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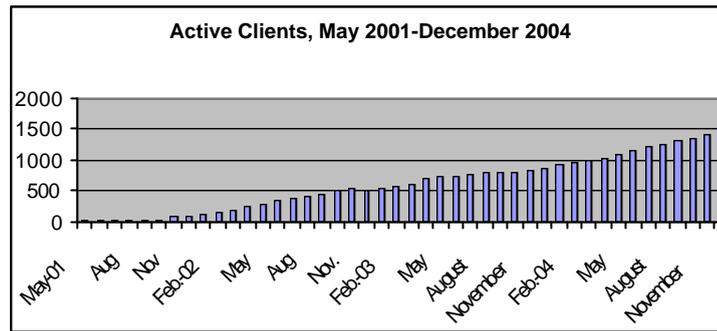
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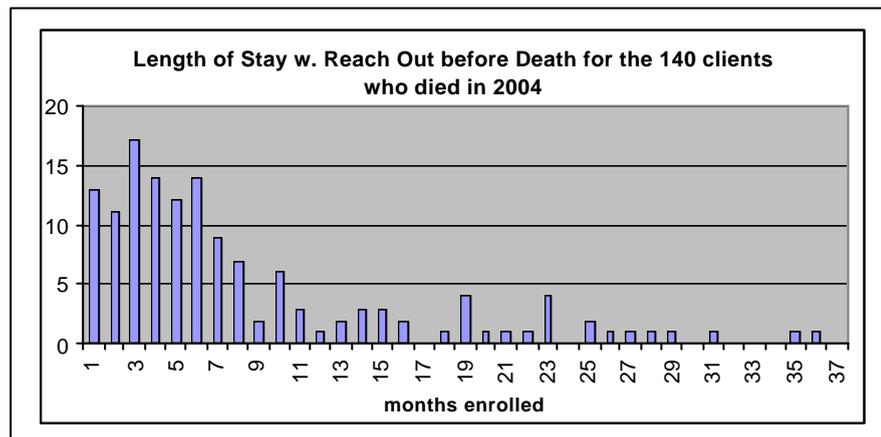
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## Annual Report 2004



### Highlights of programme activities in 2004 – a quick review:

- 2004 saw an increase of 68.8% in clients served from 860 clients end of Dec.03 to 1452 active clients end of Dec.04.
- 140 clients died this year. 22 % of the deaths were during the first month with Reach Out, 42 % were during the first 3 months of enrolment. 62% died during their first half year.  
Many clients still come very late – more community effort to encourage early testing is much needed.



### The clients we serve

- **Gender:** 34.2 % of clients enrolled are men, 65.8% women. This is only a slight increase of men of 1.2% compared with 2003.
- **Age:** Overall 38% of our clients are 30 years or less. 45.6 % of the women are <30 years, compared with 23 % of the men in the same age group. These figures confirm that young women are a highly vulnerable group and that early infection in women remains a problem.
- **Ethnic background:** 30 tribes from Uganda and neighbouring countries are represented, the biggest tribes are: Muganda 26%, Acholi 11.6%, Munyankole: 9.2% and Langi: 7.3%
- **Marital status:** 57.6% of clients have been widowed. Present marital status: Married/cohabiting 35.5%, Never married/cohabiting 9.0%, widowed and still single: 35.6%, Divorced/separated still single: 18.0%.
- **Level of education:** 13.5 % have no education, 61% has Primary 7 or less education. 4 % has higher education.
- **Religion:** Catholic 48.9 %, Muslim 10.7%, Protestant 34.0%, Saved 5.0%, Other 1.4%
- **Household size:** Average household is 5.6 people

### Achievements in Brief

- 2183 came for testing and counselling. Overall 56.2 % of all coming for testing were HIV+. In 2003 65% tested were HIV +. These figures remain very high – in particular considering that we already have and estimated 4,8 % of the adult population of Mbuya Parish enrolled as active clients in our programme.
- There has been a steady increase in the percentage of men coming for testing – from 32.3% in 1<sup>st</sup> quarter of the year to 45.3 % in the 4<sup>th</sup> quarter of 2004.
- During 2004 a total of 21281 consultations took place in clinic. On an average we have had 1773 clinic consultations per month. There has been a steady increase in consultations throughout the year.
- 290 home visits were done by the clinicians during the past 6 months. The number of home visits needed per week is steadily decreasing. As clients get on ART many of the very sick for whom we could only offer palliative care before now improve and can resume clinic visits.
- The CD4 count distribution of clients enrolled in 2004 has remained similar to our 'old' clients with 46% with CD4 count < 250 and of those 41% has a CD4 count < 100.
- In March 2004, Reach Out was recognized by the National TB program and we received our first consignment of TB drugs. This was done in recognition of our quality work and follow up of clients. Since the first consignment, we have treated a total of 464 clients with TB. Default rate is 1.3 %.
- Starting with 105 clients on free ARVs at the beginning of the year, we end the year with 545 active clients on free ARVs, an increase of 519 %.
- A study of adherence is being carried out among 319 clients, who were started on ARVs in 2004. Analysis based on pill count showed that 99.3% of clients had high level of adherence (> 95 % doses taken correctly). 126 clients (41.7%) had 100% adherence. 5 clients had an adherence of less than 95%. Overall, adherence ranged between 90.4% - 100%.
- 1012 clients and over 5000 of their family members benefited from the World Food Programme support of beans, corn-soya-blend, maize, and oil. A total of 552.53 MT was distributed.
- The year has seen tremendous growth for Bread of Life micro finance programme. We have expanded from 154 loans at the end of 2003 to a present number of 650 loans. This is more than a four-fold increase in just twelve months. We have gone from lending less than 1 million UgSh ( \$571) per month at the start of the year to loaning near 4 million UgSh (\$2,286) each month today.
- Average recollection of loans is 81%.
- Rose of Mbuya Sewing project has expanded with a vocational tailoring school. The school will provide comprehensive tailoring skills to the unskilled clients of Reach Out enabling them to generate their own income as tailors after they graduate. 8 clients were enrolled in the first class.
- 277 children were able to attend school through Operation School Fees Programme
- Adult literacy is a new programme in our project's activities, which was started to help our people especially the clients, learn how to express themselves in society, avoid being cheated in some areas, take their drugs well and live comfortably in the society. 55 clients have joined this training.
- The Community Network of Care was established during the 1<sup>st</sup> quarter with Community ARV and TB Treatment Supporters as the implementers. This cadre is working in the community where they provide support to all our clients that were to receive ARVs and TB drugs. They are the "on the ground activists" in a network which includes the Community Supervisors (community coordinators – one in each village), the ARV team, the overall medical team, and the social support team - all under the coordination of the Community Network Coordinator.

- Throughout the year, 119 clients received social support grants amounting to 4,775,000 totally (\$2810) – these grants are paid to the desperately poor – mainly for housing, basic utensils and needs.
- Friends for Life (Community programme focusing on prevention) has expanded dramatically. 1526 students in 12 schools attended Life Skill training, 146 community members are participating in neighbourhood groups and 617 youth are enrolled in youth clubs.
- The training manual for the Community ARV and TB Treatment Supporters was finalized in the 2nd quarter and is available in book form as well on CD.
- Training activities for Reach Out volunteers have expanded and many more cadres are benefiting. Also, Reach Out is now providing training for other institutions within Uganda and abroad.
- We started a daily yoga routine for all volunteers. At the beginning of the day – before other activities start we get together and go through a simple routine followed by a song, prayer for peace and finally a good laugh to get the day off on a happy note.
- Three research studies on mainly issues related to introduction of ARVs were started in 4<sup>th</sup> quarter. Results should be ready during 1<sup>st</sup> quarter of 2005.
- A communications community based strategy, and public relations strategy - has been developed in this year. A New Life - Reach Out Calendar 2005. This calendar provides with each week a story or testimony by a client/volunteer.
- Reach Out hosted the Kampala Arch-diocese World AIDS day celebrations on 1<sup>st</sup> December 2004. It was a colourful occasion attended by around 1200 people from different organizations, sub-parishes, schools, institutes and government bodies.
- A Christmas CD was made with the Angels of Mbuya Choir. All proceeds went to Operation School Fees.
- A video on Reach Out is in the works and should be ready in the 2<sup>nd</sup> quarter of 2005
- 77% of 230 volunteers are clients themselves
- During 2004 Reach Out Mbuya has worked hard to sustain our low-cost, holistic model of HIV/AIDS care and we feel that we have been successful. The **monthly** cost per client came to **US \$24.00 (UgSh. 45,600)**. The **yearly cost** to maintain a client at Reach Out came to **US \$ 288.00 (UgSh 547,200)**. This figure includes all other services - medical, social support, community prevention – as described in this report.

# Medical Support Programme

## COUNSELING SECTION

### Pre- and post test counselling

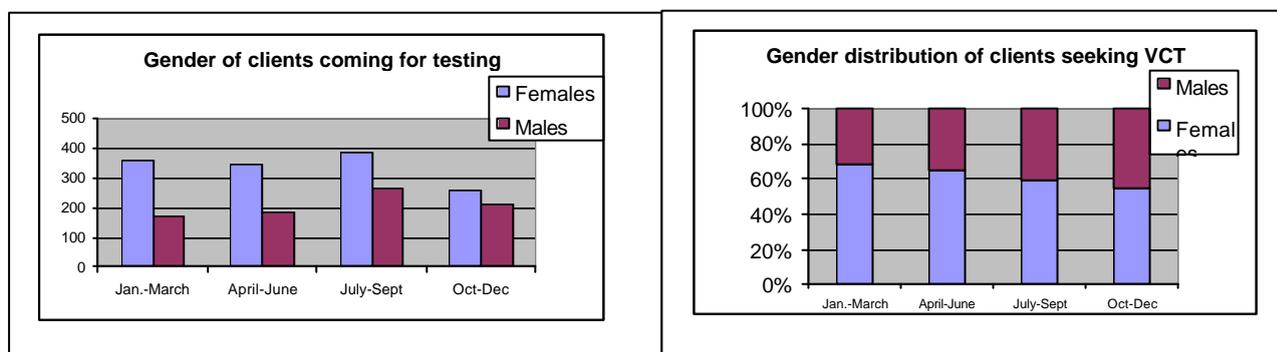
At the beginning of 2004 onsite-same day result-voluntary counselling and testing was started. This was done because in 2003 only 83% of the 1258 receiving pre-test counselling went for testing, and 24% of those 1049 who went for testing never came back for the results. Also onsite testing ensures that the result is from the individual tested and not false trying to access services.

The onsite-same day service has proven to be a tremendous improvement. Clients come for testing and counselling and if positive they are escorted home by community volunteers to find where they live for easier follow-up in the future.

During 2004 a total of 2203 came for testing, and 2183 were tested. They all received their result. 20 decided not to be tested after pre counselling. Compared with 2003 there is a 108 % increase in people going for testing **and** receiving their result. However, 76 clients did not return for clinic after receiving their positive results. Out of the total number of clients who received their results, however we anticipate that they will pick the files after internalising their HIV status/positive results

The number of clients coming for testing showed a decline in the last quarter of the year – partly because we were closed for testing during the latter part of December, but it may also be due to more VCT and treatment centres becoming available in Kampala and outside.

We are delighted to be able to present that there has been a steady increase in the percentage of men coming for testing – from 32.3% in 1<sup>st</sup> quarter of the year to 45.3 % in the 4<sup>th</sup> quarter of 2004. We believe this is due to a range of factors, ARV being available for free and community members starting to see the effect on treatment, as well as higher awareness in the community following our community out reach programme , Friends for Life and the community network's activities ( see later in this report), possibility of work opportunities including micro-finance loans as well as advocacy for testing among men - particularly some of the male clients are very active. More detailed operational research is planned to take place in the coming months.



Overall 56.2 % of all coming for testing were HIV+. There was little variation over the year. In 2003 63% of those who tested and collected their results were HIV +. These figures remain very high – in particular considering that we already have and estimated 4,8 % of the adult population of Mbuya Parish enrolled as active clients in our programme.

### Ongoing counselling

Much attention has been given to ongoing counselling during the year. Appointments are made from the counselling section as well as referred from the clinic, social support group or ARV team. The majority of counselling is taking place from clinic, but 364 home visits (51% for women) have been carried out – the issues counselled on are mainly related with drug adherence and alcoholism, breastfeeding (PMTCT) Issues, disclosure/domestic violence after VCT, and other social problems such as forced sexual activities.

A testimony from Jane Nalwadda,  
Head of Post test club, ass. Counselor  
and active in AA

*Since 1990 after the death of my husband I became hopeless. I started to take alcohol, as I thought it could help me from the problems I had. I was unwilling to admit I was a real alcoholic. I admitted I was powerless over alcohol that my life had become unmanageable until I joined Reach Out in January 2002. I found there some other people with the same disease of alcohol. We used to meet at Nsambya Serenity Center and Christ the King to share with others. Within 6 months I recovered. Many women and men have the same disease. We have made decision to our will and our lives over to the care of God as we understood Him. May God bless Reach Out and all the volunteers for showing us the way to surviving from death.*

## Focal Clubs

**Post-Test Club** This club is made up of twenty five (25) active members, these have been meeting thrice a week during the last quarter of this year for drummer and music practices. This club was given costumes in preparations for community presentations. They participated on the Aids Day celebrations and other competitions organized by Friends for Life. They also give live testimonies as regards their HIV status at community meetings and in schools.

**Alcoholic Anonymous** has become much stronger this year. The AA group is meeting two times weekly and is also participating with other AA initiatives in Kampala, mainly at Nsambya Serenity Centre and Christ the King Church. Eight AA members from Reach Out participated in an AA conference in May in Kampala. Alcohol remains a big problem in our community, but progress among clients is coming. As clients are not getting started on ARVs if they have a known alcohol problem – much effort is given to try and assist the client to quit alcohol – counselling, AA, job opportunities etc.

**Couples Club** is a new initiative which has been started during the year. 57 people are participating. Their main interest discussing social challenges social challenges in relation to financial constraints and a membership fund for income generating activities have been established.

**Club for the Adolescent** was getting started at the end of the year. It is expected to work closely with Friends for Life.

**Angels of Mbuya Choir** have continued to delight us with their singing. A CD with Ugandan and English Christmas songs was recorded and sold. All proceeds went to Operation School Fees.

## HEALTH TALKS

This activity is carried out every clinic day, led by Grace Namubiru the nurse counsellor together with counselling assistants. The information delivered revolves around nutrition, hygiene/sanitation, PMTCT and drug adherence in relation to alcoholism plus behaviour change and HIV re-infection prevention.

## Training

Counselling section has now 4 trained counsellors and counselling aides. During the year our counsellors have attended both internal and external training. Our counselling team has also been giving training to other groups such as WOLICAMI project in Seeta. (for details see training section )

- The department has developed counselling guidelines.
- Collaboration with the ARV team and community network was strong in the beginning of the year, but is getting even stronger by the day. We have fund thorough counselling crucial when preparing for ARV treatment.

## Future Plans

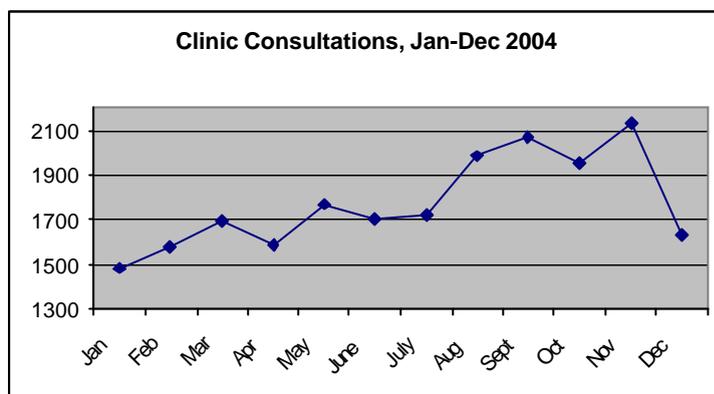
The on-going activities will be continued with the overall goal of helping people to live positively with themselves, their families and the community as such. Attention will be given to strengthen the AA activities and the programmes for HIV+ youth. Also special efforts will be given to collaboration with other departments for promoting responsible living for all - whether infected or not infected, on ART or not. We have seen an increase in the number of men seeking VCT - it is our challenge to keep this up and further involve the men.

*Prepared by Fred Katumba – Head of Counselling Section*

## **CLINIC**

### **Reception**

The many people testing HIV pos this year has obviously resulted in an increasing number of clients attending clinic.



During 2004 a total of 21281 consultations took place in clinic. On an average we have had 1773 clinic consultations per month (range 1483-2129). Clinic is held 4 days per week. Interestingly we had 43.7% men, which is higher than expected from the clients profile of 34% men. As clinic visits are scheduled corresponding to need for follow-up, it supports the overall impression that men tend to come for testing is in a more advantage stage of disease. On an average clients are seen 1.5 times per month. Only exceptionally are clients given appointments >4 weeks apart.

*(The fall in consultations in Dec. is mainly due to clinic was closed over Christmas. Very sick clients were attended to at home visits)*

Overall, the increased clinic consultations during the year could be attributed to the high need and wish to access ART, as most health units around Reach Out have not yet initiated free ART. This shows the necessity of all of us collaborating in meeting the challenge of the WHO '3 million by 2005' Initiative for the provision ART to people living with HIV/AIDS.

### **Staffing**

The increasing number of clients has led to the need for more clinicians, thus we continue enrolling more clinicians as need arises. Currently we have 17 clinicians - two full time doctors (three others come in to volunteer at least once a week) and 15 qualified nurses. Of the nurses 9 of these do consultations, 2 work in the pharmacy, 4 work in the ARVs department, while 1 works in the counselling section. The nurses at Reach Out are trained as nurse practitioners and have built a wealth of knowledge through ongoing continuing medical education (CME) every Wednesday and Thursday between 8.00am to 10.00am and ongoing peer education among clinicians during clinic.

As we continue to with medical/nursing education, in August 14 nurses graduated after completion of a 15 hours training on the Acute Care Module in the integrated management of acute illnesses in relation to HIV/AIDS, using the Ministry of Health Guidelines 2003. (Please see details in the training report).

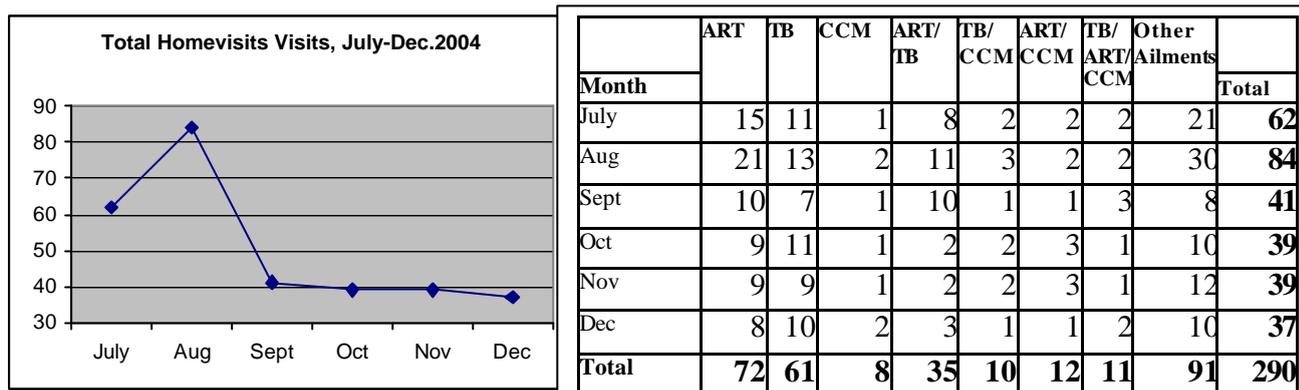
### **Clinic Consultations**

In the first quarter, the clinic started opening at Mbuya Church three times weekly (Monday, Tuesday and Thursday), due to inclusion of ARV screening and follow-up day, and once per week (Fridays) at Banda Catholic Church. In the second quarter to date, each village of our catchment area was allocated a clinic day for follow-up consultations. Thus, Mondays (Kinawataka), Tuesdays (Giza-Giza), Wednesday (home visits to bed-ridden clients in all villages with five teams of clinicians), Thursdays (Nakawa) and Fridays (at Banda Catholic Church). On these "neighbourhood-specific" clinic days the relevant community team of community supervisors and treatment supporters are also present at clinic, so communication between clinic and community can happen easily and with no delay.

Consultations still take place on the Church premises (at the back -Mbuya) and occupying the whole church in Banda. In the second quarter, a shelter was constructed at Mbuya to handle harsh weather conditions. However, at Banda church, the waiting and reception is still outside - expansion of space for clinic and administration is urgent and will be started as soon as funds are made available.

### **Home Visits**

The clients too weak to come to clinic are seen at their homes. Some of the clients are seen repeatedly till they are strong enough to resume clinic visits. Home visits are scheduled once per week, where five teams of clinicians go with the community supervisors. In addition emergency home visits are done as needed during the week. On an average around 50 home visits are made per month.



The number of home visits needed per week is decreasing over the past 6 months. As clients get on ART many of the very sick for whom we could only offer palliative care before now improve and can resume clinic visits. Still as indicated in the table a majority (91) in this half year were treated for other ailments as they were not yet on ARVs, and were very sick, some of them with very low CD4 cell counts when followed up at the clinic. Those that eventually start ARVs frequently need home visits initial as they may weaken from adverse drug reactions. Clients on TB therapy (61) show the significance of the need to screen for TB in HIV, while the presence of immune reconstitution syndrome also needs to be considered as significant in ART.

## Routine Screening

### CD4 Counts

During the first quarter of 2004 the total client population enrolled before Jan.1, 2004 were screened for CD4 counts. The results showed that **50% of our clients had a CD4 count below 250**, i.e. are in need of ARVs. **46%** of those who needing ARVs had a **CD4 count <100**. When testing all 'old clients' with CD4 counts a confirmative HIV test was done as well and 56 (6.5%) were found to be HIV neg. These clients were discharged from the programme – if on social support the services were tapered out.

Clients enrolled in 2004 have all been tested with CD4 counts shortly after joining Reach Out. The CD4 count distribution of clients enrolled in 2004 has remained similar to our 'old' clients with 46% with CD4 count < 250 and of those 41% has a CD4 count < 100. Those with very low CD4 count have little hope of surviving infections and we think of them as 'candles in the wind'. However, Reach Out operates its ARV enrolment on a pure needs-most-gets-first policy, considering access to ARV medications an ethical imperative, apparent clinical state notwithstanding. With the presence of the community AR/TB treatment supporters and social support, several of these 'candles' are still alive and doing well. A research on survival of clients started on ART with very low CD4 count is ongoing and hopefully the results will be ready during the first quarter of 2005.

### Serum CrAg Tests for Cryptococcal Meningitis

In the beginning of the year we had five cases of Cryptococcal meningitis which appeared within the first 4-6 weeks following initiation of ARV and without any severe head ache before ARV start. Two of the clients died both had CD4 count <10. On this basis we decided to do screening of CrAg for all clients with CD4 count <100 before starting ARVs.

From March - December we screened 422 clients with CD4<100 with CrAg tests. 87 tests (=20.6 %) were CrAg pos. - among these 47 (54%) had no symptoms. We are not able to do CrAg titer due to the cost. All clients with positive CrAg are started on treatment prior to ART

We believe it is important to screen for Cryptococcal meningitis with low CD4 count so as to avoid development of Cryptococcal meningitis after starting ARVs

### TB

Screening of TB is a high priority considering the high prevalence rate of this serious disease in our community. All clients coming to Reach Out are screened for TB if there is the slightest suspicion of the disease. Prior to starting ART clients are screened with three sputum tests and chest X-ray. The treatment follow-up is good – default rate 1.3%.

Please see details of TB records in the TB/ARVs section.

### **Clinic Data collection:**

We received a new computer donated by CDC Entebbe on the 26<sup>th</sup> August 2004, with an EPI INFO system that was jointly developed by CDC Entebbe and Reach Out. During the past 6 months we have received ongoing consultations from their expert data managers. This will improve our data collection in this computer era. We now have a new medical form from which data will be collected for future use. We are so grateful for this support from them.

The client database for Reach Out was finally completed in December. Data entry will begin in January 2005.

### **Clinical placements and VIP visits**

During the year we have had many clinicians in training from in- and outside Uganda. *For details kindly see Training Section of this report.*

On the 26<sup>th</sup> of July, we had a visit to the project by Mr. Stephen Lewis, the UN special envoy on HIV/AIDS in Africa. He spent at least half a day, in which he visited the clinic and the community.

Reach Out hosted the first Kampala Arch- Diocese World AIDS day, under the Catholic Medical Bureau, under which Reach Out is registered as a Faith Based Organisation. The theme for December 1<sup>st</sup> 2004 was 'Women, girls and HIV/AIDS'. *Please see other details in the communications report*

### **Greatest challenges faced**

- Lack of space for carrying out clinic activities since we have a steady increase in the number of clients.
- We still use the church premises for most of the clinic activities and hence we need some buildings in the community, which would reduce the burden of lack of space, if funding were available. In Banda, counselling, waiting area and reception are still in the open under trees).
- Increasing number of clients in need of care and support, whereas the neighbouring health units not yet providing ART.
- Our nurses are well-trained thus attractive for hiring by well-funded programmes. During 2004 we 'lost' two nurses for 'greener pastures'. This may be a small number, but the challenge remains to train new nurses and keep the spirit of voluntarism among all.

### **Future plans.**

- Ongoing enrolment of more clinicians as need arises.
- We will continue medical/nursing trainings on the HIV/AIDS chronic care module designed by the Ministry of Health Uganda, as a way of ensuring better quality of care for the PLWHAs at Reach out.
- Finalizing the revision of Reach Out Clinical Treatment Guideline
- We hope to be able to start a clinic in Kinawataka village (the biggest of the sub parishes under Mbuya Parish) to ease on the high numbers of clinic attendance (Mondays) with eventual overcrowding, long working days for the clinic staffs, and long waiting hours for the clients in that community.
- Further collaborate with other programmes – existing or at planning stage – to share our experiences of care for PLWHA

*Prepared by Evelyn Eleku - Clinic Coordinator.*

## **ARV SECTION**

This year of 2004 can only be described as the year the ART programme really took off. Starting with 105 clients on free ARVs at the beginning of the year, we ended the year with 545 active clients on free ARVs, an increase of 535%. We can never thank our donors and sponsors enough for giving us the possibility of giving our clients a real chance for a new life.

Considering that the average family size is 5,6 people 545 clients on ARVs means that more than 3000 family members have benefited from getting the chance of their mother/father/brother or sister getting back to health.

Below the quarterly enrolment and summary of the year.

		JCRC	Goodwill/ Elton		
		study John	PEPFAR	Total	
1st quarter	Active beg. Quarter	85	20	0	105
	New enrolled	0	66	41	107
	Died	5	10	1	16
	Stopped	0	0	0	0
	Defaulted	0	0	0	0
	Active end quarter	80	76	40	196
2nd quarter	Active beg. Quarter	85	71	40	196
	New enrolled		21	173	194
	Died	4	13	9	26
	Stopped/left	0	0	0	0
* 17 clients placed on PEPFAR drugs	Defaulted	0	0	0	0
3rd quarter	Active end quarter	81	* 62	204	347
	Active beg. Quarter	81	62	204	347
	New enrolled	0	0	134	134
	Died	0	0	9	9
	Stopped	0	0	7	7
	Defaulted	0	0	3	3
4th quarter	Active end quarter	81	62	319	462
	Active beg. Quarter	81	62	319	462
	New enrolled	0	0	105	105
	Died	1	0	14	15
	Stopped	0	0	7	7
	Defaulted	0	0	0	0
Summary of the year	Active beg. year	105			
	New enrolled	523			
	Died	66			
	Stopped	14			
	Defaulted	3			
	Active end of year	545			
	% of clients on ARVs died	12.11%			
% Defaulted on ARVs	0.55%				
% stopped/left	2.6%				

Engole John Robert A Teacher by profession

I started Anti-Retroviral drugs ARVs medication on 29-03-04

This happened when my CD4 count was 01 and the weight was 45kg. At that time I was completely weak, I had a serious TB, I could not manage to walk, no appetite etc.

Now my CD4 has risen to 117 and the weight has increased to 61 kg .

I am able to walk and do all the activities I want to do.

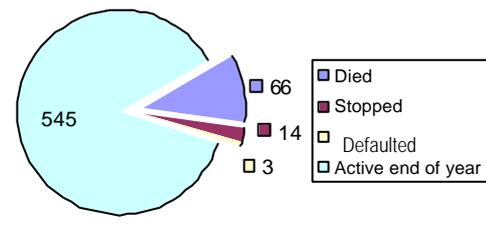
I am even organizing to go back and continue with studies at Makerere University for a degree in Education with effect from January 2005.

So I do encourage people who are living with HIV/AIDS to go and seek for treatment and those who have not known their HIV/AIDS status to go for voluntary counseling and testing in order one to have better plans for his/her life.

I would like to thank Reach out Mbuya HIV/AIDS Initiative project workers for having given me a lot of encouragement, for treatment, counseling and all the necessary support I had. This has made me stand where I am.

(Robert John Ongole wrote this six months after starting ARV – and seven months after joining Reach Out. He is now teaching fellow clients in our Adult Literacy Programme).

Treatment Outcome of 628 Clients on ARV,



**Selection of clients for ART**

The recruitment of our patients is mainly dependant on their CD4 count with the lowest served first. The following selection criteria are strictly followed:

- ✓ Be a client at Reach Out- you have to be HIV+, live in Mbuya Parish, and be more or equal to 10 years old.
- ✓ CD4 count less than 250 or HIV defining disease.
- ✓ Enrolled with Reach Out more than 3 months.(This criteria is wavered if CD4 count is less than 100).
- ✓ Have shown compliance with appointments and medication for prevention and treatment of OIs.
- ✓ No alcohol dependency.
- ✓ Be willing to receive Reach Out treatment supporters and medical team at home.
- ✓ Be willing to sign ART Treatment Contract with a family member or next of kin.
- ✓ The client should be able to live independently after regaining his/her strength, e.g. should be able to work and pay his/her house rent while receiving treatment from Reach Out.

### **Preparation before starting on ART**

Reach Out realizes the importance of very thorough counselling of clients before starting ARVs. Clients receive individual as well as group counselling where family members or next of kin participate as well. All ART candidates are screened for TB with 3 sputums (if possible) and chest Xray. Clients with CD4<100 are also screened for Cryptococcal meningitis. Hb is taken. This has also been possible as the ARV department works closely with the counselling department and with the community network.

### **Adherence to ARV therapy**

Adherence is a very critical factor in provision of HAART as non-adherence is the main cause of failure in HAART. Achieving optimal adherence is a lot more than simply instructing the patient to take the medication. At the first day of starting ARV the client is assigned a treatment supporter (Community ART and TB Treatment Supporter = CATTs), who live in their neighbourhood. They will walk home together and for the next six months they will be a team for ensuring good adherence. The community network of care is described in details under the section of Community Programs – kindly refer there for more details).

We use three main tools for adherence control: 1) pill count at every visit to clinic, 2) weekly reports from CATTs from home visits to client, 3) ARV register book. If any of these tools indicate a problem with taking the ARVs, you can act immediately and address the issues causing difficulty in taking the drugs.

A study of adherence is being carried out among 319 clients, who were started on ARVs in 2004. Analysis based on pill count showed that 99.3% of clients had high level of adherence (> 95 % doses taken correctly). 126 clients (41.7%) had 100% adherence. 5 clients had an adherence of less than 95%. Overall, adherence ranged between 90.4% - 100%. Adherence among clients who died while on ARVs is being studied – results pending at the time of writing this report, however, we do not expect a significantly different adherence result.

We believe high adherence is ensured and sustained by many factors such as: Thorough preparation in clinic and counselling, continuous monitoring by the CATTs, close follow-up in clinic, continuous counselling, home visits to clients who are too sick to attend clinic days, and last but by no means least social support including; food, micro finance support and employment.

### **PMTCT**

Until we received funding from PEPFAR in March we had referred all pregnant women to Mulago for PMTCT. In the 2<sup>nd</sup> quarter of the year we started registering and following pregnant clients at Reach Out. A total of 49 clients have been registered in this programme – only one of them was already on ART.

With the introduction of ARVs we feel we are seeing miracles every day – people are getting back to new life.

It is our challenge to ensure that treatment is provided for all those who need, that good adherence is maintained and that once physical health is re-gained people will have a chance to live a good life with respect for themselves and with respect for others. Many pieces of the puzzle needs to be put together to make this happen – we all need to collaborate - within the different departments of Reach Out, and with the outer community as well – this is our challenge, but the reward is beautiful – A New Life.

*Submitted by Rose Ochen, Head of ARV Section and the ARV team.*

## **YOGA**

Yoga is an exercise that builds strength in the body and mind. It was started at Reach Out in the beginning of 2002.

The beauty of Yoga is the simplicity in promoting health and harmony to all the internal organs and ensuring a natural functioning of all the anatomical and physiological systems of the body including the immune system hence build stamina and improve on the body posture.

This is through a daily Yoga routine of stretching the whole body, teaching of correct breathing and respiratory exercises, meditation and the relationship between the body and mind, thereby transforming the negative emotions of frustration, despair, helplessness, self pity and anxiety into hope, love, dignity, self esteem and general well being as they feel empowered and realize that they have a role to play in their well being. This therefore means that Yoga is far beyond physical fitness and is for everybody with the body and mind.

In 2004 we started a daily yoga routine for all volunteers. At the beginning of the day – before other activities start we get together and go through a simple routine followed by a song, prayer for peace and finally a good laugh to get the day off on a happy note.

While the clients are waiting for clinic appointments a short prayer is conducted, some announcements and health education sessions are made by the community supervisors followed by 45 – 60 minutes Yoga exercises.

The yoga is enjoyed by all and it stimulates the feeling of well-being and togetherness.

*Submitted by Simon Ariko, Yoga Instructor*

## **FOOD PROGRAMME**

Reach Out food program became an independent implementing partner of WFP on 19/11/2004 under agreement PRRO 10121.0. Under this agreement we are to distribute WFP supplied food commodities to PLWHAs and TB and their family members. This commodities include maize meal ,pulses, CSB, and vegetable oil.

The 2004 target beneficiaries were 1000 persons infected with or affected by HIV/AIDS or TB and 4000 of their family members, the actual figures for 2004 were 1013 and over 5000 of their family members.

The program expanded progressively both in scope and scale. The number of beneficiaries increased from 680 (180 males and 500 females) in Nov.2003 to 1013 (282males and 731females) in Dec.2004. At the same time the program staff expanded from 2 people to 13 people. This includes 10 food monitors, a distribution clerk, one assistant and the head of the program.

At first food was received and distributed on the same day which proved to be inconvenient to both beneficiaries and the program, mainly due to late delivering of food on the part of WFP. However, tremendous improvements were made when two containers; donated by MAERSK were firmly put up on slabs, properly roofed, and laid with pallets to reduce spoilage of food which is in storage. With the establishment of the containers food is received and stored in advance of distribution. Food distribution mechanisms were devised and revised to ensure effectiveness and efficiency.

A year-long working program was developed where the department staff hold meetings weekly, client meetings were held once a month, monthly and quarterly reports made to management, and monthly reports to WFP. A grievance committee was formed to resolve clients problems but it died down due to lack of funds for its activities. An official from WFP was invited to talk to the beneficiaries about WFP's program for PLWHAs and how they should engage in income generating activities in case the food should be stopped.

In assessing the impact of food on the beneficiaries, we visited 58 beneficiaries who have been on WFP food since June 2002 25.4% showed weight loss, 18.3% maintained the same weight, and 56.3% showed weight gain. This, by implication means that the food helped them to take their medicines up to the present stage. Testimonies by beneficiaries indicate that the presence of food helped them to save money ,send more children to school and afford changed diet.

Among the many challenges faced this period were setting up proper storage facility, effective reporting, monitoring and evaluation; and effective record keeping.

In preparing for the future, we anticipate more challenges as the scale of operation will increase from the present 1013 to 2200 or more. This means increased activities, more storage space and facilities .increased responsibility etc.

In summary, we gave out the quantities indicated below

Male	Female	Maize Meal	Pulses	CSB	Veg.Oil	Total
282	370	307.99MT	96.01MT	120.82MT	25.35MT	552.53MT

The importance of food for our clients is proven every day. For the poor person food is the first medicine and without it we would not be able to get the good results of our medical programme. We are deeply grateful for the support of the World Food Programme providing the food for our clients.

*Prepared by Peter Paul Igu, Food Programme coordinator*

### **Maria Lubayiza**

#### **Food is health**

*My name is Anna Maria Lubayiza a divorced woman with a family of 12 members. I joined Reach Out in June 2001. I was weak, desperate as a divorced woman with kids. But when I began to get medicine and most of all WFP food I gained my confidence as I am now able to provide at least all the domestic needs for the family. I have accumulated some amount of money and as a result my children are schooling well. I can pay my house rent and run my business very well. I am now a happy mother. I have also forgotten of my heavy worries about my divorced husband. I thank mostly Peter Paul and his food monitors in Reach Out and the entire Reach Out management. Long live World Food Programme.*

# Social Support Programme

## BREAD OF LIFE - MICROFINANCE

Bread of Life is a micro finance scheme designed by Reach Out to provide small loans to HIV/AIDS clients and volunteers. These loans can be used to start small businesses, expand existing businesses, or can be used to address personal needs people may have regarding income generation. The program was started in 2002. At that time Reach Out was still a small organization with a limited number of clients. Since then the organization has seen rapid growth. Bread of Life has responded to this growth by increasing the number and size of loans while maintaining a philosophy of serving the very poor of our community. We have strived to keep interest rates low and have consistently sought ways to improve the sustainability of the program so that a maximum number of people might benefit through our services.

The year beginning in 2004 has seen tremendous growth for Bread of Life. We have expanded from 154 loans at the end of 2003 to a present number of 650 loans. This is more than a fourfold increase in just twelve months. Growth of this nature has precipitated a need to change policies, increase staff and develop plans to ensure the success of the program. It has also considerably altered the financial landscape of Bread of Life.

### Financial Summary – Year 2004

Total Amount Loaned	49,440,000 UgSh	(\$28,251)
Average recollection rate per month	80.9%	
Total number of loans issued	496	
Total number of loans outstanding	328	
Amount Outstanding* – from loans issued in 2004	28,519,300 UgSh	(\$16,296)
Total Amount Collected	28,808,400 UgSh	(\$16,462)
Principle Collected	29,802,657 UgSh	(\$17,030)
Interest Collected	2,409,093 UgSh	(\$1,377)

\*this figure includes loans which are still in the process of being collected

### Policy Changes and Implementations

Perhaps the most significant change which has taken place for Bread of Life during 2004 has been the services provided under that name. At the start of the year Bread of Life was a title used by Reach Out to describe an umbrella program that consisted of three very different social welfare projects. Micro finance, Operation School Fees and The Roses of Mbuya programs were formerly part of Bread of life. It was during the first quarter of 2004 that the decision was made to separate each program and create independent identities for each. This has been tremendously helpful for our micro finance scheme, as there is no longer confusion amongst our clients as to the services we provide.

With help from a grant given by the Stephen Lewis Foundation Bread of Life was able to expand the number and size of the loans we issue. In January the average size of a loan was 50,000 UgSh,(\$29) while today the average size of our loans is 100,000 UgSh,(\$48). We have gone from lending less than 1 million UgSh (\$571) a month at the start of the year to loaning near 4 million UgSh (\$2285) each month today. These increases have meant that more people and persons having a more pronounced need are able to access services that are helping them to become less dependent on an external system. Acaye Quinto is one such person featured in our yearly calendar and his story shows generally the successes being achieved as a

#### **Acaye Quinto**

*My name is Acaye Quinto and I came from Gulu four years ago due to the political insurgency there. I have a wife and five children. I was originally a builder but when I fell sick, I could not do it anymore. I was treated at Reach Out, given a loan and bought a stone quarry in Banda. Being on ARVs, I regained strength to work more effectively. I used the loan to employ someone to work with to produce more. I have gone back to building to supplement my income and enable my children to go to school. I have more hope now that I am in Reach Out.*

result of Bread of Life.

The increases in lending have created a need for a larger staff who can carry out the management of the program. The year 2004 has seen this staff grow in both

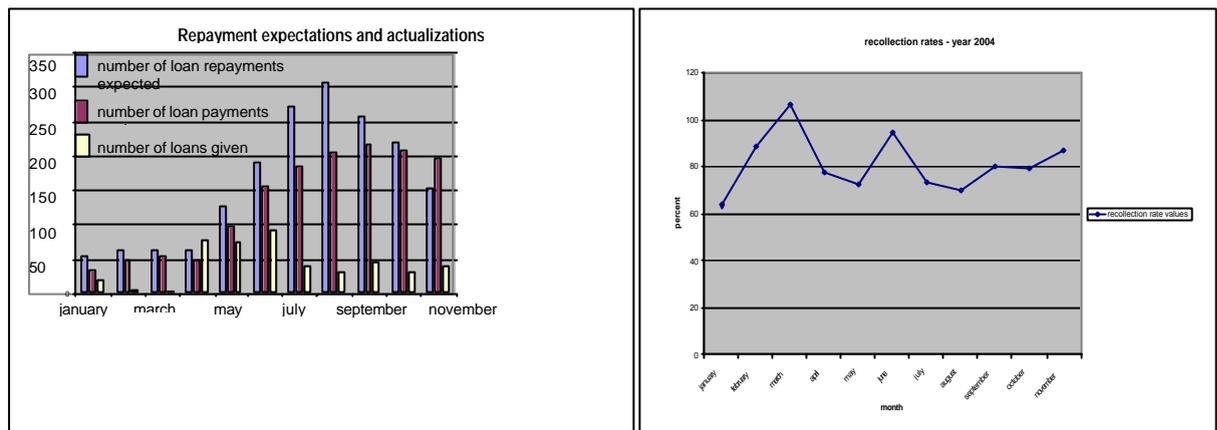
numbers and capacity. None of the current six person team was with Bread of Life at the beginning of this year but all are now contributing their energy and passion for our clients. Each staff member is responsible for monitoring loan collections in

various areas of the parish. All are engaged in learning more about the lending process and all are committed to improving the sustainability of Bread of Life.

Some significant policies that have been implemented include:

- The production and implementation of our Policy Manual
- The increase of our interest rate from 5% to 10%
- The extension of bigger loans from 50,000 UgSh to 100,000 UgSh (\$29-\$48)
- The extension of loans to volunteers as well as clients
- The division of capital in lending to promote healthy recollections

Each of these decisions has played a significant role in shaping the current state of Bread of Life. The projections below indicate that our policies are working to create stability in lending and consistency in recollections. This is true both for the number of people paying on their loans and for the amounts we are receiving in repayment.



The trend in decreasing the gap between expected payments and actual payments reveals that our loan collection procedures, through monitoring and consistent follow up, are leading Bread of Life into an equilibrium where clients are defaulting less and less on their loans.

Currently we are pleased with our recollection rates which are hovering around 80% per month. We do have plans for increasing these rates in the future and are excited that our clientele are developing the capacity to repay their loans in full.

### Looking Forward

In 2005 Bread of Life would like to accomplish a variety of goals which we feel will improve the overall workings of the program. Our highest priority is to our clients and as such we are exploring ways that we can help them to achieve their goal of self sufficiency. In the coming months Bread of Life would like to implement a one day business training workshop for all of our first time borrowers. The target of this workshop would be to impart needed skills to clients on how to best manage their small business for success. These monthly workshops could be followed up on by holding one on one counselling sessions with interested clients to discover where they are succeeding and where improvements could be made.

For Bread of Life to effectively implement any training program will require that we first focus on training ourselves. Staff development in the areas of counselling, business management, accounting skills, and loan monitoring skills will take precedence. With time we also hope to add new staff as the program grows.

Financially, Bread of Life, does have some specific goals. In the coming months we will be setting targets for our monthly recollection rates. We hope to increase them through a variety of innovations. We are also in the process of creating some new financial measures for the program which will have the capacity to predict the long term sustainability of the program and provide Reach Out with a very clear picture of the health of this micro finance scheme.

Finally, it is our hope that during 2005 Bread of Life will acquire a desktop computer with which it can conduct its day to day operations. With each new loan there is a tremendous amount of data to track and a computer would help tremendously in the compilation and analysis of the data. We also hope to acquire more funds with which we can expand the program. Until we are fully sustainable, new funds will be necessary to carry on the work of lifting the poorest of the poor out of their poverty and into a place of self dependency.

Bread of Life at a Glance – 2002 to 2004

#### Overall Financial Summary

Total Amount Loaned	51,725,000 UgSh	(\$29,557)
Average recollection rate per month	80.9%	
Total number of loans given	650	
Total number of loans outstanding	401	
Total Amount Outstanding	30,668,300 UgSh	(\$17,525)
Total Amount Collected	28,834,950 UgSh	(\$16,477)
Principle Collected	26,725,069 UgSh	(\$15,271)
Interest Collected	2,109,881 UgSh	(\$1,205)

*Submitted by Joy Nanyunja, Head of Bread of Life Team and Brandon Bennett, Peace Corps Volunteer*

## **ROSES OF MBUYA SEWING WORKSHOP AND VOCATIONAL SCHOOL**

This year the Roses of Mbuya has registered a lot of progress.

In January the Roses of Mbuya acquired a new premises/workshop donated by the British high commission to facilitate all our expanding activities in the Roses. We also received, during the year, donations of money and sewing machines. Our major donors include British High Commission, Rotary club of Kampala west, Danish communities, Ascoat goat race committee, Indian communities and group Cameroonian ladies, plus a number of individual donors.

In November we celebrated our second birthday. Many of our donors and other supporters attended our birthday party at Reach Out. The other way in which we marked the event was the publication of a new Roses brochure.

### **Vocational School**

One of the impacts of the additional space was that, on 21<sup>st</sup> September, Roses of Mbuya celebrated the opening of our new vocational training school with 8 trainees in the first class. The objective of the school is to expand benefits of the Roses initiative to a greater number of clients. The school will provide comprehensive tailoring skills to the unskilled clients of Reach Out enabling them to generate their own income as tailors after they graduate. The trainees have already started to produce items for the Roses shop as their skills develop.

### **Contract Work**

This year the Roses have handled a lot of contractual work. In the month of February we accomplished a contract for WFP staff uniforms. The Roses of Mbuya made WFP drivers' uniforms. The Mango Tree project gave us a contract to work on their educational materials (charts and calendars): between the month of February and June, twenty-one Roses' ladies made more than 15,000 charts.

Our main contract in 2004 was with St. Kizito primary school. This is an ongoing relationship. We have established a stall at the school premises where uniforms are displayed and sold.

And so far we have made 859 pieces of school uniforms between July and December 2004.

### **Challenges**

- Finding a bigger market for our products
- Make Roses a self-sustainable business
- Increase capacity of vocational school

*Submitted by Joseph Ntale, Roses of Mbuya Manager*

### ***Alwedo Florence***

*My name is Alwedo Florence. I am a mother of 3 children. I am currently working with Roses of Mbuya tailoring workshop. Before I came to Roses, I was living a miserable life. I had children who needed school fees, rent was pending and it was hard for me to get food, all of which required money. I am now happy because I can get some small money to keep my family and myself. In Roses we love one another which has made us solve our problems because we are able to share and get solution.*

*(Florence was among first joining Roses of Mbuya, when it was started in Oct.2003. She is an excellent tailor now – and she is also the leader of our choir 'Angels of Mbuya')*

## **OPERATION SCHOOL FEES**

At the beginning of the year 2004, we had a total number of 246 children. These are children of clients who without support from OSF would not be able to attend school. The children are provided with school fees, uniforms, school equipments and a hot meal at school through OSF. 31 Operation School Fees children were transferred to the school support program of AVSI (Italian FBO) to be provided with school fees through out primary and secondary school. OSF is still providing follow-up of students enrolled with AVSI, thus a total of 277 children are followed up by the OSF team.

The main focus of Operation School Fees support is primary school students ; however, the children living with HIV/AIDS are supported in secondary school. Presently, we have 6 HIV positive students in secondary school and 7 in primary school. Of these, 2 are on ARV medication. Of the children sponsored, 52% are girls while 48% are boys.

At the beginning of March 2004, Operation School Fees together with Friends for Life department joined hands to establish a Music Dance and Drama program. The children meet every Saturday for music, dance, and fun.

These Saturday morning meetings are very popular with children who otherwise have very little entertainment in their daily lives. It also gives the children an opportunity to be together and develop friendships.

### **Funding**

Individual sponsorships is still a very important support for OSF – in particular from families with children, who wish to help less fortunate kids. In the last quarter of the year a school in California “adopted” OSF for their community work and raised enough money to help 40 children in school.

In addition we receive funding from groups such as SidEcole, A youth church group in Rome and AVSI. A very colourful fundraising group is Uganda Motor Bikers Association who for the 2<sup>nd</sup> year in a row have supported OSF. This year they made a trip from South Africa to Uganda through 6 countries doing awareness education along the way and raising enough funds for 60 children to go to school. A dermatology professor, Jack Resneck who conducted a skin study with Reach Out in May 2003 used his own wedding to raise funds for OSF asking for donations instead of gifts – Ellen Hufbauer and Jack Resneck’s wedding fund provided among other things enough funds for 40 children to go to school.

We are deeply grateful for all these creative and loving ways of helping our children.

Reach Out considers staying in school crucial for prevention of HIV/AIDS and poverty. In spite of all the support from outside we are also raising funds through sales of bead necklaces made of old magazines by our clients. The clients get a small income selling their crafts which can help them for school fees for their own kids and over all proceeds of the sales of necklaces go to supporting other needy kids. Sales of our Angels of Mbuya’s Christmas CD brought enough funds for 30 children in school. In spite of all these initiative the waiting list is still long – but we will keep trying to ensure funding.

In October we were encouraged by AVSI to enrol 100 children in their school fee support programme. Mbuya Parish was also given this chance for 100 of the parish children. The two programmes are separate, but will be followed by OSF. In order to meet these extra responsibilities the staffing of OSF was expanded from 3 to 6 volunteers. The new team developed a screening tool for identifying the most need of our clients and this questionnaire was filled in November. The selection of children is now totally transparent and we can easily choose those who are socially most disadvantaged and where the children is more affected by HIV/AIDS.

### **Future plans:**

- Further intensify our fundraising for OSF
- Help bright children of clients opportunity to go to secondary school
- We shall continue to work on accessing vocational training possibilities

*Submitted by Lucy Lanyero, O.S.F Coordinator.*

*My name is **Namusoke Prossy**. My husband had just died, I had no money yet my children needed to go to school. I tried to do all sorts of petty jobs but couldn't get enough money to take them to school. Each day they could ask me: "Mummy, do you mean we are not going back to school?"*

*But thanks to Operation School Fees who enrolled one of my children and started paying the school fees and all the scholastic materials needed at school. Operation School Fees thank you for lifting me up when I was about to fall. You have given our children a bright and hopeful future. My son has done his P.L.E this year and I am sure he will pass.*

## **ADULT LITERACY AND HEALTH EDUCATION**

Adult literacy is a new programme in our project's activities which was started to help our people especially the clients learn how to express themselves in society, avoid being cheated in some areas, take their drugs well and live comfortably in the society.

It started in March 2004 although much is in pipeline. It started operating fully in July after getting the three primary teachers from Lincoln, that were helping to give a hand and later Joy Tumuheirwe's as the head of department.

In the beginning we did not have any learning materials that were suitable for facilitating adult literacy and we tried to use Primary materials and methods of teaching. With the time the organization bought for us a learning kit for promoting literacy choices. This helps in integrating learning in everyday life and making the learning interesting for both the learners and the facilitators

- Looking at the various methods of facilitating adults learning, we have decided to take on functional adult literacy.
- We have mobilized more learners in to the systems and this has increased the number of our learners from 19 to 55.
- Since learners come to the place with different learning needs and expectations, we have tried to harmonize this and help the learners focus on the learning needs and not just what they want to learn.
- In addition, we have organized learners into different groups. This is because some learners had ever gone through the formal learning of Primary Schools and others not.
- We have made a time table and sorted the subjects to be covered.
- Therefore, we teach them, reading and writing (English) mathematics, Swahili and health Education.

However, while introducing reading and writing, we bring in issues that are relevant to today's life.

- As learners improve, we keep on promoting them to different classes. We can now say that we are moving on well as the learners improve.
- We have had two training sessions by Carolyn a student of BACE –MUK and Craig from Mango tree. This was to equip our facilitators with skills and knowledge about adult learner, the different methods and approaches of helping adults learn and how to handle adult learners.

However, we still need more of training to have capable adult facilitators.

However, the drop out and missing of class rates are high because most of them are clients and so they need a lot of motivation to continue learning. We as facilitators, try our best to encourage them, share to gether and interact.

### **Achievements:**

I am glad to report that in September 2004, we managed to open a branch in Banda with 12 learners and 3 facilitators while at Mbuya branch 5 learners were promoted to join the Roses of Mbuya sewing workshop. We have opened a reference and lending library for both participants and facilitators

In September, Madam Karen Van Diesen joined us in facilitation as a volunteer working part time. She is a (TEFL Teacher with an MA in Education Management).

On 2<sup>nd</sup> Dec 2004 learners were rewarded reports after sitting for exams through what they have been taught in the 5 months. Therefore, they have been for holidays and they started again on 3<sup>rd</sup> Jan 2005

### **Problems:**

The department does not have learning space as a result some days we learn from outside and some other learning materials like Black Boards are still missing.

### **Enrolment**

As enrolment of learner is concerned we managed to maintain 43 learners at Mbuya and 12 in Banda. This makes the total number of learners 55.

God Bless You.

Prepared by Tumuheirwe Joy, Adult Literacy Co-ordinator

### **Joy Tumuheirwe**

*My name is Joy Tumuheirwe and I am 30 years old. I first learned that I was HIV positive in 2002. My skin had broken out in rashes and no one wanted to associate with me. I even lost my job as a nursery school teacher because of my skin problem then. It was not until much later that the diagnosis of the skin disease opened the door to my healing and stopped the feelings of sickness that I always had. My skin is getting better every day and this has restored my confidence, all the stress is gone and now I am fully working. I have gone back to my professional job and now at a higher level since I am the head of the Adult Literacy Programme here at Reach Out – Mbuya. This has given me more opportunity to reach out and share my experiences with other suffering and hurting clients. Our classes are designed for all the non-literates in Mbuya Parish and this includes clients and non-clients, although at the moment most of my participants are clients. And because my health is reasonably restored my attitude is very positive and I can now testify that my facilitation/ teaching is empowering and changing lives, too. All these successes are accounted to the hard work of kind people that are willing to help others. When I carefully analyze my former state - before no one wanted to identify themselves with me because of the way I looked and appeared, but now I have many friends and people don't feel ashamed of me just as I don't feel ashamed of myself. I am now the head of the literacy classes here at Reach Out. I give all the glory to God.*

# Community Programme

## COMMUNITY NETWORK of CARE

### ART Section

We have come to the end of the year that we never wanted to end. This was the year that Reach Out has given birth to the **community network of care**. This was the network that was started when we were getting ready to expand our ARV section to 545 clients on ARVs courtesy of PEPFAR, Good Will, Elton John Foundation and JCRC; and also to cater for our TB clients as the national TB program had approved us a distribution centre.

Before the given the chance to apply for PEPFAR ART drugs, Reach Out had already started preparing for giving ARVs to our clients who were in need of the drugs. Building on the already established and well functioning TB community supporters, selection among the best of these was done and a new cadre of **Community ARV and TB Treatment Supporters (CATTs)** was given further training to enable them to made take on this task. This cadre is working in the community where they provide support to all our clients that were to receive ARVs and TB drugs. They are the "on the ground activists" in a network which includes the Community Supervisors (community coordinators – one in each village), the ARV team, the overall medical team, all under the coordination of the Community Network Coordinator.

The ARV team was expanded in the first quarter of 2004 from one nurse with an enrolled nurse assistant to 3 nurses (one of them herself on ARVS) and the TB coordinator (now ARV/TB Coordinator) plus one volunteer. Moreover, we added 3 more nurses in the clinic to meet the increased influx of clients.

The community network has four meetings per week – one per village where the weekly reports of the CATTs are submitted, problems reviewed and new ARV clients are assigned their individual CATTs. . The network has trained 41 CATTs and 10 community supporters, all under the supervision of 5 community supervisors with each training taking 3 weeks in treatment supporting, ARVs, TB and home based care. Each CATTs supports ten clients on ARV and/or TB treatment and provide reports at the weekly network meetings. The CATTs have proven themselves to be an incredible asset for successful ART. Each client started on ARVs will have a treatment supporter for at least the first 6 months. The value of their work is easily recognized in the clinic where we have found few problems with adherence to the drugs (see detailed report under Medical Programme, ARV section) We have so far trained 41 CATTs but unfortunately 1 died a few days after graduation, one was stopped for misconduct and the other resigned because of other commitments. Now have 38 trained CATTs taking care of 370 clients, 178 on ARVs, 75 on both ARV and TB medication and 117 on TB medication. As more people go on ARVs we shall expand the number of supporters as needed.

In addition to the CATTs we also have 'community supporters', who are trained for one day in addition to the training they receive by the CATTs in the communities. They are there to assist the very weak clients who need extra support like cleaning, cooking, and bathing. They have proved to be wonderful especially with clients who live alone in the house when they become helpless.

Due to the intimate contact between CATTs/ community supporter/ clients/clinic the community network is now also key point for the social activities in the community as well as other social support programmes such as Bread of Life. The people living in the community know the real situation on the ground and are in an excellent situation to counsel and find solutions. The network meets weekly in each area and monthly for all area networks to exchange ideas and develop strategies.

The last quarter of the year started joyfully with the graduation of our clients who have spent six months on ARVs and are really doing well and conversant with ARVs. Out of the 341 clients being monitored by the end September, 80 clients were **graduated**. It was a wonderful day for us as the testimonies these clients were giving indicated a lot of hope meaning that we had done great work for them.

All the communities have worked hard and have formed up **groups to fight poverty**. This will enable them solve their social and economic problems and not so much depend on the project. Meetings in the communities for community volunteers and the clients are going on in all the communities. These help clients understand that the project belongs to them and so they should participate actively in all activities. They are also able to solve problems within their communities together. Each network was given 8 hoes to improve on their income generating projects in their areas.

We had our central volunteers being promoted to the level of community supervisors as the CATTs are now the central volunteers of the small zones they reside in. Each month every community supervisor now gives in a report about her

community. This year we are all turning our efforts to finding out why some of our clients who are not on ARV or TB treatment suddenly stop to attend the clinic. On average 40 clients are written off in the clinic register because they have not shown up for three months moreover we don't have any information about their whereabouts. Our community volunteers have started laying strategies of fighting this problem, so that we have information about these clients.

#### Challenges:

The challenges we are facing are numerous.

- trying to ensure that each client takes their medicine properly, that they avoid drinking alcohol that they keep their medical appointments, dispelling misinformation that is rife in the community, and ensuring all clients reside in the Mbuya Parish.
- Our biggest challenge still is clients' residency. We are getting many clients brought by their relatives when they are very sick and after a short while, they chase them from their houses. Such relatives have bigger expectations from the project than we can offer. This makes a client feel discriminated. Even those clients, who are residents, keep move from one area to another, making it hard for us to monitor them. The network though has proven itself ideal for keeping track of clients.
- The introduction of free ARV in Mbuya Parish has caused a very significant increase in the number of clients coming for testing and enrolment in Reach Out. This has demanded increased person power and expenditures on all aspects of Reach Out's activities. Most acutely, we are facing serious problems of sufficient space to accommodate this rapid increase in clients and activities.

The **major solution** and road to our 100% success will come from working together. If we keep up the spirit of being united with all parties; in Reach Out, the clients' families, the community and all our partners (in Uganda and abroad), one day we will be able to register 100% success. We thank everyone who is supporting us in doing this works especially all the departments in Reach Out.

#### CONCLUSION

We were very grateful for the individual donors, Elton John Foundation and PEPFAR funds which has made it possible for us to provide ARV's to our clients. Because our ARV program was already up and running based on donations and research, we were able to begin PEPFAR ARV's without a single day's delay. We are growing our program at a steady but reasonable pace so that we do it right the first time.

Our biggest challenge is the very high need for ARVs among poor people, which is leading many very sick people to move into Mbuya Parish, as there are few places giving free ARVs in Kampala and in other parts of Uganda.

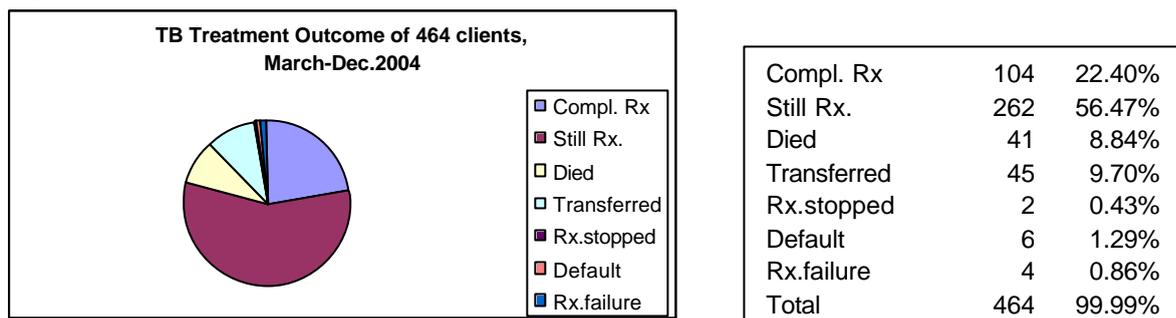
*The introduction of free ARV in Mbuya Parish has caused a very significant increase in the number of clients coming for testing and enrolment in Reach Out. This has demanded increased person power and expenditures on all aspects of Reach Out's activities. Most acutely, we are facing serious problems of sufficient space.*

#### TB Section

In March 2004, Reach Out was recognized by the National TB program and we received our first consignment of TB drugs. This was done in recognition of our quality work and follow up of clients. Since the first consignment, **we have treated a total of 464 clients** of which;

- **121clients** were transferred to Reach Out from other health centres where they had been registered as shown below.
  - Kiswa H/C – 98 clients, 57 female and 41 male
  - Mulago hospital – 8 clients, 6 female and 2 male
  - Naguru H/C – 3 clients, 1 female and 2 male
  - JCRC – 2 clients, all female
  - Nsambya – 2 clients, all female
- Other centres were Mildmay, IDC, Soroti, Mbarara, Entebbe, Mukono, Military Hospital Mbuya, Lira, Gulu; with a total of 8 clients, 6 female and 2 male. This is to show the burden our clients had in collecting their drugs as many could not even afford the transport to these centres. Thanks to the National TB program for realizing this and enabling us help more people get rid of TB.
- **343 clients** were started at Reach Out

Treatment outcome of the 464 clients treated since Reach Out received TB drugs directly from National TB and Leprosy Programme is shown below:



#### Achievements

- ✓ Our biggest achievement this year as the TB department was recognition by the National TB/Leprosy program as a treatment centre. Thanks to all the people whose efforts led us to this especially National program director, Kampala district supervisor and the Supervising health centre.
- ✓ We were invited for a workshop on Implementing TB DOTS system
- ✓ We participated in the launch of the Global Stop TB Partnership.
- ✓ Maintaining our low default rate among clients started on TB treatment

#### Future Plans

- \* To have monthly training for clients started on TB treatment in that month.
- \* Requesting clients started on TB treatment to bring a treatment supporter of his/her own preferably a relative for TB education in order to have more people with TB knowledge in the communities, hence improving prevention.

*(TB Section of Community Network of Care is prepared by Olivia Babirye, CATTs Coordinator)*

#### Social Support Section

After Reach Out gave birth to the **community network of care**, a lot of changes took place that saw the social support department handed over to the community.

This is the department that gives grants, material support and psychosocial counselling to clients in poor destitute conditions. It is being run now by the community supervisors, CATTs and a social worker as the team that does the household assessment and the home visits. The department has continued to receive donations from many new friends, adding to the growing number of loyal donors many from within Uganda itself. Many of the donations are second hand clothes and household items. We appreciate all your support.

Throughout the year, 119 clients received grants amounting to 4,775,000/= (\$2728). Of these 75 were females; 51 received for house rent totalling to 2,345,000/=, 9 for small businesses totalling to 305,000/=, 10 for basic needs totalling to 365,000/= and 5 multiple grants. Multiple grants are those that are more than one grant and for different reasons normally or the same reason for special cases. Out of the 44 men supported, 29 received for house rent totalling to 1,200,000/=, 6 for small businesses totalling to 205,000/=, 6 for basic needs totalling to 355,000/= and 3 multiple grants. Of those we supported, 13 clients died, 7 females and 6 males.

As we continue to support our clients and their family members, the department received 307 blankets; 120 donated by the Indian Women's Association and 187 bought by Reach Out. We distributed 290 blankets, 2 remained and 15 went missing as in the beginning we had storage problems until the project purchased a container which is our secure store now. We have maintained our good system of record keeping ensuring transparency at all levels. Each of the 4 networks has its own record book kept by the community supervisor that we always compare with the general record books kept by our trained social worker. All decisions about what support goes to which client are made during the network meetings unless in emergency cases.

At the very end of the year we received a big donation from the South African Women's Organization which shall be used in 2005 to start providing small mattresses and blankets to our very poor clients as we realized many share one mat and giving one blanket doesn't make any big difference.

The social network of care was established in the community to better monitor and respond to the social needs of our clients. Each of the CATTs is assigned a specific zone in which they work as central volunteers coordinating all activities. We are very pleased with the results of this re-organization and are looking forward to further develop and strengthen this programme component in 2005.

**Challenges:**

Its one sector of our program that is hard to find donors as very few organizations look into this aspect of a person's life. Most of our clients are very poor and this puts our community volunteers in a very hard situation of making decisions as many people are in need but the support is limited. Many people have brought their very sick relatives from the village and after we have given them ARVs, they chase them out of their homes or propose to take them back to the village. This has increased the demand for house rent on top of those who fail to pay because of sickness.

*Prepared by Community Supervisors, CATTs, Florence Nankumba and Compiled by Eric Kamunvi, Community Network Coordinator*

**FRIENDS FOR LIFE – COMMUNITY OUTREACH**

Friends for life is the community mobilization and sensitisation arm of Reach Out. This year we have carried out our activities in seven communities and thirteen schools. We have used video shows, music, dance and drama, /skits/role plays, fine art, sports and participatory seminars.

The three major areas of Friends for Life activities are:

1. School Programme
2. Community Programme
3. Youth Groups

**1. School Programme**

We have been able to carry on our education for life programme in 12 schools, nine of which are primary schools. These include: Tree Shade, Uganda Youth Aid, St. Joseph P/S Banda, Mbuya Army P/S, Mbuya Parents, AMKA, Kiswa, Church of Uganda P/S, and St. Paul P/S.

We have had three secondary schools and these include: Amka Classic, Better Future S.S, and Precious College S.S.

This year, we have been able to organize music, dance and drama festival competition for primary schools where nine schools participated.

The schools are visited on a weekly basis, equipping students with life skills, good morals, and spiritual values. We have helped them on how to make self-made informed decisions.

Friends for Life has established a good collaboration with the staff at the schools and an evaluation of the programme by the school principals was very favourable. All schools have requested FFL to continue the work next year and preferably expand to include more class levels. Several schools not yet included has asked for our assistance.

**The attendance at school activities has been as shown in the table below**

	TS	MA	BF	PC	UYA	SK	COU	SP	SJ	MP	AM	KS	TOTAL
1 <sup>st</sup> Quarter	145	132	123	145	132	112	144	111	122	133	113	111	1376
2 <sup>nd</sup> Quarter	113	115	80	59	108	233	84	121	76	109	101	282	1526
3 <sup>rd</sup> Quarter	113	115	80	59	108	233	84	121	76	109	101	282	1526
Fourth Quarter	113	115	80	59	108	233	84	121	76	109	101	282	1526
<b>Total</b>													<b>1526</b>

**Key:** TS- Tree Shade MA-Mbuya Army BF-Better Future PC-Precious College UYA-Uganda Youth Aid SK-St. Kizito Church of Uganda SP-St. Paul Banda SJ-St. Joseph MP-Mbuya Parents AM-AMKA KS-Kiswa

**2. Community Programme**

In the month of January we trained 28 community members, from whom we selected 12 community mobilizers. These community mobilizers have been effective in organizing community groups which are each visited once per week by FFL. The meetings are used for health education, drama, self-help issues like gardening, etc

We have been able to reach seven groups that were formed for easy access.  
 Within here, we have been able to reach a total number of **1056** as shown in the table below.

	Banda 2		Banda 9		Banda 11		Kinawataka Lower		Kinawataka Upper		Acholi Quarters		Nakawa		Total	
	F	M	F	M	F	M					F	M	F	M		
1 <sup>st</sup> Quarter	108	42	23	96	81	28	54	33	88	44	71	52	72	21	581	243
2 <sup>nd</sup> Quarter	111	20	142	09	112	17	88	36	105	40	111	39	35	10	704	171
3 <sup>rd</sup> Quarter	108	42	23	96	81	28	54	33	88	44	71	52	72	21	581	243
Fourth Quarter	98	52	96	23	79	28	54	33	98	44	71	52	72	21	568	253
<b>Total</b>															<b>910</b>	<b>146</b>

### 3. LIFE YOUTH GROUPS

This year, we have been able to start the youth programme. It has taken place in four areas and these include; Banda Youth Club, Kinawataka, Acholi Quarters and Bugolobi. The youth groups were started after the behaviour change seminar in May.

#### Attendance in Youth Clubs

	Kinawataka	Acholi Quarters	Banda Friends for Life	Bugolobi Friends for Life	Total
1 <sup>st</sup> Quarter	----	----	----	-----	---
2 <sup>nd</sup> Quarter	---	---	---	----	----
3 <sup>rd</sup> Quarter	88	55	79	79	<b>301</b>
Fourth Quarter	87		131	98	<b>316</b>
<b>Total</b>	<b>175</b>	<b>55</b>	<b>210</b>	<b>177</b>	<b>617</b>

#### Highlights of the year

- In the month of January we trained 28 community members, from whom we selected 12 community mobilizers
- AIDS Community Education and Training trained teachers in all the schools where we operate. This was in January at St. Kizito primary school.
- May 2004, we had a Behaviour change seminar for youths who have dropped out of schools. We also had a football and netball competition for them and Banda youth won both games. All this was at the Youth Centre. We had 245 participants.
- 29<sup>th</sup> – 30<sup>th</sup> June, we organized music, dance and drama festival competitions for primary schools. We had 169 participants
- August 30<sup>th</sup>, we had music, dance and drama festival competitions for School drop-outs. (Youth) we had 170 participants from Kinawataka, Banda and Acholi quarters.
- In September, we organized a Behaviour change Seminar for St. Kizito P.7 students.
- 6<sup>th</sup> – 12<sup>th</sup> September, Education for Life Seminar for all facilitators at Emmaus Centre. We had 19 participants.
- Since September regular life skill education is done at the clinic while people are waiting.
- 3<sup>RD</sup> – 7<sup>TH</sup> October 2004 – Education for life Workshop given to CATTs, a Reach Out. 75 CATTs participated.
- 10<sup>th</sup> December 2004 – Music Dance and Drama for Community Programme, at Youth Centre, St.Kizito. It attracted 250 participants.
- We also introduced vegetable growing in the communities to boost their nutrition.
- The Acholi bead project was introduced this year and it is being coordinated by Friends for Life.

#### Future plans.

- We intend to organize an Education for Life seminar for all youths out and in schools during the holidays.
- We hope to start Good Samaritan groups in the communities where members will to help others despite the little resources.
- We hope to meet representatives (teachers) from all the schools where we operate at the beginning of the year to have an evaluation meeting and plan for the year 2005.
- We also plan to go to different churches /mosques and try to sensitise those who have missed or could not attend from the communities founded. We intend to target mostly men, whose number has been too low.
- We are planning to organize more Debates, Music competitions and sports, in schools and communities as these help in accessing comprehension and creativity and also as away to reach and teach others.

- We hope to equip the facilitators with more skills in the work of facilitation and learn more skills in group counselling.
- We hope to organize youth conferences three times a year for all our youth groups.

### Challenge

- How to equip the school dropout youths with technical skills.
- Funding for running and further expansion of activities

### VOTE OF THANKS

We the members of Friends for Life wish to thank the Director, Coordinator and Administrator Reach Out, for all the support rendered to us through out this year. Your providence has helped us serve a great many out there in restoring the lost hope and instilling and promoting a spirit of **love** and **care** in our communities.

Prepared by Joseph Byakatonde, Friends for Life

# Programme Development and Support

## TRAINING

The training department has been busy this year due to the increased number of clients and activities offered. Training remains a very high priority to ensure quality care and support. Also training provides the volunteers with valuable skills they can use wherever they are.

### TRAINING OF REACH OUT VOLUNTEERS

Category	Subject	Duration	Time	No.courses	No.trained	Location
CATTS	ARV monitoring & Home-based care	3 weeks	1+ 2quarter	3	41	Reach Out
CATTS	Refresher Course in ART	2 days	4th quarter	2	38	Reach Out
Adherence counsellors	pill counting & adherence counselling	3 days	2nd quarter	1	4	Reach Out
Community Supporters	Home based care	2 days	2nd quarter	1	13	Reach Out
Ongoing medical education	Clinical training	1 hr twice weekly	ongoing	ongoing	Av.20 per class	Reach Out
Counsellors & Counselling Aides	Refresher courses	5 days	2&3rd quarter	2	8	Reach Out
Clinicians	Psychiatry &HIV	2 hours	4th quarter	1	20	Reach Out
Dept.managers	Virtual Leadership Development.Prog	3 months	3&4th quarter	1	9	Internet Correspondence
Clinic Coordinator	Diploma in HIV Prog.Management	1 1/2 years	ongoing	1	1	Mildmay
Nurses	ARV use in resource limited settings	5 days	3rd quarter	1	2	Mildmay

Nurses	Counselling in Palliative Care	5 days	3rd quarter	1	3	Hospice
Nurses/Counsellors	Child counselling & psychotherapy	1 month evenings	3rd quarter	1	4	Advanced Leadership Institute, Nsambya
Accountant/Food Coord		2 years	ongoing	1	2	Business school
Nurses/ass.	storage management	1 days	3rd quarter	1	4	CDC Entebbe
CATTS	Community cares' course		3rd quarter	1	10	Hospice
<b>Category</b>	<b>Subject</b>	<b>Duration</b>	<b>Time</b>	<b>No.courses</b>	<b>No.trained</b>	<b>Location</b>
Nurse	Training of trainers	5 days	3rd quarter	1	1	Hospice
School children community members youth	FOR DETAILS SEE	FRIENDS FOR LIFE SECTION OF THIS REPORT			1526 146 617	Schools in Mbuya Community Community
School teachers	AIDS Community Education & training	4 days	1st quarter	1	18	St.Kizito
Clients	HE & Education for Life	ongoing	3rd&4th	ongoing	all clients 1 hr/day	Reach Out
TB Coordinator	Human resource management	1 1/2 years	completed Nov.2004	1	1	Business school
Roses' Manager	Prog. Management	1 1/2 years	ongoing	1	1	Business school
Clients	Adult Literacy	ongoing	3-4th quarter	ongoing	55	Reach Out
Vol/clients	Alcoholic Anonymous Leadership training	3 days	2nd quarter			5 Nsambya
<b>TRAINING</b>	<b>OFFERED BY REACH OUT</b>	<b>TO OTHER</b>	<b>PROGRAMMES</b>	<b>AND</b>	<b>INDIVIDUALS</b>	
<b>Category</b>	<b>Subject</b>	<b>Duration</b>	<b>Time</b>	<b>No.courses</b>	<b>No.trained</b>	<b>Location</b>
Residents, Univ.of San Francisco	Clinical care	2-3 weeks	1-4th quarter	ongoing	18	Reach Out placements
Clinicians, Hospice Uganda	Clinical care	2 weeks	2nd-3rd quarter		6	Reach Out
School of Social Studies Makerere Univ.	Social support	3 months			3	Reach Out

School of Social Studies Copenhagen Univ.	Social support	3 months		2		Reach Out
Concern, Mpigi	Education of clients in ARV	1day	3rd quarter		20	Training held at Concern's project
Doctors' course Academic Alliance	Clinical care	1/2 day	ongoing	ongoing	w. each course Ac.Alliance. Has	Reach Out
Counsellors	VCT counselling	4 days	2nd quarter	1	10	Sseta

### Training material

- The training manual for the Community ARV and TB Treatment Supporters was finalized in the 2nd quarter and is available in book form as well on CD.
- We are in the process of making a RepliKit for Reach Out. Many individuals, groups and organizations have asked for material to assist them in starting or expanding their own activities. We hope that the RepliKit will be ready during the 1<sup>st</sup> quarter of 2005.

In addition to the training courses above Reach Out has participated in numerous workshops and local workshops sharing with and learning from other programmes. During the year the collaboration with other training centres has expanded markedly and we are very happy for this development.

One part time doctor from Japanese Overseas Medical Services has helped us get the opportunity to apply for training different cadres. 19 applications were submitted in Dec 2004 – answer still pending.

We are looking forward to 2005 and all the training it will hopefully bring us.

*Prepared by Training Coordinator, Nantondo Rebecca.*

## **RESEARCH**

- In November, clients older than eighteen years of age were taken through a guided interview to assess who have been on ARVs for at least six months. It will assess how their lives have been affected by HAART. Data collection is still in progress and the results will hopefully be utilised to strengthen the quality of care provided to these clients. Hopefully the results of this study will be out in December 2004.  
As of December 2004, the results of the above named study were not yet out.  
Do look forward to that in the coming quarter.
- A study of Adherence to ARV therapy at Reach Out (initial findings mentioned under ARV section) will be out 1<sup>st</sup> quarter of 2005
- A study of Survival differentials and CD4 counts is in process and expected to be ready 1<sup>st</sup> quarter of 2005

Several students from universities in Uganda and abroad have been conducting small-scale research as part of their requirements for a degree. We are happy to assist these students, but have had problems getting the report back so we also can use them. We shall improve on ensuring direct report back to Reach Out for the benefit of all.

## COMMUNICATION

As the Reach Out programme grows, there is need to ensure that its objectives are fully understood by the community it serves. Reach Out is heavily dependant on private funding and we need to promote our activities both within and outside Uganda.

A communications community based strategy, and public relations strategy - has been developed in this year.

Communications comprises of four components: Health education, community outreach, public relations and internal communications.

### Health Education

Health education materials have been made to sensitise the community about HIV/AIDS awareness. We have enjoyed working with Mango Tree Enterprises in developing low-cost health education materials for TB and ART.

### Community out reach

Activities are carried out in collaboration with Friends for Life – kindly refer to that section of the report.

### Public Relations

- Reach Out has now a website: [www.reachoutmbuya.org](http://www.reachoutmbuya.org) - please check it out!
- The Reach Out website has been linked to other sites to enable us reach a wider audience, and thus map us globally.
- We have had many visitors from the press and television and articles and shows on Reach Out has been published in Uganda and abroad.
- We keep up to date information such as promotional materials like flyers, posters and leaflets that give one an overall view of what is done at Reach Out.
- During 2004 we have received an average of 4-6 individuals or groups of people per week. Some of our visitors have been very significant players in the fight against HIV/AIDS such as Mr. Stephen Lewis, UN Special envoy for HIV/AIDS in Africa. This is the second time that he is honouring Reach Out with a visit. Also we had many high ranking officials from the US/PEPFAR programme, including Dr. Joe O'Neill.

### Internal Communication

- A bi-weekly newsletter "Reaching Out" has been developed as a means of internal communications among the more than 250 volunteers.
- Monthly meetings are held for all volunteers.
- We have had two retreats – or 'day of reflection' - for volunteers.

### The material produced and major events:

- Information and promotional brochures on the overall Reach Out programme, Operation School Fees, and on Roses of Mbuya
- Communication Dept. was involved in preparing the presentation on "Addressing the needs of the whole person: a community and faith-based, low-cost model" for held by our Community Network Coordinator at the 15<sup>th</sup> International HIV conference in Bangkok. Also, a presentation was made for the AIDS Net Workshop in Denmark and Sweden, where our ART Coordinator gave a presentation on the ART programme Other presentations have been made in collaboration with the presenter for smaller conferences within Uganda.
- A New Life - Reach Out Calendar 2005. This calendar provides with each week a story or testimony by a client/volunteer.
- Media guidelines have been drawn. Clients and volunteers are to contact the communication team before communicating with the press.
- Reach Out hosted the Kampala Arch-diocese World AIDS day celebrations on 1<sup>st</sup> December 2004. It was a colourful occasion attended by around 1200 people from different organisations, sub-parishes, schools, institutes and government bodies.
- The year came to a close being crowned by the Volunteers' End-of-Year Christmas Party. It is at such get-together events that we get to know each other better and thus keep the spirit of voluntarism.
- A Christmas CD was made with the Angels of Mbuya Choir. All proceeds went to Operation School Fees.
- A video on Reach Out is in the works and should be ready in the 2<sup>nd</sup> quarter of 2005

## Challenges

- Mbuya has experienced scheduled power cuts every second day throughout the last quarter, and on top of that un-scheduled cuts. The lack of electricity has affected all use of computers, thus delays in communications.
- Visitors are so many that we have had to get a special "hostess" ( an experienced long-time volunteer) to give guided tours. It should be clear though, that we are very happy to get the visitors. We welcome everybody as we see it as an important task to educate and advocate for better care and support for poor people living with HIV/AIDS - and because we believe that if you see the situation on the ground, it is very hard to turn away. We appreciated these visits since they give us a chance to share our work with people interested in implementing similar programmes or provide funding for our work.
- Insufficient staff and space for a full run-out of the communication strategy.
- Limited software for development of good publications

## Future plans

- Address our challenges and further implement our communications strategy.
- Work more closely with the Community Outreach team.

*Prepared by Joanita Nambi, Communication Department*

## **ADMINISTRATION**

The year 2004 was a year of amazing growth, hope, and new life for all of us at Reach Out Mbuya. As an organization we have experienced almost a 70% increase in the number of people served.

The greatest source of Reach Out Mbuya's income and donations come from the over 230 volunteers who work so hard for so little financial reward. It is their hope, energy, and hard work that enable us to keep the costs low and the quality of service high. Over 77% of our volunteers are clients themselves and this makes them so much more effective as they help to educate and provide support and treatment for their fellow clients. Many of the volunteers could find much better paying positions elsewhere but, have chosen to put their efforts into serving their sisters and brothers at Reach Out. It is their direct contributions of service that enable us to remain at the forefront of providing holistic treatment for persons living with HIV/AIDS.

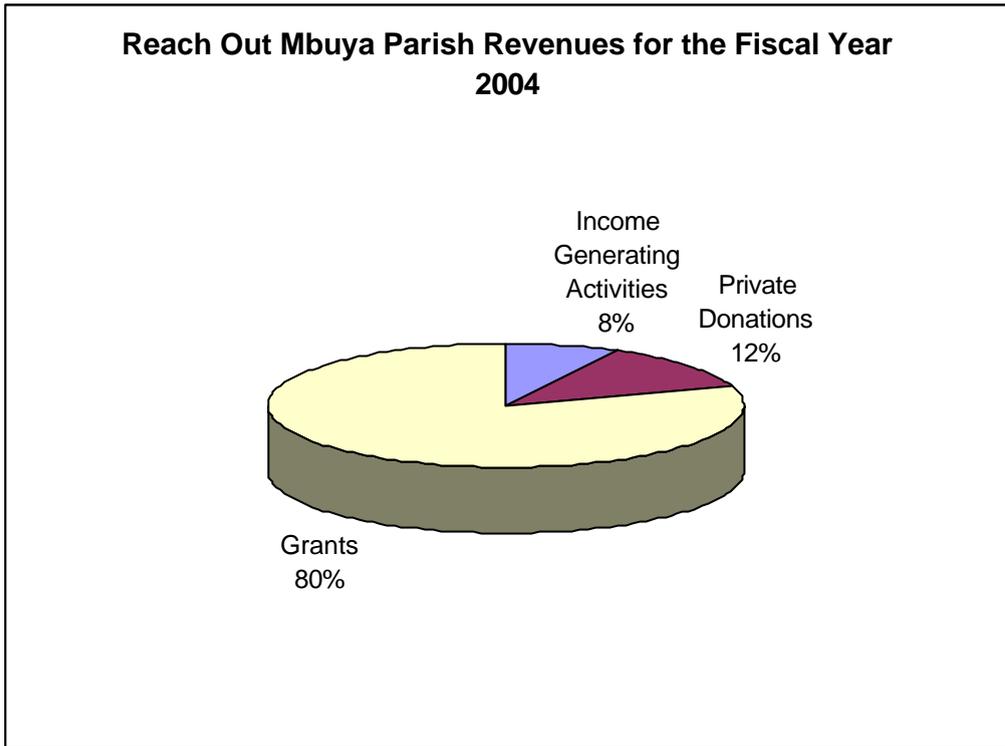
### **Total Revenues**

During the fiscal year 2004 our total revenues totalled **UgSh 804.9m. (US \$422,100.)**. The funds are divided into three different categories: private donations, income generating activities, and grants.

The amount given by **private donors** came to **UgSh 98.9m (US \$52,072)**, the **income we gained** from the sales of clothing, choir CD's, calendars from our Roses of Mbuya department and income that was gained from our micro-finance program came to **UgSh 62.3m (US \$32,804)**, and the amount we were given through **grants from donor organizations** such as PEPFAR, Elton John Aids, Stephen Lewis Fund, World Children's Fund, WFP, SidEcole, AVSI, came to a total of **UgSh 643.7m (US \$338,809)**.

### **2004 Total Income Reach Out Mbuya**

	<b>AMOUNT. USHS</b>	<b>AMOUNT US\$</b>	<b>PERCENTAGE</b>
PRIVATE DONATIONS	98.9m	\$ 52,072	12%
INCOME GENERATING ACTIVITIES	62.4m	\$ 32,804	8%
GRANTS	643.7m	\$ 338,809	80%
<b>TOTAL</b>	<b>805.0m</b>	<b>\$ 423,685</b>	<b>100%</b>



**Total Expenditures**

During 2004 our total costs came to **UgSh 721m (\$379,503)**. The costs were divided into three categories: operational costs, administrative costs, and capital expenditures.

**Operational costs** came to a total of **UgSh 501.9m (\$264,198)**, which is **69%** of our 2004 program costs. These are the direct costs of treating and supporting our clients. The nature of operational costs were varied and included: direct medical costs of drugs, food support, emergency supplies to needy families, adult education and literacy, micro-finance programme, community education and prevention, youth education and behaviour change, visitation and transportation of the critically ill, x-rays, tests, medical stipends, scholarships for 279 primary and secondary students.

**Administration costs** came to a total of **UgSh 127.7m (\$67,243)**, which is **18%** of the total expenses. These costs include communication and fund raising for all of the different programs, support costs such as stipends, office supplies, and materials needed for community education. We now rely on computers to record our client data, update our records, and to produce accurate and timely reports for our donors and grant funders. The costs of information technology can be considerable but as our organization grows we wish to ensure that it will remain effectively organized and that important medical and operational data is easily available.

**Capital expenditure** costs came to **UgSh 91.3m (\$48,061)**, which is **13%** of program costs. Anyone who has visited Reach Out Mbuya knows how pressed we are for space at our facilities. We have had to renovate our facilities in order to provide for the ever-increasing number of clients using the facilities. It is our dream in 2005 to be able to expand our services to the different communities we serve, so as to be closer to the people who need us and provide localized care for those too sick to travel to the central clinic.

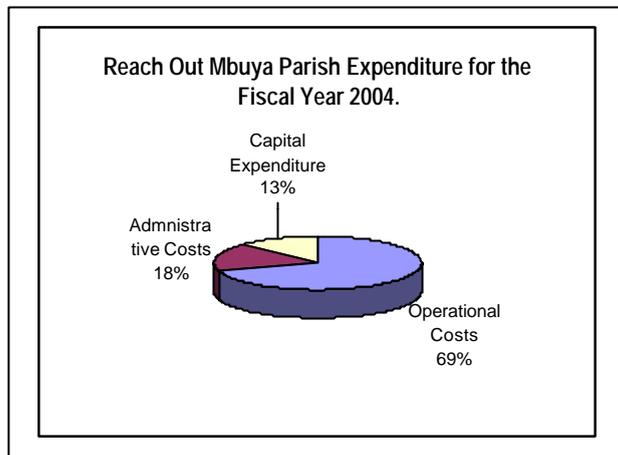
\*Please note: The branded ARV drugs we receive from PEPFAR and the cost of the ARV consultant physician also provided by PEPFAR for one year are not included in our figures.

**Cost per client 2004**

During 2004 Reach Out Mbuya has worked hard to sustain our low-cost, holistic model of HIV/AIDS care and we feel that we have been successful. The **monthly** cost per client came to **US \$24.00 (UgSh. 45,600)**. The **yearly cost** to maintain a client at Reach Out came to **US \$ 288.00 (UgSh 547,200)**. This figure includes all other services - medical, social support, community prevention – as described in this report.

**2004 Total Expenditure Reach Out Mbuya**

	AMOUNT . USHS	AMOUNT US\$	PERCENTAGE
OPERATIONAL COSTS	501,977,200	\$ 264,199	69%
ADMINISTRATIVE COSTS	127,761,800	\$ 67,243	18%
CAPITAL EXPENDITURE	91,317,600	\$ 48,061	13%
<b>TOTAL</b>	<b>721,056,600</b>	<b>\$ 379,503</b>	<b>100%</b>



*Prepared by Administration Department*

*At the end of 2004 Reach Out prepared a calendar – the title is “A New Life” and the ongoing theme is “We have a second chance and that chance is now”. In this calendar there is for every week a testimony from a client or a volunteer like the client stories included in this report .*

*We called our calendar a New Life – because this is exactly what we are experiencing these days: A New Life –not only for our clients, but for all of us at Reach Out. It is difficult to give enough thanks to all those who have made the work, the joy and the new life at Reach Out possible. So many people have helped us with their time, prayers, funds, experience, expertise, love, encouragement and support. We wish to thank you all from the bottom of our hearts.*

Report submitted January 2005 by Father Joseph Archetti, Project Director and Dr. Margrethe Juncker, Project Coordinator

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