

KIRYANDONGO DISTRICT LOCAL GOVERNMENT

HEALTH DEPARTMENT ABSTRACT FOR FY 2016/2017

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TITLE: BIOSTATISTICIAN

SIGNATURE:

VISION

A healthy Kiryandongo population supported by an effective and responsive health care system for the community

MISSION

To monitor, support and sustain a Kiryandongo national health care system that is effective in operation, which provides affordable, high quality health care and is cognizant of the right to health and dignity of the people in Kiryandongo District

PROFILE

Health Department has dedicated and highly skilled multi-disciplinary team to undertake its complex nature of activities and fulfill the mandate of security better health service delivery for community

The professional in health include Doctors, Nurses, Administrators, accountants Auditors among others.

In addition to the in house skills, health department works in partnership with key stakeholders, systems and structures at all levels. These include MOH, Administration Department, Finance Department, Audit Department, Water Department, Planning Department Human Resources Department, Politicians, District Leaders, People Living in the community and district stake holders among others include child fund, Baylor, IDI

VALUES

- Working with all stakeholders to achieve results for health of Kiryandongo people
- Accountability to the government and the people of Kiryandongo
- Being aware of our responsibility and managing our own performance
- Using resources efficiently
- Integrity
- Commitment and resilience
- Value for money
- Hard work

1.0 General District Background

Introduction to the health services in the local government

Kiryandongo District Local Government comprises of one county that constitute the one health sub districts of Kibanda. It consists of 3 town councils: Bweyale, Kigumba, Kiryandongo and 4 sub counties: Kiryandongo, Kigumba, Masindi port, Mutunda, 21 parishes and 8wards, 181 villages and 23 cells.

The District has 25 health units (both government and private) and of these only 19 are government (1 hospital, 5 HC IIIs and 13 HC IIs), 3 are NGOs all HC IIIs, and 2 are prison clinics.

1.1 Special health problems in the district include:

River blindness (Onchocerciasis), leprosy, iodine deficiency and the rise of AIDs/HIV cases especially amongst married partners.

1.2.0 Health service delivery structure and human resources available

Kiryandongo district is served by 25 health facilities that are fully operational. This includes Kiryandongo general hospital, 8 health center IIIs and 16 health center IIs. (Both government, Private and PNFs)

Summary of human resources for health (staffing)

Cadre	Required number	No in place
Hospital		
Medical officers	11	8
Dental	4	2
Pharmacists/Dispensers	3	1
Nursing	116	88
Allied Health Professionals	28	28
Administration and other staffs	15	10
Support staff	190	12
Total	190	149
District Health Officer	11	7
Health centre IIIs (5)	95	70
Health Centre IIs (12)	117	66
Total	590	

Source: HMIS –Human Resource Office Department

The human resource status in the District

The district is at 50% staffing level, but however discrepancies still exists between levels of care and between health sub districts. Further out look of staffing reveals that the hospital and the health center IV at Kiryandongo is fairly staffed and the HCIIIs, meanwhile HCIIIs are a bit poorly staffed

The District experiences a challenge of attracting and retaining health workers especially medical doctors, pharmacists/dispensers and anesthetic officers.

There are a total of 198 health workers in the whole district of whom 3 are medical doctors, 2 Dental, 35 Nursing, 16 Allied Health Professionals Administration and other staffs, 7 Support staff, 5 in District Health Office, 59 Health centre IIIs (5) ,53Health Centre IIs (12)

1.2.1 The table below shows the various medical personnel ratio to the population for the critical cadre of staff in the district. (Popn=334,500)

Category	Ratio
Medical Officers	
Clinical Officers	
Orthopedic Assistants	
Laboratory Technicians	
Dentists	
Enrolled nurses	
Enrolled Mid Wives	
Nursing Assistants	

Source: HMIS –Human Resource Office Department

From the above table we observe that the health workers are over worked since they are few but attending to a bigger population. Hence DHO there is need to lobby for recruitment.

Below are the details of man power statistics as per the current revised structure for health 2012/2013 in the hospital

category	Approved	Filled	Gap
Medical officers			
Dental			
Pharmacists/Dispensers			
Nursing			
Allied Health Professionals			
Administration and other staffs			
Support staff			
District Health Officer			
Health centre IIIs (5)			
Health Centre IIs (12)			
Total			

Source: Hmis –Human Resource Office Department

Below are the details of man power statistics as per the current revised structure for health 2013/2014 in the Health Centre IIIs

S/N	Service provider category	Approved	Filled	Gap
1	Clinical officers			
2	Nursing officers			
3	Health inspectors			
4	Enrolled nurses			
5	Enrolled mid wives			
6	Laboratory personnel			
7	Health assistants			
8	Records assistants			
9	Nursing assistants			
10	Porter			
11	Askari			
Total				

Source: HMIS –Human Resource Office Department

Below are the details of man power statistics as per the current revised structure for health 2013/2014 in the Health Centre IIIs

S/N	Service provider category	Approved	Filled	Gap
	Nursing officer			
1	Enrolled nurses			
2	Enrolled mid wives			
3	Health assistants			
4	Nursing assistants			
5	Porter			
6	Askari			
Total				

Source: Hmis –Human Resource Office Department

SERVICES OFFERED IN THE ABOVE HEALTH FACILITIES.

The common services provided by the existing health facilities include the following.

Curative services for common diseases, specialized services e.g. eye care, dental, X-ray, scan, ultra sound etc.

Preventive services offered include; HIV/AIDs voluntary counseling and testing(VCT), PMTCT, family planning, immunization, antenatal services, home based management of fevers and maternal and child health services.

On the other hand, there are services which are still lacking or being undertaken at a very slow scale and these include: eye care services, occupational therapy, nutritional services, rehabilitation for the disabled, ear, nose and throat surgery and operative dentistry.

1.3.0 Parish population projections 2013/2014

NO.	PARISH	MALE	FEMALE	TOTAL
	Kigumba s/c			
	Kigumba I			
	Kiigya			
	Mboira			
	Kiryandongo S/C			
	Kicwabugingo			
	Kikube			
	Kitwara			
	Kyankende			
	Masindi port s/c			
	Kaduku			
	Waibango			
	Mutunda S/C			
	Diima			
	Kakwokwo			
	Nyamahasa			
	DISTRICT			

Source: planning unit

1.3.0 STATUS OF HEALTH INFRASTRUCTURE

Health Facility	Level	Ownership	Status	Functionality	Catchment Popn	Children < 1yr
Hospital	HC IV	Gov't	Permanent	Functional		
Kicwabugingo	HC II	Gov't	Permanent	Functional		
Kitwara	HC II	Gov't	Permanent	Functional		
Tecwa	HC II	Gov't	Permanent	Functional		
Karuliikire	HC III	PNFP	Permanent	Functional		
Karungu	HC III	PNFP	Permanent	Functional		
Panyadoli	HC III	Gov't	Permanent	Functional		
Panyadoli Hills	HC II	Gov't	Permanent	Functional		
Kiroko	HC II	Gov't	Permanent	Functional		
Diika	HC II	Gov't	Permanent	Functional		
Nyakadoti	HC II	Gov't	Permanent	Functional		
Kiryandongo Pri	HC II	Gov't	Permanent	Functional		
Diima	HC III	Gov't	Permanent	Functional		
Karuma	HC II	Gov't	Permanent	Functional		
Mutunda	HC III	Gov't	Permanent	Functional		
Yabweng	HC II	Gov't	Permanent	Functional		
Apodorwa	HC II	Gov't	Permanent	Functional		
Mpumwe	HC II	Gov't	Permanent	Functional		
St.Mary's Kig	HC III	PNFP	Permanent	Functional		
Kiigya	HC II	Gov't	Permanent	Functional		
Kigumba Prison	HC II	Gov't	Permanent	Functional		
Kigumba	HC III	Gov't	Permanent	Functional		
Medical Centre	HC II	PFP	Permanent	Functional		
Kaduku	HC II	Gov't	Permanent	Functional		
Masindi Port	HC III	Gov't	Permanent	Functional		
DISTRICT						

N.B The population of 334,500 is about 99% Of the actual population of the current District population.

STATUS OF HSSIP KEY COVERAGE INDICATORS

S/NO.	HSSIP INDICATOR	PERFORMANCE 2012/2013	PERFORMANCE 2013/2014
1.	% of pregnant women attending 4 th ANC session		
2.	% of deliveries in health facilities		
3.	% of children under one year immunized with 3 rd dose of pentavalent vaccine		
4.	% of one year old children immunized against measles		
5.	% of pregnant women who have completed IPT2		
6.	Number of infants testing HIV positive below 18months		
7.	Number of U5s with fever receiving malaria treatment with in 24 hours		
8.	Contraceptive Prevalence Rate		
9	% of babies borne with low birth weight (< 2.5kg)		

MORBIDITY AND CAUSE OF ILL HEALTH

Despite tremendous efforts to alleviate the disease burden in the District, the health status of the population is still poor. A high prevalence of infectious/communicable diseases, non-communicable Diseases and malnutrition in children<5yrs contribute to the heavy burden of Disease.

The table below portrays the Disease Burden in the District with focus on the top five killer diseases.

The top seven morbidity / illness cases for KDLG out of the total population 2013/2014

Cases	Totals	Percentage
1. Malaria		
2.No Pneumonia cough or cold		
3.Intestinal worms		
4.Diarrhoea -Acute		
5. Skin diseases		

Source: HMIS 128 data for the FY 2013/2014

The table above shows that the highest morbidity affecting the District is malaria with a total of 92,173 which is 28% people and the least morbidity among the top five morbidity cases in the District is skin disease with a total of 7,247 people only hence need for the District to find strategies on how to fight against malaria for example provision of mosquito nets to the community, sensitization of the community on other ways how to go against it.

TOP FIVE CAUSES OF MORTALITY/DEATH IN THE DISTRICT DURING FY 2013/2014

S/NO	CASES	UNDER FIVE	ABOVE FIVE	TOTAL
1	Malaria			
2	Perinatal conditions in new borne (0-28 days)			
3	Aneamia			
4	Pneumonia			
5	Severe malnutrition			

Source HMIS 128 Annual report

The table above shows that Perinatal conditions in new borne from the age of zero to 28 days killed more people in the District hence need for the District to find strategies on how to fight against it. However HIV/AIDS was not captured in the data above because there was no correct data on its mortality rate.

Safe Water Coverage in Kiryandongo District.

Health Sub District	Sub county/Parishes	Total Springs	Total DBH	Total SW	Total VTs	TOTAL PWS		% of safe water coverage
						N.O.S	N.O.C	
Kibanda	Kiryandongo							
	Kikuube							
	Kicwabugingo							
	Kyankende							
	Kitwara							
	Kigumba							
	Kigumba I							
	Kiigya							
	Mboira							
	Masindi port							
	Waibango							
	Kaduku							
	Mutunda							
	Diima							
	Nyamahasa							
Kakwokwo								
District								

Source: Water Department.

KEY: **DBH**-deep bore hole
 PWS – piped water scheme
 SW- shallow well
 N.O.S – No. of schemes

VT – valley tank
N.O.C – no. of connections

Latrine coverage in Kiryandongo district

Health Sub District	S/County	parishes	Number of HHs available	Number of latrines	No. of trained VHTs	No. of active VHTs
Kibanda	Kiryadongo					
	Kigumba					
	Masindi port					
	Mutunda					
Totals						

From the table above its clearly viewed that all the VHTs who were trained are not active hence need to find the reasons why so that we can easily get the way forward since they are very important in fighting against malaria in the absence of health workers.

OUTREACHES

A number of health units are also involved in outreach activities for EPI, HCT and others. Over the financial year 2012/2013, 641 EPI outreaches were conducted, 76 out of 123 HCT outreaches were carried out which is far less the target and 234 other outreaches as shown below.

A Table Showing Number of Outreach Activities Conducted

Category	Number Planned	Number Carried out
OA1-EPI outreaches		
OA2-HCT outreaches		
OA3-Environmental health visits		
OA4-Health education/promotion outreaches		
OA5-Other outreaches		
Maternal & Perinatal Death Audits		

The table above shows the number of outreaches which were planned to be conducted and were not all carried out more especially HCT outreaches due to lack of funds hence need to lobby for more funds next financial year and at least half of it to be carried out.

Child Immunization coverage of FY 2013/2014

The immunization coverage's for the major four immunization indicators have reflected a decline over the FY 2013/2014 as shown in the table below:

No	ANTIGEN	MONTHS											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	BCG												
2	DPT1												
3	DPT3												
4	OPV3												
5	MEASLES												
6	Fully immunized												

Source: Kiryandongo District health Statistics data 2013/2014

Total population=334,500

Total number of children under one year=14,384

Monthly target=1,199

Graph showing immunization coverage FY 2013/2014

Comment: for BCG, the districts performance is far above the national coverage's, but looking at OPV3, DPT3 and measles the coverage's are still far below the expected national targets. The district therefore needs to put in an extra effort to improve upon these indicators whose performance is wanting.

ANALYSIS OF CHILDREN IMMUNIZATION WITH DPT1, DPT3, OPV3 AND MEASLES OF CHILDREN UNDER ONE YEAR IN LAST FINANCIAL YEAR 2013/2014

ANTIGEN	ANNUAL TARGET	ACHIEVEMENTS	%GE COVERAGE
DPT1			
DPT3			
OPV3			
Measles			
BCG			
PCV3			

Percentage coverage of DPT1 = $\frac{\text{Total no. immunized of DPT1}}{\text{Total estimated no. of children <1}} \times 100$

DROP OUT RATE ON DPT

It's calculated as = $\text{No. of } \{(DPT1-DPT3)/DPT1\} \times 100$
 $= \{(13314 - 12562)/ 12562\} \times 100$
 $= 6\%$

The above calculation shows that there was high dropout rate of DPT which could have been caused by:

- Ignorance of some mothers who may think they are supposed to be immunized once.
- Religions coming up preaching against immunization
- Traditions and culture which are against immunization of children

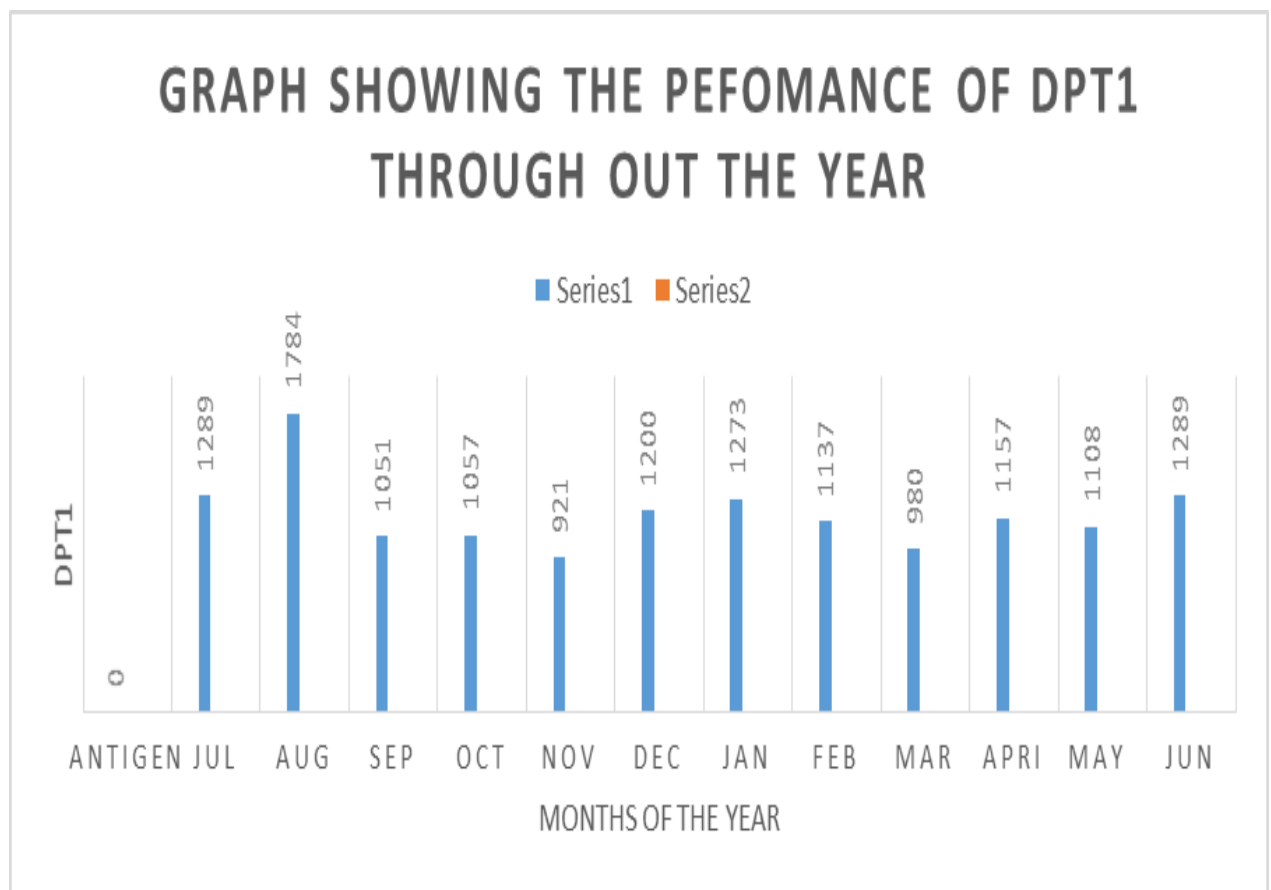
The solutions to the above;

- Sensitization of the community on the importance of immunization
- Formation of by-laws especially to religions and cultural leaders on the value of immunization

GRAPHS OF IMMUNIZATION INDICATORS SO AS TO EASE MONITORING OF HEALTH WORKERS

Table 1: Table showing Data of DPT1 and DPT3 dropout rate for the financial year

	Months of the year											
Antigen	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apri	May	Jun
DPT1												
DPT3												
Dropout rate (%)												



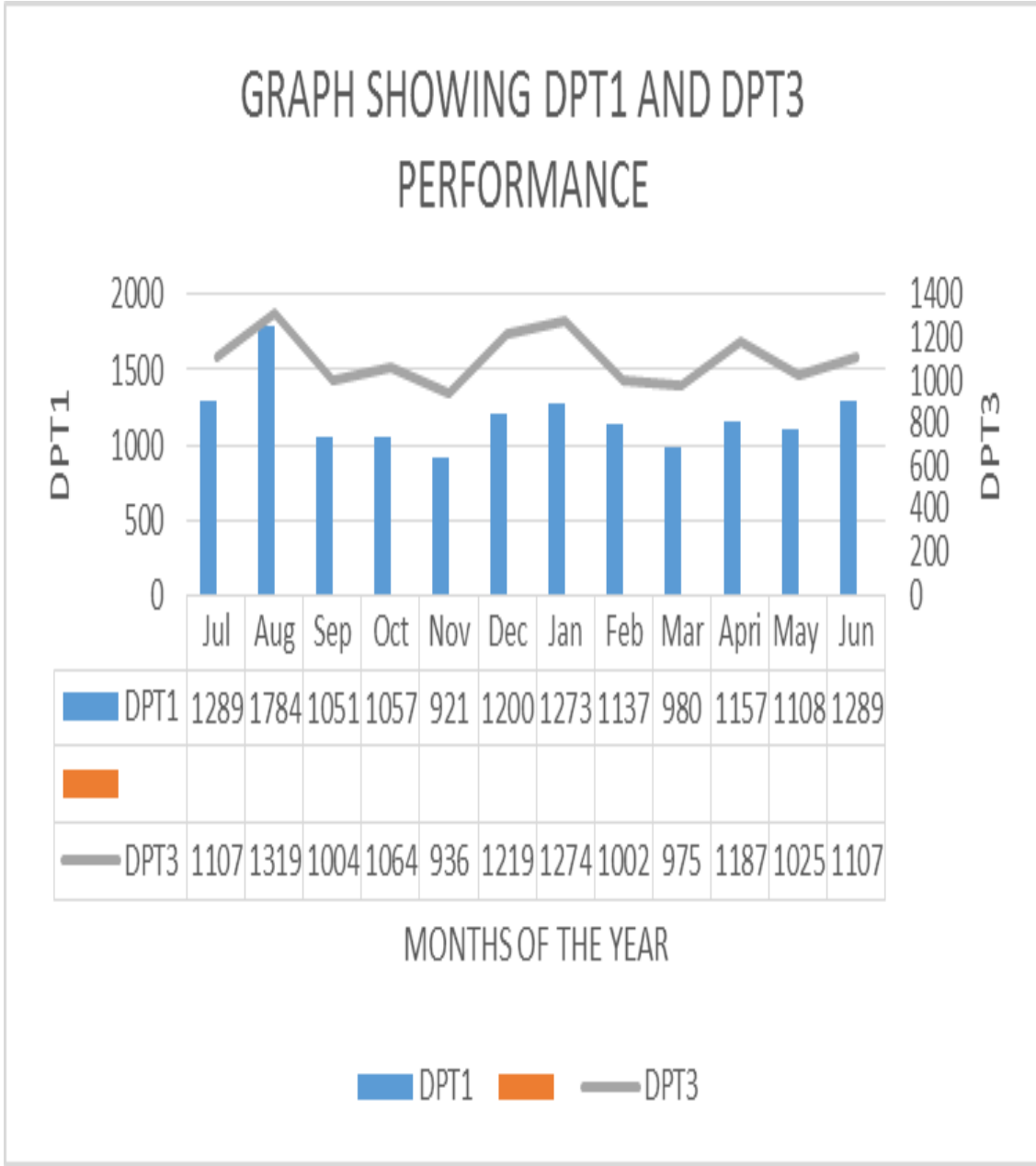


Table 2: Table showing data of DPT1 and measles for the financial year

	Months of the year											
Antigen	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
DPT3												
Measles												
DROP OUT RATE												

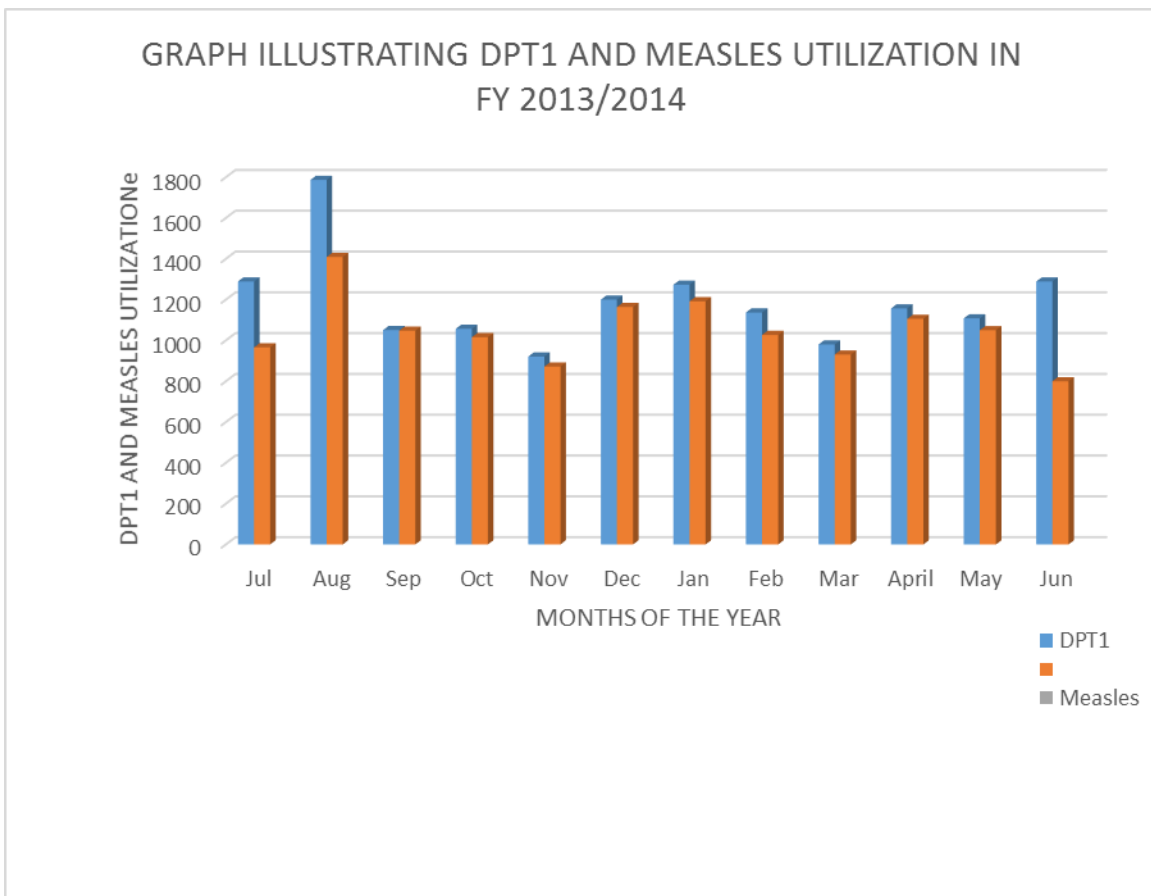


Table 3: Table showing OPD utilization rate in the District

	Months of the year											
Antigen	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apri	May	Jun
OPD	22483	15958	16296	19737	22523	17368	16713	13514	13966	18400	22970	23568

Source: HMIS 128 Annual Report FY 2013/2014

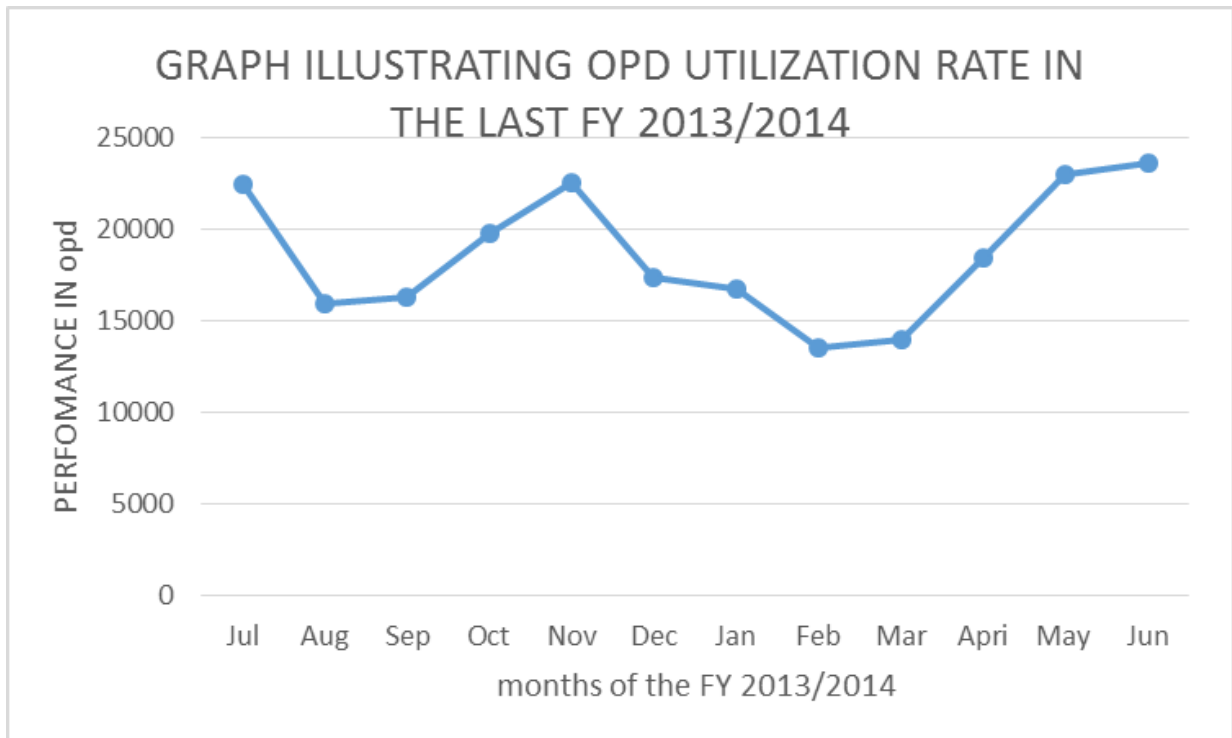
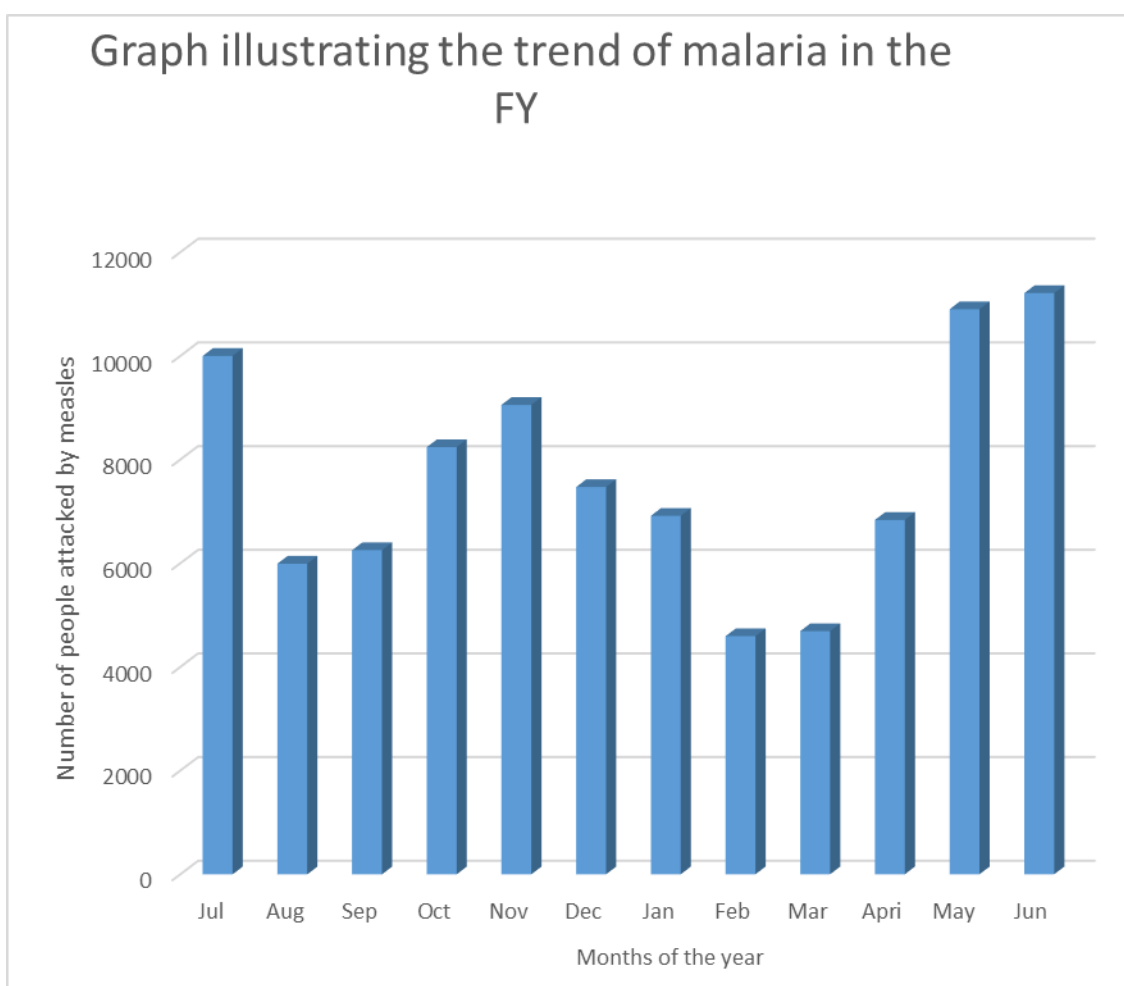


Table showing the malaria cases in the FY

	Months of the year											
Antigen	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of people attacked by measles	10001	5993	6254	8242	9056	7472	6916	4595	4691	6837	10902	11214

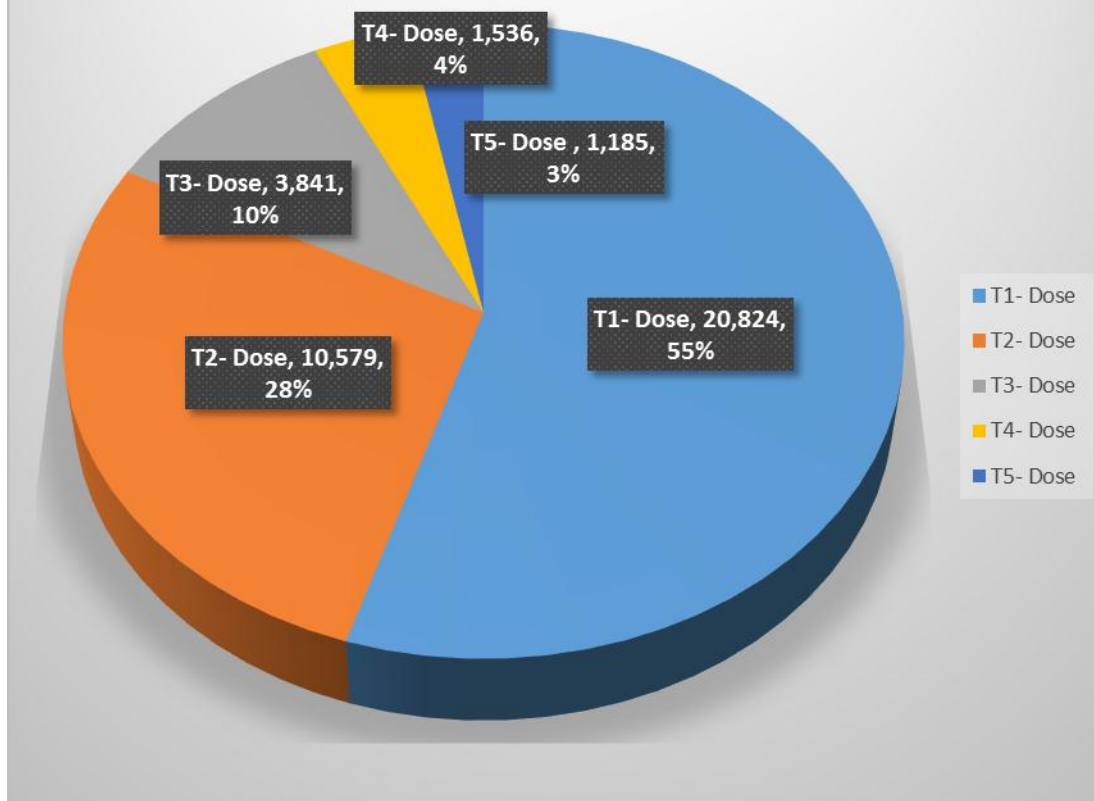


TETANUS IMMUNIZATION (TT VACCINE)

S/NO.	DOSES	PREGNANT WOMEN	NON WOMEN	PREGNANT	IN SCHOOL	TOTAL
1	T1- Dose					
2	T2- Dose					
3	T3- Dose					
4	T4- Dose					
5	T5- Dose					

From the table it's noticed that T1-Dose 1 is taken by more than T5-Dose 5 due to the ANC Nurses encouraging pregnant women to first get it before they are given any attention.

PIE-CHART SHOWING PERFORMANCE IN TETANUS IMMUNIZATION



CHILD HEALTH INDICATORS 2013/2014

S/NO.	INDICATOR	PROPORTION
1	Proportion of children < 5yrs	67,569
2	Proportion of children <5yrs given vitamin A supplement 1 st dose in the year	14,857 (22%)
3	Proportion of children <5yrs dewormed with 2 nd dose in the year	15,329 (23%)
4	Proportion of children underweight below-2SD line)	133 (0.2%)

Maternal health and family planning indicators

Maternal health

Deliveries by skilled personnel	No of mothers who attended ANC for the 1 ST time	% of supervised deliveries to those who attended antenatal	No of mothers who came for 4 th visit ANC	Mothers who came for post natal visits
5030	12,810	30%	3848	599

Source: HMIS Data FY 2013/2014

Percent of 4th visit = $\frac{\text{total no. of 4}^{\text{th}} \text{ visit}}{\text{Estimated no. of pregnancies}} \times 100$

$$\begin{aligned} &= \frac{3848}{16,725} \times 100 \\ &= 23\% \end{aligned}$$

Percent of mothers who were supervised when giving birth by skilled personnel

= $\frac{\text{total deliveries by skilled personnel}}{\text{Expected number of pregnancies}} \times 100$

$$= \frac{5030}{16,725} \times 100$$

$$= 30\%$$

From the above we observe that 70% of the pregnant women do not give birth in the health units/ hospital which could be one of reason why maternal mortality rate is on reducing. Therefore Kiryandongo District is not doing well to achieve the millennium development goal of reducing maternal mortality rate by 2015.

Some of mothers could by giving birth by traditional birth attendants due lack of sensitization among pregnant women on the importance of giving birth by skilled personnel.

When we are to calculate the target of expected number of New ANC we use the formula below

New ANC case target should be equal to the target of expected birth in the District= 16,725

But in Kiryandongo District new ANC = 12,810 which is far below to the target of the District hence there is need to:

- Better attitude of nurses to pregnant mothers to attract more women come for ANC
- Sensitization of the community on the importance of antenatal care through posters, radio talk shows, drama at least in every health celebration.

For IPT1 and IPT2 target = target of expected pregnancies in the service area = 16,725

Annual target IPT1 and IPT2 = 16,725

Monthly target IPT1 and IPT2 = 1,394

The District registered the following achievement of IPT1 and IPT2 administered to pregnant mothers over FY 2012/2013.

Antigen	Achievement	Percentage coverage
IPT1		
IPT2		

Looking at prescriptions and giving of IPT1 to ANC pregnant women by the health workers 70% of all pregnant ANC women observed received ITP1 prescriptions and 51.4of pregnant women in ANC received IPT2 during the FY 2013/2014.

POSSIBLE CAUSES OF POOR COVERAGE ON IPT2

- Late reporting of mothers to facilities beyond the expected time
- Knowledge gap on the side of service providers i.e. some health workers do not know the actual time to give IPT1
- Some of mothers do not know the value of IPTs hence taking them for granted.

**COMPARISON OF MOTHERS WHO DELIVERED FROM THE HOSPITAL /
HEALTH CENTRE BETWEEN FY 2013/2014 AND 2012/2013**

FY	NO. OF MOTHERS
FY 2012/2013	4114
FY 2013/2014	5030

From the above table it's clear that this financial year 2013/2014 performed better than this financial year 2012/2013 hence need to continue like that so to catch up with the national target of millennium development goal 2015.

Proportion of pregnant mothers delivering in health units

This is the percentage ratio of the number of pregnant mothers delivering in health units to the estimated number of pregnancies in the S.A.

It is given by the formula =

$$\frac{\text{No. of pregnant mothers who deliver in health units}}{\text{Estimated no. of pregnancies in the S.A}} \times 100\%$$

Estimated no. of pregnancies in the S.A

Over the FY 2013/2014, the number of pregnant mothers who delivered from health units were = 5030 and the estimated number of pregnancies in the District was=16725.

Therefore the percentage = $(5030/16,725) * 100$

$$= \mathbf{30\%}$$

On maternal mortality rate (MMR) the District performed as:

$$\text{MMR} = \frac{\text{maternal death in the FY}}{\text{Total number of live birth}} \times 100,000\text{lb}$$

Total number of live birth

$$= \frac{9}{4738} \times 100,000\text{lb}$$

4738

$$= \mathbf{190 /100,000LB}$$

Then, Infant Mortality rate is

$$\text{IMR} = \frac{\text{Total death of under-five} \times 1000}{\text{Number of admission}}$$

Number of admission

$$= \frac{111 \times 1000}{5680}$$

$$= 0.0195$$

$$= \mathbf{20/1000}$$

The contraceptive prevalence rate

This is the percentage ratio of the new family planning acceptors to the estimated number of women in the child bearing age bracket.

It is given by the formula = $\frac{\text{No. of new FP acceptors}}{\text{Estimated no. of women in child bearing age}} \times 100\%$

Estimated no. of women in child bearing age

Over the FY 2013/2014, the number of family planning new acceptors was= 4064 and the estimated number of women in the child bearing age in the District were=67,569

Therefore the CPR = $(4064/67,569) \times 100 = \mathbf{6\%}$.

Proportion of birth compared to total deliveries

This is the percentage ratio of the new borne babies to the estimated number of the total deliveries in the District.

It is given by the formula = $\frac{\text{No. of new live borne babies in the year}}{\text{Estimated no. of deliveries in the district}} \times 100\%$

Estimated no. of deliveries in the district

Over the FY 2011/2012, the number of family planning new acceptors was= 4,738 and the estimated number of women in the child bearing age in the District was=16,223

Therefore the CPR = $(4,738/ 16,223) \times 100 = \mathbf{29\%}$.

SUMMARY OF LABORATORY TESTS DONE

NO.	SECTION	MALE	FEMALE	TOTAL
1	BLOOD GROUP TRANSFUSION			
	ABO grouping			
	Coombs			
	Cross Matching			
2	PARASITOLOGY			

	Malaria microscopy			
	Malaria RDTs			
	Other Haemoparasites			
	Stool micro-scopy			
	IMMUNOLOGY			
	CD4 tests and others			

In laboratory section most of tests done are of malaria as shown in the table above. RDTs are used more than microscope

LABORATORY INDICATORS 2013/2014

S/NO.	INDICATORS	PROPORTION
1	Proportion of malaria OPD cases tested (all ages) using both microscopy and RDT	122,442
2	Malaria positivity rate (all ages)	68,410

AIDS Control (Prevention, control and treatment)

- HIV/AIDs prevalence rate for the region still stands at 8.4% according to the HIV national Sero Prevalence survey that was conducted way back in 2004/05.
- The HIV/AIDs Positivity rate also stands at 6.9%
- Number of people HIV tested from the laboratory =13,531
- Number of clients who were tested HIV positive from the laboratory =937
- Number of clients counseled =11,827

HIV COUNSELING AND TESTING

The availability of voluntary HIV counseling and testing service centers in the District include:

SUB COUNTY	Health facility name	level	Ownership	Functionality /status
Kiryandongo	Hospital	IV	Government	Functional
	Katuliikire	III	PNFP	Functional
	Panyadoli	III	Government	Functional
Kigumba	Kigumba	III	Government	Functional
	Medical centre	II	PFP	Functional
	St. Mary's Kigumba	III	PNFP	Functional
Masindi port	Masindi port	III	Government	Functional
Mutunda	Mutunda	III	Government	Functional
	Diima	III	Government	Fubnctional

Availability and accessibility to ARVs (Number of facilities offering ARVS by location.

The facilities offering ARVS in the district includes all HC IIIs and PNFPs

According to the HMIS data for the FY 2012/2013, the number of people on active on PRE-ART =5,126 and those eligible patients not on ART =20.

Prevention of mother to child transmission of HIV (PMTCT)

Mother to child transmission of HIV is the second common mode of spread of HIV in Uganda. About 95% of the children infected with HIV acquire it from their mothers.

The government of Uganda in collaboration with other partners such as UNICEF, UNAIDS and WHO initiated a program on prevention of mother to child transmission of HIV to address this situation.

The main aim of this intervention is to protect the child from getting infected with HIV from an infected mother during pregnancy, delivery and breast feeding.

The district currently has an adolescent population of about 138,230 persons which is almost half of the total population, but unfortunately their specific health needs have not been seriously taken care of.

The only project that was supporting PMTCT services was BAYLOR that closed in last 2012, leaving the health units in terrible state, it was supporting totally incapacitated in terms of supplies.

The Districts hope however is on IDI that is coming in to revamp the PMTCT activities in the district by reactivating the sites that had closed and make them operational once again.

Section A: HIV Counseling and Testing

1.Number of New ANC clients	
2. Number of pregnant women counselled, tested and received their HIV results	12,130
3. Number of pregnant women tested HIV positive	441
a) Number of women tested positive in ANC in the facility	
b) Number of women with known HIV positive status before 1 st ANC visit	212
4. Total number of deliveries	3966
5. Total number of HIV positive deliveries	186
6. Number of individuals counselled	25,478
7. Number of individuals tested	26,197
8. Number of individuals tested for the first time	1102
9. Number of individuals tested before this FY (Re-testers)	0
10. number who were counselled and tested as partners	1056
11.Number of individuals with concordant positive results	197
12. Number of individuals with Discordant results	32
13. Number counselled and tested for PEP	6
14.Number provided with safe male circumcision	1292
15.Number of individuals tested with suspected T.B	1020

