



Annual Performance Report
2011



Roses of Mbuya



Reach Out Mbuya Parish HIV/AIDS Initiative P.O. Box 7303 Kampala, Uganda.

Tel. +256 414 222 630/414 223 334 Mob. +256 772 228 844/ 772 703 555 Fax +256 414 220 479

Email reachout@reachoutmbuya.org website www.reachoutmbuya.org

Our 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.

Our 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.

*"When you go to a new place,
you look around and assess
the needs of the people."*

Fr. Joseph Archetti

Our Core Values

- » Teamwork
- » Client focus
- » Professionalism
- » Learning and growing organisation
- » Solidarity
- » Encouraging the direct involvement of persons living with HIV
- » Respect for human life and enhancing human capacity

Contents

Acronyms	5
Key definitions	6
Foreword	7
Highlights of the year	8
1.0 MEDICAL DIRECTORATE	10
1.1 HIV Counseling and Testing	10
1.2 Clinic Consultations	12
1.3 Anti-Retroviral Therapy (ART)	13
1.4 Tuberculosis (TB) Activities	14
1.5 Prevention of Mother to Child Transmission (PMTCT)	14
1.6 Integration with Primary Health Care (PHC) at ROK	15
1.7 Retention in Care	15
1.8 Nutrition Support	15
1.9 Laboratory	16
2.0 COMMUNITY SUPPORT DEPARTMENT	17
2.1 Community Network of Care	17
2.2 Community Prevention	21
2.3 School Prevention	21
2.4 The Sustainable Projects	21
2.5 Operation Child Support (OCS)	21
2.6 Village Savings and Loans Association (VSLA)	24
2.7 Roses of Mbuya (ROM)	24
3.0 MONITORING AND EVALUATION DEPARTMENT	25
4.0 EXECUTIVE DIRECTOR'S OFFICE	26
4.1 Communication and Public Relations	26
4.2 Procurement	26
4.3 Quality Assurance	26
FINANCE AND ADMINISTRATION DIRECTORATE	27
5.1 Human Resource	27
5.2 Finance Statements	28
Appendices	30
Board of Directors	33

Acronyms

AIDS	Acquired Immune Deficiency Syndrome	PACE	Program for Accessible Health Communication and Education
ARV	Anti Retroviral	PEPFAR	Presidential Emergency Plan for AIDS Relief
ART	Anti Retro Viral Therapy	PHC	Primary health care
BCP	Basic Care Package	PMTCT	Prevention of Mother To Child Transmission of HIV
CATTS	Community ARVS and TB Treatment Supporters	PTB	Pulmonary Tuberculosis
CDC	Center for Disease Control and Prevention	RCT	Routine Counseling Testing
DNA-PCR	Dioxyribo Nucleic Acid Polymerase Chain Reaction	ROK	Reach Out Kasaala
EPTB	Extra Pulmonary Tuberculosis	ROM	Reach Out Mbuya
FORO	Friends of Reach Out	SPH	School of Public Health
HBCHT	Home based counseling and testing	TB	Tuberculosis
HIV	Human Immunodeficiency Virus	ToT	Trainer of Trainers
IDI	Infectious Disease Institute	UBA	Uganda Bikers Association
MOH	Ministry Of Health	VSLA	Village Savings and Loans Associations
MTCT	Mother to Child Transmission of HIV	WHO	World Health Organization
OVC	Orphans and Vulnerable Children		

Key definitions

1. **Basic Care Package;** Contains a Jerry can with a tap, two mosquito nets, water guard and IEC material. It is given to clients to improve their hygiene and sanitation and to reduce on episodes of Malaria and diarrhoea.
2. **Bread of Life (BOL);** A microfinance program which provides loans to our clients at modest interest rates of 10%.
3. **Community ART and TB Treatment supporters (CATTS);** Are trained HIV+ clients who follow up other clients to ensure they adhere well to their treatment. They use a peer to peer approach to understand their clients' challenges and give feedback to both the client and Reach Out.
4. **Community Network Of care (CNC);** A section under the community support department. Its major function is to ensure that all enrolled clients are monitored for adherence and followed up at home, based on their health status while ensuring that appropriate referrals to ROM departments for support are made. It is comprised of CATTS, M2M and Adolescent supporters.
5. **Community prevention;** The prevention and sensitization arm of Reach out and aims at sensitizing adults in the community through the Treasure life and operation Gideon and couples programs.
6. **Hope restoration centers (HRC);** Shelters built with support from SPEDAG (a clearing and forwarding company) to support weak clients who can't work to pay for their accommodations.
7. **Mother to Mother community supporters (M2M);** Women who are PMTCT recipients themselves and ensure that mothers attend and adhere to PMTCT activities.
8. **Nutrition therapy;** is given to clients who are malnourished because of TB or any other opportunistic infections and comprises of a combination of Milk, sugar and vegetable oil (High energy milk) give in specific measurements.
9. **Operation Gideon;** A prevention program which targets men with messages that can enable them become fully involved in the fight against HIV and AIDS.
10. **Operation school fees (OSF);** A sub-section which supports children with education support through provision of school fees and scholastic materials as well as addressing the psychosocial needs of OVC in school.
11. **Roses of Mbuya;** An Income generating project. It has a workshop which undertakes institution contracts. They make a wide range of products including textiles (clothing), household accessories like kitchen wear, beddings and gift items like paper beads that are made out of recycled papers, school uniforms and handmade cards. Proceedings are used to pay school fees for vulnerable children.
12. **School prevention;** A sub-section which provides prevention messages in schools through the in and out of school programs.
13. **TB treatment success rate;** The additive of clients who have completed TB treatment and those declared cured of TB over the TB treatment outcome total (Treatment failure, death, transfer out, defaulters, treatment cure and those completed).
14. **Teenage and Adolescent Supporters;** Ensure that teenagers and adolescents are supported to adhere to their drugs, remain in care and live positively.
15. **Treasure Life programs;** Are aimed at addressing specific health related topics designed for specific target groups. The programs are held within a community for at least one month to ensure acceptance and phased introduction of messages.
16. **Village Savings and Loans Associations (VSLA);** An alternative loan scheme targeting the entire community. It brings together community groups based on self-selection. Group members are able to work together to save money.
17. **Youth out of school Program;** Targets out of school youth with prevention messages through small group discussions and games

Foreword



Dr. Stella Alamo Talisuna

Executive Director
Reach Out Mbuya Parish HIV/AIDS
Initiative



Chairman,
Board of Directors,

Father John Mungereza,
Our Lady of Africa, Mbuya Parish,

We have come to the end of yet another year, but 2011 was just not another year. It was a year that Reach Out Mbuya HIV/AIDS Initiative (ROM) celebrated ten years of service. Ten years seems a long time, but when you have to strive to save lives; when you have to deliver services to the poorest and most vulnerable; when you have long waiting lists of orphans waiting for an opportunity to go to school; when you have clients who can neither afford food nor shelter, the years fly by.

Twenty eleven was a year that provided an opportunity for ROM to take stock of its past achievements and took a constructive look forward to what it can do differently. Reach Out is remarkable in its response to the HIV epidemic, remarkable in its simplicity and remarkable in what it can achieve with so little resources. But, stigma still remains a challenge and Women in particular are affected. Many clients on ART have discontinued therapy because of various reasons including stigma, religion and a return to normal life while several in need, have refused to seek care. Pregnant women still refuse to disclose their HIV status and consequently many babies have been denied the opportunity to benefit from prevention of mother to child transmission of HIV. There is need to move away from just numbers to efficiency, integration and health systems strengthening. We ask all of you our friends to continue supporting us in the coming years as we change course.

Amidst these challenges we registered great success in 2011. We continued to ensure greater involvement of PLWHA in our activities and as such 45% of the staff were clients. Through the Mother to mother model of care, PMTCT transmission has been maintained at 0% while through the adolescent supporters and Community antiretroviral and

TB treatment supporters missed appointments and lost to follow up remain maintained below 5% while the TB success rate has remained at 85%. Strong and sustainable relationships with the poor communities served have been strengthened and services expanded beyond Mbuya Parish to include Bweyogerere, which has a poor urban population of about 130,000 inhabitants.

The comprehensive approach has changed the lives of the vulnerable in the communities served. And every day that passes by another life has been saved. The Visible strides would not have been possible without the support of many Donors who have provided funds, drugs, material support, technical support and a word of encouragement at every opportunity. The Catholic church, Ministry of Health, Uganda Catholic Medical Bureau, Centers for Disease Control (CDC) through PEPFAR, Barclays bank, Centenary bank, Housing Finance, Quality Supermarket, Medical Mission International, SPEDAG, FORO, ROSE, SIDECOLE, AVSI, The Uganda Bickers, Kenny foundation, SLF, Makerere University School of Public/CDC fellowship program, META and several individuals, thank you for contributing to the lives of the poor and vulnerable within Mbuya and Kasaala Parishes. Through your support a vulnerable child has had the chance to go to school and eat at least one meal a day, hundreds of mothers who are discriminated against every day are able to give birth to HIV free babies because of the life saving ARVs and many who depended on handouts can now fend for their families.

To ROM's staff, clients and the community we serve, your benevolence is the reason ROM has improved the quality of life of many and the reason for the many smiles we witness here at ROM on a daily basis.

Highlights of the year



Success story

Ivan Wakama is 17 years old, is in S.4 and lives with his mother who is HIV positive and a client of Reach Out. His father died when he was only 5 years old. He shared his life experience. "When my Father passed on, my chances of continuing school dwindled. Initially I was irregular at school because my mother could not raise my school fees. Later, I stopped going to school and stayed home to care for my very sick mother. I would wake up early in the morning and go to the market to carry goods for people to earn some money to feed my mother. Amidst these problems I never forgot to pray. I asked God to avail me and my family any form of support. My prayers were answered through Reach Out.

One day, Social workers from Reach Out came to our house for needs assessment which saw me enrolled onto the school fees program which has supported me over the past four years. I must thank God because this marked the beginning of a new chapter in my life."

Medical Directorate

- » A total of 4,234 (652 from Kasaala) active clients received holistic care during the year representing 80% of the annual target of 4,630. Sixteen percent of the active clients were children.
- » Seventy-five per cent (3,167) of the active clients are females while 45% (1,905) are in the age brackets of 19-35 years and 30% (1,270) in the age brackets 36-45 years. Overall, 66% of the active clients are Catholics, 31% are Protestants, while Moslems are 3%.
- » A total of 10,825 individuals accessed HCT, representing 108% of the annual target of 10,000. This increase is attributed to the scaling up of VCT through community outreaches and expansion of our services to Bweyogere Parish. HCT was also scale up during world AIDS day through Barclay banks and other cooperate companies.
- » Of those who tested, 1,612 (93 from Kasaala) 14% tested HIV positive. Overall, 210 Primary Health care (PHC) service seekers received an HIV test out of which 40 (19%) tested positive.
- » A total of 676 (157 from Kasaala) new clients were enrolled into care, representing 85% of the annual target of 800. Majority, (70%) of the new enrollments were women.
- » A total of 35,730 (6,580 from Kasaala) consultations were made to 4,234 active clients. On average 100 clients visited the clinics on a daily basis. At Kasaala the PHC wing conducted an average of 20 consultations daily.
- » All clients received Cotrimoxazole prophylaxis, while 4 clients who were allergic to cotrimoxazole received dapsone.
- » A total of 225 clients were screened for TB across the four clinic sites. Consequently 176 clients were found to have TB and received treatment. By the end of December 2011, a total of 99 clients were active on TB treatment, 6 of the clients' defaulted treatment. But the 85% success rate was 85%.
- » A total of 661 clients initiated ART during the year, representing 83% of the annual target of 800. A total of 36 clients were started on second line regimen following treatment failure bringing the overall percentage of clients on second line to 5%.
- » By the end of December 2011, ROM had 2,950 (391 from Kasaala) clients on ART. Eighty percent of the ART recipients adhered between (95-100) percent.
- » This year, a total of 2,457 women were screened for pregnancy, out of which 168 (7%) were found pregnant. All pregnant women were linked to the PMTCT program. One hundred and twenty mothers delivered and all the infants received single- Dose NVP.
- » By the end of this year, 48 active mothers were active on Prophylaxis, while 37 were on HARRT.
- » This year, ROM adopted option B in implementing its PMTCT services.
- » One hundred and twenty infants received a HIV DNA-PCR or

rapid test, none had a positive result, representing an annual MTC transmission rate of 0%.

- » A total of 120 mothers were counseled on feeding options, 98 choose exclusive Breast feeding for 6 Months and 22 choose replacement feeding using cow's milk.
- » A total of 22,767 Laboratory tests were carried out across the four sites out of which 48% were HIV screening, 26% B/S for Malaria, 25% for CD4 count and 2% Sputum for AAFBs.
- » The number of clients who died this year was 99, while 212 were lost to follow up and 156 were transferred out.

Community Support Department

- » A total of 40,594 home visits (443 from Kasaala) were made to 4,234 Clients by 50 CATTS.
- » During this year, a total of 12 clients were accommodated in the Hope Restoration shelters.
- » A total of 192 new clients' received the Basic care package kits.
- » Through Post test club an estimated number of 4,607 people were reached through small groups of 25.
- » Operation Gideon reached a total of 2,250 men through 20 sessions each of small groups of 10-25.
- » Through the treasure Life school clubs Abstinence messages were delivered in 13 Primary (age 10-14) and 5 secondary (age 15-18) schools within our catchment area reaching a total of 8,934 young people.
- » The Youth out of school Program targeted out of school youth with small group discussions and games. This year, a total of 1,131

(males were 941) were involved in discussions about life skills and values.

- » Fifty-six discordant couples attended the discordant couple's risk reduction intervention and all HIV negative partners re-tested and none tested HIV positive
- » By the end of December 2011 a total of 939 OVC were supported through the school fees program, 547 (58%) of the OVC were in primary level, 318 (34%) were in secondary school and 74 (8%) in tertiary institutions.
- » A total of 638 (10 from Kasaala) school visits were conducted reaching 939 OVC.
- » A total of 174 OVC were home visited during the year to address issues affecting school performance and attendance.
- » A total of 786 OVC's participated in the Saturday children's club, which is comprised of several psychosocial support activities.
- » One hundred and ninety-nine OVC representing 30% of the active children participated in the Friends forum workshop which targets HIV positive children.
- » This year food was distributed to 25 OVC households (over 700 secondary beneficiaries) with support from Medial Mission International while 60 OVC were supported with food through Sidecole while 200 pregnant mothers were supported with food.
- » Through VSLA a total of 157 groups were formed. Overall, 4,710 people out of which 2,233 (47%) were women and 20% were HIV positive participated in the VSLA activities

Monitoring and Evaluation Department

- » With support from META ROM is developed the care and treatment modules of the comprehensive HMIS.
- » Reports were written and submitted to Center for Disease Control, SLF, MMI, FORO, Barclays Bank and SPEDAG while monthly reports were submitted to Uganda catholic medial bureau and, Ministry of Health.

Executive Director's Office

- » A total of 704 visitors visited ROM, out of which 252 were international visitors.
- » A total of 18 Stock takings were carried out, of which 12 were for drugs, 3 were for non drug items and 3 were surprise stock takings.
- » Average time lag for procurement was 20 days from receiving of requests to final payment.
- » Major procurements done in the year included drugs, non drug items and laboratory supplies.

Finance and Administration Directorate

- » ROM had a total of 119 staff (22 are from Kasaala) during the year, 60% were female while 43 % were clients.
- » This year ROM had a total of 43 volunteers. Of these 7 were international volunteers. A total of 49 (24 females) students came for placement.

1.0 MEDICAL DIRECTORATE

The Medical directorate, initially a department till 2008, has continued to evolve over the years having started with the home based care arm in 2001. It established a clinic in Mbuya church hall in 2002 and now boasts of four clinics located within the communities with the newest addition being located in Luwero-Kasaala (2008). In 2005 ROM established an adherence support section (ASSET) because of the need for intensive adherence monitoring, including multiple adherence counseling sessions, of the then “young” ART program comprised of inexperienced ART clients. With rapid ART scale up and the associated improved quality of life, there was need to adopt a chronic care model and the counseling aspects of this section were in 2010, integrated into the counseling section while the TB and PMTCT functions were integrated into the clinic activities. With the expansion to Luwero-Kasaala, the department obtained a Directorate status. To-date the directorate is thus comprised of the counseling, Clinic, Pharmacy, Laboratory and Nutrition sections and has a total of 54 staff. (18 from Kasaala)

1.1 HIV Counseling and Testing

Over the years ROM has noticed steady increase in the number of clients accessing HIV counseling and testing (figure 1) which is attributed to the use of new innovative approaches over time. Starting with facility based VCT the counseling and testing models have evolved to meet the needs of the various interest groups while taking into account the national trends.

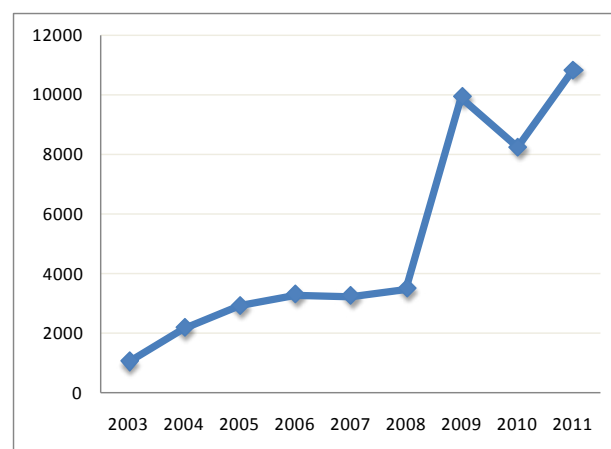
By 2011, ROM used multiple avenues to offer VCT which included; facility based HCT, community based HCT, couple HCT, moonlight HCT, home Based HCT, provider initiated and corporate HCT.

Furthermore, in 2011 we integrated HCT into all prevention activities and maternal child health outreaches which has since then remained a practice and has contributed to the increasing number of people testing at our different sites. This year alone, we reached 10,825 individuals with HCT services, representing 108% of the target of 10,000 compared to 2010 when we reached 8,231 people, representing a 14% increase. Facility based HCT accounted for the highest number tested (55%) while ANC testing at Kasaala accounted for only 1% of the total tested.

Of those who tested 1,612 had an HIV positive result, 676 (42%) of whom were linked into HIV care (637 ROM and 39 to other centers). This represented 86% of the annual target of 800 new enrollments. However, 936 (58%) HIV positives that were not enrolled into ROM were referred to other treatment centers but we cannot ascertain if they are receiving care highlighting the need for strengthened referral systems.

The HIV positivity rate between the males and females shows a wide variation with 17% of the females testing positive compared to 9% of the males highlighting the need for culturally and gender focused HIV prevention strategies.

Figure 1: Number of clients receiving HCT (2003-2011)



1.1.1 Couple Counseling and Testing

Couple counseling and testing was emphasized at ROM from 2004 following the results of the national sero-survey that identified an increased risk of HIV among couples in addition to a discordance rate of 42%. Through the men's prevention program “Operation Gideon”, men were encouraged to test with their partners and coupled with home based VCT we have recorded an increase in the number of couples testing together over the years as shown in figure 2.

In 2011 alone, a total of 332 (65 from Kasaala) couples were reached compared to the previous years 324 through facility HCT, discordant couples' intervention and the couples program representing 95% of the annual target of 350.

“When the Reach Out team came to sensitize us about HIV and AIDS in our community, many of us couples went for the services self-driven “. Male client at ROM.

Kinawataka site accounted for the highest number of couples testing (57%) which is attributed to the dense population in the area.

There was a steady reduction in the proportion of couples testing positive since 2006 when we intensified our couple targeted prevention programs.

Of those who tested 90 (27%) were discordant and 41(12%) were concordant positive. All the discordant couples were linked to the discordant couples' risk reduction intervention.

Figure 2: Outcomes and trends of couple HCT (2006-2011)

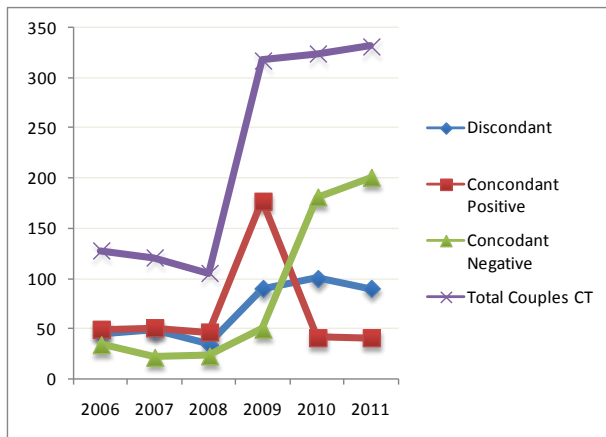
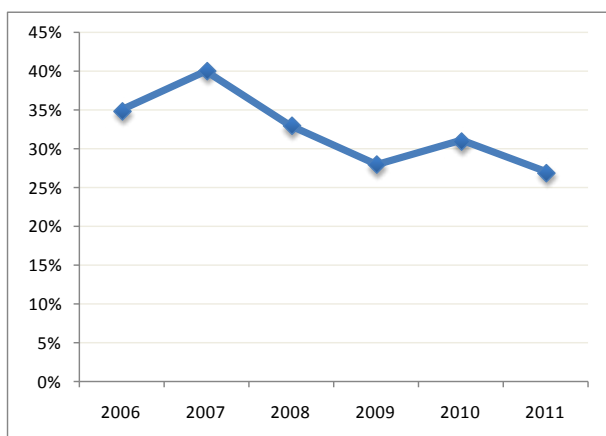


Figure 3: Proportion of discordance among couples (2006-2011)



1.1.2 Discordant Couples Intervention

A total of 56 (15 from Kasaala) couples participated in the three month modular risk reduction intervention, representing 61% of the annual target of 92. Issues discussed during the sessions included disclosure, challenges of being in a discordant relationship, desire for children, male circumcision and alternative prevention methods. Of the 41 HIV negative spouses a repeat HIV test following the intervention found zero sero-conversion which we attribute to the peer-led risk reduction strategies.

"Our marriage had failed, my husband put all the blame on me after I tested HIV positive while his result was negative and he had bitterly moved out of the house, leaving me with the children. But after exposure and teachings from the Reach out counselors, he returned home and we are living happily again".
Female client at ROM.

A graduation was held for 41 discordant couples who successfully completed the risk reduction intervention

Figure 4 Discordant couples sharing experiences and the graduation after the intervention



1.1.3 Ongoing Counseling

This year, 1,935 clients and their families received ongoing counseling to help them adhere to medication and cope with different social issues. (Table 1) This is an increase of 2% above the previous year's 1,842 clients who were reached. Kinawataka site accounted for the highest (44%) which was attributed to the high numbers of clients served in addition to the low income of the population who often have social challenges.

Table 1: Counseling issues addressed in 2011

Issues discussed	Q1	Q2	Q3	Q4	Total
Adherence issues	338	133	346		1085
Copying with HIV positive results	40	78	252	61	431
Alcohol	4	5	20	6	35
Social issues	3	5	71	14	93
Missed appointment	2	28	107	55	192
Others	2	28	24	45	99
Total	389	277	820		1935

1.2 Clinic Consultations

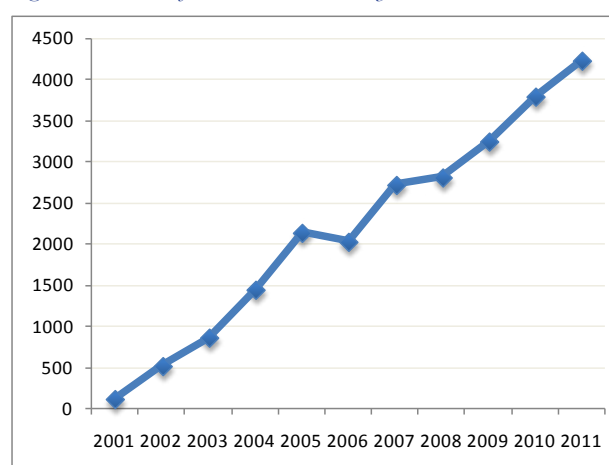
All Clients in care received cotrimoxazole prophylaxis or the equivalent formulation for those who are allergic to cotrimoxazole. Other activities included treatment of opportunistic infections, laboratory assessment of eligibility for antiretroviral therapy (CD4 test), nutrition support, palliative care, management of sexually transmitted infections, and prevention with positives.

A total of 35,730 consultations were made (Kasaala had 6,580, out of which 4,591 were made to non HIV people) compared to the previous year's 26,698 consultations.

1.2.1 Client Growth

Starting with 14 clients in 2001, ROM has progressively reached more clients with care, treatment and support (figure 5) By December 2011 ROM had a total of 4,234 HIV positive active clients in care out of whom 666 (16%) were children.

Figure 5: Number of active clients in care by 2011



1.2.2 Implementing Pharmacy Only Visits (POV)

With the accumulating caseload of clients in care, there was an increased workload and reduced efficiency and quality of care including long client waiting times. ROM introduced pharmacy only visits in June 2010 following a time and motion study which was carried out in 2009 and revealed long client waiting times.

Based on an eligibility criterion, clients on POV are allowed to refill drugs for three months, which they receive at the pharmacy without seeing a clinician as opposed to monthly clinician guided visits. In total 72 clients were eligible for and were put on POV during the year 2011.

After three months their adherence was evaluated and the findings showed that 99% (71) of the clients still adhered above >95%. The clients expressed interest to have even longer intervals between consultation visits.

"I now have enough time to attend to my charcoal business since I only have to go for my medication after three months. And when I go there, it takes less than 15 minutes for me to receive my drugs then leave for my other duties. I wish this could be extended to even six months".
Female Client at ROM.

1.2.3 Improving Client Triage

In the previous years triage entailed identifying clients who were very ill for quick attention. However, the increasing volumes of clients required that the triage in addition, be more efficient in ensuring that clients who are stable can get their drugs as fast as possible.

In 2011, the triage system was improved. All clients were weighed and had their pills counted at arrival by the community ARV-TB treatment supporters (CATTS). The CATTS were

trained to identify very ill clients who are seen immediately by the clinicians and in addition identified clients who are on POV.

Other clients were referred to the triage nurse who determined if the client was stable or required a thorough clinical or laboratory assessment. The improved system allowed for improved interaction between the CATTs, the clients and the clinicians allowing for improved follow up at home of clients with acute illnesses, pregnancy, or those initiated on ART or TB treatment.

1.2.4 Streamlining the Client Appointment System

In the past, ROM had an adhoc appointment system leading to unbalanced clinic attendances ranging between 184-50 clients. This made it difficult to plan for the clinic activities resulting to clinic congestion, long waiting times and poor client satisfaction consequently leading to missed clinic appointments and reduced adherence.

Using a CQI methodology, in collaboration with the School of public Health Fellowship program two fellows implemented a project to streamline the appointment system at ROM which lead to a variance of only 25% across the different clinic days compared to a variance of 62% prior to the CQI. The appointment allocation system has since been integrated into the clinic activities.

1.2.5 Real Time Data Entry in the Clinic

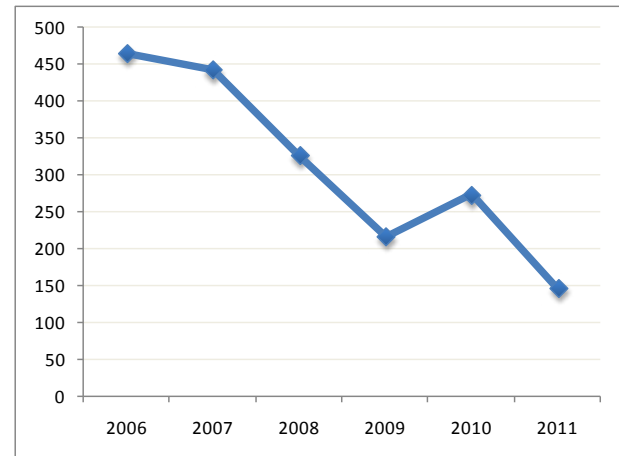
To improve the quality and timeliness of data collection and entry, ROM introduced real time data entry into a relational electronic database in 2011. This has significantly reduced data errors and the workload for the M and E staff who have time to understand data trends and carry out program evaluations.

1.2.6 Home Visits

Doctor-led home visits were made to a total 147 (47 from Kasaala) ill clients representing a 25% decrease from the previous year of 247 (figure 6). This decrease was attributed to improved family support, improved screening for clients for home visits and improved health as a result of ART scale up.

This decrease could also be attributed to the improved access to HCT services with an increasing number of people knowing their HIV status early and linking into care earlier. Of the clients home visited 43% were in WHO stage III while 19% were in WHO stage I.

Figure 6: Clinician home visits (2003-2011)



1.2.7 Hospital visits

By the end of this year, a total of 122 (Kasaala had 16) clients were referred to hospitals for further management representing a 23% increase. This was attributed to early identification for cases that can't be managed at the clinic sites through an improved coordination of the inter phase between the community and clinic which facilitated earlier and faster referrals.

1.2.8 External Referrals for Investigations

Clients were referred for further management to specialized clinics and for investigations. This year, a total of 1,185 (78 from Kasaala) clients were referred compared to the previous year's 1,217, representing 1% increase. Chest X-ray accounted for 20% of the external referrals.

1.3 Anti-Retroviral Therapy (ART)

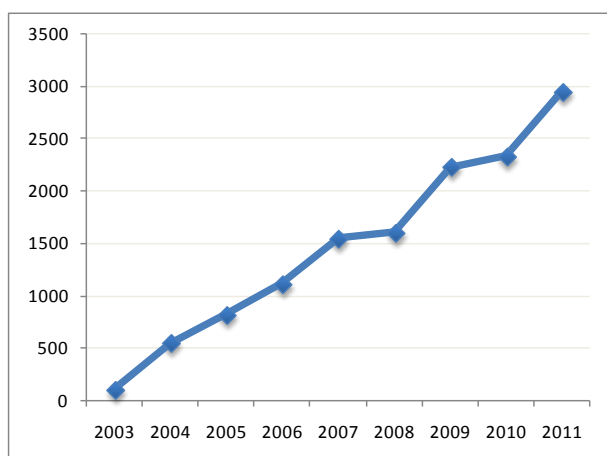
There has been a steady scale up of ART since 2003 (figure 7 above). Of 4,234 active clients 2,950 (70%) were on ART by 2011 out of which 391 were from Kasaala. PEPFAR support accounted for 61% of the ART while MOH-Global Fund contributed 39%.

A total of 863 (From Kasaala 127) ART naive clients were provided with pre-ART education, out of whom 661 (from Kasaala 136) clients initiated on ART. This represents 83% of the annual target of 800. We adopted the 350 CD4 cut off for initiating ART as per the new MOH ART guidelines.

All clients on ART were closely monitored both clinically and immunologically (CD4 test) for treatment failure. Majority

(80%) of the clients adhered above 95% with only a total of 5% (161) clients on second line ART.

Figure 7: ART scale up at ROM (2003-2011)



1.4 Tuberculosis (TB) Activities

ROM implemented several strategies to increase TB case detection including integration of TB screening into clinic consultations and HIV counseling and testing activities, TB contact tracing through the index TB client. Overall, 4,234 clients in care and 10,825 people were screened for TB through clinic consultations and HCT respectively.

Out of whom 1,396 were identified to have cough for 2 weeks or more and had their sputum smears tested. Out of those who had sputum smear, 176 (from Kasaala 19) were smear positive, representing 62% of the annual target of 280 TB cases. In addition through active case finding and intensive sensitization about TB within the communities, 47 HIV negative people were found to have TB and were linked to treatment.

A total of 180 of the TB cases were diagnosed with pulmonary TB while 26 had extra pulmonary TB.

1.4.1 TB Treatment Outcomes

By the end of the year, ROM'S TB success rate was 85% compared to the previous year's 72%. This is attributed to the close follow up by the community workers and family involvement in implementing DOTs. Details of treatment outcomes are found in the table 2 below.

Table 2: TB treatment outcomes during 2011

TB Treatment Outcome	Q1	Q2	Q3	Q4
Treatment cure	9	20	17	18
Treatment completed	14	11	18	17
Treatment failure	1	0	2	1
Deaths	3	3	1	1
Defaulted	1	3	1	1
Transfer out	6	5	6	3
Total	34	42	45	41
Cure rate	26%	48%	38%	44%
Success rate	68%	74%	78%	85%

1.5 Prevention of Mother to Child Transmission (PMTCT)

ROM offers a comprehensive PMTCT program using the four pronged approach as recommended by WHO and the national policy guidelines. Interventions include Primary prevention of HIV. Through the prevention arm, ROM provides reproductive health messages to the community through small groups of 25.

HIV prevention messages have been integrated into the daily health talks at the facility level, day to day clinic consultations including counseling as well as in the home visits of the CATTS reaching a total of 720 women (50% Of the annual target of 1440. VCT has been integrated into all the sensitization sessions which involve women in the reproductive age.

"I thank God for this program; I have my miracle gift here- my baby girl. I had never imagined I could get one but Reach out made it possible. My baby has so far tested HIV negative yet I and my husband have been HIV positive for the last eight years. "Female client in ROM.

A total of 4,950 women received an HIV test and received their results. Those who tested HIV positive were enrolled into care either at ROM or referred to other treatment centers.) In Kasaala 151 pregnant mothers were counseled; tested and received results during ANC, out of which 10 had a positive result and were all linked into HIV care. With the intention of preventing unintended pregnancies among HIV positive women, family planning messages have been incorporated into the daily health talks and clinic consultations while those in need of the services have been referred to other service

providers. In order to identify pregnancy early among the HIV positive women ROM has been screening all women of child bearing age during every consultation.

During the year ROM enrolled 168 (62% of annual target of 270) HIV positive mothers onto the program and provided them with ART for either prophylaxis or treatment using option B. All pregnant mothers were followed up by the mother to mother supporters both at home and in hospital. All babies were screened and their mothers counseled on breast feeding options.

All Mothers received nutrition support. In 2011 ROM followed up 120 babies up to 18 months and 2 tested HIV positive and were enrolled into HIV care. It is important to note that the 2 babies who tested HIV positive were enrolled into the program after delivery and did not receive the full PMTCT package which could have led to the HIV transmission. *Refer to appendix one for details.*

1.6 Integration with Primary Health Care (PHC) at ROK

ROK has since 2008 been providing integrated HIV/PHC services within the Kasaala facility. Altogether a total of 6,580 (1,989 HIV) consultations were made to clients attending the clinics in Kasaala. Two hundred and ten people seeking non HIV/AIDS care were counseled, tested and received their HIV result of which 40 tested HIV positive and were all linked into HIV care at Kasaala.

"In this community, people used to die in big numbers as a result of HIV and AIDS. We did not have HIV services nearby, so even getting to them was a cost one would not afford and avoid. Now, we have them right here at the Health Centre and the deaths in the communities around have gone down". Local Council Leader in Kasaala-Luweero.

Immunization activities were integrated into prevention outreaches and community VCT during the year. Altogether 2,360 (1,155 from Kasaala) children were immunized out of whom 805 children were counseled, tested and received HIV results. A total of 15 children had a positive result and were all linked to care. It is during the implementation of integrated maternal and child health activities at the community level that we recognized the need for mobile outreach services.

With funding support from the Stephen Lewis ROM purchased a mobile van which is currently being modified for outreach health delivery services to the hard to reach populations.

1.6.1 In Clients Care at ROK

This year alone ROK admitted 475 (130 were HIV positive) compared to the previous year's 920, representing a 32% decrease. Of the total admissions, 70% had malaria, 11% had pneumonia and 19% had other disease.

1.7 Retention in care

In 2011, a total of 99 clients (on ART 57) died, 212 (on ART 38) were lost to follow up and 156 transferred out compared to the previous year were 102 died, 180 were LTFUP and 143 transferred out (table 3). The decrease in LTFUP was largely due to strengthened follow up procedures including same day missed appointment tracing. A total of 212 clients who were lost to follow were followed up in the community to find out why they left the program. The findings showed that 96 (45%) clients went back to the villages, 12 (6%) made self-referrals to other centers, 7 (3%) discontinued care because of religious beliefs and 97 (46%) clients were not traced.

Table 3: Client Retention in 2011

Outcomes	Q1	Q2	Q3	Q4	Total
Died	29	20	28	22	99
Lost to follow	49	75	35	53	212
Stopped treatment	0	0	0	7	7
Officially Transferred out	59	39	24	33	155
Self-transferred out	0	0	11	1	12

1.8 Nutrition Support

The nutritional statuses of all clients were assessed routinely as part of the clinical assessment. Out of 4,234 clients who were assessed, 760 were moderately malnourished. Thirteen severely malnourished children were referred to Mulago. All clients identified with malnutrition received diet therapy and nutritional education. Details are shown in *appendix two*.

1.8.1 Food Support

With support from MMI and SIDECOLE, ROM provided food to 200 OVC's and 60 OVC's respectively. The food basket comprised of Rice, Beans, and Corn-Soya blend. ROM adopted two food rations.

Household size of 1 to 4 consists of 12.5kg maize meal, 4.16

kg beans, 8.33kg CSB and 1.85kg (2litres) of oil while the ration for households 5 and above is doubled.

"Now, we can at least have one meal in a day since this organization provided my family with this food. Otherwise, hunger was going to kill us not HIV and AIDS."Male client at ROM.

Overall, 97% of the beneficiaries turned-up for food collection. Of the food beneficiaries 40% were on ARVs, 42% on prophylaxis 3% are on TB treatment, and 15% were total orphans. (Appendix three).

1.9 Laboratory

Between 2004-2006 ROM utilized external laboratories and by the end of 2006 it had a make shift Laboratory that supported each of the three clinics in Mbuya. Although we continue to transfer samples for CD4 and viral load testing to the Mildmay centre, each of the clinics manages an in-house laboratory. We adopted MOH guidelines for tests across all the four sites. Malaria remains a high burden. Refer to appendix four for details of the laboratory investigations. TB samples were sent to NTPL for quality assurance and the findings were 100% for this year.

2.0 COMMUNITY SUPPORT DEPARTMENT

The community support department came into existence in 2002 with the initiation of the community TB treatment supporters who themselves were TB recipients whose responsibility was to ensure that TB clients adhere to their drugs. With the introduction of ARVs in 2004, the community support expanded to include the ARVs treatment supporters who were called the Community ARV-TB treatment supporters (CATTS), 90% of whom are HIV positive.

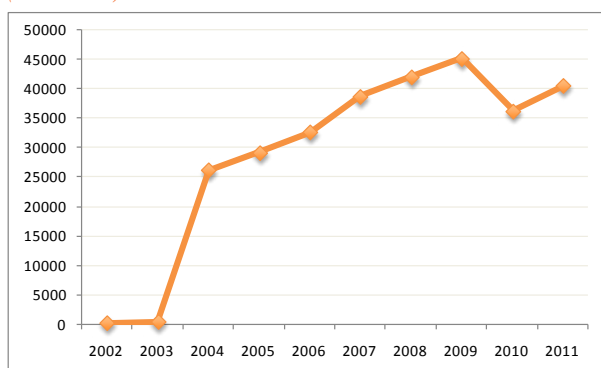
In 2007, ROM brought on board the Mother to mother and teenage & adolescent community treatment supporters because of the adherence challenges experienced with pregnant mothers and teenagers. In 2010, the social support and community support departments were merged to form the community support department whose aim is to ensure that the social and economic needs of the very needy are addressed. The department comprises of three sections: The community network of care (CNC), Operation child Support (OCS), and Roses of Mbuya (ROM)

2.1 Community Network of Care

There has been a progressive growth in the number of home visits made by the CATTS (Figure 8). In 2010, the CNC section was evaluated and highlighted an average ratio of clients to CATTS of 150:1 which affected the quality of the home based care services. The home based care model was revised to allow for triaged home visits, with clients who need regular home visits receiving it regularly while allowing the more stable clients to be home visited less often. A total of 36,300 such prioritised home visits were made in 2010 and increased to 40,594 to reach 4,234 clients in 2011.

During 2011, ROM experienced high lost to follow up majorly attributed to travel back home and the high cost of living within ROMs catchment area. In addition 12 clients discontinued care because of religious beliefs which prompted the strengthening of spiritual support activities to counter false information through certain religious sects. Of the active clients, 80% received pastoral care services and 8 prayer days were held reaching 2608 clients. A total of 38 clients (76% of the annual target 50) were reached through the spiritual committee. Through various church programs 6 out of the targeted 6 support groups were formed in the communities to give additional spiritual support.

Figure 8: Number of Home visits made by community workers (2002-2011)



2.1.1 Client Village Meetings

To ensure involvement of clients in planning and monitoring of program activities a total of 21 Village meetings were planned for during the year and a total of 18 such meetings (82% of the target) were held in each of the six villages we work with reaching a total of 4,070 clients.

The meetings served as a forum for feedback to ROM on how to improve our various programs. Some of the critical aspects raised by the clients during these meetings included the long waiting times, dissatisfaction with intensive follow up both at the facility and through home based care, need for more private services, need for longer clinic appointment schedules, poor staff attitudes and the limitation of the catchment area.

2.1.2 Material and Shelter Support

In 2008, ROM received funding support from Friends of Reach Out (FORO) to support clients with house rent and material support. In 2011, alone a total of 195 clients were supported with materials (blankets and mattress) while 65 were supported with house rent. In addition, 12 female clients were housed at Hope Restoration Center, (an accommodation facility at Banda site built with the support from SPEDAG-INTERFREIGHT).

"I was picked by some lady from the streets of Giza Giza after my family disowned me when I shared with them that I had tested HIV positive. I could not walk, eat nor drink. She brought me here (to Reach Out Mbuya) and I was offered shelter, food and medication for until my health gets better. I will then go out there and vend for myself and my one year old baby here to earn a living."
Female client at ROM, in the shelters.

2.1.3 Basic Care Package

With support from the Program for Accessible Health Communication and Education (PACE), the Basic care packages (BCP), was provided to 4,234 clients. The package



ROM celebrates Ten Years of unique service delivery



The Corporate Fraternity including The Parliament of Uganda, donates to the ROM OVC as a corporate social responsibility



The 2011 Annual General Meeting



A cross section of part of the guests who joined ROM during the Ten Years celebrations, among who was the CDC Country Director Mr.Wahib Tadesse (In a red neck tie) and UNAIDS Country Representative Mr.Musa Bungudu (extreme left second line in white)



CDC not only funds ROM's program activities but the team led by Dr.Flora Banage has also continued providing supervisory support in all program areas.



Barbara Bush takes off time to appreciate and learn from ROM and she visited the Community that we serve too



CDC and USAID share with VSLAs experiences for growth and sustainability

2011
10 years



Michelle Martz one of the OVC program donors joins the ROM home visit team to appreciate the community in which our clients live during her visit



Miss Uganda 2011-2012 also visited ROM and commended the work of the Community Faith Based NGO

IN PICTURES

of service



14- The ROM Children's Talents Club joined The Parliament of Uganda to crown The Parliament's Health week



ROM joins the rest of the world in the fight against the Immunizable diseases. This is in collaboration with other Health facilities within Mbuya Parish.



Community Village Meetings is one of the avenues for interaction and discussion on both the successes and areas of improvement for ROM



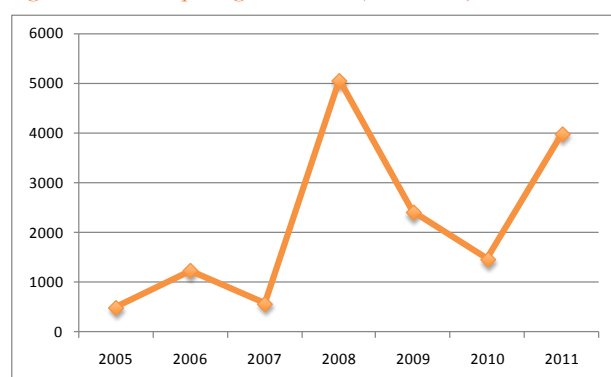
The 2011 WAD Press Conference. ROM joined the rest of the world to commemorate 2011 WAD. We offered free VCT to over 1000 people in partnership with other Organizations including corporate institutions like Barclays Bank



Community Clean up Exercises to promote hygiene and sanitation practices for good health

included BCP messages, starter kits to 192 (7 from Kasaala) new clients, over 23,840 water guards bottles/tablets while 3,779 clients had their ITNs and water vessels replaced. In addition, a total of 1,018 OVC households received health care including Basic care package (mosquito nets, water guard water vessel and IEC materials), and HIV care treatment. Strategies are under way to provide primary health care to non HIV positive OVC.

Figure 9: Basic care package distribution (2005-2011)



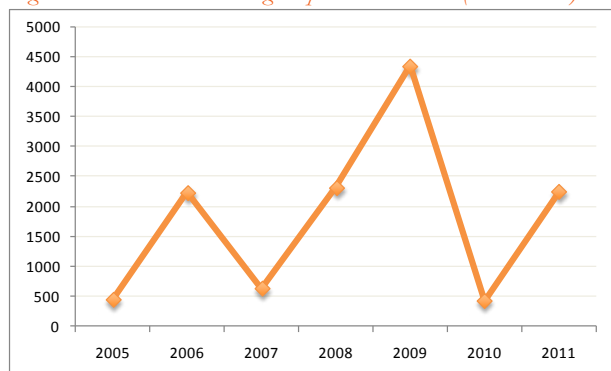
2.2 Community Prevention

Targets the general community with AB messages. In 2011, ROM integrated HIV counseling and testing into all its community prevention activities and in addition integrated community prevention into the CNC activities as a strategy to strengthen positives prevention. The prevention activities included: Operation Gideon, Treasure life program, Post test club, couples program and MARPS.

2.2.1 Operation Gideon

Targets men with AB messages in self selected social gatherings. The variation in the annual number of men reached (Figure 10) demonstrates the difficulties encountered in reaching men with HIV messages despite our approach. The significant decrease in 2010 was attributed to a modification of the approach from mass messages to messages in small groups of 15-20. In 2011, ROM reached 2,250 men, representing 78% of the annual target of 2,880, out of whom a total of 627 (28%) attended for the first time.

Figure 10: Men reached through "operation Gideon" (2005-2011)

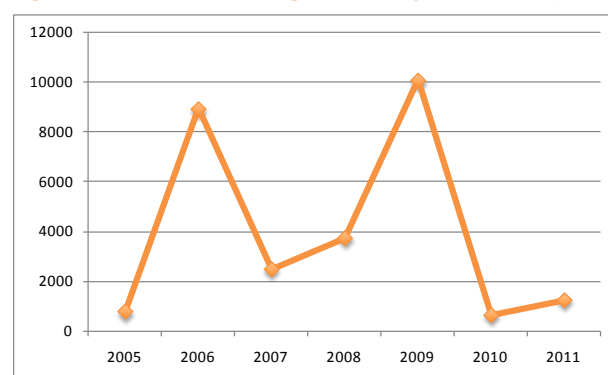


2.2.2 Treasure Life Program

Targets women with prevention messages through community women groups and VSLA. In 2011 alone 1,227 individuals were reached through 30 sessions comprised of groups of 25 people each, representing 117% of the annual target of 1,050. Out of 1,227 individuals 797 (65%) were first time participants.

There was a significant decrease in the number of individuals reached in 2009 (Figure 11) because of the small groups approach.

Figure 11: Women reached through "Treasure life" (2005-2011)



2.2.3 Post-Test Club Outreaches

The 15 member club promotes HIV prevention and fights stigma and discrimination through Music dance and Drama. In 2010, the club integrated its activities in client village meetings, community and school outreaches to deliver the messages as well as in the monthly CATTS meetings. This year, the post club made 60 presentations reaching an estimated 4,607 people of whom 65% were females.

2.2.4 Involvement of Community Leaders

In 2010, ROM implemented the prevention programs through the community elders, religious leaders and local leaders who were trained in HIV prevention. In 2011, ROM reached a total of 1,293 religious leaders, Community elders and local leaders with HIV/AIDS messages, representing an 88% increase over the previous year.

2.2.5 Most at Risk Populations (MARPS)

In 2011, a total of 306 MARP (representing 68% of the annual target of 450) including sex workers, trucker drivers and the uniformed forces were reached within the community with HIV prevention messages.

2.2.6 Couples Program

Through couple church programs, women community groups, 158 couples were reached within the communities with HIV prevention services, representing 79% of the annual target of

200 were mobilized for risk reduction interventions. Using a tailor made couples manual we delivered B messages to the target group and through treasure life and Gideon programs men and women were encouraged to join the couple program as well as through the churches couples programs. ROM adopted the peer-led model couple clubs established in the communities to raise awareness on discordance, faithfulness, Medical Male Circumcision (MMC), prevention of alcohol abuse.

2.3 School Prevention

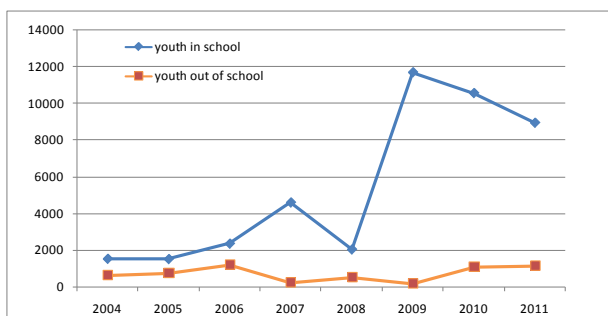
During 2011, school prevention activities were integrated into the OVC program to ensure all the OVC supported participate fully and streamline school services to avoid duplication of services. A total of 23 schools were reached with Abstinence only activities to reach, a total 8,934 individuals representing 143% of the annual target of 6250 (Figure 12). This high achievement was largely attributed to an addition of 8 schools in Bweyogerere parish.

Using the small groups approach and peer led school clubs supported by 10 facilitators, we provided HIV related message through, Music dance and drama, debates, and life skills.

"I will never have sex before marriage. I also talk to my friends and relatives about this to prevent further spread of HIV and AIDS" Male student.

Furthermore, a total of 1132 youths out of school (representing 90% of the annual target of 1250) were reached with AB messages through youth friendly strategies including infotainment.

Figure 12: Number of youths reached with A messages (2004-2011)



2.4 The Sustainable Projects

In March 2008, World Food Program (WFP) phased out support to ROM leaving over 1,000 client families food insecure. ROM developed an alternative food strategy in 2008, which was funded by SLF and MMI funded. In 2009, SLF

funded sustainable livelihoods to reach 120 grandmothers through a revolving seeds and piggery project.

In addition, a model farm was set up and in 2011 a total of 80 clients benefited from the model farm through seedlings, skills and knowledge (figure 13)

Figure 13: Clients receiving seeds



2. 4.1 Water Irrigation scheme

In 2010, the model garden in Kasaala was affected by the unfavorable climate and In October 2011 with support from the SLF, a Water irrigation project and green house were set up leading to increased yield and all year round training grounds from the model garden which reached a total of 180 individuals including clients and the wider kasaala community (figure 14).

Figure 14: The Green house with water irrigation at Kasaala model garden



2.4.2 The Piggery Project

Was initiated in 2009, to support 80 grandmothers caring for OVC. In 2011, a total of 43 piglets were redistributed to 16 clients. However 35 pigs died of swine fever.

2.5 Operation Child Support (OCS)

ROM has scaled up support to OVC's since 2002 (figure 15). In 2011, a total of 147 OVC received two or more of the

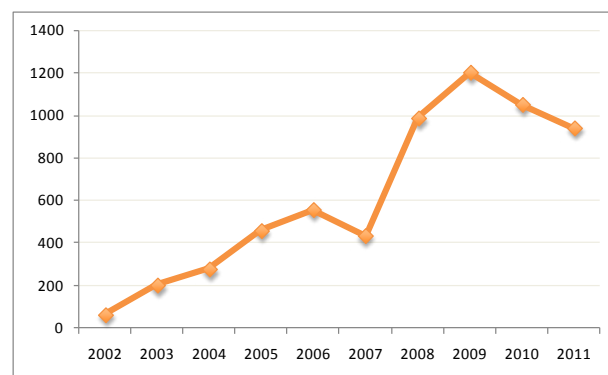
core service program areas (Health care, Food and Education support), while 481 received 1 or 2 core program out of the annual target of 1000 OVC reaching 65% of the target.

2.5.1. Operation School Fees (OSF)

In 2011, ROM provided education support to 939 OVC (Figure 15). Of the children supported 549, received primary education, 316 secondary and 74 were in tertiary institutions (Table 4). One hundred and one of the OVC were HIV positive while the rest were vulnerable due to the loss of one or both parents to HIV while three child-headed households were supported.

ROM worked with 22 schools, of which 16 were government schools.

Figure 15: Scale up of OVC program (2002-2011).



2.5.1.1 School Performance

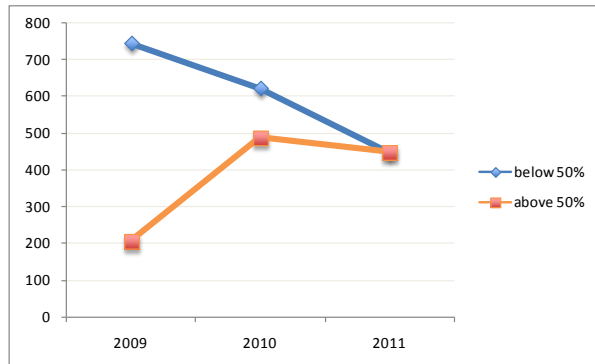
There has been improved performance of OVC (Figure 16). In 2011, there was a reduction in the number of OVC performing below the 50 percentile by 11% over the previous year.

This was attributed to the peer-led psychosocial support activities, formation of home-work groups and intensified school monitoring visits.

Table 4: OVC supported with school fees by donor in the year 2011

Donors	Female	Male	Total	Percent	Primary Level	Secondary level	Tertiary Level
CDC	332	298	630	67%	351	212	67
ROSE	57	52	109	12%	97	54	0
SIDECOLE	29	31	60	6%	57	1	2
UBA	20	22	42	4%	42	0	0
ROM	17	30	47	5%	36	11	0
FORO	11	11	22	2%	0	22	0
AVSI	10	14	24	3%	8	16	0
Donation Boxes (Barclays, housing finance bank, Q quality super market)	4	1	5	1%	0	0	5
Total	480	459	939	100%	591	316	74

Figure 16: School performance for supported OVC (2009-2011).



2.5.1.2 School and Home Visits

The social workers made 438 (20 from Kasaala) school visits to all 939 OVC to monitor and discuss performance and to ascertain school attendances (Figure 17). The social workers referred 174 OVC with social-economic challenges to the CNC for close monitoring at home. All OVC received scholastic material and uniforms (Figure 18)



(Above) Figure 17: Social worker interacts with children during school visits. (Below) Figure 18: Peer to peer support at one of ROM supported schools

2.5.1.3 Lost to Follow Up

This year, 36 children were lost to follow up due to the massive evictions of their families from Nakawa estates by the Government of Uganda. A total of 7 children were phased out because they found new sponsorships and one child died.

2.5.1.4 Career Guidance

In 2010, ROM scaled up career guidance activities involving both the OVC and their guardians. In 2011, 549 children received career guidance from Social workers.

2.5.2 Psychosocial Support

In 2008, ROM strengthened the psychosocial support activities to include Friends forum, play therapy and Saturday children's club to address the multiple needs of psychosocial issues through a peer-led approach. In 2011, alone a total of 786 children (298 HIV positives and 50 from the community) turned up for Saturday children's club activities, representing 66% of the annual target of 1200. The club has been accessed by other community children as well.

A total of 569 children who presented with psychosocial related issues were supported, through individual and group counselling, music, dance and drama. However only 89 out of the targeted 500 children with identified socio economic or psychosocial issues were visited at home which was attributed to the low ratio of social workers to children (1 social worker to 400 OVC). Although social support activities were integrated into the roles of the CATTs there is need to revise their reporting tools and strengthen follow up of children at the household level by the CATTs.

A total of 409 HIV positive children were involved in child therapy and 13 were identified with social issues and were referred to the Saturday's children club in addition to being closely followed up at home.

2.5.3 Friends Forum

ROM held 12 sessions of the monthly Friends forum (adherence) workshops for HIV positive children aged 13-17 years. There have been an increasing number of children attending this activity since 2010, which was attributed to the strengthened home visits by the teenage and adolescent community supports and their involvement in the monthly friend's forum. In 2011 a total of 199 children (125 females) were reached, representing only 30% of the HIV positive children in the program.

2.5.4 Child Protection and Legal Support

In 2011, ROM initiated a legal support arm to sensitize children and clients together with their families about human rights. These sensitizations have been integrated into the clinic consultations, health talks and community outreaches. A total of 34 sensitizations were made, while a total of 356 legal issues were handled. Of the 356 legal cases, 303 were referred for counseling and 35 referred to the police and other legal support agencies, 180 OVC and their guardians on legal issues including child protection related issues and policies. Three hundred and forty five thousand (69%) children participated in world AIDS day out of the annual target of 500.

2.5.5 Nutrition

ROM provides a comprehensive package including; nutritional assessments, nutritional education and counseling, dietary planning, and food security. A total of the 200 OVC households received food support. Refer to page 31 for details.

2.5.6 Capacity building and Economic Strengthening

In 2011, ROM maintained 48 children (23 boys and 25 girls) trained in MDD and brass band activities with the objective of helping them explore their talents and conduct HIV and child related awareness practices through conferences and seminars (figure 19)

Figure 19: Children perform during music, dance and drama festival at theater labonita



2.5.7 Shelter

This year, a total of 7 OVC households were supported with shelter in partnership with Liz and FORO.

2.6 Village Savings and Loans Association (VSLA)

With support from CARE Uganda, starting in 2009, ROM implemented Village savings and Loans associations (VSLA) to reach both HIV infected/ affected persons and the larger

community as a strategy to improve their livelihoods through self-selected savings and loaning groups. Starting with the save up phase in 2010 ROM, supported the formation of a cumulative number of 108 groups by end of 2010. In 2010, ROM renewed its contract with care to implement the second phase of the VSLA project which included a sustainable component in which with Village agents were selected by community members and trained by ROM in the VSLA concept. In 2011 alone, 157 (55 groups had been formed by the Village Agents).

The groups comprised of 4,710 (2,233 women), saving and loaning members, within a total of 101 groups (43 groups in the second cycle, and 58 groups in the first cycle). The total cumulative savings from all the groups stands at shillings 648,536,000/=, the cumulative number of loans is 23,346, with a cumulative loan value of shillings 2,542,458,300/=, and the total outstanding loan amounts to shillings 409,588,000/=.

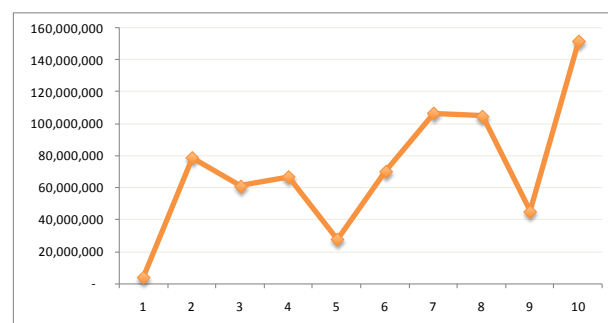
"I have been able to build my family a house from the savings from my VSLA group. I do not pay rent anymore, that money to top up on my children's school fees." Male client at ROM.

2.7 Roses of Mbuya

Roses of Mbuya was Initiated in 2002 as a project to offer meaningful employment to vulnerable groups, especially women and OVC's and as an alternative source of income to both the employed persons and ROM. Since in 2004 a vocational training school was opened within the Roses of Mbuya workshop and reached 20 trainees in 2011.

Roses of Mbuya won its biggest contract through PSI to produce filter cloths in 2005. Since then, there have been several skills buildings initiatives funded by Australian government, SLF and Barclays bank aimed at diversifying the Roses of Mbuya production including hats, beads, fabric production, weaving, and a canteen. By 2011, the project had achieved an annual sales of 152,281,650 (figure 20) and was supported a total of 50 OVCs in school.

Figure 20: sales made by Roses of Mbuya (2002-2011)



3.0 MONITORING AND EVALUATION DEPARTMENT

The department plays a key role in data management, monitoring and evaluation of the various HIV/AIDS activities implemented by ROM. In 2011, ROM carried out a total number of , 120 (46%) of the targeted 260 monitoring visits to different ROM departments were included routine performance reviews to evaluate the attainment of set targets and vital aspects of client referral and linkage for family planning, lost to follow up and delayed linkage into care.

Using a phased approach real time data entry was implemented at Kinawataka clinic and was scaled up in the last quarter to include Banda clinic while Laptops were purchased to support real time data entry in Mbuya. Through real time the quality and timeliness of data for program monitoring has improved. All ROM's tailor-made client care and treatment tools were harmonized with the MOH tools.

We had a total of 20 Support sessions with META since October 2011 in developing a relational tailor-made comprehensive database. In addition META carried out 3 support supervisions to ROM. The care and treatment modules were completed and installed and are currently undergoing testing. We carried out a total of 1067 representing 92% of the target on 1152 client satisfaction exit interviews and conducted lost follow up evaluations. Data collection tools were monitored for

completeness and quality of data collection and performances were discussed with departments alongside expenditures. A triage system was introduced and improved waiting times with clients spending on average 2-3 hours in the clinic down from 4-6 hours.

Key outputs supported during the reporting periods included the timely detection of missed clinic appointments and implementation of interventions to reduce missed appointments consequently leading to a reduction in the number of clients lost to follow up by 10%. In addition, with the medical team, a total of 10 death audits were conducted with 85% of these audits revealing that deaths occurred within the first month of enrollment in clients who presented with very low CD4 counts.

4.0 EXECUTIVE DIRECTOR'S OFFICE

The department comprises of Communication and Public Relations, Internal Audit, Procurement, Quality assurance and Research.

4.1 Communication and Public Relations

In 2011, ROM received a total number of 704 visitors from various organizations including 452 local and 252 international visitors representing a 40% increase over the previous year.

Notably, we hosted former President of the United States, George Bush's daughter – Ms. Barbara Bush (Global Health Corps New York), Ms. Heyzme Nansubuga, Michele Martz and Richard Lieber from ROSE (one of our OVC donors), Idah Mukuka of the Stephen Lewis Foundation and the CDC country director.

ROM joined the parliament of Uganda during the health week and celebrated world AIDS day together with the Barclay's banks in addition to the national celebrations. ROM celebrated 10 years of existence, majority of its donors joined in the celebrations. ROM acknowledged the support of various donors by presenting awards of appreciation to them (figure 32).

4.1.1 Media Relations

ROM featured in both print and visual media included BBC under theme "Uganda: The Side Dish issue", Bukedde TV during the 10th Anniversary of the Corporate League, Uganda Broadcasting Corporation (UBC) New vision and Bukedde paper, KFM, CBS FM, Radio Simba, Radio One and Sanyu FM radios during the World AIDS Day Messages a press Conference in collaboration with Barclays Bank Uganda Limited, The News vision and monitor paper during the handover of OVC donations by The Vision Group, Corporate league body which included parliament of Uganda, and also features in the leadership and the cooperate league magazine during the 10 years celebrations.

4.2 Procurement

In 2011, a total of 397 requests were received. Out of which 355 were presented to the Procurement committee that sat



Figure 21: Donna Kabatesi, deputy CDC country director receives an appreciation award on behalf of CDC from the chairman board of directors

16 times to address procurement items. A total of 14 major procurements were referred to the board out of which, 13 were approved. Emergency procurements reduced by about 40%.

4.3 Quality Assurance

Established in 2010, the quality assurance section, working with teams to ensure that there is continuous quality improvement in the services rendered to the clients. Key outputs that the QA section has supported include the timely detection and interventions to reduce missed appointments which have consequently reduced the number of clients lost to follow up.

In addition a total of 13 death audits were done with the medical team during the year (*appendix 5*). Eighty five percent of these audits revealed that deaths occurred within the first month of new enrollments who presented with very low CD4 counts.

5.0 FINANCE AND ADMINISTRATION DIRECTORATE

This department comprises of the Human resources, Administration and Finance.



I joined Reach Out in 2005 as volunteer accounts assistant. I later worked in Internal Audit section and in 2010 she was transferred to the Procurement Section where I have worked till now. The staff of the year award was a surprise to me. All I desired was that the mission of the organization be fulfilled what motivates me is the extra effort everyone puts into their work, the success stories we receive from our clients and the family spirit and team work at ROM.

We pray and work together and despite the challenges we remain a family. The mentoring spirit of my supervisors inspires me. Reach Out is indeed a growing and learning organization and I have been achieved my goal. I have grown from being a volunteer to supervisor and I have managed to further my education as I work. Most important is that as a Christian "Jesus remains my role model and strength".

5.1 Human Resource

By the end of 2011 ROM had 119 staff (22 are from Kasaala). 60% of the staff were female while 43 % were clients.

5.1.1 Staff Recruitment

This year, staff changes including recruitment, resignations and transfers. Staff retention remains a challenge with a total of 11 staffs having resigned for either further studies or better employment opportunities in 2011.

Major new recruitments included the Director of Medical services, the in charge of Kasaala and the clinic supervisor Kasaala.

Mrs. Moro Esther, the procurement officer was voted employee of the year 2011 and the runner up was Mr. Vincent Asimwe, a social worker.

5.1.2 Trainings and Capacity building for Indigenous Organizations

In 2011, staffs spent 54 working days (432 hours) in internal trainings while we spent 34 working days (272 hours) in external trainings.

Main trainings included Medicine management for Health facilities, safe medical male circumcision, maternal child health and the new PMTCT guidelines.

During the year, ROM mapped out 17 (4 in Kasaala) health centers under Kampala archdiocese out of which 3 health centers were identified for capacity building which will include training, provision of HIV prophylaxis, and proper record keeping.

To improve the uptake of family planning among its clients ROM mapped out a total of 13 private clinics within the catchment area out of which 4 were selected to provide family planning services and other maternal and child health services to the clients of ROM. A series of activities to improve their capacity to offer quality services have been planned including training of existing health workers in family planning methods, and monitoring and evaluation.

5.1.3 Volunteering and Students Placement

In 2011, a total number of 41 (7 international) volunteers offered their services to ROM. In addition, 43 students (all were nationals) were placed at ROM for internship.

5.2 Finance statement

Tables 5: Total Expenditure disaggregated by quarters in the year 2011

Category	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total (Ug Shs)	Total (US \$)	%
Capital Expenditure	33,940,350	44,139,875	105,153,840	253,417,992	436,652,057	\$174,660.82	7.92%
Cost Of IG/A	50,273,940	22,505,525	53,819,650	120,283,036	246,882,151	\$98,752.86	4.48%
Administrative Costs	121,990,840	102,265,150	89,830,890	156,771,902	470,858,782	\$188,343.51	8.54%
Operational Costs	1,082,158,062	1,320,734,716	962,423,225	991,066,696	4,356,382,699	\$1,742,553.08	79.05%
Total	1,288,363,192	1,489,645,266	1,211,227,606	1,521,539,626	5,510,775,689	\$2,204,310.28	100%

Table 6: Reach Out's Funds Inflow disaggregated by Source and quarters in the year 2011

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total (Ug shs)
Roses Shop Sale & Contract	17,083,000	5,648,300	92,757,300	26,795,800	142,284,400
Canteen Sales		477,800	3,958,350	4,627,700	9,063,850
Medical Mission International	45,983,700	49,742,500	51,785,000	51,725,400	199,236,600
CDC	1,143,075,250	638,817,600	1,281,490,844	1,424,458,650	4,487,842,344
Private Donors & Others	9,695,900	14,976,235	8,066,510	8,196,550	40,935,195
Liz Marshall		702,000		825,000	1,527,000
Spedag	87,700				87,700
Sidecole		30,615,000	39,816,000		70,431,000

Prequalification						8,280,000	8,280,000
BOL Loan Repayment	44,829,810	34,796,673	23,861,864			22,778,735	126,267,082
IDI	17,580,350	282,000					17,862,350
FORO	24,675,000						24,675,000
Rose	49,679,000						49,679,000
Insurance	378,281	108,578	5,524,601				6,011,460
Stephen Lewis	45,668,210		26,458,007			167,009,909	239,136,126
Barclays						3,750,000	3,750,000
AVSI	4,337,502	4,307,500	4,087,500				12,732,502
Care	32,541,500		6,772,413			17,648,438	56,962,351
KCC	7,200,000					3,900,000	11,100,000
Toolkits Refund	1,590,000	3,037,083	1,068,000			1,792,000	7,487,083
Talent Club			1,100,000			3,450,000	4,550,000
Emi Kitahara			23,235,000				23,235,000
Tides		28,728,000					28,728,000
SPH	3,513,000						3,513,000
Uganda Bikers						15,000,000	15,000,000
GRAND TOTAL UGX	1,447,918,203	812,239,269	1,569,981,389			1,760,238,182	5,590,377,043

APPENDICES

Appendix 1: PMTCT outcomes disaggregated by quarters in the year 2011

Indicators	Q1	Q2	Q3	Q4	Total
Number of newly enrolled pregnant mothers in PMTCT	38	62	40	28	168
Number of men supported their partners through ANC	16	20	9	8	53
Number of women who are assessed for ART eligibility	48	51	41	25	165
Number of pregnant women enrolled on ART for prophylaxis	19	24	21	12	76
Number of pregnant women on triple ART for treatment enrolled on PMTCT	19	38	19	16	92
Antiretroviral drug administration					
Number of HIV (+) pregnant women currently receiving triple ART for prophylaxis	50	51	51	33	
Number of HIV (+) pregnant women currently receiving triple ART for treatment	31	27	26	20	
Labour and Delivery Care					
Total number of HIV (+) mothers referred for delivery	25	24	22	31	102
Number of HIV (-) women delivered at Kasaala	5	4	7	0	16
Number of infants give NVP suspension	25	24	22	31	102
Number of children born to HIV positive mothers tested for HIV	25	38	29	28	120
Number of children born to HIV positive mothers testing HIV positive	0	1	1	0	2

Appendix 2: Nutritional status of clients at ROM, 2011

Clients with	Q1				Q2				Q3				Q4			
	F	M	Total	% Total	F	M	Total	% Total	F	M	Total	% Total	F	M	Total	%
Normal weight	1466	1385	2851	76%	1117	955	2072	77%	1533	813	2346	58%	712	497	1209	68%
under weight	158	83	241	6%	45	50	95	4%	366	295	661	16%	116	93	209	12%
moderately malnourished	162	161	323	9%	56	52	108	4%	129	103	232	6%	53	44	97	5%
Over weight	191	38	229	6%	212	40	252	9%	377	204	581	14%	102	32	134	8%

Obesity	122	6	128	3%	115	41	156	6%	189	36	225	6%	106	26	132	7%
Severely malnourished	2	2	4	0%	3	4	7	0%	0	2	2	0%	0	0	0	0%
Total	2101	1675	3776	100%	1548	1142	2690	100%	2594	1453	4047	100%	1089	692	1781	

Appendix 3: Food distribution disaggregated by sex in 2011 appendix

Category of clients		Type of beneficiary				Female		Male		Total	Grand total	
ARV	Primary					19		20		39		80
	Secondary (adults)					65		26		91		186
	Secondary (children)					92		82		174		357
	Total					178		138		316		648
Orphans	Primary					6		7		13		30
	Secondary (adults)					16		8		24		56
	Secondary (children)					20		15		35		87
	Total					42		30		72		174
Prox	Primary					20		21		41		84
	Secondary (adults)					82		47		129		253
	Secondary (children)					97		95		192		383
	Total					199		163		362		720
TB	Primary					0		3		3		6
	Secondary (adults)					7		0		7		14
	Secondary (children)					9		4		13		26
	Total					16		7		23		46
Total primary beneficiaries						45		51		96		200
Total secondary beneficiaries (adults)						170		81		251		521
Total secondary beneficiaries (children)						218		196		414		869
Total beneficiaries						445		352		797		1667

APPENDICES

Appendix 4: Laboratory tests done and positivity rate in the year 2011

Tests	Q1		Q2		Q3		Q4		Grand Total	
	Positive		Positive		Positive		Positive		Positive	
HIV1 &2	1936	418	2664	429	2738	510	3631	457	10969	1814
Malaria blood smear	1394	451	1285	506	1698	768	1567	716	5944	2441
Microfilaria	288	47	399	88	421	80	386	66	1494	281
TB clients	245	57	280	38	387	54	249	27	1161	176
syphilis	203	29	205	44	183	40	137	12	728	125
Serum crag	191	15	201	35	325	31	272	19	989	100
Toxo titers	171	43	199	80	335	94	263	55	968	272
Hepatitis B screening	15	4	86	15	201	30	212	11	514	60

Appendix 5: Death audit finding in the year 2011

File NO	Sex& age	CD4 & Percentage	D.O.E & staging	Start date on ARV	Last clinic visit	Date of death	Cause of death
BAN00723	M, 36	23,6%(15/8/11)	12/8/11,III	02/09/2011	19/09/2011	18/09/2011	CCF due to Anaemia
MBU00413	M,36	303,16%(14/1/11)	14/6/05,II	28/08/2008	14/04/2011	16/09/2011	Unknown
KIN02739	F,28	18,2%(11/8/11)	26/7/11,IV	01/09/2011	19/09/2011	25/09/2011	Oesophageal Candidiasis (IRIS)
MBU01958	M,31	31,2%(20/7/11)	19/7/11,IV	09/08/2011	12/09/2011	15/09/2011	PCP
KIN00962	M,48	225,20%(3/11/10)	16/11/06,III	22/01/2008	04/01/2011	09/09/2011	Unknown, died from prison
KIN00324	M,45	275,28%(18/6/11)	23/8/04,III	07/12/2004	12/08/2011	17/09/2011	Haemorrhage(beatn by thugs at night)
MBU01199	F=48yrs	318 cells (13/4/11)	03/06/2008IV	24/3/011	14/7/011	15/08/011	Unknown died from village
BAN00639	F=29yrs	7cell (15/12,10)	20/04/011, IV	11/02/011	20/04/011	15/08/011	Advance HIV Stage
MBU00515	F=47yrs	758cells (1/9/10)	04/09/2007, IV	26/07/011	26/07/011	15/08/011	Brain Meningioma
MBU00269	M=52yrs	356cells, 30/03/2011	31/08/2004, IV	07/06/2005	27/7/011	15/08/011	End Stage Renal Disease
BAN00162	F=38yrs	407cells,15/08/011	22/07/2005, IV	29/08/2008	5/08/011	5/08/011	Chronic Kidney
KIN02666	F=52yrs	192 cells, 26/05/2001	24/5/011,IV	6/12/011	5/7/011	12/07/011	PTB
MBU00679	M=33yrs	?	25/09/2006, III	?	?	29/07/011	PTB

BOARD OF DIRECTORS



Chairman,
Board of Directors,

*Father John Mungereza,
Our Lady of Africa, Mbuya Parish,
P.O. Box 6562,
Kampala, Uganda.
Phone: 041-221 777.
E-mail: reachout@reachoutmbuya.org*



Executive Director,
Dr. Stella Alamo Talisuna,

*P.O. Box 7303,
Kampala, Uganda.
Phone: +256 41 222 630.
Mobile: +256 77 2228844.
E-mail: salamo@reachoutmbuya.org*



Mr. Mathias Nalyanya
- Director



Dr. Peter Lochoro
- Director



Ms. Regina Bakitte
- Director



Mr. Mugisha Odo
- Director



Mr. Protazio Kintu
- Director



Mr. Aloysius Owor
- Director



Ms. Edith Bonabana
- Director



Reach Out Mbuya Children Talents Club

Music Dance Drama Brass Band Music Dance Drama Brass Band Music Dance Music Dance Drama

Contribute to a Worthy Cause

Reducing stigma amongst children

**Raising funds for school fees support for
orphans and Vulnerable children**

**Developing the dance and Drama talents
of the youth in our community**

**The Best Children's MDD
group in town**

10 years of service

Reach Out Mbuya Parish
HIV/AIDS Initiative
P.O. Box 7303,
Kampala, Uganda.
+256 41 222 630