

Background

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Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) began as a Christian community in 2001 with 14 clients. For the first four years, provided services within Our lady of Africa Mbuya Catholic Parish. Slowly, our contribution to fighting HIV/AIDS was recognized as the small operation grew to serve over 3250 clients by the end of December 2009. Our donors have supported us to increase our operations using the holistic model of care we believe in. In April 2006, Reach Out was granted NGO status by the Government of Uganda. Today we operate from 4 sites of Banda, Mbuya, Kasaala and Kinawataka.

We serve the poor people of Mbuya Parish, a suburb in Kampala, and Kasaala in Luweero district. Our unique holistic approach to care and treatment has seen many clients who were hopeless, return to a normal healthy life. Each of the six villages within the Reach Out catchment area is headed by a community Team leader who works with a team of community workers. The community workers are exemplary clients who receive training in home based care and serve the community in which they reside also acting as a relay between their community and the organization.

Vision

A community free of the spread of HIV where those persons already infected and affected by HIV and AIDS are living positively with an improved quality of life.

Mission

We are a faith-based non-governmental organization working in the geographical boundaries of three Catholic Parishes of Mbuya, Kasaala and Biina. We aim to curb the further spread of HIV infection among the less privileged members of society in these communities and enable those already living with HIV and AIDS to live a responsible and dignified life. We do this by focusing on educating individuals and the community about HIV and AIDS as well as providing holistic care to those already infected and their families.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ARVS	Anti Retro Viral Therapy
HBCHT	Home based counseling and testing
ATCS	Adolescent and Teenage Community Supporter
BCP	Basic Care Package
BOL	Bread of Life
CATTS	Community ARVS and TB Treatment Supporters
CDC	Center for Disease Control and Prevention
DNA-PCR	Dioxyribonucleic Acid — Polymerase Chain Reaction
EPTB	Extra Pulmonary Tuberculosis
FFL	Friends for Life
HIV	Human Immunodeficiency Virus
IDI	Infectious Disease Institute
M2M	Mother to mother community supporters
MoH	Ministry Of Health
MTCT	Mother to Child Transmission of HIV
OSF	Operation School Fees
PEPFAR	Presidential Emergency Plan for Aids Relief
PIDC	Paediatric Infectious diseases center
PMTCT	Prevention of mother To Child Transmission of HIV
PTB	Pulmonary Tuberculosis
ROM	Reach Out Mbuya
ROK	Reach out Kasaala
SPH	School of Public Health
TB	Tuberculosis
ToT	Trainer of trainers
WFP	World Food Program
WHO	World Health Organization

Acknowledgement

*W*e are grateful to **CDC/PEPFAR** program for this year's ARV drugs and for covering our operational costs, the **Stephen Lewis Foundation** who have made it possible for our clients to access start up capital for various Income Generating Activities (IGA) like piggery, Mushroom and domestic farming (Kasaala, Luwero), Program for Accessible Health, Communication and Education (PACE) for the basic care kits, community education materials and their support of our Roses of Mbuya workshop through on-going contracts, **Global fund/MOH** and the **National TB program** for the medicines, **Friends of Reach Out (FORO)** for their financial support to our pitiable clients and Medical Mission International (**MMI**) for the food support to our clients.

We also extend our gratitude to **Medical Mission International (MMI)**, **AVSI**, **SIDECOLE** and **ROSE**, **Uganda Bikers Association**, **Barclays Bank**, **Centenary Bank**, **Quality Supermarket** whose donations enable 1,200 of our children to stay in school and **M+R SPEDAG** for building shelters for our clients who for various reasons couldn't afford rent. We also thank **Barclays Bank** for their support in reviving the Roses of Mbuya Tailoring School and funding the orphans in vocational training at Kasaala in Luweero district, the **Australian government** for funding the community women trainings

Special thanks go to **Our Lady of Africa Parish** which continues to be kind enough to lend us space to do our work. We also thank all our **Individual donors** for their continued contributions.

To all those whose donations, advice and prayers kept us going through the year and who we rely on to keep us going in the coming years, we are truly grateful. And lastly but not least a big thank you to **all Reach Out staff and volunteers** for the great work done this year.



Foreword

This annual performance report 2009 marks the end of the fifth year of implementation of PEPFAR 1 and the ninth year since inception of ROM. It therefore provides an opportunity for us to evaluate ROM's achievements since PEPFAR I. It's gratifying to note that most targets have been attained. We salute every actor who contributed to this success.

Through our various donors we have improved the quality of life and mitigated the impact of HIV/AIDS as well as prevented the transmission of HIV. We have expanded our services to Kasaala-Luwero while on the other hand ensuring a supportive referral system to ensure that patients access all the services they require. During the initial phases of our growth we implemented support through nutrition, school fees and grants but as we scale up ART we are changing our focus to sustainable livelihoods and making our communities self reliant.

FAST FACTS

HIV counseling and testing

A total of 9,917 (3,640 from Kasaala) people were counseled and tested compared to 3,846 in 2008. Of those who tested, 99.6% received and accepted their results representing a 8.6% increase above last year. Of those who tested, 17.1% were found to be HIV positive.

Couple counseling and testing

Total of 318 (127 from Kasaala) couples were counseled and tested, of these, 28.3% were found to be discordant and 15.7% were concordant positive. This has reduced compared to last year's discordance rate of 33%.

HIV and AIDS chronic care

We had 3,250 (402 from Kasaala) active clients by end of December 2009. 2,006 (154 in Kasaala) are on ART constituting 61.7% of the clients while the rest are on Cotrimoxazole prophylaxis. This is just 65% of our target of 5000 by 2010, reason being a high rate of lost to follow up.

This year alone, 1,070 (461 from Kasaala) clients were enrolled into care and 509 (165 in Kasaala) clients were started on ART. All new clients received a basic care package containing mosquito nets, safe water vessel and water guard while only 199 clients received these kits in Kasaala.

Prevention of mother to child transmission

156 (31 from Kasaala) mothers were enrolled, 50.6% of these were on ARVs. Of the 131 (21 from Kasaala) infants born, 4 (2 from Kasaala) children found to be positive at 6 weeks and 2 infants who tested positive at 18 months were exclusively breast fed.

Orphans and vulnerable children

Currently we support 1,180 Orphans and other Vulnerable Children (OVC)

Sustainable projects

Roses of Mbuya workshop received both local and international contracts and made a profit of up to 105,248,640 Ug Shs from the sales of its products.

Capacity Building

15 ART providers from different districts participated in the Comprehensive 6 month training with the aim of strengthening the capacity of Health facilities from disadvantaged districts in ART scale up

Events

The CDC country director visited and celebrated the World AIDS Day together with the Reach Out Family. The theme was "universal access to treatment and care" and was marked with a walk through the communities we serve.

MEDICAL SUPPORT DEPARTMENT

Counseling and Testing Section

HIV counseling & testing services at Reach-Out

The counseling section is the entry point into care at Reach Out sites. Pre and post test counseling is provided to all VCT clients. Furthermore, home based VCT and community VCT have been scaled up. Counseling for clients on other issues including ART, family and education was also conducted.

During 2009, we registered a total of 9,917 (3,640 from Kasaala) (17.1%positive) people for VCT as compared to the number of 3846 in 2008 indicating a 61.7% increase. The increased numbers are a result of scaling up of community VCTs programmes, introduction of moonlight VCT, market VCT and home based counseling and testing, VCT at corporate events and for staff of corporate organizations (workplace VCT). Ninety-Nine percent (99.6%) of those who were counseled and tested received their results. The non acceptance rate reduced from 9% in 2008 to 0.4% in 2009. A total of 272 were tested through home based VCT, and 1897 through out reach VCT.

Couple VCT and discordant interventions

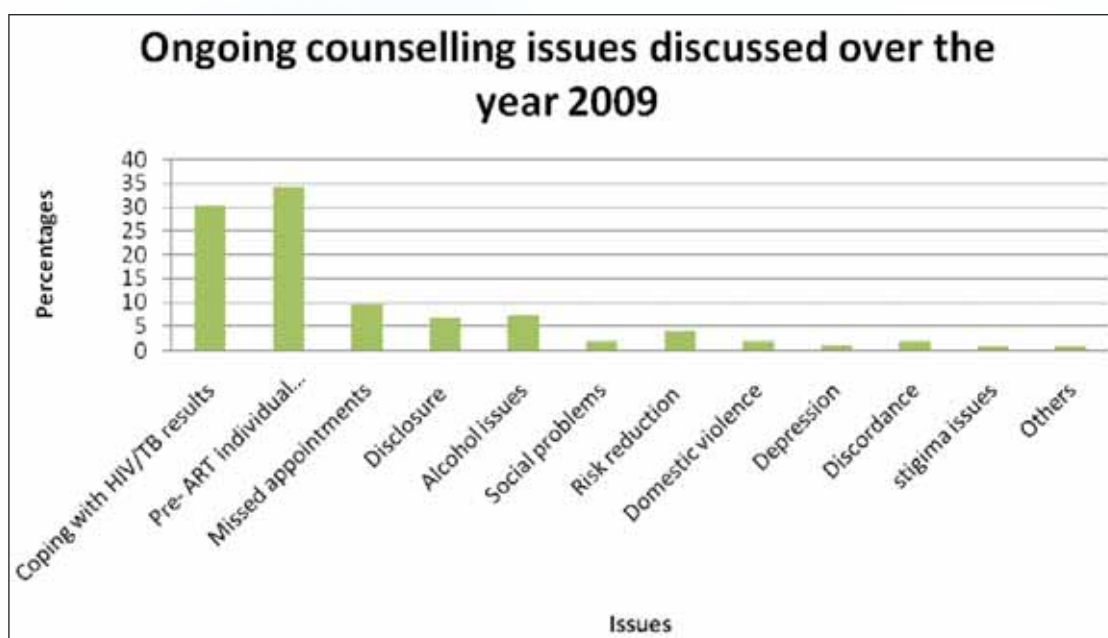
A total of 318 (127 from Kasaala) couples came for couple counseling and testing out of which 28.3% were discordant as compared to last year's 33%, 15.7% were concordant positive and 60% were concordant negative compared to last year's 23% concordant positive and 44% concordant negative respectively.

The discordant couples are regularly screened and treated for STDs. They also undergo comprehensive modular teaching about discordance, couple communication, Alcohol with discordance, ARV and discordance and risk reduction measures among others. A total of 81(14 from Kasaala) discordant couples underwent the discordant couples intervention and 69(14 from Kasaala) were awarded certificates of participation. The skills and knowledge they acquired during the training will be used for training other discordant couples through a peer support approach.

On going counseling

This year a total of 2,953 (459 Kasaala) clients received on –going counseling for different issues compared to last year's 2,797 The main issues addressed included: HIV test result coping issues, Adherence, discordance, domestic violence, social problems, Alcohol, adherence to clinic appointment, disclosure and risk reduction measures among others. **SEE TABLE ON NEXT PAGE**

Topics covered during Ongoing counseling at Reach Out, 2009



*Others represent stress, smoking desire for children and abortion

Alcohol

Alcohol consumption affects adherence to medication and can aggravate the adverse reactions caused by some of the drugs particularly ARVs taken by the clients. This habit is still a major challenge faced by the ROM clients. In the course of the year 14 Alcohol Anonymous club (AA) members had an exchange visit to Butabika Hospital to share life experience with Alcohol and how to overcome the problem. Two seminars were also conducted at Kinawataka and Banda in which 60 people attended of whom 60% were females. Kasaala site has 13 members in the AA club comprising one female and 12 male who are currently undergoing the intervention.

Clinic Section

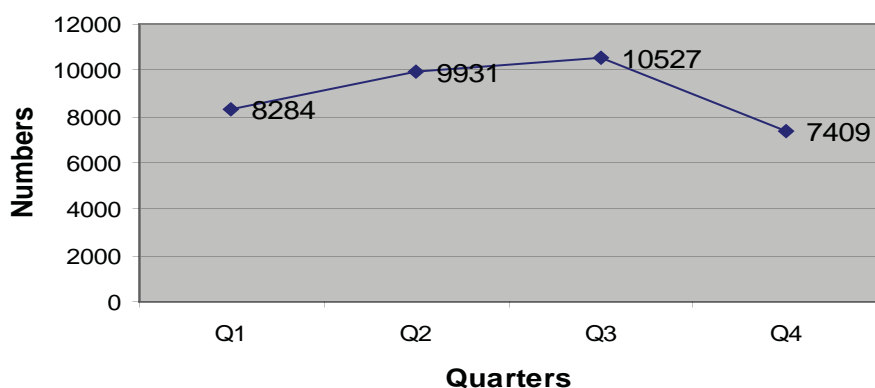
Consultations

Reach out continues to utilize nurses (13 nurses in ROM and 6 in Kasaala) with support from medical doctors to manage and follow up the clients in the clinics. Clients on prophylaxis, stable clients on ART and non-TB clients with CD4 cell counts above 500 are given longer appointments to decongest the clinics. In all these categories, clients should have track record of good adherence.

This year we had a total of 31,500 (4,651 from Kasaala) consultations made at different clinic sites compared to 19,800 last year 2008 representing a 37% increase. This is because most of the clients who were lost to follow up returned to the program and consulted frequently. The site at Kasaala was also opened this year and this has also contributed to the increased number of consultations.

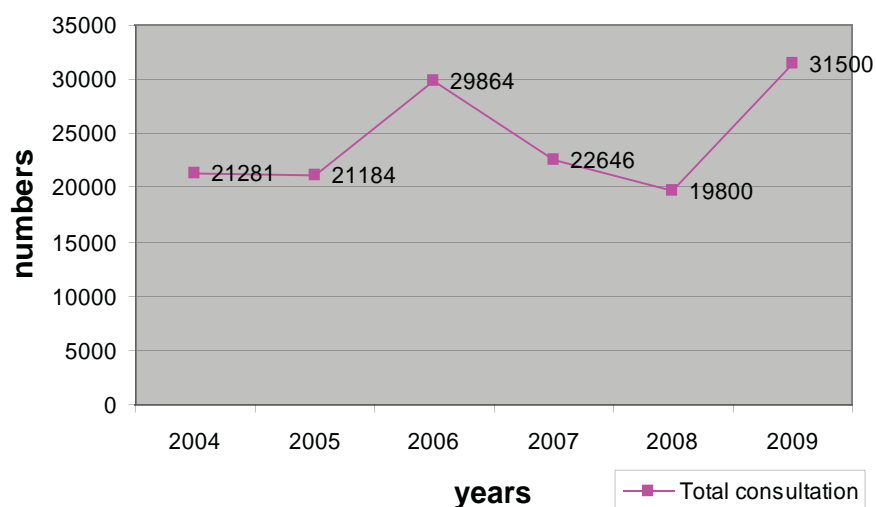
Clinic consultations during the year 2009

Total consultation per quarter, 2009



The low Q4 quarter number of consultations is because of the Christmas break and longer appointments given to clients during this season.

Total consultation over the years 2001



Enrollment of clients

This year we enrolled a total of 1070 into care out of the 1,696 people who tested HIV positive. This represents an enrollment rate of 63%. However a total of 194 (34 from Kasaala) people were transferred out of care from Reach Out Mbuja sites to other centers.

Home visits

Clients with medical emergencies, those on palliative care and some requiring close monitoring while on medication are usually visited by the medical teams at their homes.

A total of 329 (110 in Kasaala) home visits were made in 2009 compared to 328 home visits made last year. This is because Clients have stabilized on ART and have an improved quality of life



Hospital visits

Reach Out is an out patient clinic; clients who need close monitoring are referred to hospitals for admission. Therefore every Wednesday of the week clinicians follow up such clients to ensure they received the care. At Reach Out Kasaala there were 29 hospital visits to Kiwoko hospital.

Referrals

Most clients are referred to Mulago National Referral Hospital for admission for various reasons. A total of 1,028 (34 at Kasaala) referrals were made, an increase of 18.6% in the number of referrals which could be due to better utilization of services by the very sick but also the increasing number of clients seen. For Kasaala site, there are limited admission facilities (inpatients) so the referrals are only for the very sick patients

Adherence Support Section

This section ensures that clients are retained in the program and adhere to all HIV treatments (WHO recommends 95% adherence level). The section also monitors clients on cotrimoxazole prophylaxis to ensure that those who become eligible for ART are identified early.

This section is divided into three subsections as below; (next page)

ART Sub Section

We had a total of 2,006 (154 in Kasaala) ART recipients compared to last year's 1601. High loss to follow up is one of the challenges faced in this section which is a result of the effects of urbanization. Many of the clients are displaced from the slums thus forcing them out of the catchment area while others move

out because of the high cost of rent in some areas served by Reach Out. This year many of the clients who were lost to follow up were traced and some were formally transferred out to other treatment centres of their choice, while retention strategies were discussed for those who were still in the catchment area but had decided to stop treatment for other reasons.

Pre-ART group education is provided to all clients before initiation of ART. This year 773 (165 from Kasaala) clients attended the ART group education sessions with their treatment buddies compared to 329 the previous year. Of the 773 clients, 530 (154 Kasaala) of them were on ART. 35(22 at Kasaala) children attended these sessions this year.

Active clients by December 2009 by regimen

Lines of regimen	F	M	Total	%
Total number of active adult on first line Regimen	1188	642	1830	91.23
Total number of active adults on 2nd line regimen	33	22	55	2.74
Total number of active children on 1st line	59	58	117	5.83
Total number of active children on 2nd line.	1	3	4	0.20
Total	1170	682	2006	100

This year the total number of clients on second line regimen has been 59 (2 from Kasaala representing 2.9% of the total number of clients).

Adherence to Treatment

Adherence to ART and anti TB drugs is key to ensuring good clinical, virological and clinical response of clients. Pill counts, keeping of appointments, self report and community follow up are used to ensure adherence. Those who do not adhere well are given adherence counseling, followed up and assessed for treatment failure. *See table below*

Adherence levels of ART

Adherence Level	Absolute	% Adherence
95-100	1902	94.82
85-94	84	4.19
below 85	20	1.00
Total	2006	100.00

5% of our clients are below 95% adherence.

Most of the clients are on AZT-3TC based regimen which is in accordance with the Ministry of Health policy on ART. To ensure proper adherence, most of our clients are on fixed dose triple drug tablets.

For details on ART regimen see appendix 3

PMTCT Sub-Section

This section's specific objective is to prevent mother to child transmission of HIV. The reduction of transmission is targeted at 97% as recommended by WHO. Our transmission rate improved from 6.7% in 2008 to 1.8% in 2009. This marked reduction in transmission rates is due to the continued strengthening of PMTCT strategies with most clients being on HAART as compared to single dose Niverapine, and improved infant care and follow up using Mother to Mother peer supporters.

By the end of 2009, 75 (31 from Kasaala) expectant mothers were being followed up as compared to 50 in 2008. A total of 295 (34 Kasaala) mothers were followed up with their infants this year with 2 infants being transferred out to other centers. Reach Out Kasaala site has delivery facilities and so was able to conduct deliveries on 21 HIV positive women at the centre. Three abortions occurred to women enrolled at Reach Out Kasaala..

Enrollments

During the year 2009, 156 (31 Kasaala) mothers were enrolled into the PMTCT program. This compares to the 255 in 2008. Of those enrolled this year, 79 (9 Kasaala) were on HAART and 71 (15 Kasaala) on the universal regimen (Combivir). Out of the mothers who enrolled, 21(9.6%) mothers attended couples PMTCT counseling and the rest attended without their partners.

Antenatal care referrals

In three of our sites i.e. Mbuya, Kinawataka and Banda, mothers are referred at 28 gestational weeks to our partner hospitals where they can be given safe delivery care. From these three sites in Kampala, 109 mothers were referred to Mulago Hospital, Nsambya Hospital and Kampala city council health centre for delivery at 28 weeks. By the close of the year there were 44 pregnant mothers attending ANC at Reach Out Mbuya, 3 expectant mothers were transferred out and 5 expectant mothers and 2 infants were lost to follow up. One pregnant mother died.

At Kasaala site mothers receive the whole package of PMTCT and referral for family planning. This year 31 mothers were enrolled into the PMTCT program at Kasaala. Of these 22 were newly tested (Unknown HIV cases) at ANC and 9 were known cases (already in care).

Deliveries:

A total of 102 mothers enrolled in Reach Out Mbuya PMTCT program delivered in 2009, 70 of whom were on HAART and 32 were on the universal regimen. Kasaala site registered 21 deliveries 17 of whom delivered from the health centers (13 from Kasaala HC, 3 Kiwoko Hospital and 1 village clinic) and 4 from home. One child died after delivery (after one hour). All children received single dose NVP and AZT syrup as per the new PMTCT policy guidelines.

HIV transmission outcomes:

We had 139 (13 from Kasaala) infants tested. Of those tested, 123 under went HIV DNA-PCR test; 4 (3.2%) (2 from Kasaala) were found HIV positive. 16 infants at 18 months of age under went rapid HIV serology test and all of them were found to be HIV negative and therefore discharged from the program. Of the 123 babies delivered, 99 infants were exclusively breast fed, 4 of them later tested HIV positive. All the infants (24) put on exclusive replacement feeding tested negative. None of the infants in Kasaala was put on exclusive replacement feeding because mothers could not afford this infant feeding option.

Infant Mortality/abortions:

This year, we recorded 12 (3 from Kasaala) cases of abortions and 13 (1 in Kasaala) infant deaths. The abortions were spontaneous and infant deaths were due to birth asphyxia and pre-maturity.

TB Sub-Section

All new clients reporting for VCT are screened for TB. and for those diagnosed with TB, their families/ contacts are also screened. This year, 1264 (179 from Kasaala) clients were screened for TB with 15.8% testing positive and started on anti-TB drugs. The number screened increased by 52.8%, because all suspected TB cases were screened at VCT which was not the case in 2008.

At the end of 2009 we had 93(10 Kasaala) active clients on TB treatment compared to the previous year's 117 active clients. We enrolled 177 (25 Kasaala) clients on treatment compared to last year's 211 clients, and 167 (5 Kasaala) clients achieved an outcome by end of 2009 with a success rate of 72.09%.

TB diagnosis made by quarters, 2009

Quarters	Sputum positive	Sputum negative	PTB no smear	Extra Pulmonary TB	Total
Q1	17	40	5	2	64
Q2	33	53	11	4	101
Q3	25	46	8	3	82
Q4	14	33	0	6	53
Total	143	172	24	15	300

TB treatment out come by quarter in 2009

Categories	Quarter				Total	%
	1	2	3	4		
Treatment cure.	8	10	15	7	40	46.51
Treatment completed.	8	4	3	7	22	25.58
Treatment failure.	0	2	0	0	2	2.33
Deaths	5	0	3	0	8	9.30
Defaulters	2	2	0	2	6	6.98
Transfer out.	2	1	3	2	8	9.30
Total	25	19	24	18	86	100
Success rate						72.09

TB contact tracing

In the 3rd quarter of the year 2009, TB contact tracing was initiated and those found to have latent TB which was diagnosed using the Mantoux test were provided with INH prophylaxis. A total of 43 families were screened using history, examination and investigations like the ZN stain for AAFBS, the mantoux test and Xrays where indicated. Of these 15 cases were diagnosed with Latent TB and put on INH while 7 had Active PTB infection and were put on TB treatment.

Mortality, Deaths and Referrals

A total of 77 (22 Kasaala) clients died this year, of whom 38 were (9 Kasaala) on ART, 10 (1 Kasaala) on ARV/TB and 38 (12 Kasaala) on cotrimoxazole prophylaxis; the leading cause of death was opportunistic infections, mainly tuberculosis and KS. Other causes of death include; Toxoplasmosis, hypertension, Respiratory infections, Dehydration, esophageal candidiasis and Diabetic Mellitus among others.

Pharmacy Section

The pharmacy section ensures quality pharmaceutical services are provided to all ROM clients. Funding for drugs is from PEPFAR, Ministry of Health Uganda and the Clinton foundation. Of the ARVs purchased 53.3% are from PEPFAR, 43.9 % from Ministry of Health and 0.2% from Clinton Foundation (For pediatric clients on ART). Drugs for the treatment of opportunistic infections are mainly funded by PEPFAR while the TB drugs are provided by Ministry of Health with an occasional buffer from PEPFAR funds.

This year we embarked on ensuring use of pediatric fixed dose regimen which saw a tremendous drop in cost of care since they are cheaper than syrups. Mandatory prescription of Vitamin B complex for all clients was stopped and is only being given to those with an indication for it.

Laboratory Section

This year we acquired a number of laboratory equipment including a new electric fixed- angle centrifuge, a computer, three bio-safety cabinets, Fluorescent microscopes and Laboratory refrigerators.

Also the automated machines were transferred to an air conditioned room; to ensure that machines are kept at their best operational temperature. Banda Mbuya, Kinawataka and Kasaala laboratories have been renovated to improve laboratory space and storage facilities.

Laboratory monitoring; CD4 and viral load

CD4 cell counts are done to assess eligibility of new clients and those on prophylaxis for ART, and for monitoring of those on ART for response to treatment.

This year a total of 4881 (561 Kasaala) absolute CD4 tests were carried out compared to last year's 3998. 560 of these clients screened were new clients. Of these clients, 42.3% were found to be eligible for ART as compared to the previous year's 52.4%. This means that clients reported earlier for care than in 2008. 3750 were old clients, 1898 were on prophylaxis. All clients have their CD4 count tested every six months.

CD4 counts bleeding with eligibility percentages, 2009

Quarter	Clients bled			CD4 Count New		CD4 counts(c/m3)		% eligible for ART
	New	Old	Total	<100	100-250	250-449	>500	
1	243	1005	1248	42	52	47	61	38.7
2	264	932	1196	42	56	78	62	37.1
3	237	1,088	1325	43	45	51	77	37.1
4	154	948	1102	26	26	41	31	33.8
Total	898	3973	4871	153	179	217	231	

Viral Load Testing

A total of 21 viral load (VL) tests were done due to suspected immunological and clinical failure. Of these only 8 (38.1%) had their VL below detectable. Those with detectable levels underwent an adherence intervention and were switched to 2nd line regimen.

COMMUNITY CARE DEPARTMENT

The Community Support Department aims at supporting the community to appreciate the need to promote healthier life styles. This they do through educational activities, skills building in nutritional sustainability and promotion of income generating activities. Furthermore, through trained community workers, this department ensures that all enrolled clients adhere well to their drugs. To achieve its objectives, the department runs three programs namely, Food and sustainable project, Community Network of Care and Friends for Life.

Food and Sustainable Projects Section

The primary objective of this section is to empower our clients through income generating activities as well as support food insecure households with food. To achieve its objectives, the section runs two main projects namely; the sustainability projects and the Food for Life.

The Sustainable Projects

The sustainable project is funded by the Stephen Lewis Foundation. This project aims at building the skills of all Reach Out clients to become self reliant. The main focus of the project is food production, both for consumption at the household level and for income when there is surplus. The projects include piggery, mushroom growing and domestic farming. The communities are given the opportunity to choose what project they are comfortable implementing. This year 120 households benefited from these projects, of these 70 households choose crop production while 30 were interested in piggery. The choices made were assessed for feasibility.

Table below shows total assessed, eligible and received projects in 2009

IGA	Assessed			Eligible			Received		
	F	M	Total	F	M	Total	F	M	Total
Piggery	18	12	30	15	5	20	8	2	10
Domestic farming	38	32	70	22	28	50	22	28	50
Total	56	44	100	37	33	70	30	30	60



Refresher training of beneficiaries at Kasaala

Domestic farming

This innovation was introduced this year at the Kasaala site with the aim of improving nutrition and food security. Trainings were conducted in modern farming, garden maintenance and seed preservation. Beneficiaries formed groups and were provided with maize grains and beans for planting. They are expected to return the seeds they received with an additional 20%. The beginning of the season was good as most of the gardens visited looked promising as shown in picture



Maize garden intercropped with beans

The Grand Mothers' Piggery Project

At the beginning of this year, two groups of grandmothers were formed and each member was given 2 piglets and a bag of feeds. The new 12 piglets produced were bought by Reach Out and used to support additional households. Although there has been some progress with one group of the grandmother's in raising pigs, the other group experienced a major setback due to lack of space for keeping the pigs. Some grand mothers had to sell off their pigs as they did not have space for constructing new sties, after their sties were demolished by the land owner who wanted to develop the land. Three pigs belonging to three grandmothers delivered six piglets each, unfortunately one lost two piglets after delivery. Three other pigs are pregnant and are expected to deliver within two to three months time.

Mushroom Farming

The Mushroom project started in 2008; the project picked up so well. Initially 10 PMTCT mothers were trained on mushroom growing and they trained an additional 11 Mothers. A mushroom production house was built. By the end of October, the group had made profits of 587,000sh. The Mushroom projects at Kinawataka experienced a major setback when the temporary secured land for the project was taken back by the owner for development. The new mushroom house is built using iron sheets which are not good for the mushrooms because of heat which destroys the cotton husks used for planting. Reach out together with the affected beneficiaries is trying to find a suitable site to relocate the project.



One of the mushroom garden before grandmothers relocated them

Food support

The food support targets child headed households, Orphans and Vulnerable children, and adults who are food insecure. Medical Missions International provided food to over 140 households with on average 760 clients receiving food every quarter of the year. Monthly food distributions are carried out. We are also grateful to Side Cole who provided food support to 11 children of the child headed households. The table below shows the number of tones of MMI funded food collected in the year (cumulative) for different household categories and treatment groups

Beneficiaries of the food support by status and sex

Category	Male	Female	Total	Maize meal	CSB	Beans	Vegetable oil
ART	146	208	354	3675	2449	1224.3	543.9
TB	15	17	32	337.5	224.91	112.44	49.95
PHAs	100	149	249	2550	1699.3	849.39	377.4
OVC	49	67	116	1237.5	824.67	412.29	183.15
Grand Total	310	441	751	7800	5197.9	2598.4	1154.4

Community Network of Care Section

Community ART and TB treatment Supporters (CATTs) follow up and educate clients on ART and anti-TB drugs. The CATTs ensure good adherence to medication and retention, positive living and hygiene. Through their home visits, they were able to make effective referrals for challenging cases. Because of the increasing number of clients we are evaluating the operations of the CATTs to ensure targeted follow up.

The Table shows the Number of Home Visits Made by Sex and Village 2009

Village	CATTs (Total No of visits)		Teenage and adolescent (Total No of visits)		Mother to mother (Total No of visits)		Community Support-ers (Total No of visits)		Grand Total	
	F	M	F	M	F	M	F	M	F	M
Kinawatak2	2156	1584	594	191	449	113	77	32	3276	1920
Kinawatak1	3254	2162	329	219	434	84	144	43	4161	2508
Nakawa	2655	2121	691	720	459	108	331	98	4136	3047
Giza- Giza	2667	2185	474	458	248	122	109	71	3498	2836
Banda	2118	959	192	197	402	84	167	47	2879	1287
A/Quarters	1802	1087	183	431	460	146	135	40	2580	1704
Kassaala	1628	767	0	0	0	0	0	0	1628	767
Total	16280	10865	2463	2216	2452	657	963	331	22158	14069



Reach Out bid farewell to Fr Joseph Archetti on 17th June 2009



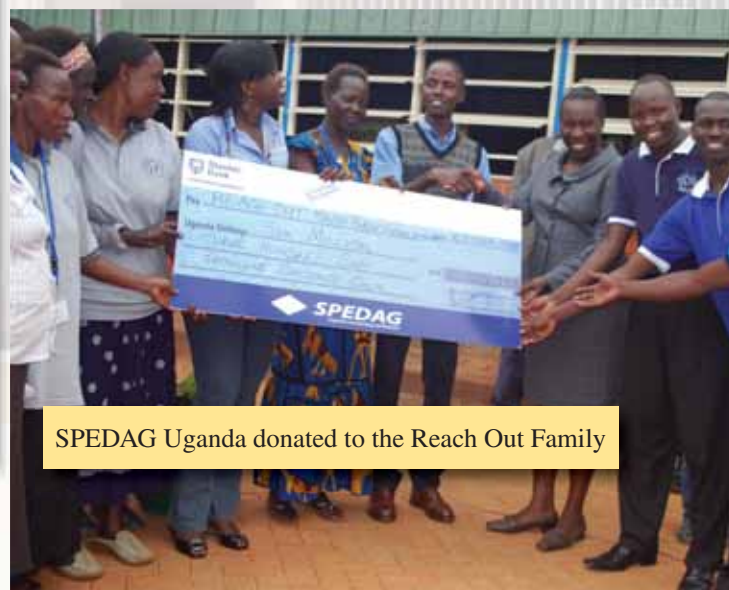
The World Aids Day Commemoration at Mbuya. Chief Walker was the CDC country Director, Dr Kevin McNeil



Children's Talents club MDD and Brass Band entertained Parishioners on the Mbuya Parish Day Celebrations.



Spirituality is an important aspect of life. Reach Out holds spiritual moments where staffs are taken through a day long reflection



SPEDAG Uganda donated to the Reach Out Family

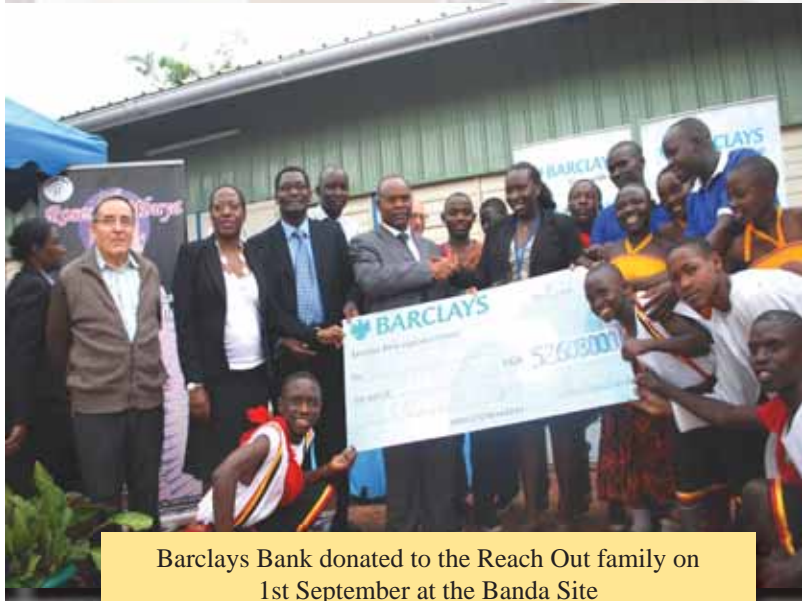


The Kenny Family Foundation Visited the Reach Out Family

in Pictures



The Children are the future of the nation. Reach Out hosted a childrens sports gala with the theme, "Together for Health"
This was in partnership with Naguru Teenage and Information Centre and MUJHU



Barclays Bank donated to the Reach Out family on 1st September at the Banda Site



Discordance is real. Reach Out has an intervention for discordant couples

Client Village meeting

Client village meetings provide a platform for clients to present their challenges and suggestions to the organization on how to serve them better. This year a total of 72 meetings were held in the six communities (once each month). During these meetings, clients take the lead in discussions, which range from nutrition sustainability, adherence, family planning and hygiene among others. A total of 2936 (2144 female) clients attended the village meetings in their respective communities.

Pastoral care

Pastoral visits are carried out once every week to clients in need of this intervention. This year, a total of 392 visits were made.

Material Support

Through the support from FORO and SPEDGAG, Reach Out supports poor clients, with house rent and beddings. With the support from Friends of Reach Out, 269 vulnerable (251 females) clients were supported with a 3 month's rent payments and beddings.



John with one of his children at his former home before relocating to his new rented home.



John with his family members in their new rented home

This year a total of 16 (11 female) clients were supported with housing at the Hope Restoration Center (HRC). These are shelters which were constructed with support from SPEDAG. These shelters provide an alternative home to clients who are single but for various reasons can not meet their rent bills. While at the center, 2 clients were supported through trainings in hand craft like weaving and tailoring while 3 were supported to access small loans to set up small businesses like snacks/vegetables selling and cooking food.

The Basic Care Package

Through Program for Accessible health, Communication and Education (PACE), the basic care package that comprises safe water vessel, two long lasting treatment mosquito nets, cotrimoxazole and IEC materials was distributed to 2425(199 for Kasaala) clients. This was a 35.2% reduction from the previous year because of the irregular supply. This package is given to clients to facilitate in the reduction of incidents of diarrhea and malaria in households.

Nutrition

This program comprises of three major sub programs that is supplementary feeding program, complementary and nutrition therapy. A total of 2542 were enrolled for nutritional; support. Below is a table which summarizes the number of beneficiaries under each type of therapy.

Table showing clients on the nutrition program and outcome (2009)

Q1	Variables	Supplementary feeding - uses Plumpynut a high energy ready to use therapeutic feed to manage under nutrition.		Complementary feeding – for infants under our PMTCT program and children who attend clinic every clinic day.		Nutrition therapy - comprises a diet made of Milk, sugar and vegetable oil (High energy milk) to manage client who can't swallow or chew due to HIV related complications.	
		6m to <5yrs	5yrs to <18yrs	6m to <5yrs	5yrs to <18yrs	6m to <5yrs	5yrs to <18yrs
	Enrolled	60	3	96	0	0	0
	Cured	0	0	0	0	0	0
	Defaulted	0	0	0	0	0	0
	Dead	0	0	0	0	0	0
Q2	Enrolled	34	12	33	0	7	0
	Cured	35	6	0	0	0	0
	Defaulted	0	0	0	0	0	0
	Dead	0	0	0	0	0	
Q3	Enrolled	78	14	940	0	0	97
	Cured	51	13	0	0	0	0
	Defaulted	5	3	0	0	0	0
	Dead	1	0	0	0	0	1
Q4	Enrolled	15	6	23	1128	0	0
	Cured	1	1	0	0	6	0
	Defaulted	0	0	0	0	0	0
	Dead	0	0	0	0	0	0
Total		280	58	1092	1128	13	98



A child gets weighed during his visit before he gets a milk refill.



Achievements

A total of 18 (7 Kasaala) community workers received bicycles to facilitate their community movements.

Challenges

- Accommodation for clients has become more expensive hence clients are moving out of the catchments area to rent cheaper houses.
- One of the community workers died.
- Food insecurity persists leading to poor adherence
- Alcohol intake is on the increase leading to poor adherence
- Lack of enough space for the children's play therapy in the clinic

Friend's for Life (FFL)

The Friends for Life (FFL) program has the main objective of curbing down further spread of HIV and AIDS through educational activities, it promotes healthier lifestyles and addresses factors contributing to further spread of HIV. This is the drive behind Reach Outs' AB (abstinence and be faith full) program. The program targets different risk groups as mentioned below;

1. Good Samaritan project mainly deals with Women empowerment; life skills are imparted to these women to enable them become self sustaining and help them avoid risky behaviors which can perpetuate HIV transmission and spread.
2. Youth programs; Young people are empowered with life skills that enable them cope with daily life challenges and live a good healthy life and a responsible adulthood.
3. Schools programs; empowers school children with life skills to be more focused and achieve their goals in life, being mind full of the HIV/AIDS.
4. Adult literacy program; aims at empowering adults clients with numeric and literacy skills to enable them communicate with their clinicians and community as well as manage their small businesses.

Good Samaritan

This project targets women with educational messages that enhance healthy life behaviors. The majority of the women targeted are single mothers and widows. This year the Good Samaritan program conducted group discussions and sensitization community visits on a range of topics which included: nutrition, marriage, positive living, and HIV/AIDS prevention among others. Some members of the community participated in the hygiene exercises with the great generation team. They also discussed STIs, domestic violence focusing on the effects on an individual and identifying ways to avoid it.

Table shows clients reached through the Good Samaritan in 2009

Quarters	Old Male	Old female	New male	New Female	Total
Q1	156	919	21	115	1211
Q2	419	2225	43	142	2830
Q3	484	2461	7	27	2979
Q4	490	2476	52	40	3058
Total	1549	8081	123	324	10,078

Operation Gideon

Targets the males in the community encouraging them to get involved in HIV/AIDS activities. Discussions held included: the relationship between HIV/AIDS and other sexually transmitted diseases, responsible parenthood, couple VCT, and access to care and treatment

Clients reached through operation Gideon by quarter (2009)

Quarters	Old Male	Old female	New male	New female	Total
Q1	51	11	4	4	70
Q2	778	177	124	42	1121
Q3	1322	328	30	80	1760
Q4	1017	320	33	32	1402
Total	3168	836	191	158	4,353

In-school program

This program targets youth in school to equip them with life skills and sensitize them about HIV/AIDS. This year topics discussed included: Road of life, being a boy, being a girl, HIV/AIDS, and peer pressure. With the Great Generation Volunteers we sensitized student in various schools about hygiene in 29 (13 primary Mbuya schools 9 primary for Kasaala) schools and reached a total of 11681 (3727 from Kasaala) pupils in both primary and secondary schools of which 7518 are females and 4163 are males including 363 males and 404 females' new participants in the program

Youth Program

Targets youth out of school, It aims at helping the youth to appreciate the beauty of life and develop relevant approaches to life challenges. This year, we held a two days behavior change program on building youth entrepreneurship skills and had a sports gala to crown it. We were able to equip them with information on sexuality, HIV/AIDS and life skills.

A holiday youth behavior change program was initiated to promote spiritual growth and enhance positive behavior among the youth. The youth showed commitment towards the program through their persistent turn up. Areas addressed were career guidance, HIV/AIDS, hard work and mannerism. We managed to reach a total of 176 youths (Females 26, Males 146)

Adult Literacy

This section gives basic literacy skills to our illiterate clients. Teaching them how to read and write enhances their ability to adhere to their drugs and boosts their self esteem. This year, the section concentrated on mobilizing new learners. A total of 318 adults were trained. 76, 4% of these are females. The performance was encouraging as all the learners were able to score above 50%

Achievements

Among the achievements, FFL Clubs now active in schools. Gideon group at Acholi-Quarters have opened a saving scheme, demand for testing for STI's and held the Youth holiday behavior change program.

Challenges

Implementation of community programs had bottle necks that include, no shelters so when it rains, no activities take place, poor time management for some participants which was due to the inconsistency, irregular attendance of learners, late coming, theft among learners, limited facilities for youth activities, some learners have poor eye sight.

Future plan

- Hold a couples' workshop and exchange visits
- Having local and religious leaders meetings

SOCIAL SUPPORT DEPARTMENT

Social Support Department offers social support to Reach Out clients and their families to restore their social functioning. It offers school fees and material support, vocational skills training to clients and offers economic strengthening of the house holds. During the year 2009 a lot have been achieved under different sections of social support department.

Operation Child Support

Psychosocial support

Psychosocial support interventions for OVC are aimed at providing holistic model of care to children. The interventions are conducted through various child centred interventions which include; meeting every Saturdays for health education sessions, counselling, training them in Music dance and drama, brass band and spiritual reflection.

The greatest achievement with psychosocial interventions is that most children have improved behaviour as revealed in their improved school performance. Children have gained skills in communication; self esteem and are more confident.

This coming year we plan to intensify our efforts in regular Saturday program, trainings, career guidance and catechism for further psychosocial intervention.

Below is a table of children's attendance of Saturday program by sex and communities.

	Mbuya	Banda	Kinawataka	Acholi quarter	Total
Female	107	86	117	30	340
Male	219	110	83	37	449
Total	326	196	200	67	789

Operation school fees (OSF)

The program supports children at school with school fees, scholastic materials and conducts follow up at school and home as well as conducting school performance assessments to children. This is done to ensure that social/economic challenges that impact on their school attendance and ultimately performance are minimized.

The program has enrolled 1200 in school (20 of those are under Kasaala), as in the summary below that shows children supported by level; Primary, Secondary and Vocational

Table showing enrollment at different levels of education by gender and by donor

Donor	Primary		Secondary		Vocational		Totals		
	F	M	F	M	F	M	F	M	Grand
CDC	205	220	95	109	26	18	326	347	673
ROSE	72	71	14	13	0	0	86	84	170
AVSI	20	15	30	26	1	1	51	42	93
INDIVIDUAL	38	22	8	5	0	0	46	27	73
SID ECOLE	29	31	3	1	0	0	32	32	64
UBA	23	16	5	4	0	0	28	20	48
FORO	5	4	14	9	0	0	19	13	32
Barclays Bank	0	0	0	0	8	12	8	12	20
Dr Keiko	1	3	13	10	0	0	14	13	27
Total	393	382	182	177	35	31	610	590	1200

Material Support to OVC

Material support in form of scholastic materials like books, uniforms, shoes, mosquito nets, sanitary towels and soap is provided to all the OVC in school. Reach Out emphasizes the concept of whole family support where by other children who are not of School support programme are also given material support based on critical need as assessed and identified by social workers. In 2009 a total of 1,581 received material support of which 70% were females, a total of 304 children in school received shoes.



Success story

Phillip Onenchan is a 21 year old who stays with his two siblings; Peninah and Kennedy who are in secondary school S.2 and S.4 respectively. He took over family responsibility after the death of his father in 2007 who was a tailor and a client of Reach Out Mbuya from whom he too learned basics skills in tailoring something that helped him take care of the family. With support from Reach Out, Phillip went back to school and obtained a certificate in tailoring. This helped him get a job as a Designer/ Tailor at Reach Out. Phillip is now saving to pay his tuition to become a professional designer. He acknowledges the support Reach Out has rendered him and his family especially after the death of his father when he suddenly took over family responsibility



The biggest challenge remains monitoring children outside Kampala as this does not only increase administrative costs but also strains the social workers. Reach out selected 17 schools where we send the children under school fees support. However due to some social challenges and based on the class the child is some children remain in the schools where they are at the time they enroll into the school support program.

Roses of Mbuya

Roses of Mbuya provides practical vocational skills, employment opportunities to the clients and generates income to the Organization. It has a workshop which makes a wide range of tailored products ranging from textiles (clothing), household accessories like kitchen wear, beddings and gift items like paper beads that are made out of recycled papers, jewelry, school uniforms and hand made cards. The items are sold at Roses Shops, exhibitions and also run contracts. Key contracts won during the year include

163,500 pieces of filter clothes produced and supplied to PACE which provides both income to Reach Out as well as our clients. Roses of Mbuya also has contract to make Uniforms for St. Kizito Primary school pupils. This year, Roses of Mbuya realized a gross profit of UGX 105,248,640. Roses of Mbuya using part of this income has been able to finance construction of a building that houses its workshop as well as other sections of Social support department.

Roses of Mbuya trains clients in vocational skills. During the year, clients are also trained to make items like wall hangings, floor rugs, table mats, and Shawls. These items are made out of used T/Shirt off cuts. Some women have also been trained to knit sweaters. And another group of women was trained in tailoring. Using the skills acquired, most of our clients will be able sustain their families.

Table showing community women reached through hands on in 2009

Skills trained in	Female	Male	Total
Weaving	11	1	12
Knitting	6	-	6
Tailoring	29	1	30
Crochet	15	-	15
Total	61	2	63

Bread of Life

Bread of life (BOL) is a microfinance program which provides loans to our clients at modest interest rates of 10% and to the staffs at 18%. Loan amount usually ranges from 100,000 to 500,000 ug shs. 89.7% of this loan is provided to staffs. The repayment rate was as follows; 92.21% Staffs, 2.28% Catering group 6.64% clients, 1.14% grandmothers. There was no repayment of the old loans.

Summary of loans out to Reach Out clients

	F	M	Total
Individual loans	159	98	257
Group loans	11		

Village Loans and Savings Association (VSLA)

In 2009 Reach Out started VSLA with support from CARE Uganda to develop the economic capacity of people in Mbuya Parish to improve their livelihood. The VSLA project promotes savings in groups in communities served by Reach Out. It brings together community groups both HIV positive and negative

based on self selection who are able to work together to save money they spend on agreed developmental activities as well as cater for the social needs of the households. Up to 40 groups have been formed since the program started in August 2009. Mobilization and training preceded the disbursement of these funds. 70% of the membership of the VSLA project is women. VSLA management committee of 14 groups underwent training to support in monitoring use of these funds and ensure accountability. However the challenge remains Community members fearing to work in groups since people live in rented premises and are on the move to other places. But with sensitization intensified on the concept of “self selection” more groups are coming up. Most community members are used to hand outs thus prefer being given loans and grants but not saving their own money in groups and borrow it.

Table shows current performance of VSLA

Community	Groups Formed	Current Membership			Cumm. Saving Value	Comm. Loans Value	Average Saving
		M	F	Total			
Nakawa	9	39	118	157	5,736,000	8,823,000	36,535
Giza Giza	9	29	201	230	2,548,000	3,454,000	11,078
Kinawataka	7	65	62	127	742,000	775,000	5,842
Acholi Quarters	8	43	107	150	2,444,000	2,462,000	16,293
Banda	7	68	133	201	1,471,000	1,491,000	11,582
GRAND TOTAL	40	241	550	875	12,941,000	17,005,000	

MONITORING AND EVALUATION DEPARTMENT

During the month of October, end of term evaluation was carried out to review the 5 year strategic plan 2004-2009. Specific issues including tremendous growth, not so well developed monitoring and evaluation system, over reliance on donors and lack of focus came out. A new strategic plan is in its final stages of being completed. However the monitoring and evaluation system is gaining strength time after time, it now has an electronic registry with the first phase of the HMIS developed; the Counseling and Adult Follow Up data capture screens have been accepted for data input. All other screens that is the ART, TB, PMTCT and OVC modules have not yet been completed, however not to have backlog MS access data-base have been developed, data is being entered such that when the HMIS is completed only transfer of data would be done into the HMIS. Kinawataka and Mbuya database have been merged to one data base to ease retrieval and reporting of data

All the sites are being networked to ensure central control and reporting, and the capacity of the staff is being developed to ensure effective reporting. Currently we are cleaning our HMIS data base to cater for reporting needs to donors and for data dissemination to the organization.

Research Section

Reach Out continues to host research by external academic institutions, including John Hopkins University in Boston, USA. We are working with these institutions to provide opportunities to increase research capacity and capability within Reach Out through staff involvement. A Research Capacity and Capability Group chaired by the Executive Director and comprising the five research-active staff members, meet weekly to provide updates on current studies and share expertise. A Peace Corps volunteer, Amy Wilson is facilitating a monthly session on qualitative methods for interested staff.

Studies currently being undertaken include:

Ongoing research include: Evaluation of Different Models of Care for Efficiency and Effectiveness, "Impact of ARVs on social behavior of clients" "Effectiveness of WFP for reducing malnutrition" (with John Hopkins University) "Evaluation of an eight-session intervention for discordant couples", "Beliefs, knowledge and attitudes of women enrolled in the PMTCT programme", "Assessing mortality and predictors of mortality study", "Client satisfaction study" "Lost to follow-up study", "Adherence to ARTs and Cotrimazole over last six months"

A new proposal for funding to determine "the barriers to male involvement in the Prevention of Mother to Child Transmission Programme" is being submitted to the Elton John AIDS Foundation.

FINANCE AND ADMINISTRATION DEPARTMENT

Human Resource Section

This section is dedicated to providing quality Human Resources and Communication/Public Relations support to the overall objectives, mission and vision of Reach Out Mbuya Parish HIV/AIDS Initiative.

Recruitment

By the end of December 2009, Reach out Mbuya had a total of 258 staff. Of these, 39 are for Kasaala Health center, Luwero. We recruited 63 new staff, of these 40 were for the newly opened branch in Kasaala – Luweero District

New Positions formed and restructured existing ones:

- Director Medical Services to oversee the implementation of activities in Mbuya and Kasaala
- Director Finance & Administration (phased out the Finance & Admin Manager position)
- Senior Medical Officer (Phased out the Medical Coordinator position at ROM) over sees clinical care at Mbuya.
- Human Resource & Communications Manager (phased out the HR Officer position at ROM and thus created an HR assistant position for ROM and HR and Admin Assistant for Kasaala)
- Senior Internal Auditor strengthened the Internal Auditor position in the organization to give it autonomy to feed the ED's office and the Board of Directors.
- Driver (procured a client car which necessitated a driver position)
- Food and sustainable project Assistant (Kasaala)
- The Nutritionist position was combined to form the Nutrition & CNC Supervisor (Community Support Dept)
- The Project Resource Mobilization Officer was combined to form Resource Mobilization & ROM Supervisor (Social Support Dept)

Staff Evaluation/Appraisal:

Staff appraisals are done at least twice during each contract This year staff received training on the importance of appraisals.

Employee of the year

Miss. Christine Ayikoru, a cashier in the Finance and administration department was selected the employee of the year 2009/2010 and the first and second runner up was Mr. Okurut Moses a Teenage and adolescent supporter in community support department and Miss Awor Florence, the counseling supervisor in the medical department respectively.



Christine Ayikoru, staff of the Year

Staff Movements

Here, a staff traveled to Belgium for a short course in ART management from 24th August 2009 to 11th September 2009, 2 staffs represented ROM at the implementers meeting held in Namibia and a team of 5 traveled to Kenya to mentor a KIAMBU project under SLF support

Volunteers

This year we received a total of 147 volunteers. Of these 30% were international volunteers

Staff Trainings and Capacity Building

Reach Out is committed to sustaining a continuous program of training and development for its management. In order to advance with changing times and technology, and thus ensure professional services delivery and a competitive edge. To do this, a number of trainings for staff were carried out both within and out side the centre.

The Six months comprehensive HIV/AIDS training

The Steven Lewis Foundation has been funding a six months comprehensive HIV/AIDS training for Registered nurses and clinical officers at Reach Out Mbuya. However, they could not continue providing these funds this year. Fortunately we attracted another donor, TULLOW Oil who funded the training of 15 health workers (6 females and 9 males) from different regions of the country. This training commenced in September 2009 and will end in March, 2010.



Trainees presenting their group work discussions

Skills building

Jan/2009	Social network analysis workshop	1 staff-supervisor CNC	1	School of public health-Mulago
March/09	Data mining in HIV/AIDS	3 medical DRS	3	Sida/SAREC-Mak
March/09	Data analysis workshop	1 medical DR	1	IDI

Communications and Public Relations Section

This year we received a total of 619 visitors compared to last year's 720, notably of these; we hosted the CDC Country Director Dr Mills Kevin McNeill who was the Guest of Honor and Chief walker on the world Aids Day, MD Barclays Bank Mr Ongwae Charles, MD SPEDAG, Mr. Stroh Thomas, Deputy RDC for Nakawa Division, Mr. Fred Bamwine at the occasion of the launch of the SPEDAG funded client housing units at the Banda clinic site, our donors the Stephen Lewis Foundation, The Kenny Family Foundation and some officials from the Buganda Kingdom also visited ROM.

Publications and other PR materials

A total of 3309 publications were distributed including ROM brochures, self standing posters, ARV education material, hope inspiration victory scientific magazines, ROSES of Mbuya product catalogue among others.

Events management

This year, we bid farewell to Fr Joseph Archetti, we had our Parish Day celebrations, children sports gala, and Barclays Bank and SPEDAG cheque hand over among many events coordinated. We also increased our media coverage, as a result, the monitor publication company freely publicized the ROSES of Mbuya products and a feature about Fr. Joseph was written and published by the New Vision news paper.

Communication strategy and Policy

This year, together with a team of consultants from Makerere University, we embarked on developing a communication strategic plan and policy, the work of which is in its final stages.

Administration Section

The asset register was updated and new assets were engraved. Preparations are also underway to evaluate assets that require disposal.

Insurance of our electronic equipment expired in November; we however secured temporary cover as the final Insurance procedures and payments are worked upon.

In a bid to improve the security of Reach Out Mbuya we contracted a more professionalized and recognized company the KK security to provide sites with night watch.

Construction of some buildings in Banda has been accomplished; this has enhanced the site to be operational 5days a week as opposed to only on Fridays.

Internal Audit

This year, a number of audit checks and verification have been carried out in all the departments, Sections and Units. The generated audit reports were presented to and discussed with management. Internal controls have been improved by ensuring that department policies and guidelines are drafted, yet to be discussed at Senior Management and board level.

Two external audits for the periods 1st April 2007 to 30th September 2008 and 31st October 2008 to 30th June 2009 were conducted by the Ernst and Young Certified Public Accountants. The reports showed a remarkable improvement in Financial Management, Accountability and programme implementation. For transparency, copies of these audit reports have been put in Resource Centre for staff to read.

Future Plans

The Internal Audit operations manual is in its final stages pending board approval.

1. Ensure that all Reach Out practices which form part of internal controls are documented in form of circulars.
2. Advise on suitable internal controls for the Income generating activities
3. Internal Audit works together with M& E to carry out programme audit of Reach Out programmes.

Challenges

- Lack of centralized database system for Organizations' information.
- Many policies and procedures have been developed but still in draft forms.
- Lack of understanding of Internal audit roles and functions by the staff

Financial Statements

Reach Out's Funds Inflow by Source Jan to Dec 09					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total(Shs)
Roses Shop Sale & Contract	41,233,500	7,732,000	4,209,500	52,073,640	105,248,640
Medical Mission International	37,225,000	41,717,800	41,540,000	40,464,000	160,946,800
CDC MILD MAY	2,100,000,000	1,500,000,000	2,082,405,000	1,218,489,550	6,900,894,550
Private Donors & Others	20,969,249	11,706,270	22,249,000	4,701,110	59,625,629
Spedag	14,519,700		4,920,150	6,460,000	25,899,850
Sidecole	12,224,000			30,957,150	43,181,150
PACE	1,275,000			3,825,000	5,100,000
BOL Loan					
Repayment	9,086,700	51,833,728	50,210,385	42,460,722	153,591,535
IDI	14,700,000		12,675,000	31,635,000	59,010,000
FORO	24,780,000				24,780,000
Rose	46,200,000				46,200,000
Acclaim Africa	4,477,500		15,090,000	14,695,000	34,262,500
Stephen Lewis		75,941,266	18,555,296	25,811,694	120,308,256
Barclays		26,304,000			26,304,000
AVSI	10,786,250	12,755,000	12,757,030	1,122,500	37,420,780
Care			22,772,500		22,772,500
KCC			6,300,000	5,973,776	12,273,776
Tullow			31,014,000		31,014,000
Talent Club				1,150,000	1,150,000
Tropical Medicine				4,526,950	4,526,950
GRAND TOTAL UGX	2,337,476,899	1,727,990,064	2,324,697,861	1,484,346,092	7,874,510,916

Total Expenditure (January to December 2009)					
Category	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total (Shs)
Capital Expenditure	213,895,865	41,515,650	96,754,784	37,270,947	389,437,246
Cost Of IGA	23,048,400	21,497,152	111,182,629	15,289,450	171,017,631
Administrative Costs	116,182,665	119,767,813	92,789,091	122,411,081	451,150,650
Operational Costs	1,302,259,110	1,543,637,316	708,500,545	722,781,507	4,277,178,478
Total	1,655,386,040	1,726,417,931	1,009,227,049	897,752,985	5,288,784,005

Table showing the different training held for ROM and other staffs in 2009

Month	Title	Participant n	Facilitator
Jan	Skills Building Groups-Knitting	6	
Feb-Oct	Weaving	12-1(m)	
Feb-Mar	Tailoring	30-2(m)	
Feb	Business Skills Training For Karitas Group	15	
March	TB For Clients And Staffs	73	
March	Quick Books Package	12	
March	Community Management Of Acute Malnutrition Workshop	248-Clients & Non Clients	
March	Online Training By Stanbic Bank	5-ED/Internal Audit, DFA	
March	Personal And Professional Development	25	
March	TB Evaluation For Medical Workers	80 Medical Staff	
July	Appraisal And Performance Evaluation Memory Book Writing Project.	21 Senior Management Team	Dr Namisi And Tamale
July-Aug	Palliative care	Buchman, ursula & nsonga	Ms Were
Aug	Participatory Monitoring And Evaluation For HIV/AIDS Managers	Muhumuza Ronald	Hospice training unit
Aug	Stress Management, Yoga Reflections And Healing And Spiritual Meditation	45 RO Staffs & Volunteers	SPH
Aug	Responding To Current Challenges To Supply Management Of Commodities For HIV/AIDS	Nakasi \$ Muwanguzi	DR PAT
	Business Training	31 Clients	JMC
Aug	Manual-Curriculum Review For OSF Children	28 OSF/FFL Children Volunteers And Staff	VSLA
Aug	Community Health Workers Course	Touch-30 ROM 13 S. Sudan-1	Consultant
Oct	Computer Training For CATTS		Internal Staff(Medical # Counselor)
Oct	Marketing, Money, Cashbook"	Clients M3, F17	
	Pretest Positive Living Information	PSI And PACE	VSLA
	Communication	25 People	TJ Consult
Sep	Community Dept	TB & Hygiene People M 24 F 5	FFL/Counseling.
	Research Training By Emmy Wilson	M-6 F-5	Emmy Wilson-Internal
		F-16 M-10	
Nov	TB Workshop At Ridar Hotel	DR Albert, Keziah N, Nambuya J	Ministry Of Health-External
Nov	CMES	Male-10, Female-21	DR Miriam Laker(IDI)
Nov	SABRES-IDI(Capacity Building Project)	Pamela, DR Stella, Amomy Mary, Adong	IDI Training Unit-External
Nov	Training On Medicines Management & Rational Medicines Use	2 Timothy And Oringa	JMC-External
Nov	Six Months Training	18	Eric Ezati-

Nov	Anti-Retroviral	18	Keziah N
Nov	Data And Logistics Management For ART	19 With Staff From Kasaala	Ochen R And M Timothy
Nov	Nutrition and Art	Male: 10, Female: 15	Aweko J & A Nankanwani
Dec	Alcohol And HIV/AIDS	Musoke And Nalwadda 2	
Dec	PMTCT and Nutrition Practices.	33 Community Network Of Care Staff	Aweko J & A Nankanwani

Summary of Events carried out in 2009

Event	Month held	Venue
SPEDAG –Donation (clients shelters)	May	Banda
SPEDAG –Art Exhibition	March	SPEDAG offices
SPEDAG –Cheque hand over)	October	Banda
Barclays Cheque hand over	September	Banda
Spiritual Reflections	Every quarter	Mbuya/KINa
Parish Day celebrations	August	Mbuya
Children sports gala	September	Kyambogo
Fr. Joseph's Fare well	June	Mbuya
Corporate League	Last Sunday of month	Per schedule
Hospice Palliative day	October	KISU
Staff / Volunteers Day Out	November	Sports Beach
Strategic Planning Workshop	November	Kati-Kati
World Aids Day	December	Mbuya
Children & client X-Mas Party	December	St. Kizito