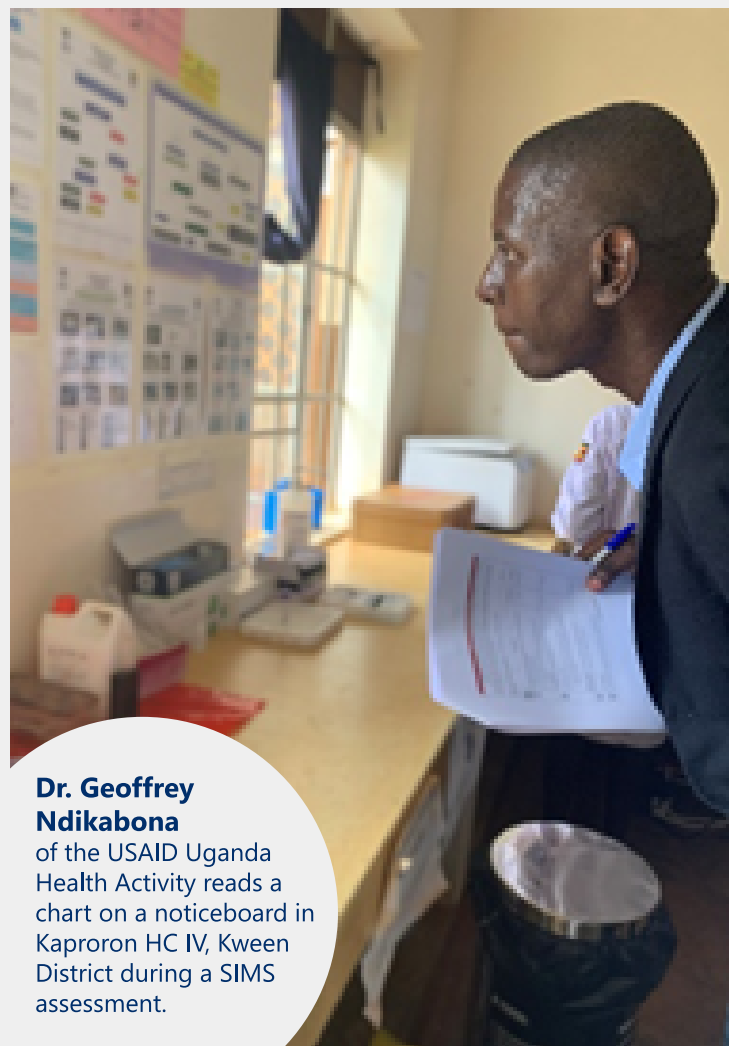


**USAID**  
FROM THE AMERICAN PEOPLE



April - June 2023 | Issue: 1 | Vol: 2

# USAID LPHS-E ACTIVITY BULLETIN



**Dr. Geoffrey Ndikabona**

of the USAID Uganda Health Activity reads a chart on a noticeboard in Kapraron HC IV, Kween District during a SIMS assessment.



# MESSAGE FROM THE PROJECT DIRECTOR



**D**ear Esteemed Reader,

We are excited to bring to you our January – March 2023 Bulletin, which is dedicated to informing you about the strides USAID Local Partner Health Services - Eastern (USAID LPHS-E) Activity is making toward improving the health of Ugandans in the Eastern region by providing comprehensive high-quality person-centered HIV and TB prevention and treatment services.

The USAID LPHS-E Activity is implemented by Baylor-Uganda in 15 districts and one city namely; Budaka, Bududa, Bukwo, Bulambuli, Butaleja, Butebo, Kapchorwa, Kibuku, Kween, Manafwa districts, Tororo, Namisindwa, Sironko, Pallisa and Mbale City in Eastern Uganda.

It's my pleasure to introduce to you some of the key contributions USAID LPHS-E has made during the period January -March 2023, towards achieving HIV epidemic control in Uganda by addressing the critical bottlenecks in HIV testing, retention, and viral suppression.

USAID LPHS-E supported health facilities to provide targeted, high-yield HIV testing and counselling services, and 2,081 newly diagnosed PLHIV were linked to Anti-Retroviral Treatment (ART). Cumulatively, 42,889 clients were active on ART by the end of March 2023. In addition, 2,357 TB infected people were initiated on anti-TB treatment.

Needless to say, all these results wouldn't have been registered had it not been for the financial and technical support from USAID, the commitment of project staff, strong partnerships with the Ministry of Health, local governments, USAID-supported IPs, like-minded civil society organizations, and local communities.

We are happy to continue the productive collaborations with all of you as we impact lives and work towards ending HIV and AIDS in Uganda by 2030. I hope you will find this issue useful and informative.

Happy reading.

**Alexander Mugume**

Project Director – USAID-LPHS-E Activity

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# USAID LPHS-E EXCELS IN SIMS ASSESSMENT

**F**or the Site Improvement through Monitoring System (SIMS) assessment in January to March 2023, USAID chose Muyembe HC IV in Bulambuli District, Kaproron HC IV in Kween District, and Sironko HC III in Sironko District.

The SIMS is a quality assurance tool used to monitor and improve program quality at PEPFAR-supported sites that guide and support service and non-service delivery functions. USAID Regional Health Integration to Enhance Services- Eastern, USAID Uganda Health Activity, and USAID Local Services Development Activity attended both inception and feedback meeting.

USAID assessed the sites in general areas such as having in place clients' rights, stigma, and discrimination policies; site-infection prevention control (IPC), care and treatment-general population (non-key pops facilities), care and treatment for HIV-infected children, key populations-general, care, and treatment-key populations, HIV exposed infants; adolescent girls and young women, GBV and orphans and vulnerable children, HIV testing services and laboratory.



Facility health workers and USAID LPHS-E staff participated in the assessment. Muyembe HC IV received excellent scores for commodities management, data quality, care and treatment, HIV-infected children, care and treatment for the general population, HIV-exposed infants, and GBV. Kaproron's exceptional score centered on commodity management and data quality.



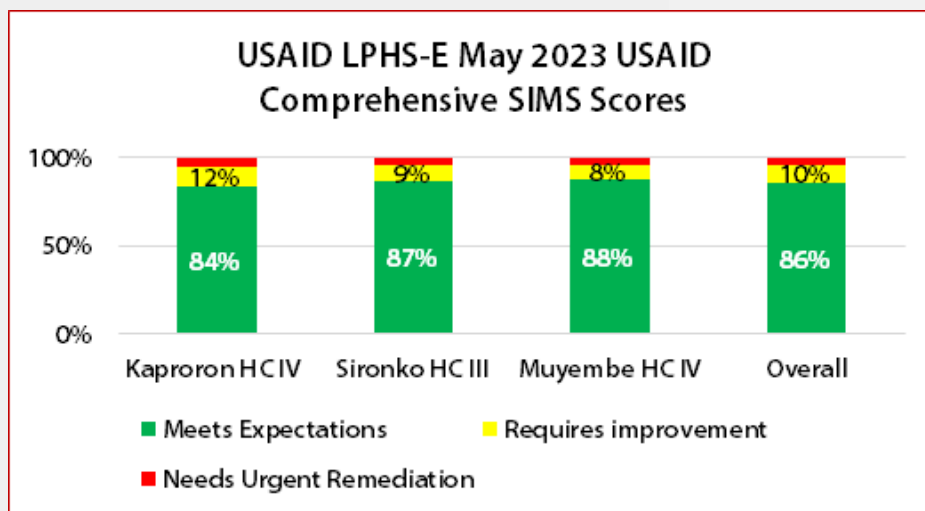
*Sironko HC III health workers and USAID LPHS-E staff receive feedback from USAID after a SIMS assessment conducted in May 2023.*

Sironko HC III excelled in commodity management, data quality, and Prevention of Maternal to Child Transmission- Antenatal Care, Post Natal, and Labour & Delivery.

At the end of the exercise, the assessors scored the facilities with Muyembe HC (88%), Kaproron HC IV (84%), and Sironko HC III (87%).

Following the assessment in Kaproron HC IV, USAID LPHS-E was requested to urgently address access to services in the following indicators; provision of PrEP services, viral load access and monitoring for both children and adults, cervical cancer screening capacity, routine HIV testing for children and adolescents, and capacity to provide post violence care services.





Indicators that needed urgent attention in Muyembe HC IV were the management of high viral load; and the infection prevention and control program. In Sironko HC III, the biggest gaps identified were routine HIV testing for children and adolescents; service referral and linkage system; TB screening; Early Infant

Diagnosis provided to caregivers, and HIV viral load laboratory capacity.

## STAKEHOLDERS HOLD MEETING ON MEDICALLY ASSISTED TREATMENT AND HARM REDUCTION

On May 25, 2023, USAID LPHS-E organized a meeting at Mount Elgon Hotel to educate the different stakeholders on the use of Medically Assisted Therapy (MAT).

USAID LPHS-E collaborated with USAID Regional Health Integration to Enhance Services -Eastern (RHITES-E), and Butabika National Referral Hospital officials to facilitate the one-day meeting.

“We wanted the stakeholders to learn more about the benefits of operating the MAT clinic in the region,” said Mr David Masaba, the Head of the Psychiatry Department, at Mbale Referral Hospital.

MAT caters to persons who use and inject drugs through harm reduction. The MAT clinic has a goal of reaching 100 clients in the region. LPHS-E supports the operation of the MAT clinic located at Mbale Regional Referral Hospital.

The meeting of 40 guests included MAT staff, Key Population (KP) peers, and civil society organization CSOs representatives from Mbale District LG & Mbale City. Religious leaders,



*Methameasure machines to be used at the MAT Clinic in Mbale Hospital are of top quality.*

Police, internal affairs and prisons representatives, and health facility KP focal persons also attended the meeting held at Mt Elgon Hotel.

The main objective of this meeting was to orient the stakeholders on MAT and the roadmap was shared. From the meeting, a multi-disciplinary MAT stakeholder task force committee of about 20 members was formed. Its representatives are from Mbale Regional Referral Hospital, Mbale



City, RHITES-E/USAID Uganda Health Activity, USAID LPHS-E, USAID Local Service Delivery Activity (LSDA), Narcotic Police Department, Ministry of Health, Butabika Hospital, Infectious Diseases Institute (IDI), Women with a Mission and Most At Risk Populations Initiative. The committee will steer the effective implementation of the MAT program in the region.

Further, USAID LPHS-E collaborated with the Ministry of Health and MAT clinic/Butabika National Referral Hospital to build the capacity of 20 targeted staff and peers. The peers will be involved in the implementation of the MAT program.

Participants were oriented for 10 days with the objective of improving their competency in harm reduction approaches/MAT service delivery models and program tools. They learned about the comprehensive package of interventions for people who use drugs and were

introduced to psychoactive drugs. The peers included technical staff from Mbale Regional Referral Hospital, PeopleWho Inject Drugs (PWID) peer educators, program staff, representatives from the Drop-in Centers, and MAT clinic staff.

LPHS-E has printed flyers to popularize the clinic. They will be shared with people who inject drugs in drop-in centers.



*A Methameasure machine.*

## GBV QUALITY ASSESSMENT CONDUCTED AT 42 FACILITIES

USAID LPHS-E partnered with the Ministry of Health to conduct GBV Quality Assurance at 42 selected sites. The activity aimed to generate vital information on programmatic strengths and gaps, and design interventions to strengthen, expand and sustain quality Gender Based Violence (GBV) services at all supported sites in the Eastern region.

“The assessors were physically present at the facilities to observe clinic processes necessary for providing sexual GVB services,” says Dr Rhona Barusya, the USAID LPHS-E Prevention Manager said.

USAID LPHS-E had printed and distributed coloured and laminated IEC materials and the health facilities ensured that they are displayed.

They interviewed health providers and managers to determine standards that meet the provision of quality SGBV services and reviewed clinical and administrative records, guidelines, protocols, and documentation necessary for quality SGBV services.

The assessors recommended that USAID LPHS-E trains the new GBV focal persons, following a transfer of the personnel it had previously oriented on GBV processes. USAID LPHS-E continues to hold continuous professional education (CPE) on GBV at facilities to bridge the knowledge gap among the new GBV focal persons. It facilitates the dissemination of GBV forms (GBV screening tools, medical examination forms, and police forms), and supports health facilities to develop and display referral maps.



*Participants studying SOP for high vaginal swab sample collection .*

Further, the USAID LPHS-E worked with USAID RHITES-E, the Ministry of Health, and DHTs to orient about 100 key actors (Police Child Protection Unit, Religious & Political leaders, YAPs, District GBV focal persons, Community Development Officers, Probation Officers, Regional Police Surgeon, CSOs, VHTs, and KP-led CSO) in five selected districts (Tororo, Pallisa, Kapchorwa, Mbale, and Sironko). These were oriented (GBV refresher on 1st line support & referral pathway package) on the harmful effects of GBV, GBV prevention, GBV services at the health facilities, and referral of GBV survivors from the communities to the health facilities.

Cumulatively, USAID LPHS-E has supported the identification and management of 15094 GBV cases, representing 115% of the annual GBV target (13,119). This achievement was attributed to six radio talk shows for advocacy, awareness, and education on the availability of free services; orientation of 20 GBV focal persons on their roles and responsibilities; quarterly data triangulation meetings among the out-patient department, ART and Maternal Child Health to improve processes and documentation of GBV services and GBV QA assessments at 129 sites with the support of four MoH officials and DBMs.



*sample collection for forensic evidence*

## 31 MORE FACILITIES FUNCTIONALIZED TO PROVIDE PMTCT SERVICES TO MOTHERS, BABIES

**U**By the end of September 2022, HIV Prevention of Mother to Child Transmission (PMTCT) rates in the Bukedi and Bugisu sub-regions stood at 2.1%, as opposed to the national target of less than 2%.

***“Health workers were not utilizing the visits to provide a comprehensive package to HIV-positive mothers. Many HIV-exposed babies remain at risk of infection,”***

says Dr Patrick Serunjogi, USAID LPHS-E's Paediatric & Adolescent Specialist.

In October 2022, USAID LPHS-E intensified efforts to offer a PMTCT service package in the region by functionalizing another 31 health facilities at level II. The Activity recruited mentor mothers and built the capacity of two persons per site (a mid-wife and lay worker or clinician) to provide PMTCT services at the functionalized

HC IIs and provides technical assistance to the health facilities to forecast and place orders for HIV testing and antiretroviral commodities through HC III, HC IVs, or hospitals in their health sub-district.



Health workers at Busolwe Hospital, Butaleja bleed babies to ascertain their HIV status.

Typically, in Uganda, pregnant women receive antenatal care (ANC) services at HC IIs. As a result of this activity HIV testing services are available at these sites for all pregnant mothers receiving ANC, during labor and delivery and throughout the postnatal period. Should a mother test positive, she is linked to care and starts receiving a PMTCT package. The package includes lifelong antiretroviral treatment for the mother and nevirapine syrup to protect the baby from HIV. When born, the HIV-positive mother is advised to practice exclusive breastfeeding for the baby for six months, and thereafter complementary feeding until the baby is one year. Her baby gets tested for HIV in an Early Infant Diagnosis (EID) clinic for the first time at one month of age. Health workers strive for the baby to remain HIV-free until two years old when the child is discharged from the EID clinic. These activities contribute towards the United Nations Joint Program of HIV AIDS (UNAIDS) and the Ministry of Health global alliance to end pediatric HIV by 2030.

To support the data capture and reporting for the 31 sites LPHS-E provided

the latest versions of data capture tools. It facilitated a Data Assistant to provide technical assistance in reporting high-frequency indicators on a weekly basis.

USAID LPHS-E recruited, repositioned, and re-oriented lay screeners and testers within the facility's Outpatient department, Inpatient department, Malnutrition, TB, and Young Child clinics to intensify pediatric case identification.

***“We collaborated with community actors such as OVC [Orphans Vulnerable Children] Parasocial Workers to either screen for the virus or provide HIV self-testing services for eligible children and adolescents. Where they faced constraints like shortage of test kits, they referred them to the laboratory for testing,”*** says Serunjogi.

For newly identified or children and adolescents already in care, lay workers provide adherence support to ensure that they receive all the services they are eligible for to improve their treatment outcomes. As a result of these strategies, viral load coverage for children and adolescents aged zero to nineteen years improved from 76% in December 2022 to 96% in March 2023. For the same periods and age group, viral suppression rates improved from 72% to 78%, making it one of the successes that the partners have registered in the region.





## PARTNERS MEET TO SENSITIZE YOUTH ABOUT HIV AND SEXUAL HEALTH

**C**ollaborating with the Uganda Red Cross, Mbale Network of Youth Living with HIV, USAID RHITES-E, and Nakaloke HC III, LPHS-E held a sensitization meeting with youth during the first school term holidays.

The meeting aimed to educate the youth about the prevention of HIV/TB infections, the benefits of seeking sexual reproductive health, and family planning services.

***“Equipped with information, and the availability of resources, the youth then can then make informed decisions about their sexual health. They would know how to prevent the spread of HIV and what to do in case they contract the virus,”*** said Gloria Nekesa, a Counselor with Nakaloke HC III.

In total, 52 youths attended the meeting. Youths who had questions that required more details were referred to Nakaloke HC III for counseling.

## MAT TEAM LEARNS ABOUT BAYLOR-UGANDA CALL CENTER

**T**he USAID LPHS-E and Baylor-Uganda's 24-hour Call Center Communications team held a meeting with the MAT team on May 29, 2023, at Mbale Regional Referral Hospital. The meeting aimed to map ways of improving the uptake of MAT services in the region. The team agreed to hold joint field visits to the hotspots.

***“At the hot spots, we would be able to engage with our target audiences in locations where they feel comfortable,”***

said Dr. Paul Mutoo, the MAT Team Lead.

The team engaged people who use and inject drugs at the Women with a Mission to market the Baylor-Uganda Call Center. USAID LPHS-E has a memorandum of understanding with Women with a Mission, a CSO that facilitates HIV service provision to key populations.

The partners advised the clients to call the number for consultations in case they face challenges.

## TB DATA VALIDATION MEETINGS FOR BUILDING HEALTH WORKERS' CAPACITY

**T**he Ministry of Health's National TB program requires all districts to review quarterly reports of each facility to ascertain that they are correct and of good quality. At the district level, data validation occurs every second week of the new quarter.

Health Information Assistants and Facility TB Focal Persons the district Biostatistician,

District TB & Leprosy Supervisor (DTLS), District Laboratory Focal Persons, District Health Officers, and a USAID LPHS-E representative attended these meetings. Each health facility team carries its five TB registers to the meetings to allow validation of the compiled reports with the primary documents. The registers include Presumptive, Laboratory, Contact Tracing, and TPT and the hard copy of the 106a tool.

***“Data validation is utilized to build capacity about TB program indicators and how to correctly document in the primary data sources,”*** says Dr Lwanga Sekiswa Zimwanguyiza, the Care and Treatment Manager, USAID LPHS-E.

In these meetings, the biostatistician, the Monitoring & Evaluation team, and DTLS lead participants in reconciling information, and patient-level data across all registers. They then verify the data with the completed report.

***“Teams are taken through the TB indicators briefly and then the collected health facility reports are refined against***

***the data sources,”*** says Sekiswa.

Beyond the validation of the previous quarter's report, the Activity supported the districts to compile the interim treatment outcomes of the completed patient cohorts of TB patients (9 months- April/June 2022, 6 months -July Sept 2022). With the interim TB treatment outcomes shared, each facility identified key areas for improvement in the specified cohorts. They will line list patients due for sputum follow-up and conduct sample collection. Other line lists included those for pulmonary bacteriologically confirmed (PBCs) pending TB contact screening.



***A Health Information Assistant and TB Focal Person line list clients due for TPT home medicines delivery and sputum follow-up during a monthly district TB data validation and harmonization meeting in Mbale District.***

USAID LPHS-E supported health workers to follow up on lost patients and bring them back to care and conduct sputum follow-ups for those who had completed treatment with only one smear.

***“Data validation provides a platform for interaction between Health Information Assistants, Clinicians, and the district team on the quality of reports produced,”*** says Zimwanguyiza.

At the end of the validation, the team produces a complete and accurate quarterly health unit TB report.

## **TB QUARTERLY REVIEW MEETINGS PROMOTE KNOWLEDGE SHARING, ACCOUNTABILITY**

**B**ukedi and Bugisu sub-regions demonstrated an improvement in TB treatment success rate between January and March 2023. Bugisu region moved from 90% in October to December 2022 to 91% in January to March 2023 for Bugisu region, while Bukedi region improved from 86% to 89% during the same period.

In such meetings, the Ministry of Health displays a national performance picture and key programme updates. Mbale RRH presents the regional context of TB implementation and multi-drug TB management updates, whereas the DHOs give a district performance including contextual performance.

The Ministry of Health, the Senior Programme Officer, AIDS Control Programme, and Dr. Prossy Namuwenge revealed this improvement during a two days regional review meeting for each of the region held in Tororo District for the Bukedi sub-region and the Bugisu sub-region in Bulambuli District May 2023. USAID LPHS-E collaborated with the USAID Regional Health Integration to Enhance Services- Eastern, Mbale RRH G2G, and NTRL to organize the review meeting for January to March 2023 quarter.

***“These meetings promote knowledge sharing. Partners receive action plan updates, and they serve as an accountability platform for implementing partners to the districts,”*** said Dr. Namuwenge.

In the same period, Budaka District performed best followed by Mbale City in the region. Sironko and Kapchorwa districts, however, ranked at the bottom in the regional league table. Budaka District had a 100% treatment success rate, while Mbale City attained 121% treatment coverage. In other words, Mbale City notified more TB patients than their quarterly target.

Sironko and Kapchorwa districts



**Participants during a TB review meeting held in Tororo Town Council, Tororo District.**

under-notified TB patients and had a high loss in the follow-up of patients, standing at 7% and 19% respectively.

Participants included District Health Officers, Biostatisticians, District TB & Leprosy Supervisor, District Laboratory Focal Persons, and implementing partners in the region. Mbale Regional Referral Hospital G2G mechanism, the Ministry of Health central team, the National TB Reference Laboratory, and civil society organizations attended the meeting intended to review the TB program performance of the previous quarter.

## FOCUS GROUP DISCUSSIONS FOCUS YOUNG MOTHERS ON RESPONSIBLE PARENTHOOD

**U**SAID LPHS-E supported the holding of focus group discussions with a young mother's group in Namatala, Mbale City. Thirty mothers under a village saving group received orientation on responsible parenthood regarding HIV.

***“We also discussed with them how to protect themselves from unplanned pregnancy,”*** said Anita Kakai, a YAPS

Counsellor with Mbale Network of Youth Living with HIV.

LPHS-E partnered with Mbale Network of Youth Living with HIV to hold the meeting on May 13, 2023, at Namatala HC III, Mbale City.

During the meeting, the partners also discussed the Prevention of Mother to Child Transmission of HIV.



## VOICES FROM THE FIELD

**Pastor Odoi converts to male circumcision, pledges get more believers**



*Pastor Moses Odoi*

Because Pastor Moses Odoi traversed Uganda and Kenya in search of sustenance, he never had a chance to get circumcised. He had no friends to explain to me the benefits of circumcision. And no health worker ever told me about it.

***“When I was younger, I had four wives. I was at a high risk of getting HIV. Sometimes I would feel pain when I had sex with my partner,”*** says the 46-year-old, a resident of Mulanda, Tororo District.

Two months ago, Odoi was chatting with his friends in Mulanda trading center when the topic of voluntary medical male circumcision (VMMC) popped up. His friends told him about how VMMC can help curb sexually transmitted infections like syphilis, gonorrhea, and candida.

In June 2023, Odoi discussed with his wife the possibility of getting circumcised. When she agreed, he rode his motorcycle to Mulanda HCIV to receive VMMC services the same day.

***“I was not afraid of the procedure. My circumcised sons shared their experience with me,”*** says Odoi.

When Odoi arrived at Mulanda HCIV, health workers further counseled him about him the benefits of VMMC for both himself and his partner. Odoi learned about abstaining from sex for at least six weeks and nursing the wound until he was completely healed. He had to keep the bandage free of water.

Health workers tested Odoi for HIV and he received the surgery without a cost. Odoi got painkillers and was to return to the health facility after two weeks for a follow-up check.

***“Now I have a way of speaking to my peers and their partners. I know circumcision is not 100% protective against HIV but it is good against infections. My wife is also protected against cervical cancer,”*** says Odoi.



*David Oyoo, a VMMC Counsellor at Mulanda HC IV follows up with Moses Odoi for any circumcision adverse effects at his home in Mulanda, Tororo District.*

## COLLABORATIONS

### Partners meet to pan out strategies to improve HIV positivity yield

Following a gap in HIV testing (HTS)-Positivity yield of 1.8% by June 2023, USAID Social Behaviour Change Activity (SBCA), Government to Government Mechanism (G2G), USAID Health Activity, and LPHS-E collaborated to identify solutions. The partners organized a meeting to discuss modalities on how to get more positives, especially among the youth who are at risk. They agreed to hold community dialogues and sensitization meetings.

***“Though health workers are testing many people, the yield was very low because they were not targeting the right people who are supposed to receive the services. With the dialogues, the health workers would receive information on whom to offer the services,”*** says Dr Rhona Barusya, the USAID LPHS-E Prevention Manager said.

The partners agreed to increase the utilization of services through communication and community activities. To date, the partners have held a sensitization meeting for 53 youth on GBV, HIV/TB in Nakaloke Town, Mbale District.

In Namitala parish, the focus group discussion for young mothers of 20 years plus centered on the benefits of using family planning and their need to become responsible parents. The focus group discussion reached 31 young mothers.

USAID LPHS-E will continue to roll out these sensitization meetings with an emphasis on the youth. The Activity shall visit universities in the region to speak to young adults about making responsible health choices and how

best they can address health issues in HIV/TB.

### METS, SITES, USAID LPHS-E collaborate on data quality assessment

USAID LPHS-E collaborated with the US Centers for Disease Control & Prevention M&E Technical Support (METS) Program, USAID Strategic Information Specialist (SITES), and district health teams to assess data quality for seven sites. The facilities are Butebo HC IV, Nabiganda HC IV, Bulucheke HC III, Budadiri HC IV, Nabitishki HC III, Budaka HC IV, and Kibuuku HC IV.

The main objective of the assessment was to ensure compliance with VMMC service and data quality standards. The team conducted adverse event profiling, an audit of 5% of clients circumcised, M&E systems assessment, data validation by month (October 2022 to March 2023), and clinic record review on completeness of forms. The assessors discovered that all sites had good archiving processes, making it easy to retrieve the required SMC data. All sites hold monthly data review meetings and the facility in-charges review the draft reports before final submission to the districts and USAID LPHS-E. All sites had improved in data management (recording and reporting).



**Surgeons conducting VMMC at Mulanda HC IV, Tororo District, June 2023.**

## ABOUT USAID LPHS-E

The USAID Local Partner Health Services Eastern (USAID LPHS-E) Activity is a five-year initiative that builds on USAID investments and national advances in the region to increase access to and use of high-quality integrated services that accelerate the ability and capacity of health services to respond to health needs of the area residents. USAID LPHS-E is implemented by Baylor Uganda and supported by the Uganda Muslim Rural Development Association (UMURDA), Mbale Area Federation of Communities LTD (MAFOC), and Kagumu Development Organization (KADO) to strengthen HIV/TB health services penetration in the targeted communities.

### USAID LPHS-E GEOGRAPHICAL COVERAGE



#### Legend

- Lakes and Rivers
- LPHS-E Districts

## Objectives

- To improve the health of Ugandans in the eastern region by supporting the achievement of the USAID Mission's following sub-purposes:
- Quality facility-based HIV and TB prevention services provided to scale.
- Quality, targeted, high yield, facility-based HIV testing and counseling services provided to scale
- All diagnosed people living with HIV and TB promptly initiated on ART/TB treatment.
- All diagnosed people living with HIV and TB who are on treatment achieve viral suppression.
- And, the target districts have the institutional capacity to sustain epidemic control and maintain the response.

## Districts of operation:

In Eastern Uganda, USAID LPHS-E operates in 15 districts and one city. The districts are grouped in clusters as follows:

Cluster 1: Bududa, Manafwa, Mbale, Namisindwa , Tororo and Mbale City,

Cluster 2: Bulambuli, Bukwo, Kapchorwa, Kween, and Sironko,

Cluster 3: Budaka, Butaleja, Butebo, Kibuku and Pallisa