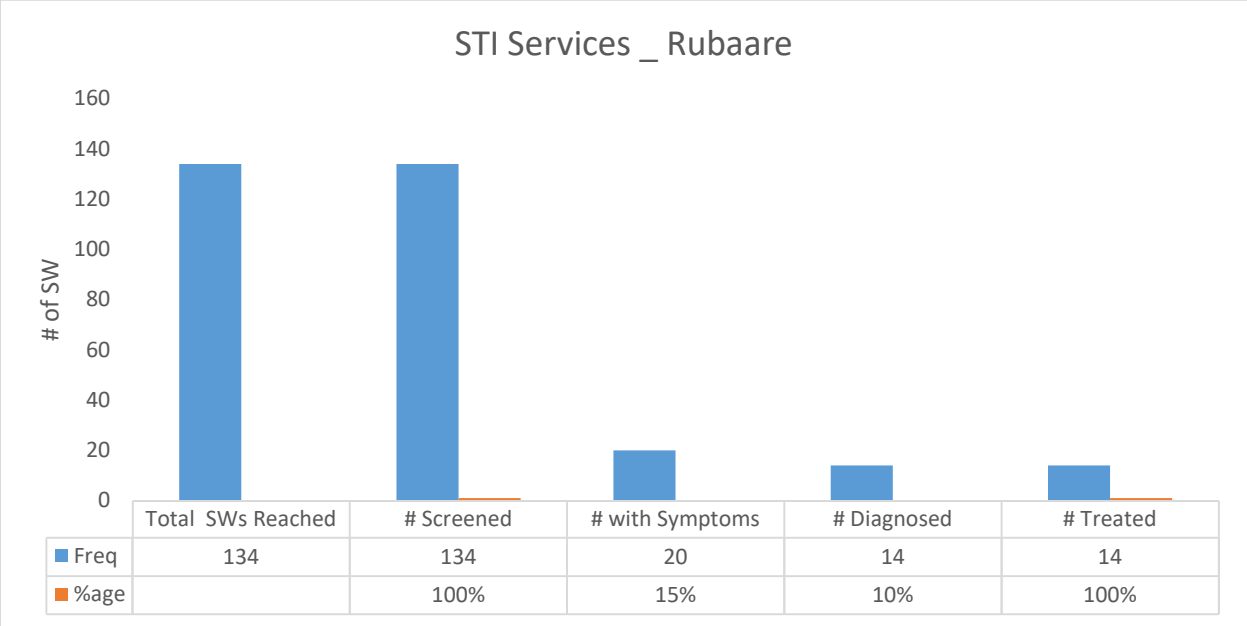
Out of those reached during the EPOA approach at Rubaare DIC, 125 were screened for PrEP eligibility and 120 were eligible for PrEP. Only 24 Female sex workers (20%) accepted and were initiated on PrEP during the approach. Reasons for not initiating on PrEP included fear of taking a daily pill, fear of what the friends would assume about the drugs due to the packaging of PrEP, fear of the side effects while others confirmed to be using other prevention measures like the use of condoms.

A graph showing PrEP services during EPOA at the Rubaare DIC



During the Approach, 134 sex workers were screened for sexually transmitted infections where 20 had symptoms (15%). Out of those with symptoms, 14 were diagnosed with syphilis with a positivity rate of 10% and were all given treatment at 100%.

The graph below shows the summary of STI services during EPOA at Rubaare DIC

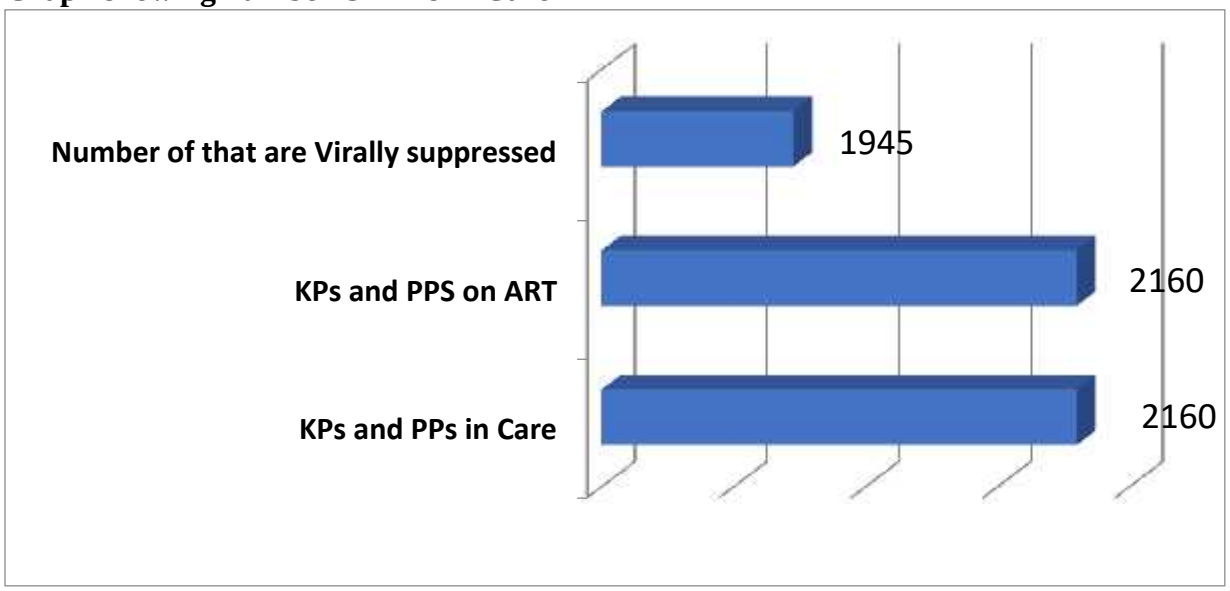


ART CARE AND TREATMENT

2160 the KPs and PPs were identified HIV positive and were linked to care in the supported facilities for ART care and management as in the table below. Of the 2160 Key and Priority population that were enrolled in ART care 1945 have virally suppressed.

District	supported facility	KPs and PPs in Care	KPs and PPS on ART	Number of that are Virally suppressed
Mbarara	AIC Clinic	184	184	79
	Biharwe HC III	20	20	18
	Kakoba HC III	78	78	69
	Nyamityobora HC II	84	84	76
	Nyamitanga HC III	56	56	49
	Ruti HC III	134	134	125
Isingiro	Kabuyanda HC IV	118	118	105
	Rugaaga HCIV	97	97	85
	Mbaare HC IV	36	36	29
	Kikagate HC III	46	46	39
	Rwekubo HC IV	89	89	81
Ntungamo	Ruhaama HCV	72	72	65
	Rwashamaire	33	33	28
	Ntungamo HCV	57	57	52
	Kitwe HC IV	49	49	43
	Rubaare Health Centre	1,007	1,007	1,002
Total		**2,160**	**2,160**	**1,945**

Graph showing number Of KPs in Care

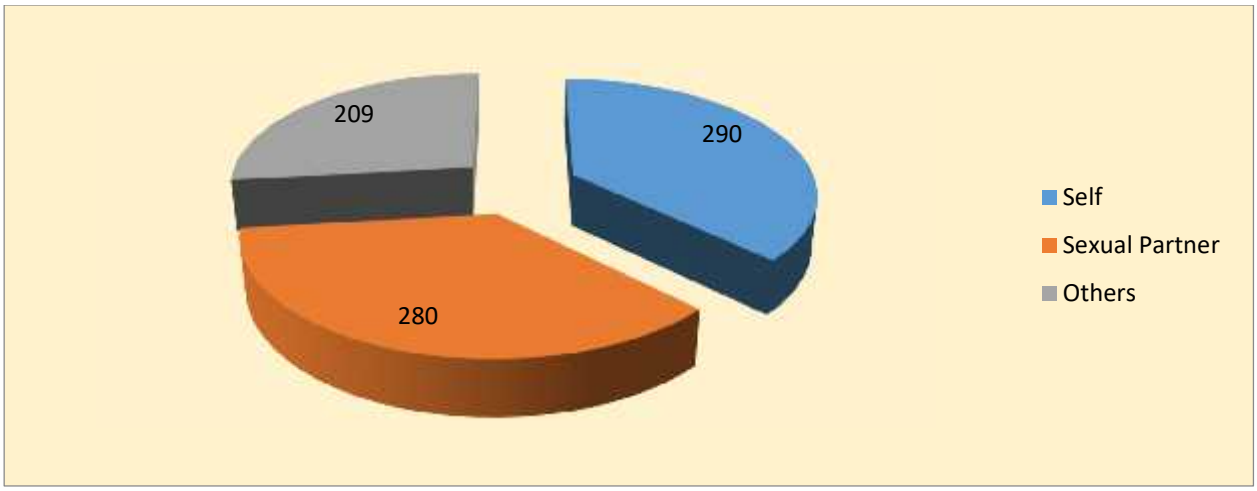


DISTRIBUTION OF SELF TESTING KITS

In the fourth and fifth years of the project self-testing was introduced to reach out to the Key and priority population that were had to reach with the other methods of testing. Through the KP and PP leaders Self-testing kits were distributed in Ntungamo district and Mbarara Kakoba Sub County. A total of **2202**(**1603M & 599F**) KP PP individuals were reached with HIV prevention services including self-testing, condoms, and risk reduction counseling among others. Of the **2202**(**1603M & 599F**) KPs and PPs who were reached with self-testing, 12(8M, 4F) reported positive results and 11(7M, 4F) were confirmed HIV positive using the MOH testing algorism and linked to ART Care. The table bellows shows number of self-testing kits distributed by category.

Category		Mbarara		Ntungamo		Total	
		Males	Female	Males	Female	Males	Female
Number of HIV Self-test kits distributed	Facility	500	253	231	42	731	295
	Community	661	120	211	184	872	304
Number of HIV Self-test kits distributed for the use by;	Self	125	26	165	89	290	115
	Sexual Partner	156	154	124	95	280	249
	Others	56	102	153	42	209	144
Number of HIV Self-test kits distributed for the use by;	Sex workers	0	269	0	122	0	391
	Trucker	154	0	89	79	243	79
	TG	10	1	0	0	10	1
	PWIDs	50	0	3	0	20	0
	Migrant workers	269	12	105	25	374	37
	Clients of sex workers	678	269	245	0	923	269
Number of individuals who report a person a positive HIV self-test		5	2	3	2	8	4
Number of Individuals with a confirmed positive results with the national algorithm		4	2	3	2	7	4

Graph showing number of Kits distributed by use



More self-test kits were distributed for self use. These were in most cases distributed to categories of communities that are hard to reach with the normal testing services like the Transgender and Men who have Sex with Men. Through their peers, kits were distributed and results returned to update the self-testing registers at the supported facilities. Self-testing was done in two districts of Ntungamo and Mbarara.

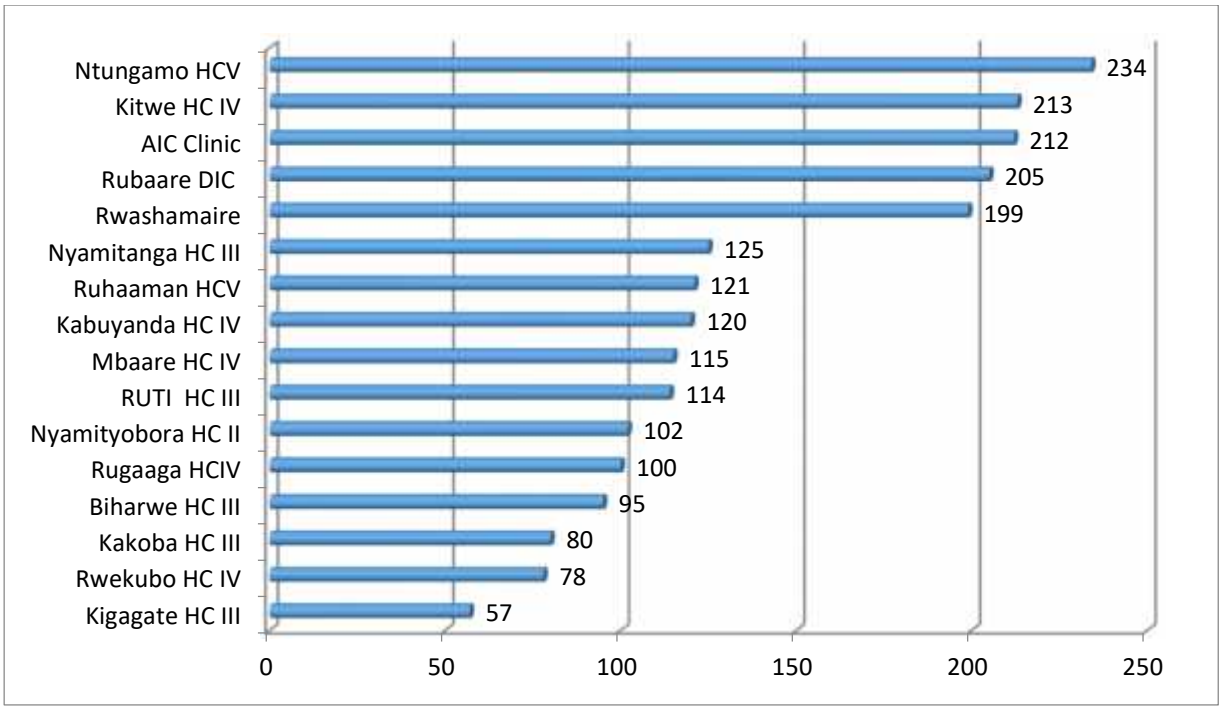
SCREENING AND MANAGEMENT FOR GENDER BASED VIOLANCE

Routine SGBV screens and history taking for all Key and priority population at all conducted outreaches in the hot spots. During the dialogues most of the communities shared there experiences and these was always the time when members with GBV issues where identified and counselled as well as advising the on the next steps to take depending on the issues they had. The cases identified where managed by the counsellors and others referred to other levels where they are further managed like police, probation officer and other organisations like MIFUMI.

Supported Facility	Number of individual screened for GBV		Number of GBV cases identified		Number of GBV cases that received Post -GBV Care	
	Male	Female	Male	Female	Male	Female
AIC Clinic	1,097	855	56	156	56	156
Biharwe HC III	483	504	16	79	16	79
Kakoba HC III	652	462	15	65	15	65
Nyamityobora HC II	383	340	26	76	26	76
Nyamitanga HC III	526	468	38	87	38	87
Ruti HC III	398	248	32	82	32	82
Kabuyanda HC IV	568	479	24	96	24	96
Rugaaga HCIV	349	361	26	74	26	74

Mbaare HC IV	256	236	26	89	26	89
Kikagate HC III	456	563	22	35	22	35
Rwekubo HC IV	575	507	33	45	33	45
Ruhaama HCV	282	200	23	98	23	98
Rwashamaire	160	124	39	160	39	160
Ntungamo HCV	733	4523	23	156	78	156
Kitwe HC IV	430	539	78	135	78	135
Rubaare DIC	3,460	2,494	56	149	56	149
Total	10,808	12,903	533	1,582	53388	1,582

Graph showing Number of GBV cases Identified Per supported facility:



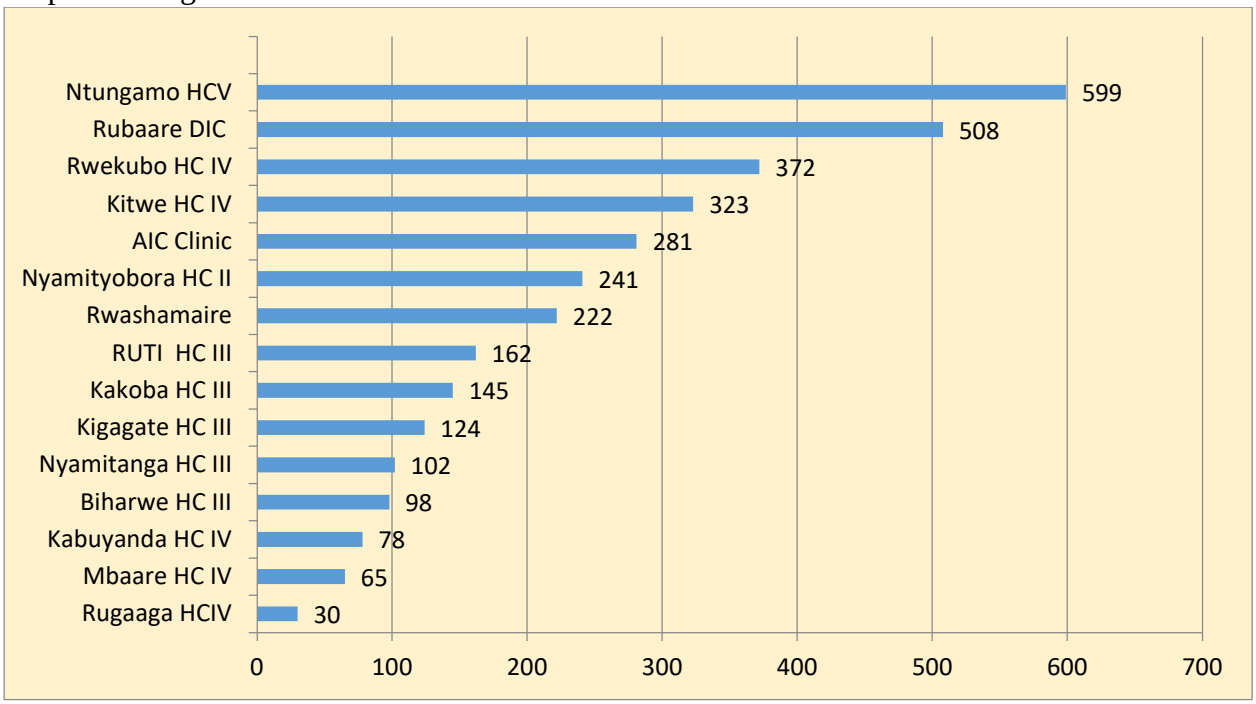
More GBV cases were identified in Ntungamo HC IV with 234 followed by Kitwe HC IV with 213 cases, AIC Mbarara with 212 cases, Rubaare DIC with 205 cases and Rwashamaire with 199 cases. The least cases were identified in Kikagate HC III with 57 cases identified.

PrEP INITIATION

The key and priority population were targeted for PrEP as another HIV prevention package. PrEP services were also integrated during the outreaches and at the two DICs Mbarara and Rubaare. For all the DICs a KP peer was attached to support and mobilization for PrEP. In the communities the KP peer leaders supported in mobilization as well as providing talks to their peers on pre through KP dialogues in the hotspots. A total of 19582(8217M, 11365F) Individuals were mobilized for PrEP and 3350(1477M, 1873F) were started on PrEP as shown in the table below.

Health center	Number of individual screened for PrEP Eligibility		Number of individual Initiated on PrEP		Number of individual currently on PrEP	
	Male	Female	Male	Female	Male	Female
AIC Clinic	1,097	855	125	156	98	60
Biharwe HC III	483	504	46	52	36	42
Kakoba HC III	652	462	69	76	46	43
Nyamityobora HC II	383	340	108	133	69	89
Nyamitanga HC III	526	468	56	46	29	32
Ruti HC III	398	248	78	84	45	52
Kabuyanda HC IV	568	479	36	42	28	29
Rugaaga HCIV	349	361	14	16	14	16
Mbaare HC IV	256	236	23	42	23	42
Kikagate HC III	456	563	45	79	32	56
Rwekubo HC IV	575	507	156	216	96	126
Ruhaama HCV	282	200	0	0	0	0
Rwashamaire	160	124	130	92	90	65
Ntungamo HCV	733	4,523	235	364	96	123
Kitwe HC IV	430	539	144	179	98	113
Rubaare DIC	869	956	212	296	170	213
Total	8,217	11,365	1,477	1,873	970	1,101

Graph showing Number of individual Initiated on PrEP



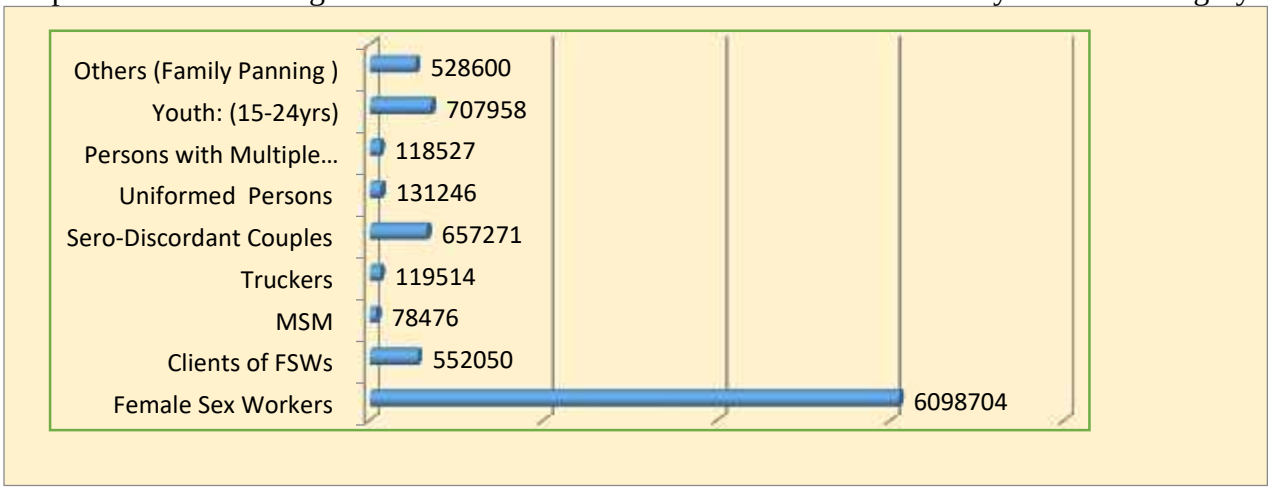
The largest number of clients initiated on PrEP was in Ntungamo HC IV with 599 clients, Rubaare 508, Rwekubo HC IV with 372, and Kitwe with 323.The list number of PrEP initiation was in Rugaaga where 30 clients were initiated and this is because PreP was Introduced in this facility in the last Year of Implementation.

CONDOM/LUBLICATS DISTRIBUTION

As one of the prevention service package to the key and priority population condom distribution and demonstration was done during the out reaches conducted. Within the mapped hotspots condom dispensers were installed and a peer leader per dispenser selected to maintain refills of the condoms into the dispensers as well as documentation of the condoms distributed in the dispensing long. During the projects life time a total of 8992346(8991234 Male 1112 FC2) condoms were distributed. Below is a table showing condoms distributed by district and category of the recipients.

District	Total distributed	Targeted populations for condoms								
		Key Populations			Priority population					
		Female Sex Workers	Clients of FSWs	MSM	Truckers	Sero-Discordant Couples	Uniformed Persons	Persons with Multiple Partners	Youth: (15-24yrs)	Others (Family Panning)
Isingiro	424,099 2	3,857,34 4	21,023 6	440	13,140	31,160	51,440	23,140	32,864	21,228
Ntungamo	3,243, 064	2,219,63 2	210,37 4	2,688 4	83,654	56,982 3	34,156	23,659	23,654	51,228
Mbarara	1,508,29 0	2,1728	131,44 0	51,15 2	22,720	56,288	45,650	71,728	651,44 0	456,14 4
Grand Total	8,992,34 6	6,098,70 4	552,05 0	78,47 6	119,51 4	657,27 1	131,24 6	118,52 7	707,95 8	528,60 0

Graph showing condoms distributed by category



From the graph above it should be noted that female sex workers utilized most of the condoms followed by discordant couples in Ntungamo, youths in Mbarara district, and other users for family planning in Mbarara. Generally fewer condoms were distributed in Mbarara since implementation in Mbarara was for the last three years from October 2017to September 2020

Increasing adoption of health behaviors in communities

One drama group was formed in Isingiro district which was used to sensitize communities on health related issues including VMMC, health seeking behaviors, HIV prevention, gender based violence, child neglect, Malaria, TB, Discordance, ART, Nutrition, STIs and positive living among others. The drama group staged a show within the district during community healthy comps and in the hotspots including Kikagate border, Kabuyanda and Kabingo TC in mobilization of community member for health services. Sensitization was done through music dance and drama, skits and songs which were performed to ensure the communities were able learn. Total of **8525(5682M, 2843F) individuals** received HCT **45** RPR **8525 (5682M, 2843F)** SGBV screening, **2345(2300M, 25FC2)** were distributed **15** males proved with VMMC and **114(56M, 58F)** were initiated on PrEP. 08 drama shows were conducted within Isingiro district for the five years of implementation.

Drama show at Kikagate border in Isingiro district

Quarterly discordant couple club meetings

Discordant couple club meetings were conducted to provide psychosocial support and risk reduction counseling. 3094 discordant couples were providing with physical support within supported facilities. During the meetings testing for the negative partners were always dine and only 12 negative partners sero converted and 3082 are still HIV negative Assessment for GBV was done and 232 cases of GBV were identified and managed through the meeting sessions. All the couples were screened for TB and 56 Individual were TB suspects whose sputum was taken for examination and tested were two were diagnosed with TB and treated. The picture below is of one of the discordant couple meetings conducted in

AIC providing psychosocial support to care givers during a discordant meeting in Isingiro district

Financial Management and achievements

AIC-Mbarara financial management systems are administered using the existing AIC financial management and procurement policies with a web based integrated accounting software (PARTNER 2015/NAVISION) to support transaction processing and recording. These facilitate efficiency in the management of AIC- financial resources and accountability. Cost containment is a function of activity planning and implementation through costed work plans. Budget variance analysis reports (BVA) are prepared monthly to ensure close budget adherence

Over the years of this project implementation, the financial management system and other instituted controls, financial errors have been minimised and possible fraud prevented. This has, in addition, been enabled with the regular support and capacity building from the prime recipient (EGPAF).

Institutional improvement

Within the four years and three months of RHITES project implementation, a number of improvements to the organization were marked in the three districts of operation. AIC has been able to run two Drop In Centres in Mbarara and Ntungamo. This has grown AIC in the Key and Priority population programming.
The RHITES project come with an increased number of staff who come with expertise leading to the growth of the organization, these staff went through a number of trainings including , Monitoring and evaluation training , Gender based violence training , Gender integrations , and training data management systems such as EMR, KP combination prevention tracker , DHIS 2, the HIBRID data bases by PEPFER and training on the new ART guidelines as well as training on the MOH tools used at facilities all these trainings were funded by the RHITES project hence

A number of assets were acquired, partnerships with communities and other stakeholders built and this leads to AIC improvement

Lessons leant

- Working together with the district Health team, LCS and the VHTS and other community resource structures like Discordant couple groups, PLHIV networks, and Peer educator's eases implementation and achievement of the planned activities as well as ensuring sustainability of the project.
- Prevention messages to the DREAM LIGHT girls were of great help since none of these girls has sero- converted and all the two groups that were visited have started saving groups as one way of sustaining the groups and changing the girl's behaviors.
- Client tracking through expert clients follow up and KP leaders works best in patient tracing.
- Integration of health services boosted client's numbers, hence increasing the number of clients served, encouraging the few who may have stigma to access health care and bring services nearer to the community workers.

- Attaching newly identified HIV positives to peers improves ART adherence and retention

- Social Networking testing helps in reaching out to the hidden KPs and PPs for HIV prevention services
- KP peers can be a good link to both KPs and PPs and they can help to distribute ART, PrEP refills as well as condoms and self-test kits

SUSTAINABILITY MECHANISMS

For ownership and sustainability AIC ensured active district and community participation in the all processes of the project, right from planning, implementation monitoring and evaluation. The project has strengthened the existing health and community systems and structures to keep the interventions relevant and being implemented. Every outreach that was conducted health facility staff took part and supported in the linkage and follow up of clients that were identified HIV positive at outreaches. The facility teams are in starch with the clients that were served and are able to continue providing the services.

Community volunteers were identified and trained in the early stages of the project and these are community based and will continue serving their communities. These included: community linkage facilitators, VHTS, KP peer leaders, Peer educators, and young positives theses will be able to continue the service delivery process without monetary support. All staffs have been notified in writing on the interventions of end of project to their continuity at AIC

Conclusion

AIC-Mbarara appreciates the continued support from Elizabeth Glaser Pediatric AIDS Foundation for having selected our organization as a sub-grantee to implement USAID RHITES project as their partner. All the achievements made wouldn’t be possible without the funding from USAID through EGPAF. We wish to also thank all the staff of USAID RHITES project both from the DBTs and headquarters that worked with AIC and provided support, guidance and expertise that enabled us to contribute positively to project objectives.

AIC-Mbarara would like to convey special appreciation to the MoH for technical support. Special acknowledgement to Mbarara, Ntungamo and Isingiro District Local Governments for the conducive environment accorded to the organization to implement the planned activities.

The achievements of the project objectives have been the effort of all stakeholders and AIC hopes that with increased capacity of health facilities and health workers in project sites, they will be able to continue providing quality HIV services and that the trained community volunteers mainly VHTs, Peer Educators and KP Peers will be able to continue advocacy and implementation of service provision.

Annexes

LIST OF STAFF

NAME	Sex	CADRE	Contact
Tumuheki Syson	F	Lab technician	0779632780
Teriyeitu Medius	F	Regional Manager	0779548059
Murora Vivian	F	Field Officer	0772931541
Beinomugasho Christine	F	M&E Officer	0782140591
Kyomugisha Sophia	F	Nurse Counselor-AIC Mbarara	0788168692
Kusiima Mary Lydia	F	Clinic supervisor- AIC Mbarara	0756822902
Naturinda Barbra	F	Counselor- AIC Mbarara	0783623284
Mbabazi Rebecca	F	Admin Assistant- AIC Mbarara	0787107022
Hellen Achobo	F	Finance&Administration Officer	0772085505
Amutuheire Shellinah	F	Clinic Supervisor Rubaare DIC	0703748565
Kembabazi Ritah	F	Data entrant-Rubaare DIC	0777048172
Nakaayi Prossy Patricia	F	Project Coordinator-Isingiro	0702930108
Tukamwesiga Angellah	F	Admin Assistant-Isingiro	0774363591
Ssemanda Jonan	M	Admin Assistant-Ntungamo	0775680707
Tuhamye Edwine	M	Field Officer-Ntungamo	0774881809
Osbert Mwesigwa	M	Field Officer-Isingiro	0784360952
Mugabirwe Denis	M	Field Officer-Rubaare DIC	0703416662

List of stakeholder and community resource contacts

Name	Designation	Contact
Mugarura Naboth	Facility In charge Rugaaga HC IV	070647491
Kwebiiha Muhmed	ART In charge, Rugaaga	0752549053
Dr Mugerwa Enock	Facility In charge Rwekubo HC III	0779794084
Joyce	ART In charge Rwekuubo	0783907690
Gordon Namara	Facility In charge Mbaare HC III	0775130049
Dr Collins	Facility In charge Kabuyanda HC IV	0779221512
Nicholas	Kikagate HC III	
Ankunda Afia	Facility In charge Ntungamo HC IV	0785626188
Twinomujuni Oliver	ART In charge Ntungamo HC IV	0772911937
Tumusiime Caroline	Facility Ag In charge Ruhaama HC III	0779860620
Dr James Nabaasa	Facility In charge Rwashamaire	0788709960
Kemigisha Peace Patience	ART In charge Rwashamaire	0703558804
Kobugabe Moreen	ART In charge Rubaare HC IV	0774253087
Dr Okello Ambrose	Facility In charge Kitwe HC IV	0772930466
Kwikiriza Edward	ART In charge Kitwe HCIV	0782623804
Asaph Orikiriza	Facility In charge Nyamitanga HC III	0706603465

Natukunda Prisca	Facility In charge Kakooba HC III	0782342279
Suuna Nathan	Facility In charge Biharwe HC III	0782550305
Karungi Mary	Facility In charge Ruti HC II	0701489410
Akankwasa Christine	Facility In charge Nyamityobora HC II	0701578158
Nuwabeine Privah	ART In charge Nyamityobora HC II	0773143085
Rukundo Ivan (MSM) Peer leader	KP Peer, Rubaare HCIV	0772964402
Ninsiima Agnes FSW Peer leader	KP Peer, Rubaare HCIV	0706363411
Mbabazi Caroline	KP Peer, Rwekuubo	784592728
Gumisiriza Francis	KP Peer, Rwekuubo	757763808
Muzeyi Abdulah	Peer Mbaare HCIII	702290234
Owembabazi Leticia	KP Peer Mbaare HCIII	754895585
Kyomugasho Lydia	KP Peer Mikagate HCIII	786604334
Namuli Kedress	KP Peer Kikagate HCIII	700611823
Tumuhaire Florence	KP Peer Kabuyanda HCIV	700727005
Karungi Phiona	KP Peer Endiizi HCIII	775427484
Sologumba Jamada	Peer Rugaaga HCIV	784031140
Nabaasa I Innocent(Nalongo)	KP Peer Rugaaga HCIV	753210741
Ninsiima Barbra	KP Peer Kikokwa HCIII	706278899
Nuwasiima Gloria	KP Peer Kikokwa HCIII	754468232

SUCCESS STORIES 1: Who knew my attitude to people would Change

"After going through the orientation on basic information about HIV and its related issues and how to facilitate community work, I experience change in my life. My attitude towards people have changed and now very sociable and easily approachable. The USAID Regional Health Integration to Enhance Services in SW has placed me in a very high esteem as people come to me daily for advice and enquiries about HIV in my community. Who does not know me in my community? Confidentiality for my clients is one thing I developed from this project. I now perfectly know and understand that HIV and AIDS are real". (Sarah)

SUCCESS STORIES 2: **No longer shy to be seen with a condom**

"I am very proud to have impacted a lot in the lives of my community youth through my Peer Education. A challenge was thrown when tasked as part of my duties in this project to distribute condoms which is perceived to be against my religion but through education by AIC; this perception was debunked and has been able to change the perceptions of my friends who shared similar view. These are now advocates of condom use"
Akandinda (PE)

SUCCESS STORIES 3: had it not been for the dialogue with AIC I would not have gone back on ART drugs.

During one of the community dialogues with Key populations, 3 FSW opened up about their HIV status, and testified for having stopped taking their ARVs 3, 5 and 6 months respectively."*Nurse nyowe nkaba nintunga obuhereza kwonka kunizire kunu,naza ahirwariro banshaba ebaruha, nkaba ntine sente zokugarukayo kureta ebaruha nabireka nyowe"*. Meaning, I was on care but when I shifted to this place, went to the nearby facility, they asked for a referral letter, I didn't have transport and I had to quit everything. Unfortunately, the other two girls didn't know where to access services. With support and counseling from AIC staff the 3 girls, on the next day by 9.00am; they were already at the facility for care and support. Had it not been the dialogues by AIC and KP, PP leaders, the girls wouldn't have been in care up to today.

SUCCESS STORIES 4: thanks to the frequent moonlight outreaches by AIC that saved Sammie's life

"Nurse nyowe tinkubasa kuza aha irwariro,mazara naba ariyo buri izoba,naza kundeba".Meaning, nurse I can't come to the health facility, my mother in-law is always a round, she will see me coming for treatment. Sammie (not real names) had retested HIV positive for over 8 times but, received all counseling and information but refused and declined to be enrolled in care.During one of the HTS outreaches, Sammie re-tested HIV positive as usual. He received counseling again and finally accepted to be enrolled into care. "Nurse noba oriyo nyenkyakare shaaha ishatu? Nurse nasharamu hati,kanvuge egari yangye omukasheshe,kandi ondinde mazima" Meaning, nurse will you be there tomorrow morning, I have decided, I will ride my vehicle in the morning, wait for me. The next morning Sammie was at the facility by 9.30am.He was received like a prince, all health workers were happy about this success. Sammie had developed herpes zoster for over 5 times had changed wives 3 times and had never disclosed to any of them. Had developed skin rash, Had it not been the frequent moonlight HTS outreaches by AIC and the health workers in that area, Sammie wouldn't have been identified and supported

to make a healthy decision for his dear life and his family.

Assets

Asset Type	Asset Name	Unique Identification No (Engraved)	Serial Number (Where Applicable)/Plate for Vehicles	Current Location	Department	Asset User e.g. Branch Manager, FAO	Asset Current Status	Donor
Office Furniture	Medical storagee side board	USAID/RHITES/AIC/RBL/SIDE-B/01		Rubaare D.I.C		Drop In Centre	Good working Condition	AIC
Office Equipment	DVD player/ sony	USAID/RHITES-SW/AIC/MBR/DIC/DVD/01		Rubaare D.I.C		Drop In Centre	Good working Condition	USAID RHITES
Office Equipment	SUKU Settelite decorder	USAID/RHITES-SW/AIC/MBR/DIC/DCD/011	8E+15	Rubaare D.I.C		Drop In Centre	Good working Condition	USAID RHITES
Office Equipment	2 extension cables			Rubaare D.I.C		Drop In Centre	Good working Condition	AIC
Office Equipment	Laser Jet Printer	USAID/RHITES-SW/AIC/MBR/DIC/PRT/01		Rubaare D.I.C		Drop In Centre	Good working Condition	
Office Equip	NOKIA 106		4E+14	Rubaare D.I.C		Drop In Centre	Good working	

Asset Type	Asset Name	Unique Identification No (Engraved)	Serial Number (Where Applicable)/Plate for Vehicles	Current Location	Department	Asset User e.g. Branch Manager, FAO	Asset Current Status	Donor
ment							Condition	
Office Equipment	LAND LINE	USAID/RHITES-SW/IT/PH/277		Rubaare D.I.C		Drop In Centre	Good working Condition	
Office Equipment	Hisense 32 inch TV	USAID/RHITES-SW/AIC/MBR/DIC/TV/01		Rubaare D.I.C		Drop In Centre	Good working Condition	
Office Equipment	Africel moderm	Not Engraved		Rubaare D.I.C		Drop In Centre	Good working Condition	
Office Furniture	Executive Chair	USAID/R-HITES.SW/F/CH/700	N/A		Administration	RM	Good working Condition	R-HITES
Office Equipment	DELL Keyboard	USAID/RHITES.SW/IT/KB/159			Administration	RM	Good working Condition	
Office Equipment	DELL Monitor	USAID/RHITES.SW/IT/MON/159			Administration	RM	Good working Condition	
Office Equipment	Mouse	Not Engraved			Administration	RM	Good working Condition	
Office Equip	DELL CPU	USAID/RHITES.SW/IT/			Administratio	RM	Good working	

Asset Type	Asset Name	Unique Identification No (Engraved)	Serial Number (Where Applicable)/Plate for Vehicles	Current Location	Department	Asset User e.g. Branch Manager, FAO	Asset Current Status	Donor
ment		CPU/159			n		Condition	
Office Equipment	UPS	USAID/RHITES-SW/IT/UPS/181			Administration	RM	Good working Condition	
Office Equipment	BP PRESURE MACHINE	USAID/STAR-SW/5625	1E+08			FAO	Poor working condition	
Office Furniture	Office Chair/ low back	USAID/RHITES.SW/FF/CHAIR	N/A		Finance	FAO	Good working Condition	
Office Equipment	DELL Keyboard	USAID/RHITES-SW/IT/KB/037	N/A		Medical	M&E OFFICER	Good working Condition	
Medical Equipment	Weighing Scale	USAID/RHITES-SW/MED/AWS/229			Medical	Clinical Officer	Good working Condition	
Office Equipment	DELL Monitor	USAID/RHITES-SW/IT/UPS/037			DATA ROOM	M&E OFFICER	Good working Condition	
Office Equipment	GENERATOR	USAID/RHITES-SW/UT/GEN/004			Administration	INSIDE STORE	Good working Condition	

Asset Type	Asset Name	Unique Identification No (Engraved)	Serial Number (Where Applicable)/Plate for Vehicles	Current Location	Department	Asset User e.g. Branch Manager, FAO	Asset Current Status	Donor
Office Equipment	CAMERA	USAID/RHITES-SW/IT/CAM/006			Prevetion	field OFFICER MBARARA	Good working Condition	
Office Equipment	AMBU PRESSURE MACHINE	USAID/STAR-SW/5604			Administration	INSIDE STORE		

Projects pictorial

PLHIVs in a meeting at Kabuyanda HCIV

Male led dialogues in Rwashamaire and Kafunjo Ntungamo district

Drama show at Kikagate border in Isingiro district

VMMC Sensitization meeting in progress (Ntungamo)

AIC staff giving health education talk at Kikagate boarder in Isingiro District

Bar/lodge Managers during the sensitization meeting in Ntungamo town on 14-02-18

KP dialogue at Kafunjo T/C Ntungamo on 8th May 2018

Condom demonstration session during a dialogue in Ntungamo

Dialogue meeting with KPs at Kikagate Border on 13/6/2018

KP leader demonstrating condom use at Kabarebere TC

Male led dialogue at Embassy Tours on 3-05-2018 in Ntungamo

Participant performing a return demonstration on proper condom use in a dialogue at Kyamusoni in Isingiro district

Discordant couple members attending a Health education talk at Ntungamo HC IV