

# Annual Report '06



*Jan- Dec, 2006*

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## Acknowledgments

We would like to extend our sincere gratitude to the CDC/PEPFAR program for this year's ARV medicines and the support costs that enable us to help so many of our clients, the World Food Program whose donations of food supplies help to supplement ARV medicines to work, Concern Worldwide, Uganda whose friendship, generosity and partnership we genuinely treasure and we find so useful in so many of our departments especially funding for our M&E unit, the Stephen Lewis Foundation who has given so much to our Training Program, Bread of Life micro-loan program and our construction program, PSI for their community education donations and their support of our Roses of Mbuya workshop through on-going contracts.

Special thanks also go out to the Elton John Foundation, Kampala Arch-diocese, Plan International, IPH, PSI, the World Bank, Soroptimist women's group in Denmark, VSO and others.

We also remember Our Lady of Africa Parish whose members are so patient and kind to us by lending us the space to do our work. Also Global Fund/MOH and the National TB program are to be thanked for the donation of much needed medicines, World Children's Fund for their continued and faithful support that helps us to aid more children, AVSI, Uganda Biker's Association and Side Cole whose donations enable so many children to continue their education.

We also thank all of our individual donors, especially Gary & Jones and many of whom are long-time friends who've helped more students remain in school this year. We also must not forget all of our donors who by their donations and prayers have kept us going this year and who we rely on to keep us afloat in the coming year.

Lastly we cannot forget to thank all our Reach out volunteers for the incredible work done during this year.

## Foreword

Once again we have come to the end of an annual session, the year 2006. At Reach Out, it was a year of transition, implementation and scaling up of our program activities at various levels of the holistic package. This report reflects what and how we have achieved success over the year 2006. It also reflects our challenges and our efforts to scale up activities amidst scarce financial and human resources.

Reach Out transitioned into registered Non-governmental organization in April 2006 and along with a Board of Directors which became functional. Funding became available for pediatric care and treatment in March 2006 and by December we had enrolled a total of 130 children. It is in the same year, that the long awaited completion of the new building at Mbuya was realized and this saw Reach Out liberated from the church premises. Key pediatric book guidelines for comprehensive HIV care including antiretroviral Therapy, VCT and Adherence counseling were published. Reach Outs 5-year strategic plan 2006-2011 was finalized and launched at the opening of the Mbuya building on December 1<sup>st</sup> 2006.

Change has accelerated over the past 5 years; we acknowledge the advent of new drug combinations to treat HIV infection. In 2006 we enrolled 444 new clients on Antiretroviral therapy bringing up the total number to 818 The number of clients coming in with CD4 count below 250 progressively declined during the year, an indication that the very sick ones in the service area are already on board and are receiving the necessary treatment, care and social support. However there is need to access the apparently healthy and energetic population that are still unaware of their sero status. Funding for school fees through individuals increased and importantly, many local individual funders came on board. In the coming year we hope to consolidate our services but specifically scale up income generation as a strategy for sustainability of the local response.

We cannot underestimate the enormous contribution of our clients whom we have from the past not viewed as a problem but as a solution to the HIV pandemic. To all our donors, friends and well wishers thank you for the overwhelming support you rendered during the year. To the Reach Out staff, together we stand, divided we fall.

Dr. Stella Alamo Talisuna,  
Executive Director,  
Reach Out HIV/AIDS Initiative

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## Annual Highlights

- At the end of December 2006, RO had 2,308 active clients (1,523 females and 785 males) on clinical care representing an 18% increment in the number of active clients over the year whereas the number of new clients in the year was 1087 clients and this was slightly higher than 1022 new clients recorded for 2005.
- All our 2,308 active clients received Cotrimoxazole prophylaxis (except 25 clients who were allergic to sulphurs) and of these 1,115 and 105 active clients were on ARVs and TB treatment respectively.

## MEDICAL SECTION

### Counseling

- A total of 3349 people turned out at Reach Out's sites of Mbuya, Banda and Kinawataka for group voluntary HIV counseling sessions.
- 98.8% (1438 males and 1871) of those who turned up for VCT tested and received their HIV test results.
- Overall, 39.1% (1,293) tested HIV positive and this has been a significant decrease over the last 2 years as the rate was much higher in 2003 at 63% and in 2005 at 47.1%.
- 40.9% of the 1293 people who tested HIV positive were men.
- A total of 487 children <18 years attended VCT. 91 (18.7%) of them were found HIV positive and enrolled onto clinical care.
- 34.9% of 129 couples who tested for HIV were found to be discordant. This was lower than the previous year's 42% rate.

### Clinic

- During this year RO had a total of 29,864 clinic consultations and this represented a significant increment of 29.1% from last year's finding. The total number of clinic consultations in 2005 was 21,184 and this was only slightly lower than the total consultations in the year 2004 (21,281).

### Treatment Implementation Unit

- At the end of the year, RO had 1,115 active clients enrolled on free ARVs and this was higher compared to 818 and 545 reported in 2005 and 2004 respectively.
- A total of 444 new clients were started on ARVs during this year.
- Overall in the year, over 88.3% of RO clients were adhering above the WHO recommended standard cutoff of 95%.
- 43% of the 1332 clients undertaking CD4 testing had a CD4 count lower than 250 hence were eligible for and were started on ART. Some new clients enrolled for care continue to present with late stage HIV disease and are in urgent need of ARVs.
- Overall 890 clients were screened for TB during the year and of these 111 (12.5%) were diagnosed with TB.
- By the end of December 2006, we had 105 active TB clients
- Mortality rates for the last 2 years have been akin to each other and were reported at 4.4% at the end of 2005 and 2006 where 132 and 109 people died respectively.
- A total of 111 expectant mothers were newly enrolled onto the PMTCT program with 54 of them on ARVs and 57 on prophylaxis only.
- 45 expectant mothers were active on PMTCT at the end of the year and 81 deliveries occurred during the year.
- All these mothers received a single dose of Nevirapine at the onset of labour together with a seven-day course of combivir.
- Out of 42 babies whose PCR-HIV test results were received during this year only 3 tested HIV positive.

### Medical Training Department

- The "six months comprehensive HIV training program" targeting nurses and clinical officers country wide was launched in April 2006.
- The first intake of 6 trainees for the 6 months comprehensive HIV training graduated in September 2006.

- There has been increased demand for training from RO volunteers and 318 external students mainly on practical skills were trained during 2006 included students from the University of California San Francisco (UCSF) and University of Wisconsin among others.
- RO has also built a wealth of knowledge through on-going Continuing Medical Education (CME) which is conducted every Wednesday and Thursday lasting two hours

## COMMUNITY SUPPORT DEPARTMENT

### Friends for Life – Community Outreach Programme

- A total number of 17,854 people (40.8% males) were reached with various HIV/AIDS related messages through different FFL programs. This was desirable as the earlier planned target for the year was exceeded by 78.5%.
- Of the 17,854 people reached with various messages, 8% (1423) were new participants.
- 1232 basic care packages and 100 cartoons of water guard donated by PSI were distributed to different Reach Out clients.
- 4 new out-of-school youth groups were mobilized and established

### Community Network of Care

- The program, through the CATTS network, took care of the entire 2308 active clients in Reach Out's catchment area through provision of home based care to at least every client per month.

### Food Programme

- At the end of December 2006, there were 804 actual primary beneficiaries and 4151 secondary beneficiaries.
- During the 2<sup>nd</sup> quarter from April to June 2006, phasing- out-evaluations for some of the food beneficiaries begun. Out of the 1079 registered beneficiaries 725 were evaluated and 299 failed to meet the criteria for food aid eligibility while 426 passed and 354 did not fill the form because they were not at home.
- The introduction of ID cards in April saw about 700 beneficiaries getting IDs and as new clients are enrolled onto food, they are also given IDs. During this same quarter 886 beneficiaries picked food and 193 defaulters were registered.

## SOCIAL SUPPORT DEPARTMENT

### Bread of Life – Microfinance

- Unlike in 2005 where we gave out 501 loans, in 2006 BOL gave out 412 loans.
- The total amount of loans expected to be paid back by the end of December 2006 was Ugshs. 74, 711,780 (US\$ 40,167.62) and actual repayments realized from all the BOL clients were Ugshs. 60,766,200 (US\$ 32,670).
- Overall during this year, the loan repayment rate stood at 81%.

### Operation School Fees

- A total number of 555 children (293 females and 262 males) were getting school education through this programme by the end of the year and 92.3% (270 females and 242 males) of these were children under 18 years.
- 59 (10.6%) of children served under OSF were HIV positive and they consisted of 30 females and 29 males.
- 485 children (41 HIV positive children- 23 males and 18 females) were given material assistance in the form of scholarstic materials, school uniforms etc.

### Roses of Mbuya Sewing Workshop

T

- This year 'Roses' managed to post a net profit of approximately Ug Shs. 28 million (US\$ 15053.76) and were able to win contracts which helped to boost sales for the quarter.

## PROGRAMME IMPLEMENTATION SUPPORT SECTION

### M&E

- This year, the department embarked on scaling up of the programs M&E systems. The section was able to streamline RO's reporting systems by instituting improved data collection and client file flows from the Client Registry to all other service points.
- Furthermore, the introduction of the 'Balanced scorecard system' in all departments has helped in disaggregating information by service outlet and on reducing the problem of double counting and reporting. The Balanced Score Card also helped in minimizing role duplication thus creating more time for various departments to concentrate on other activities.
- The section continues to improve on data quality, electronic and non-electronic databases, data collection and streamlining reporting systems as well as increasing on technical staff capacity building.

### Operation Support

- The new RO office and clinic building at Mbuya was completed and occupied during early November 2006.

### Human Resources

- Recruitment, staff identification, staff replacements, internal staff transfers, trainings, and programme restructuring activities continue to take place every quarter as RO expands each day.
- Key recruitments included a new Executive Director, M&E Head & assistant, Medical coordinator and Roses' Coordinator among others.

### Communication

- RO received a total of 968 visitors this year among whom most notably was the US member of Congress- Chris Smith from New Jersey.
- Reach Out also marked 5 years of existence with a ceremony, attended by over 2000 volunteers, clients, partners and friends of Reach Out.
- A team of Reach Out volunteer produced *the Hope Inspiration Victory* (HIV) bi-annual newsletter which was launched in January 2006 and another published in December 2006.
- 3 Reach Out volunteers attended a consortium of grandmothers meeting organized by the Stephen Lewis Foundation.
- 3 other volunteers attended the XVI International AIDS Conference in Toronto- Canada.

### Finances

- The total amount of all grants and income received by RO was Ugshs 2,995,483,511 (US **\$1,664,157.51**). This was lower compared to last year's income of Ug shillings 3,043,559,854 or US \$ 1,690,866.
- The contribution of funds raised from all RO's income generating activities this year was Ug. Shs. 33,531,900 (US\$**18,628.83** (net profit) and this amounted to a 1.1% contribution to RO's pool of resources.
- The total amount of funds, including in-kind donations, medicines, and food expended during this year among Reach Out's over 2300 active clients fell to UgShs 2,791,225,403 in 2006 from UgShs. 2,943,817,522 (US \$1550680.78) in 2005.

## Introduction

Reach Out – Mbuya Parish HIV/AIDS Initiative is a project under Our Lady of Africa Church, Mbuya, Kampala. The project was initiated in May 2001 by a physician working in collaboration with the parish priest of Mbuya. Reach Out's main objective is to provide to People Living with HIV/AIDS in Mbuya Parish free medical care, social, spiritual and emotional support. Special focus is given to those to whom such services are out of reach i.e. the poor. Through adoption of a holistic health care philosophy, the staff and volunteers of Reach Out believe that health service delivery must include efforts to break the vicious cycle of ill-health and desolation, striving to restore health in its entirety, defining each component as necessary for the delivery of a minimum health care package.

Reach Out's implementation started with three volunteers who catered for the needs of 14 clients living with HIV/AIDS. The program has experienced rapid growth since its inception in May 2001. The organization by the end of this year was catering for over 2,308 active HIV positive clients with a team of about 232 volunteers, 63% of whom are clients themselves, delivering support through 11 health and social programs. The number of enrolled clients at Reach Out has doubled in the last year. Considered alone, the simple number of clients that are catered for within the numerous social and medical programs obscures the true magnitude of the work that is being done – on average, by the end of June 2006, 114 new clients were enrolled every month and each client enrolled for support within the Reach Out program is supported through 7 to 10 clinic encounters a year excluding other additional encounters with numerous social support programs.

## Annual Findings

### Medical Support Department

The Reach Out Medical Support Program is run by several sections including Counseling, Clinic, Client Registry, Laboratory, the Treatment Implementation Unit (T.I.U) as well as the Medical Training and Pharmacy sections.

Activities of the medical support program are executed by a medical coordinator and team, together with the help of other departmental coordinators to ensure that quality services are rendered to clients. This department, by the end of this year, was supported by a team of 5 full time doctors and 21 nurses. 3 doctors are doing clinical work full time, one is managerial and one split between management and clinic. Of the nurses, 13 do clinic consultations, 3 work in the pharmacy, 3 in the T.I.U department and 1 works in the counseling section. There is also an addition of 6 trainee nurses. All nurses at Reach Out have 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 as well as ongoing peer education among clinicians during clinic schedules. The counseling department has 5 trained counselors and 5 counseling aides while the Reception which is charged with client record keeping, is composed of 10 staff.

### Counseling Section

The counseling section receives all clients who come to Reach Out for HIV testing. Counseling is done in three major forms; pre, post and on-going counseling which is offered to those HIV+ clients who have enrolled into Reach Out's program. The section has continued to give quality-counseling services during this year.

#### **Pre and post test counseling**

During the twelve months period of January to December 2006, 3349 people turned up for group VCT and 40 of these people declined to proceed with individual counseling sessions and the rest of the process prior to HIV testing and receiving results. This finding is almost akin to the findings of 39 people during 2005. Below is a table detailing the VCT outcomes during this year.



Clients counseled, tested, received HIV test results and enrolled onto Reach Out's care, support and treatment program (Jan-Dec, 2006)

Months	Total counseled, tested & received results during the month	Positive Results						Negative Results			
		Males	Females	Monthly Totals		No. Enrolled for care, support and treatment at Reach Out (end of quarter) <sup>1</sup>		Males	Females	Monthly Totals	
				Total No. Positives	Rate (%)					Total Negatives	Rate (%)
						Males	Females				
Jan	264	50	69	119	45.1			71	74	145	54.9
Feb	180	31	46	77	42.8			51	52	103	57.2
March	288	68	44	112	38.9	91	162	71	105	176	61.1
April	286	43	79	122	42.7			58	106	164	57.3
May	336	45	86	131	39			85	120	205	61.1
June	297	48	80	128	43.1	123	219	73	96	169	56.9
July	321	49	61	110	34.3			96	115	211	65.7
Aug	344	51	68	119	34.6			109	116	225	65.4
Sept	313	45	75	120	38.3	131	159	84	109	193	61.7
Oct	215	29	59	88	40.9			51	76	127	59.1
Nov	280	40	66	106	37.9			94	80	174	62.1
Dec	185	27	34	61	33	77	125	69	55	124	67
<b>Totals</b>	<b>3309</b>	<b>526</b>	<b>767</b>	<b>1293</b>	<b>39.1</b>	<b>422</b>	<b>665</b>	<b>912</b>	<b>1104</b>	<b>2016</b>	<b>60.9</b>

- A turn up of 3309 clients received VCT and their results during the year and this was significantly higher compared to the previous year which realized 2925 clients. This finding is mainly attributed to the Friends for Life and counselling section activities.

#### Paediatric testing and care

Towards the end of March 2006, the paediatric program started and at the end of the year a total of 487 children <18 years attended VCT, some with the help of their parents and guardians. 91 (18.7%) of the children tested HIV positive and were enrolled onto clinical care.

<sup>1</sup> Please note that the number enrolled does not necessarily mean that they are a subset of those who tested positive in a given period. They may have tested some months or years before and decided to enroll during later months.

113 children (60 females and 53 males) were active on clinical care by the end of the year. 99 were new clients and 32 children (65.6% new) were on ART including 1 on ARV and TB treatment. The median CD4 count of 403 for these children was recorded at the end of the year. 12 (15.2%) children by the end of the year had their CD4 count less than 250.

6 children were lost to follow up during the year while 3 were reported as having died, 3 discharged and 1 transferred to Mbale Hospital. Of the active children (clients) 7 were on food aid alone, 5 on both food aid and school fees support while a total of 54 of these children were being supported on school fees alone.

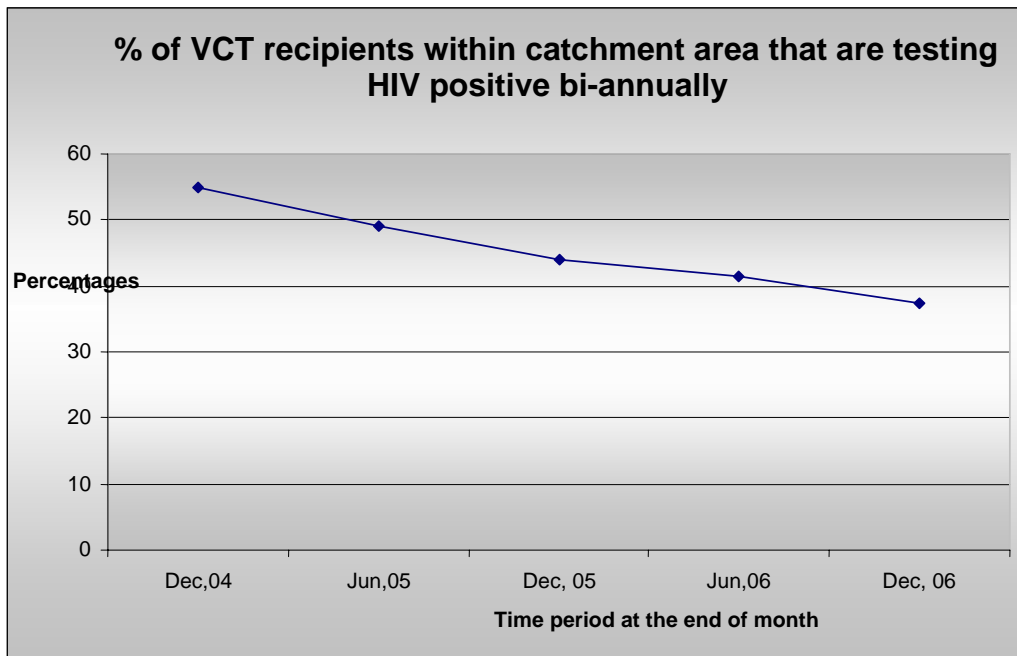
During the July- Sept 2006 quarter, 215 children <18 years (115 females and 100 males) were tested and received results whereas during the Oct-Dec 2006 quarter, 124 children (64 females and 60 males) aged < 18 years tested for HIV and 33 of them (13 males and 20 females) were found HIV positive. Fewer children in the 4<sup>th</sup> quarter as compared to the previous got tested as there was no service during the Christmas break of December 2006.



*Some of the children who've successfully been served through Reach Out's paediatric program, together with their parent who is also a client*

**New HIV+ clients**

A total of 1087 new clients (422 males and 665 females) turned up to receive clinical care from Reach out during this year and this was slightly a higher finding than that of the year 2005 which realized 1022 clients.



**Couple counseling and testing**

This is intended to promote family dialogue as well as decision making in mainly seeking couple treatment and to reduce on gender based violence that may arise from discordant and even concordant results. Other major issues addressed include enhancing a conducive environment for post-test decision making for both concordant and discordant couples.

#### Discordant Couples' Intervention

Reach Out has highlighted discordant couples as key beneficiaries for prevention programmes and its counselors designed interventions that aim at reducing the risk of HIV transmission within discordant couples. The intervention sessions focus on the key issues discovered in the needs assessment, such as "Understanding Discordance," "Risk Reduction" and "Couple Communication". This year, workshops addressing this cause were held in Kinawataka and we expect to hold more in 2007 to the cover the areas of Nakawa and Giza Giza. Below are the results for this year 2006.

#### Categories of results received from couple testing

Couple Results	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total couples
Discordant	4	3	5	4	1	3	4	8	2	3	3	5	45
Concordant positives	10	2	2	3	0	1	4	2	2	2	4	2	34
Concordant negatives	3	5	3	6	3	4	3	2	3	4	8	6	50
<b>Totals</b>	<b>17</b>	<b>10</b>	<b>10</b>	<b>13</b>	<b>4</b>	<b>8</b>	<b>11</b>	<b>12</b>	<b>7</b>	<b>9</b>	<b>15</b>	<b>13</b>	<b>129</b>

During the year out of 129 couples tested for HIV, 45 were found to be discordant representing 34.9% discordance rate and this was lower than last year's rate. Overall during 2005, 120 couples were registered for VCT and 51 (42%) of these were found discordant.

#### On going/follow up counseling

The main aim of follow up counseling is to make sure that HIV+ clients continue with a positive attitude towards life. This year there was a 30.6% increment in the number of clients who were followed up on different issues (adherence, alcoholism, domestic violence, social problems e.t.c) as the number rose from 406 in 2005 to 585 clients in 2006.

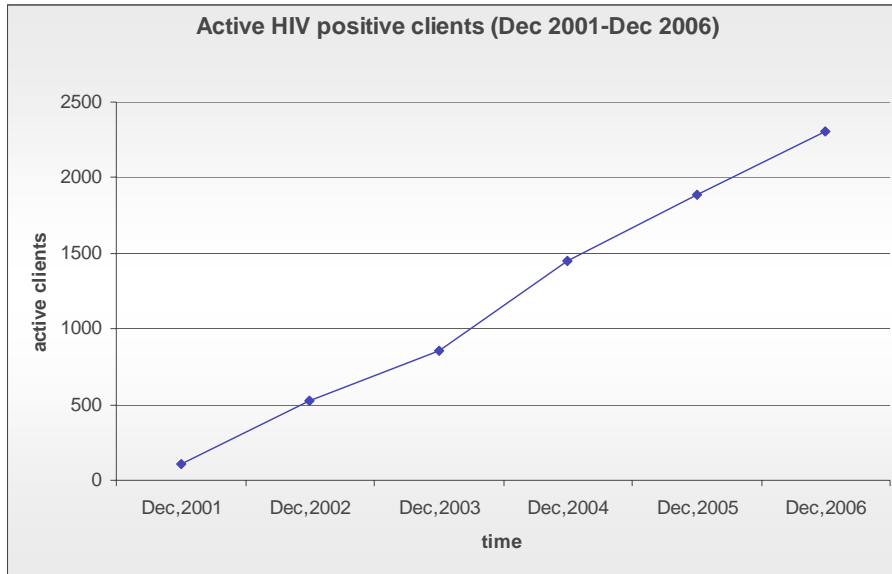
#### Alcoholic Anonymous Club (A.A)

During this year, 166 clients compared to last year's 86 clients facing alcoholic problems turned up for their AA sharing and learning meetings under the facilitation of two counselors. These meetings continue to take place every Tuesday and Friday of each week through out the year.

#### The Clinic

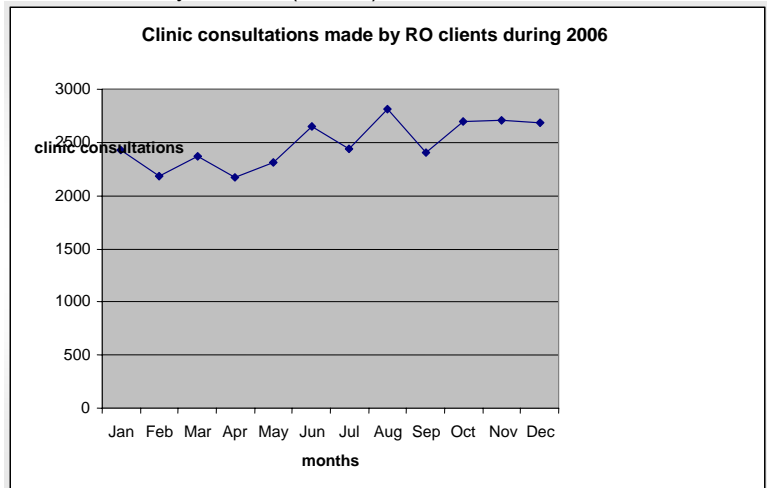
With regard to clinic operations, Reach out is a nurse driven program. None-the-less a doctor is available at every clinic to assist with difficult clinical problems and to provide training. The client numbers continue to increase every quarter/year and RO continues to run four clinic days with one Home/hospital visit day per week. For each clinic day,

clinics run concurrently in two different communities as a strategy to improve access.



### Clinic consultations

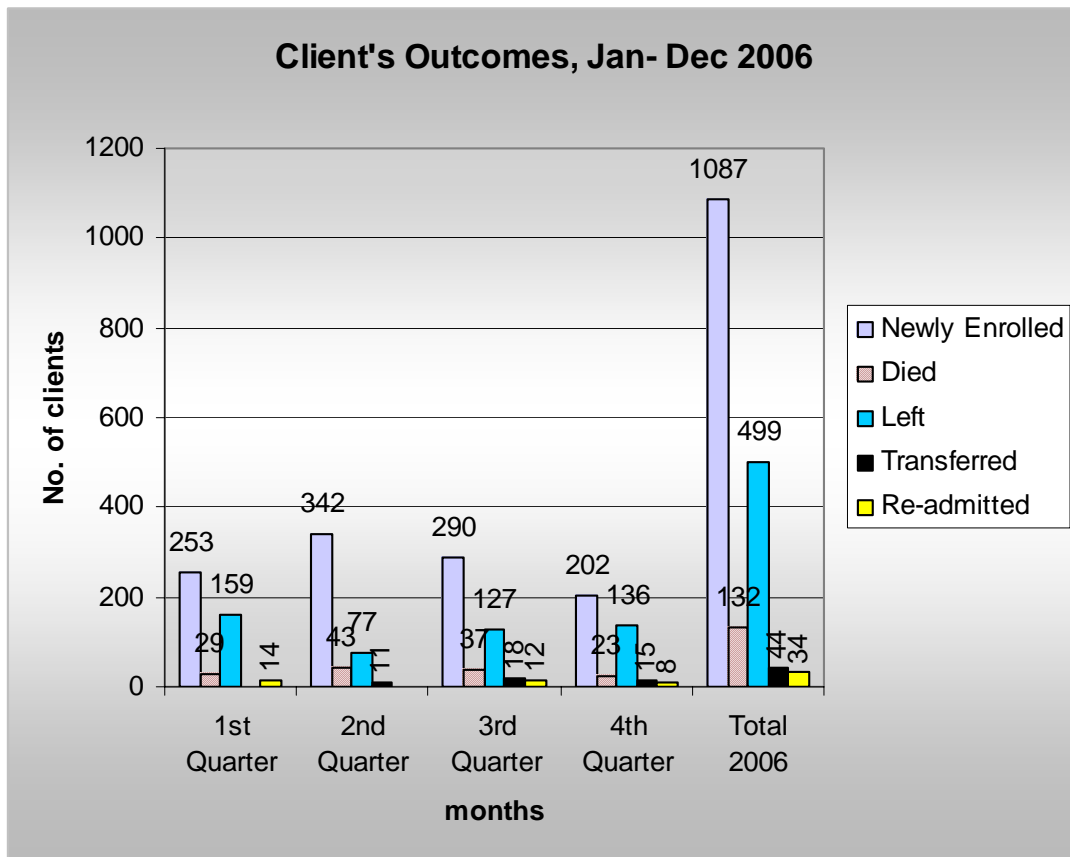
During this year RO had a total of 29,864 clinic consultations and this represented a significant increment of 29.1% from last year's finding. The total number of clinic consultations in 2005 was 21,184 and this was only slightly lower than the total consultations in the year 2004 (21,281).



### Client status update

At the end of December 2005 RO had 1892 active clients on holistic care and by the end of December 2006, the number rose to 2,308 active clients (785 males and 1523 females). Comparisons over different quarters during this year show steady increments (an average of 6% over the first three quarters).

At the end of the first quarter Jan-March 2006, RO had 1971 active clients then at the end of June 2006 (2148 active clients) and by end of September 2006 (2277 active clients). At the end of December 2006, we had 2308 active clients on clinical, community and social care.



#### Screening

On enrollment into the program, clients CD4 counts are done and all clients who have a CD4 less than 100 are quickly screened for cryptococcal meningitis. However in an attempt to integrate TB/HIV services, all HIV positive clients are screened for TB on enrolment.

#### TB Screening

TB screening is ongoing for all clients who've been enrolled onto the treatment program. This helps with early detection and proper management of this deadly opportunistic infection which is highly prevalent among the poor clients we serve.

#### Cryptococcal meningitis screening

Before ARVs are initiated, all clients with CD4 100 and below are routinely screened in addition to diagnostic testing. Some asymptomatic clients with positive CrAg tests were able to be identified and early treatment was instituted to reduce mortality. 6.1% of the 340 clients screened during the year tested positive. During the first quarter 11.9% of the clients tested crag positive while in the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter only 5.4%, 5.6% and 1.3% respectively tested positive.

## Laboratory Diagnosis

### Laboratory outcomes during 2006

TEST	NUMBER TESTED	POSITIVE	NEGATIVE
CrAg	340	21	319
Liver function Test	196	67	129
Sputum Routine on enrolment & Diagnostic Sputum monitoring of those on TB	2020	113	1907
	354	14	340
HCG	118	66	52
Blood slides malaria parasites	179	12	167
Biopsy			
CXR (Bugolobi) Baseline+ Diagnostic Follow up			
Abdominal ultrasound scan			
Urinalysis	52	18	34
Stool analysis	24	3	21
Hb	518	109	409
VDRL	69	11	58
Toxoplasmosis Test	59	23	36
Random Blood Sugar	12	4	8
Hepatitis B	2	1	1
CBC	31`	9	22
Widal	11	0	11
Toxoplasmosis titre	1	1	0
Prothrombin time	1	0	1
APTT	1		1
Brucella	3	0	3

*My names are Fatuma Nabaleme. I joined Reach out in 2003 with herpes zoster. I had tried many clinics and hospitals with no relief. I was then told of free treatment for herpes zoster, TB and HIV at Reach Out.*

*During my stay at Reach out I got very sick and was admitted at Mulago hospital for two weeks and thereafter discharged. I then continued with treatment at Reach out in 2004 where nurses and doctors diagnosed me with TB and a low CD4 count of 73. I was then given free ARVS, TB drugs and enrolled onto food aid.*

*Earlier on I used to fall sick almost every day and was stopped from working at Silver Springs hotel where I was a cleaner. My last CD4 count taken in March/06 was 258 and viral load undetectable.*

*I'm now strong and a acquired a job as a cleaner at Reach out Mbuya. Long live the nurses and doctors, Long live Reach out*



## Home Visit Records

Weekly home visits as well as clinical emergence home visits continued to be carried out during the entire year. A total of 484 individuals in 2006 compared to 417 individuals in 2005 were visited at home by clinic personnel. At the end of the first quarter this year a total of 99 clients were visited at home while 143, 115 and 127 clients were visited at the end of the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter respectively.

## Treatment Implementation Unit

The T.I.U was formed to sustain good adherence and reduce the numbers of clients being lost to follow up. Its main objective is to ensure effectiveness, quality care and close follow up of all RO clients. This section carries out various activities with emphasis on community involvement in the close follow-up of all clients on ARV, TB and PMTCT treatment with an aim of achieving maximum adherence.

### ARV Section

Activities carried out by this section include: ARV education to clients and their care givers, CD4 count screening, monitoring and adherence counseling, pre-ARV home assessments, follow up home visits and enrolment of new clients on ARVs. The ART section has continued to expand since 2004. By the end of December 2004 we had a total of 545 active clients on ARVs. At the end of December 2005 we had 818 active clients and at the end of this year 2006 RO had 1115 active clients on ART. This represents an increment of 26.6% over the last one year period.

RO clients still access their drugs from the three main sources (MOH, PEPFAR and JCRC). By the end of the first quarter 2006, RO had 906 active clients and by the end of the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter RO had 986, 1068 and 1,115 active ART clients respectively.

The number of new clients onto ARV this year was 444, and this was a higher finding compared to last year's 392. Among the 1,115 active clients on ART at the end of the year, only 38 (3.4%) were children (15 males and 23 females).

Reach Out ART clients by status and sponsorship category (January-December, 2006)

Outcomes	No. of clients supported by Donor			Total
	JCRC	MOH	PEPFAR	
Active end of Dec 2006	77	295	446	818
New clients enrolled this year	0	408	36	444
Died this year while on ARV	2	34	11	47
Lost to follow (Defaulted)	16	32	17	65
Physician stopped	0	3	3	6
Changed from MOH to PEPFAR	0	-9	9	9
Transfer to other centers	0	19	10	29
Transfer into Reach Out	0	4	4	8
<b>Active end of December</b>	<b>55</b>	<b>605</b>	<b>455</b>	<b>1115</b>
Females	49	396	302	747
Males	6	209	153	368

## CD4 count

Before any of the clients are enrolled onto ARVs, their CD4 counts are assessed. Clients with CD4 count <250 are eligible for ART. A total of 1,332 clients were screened/ bled this year and of these 43% were found eligible for ART.

CD4 counts by category and month (Jan- Dec 2006)

Month	CD4 count < 100		CD4 count 101-250		CD4 count 251-499		CD4 count >500		Clients eligible for ART (CD4 count <250)		Total bled clients
	No. Of clients	%	No. Of clients	%	No. Of clients	%	No. Of clients	%	No. of clients	%	
Jan	20	29	14	20.3	35*	50.7			34	49.3	69
Feb	26	29	21	23.9	41*	47			47	53.4	88
Mar	23	29.9	15	19.5	39*	48.9			38	49.4	77
April	22	25.6	18	21	26	30.3	20	23.3	40	46.5	86
May	17	30.9	8	14.5	12	21.8	18	32.7	25	45.5	55
June	20	19.2	35	33.7	22	21.2	27	26	55	52.9	104
July	22	18.2	27	22.3	35	29	36	29.7	49	40.8	120
Aug	27	23.3	27	23.3	24	20.8	38	32.7	54	46.6	116
Sept	5	12.8	12	28.2	12	30.8	11	28.2	17	42.5	40
Oct	26	8.5	104	31.4	128	38.7	73	22.1	130	39.3	331**
Nov	15	8.3	48	26.6	80	44.4	37	20.5	63	35.0	180**
Dec	6	9	15	22.7	27	40.9	18	27.3	21	31.8	66**
<b>Totals</b>	<b>229</b>	<b>17.2</b>	<b>344</b>	<b>25.8</b>	<b>481</b>	<b>36.1</b>	<b>278</b>	<b>20.87</b>	<b>573</b>	<b>43.0</b>	<b>1332</b>

\*please note that the number of clients given includes even those with CD4 count >500.

\*\* Quarterly total missing 81 results which had not been received at the time of reporting

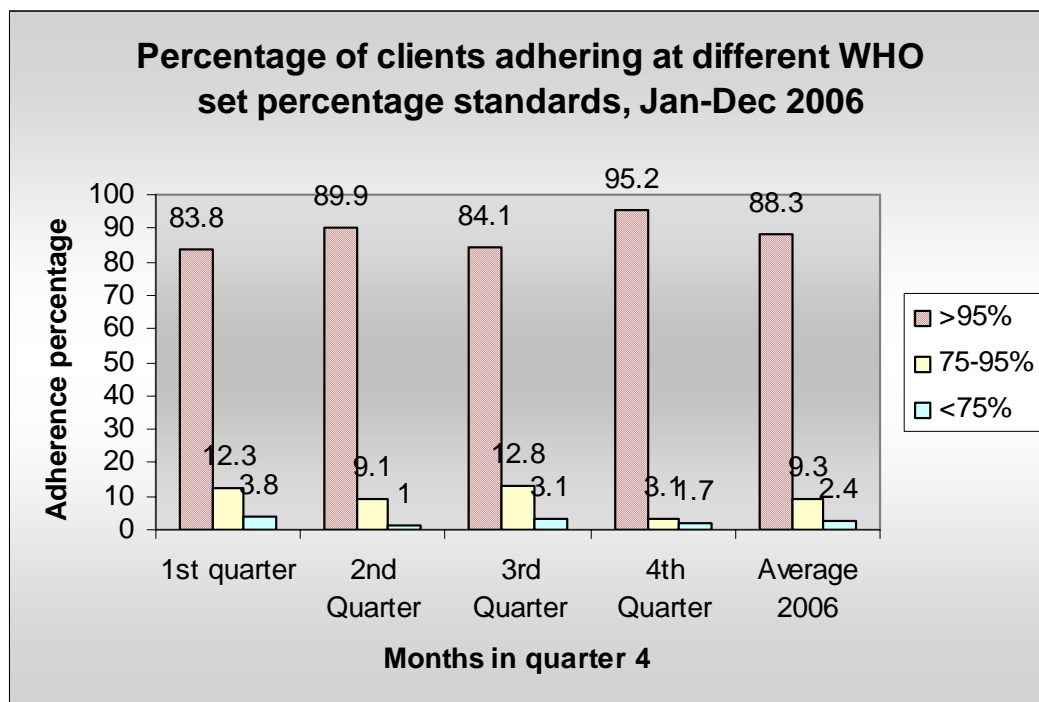
There was a highly significant drop ( $P < 0.000$ ) in the percentage of clients eligible for ART during the second part of the year as findings dropped from 49.9% during the period Jan –June 2006 to 39.2% during the period July-Dec 2006. RO's ultimate goal is to provide Home based VCT so as to encourage access to care in the early stages of infection. Moreover, those who test positive early could start on septrin prophylaxis hence the delay in progression to severe disease.

However it is still evident that very sick people resettle or move into our catchment area so as to access free HIV/AIDS care – an indication that the need in Uganda is still very high thus the dire need for scale up to the rural disadvantaged areas.

## Drug adherence

At Reach Out Mbuya adherence levels continue to be high due to the good support systems right from the community level up to the Treatment Implementation Unit whose main objective is to ensure and maintain good adherence. The overall median adherence findings for RO clients on ART in 2006 stood at 99.3% IQR (2.9%-100%) and this was slightly higher than the 2005 median of 98.4% IQR (4%-100%).





The average findings for Reach Out ART clients adhering above the WHO set standard of 95% this year stood at 88.3% and this was significantly lower compared to 97% clients ( $P < 0.0000$ ) in 2005.

#### TB program

By the end of the last quarter in 2005 (Oct –Dec), RO had 210 active clients on TB treatment. At the end of the first quarter of this year, 52 new clients were enrolled, 40 were cases of pulmonary TB, (PTB) while 12 were cases of extra pulmonary TB (EPTB) and by the end of the same quarter we had 131 active clients. 12 were smear positive, 15 were smear negative and 13 had no smear results. In those who had no smears done, the diagnosis was made by a combination of history, physical examination and CXR findings.

At the end of the December 2006, RO had 105 active clients and 34 new clients of which 30 were cases on PTB while 4 were EPTB cases.

#### TB diagnoses performed on new clients in the clinic during 2006

Quarter	PTB +ve	smear -ve	PTB smear not done	EPTB	Totals
Jan - March	12	15	13	12	52
April - June	12	12	14	22	60
July - Sept	16	12	8	11	47
Oct- Dec	11	14	5	4	34
<b>Totals</b>	<b>51</b>	<b>53</b>	<b>40</b>	<b>49</b>	<b>193</b>

A 32% smear positivity rate amongst PTB cases is reasonably good, since the sensitivity of sputum smears is significantly reduced in HIV +ve clients. The number of those who had no smears done decreased in the last quarter of the year. This is due to the emphasis on using sputum in the diagnosis of TB in the clinic.

#### TB screening for new clients

Overall 890 clients were screened for TB during the year and 111 (12.5%) were diagnosed with TB. Of 237 clients screened for TB in the 2<sup>nd</sup> quarter, 31 (13.1%) were diagnosed with TB. This is not significantly different from our findings in the first quarter where 250 clients were screened for TB and, 31 (12.4%) of them were diagnosed with TB. In the third quarter 285 were screened for TB and 26 (9.1%) were diagnosed with TB. In this last quarter of the year, 118 clients were screened for TB and 19.6% were diagnosed with TB. This shows the importance of TB screening.

### Outcomes after 8 months TB treatment for new TB client cohorts

Outcomes	New TB Client cohorts						Totals	
	May-Aug 05		Sep-Dec 05		Jan-Apr 06		No	%
	No.	%	No.	%	No.	%		
Cohort started on treatment	82	100	89	100	71	100	242	100
Treatment completed	54	65.9	55	61.8	25	35.2	134	55.4
Treatment cure	49	59.8	54	60.7	22	31	125	51.7
Treatment failure	5	6	1	1.1	3	4.2	9	3.7
Died	12	14.6	12	13.5	16	22.5	40	16.5
Defaulted	5	6	10	11.2	14	19.7	29	12
Transfer out	3	3.7	5	5.6	5	7	13	5.4
Restarted	2	2.4	4	4.5	1	1.4	7	2.9
Left (Loss to follow up)	5	6	3	3.4	3	4.2	11	4.5

Analysis as given in the table above shows that 55.4% of the cohort of 242 new TB clients who started on treatment (May 2005- April 2006) were able to complete their 8 months treatment course. Only 6.7% of those who completed TB treatment had an outcome of treatment failure.

### PMTCT

The section has continued with enrolment of pregnant HIV+ mothers, couple counseling on PMTCT, infant feeding and immunization, family planning guidance, support of pregnant female clients as well as follow up of children born to mothers under the PMTCT program.

When a pregnant HIV+ woman is identified, they are referred to Naguru Health Centre or Mulago Hospital or other health units for antenatal care and encouraged to deliver their babies from these health facilities. Here at Reach Out, our CATTs make sure they follow up clients so as to ensure that they are attending and receiving quality antenatal care services wherever they have been referred to. On approaching the eighth month of pregnancy, the CATTs scale up the monitoring of these clients and provide those who didn't come to Reach Out for services with Nevirapine to be taken at the onset of labour.

### PMTCT service out comes during 2006

Months	Active (not delivered)	Newly enrolled	Deliveries	No. of babies testing HIV+ using PCR at the end of quarter
Jan	24	4	12	0
Feb	31	11	4	0
Mar	35	14	8	1
April	38	13	7	0
May	42	9	9	0
June	43	6	5	1
July	49	11	2	0
Aug	55	18	2	0
Sept	52	6	8	1
Oct	51	10	9	0
Nov	50	5	11	0
Dec	45	4	4	0
<b>Totals</b>		<b>111</b>	<b>81</b>	<b>3</b>

A total of 82 mothers were newly enrolled on PMTCT during 2005, 22 of whom were on ARVs and 60 were on prophylaxis. In 2006, a total of 111 expectant mothers were newly enrolled onto the PMTCT program with 54 of them on ARVs and 57 on prophylaxis only. 30 couples attended PMTCT counseling while 81 attended without their partners. All the enrolled mothers were referred to Naguru health centre for antenatal care except 8 who opted for other health units including Mulago Hospital.

All these mothers received a single dose of Nevirapine at the onset of labor together with a seven-day course of combivir. At the same time all live infants received a single dose of Nevirapine syrup. Unfortunately during the entire year, we had 11 infant deaths, 7 reported abortion cases and 2 intra-uterine fetal deaths happened during the second quarter as a result of malaria in pregnancy. Out of 42 babies whose PCR-HIV test results were received during this year only 3 tested HIV positive.

#### **Death Summary:**

A total number of 132 (4.4%) Reach Out clients served during the year died. This mortality rate finding was akin to the 2005 finding of 4.4 % (109 clients) whereas 150 clients died during 2004.

During 2006;

- 40 (30.3%) of deaths were on ARVs alone, 12 (9.1%) on both ARV and TB drugs, 17 (12.9%) on TB drugs alone and the rest on prophylaxis only.
- Of the 132 deaths which occurred, 35 (26.5%) had CD4 count of <100, 33 (25%) had between 100-250, 10 (7.6%) had their CD4 count between 250-500 and 1 above 500 while the rest were either new clients or simply had their CD4s not taken prior to their death.
- 28 (21.2%) of these clients had spent less than 6 months in the program.
- 49 (37.1%) of these clients had spent not more than a year into the program
- Morphine was provided to clients in the process leading to their death.
- Majority of the clients who died on ARVs had HIV related anemia and advanced HIV infection.

#### **Pharmacy Section**

There is really no marked change in the Pharmacy. The routine work is going on well, the pharmacy staff continues to strive hard to achieve Reach Out's goals and improve the quality of life.

#### **Drug consumption**

Consumption of cotrimoxazole for Prophylaxis continues to increase because it is prescribed to every client who is tested HIV positive unless they are allergic to sulphurs.

#### **Medical Training Section**

This year, Reach Out continued its capacity building mission in ensuring that the medical support department maintains training its staff both internally and externally, as care of PHAs is still challenging especially in resource limited settings. During this year the following was realized:

The "six months comprehensive HIV training program" targeting nurses country wide was launched in April 2006. Initially RO had been engaged in training of its semiskilled staff, however the forces of demand for training from within RO and other partner organizations increased leading to the need to satisfy this demand. There has been increased demand for training of RO volunteers and 318 external students mainly on practical skills from the University of California San Francisco (UCSF), University of Wisconsin, MildMay International Study centre, Hospice Africa Uganda Makindye-Kampala, Infectious Disease Institute (IDI), Catholic Social Training centre Rubaga, TASO.

RO has also built a wealth of knowledge through on-going continuing medical education (CME) which is conducted every Wednesday and patient discussion that takes place every Thursday lasting two hours.

## Medical Training Outcomes- 2006

Trainee Institute of Origin	Number trained per quarter				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Totals
IDI (students on placement)	94	69	36	17	216
University of California San Francisco	2	3	0	5	10
MildMay International Study centre	5	0	0	0	5
Medical students: University of Wisconsin	2	0	0		2
Medical students: Hospice Africa Uganda, Makindye	3	0	5	5	13
PREFAR (Protecting families against Aids)	2	0	0	0	2
Placement from Hospice Uganda-Makindye	6	0	5	5	16
TASO and Catholic Social Training Rubaga counselors	25	0	0	0	25
Peer SMART (Peer supporter and mentor for ART) program in Rakai	25	0	0	0	25
Student nurses	0	1	1	1	3
<b>Totals</b>	<b>164</b>	<b>173</b>	<b>47</b>	<b>33</b>	<b>317</b>

## Community Support Department

### Community Network of Care

Community Network of Care is a composition of both clients and non-client volunteers who are responsible for taking care of all the Reach Out clients from within their communities. However, the critical support is given to clients on ARVs and TB medications. Clients on prophylactic treatment are monitored at least once per month. Community monitoring and support of clients is very important for both the clients and the project. For the project it gives us a clear picture on the impact of our services as well as helping us to carry out the needs-assessment socially, emotionally and physically among our clients. The community support acts like a relay for information and client flow between the program and the community.

For the clients, peer support goes along way in motivating them and giving them a better understanding of the social dynamics of HIV. There is a continuous renewed effort towards improved adherence. The community network is the major contributing factor to Reach Outs treatment outcomes. Overall clients are given HOPE for the future.

Our Community Network of Care to date is composed of:

- 44 CATTs (Community ARV and TB Treatment Supporters) who are charged with daily follow up of clients at home offering them main adherence support as well as giving psychosocial support.
- 5 community supporters who are assigned to support the bedridden clients with the domestic chores like cooking washing and bathing them
- 5 Central Supervisors, one for each of the five villages are community focal persons in-charge of supervising all community activities on behalf of the project.
- A Network coordinator and his assistant.

The community network works very closely with the Treatment Implementation Unit, Clinic, BOL-microfinance, Food Programme and Operation School fees program. The network meets weekly in each area and monthly for all area networks to share experiences and develop strategies.

By the end of December 2006, we were taking care of over 2308 active clients compared to 1892 active clients at the end of Dec 2005. These clients are drawn from the different catchment areas with Kinawataka still contributing the bigger proportion (48.7%), Mbuya 36.9% and Banda 14.4% of our clients. The CATTs during this year distributed material support of any kind to over 1271 clients..201 of these clients received blankets, 51 received grants, 190 mattresses, 341- clothing and shoes while 1271 received emergence food.

**It's not just the Pediatricians but the Community support as well**  
*A story of Hope and her HIV positive child*

*Hope is one of the poor clients getting HIV/AIDS services from Reach Out Mbuya Parish HIV/AIDS Initiative. Hope joined Reach Out a year ago and she gave birth to an HIV/AIDS positive child. The child was too unhealthy and she wanted to dump it in hospital.*

*The CATTs (Community ARV/TB Treatment Supporters) encouraged her to keep the baby and gave her necessary support while in the hospital. One of the CATTs (Cissy) took care of one of Hope's daughters when she was in the hospital as her own relatives had deserted her in the aftermath of testing HIV positive. Reach Out has now turned out to be her family.*



*Hope and her baby before treatment*



*Happier times, some few months later*



*Lft-Rt: Dr. Margrethe, Cissy and Hope with her child*

*Reach Out has now turned out to be her family and has rendered her various services through its holistic care model of mind, body and soul. Hope's story is evidence that the role of community health workers (CATTs) in the identification of people in need and thereafter the provision of services to them cannot be undermined. No pediatrician would have saved Hope's child without the help of these community workers.*

**Accomplishments**

- Half of our CATTs got refresher courses, and the second half accomplished this during the second quarter. Some components of this course comprised of pediatric training.
- A needs assessment of the Grandmothers affected/infected by HIV/AIDS was conducted by holding focus group discussions with both the HIV positive and negative grandmothers in Acholi Quarters, Kinawataka and Banda. Results revealed the desire to design a program for them and this would include the psycho-social aspect, small scale businesses such as piggery farming as well as primary, secondary and vocational education for their dependants. A delegation of 3 participants was sent to Canada (one RO CATTs team leader and 2 community grandmothers) and they met with officials from the Stephen Lewis Foundation.
- In a bid to mitigate the challenges of Alcoholism among our clients, the Community Network of Care together with the counseling section have organized Alcoholic Anonymous workshops throughout the year.
- Community campaigns for loan recovery from clients who had defaulted on payment were scaled up during the year. Follow up on Loan defaulters is now high on the agenda. CATTs are doing a lot of sensitizations during

visits to the clients' homes as well as holding community weekend meetings. We are so far registering gradual success according to the reports we get from the Loans department.

- In June 2006 CATTs started the activity of tracing for clients' relatives with the objective of offering psychosocial support to clients. Clients were helped to locate their relatives through phone calls and home visits. Family support is very essential for adherence to drugs and reduces stigma. Furthermore Family support reduces client dependency on the program and this activity was still on-going during the past quarter.

### **Food and Nutritional Support Section**

The food section provides food support to our clients through the World Food program (WFP). Food is now being distributed to clients with the help of the use of identity cards. Some beneficiaries who failed food need evaluations are still food insecure and some are being considered for reinstatement. A list is always circulated to all community supervisors and CATTs before a final list of phased out clients and those retained on food support can be released.

In 2005, about 250 clients were deemed self-sufficient and could be phased out of the World Food Program (WFP). As a result of this process, creation of room for the support of 250 new clients was realised. By the end of 2005 a total of 1,042 clients (primary beneficiaries) and their families benefited from the WFP food.

At the end of December 2006, there were 804 actual primary beneficiaries and 4151 secondary beneficiaries. The number of planned for beneficiaries in the 1<sup>st</sup> quarter 2006 (Jan-March 2006) was increased from 1024 to 1147 and the actual number that turned to collect food increased from 900 to 1009. By the end of March a total of 6279 beneficiaries had received food aid. On average those who did not collect food in the 1<sup>st</sup> quarter were 75 households. During the 2<sup>nd</sup> quarter from 4<sup>th</sup> April to 7<sup>th</sup> June 2006, phasing-out-evaluations for some of the food beneficiaries begun. Out of the 1079 registered beneficiaries 725 were evaluated and 299 failed to meet the criteria for food aid eligibility while 426 passed and 354 did not fill the form because they were not at home. The introduction of ID cards in April saw about 700 beneficiaries getting IDs and as new clients are enrolled onto food, they are also given IDs. During this same quarter 886 beneficiaries picked food and 193 defaulters were registered.

At the beginning of the 3<sup>rd</sup> quarter, the food aid program planned/ expected 465 ARV clients to be served, 425 were served in July alone and due to the phase out process 300 ARV clients were served in August while 327 were served in September 2006. For clients on TB, 177 were served in July, 110 in August and 121 in September were also served by the food and nutritional aid program. 14 clients during the quarter were re-admitted into the program while 130 RO clients were enrolled as new clients on food support whereas 10 clients left on their own. At the beginning of the 4<sup>th</sup> quarter, the food aid program planned/ expected 387 ARV clients to be served, 354 were served in October alone and 447 in August while 473 were served in December 2006. For clients on TB, 120 were served in October, 67 in November and 32 in December were also served by the food and nutritional aid program. Below in the table we can find a summarized analysis of key food aid outcomes.

**Active food aid beneficiaries at the end of every quarter (January- December, 2006)**

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Primary Beneficiary	Secondary Beneficiary	Primary Beneficiary	Secondary Beneficiary	Primary Beneficiary	Secondary Beneficiary	Primary Beneficiary	Secondary Beneficiary
Planned	1147	5618	1071		822	4107	840	4276
Actual	1009	5231	886		680	1170	804	4151
Difference	138	387	185		142	2937	36	125

## **Friends for Life**

Friends for life (FFL) is the prevention and sensitization arm of Reach Out. The community program aims at sensitizing adults and out of school youth about HIV, stigma, malaria, and family issues. The Schools Program aims at sensitizing secondary and primary school students about HIV/AIDS, STI/STD's, equipping them with life skills to enable them appreciate the beauty of life and make informed decisions. Adult Literacy seeks to help and enable clients communicate with their clinicians and to increase literacy in our community.

Altogether, FFL during this year had a target of reaching 10,000 people and at the end of December 2006, a total number of 17,854 (40.8% males) people were reached with various HIV/AIDS related messages through the Good Samaritan program (for females), Operation Gideon (for males), youth out-of-school and in-school program thereby beating the target by over 70%. Of the 17,854 people reached with messages, 8% (1423) were new participants. FFL was able to hold 560 events out of the 797 scheduled events, 213 were cancelled and 28 re-scheduled.

1232 basic care packages and 100 cartoons of water guard donated by PSI were distributed to different Reach Out clients. Many activities were held during this year, some of which include income generating activities (mushroom growing), entrepreneurship skills, Behavioural Change seminars (B.C.P) for the youth on holiday, MDD competitions for both in and out-of-school youth as well as singles and couples-for- life retreats. 4 trainings were held; *"Be a man"* training, Power of Hope for the facilitators as well as the Monitoring and Evaluation training for the heads of the F.F.L section.

4 new out-of-school youth groups were mobilized and established. FFL managed to send representatives to attend 2 conferences targeting youth (in Mukono and Ethiopia). Some of the youth attended a training of trainers workshop on Behavioral Change Communication at Emmaus and a one day workshop for all the CATTs and FFL facilitators was held on how to be self reliant. Another one day workshop for the youth was organized by IPH-CDC HIV/AIDS Fellowship programme and aimed to show the challenges that are faced by young people, how to overcome them, the over view of HIV/AIDS in Uganda and the importance of ABC principle..

### **The Good Samaritan Program**

A total number of 8932 people (1990 are males, 6942 females) were reached with various messages and of these 616 were new participants. FFL managed to set up a Good Samaritan savings and loans scheme. Individuals/groups from the community applied for the loans and some have already received. Discussions with various community members centered around different issues i.e. hygiene, choices, STDs/ STIs and how help can be rendered to one another. As a result of various held individuals discussions, some participants opened up different business i.e. 4 women started charcoal selling in Acholi quarters, 14 mushroom growing while 2 groups totaling 16 members started vegetable growing in Kinawataka and Banda whereas others opened up food places.

This year has registered commendable Local Council Leadership involvement in the mobilization of their community persons for various prevention activities. FFL also received overwhelming responses from holding singles retreats as a way of helping the singles realize the possible challenges that are involved in supporting themselves, finding suitable partners, standing high risks of contracting HIV and coping with societal perceptions of single people among others.

### **The Operation Gideon Program**

This is a program designed to reach out to men and its main objective is to instill male involvement into programs and services thereby inculcating a sense of community social responsibility in response to the HIV/AIDS scourge. This year we discussed various responsibilities (looking at the role of men in homes), "Faithfulness", is it a reality or myth?". As a result we were able to reach a total number of 2065 including 180 new male participants. Men have shown a positive response to the program and as a result they have decided to invite their wives to attend our sessions and have given testimonies which indicate behavioral, change in the way they handle family issues. Due to the impact of the program, we are faced with a challenge of participants from non-RO catchment areas requesting us to extend the program to their areas.

### **The In-school youth Program**

Various in-school activities were organized during the year and they focused on the road of life, friendship formation, life skills, HIV/AIDS, "Being a boy being a girl" plus "growing and changing". In total we managed to reach 2352 participants. The in-school youth program organized a music festival that attracted 6 primary schools and 3 secondary schools with a theme, "share and appreciate the beauty of life". This was aimed at giving a chance to the pupils and students acquire knowledge on HIV/AIDS prevention and institute life skills, promote healthier life styles and demonstrate the skills attained by youngsters to their fellow peers. This message was delivered through plays, poems, traditional folk songs, set pieces and health news letters. Through this program FFL was able to reach 238 participants from primary schools, 93 participants from secondary schools, 14 facilitators and 12 teachers.

### **Adult literacy Program**

Adult Literacy seeks to help clients communicate with their medical service providers and to increase literacy in the community. In this year adult literacy has had a total number of 149 learners (9 males, 140 females) in its 4 centres. RO received teachers from Makerere University who helped in improved teaching and a set of new ideas. We were also blessed by three volunteers from Canada who have been of great help to the section. Adult learners were also able to receive entrepreneurial skills which will help them engage in some income generating activities. However, some successful learners have joined institutions i.e. (1 male and 1 female were enrolled in primary school) and are attending trainings like tailoring and 6 females have acquired different jobs.

### **Youth-out-of-school Program**

This year the program has been able to reach about 1200 youth (65% males) including 418 new youth. Emphasis was placed on imparting life skills and holding discussions on menstruation, problem solving skills, child's savings and hygiene. These messages were delivered through discussions, role plays and games. The youth out of school program has had many activities which include Behavioral Change activities in different centers and quiz competitions which attracted many youth. On a positive note, we have managed to reach out and form a group of vulnerable youth (single parent youth as well as those involved in prostitution) to empower them with skills on how to become self reliant and to value their lives. The youth managed to hold on their MDD competitions with a theme, "being a youth" which were scheduled on 16th December 2006 and this involved 123 youth, this was to help the youth appreciate and promote the beauty of life through music, dance and drama.

## **Social Support Program**

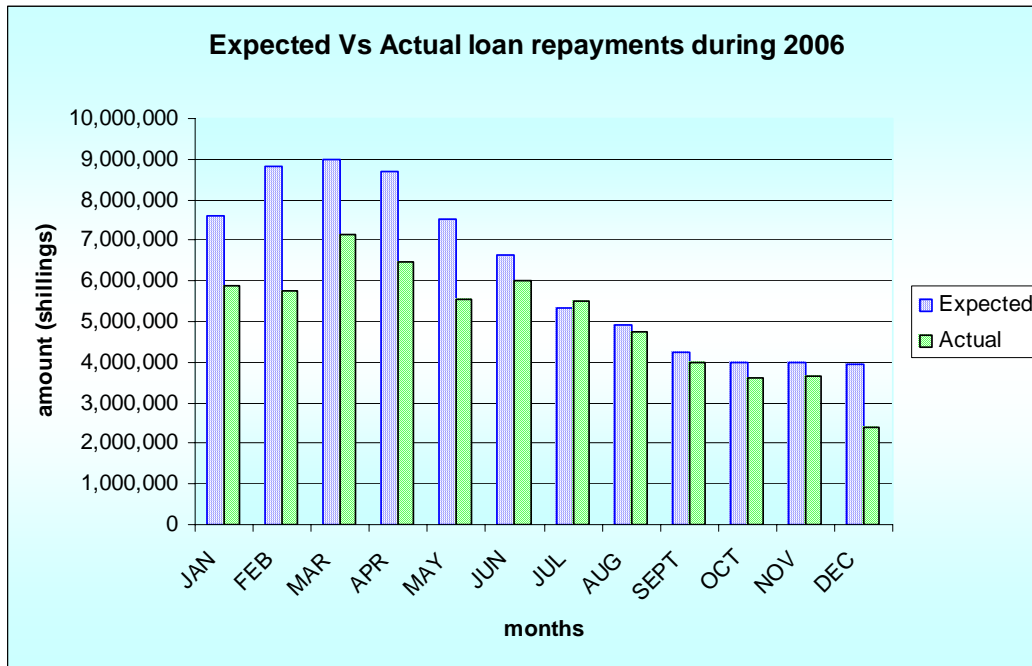
### **Bread of Life (BOL)**

Bread of Life is a Micro Finance section in Reach Out. It is an important part of the holistic care for PHAs, which seeks to directly address the needs arising from poverty. Our goal is to help clients achieve self-sustainability by giving them loans to start new or expand existing income-generating activities and to help them move away from a state of dependency thereby giving them an opportunity to support others instead of waiting for hand outs.

Bread of Life has substantially increased the number of loans it has provided each month. Loans of 100,000 – 500,000Ush are extended to clients and volunteers on a five months repayment schedule. All loans are extended with a 10% interest rate. This is considerably much lower than commercial institutions and allows more impoverished clients to borrow. Currently the demand for access to credit by our clients is far from being realised. Most of our clients are very poor and many have been very sick. This means that sometimes they may fail to repay due to ill-health, incurred loses, lost jobs and some even just end up dying. Bread of Life continues to run compulsory monthly business training workshops for first-time borrowers, to impart valuable business skills to our clients. Topics covered include: how to create a successful business plan, how to handle customers in business, keeping records and how to prepare or save for unprepared difficulties or/and other social or domestic problems (incidentals such as sickness, death of



relatives, house rent etc), among others.



The total amount of loans expected to be paid back during the year was Ugshs. 74, 711,780 (US\$ 40,167.62) and actual repayments realized from all the BOL clients were Ugshs. 60,766,200 (US\$ 32,670) representing an 81% repayment rate during the entire year. This was slightly higher compared to the 76% repayment rate in the previous year.

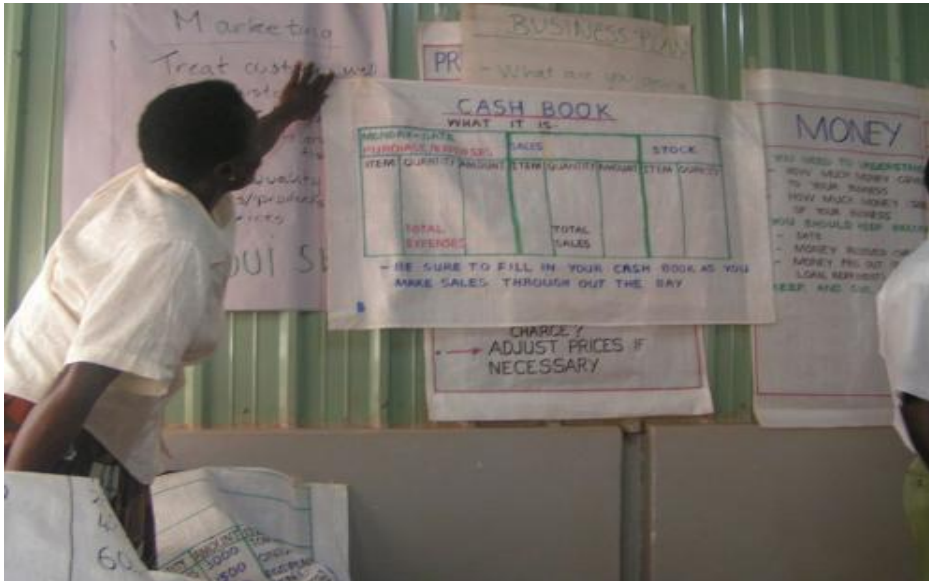
This year, BOL was able to continue giving group loans to various clients with help of funds from The Stephen Lewis Foundation. Loans of up to Ugshs.500,000 (\$270) were also given to RO client volunteers who earn very little stipend and these were repaid after ten months instead of five so as to allow them cater for their families without strain. Their (client volunteers) repayments are more desirable than the clients themselves because of the direct debit repayment system.

Unlike in 2005 where BOL gave out 501 loans, in 2006 412 loans were given out. The amount outstanding was lower than that of last year with a difference of Ugshs. 2,294,480. However, this could have resulted partly from the written off debts due to the death of some clients.

BOL continues to visit client's businesses so as to assess whether they are making progress. Those whose progress is undesirable are then given close support supervision and ways are devised in making sure that they improve.

### Business Training

RO clients have benefited so much from business training and skills have been imparted in records keeping, customer handling and making of own savings. Though, a big number of them are illiterate, adult education through RO's FFL adult literacy program is recommended. Most of our clients have benefited from the book keeping skills imparted onto them as they had never done this before in their earlier business undertakings.



***Keeping records is a key element and a very vital tool in business. Clients are taught how to use their cash books on a daily basis so that they can determine their profits/losses.***

**Summary of the financial report at the end of the year 2006**

State of Affairs	Amount (ushs)	USD
No of loans given out	412	
Amount given	55,315,000	30,730
Average no. of loans /month	34	
Amount collected (incl. interest)	60,766,200	33,759
Principle collected	55,242,000	
Interest collected	5,524,200	
Amount outstanding includes loans since 2003 todate (incl. interest)**	47,135,050	26,186
No of loans outstanding to date	667	
No of loans paid up in the year	325	
Average Repayment Rate (%)	81	
Amount due for write off due to death	1,312,000	729
No of people received business training	316	

\* Exchange rate =( \$1 : UgShs 1,800)

\*\*Amounts given above include monies due for write off

**Operation School Fees (OSF)**

This is a social support programme within Reach Out, which is responsible for educational support of children of RO clients and children who are clients themselves. OSF is also an important preventive programme as children without education (especially the girl child) are at a high risk of getting HIV/AIDS. The children supported under Operation School Fees programme range from nursery school to senior six.

At the end of December 2005, a total number of 459 children were served under the Operation School Fees programme and of these 358 (182 males and 176 females) were children of clients who were getting medical care in Reach Out. The remaining 101 were needy children in the parish funded by AVSI which is made up of 46 males and 55 females.

A total number of 555 children/students (293 females and 262 males- 17.3% increment) were getting school education through this programme by the end of December 2006 and 92.3% (270 females and 242 males) of them were children under 18 years. 59 (10.6%) of children served under OSF were HIV positive and they consisted of 30 females and 29 males.



*Some of the children with newly acquired shoes, a donation from Michelle Martz*

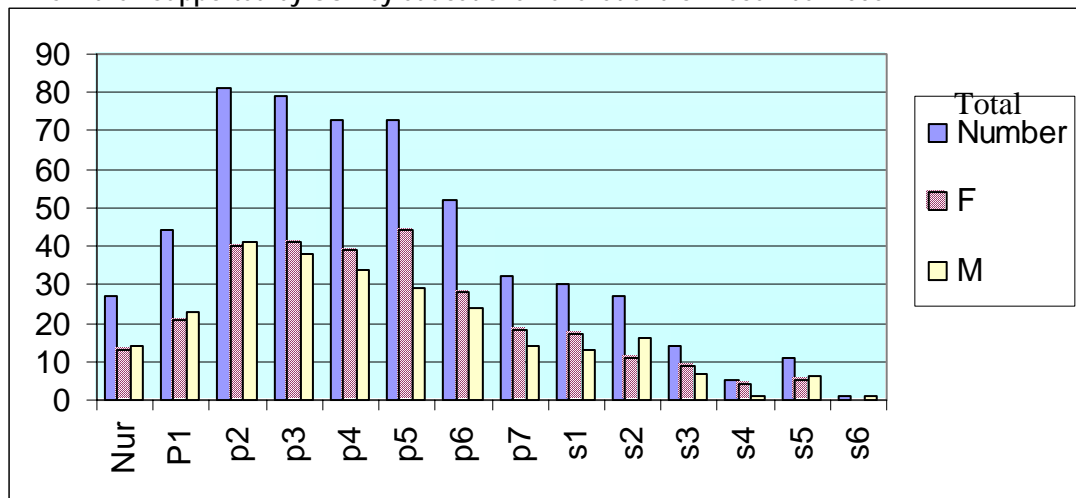
485 children (including 41 HIV positive children- 23 males and 18 females) were given material assistance in the form of scholarstic materials, school uniforms etc. 121 children were registered onto the waiting list by the end of December 2006 and this is still akin to this quarter's finding as they were no more registries carried out.

At the end of 2005, 47 children sat for their candidate's classes, 31 for Primary Leaving Examination (P.L.E), 5 for the Uganda Certificate of Education (U.C.E) and 13 for the Uganda Advanced Certificate of Education (U.A.C.E) whereas at the end of 2006, 38 children sat for their candidate's classes, 32 for Primary Leaving Examination (P.L.E), 1 for the Uganda Certificate of Education (U.C.E) and 1 for the Uganda Advanced Certificate of Education (U.A.C.E).

**Funding**

Operation School Fees donors are categorized into two groups, private/individual and group donors. Under the group donors we have the Uganda Bikers Association sponsoring 85 children, Sid Ecole (Schools against HIV/AIDS, Geneva) sponsoring 82 children, California ROSES sponsoring 83 children, AVSI sponsoring 187 children divided into two groups. One of them is AVSI Reach Out -these are children of clients who get medication from Reach Out and the second -AVSI Parish, these are children of needy parishioners identified by the Parish Priest. The rest of the children are sponsored by other organizations and individual donors. Some children are sponsored out of the Reach Out Programme profits that are realized through the sell of items like the Replikit, Documentaries and beads.

**Children supported by OSF by educational level at end of December 2006**



**Roses of Mbuya-Sewing Workshop**

Part of Reach Out's Social Support Network is the 'Roses of Mbuya', which is a tailoring workshop offering skills-building and employment to Reach Out clients. Products made include, clothing, wallets, bags and household accessories. The "Roses" also undertake contract work, which is their main avenue for generation of revenue. Under the *Roses of Mbuya* we also manage the *Beads of Hope* project which is a cottage industry where our clients make beautiful paper bead necklaces, bracelets, anklets, earrings and other crafts in a variety of colours and designs.

### **Contracts, Retail sales and Special orders**

This year the 'Roses' profit has been approximately Ughs.28million (US\$ 15053.76) and the 'Roses' team managed to complete a contract making filter cloths for PSI. This contract had been running from the previous year and we were able to procure 3 more new contracts that we later on completed and are hoping for another new contract. The St.Kizito contract is still ongoing and we also had a huge Christmas export order from COOPI. 'Roses' also did the packaging for the moon beads a new product from the AFFORD health marketing Initiative and thereafter aprons were made for the WFP field staff as well as teaching aids for 'Mango Tree'. Under the Beads of Hope project we made AIDS symbols for CONCERN. In addition to all these contracts we had approximately 40 customised orders.

Our sales at the Reach Out shop have been quite good this year. However, they have been boosted by sales in our other retail outlets such as Semuliki Safari Lodge, UCOTA and Equator café in Uganda. Our development partners abroad have also done a good job in marketing and selling our products abroad.

It was so unfortunate that during this year the 'Roses' lost one of its tailors, a person living with HIV/AIDS who had been part of the team since its inception. May her soul rest in peace.

## **Program Implementation Support Department**

The Programme Implementation Support department has worked hard to continue its role of enabling all of the other departments of Reach Out to consolidate and grow in order to meet the needs of our ever-expanding client population. Our satellite clinic in Kinawataka opened in November 2005 and has continued to avail services closer to the community and as a result, we have seen the number of new clients grow substantially month by month.

In the Programme Implementation Support department we continue to work hard to become the strong foundation on which all the other departments can stand and the walls to protect the program so it can grow and develop. We have striven this year to strengthen and further define our policies and procedures in regards to finances, volunteer and employee guidelines, stock management, purchasing, and general operations.

Our team has struggled to respond positively to the new changes brought about by the ever expanding clientele and service delivery. We continue to strive to help each department fully realize its potential and deepen their abilities to serve the poor of Mbuya and enable as many as possible to have access to decent medical care. We also try to welcome them to participate in the wide range of social services which are now offered at Reach Out Mbuya.

### **Monitoring & Evaluation**

This year, the department embarked on scaling up of the entire programs M&E systems. The department was able to streamline RO's reporting systems by arranging information and client file flows from the Client Registry to all other service points. Furthermore, the introduction of the 'Balanced scorecard system' in all departments has helped in disaggregating information by service outlet and on reducing the problem of double counting and reporting which always brought about inaccurate figures. This also helped in minimizing role duplication thus creating more time for various departments to concentrate on other activities.

In a bid to have systems in place, computerized databases continue to be developed for different departments and sections. i.e the BOL, CATTs, WFP and OSF. The viral load and pill count databases have been fully developed and during this new year 2007, its expected that a comprehensive holistic care electronic data base system will be developed.

M&E has continued to improve and strengthen on the quality of data collection as well as increasing on technical staff capacity building every month during the year. Additionally, M&E also continues to be involved in generating and participating in lots of HIV/AIDS related studies in conjunction with different partners and internationally renowned institutions.

Following the M&E capacity building training workshop that was conducted during the 3<sup>rd</sup> quarter 2006, M&E was able to provide technical assistance to the entire Reach Out program departments and sections in the development of the annual work plans as well different data capturing tools. As a follow up to this, during December M&E provided further technical assistance to all departments and sections in the development of the annual work plan and budget.

Follow up training is expected to be organized during 2007 thereby making different RO technical staff realize the importance of data collection and the role of M&E in program development.

### **Operation Support**

This section handles site management, buildings, security, equipments, stock management, transport and all program computer needs. The first, second, third and fourth quarters of 2006 have been another challenge for us to maintain our commitment of serving all departments of Reach Out with their operational needs efficiently and effectively. As our program continues to expand, our operational needs and costs increase.

The new RO office and clinic building at Mbuya was completed and occupation of space took place during early November 2006.

### **Human Resource**

Recruitment, staff identification, staff replacements, internal staff transfers, trainings, and programme restructuring activities continue to take place every quarter as RO expands each day.

Since the beginning of the year, there have been more than 8 major recruits to the Project. A new Executive Director, Dr Stella Alamo, who herself had been a part of Reach Out setup, under the IPH Fellowship Program replaced Dr. Margrethe Juncker who moved to Mozambique. 2 M&E personnel were also added onto the RO staff list (Businge Denis Collins- M&E Head and Richard Omasette- M&E Assistant). 3 medical officers (Doctors) and 2 support staff were also recruited; one in the medical training, and the other in the food program. The other new recruit is a marketing/sales personnel, who is working with the Roses of Mbuya sewing workshop. She replaced the VSO Volunteer who was providing leadership to the workshop for about 15 months. There was also one major recruitment of a clinical officer. Another new Staff, a Medical Officer, who had been granted vacancy in the organisation also reported for duty mid July 2006. A temporary support staff charged with maintenance was also recruited in RO's Kinawataka branch. 2 more cleaners were recruited at the Reach Out headquarters. We also got a volunteer that came in to help with the Client Registry Section (Reception). The Kinawataka branch of Reach Out also got a Site manager, who was already heading the Client Registry (former Reception) Section at the time of the appointment. In another related development, Dr. Namisi Charles Patrick replaced Dr. Jason Christopher (a VSO Volunteer) whose contract with Reach Out expired towards the end of July, as the new Reach Out medical coordinator.

Some of the other activities carried out during the year included the beginning of the restructuring program which is most likely to take effect during 2007. The restructuring is being done by Reach Out's management, a task force and MTAC –a consultancy firm. This will help in ensuring that the new structure and all the other related functions are made with as much objectivity as possible. The revisions will also ensure that all the various departments and sections are strengthened to help us provide more quality services.

### **Communications section**

RO received a total of 968 visitors this year among whom most notably was the US member of Congress- Chris Smith from New Jersey, His Eminence Emmanuel Cardinal Wamala, the British High Commissioner Mr. Gordon Francois, Ms. Chiaki Warner and Ms Yuko Takehara from the Japanese Embassy. The Director of CDC Mr. Jordan Tappero officiated at the opening of the new Reach Out Mbuya clinic and at the World AIDS Day celebrations.

Reach Out also marked 5 years of existence with a ceremony, attended by over 2000 volunteers, clients, partners and friends of Reach Out. It was on this occasion that the out-going RO Director-Dr. Margrethe Juncker was officially bided farewell and Dr. Stella Alamo ushered into her new office.

### Activities accomplished this year

- A team of Reach Out volunteers produced *the Hope Inspiration Victory* (HIV) bi-annual newsletter which is meant to provide a platform for analysis of the implementation, policy, global relevance and implications of the holistic care approach as practiced by Reach Out and similar community based organizations. The newsletter was launched by the Director of IPH Prof. David Sserwadda on 2<sup>nd</sup> January 2006.
- A three-in-one Reach Out Documentary was produced - Hope for the Future, Beating the Drum Loudly and Celebration of Life/World AIDS Day Celebration 2005.

### Public Relations

- 3 Reach Out volunteers attended a consortium of grandmothers meet with the Stephen Lewis Foundation (Building a functional Community of grandmothers and their dependants – a road to meaningful and sustainable livelihood)
- 3 volunteers attended the XVI International AIDS Conference in Toronto- Canada.

### Publications

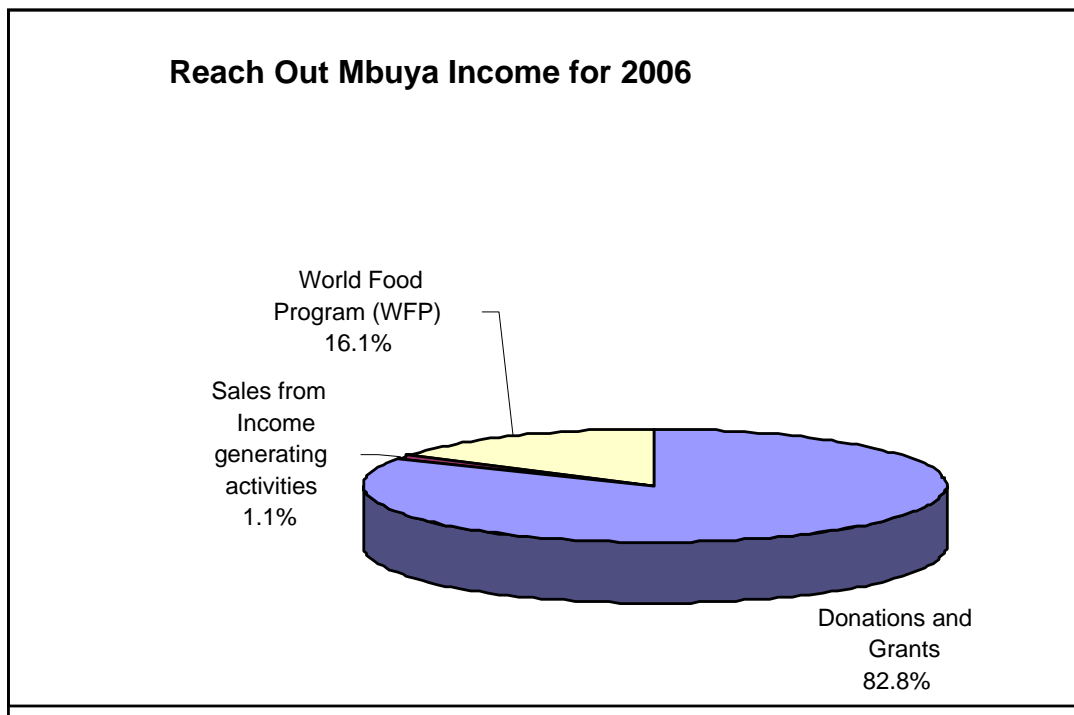
- Posters for the XVI International AIDS Conference were made.
- New brochures for Reach Out and Roses of Mbuya were produced this quarter.

### Finances

The Finance team continued to ensure good stewardship of Reach Out's resources during this year 2006. In order to keep up with the challenges that result from the continued growth of Reach Out Mbuya, the finance team is constantly improving financial accountability. RO accomplished this goal by setting up new measures and policies, at the same time providing incessant training for our staff. During this year an audit was started and is still ongoing. The Finance team has embarked on a better filing system and are working hard to computerize and upgrade all of RO's accounting systems.

### Total Grants and income

In 2006, the total amount of all income generated from various donations, grants, income generating activities including in-kind donations from the World Food Program came to a grand total of Ug shillings 2,995,483,511 (US \$1,664,157.51). This was lower compared to last year's income of Ug shillings 3,043,559,854 or US \$ 1,690,866.



## Grants and Donations

During 2006, the total grants, donations and medicine, amounted to Ug sh. **2,480,797,758** 2,480,797,758 (US \$1,378,220.98).

## World Food Program

RO is very grateful to WFP for the in-kind food donations, which contributed to 16.1% of the total income received during the year. The food was valued at Ug. Shs. 481,153,853 (US\$267307.69). This food is very instrumental in supplementing the work of drugs on different clients.

## Income Generating Activities

During the year 2006, Reach Out managed to increase on the capacity of income generating activities. The net income earned from income generating activities, that is the sale of Reach Out DVD's, Replikits, Calendars, CD's, Music tapes, Beads of Hope, and interest on our micro-loans came to Ugshs. 33,531,900 (US\$18,628.83). This pushes us a step forward towards self reliance in the long run. Our volunteers and staff believe very strongly that it is vital to continue contributing our profits to helping those who are beginning their service and care journey with Reach Out Mbuya.

## Total expenditures

The total amount of funds, including in-kind donations, medicines, and food expended during this year among Reach Out's over 2300 active clients fell to UgShs 2,791,225,403 in 2006 from UgShs. 2,943,817,522 (US \$1550680.78) in 2005.

## Total expenditure in 2006

Item	Total in Ug. Shs	Total in US\$	Percentage %
Operational Cost	2,141,529,292	1,189,738.49	76.72
Administration Cost	236,806,392	131,559.11	8.48
Capital Expenditures	328,428,236	182,460.13	11.77
Deficit from 1 <sup>st</sup> Quarter	84,461,483	46,923.04	3.03
<b>Total</b>	<b>2,791,225,403</b>	<b>1,550,680.78</b>	<b>100.00</b>

## Operational Costs

This category includes ARV drugs and food supplies to our clients, all emergency food support, and home based care items for the critically ill, blankets, mattresses, and clothing. The clinic costs are also included herein i.e. the clinicians' stipends community supporters' network, all client lab tests, x-rays, training and scholarships. We also use the operational funds for transport on home visitations, client care, and networking with other community organizations. Operational costs are also used to pay for materials, stipends, record keeping, and data entry for all the departments such as community education, adult literacy, micro-finance, youth work, behaviour change, and food distribution. Funds have been used as well for our calendar, CD, DVD, and our Replikit which helps other organizations begin their own community program.

## Administration Costs

We also kept the administrative costs as low as possible and these accounted for 8.5% of our total expenditure. Most of our funds are channeled towards direct Clients costs. In 2006, we used administrative costs for the salaries of our administration team, office supplies, computer supplies, costs of Internet, phone, and postage. In addition we have also used the funds to insure good security at our center and satellite clinic.

## Capital Expenditures

We completed work on the Community Clinic at our Mbuya Centre and the total Capital expenditure came to 11.8% up from 9%. This was the realization of our long time dream which was made possible by the generosity of all our friends who donated in one way or the other. In 2006 we opened our clinic in Mbuya and the costs of construction and furnishings were considerable, it is our goal this year to begin construction on another satellite clinic in Lower Banda area so that the poor of that section can have accessible health care

## General achievements, Challenges & Future Prospects

### Achievements

- Reach Out during this year has managed to serve all its eligible clients with all the required medicines and this has seen numbers of active clients on holistic care rise up to 2308 at the end of December 2006 from the first 14 clients right from the inception of the program in May 2001. Since the beginning of January 2006, there has been a recorded 18% increment in the number of active clients. At the same time RO introduced the paediatric program in March 2006 and have managed to serve 113 active HIV positive children and this represents an increase to 4.9% of the entire RO clientele by the end of December 2006.
- The Reach Out new office block at Mbuya was completed and is now being utilized by RO staff. The clinic in Mbuya has been relocated from the church building into a more spacious environ with a more conducive waiting area for clients within the new building. The laboratory has also been opened within the new building and is now fully functional making a total of 2 labs at Mbuya and Kinawataka service outlets.
- The overall median adherence findings for RO clients on ART in 2006 stood at 99.3% and this was slightly higher than the 2005 median of 98.4%.
- RO has managed to increase on the amount of money generated from its IGAs mainly from the Roses of Mbuya program and this was mainly realized in the run up to the Christmas season.
- In the aftermath of the M&E capacity building training which involved 32 of Reach Out's staff from various departments, a follow up was made and this involved the provision of technical assistance to all departments in the development of RO's 5 year strategic plan which was launched on 1<sup>st</sup> December 2006. Thereafter, the development of RO's annual work plan and budget commenced.
- At the end of December 2006, PCR-HIV test results for 42 babies had been received and only 3 had tested HIV positive, an indication that our PMTCT program is working.
- RO this year managed to assuage on Uganda's HIV/AIDS afflict by developing important documents i.e % year strategic plan , guidelines on Paediatric HIV services as well as a 6 months comprehensive course on HIV for nurses within Uganda (6 months Comprehensive HIV/AIDS Care Curriculum) and this has been handed to MOH for accreditation.

### Challenges

- Electric power load shedding that is currently being experienced countrywide has prompted increased use of the generator for more than 3 days in a week. Additionally, the service maintenance and fuel costs for running it remain a constant challenge.
- Though our loss to follow up remains low compared to most programs in the country, it still vestiges a challenge to RO. Some clients are never at their homes when routine HBC is being provided and neither do they to attend their clinic appointments and they sometimes resurface for clinical attention when they are worsel. Worse still RO is faced with a challenge of having to deal with a highly urban population.
- Our clients/borrowers have no collateral security and this has poised the highest risk to loan recovery. Most loan clients are also illiterate and thus can't keep book records. However we have always encouraged them to attend our RO adult literacy classes and entrepreneurship training. Some of our clients on the loan program have been lost to follow up or have died.
- The current comprehensive HIV care course has kept all the clinicians busy and yet the same clinicians need to attend to clients. Dividing up time between clinic and class remains a challenge.
- Some of our clients are being evicted from their homes in big numbers and this has affected more especially those who stay around Middle East Bugolobi as the local councils are destroying the slums to pave way for development. This is increasing our loss to follow up numbers.

### Recommendations

Like other years, this year has furthermore managed to exhibit growth within Reach Out and its service outlets. It's now time to consolidate Reach Out's achievements and this can be done mainly through the scaling up of the family based approach which was started in March 2006. Additionally, it will not only help to look at an individual client but also their family so that holistic care is provided to the entire family.



## Annexes

### Annex 1

#### List of Acronyms

ARVs	Anti Retrovirals
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
MTCT	Mother to Child Transmission of HIV
PMTCT	Prevention of mother To Child Transmission of HIV
DNA-PCR	Dioxyribo Nucleic Acid – Polymerase Chain Reaction
WHO	World Health Organization
WFP	World Food Program
ELISA	Enzyme Linked Immuno Sorbet Assay
ARV	Anti Retro Viral Therapy
MOH	Ministry Of Health
BOL	Bread of Life
CATTS	Community ARVs and TB Treatment Supporters
CHCT	Couple HIV Counseling and Testing
TB	Tuberculosis
JCRC	Joint Clinical Research Centre
CDC	Center for Disease Control
IDI	Infectious Disease Institute
PTB	Pulmonary Tuberculosis
EPTB	Extra Pulmonary Tuberculosis
OSF	Operation School Fees
IPH	Institute of Public Health
PEPFAR	Presidential Emergency Plan for Aids Relief
RO	Reach Out
PSI	Population Services International

## Annex 2

This report was made possible by Dr. Alamo Stella Talisuna and Denis C. Businge as well as all other Reach Out staff especially the individuals listed herein below.

Department	Section	Names
Medical Support		Dr Charles Namisi
	Clinic	Rebecca Nantondo
	TIU	Rosemary Atim
	Pharmacy	Korina Akumu Otine
	Laboratory	John Apuuli
	Medical Training	Juliet Nambuya
	Counseling	Fred Katumba
Administration		
	Logistics	Eric Robert Kamunvi
	HR	Francis Onyango
	Internal Audit	Esther Aryemo Moro
	Finance	Bruno Onzima
	Procurement	Gerever Niwagaba
M&E		Denis C. Businge
		Richard Omasette
	Communications	Joanita Nambi
Social Support	Roses of Mbuya	Brenda Kalebbo
	Bread of Life	Joy Nanyunja
	Operation School fees	Lucy Lanyero
Community Support	Friends for Life	Joseph Byakatonda
	Community network of care	Joseph Ntale Nkurunziza
	Food Programme	Peter Paul Igu

## Number of clients who received Material Support during 2006

Month	Grants	Emmergence food	Blankets	Mattresses	Clothes/Shoes
January	5	141	1	1	
February	8	93	11	11	80
March	10	162	22	22	
April	4	117	22	16	
May	3	71	27	24	
June	1	125	23	22	
July	4	105	2	2	126
August	2	77	0	3	
September	2	129	53	49	
October	1	137	18	19	21
November	8	67	11	11	
December	3	47	11	10	114
<b>Total</b>	<b>51</b>	<b>1271</b>	<b>201</b>	<b>190</b>	<b>341</b>

## Amount of emergence food distributed during the 12 months.

Month	Beans (kgs)	Maize Flour (Kgs)	Millet Flour (Kgs)	Powdered Milk (Kgs)
January	150	298	300	
February	221	Nil	218	53
March	102	204	204	210
April	146	312	260	55
May	156	307	286	
June	236	369	369	
July	277.5	329	329	
August	315	411	411	
September	156	335	324	128
October	159	262	262	44
November	130	185	185	
December	175	238	174	
<b>Total</b>	<b>2223</b>	<b>3250</b>	<b>3322</b>	<b>490</b>

Annex 4: Lab results 2006

Type of tests	JAN		FEB		MAR		APRIL		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC		TOTAL		
	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	
LFT																											
Diagnosis	0	10	3	8	6	7	3	2	4	9	3	5	5	3	6	2	6	5	4	5	2	2	1	1	43	55	
LFT																											
Screening													3	7	2	10	8	5	3	7	8	11	1	0	25	40	
CRAG																											
Diagnostic	1	23	3	27	6	24	0	24	3	29	1	21	2	2	0	7	4	3	0	14	0	9	1	3	25	180	
CRAG																											
Screening													0	27	0	32	0	30	0	24	0	21	0	3	0	130	
Sputum follow up																			4	24	0	17	2	20	6	60	
Sputum Diagnostic																			21	108	5	107	0	42	26	250	
CBC	0	0	0	0	0	0	0	0	1	0	0	0	2	5	2	3	0	8	2	4	0	2	2	0	9	200	
RFT	0	0	0	0	0	0	0	0	0	1			0	1	1	2	6	2	1	3	0	0	0	0	8	50	
RBS	1	1	0	0	0	0	0	0	1	0			0	0	0	0	0	2	1	4	0	0	0	0	3	100	
WIDAL	0	0	0	3	0	0	0	2	0	1			0	1	0	3	0	2	0	2	0	1	0	1	0	100	
Hepatitis B	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	100	
Hepatitis C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	100	
LDH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	100	
CPK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	100	
HB																											
Screening	6	52	8	24	8	25	7	23	9	17			8	41	6	55	4	61	7	20	8	41	1	16	72	370	
HB																											
Diagnostic													4	2	3	4	5	2	5	5	4	1	3	3	24	100	
B/S for Mps	0	14	0	29	0	12	1	16	1	9			0	12	1	13	3	10	0	16	1	13	2	9	9	150	
VDRL	4	15	4	8	0	2	1	2	1	2			0	3	1	2	0	8	0	4	0	9	0	3	11	50	
HCG	4	0	7	5	11	2	6	2	3	6			5	2	14	9	5	8	4	6	1	5	2	2	62	400	
TOXO																											
Screening	0	1	2	0	1	2	0	1	1	2	3	4	2	3	0	4	2	6	1	4	1	5	3	6	13	300	
Urinalysis	0	4	2	4	5	7	3	1	1	4			1	1	2	2	2	6	6	1	2	4	2	4	26	300	
Stool	0	1	1	2	0	1	0	0	0	0			0	1	1	7	0	2	1	4	0	2	0	0	3	200	
Lymph node Aspirant	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	3	1	1	0	1	0	5	100	
HIV Males	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	29	51	50	84	25	58	104	190	
HIV Females	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	76	59	56	90	30	72	162	220	
URINE C/S	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	1	0	0	0	100	
S.AMYLASE	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	1	0	0	1	1	100	
BRUCELLA	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	2	0	0	0	100	
Prothrombin Time	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	1	0	0	0	100	
INR	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	1	0	0	0	100	
APTT	0	0	0	0	0	0	0	0	0	0		36	0	0	0	0	0	0	0	0	0	1	0	0	0	100	
Sputum. C/S	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	1	0	0	0	1	100	
ESR	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	1	0	1	100	
PPD	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	6	0	100	

