



Annual Report 2014

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



Bags



Wall hangings

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

To curb the further spread of HIV infection among the less privileged members of society and enable those already living with HIV and AIDS to live a responsible and dignified life. We do this by focusing on educating individuals and the community about HIV and AIDS as well as providing holistic care to those already infected and their families.

Our Core Values

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

“Thank you so much for all the work you have done. You have touched many lives and warmed all of our hearts. I wish you all the very best-I am sure that you will overcome any and every one of the challenges you may face.”

Dr. Jonathan Mermin, former CDC country director, 25th June 2014.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ANC	Antenatal care
BCP	Basic Care Package
CATTS	Community ART and TB Treatment Supporters
CDC	Centers for Diseases Control and Prevention
DNA-PCR	Deoxyribonucleic Acid-Polymerase Chain Reaction
EPTB	Extra-Pulmonary Tuberculosis
HBHCT	Home Based HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
KP	Key populations
M2M	Mother to Mother
MCH	Maternal and Child Health
MDR	Multi-Drug Resistant
MOH	Ministry of Health
OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health Communication and Education
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
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
VHT	Village Health Teams
VSLA	Village Savings and Loans Associations
WHO	World Health Organization



Nine months ago, I took a bold step and walked into the unknown. All I knew was that it was a community of people that loved to serve their community and that was what drew me in. It has been a busy and exciting nine months of learning, growing, testing, celebrating and loving. Reach Out Mbuya (ROM) is not only an organization; it is a family where the patients, staff and management are one body with the same goal. I am thankful to all our partners; donors, friends and collaborators who have supported me and helped me feel welcome into this wonderful family.

I therefore take this opportunity to share the activities and achievements from this wonderful family as you read the ROM 2014 annual report. This report is a true demonstration of the commitment and dedication of our staff and volunteers.

This year, we focused on reaching out to the Key Populations, in particular; the sex workers, fisher folks and truckers. We stepped out of our comfort zone, reached out and dialogued with them. We have opened up our boundaries to reach out to our neighborhood that urgently needs our services too, while continuing to provide a holistic approach of care to the HIV infected in our community, keeping in mind that the family and community are key for a healthy individual.

This year, we reached out to over 700 grandmothers who have borne the burden of HIV as caregivers and sometimes as clients as well. Their joy when they felt stronger after receiving free health care and support was a very humbling experience.

However, we were saddened by the loss of our dear founder and friend, Rev. Fr. Joseph Pietro Archetti and a former chairman Board of Directors (BOD), Rev. Fr. Mario Imperial. The dream and vision of Fr. Archetti lives on through all of us and we pray that when we meet him again, he will be able to say, “Well done good and faithful servant”. The family was yet hit again when many of clients lost their homes during the city evictions and we continue to stand with them as many of them still try to find a place they can call home.

We are indebted to the invaluable support of our donors, BOD, partners and friends, many of whom have stood with us for over 10 years.

Our priority for the coming year 2015 is to continue expanding our reach to the neighborhood, reaching out to more vulnerable and Key populations that have not been reached and strengthening our prevention work with the youth. It is also the year that we shall review the last 5 years of our strategic plan and develop a new plan to drive ROM for another five years.

I thank the clients for the continued love and trust that they have shown in our work and programs and we pledge to continue providing you the best that we can as we move on to a new year filled with hope for the future.

Hope you will find the report enriching.

A handwritten signature in black ink, appearing to read 'Betty Nsangi Kintu', written in a cursive style.

Dr. Betty Nsangi Kintu

Executive Director

Message from the Chairman Board of Directors



2014 has been a year with many rewarding moments, as well as some challenges. The year was marked by changes in management; with some board members term of service expiring and new ones voted during the Annual General Meeting, the Executive Director exiting and another welcomed and the death of my predecessors Reverend Fathers Mario Imperial and Joseph Archetti in May and July respectively that was disturbing-May their souls rest in Eternal Peace. I, the Directors and the Parishioners are very grateful for their long and honorable service to this community. I am humbled and honored to continue the work they started especially as we tackle one of the world's greatest health challenges of our time.

I am very grateful to all our donors and partners who have helped us reach to almost all the age groups. I am deeply impressed with the current ongoing projects; the grandmothers' project in Kasaala where the parish priest testifies a reduction in requiem masses after "the grandmothers' clinic" was initiated, the theatre that was opened still in Kasaala to reduce maternal mortality, youth who have been made useful citizens through crafts trainings and lastly the core, medical care. All this, to try and serve our clients in totality.

We have done a lot over the years but yet admit to still have a lot to do as long as HIV/AIDS still exists. Collective action and greater involvement of People Living with HIV has proved helpful. Let us continue to work hard, to positively contribute to the elimination of HIV in our society. The responsibility is heavy, but let us shoulder it to have healthier generations in the future. We have a moral obligation to reach out to the most needy in our society.

God Bless you all

A handwritten signature in blue ink, reading "John Mungereza Mccj". The signature is written over a horizontal line.

Fr. John Mungereza Mccj

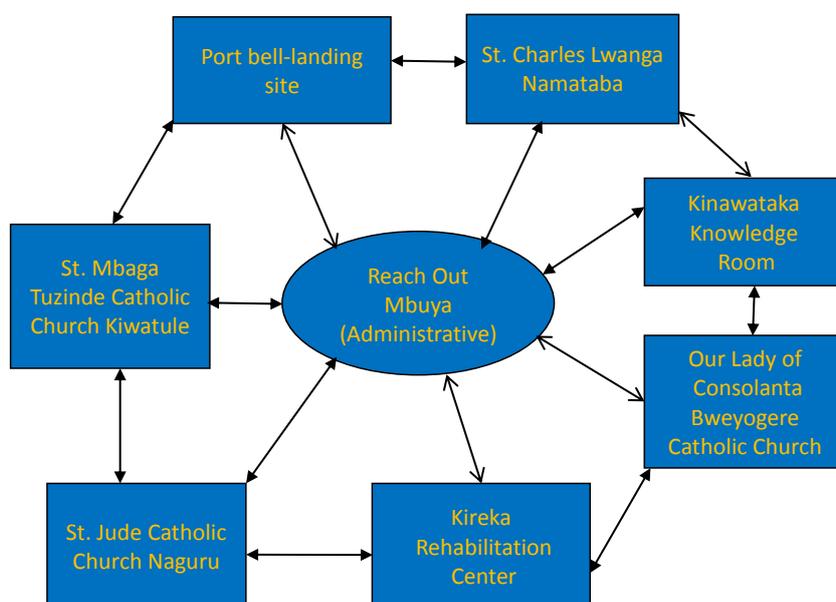
Chairman Board of Directors

Reach Out Mbuya HIV/AIDS (ROM) coverage

ROM works with the rural-urban poor communities within Nakawa division in Kampala district, Bweyogerere parish in Wakiso district and Kasaala in Luweero district. With approximately 349,000 people in Nakawa, 2,740,000 in Wakiso district and 483,000 in Luweero. ROM operates in four static clinic sites of Mbuya, Kinawataka, Banda and Kasaala in Luweero

district. At Kasaala, HIV/AIDS services are integrated into primary health care (PHC) services. Through the mobile outreaches, ROM brings comprehensive HIV/AIDS services closer to the people and in particular, to the Key populations. These outreaches include; Port bell landing sites, Kivatule, Bweyogerere, Naguru go down and Mabuye

in Kasaala. In addition, ROM works in partnership with public and private clinics (PPP) to offer HIV/AIDS services. The clinics involved in the PPP include; Bugolobi Medical center, Pedok domiciliary, Kitintale family clinic, Kamuli general clinic, Kirinya HC II, Kireka HC II, Good Samaritan maternity home, and Butumutumula HC II.



Executive summary

This report covers activities performed during the period January 1 to December 31, 2014 in partnership with The Catholic Church, Ministry of Health, Uganda Catholic Medical Bureau, and with support from; PEPFAR through Centers for Diseases Control and Prevention (CDC), Medical Mission International, Reach Out Student Education fund (ROSE) in California, Sid'Ecole, Stephen Lewis Foundation (SLF), Barclays Bank, Centenary Bank, Housing Finance Bank, Quality Supermarket, and several individuals of good will without whom ROM would not have been able to produce the following results.

ROM registered significant success towards improving the quality of service delivery to clients and their families. Training and mentorship of staff were implemented simultaneously with the provision of essential logistics and supplies, provision of the laboratory services, assessment of performance and learning from the best practice experiences. Special attention was given to the Key populations (KP) including; the fishing communities, commercial sex workers and long distance truck drivers who received comprehensive HIV care and prevention services.

In 2014, a total of 23,945 individuals received HCT, 3.4% increment as compared to the previous years. 1,915/23,945 (8.0%) individuals had a positive result. Overall 1,474 people living with HIV/AIDS (PLHIV) were newly enrolled into care. By December 2014, 6,726 of clients had been served with 6,203 still active in care (437 children below 15 years of age). 1,176 clients (13.2% children) were initiated on anti-retroviral therapy (ART) making 6,045/6203 (97.5%) of the patients' active on ART, 7.2% of whom were children. Of the 1,429 pregnant and lactating mothers tested, 289 (9%) were HIV positive. 220 clients were newly diagnosed with active TB and were started on anti-TB treatment giving a total of 158 (31 were HIV negative) clients active on TB treatment by the end of the reporting period with TB treatment success rate of 87%. A total of 1,599 most-at-risk populations (MARPs) and 19,994 general population individuals were reached with HIV prevention services. Though several achievements were registered during the year, implementation was negatively impacted by major evictions of clients due to urban development.



Never let Circumstances Shape Your Future



Edward Nangigaye
Production Manager, Ntake Bakery

One of the criteria of being sponsored in School by Reach Out Mbuya (ROM) is that a child must either be infected or affected by HIV and despite meeting the two, another thorough household assessment is carried out. **Edward Nangigaye** whose mother, the **late Margret Nalwadda** was a client of ROM would have gone through the assessment on several occasions but did not. Not because he was not eligible but the need was and is always greater than the available resources, and “there were children worse than Edward at the time”, says a social worker.

Edward’s mother decided to send him to live with his father in the Democratic Republic of Congo (DRC). “I hate Kiswahili and French, those languages remind me of the hard times I faced in Congo”. He was abducted by M23 rebels and he still wonders whether his father was one of them or an obliging victim too. He managed to escape and found his way back to Uganda under the protective wings of his mother. Together they made and sold papyrus mats and paper beads. The proceeds paid for their basic needs and he went back school only to drop out again after senior one.

However, Edward was not a give up kind of man, on top of their crafts business, he got a job with MTN-Uganda (a telecommunication company) as a direct

sales man for simcards and while working one day, he received a call from his mother that he had been enrolled under the school fees program of Reach Out Mbuya. “I am a bright guy. I was enrolled straight away in senior four at Kireka High School” Edward boasts “but I also read hard and came out with 38 aggregates in 8 subjects”. This may not seem good with the current trend of performance but for someone who had missed school for two straight years, he is right to boast.

In 2009, Edward enrolled at Uganda College of Commerce-Aduku for a Diploma in Business Studies-majoring in Accounting and Finance. His performance impressed his tutors that three out of the four semesters were paid for by the institution. Reach Out Mbuya then catered for his functional fees and accommodation. After completing school, he returned to ROM as an intern, after which, he decided to work as a volunteer which he felt was the only way he could give back to an organization that had given him so much. He was later taken on a staff and he worked with ROM until he left the organization after a motor accident

“I have had two very big blows in my life, the death of my mother and the fatal motor accident I survived in 2013” Edward laments. “I went to the graduation grounds alone; my mother did not live to see me graduate. However, Edward always picks himself up. **Today he is the Production Manager of Ntake Bakery**; one of the leading bakeries in the city where he started off as a data entrant and a sales accountant. He attributes his fast growth to determination and hands-on training that he received in Reach Out. “Reach Out is responsible for the person I am now. They took care of my mother when she was sick even though she later passed on. They took me from a papyrus-mat maker, to school and look where I am now. I will forever be grateful. I am sure my mother smiles upon me too and all other children out there. Never let Circumstances Shape your future” I am still shaping mine too.”

Highlights of Program Activities

<p>HIV counseling and testing</p> <ul style="list-style-type: none"> • 23,945 individuals accessed HIV Counseling and Testing (HCT); 1,915 (8.0%) HIV positive • 1,599 key populations accessed HCT; 206 (19.6%) HIV positive • 21,593 (26.8% males) individuals reached with prevention messages; 4,015 (19%) were MARPs
<p>Care and support</p> <ul style="list-style-type: none"> • 1,474 clients enrolled into care • 6,726 clients received holistic care; 6,203 still active in care; 70% are female • 437 (7.5%) of the active clients were children aged less than 15 years old • 30,578 home visits made to 6,203 clients; 864 Clients were affected during the massive evictions of dwellers along the railway line • 62,313 laboratory tests; 36% HIV test, 7% Malaria tests, 17.1% CD4 count & 2.5% Sputum for AFBs among other tests
<p>Elimination of Mother To Child Transmission of HIV</p> <ul style="list-style-type: none"> • 3,722 HIV positive women in reproductive age were screened for pregnancy; 219 (5.9%) were pregnant; 160 HIV positive mothers were started on option B+ • 232 HIV positive mothers delivered; all infants received NVP syrup • 487 infants received an HIV DNA-PCR test and 21 infants had a positive result; 13 mothers joined eMTCT during PNC and 8 did not adhere to the cascade. ROM continues to show 0% MTCT among mothers adhering to the complete PMTCT cascade
<p>Anti-Retro Viral Therapy</p> <ul style="list-style-type: none"> • 5,447 clients (87.8%) on ART; 188 (3.1%) on second ART regimens • 85% of clients with adherence > 88%
<p>Tuberculosis</p> <ul style="list-style-type: none"> • 893 presumptive TB cases identified and investigated for TB • 220 clients newly diagnosed with TB and treated • Treatment success rate (TSR) at 87%
<p>Community support services</p> <ul style="list-style-type: none"> • 1,754 OVC supported through the school fees program, 1,101 (62.8%) in primary level, 484 (27.6%) in secondary school and 169 (9.6%) in tertiary institutions • 2,171 OVCs participated in the peer-led psychosocial interventions • 448 OVC households received food with 1,987 secondary beneficiaries • 324 VSLA groups were sustained, 9,720 people benefited from VSLA; 6,610 (68%) were women, 40% are HIV positive
<p>Governance, Management and staffing</p> <ul style="list-style-type: none"> • ROM welcomed new executive director; Dr. Betty Nsangi Kintu and bid farewell to Dr. Stella Alamo Talisuna former Executive Director • ROM had a total of 165 staff during the period, 64% female, 35.1 % are clients • ROM hosted 64 volunteers and 23 students for placement • ROM received 4 awards; <ol style="list-style-type: none"> 1) Golden award for outstanding performance in logistics management of HIV commodities 2) Outstanding contribution to the people living with HIV (PLHIV) in Uganda from National forum of people living with HIV/AIDs Network in Uganda, 3) Best creative dance group during the Uganda youth annual national youth conference 4) Award for Hosting the Global health corps fellow

Medical Directorate

The directorate continued to scale up comprehensive medical services to HIV positive clients' and social support to their families, with special attention given to the key populations. At Kasaala, Luweero, HIV/AIDS services are integrated into Primary health care (PHC).

HIV PREVENTION

The HIV prevention interventions focused on HIV counseling and testing (HCT), Positive health dignity and prevention, prevention of mother to child transmission (PMTCT), early infant diagnosis (EID), and safe male circumcision (SMC) which was done in collaboration with the Infectious Diseases Institute (IDI).

HIV Counseling and Testing (HCT)

ROM continued with its integrated approach to service delivery and HCT was offered as an entry point into the existing programs. The HCT approaches included; facility-based, home-based, community (Moonlight HCT, corporate league and during community prevention activities), Public-private partnership (PPP) and Mobile outreaches (Table 1). Special focus was on key populations and couples. The 3.4% increase of individuals accessing HCT from the previous year was attributed to addition of two high volume health facilities (Good Samaritan maternity home and Kireka Health center) and scaling up of services to 10 key population hotspots. Of those who tested 1,915 (8.0%) had a positive result.

Figure 1: Numbers accessing HCT (2010-2014)

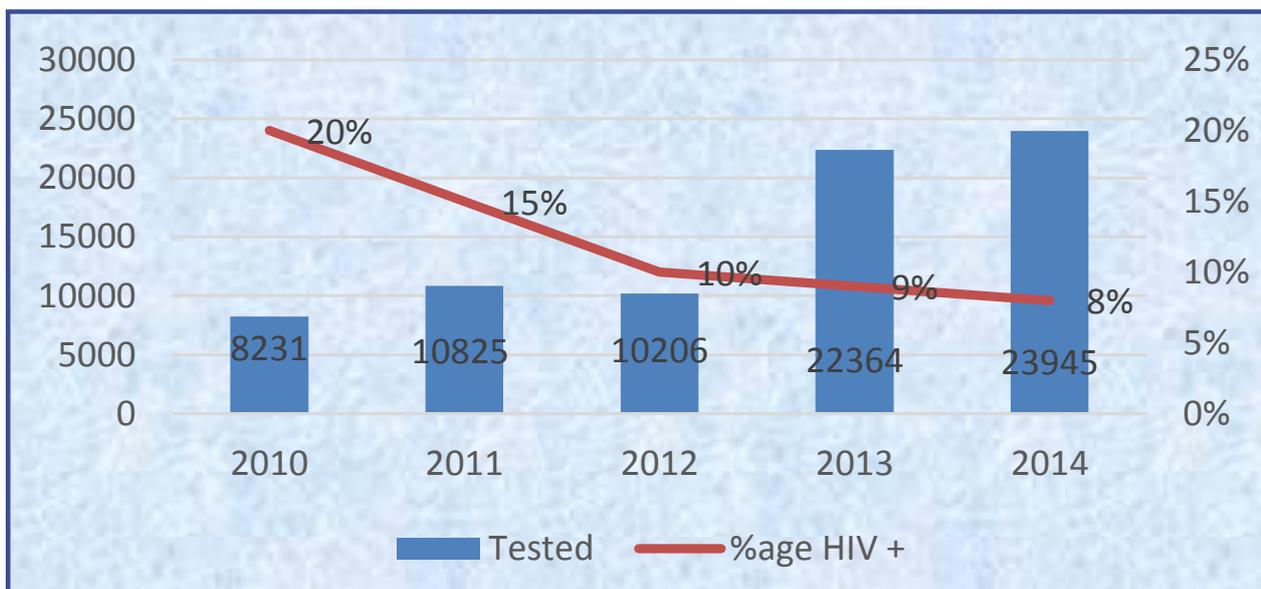


Table 1. Positivity according to mode of HCT delivery, 2010-2014)

Approach	2012		2013		2014	
	Tested	% HIV +	Tested	% HIV +	Tested	% HIV +
Facility	4023	12%	6433	18%	5793	17%
ANC	386	4%	188	6%	1429	10%
PNC*	-	-	58	17%	293	10%
Mobile outreaches	4023	5%	5485	5%	5281	5%
HBHCT	325	11%	573	1%	956	3%
Public-private partnership	455	4%	6716	5%	8238	5%
Moonlight	315	10%	846	7%	644	7%
Other outreaches	423	43%	1737	7%	1204	5%
Immunization outreaches	256	9%	328	8%	107	1%
Totals	10206		22364		23945	

** There was no PNC aggregated data*

Table 2. Numbers accessing HCT by age, 2014

Age	No. tested	Positive (%)
< 15 years	2,100	135 (6.4)
15 – 49 years	21,192	1,718 (8.1)
≥ 50 years	653	62 (9.5)
Total	23,945	1,915 (8.0%)

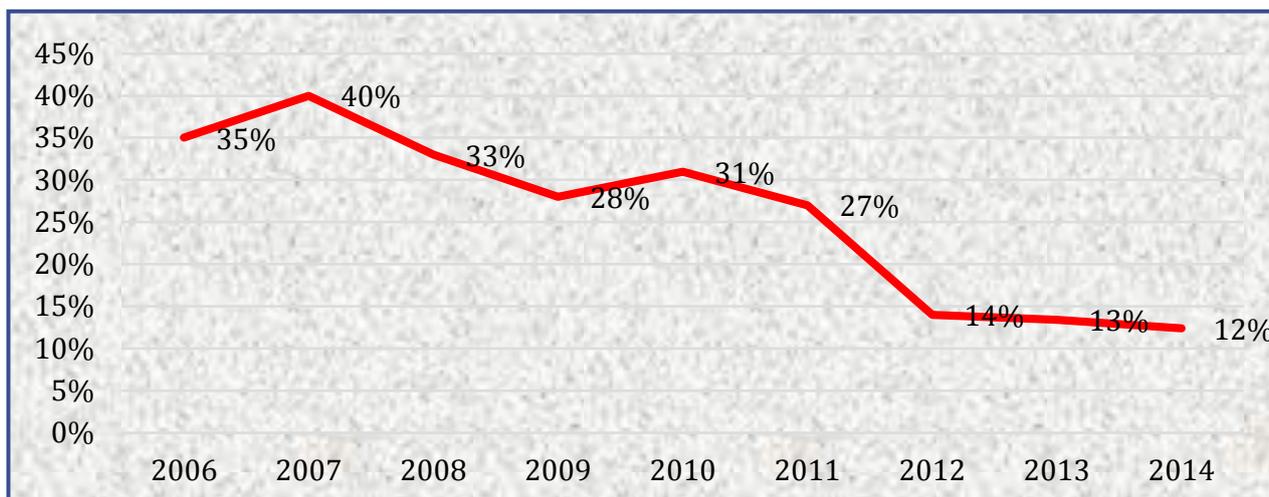
Table 3. Key populations accessing HCT, 2014

Key Population	Number tested	Positive (%)
Female Sex Workers (FSW)	532	62 (11.7)
Truckers	372	31 (8.3%)
Fisher folks	695	40 (5.8%)
Total	1,599	133

Table 4: Couples accessing HCT, 2010 - 2014

	2010	2011	2012	2013	2014
Couples tested	324	332	517	506	679
Discordant	101 (31.1%)	90 (27.1%)	72 (13.9%)	68 (13.4%)	84 (12.4%)
Concordant positive	42 (13.0%)	41 (12.3%)	32 (5.8%)	23 (4.5%)	30 (4.4%)
Concordant negative	181 (55.9%)	201 (60.5%)	413 (79.9%)	415 (82.0%)	565 (83.2%)

Figure 2. Trend in couples HIV sero-prevalence, 2006-2014

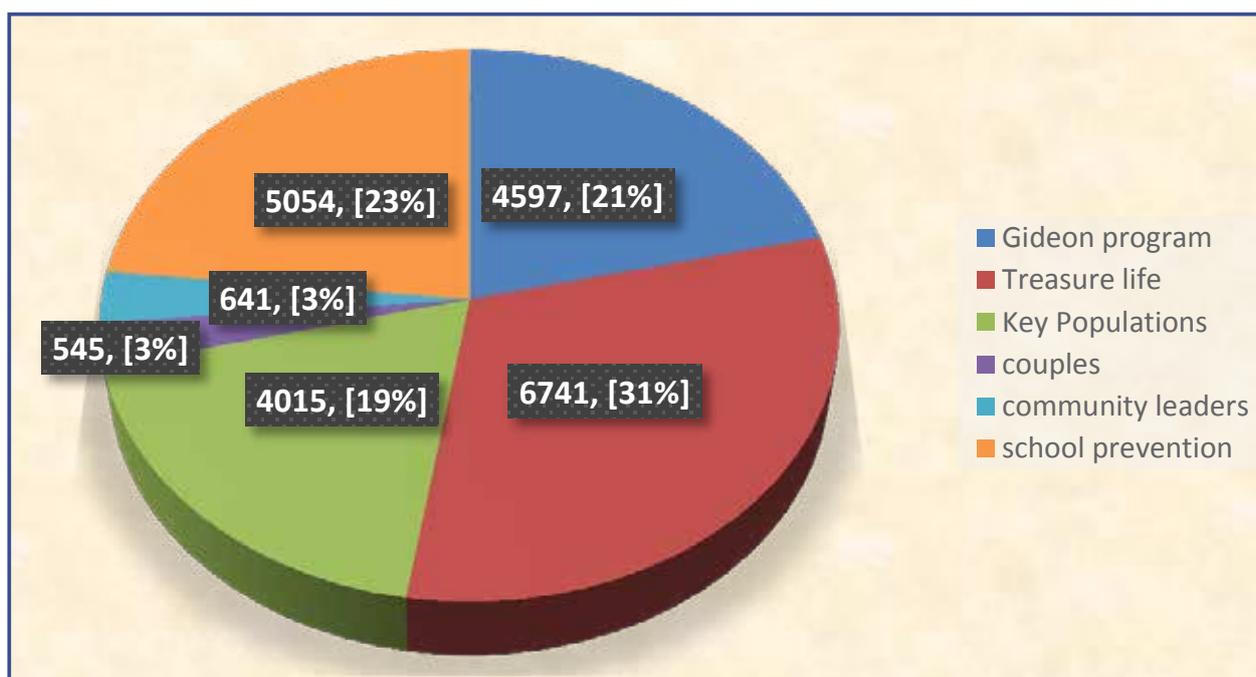


HIV Prevention messaging

ROM has continued to tailor educative HIV Prevention messages to the different interest groups including adolescents, key populations, women, out-of-school youth and couples. The one-on-one sessions and small groups of 15-25 individuals were utilized. Approaches included; post-test club, Music, Dance and Drama (MDD), sports gala, during school visits and

clinic consultations. Topics included; sexual and gender based violence, building skills for safer sex negotiations; STIs, TB, positive living, stigma and discrimination, safe male circumcision, and HCT. In total 21,593 (25.5% males) individuals were reached with HIV prevention messages (Figure 2). 11,854/21,593 (54.9%) were referred for HCT, 5,439/21,593 (25.2 %) for STI screening, and 1,446/21,593 (6.6%) for Safe Male Circumcision (SMC).

Figure 3. Individuals reached with prevention messages, 2014



* Operation Gideon program targets men in their meeting places where they are offered HIV

Elimination of Mother to child transmission of HIV

ROM continued to offer Option B+ to all HIV positive pregnant and postnatal women at all static and outreach sites. The four-pronged approach in the PMTCT cascade was utilized; primary prevention of HIV infection among women of reproductive age, prevention of unintended pregnancies among HIV infected women, reducing the transmission of HIV from infected pregnant mothers to their babies and provision of treatment, care and support to HIV infected mothers and their children.

Primary prevention of HIV infection among women of reproductive age

Three thousand seven hundred forty (3,740) women of reproductive age were reached with HIV prevention strategies. Of these, 1,230 were young girls and 140 were negative female partners in discordant relationships who also received risk reduction messages both during the 3-month modular discordant risk reduction training and in the clinic when they attended with their partners. ROM plans to introduce young mothers' club where the adolescent or teen mothers (OVC getting pregnant) will receive sexual reproductive health and HIV prevention services. HIV prevention at ROM key population hotspots is supported by AMICALL.

Prevention of unintended pregnancies among HIV infected women

HIV positive women of reproductive age were offered reproductive health messages during clinic consultations and those in need of family planning were referred to Kiswa Health Center, Naguru hospital and Butuntumula H/C III in Kasaala. As a result, a total of 101 HIV positive clients were referred and received Family planning (FP) services. By the end of the reporting period, 2,352 women in HIV care were on different FP methods from the partner Health facilities.

Eliminate the transmission of HIV from infected pregnant mothers to their babies (eMTCT)

In partnership with public and private clinics, ROM offered HCT services to pregnant women attending antenatal clinic (ANC) and lactating mothers. Overall, a total of 1,722 pregnant and lactating mothers accessed HCT; 1,429 during ANC and 293 during post-natal care (PNC) with a positivity rate of 7.5% (figure 5). The 35.7% increment in numbers of pregnant women tested is attributed to the public-private partnership. In 2014, HIV positivity among new testers at ANC stood at 19.7%.

Figure 4. HCT trends among pregnant and lactating mothers, 2011-2014

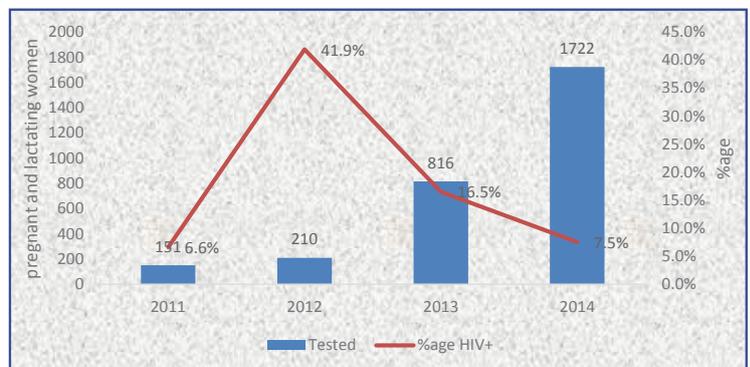


Figure 5. HCT among first time ANC attendees, 2010-2014



**First time mothers are those who attend ANC for the first time at the facility*

Provision of treatment, care and support to HIV infected mothers and their children

Overall, a total of 4,251 HIV positive female clients were screened for pregnancy; 219/4,251 (5.2%) were found pregnant and enrolled into the eMTCT program. 289 pregnant and lactating mothers were diagnosed with HIV and started on option B+ making a total of 508 mothers newly enrolled into the program. Male involvement in eMTCT was still a challenge with only 180 couples registered. Mama kits were offered to 238 vulnerable mothers. ROM registered 184 deliveries by HIV positive mothers, with all the babies receiving nevirapine (NVP) syrup for 6 weeks; 170/184 (92.4%) were delivered in hospital, 25/184 (13.6%) in clinics, 6/184 (3.4%) were delivered at home and 2/184 (1.09%) by traditional Birth Attendants (TBA). 487 DNA/PCR tests were done, and 21 infants had a positive result, out of whom 13 mothers joined the eMTCT program during PNC and 8 did not adhere to the PMTCT cascade. ROM therefore continued to show 0% transmission among mothers adhering to the complete PMTCT cascade. All the positive children were enrolled into care. 161 infants were discharged, 4 died, 2 were lost to follow up and 2 were transferred out.

The program continued to support referral, linkage and follow up mechanisms designed to minimize loss to follow up while maximizing adherence and retention of pregnant women and the ‘mother-baby’ pairs. Mother-baby care points (MBCs) were introduced at the different sites.

Mother Baby Care Points



A M2M explains to the mother how to use the Nevirapine syrup



eMTCT success story



I am Namitala Betty Kitumba, a community team leader of Banda community; I joined Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) on November, 12th 2004 while very sick with CD4 count of 8. I was immediately started on co-trimoxazole and on March, 11th 2005 was initiated on ART, I took my drugs well, got healthy and married in church on December 12th 2009.

“We were blessed with a daughter on May 9th 2010, 5 years now, our greatest joy is that she is HIV negative. I believe this is so because we joined the couples program in ROM; attended counseling as a couple but most importantly attended the PMTCT program as well. I was closely monitored by the clinicians and in my 3rd trimester, I was referred to

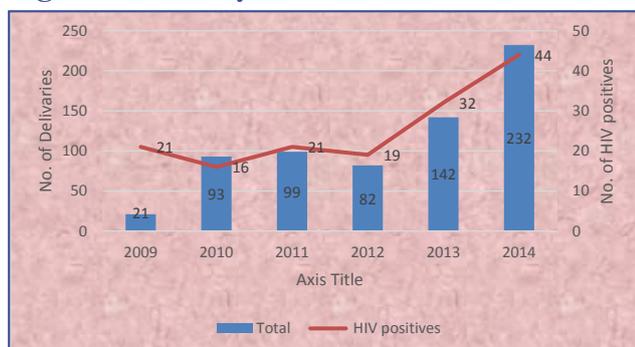
the national referral hospital - Mulago for further management and that is where I delivered from.

We are a happy family, and to my fellow HIV positive colleagues, I encourage you to live positively and utilize programs that have been put in place for us. It is possible to have an HIV free baby; the responsibility is ours' and everybody's. Today there is a single drug dose for a mother that if taken well, allows us to breastfeed our children. I did not breast feed my baby then, she was on replacement feeding but is very healthy and bright. I thank all who have supported us and made it possible”.

Deliveries at ROK

In 2014, 328 pregnant mothers were admitted at the maternity ward; 232 (44 (19.0% HIV positive mothers) deliveries were conducted. In addition, 18 mothers were referred for emergency caesarian at Kiwoko Hospital, about 48 kms from the site. With support from Smiles of Daniella foundation in Italy, Kasaala Health center acquired a theater which will support complicated deliveries and other surgeries. ROK registered 24 babies with low birth weight, 11 birth asphyxia and 3 still births.

Figure 6. Delivery trends at Kasaala, 2009-2014



ROK in-charge with smiles of Daniel partners open the theater



Well-furnished Maternity Theater

Village ambulance

Pulse village ambulance donated one village ambulance to ROK. This ambulance is a custom-built trailer designed specifically to meet the medical transportation needs of rural communities to improve health care.



A rider, care taker and very sick patient arrive at the Health center

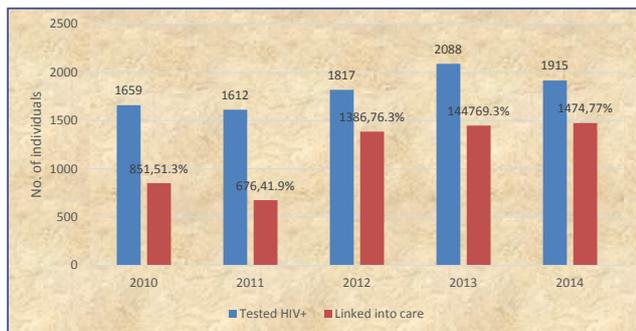
Clinical care and support services

Linkage into Care

During the reporting period, access to care was scaled up through increased mobile outreaches, public and private clinics and introduction of moonlight ART clinics for key populations. Out of the 1,915 testing HIV positive, 1,474/1,915 (77%) were linked into care; 1,415/1,915 (73.9%) were newly enrolled into care at ROM and 59/1,915 (3.1%) were transferred to other centers, In total, 6,726 of clients were served, out of which 6,203 were still active in care by the end of the reporting period. Of these, 437/6,203 (7.1%) are children

under 15 years. The improved linkage into care was due to strengthened follow up of HIV positive individuals from the point of testing at counseling through to the community. Phone counseling and ART moonlight clinics in addition to the moonlight HCT were also implemented to reduce the poor linkage into care of the key populations.

Figure 7. Linkage to care trends, 2010-2014

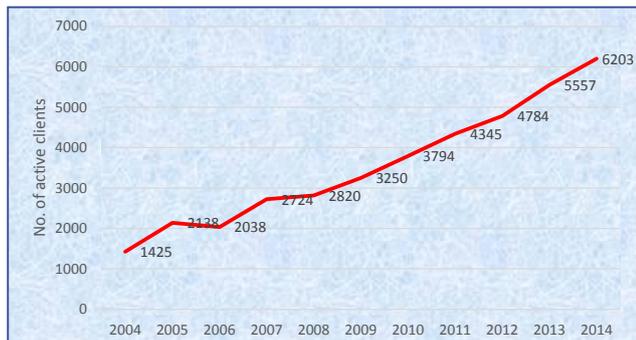


Clinical care services

ROM continued to offer comprehensive HIV/AIDS care and support services to HIV positive clients and their families. All clients active in care were on lifelong cotrimoxazole prophylaxis, or dapson in case of sulphur allergy. Services included; management of opportunistic infections (OIs), health education; home based care; Positive Health and Dignity Prevention services; nutritional support; provision of the basic care package; screening and management for cancer of the cervix; screening and management of sexually transmitted infections (STI) and maternal & child health services.

ROM continues to monitor adherence both at home and at the facility through pill counts with an average of 88% of the patients adhering above 95% to their cotrimoxazole prophylaxis.

Figure 8. Active clients' growth at ROM, 2004-2014



Pediatric care and support

By the end of December 2014, 437 HIV positive children were active in care and on ART, out of whom 366 are adolescents. Every clinic day all children are offered routine counselling by the counsellors and play therapy activities by the teenage and adolescent supporters (TAS). Interactive friends' forum meetings, a peer support group for HIV-infected children aged 7-18 years were held quarterly where several issues were discussed; issues of anxiety in children, coping with HIV, adherence, nutrition, and roles and responsibilities of caregivers towards children living with HIV. 107/437 (24.5%) children were active in the friends' forum quarterly meetings.



A TAS interacts with children during clinic days (Play therapy)



A child discusses Adherence during the friends' forum

Positive health, Dignity and prevention (PHDP)

ROM recognizes provision of a complete PHDP package as an effective strategy for reducing risky sexual behavior among PLHIV including risk reduction counseling, sexual reproductive health

education, adherence counseling, partner HIV testing and counseling and sexually transmitted infection (STI) diagnosis and/or treatment. Additionally, during clinic consultations 3,138 clients were found to be involved in risky sexual behaviors and 1900 were diagnosed with STIs and treated at ROM.

During the year, ROM conducted four 3-month modular risk reduction trainings for discordant couples, aimed at prevention of HIV transmission to the negative partner and children in the event of pregnancy. The modules included risk reduction, couple communication, treatment adherence and support, eMTCT, positive living, and the dangers of alcohol. Twenty (20) couples separated despite continuous counseling. In addition, 214 HIV negative partners were retested after 6 months and 5 (2.3% sero-conversion rate) had sero-converted.

ROM continues to monitor adherence both at home and at the facility through pill counts. Those found with poor adherence (Below 95%) are referred for adherence counseling and attached to adherence groups within the communities (where excellently adhering clients support those with poor adherence). Children aged below 15 years and commercial sex workers have been noted to have poor adherence because of lack of support from

guardians and forgetfulness due to sex workers' nature of work at night, often sleeping during the day and forgetting to pick their refills respectively.



Discordant male peer discusses with couples during the training

Cervical cancer screening and management

HIV positive women were screened for cancer of the cervix (CaCx) using Visual Inspection with Acetic acid (VIA). 296 women were screened for cancer of the cervix (CaCx); 39 (13.2%) had an abnormal VIA and 2 out of these were confirmed to have CaCx. With support from the Stephen Lewis Foundation, 73 women aged ≥ 60 years (5 were HIV positive) were also screened for cervical cancer and 25 (34.3%) had abnormal results, out of whom 6 were diagnosed with CaCx.

Nassolo Sarah, aged 28 years, married and a mother of two shares her story

I joined Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) in January 2005 as a client. I had always been normal without any fears or even concerns of Cervical Cancer. I had never even undergone cervical cancer screening all my life. One day, it was announced that there was free Cervical Cancer screening for all women in the child bearing age in ROM clinic. I was one of the privileged women to benefit from this opportunity. The Pap smear result was high grade and I was referred to Mulago National Referral Hospital where Visual Inspection (VIA) and Colposcopy results showed development of cancer cells on my cervix.

I was advised to undergo Cryotherapy treatment to address the problem. I feared this process and never went back because I thought it was so painful. However, the nurses at Mulago kept on calling me and reminding me to come for the treatment. I first talked to the clinician at ROM who had sent me to Mulago and she advised me to go back for the treatment, so I went back and Cryotherapy was done. To my surprise, it was not painful. After one month, I went back for review and was told to go back after one year.

I thank ROM for the initiative of Cancer screening because it helped me to know my status and also get treatment otherwise by now, I would have developed the deadly cancer disease. It is my humble prayer that all the VIA, Colposcopy and Cryotherapy services be brought to ROM to enable us access the service with ease but also save the lives of many women.

Maternal and Child Health (MCH) services

ROM continued to integrate HCT into MCH services including immunization, ANC and PNC. 8,099 children were immunized with 2,048 completing the national immunization schedule (Table 5). 4,493 children were dewormed and

2,842 children received Vitamin A. In addition, 1,228 (590 were pregnant) women were immunized against tetanus. During immunization, 107 children were offered HCT, one tested HIV positive and was enrolled into care. The Immunization program is supported by Kampala Capital City Authority (KCCA).

Table 5. Numbers of children receiving immunization during 2014

Doses	under 1		1-4 Years	
	Male	Female	Male	Female
BCG	462	308	4	3
Protection At Birth for TT (PAB)	52	59	3	1
	0	0	0	0
Polio 0	222	257	1	1
Polio 1	377	346	1	2
Polio 2	354	339	2	0
Polio 3	325	320	2	1
DPT-HepB+Hib 1	387	362	1	4
DPT-HepB+Hib 2	352	370	3	4
DPT-HepB+Hib 3	390	394	4	4
PCV1	358	316	1	0
PCV2	250	215	0	2
PCV 3	156	150	3	2
Rotavirus 1	0	3	0	0
Rotavirus 2	0	0	0	0
Rotavirus 3	0	0	0	0
Measles	419	415	40	52
Fully immunized by 1 year	871	1095	44	38
DPT -HepB+Hib doses wasted			0	6
BCG doses wasted			0	0
Polio doses wasted			0	0

Nutrition support

ROM continues to conduct nutrition assessment and counseling during clinic consultation and home based care. 3,261 clients were assessed, 241 (94 children) were found to be malnourished (175 had moderate acute malnutrition (MAM) and 49 (17 with oedema) had severe acute malnutrition (SAM). Those with severe malnutrition were referred to Mulago National referral hospital for further management. 25 clients were enrolled on complementary feeds bringing the total to 282 active, while 15 infants were enrolled on replacement feeds giving us a total of 15 infants active in the

program. 458 clients received therapeutic feeds with 189 newly enrolled. In addition, 127 pregnant and lactating mothers received infant feeding counseling and food support. On recovery, clients were linked to income generating activities and the Village Saving Loans Associations (VSLA) so as to improve their food security.

Anti-retroviral therapy (ART)

ROM provided ART services according to the revised national 2013 ART guidelines with emphasis put on test and treat for key populations; pregnant and lactating mothers, couples in discordant relationships, TB-HIV co-infected patients and

children. All ART-naïve clients were assessed for ART eligibility using the new guidelines and were enrolled on ART subsequently increasing the number of HIV positive clients on ART from 4,537 to 5447.

1,176 ART naïve clients (155 children under 15 years) were initiated on ART. Forty two (42) ART clients transferred in from other centers giving a total of 5447 ART recipients; children contributed 431 (7.9%). Approximately 97% of the adults and 94% of the children were on first line ART regimens.

Twenty three clients were diagnosed with treatment failure and switched to second line ART giving a total of 188/5447 (3.5%) clients on second line treatment. In order to increase the number of KP on ART, Moonlight ART clinics for KP were introduced in selected hot spots.

Post Exposure Prophylaxis (PEP)

ROM supported provision of PEP services to 43 clients, 6 (13.9%) of whom was due to occupational exposure, 16 (37.2 %) rape/sexual assault, and 21 (48 %) other non-occupational causes. Public and private clinics contributed 48.8% (21) of the clients on PEP. To further improve access to PEP, messages were integrated into the prevention activities. ROM sensitized local authorities i.e. police officers and local council (LC) leaders on availability of PEP services. All the PEP clients were retested and none had a positive result.

Figure 9. Proportions of clients on ART (2010-2014)

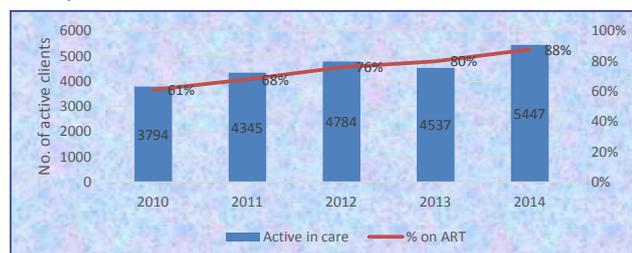


Table 6: Client per lines of regimen by end of December, 2014

Clients per regimen	Total	%
Adults on first line Regimen	4,847	89%
Adults on 2 nd line regimen	163	3%
Children on 1 st line regimen	411	7.5%
Children on 2 nd line regimen	26	0.5%
Total	5,447	100%

Routine pill count are done at the clinic and during unannounced home visit, revealed that 85% (5,273) clients' adhered above 88%. The decrease in adherence from last year's 91% (figure 10) may be attributed to non-disclosure of clients to their family members because of stigma and discrimination. ROM retained 84% of clients after 12 months of ART initiation by the end of December 2014.

Figure 10. ART Adherence trends, 2009-2014



TB/HIV

TB screening was integrated at points of HCT, and during clinic consultations. GeneXpert was used to diagnose pulmonary TB. 893 presumptive TB cases were identified; 220 clients (24 with extra pulmonary TB) were newly diagnosed with active TB and were started on anti-TB treatment, giving a total of 255 (43 HIV negative) active TB cases by the end of December 2014. ROM registered 7 multi-drug resistant TB (MDR-TB) cases (one HIV negative contact) in care who were started on 2nd line anti-TB therapy and are still being followed up in the community. Contact tracing was done to 80 households representing 395 household members that had an index smear positive sputum case and none was found with TB.

In addition, ROM rolled out the new national INH prophylaxis guidelines. During the period, 82 clients (25 were children) were started on INH prophylaxis. The low numbers of clients started on INH was due to national stock outs. Newly diagnosed TB clients were seen by the clinicians at home for the first 2 months of treatment so as to reduce TB transmission at the facilities. TB success rate was 87% compared to the previous year's 80%. This was attributed to Improved TB/HIV data utilization and regular quality improvement

discussions on TB outcomes.

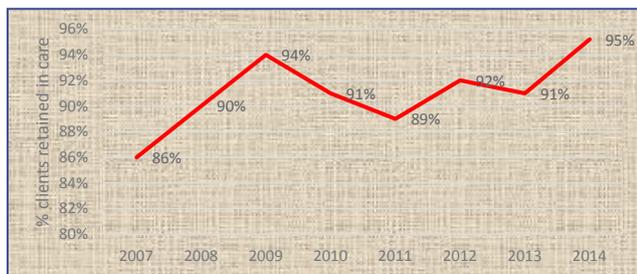
Table 7. TB treatment outcomes over the years (2013-2014)

Out comes	2013	2014
Completed and cured	38	110
Completed treatment	61	42
Treatment failure	7	3
Transferred out	12	3
Loss to follow up	2	3
Died	3	13
Total	123	174
Success rate	80%	87%

Retention in Care

ROM retained 95% of its clients in care as compared to the previous year's 91% (Figure 11). The increase in retention may have been attributed to phone call and SMS approaches which were adopted in addition to strengthened peer-led home follow up.

Figure 11. Client retention in care trends, 2007-2014



Laboratory

ROM has four fully functional laboratories across the four sites and a mobile laboratory. Tests were conducted across the four sites and through the mobile lab in the mobile van which provides outreach laboratory services to cater for both key populations and the general population. In addition, PPP laboratories carried out HIV tests. In total, 62,313 tests were conducted; 36% HIV test, 7% Malaria tests, 17.1% CD4 count & 2.5% Sputum for AFBs among other tests. Blood and sputum samples were sent to Uganda Virus Research Institute (UVRI) and AISPO/National TB Reference Laboratory (NTRL) for purposes of quality assessment. ROM scored 100% in the external quality assurance assessments throughout the year.



Mobile outreach clinic

Pharmacy management services

ROM has a robust and efficient supply chain and logistics management system that ensures that stock outs are avoided and a 3 months' buffer stock maintained. Drugs are provided by National Medical Store (NMS) and Joint Medical Store (JMS) on a quarterly basis. ROM adopted the web-based ARV ordering and reporting system (WAOS). However, experienced a setback of lack of INH from the national stocks thus slowing initiation of clients. Staffs were mentored in logistics management and proper quantification. ROM received a golden award for "Outstanding performance in logistics management of HIV commodities" under the procurement and supply chain strengthening project with support from CDC.



Death Audit

Ninety (90) clients died, representing 1.5% mortality rate similar to last years' mortality (figure 12). The major cause of death was due to TB (36%), accidents (10.3%), CCF (7.1%), Malnutrition (7.1%) and 39.5% were due to other causes.

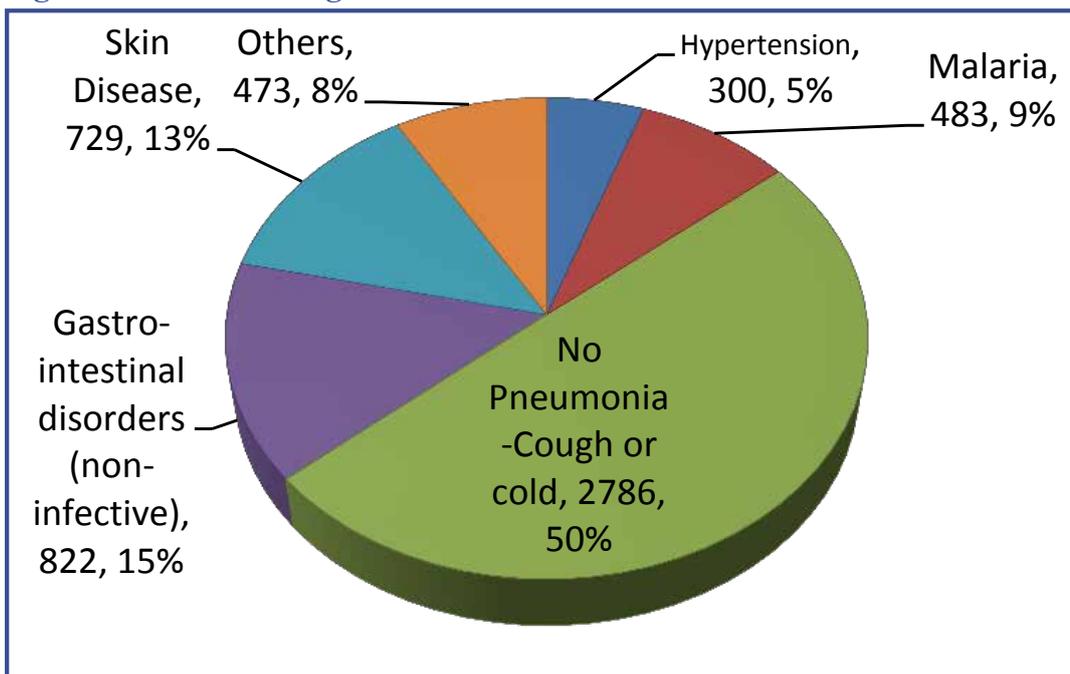
Figure 12: ROM Mortality Trends, 2006-2014



Outpatient and inpatient care at ROK

ROM integrated HIV services into PHC at Kasaala. In 2014, Kasaala had 9,644 consultations; 5,593 (49.5%) of which were for PHC. There was an 84% increment in the number of consultations from the previous year which was attributed to the introduction of the monthly grandmother’s clinic supported by the Stephen Lewis Foundation. 279 individuals receiving PHC were referred for HCT, 21 (7.5%) of whom were HIV positive and were enrolled into care. A total of 835 patients were admitted, 136 (16.3%) of whom were HIV positive clients. 24 died while in admission at ROK, 13 of whom were HIV positive. Causes of death while in admission included advanced HIV with septicemia (5), severe malaria (4), anemia (2), cryptococcal meningitis (2), severe pneumonia (2), congestive heart disease (2), and other causes (7).

Figure 13. Common diagnosis in PHC in 2014





Archdiocese of Berlin donates



Barclays Bank, Kireka joins the Roses of Mbuya to celebrate Women's day and also donate



Sid'Ecole delegation welcomed by St. Matia Mulumba pupils



Shoprite Supermarket donates to sustain the pupils they sponsor



Michelle Martz and family of ROSE - California poses with pupils they sponsor on their visit



Outgoing and incoming Executive Directors at the farewell event



SLF official interacts with Grandmothers on his visit to ROK



Lieutenant Paul Malla donates too



Minister of health Hon. Elioda Tumwesigye at the Roses of Mbuya stall during the UNASO AGM



Fatuma Nabaleme in front of her house that collapsed in Nov.



Former CDC - Uganda Director, Dr. Jonathan Mermin and his family interact with an OVC on his visit to ROM



Fatuma Contributed 500 bricks using her VSLA savings



Dr Margrethe Juncker, Lisa Furmaski and other founders members, pioneer staff and clients pose for a picture when the two doctors visited in February



With contributions from ROM staff, Dr. Mermin's Family, Lietanant Malla and the Archdiocese of Berlin-Fatuma and her grand children got a chritmas gift they still have to improve.



University of Stellenbosch students entertain OVC at a christmas Party sponsored by Shoprite, Spedag Interfreight, Century Bottling Company, Ugachick, Jesa Diary, InterAfrica Foods, Muzei Ronald Enterprises, Emu printers, Jems Agency and Lubega Joseph Mukawa



Uganda Institute of Communication and information Technology Rotract President interacts with OVC and later donated on behalf of the club.

2014 in Pictures

Community Support Department

The Community Support Department supports the medical directorate and it comprises of the Community Network of Care, Operation Child Support (OCS), Community Prevention, Economic strengthening and Legal support sections.

Community Network of care (CNC)

The CNC provided home based care to clients and their families utilizing the peer-led and family approach to follow up clients. The peers include; Community ART and TB Treatment Supporters (CATTS), the Mother to Mother supporters (M2M), the Teenage and Adolescent Supporters (TAS) and the Key population peers. At Kasaala, the Village health teams (VHTs) and the expert clients are in-charge of community follow-ups. Activities include: unannounced pill counts at home to ensure adherence to treatment, provision of positive living messages, referral of complicated cases to the medical team and mobilization of communities for ROM activities.

In 2014, 30,578 homes visits were made to 6,981 clients; the CATTS contributed to 20,220 home

visits, VHT and expert clients at ROK contributed 1,456, TAS 6,200 and the M2M 2,702. The major socio-economic challenges faced by the clients included alcoholism, non-disclosure and domestic violence. Stigma and psychosocial issues were the main problems reported by adolescents.

Mother to Mother (M2M) Community Supporter Follow Up

Through the M2M community supporters, ROM has successfully implemented eMTCT strategies and achieved 0% mother-to-child transmission of HIV for the last four years. They have been able to improve early ANC attendance, completion of the 4th ANC visit, safe delivery at health centers and follow-up pregnant and lactating mothers, and HIV exposed babies until the age of 18 months when their HIV status is ascertained and they are discharged from the program if HIV negative. The M2M are also involved in mobilizing women for reproductive health services and referrals where necessary; 271 pregnant mothers were therefore referred to the clinic for e-MTCT services.

Figure 14: Home visits made by the community workers, 2002-2014



Table 7: Home visits made by M2M according to trimesters in 2014

Quarters	First trimester		Second trimester		Third trimester		Total	
	Home visits Made	No of mothers						
Jan-Mar 2014	222	68	225	112	249	102	696	282
Apr-Jun 2014	192	68	231	128	340	84	763	280
Jul-Sept 2014	133	105	126	107	205	132	464	344
Oct-Dec 2014	154	149	208	203	205	182	567	534

Teenage and Adolescent Supporter (TAS) Follow-Up

The TAS provide psychosocial support to teenagers and adolescents aged 10-18, with emphasis put on adherence to treatment and disclosure. A total of 6,200 home visits were made to 366 adolescents' households by 5 TAS. Major challenge identified was stigma at school and to guardians of HIV positive children. Of the 366 children, 132 (35.7%) had poor adherence and were linked to the friend's forum program which meets quarterly and supports HIV positive children. Fifty four children improved their adherence from an average of 65% to 74% within 6 months. The 9 children in boarding schools were closely monitored by the school matrons and patrons.

Economic strengthening

Village saving and Loans Associations (VSLA)

VSLA activities were implemented to improve the livelihoods of HIV Positive clients, their families and the general community through self-selected savings and loans groups. Currently, 324 groups are actively saving reaching 9,720 individuals (68% females) and HIV Positive Client involvement stood at 40%. Of the 324 groups, 40 were for key populations. The cumulative value of savings stood at shs. 5,099,141,000/= with a cumulative loan value of 10,960,950,000/=; The defaulting rate stood at 5%.

Roses of Mbuya

Roses of Mbuya started in 2002 as a tailoring workshop with a group of HIV positive women , majority of whom were widows with no source of income and unskilled. As part of psychosocial therapy, the women shared their social problems and supported one another. The women attained several skills such as production of handicrafts, bead making and tailoring. Roses of Mbuya has since grown into a big tailoring workshop that receives uniform contracts from schools, hotels and from PACE to make filter cloths where they are able to earn a fee on items made and support their families. They have also developed a Canteen at Mbuya, Roses Mbuya shop, St. Kizito school shop that sells uniforms and other school requirements.

With support from Barclays Bank, a training workshop was developed which has trained several women and OVC that have joined Roses of Mbuya as full time or part-time staff, joined other companies or started their own tailoring businesses.



Other community activities in pictures



1. A community worker demonstrates to clients how use a filter on a jerry can for safe water
2. A child receives her birth certificate from the para-legal officer (in pink) after facilitating the registration process.
3. Clients discuss during a village meeting
4. Clients prayer day led by Fr. Mungereza
5. OVC during their spiritual retreat
6. The Exploring Talents Club entertain at a function
7. The beading class in the ongoing Barclays Bank funded training.

Orphans and Vulnerable Children (OVC)

ROM supported OVC through a comprehensive package of interventions; education, shelter, economic strengthening, nutrition, health care, legal and child protection beyond psychosocial support. Psychosocial support interventions included: play therapy, Saturday children's club and exploring talents clubs (Jazz, Brass Band and MDD).

Education support:

- 1,768 (51.7% females) children received education support; 161 (9.1%) were HIV positive and 3 from child-headed households. 18 children completed vocational training, 163 sat for their national examinations and 131 children exited.
- 18 children who completed national exams were placed within ROM for skills building; 14 in the Roses of Mbuya workshop, 3 in the OVC section, and 1 in VSLA.
- All children in the program sat their exams; 99 (5.6%) repeated. Over 79% were first time repeaters. Major causes of failure were low parental involvement and failure to attend pre-primary school because of household income vulnerability, among others.
- ROM redesigned schools follow up; children with similar challenges are visited in groups of 10 as compared to the previous individual visits. 1,766 children were visited; 114/1,766 (6.3%) had poor schools grades, 78/1,766 (4.4%) had bad peer pressure influence and 123/1,766 (6.9%) had hygiene problems among others.
- Two OVC parents/guardians meetings were held to share the children's challenges and disseminate the OVC policy. Issues discussed; irregular school attendance, poor performance, poor hygiene and OVC household graduation. 720 parents and guardians attended.

Table 8. OVC supported by donor, 2014

Donors	PRIMARY	SECONDARY	TERTIARY	Total
CDC	979	421	114	1514
ROSE	30	60	0	90
SID' ECOLE	58	1	0	59
*Other Donors	24	2	20	46
Stephen Lewis Foundation	0	0	35	35
Barclays Bank	0	0	7	7
Church Donation Box	10	0	0	10
Bank Donation boxes	0	0	7	7
Total	1101	484	183	1768

* Several other donors including; Centenary Bank, Quality supermarket, Housing Finance Bank, UICT Rotaract Club, Mercedes Benz, Office of The First Lady, Shoprite Supermarket, Nigerian Community in Uganda, ROM Staff, Roses of Mbuya, Fiona & Nobert Egvik, Amiot Mandre and Grace Kavuya.

Table 9 : Primary leaving Examinations out comes over the years (2012-2014)

Years	Division 1	Division 2	Division 3	Division 4	Grade U	ABS	Total
2014	25	66	13	1	0	1	106
2013	21	61	1	4	0	0	87
2012	19	57	13	9	1	1	100

Table 10: Uganda Certificate of Education (UCE) outcomes over the years (2012-2014)

Years	Division 1	Division 2	Division 3	Division 4	Division 9	ABS	Results not released	Total
2014	12	15	15	14	1	0	0	57
2013	11	25	22	25	2	1	2	88
2012	5	22	19	9	0	0	0	55

Health including HIV Prevention: 8,111 children, adolescents and youths aged 10-24 years were reached with HIV prevention messages through music, dance drama, and discussion sessions in small groups of 15-20 individuals. Topics included cross-generational sex, addressing the ‘S’ factors - Shame, Silence and Stigma, STI and the importance of abstinence. 824 OVC households also received Insecticide treated mosquito nets.

Shelter: Sixteen OVC received shelter with support from Liz Michelle, Hope Restoration shelters at Banda, and with support from a priest at Mbuya parish.

Food support: 448 (53 were supported by Side’cole and 395 by MMI) OVC households were supported with food benefiting 1,987 (1326 secondary individuals). The food basket comprised of rice, beans, and corn-soya blend. Household size of 1 to 4 received 12.5kg maize meal, 4.16 kg beans, and 8.33kg CSB while households of greater than 5 received a double portion of the households of 1-4. Additionally, with support from CDC all children

receiving school fees support had their lunch at school paid for.

Economic strengthening for OVC: 36 households received economic strengthening translating into 1,181 OVC beneficiaries. 157 OVC were supported to attain vocational/ apprenticeship skills. ROM provided piglets to 5 households which supported 18 OVC. In addition, with support from Barclays Bank, 28 OVC and 57 OVC care givers were trained in tailoring, beading and knitting and all benefited from an adult literacy program.

Child protection and legal support: 4,550 OVC were reached with legal messages; 145 cases were identified of which, 57 were referred to the police and Local council for child abuse and neglect while 88 were linked to social support services. Additionally, 68 OVC were assisted to do birth registration.

Peer-led psychosocial programs: 2,800 OVC were reached through the different peer-led psychosocial interventions.





An award presented to the ROM MMD group for being the best cultural dance group in a competition

1. The youth from Mildmay Uganda receives a trophy for top scorer during the sports gala
2. The ROM Executive Director greets the football finalists during the annual sports gala
3. The Guest of Honour awards the best primary School in Poetry: Bright Future Primary School.
4. The Youth passing on HIV messages during the MDD competitions
5. The brass band lead, the military in the Tarehe sita march
6. Parents meeting to discuss ROM education program



Nyawere Mary Grace has benefited from Sid'Ecole support for the last 3 years. She lives with both her parents and 3 siblings. When the social worker visited Grace's home in 2012; the poverty in this family was very evident. The family was in desperate need of food, they only took porridge as a day's meal. The family members were miserable, malnourished, and Grace and her brother despite being of school-going age were not enrolled in school. Grace's mother and father crash stones in the quarry for a living. With support from Sid'Ecole which provided school fees, uniform, shoes and other school necessities, Grace and her brother were immediately enrolled in school and the family received food. ROM continued to offer psychosocial support.

However, Grace had difficulties in catching up in class because they had never been to pre-primary school, she could not express herself in any language apart from her mother tongue and this made it difficult for her to make friends. It is no wonder that Grace was advised to repeat P.1 for better grades. In 2013, Grace became a victim of domestic violence as a result of her parents fighting regularly. When the situation got worse, Grace's mother ran away to the village with all the children. In turn, Grace's father got himself another wife neglecting Grace and her siblings. When schools opened for term 1 in 2014, Grace did not report to school and it was discovered that she was still in the village. This situation was worrying and it took the intervention of Community workers, Social workers and the legal supporter for Grace, her siblings and mother to return.

The family received intense counselling services, Grace returned to school and the father parted ways with his new wife. Grace's grades however were on a down ward trend and the Social workers met with Grace's teachers who pledged extra support. The parents were also tasked to visit the child regularly at school. On several occasions, the social worker met with Grace's mother to discuss her class performance. Grace has developed interest in school and the mother can now come to the ROM office freely to discuss her child's performance which was not the case earlier, this has contributed to the child's improvement in performance and thus was promoted to primary two.



A Social worker having onsite discussion with Grace's mother

Grandmothers' project in Kasaala

ROM has been supported by the Stephen Lewis Foundation (SLF) for the last 12 years. In 2014, ROM received funding from the Stephen Lewis foundation to implement the grandmothers' project at Kasaala in Luweero district. The project was aimed at improving the wellbeing of 100 grandmothers and their household. Results to objectives included;

Identification of the grandmother's needs: through a household vulnerability index tool 810 grandmothers were identified and assessed; 784 (85 (10.8%) were HIV positive) were found to be eligible for various needs. The over achievement

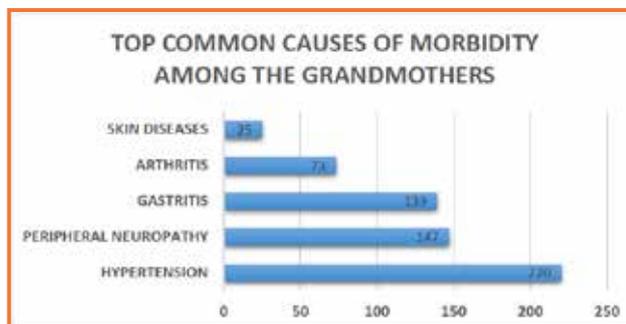
was attributed to the neglected support to the grandmothers within this area.

Provision of health care to grandmothers: Through the newly established Friday grandmothers' clinic, 784 grandmothers received health services. Services included; health education, general health care screening and treatment and cervical cancer screening among others. The common diseases diagnosed included hypertension, gastritis, and peripheral neuropathy among others. 82 grandmothers were screened for cervical cancer; 35 had positive VIA results and were referred to Mulago National Referral Hospital for PAP smears and histology. 8 were confirmed with cancer and given treatment.

Grandmothers attending the Friday clinic



Grandmothers listening to a health talk



Improvement of the grandmothers' economic status: 343 grandmothers received farming handouts of 2 hoes each and a panga. Additionally, 7 grandmother VSLA groups were formed benefiting 270 grandmothers. Their cumulative savings stood at 11,195,000/= by the end of the year. 93 grandmothers received the Orange Fleshed Sweet potatoes (OFSP) vines rich in Vitamin A.



Provision of material support to grandmothers and their households: 113 grandmothers received material support which included mattresses, blankets and bed sheets and scholastic materials for their grandchildren.

Support for 50 grandchildren to be self-sustaining; 35 grandchildren (14 girls) were identified for vocational skills training and enrolled at St. Mary's and St Kizito vocational schools in different courses.

Barclays Bank sponsored training

In 2014, ROM received funding to train vulnerable women and OVC with skills in tailoring, knitting, beading, weaving, and adult literacy. Achievements per objective include;

To equip poor women and OVC with skills to compete favorably in the market; 158 women and OVC were assessed and 111 (28 OVC) individuals and OVC were selected for the training. Of these 26 were HIV positive clients.

Provide employment opportunities to vulnerable women and youth; 33 completed their training while 78 are still training (23 beading & knitting and 55 tailoring). Adult literacy was integrated. 80/111 joined VSLA to acquire skills in savings that will support them to buy their sewing machines. Of the 33 who completed 20 were linked to Lydia Textiles for internship, 6 to Christex Garments Limited, three employed at the police tailoring shop, and 4 volunteer in the ROM workshop.



Monitoring and Evaluation department

The department plays a key role in performance reviews, use of data for evidence based decision making, routine support supervisions and monitoring, support records management, quality improvements of the various HIV/AIDS activities implemented.

Performance reviews

During the year, ROM conducted performance review meetings where data results were disseminated and discussed in comparison to set targets. Challenges, experiences, lessons learned and ways forward were mapped by participants and as such owned action plans were developed. ROM also held an annual performance review meeting to develop new strategies aimed at realizing their targets including strategies on improving the quality and scale-up of services.

Monitoring and support supervisions

Fifty four (54) monitoring visits were conducted by the M&E team to ensure data collected and reported by the departments were accurate. Key outputs included the timely detection of missed clinic appointments and interventions were implemented to reduce missed appointments, consequently leading to a reduction in the number of clients lost to follow up. The client satisfaction assessment findings showed 90% of the clients were satisfied with the services. Routine data quality audits (RDQA) were conducted prior to and in the aftermath of every reporting period. Staff participated in this exercise to agree on reported data and quality improvements prior to reporting to various stakeholders. Center for Diseases Control and Prevention (CDC) also conducted support supervision of all ROM sites.



A CDC team during their support vision tours the ROM site

Organizational reports

Key reports were submitted to various donors and partners. In addition, reporting templates for medical and community departments were reviewed and new indicators incorporated.

Management information system and enhancement of records management

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

OBITUARY

Fr. Joseph P. Archetti

Forever remembered for bringing hope to the hopeless.

COMPILED BY REACH OUT MBUYA



Fr. Joseph P. Archetti, a former missionary with zeal to transform and give hope to the hopeless persons on the earth, was born in 1934 in Brescia Italy joined the seminary in 1961 and was ordained priest in 1965. With a strong devotion to spread the Gospel, he arrived in Uganda at the beginning of independence. November 1962 becoming Central and Northern Uganda with various parishes as seen below.

From 1962-1968, he worked in Kasubi Suburban District. His ministry was limited to about 30 "back" parishes, left by the Missionaries of Africa (MMA) after their flight schedules in 1964. He organized the parishes in the parishes of the Uganda Martyrs in October and prepared the marriage of 84 couples for that occasion.

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He soon came back to central region and assumed duties in Nampogoro from 1988-1997, where he was in-charge of all parishes at a parishes for the Region of Our Lady of the Holy Spirit.



Fr. Joseph P. Archetti with a group of people.

The Italian who loved Uganda's sick and poor

Tribute to Fr Joseph Archetti (1934 - 2014)



When the country had 1994 while in 2011, when he arrived in Uganda, he was assigned to the parishes of the Central and Northern Uganda with various parishes as seen below.

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Ntambudde ne siriimu kati emyaka 20 Kampala | Apr 22, 2014

NNAWULIRANGA oluweto olwegulu, olusajjisa wamu n'ekibwa eky'amaanyi, nga bwe ng'enda mu ddaawiro, bawaza kumu amina bulwade bwa kafuba.

Ntabera naye okumala emyaka ena ne n'unga olubuto. Bwe luvaze emenzi mukaaga ne ng'enda e Mulago okunywa eddagala.

Abasawa ne batugamba ni balina ekibina ekkibeza omusanyi ne batugamba abagala tugende batabukeba.

Batuganyu omusanyi ne batugamba, bwe twakomawo oluvannyuma lw'entaku taano, buli omu baamuyin-gizanga mu kasenge omuli omusawa ne bakubulwade bw'oyimride.

Omusawa yambuzza kye nnaakola bw'anga n'amba ni muli mulwade ne mmudamu ni, "Nja kwewanjaba kuba eta bulwade bw'ajja kukwata wana".

Yang'amba ni: "Oluw'obuvumu bw'olina, ka nkuwe ne sseene, era nampa 5,000/- eggi n'ecupa ya sooda.

Oluvannyuma yampa akacupa ng'akasiye bulungi, n'angamba ni n'unga ne nkateeka, ni olubuto bwe luhindika okunnya n'anga n'akumula n'anga n'anga ekkenda erirumu, olwo nga ng'enda mu ddaawiro okuzaal.

Omusawa ono yamperekerako n'alaba awaka. Wabula baze olwamete-geza eby'obulwade yang'amba kumu ni ye mulamu.

Embagako baze yali alwalwala era lumu yafuka kenyu n'angamba ni enkaka ne alusa bwe bimutaanyana.

Bwe twatuka ku nsonga y'okwegatta, nemusaba...

Fr. Joseph P. Archetti, a former missionary with zeal to transform and give hope to the hopeless persons on the earth, was born in 1934 in Brescia Italy joined the seminary in 1961 and was ordained priest in 1965. With a strong devotion to spread the Gospel, he arrived in Uganda at the beginning of independence. November 1962 becoming Central and Northern Uganda with various parishes as seen below.

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RIPLOPS (U) LTD Modern serenity

Riplops Touch

MOVING HIV SERVICES CLOSER TO THE PEOPLE

REACH OUT

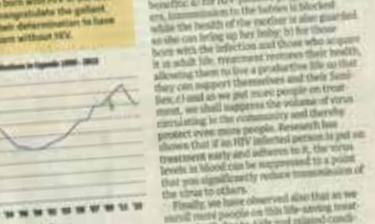
Reach Out Mbuya Parish HIV/AIDS Initiative (ROM) is a community, faith based Non-Governmental Organization, founded by Our Lady of Africa Catholic Parish Mbuya in 2007. Accredited by both the Ministry of Health and Uganda Catholic Medical Bureau, ROM is a non-profit organization that provides HIV/AIDS services as a community health management and care center, offering a wide range of services to the community.

A lot has been done and a lot is yet to be done as we fight the HIV scourge in Uganda. ROM is uniquely doing this by moving services closer to the people's homes for our four sites: Mbuya, Karamoja, Bwamba and Karamoja. In Bwamba, it was in the face of war, city evictions for developments that many of our clients fall victim. ROM saw the need to move and introduced the mobile outreach services in May 2012. For this model to work, ROM is working with other Catholic Parishes including St. Julia Catholic Church Naggoti, Our Lady of Consolata Catholic Church Bwagiro, St. Charles Lompo.

Uganda is making progress in response to HIV/Aids

Richard M. Nantulya HIV/Aids report

There has been a recent report by the UNAIDS global report on the status of the epidemic, which was encouraging. The report shows that the number of new infections in 2013 was lower than that of 2012. This is a positive sign, especially since the epidemic, which started in 1980, has been spreading rapidly in the past few years. The report also shows that the number of people living with HIV/AIDS in Uganda has decreased by 10% since 2010. This is a significant achievement, especially in a country where the epidemic has been spreading rapidly for so long.



The decline in the number of new HIV infections is a result of several factors, including increased awareness of the disease, improved access to antiretroviral therapy, and the use of condoms. The government and the private sector have both played a role in this success. The government has invested in HIV/AIDS prevention and treatment programs, while the private sector has provided the necessary infrastructure and services. The result is a significant reduction in the number of new infections, which is a positive sign for the future of the epidemic in Uganda.

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Governance, Management and staffing

Governance oversight of Reach Out Mbuya was provided by 11 Board of Directors (BOD) including the chairperson. The Executive Director with support of the senior management team oversee the day to day running of the program activities in 5 departments; Medical, Finance & Administration, Community and Social Support, Monitoring & Evaluation and Executive Directors' office.

The Human Resources

During the reporting period, ROM recruited 23 staffs totaling to 165 staff (64% female) by end of December 2014; 57 of whom were support staff. HIV clients' involvement remained at 35%. Through the Health System Strengthening program, MildMay recruited 2 Nursing Officers to support services at St. Mary's Health Centre Kasaala, Luwero. Thirty Nine staff exited (compared to 48 in 2013); 22 through resignations, 7 contract non-renewals and 6 terminations, 1 dismissal, 1 abscondment and 2 deaths. Among the exits were the Executive Director, Director Medical Services, Medical Coordinator and Monitoring & Evaluation Coordinator.



The chairman BOD, outgoing and incoming executive directors sign handover documents

Staff promotions

ROM promoted 4 staff to a level of Senior Nurse –TB, Senior Nurse- Nutrition, Outreach Services Supervisor and Communications & Public Relations Officer.



Edith Namubiru
Senior Nurse Nutrition
focal person



Asadi Lusabe
Senior Nurse TB focal
person



Eric Ezati
Outreach Services
Supervisor



Barbra Kulume
Communications &
Public Relations Officer

Fellows

ROM collaborated with a number of partners to bring on board fellows to support the staffing needs of the organization. These included 2 fellows from the Global Health Corps (GHC); Ms. Katherine S. Williams – Quality Assurance Officer and Daisy Nakasi – M & E Officer and Sharon Nakanwagi from Makerere University School of Public Health who was mandated to improve key population programming. They all completed their fellowship in July and November respectively. A thank you note from GHC for hosting the fellows was received on 22nd November 2014.

Reflections on my year of “Reaching Out”

*Katherine Williams
GHC Fellow, 2013-2014*



In late July of 2013, I arrived in Uganda for the first time. With a graduate school education, an open mind and a heavy suitcase, I came to work at Reach Out Mbuya Parish HIV/AIDS

Initiative, for a year as a Global Health Corps (GHC) fellow. I had spent the two weeks before my international flight in trainings at Yale University. My brain was full of frameworks and strategies but honestly, I felt unprepared for my new position as Quality Assurance (QA) Officer, having no prior QA experience; nevertheless, I was eager to get started. This was a unique opportunity - a chance for great learning and growth, and a chance to make a difference by contributing my efforts to a growing global movement for health equity. A few months after my fellowship’s ending, I’ve been reflecting on what I learned. I could list many lessons and shaping experiences, but here are my two biggest take aways:

Never turn down growth. Growth can be uncomfortable, tiring, frustrating and even lonely - but very worthwhile.

Personally, I grew from entering a new culture with an open mind. My accent and skin color made me stand out whether I liked it or not. I had to be okay with feeling out of place. It was often challenging but I learned to focus on the commonalities I share with my global family. Despite differing opinions or conventions, as mankind living out the human experience we have so much in common that can unify us if we’re humble enough to let it. Professionally, I grew by leaps and bounds. Having

never done QA before, I couldn’t ease into my job at ROM by leaning on past experiences. I had a blank slate and fresh perceptions, which I now think helped me to realistically assess the situation of QA in the organization and identify steps to prioritize. The most helpful thing I did to build my capacity was making local contacts in public health QA. I asked mentors and friends for introductions, and requested meetings or information. Most people are very willing to give insights to someone who shares their overarching goals- in my case, high quality health services.

Community is everything.

It’s easy to feel like our jobs are “small.” When we go to the same office each day, ride a taxi over the same potholes, clock out at the same time, where’s the impact? We can lose sight of the big picture. But when you combine my small job with yours, and his, and hers, we form a powerful community. We are part of a caring, connected network that has huge capacity for global change. Few things are more fulfilling in life than being a part of a movement for positive change. For me, that’s what GHC and my time at Reach Out represent. So here’s to growth and to plugging into the communities we’re blessed to share. Even though I’m no longer there, Reach Out will always be part of my global family and I’m proud of the positive difference it makes.



Katherine helping out to fit a mobile ambulance



A thank you note from GHC

A Journey worth taking

*By Sharon Nakanwagi
MakSPH CDC Fellow 2013/2014*



It was just before Labor Day 1st May 2013 that I reported to Reach Out Mbuya HIV/AIDS Initiative (ROM) for my fellowship

apprenticeship. This was after spending a period of about two months in training at the school of public Health. I must say I was warmly welcomed with the famous “As we bless you” ROM welcome slogan which made me really feel at home. Having come from a purely community based organization I was not familiar with working in a majorly medical related program but was ready to face whatever came my way as part of my leadership training. I had come from a much bigger organization having held averagely good positions and yet here I was in a smaller organization and humbling position

where I had to learn from anyone that I thought was of help. This is one of the greatest life lessons that I had to learn as a leader.

While at ROM I was tasked with the responsibility of supporting the Key populations project which involved working with Female Sex Workers (FSWs) a group that I had always looked at with a different mindset and didn't think they really deserved special medical care. However my thought pattern and attitude was challenged as I worked with this particular group of people. I realized they were humans who had needs and were willing to open up to those who could listen and care. Their many challenges and needs caused me to engage in several mechanisms of soliciting support and conducting studies that I presented in several forums to generate support that would improve their wellbeing and reduce vulnerability to HIV and AIDS.



Graduation ceremony for FSW enrolled for hair dressing

Following these lobbying activities the first ever night clinic was started at ROM and in just one night the seven FSW and their partners testing positive were enrolled in care, FSW peer educators were trained and have mobilized over 200 FSW for HCT and linked the positive to care, different FSW were empowered with skills in hair dressing and tailoring thus starting projects of their own, those lost to follow and never enrolled for care were started on treatment and their children and families provided with school fees and food. This boosted the whole model of care for these population groups; they could now speak out and get help as well as find options for a better and safer life style.

I witnessed even the ROM staff understand some of these programmatic implications and this to me is the whole public health approach to try and save lives no matter our different values and belief systems.



Moonlight VCT for Key populations



First peer educators for FSW trained at ROM

I have learnt to work with people of different caliber and work under so much pressure of having to meet host institution as well as fellowship requirements where I had to have several publications and presentations. And though I spent sleepless nights I appreciate the cause because my findings have been used by not only ROM but government and other International bodies for improving service delivery for the Key populations. As I look back I am proud to have been part of this noble cause and bless the Lord for guiding me along this most fulfilled life journey.

Students and volunteers:

During the year, a total of 23 national interns were hosted at ROM from various Universities such as Makerere University, Uganda Christian University -Mukono, Kyambogo University among others who served in various activities. In addition, 64 volunteers supported ROM in different sections.

Staff training and development

The program puts a thrust of its efforts on improving the capacity of clinical teams to provide quality and comprehensive TB and HIV/ AIDS services through targeted trainings, clinical mentorship and support supervision approaches. ROM collaborated with MoH and other training organizations to improve the quality of human resources for health. Cumulatively 177.5 hours (equivalent to 22 days) of staff time were spent on capacity building during the reporting period. In addition, ROM had 65 CMEs conducted. ROM placed the nutritional focal staff at Baylor-Uganda.

Employee of the year 2014



Okello Mark being congratulated by Chairman Board of Directors

Finances

Table 11 : Income & Expenditure Statement

INCOME	Notes	Unaudited	Audited
		2014	2013
		Ushs	Ushs
Income for Reach Out	1	119,745,726	77,382,705
CDC		3,739,300,000	4,207,427,622
Medical Access Uganda Limited		1,845,936,471	1,232,978,747
Stephen Lewis Foundation		152,466,835	188,241,998
Medical Mission International		203,454,700	201,835,000
PACE/TIDES Family Foundation		-	66,156,000
Barclays Bank Uganda		218,833,648	-
SidEcole		126,800,000	77,870,500
ROSE		63,750,000	53,726,400
Kampala City Council		7,094,370	7,266,905
Other Individual Donors		-	3,446,568
Operation School Fees Income		29,983,450	57,943,861
MDD & Band Presentation		12,007,500	7,900,000
Roses of Mbuya Sales		448,311,652	197,733,562
Bank Interest		109,007,753	98,454,638
TOTAL INCOME		7,076,692,105	6,478,364,506
EXPENDITURE			
Salaries		1,604,830,028	1,695,645,429
Fringe benefits		169,995,268	189,536,910
Consultancy		46,985,063	74,167,918
Equipment		83,909,945	6,493,000
Supplies		3,578,319,912	2,922,231,052
Travel		55,120,200	65,149,803
Others		1,046,577,241	2,289,826,126
TOTAL EXPENDITURE		6,585,737,657	7,243,050,238
Notes			
1:Income for Reach Out			
Category	-	2014	2013
Donation Boxes		12,862,670	9,896,144
Reach Out Items Sales		11,536,283	7,410,600
Toolkits Income		2,454,200	5,884,200
Ribbon Sales		673,000	1,583,500
MTH		27,577,300	3,470,000
Placement & other Reach Out Products		43,715,268	25,415,003
Other Income		20,927,005	23,723,258
Total		119,745,726	77,382,705

Senior Management Team 2014



Dr. Betty Nsangi Kintu
Executive Director



Mr. James Lubowa
*Director Finance
and Administration*



Ms. Harriet Katusabe
*Human Resources and
Administration Manager*



Dr. Agnes Anyait
Director Medical Services



Ms. Sunday Pamela
*Monitoring and Evaluation
Coordinator*

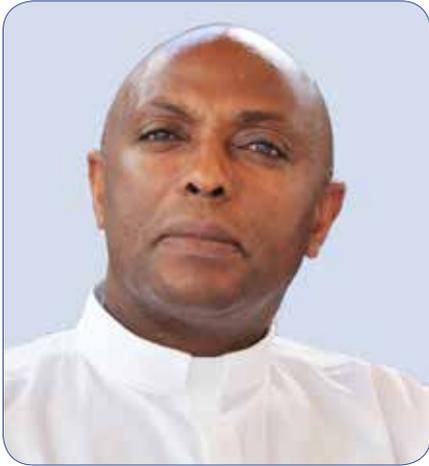


Ms. Agnes Nakanwagi
*Community Support
Coordinator*



Mr. Joseph Lwasa
Senior Internal Auditor

Board of Directors



Rev. Fr. John Mungereza
Chairman Board of Directors



Dr. Betty Nsangi Kintu
Executive Director



Mr. Deus Rutazana
Director



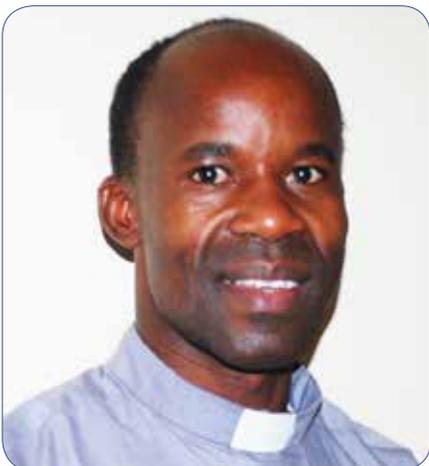
Ms. Donna Kusemererwa
Director



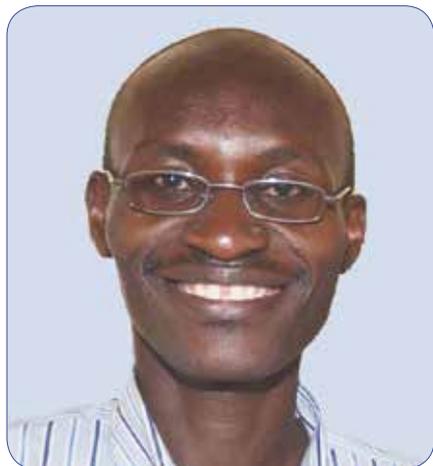
Ms. Flavia Nambusi
Director



Ms. Regina Bakitte
Director



Fr. John Bosco Nambasi
Director



Dr. Patrick Ogwok
Director

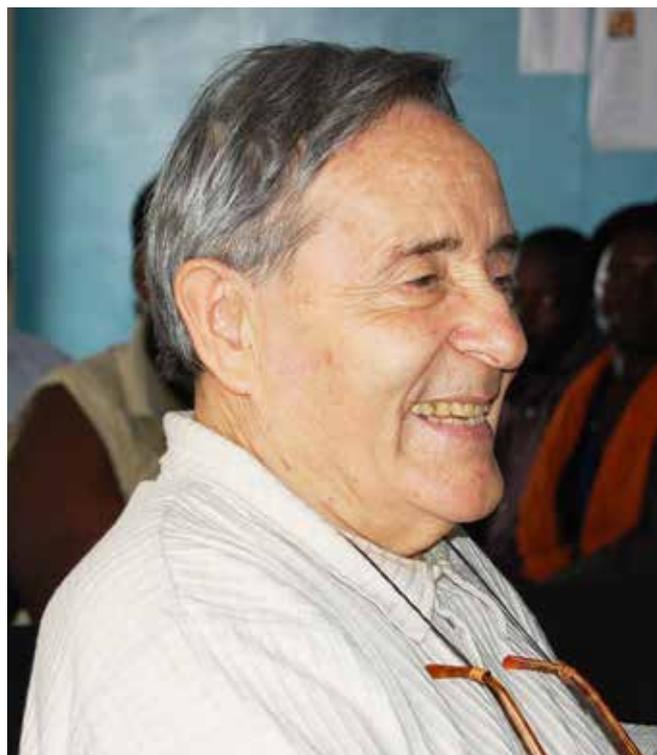


Ms. Esther Odek
Director

Obituaries



Fr. Joseph Archetti
17th July 2014



Fr. Mario Imperial
14th May 2014



Florence Achan
27th December 2014



Ramlat Shaban
22nd January 2014



REACH OUT MBUYA TALENTS CLUB



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P.O. Box Box 7303, Kampala, Tel: +256 414 222630 / +256 414 223334, Email: reachout@reachoutmbuya.org

Roses of Mbuya



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HIV/AIDS Initiative
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Kampala, Uganda.
+256 41 222 630