



Hon. Janet K. Museveni the First Lady and Minister for Karamoja Affairs, joined by other Dignitaries visited ROM to appreciate the eMTCT program



Annual Report 2013

Roses of Mbuya

Carnations

Place mats on table

Jewellery

Table set

Decorative hand made
Floor carpets

Hand made door &
bedside mats

Table & place mats

Baby
socks

Cistern cover

Toilet paper holder

Toilet/bathroom
bin cover

Oven
gloves

Ladies
Hats

Wall hangings

Bags

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

Reach Out Mbuya is a faith-based non-governmental organization working in geographical boundaries of three Catholic Parishes of Mbuya, Kasaala and Biina. ROM aims 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. ROM does 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.

"Success is when a person breathes more easily because of you"-

Dr. Margrethe Junker



Core Values

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

Contents

Vision.....	3
Acronyms.....	5
Key definitions.....	6
Foreword.....	7
Highlights of the year.....	8
1.0 The Medical Directorate.....	10
1.1 HIV Counseling and Testing.....	11
1.2 Linkage into care.....	11
1.3 Home visits.....	12
1.4 Anti-Retroviral Therapy (ART).....	13
1.5 Elimination of Mother to Child Transmission (eMTCT).....	14
2.0 Community Support Department.....	19
2.1 Community Network of Care.....	19
2.2 Grants and Material Support.....	20
2.3 Operation child support.....	22
2.4 Village Saving and Loans Association (VSLA).....	27
2.5 HIV community prevention.....	27
2.6 Roses of Mbuya.....	28
3.0 Executive Director's office.....	32
3.1 Public Relations and Communications.....	32
3.2 Quality Assurance.....	35
3.3 Procurement.....	36
3.4 Internal Audit.....	37
4.0 Monitoring and Evaluation Department.....	39
5.0 Finance and Administration Directorate.....	41
5.1 The Human Resources.....	41
5.2 FINANCIAL STATEMENT.....	44

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AISPO	Association Italiana per la Solidarieta tra i Popoli
ARV	Anti Retroviral
ART	Anti Retro Viral Therapy
BCP	Basic Care Package
CATTS	Community ARVS and TB Treatment Supporters
CDC	Center for Diseases Control and Prevention
DNA-PCR	Deoxyribonucleic Acid-Polymerase Chain Reaction
EPTB	Extra Pulmonary Tuberculosis
FORO	Friends of Reach Out
HBHCT	Home Based HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IDI	Infectious Disease Institute
MARPS	Most at Risk Populations
M2M	Mother to Mother Supporters
MCH	Maternal and Child Health
MOH	Ministry of Health
OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health Communication and Education
PEPFAR	Presidential Emergency Plan for AIDS Relief
PHC	Primary Health Care
eMTCT	Elimination of Mother To Child Transmission of HIV
PTB	Pulmonary Tuberculosis
PPP	Public Private Partnership
ROK	Reach Out Mbuya Parish HIV/AIDS Initiative –Kasaala site
ROM	Reach Out Mbuya Parish HIV AIDS Initiative
UBA	Uganda Bikers Association
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
VHT	Village Health Teams
VSLA	Village Savings and Loans Associations
WHO	World Health Organization

Key definitions

Basic Care Package; Contains a Jerry can with a tap, two mosquito nets, water guard and IEC materials. It is given to clients to improve their hygiene and sanitation and to reduce on episodes of Malaria and diarrhea.

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.

Community Network Of Care (CNC); A section under the community support department whose major function is to ensure that all enrolled clients are monitored for adherence and followed up at home based on their health status. They also ensure that appropriate referrals are made to Reach out departments for support. It is comprised of CATTS, M2M and Adolescent supporters.

Community prevention; the prevention and sensitization arm of Reach Out that aims at sensitizing adults in the community through the Treasure Life, Operation Gideon and Couples programs.

Hope Restoration Centers (HRC); Shelters built with support from SPEDAG (a clearing and forwarding company) to shelter weak and displaced clients or those who have lost their jobs.

Mother to Mother community supporters (M2M); Women who are eMTCT recipients and ensure that other mothers attend and adhere to eMTCT guidelines.

Operation child support (OCS); Supports children with education through provision of school fees and scholastic materials as well as addressing the psychosocial needs of OVC in school.

Operation Gideon; A prevention program which targets men with messages to enhance their involvement in Reach Out programs.

Roses of Mbuya; This is an Income generating project that makes a wide range of products including textiles (clothing), school uniforms, household accessories like kitchen wear and beddings. Using recycled papers they also make items like paper beads and handmade cards. Proceeds are used to pay school fees for vulnerable children.

Teenage and Adolescent Supporters; Ensure that teenagers and adolescents are supported to adhere to their drugs, remain in care and live positively.

Treasure Life Programs; these 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.

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.

Youth out of school Program; Targets out of school youth with prevention messages through small group discussions and games.

Foreword



This year, ROM consolidated past achievements, yet recognized and continued to empower the communities to deal with the socio-economic effects of HIV and AIDS. In this error of true blame especially when a teenager or young adult testifies that he or she was born with HIV, It is no longer “the price of immorality”. This generation, that innocently acquired HIV should not transmit HIV to another generation of innocents, is a

phrase that drove the ROM team to achieve zero transmission of HIV from mother to child yet again.

This annual report provides you with insights into our undertakings in the various activities that aided such achievements. These include our involvement with different populations ranging from infants to the elderly, the seemingly less risky populations-the educated and corporate to the dubbed most at risk. Our mobile outreach services initiated in 2012 has been very key to addressing the unique needs of these populations, and aiding ROM achieve over 200% set target for VCT that is a decision making point for whoever tests HIV positive or negative.

Collective action and responsibility from all stakeholders has also been very key- for instance the advent of a single drug combination for mothers under Option B+, the national champion for eMTCT-the first lady of Uganda joining ROM, community involvement,

staff commitment and continued support from partners & donors. However, community ownership of interventions and development still stands outs. The commissioned 160million shilling water project funded by the Kenny and Pace family foundations at Kasaala will stand this test as maintenance has been left to the community.

The Mother Theresa Guest House inaugurated within the year, an addition to the already existing income generating activities, the village savings and loans associations rolled out to parents and caretakers of OVC, the Barclays bank funded community trainings were some of the efforts to avert the socio-economic effects of HIV. The few beneficiaries of such are expected to help others and hopefully in years to come, implementation at a greater scale will be possible.

Fr. John Mungereza
Chairman Board of Directors

Highlights of the year



A life experience

Rose Namukasa

To my everlasting shame.....I stopped taking my medication

I am Rose Namukasa from a renowned, extended and affluent family of the late Prof. Paul Mukasa (also founder of current Nkumba University).

I got married a virgin, my husband's death was caused by a motor accident, not illness and I was never involved with another man. When I fell sick, I imagined it was just stress caused by the sudden extreme

poverty that befell me following the loss of my husband. My late husband's relatives had grabbed all the property I once possessed and I could not turn back to my parents who I had left a decade back. I also had four children to raise. I took an HIV test in 2001, not because I suspected I was infected, but because I needed material support that I saw HIV positive people receive

Through the health talks at Reach Out, I learnt that I should never have wished to be HIV positive. I was privileged to be among the few Ugandans who were able access ARVs by 2002 through Joint Clinical Research Centre- Research Program and later in 2007 from ROM.

With my little education, I was appointed a Community ARV & TB Treatment Supporter (CATTS) to help other clients adhere to medication. By 2011, I had a CD4 count of 1250, was earning a stipend, and benefitted from ROM's social support; my two children in the school fees program and my

skills in hand crafts built, I acquired and repaid loans from a loan scheme in ROM that helped me acquire land and built myself a house. I generally had a better life and dreamt bigger.

Despite my generally better life I had a grown up family that was economically demanding. My third born, a girl had dropped out of school and bore three children with a less caring father. However, I never let opportunities slip my hands, at the end of a VSLA saving cycle, plus a staff loan; I acquired another 12 acres of land in Masaka district. Through communal farming with nineteen other women, we tilled each other's land in turns. I really earned big and hoped to build a storied building but with time, I failed to balance work demands and farming. I gradually started missing clinic appointments as I could not give my friends, who knew little about HIV, justifiable reasons for frequent travels to Kampala. I felt very healthy and strong that I even doubted whether I was HIV positive and when medicines got finished, I

did not visit the clinic for more. This was the second time I lived in denial of my HIV status.

Two years later (2013), I got very ill, but because of shame I did not go back to ROM. "How would they see an outspoken peer leader and educator like me emaciated, with a spotted body?" I moved from one health centre to another and was often asked for referrals that I could not present, all because of shame. I decided to go back to JCRC and by the end of the year my CD4 had risen to 365, spots on my body are clearing and regained reasonable weight.

What had come over me? How could I miss my children's graduation? And I have not built my "Kalina"-a storied house. I pray to God that what happened to me never happens to anyone else and to my fellow CATTS in ROM, thank you for not giving up on me." I have learnt my lesson and to my everlasting victory for my health there will not be a third time-I doubt my HIV Status.

Medical Directorate

- ROM reached 22,364 individuals with HCT making 213% of the annual target and an increase of 23% from the 2012 performance. The overall achievement is attributed to the scaling up of VCT to key populations through mobile and community outreaches, and private partnerships.

- Client growth from 4,784 in 2012 to 5,557 active clients by the end of 2013.

- Two thousand and eighty eight (9%) clients out of the total tested were HIV positive. All the 2,088 HIV positive clients were linked into care, to ROM and other facilities of their choice.

- Five hundred and six couples received HCT services reaching 145% of the annual target but a 3% reduction from the previous year. Sixty eight (13.4%) of the couples were discordant and of these 49% attended the risk reduction intervention and some were referred for circumcision.

- ROM also strengthened HBHCT through the index HIV positive client and integrated HIV screening into maternal and child health outreaches as strategies to improve Early Infant Diagnosis (EID).

- Ninety three clients (31% of the annual target) were diagnosed with TB through routine screening and received treatment. This was a 36% decrease from the previous year's 202 clients.

- By the end of December 2013, a total of 103 clients were active on TB treatment with treatment success rate of 77% and 89% for Mbuya and Kasaala respectively.

- All clients in reproductive age group were screened for STIs. A total of 784 individuals were diagnosed with STIs and 30 were HIV positive.

- Three thousand and seventy two active female clients of reproductive age group were screened for pregnancy and of whom 365 (145 from Kasaala) were pregnant.

- HCT was offered to 745 pregnant women (241 from Kasaala) accounting for 75% of the annual target. One hundred and six (14%) were positive and initiated on Option B+. A total of 500 mothers were enrolled into the program, and of whom 365 were ART naive.

- One hundred and seventy six mothers delivered. All the babies received Nevirapine syrup.

- By the end of 2013, 518 (286 from Kasaala) exposed infants remained active in the eMTCT program. Of these 262 (64 from Kasaala) were newly enrolled. One hundred and thirty six (23 from Kasaala) were discharged from the program after testing HIV negative.

- Three hundred and seventy three (103 from Kasaala) DNA/PCR tests were done and eight were positive. These children were not born under the eMTCT program.

- A total of 1,604 (914 from Kasaala) children were immunized, 2,839 (1,248) de-wormed, while 1,894 received Vitamin A supplementation.

- A total of 57,044 Laboratory tests were carried out across the four sites including mobile outreach services compared to 38,406 done in 2012 partly contributed to by the public-private facilities that ROM partners with.

Community Support Department 2013

- Number of home visits made by CATTS, M2M, teenage and adolescents were 42,833 reaching 5791 clients, a 6% reduction from last year's achievement.

- During the year, 1,907 clients missed appointments of which 254 were mothers and 116 teenagers & adolescents. They were referred to the CNC from the clinic for missed appointments follow up. This represents a 25% increase above the previous year.

- With support from Friends of Reach out (FORO), 207 client

households were assessed for house rent and material support compared to 503 in 2012. Three hundred and fifty one clients (25 OVC) benefited from donated items which included shoes, clothes and beddings.

- Nineteen client focused prayer days were carried out reaching 127% of the annual target of 15.

- With support from the Program for Accessible health Communication and Education (PACE), 658 clients (57 were OVC) received the BCP

- Fifty sensitizations were made on legal issues reaching 800 people compared to 1,025 in 2012. Of these, 656 were referred for counseling, 35 to UGANET, and 5 to police and, 3 to NSSF.

- ROM continued to integrate nutritional assessment into clinic consultations and Community. Of the three hundred and twenty six OVC households that were assessed for education, 28 were referred for food support. A total of 325 old and 215 new food insecure households respectively were referred for food assessment and are yet to be discussed to be eligible for food support. Food support was provided to 337 OVC, 60 of whom are funded by SIDECOLE while) primary and 1,722 secondary beneficiaries.

- ROM supports the OVC with all 7 core program areas including education, (tuition and non-tuition), shelter, economic strengthening, food and nutrition, health care, legal & child protection and Psychosocial support.

- Using a revised home assessment tool, 326 OVC were assessed for education support and out of whom 287 were found eligible & are enrolled making a total of 1,841 receiving education support by the end of the year.

1.0 THE MEDICAL DIRECTORATE

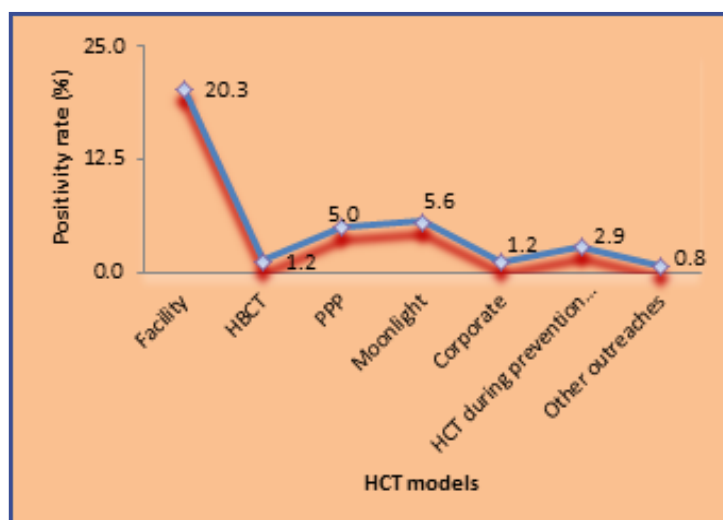
Since its inception in 2002, ROM has continued to scale up its medical services to meet the needs of the poor in the community it serves. Services have been tailored to suite the ever evolving community needs and the dynamics of the epidemic. The Integrated HIV/PHC facility continues to serve the rural poor within Kasaala while the mobile outreaches continued to reach the most vulnerable and marginalized groups within Kampala. ROM has also registered efforts in bid to improve male involvement by enhancing the men's clinic. The activities of the Directorate are detailed under the four sections; counseling, clinic, laboratory and pharmacy.

1.1 HIV Counseling and Testing

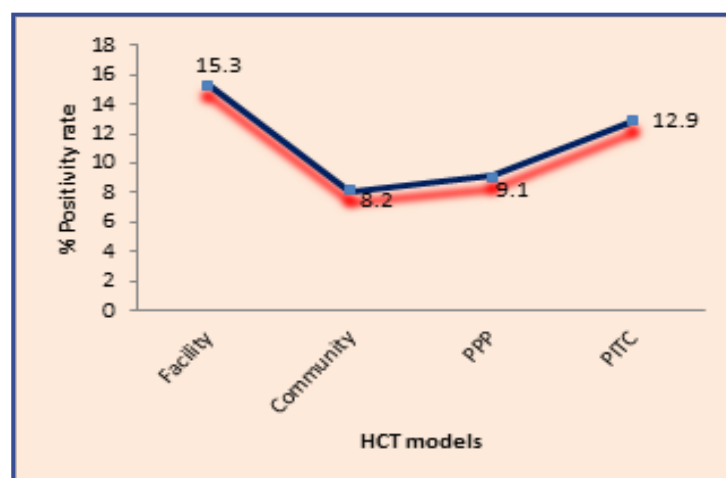
ROM continued to offer HIV counseling and testing (HCT) through: home based HCT, community based HCT, Moonlight HCT and corporate HCT. In addition, HCT is integrated into MCH outreaches, Village Savings and Loans Association (VSLA) and prevention activities. Overall, 22,364 people (5,216 from Kasaala,) received HCT, an increase of 23% from the previous year and representing 213% of the annual target. The increased numbers are as a result of the strengthened private public partnerships with health facilities within our service area, and the scaling up of mobile outreach services.

Of the 22,364 persons tested 2,088 (9%) were HIV positive with the facility model having the highest positivity rate of 20% and 15% in ROM and ROK respectively, and the community based models giving the lowest positivity rates. Most individuals seeking VCT at the facility have a high index of suspicion that they may be at risk of having contracted HIV hence the high positivity rate. HCT for the key populations had a positivity rate of 6%.

Figure 1: ROM positive rate across various models

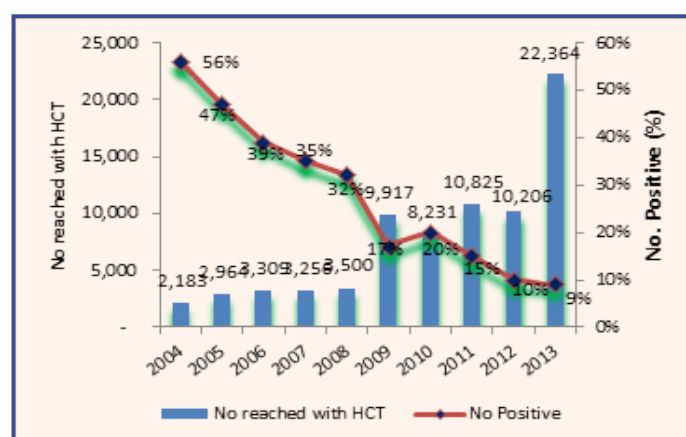


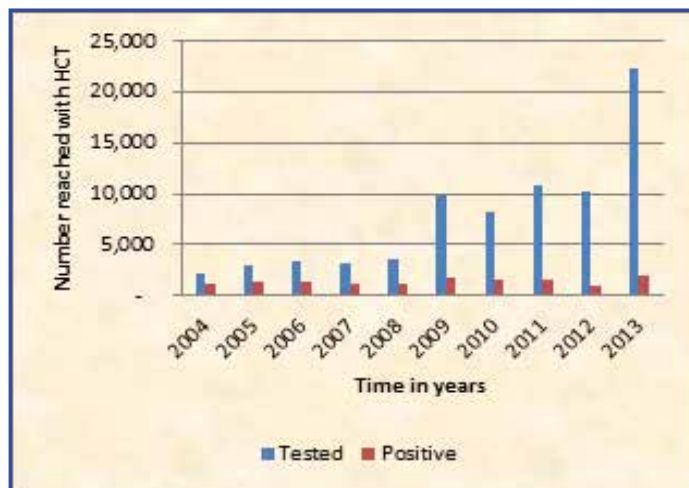
ROK positive rate across various models



ROM has continued to support private and public health units with the necessary logistics to carry out HCT, care and treatment. These facilities are; Bakitte clinic, Kitintale family clinic, Bugolobi Medical Center, Kirinya Health Center II, Pedock Domiciliary clinic, Victory Medical Center, St. Benedict Medical center, Kamuli General clinic, Bamugolodde HC II and Kabanyi HC II. A total of 6,716 individuals were reached through these partnerships. Of the numbers reached, 5% tested positive. ROM has facilitated the integration of HCT services into Antenatal and Postnatal care at Kirinya health centre II and plans to extend this partnership to Good Samaritan maternity home and Kireka Health Centre II in Wakiso District- in 2014. Through the mobile outreaches, ROM reached 5,485 individuals, of whom 5% tested positive. ROK offered HCT to pregnant women attending antenatal (ANC) and of the 188 new ANC attendants 11 tested positive.

Figure 2: Clients reached with HCT services (2004-2013)





The declining positivity rates may not be a true representation of a declining HIV prevalence within ROMs service area as more than 50% of the individuals tested were repeat testers highlighting the need for strengthened counseling services with systems to identify and report on repeat testers.

Couple counseling and testing

Five hundred and six couples (48.8% of the annual target) received HCT. Of these 68 (13.4%) were discordant, 23 were concordant positive and 415 were concordant negative. Seventy Four (25 from Kasaala) discordant couples participated in a risk reduction training aimed at promoting couple communication, adherence, eMTCT and reduction in alcohol intake. Furthermore, 45 men in discordant relationships were referred for circumcision and 17 were circumcised. Two hundred and nineteen partners (68 from Kasaala) in discordant relationships were treated for STIs. However, three partners (1 from Kasaala) out of 82 (34 from Kasaala) in discordant relationships sero-converted and 15 women in discordant relationships got pregnant, of these 14 were HIV positive.



All the negative couples were equipped with HIV prevention messages emphasizing faithfulness. The discordant couples were linked to the discordant couples' risk reduction intervention.

Ongoing counseling

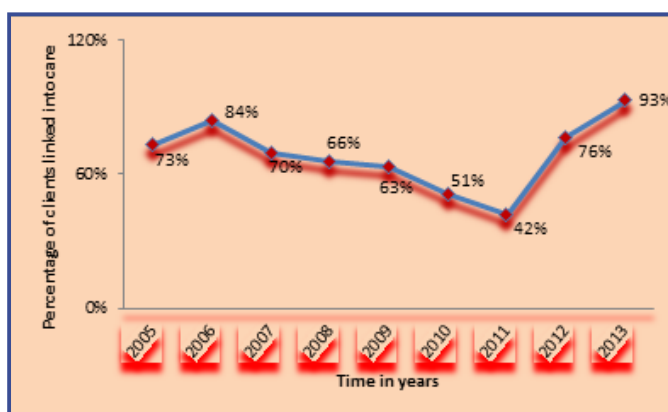
A total of 1,336 clients (237 from Kasaala) received ongoing counseling for different issues representing a 3% reduction from last year's 1,376. The main reason for which clients received ongoing counseling included poor drug adherence (23%) and, missed appointments (18%) which have consistently been the main reasons for ongoing counseling.

Prayer was offered as part of psychosocial support through six prayer days reaching 624 clients and their families and, 2 Spiritual retreats targeting staff clients were held.

1.2 Linkage into care

A total of, 2,088 (388 from Kasaala, 574 from the partnering private and public facilities) clients were linked into care with 69% (1,447) of them being linked to ROM while the rest were referred elsewhere. Additionally 154 clients were referred to ROM from other facilities.

Figure 3: Trend in clients' linkage into care (2005-2013)

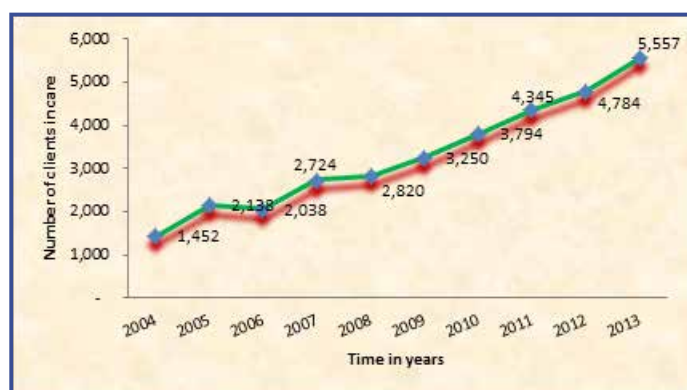


Client growth

The number of active clients increased from 4,784 in 2012 to 5,557 (1094 in Kasaala, 564 mobile outreach, 112 private clinics). Of these 485(9%) are children.

A total of 48,839 consultations were made (Kasaala had 11,404, out of which 2963 (26%) were PHC clients) a 30% increase from the (37,483) 2012 figures. There were 45,876 consultation visits made for HIV care services alone, which translates to 8 consultations per client per year. A number of HIV care activities have been integrated into the PHC activities in Kasaala including the integration of HCT and eMTCT activities into MCH services, and Provider initiated HCT into the main stream clinic consultations. Of the 10,876 consultations made in Kasaala 2963 (3% decrease from the previous year) were non HIV related consultations.

Figure 4: Active client's growth at ROM (2004-2013)



STI screening

Clients in the sexually active age group and those who received HCT services were routinely screened for STIs. Seven hundred and eighty four people were diagnosed with STIs. Of these 30 were HIV negative and referred to the government health units for treatment.

Client triage and Pharmacy only visits

All clients had their weights taken and pills counted by the CATTs at every clinic visit. The CATTs identified all ill clients, pregnant women, children and clients on TB medication who moved quickly through the system. In addition, poorly adherent clients were referred for adherence counseling prior to seeing the clinicians. Clients for pharmacy only visits were referred to the triage nurses for quick assessment and prescriptions before they proceed to pharmacy for refills. This system allows CATTs to interact with clients better and to closely follow up at home all those with poor adherence and the very sick ones.



On average 40% of the clients were triaged to pharmacy only visits each clinic day. Due to increased crowding in the clinic, clinician workload and patient waiting time, ROM allocated two nurses at triage in each site to reduce patient waiting times.

Real time data entry in the clinic

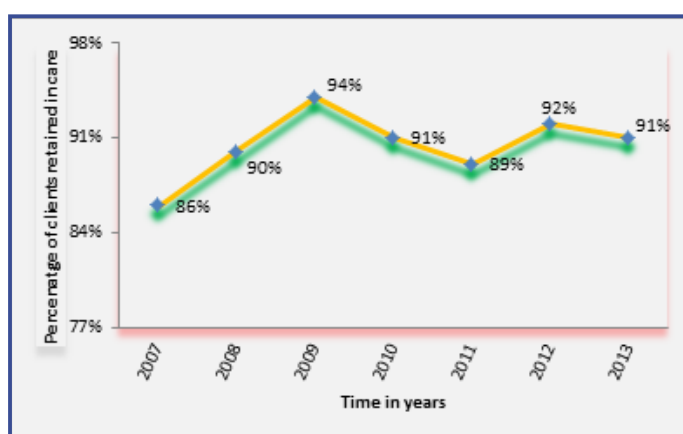
ROM continued to improve the quality and timeliness of data collection and entry, real time data entry into a relational electronic database across its entire sites.



Retention in Care

Four hundred and ninety three clients were not retained in care. Of these, 32% were lost to follow up, 17% died (65% were on ART), 42% were transferred out and 9% stopped treatment. The majority (48%) of the clients who stopped treatment had socio-economic constraints that made them move out of Kampala. Up to 65% of those not retained had been in the program for less than a year. There was decline in mortality of 10% compared to 2012 resulting from intensive follow up of clients who missed appointments and same day CD4 testing which promoted early and timely initiation of ART.

Figure 5: Client retention in care trends (2007-2013)



Home visits

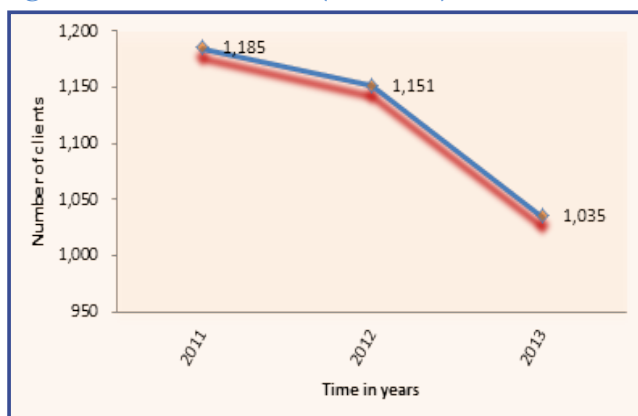
Clients with medical emergencies, those on palliative care and some requiring close monitoring were home visited during the reporting period. However, there was a 54% reduction in the number of clients visited at home in 2013 with 107 (44 from Kasaala) clients home visited compared to 232 (105 from Kasaala) in 2012. Fewer clients are enrolled into care with advanced disease at enrollment

as a result of increased access to HCT. Additionally the increased threshold of ART eligibility ($CD4 < 350$) means clients are more stable with infrequent Opportunistic Infections.

Hospital referrals and Hospital visits

ROM continued to refer clients to Mulago, Butabika, and Mildmay in Kampala and Kiwoko Hospital in Luwero. Forty seven (19 from Kasaala) clients were visited in hospital in 2013. ROM also continued to refer clients to LMK laboratory and Kampala imaging centre for laboratory and radiological investigations respectively. Altogether 1,035 clients (263 for investigations) were referred to specialized clinics. Of the patients admitted in Kasaala, 23% were referred to Kiwoko, Kasaana and Mulago hospital for further management. The main reasons for referral were investigations which could not be done at the facility such as; complete blood counts, radiological investigations and blood transfusion.

Figure 6: Referral trends (2011-2013)



The decline in client numbers referred out for other services can be explained by fewer clients requiring hospitalization and specialist care.

1.4 Anti-Retroviral Therapy (ART)

All eligible clients received pre- ART education and were initiated on ART. By the end of 2013, 4,537 (773 from Kasaala) were on ART representing 80% of the clients in care. Of these 356(7%) were children on ART, representing 73% of children in care.

Figure7: Client ART enrolment (2004-2013)

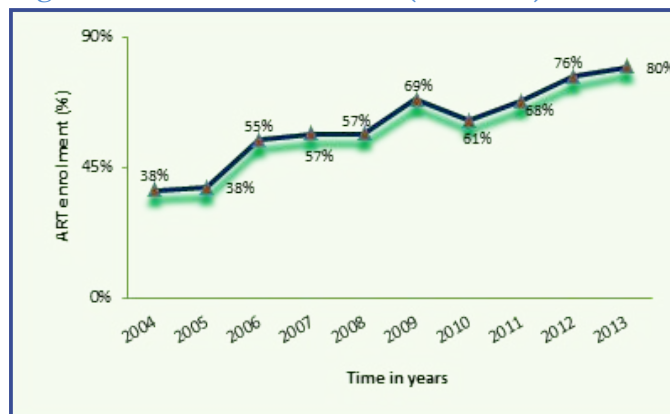


Table 1: Active clients on ART in 2013

Clients per regimen	ROM	ROK	Total	%
Total number of active adult on first line Regimen	3328	712	4040	89%
Total number of active adults on 2 nd line regimen	129	12	141	3%
Total number of active children on 1 st line	271	46	317	7%
Total number of active children on 2 nd line.	36	3	39	0.9%
Total	3,764	773	4,537	100%

Figure X below shows the trends in Median CD4 at ART Initiation

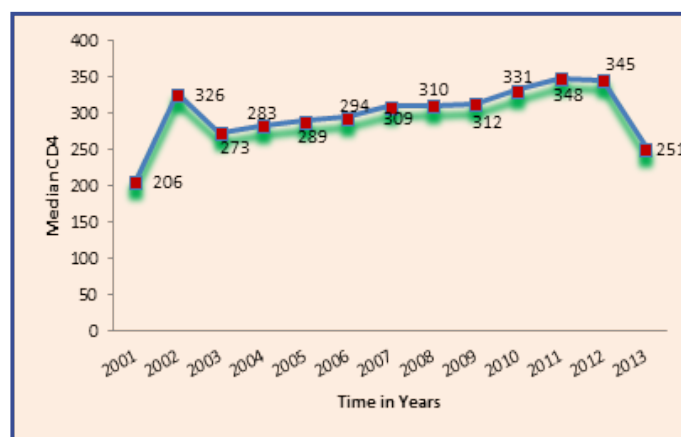
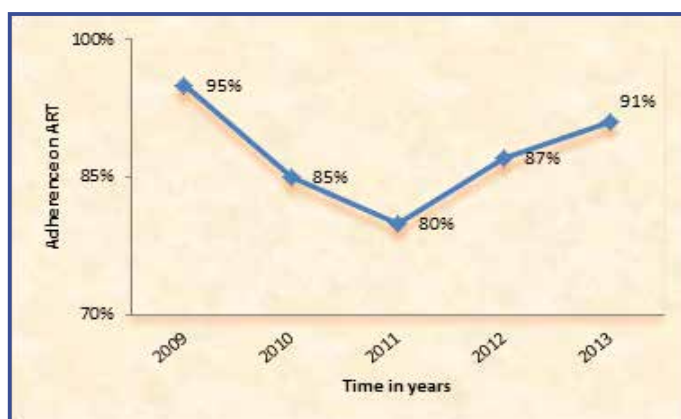


Figure 9: Antiretroviral therapy Adherence 2009-2013



Tuberculosis /HIV integration

To increase TB case detection ROM continued to screen for TB during routine clinic visits, HCT and conducted contact tracing through targeted home visits. Six hundred and seventy five individuals (81 at HCT, 426 in the clinic and 168 contacts traced) were screened for TB. Of these

93 (27 from Kasaala) were diagnosed with PTB (14.4% were sputum positive) and 14 (6 from Kasaala) had EPTB. Seventy nine percent of those diagnosed with TB were HIV positive. In addition of the contacts traced 20 reacted to the Mantoux test and none had active TB.

Those who reacted to the Mantoux test were initiated on INH prophylaxis. At the end of the reporting period there were 103 active TB clients.

Table 2: ROM TB Treatment Outcomes

TB outcome	ROM				ROK			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Completed and Cured	8	1	5	11	3	7	1	2
Completed treatment	12	19	28	15	3	7	3	2
Treatment failure	0	2	3	2	0	0	0	0
Transferred out	1	4	2	5	0	0	0	0
Defaulted	0	2	0	0	1	0	0	0
Died	2	1	0	0	3	2	1	1
Total	23	29	43	33	10	16	5	5
Success rate	87%	69%	77%	79%	60%	88%	80%	80%

The success rates were 77% and 89% for ROM and ROK respectively. ROK exceeded the WHO treatment success rate of 80%.

1.5 Elimination of Mother to Child Transmission (eMTCT)

ROM continued to implement option B+ using the four pronged approach and has maintained a zero mother to child transmission for 3 years running now. Using peer supporters, HIV positive pregnant mothers are followed up at home to ensure they attend ANC, deliver in health units, and adhere to their treatments and clinic appointments. While ensuring that psychosocial and socio-economic factors affecting their adherence and choice of infant feeding method are addressed promptly. Additionally, infants are followed up until 2 years to ensure that they remain negative and those who are positive are linked into care.

Primary prevention of HIV Infection among women of reproductive age

HIV prevention messages coupled with HCT have been integrated into services accessed by women such as, the community outreaches and MCH delivery points reaching 9,108 women.. Additionally, HIV negative females in discordant relationships received risk reduction messages through a modular peer led training. Highly susceptible HIV negative females like partners in discordant relationships and commercial sex workers were screened regularly for pregnancy, STIs and tested for HIV every 3 months so that timely eMTCT interventions are implemented.

Prevention of unintended pregnancies among HIV infected women

Sensitization on family planning options were offered to

all women in the reproductive age group through health talks, outreaches and during clinic visits. Ninety seven clients were referred to Naguru Hospital for family planning services.

Reduce the transmission of HIV from infected pregnant mothers to their babies

ROM continued to integrate HCT activities into its ANC and PNC clinics with the aim of identifying positive pregnant and lactating mothers. HCT was offered to 745 (241 from Kasaala) pregnant women, representing 75% of the annual target. Of these, 106 (14%) were positive and initiated on option B+. Seventy one lactating mothers were newly tested and 29 (41%) tested HIV positive. In addition, 3,072 (1,014 from Kasaala) active female clients of reproductive age were screened for pregnancy. Of these 365 (145 from Kasaala) were found pregnant and enrolled into the program. Altogether 500 mothers were newly enrolled into the program; of these 365 were ART naive. One hundred and eight clients were still active in the program by the end of 2013. Deliveries were 176 (32 from Kasaala) of these 160 (91%) were in hospital.

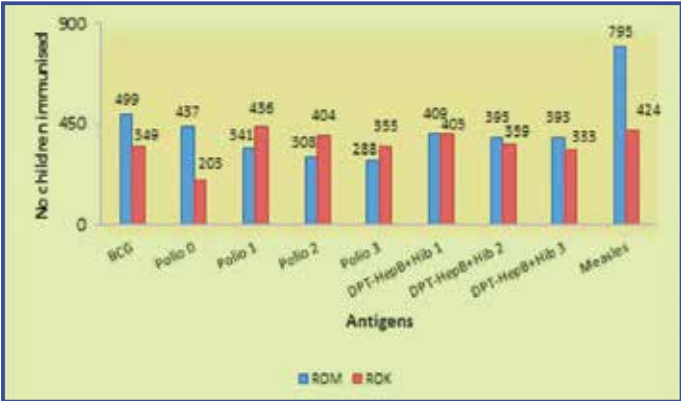


By the end of the year, 518 (286 from Kasaala) exposed infants remained active in the eMTCT program, of these 262 (64 from Kasaala) were newly enrolled. Four infants died, 4 were lost to follow up, 136 (23 from Kasaala) were discharged from the program and 2 were transferred out. Three Hundred and Seventy three (103 from Kasaala) DNA/PCR tests were done and eight were positive. However, these babies were not born under ROM's eMTCT program but through other avenues like community immunizations.

Maternal and Child Health

One thousand six hundred and four (914 from Kasaala) children were immunized. A total of, 2,839 (1,248 from Kasaala) children de-wormed and 1,894 children received Vitamin A supplementation.

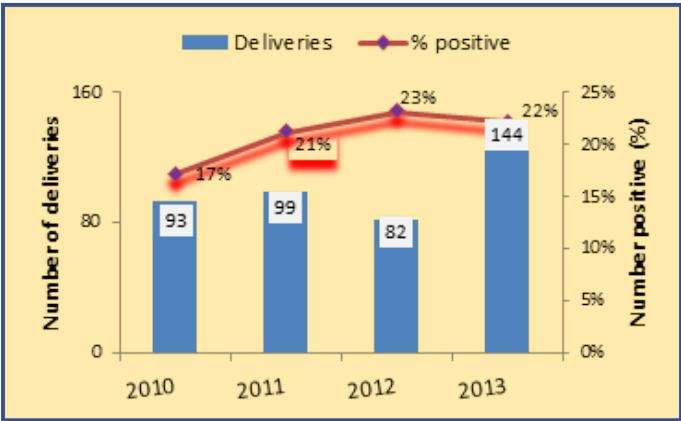
Figure 10: Number of children immunized (2013)



Antenatal Care and deliveries

With funding from Steven Lewis Foundation, ROM piloted a voucher transport system and equipped a maternity ward to promote deliveries at its Kasaala site.. There was an over achievement of 125% ANC attendance and 138% deliveries as illustrated in graph below.

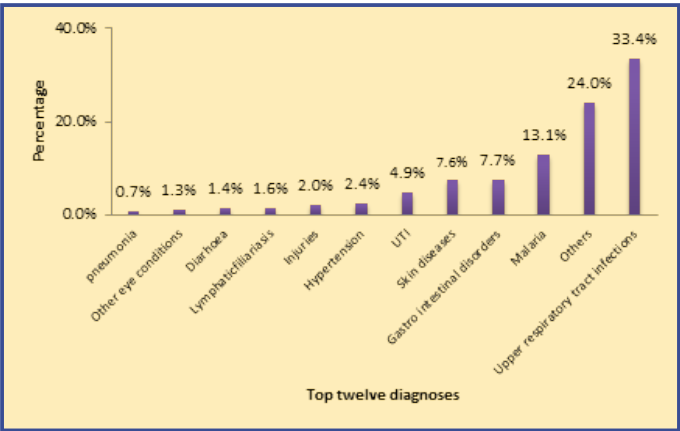
Figure 10: Deliveries in Kasaala (2010-2013)



Outpatient care at ROK

In addition to providing HIV/AIDS care services, ROK provides PHC services. The graph below shows the commonest causes of outpatient visits to the facility.

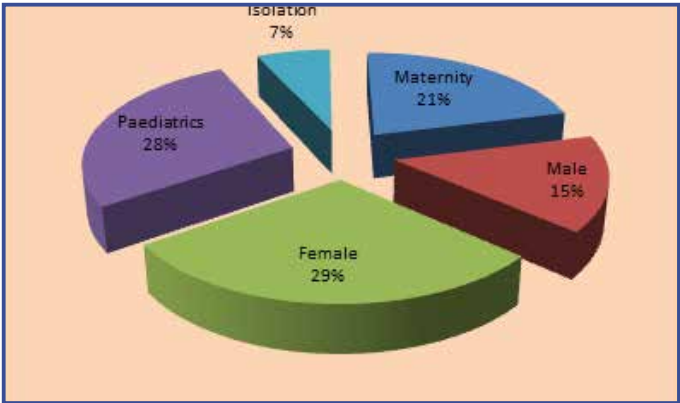
Figure 11: OPD disease burden at ROK (2013)



Inpatient care at ROK

There were 893 admissions in ROK in 2013 compared to 656 in the previous year. The main reasons for admission for both adults and children were Malaria, Lower respiratory tract infections and gastrointestinal conditions including diarrhea. Among the adults Malaria accounted for 18.5% of all adult admissions, Lower respiratory infections 9.6% and Gastrointestinal disorders 6.2% while in children Malaria accounted for 66% of all pediatric admissions, lower respiratory tract infections 34% and Gastrointestinal disorders 23%.

Figure 12: Total admissions per ward (%)



Nutrition support

This is aimed at ensuring improved quality of life through nutrition support and counseling. Clients are screened at every clinic visit to assess their nutritional status.

One hundred and ten clients (35 were adults and 75 were children) received nutrition therapy, 43 clients benefitted from diet therapy by the close of 2013, the majority (58%) being children. Thirty one adults and 24 children were discharged from the nutrition program in the course of the year.

Post-exposure prophylaxis

Forty adults received PEP in the year but only 5 returned for an HIV retest and all of them were negative. The indications for PEP included occupational exposure, rape, human bites and accidental condom bursts.

Friends' forum

This forum gathers HIV positive children and adolescents once a month to discuss positive living and reproductive health. One hundred and twenty children attended this forum. Through this forum 5 children who were not in school were linked to psychosocial support section and enrolled into vocational school. The majority (95%) of the children attending friends forum have an improved adherence to their medication. A disclosure workshop was held targeting parents who had not yet disclosed to their children. The objective of the workshop was to empower the parents with the necessary skills for disclosure. Out of the 113 parents in attendance 7% were the intended target group for the workshop.

Men's clinic

In an effort to improve male health seeking behavior and involvement in HIV/AIDS activities, ROM introduced a monthly men's clinic at each site. The services offered included HCT, screening for hypertension, cancer of the prostate, diabetes mellitus and STIs. IDI has integrated Safe Male Circumcision into the services of this clinic. Four hundred and twenty two men attended the clinic in 2013, out of these 336 received HCT services, 14 were HIV positive and 370 were circumcised.



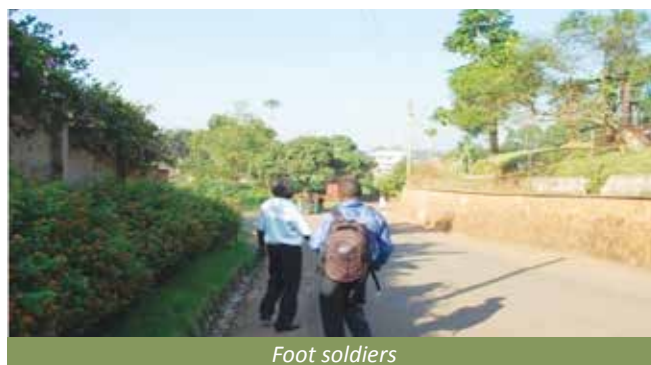
Men's clinic



Moonlighting

Mobile outreach services

ROM provided mobile Outreach services to both the general and key population groups which include fisher folks, commercial sex workers, Truckers and vulnerable men. In 2013 the outreach sites were increased from 4 to 8 including; Portbell landing site, Kireka rehabilitation centre, Our lady of Consolata Catholic church-Bweyogerere, St Charles Lwanga Catholic church-Namataba, Kinawataka community centre, St Jude Catholic Church Naguru, St Mbaaga Tuzinde Catholic church Kiwatule and Mabuye in Luwero. The modes of care included; outreaches, Moon light HCT, Walk-ins especially for static sites and Foot soldiers.

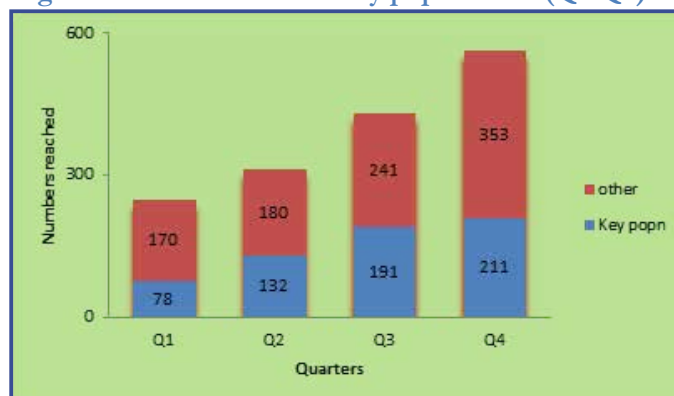


Foot soldiers

The services offered include Maternal and child health services including EID, HCT, CD4 testing, ART, cotrimoxazole prophylaxis and treatment of opportunistic infections. Clients are also sensitized about the VSLA. The mobile outreach clients are followed up through phone calls and using Village Health Teams (VHTs). ROM integrated the use of a peer led model to mobilize and follow up Commercial Sex Workers. (CSW) Currently 12 CSW peers are being used for this purpose and training is in the pipeline to address their skills gaps.

The key populations account for 52% of the clients seen in the mobile outreach services as illustrated below.

Figure 13: Performance in key populations (Q1-Q4)



Laboratory

Each site has a complete functioning laboratory (Mbuya, Kinawataka, Banda, Kasaala and the mobile van).

CD4 cell count

ROM still sends specimens to Mildmay for CD4 counts. Dry blood samples for DNA/PCR tests are sent to The Central Public Health laboratories for analysis.

A total of 10,554 samples were collected for CD4 tests 2,020 of them were baseline.

Table 3: CD4 counts 2013

Quarter	New clients (Baseline CD4)			Old clients (follow up CD4 tests)						
				Follow up on Prophylaxis			Follow up on ART			
	No bled for CD4	CD4 <=350 cells/mm ³	CD4 350 cells/mm ³	bled for CD4	CD4 <=350 cells/mm ³	CD4 >350 cells/mm ³	bled for CD 4	CD4 <=350 cells/mm ³	CD4 >350 cells/mm ³	Total
Q1	336	164	172	219	53	166	1,760	627	1,133	2,312
Q2	493	199	294	213	42	171	2,252	895	1,357	2,958
Q3	926	217	216	197	38	157	1,809	657	1,152	2,932
Q4	265	126	139	210	68	142	1,877	573	1,304	2,352
Total	2,020	706	821	837	201	636	7,698	2,752	4,946	10,554

Table 4: Other Laboratory investigations

Tests	Positive	Total
IV1&2	3,729 (12.9%)	28,850(50.6%)
B/s for MPs	1,593(24.7%)	6,459(11.3%)
DNA/PCR	13(4.3%)	302(0.5%)
Viral load	51(83.6%)	61(0.1%)
LFTs	-	1,045(1.8%)
RFTs	-	1,035(1.8%)
HB	-	1,345(2.4%)
Hepatitis B	74(8.0%)	929(1.6%)
Pap smear	7(50.0%)	14(0.03%)
Serum Crag	32(8.0%)	400(0.7%)
Toxotitres	26(7.8%)	332(0.6%)
TPHA/VDRL	132(12.3%)	1074(1.9%)
BHCG	366(43.7%)	837 (1.5%)

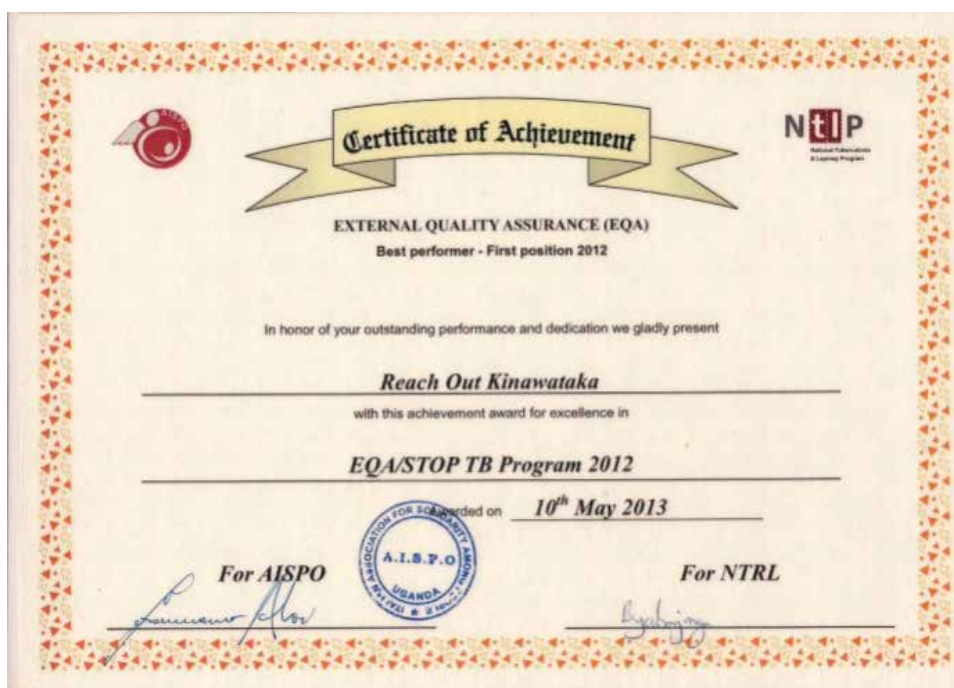
in partnership with ROM. Towards the end of the year ROM started using geneXpert for TB screening through partnership with FIND.

External Quality Assurance

The laboratory plays a key role in HIV care and management and therefore good clinical laboratory practices and standard operating procedure are a requirement to ensure reliable results.

Quality assurance (QA) in HIV testing and other laboratory investigations incorporates all the factors that may influence the generation of reliable results. It comprises two key components internal quality control (IQC) which includes appropriate measures taken during day-to-day activities to control all possible variables that can influence the outcome of results and external quality control which in Reach Out are done by UVRI for HIV samples and AISPO/NTLP for TB samples. ROM again scored 100% in the external quality assurance assessments done.

A total of 57,044 (13,902 from Kasaala) laboratory tests were carried out across the four sites including mobile outreach services and private and public facilities that are



Pharmacy

ROM pharmacy maintained adequate stock levels for all essential drugs while at the same time minimizing risk of wastage due to expiry. To further improve the monitoring of in flow and out flow of drugs a pharmacy and stores module is to be put in the Reach Out real time data entry system.

2.0 COMMUNITY SUPPORT DEPARTMENT

The community support department is comprised of the Community Network of Care (CNC), Operation Child Support (OCS), Village loans and Savings Association (VSLA), Community Prevention, legal support and Roses of Mbuya sections.

Community/client involvement

This year the department continued to utilize peer-led approaches including persons living with HIV and their families to implement community activities within ROM's catchment area. Home-based care was provided to all clients and their families by a total of 19 Community Antiretroviral and Tuberculosis Treatment supporters (CATTS), 6 mother-to mother and 5 teenage & adolescent community supporters to ensure that clients, pregnant mothers, teenagers & adolescents adhere to their drugs and socio-economic challenges are handled and referred appropriately.

2.1 Community Network of Care

In collaboration with the medical department, the clients and their families received home based care including health education, psychosocial support, adherence support, and assessment for socio-economic support. Other activities included client village meetings, network meetings, food and basic care package distribution. At Kasaala, the roles of CATTS were incorporated into those of Village Health Teams with funding the Stephen Lewis foundation.

Community ARV/TB treatment supporter (CATTS) follow up

Same day enrollment into care as opposed to the previous model which entailed initial client residence confirmation over at least 7 days prior to enrollment was implemented and improved linkage into care. In addition, the baseline vulnerability status of the clients is ascertained by the CATTS before enrollment.

Of the 1,514 HIV positive individuals who were referred to the CNC for same day enrollment followed by residence confirmation, 1350 (89%) were resident within ROM's catchment area and were enrolled into ROM representing 96% of the annual target, while 127 (8%) HIV positives were linked to other centers.

Overall, 42,833 home visits were made to 5,791 clients, a 6% reduction compared to last year's 45,561 visits (figure 14, resulting from the strengthened tracing of clients who miss appointments (Fig. 14). A total of 3,947 (9%) of the

planned home visits were not successful because the clients were not found at home highlighting the improvement in quality of life.

Figure 14: Home visits made in the year 2013

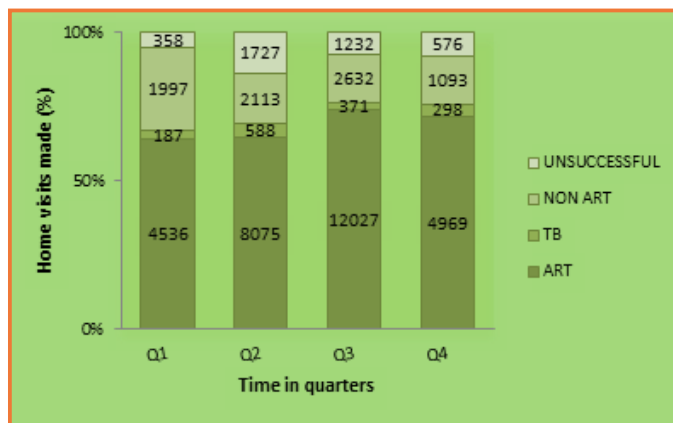


Figure 15: Home visits at Reach Out Mbuya) 2002-2013)



Of the 42,833 successful home visits 50 were to bedridden clients without caregivers. Kinawataka clinic registered the highest number; 21,445 (56%) of the home visits because the communities served by the clinic registered many new enrollments into the program. Banda has the least clients and had few (63) new enrollments therefore registered the lowest number of home visits: 4,157 (11%) with 2,507 of the home visits being made to women.

Five hundred and eighteen of the home visits were made to 176 discordant couples, 80 of whom were referred for counseling. During the year, 3,360 clients with medical challenges were referred to the community for follow up. These challenges included; missed appointment 1984 (59%), same day enrollment 1006 (30%), due for ART with 199 (6%), new on ART 62 (2%), failing on ART 50

(1%), new on TB 88 (3%) and very sick 32 (1%) clients. In addition, 92 clients were referred for legal support.

Teenage and Adolescent Supporter (TAS) follow-up

The TAS provided home based care to the teenagers and adolescents and their families. Overall, 4,625 home visits were made to 377 teenage and adolescents' households compared to 5,339 home visits in the previous year. The 7% decrease was because 22 children transitioned to adulthood, 43 clients were outside catchment area. However 466 visits were unsuccessful with reasons ranging from outside catchment area, shift from one zone or community without the notification of the teenage and adolescent supporter and travel to the village for holidays.

Out of the 377 adolescents, 177 (47%) had poor adherence and were linked to the friends' forum program which targets HIV positive children and their guardian/parents every month with psychosocial support interventions. Out of the 177 children, who had poor adherence, 92 (52%), improved their adherence from an average of 50% to an average of 81%. The 8 adolescents in boarding school were closely monitored to improve their adherence with support from the school matrons & patrons.

Mother to Mother (M2M) community supporters follow up

The M2M supporters follow up mothers under the eMTCT program and post-partum through the eMTCT cascade with emphasis put on mothers in the third trimester. During the period 2,142 home visits were made to 246 mothers (150 delivered and 12 mothers had miscarriages). The 41% decrease compared to the previous year was because 60 mothers had not disclosed to their husbands, 83 were outside ROM's catchment area, and 120 infants were discharged from eMTCT back to their CATTS. Of the 246 mothers visited 61% (151) were in the last trimester and 11 % (27) were in the first trimester. Kinawataka accounted for the highest number (144) of expectant mothers, followed by 72 mothers in Mbuya and 30 in Banda site. One hundred and nineteen unsuccessful home visits were recorded because the 98 (82%) mothers had taken their children for immunization, while 21 (18%) had gone to work.

Three hundred sixty two (362) mother-infant pairs were followed up until 18 months. In addition, 37 eMTCT sensitization sessions were conducted at the facilities and community reaching 1,169 individuals. A total of 31 village health teams in Kasaala mobilized 120 pregnant women to come to the facility through the voucher system.

Motorcycle model

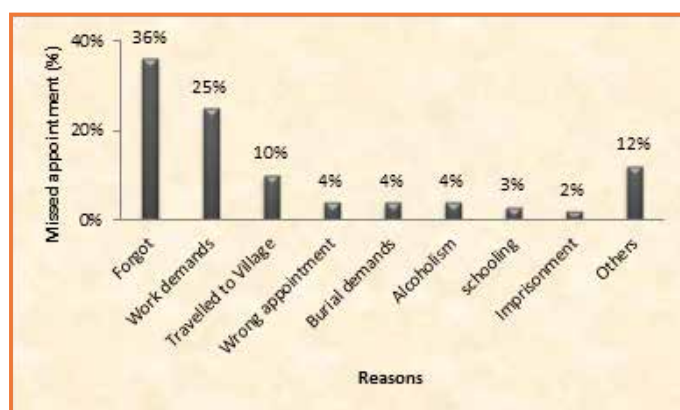
In quarter three, the motor cycle and home pill count was piloted and reached 410 clients, 232 of whom were

female. Client satisfaction surveys revealed that the model improved patient waiting times and served as a reminder for the clinic appointments.

Missed appointments

A total of 1,907 missed appointments were registered, 254 were mothers and 116 teenagers & adolescents who were referred to the CNC for follow up. This represents a 25% increment from the previous year. The reasons of missed appointment are detailed in fig 16. Of the missed appointments 1,857 (97%) returned to the clinic following the tracing. Phone calls were used to follow up clients who miss appointments.

Figure 16: Reasons for missed appointment (2013)



Village Meetings

The communities get together once in a quarter to discuss critical service delivery issues within their villages. These client-led meetings are platforms for feedback to ROM as well as updating clients on new programs and strategies on service delivery. Out of the 24 targeted meetings, 23 were held reaching a total of 1,435 active clients. The CNC experienced low turn up of clients to these meetings resulting from their busy schedules over the weekends when these meetings are held. Key issues discussed included the quality of services at the clinics and frequent change of drugs(shape, color).

2.2 Grants and Material support

With support from Friends of ROM (FORO) funding that closed out in Quarter two, ROM supported the most vulnerable clients and their families with material support and housed some at the client shelters in Banda site. Two hundred seven client households were assessed for house rent and material support compared to 300 in 2012. Three hundred and fifty one clients (25 OVC) benefited from donated items which included shoes, clothes and beddings. Notably a group of women from All Saints Cathedral Mbuya cell group donated 50kgs of sugar, 50kgs of rice, 2 boxes of soap and other ladies' clothes. A total of nineteen clients were housed at Hope Restoration Center.



A mother receives clothes for herself and the baby



The Executive Directive and the Community staff receive donations from all saints church Mbuya cell group

Basic care package

With support from the Program for Accessible Health Communication and Education (PACE), 658 clients (57 were OVC) received the BCP. Because of the BCP stock out, priority was given to mothers, and children <5 years. A total of 10,278 clients with their families (6684 OVC households and 3594 were secondary beneficiaries) benefited from water treatment tablets. In the 4th Quarter, ROM sealed a partnership with Uzima Initiative to provide bed nets to the pregnant women, breastfeeding and children less than 5 years and sanitary pads to vulnerable school girls to enable them not miss school.



A Community worker demonstrating to clients how to display the net on the bed



Clients receiving the basic care package

Legal support

Fifty sensitizations were made reaching 800 people (compared to 1,025 in the previous year) with legal issues (256 were females and 160 were child related). Of these, 656 were referred for counseling, 35 to UGANET, 5 to police and 3 to NSSF. Four visits were made to 5 clients in Luzira Prison. Three hundred and sixty five clients who received memory book were followed up, out whom 35% especially children did not know about their family ties.

Food support

ROM continued to integrate nutritional assessment into clinic consultations and Community ARV-TB treatment supporters (CATTS) home follow up visits. Additionally, of the 326 OVC households assessed for education 28 were referred for food support. Three hundred twenty five old and 215 new food insecure households respectively were referred for food assessment and are yet to be discussed to be eligible for food support. Food support was provided to 337 OVC, 59 of who are funded by SIDECOLE reaching 1,722 secondary beneficiaries. With support from CDC 246 pregnant women and their households were supported with food (comprised of Rice, Beans, and Corn-Soya blend) benefiting a total of 1,230 secondary beneficiaries.

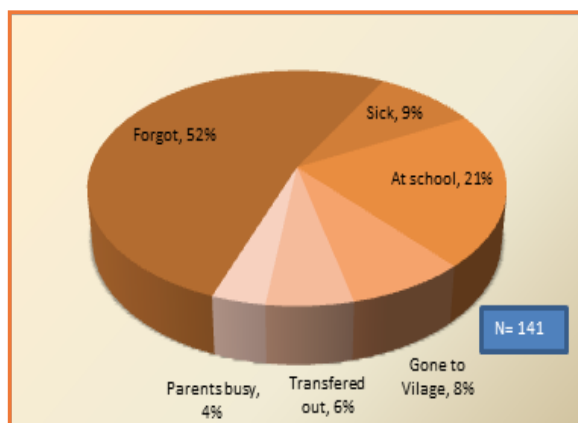


Clients receiving food items from Reach out.

Of the food beneficiaries 40% were on ARVs, 42% on prophylaxis 3% are on TB treatment while 15% were total orphans. Households with 1 to 4 persons received 12.5kg

maize meal, 4.16 kg beans, and 8.33kg CSB while rations for households of 5 and above are doubled.

Figure 17: Reasons why households didn't pick food.



2.3 Operation child support

ROM supports the OVC with all 7 core program areas including education, (tuition and non-tuition), shelter, economic strengthening, food and nutrition, health care, legal & child protection and Psychosocial support. Psychosocial support strategies include: play therapy which targets HIV positive children who come for clinic consultations, friend's forum which is held monthly with all HIV positive children and their parents/guardians, while Saturday children's club targets all children supported by the child support section and other vulnerable children in the community.

Altogether, 4,991 (162 from Kasaala) OVC were supported with at least 2 core program areas while 480 (43 from Kasaala) received 3 or more core program areas beyond psychosocial support.

Figure 18: Core program areas by quarters in 2013



2.1.1 Education support

Using a revised home assessment tool, 326 OVC children were assessed. Out of whom 287 OVC were found eligible and were enrolled thus the total 1,841 (192 from Kasaala) OVC received education support in 2013 (figure19). Overall, 1,307 (71%) of them were in primary schools,

442 (24%) secondary schools and 74 (4%) were in tertiary institutions. Furthermore, 147 were HIV positive, and three were from child-headed households. ROM collaborated with 30 schools, out of which 16 are government schools. With support from Barclays bank, 8 OVC were trained in tailoring and computerized knitting.

Figure 19: OVC supported with school fees by donor in the year 2013

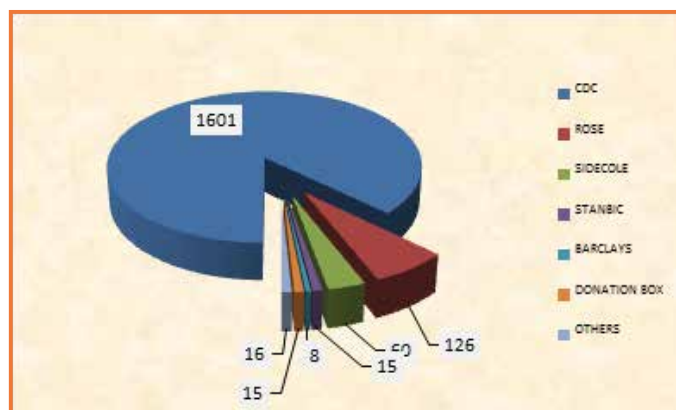


Figure 20: School fees donors

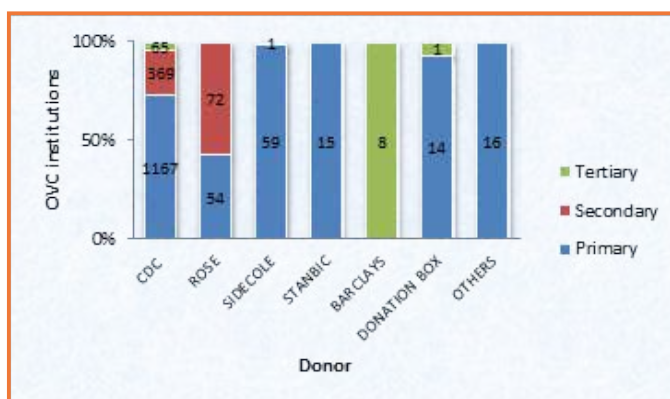


Figure 22: OVCs supported with school fees -2013



School Performance

During the year, the children recorded an improvement in class attendance and they all did their exams. However 125

(12%) OVC repeated, with 105 being first time repeaters, 15 repeated twice and five 3 three times. Of the 15 who repeated for the second time ten lacked parental care and five are HIV positive and frequently missed school because of ill health. Of the 3 children who repeated for the third time, 2 were recommended to Roses of Mbuya tailoring and one HIV positive a total orphan lacked parental care, a social worker home visited the parents and agreed to support the child.



Table 5: Primary Leaving Examinations Results for years 2012 and 2013:

	Division 1	Division 2	Division 3	Division 4	U	ABS	Total
2012	19	57	13	9	1	1	100
2013	21	61	1	4	0	0	87

Table 6 Uganda Certificate of Education (UCE) outcome years 2012 and 2013

year	Division 1	Division 2	Division 3	Division 4	Division 9	Awaiting UNEB Verification	Never registered for exams	Total
2012	5	22	19	9	0	0	0	55
2013	11	25	22	25	2	2	1	88

Table 7: Uganda Advanced Certificate of Education (UACE) years 2011 and 2012

2011			2012		
Combination	Grade	Points	Combination	Grade	Points
HEDG	BCBB4	20	HELD	BCAC	20
HELD	BCAC2	20	HEGD	CCBB	20
HEDG	CCCA5	19	HECGD	CCAC	19
HEDF	BDCB 5	18	HED Entrepreneurship	CDCB	17
HEED	CDBC4	17	HED French	DDCB	16
PMCE	CCED6	16	PCME	CECB	16
HEED	ODOC5	10	HED Entrepreneurship	CDOO	10
HEGA	COOD6	10	HEG Fine ART	COOD	10
HEGA	OODD5	9	HEDG	Didn't bring results	0

Children on placement

ROM encourages children who have completed P.7, S.4 and S.6 national exams and tertiary education to come for placement in their areas of interest. A total of 20 OVC were placed within the organization, 4 in the OVC section and 22 within the Roses of Mbuya workshop.

School and Home visits

Six hundred and fifty school visits were made to 1,301

OVC in 20 schools, out of whom four were involved in teacher-parent sessions while five in a teacher-social workers sessions. The low numbers for school visits was as a result of integrating prevention activities into OVC programming. Main Issues identified through the school visits included irregular school attendance, hyperactivity in class, peer pressure, recurring poor performance leading to repeating classes and one identified with poor adherence and stigma. Career guidance was integrated into school visits.



The 26 OVC identified with psychosocial issues (irregular school attendance, lack of parental care and stubbornly refusing to go to school) were identified and followed up at household level. The 11 were recommended for close monitoring by the CNC section and feedback was given on 5 children.



Through routine home visits, the major socio-economic challenges faced by these adolescents and teenagers included stigma at school, 80% of the children are taken care of by guardians who don't have enough skills to take care of HIV positive adolescents, peer pressure that has led to 6 of the children getting pregnant, 3 of them have since delivered. ROM collaborates with the teachers at school to see how best to avoid stigma and ensure they take their drugs well.

Out of the 1368 OVC followed up, 48 (4%) OVCs were identified with several issues such as lack of parental care (10) lost interest in studying because of age (5), poor adherence (7), got pregnant (7), pick scrape (4), peer pressure (4), lacked food (3), lack of school fees top up (2), lacked beddings/shelter (2), Taken to village because of accommodation issues (2), defiled (1) and circumcision side effect (1). In addition 335 OVC were referred for nutritional support, out of whom 211 OVC households were referred for nutrition counseling and 122 for food assessment. The 2 OVC were not supported because they were referred at the end of the 4th Quarter and will be handled in the 1st quarter of 2014.

Parents & Teachers meeting



ROM in collaboration with the parents & teachers held a meeting aimed at strengthening the partnership in supporting children in school.

The parents meeting was integrated into the schools parents meeting held once a year in some of the supported schools and the agenda generated by the schools and ROM. Issues discussed included children performance, signing of MOUs, hygiene and sanitation, benefits of VSLA, parent responsibility. It was agreed that teachers take lead in monitoring school performance and the social workers will support, sign. These meetings were held at St. Matia primary school and Don Bosco, and out of 1,000 OVC parents expected to attend, only 139 parents attended. ROM and the supported schools agreed to improve their partnership to improve mobilization. For the first time, ROM held a schools partnership meeting in the second quarter, issues addressed included absenteeism, poor hygiene, poor grades, parents' irresponsibility, challenges facing the partnerships, integration of prevention activities in school visits. A total of 15 teachers attended from the 30 schools we work with. The teachers agreed to have an annual meeting to discuss strategies to strengthen the partnership.

Non retention

In 2013, ROM recorded 78 inactive children compared to the previous year's 119. The reasons included; families relocated to the village (72), pregnancy (6). Four children were phased out (got other donors) and 3 died

Health

Two hundred seventy four children attended clinic for care and treatment. Prevention activities were integrated into school visits using a schools club approach (15-25 members per club) and reached 4,294 children with HIV prevention messaging through role plays and MDD. Of the 4,294 children, 2,091 (49%) were 10-14 years, and 2,203 (51%) were females.

Core program areas support

ROM supported 3095 OVC with nutritional support of which 2586 received Health care and 1276 education

educational support. The outputs/outcomes of the core program areas are elaborated below.

OVC psychosocial interventions

ROM psychosocial interventions focus on enhancing the wellbeing of children, adolescents, youth and their care takers. Monthly peer support club activities take place every last Saturday of the month, play therapy is available every clinic.

Saturday children's club

The Saturday children's club is peer-led and held every last Saturday of the month.. A total of 572 (122 from the community) OVC participated. Topics discussed included hygiene and sanitation, goal setting and working towards achieving them.



Children performing out a Wedding function



Children doing the gigs in one of the sessions

Play Therapy

This program targets HIV positive children and their siblings aged 6-12. These activities are facilitated by the teenage and adolescent community supporters every clinic day. During the year 799 children (118 non HIV children, 257) participated in play therapy. Of the 799 children, 424 were referred to the clinic, and one non HIV positive child was referred for an HIV test, was found HIV positive and was linked into care. During these play therapies, 152 children were identified with poor adherence, lack of parent care, peer pressure and all were referred for counseling.

Annual Sports gala

An annual sports gala that brings adolescents and youth together was held in September 7th 2013 at MUBS play ground. The sports gala serves as a platform for the delivery of HIV services..

The gala attracted seven HIV and AIDS organisations (MUJHU, Mild-may, Child Fund, Naguru Teenage Centre, and Namugongo Fund for Special Children, TASO and AMKA Classic School) and brought together over 1,200 OVC, of whom 674 were from ROM. The gala was graced by the General Manager of Shoprite Uganda - Mr. Peet Coetzee.



Some of the events during the Annual Sports Gala

Children's end of year Christmas party

ROM held an annual Christmas party which brought together. Seven hundred fifty nine children (413 females), present at the event was Rotaract club of Uganda Institute of Information and Communications Technology who actively took part in the day's activities and donated items to the children.



Christmas Party

Economic strengthening

Thirty eight OVC care givers were trained in village savings and loans association (VSLA). With support from Barclays Bank, 100 OVC who had difficulties with formal education were enrolled for tailoring (80) and knitting (20) with the Roses of Mbuya an income generating activity managed by ROM.

Music, dance and drama

In 2013, youths in and out of school were recruited and trained to deliver HIV and AIDS messages through music, dance and drama. ROM selected and trained 16 peer trainers in Music, Dance and Drama for HIV and AIDS messaging. Forty three OVC were recruited into the club, making a total of 104 (24 non established OVC) in the MDD club. The training content included; performing arts, composing health educative songs including messages of HIV prevention, playing musical instruments and theater acting.

In the third quarter, 2 music, dance and drama competitions were held in different schools reaching 1450 youth with messages under the theme “United to Fight HIV/AIDS and Realize the Beauty of Life.” In addition, 24 performances were staged and a total of over 7, 900,000/= (\$322) was realized.



Photo Clips of the children performing in functions 2013



Children performing at a wedding function

Brass and Jazz band

Through the peer-led approach children are trained to use Brass and Jazz band instruments. Both activities are aimed at building talent, fighting stigma and supporting delivery of HIV messages. . During the empowerment trainings 135 children (74 were females) were tasked to compose songs that address several sensitive HIV/AIDS issues such as stigma and discrimination, abstinences, drug adherence, among others.



The Brass band doing their thing at a local function

Child protection and legal support

ROM sensitized 160 OVC and their guardians on legal issues including child protection related issues and policies. Three hundred and forty five thousand (69%) children participated in these sensitisations. Five child abuse cases were identified and linked to the police for support and all were supported

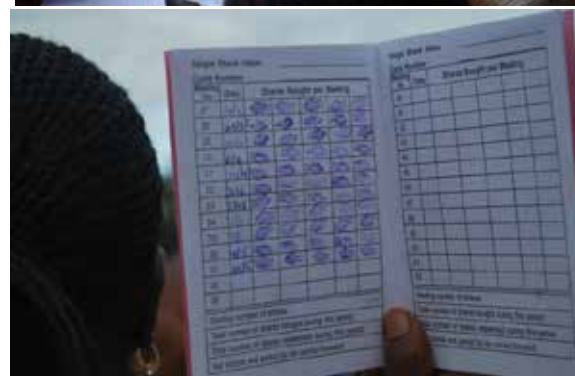
Shelter

During the year, 49 OVC benefited from shelter support. Out of whom 3 were supported by Liz and 46 FORO. One OVC with vulnerable adult was housed at the Hope Restoration shelters at Banda. A total of 25 OVC benefited from donated items which included shoes, clothes and beddings. 5 OVC primary beneficiaries received house rent grant and secondary beneficiaries. In addition, 10 OVC were housed at Hope Restoration Center.

2.4 Village Saving and Loans Association (VSLA)

The project aimed at improving the livelihoods of the community for both HIV infected /affected persons through self-selected savings and loaning groups. Three hundred and sixteen groups were trained in the VSLA methodology (www.careuganda.org) reaching 9,480 individuals of whom 68% were females. Client involvement stood at 35%. Of the 316 groups followed up, 40 were for key populations, 38 for OVC care takers

(1,120 people) while 51 were new groups formed. Two hundred and sixty six groups graduated. Of the 316 groups 235 were followed up as detailed below.



Members of the VSLA attending a meeting

Table 8: Number of groups followed up by quarters in the year 2013.

Quarters	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Total
Q1	107	80	50	35	26	298
Q2	92	53	61	30	22	258
Q3	44	60	52	41	38	235
Q4	81	63	54	39	30	267

The cumulative savings stood at shillings 4,193,794,000/= with a loan value of shillings 6,934,653,800/=, the number of loans at 91,872. The groups registered 11% level of loan defaulting and 33% portfolio at risk (past dues) with client involvement of 40%. With support from CARE Uganda, ROM trained 25 individuals in bank linkages which will be rolled out to the mature VSLA groups.

2.5 Community prevention

ROM targets communities within its catchment area with combination prevention tailor made messages for different interest groups through small groups of 15-25 individuals. The target groups include key populations, Operation Gideon (targeting men), Treasure life (targeting females) and the couples program. ROM integrated prevention activities into the Village Saving and Loans Association (VSLA). The Post-test club supports these programs to mobilize and to deliver HIV prevention messages through music, dance and drama in small groups of 15-25 individuals. The group members were trained in or supported included Group formation and general assembly roles and responsibilities, VSLA concept and Leadership, Election of management committees, Formulation and implementation of group by-laws, record keeping, conflict resolution, Meeting procedures and Action audit/share out, and business skills . The program outcomes are elaborated below;

Key Population

Overall 2,315 MARPS of which 1329 (29%) are sex workers were reached during the reporting period showing a 50% reduction compared to last year's 4,613. The decrease is attributed to targeted messages to the vulnerable men and women. Eight hundred and fifty four vulnerable men and women were referred for HCT, 441 (10%) men for SMC and 110 (2%) with gender based violence issues. With support from MOH, IEC materials were distributed during these sessions.

Operation Gideon

ROM reached 1,622 men (417 new) with combination prevention messages in small groups of 15-20 individuals in social gathering and drinking joints. Emphasis is put on cross generational sex, safe male circumcision, and HCT. The 16% decrease compared to 2,239 in the previous year. Quarter 4 registered a 32% increase because of strengthened mobilization by the peer leaders. Of the 1622, men reached 671 (41%) accessed HCT, 607 (37%) referred for SMC, 251 (15%) STI screening, and 22 (1%) with Gender Based Violence (GBV) issues. In the third quarter, a men's sports gala was held which attracted over 300 men and 160 (53%) received HCT.

Figure 23: Individuals reached through the Gideon by quarters in 2013



Men's clinic

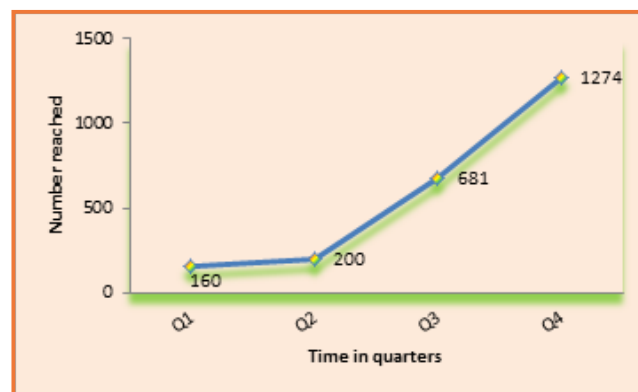
One thousand twenty two men were reached with HIV prevention messages, offered HCT and in partnership with IDI 370 were circumcised. Those found HIV positive were linked into care. There was a 62% reduction in men mobilized compared to the previous year because other partner organizations camped in the catchment area for circumcisions.

Treasure Life Program

Women are targeted with HIV prevention messages through community women groups and VSLA. During the year, 9,108 women (3,450 were new participants) were

reached (figure 24), hence a 56% increase from 2,565 in the previous year. This increase was largely attributed to strengthened integration of prevention activities into the VSLA. 77% are women. Two thousand eighty six women (23%) received HCT, 385 (4%) were referred for STI screening, 158 (2%) for GBV issues and 674 (7%) men for SMC.

Figure 24: Individuals reached through treasure life in 2013



Couples Program

The couple program was not implemented during the first half of the year because ROM revised its implementation strategy to utilize a peer-led model. The Peer couples identify, mobilize and sensitize couples at community level for various activities including HCT and health education. During the year 298 couples were reached with prevention messages giving an achievement of 149% of the annual target of 200. One hundred and fifty eight (53%) couples were referred for HCT. Six peer couples were equipped with couple counseling skills.

Post Test Club

The post-test club delivered HIV prevention messages through MDD in 6 client village meetings. Key messages included benefits of HCT, positive living, disclosure, adherence; effects of alcohol and TB. The club reached 2,830 individuals out of whom 72% were female.

2.6 Roses of Mbuya

Roses of Mbuya an income-generating project targets vulnerable groups, with skills building. A total of UGX 196,787,440/= and 13,973,210/= sales were realized in the shop and canteen respectively. ROM received UGX 150,000,000/= from Barclays bank to train OVC and community women in tailoring and computerized knitting. One hundred (89 were females and 32 were OVC) were trained. In quarter 4, a total of 100 trainees graduated at an occasion graced by the Chief Operations Officer of Barclays bank Uganda.

ROM received an additional funding of 100,000,000/= towards similar trainings.

Of the 100 individuals trained, 22 are currently on short term employment with ROM while the rest are engaged in alternative business.

Success story



My name is Vincent Mande (17 years). I joined ROM in 2003 as an orphan supported in Kyambogo Primary School. I lost my parents at a tender age and dropped out of school in 2011 (P.6). I then took on casual work but was subjected to harsh treatment. On several occasions I was advised by social workers from ROM to go back to school but I had made up my mind not to. I was too young and without employable skills and thus went on with casual labor to meet my daily basic needs. During one of the home visits, the social worker encouraged me to join the tailoring and knitting training funded by Barclays Bank. I never dreamt of being a tailor but upon completion of this course, I feel transformed; I have acquired skills for self-reliance. Currently am volunteering with the Roses of Mbuya. I thank ROM and Barclays Bank for giving a second chance to poor people like me.

2013 in



Hon. Janet K. Museveni the First Lady and Minister for Karamoja Affairs, joined by other Dignitaries visit ROM to appreciate the eMTCT program



ROM gets a new partner-Uzima Initiative



Barclays Bank Chief operating officer, Mr. James Kinyanjui arrives to officiate the graduation of 100 community beneficiaries, of a skill building training funded by the bank



The first lady and other dignitaries interact with a ROM staff at eMTCT launch at Ntugamo



Funds to facilitate another skills building training in 2014



The Archbishop of Kampala archdiocese - Dr. Cyprian Kizito Lwanga and CDC Country Director - Dr. Tadesse Wuhib join ROM at the inauguration of Mother Theresa House.

Pictures



The ground breaking of the Kenny water project in March 2011



Mr. Michael Morrow a US State Director listens to a discordant couple on his visit to ROM on 15th November, 2013.



Solar Powered water pump



Drake University Students Visit to learn about VSLA



The launch of the Kenny water Project in November, 2013



Caty Fall Sow-Global Fund Portfolio Manager led a team of six on their visit to ROM (2)

3.0 EXECUTIVE DIRECTOR'S OFFICE

3.1 Public relations and communications

Twenty thirteen was yet another successful year for ROM as it attracted 496 visitors, of whom 391 were local and 105 international.

Notably, ROM hosted the following;

- Founders of ROM, Fr. Joseph Pietro Archetti in January and Dr. Margrethe Juncker in June. Both of them inspired the staff with very touching adages as: "Reach Out is a gift from God that has grown from a small mustard seed, that still needs watering by dedicated people who are the staff" Fr. Joseph Archetti; and success is when a person breathes more easily because of you" Dr. Margrethe.
- A four-man team visited on 21st February from the Global Fund Switzerland led by the fund portfolio manager Catty Fall Sow: "The testimonies of your clients are proof of your great work-keep it up and document the lessons learnt to share with Africa and the world."
- The First Lady of the Republic of Uganda, Minister for Karamoja Affairs and Member of Parliament for Ruhama Constituency Hon. Janet Kataaha Museveni visited on 1st March 2013. The purpose of her visit was to understand the operations of ROM with key interest in eMTCT which she was and is still championing in Uganda. "I am so grateful for what God is using this establishment to do for Uganda. May he continue to bless the leadership and use them for his glory." Her speech can be found at www.reachoutmbuya.org.
- Christine Pellegrini of Sid 'Cole, an OVC donor, visited on 4th February 2013 like she has always done each year for support supervision. During her visit she informed ROM staff that it is getting harder to mobilize resources and asked the team to do their best to invest in all possible forms of income generation.
- A team from the Village Health Project-America also visited and gave support to the Roses of Mbuya by buying beads like they have done over the years.
- Rhonola Latimer, grants management specialist, together with a colleague from CDC Atlanta visited ROM on 23rd May 2013 to understand its programs and commended ROM for its excellent work.
- Barclays Bank's Community Relationship Manager, Ms. Lillian Byarugaba visited ROM at least once each quarter of the year to offer support supervision to the ongoing community tailoring project funded by the bank under their Community Investment Program. This later led to the graduation of 100 trainees in tailoring and design that attracted other Barclay's officials. Notably, Chief Operating Officer Mr. James Kinyany officiated the graduation ceremony, flanked by the head of Corporate Affairs and the Community Relations Manager.
- Students and tutors or lecturers from Deptford Green School in London and Drake University in Canada came for exposure visits. Drake University's Prof. Tom Root expressed the desire to have an exchange program for his students with ROM. A student from Deptford Green School London made this comment: "I found it fascinating how HIV positive people are so happy and the fact that they just get on with it."
- The archbishop of Kampala Archdiocese His Grace Dr. Cyprian Kizito Lwanga and the CDC Country Director Dr. Tadesse Wuhib honored ROM's invitation to bless and inaugurate Mother Theresa Guest House, another income generating project of ROM. Other important guests also honored their invitations and joined the ROM family to celebrate this milestone.
- Mr. Peet Coetzee, manager of Shoprite Supermarkets, joined adolescents from eight different organizations including ROM the host, as the guest of honor for the annual Sports Gala held on the 7th of Sept, 2013.
- Dionne Falconer of the Stephen Lewis Foundation visited Kasaala site for an evaluation visit of the maternal and child health program funded by the foundation in October.
- ROM hosted the Bishop of Kasana -Luwero Diocese Bishop Paul Ssemwogerere who commissioned the Kenny Family Foundation's water project and a new maternity ward at Kasaala on 4th November, 2013. The Kenny family, who co-funded the water project with the Pace Family Foundation, board members, and the entire water committee, were present at the event.
- ROM hosted Mr. Michael Morrow, Director of the U.S. State Department's Office of East African Affairs on 15th November. He had the opportunity to interact with clients benefiting from PEPFAR funds and while addressing the clients and staff, he appreciated all of them for their contributions to the

proper utilization of funds that he said is evident in the all the programs run by Reach Out.

General comments from the visitors

Visitors continued to appreciate ROM's comprehensive approaches targeting the poor. A Kasaala visitor commended ROM for its organized system of operation, a visitor from FHI 360-Nairobi, ROADS II Project made a suggestion of a possible collaboration with the MARPS and in particular truck drivers to support continuation of care through drug refills while in transit across countries, and a team from Ethiopia proposed improved IEC dissemination by use of audio as opposed to visual materials for the truck drivers.

Staff sent out

ROM was not only visited but also sent out staff to other events or organizations. Eight staff joined the rest of the nation to officially launch the Option B+ campaign in Ntungamo district on 22nd March, 2013 and later three staff went to northern Uganda -Lira district for the same.

Media

- Uganda Broadcasting Corporation re-broadcasted a family talk show featuring a ROM discordant couple-Mr. & Mrs. Kilamanono, a ROM board member-Edith Bonabaana who also doubles as one of the first 14 clients of the organization, and the Executive Director on 4th February at 2:00pm. The couple shared their experience of managing discordance, Ms. Edith shared her experience of living with HIV and life after her husband's death, and the Executive Director gave expert opinions on issues raised. This same program had earlier been aired in December 2012.
- ROM was featured in the New Vision newspaper of 6th March 2013 (page 4) regarding the visit of the First Lady of the Republic of Uganda
- The Kenyan-based citizen television aired one of ROM's first documentaries titled "Beating the Drum Loudly" twice within the year: on 16th March 2013 at 8:00am and 12th July 2013 at 12:00pm.
- ROM featured in the September issue of the Leadership Magazine under the title, "Reach out Mbuya Inaugurates International House," by Akite Beatrice.
- The annual children's Sports Gala hosted by ROM was featured in the local newspaper "Bukedde" under Vision Group on 9th September 2013.
- The children's Sports Gala was aired on WBS Television on the 14th of September 2013, within a children's weekend show.
- ROM was featured on WBS and CNN televisions

as the organization played a match with WBS TV staff on 27th October, 2013, courtesy of WBS TV at the corporate league.

- At the helm of World AIDS Day on 30th November 2013, ROM was featured on WBS Television 9 o'clock news with the eMTCT focal person Josephine Ssenkintule interviewed and giving expert information on eMTCT.
- On 27th December 2013, the Roses training & graduation was featured in the Daily Monitor newspaper in an article entitled "100 Youth Get Skills Training at Mbuya," by Lawrence Ogwal.
- Fr. Paulino appeared on a gospel GXP show on NTV, 1st December, to give an insight on how the church has helped in the fight against HIV and AIDS, often referring to ROM's work.
- The Uzima launch to fight malaria in collaboration with ROM was aired by Pearl FM on Sunday 22nd December 2013 on their 5:00pm talk show program.
- A School of Public Health fellow attached to ROM, Sharon Nakanwagi, wrote an article entitled "Emphasize on Mentor -Mothers Program," which was featured in the New Vision newspaper on 1st December, 2013 and clearly explained the mother-to-mother program in Reach Out.

Events Managed

- The annual Archetti Cup was held on 7th January at Kasaala site and 2013 was very unique because Fr. Archetti himself was present.
- Two cheque handover ceremonies to ROM from Barclays Bank occurred on the 27th February and 5th December, of Uganda shillings 150 million and 100 million respectively. The earlier funds led to the graduation of 100 tailoring trainees in December and the latter will be used to fund a similar training in 2014.
- The 6th Annual General Meeting was held on 4th May 2013, with 346 subscriptions and 277 attendees.
- The Mother Theresa Guest House inauguration on 2nd August.
- The section, together with the spiritual committee and the ROM family, joined the rest of Mbuya parish to celebrate the parish day on 18th August. Still with the parish, ROM actively participated in the different sub parish days: St. Paul Banda in June and St. Balikudembe-Kinawataka in November. Many thanks to the Exploring Talents Club who made ROM stand out on all these days.
- The section supported the OCS section to organize for the 2013 Sports Gala that was successfully

held on the 7th of September.

- With the Kasaala team and management, the section organized the commissioning of two important projects at Kasaala on 4th November: the new maternity ward and the Kenny Water Project.

- On World AIDS Day, 1st December, the ROM family chose to remember those who have succumbed to HIV/AIDS, and continue the fight against the same scourge with Our Lady of Africa Catholic Parish Mbuya-our umbrella body. This was done by offering parishioners Voluntary Counseling and Testing, updates on the activities and programs in ROM, and red ribbons and other Roses of Mbuya items (for purchase). The day was climaxed with a thanksgiving mass that started at 11:00am animated by the ROM staff.

- The OVC experience sharing on 14th December, better dubbed “Children’s Christmas Party,” was held at Banda site and brought together over 600 children of all ages. Apart from the fun, the participation of the Rotaract Club - UICT is worth noting. These students, who also contribute to the school fees program through a donation box stationed at their campus, came along with goodies for the children and supported the ROM staff. This is what their president had to say when the section sent a thank you note: “So humbling an experience. Am so glad you appreciated our work. Every smile we put on every face is our pride. Thank you for giving us ground to serve! God bless”.

- The Uzima Initiative donation and malaria fight launch at ROM on 19th December, 2013 was yet another event to close the year. Uzima staff just walked into ROM after reading a profile and asked for collaboration in the fight against malaria. This clearly portrays the good image that has been built by ROM over the years and necessitates the maintenance of the same for more of such opportunities.

- On 20th December, the section successfully held an end of year experience sharing for both staff and clients that brought together 813 adults.

Section achievements and activities

- The first ever ROM year planner was distributed to all relevant sections and officers for use, including board members.

- The section completed the Barclays Bank OVC mini documentary within the year. This will aid in more resource mobilization.

- The section produced several publications that included; the HIV Newsletter, with the child support section- the Exploring Talents magazine, the 2012 Annual Report with the M&E section, Christmas cards and 2014 calendars. This was an addition to the already

existing Information, Education & Communication materials that led to 8196 distributions via sharing at our front desk, and disbursing to visitors, partners, donors, staff and clients.

- Additionally, the section produced 10 issues internal newsletters and received a copy of the 2012-2013 AIDS Today Magazine and Leadership Magazine (each month within the year).

- The section sent out quarter one, two & three reports to all the contacts on the emailing list which by the end of 2013, totaled to 1596 members. Below are some of the responses from some of the recipients.

♦ *“Dear Reach out family, Thank you again for sending the report which is always interesting to read. Thank you again for accommodating our students at Reach out for a week in August. They found their week with you both humbling and enriching and such an unforgettable experience. It was nice to read a quote from one of them in your report. Every best wish for the future”. Wendy Bisiker on behalf of Deptford Green School.*

♦ *“We are grateful and thank you for the good work and effort taken in furthering the objectives of the Mbuya Parish HIV/AIDS Initiative. The quarterly performance report is indeed very informative. I pray that God provides the more blessings to guarantee full success in the ministry work you are doing for the nation. Kind regards Kato Mulindwa Vitus compliance Manager-National social Security Fund.*

- Branding of organization Information Education and Communication materials started in 2012 and is ongoing. This annual report now bears the full brand of ROM.

- Hotline installation has made interaction with clients a little easier. By the end of the year, the section had responded to 152 recorded telephone communications. The clients have always praised ROM for its services however, with anonymity of the hotline, some of their complaints or challenges are coming in and these help the responsible sections to improve.

- In a bid to motivate and improve public relations with staff, the section designed personalized birthday cards which are given to every staff on his/her birthday. With the same aim, the section shared monthly pictorials with staff at CATT’s meetings that were both entertaining and informative.

- ROM received item donations from All Saints Cathedral- Mbuya cell group, MJAP Reach-U project, Shoprite Supermarket, Barbara Magezi, Grace Ssentongo, Jenifer Awor, Martin Bakundana, Mucunguzi Monica, Rabwoni Charles and Our Lady of Africa Catholic Church. The section sent accountabilities for all these.

- Website updates are ongoing and write-ups for Mother Theresa House, Talents club and Roses of Mbuya are being worked on by the section to create subpages within the current running website.
- As part of World AIDS Day commemorations the section sells red ribbons to raise funds which are used to keep children in school. By the end of the year the section had made sales worth 774,500/=, contributing towards the education of Amo Scovia, a child sponsored by ROM staff. Four hundred fifty thousand

(450,000/=) sales were made for the Roses of Mbuya, bringing the total sales to 1,224,500 Uganda shillings. Still to mark World AIDS Day, ROM offered VCT to partner organizations. This year, beneficiaries included SPEDAG Inter-freight, 4 Africa; Uganda Breweries limited (UBL), Oxfam, and Our Lady of Africa Catholic Church Mbuya (OLAC). The table below reflects the outcomes of this exercise.

Table 9: World AIDS Day Partnerships -VCT Results

Org/company	No of people tested	Results	
		Negative	Positive
<i>SPEDAG Inter-freight</i>	50	49	01
<i>4Africa</i>	30	27	03
<i>UBL</i>	78	73	05
<i>Oxfam</i>	234	231	03
<i>OLAC(Church)</i>	125	122	03
Total	517	502	015

Challenges

- Access to relevant IEC materials from the Ministry of Health was futile throughout the year. These were formerly accessed from Health Communication Program that closed in 2012. The section recommended development of ROM's own IECs however, these have to be approved by Uganda AIDS Commission and the time frames between need and approvals could not be met.
- We experienced an inability to appear on external publications, especially those with cost implications like media house supplements, because of limited funds. While budgeting, some funds could be allocated for this as it is important for advocacy and information sharing.

3.2 Quality Assurance Section

The Quality Assurance section at ROM underwent significant changes during 2013 largely due to staff turnover. During the reported period of time, most QA activities were geared towards clinical programs with some emphasis reaching food and nutrition programming as well as research. Collaboration with the Monitoring and Evaluation department was vital, and partnerships among departments will continue to be important as the section is strengthened.

Key achievements

- A longitudinal, formula-embedded Excel repository was developed to more easily compile and analyze drug adherence data from all Kampala clinic sites; monthly findings were presented to clinicians from September through November and the tool was handed over to the medical coordinator
- A program manual, including SOPs and monitoring tools, was iteratively drafted for ROM's food and nutrition activities
- A feedback mechanism for new hire orientation was introduced; questionnaire data was used to identify gaps in departments' orienting practices
- The development of an internal Quality Assurance manual was begun in order to guide future work in the section

Summary of other activities conducted

- Worked with M&E team to conduct data quality and systems quality assessments
- Reviewed SOPs to ensure their relevancy and accuracy to organizational procedures. Liaised with department leadership and engaged teams to update and clarify these documents as appropriate. Specific departments addressed: Pharmacy, Counseling, Clinic

- Began planning for operations research to analyze the cohort of people tested for HIV between Jan 1-Dec 31 2013 and the timeliness and efficiency of their progression through the entire cascade of care (enrollment, CD4 testing, ART eligibility and initiation, follow-up status)
- Began planning, literature review, data collection, and concept formation for PMTCT research- looking at the factors associated with ROM's low rates of MTCT
- Assessed the utility of primary data capturing tools and collaborated with M&E department to streamline and update tools where appropriate
- Carried out routine file sampling in clinic sites for data quality and completeness; follow-up on gaps identified (i.e., child growth charts, BMIs, proper pill counting)

Key challenges

- Late report submission from departments
- Obtaining client data from ROIIS in similar formats from multiple sites while new iterations are being built and rolled out
- Very small size of the section requires careful prioritizing and limits feasibility of addressing all identified gaps or projects
- Lack of existing sectional targets- instead, reliance on project-based goals and objectives

Planned activities for 2014

- Collaborate with Internal Audit section to reassess beneficiaries enrolled in ROM's programs, with a focus on fidelity to implementation guidelines

- Work with HR and department heads to address weaker areas revealed by orientation feedback analysis (specifically, M&E, CNC, and ED's office)
- Work with the Community department to explore avenues for improvement in the Roses of Mbuya canteen
- Bring research activities to completion and seek publication to disseminate findings
- Continue capacity-building for the section through finalization of the QA manual, development of QA targets, documenting work done to facilitate smooth handovers, and external trainings and meetings with experts in the field of QA

3.3 Procurement

Renovations for Reach Out property (Mother Theresa House) at Ismail road were successfully completed and the two structures were fully furnished.

Six hundred eighteen (618) purchase requests were received of which 11 were balances from the last quarter of 2012. Five hundred seventy three requests were handled, 06 were rejected and 39 were put on hold for various reasons.

The lead time through the year was 7 to 10 days. The longer lead time is attributed to the requests that come in with inadequate or no specifications.

The procurement committee held 18 meetings and attended to 98 procurement items of which 87 were passed at Procurement Committee level. Twelve items were presented to the Board of Directors of which 03 items are still pending and these include security sensors, containers and assets disposal.

Table 10: Summary of the paid Local Purchase Orders per quota

Items	Q1	Q2	Q3	Q4	Annual Figures
Stationery Scholastic materials	34,977,300	18,897,312	20,875,962	21,533,700	96,284,274
Repair & Maintenance	60,268,378	20,066,283	27,012,350	58,944,168	166,291,179
Workshop materials	25,295,000	29,713,400	65,024,860	136,548,350	256,581,610
Printing	19,624,085	13,179,812	38,480,640	11,172,000	82,456,537
Office tools & Electronics	77,868,515	9,920,790	7,788,300	0	95,577,605
Structure Improvement or capacity	6,504,000	176,883,949	185,945,773	33,645,943	402,979,665
Utilities	30,285,257	16,783,950	25,415,855	22,957,220	95,442,282
Food/Feeds- clients	81,995,050	124,628,450	111,283,200	115,127,400	433,034,100
Drugs & lab supplies	107,300,570	349,578,779	137,478,543	135,953,339	730,311,231
Total LPO approved	444,118,155	759,652,725	619,305,483	535,882,120	2,358,958,483

Major Achievements

- ♦ Completion of major renovations and furnishing at Mother Theresa House.
- ♦ Construction & Furnishing of the maternity ward at Kasaala site.
- ♦ Procurement of tailoring machines for the Roses-Barclays training.
- ♦ Procurement of Roses materials worth 114,750,000 for 850 rolls of Jinja blue materials during the year.
- ♦ Procurement training for which benefited all managers
- ♦ Improved feedback to end users and suppliers has improved the image of end users and suppliers.
- ♦ Procurement of drugs with no stock outs.
- ♦ Successful installation of the three phase power supply at Mbuya site.
- ♦ Verification and Prequalification of 49 suppliers for the period 2014 -2016.

Challenges

- Need for better understanding of the procurement cycle by some stakeholders, bearing in mind their important role in efficient procurement
- There is always work overload brought about by poor planning from the end users rendering every procurement “urgent”

3.4 Internal audit

The Internal audit section continued to provide independent and objective assurance regarding the adequacy and effectiveness of the organization's risk management and internal controls.

During the year Internal Audit conducted 22 audits, the reports were discussed with senior management and 80% of the audit findings were addressed. Internal audit will continue to follow up on the un addressed audit findings. Audit made 2 presentations to the Board of directors on the operations of ROM and 2 presentations to the Health Unit Management Committee of Kasaala.

The CDC and Organization wide external audits for the periods ending 31st March 2013 and 31st December 2012 respectively were conducted and concluded by Ernst and Young Certified Public Accountants, there were no key audit finding that came to the attention of the external

auditors. Refer to Reach Out Mbuya Website for details. Below is the summary of key audits conducted and discussed with management

- Program operations at Mbuya, Kinawataka, Banda and Kasaala,
- Human Resource reviews
- Review of the efficiencies and profitability of Income generating activities, i.e the Roses of Mbuya, Roses Canteen, the Kasaala Model gardens and Mother Theresa House
- School Audits including school visits to physically verify the number of OVC in the schools,
- Community visits to verify clients benefiting from material and house rent support,
- Reconciliation of the drug Laboratory reagents and consumables supplies and their consumption/usage
- Reviewed the cheques and Petty cash Payment vouchers to ensure proper approvals and accountability,
- Conducted monthly drug stock verification and quarterly non drug items stock verifications.
- Procurement reviews and value for money audits as supply of goods and services

A summary of the routine internal audit activities conducted during the period indicating their risk magnitude attached in the Appendix.

Table 11: Internal audit activities

Sr. No	ACTIVITY	Frequency	Observation by risk		
			High	Medium	low
1	Checking Cash Book and Bank Books	30 times		2	
2	Pre- Audit of Purchases.	12 times		2	
3	Verification of Supplies delivered to Stores	80 times		2	
4	Pre- Audit of Salary advances	13 times		2	
5	Pre- Audit of staff Loans	24 times		2	
6	Physical Cash Verifications	12 times		2	
7	Review of MOUs', LPO, Quotations, certificate of completion	16 times	3		
8	Verification and reconciliation of fuel issued to organizational motor vehicles and staff for official use.	8 times		2	
9	Bank Reconciliation Statements and Budget reviews	10 times		2	
10	Stock Taking-Drugs,	12 times	3		
11	Statutory deductions remittances i) NSSF ii) P.A.Y.E	12 times	3		

High (H) – Significant impact to the Organization. Individually or aggregately material in terms of financial impact, external compliance violation, adverse publicity, significant or pervasive weakness in control environment, significant inefficiencies, etc.

Medium (M) – Moderate in terms of impact to the Organization. Individual instance or an aggregate of low risk items considered moderate terms of financial impact, compliance violation, adverse publicity, weakness in control environment, efficiency, etc.

Low (L) – Low in terms of impact to the Organization. Relatively immaterial in terms of financial impact, no external compliance violation, little adverse publicity, minor inefficiencies, etc

4.0 MONITORING AND EVALUATION DEPARTMENT

The Department is comprised of four sections namely Information Technology(IT), Registry, Health Management Information Systems(HMIS) and Monitoring &Evaluation (M&E) that provide support functions to the wider ROM programs to facilitate effective and smooth execution of services.

Registry

During the year 2013, the registry section concentrated its efforts on ensuring delivery of the following

- Availing timely client appointment lists for all clinics including the Mobile Van.
- Proper filing of all laboratory results and ensuring that the clinician is notified of the results.
- Improved safe custody of all client files and ensured proper accountability of all client files
- Identified and labeled discordant couple, children and family members for easy identification
- Same day reporting on specific indicators such as
 - o Missed appointments
 - o Early and late clinic attendances
 - o New attendances/Appointments
- Ensured routine weighing of clients and recording in the client files.
- Ensuring updating of the clients treatment status and bio-data.

Information Technology

The IT section managed to achieve the following outputs during the reporting period.

- The Section changed the Internet service provider for Mbuya, Kinawataka and Banda sites from Warid and MTN to Infocom. This was done in pursuit of a centralized network that the section is still streamlining site by site. Mbuya site band width has already increased.
- Seven computers that were affected by a power surge in Banda were repaired and are working.
- New clock-in machines were installed in Banda and Kinawataka sites.
- Acquired two servers for Kinawataka and Kasaala sites.
- Upgraded RAM for Banda server from 6GB to

24GB

- All Kasaala computers were added an extra of 1GB RAM each.
- Acquired VPN loops that enabled all the Kampala servers to be accessed from one site.
- Maintained Network & Reduced download time
- Carried out computer needs assessment and report submitted to the Administration office.
- In partnership with a service provider, all computers, laptops, printers and copiers were serviced at all sites
- A draft IT policy was made and presented to the board for approval.
- Continuously supported users in all sites and encouraged them to contact the section whenever need arises.

Management Information System

The MIS section did the following during the report period.

- Phased approach in development of ROIIS (Reach Out Information Systems)
- Completed modules for Registry, Counseling, Clinic, HIV Care, Pharmacy, Laboratory, Human Resource, Mobile van.
- Supported end users to use ROIIS and also trained users on the new modules developed
- Built user capacity to extract some reports from ROIIS.

M&E

Monitoring and evaluation section managed to accomplish most of its set objectives. Some of the activities carried out during the year included;

- Data cleaning/updating and routine quality checks
- Client satisfaction surveys
- Client adherence surveys
- Conducted a baseline survey for the Roses tailoring training funded by Barclays Bank.
- Improved report timeliness
- Revision of data tools and reporting templates
- Monthly and quarterly reports.

- The M&E team has taken lead in compiling all departmental monthly and quarterly reports.

M&E section received students & fellows; MakSPH/ CDC and Global Health Corp who have commendable contributed to the overall performance of the department. Some of the notable outputs provided by the students & fellows include;

1. Designing of the benefits tracking tool

This tool has been used to track the benefits received by each client in the programme. So far over 1,247 files have been updated by the section.

2. Monitoring the SLF and Piggery projects in Kasaala- Luweero

Home visits were made to the piggery project beneficiaries to assess readiness. From the monitoring visit a monthly and quarterly reporting template was designed for ROK Maternal and Child Health project, the project officer tasked to re-assess families legible as most had ever received pigs and eligible receipts left out mainly because they were not able to construct shelters for the pigs.

3. M&E staff orientation training

A capacity needs assessment was conducted and thereafter an orientation done for M&E staff in monitoring elements, indicators, methods and benefits.

4. Baseline assessment for Female sex workers

The M&E team and volunteers conducted a needs assessment for 86 FSWs in Luzira, Kireka, Banda and Kinawataka to understand their living conditions and identify those for skills training. Forty six have been identified and are yet to be trained.

5. Support staff to write abstracts

Five staffs were supported to write abstracts and these were accepted for oral presentation.

- a) Agnes Nakanwagi -Combating HIV and other infections among the MARPS: Reach Out's Experience.
- b) Pauline Picho-Electronic follow up of key populations for improved HIV treatment uptake: Reach

out experience

- c) Alex Mugenyi- Empowering commercial sex workers through village savings and Loans associations(VSLA):Reach out experience

- d) Florence Awor- Prevention of HIV sero-conversion through discordant couple interventions: Reach out experience

- e) Joan Akoth- The role of point of care CD4 testing in improving client linkage into care among the key populations; a case of Reach out Mbuya HIV/AIDS initiative (ROM)

National and International conferences

- f) Eight abstracts were presented at different conferences in Uganda, USA, UK- Scotland, Nairobi and Dar es Salaam.

6. Data quality assessment

The M&E team conducted a data quality assessment exercise in the Counseling and clinic sections and discussed issues identified with the team. It was agreed that counseling section engages in real time data entry and this is still awaiting procurement of computers.

- Using participatory approach, the department supported the development of the continuation application for 2012/2013 year funding.
- Implementation of a relational real time database developed in partnership with Monitoring and Evaluation Technical Assistance Project Makerere University (META) began in 2012.
- There has been an improvement in data quality since the introduction of real-time data entries in the system directly by the clinicians. Monthly data checks and queries in the ROIS confirm the progress and comparisons of entries made by clinicians themselves and those made by data clerks.

The Directorate is comprised of Human Resources, Administration, and Finance.

5.0 FINANCE AND ADMINISTRATION DIRECTORATE

5.1 The Human Resource Section

At the close of the year ROM had 183 staff including Kasaala, of which 112 were established, 71 support, and 17 temporal. 48% of the 183 are clients.

Staff recruitment

During the year 23 staffs were recruited. In addition, 3 fellows were received: 2 from Global Health Corps and 1 from Makerere University School of Public Health, CDC fellowship program.

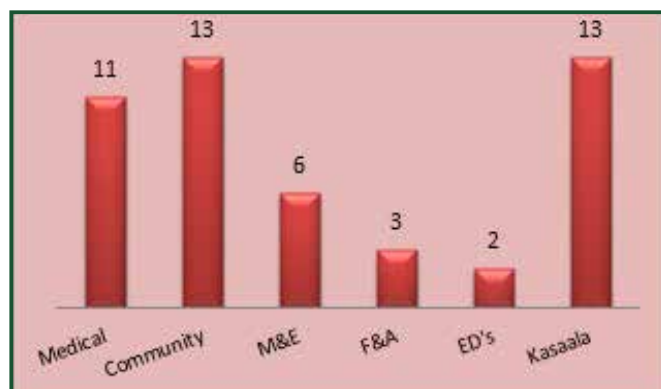
Staff exits

Forty Eight staff exited the organization: 16 through non-renewal of contracts, 7 through termination, 20 through resignation and 5 through dismissal. This was high compared to 2012 where only 28 staff exited. Among the staff who exited was the M&E Coordinator. Internal staff changes were 7 as compared to 15 the previous year.

Figure 25: Staff exits per category



Figure 26: Staff exits per department



Experience sharing

The HR office organized 4 experience sharing events where exiting staffs were able to say farewell to their colleagues. The pictures below show some of the experience sharing events.



Experience sharing sessions with ROM staff

Staff welfare:

The staff general meeting was held on the 25th of April, with the attendance being 163 (89%). Through this meeting new office bearers that included procurement, disciplinary, spiritual, training and staff development committees were elected.



Staff discussion during the meeting



Motivational Speaker Ms. Janes Frances Alowo of Makerere University

Four staff spiritual retreats were held both in Mbuya (2) and Kasaala (2) during the year. Below are some pictures of the events



Staff team building with the theme “Staff motivation” was held on 12th July at Kavumba recreation centre. The M&E department emerged the winner.



Staff Training & Development:

A cumulative total of 51 working days (409 hours of staff time) were spent on capacity building trainings. Major external trainings included Option B+ by MOH, Procurement and Supply Chain Management by HR Management and Agency Ltd, People Management training by Vastech Uganda, Drug and Laboratory supply chain management, Gender-based Violence by Centre for Domestic Violence Prevention, Immunization and Disease Surveillance by UNICEF and WHO, Essential Medicines by Uganda Catholic Medical Bureau, and TB GeneXpert for TB Diagnosis by FIND, among others. Continuous Medical Education trainings (CMEs; both internal and external) were 53, with 28 taking place at Mbuya and 25 at Kasaala. External CMEs included Dermatological Conditions in HIV by Dr. Nicolette Nabukeera and ART in Children by Dr. Phillip Kasirye, among others. See pictures of trainings below.



ROM staffs attend Option B+ on the left and procurement trainings of the right

Staff mentorship program

As a means of mentoring and furthering staff development, an ongoing rotational program for staff was introduced. Four staff in administration, procurement and finance acquired new skills from this arrangement by switching positions.

Volunteers and students

A total of eighty volunteers were received in Mbuya and Kasaala sites of whom twenty one were international and fifty nine nationals. The largest number joined the community department (36), M&E (18), Medical (13), Kasaala (8), Finance & Admin (3), and ED's Office (2). The maximum period the volunteers served was one year. In addition, 38 local students were placed within our sites of Reach out Mbuya and Kasaala.

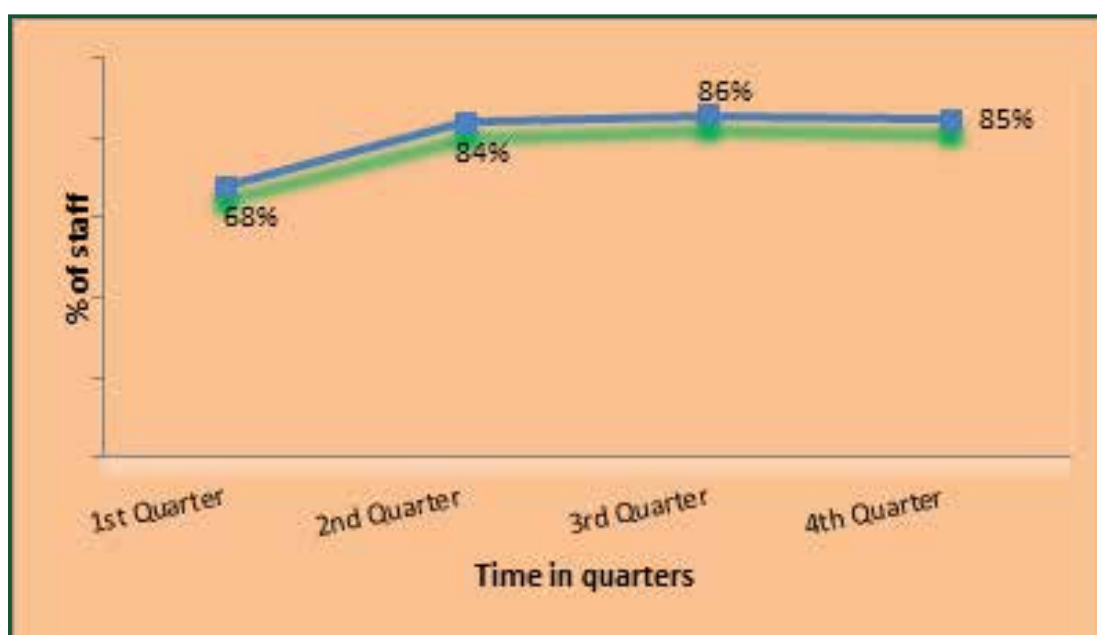


*ROM staffs share a moment with
Brehend Dellwisch B*

Staff Time Management

Time logs analyzed indicated improvement within the year, with 1st quarter at 68% for those that reported before 8:00am, 84% during the 2nd quarter, and 86% in the 3rd and 4th quarters. Consistent latecomers were counseled by the HR office and verbal documented warnings were given.

Figure 27: Staff Time management 2013 (2013)



5.2 Table 12 : FINANCIALs STATEMENT

Total Expenditure by Quarters						
Category	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total (UGX)	%
Salaries	424,389,986.04	507,356,956.63	424,006,171.00	451,126,452.94	1,806,879,567	27.06%
Fringe Benefits	38,853,172.26	69,273,022.92	40,738,521.80	40,672,193.38	189,536,910	2.84%
Consultancy	7,200,000.00	-	53,539,043.25	1,348,600.00	62,087,643	0.93%
Equipment	10,153,000.00	166,591,510.00	179,409,620.00	29,629,983.10	385,784,113	5.78%
Supplies	891,340,373.42	673,048,881.43	1,101,069,934.89	494,309,461.86	3,159,768,652	47.32%
Travel	32,076,480.00	12,468,600.00	35,681,500.00	28,916,603.00	109,143,183	1.63%
Others	235,109,782.70	180,062,455.80	241,020,271.00	307,942,176.60	964,134,686	14.44%
Total	1,639,122,794.42	1,608,801,426.78	2,075,465,061.94	1,353,945,470.88	6,677,334,754	100%

Figure 28: Classified expenses

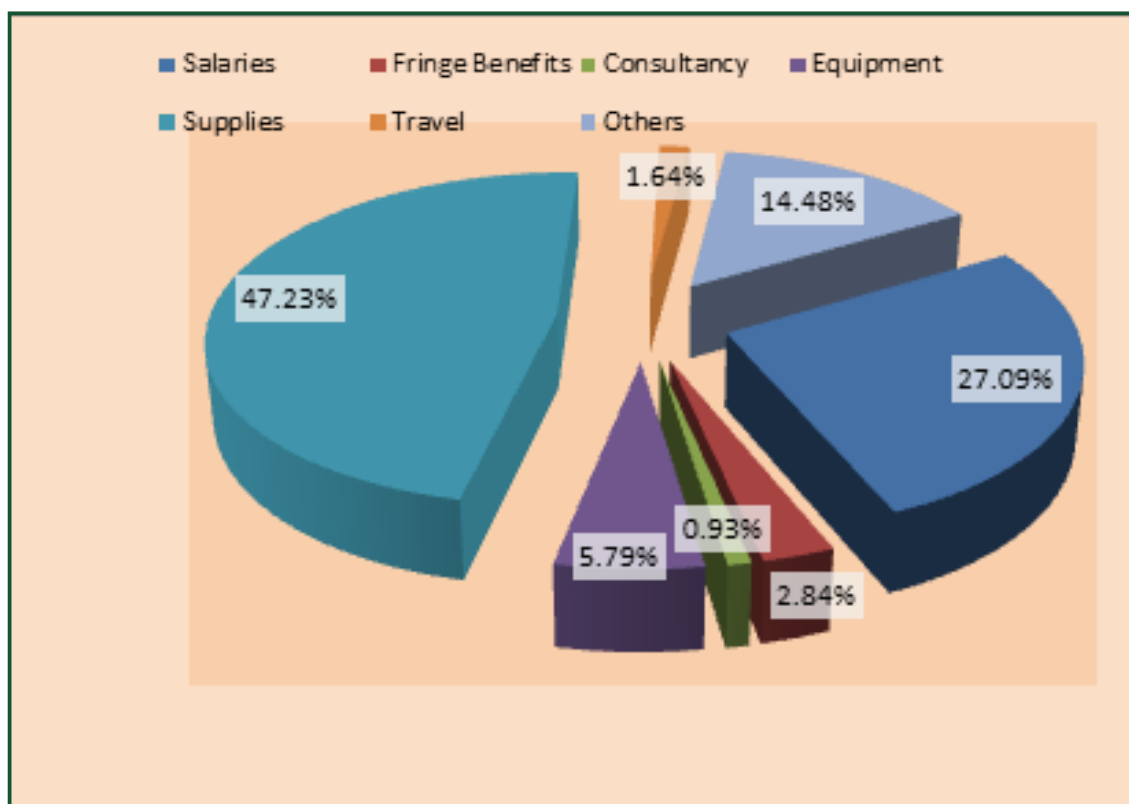


Table 12: INCOMES

Source	2012	2013
CDC	4,985,223,571	4,212,119,056
Drugs In Kind MAUL	-	1,005,982,602
Drugs In Kind-Ministry Of Health	456,847,508	-
Medical Mission International	183,533,345	201,860,000
Stephen Lewis	83,198,758	188,241,998
Roses Shop sales	191,396,708	159,163,990
Tides	61,145,000	115,107,000
Other Donations	63,603,132	87,609,481
Sid Ecole	118,396,155	77,870,500
FDR Interest	272,300,375	63,476,369
ROSE (California)	49,711,200	53,484,480
Lab Reagents In Kind MAUL	-	31,589,574
Global Health	-	12,633,075
Donation Boxes	-	11,381,801
Loan Interest	9,519,705	10,140,461
Donation OVC	-	8,546,184
Kampala City Council Authority	6,064,069	7,266,902
AMREF	-	6,355,000
JSI	-	3,801,588
MDD Income	-	3,700,000
Care Uganda	4,397,610	3,109,904
Barclays Bank	150,000,000	1,800,000
Clinton	104,203,297	-
TASO- IGA	110,473,830	-
FORO	40,607,490	-
Total	6,890,621,753	6,265,239,965

Table 13: Expenses Comparison 2 years

Category	2012	2013
Salaries	1,754,423,172.00	1,806,879,566.61
Fringe Benefits	196,742,981.00	189,536,910.36
Consultancy Costs	55,012,793.00	62,087,643.25
Equipments	263,869,134.00	385,784,113.10
Supplies	3,295,043,839.00	3,159,768,651.60
Travel	392,867,631.00	109,143,183.00
Other Expenses	1,847,344,711.00	964,134,686.10
Total Expense	7,805,304,261.00	6,677,334,754.02

NB 2012 is audited

Figure 29: Expenses Comparison Two Years

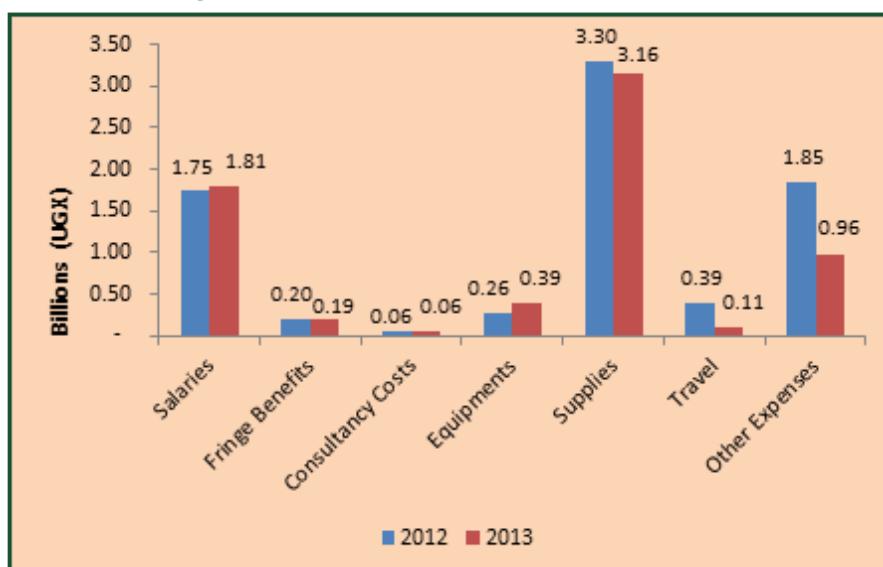
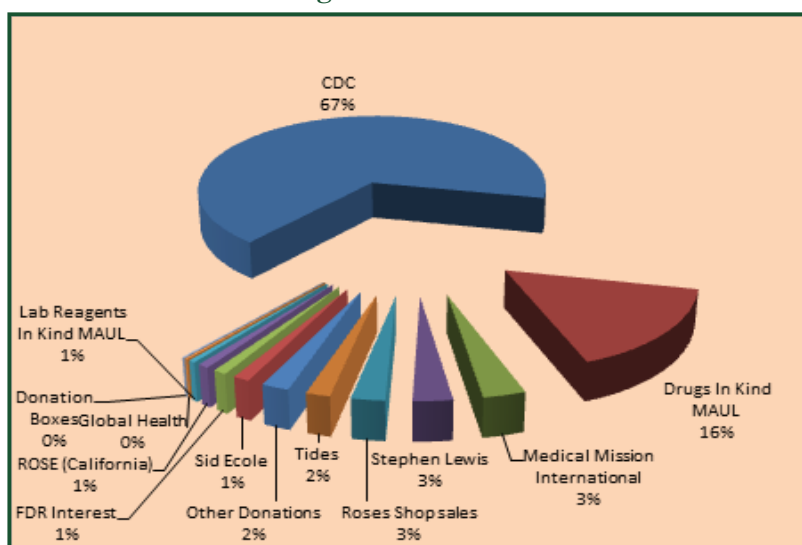


Figure 30: Income



Roses of Mbuja





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